

# DIGITAL PAYMENTS FOR HEALTH WORKERS

The Potential for Improving Health Campaigns in  
Sub-Saharan Africa Makerere University - Uganda|  
Cheikh Anta Diop University of Dakar.

2021-2024 Project Story.



# Welcome to the Digital Health Payment Initiatives and Research (DHPI-R) Story in Sub-Saharan Africa

"... Campaign workers need assurances that they will be paid. How they are paid is also critical, but most important is that they receive their payment on time. Digital payment is, therefore, a good system as it offers a reliable solution to challenges associated with handling cash, but it requires more research and innovation to improve further."

**Professor Peter Waiswa.**

From 2021 to 2024, Makerere University in Uganda and the University of Dakar in Senegal, with support from the Gates Foundation and technical partners including the Solina Group, WHO AFRO (WHO Africa Regional Office), and the Ministries of Health and Finance in both countries, have worked to explore how digital payments for health workers in immunization campaigns across Sub-Saharan Africa can enhance effective campaign delivery.

We invite you to journey with us and share in the insights we discovered. Together, we are advancing knowledge and evidence to empower every health worker—no matter their gender, economic background, or location—to effectively leverage digital payment platforms. Ultimately, our goal is to ensure these platforms enable health workers to perform their critical, life-saving jobs with ease, supported by the assurance of safe and timely payments.







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# AT A GLANCE:

## A bird's eye view of the project

### History

DHP-IR was rooted in the End Polio Game Campaign, championed by WHO-Afro and partners in 28 countries in Sub-Saharan Africa, where digital payments was a key strategy for timely and complete payments to campaign workers.

The DHPI-R project was commissioned by the Bill and Melinda Gates Foundation (BMGF) to generate evidence on digital payments in Africa. Although inception, conceptualization of the proposal, and grant award were conducted earlier in 2021, the DHPIR project officially started implementing activities in November 2021, up to March 2025. DHPIR is hosted at the School of Public Health, College of Health Sciences at Makerere University and is implemented in Anglophone and Francophone hubs (countries) in Africa. The Anglophone hub is hosted at MAKSPH, while the Francophone Hub is hosted by the University of Dakar (UCAD) in Senegal.

### Implementers

Leadership|Research Hubs  
Makerere University School of Public Health (MUSPH) -Uganda  
Cheikh Anta Diop University of Dakar in Senegal

### Five Commitments

We focused on:

1. Leading the process of development of a contextualized research agenda of digitalization of payments of health workers in the region and within countries.
2. Supporting the generation of high-quality and relevant evidence around the value of digital payments for health workers in Africa.
3. Establishing a community of practice of researchers, users, and collaborators who focus on this subject across Africa.
4. Garnering local and international partnerships to support this endeavor beyond the support of the Bill and Melinda Gates Foundation.
5. Establishing an African Centre of Excellence at Makerere University and the University of Senegal to study these issues of digital payments and innovations in Africa.

### Research Investment

The DHP-IR multi-country research project involved 18 mixed-methods studies conducted in 12 countries across Sub-Saharan Africa, including a cluster randomized control trial and a landscape analysis. The landscape analysis was conducted in 8 countries representing both Francophone and Anglophone regions. The studies generated evidence on the landscape of digital payments as well as the acceptability of digital payments in Sub-Saharan Africa and impact on immunization campaigns, financial inclusion, safety, security, gender, and norms.

### Project Reach

Francophone (DRC, Senegal, Cameroon, and Ivory Coast) and Anglophone (Uganda, Ghana, Nigeria, and Kenya) countries.

#### DIGITAL PAYMENT MECHANISM PARTNERS

WHO-Afro

- Ministry of Health- Uganda
- Ministry of Health-Senegal
- Ministry of Finance, Planning and Economic Development (MoFPED)- Uganda
- Ministry of Finance- Senegal

### Technical Advisory Group (TAG)

Technical Advisory Group (TAG) comprised experts in public health and research; health economics; health informatics; gender; policy making, planning and management at country and global level; and in digital payment technologies.

