



A National Human Resources Plan for Health



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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A National Human Resource Plan for Health

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**An Accessible, Caring and High Quality
Health System**

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Foreword by the Minister of Health



The Human Resources for Health Plan will assist us in ensuring that we have the right human resource mix in health to fulfill our health care delivery objectives.

Chapter 7 of the National Health Act of 2003 gives a mandate to the Minister of Health, advised by the National Health Council to take concrete steps to develop and manage human resources in the national health system. South Africa has made significant progress in producing policies that are supportive of good quality health for all residents. However, an overall shortage of health personnel as well as an inequitable distribution between urban and rural areas and between the public and private sectors remains a challenge. These challenges will now be more robustly addressed.

The publication of this National Human Resources Plan for Health therefore is an important milestone in health systems transformation in South Africa. The HR Plan has been contextualised within the strategic priorities of the National Department of Health. This identifies Human Resources Planning and Development as a key priority area over the next five years. South Africa identifies with the global health community concerns regarding the crisis with regards to human resources for health.

Through the HRH Plan, we seek to contribute not only in bringing into focus the challenges around Human Resources for Health, but to also share proposals and build on debates aimed at addressing these challenges while also learning from best practices in this regard. At a local level provinces will be involved, at a regional level, we will link up with, and support initiatives aimed at ensuring self-sufficiency with regards to provisioning of health personnel throughout the continent; such as the NEPAD health strategy. At a global level, the Plan subscribes to and aims to facilitate the realization of the Millennium Development goals.

The Plan offers a comprehensive approach to the development and implementation of Human Resources for Health in the country. The Plan provides a framework to guide stakeholders to link their work to the country's desired objectives to provide an adequate and competent workforce to serve its population in their individual effort or in partnership with government.

A handwritten signature in black ink, appearing to read 'M. Tshabalala'.

Dr Manto Tshabalala-Msimang, MP
Minister of Health

Preface

The crucial role of Human Resources in health systems cannot be over-emphasized. Many health programmes have consistently experienced shortages of suitable health personnel, and this has often been one of the major constraints attributed to such programmes not accomplishing their intended objectives. Human Resources for Health are a fundamental and strategic capital for the performance of the health system. The health sector is not only labour intensive but also depends on precise application of the knowledge and skills of its workforce to ensure patient security and health.

In 2004/05, the Human Resources Planning, Development and Management sub-programme was elevated to branch level for the first time, indicating a deliberate strategy by the Department to increase its focus on human resources. In this context, development of a country HRH Plan was prioritized in an effort to address the numerous HRH challenges that the health system is grappling with, amongst these being the high rate of attrition of personnel to the private health sector as well as migration out of the country to wealthier countries, retirement of skilled and experienced professionals and career switching by young professionals to other sectors.

The development of the country HRH Plan has been a very intensive and challenging process for many reasons. Human Resources development in the health sector is by its very nature complex because of the diversity of health professionals required to provide health care within a team framework. It is further complicated by the necessity to ensure an interface between the health services and academic (training and research) platforms. The long periods of training of health professionals also adds to the complexity. Provision of health care and human resources to render services in a resource constrained environment present additional challenges in HRH Planning. Finally, producing a comprehensive Plan is further compromised by the significant gaps in information for planning.

There is therefore a need for significant effort towards developing the necessary capacity with regards to developing information systems, research and instruments to support workforce planning and as such inform solid policy positions on the country's human resources for health. Despite these limitations, this Plan does provide national guidelines for all stakeholders with the intention of influencing their operations in the areas of HR Development, Management and Planning even if these may require refinement in the short to medium term. Regular update of the Plan is thus considered crucial and will be undertaken to bring into focus the interventions that must be put in place to address the HR challenges in the country in the long term.

The provincial health service plans will certainly assist in improving the plan by linking it to the health needs and aggregated on a national basis. A number of provinces are in the process of developing their own plans using this national plan as guidance. These provincial plans therefore have to be drafted with a clear linkage to the service plan.

Success of plan depends on partnerships with the private health sector (through vehicles such as the Health Sector Charter); partnerships with sister departments (Education, DPSA, Treasury and Labour). The country faces a challenge with regards to capacity of institutions to produce more health professionals. There are indications that over the years there has been no significant increase in the number of health professionals graduating from our education and training institutions despite an increase in the disease burden. This is an area of deep concern and this plan gives pointers on how to address the issue. The production of health professionals is thus one of the priority areas advanced in this plan.

The operationalization of the Plan has already commenced because of a number of aspects that need not wait for its finalisation. Some of these aspects are critical to the further consolidation of the plan. These are the attention to conditions of service, remuneration, developing an HR Information System and increasing number of health professionals through training and recruitment of selected professional groupings from outside the country.

In drafting this plan, it has been important to build on the work previously done by the team that was led by Professor William Pick, and more importantly, confronting those aspects that have changed since the adoption of the report of this team. Human resource planning is by its nature a dynamic process designed to deal with fluid situations that link several major health aspects – service, education, training, research and health workforce. This dynamism will keep the process of refining the plan over the next few years alive and we hope that it is a process that stakeholders will continue contributing to in a positive manner.



Mr. Thami Mseleku
Director General

Acknowledgements

The HRH Plan is a culmination of hard work by many individuals. The Department of Health is grateful to them and acknowledges that without their efforts, the quality of the Plan would have been compromised. The Department particularly acknowledges the support of the Belgian Technical Cooperation (BTC) who provided significant funding for this project. We also acknowledge the research input given during the development of a Strategic Framework by Dr Uta Lehman and Ms. Nonhlanhla Makhanya who were appointed as consultants to that process. Our appreciation is also extended to Ms. Gcinile Buthelezi who assisted the HR branch with all the technical work in putting the document together. Appreciation is also extended to members of the HR branch for placing their focus on developing this plan within two years of existence as a branch.

Finally the Department of Health wishes to acknowledge and thank all the stakeholders, Department of Education, Department of Public Service & Administration, Treasury and many individuals that assisted with their comments during the shaping of this document.

