



Health Labour Market Analysis Report

UNCT Biomonthly Strategic and Policy Brief

Series no: 4 | Hosted By: **WHO**

July 2024



**World Health
Organization**



**UNITED NATIONS
ESWATINI**



Introduction

The Ministry of Health in the Kingdom of Eswatini conducted a Health Labour Market Analysis (HLMA) in 2023, to inform its Human Resource for Health policy making and guide targeted strategic interventions. The Health Labour Market Analysis is a systematic, comprehensive, and evidence-based Health Workforce planning tool used to understand the labour market dynamics in a country and guide decision making. The main aim of the HLMA was to conduct an in-depth analysis of the relationship between supply, demand and need for Health Workforce in Eswatini as well as identification of gaps and challenges.

The Health Labour Market Analysis Report has since been compiled and has been launched and disseminated to wider stakeholders including policy makers.

Highlights of the findings

1. Eswatini's coverage of health services is estimated to be 58% but this can be maximised to nearly 70% if all trained health workers are employed: Eswatini has an aggregate health workforce density that is comparable with countries that have attained at least 70% of universal health coverage essential service coverage score and are making progress towards SDGs.

2. One out of every ten health workers are either unemployed or under employed but their services are critically needed in the frontline of health service delivery: Eswatini is facing demand-side constraints as a result of a freeze of employment in 2018 i.e., Circular no.3. which inhibited recruitment and absorption of newly trained health care professionals. There are unemployed health workers including 431 midwives, 300 general practitioners, 30 general nurses, 144 nursing assistants, and clinical dieticians.

3. There is a glaring inequity whereby 77% of the population is living in rural areas but have access to only 23% of health care workers: There is distributional inequity in the health workforce between rural and urban areas, 55% of the health workers worked in urban areas where there was only 23% of the population while 77% of the population who live in rural are served by 45% of the health workers.

4. Currently, Eswatini needs about 20,272 health workers and 26,563 health workers by 2032 to achieve UHC targets: Eswatini needed at least 20,272 health workers in 2022 to meet the country's population health needs and attain UHC. This was further estimated to increase by 14.3% by 2027 to 23,179 and then to 26,563 by 2032 - or an overall increase of 19.3% in the need for health workers in 10 years due to evolution in the disease burden and demographic change.

5. Current supply meets only 48.1% of the population health Needs: In 2022, the estimated need for health workers across 51 occupations was 22,272 compared to an overall supply of 9,741. Thus, overall supply met 48.1% of the need for health workers if all the supply were employed and deployed. These gaps were higher for specialist areas and occupations that are less popular.

6. About 41% of health workforce have intentions to migrate of these 34% have already started working on their intentions to migrate: Exploratory survey results showed that about 41% of the health workforce intended to migrate abroad at some point, about 61% intended to migrate for employment purposes, while 36% intended to migrate for further education.

future needs, ensuring it is endorsed and implemented across all relevant sectors.

2. Strengthen and optimize health workforce education and training: Integrated National Master Plan: Collaborate with stakeholders such as Ministry of Education and the Prime Minister's Office, to develop an integrated national master plan for health workforce training and education, e. prioritising local training to reduce reliance on foreign-trained health workers. Specialized Training Focus: Expand specialized training programs, particularly for nurses and doctors in critical areas, while also reviewing and updating the scopes of practice to match the evolving population health needs.

Five Policy/Strategic Changes are Needed

1. Strengthen health workforce governance, coordination, and alignment of priorities: Multisectoral Dialogues: Initiate and facilitate high-level multisectoral dialogues to align health workforce priorities and development strategies among stakeholders.

National HRH Strategic Plan: Develop a new comprehensive National Human Resources for Health (HRH) strategic plan that addresses current gaps and

3. Stimulate and expand health workforce employment to address critical service delivery gaps: Exemption from Recruitment Freezes: Secure an immediate exemption from the existing recruitment freeze for the health sector to enable the hiring of 907 trained but currently unemployed health workers. Review of Staffing Norms: Conduct an evidence-based review of staffing norms and standards to identify and address critical gaps, benchmarking against international best practices.

4. Strengthen national systems for health workforce retention and equitable distribution:

Retention Strategies:

Develop and implement financial and nonfinancial retention strategies that include local training opportunities and post-basic allowances to retain health workers. Differentiated Remuneration: Introduce differentiated remuneration and improved working conditions to attract and incentivize health workers to serve in rural and underserved areas.

