

Strengthening Rwanda's health workforce

Strategies to improve retention in the health sector

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Key messages

Rwanda has implemented health workforce strategies with positive impacts: Key programmes have expanded and upskilled the health workforce, digitalized data collection has improved monitoring and evaluation of the health sector, and the country has established a Human Resources for Health (HRH) Secretariat, recently renamed the Health Workforce Department.

Low health workforce density is a persistent challenge: Despite significant improvements, workforce density ratios are below the African regional average, and the country continues to fall short of regional and global thresholds for universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

Health sector staff attrition is high: Low public health sector salaries, heavy workloads, inadequate working conditions, insufficiently clear and established staff motivation and retention strategies, unclear career progression pathways, and the insufficient and inequitable geographic distribution of health professionals present major obstacles.

Innovative staff retention strategies have been put in place: Contract retention mechanisms, performance-based incentives, a dual clinical practice policy, and access to finance have been implemented to address the high voluntary attrition. The Ministry of Health has initiated a reform programme to train and ensure the availability of a minimum of 4 healthcare workers for every 1 000 people within the next four years, called the "4x4" reform.

Additional staff retention strategies need to be explored and piloted: These could include ensuring competitive pay, improving health training opportunities, implementing mechanisms for horizontal and vertical promotion, and in-kind benefits, such as staff accommodation.



Executive summary

Introduction

Rwanda's national health sector is focused on the equitable delivery of high-quality health services. The Government of Rwanda (GoR) recognizes that developing human resources in the health sector is a critical factor to the well-being of the population. Development of the health workforce has been guided by the Human Resources for Health (HRH) Programme (2012-2019) and its successor, the National Strategy for Health Professions Development (NSHPD) (2020-2030). Rwanda has made significant progress in enhancing its skilled health workforce, with notable improvements in the health professional-to-population ratio over the past decade, attaining 13.4 doctors, nurses, midwives, pharmacists, and dentists per 10 000 people in 2022. Despite such progress, health workforce levels remain below national and global recommendations.

High staff attrition in Rwanda's health sector

Even though much has been achieved, the health sector faces a high level of staff attrition, which constitutes a major challenge. Nine percent of all health professionals leave the sector annually, and 13% of all health professionals and 22% of medical specialists who graduated in Rwanda between 2000 and 2016 have left the country (Rwanda Ministry of Health, 2019). Key factors associated with high staff turnover in the health sector include low public health sector salaries and incentives, especially compared to the private health sector; heavy workloads; lack of clear staff motivation, retention, and career development strategies; and a low health worker-to-population ratio.

Health sector staff retention policy options

A broad range of strategies have been implemented in Rwanda to improve the retention of health care professionals with differing goals. These include contract retention mechanisms, incentives based on individual and institutional performance, a dual clinical practice policy regulating health professionals in public hospitals to undertake private clinical practice on a contractual basis, and access to finance through the Health Sector Staff Mutual Aid Group (HSS-MAG) and Muganga Saving and Credit Cooperative Organisation (SACCO). These interventions have not been extensively evaluated for their impact on staff retention, highlighting a key gap in assessing their effectiveness and shaping future policy options. Additional retention strategies addressing different aspects of staff retention are therefore needed. Specific strategies explored in this brief include improving competitive public sector pay; offering easily accessible and incentivised health training programmes; encouraging horizontal and vertical promotion within the public sector; and improving non-financial incentives, such as staff accommodation through public-private partnerships.

Conclusion

Successive human resources for health programmes have contributed to improving the health workforce to support a high-quality and sustainable health system in Rwanda. However, the persistent issue of high health workforce attrition presents a complex challenge that requires multifaceted solutions that go beyond current strategies. Exploring new retention strategies – such as competitive remuneration, accessible and incentivised training programmes, structured promotion mechanisms, and innovative non-financial incentives – constitutes an approach to building a stable, motivated, and equitable health workforce. Implementing such strategies will require careful planning, implementation, and monitoring to ensure the optimal balance between costs and benefits. The success of these strategies in retaining the health workforce will be instrumental in sustaining Rwanda's health sector achievements and ensuring the continued delivery of high-quality health care services to its population.