Dr Percy Mahlathi
Deputy Director General: Human Resources
(Project Leader)

Abbreviations

CMSA	Colleges of Medicine of South Africa
DoE	National Department of Education
DPSA	Department of Public Service and Administration
HPCSA	Health Professions Council of South Africa
HR	Human Resources
HRD	Human Resource Development
HRH	Human Resources for Health
HRM	Human Resource Management
HRP	Human Resources Planning
HWSETA	Health and Welfare Sector Education Training Authority
JLI	Joint Learning Initiative
MTEF	Medium Term Expenditure Framework
MRC	Medical Research Council
NHC	Forum of Minister and Health Members of Executive Councils in the Provinces
NDoH	National Department of Health
NHIS	National Health Information System
NQF	National Qualifications Framework
NSDS	National Skills Development Strategy
NSFAS	National Student Financial Aid Scheme
OECD	Organisation for Economic Cooperation and Development
TechComm	Technical Committee of the National Health Council
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SGB	Standards Generating Body
STATSSA	Statistics South Africa
WHO	World Health Organisation
WISN	Workload Indicators for Staffing Needs

¹ Definition of Concepts

Human resources for health (HRH - synonyms are health manpower, health personnel, or health workforce) denotes persons engaged in any capacity in the production and delivery of health services. These persons may be paid or volunteers, with or without formal training for their functions, and located in the public or private sector. HRH encompass “all individuals engaged in the promotion, protection, or improvement of population health, including clinical and non-clinical workers.” (JLI, 2004)

Human Resource Plan for Health (HRH) - an overall mapping of at least 5 years that contains a detailed analysis of the human resources for health challenges and issues, strategies, objectives and activities likely to solve the identified priority issues and challenges during the given period. (WHO: Guidelines for Human Resources for Health Policy and Plan Development at Country Level 2004)

Human resources development (HRD), as applied to human resources for health (HRH), includes the planning, production, and management of health personnel.

Human resources planning “...is the process of estimating the number of persons and the kinds of knowledge, skills, and attitudes they need to achieve predetermined health targets and ultimately health status objectives.” (WHO, 1978) Over the years this function has been broadened to include that of formulating human resources policy, in which the word “policy” refers to statements made by relevant authorities that are intended to guide the allocation of resources and effort. Health services and human resources policies constitute key instruments for implementing decisions affecting the delivery of health care.

Human resources production refers to “...all aspects related to the basic and post-basic education and training of the health labour force. Although it is one of the central aspects of the health manpower (development) process, it is not under the health system’s sole control” (WHO, 1978). The production system includes all the health system’s educational and training institutions, which are increasingly the joint responsibility of service and educational institutions.

Human resources management has been defined as the “mobilisation, motivation, development, and fulfilment of human beings in and through work” (WHO, 1978). It “...covers all matters related to the employment, use, deployment and motivation of all categories of health workers, and largely determines the productivity, and therefore the coverage, of the health services system and its capacity to retain staff.” Management also encompasses programmes for in-service and continuing professional education, as well as for evaluation.

Occupations and occupational categories refer to a set of functions, requiring a specific combination of knowledge and abilities, and associated with a specific title, for example, doctor, nurse, laboratory technician, sanitarian.

¹ WHO monograph, *Health Manpower Planning: Principles, Methods, Issues*, Hall, TL, and Mejia, A., eds: WHO, 1978 (www.hrtoolkit.forumone.com)

Executive Summary

Introduction

South Africa's health system faces the most intricate human resource demands, which are also characteristic of health systems in many other countries. Ensuring an adequate human resource pool for the staffing of the public health sector in particular is a major task that is complicated by the burden of many global disease challenges. Even though the private health sector is not experiencing the same pressures to the same degree, maldistribution within this sector is a serious issue. The human resource demands are an integral part of the challenges confronting the national health system. In this context developing a National Human Resource Plan to address these matters must be seen as one of the steps government is taking to strengthen the entire health system.

It is globally recognised that a focused human resource strategy backed up by an appropriate implementation plan is a critical ingredient of positive change in health care. Success in this area helps to create a positive image and an environment conducive for health care to flourish. The equity, efficiency and effectiveness of the health system depend on the two elements of a visionary strategy and a focused plan being appropriately developed and implemented.

Context

Both the Constitution of the Republic of South Africa and the National Health Act Number 61 of 2003 mandate the National Department of Health to ensure delivery of health services to the South African society. This signifies ensuring the provision of adequate human resources to enable the health system to deliver on that mandate. At the national health summit held on 2 – 3 December 2004 the Department of Health committed itself to developing a strategic framework to serve as a basis for a long-term national human resource plan. The consultation process had started in November 2004 and the strategic framework was presented to all stakeholders during August 2005, with the expectation that they would contribute positively to the process.

The process of conceptualisation started with a review of the work that had previously been carried out in an attempt to address the human resource challenges to health. Central to this approach was a rapid appraisal of the work done by a task team led by Professor William Pick and gathering the views of a number of people who had provided input to that process. The report of this task team (2001) in its introduction stated: *"In order to give expression to the Primary Health Care (PHC) approach, the vehicle through which basic health care will be made accessible to all, the Department is committed to ensuring, through proper planning, that a continuous supply of, suitably qualified, competent human resources will be available to staff primary, secondary and tertiary health facilities"*.

In addition to the legislative and constitutional mandate to provide good quality health services to the nation, the 2001 National Human Resource Strategy provided the context for developing a human resource plan.

Approach to Developing the HRH Plan

The Department's Drafting Team used the WHO HR Toolkit (2004) as a basis for drafting an initial framework. The framework was drafted in a format that would make it easy to modify into a Plan after the necessary consultations with stakeholders had been undertaken. The framework document was therefore constructed in such a way that it already took the form of a national human resource plan. The purpose of this National Human Resource Plan for Health is to guide the development of Provincial HR plans and also to serve as a reference point for the private health sector. It is furthermore intended to guide education and training institutions in the production of human resources for the national health system.

Initial consultation proved very useful in broadly scoping the work and identifying the initial gaps that needed to be addressed. Many stakeholders made available some information that was also used in crafting the

strategic framework. This HRH Plan, the end result of that extensive consultation process is therefore presented here as work in progress because it is subject to further development of the required planning capacity and tools e.g. HR information system, further research and analysis to yield data required to refine the targets.

Underpinning this Plan is a set of core guiding principles representing the commitment of government to ensuring that the national health system possesses the necessary human capital to deliver health to the nation.

Core Guiding Principles

Principle 1: Stewardship for health care lies with the National Department of Health

The Bill of Rights, supported by the Constitution of the Republic of South Africa, declares healthcare as a basic human right. It is therefore the responsibility of government to ensure that all citizens enjoy access to healthcare services. To optimise this right, the National Department of Health commits itself to providing effective stewardship for the national health system.

Principle 2: South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency

Over the years the production of health professionals in this country has either declined, remained static or increased marginally. Overall, this output has not kept up with the demand for supplying health professionals, made more pressing by the increasing burden of disease. The National Department of Health in partnership with other government departments like the Department of Education and National Treasury has committed itself to finding ways of increasing the production of health professionals in sufficient numbers to ensure a reliable supply for the national health system. On their part, the education and training institutions have committed themselves to providing South Africans with skilled and competent health professionals.