TAG members included experts from:

- Harvard T. H. Chan – School of Public Health, Harvard University
- Ministry of Health (MoH) in Uganda
- Ministry of Health (MoH) in Senegal
- Academia from Makerere University School of Public Health and University of Dakar
- Gender Experts from Uganda and Senegal

"Just as we built roads, highways, and airports in the 20th century, we must now build a digital infrastructure that is open, accessible, and empowers everyone."

**Bill Gates**

### What it will take

The findings and lessons learnt from the project centered on the effectiveness and timeliness of digital payment systems, as well as the satisfaction of health workers. They also focused on the impact of these systems on motivation, performance, and aspects of gender and financial inclusion.



## 12 Things we learned

- |    |   |
|----|---|
| 01 | Health workers generally accepted and appreciated digital payments as safe, reliable, convenient, cost-saving, private, and timely.                                     |
| 02 | Mobile money is widely used for receiving payments; however, perceived risks and concerns about security strongly influenced the willingness to adopt digital payments. |
| 03 | Access to mobile money operators and cash-out points affected usage, with higher adoption in urban areas and lower adoption in rural and hard-to-reach regions.         |
| 04 | There is an enabling policy environment and political will to integrate digital payment systems into healthcare and other sectors.                                      |
| 05 | Confidentiality, phone ownership, and trust in the service motivated the adoption and continued use of digital payments.  |
| 06 | The effectiveness of digital payments and health workers' motivation to participate in immunization campaigns were influenced by factors beyond payment methods.        |
| 07 | Satisfaction with digital payments was generally low, largely due to delayed payments.  |
| 08 | Improved planning—such as timely processes, engagement with district officials, and prompt payment requisitions—can enhance payment timelines.                          |
| 09 | Motivation to use digital payments was influenced by age, gender, location, and education level.  |
| 10 | Younger, female, tertiary-educated, and urban-based health workers were more receptive to digital payments than their counterparts.                                     |
| 11 | Partner-led digital payment systems were more reliable and efficient, resulting in better performance and coverage.   |
| 12 | Digital payments contributed to increased financial empowerment among female health workers.  |

# THE FUTURE IS PROMISING, KEY ACHIEVEMENTS

## WHAT WE ACHIEVED

- Co-created a research agenda and addressed significant research questions.
- Conducted a landscape analysis of digital health payments in Sub-Saharan Africa.
- Built the capacity of implementers and researchers in digital health payments.
- Established a community of practice that held regular discussions on digital health payments.
- Conducted research, including 18 sub-studies and a randomized controlled trial, and built networks across 12 Sub-Saharan African countries, with findings published in research papers and policy briefs.
- Held monthly and quarterly meetings with teams across participating countries to share experiences and insights.
- Established an Anglophone Hub at MUSPH (led by Prof. Peter Waiswa) and a Francophone Hub at Cheikh Anta Diop University of Dakar (led by Prof. Adama Faye) to facilitate stakeholder engagement on digital payments through webinars.
- Engaged stakeholders on digital payment issues at the regional level (WHO, Global Fund, Better Than Cash Alliance) and the national level (ministries of health and key stakeholders) in research countries.

## UNFINISHED BUSINESS

- The effect of digital payments on the motivation of health workers could not be established as payments were usually done after the campaigns.

## BARRIERS TO THE USE OF DIGITAL PLATFORMS

- High transactional costs (withdrawal and transfer fees) are borne by the payee.
- Perceived cybersecurity risks.
- Despite improvements, the median payment period remains long (41 days).
- Incompatible and non-interoperable digital payment systems across government ministries, development partners, and civil society organizations.
- Bounced payments due to digital payment limits.
- Payment delays are caused by lengthy, multi-level, and manual verification processes.
- Limited cash-out points, especially in rural and remote areas.
- Lack of clarity regarding expected payments, leading to unanticipated and potentially insufficient funds.
- Loss of financial control among female beneficiaries using others' or partners' phones.
- Limited phone ownership and mobile money registration, particularly in rural areas

