A HEALTH POLICY AND SYSTEMS RESEARCH READER ON HUMAN RESOURCES FOR HEALTH
Outline

1. Defining HRH policies and politics
2. Background on HRH policymaking and politics
3. Illustrative primary research articles
4. Research challenges, gaps and future directions
1. Defining HRH policies and politics

- Policymaking in HRH concerns the development and implementation of rules and regulations that shape the health workforce

- More work has been done to understand the normative and technical basis for HRH policies
  - Rural retention of health workers
  - Task-shifting
  - International recruitment

- However, HRH policies are often not adopted, poorly formulated or inadequately implemented
1. Defining HRH policies and politics

• Consider a country in which you have worked where HRH policies are insufficiently adopted/implemented – what are some possible reasons for this?
  – Discuss in pairs or as a group
  – Share your ideas with the group
1. Defining HRH policies and politics

• Politics and power underlie all policymaking, including slow adoption and implementation of HRH policies
  – Politics: “The art or science concerned with guiding or influencing governmental policy”, “Who gets what, when, how”
  – Power: “The ability or capacity to do something, or act in a particular way”
• Provides us with a realistic and holistic understanding of HRH policymaking
2. Background on HRH policymaking and politics

• Policymaking is political (Fieno, 2016)
  – Ambiguity
  – Competition (many stakeholders, different interests)
  – Limited windows of opportunity for decision-making
  – Varying incentives
  – Disruption

• Broader political system plays a key role in shaping policymaking (Mitchell & Bossert, 2013)
  – E.g., how does policymaking differ in fragile or failed states, states built on authoritarianism, or democratic states?
2. Background on HRH policymaking and politics

What distinguishes HRH policymaking from other policymaking in the health sector?
– Discuss with the group or in pairs
2. Background on HRH policymaking and politics

• What distinguishes HRH policymaking from other policymaking in the health sector?
  – “The number of players with a veto in the HRH space transforms HRH into a collective action problem.” Fieno et al 2016
  – Direct involvement of organized labor (professions/occupations)
  – Implicit and explicit hierarchies within and across health cadres
  – Interests, skills, social positioning (gender, race, sexuality, class, ethnicity)
## 2. Background on HRH policymaking and politics

**Table 7.2 Stakeholders impacting HRH policymaking**

<table>
<thead>
<tr>
<th>Stakeholder category</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Government</strong></td>
<td>- Health (national, regional, local)</td>
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<td></td>
<td>- Civil service agencies/commissions</td>
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<td>- Executive leaderships</td>
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<td>- Statutory professional councils</td>
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<td>- Legislative bodies</td>
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<td>- Defense</td>
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<td>- Finance</td>
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<td>- Labor</td>
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<td><strong>Employers</strong></td>
<td>- Private sector</td>
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<td></td>
<td>- Public-private partnerships</td>
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<td></td>
<td>- Voluntary organizations</td>
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<td><strong>Representatives of health workers</strong></td>
<td>- Professional/occupational associations</td>
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<tr>
<td></td>
<td>- Professional/occupational unions</td>
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<td><strong>International stakeholders</strong></td>
<td>- Bilateral/multilateral agencies</td>
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<td></td>
<td>- Philanthropic organizations</td>
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<td></td>
<td>- Professional associations</td>
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<td><strong>Civil society</strong></td>
<td>- Community-based organizations</td>
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<td></td>
<td>- Patients’ rights groups</td>
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<td><strong>Other stakeholders</strong></td>
<td>- Media</td>
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<td></td>
<td>- Pharmaceutical/medical device companies</td>
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</tbody>
</table>
2. Background on HRH policymaking and politics

*Figure 7.1 Different spheres for human resources for health policy*
2. Background on HRH policymaking and politics

- Lay health worker policy in South Africa (Daniels et al, 2012)
- P4P in Tanzania (Chimhutu et al, 2015)
- Community health worker program in Ethiopia (Maes et al, 2015)
- Decentralization policy in Uganda (Kyaddondo and Whyte, 2003)
- Community health assistant strategy in Zambia (Zulu et al, 2013)
- Additional duty hours for health workers in Ghana (Agyepong et al 2012)
Multidisciplinarity a key aspect of HPSR

**Descriptive:** To describe to enable comparability with other contexts and experiences

**Exploratory:** Initial research to understand and build hypotheses, concepts, theories

**Explanatory:** In-depth research using and testing theory to explain causal mechanisms

**Predictive:** To inform about the consequences of preferences and decisions

**Emancipatory:** To jointly understand a problem, act on it, and learn from working collaboratively and address power

**Influence:** To assess the impact of one variable on another (adequacy, plausibility and probability analysis)

**What, when, where?**

**How and why?**

**What works to effect change?**

**How to empower with change?**

HPSR Reader on HRH
3. Illustrative primary research articles

- **Historical and political analyses of HRH policymaking**
  - Historical analysis of dynamic between medical profession and the state (Nigenda & Solorzano 1997)
  - Evolution of HRH policy in post-conflict settings (Bertone et al 2014)
  - Analyzing nursing practice law (El-Jardali et al 2014)

- **Contemporary HRH policy dynamics**
  - Coherence between health policy and human resource strategy (Martineau et al 2015)
  - Mixed methods assessment of impact of global health initiatives on frontline health workers (Brugha et al 2010)
  - Posting and transfer policy (Purohit et al 2016)
3. Illustrative primary research articles

Research illustrating historical and political analyses of HRH policymaking


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>Mexico</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: historical and political analysis using historical data, document review and interviews</td>
</tr>
<tr>
<td>Research inference</td>
<td>Explanatory</td>
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</tbody>
</table>
What makes it exemplary?