Principle 3: Planning and development of human resources linked to the needs and demands of the health system must be strengthened

The National Health System undertakes to plan and develop human capital strategies linked to the needs of recipient communities. This demands the establishment of health information systems that cut across the public / private divide. Both sectors therefore pledge themselves to invest in systems that will enable the country to address more accurately the needs of South Africans. The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning.

Principle 4: The optimal balance, equitable distribution and use of skilled health professionals to promote access to health services must be developed

South Africans who inhabit rural areas have their access to health services compromised by the poor availability of skilled health professionals at the health facilities closest to them. The Department of Health commits itself to working continuously to provide skilled health professionals and/or to ensure effective referral systems to promote such access.

Principle 5: Health workers must have the capacity and appropriate skills to render accessible, appropriate and high quality care at all levels

Human beings, like any other creatures, do not choose when and how to fall sick. Only health professionals are armed with the knowledge and skills to alleviate or cure illnesses and diseases. The skills and knowledge possessed by professionals are however not enough to ensure high quality health care. Values and ethical conduct are also vital qualities that health professionals must possess. Health professional associations and organisations therefore should take the responsibility of ensuring that their members adhere to a value system that places the patients' needs uppermost.

Principle 6: Work environments must be conducive to good management practice in order to maximise the potential for the health workforce to deliver good quality health services

The democratic government inherited poorly planned health facilities and most were in unsatisfactory states of preservation. These now pose a serious challenge in terms of the environment that health professionals demand. The department pledges to work hard to improve the physical and management environment of these facilities so that they are conducive to the services of the health workforce. The department will ensure that, starting in 2006, it will offer high quality management training sessions designed to improve management in its facilities.

Principle 7: South Africa's role in international health issues contributing to leadership, scientific advances and global health professions is critical

The national health system (public and private) will continue to contribute positively to global health leadership and scientific advances. Both sectors therefore commit themselves to sharing information, resources and the like to ensure that South Africa fulfils this role by providing visionary leadership and partnership based on trust.

Principle 8: South Africa's contribution, in the short to medium term, to the global health market must be managed in such a way that it contributes to the skills development of health professionals

South African health professionals are recruited by a number of health systems internationally. This, in the short term, has resulted in a decrease in such human resources in their country of birth. The Department of Health interacts with other countries through various government-to-government agreements, and multilateral organisation-sponsored protocols like the Commonwealth Ethical Recruitment Protocol. The department therefore commits itself to ensuring better management of the exchange or migration of health professionals without compromising the constitutional rights of South Africans to choose where to work.

Principle 9: Mobilization of funding to ensure successful implementation of the Plan

The National Health System must be adequately resourced to ensure that health workers have the necessary tools and knowledge to provide health services to South Africans. The private health sector must find a role to play utilising various instruments like the Health Sector Charter.

Principle 10: The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning

South Africa must possess advanced expertise and technical skills in order to plan, research and manage health workforce planning. This expertise must be supported and funded also by the private health sector through appropriate mechanism that enhance the private sector's responsibility for the development of human resources for health at certain levels.

Principle 11: There must be reasonable remuneration of health professionals and attractive working conditions to enable them to regard the public health sector as employer of choice

Health professionals must be remunerated at levels commensurate with the responsibility placed upon them for the provision of health services. Linked to this must be the provision of attractive working conditions that will serve to enhance their confidence in the public health sector and lead to it being an employer of choice. In such instance a sense of fulfilling national service will be entrenched and done with commitment by the health professionals.

Summary of Strategic Objectives Associated with Guiding Principles for the National Human Resource Plan

Guiding Principle	Strategic Objective
<p>1</p> <p>Stewardship for Health Care lies with the National Department of Health</p>	Provision of leadership through guidance of the Public and the Private Health Sectors
	Defining a vision and developing an overarching National Human Resources Plan
	Establishing shared values and a shared base with provinces regarding issues of HR planning, management and development
	Establishment of reliable monitoring and evaluation systems
	High level investment and resource allocation decisions
	Management of regulatory environment and oversight function
	Development of partnerships spanning all formations in the health sector
<p>2</p> <p>South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency</p>	Ensuring regular and up-to-date projection of national, regional and local HR needs in line with identified priorities
	Setting up mechanisms and structures for the periodic/regular projection of health worker needs and subsequent adjustment of plans
<p>3</p> <p>Planning and development of human resources linked to the needs and demands of the health system must be strengthened</p>	Application of HRH research and knowledge to advance the health system as a whole
	Alignment of training and education resources to the health system's needs
<p>4</p> <p>The optimal balance, equitable distribution and use of skilled health professionals to promote access to health services must be developed</p>	Provision of human resources to render adequate, accessible and appropriate services in rural and other under-serviced areas
	Development of incentive systems for health service provision in under-serviced areas
	Balancing health worker categories, aligning and synergising scopes of practice across the professions
<p>5</p> <p>Health workers must have the capacity and skills to render accessible, appropriate and high quality care at all levels</p>	Provision of initial and continuing education and training that meets the identified health needs of the country by training institutions
	Provision of high quality and appropriate experiential learning
	Establishment of skills monitoring and assessment systems
	Promotion of life-long learning and research-based practice among all health workers
<p>6</p> <p>Work environments should be conducive to good management practice in order to maximise the potential for the health work force to deliver quality health services</p>	Creating a culture of valuing all workers
	Providing adequate tools or technology for professionals working within the health system to perform their duties in line with their training
<p>7</p> <p>South Africa's role in international health issues contributing to leadership, scientific advances and global health professions is critical</p>	Influencing global HR research and production
	Promotion of cooperation between the South African Health System and other health systems regionally and internationally
	Influencing and directing international aid towards the country's capacity development priorities
	Exerting influence through advocacy in international forums
	Understanding and influencing global HR market trends

Guiding Principle	Strategic Objective
<p>8</p> <p>South Africa's contribution in the short to medium term to the global health market must be managed in such a way that it contributes to the skills development of health professionals</p>	<p>Optimisation of the bilateral agreements that South Africa enters into with various countries</p>
<p>9</p> <p>Mobilisation of funding to ensure successful implementation of the plan</p>	<p>Appropriate funding of provincial initiatives to develop and implement HRH plans</p>
	<p>Appropriate HR Information Systems to enable good planning</p>
	<p>Active contribution of the private health sector in HRH production</p>
<p>10</p> <p>The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning</p>	<p>Possession of high expertise through acquiring of sound technical skills to plan, research and manage health workforce planning</p>
	<p>Interaction through collaboration with other countries that engage in workforce planning</p>
	<p>Development of internal expertise through promotion of research into human resources for health</p>
<p>11</p> <p>There must be adequate remuneration of health professionals and good work conditions to enable them to regard the public health sector as employer of choice</p>	<p>Improvement of remuneration of all health professionals</p>
	<p>Improvement of working conditions to serve as an influential factor in the retention of health professionals</p>

In order for the plan to be up to date in addressing the HR challenges faced by the country, stakeholder participation in reviewing this document and the proposals made was strongly encouraged. The gulf between the public and private health sectors needs to be reduced and the plan is therefore geared towards the attainment of national goals. There is also an absolute need for the health system to possess credible data and information regarding human resources for health so that the health department as a whole can plan better.

