

# RETAINING HEALTH WORKERS: A RAPID METHODOLOGY 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. Driven by the lure of economic and social opportunities in urban areas, health workers leave rural and remote locations, resulting in high vacancy rates.

## THE CHALLENGE: DETERMINING THE RIGHT INCENTIVES

Governments have attempted to counteract this troubling trend by using retention incentive packages. However, some of these packages may have been formed 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 to find out what motivates their 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 increase access to health workers in remote and rural areas. Due to the complex nature of the social, professional, and economic factors that influence motivation, a bundle or combination of well-selected interventions is needed to make rural postings more attractive to health workers. The global 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?

## DISCRETE CHOICE EXPERIMENT

Discrete choice experiment (DCE) is a powerful, quantitative method that can be used to determine the relative importance health workers place on different characteristics related to employment options and to predict health workers’ decision-making 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 of accepting a job posting. Eliciting health worker preferences for various incentive packages can help determine how health workers may respond to the implementation of future financial and nonfinancial incentives in exchange for working in rural health facilities.

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

the majority of DCEs conducted in the health field have required the assistance of international senior health economists or experienced academicians to lead the process.

## **A SOLUTION: THE RAPID DISCRETE CHOICE EXPERIMENT TOOL**

CapacityPlus operationalized the DCE methodology so the survey tool could 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 DCE Tool employs a simplified but reliable version of the stringent DCE methodology to guide HRH managers through the DCE process to rapidly assess health workers' motivational preferences to take up posts and remain in underserved facilities. The Rapid DCE Tool is geared toward individuals with little to no research background, reduces the need for international assistance, and allows for rapid data gathering and analysis—thereby decreasing human, financial, and time resource requirements. The results of the survey are then used to create evidence-based incentive packages and to advocate with policy-makers regarding the most favorable retention strategies for implementation.

The Rapid DCE Tool:

- 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 or institution's specific context.

CapacityPlus developed the Rapid DCE Tool based on experiences in Uganda and field-tested it in Laos with the Ministry of Health, in partnership with the WHO. The tool is scheduled to be published in late 2011, accompanied by an eLearning course to train participants to use the tool.

## **BENEFITS**

The Rapid DCE Tool aims to yield results close to the traditional DCE by putting facilitation of the DCE process in local hands rather than relying on the availability of a still small pool of international DCE experts. Using it, more countries will be able to design evidence-based packages, retest, and update their packages more frequently to maintain retention effectiveness, as economic and country conditions and health worker preferences change over time. With its focus on self-reliance, the Rapid DCE Tool promotes country ownership, increases self-sufficiency of host country counterparts in making and acting on health workforce decisions, and empowers stakeholders to develop and implement evidence-based retention strategies.

## **COMBINING TOOLS FOR MAXIMUM POTENTIAL**

When the Rapid DCE Tool is combined with iHRIS 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.