Health Labor Market Analysis
An approach for informing strategic investments in the health workforce
Webinar Housekeeping

Organizer: Liz Davis | Presenter: Liz Davis

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Pascal Zurn
World Health Organization

Health Labor Market Analyses and the Global Human Resources for Health Agenda
HEALTH LABOUR MARKET AND
THE GLOBAL HUMAN RESOURCES FOR HEALTH AGENDA

EV4GH/HRH2030 Webinar
5 September 2017

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The goals of UHC are to ensure that all people can access quality health services, (WHO 2010)

Human Resources for Health (HRH) are a critical input for all countries aiming to achieve Universal Health Coverage and SDGs

Health professionals are at the core of the health service delivery system, since they ultimately deliver the care to the patients
1. **Optimize the existing workforce** in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate future workforce** requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **Strengthen individual and institutional capacity** to manage HRH policy, planning and implementation

4. **Strengthen** the **data, evidence and knowledge** for cost-effective policy decisions (e.g. National Health Workforce Accounts)
The Commission seeks to:

• Highlight the benefits across the SDGs from investments in the health workforce;

• Draw attention to the necessary reforms in health employment, education and service delivery;

• Generate political commitment and inter-sectoral action towards more and better investment in the health workforce.
Central Role of Health Labour Market Analysis

Health labour market analysis is critical to the formulation of national health workforce strategies and to the mobilization of resources to implement these.

Traditionally, analyses of human resources for health have been framed as a supply crisis, and the answer has been “Training More”.

However there is also a need to better understand the drivers and policy levers that influence health workforce production, deployment, retention and performance.
Health Labour Market

Figure 2. Policy levers to shape health labour markets

Education sector

- Training in health
- Training in other fields

Pool of qualified health workers
- Migration
  - Abroad

Labour market dynamics

- Employed
- Unemployed
- Out of labour force

Health care sector

- Available, accessible, acceptable health workforce that delivers quality services

Other sectors

Universal health coverage

Policies on production
- on infrastructure and material
- on enrolment
- on selecting students
- on teaching staff

Policies to address inflows and outflows
- to address migration and emigration
- to attract unemployed health workers
- to bring in health workers back into the health care sector

Policies to address maldistribution and inefficiencies
- to improve productivity and performance
- to improve skill mix composition
- to retain health workers in underserved areas

Policies to regulate private sector
- to manage dual practice
- to improve quality of training
- to enhance service delivery

Source: Sousa et al, 2013, Bulletin of the WHO.
Concluding Thoughts

- Labor market perspective can be extremely useful to help understand the health workforce challenges we observe.

- Labor market assessments can be extremely useful to help shaping policy on HRH.

- Important to recognize that labor market dynamics vary from country to country, cadre to cadre, and from market to market. There is no one size fits all.
Remco van de Pas
Institute of Tropical Medicine, EV4GH

Experience with the Labor Market Analytical Framework in Guinea
Human Resources for Health
A baseline study and policy analysis in Guinea

Remco van de Pas, Delphin Kolie, Alexandre Delamou, Abdoul Habib Béavogui, Wim van Damme
Health Workforce development in Guinea

- MMR & IMR: 724/100,000 births and 123/1,000 infants born

- Insufficient employment and unequal distribution of health workers: 49% remain in the Capital Conakry

- During Ebola outbreak → impact on the health system: 115 health workers passed away; maternal mortality increased with 38%; reduced trust between the population and the formal health system

- In 2015: plan to relaunch the health systems and make it resilient

- Annual recruitment of 2000 health workers, 2015-17

- Increase of basic salary level by 40%

- In 2016: creation of ‘Agence Nationale de Sécurité Sanitaire (ANSS)’ as to improve epidemiological surveillance
HRH needs and employment: baseline scenario from 2014

HRH supply and demand: baseline from 2014

HRH difference urban and rural regions: baseline from 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Difference (supply - needs)</th>
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<tbody>
<tr>
<td>Boké</td>
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<tr>
<td>Conakry</td>
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<td>Faranah</td>
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<td>Kankan</td>
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<td>Kindia</td>
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<td>Urban</td>
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<td>Rural</td>
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Study objectives

- To assess health workforce development post-Ebola at national, regional and district level
- To understand the coherence between health workforce education and health labor market demands

Methodology:
- Walt & Gilson’s health policy triangle
- Mixed- methods study during 3 months (Oct.–Nov. 16)
- Collection of data before deployment of health workers
- Semi-structured interviews with range of actors (N=56)
- Data collection on graduation from health professions schools
Outcomes on HRH developments

- **Policy content:** need for local recruitment, working/ living conditions, living wage, career plans

- **Policy:** not only recruitment by MoH but also by ANSS, international actors (e.g. UNFPA, UNICEF, WB). **Informal** employment. Need for increased coherence

- **Context:** limited decentral governance and decision space, absorption capacity rural economy, management structures

- **Actors:** MoH & Ministry of social affairs, MoEd, international development partners, ANSS, MoF, training institutes; governance mechanisms limited

- **Process:** rapid deployment, impact of ‘medicalisation’? Accompaniment and continuing education? Adaptation of policy?
Outcomes on education & formation

Situation of HRH trained between 2010 - 2016

Fig.3: Nombre de personnel de santé formé entre 2010-2016, 33 établissements de santé publics et privés en Guinée
Analysis & recommendations

- **Mismatch** between health workforce needs and supply
- **Little demand** for rural positions; case for **public investment**
- Close follow-up of implementation workforce deployment
- **Re-training** for a skilled, fit-for-task, workforce
- Initiating **governance mechanisms** at national and district levels, for improving intersectoral and inter-actor cooperation
- Social science research to understand **issues of trust and quality** of health services
- Analysing the **political-economy** aspects of and challenges to alter the **labor market** and public health system in Guinea
Thank you for your attention!
Henrik Axelson
ThinkWell, HRH2030

Health Labor Market Analysis – Methodology Overview
Health Labor Market Analysis – Methodology Overview

EV4GH/HRH2030 Webinar
September 5, 2017
Outline

1. Definitions
2. Potential contributions
3. Types of health labor market analysis
4. Methods and data sources
5. Strengthening health labor market analysis
1. What is a health labor market analysis?