During the consultation process stakeholders seeking to contribute to the process were particularly requested to cover the following in their submissions:

- Identify the gaps – i.e. what has not been covered that you feel is critical to include in this framework?
- Concrete suggestion/s on how such gaps can be addressed
- What kind of resources do you think will be needed to address this gap?

The National Human Resource Plan is a national guideline for all stakeholders. It outlines broad issues whilst taking the lead in some areas in order to facilitate the resolution of some of the chronic systemic challenges facing the health system. In implementing this plan, all stakeholders will be required to adapt to the guidelines expressed here. It is envisaged that there will be a measure of variation between the provinces, because each province must take into consideration the prevailing conditions and demands on its human resource capacity to plan objectively. National norms, where these are declared, are therefore guidelines, not absolutes.

The provincial and private sector HR Plans must at least address the attainment of the following goals:

- HR planning in line with national guidelines or framework
- Appropriate organisational development and change management
- Total number of employees, professional and non-professional, required to deliver health services adequate for the population
- Appropriate percentage breakdown of professional versus non-professional workers
- Appropriate percentage of health trained versus non-health trained professionals
- The appropriate skill-mix of the province or organisation's health workforce
- Appropriate composition of the health workforce by race, gender, age, disability, in order to achieve employment equity targets
- Recruitment, selection and retention of appropriately qualified staff

- Appropriate geographical allocation of the health workforce
- Effective implementation of a performance management system.

At a national level the HRH Plan must address strategic or macro-health workforce issues such as:

- Production of health professionals and monitoring of the trends
- Funding of health sciences education and training
- Improvement of strategies aimed specifically at international recruitment of skills needed in the health sector and at retention of skilled staff
- Strategies for retention of skilled staff in national institutions of education, research etc
- Development of health management capacity at national level
- Development of indicators to enable monitoring of the provincial HRH plans
- Development and maintenance of a national HRH Databank to enable better national health workforce planning
- Harmonisation and management of internationally funded human capital building programmes
- Constantly determining demand versus supply, as informed by the gap analysis done at provincial level.

As human resource management is critical to the attainment of the national strategic priorities, it is essential that the Department of Health identify strategic partners for the implementation of the various aspects of this plan. Successful implementation of these elements will also better the performance of other policy instruments, e.g. the Health Sector Charter, in so far as transformation issues are concerned, District Health Services as regards staffing, participation at international level where South Africa currently plays a significant role and is one of the suppliers of well trained health personnel and so on.

The action plan has prioritised certain areas for immediate implementation. Although this plan does not seek to provide solutions to daily operational challenges it provides a framework for managing such challenges or problems in the long term. Improvement of the conditions of service and remuneration for health professionals within available resources constitute the most urgent priorities. Development of an HR databank is essential for better workforce planning throughout the health system and has therefore also been prioritised. Skills improvement of hospital managers is likewise prioritised because of the immediate impact on the quality of health services that is gained by keeping management skills at the highest level. The efficiency and effectiveness of managers impact positively on health workers.

This national plan proposes a number of strategies and actions that need to be taken in resolving the challenges that the health system faces. It is the responsibility of each province to constantly review its health service plans. Health service plans greatly influence operational budgets, student intakes at health education and training institutions and most importantly human resource planning spanning student recruitment to recruitment of foreign health professionals to work at South African public health institutions. It is therefore necessary that certain principles relating to the status of this plan be communicated.

This plan:

- Must link very closely to the provincial health service plans
- Must be refined over time to ensure that it assists in realising the stated strategic objectives
- Must seek to promote a unified national health system and must therefore override provincial plans as a mechanism to ensure equity over time, thus giving an expression of a solid national health system
- Must in exceptional cases allow for deviation of provincial plans only in absolute instances of necessity (after agreement with national department)
- Must be supported by strong funding streams to address the chronic funding challenges that the system has faced in its human resource field
- Must be linked and interpreted in the context of South Africa's Human Resource Development Strategy as adopted by the Cabinet
- Must be complemented by close interaction in planning with other government departments especially the Departments of Education, Finance and Public Service and Administration
- Must, in the area of production of health professionals be a national guideline for health sciences education and training institutions. In this instance final targets arrived at nationally must be the minimum and no reduction permitted unless expressly agreed to with the National Department of Health and in line with Department of Education policy.
- Must enable monitoring of training targets to be done at national level.

A budget for this plan has not been included in this document. It will derive from the Provincial Human Resource Plans that are linked to service plans and to the various sub-components of this plan that are national in character.



Approach to Developing the HRH Plan

The Department's Drafting Team used the WHO HR Toolkit (2004) as a basis for drafting an initial framework. The framework was drafted in a format that would make it easy to modify into a Plan after the necessary consultations with stakeholders had been undertaken. The framework document was therefore constructed in such a way that it already took the form of a national human resource plan. The purpose of this National Human Resource Plan for Health is to guide the development of Provincial HR plans and also to serve as a reference point for the private health sector. It is furthermore intended to guide education and training institutions in the production of human resources for the national health system.

Initial consultation proved very useful in broadly scoping the work and identifying the initial gaps that needed to be addressed. Many stakeholders made available some information that was also used in crafting the strategic framework.

Underpinning this Plan is a set of core guiding principles representing the commitment of government to ensuring that the national health system possesses the necessary human capital to deliver health to the nation.

Core Guiding Principles

Principle 1: Stewardship for health care lies with the National Department of Health

The Bill of Rights, supported by the Constitution of the Republic of South Africa, declares healthcare as a basic human right. It is therefore the responsibility of government to ensure that all citizens enjoy access to healthcare services. To optimise this right, the National Department of Health commits itself to providing effective stewardship for the national health system.

Principle 2: South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency

Over the years the production of health professionals in this country has either declined, remained static or increased marginally. Overall, this output has not kept up with the demand for supplying health professionals, made more pressing by the increasing burden of disease. The National Department of Health in partnership with other government departments like the Department of Education and National Treasury has committed itself to finding ways of increasing the production of health professionals in sufficient numbers to ensure a reliable supply for the national health system. On their part, the education and training institutions have committed themselves to providing South Africans with skilled and competent health professionals.