5. Invest in health workforce information systems, data, and evidence generation for decision-making:

Revitalisation of HRH Information Systems:

Invest in the revitalisation and modernisation of existing HRH information systems to improve data collection, storage, and analysis capabilities.

Implementation of National Health Workforce Accounts:

Implement the National Health Workforce Accounts (NHWA) to standardise and systematise health workforce data across the country.

Strategic Plan, Human Resources for Health Strategic Plan) and lobby for increase of domestic funding for health and increase investment in health workforce by at least 2% per year

- Strengthening HWF Governance, coordination, leadership, and regulation to increase the capacity of health professionals to deliver good quality health services that are equitably distributed.
- Strengthening monitoring & evaluation

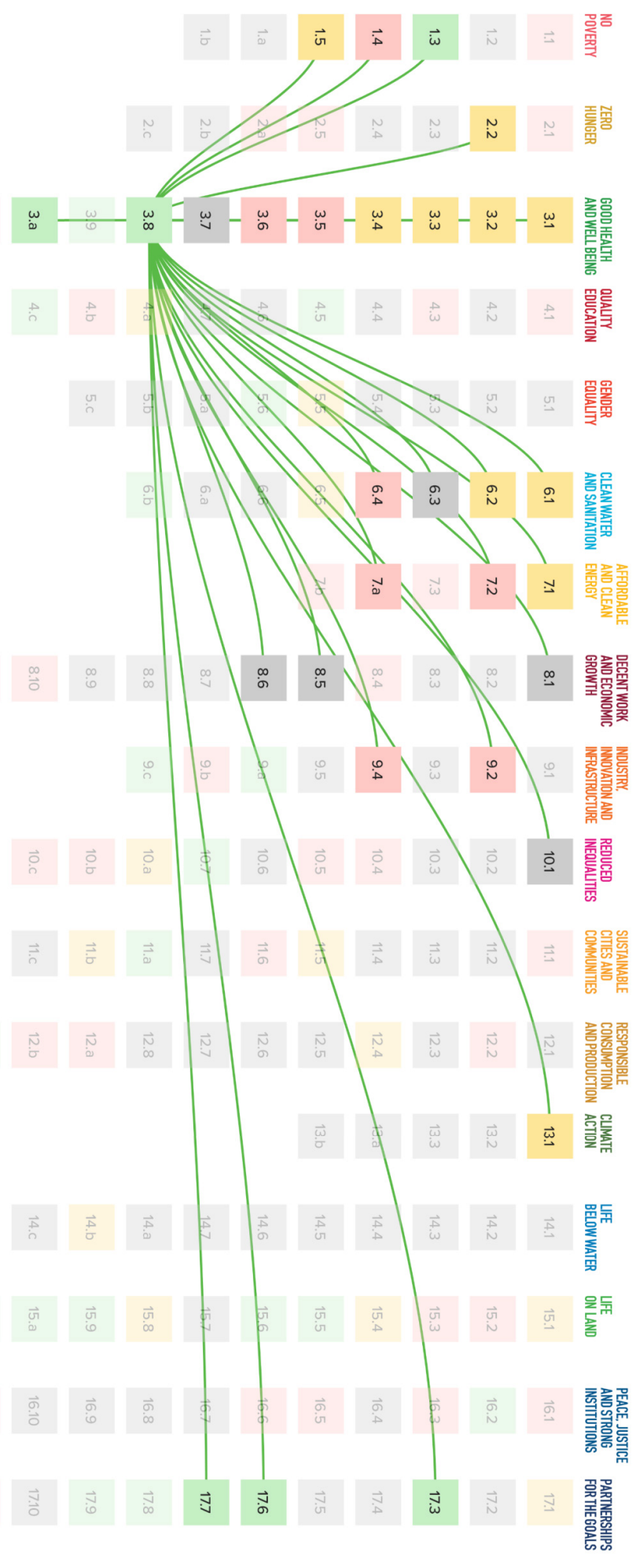
The call for action

Policy makers, government ministries, United Nation's Heads of Agencies, and Implementing Partners are implored to work towards:

- Advocating for alignment of donor funding to Ministry of Health Strategic documents (National Health Sector

The diagram below highlights the synergies associated with attaining universal health coverage target

3.8: Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.



<https://sdgdiagnostics.data.undp.org/SWZ/synergies-and-tradeoffs>



**World Health
Organization**



UNITED NATIONS
ESWATINI