- Application of an economic framework to understand how different factors influence demand and supply of health workers in the labor market.
2. What questions can a health labor market analysis answer?

- What does the composition of the health workforce look like?
- What is the projected need, demand and supply of health workers?
- What motivates health workers to enter and remain in the health labor market?
- Is financing of the health workforce sustainable?
- Can resources for the health workforce be used more efficiently?
3. Types of health labor market analysis – descriptive

- Examines the current state and trends in the labor market based on inflows and outflows of health workers
- May generate more specific research questions and hypotheses
- Estimates future need, demand and supply of health workers
3. Types of health labor market analysis – causal

- Attempts to identify the causal effect of factors influencing the behavior of employers and health workers, and in turn demand and supply in the health labor market

  - Demand: planning, setting financial incentives, skills mix, task distribution, etc.

  - Supply: workforce participation, migration, dual practice, productivity, motivation, etc.
3. Types of health labor market analysis – other applications

- **Efficiency analysis**
  - Identify areas for efficiency gains to get more out of current and future resources
  - Examine efficiency by function: planning, financing, training, recruitment, deployment, performance management, etc.

- **Fiscal space analysis**
  - Estimate available and projected resources to finance the health workforce (under different scenarios)
4. Methods and data sources

- Quantitative
  - Desk review, databases and surveys
  - Regression analysis

- Qualitative
  - Key informant interviews
  - Focus group discussions
  - Political economy analysis
5. Strengthening health labor market analysis

- Apply more systematic application of economic thinking to analysis of the health labor market
- Invest in systems to generate data for analysis
- Build capacity by involving more health and labor economists in analysis of human resources for health issues
Thank you!
Isabel Kazanga
Malawi College of Medicine, HRH2030, EV4GH

Assessing the Political Economy of Health Labor Markets
Assessing the Political Economy of Health Labor Markets

The Example of Malawi

Isabel Kazanga, PhD
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Presentation Outline

1. Introduction
2. What is Political Economy Analysis (PEA)?
3. Why is PEA important?
4. Levels of PEA
5. Objectives of PEA for human resources for health (HRH) in Malawi
6. Methodology
Introduction

- A PEA on the health labor market will be done in Malawi to better understand how the roles, relationships, formal and informal policies and norms, and incentives of key HRH stakeholders influence behavior in the health labor market and, ultimately, demand and supply.

- It will also provide information that can be used to ensure that policy recommendations are practical and politically feasible.
What is Political Economy Analysis (PEA)?

“PEA is concerned with the interaction of political and economic processes within a society: the distribution of power and wealth between different groups and individuals and the processes that create, sustain, and transform these relationships over time.”

Collinson, 2003, pg3
Why is PEA important?

- There has been increasing recognition of the key role that the interplay between politics and economics plays in development. A PEA lens can help us understand:
  - The dynamics of supply, demand, and efficiency
  - The balance of power between institutions and actors
  - The perceptions and effects of decentralization

- Inform better policy and programming, through the identification of feasible, realistic solutions to development challenges

- Support risk management and scenario planning by helping to identify the critical factors that are likely to drive or impede significant change in the future
Levels of PEA

**Issue specific analysis:**
For illuminating a specific policy or programmatic issue

**Sector level analysis:**
For identification of specific barriers and opportunities

**Country analysis:**
For general sensitization to country context

Source: Adapted from DFID (2009) and Fritz et al. (2009)
Objective of PEA for HRH in Malawi

1. Identify and assess relevant institutions, including formal laws and regulations, informal social political and cultural norms, and external influences on public sector hiring that shape power relations and, ultimately, economic and political outcomes

2. Analyze the motivations of relevant stakeholders and institutions that shape their behavior in ways relevant to the HRH market, the types of relationships and balance of power between those actors and relevant analytical concepts that provide insight into incentives and decision logics

3. Identify plausible pathways of change and actions that address those pathways of change, given identified constraints and opportunities
Methodology

Data Collection

- Literature review
- Results of focus group discussions and the health worker survey conducted as part of the larger health labor market analysis
- Key informant interviews:

  **System Actors**

  Key informants that work at the national level with a holistic view of the health system and the human resources for health issue.

  **Function Actors**

  Key informants who are active participants in the various institutions and roles involved in the production of health workers from training, recruitment, HR management, continuing education, deployment, through to retirement.
Methodology Cont.

Data Analysis and Presentation

- Table with narrative information on each stakeholder (i.e., roles, functions, and relationships with other actors)
- Systems map of key stakeholders
- Use of infographics

Source: ODI Analytical Framework for Understanding the Political Economy of Sectors
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Moderator

Questions?
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HUMAN RESOURCES FOR HEALTH IN 2030

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