Principle 3: Planning and development of human resources linked to the needs and demands of the health system must be strengthened

The National Health System undertakes to plan and develop human capital strategies linked to the needs of recipient communities. This demands the establishment of health information systems that cut across the public / private divide. Both sectors therefore pledge themselves to invest in systems that will enable the country to address more accurately the needs of South Africans. The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning.

Principle 4: The optimal balance, equitable distribution and use of skilled health professionals to promote access to health services must be developed

South Africans who inhabit rural areas have their access to health services compromised by the poor availability of skilled health professionals at the health facilities closest to them. The Department of Health commits itself to working continuously to provide skilled health professionals and/or to ensure effective referral systems to promote such access.

Principle 5: Health workers must have the capacity and appropriate skills to render accessible, appropriate and high quality care at all levels

Human beings, like any other creatures, do not choose when and how to fall sick. Only health professionals are armed with the knowledge and skills to alleviate or cure illnesses and diseases. The skills and knowledge possessed by professionals are however not enough to ensure high quality health care. Values and ethical conduct are also vital qualities that health professionals must possess. Health professional associations and organisations therefore should take the responsibility of ensuring that their members adhere to a value system that places the patients' needs uppermost.

Principle 6: Work environments must be conducive to good management practice in order to maximise the potential for the health workforce to deliver good quality health services

The democratic government inherited poorly planned health facilities and most were in unsatisfactory states of preservation. These now pose a serious challenge in terms of the environment that health professionals demand. The department pledges to work hard to improve the physical and management environment of these facilities so that they are conducive to the services of the health workforce. The department will ensure that, starting in 2006, it will offer high quality management training sessions designed to improve management in its facilities.

Principle 7: South Africa's role in international health issues contributing to leadership, scientific advances and global health professions is critical

The national health system (public and private) will continue to contribute positively to global health leadership and scientific advances. Both sectors therefore commit themselves to sharing information, resources and the like to ensure that South Africa fulfils this role by providing visionary leadership and partnership based on trust.

Principle 8: South Africa's contribution, in the short to medium term, to the global health market must be managed in such a way that it contributes to the skills development of health professionals

South African health professionals are recruited by a number of health systems internationally. This, in the short term, has resulted in a decrease in such human resources in their country of birth. The Department of Health interacts with other countries through various government-to-government agreements, and multilateral organisation-sponsored protocols like the Commonwealth Ethical Recruitment Protocol. The department therefore commits itself to ensuring better management of the exchange or migration of health professionals without compromising the constitutional rights of South Africans to choose where to work.

Principle 9: Mobilization of funding to ensure successful implementation of the Plan

The National Health System must be adequately resourced to ensure that health workers have the necessary tools and knowledge to provide health services to South Africans. The private health sector must find a role to play utilising various instruments like the Health Sector Charter.

Principle 10: The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning

South Africa must possess advanced expertise and technical skills in order to plan, research and manage health workforce planning. This expertise must be supported and funded also by the private health sector through appropriate mechanism that enhance the private sector's responsibility for the development of human resources for health at certain levels.

Summary of Strategic Objectives associated with Guiding Principles for the National Human Resource Plan

Guiding Principle	Strategic Objective
<p style="text-align: center;">1</p> <p>Stewardship for Health Care lies with the National Department of Health</p>	Provision of leadership through guidance of the Public and the Private Health Sectors
	Defining a vision and developing an overarching National Human Resource Plan
	Establishing shared values and a shared base with provinces regarding issues of HR planning, management and development
	Establishment of reliable monitoring and evaluation systems
	High level investment and resource allocation decisions
	Management of regulatory environment and oversight function
	Development of partnerships spanning all formations in the health sector
<p style="text-align: center;">2</p> <p>South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency</p>	Ensuring regular and up-to-date projection of national, regional and local HR needs in line with identified priorities
	Setting up mechanisms and structures for the periodic/regular projection of health worker needs and subsequent adjustment of plans
<p style="text-align: center;">3</p> <p>Planning and development of human resources linked to the needs and demands of the health system must be strengthened</p>	Application of HRH research and knowledge to advance the health system as a whole
	Alignment of training and education resources to the health system's needs
<p style="text-align: center;">4</p> <p>The optimal balance, equitable distribution and use of skilled health professionals to promote access to health services must be developed</p>	Provision of human resources to render adequate, accessible and appropriate services in rural and other under-serviced areas
	Development of incentive systems for health service provision in under-serviced areas
	Balancing health worker categories, aligning and synergising scopes of practice across the professions

Guiding Principle	Strategic Objective
<p>5 Health workers must have the capacity and skills to render accessible, appropriate and high quality care at all levels</p>	<p>Provision of initial and continuing education and training that meets the identified health needs of the country by training institutions</p> <p>Provision of high quality and appropriate experiential learning</p> <p>Establishment of skills monitoring and assessment systems</p> <p>Promotion of life-long learning and research-based practice among all health workers</p>
<p>6 Work environments should be conducive to good management practice in order to maximise the potential for the health work force to deliver quality health services</p>	<p>Creating a culture of valuing all workers</p> <p>Providing adequate tools or technology for professionals working within the health system to perform their duties in line with their training</p>
<p>7 South Africa's role in international health issues contributing to leadership, scientific advances and global health professions is critical</p>	<p>Influencing global HR research and production</p> <p>Promotion of cooperation between the South African Health System and other health systems regionally and internationally</p> <p>Influencing and directing international aid towards the country's capacity development priorities</p> <p>Exerting influence through advocacy in international forums</p> <p>Understanding and influencing global HR market trends</p>
<p>8 South Africa's contribution in the short to medium term to the global health market must be managed in such a way that it contributes to the skills development of health professionals</p>	<p>Optimisation of the bilateral agreements that South Africa enters into with various countries</p>
<p>9 Mobilisation of funding to ensure successful implementation of the plan</p>	<p>Appropriate funding of provincial initiatives to develop and implement HRH plans</p> <p>Appropriate HR Information Systems to enable good planning</p> <p>Active contribution of the private health sector in HRH production</p>

Guiding Principle	Strategic Objective
<p style="text-align: center;">10</p> <p>The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning</p>	<p>Possession of high expertise through acquiring of sound technical skills to plan, research and manage health workforce planning</p> <p>Interaction through collaboration with other countries that engage in workforce planning</p> <p>Development of internal expertise through promotion of research into human resources for health</p>

In order for the plan to be up to date in addressing the HR challenges faced by the country, stakeholder participation in reviewing this document and the proposals made was strongly encouraged. The gulf between the public and private health sectors needs to be reduced and the plan is therefore geared towards the attainment of national goals. There is also an absolute need for the health system to possess credible data and information regarding human resources for health so that the health department as a whole can plan better.

