

# Recruiting and Retaining Health Workers in Ethiopia

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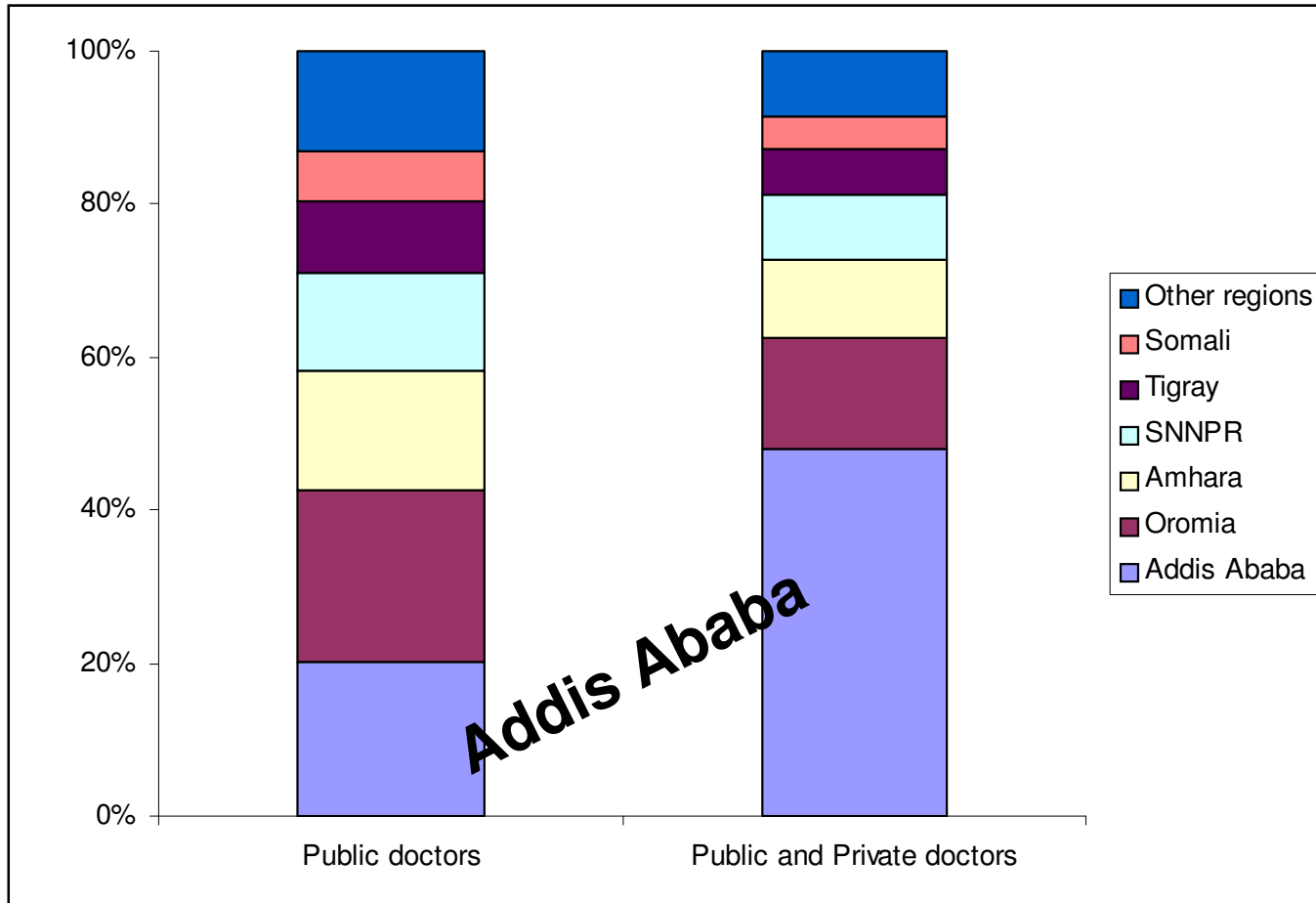
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**World Bank**  
***Africa Region HRH Program***

