

A survey of 320 health workers in Cambodia identified their main sources of income, explored their motivations for remaining in the public health sector and investigated the size of the financial incentive required to retain and motivate health workers. The findings indicate that public salaries are a minor component of total remuneration, and almost 80 per cent of public health workers have one or more sources of additional income, including private clinical practice, user fees, per diems and donor supplements [40].

While most health workers believed that they could earn significantly more if they left government service, 94 per cent wanted to remain in the public sector. Reasons included developing a strong professional reputation, job security, training opportunities, and career progression.

The study examined the level of financial incentive that might be required to encourage health workers to devote more time to government activities. Two options were presented. The first was the ‘capture strategy’ to ensure that staff devote all their time to public practice and give up all private income-generating activities. The second was the ‘win back time strategy’, which aimed to increase the proportion of time spent on public duties.

The results suggest that an incentive of about US\$400 a month would be required to ensure that 80 per cent of doctors, dentists and pharmacists devoted all of their time to government service. For secondary nurses and midwives, an incentive of US\$200 a month would be needed to ‘capture’ 90 per cent of staff. Notably, the results suggests that a significantly lower amount of US\$160 a month may be sufficient to ‘win back time’ and ensure that 80 per cent of doctors, dentists and pharmacists devoted 40 hours a week to public service.

Based on the results from the Cambodia Health Workers Incentive Survey and data from the WHO Global Atlas of the Health Workforce on health worker numbers (in 2000), it would cost approximately US\$36 million per year (less than US\$3 per capita) to ensure that all doctors, nurses and midwives devote all of their time to public practice [<http://www.who.int/globalatlas/default.asp>]. For doctors only, the cost of the incentives would be approximately US\$10 million per year for exclusive public practice, or US\$4 million per year to ensure that they devote 40 hours per week to public service. Thus, it would cost around US\$0.30 per capita to ensure that all doctors devoted 40 hours per week to public service; this represents an increase of approximately 16 percent in government health spending.