# EXPLORING THE LANDSCAPE

## Assessing the status of digital payments in Sub-Saharan Africa

The project started with a landscape analysis through a qualitative case study on digital payments in eight Sub-Saharan African countries: Uganda, Kenya, Nigeria, Ghana, Senegal, Côte d'Ivoire, Cameroon, and the DRC. It aimed to understand the local context, challenges, and opportunities for digitized health worker payments, providing a baseline on the challenges, policy framework, and existing initiatives for immunization campaigns.

### Highlights

Five key questions the analysis explored:

01

#### **What is the status of digital payment programs in Sub-Saharan Africa?**

In both Anglophone and Francophone countries, the analysis established that some health programs were already paying health workers using digital financial services. Such programs included the DHPI-R targeted immunization campaigns.

02

#### **What is the status of the digital health ecosystem with a focus on immunization health workers' digital payment?**

The major digital payment systems for health workers were mobile money and bank systems. The digital payment tools commonly used included computers, mobile phones, Visa InterSwitch, master card and ATMs.

03

#### **What benefits of Digital payment are already documented?**

The analysis underscored five major benefits: Benefits to the system - enhanced timely accountability, increased transparency; and to the health workers- efficiency, cost effectiveness, and convenience relative to other non-digital payment systems.

04

#### **What are the enabling factors for digital payment in sub-Saharan Africa?**

The analysis highlighted: a) a supportive legal and policy framework for digital financial services in both Anglophone and Francophone countries, b) expanding mobile phone coverage and diverse digital payment tools, and c) digital payment interoperability, enabling transactions across services and borders. These were identified as key enablers for digital payments in Sub-Saharan Africa.

05

#### **What are the existing barriers to health workers' digital payment in Sub-Saharan Africa?**

Barriers to digital payment for health workers included poor network coverage in remote areas, high transaction fees and taxes, registration challenges due to lack of valid IDs, and delayed payments, often taking months.

### Future Notes

The landscape analysis confirmed previously theorized enablers of digital payments for immunization health workers in Anglophone and Francophone countries, including supportive policies, expanding digital networks, mobile phone access, and payment interoperability. Similar studies showed that many health programs had already adopted digital payments via mobile money and banking.

Key adoption factors included ease of use, usefulness, time efficiency, and convenience. However, barriers like withdrawal fees, poor network coverage, registration issues, and payment delays persisted. The DHPI-R project aimed to address these challenges and contribute new knowledge for digital payment implementation in the Global South.



# ANCHORING OUR ASSUMPTIONS:

## The 'IF factor, Theory of Change



Building a research agenda to investigate the circumstances and contextual factors that influence digital payments in Sub-Saharan Africa required a robust combination of technical and cultural astuteness, co-creation, flexibility, and adaptability. The conceptualization process involved the application of a theory of change to develop our project research agenda and the thematic areas for study.

Dr. Juliet Aweko emphasized that the project explored the existing digital payments landscape through a regional assessment. Conducted in eight countries—DRC, Senegal, Cameroon, Ivory Coast, Uganda, Ghana, Nigeria, and Kenya—the study identified challenges, gaps, and opportunities for adopting digital payments. The findings provided a representative picture of the situation and helped refine the research approach.

**"The assessment results gave the team confidence to develop a strong theory of change. We could more clearly hypothesize that if digital payments are conducted optimally with available resources, they would improve the quality and coverage of immunization campaigns. Timely payments would motivate health workers, enhancing their performance and ultimately boosting immunization coverage and effectiveness."**

