

Thailand has tried several strategies to deal with the inequitable distribution of health workers in the country. A combination of financial and non-financial incentives included: increased salaries and financial benefits for rural workers, rural recruitment and training, increased production of health personnel, compulsory public service, a prerequisite of rural public service for specialty training opportunities, the establishment of rural professional societies, housing, and the introduction of a system of peer review and recognition. These strategies were supported by strong government commitment to rural development. The strategies in Thailand did succeed in improving the distribution of doctors to some extent, yet inequitable distribution persists and doctors usually stay for short periods in the rural hospitals. This is largely due to strong economic incentives in the urban private sector. A package of rational strategies with unified, integrated, consistent implementation supported by an efficient monitoring system is essential if the strategies are to bring about an equitable geographic distribution of doctors [16].