

Table 1 Categories of interventions to improve attraction, recruitment and retention of health workers in remote and rural areas, globally and in Afghanistan

Category of Intervention	Examples from the Global Recommendations (23)	Examples in Afghanistan
Education	<ul style="list-style-type: none"> - Students from Rural Background - Health professional schools outside of major cities - Clinical rotations in rural areas - Curricula that reflects rural health issues - Continuous professional development for rural health workers 	<ul style="list-style-type: none"> - Recruiting students from rural backgrounds (8-10,21) - Creating special community-based cadres, trained, recruited and deployed rurally: CM/E(Community Midwife/ Education) and CHN/E (Community Health Nurse/Education) (8,9,16,17,19) - Expanding pre-service training programmes to institutes in remote provinces (5,7,15,33) - CHW/CHN/CM curricula are based on rural health issues (6,7,9,21) - Continuous professional development (refresher courses for CHW) (14,15) - Consideration of preferential admission to meet quotas and rural rotations
Regulation	<ul style="list-style-type: none"> - Enhanced scope of practice - Different types of health workers - Compulsory service - Subsidized education for return of service 	<ul style="list-style-type: none"> - Introducing new cadres (5,11,16,17,21,23) - Enhancing scope of practice, especially for CHN, CM (21,25)
Financial	<ul style="list-style-type: none"> - Appropriate financial incentives 	<ul style="list-style-type: none"> - Hardship allowances (double for women in rural health) (33)
Professional/ Personal	<ul style="list-style-type: none"> - Better living conditions - Safe and supporting working environment - Outreach support - Career development programmes - Professional networks - Public recognition 	<ul style="list-style-type: none"> - Providing job opportunities to male family members - Public recognition measures - Afghan Midwifery Association (CPD, network)