During the consultation process stakeholders seeking to contribute to the process were particularly requested to cover the following in their submissions:

- Identify the gaps – i.e. what has not been covered that you feel is critical to include in this framework?
- Concrete suggestion/s on how such gaps can be addressed
- What kind of resources do you think will be needed to address this gap?

The National Human Resource Plan is a national guideline for all stakeholders. It outlines broad issues whilst taking the lead in some areas in order to facilitate the resolution of some of the chronic systemic challenges facing the health system. In implementing this plan, all stakeholders will be required to adapt to the guidelines expressed here. It is envisaged that there will be a measure of variation between the provinces, because each province must take into consideration the prevailing conditions and demands on its human resource capacity to plan objectively. National norms, where these are declared, are therefore guidelines, not absolutes.

The provincial and private sector HR Plans must at least address the attainment of the following goals:

- HR planning in line with national guidelines or framework
- Appropriate organisational development and change management
- Total number of employees, professional and non-professional, required to deliver health services adequate for the population
- Appropriate percentage breakdown of professional versus non-professional workers
- Appropriate percentage of health trained versus non-health trained professionals
- The appropriate skill-mix of the province or organisation’s health workforce
- Appropriate composition of the health workforce by race, gender, age, disability, in order to achieve employment equity targets
- Recruitment, selection and retention of appropriately qualified staff

- Appropriate geographical allocation of the health workforce
- Effective implementation of a performance management system

At a national level the HRH Plan must address strategic or macro-health workforce issues such as:

- Production of health professionals and monitoring of the trends
- Funding of health sciences education and training
- Improvement of strategies aimed specifically at international recruitment of skills needed in the health sector and at retention of skilled staff
- Strategies for retention of skilled staff in national institutions of education, research etc
- Development of health management capacity at national level
- Development of indicators to enable monitoring of the provincial HRH plans
- Development and maintenance of a national HRH Databank to enable better national health workforce planning
- Harmonisation and management of internationally funded human capital building programmes
- Constantly determining demand versus supply, as informed by the gap analysis done at provincial level

As human resource management is critical to the attainment of the national strategic priorities, it is essential that the Department of Health identify strategic partners for the implementation of the various aspects of this plan. Successful implementation of these elements will also better the performance of other policy instruments, e.g. the Health Sector Charter, in so far as transformation issues are concerned, District Health Services as regards staffing, participation at international level where South Africa currently plays a significant role and is one of the suppliers of well trained health personnel and so on.

The action plan has prioritised certain areas for immediate implementation. Although this plan does not seek to provide solutions to daily operational challenges it provides a framework for managing such challenges or problems in the long term. Improvement of the conditions of service and remuneration for health professionals constitute the most urgent priorities. Development of an HR databank is essential for better workforce planning throughout the health system and has therefore also been prioritised. Skills improvement of hospital managers is likewise prioritised because of the immediate impact on the quality of health services that is gained by keeping management skills at the highest level. The efficiency and effectiveness of managers impact positively on health workers.

Lastly but very importantly a guide is provided concerning how each stakeholder should go about implementing this plan. This is of particular importance to the stewardship role of the Ministry of Health over the country as a whole, including the private health sector.

CHAPTER 1:

HUMAN RESOURCES FOR HEALTH: A STRATEGIC PLAN

1.1 Introduction:

The performance of health systems is influenced significantly by the extent to which health workforce planning is done. The field of Human Resources for Health has gained immense international prominence with human resource planning, spurred by the unprecedented international migration of health professionals, being viewed as a vital activity within planning for the broader sector. The task of health workforce planning is complicated by many global and disease challenges. The National Department of Health grappled with these issues and in August 2005 produced a Strategic Framework for the Human Resources for Health Plan for comment by the public as a the first step towards developing a country Human Resources Plan for Health.

The country HRH Plan subsequently developed from the strategic framework is presented in 5 chapters. The first chapter provides the rationale and objectives that underpin the HRH Plan and outlines the process followed in developing the Plan. Chapter 2 is a rapid appraisal and analysis of Human Resources in the S.A. health care system and highlights the status of HRH policy and planning in the country. Chapter 3 flags out the major HRH challenges that the SA health care system faces, which the Plan now seeks to address. The proposed elements of the Plan, elaborated upon through a set of strategic objectives, are presented in Chapter 4. In chapter 5, a number of areas that have been prioritised for implementation are introduced to stimulate further discussion and debate and facilitate the development of an HR agenda for immediate implementation.

1.2 Rationale and objectives

The purpose of this National Human Resource for Health plan is to put in place a national guideline for human resource policy and planning which spans the entire health system. Human resource planning is essential for any organisation to ensure that its human resources are capable of meeting its operational objectives. Such planning ensures that an organisation obtains the (right) quality and (adequate) quantity of the staff it requires; makes the optimum use of its human resources; is able to anticipate and manage surpluses and shortages of staff; and develops a multi-skilled, representative and flexible workforce, which enables the organisation to adapt rapidly to a changing operational environment.

The plan will serve as a reference point for province-specific HR Plans and will provide managers with an overall framework for recruiting and developing appropriate retention strategies in their provinces.

1.3 Process and Approach

The Department's Human Resource Branch spearheaded the development of the Human Resources for Health Plan, but the content of the plan reflects the collective thinking of a wide range of stakeholders who were consulted extensively throughout the process.