### FRAMEWORK FOR DIGITIZING HEALTH WORKER PAYMENTS

INPUTS	PROCESSES	OUTPUTS	PRIMARY OUTCOMES	IMPACT
<ul style="list-style-type: none"> <li>Program for health worker payments.</li> <li>Health worker recruitment and training</li> <li>Government good will; and agency support</li> <li>Funding for research</li> </ul>	<ul style="list-style-type: none"> <li>Health worker enrolment / database development</li> <li>Beneficiary verification</li> <li>Digital payment disbursement to health workers</li> </ul>	<ul style="list-style-type: none"> <li><b>Timely</b> payments</li> <li>Efficient and <b>complete payments</b></li> <li>Financial autonomy</li> <li>Cost <b>effectiveness</b> of digital payment</li> </ul>	<ul style="list-style-type: none"> <li>Increased health workers access to finance and financial services, e.g., savings</li> <li>Increased <b>equity</b> in participation and coverage <ul style="list-style-type: none"> <li>Financial inclusion</li> </ul> </li> <li>Increased health worker <b>performance and retention</b></li> </ul>	<ul style="list-style-type: none"> <li>Improved immunization programming through digital payment.</li> </ul>
<b>Enablers</b> <ul style="list-style-type: none"> <li>Appropriate <b>policy</b> and <b>regulatory environment</b></li> <li>Robust and accessible <b>data systems</b></li> <li>Adequate digital payments <b>infrastructure</b> and <b>systems</b></li> <li><b>Supportive supervision</b></li> <li><b>Digital payment infrastructure</b></li> </ul>				

### Theory of change

The project examined the theory of change at both provider and program levels. For health workers, challenges included high transaction costs, delayed payments, and theft risks, reducing productivity and motivation.

At the program level, traditional bank payments were bureaucratic, costly, and prone to fraud. The project proposed that e-payments, such as mobile money, could address these issues, improving payment timeliness and enhancing health worker performance, ultimately boosting vaccination coverage.

**"We are happy to note that among the knowledge gaps addressed by the DHPI-R, include adoption and use of digital health payment was explored in detail in both Franco and Anglophone countries. However, we were not able to directly associate digital health workers' payment with health workers' satisfaction, motivation, and performance."**

In addition to digital health payment, various other moderating and mediating factors are hypothesized to influence health workers' satisfaction, motivation, and performance including limited availability of immunization equipment, among others.



### Future Notes

"As payments were made after the campaigns, the DHPI-R study couldn't, in its design, directly attribute the mode of payment to the immunization outcomes. This and other unanswered questions should shape the future global research agenda for digital health payments post-project." Dr. Juliet Aweko



# COLLECTIVE STRENGTH

## Building Capacity For High Impact Programs And Quality Research Approaches



Working almost totally remotely through the two research hubs at Makerere University (led by Professor Peter Waiswa) and the University of Senegal (led by Professor Adama Faye) required a robust collaboration system to coordinate the research activities, build capacity, and engage stakeholders to increase willingness to scale up digitized payment systems.

In practice, this meant monthly and quarterly experience sharing meetings with teams across participating countries. This enabled real-time adjustments for efficiency and high-quality results. At the regional level, the project leveraged partnerships with WHO, Global Fund, and Better than Cash Alliance, and at the national level, the ministries of health as part of its advocacy to increase country willingness to scale up digitized payment systems for immunization campaigns.

In Uganda, the project came at a crucial time after the amendment of the Public Finance Management Act 2015, leading to the enactment of the National Payment Systems Act 2020 and the Electronic Transactions Act 2011. While these laws don't set a specific deadline for fully digital public payments, they establish a framework to promote digital payments and move towards a cashless society. The project also focused on building the research capacity of all stakeholders involved.

### Sowing the Seed of Knowledge

Professor Waiswa sees capacity building as a long-term investment in digital payments research. The DPHI-R project's strategy strengthened the project secretariat, researchers, and government stakeholders.

**"We operate in regions with strong financial infrastructure, particularly mobile money. Combined with collaborations in vaccine campaign areas, this positioned us to develop a robust digital payment system for health workers."**

### Building Capacity with the Solina Centre for International Development and Research.

Solina Group, a technical partner, led capacity-building efforts for the secretariat.

