Biomedical Research & Training Institute

ReBUILD Consortium

Research for stronger health systems post conflict

March 2015

Briefing

The challenge of retaining health workers in Zimbabwe: Implications for Universal Health Coverage

Photo credit: World Bank—Nursing staff in Zimbabwe

Universal Health Coverage and the health workforce

For Universal Health Coverage (UHC) to be achieved, it is essential to have sufficient numbers of skilled, motivated health workers where they are needed most. This brief outlines some initial findings from ReBUILD's research in Zimbabwe on health worker incentives and implications for achievement of UHC.

What is the ReBUILD RPC?

The ReBUILD Consortium is a 6 year research partnership funded by the UK Department for International Development running from 2011-17. We are working with partners in Cambodia, Sierra Leone, Uganda and Zimbabwe to explore ways to strengthen policy and practice on health financing and staffing. Additional affiliate research projects broaden the range of contexts. ReBUILD's purpose is to generate robust, good quality evidence that responds to the challenges that policy makers face, and we are engaging with all health sector stakeholders to ensure our work is relevant, available, understood and useable by those who need it.

ReBUILD in Zimbabwe

In Zimbabwe, the research is being led by the **Biomedical Research & Training Institute**. BRTI is an independent research institution working to promote better health in Zimbabwe through research and training. Core activities are to promote and support relevant, ethical research in all aspects of health, and build capacity through training for researchers to design, conduct and report on relevant health research.

The ReBUILD projects in Zimbabwe are covering three areas: (i) health financing and its effect on poor households, (ii) health worker incentives and (iii) rural posting of health workers. Gender and equity are mainstreamed through all ReBUILD's work in Zimbabwe, and will continue through a new BRTI project on gender in rural posting and deployment of health workers, funded by ReBUILD's partner RinGs initiative.

Why is ReBUILD focusing on post-crisis and post-conflict contexts?

In countries affected by socio-economic crisis or conflict, health systems break down and external emergency assistance is often the main source of care. As recovery begins, so should the process of rebuilding health systems. But health systems research has neglected post-crisis/post-conflict contexts and not enough is known on the effectiveness of different approaches. ReBUILD has been created to address this challenge.

ReBUILD's research on health worker incentives in post-crisis Zimbabwe:

Research aim: To understand the evolution and the effects of incentives for health workers post-crisis.

Research questions: *What incentives are available for health workers? What have been the implementation challenges and the effects of the incentives programmes? What are the implications for attainment of UHC?*

Study areas and methodology: Three contrasting districts, looking at government, municipality/RDC, private and mission health providers. The methodology combined: document review, analysis of routine staffing data, key-informant interviews, career histories of health workers, and a survey of health workers.

Full details of the above methodology and the detailed findings will be available in the full research report, which will be available from ReBUILD in April 2015 (see further information below). Below is a summary of the key findings and recommendations from this report.

Key findings:

- Health worker attrition rates have reduced following implementation of the harmonised retention scheme in the public sector, suggesting that incentives can work to retain skilled HRH in the short term, but these may become detrimental to service provision if incentive policies are not reviewed.
- Policy measures have not been effective; one reason is failure to deal with the political conundrum of singling out the health sector for special treatment
- The Ministry of Health and Child Care has poor support from the Ministry of Finance and the Ministry of Public Service, for ensuring funds are available for review of HRH remuneration
- There is lack of sustainable direct or continued funding from government for other incentives, such as housing and vehicle schemes
- The poor harmonisation of retention schemes in the sector causes problems and affects service delivery
- The inequities in remuneration and incentives within the service (Municipal vs government vs mission, and rural vs urban) which creates a destructive internal labour market. This concentrates critical skills in Municipalities, at the lowest end of the referral chain.
- There is preferential treatment for some professional categories in the public health sector (Doctors, Midwives, RGNs, SCNs, PCNs, EHTS, EHOs) versus other medical professionals

Recommendations:

- **For Universal Health Coverage to be achieved, the distortions created by the differences in remuneration must be addressed to ensure proper distribution and utilisation of skills, so these are available where they are most needed.**
- **Salaries in government, mission and rural council sectors must compare reasonably with municipality salaries, in order to stem internal migration of health workers**
- **Retention strategies should target all staff categories, to curb migration of staff at all levels.**

Find out more on ReBUILD's work in Zimbabwe and beyond:

Visit the ReBUILD website: www.rebuildconsortium.com

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ReBUILD is funded by UK Aid from the Department for International Development

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