1.3.1 Assumptions

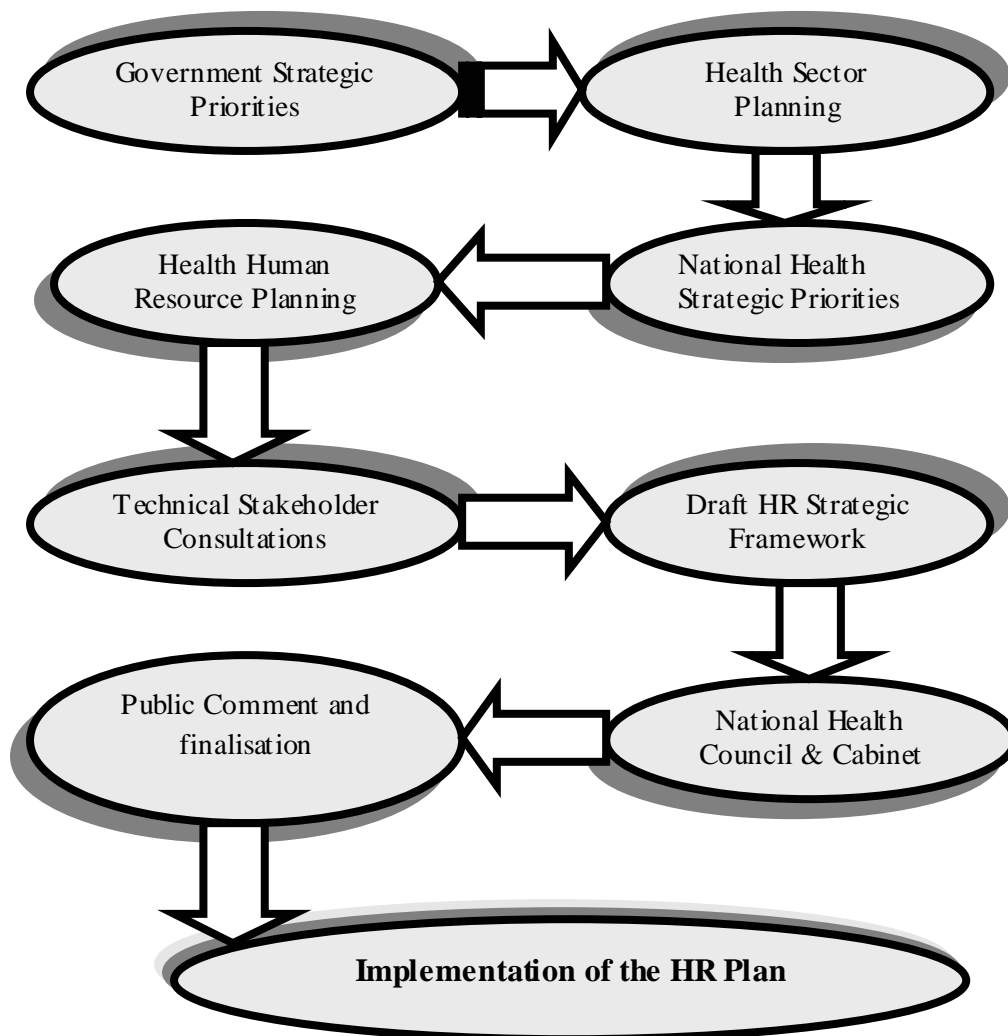
In developing the framework the following assumptions were made:

- That the South African National Human Resource for Health plan is a central element for the realisation of the national health strategic priorities
- That both the public and private health sectors urgently need the national plan to guide them in strengthening the planning, development and management of the health system
- That the country possesses the necessary resources to implement the national human resource plan

1.3.2 Consultation

In view of the assumptions made above, the department embarked on a process of developing a human resource plan, building on the Government Strategic Priorities as well as the National Health Strategic Priorities (see Figure 1).

Figure 1: Strategic Alignment of the Consultation Process



The consultation process was essential to the development of the National Human Resource Plan, which preceded the drafting of a Strategic Framework. The workshop on 17 and 18

November 2004 represented a major milestone and served to focus the process by examining in detail the areas mentioned below.

Action Area: Human Resource Planning

Focus Points:

- Securing Supply - (Higher Education/Foreign Health Workers/ Statutory Bodies)
- Determining Demand - (Norms, standards and projections)
- Implementing the Training of Mid-level Workers - (including Medical Assistants)
- Establishing Qualified Community Health Workers

Action Area: Human Resource Management

Focus Points:

- Performance Management (including managerial skills in HR)
- Effective Recruitment Incentives and Retention Strategies (job evaluations)
- Effective Financial Incentives
- Community Service

Action Area: Human Resource Development

Focus Points:

- Accessing and Using Skills Development Resources
- Critical In-Service Programmes (Primary Health Care)
- Mentoring and Career Pathing
- Migration
- Blurring Scopes of Practice
Leadership and Ethics

Action Area: Migration – Cross Cutting Theme

The following events and processes immediately followed this consultation process:

- National Health Summit on 2nd and 3rd December 2004
- Dialogue with Education and Training Institutions
- Discussions with the Technical Committee of the NHC
- Presentation to the National Health Council
- Presentation to Cabinet

The Strategic Framework was then released for public comment in August 2005 and stakeholders called upon to submit written comments, which have now been incorporated in this plan.

1.3.3 Key Issues Covered in The Plan:

Scan of Policy and Legislation – It is important to note that although a concrete Human Resource Plan for Health has not been in existence for a number of years pre- and post-1994,

there are several policies and legislative measures adopted as from 1994 that serve as guidance for HRH planning, management and development. This scan was done as part of a rapid analysis of the status of various HRH issues, as proposed by the WHO Toolkit for Human Resources.

Stewardship for Health Care – The question of who takes responsibility for the performance of the health system is an issue firmly addressed by the World Health Organisation in its World Health Report 2000. The proposed framework addresses this issue and identifies certain activities that the Department has to carry out to ensure that government effectively fulfils this responsibility.

Approach to Defining Norms and Standards – Over many years it has been a practice to stipulate norms and standards at national level when dealing with human resources and other aspects of health care provision. While there is no denying that HR planning is impossible without a certain amount of standardisation and benchmarking, there has been a growing realisation of a need to develop context-sensitive workload indicators. The drafting team took a different approach and proposed a new approach to determining staffing ratios. This was done bearing in mind the complexity of the country's health care system. The department anticipated that this would generate plenty of positive debate and possibly lead to a new, unique approach for dealing with the demands of the health workload at local delivery level.

Major Pillars of HRH Plan – These are areas that are deemed to form the foundation of a robust HRH Plan for South Africa and necessitate that major investments are made in these areas to ensure the long-term sustainability of planning, developing and managing human resources for health.

National Agenda on Human Resources for Health – This section puts forward a strategic framework that identifies guiding principles, strategic objectives and broad activities, which act as anchors of the HRH Plan. The view taken here is that the national plan should function as a reference framework that stakeholders will utilise in developing their own plans. These activities are organised in such a manner that they communicate with the national department, provincial departments, health science education institutions and private health sector bodies etc. Each of these bodies will be expected to further identify sub-activities as part of implementation and, together with the lead partners, to agree on definite timeframes for implementation of these.

This plan devotes a lot of attention to *human resource production*, i.e. the extent to which we as a country should be developing or producing health professionals in various categories. Nursing receives a strong emphasis because of the role this profession plays currently in ensuring the success of our Primary Health Care approach in making health services accessible to the nation. The need for a Strategy for Nursing in South Africa is advocated, as is, upon completion, its implementation, since one result of this national plan should be to assist in stabilising the profession. A further indication of commitment to transforming our academic institutions is the move to establish a programme for the Development of Health Sciences Academia. This has a direct bearing on our ability to produce black scientists in particular, and further to consolidate the transformation of all scientific bodies and education institutions. The funding of higher education and training is also addressed and the partnership with the national Department of Education and the Treasury is seen as critical in enabling the country to produce health professionals at least for self-sufficiency. The section dealing with the policy regarding the Foreign Health Workforce introduces certain measures to ensure that the country adopts a

consistent approach to managing this area. These will also help in ensuring adherence to policy positions that are from time to time agreed to at continental and international forums. Lastly, monitoring the implementation and later the performance of this HRH Plan means that certain indicators must be developed. The last section of this plan proposes a way forward in ensuring that appropriate performance indicators are developed for human resources and the plan itself.