**"As a health systems consulting firm, we helped establish functional research hubs in Anglo and Francophone countries, set a research agenda, and provided tailored project management training,"** says Dr Uchenna Igbokwe, Chief Executive Officer at Solina Centre for International Development and Research.

### The Secretariat: Starting Up

Establishing efficient management tools was critical for the project. "Solina's expertise was as such crucial in enabling us to navigate diverse languages and operational cultures," notes Professor Waiswa. Beyond administration, Solina helped implement a complex research framework and build research capacity.

Master's scholars gained technical guidance and mentorship, leading to peer-reviewed publications. Senior researchers and principal investigators also benefited, especially as digital payment systems for health workers were new to most of the team.

## SOUTH TO SOUTH:

### Shaping the research agenda across contexts



Prof. Adama reflected on the journey, recalling his first meeting with Prof. Waiswa at the project's inception. "After my first contact with Prof. Peter, I realized the unique opportunity to shape the digital health payment landscape in the Global South and beyond."

With support from Solina Group, the team developed study protocols and recruited project coordinators, including the Francophone coordinator, Dr. Zahara Mboup, who is bilingual to address language barriers. Recognizing the novelty of their work, especially in West Africa, they built a theory of change based on landscape analysis and a literature review to guide research on health workers' acceptance of digital payments.

"In Senegal, the government had never piloted digital health payments for immunization campaigns and was initially skeptical." The team collaborated with key ministries and mobile operators, mirroring Uganda's approach. Solina Group also mentored university research students through protocol design and publishing.

Prof. Adama emphasized the project's impact, noting the team's enthusiasm for cross-border research. "The community of practice, topical webinars, and conferences we participated in have had a lasting impact, and we are excited to apply what we have learned."



#### Future Notes

Digital payment systems are undoubtedly the future across all aspects of daily life. While many sectors globally are already highly digitized, the payment method holds promise in Africa, where mobile phone networks are far more accessible than traditional banking facilities. This approach has shown significant potential, as demonstrated under the DPHI-R initiative, with notable impacts on digital health payments. However, much remains to be explored and understood.

# REFLECTIONS FROM THE FIELD

## Affirming Digital Payments for Immunization Campaign Health Workers

Dr. Andrew Bakainaga, Country Advisor, WHO Uganda.



WHO Uganda provided technical assistance and support to the Ministry of Health in the implementation of the digital health payment as part of the polio immunization campaign in collaboration with other players in the digital health ecosystem in Uganda.

Dr. Bakainaga emphasizes that digital health payments improve efficiency, transparency, and accountability, particularly in nationwide immunization campaigns. He, however, notes the need for further research on the impact of digital payments on health worker performance, motivation, and campaign coverage, which would strengthen immunization programming. In Uganda, payments were made post-campaign, meaning digital payments had no direct impact on vaccination coverage. Robust studies, such as randomized controlled trials, are essential to test exposure effects. In Malawi, for example, the country advisor indicated that emerging evidence shows that polio campaign success relied on various factors, including digital payments. WHO views this gap as a key barrier to scaling digital health payments.

Human Centered Design is pivotal

**"Even as we automate payment systems, let us remember that at both ends of the system is a human being. Both the operators and beneficiaries are human and need to understand and embrace the system. We have learned that transparency is key; payees must understand their expected payments, deductions, and any other relevant information. Lack of clarity on these issues can hinder system adoption and lead to resistance."**

## This Train is on the Move, Experiences from a Seasoned Vaccination Expert.

Dr. Michael Baganizi Program Manager, the EPI manager, Ministry of Health Uganda

Dr. Baganizi is no stranger to vaccination campaigns; he is the Program Manager for the Expanded Program for Immunization (EPI) at the Ministry of Health and has observed multiple campaigns in the region.

Before digital health payments, the EPI program manager noted that nationwide immunization campaigns faced challenges with cash payments, including coverage gaps, delayed accountability, payment discrepancies, nepotism, ghost workers, and corruption.