This brief highlights several policy implications for reducing health worker voluntary attrition and enhancing retention strategies in Rwanda. They set out possible ways to improve future practice, highlight key issues, and encourage cross-country learning. Analysis of the policy implications and strategies emerging from the evidence may inform the review and update of the NSHPD (2020-2030) to improve the retention of health workers. Key policy implications include:

Integrated health worker production and retention

Rwanda's experience highlights the need to integrate efforts to increase the production of health workers with effective retention strategies.

Proposed retention policy options

To effectively address the causes of attrition, proposed complementary strategies for consideration include:

- **Competitive remuneration:** Develop health worker classifications and pay scales competitive with market rates to adequately reward professionals.
- **Expanding training and enrolment incentives:** Expand and incentivise health training programmes, aligning with priority areas outlined in the NSHPD (2020-2030). Financial and non-financial incentives should support enrolment and completion, particularly in underserved areas.
- **Promotion mechanisms:** Institutionalise clear mechanisms for horizontal and vertical promotions to foster clear career progression paths within the public health sector.
- **Non-financial incentives:** Enhance non-financial incentives, such as housing support, with a focus on addressing rural-urban disparities.

Tailored strategy implementation

Ensure that retention strategies are specifically tailored to account for profession type, the level of specialisation, the location (urban or rural), and existing policies and programmes.

Prioritising evaluation

Conduct regular and systematic evaluations of current and new retention strategies utilising data from existing digitalized data systems to understand their impact, identify areas for improvement, and ensure that resources are allocated efficiently. This data-driven approach will facilitate informed and responsive policy-making.

Sustainable investment

Recognize the need for sufficient and sustainable funding for health worker salaries, benefits, and training. Exploring innovative financing solutions and increasing investment in the health sector is crucial for long-term sustainability and effectiveness of retention strategies.

Table 1: Existing health workforce retention strategies in Rwanda

Strategy	Activity	Objectives	Impact
Contract retention mechanisms	Mandates that health professionals receiving public-funded postgraduate education serve in MoH-designated public facilities for a specified number of years after completing their studies. The required service duration increases with the length of training (1-5 years).	<ul style="list-style-type: none"> Ensure retention of health care professionals in public facilities after training. Achieve an equitable distribution of health care professionals nationwide (particularly improving retention in underserved areas). Promote career development, motivation, and improved skills through postgraduate training opportunities. 	<ul style="list-style-type: none"> Limited evidence on numbers and effectiveness in Rwanda, but global evidence suggests improvements in short- to medium-term retention. Some evidence (both within Rwanda and globally) suggests high attrition rates after compulsory service periods. Suggests that further incentives are required after the compulsory period to encourage long-term retention in specific localities.
Performance-based financing framework	Provides additional financing incentives for achieving specific performance indicators and targets, both for institutions and individuals (through individual performance contracts).	<ul style="list-style-type: none"> Enhance retention through better pay and incentives. Improve service quality. 	<ul style="list-style-type: none"> Notable improvements in service delivery and quality metrics. Lack of direct evidence of its effect on health worker satisfaction and retention. Global evidence suggests potential mixed externalities on the health workforce.
Dual clinical practice policy	Regulates the ability of health care professionals to engage in private practice within public and private facilities, allowing it under certain conditions to mitigate risks.	<ul style="list-style-type: none"> Improve income through private work to retain and motivate health professionals in the public sector. Improve service delivery and patient satisfaction. Generate additional revenue for public facilities. 	<ul style="list-style-type: none"> Dual practice is very common, particularly among doctors, but no official statistics are available. Evidence on the impact of the regulation is scarce.
Access to finance	Offers health sector staff a platform for savings and access to low-interest loans.	<ul style="list-style-type: none"> Improve health care workers' socio-economic conditions. Provide financial stability to improve job satisfaction and retention. 	<ul style="list-style-type: none"> Over 11 000 health sector staff enrolled within the first year. No assessment on impact on retention.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

AHOP policy briefs

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