Health Labour Market Analysis in Sri Lanka: A Call to Action

The Ministry of Health of Sri Lanka and the WHO conducted a Health Labour Market Analysis (HLMA) aiming to identify bottlenecks and improve understanding of the migration of health workers and the demand for health workers from the public and private sectors. The HLMA is a key policy informing document calling to action the needed building blocks for human resources for health planning in Sri Lanka.

The goal of this HLMA was to address key policy questions, notably:

1. Does Sri Lanka need to expand the size of its current health workforce?
2. What role should the private sector play in human resources for health?
3. How can health worker migration be better coordinated?
4. Does Sri Lanka need a new health workforce policy plan?
Current epidemiological and demographic transitions in Sri Lanka are leading to an increase in the burden of disease particularly by non-communicable diseases (NCDs). The primary health care (PHC) systems are not currently well equipped to cope with these changing needs. With a reorganization of primary health care underway it is time to assess the capacity of the health workforce in Sri Lanka and address the likely increased demand for health workers.

The recent report of the UN High Level Commission on Health Employment and Economic Growth showed the positive contribution of job creation in the health sector for inclusive economic growth. Contrary to this, growth in health sector employment in Sri Lanka is less than other public sectors, and overall job growth in Sri Lanka is lower than other countries in the region. In Sri Lanka health and social work jobs comprised only 1.8% of all employment in 2016 compared to 4.1% in education and 7.7% in public administration and defense (Ministry of National Policies and Economic Affairs, 2016). Growth in health sector jobs has been slow.

Does Sri Lanka need to expand the size of its current health workforce?
There is potential to invest more in employment creation in Sri Lanka’s health sector whilst strengthening policy to account for the absorption capacity of the health system. The health sector offers significant opportunity for not only addressing the current and future health challenges, but also by increasing labour force participation for females and youth, which have the highest unemployment rates.
There is a complex relationship between the public and private sector in Sri-Lanka as illustrated by dual practice for many health workers including doctors, nurses, pharmacists and medical laboratory technicians. Dual practice represents an important salary complement for health workers. The health workforce in the private sector is mainly composed of medical officers who engage in dual practice, a few full time general practitioners, retired medical officers and nurses and nurse assistants. It appears that a significant proportion of health care, especially outpatient care, is provided by the private sector in Sri Lanka. *Inadequate information on the private sector and dual practice* contributes to lack of understanding of the dynamics between private and public sector in Sri Lanka. Health workers trained in private institutions are not automatically authorized to practice in the public sector.

**What role should the private sector play in human resources for health?**

**Recommendation to improve oversight in the private sector and coordination between the public and private sectors through regulation and data monitoring systems.**
The issue of the migration of health workers from Sri Lanka has been capturing increasing attention over the past years. There is a lack of data to assess the exact scope of migration of health workers from Sri Lanka. Migration of health workers has mostly been an individual decision; recently, however, the Ministry of Foreign Employment is promoting the migration of skilled workers notably health workers. Given the limited pool of trained health workers this has important implications for the health sector. There is a need for better coordination between the different ministries as this is very likely to impact of the stock of all health workers in Sri Lanka, however, the impact on each profession should be assessed individually. Currently there is a gap for intersectoral approach to the issue of health workforce migration in Sri Lanka.

With public and private sector dynamics and migration increasing in importance in the country it is a critical time to consider the long-term policy and planning processes with an emphasis on the intersectoral influences and outcomes that are shaping the health labour market. There is a need to fully assess the costs and benefits associated with health worker migration in Sri Lanka.

How can health worker migration be better coordinated?

Recommendation to develop a multi-sectoral common policy on health workforce migration with the Ministry of Health, Ministry of Education and Ministry of Foreign Employment, based on the principles of the WHO Global Code of Practice
Does Sri Lanka need a new health workforce policy plan?

The lack of medium and long-term planning has resulted in large volatility in the recruitment cycles, especially for nurses.

Annual output of nurses in Sri Lanka, 2006–2015

In the future, health labour market absorption capacity could face challenges with:

- The increasing number of domestically trained health workers and Sri Lankan medical students who are studying abroad and returning to Sri Lanka to work as medical doctors
- The PHC reform
- Private sector dynamics
- Health worker emigration

The expiration of the current 2009–2018 HRH Strategy and the National Strategic Framework for Development of Health Services: 2016–2025 advising the creation of a human resource development plan presents an opportunity to assess its impact and to develop a new Strategy. There is a need to identify service gaps and ensure that deployment and incentive policies are streamlining healthcare workers into the places where they are the most needed.

Sri Lanka has utilized standard health workforce per population ratios as the preferred staffing indicator to assess the availability of health staff of the country at national and sub-national levels. This indicator is based on the available cadres and the size of the population. It provides little or no information for national and sub-national planners to assess the real health workforce needs for the country. Undertaking a workload study in Sri Lanka will be instrumental for the country to develop staffing norms based on workload and contribute to appropriate health workforce planning.

Recommendation to develop a health workforce strategy and action plan for the period 2019–2030 with an emphasis on PHC and using multisectoral consultations
As Sri Lanka transitions towards PHC reform and meeting the changing needs of a population facing epidemiological and demographic transitions there is a growing understanding in the country that **better oversight and improved integrated policy mechanisms** are essential to the achievement of health and wider economic and social goals. Sri Lanka needs to ensure it has the information and planning processes in place with regard to its health workforce; particularly for the private health sector and migration of health workers.

The recommendations are based on the HLMA and aim to facilitate the collection and further analysis of the critical information needed to ensure that Sri Lanka retains its position as a leader in cost-effective service provision. Sri Lanka is capable of pushing the boundaries of care towards one that is available to all regardless of their income or geographic location. With the right information, planning, foresight and with the required health workers on board it is clear that **Sri Lanka can achieve its ambitions**.