"Digital health payment is the new way of life- in running health campaigns and therefore it is here to stay and grow; we can only delay this train which is already in motion. This cannot be resisted; it's just how fast we all jump on this train".

Health Workers say Yes

**"The DHPI-R project confirmed health workers' acceptance of digital payments. The task is now on the government to lead stakeholders in overcoming sector-specific barriers to fully adopting digital payments as the sole payment modality for immunization campaigns in Uganda."**

Policy to Action: Addressing fears and optimizing private-public partnerships

Dr. Baganizi highlighted that the government, specifically the Ministry of Health, has issued policies mandating digital health payments for all immunization campaigns in Uganda. While district-level concerns about e-payment security initially amplified capacity gaps, the Ministry of Finance, Planning, and Economic Development has addressed these issues. The government is now focused on overcoming remaining barriers, particularly by improving internet connectivity through the National Backbone Infrastructure (NBI). Additionally, efforts to collaborate with the private sector aim to expand coverage to remote areas, including refugee settlements in border districts where infrastructure limitations currently hinder digital health payments.



## Fully Transitioned, A Government Ministry's Success Story

Matia Mulumba, Accountant, Auditor General's Office, Ministry of Finance, Planning and Economic Development in Uganda (MoFPED)



The Government of Uganda, through the Ministry of Finance, Planning and Economic Development in Uganda has fully transitioned to digital payment for casual or non-contracted tasks, under which immunization campaign health workers' tasks fall.

The journey to digitization.

The ministry first engaged with the DHPI-R project in 2021 to study the impact of digital payments for health workers. Since then, they have collaborated closely, providing platforms for research and using preliminary findings to guide technical support, capacity building, and supervision of district teams.

Mulumba notes that the transition, initiated in 2020, faced both acceptance and resistance from health workers and administrators, despite government directives. However, as stakeholders recognized its benefits, adoption increased, with districts like Wakiso achieving 100% utilization, up from less than 30%.

Leveraging data for context and scaling efficiently.

The finance official admits that it has been difficult to change mindsets around digital payments, but evidence on how it's working is useful. He also points out that the DHPI-R study highlighted health workers' acceptance and political will as key factors in scaling up digital health payments. However, research gaps also create opportunities for resistance, potentially slowing full adoption. Mulumba advised that "scaling should be done strategically to enhance immunization coverage and achieve the desired outcomes.



### Future Notes

"As MoFPED, we encourage Makerere School of Public Health to further explore the impact of digital health payments on campaign coverage, cost-benefit analysis, and key health system requirements. This research will guide a sustainable transition, ensuring we scale wisely rather than blindly following global trends."

## The First Try, Lessons From a Pioneer District

Dr Mathias Lugoloobi the former Acting District Health Officer of Wakiso district



Wakiso, one of Uganda's most populated districts, was among the first to adopt digital health payments. As a peri-urban district with administrative complexities, the transition from cash was challenging. Dr. Mathias Lugoloobi, former Acting District Health Officer, emphasized the need to address operational and cultural barriers for a smooth shift.

The district's four independent municipalities, parallel payment structures, and over 500 private healthcare facilities made coordination difficult. Cash-based systems had been plagued with fraud, mismanagement, and delays, leading to inefficiencies. Initial resistance to digital payments stemmed from fears, technical issues, low digital literacy, and tax regulation confusion. Health workers were hesitant, and politicians resisted due to losing influence over bulk cash disbursements, which they used to promote their agendas.

Dr. Lugoloobi first engaged with the project in 2021, when national directives mandated a transition to e-payments. Despite early non-compliance, intensified government training and enforcement led to widespread adoption by 2024. He remains optimistic, citing digital payments' convenience, timeliness, reliability, and security. While initial challenges included cash-out limitations and high transaction fees, adjustments like incorporating withdrawal costs into disbursements have improved the system. Ongoing efforts aim to refine the process further.



