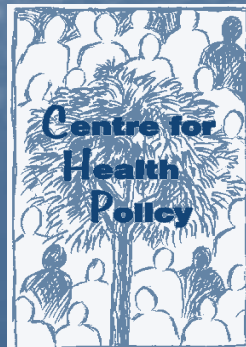


Comparative analysis of the incentive strategies to motivate and retain health workers: Findings from South Africa, Tanzania and Malawi

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Motivation project - background

- Collaborative multi-country research project
 - South Africa, Malawi & Tanzania
 - Funded by Irish Aid
- Project aim:
 - Improve understanding of how best to motivate & retain health workers
 - Strengthen the evidence base for effective health human resource strategies in developing countries

Motivation project - components

- Three study components:
 1. Systematic Review
 - Understand the incentive and motivation environment facing HW
 2. Case Studies on Incentive Initiatives
 - Assess the impact of the selected incentive initiatives on the motivation and retention of HW
 3. Discrete Choice Experiment (DCE)
 - Improve understanding of relative importance of incentives & how these vary for different cadres

Aim of the presentation

- Main focus on component 2
 - Brief description of the case studies / incentive strategies
 - Perceived effectiveness of incentive strategies and implementation challenges
 - Cross-cutting lessons learned
 - Recommendations & conclusions

A glance at the case studies

	Financial		Non-Financial	
Country	Salary / allowance	Overtime	Hospital improvement	Improved working conditions
South Africa	+++		+	
Tanzania	++			+
Malawi	+	++		

Brief description of case studies South Africa

Government
funded

	Financial	Non-financial
Country	Salary / Allowance	Hospital Improvement
South Africa	<ol style="list-style-type: none"> 1. Rural allowance: increase in salary to attract doctors & professional nurses in rural areas (8% -22%) 2. Scarce skills allowance: increase in salary to attract doctors & nurses with certain skills (10% - 15%) 3. General salary increase for nurses (OSD) – (20% - 80%) 	Hospital Revitalisation: improvement of hospital physical structure, improved technology and improved management systems

Brief description of case studies Tanzania

Government &
donor funded

	Financial	Non-Financial
Country	Salary / Allowance	Improved working conditions
Tanzania	<p>Accelerated salary package: increase in salary for medical personnel (28% and 101%)</p> <p>Mkapa Fellowship Programme: includes government salary, salary top up, relocation allowance & housing allowance</p>	<p>Mkapa Fellowship Programme: includes provision of laptop, mobile phone & training</p>

Brief description of case studies

Malawi

Government &
donor funded

	Financial	
Country	Salary / Allowance	Opportunities for overtime
Malawi	Salary top-up: 52% for 11 cadres of health workers	<p>“Locum” scheme: working extra time for extra pay to fill staff shortage gaps</p> <p>Relief scheme: allow health workers who are off duty to ‘relief’ or cover duties of those off sick or on leave</p>

Perceptions on effectiveness South Africa

Case Study	Positive	Negative
Rural Allowance	<p>49% satisfied who receive it</p> <p>29% motivated to do a better job</p>	<p>Divisive. Definition of rural. ...tiness.</p> <p>Financial incentives used to “bargain” for higher salaries & positions</p> <p>...ou ...ough”</p>
Scarce Skills	<p>38% satisfied who receive it</p> <p>38% motivated to do a better job</p>	<p>...ctors and nurses</p>
Occupational Specific Dispensation for Nurses (OSD)	<p>50% agree that OSD motivates them to do the job better</p>	<p>Varied implementation across provinces & institutions. Widespread disappointments. Division between different cadres of nurses.</p>
Hospital Revitalisation	<p>19% attracted by revitalisation</p> <p>29% motivated to do a better job</p>	<p>Delayed implementation. Lack of personnel to manage program components</p>

Perceptions on effectiveness Tanzania

Case Study	Positive	Negative
Special Accelerated Salary package	Equipment and training more important factors affecting motivation.	91% said dissatisfied with remuneration levels Differential incentive divisive Technicians very unhappy.
Mkapa Fellowships	Boosted performance, helped coverage, positive outputs “they treat us with tender heart”	Divisive –other cadres Unsustainable

Perceptions on effectiveness Malawi

Case Study	Positive	Negative
Salary Top Up	<p>Nurses quite well paid c.f. other countries</p> <p>Salaries keeping pace with cost of living?</p>	<p>Basic salary still insufficient</p> <p>Gains eroded by unexpected taxation – undermined morale</p>
Locum	<p>Has ensured continuous cover and helped fill gaps.</p> <p>76% say it is an incentive</p>	<p>81% of providers are not happy with the incentive (too low)</p> <p>62% of managers unhappy with the current design</p>
Relief Scheme	<p>72% of health workers said it is an incentive</p> <p>Increased access/more services</p> <p>Better perceived quality.</p>	<p>Only 30% said it had improved retention</p> <p>40-47% experiencing burnout risking gains</p> <p>Discriminatory (HIV focus)</p>

Cross-Cutting Lessons Learned

Financial incentives produce losers as well as winners

- Financial incentives produce losers as well as winners
 - Differential incentives are a zero sum game? But uniform incentives may also de-motivate.
- Even if you do it well...efforts to enhance financial incentives for some will annoy others in a resource scarce environment (Tanzanian Fellowships)....
- You can of course do it badly and annoy everyone.
- Is using incentives to solve problems – a paradox?

Duration and culture

- Any boost to morale/motivation will be short-lived (South Africa)
 - Expectations adjust
- Appetites may be whetted for more
 - culture of incentive (erode ethos or make it possible to have an ethos)
- Any loss to morale (caused by not getting enough or being ignored etc) will linger longer
 - Grievances last

Are too many incentives worse than none at all?

- Confusion - difficult to know what is being incentivised, if anything (Malawi)
 - Were incentives introduced in a planned and efficient way?
- Overlapping interventions...
 - Undermine impact
 - Do incentives work against each other?

Incentives work...but not always how you think they will

- Be careful what you incentivise
- Where financial payments are conditional on activity what is implicitly de-incentivised?
 - quality
 - other services
 - collaboration/team work (Malawi competition for who is on the HIV rota)

Non-financial incentives

- Do we ignore 6 of the motivational determinants:
 - career development,
 - continuing education,
 - hospital infrastructure,
 - resource availability,
 - hospital management and
 - recognition/appreciation (Willis-Shattuck et al, 2008)
- Not so important or a critical component of a package?
- Do we only go there after salary question resolved?

Recommendations

- Manage expectations – clear rationale, clear policy statement, very clear communication (press), careful implementation, clear timing
- Consider the trade-offs: targeted incentives are likely to be stronger but may cause more friction
- Discretion & decentralisation may seem good but will create disparities – which will de-motivate
- Expect/be prepared for fall-out and be clear about who/what activities will lose out

Conclusions

- Not enough use of non-financial incentives
 - Financial incentives not effective by themselves
- Financial incentives may seem easy
 - Case studies demonstrate implementation difficulties

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