Doctors and Corporatist Politics: 
The Case of the Mexican 
Medical Profession

Gustavo Nigenda 
Instituto Nacional de Salud Pública 
Armando Solórzano 
University of Utah

Abstract  This study advances our understanding of the relationship between the state and the medical profession in countries where healthcare services are used as instruments of economic and political control. As a general argument, we maintain that the corporatist nature of the Mexican state impedes the medical profession from achieving autonomy and control over its professional activities. In contraposition to medical professions in developed societies, the nature of the Mexican profession is shaped by state policies and by its reiterated efforts to act independently of the state's tutelage. We analyze this dynamic interaction through three different historical epochs that reflect the complexity and uniqueness of the Mexican medical profession. Whatever attempts the profession has made to control the medical curriculum, the licensing process, the market, or the specific laws that affect its own field, the Mexi-

• Examines shifting relationship between the medical profession and the state in Mexico from 1917 to 1988
• Systematic “interference” by the state meant resistance to profession-led reforms, resulted in fragmentation and weakening of the field
• Research and theorization on the professions is dominated by work from high-income county settings
• In-depth, longitudinal case study, grounded in historical analysis, to explain contemporary situation
3. Illustrative primary research articles


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Multiple health workers</th>
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</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>Sierra Leone</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: political economy, stakeholder mapping workshop, document review, key informant interviews</td>
</tr>
<tr>
<td>Research inference</td>
<td>Explanatory</td>
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</table>
What makes it exemplary?

• Article addresses evolution of HRH policy in post-conflict settings
  – Part of a comparative case study of post-conflict HRH policy in four countries (Witter et al 2016)

• Draws upon political economy and policy analysis

• Explores dynamism between contextual factors, actors and their power bases, and changing institutional contexts

• Strong interpretive analysis of how the “policy story” evolved in this context – and informs understanding in other post-conflict settings
3. Illustrative primary research articles


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public and private sector nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>Lebanon</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: case study research using key informant interviews and stakeholder panel discussion</td>
</tr>
<tr>
<td>Research inference</td>
<td>Explanatory</td>
</tr>
</tbody>
</table>
What makes it exemplary?

- Article details the interests and positions of various stakeholders – e.g., government, professional orders, educational institutions, private hospitals
- Richly detailed case study, including political and health system context
- Authors also address the impact of the ‘insider’ status of some research team members
3. Illustrative primary research articles

*Articles examining contemporary HRH policy dynamics*


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Multiple health workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>China, India, Viet Nam</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: comparative case study analysis of policy coherence across countries and between policy spheres</td>
</tr>
<tr>
<td>Research inference</td>
<td>Explanatory</td>
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</tbody>
</table>
What makes it exemplary?

- Article examines the coherence between health policy and HR strategy
- Authors utilize a framework from human resource management to categorize level of coherence
- Comparative analysis helps illuminate reasons for varying levels of coherence
- Strong example of integrating HR questions into broader health policy and systems studies
3. Illustrative primary research articles


<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public sector frontline workers and district managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>Malawi, Zambia</td>
</tr>
<tr>
<td>Research methods</td>
<td>Mixed: cross-country comparative analysis using health facility data and in-depth interviews</td>
</tr>
<tr>
<td>Research inference</td>
<td>Influence</td>
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</tbody>
</table>
What makes it exemplary?

- Article utilizes mixed method, comparative analysis to understand impact of global health initiatives on frontline health workers.
- Goal of mixing methods was evident (qualitative methods used to deepen quantitative findings).
- Key takeaway is that power dynamics underlying more crowded and contested policy environments (in this case, global health initiatives) impact government policy around HRH.
3. Illustrative primary research articles

Purohit B, Martineau T, Sheikh K (2016). Opening the black box of transfer systems in public sector health services in a Western state in India. BMC Health Serv Res. 16(1):419.

<table>
<thead>
<tr>
<th>Cadres</th>
<th>Public sector physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical area</td>
<td>India</td>
</tr>
<tr>
<td>Research methods</td>
<td>Qualitative: interview and document review, contrasting policy architecture with practice</td>
</tr>
<tr>
<td>Research inference</td>
<td>Explanatory</td>
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</tbody>
</table>
What makes it exemplary?

• Article explores posting and transfer policy in an Indian state, a key HRH policy issue, but challenging to research due to sensitivities

• Authors combine a systems map and a systems audit

• Article importantly discusses role of Public Service Commission

• Helpful discussion of political and financial influences in the posting and transfer process
4. Research challenges, gaps and future directions

- Research challenges with accessing high-level policymakers
- Importance of utilizing complementary data sources, mixed methods
- Need for further social science research on HRH policymaking
- Several spheres of policy content need further research
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http://www.who.int/alliance-hpsr/resources/publications/9789241513357/en/