### Future Notes

"While progress has been made in fighting corruption, we need more data on the extent to which digital health payments reduce corruption, as its effects on coverage are not fully eliminated. I also recommend that withdrawal charges be included in the budget so that they are not borne by the recipient."





## Research Scholars

Michael T. Wagaba: Researching Digital Payments in Refugee Settlements

Michael T. Wagaba, a Public Health PHD student at Makerere University, is recognized for his research on payment modalities for community health workers (CHWs). As a DPHI-R grant recipient, he studied the impact of cash versus mobile money payments on CHW performance in Kyaka II Refugee Settlement, Western Uganda.

Though initially controversial, his research—supported by Makerere and Solina Group—found that CHWs performed significantly better when paid in cash (40%) than mobile money (19%) ( $t=5.28$ ;  $df=246$ ;  $p<0.001$ ). Unlike other studies favoring digital payments, his findings highlighted challenges in refugee settings, including poor mobile networks, low digital literacy, and difficulty obtaining national IDs for digital payments.

Michael credits mentorship and technical support for his success, aligning with DPHI-R's goal of generating high-quality research on digital payments.

## Future Notes



Professor Waiswa one of his mentors stresses that Africa needs context-specific digital payment solutions. "There is no one-size-fits-all approach," he says, emphasizing that simultaneous cash and digital payments may be necessary in some cases. Research must guide digital payment scale-up, ensuring implementation strategies consider cost, system efficiency, and innovation to improve immunization coverage and health outcomes

# KNOWLEDGE BUILDING

## A Community of Practice

The project team valued the COP as a hub for collaboration, knowledge exchange, and professional networking. It fostered sustained interaction, content sharing, and discussions on best practices in digital health payments. Led by a steering committee from academia and private organizations, the COP contributed to regional and global efforts in digitizing health worker payments.



**100+**  
Webinars



**500+**  
Participants



**5**  
Years

## Key Topics:

- Digital fraud in health worker payments & prevention strategies
- Impact of digital payments on health worker performance & motivation
- Experiences & challenges in digital payment adoption across Africa
- Mobile payments for frontline health workers in remote areas
- Financial inclusion & gender impact on digital payments



[Webinar Recordings and Project Outputs](#)

The COP partnered with WHO Africa to develop a global research agenda, sharing implementation experiences from Côte d'Ivoire, DRC, Senegal, and Mali.

## RESEARCH IN ACTION

**18 Studies, 12  
Countries**

The project generated evidence using mixed qualitative and quantitative methods, including descriptive and causal analyses, to support the adoption of digital financial services (DFS) for health workers in health campaigns. Eighteen studies were commissioned across 12 Sub-Saharan African countries, with two already published and ten in preparation.

The findings are being shared to influence policies and practices on digital health worker payments and contribute to global partnerships in shaping a research agenda for future investments and research. Studies can be accessed [here](#)

## LOOKING FORWARD

### Three Questions with the Gates Foundation



Katie Maloney, program officer overseeing the DHIP-R project, provided guidance, managed the grant, and facilitated knowledge-sharing within the foundation.

#### **QUESTION ONE: What are the foundation's key interests around digital payments?**

The foundation focuses on three main areas. First accountability – ensuring that the right people are trained, paid, and accounted for. Payments must be accurate and efficient to avoid unnecessary expenditure and enhance financial efficiency.

Second, streamline campaigns such as large-scale campaigns often involve numerous temporary or voluntary staff requiring a reliable and effective payment mechanism. Third is making sure payments are made on time because health workers cannot deliver high-quality work if they aren't paid on time.

#### **QUESTION TWO: What would success for the DHIP-R project look like?**

The success of the DHIP-R project is reflected in the landscape research, showing that digital payments are a viable solution. True success lies in scaling this approach effectively, with countries using the findings to guide their implementations.

