GOVERNANCE/MANAGEMENT/HUMAN RIGHTS/ECONOMICS

Satisfaction, incentives and the relation to workforce retention in the health service in Ghana

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Program/Project Purpose: Retaining health staff especially the young professionals in rural areas has been extremely difficult as more prefer urban postings with regard to the lack of extrinsic motivational incentives in rural service; with existing challenges with health workforce shortages in developing countries.

Structure/Method/Design: A health facility-based study; a quantitative cross-sectional survey supplemented with qualitative in-depth interviews was used. Data was collected and examined from the health workforce of four of the National Catholic Health Services facilities. Close-ended self-administered structured questionnaires for critical staff cadre and in-depth interviews with health managers were employed to collect primary data. A total of 402 questionnaires were administered, and out of this, 334 were retrieved. The age range was from 22 to 59 years with a mean of 34.2 years. 57% were females and 43% were males. 8% were medical doctors, 69% nurses and midwives, 1% pharmacists, 5% anaesthetists and 16% technical officers' category. Retention of the health workforce was measured by asking them their intention to practise in another facility within the next five years. 60% indicated intention to relocate. 31% of that intended to join the teaching hospitals. Professional and career development was the most common reason with a rate score of 34% for intention to relocate to other facilities. Staff category with the highest intention to relocate was medical doctors. Having job satisfaction, non-financial incentives were preferred over financial incentives, with an OR of 8.12 (95% CI, 4.5 − 15.9), being recognised and appreciated had OR 13.4 (95% CI: 6.8 − 26.5), among those who felt fairly treated indicated with OR 3.8 (95% CI: 1.5 − 9.9).

Outcomes & Evaluation: The findings of this study indicated that health managers and health workers perceive motivation (incentives) and factors that both give job satisfaction and increase retention differently. Whilst health managers perceive working conditions and financial incentives; the health workforce indicated fair treatment and recognition and appreciation as the most important factors for job satisfaction and retention. Though financial incentives are mostly the preferred incentives, in this study; the non-financial incentives were found to be the most important incentive to job satisfaction but not increasing retention. Data does not suggest that there is a direct pathway between incentives, job satisfaction and retention but being a valued person by a superior and being recognised and appreciated at the workplace does increase intended retention.

Going Forward: In Summary, professional development and recognition were significantly associated with increased retention. Retention was also gender associated with a significantly higher intention to relocate among male staff. Recognition and appreciation of staff as

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Framework for measuring effective coverage to monitor progress towards universal health coverage

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Background: Standardized assessments of the effective coverage of health interventions across countries over time are vital for monitoring the progress toward Universal Health Coverage (UHC) and for evaluating the impact of policy initiatives and processes that aim to improve UHC. Despite the emphasis, little is known about where the countries stand with respect to providing effective health services. No standardized metric exists to provide information on the coverage and effectiveness of health systems in a comparable and comprehensive manner.

Methods: We propose a framework to assess the effective coverage of health systems across the globe. Conceptually, a health system can intervene throughout the health-outcome pathway to deter the realization of an adverse outcome by (i) promoting healthy behavior and limiting development of risk factors, (ii) preventing risk factors from causing diseases, and (iii) treating the diseases before they cause the adverse health outcomes. We measure health system effectiveness at all three points along the pathway (promotion, prevention, and treatment) using regression methods. Specifically, our underlying strategy for measuring effective coverage of the health systems is to measure the unexplained variation of risk factors, disease prevalence, or adverse health outcomes, after controlling for factors outside the immediate scope of health system, using cross-country linear regression. The tracer conditions selected for the analysis includes (i) risk factors such as smoking prevalence, obesity prevalence, fasting plasma glucose level, systolic blood pressure; (ii) prevention/promotion interventions such as immunization, antenatal care; and (iii) treatment interventions for diseases/conditions such as breast cancer, lung cancer, chronic kidney diseases, chronic obstructive pulmonary diseases, diabetes; heart disease; injuries; depression, diarrhea, HIV/AIDS; maternal health, malaria, pneumonia, and tuberculosis. Selection of tracer conditions are based on their share on global disease burden and their importance to broader public health. To inform our measurement, we draw upon the 2010 Global Burden of Disease study that generated systematic and rigorous estimates of disease burden and health outcomes for a wide range of diseases.

Findings: Based on our framework, we will generate estimates of effective coverage for 187 countries from years 1990 to 2010. Regression residuals for each tracer condition will be weighted by their relative burden to generate a measure of health system effectiveness. Based on this metric, countries will be ranked to depict the relative assessment of their health system effectiveness and its trend over years.

Interpretation: Inclusion of UHC in the post-2015 development goals will only increase demand for its rigorous measurement. Our framework attempts to provide a comprehensive measure of health systems effective coverage. Results from this analysis would potentially be very informative in tracking the trajectory of health system effectiveness, its growth over time, and countries' progress towards the achievement of UHC.

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A systematic approach to produce robust, comparable and timely cost-effectiveness estimates for a set of interventions: proof of concept in two low-income countries

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