

# RETAINING HEALTH WORKERS: A TOOLKIT TO DEVELOP EVIDENCE-BASED INCENTIVE PACKAGES

## BACKGROUND

The Global Health Initiative and the 2006 World Health Report recognize health worker retention as a major challenge to the delivery of high-quality health services. Lured by economic and social opportunities in urban areas, health workers too often leave or refuse to accept posts in rural and remote locations, resulting in high vacancy rates.

## THE CHALLENGE: DETERMINING THE RIGHT INCENTIVES

Governments have attempted to counteract this troubling trend by offering retention incentive packages. However, some packages may have been developed on the basis of what ministries of health *think* health workers want or what may have worked in another setting, rather than on *sound evidence using rigorous methodologies* that ascertains what motivates health workers. As a result, many retention packages have been unsuccessful.

The 2010 WHO global policy recommendations on rural retention describe various strategies countries can pursue to improve access to health workers. Due to the complex social, professional, and economic factors that influence motivation, a bundle or combination of well-selected interventions that make rural postings more attractive to health workers is needed. The WHO recommendations illustrate 16 example retention interventions related to education, regulation, financial incentives, and personal and professional support mechanisms. Given the large menu of incentive options available, how does an organization know which are the “right” incentives or interventions, and in which combination?

## A SOLUTION: THE RAPID RETENTION SURVEY TOOLKIT

CapacityPlus created the Rapid Retention Survey Toolkit: Designing Evidence-Based Incentives for Health Workers (<http://www.capacityplus.org/rapid-retention-survey-toolkit>), based on the discrete choice experiment methodology (DCE). The DCE is a powerful, quantitative method that can determine the relative importance health workers place on different job characteristics and to predict their decision-making about job postings using hypothetical choice data. Through a survey polling process, the DCE identifies the trade-offs that health professionals are willing to make between specific job characteristics as well as the probability that they would accept a job posting. Eliciting health worker preferences for various incentive packages can help determine how health workers may respond to financial and nonfinancial incentives offered at rural health facility posts.

Although DCEs have been carried out in many countries, it is only relatively recently that the methodology has been applied to the health sector to assess human resources for health (HRH) issues. The pool of international DCE experts is small and until now the majority of DCEs

conducted in the health field required the assistance of international senior health economists or experienced academicians.

CapacityPlus operationalized the DCE methodology so the survey tool can be facilitated by HRH managers or other health leaders instead of relying on technical research experts. Using a prescriptive formula of stages and steps, the Rapid Retention Survey Toolkit employs a simplified but reliable version of the DCE methodology to guide users through the process of assessing health workers' motivational preferences to take up posts and remain in underserved facilities. The toolkit is geared toward individuals with little to no research background, reduces the need for international assistance, and allows for rapid but accurate data gathering and analysis—thereby decreasing human, financial, and time resource requirements. Survey results are instrumental for creating evidence-based incentive packages and for advocating with policy-makers about the most favorable retention strategies for implementation.

The Rapid Retention Survey Toolkit:

- Contains a step-by-step guide for conducting a retention survey
- Guides the user in determining the focus cadres, conducting focus group and stakeholder discussions, selecting job attributes and levels, developing the survey questionnaires, conducting data collection, and analyzing and interpreting the results
- Contains sample formats for each step, including focus group discussion guides, data run files, analysis frameworks, and sample results presentations, which can be easily adapted to the country's or institution's specific context.

CapacityPlus developed the toolkit based on experiences in Uganda and testing in Lao PDR with the Ministry of Health, in partnership with the WHO. The HRH Global Resource Center offers a free online course (<http://www.hrresourcecenter.org/elearning/course/view.php?id=14>) to guide health leaders to apply the toolkit in their country or context.

## **BENEFITS**

The Rapid Retention Survey Toolkit aims to yield results on par with the traditional DCE while encouraging a country-owned process rather than reliance on a small pool of international DCE experts. As national economies, conditions, and health worker preferences change over time, more health leaders will be able to design evidence-based packages, retest, and update their packages to maintain retention effectiveness. With its focus on self-reliance, the toolkit promotes country ownership by empowering stakeholders to develop and implement evidence-based retention strategies and increasing self-sufficiency of host country counterparts to make and act on health workforce decisions.

## **COMBINING RETENTION TOOLS FOR MAXIMUM POTENTIAL**

When the toolkit is combined with iHRIS Retain (<http://retain.ihris.org/retain/>), the CapacityPlus/WHO software tool for costing retention interventions to determine affordability of proposed incentive packages, the result is an affordable, cost-effective retention package designed by the country, and ultimately more health workers serving rural communities.