BILL & MELINDA  
GATES foundation



# Motivation: Where do doctors work?



# Where should they work?

<b>Population to physician ratio</b>	
<b>Addis Ababa (4%)</b>	<b>6,000</b>
<b>Larger Regions (92%)</b>	<b>41,000</b>
<b>Total</b>	<b>30,000</b>

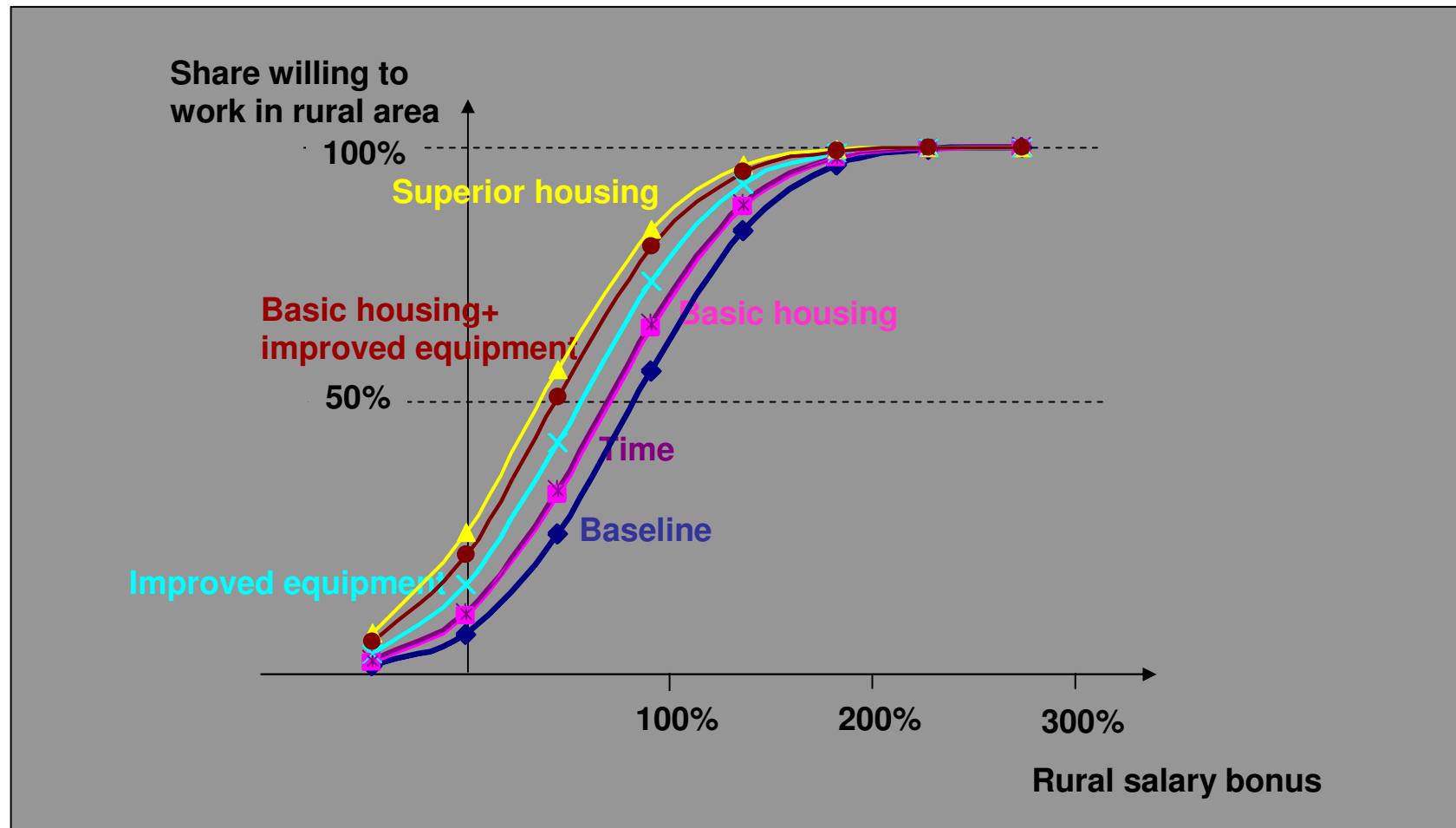
# Physician incomes

		Addis	Addis	SNNPR	Tigray
	Total	Public	Private		
Salary (US\$ per month)	285	245	480	156	177
Income (US\$ per month)	321	297	409	181	233
Non-salary share of income	11%	18%	3%	14%	24%

