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

Q&A

The below questions were posed by attendees of the webinar *Health Labor Market Analysis: An approach for informing strategic investments in the health workforce*. The webinar was co-hosted by EV4GH, Health Systems Global, Institute of Public Health Bangalore, and the USAID HRH2030 program on September 5, 2017. A recording is available on the HRH2030 website.

1. **Q: Pascal, both education and labor markets are increasingly private. How should governments address this to ensure quality?**

   - **Response from Pascal Zurn:** This is an important issue. Indeed, in various countries the education and health labour market is increasingly private. It is perceived in some occasion as a complement or substitute approach. To ensure good quality in the private sector — that is good quality of training and quality of care provided by health workers — there is need for strong regulations that establish key criteria to respect. Important also is the monitoring mechanism and sanctions. Within that context, health professional councils also play a key role.

2. **Q: Remco, how was the need for HRH calculated?**

   - **Response from Remco Van de Pas:** Please refer to the document entitled '*Realizing Universal Health Coverage for Maternal Health Services*' for the clarification. See page 220-221. See figure 1 for a summary.

3. **Q: Known gaps exist between policies and programs as well as between programs and practices in any country. Do these analyses help to address those gaps meaningfully in low-resource settings in any country? Policymakers are hard nuts to crack with any type of research on HRH, I presume.**

   - **Response from Henrik Axelson and Isabel Kazanga:** Excellent question and not easy to answer. Based on our experience in Malawi, here are two observations:
     - As for any analysis, building ownership is critical. In Malawi, we're trying to achieve this through a close working relationship with the HR Department of MOH and by consulting as many key stakeholders as we can in the key informant interviews we're conducting as part of the political economy analysis.
     - Again, as for any analysis, linking the analysis with ongoing or planned policy processes should help increase uptake of findings and recommendations. In Malawi, we're fortunate that our analysis is being undertaken in parallel with the development of a new National Strategic HRH Plan 2018-2022. We're coordinating with the taskforce responsible for development of the plan to ensure that our analysis will be helpful to inform the strategic plan.

   - **Response from Remco Van de Pas:** The analysis is a first step to understand the labor market problem, its dynamics, and the political economy of it. Next steps would be to develop a proper policy response/program, as well as putting it on the political agenda. The last one is arguably the most difficult, but several LMICs have over the years indicated possibilities to use a political momentum for HRH developments (e.g. Ecuador, Indonesia, Rwanda, Ethiopia, Ghana)

4. **Q: Henrik: Could you suggest some resources (web-based or a book) on health labor market analysis?**

   - **Response from Henrik Axelson:** Please refer to the document entitled '*HRH2030 HLMA Reference Notes*'.

5. **Q: Will any of the data collected by ThinkWell be publicly released?**

   - **Response from HRH2030:** The assessment, data collection instruments, and data will be reviewed for compliance with USAID Open Data (ADS 579) and may be made available to the public after removing any information that could identify individuals who participated in the assessment. The final decision about whether to make data and the final report available publicly will reside with USAID. This decision will probably be made around mid-2018.

6. **Q: Pascal, while calculating the number of health workers currently serving in a country or state, are health workers serving in private and non-government sectors also included?**

   - **Response from Pascal Zurn:** This is an important point as in some countries these sectors represent a large share of the health workforce. Recently, WHO launched the National Health Workforce Accounts (NHWA) that aim at capturing as much information as possible and comparable across countries. The aim is to capture all health workers working in a country, whether working for the public or private and non-governmental sectors. The major challenge is the availability of the information. This varies a lot from one country to another. Some countries only provide information about the health workers working in the public sector; some in all sectors. One of the aims of the NHWA is to be able to capture the overall number of health workers and to be able to differentiate by sector (public or private/NGOs).

