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Health Labour Market Policies in Support of Universal Health Coverage

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Abstract

Healthcare workers who are capable of providing quality care are scarce in various less- and middle-income countries. Despite this, the four countries still have a smaller numberofhealth workers and a misdistribution of workers. Among the factors contributing to these problems are migrants, an aging workforce, and skills mix imbalances. Partially staffed healthcare systems cannot address these issues. An understanding of the dynamics of the health labor market and the development of effective policies are crucial in the goal of achieving universal health coverage. Staff training, quality of service, and dual practice are all areas where regulation is needed in the private health labour market.

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INTRODUCTION

Through the protection against catastrophic health expenditures, universal health coverage (UHC) ensures link to comprehensive health services. A healthy workforce, however, will ensure access to health services even when financial protection is provided. Service delivery relies heavily on health workers. It is the lack of a large enough and qualified health workforce in many developed and developing nations that impedes progress towards UHC. In order to achieve universal health coverage, countries must have the appropriate health workforce. Less-income and middle-income countries face specific challenges here.where health workers are in shortage and mis dispensed, training is not adequate, supervision is inadequate, dual practices are unregulated, skills-mix composition is imbalanced, and productivity and performance is reduced.

Reducing budgets for social services, including health, will result in fewer health workers trained and deployed. A rise in unemployment, poverty, and social deprivation, as well as an aging population, as well as an increase in chronic diseases, will result in an increase in Both developed and developing countries require public health services as a result of the financial crisis. Achieving universal health coverage will require countries to conduct a detailed analysis of their health labour markets so they can understand how demand and supply are affected both locally and globally [1]. Global health labour markets are also challenged by the increasing numbers of workers leaving developing countries to seek employment.

Health Workforce Framework

Health workers need to be optimized in order for countries to meet the challenges described and achieve UHC. Managing the health workforce effectively will only be possible by understanding within and outside the country, the factors that drive workforce demand and supply through comprehensive workforce planning. Policies aimed at increasing health workers are typically developed in low- and middle-income countries in response to population needs (needs-based assessment). As a result, it is likely that there will be an increase in unemployment and brain drain, resulting in the waste of resources [2].

It is not only a function of the health needs of the people or the education level of workers that determines health sector employment. Health worker training based on needs-based estimates is insufficient to meet the requirement for health workers. The health labor market consists of several dimensions. The wages and allowances of health workers depend on many factors, including their needs, the demand, the supply, their training, and the governance of the industry. In addition to their geographical area, their employment settings, their productivity, and their performance, they also have to meet certain qualifications.

Health workers' education and training strongly influence their supply in a country [3]. New graduates are dependent on several factors, including the amount of slots in training program, admission criteria, and the place and social orientation of medical education. Individuals are also responsible for choosing a health career and acquiring the necessary education. Among other things, they will be influenced by the potential returns on investment, as well as the attractiveness of the salaries and financial investment required. In the pool of qualified health workers, there are workers who have the appropriate skills and qualifications to work at prevailing wages. In contrast, health workers are available at prevailing wages only if they meet the qualifications.

In order to satisfy the requirements of the population, health workers must be assigned based on the requirements of the population. Estimates are useful for determining health worker demand, but they do not provide an accurate picture of healthcare labor market dynamics, which makes them insufficient for developing effective policies. The health workforce shortage cannot be solved by training more workers; the labour market must allow for the hiring of newly trained health workers as well. No matter whether a worker is employed in a clinic, hospital, or another setting, the demand for his or her services is determined by their employer. In addition, these institutions compete over wage rates, budgets, provider payment policies, benefits packages, and working conditions. In addition to attracting health professionals (including new graduates) from abroad, a university's competitiveness is determined by all of these factors [4].

Policies of Health Workforce

Employment levels in a country are determined more by health labour market dynamics than by health needs of the people. The demand for health workers, health services demand, and health worker supply all influence health worker supply and governance. The amount of health workers employed, how many hours they are working, where they are located, where they are employed, and what type of work they perform are all determined by these factors in addition to wages and allowances.

Production of New Graduates

All four countries have taken major steps to reduce the shortage of health workers over the past ten years. New training institutions are being opened, scholarships are being awarded, financial incentives are provided to teachers, and new cadres of health workers are being trained.

Inflows and Outflows of Health Workers

In the same way, there is an inflow and outflow of workers in the overall health workforce. Wages, allowances, working conditions, and training opportunities have all been improved in response to the inflows and outflows of health workers. Health workforce age has changed due to these efforts. As a consequence, new graduates may also be unable to find healthcare jobs due to high unemployment rates and brain drain. It may therefore be impossible to achieve universal health coverage as long-term availability of health workers is compromised.

Maldistribution of Health Workers and Inefficiencies

Health workers in underserved and rural areas have been trained, given allowances, and awarded scholarships in order to address maldistribution and inefficiencies of health workers. Physicians working in underserved areas were provided with in-service training through a specific policy; however, some states are not able to provide competent training services and physicians do not follow contracts. Health workers' productivity and performance must be improvedso that provision of quality services should be equitable to people.

Regulation of the Private Sector

Private sector participation in health worker training has been the focus of both public and private sector regulation.Over the past decade, these policies have resulted in higher graduation rates in the four countries. The opposite could occur, however, if government regulation did not exist. To ensure equitable access to quality health services for all, policies that regulate and improve training and service delivery in the private health industry are essential in light of the growing private health sector.

Future Prospects

For further policies that reduce health workforce shortages, health labour market dynamics must be considered. Health workers are needed in under-

served areas, and policies should be directed toward helping them recruit and retain, and to improving their productivity and quality. In addition, the private sector should be regulated appropriately, including dual practice monitoring. In order to reduce the shortage of health workers to some extent, we must eliminate health workforce inefficiencies through increased productivity and performance [5].

To prevent worker shortages and maldistribution, healthcare workforce policies must be tailored to a country's unique context and health needs. To increase efficiency and equity in healthcare delivery, a variety of innovative approaches are needed, such as task shifting and community health workers.

A good workforce mix, technology and capital, are among the most important strategies that can be implemented to improve productivity. In addition, health workers' skill mix needs to be changed through the development of and appropriate training and supervision of non-professional cadres of health workers, such as community health workers and other health care providers, able to perform a variety of health care tasks [6].

CONCLUSION

Policy initiatives focused exclusively on education fail to address health workforce shortages and assure equitable access to health care for a country's entire population. An understanding of the factors driving supply and demand in the health labour market is required to develop effective health workforce policies for UHC.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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