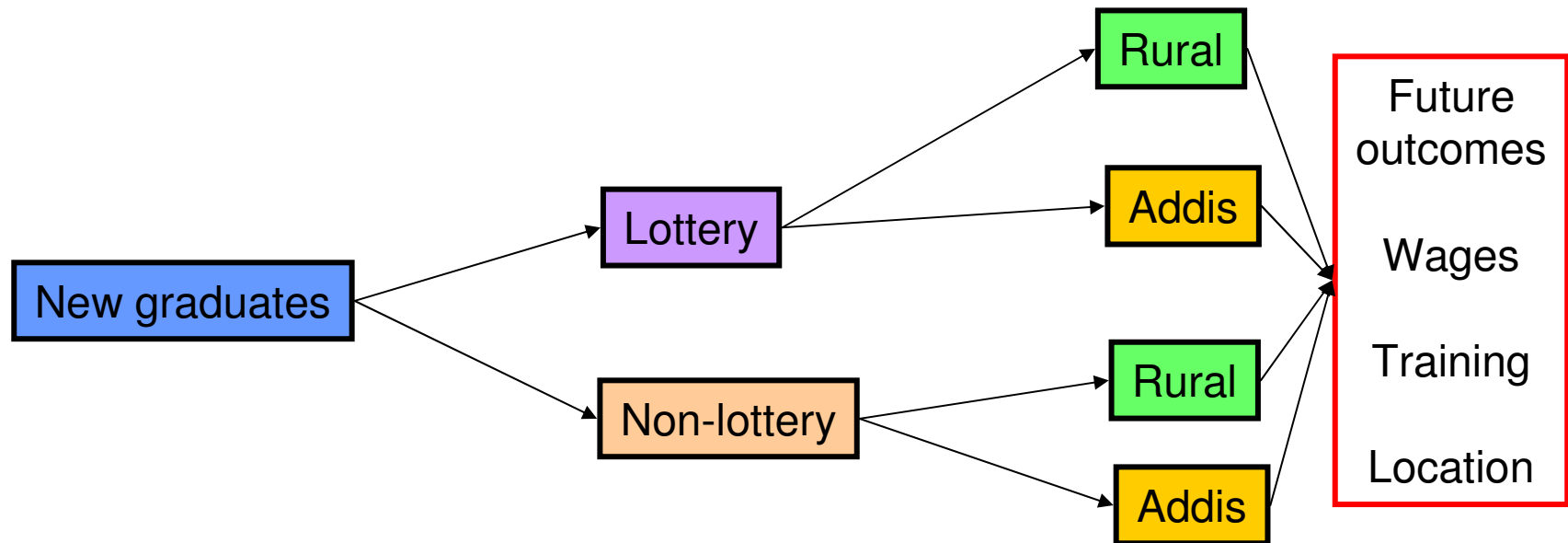
# DCE analysis: Supply responses to attribute changes

	Labor supply to rural areas	Equiv. wage
<b>Baseline</b>	7%	--
Provide basic housing	11%	12%
Provide superior housing	27%	46%
Provide equipment	17%	30%
Reduce time requirement	11%	10%
Equipment and housing	23%	42%