7. **Q: Everyone: How would you improve the research climate to strengthen the health labor sector?**

   - **Response from Henrik Axelson:** The health labor market analysis approach could be promoted under the HRH components of e.g. master's programs in public health, health economics, as this may increase the number of students interested in health labor market analysis and may therefore conduct research in this area. It could be further promoted in global platforms, such as the Global Forum on HRH.
   - **Response from Remco Van de Pas:** One could also start to work interdisciplinarily on the issue as a research community, not only public health or health economics but also labor/social policy experts, public finances, education, involve policymakers, labor unions, professional councils, health actors during the entire research process in a participatory way as to make the research relevant for policy and practice.
   - **Response from Pascal Zurn:** The recent report of the UN High Level Commission on Health Employment and Economic Growth is a tool to advocate for more research to strengthen the health labour sector. There is increasing but still insufficient recognition that the health labour sector has to be seen as an investment and not as an expenditure. The work of the commission is key to help to change this paradigm, but more research is needed, and disseminating and explaining the work of the commission is a key step to improve the climate for more research in the health labour sector.

8. **Q: Everyone: How do we avoid brain drain in low-income countries (LICs)?**

- **Response from Remco Van de Pas:** The question is whether we can avoid it. Today, we live in a global labor market where mobility and opportunities for staff differ greatly. The WHO Global Code of Practice on the International Recruitment of Health Personnel provides guidelines on practices to mitigate 'brain drain'. In essence, it is about employment and secure, safe, stimulating working and living environments. This is to me a global, shared, responsibility and not a national responsibility only. The question is: who will pay for the (wage) bill? If differentials in wages and opportunities between low-income countries and high-income countries do not reduce, brain drain will remain. To me, this requires an international, supra-national agreement and financing mechanism (e.g., agreeing on national social protection floors and minimum wage structures).

- **Response from Pascal Zurn:** The brain drain in LICs is a serious issue that worsens the health labour market situation in countries that already have a weak health system. The WHO Global Code of Practice on the International Recruitment of Health Personnel adopted in 2010 by all 194 WHO Member States highlights key actions for both source and destination countries. The idea is not to stop the migration from LICs, but to make it a win-win situation for both source and destination countries. Measures should be adopted in both sources countries (e.g., improving working conditions, better remuneration, professional development, etc.) and in destination countries (e.g., increase the national supply of health workers, improve recruitment and retention in remote and rural areas, etc.)

9. Q: Everyone: Could the presenters expand the discussion on the data sources?

Response from Henrik Axelson and Isabel Kazanga:

- Key data sources on HRH quantity and distribution drawing on several recent studies of the quantity and distribution of health workers such as the 2017 World Bank study of staffing profiles, workload, and productivity using the World Health Organization (WHO) Workload Indicators of Staffing Needs (WISN) at facility and community level
- Desk review analysis of efficiency with a specific focus on data such as proportion of medical graduates that are hired, time-to-hire, absenteeism rates, turnover, etc.
- Key informant interviews with government officials, non-government representatives, and development partners
- Focus group discussions exploring current job situation and satisfaction, financial and non-financial factors that contribute to decisions of health workers to apply for jobs, and factors that contribute to retention of workers at their jobs
- Surveys of employers and employees collecting direct information on the perspectives of employers and employees on key factors influencing demand and supply
- Analysis of demand and supply using indicators of economic growth and spending in the health care sector as main predictors of health worker demand
- Fiscal space analysis under different scenarios of economic development, size of government budget, health share of government budget, and external resources
- Efficiency analysis identifying and describing factors that produce inefficiencies in the health labor market (including planning, training, recruitment, financing, motivation/retention, performance management, etc.)

- **Response from Remco Van de Pas:** Please refer to the '*Realizing Universal Health Coverage for Maternal Health Services*' document for more data. Our own data (actor interviews) are available in a French research report delivered to the ministry of Guinea. Permission by the National Ethical Committee was received for this. Research will be published in English in an international academic journal.

Response from Pascal Zurn:

- Data sourcing is key to get good information on health workforce, but unfortunately there is no single source of information that would be perfect and has all the information we want.
- Professional registers are one of the most common data sources. It is very good as in many countries, one should register in order to practice. That would give a good overview of the overall workforce, but it is in most cases not up to date. Very often people who retired or left the country are still on the register. It does not contain much information about where the person works, in which sector, remuneration, etc.
- The Ministry of Health has detailed information about its health workforce, but, as mentioned, in some countries the private sector is important; hence, relying only on the information from the public sector would be insufficient.
- Labour force surveys provide detailed information but sample size in an issue for professions like doctors.
- The census is also a good source of information but periodicity is the issue as it occurs every 10 years in many countries.

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