Financial incentives and Mobility of the health workforce in Burkina Faso

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Outline

• Context
• Objectives
• Methods
• Results
• Lessons and perspectives
Basic facts about Burkina Faso

- Annual growth = 3.1%
- Death rate general = 15.2 per thousand
- Life expectancy = 48 years
- HIV prevalence = 2%
- Inflation = 2.1%
- Living under the poverty line = 46.4%
Healthcare system and HRH situation

- Organization of healthcare system:
  - National level (National hospital 3)
  - Regional level (Regional hospital 9)
  - District level (District hospital 43)

- Number of health workers in public health centres 4076 (2006)
- Ratio (0.05 doctor, 0.32 nurse, 0.17 midwife)
- Government expenditure of health 7.8% (2006)
- Public expenditure for HW (average 1.75 % during 10 last years)
Human Resources for Health situation

Main problems for HRH:
- Lack of HRH (quality, quantity)
- Maldistribution
- Low motivation
- Professional working in dual or triple jobs
- Lack in HRH management

Actions
- Policy for HRH development (2002)
- MOH study on motivation of HRH (managers in 2003)
Objectives

• Analyze the perception that the health workers have on their remuneration

• Determine the factors of mobility of the health workforces.
Methods

**Study design**: cross-sectional study

**Study area**: in 2 districts of Burkina Faso
- urban (Pissy) and rural (Diapaga)

**Period**: from December 2007 to February 2008

**Study population**: medical doctor, nurse, midwife, dental, lab tech, Key informant

**Data collection**: In-depth interview, document review,
Methods

• Sampling
  – Interviews with:
    62 Health Workers
    17 Key informant
  – In total covering 14 health centres:
    6 public
    5 private
    2 mission
    1 NGO

• Constant 2005 US dollars
RESULTS
Trends in salaries

• Low rise of salary (average of 5% every 4 years) in comparison with inflation (around 17% for the same period)

• Trend of change in net monthly salary for General Practitioner:
  630 USD in 1976 compared to 214 USD in 2007 (constant 2005 USD)

• Salary for specialized doctors are 111 USD higher than GP

• Trend of change in net monthly for nurses:
  424 USD in 1976 compared to 145USD in 2007
TYPES AND RANGES OF ALLOWANCES

- Function (between 6 and 17 USD)
- Extra duty (between 13 and 89 USD)
- Accommodation (between 17 and 67 USD)
- Night Shift (between 4 and 56 USD)
- Risk (all-inclusive 16 USD)
- Revenue Bonus for Health Worker in National and Regional hospital
Perception on salary

Level of salary is not enough:
• lower than salary of lawyers,
• cost of life

Salaries in public sector are:
• Higher than missionaries
• Lower than private and NGO
Perception on adequacy of allowances

- **Function** (Doesn’t go with workload and level of responsability)

- **Extra duty** (all-inclusive amount, doesn’t go with neither workload nor performances)

- **Bonus** (too low, depend on rate of services used)
Perception on adequacy of allowances

• **Night shift** (not link to performance)

• **Risk** (low, doesn’t allow to cover risk (HIV))

• **Accommodation** (doesn’t allow decent housing)
FLOWS OF MIGRATION

RURAL → URBAN

International Organizations NGO

ABROAD
Public, private, health facilities ...
Reasons of migration

• From rural to urban:
  - Lack of opportunities for development
  - Difficult conditions of life

• From mission to public:
  - Low salary
  - Allowance not enough

• From public to private and international organizations:
  - Financial motivation
  - Career development
Lessons and perspectives

• Salary does not follow inflation

• High mobility of the health workforce creates dysfunctions

• Desire for training in more general topics such as management
Lessons and perspectives

Questions for further researchs

- **What could retain HW in:**
  - rural
  - Public
  - mission

How can we regulate private providers practice without affecting public provision of services?
Thank you for the attention