#### **QUESTION THREE: What are your thoughts on timely payment barriers?**

Timing is critical—health workers need per diems and salaries on time. Delays in funds release from WHO and UNICEF affect mobilization and coverage rates. Cash payments introduce inefficiencies, lack of transparency, and risks of "leakages." Digital payments eliminate intermediaries, ensuring transparency and direct payments to health workers



#### **Future Notes**

A growing research focus is exploring the gendered effects of digital payments. Katie Maloney emphasizes the importance of understanding both the positive and negative impacts on women's health, mobility, and well-being, ensuring these are considered in future program designs and research.

# TO THE FUTURE, FROM THE TEAM.

## Scale up and sustainability

The sustainability and scale-up agenda aimed to integrate and expand digital payment systems within the existing formal payment framework for health workers supporting immunization campaigns. The project piloted innovative digital payment systems, generated proof of concept whilst building on the existing body of knowledge.

Subsequently, the project promoted integrating and scaling digital payment models within both state and non-state payment systems for health workers supporting immunization campaigns. It prioritizes building stakeholder capacity to use and evaluate digital payment systems for efficient health worker compensation and improved health outcomes. With key knowledge gaps still unexplored, including gender dynamics in digital health payments, a global research agenda will be developed post-DHPI-R to guide future investments and research.

## Gratitude List

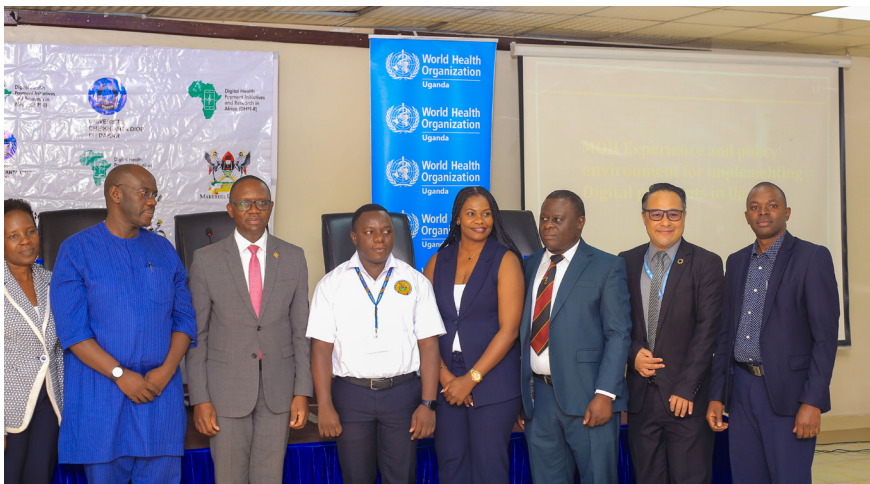
- Bill & Melinda Gates Foundation
- Cheikh Anta Diop University of Dakar
- Makerere University - Uganda
- Ministry of Health - Uganda
- Ministry of Health - Senegal
- Ministry of Finance, Planning and Economic Development
- Ministry of Finance-Senegal
- Solina Centre for International Development and Research.
- World Health Organisation



## Future Notes

- Strong leadership and management are essential for timely and effective campaign planning.
- Provide continuous support/capacity building to system operators at national and district levels to build and sustain skills and competence in planning and operation of payment systems. Streamline and automate verification processes.
- Maintain hybrid payment systems (digital and cash) in the short term, in areas with limited digital infrastructure.
- Implement efficient feedback channels to communicate payment information across stakeholders, including beneficiaries.
- Strengthen collaboration among stakeholders (led by Ministry of Health and Ministry of Finance, Planning, and Economic Development) to address various operational and policy issues related to digital payments.
- Expand digital payment infrastructure to rural and hard-to-reach areas through forging collaboration with Uganda Communications Commission and telecom operators.
- Link digital payment systems to increase access to payments through inter-operable systems.
- Reduce transaction costs through engagement with telecom providers and or project funders.
- Promote digital literacy and innovative solutions to address challenges associated with digital payments.
- Invest in more research to provide evidence on priority research areas based on the global digital payments research agenda.





# Gallery









