

Recruit and retain health workers in remote and rural areas of Islamic Republic of Iran

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Dear Editor,

The recruitment and retention of health care staff in remote and rural communities is a major challenge globally and especially in developing countries (1). The Iranian primary health care (PHC) network, designed between 1974 and 1985, aims to reduce inequities in access to services by providing context-specific and socially appropriate basic health care (2). The goals were to reduce maternal and child mortality, increase vaccination coverage and better control infectious diseases.

Currently, the public sector provides a large part of primary care. In the rural areas, primary care is delivered at the first level of the health care network by a team of up to 10 providers, including trained community health workers (Behvarz in Persian) health experts, family physicians, etc. Oversight of service provision in rural areas lies with the family physicians (3). Despite the successes achieved by the rural health care system—particularly the decline in maternal and child mortality rates—workforce-related challenges in PHC delivery remain a concern. There is unequal distribution of human resources in the Iranian health system. Most health workers are located in provincial centres while the small cities far from the centre have very few health workers. This is due to several reasons, including deprivation, poor commitment to sustaining health human resource and the lack of recruitment programmes in those regions (1).

Since equitable distribution of resources and services is a core principle of PHC, ensuring access to health care services is imperative. The presence of health workers in rural areas will enhance access to services and have significant impact on the disease detection, treatment and control (4). Therefore, retention of health workers in remote and rural areas is a critical issue in the Iranian health system.

Islamic Republic of Iran has implemented several plans to reduce inequity, including the rural family physicians (2005) and the health transformation plan (2014). However, retaining health workers remains a challenge (1). The following strategies are recommended to retain physicians and other health care providers in rural and remote areas: providing appropriate salary and financial incentives commensurate with the opportunity costs of living in rural areas, providing amenities and paying attention to environmental factors in rural areas (5), providing special education privileges for physicians residing in disadvantaged communities, as well as outdoor activities, safe and welcoming communities for children and families, and good quality-of-life. There is a need for training of general practitioners on how to live and work in rural communities and remote areas, close monitoring of the implementation of the physicians' mandatory service in rural PHCs, and more involvement of local officials in decisions regarding the recruitment and retention of physicians in underserved communities (6).

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