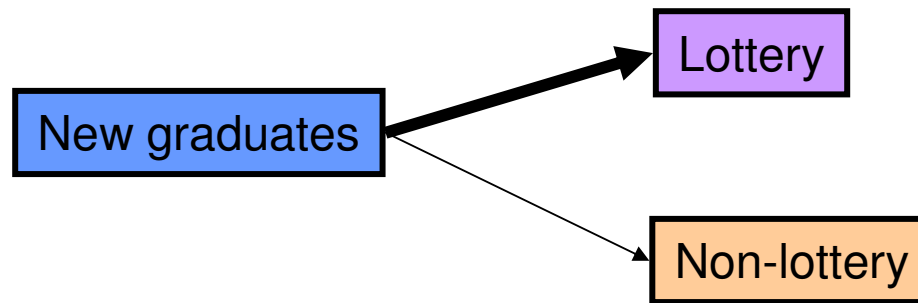
# Effects of rural salary bonuses



# Physician Lottery



# Who enters the lottery?



- Those who did worse at medical school
- Those with federal government sponsorship

# Who gets to work in Addis?

## **Lottery**

Women

Federally sponsored

## **Non-lottery**

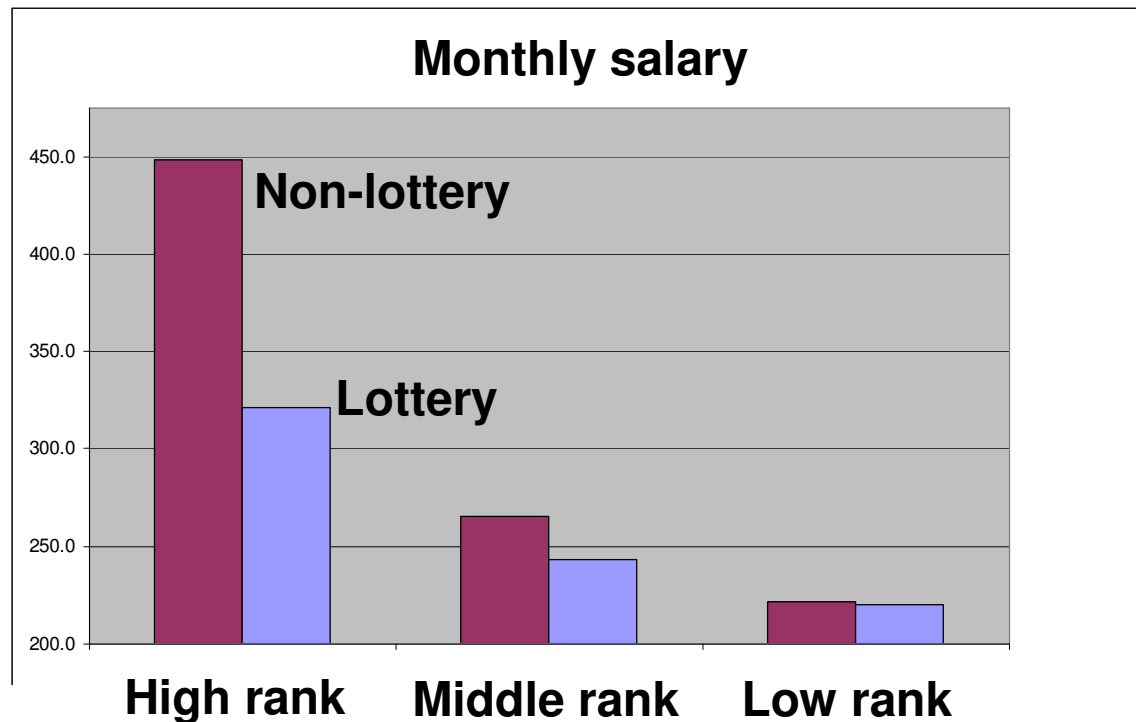
Higher ranked

Family connections

# Is a job in Addis a ticket to success?

- Use random allocation of lottery to assess long-term impact of assignment to Addis
- Addis assignment does *not*
  - increase chance of being in Addis later
  - increase future wages
  - increase chance of getting specialized training

# Does the lottery destroy the physician labor market?



- Attrition rates of high-ability doctors higher among lottery participants

# Conclusions

- It costs a lot to get doctors (and nurses) to work in rural areas
  - Housing might work for doctors
  - Equipment seems important for nurses
- Starting in Addis does not yield large benefits for lottery participants
- The lottery can obfuscate information and induce inefficiencies in the physician labor market