The Short-term Action Plan – This short-term action plan identifies activities that require urgent intervention. These activities are linked directly to the guiding principles and strategic objectives of the rest of the Plan. The purpose is to indicate areas where implementation is already underway to address issues that need attention even before a final plan is adopted.

CHAPTER 2

**HUMAN RESOURCES IN THE SOUTH AFRICAN HEALTH CARE
SYSTEM: A RAPID APPRAISAL**

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CHAPTER 2: A RAPID APPRAISAL OF HUMAN RESOURCES IN THE SOUTH AFRICAN HEALTH SYSTEM

2.1 INTRODUCTION

Development of the HRH Plan was partly informed by a rapid, desktop appraisal of the HR situation in the country. The desktop review sought to provide a description and analysis of the human resources for health situation in the country – thereby provide a platform upon which a Plan would be developed.

This review was guided by the following objectives:

- To appraise the information that was already available, which would help in the development of the HRH Plan
- To identify gaps where additional research or information collection may be necessary to provide a complete picture of the HRH situation in the country
- To contribute to the identification of the elements of the pillars of the HRH plan

2.2 THE CONTEXT OF HR FOR HEALTH IN SOUTH AFRICA

2.2.1 Structural Organisation of the SA Health System

The following diagram illustrates the structural organisation of the national health system. Emphasis should be placed on the fact that it contains two major components – the public and the private health sectors. It is therefore necessary that overall planning for the health system incorporate both sectors.

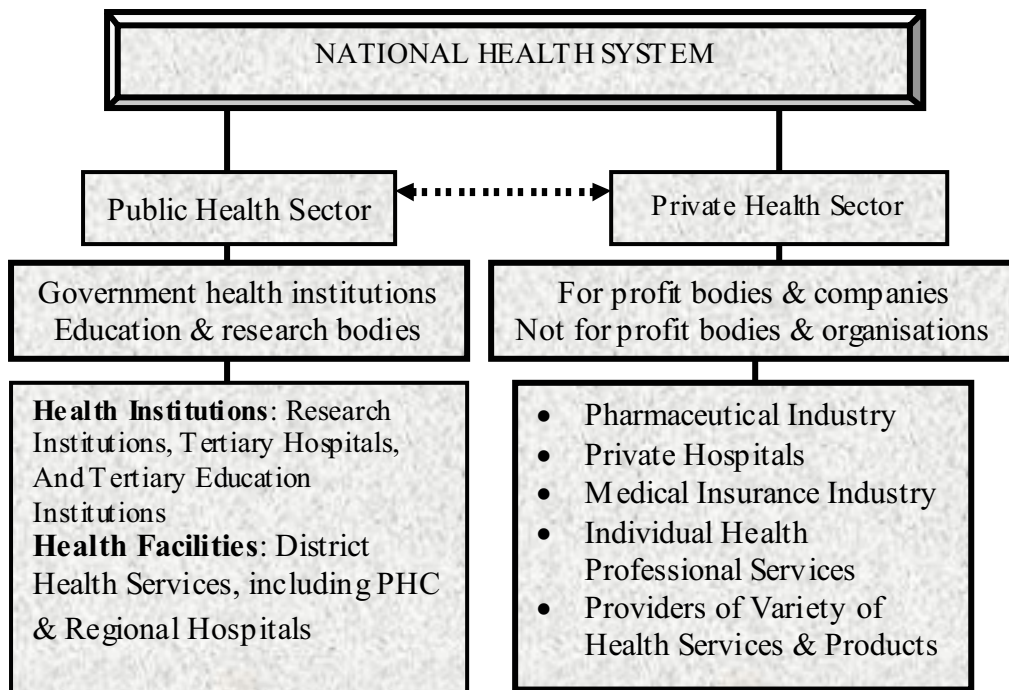


Figure 2: Macro Organisation of the National Health System

2.2.2 Population Demographics and HR Specific Statistics

Population growth and related demographics in addition to other health drivers play an important role in the planning of human resources for health. With urbanisation on the increase, the health system faces the task of attracting health professionals to rural and other under-served areas. The location of almost all health education and training institutions in urban areas influences the choices made regarding their employment by young professionals. Even though provinces have tended to focus on providing study assistance to students from rural communities, there are conflicting views concerning whether this strategy ensures that such students willingly return to work in their communities after graduation.

Of concern is the challenge of attracting prospective students to the health sciences. Recruitment strategies therefore have to extend to pre-higher education student life, whilst recognising the urge for young people, including those from rural communities, to experience urban life as well as international travel and experience. Utilising the size of the population in rural areas as a basis for argument, it is clear that the availability of health professionals in provinces with large rural communities is a serious issue.

Table 1 below offers a summary of population distribution by province, also indicating the number of health professionals (*nurses, doctors and pharmacists used for illustration only*) working in the public health facilities in the provinces. With the majority of provinces being more rural in nature and bearing in mind the challenge of staffing health facilities in these areas, new strategies need to be employed at provincial level so as to encourage health professionals who operate specifically at primary health care level in the private health sector also to provide services in the public health facilities.

Vital to this approach is an increased and sustained level of production of health professionals over a period of time. Such strategies will include most of the professional categories, in order to avoid gaps in planning that ultimately affect service delivery seriously and negatively.

Table 1: Population by province; 2001 (compared to nurses, medical practitioners and pharmacists in the public health facilities March 2005)

Province	Population ¹	Professional Nurses ²	Medical Practitioners (excl. Specialists) ²	Pharmacists ²
KwaZulu-Natal	9 426 017	9380	1916	374
Gauteng	8 837 178	6997	1582	240
Eastern Cape	6 436 763	6370	866	201
Limpopo	5 273 642	5612	657	142
Western Cape	4 524 335	3824	1139	246
North West	3 669 349	3040	403	105
Mpumalanga	3 122 990	2725	536	115
Free State	2 706 775	3475	445	102
Northern Cape	822 727	950	240	36
South Africa	44 819 778	42373	7784	1561

¹**Sources:** Statistics South Africa, 2003. Census in Brief: 2001

²**Data source on health professionals:** Vulindlela

(Extracted from PERSAL 07 March 2005)

The comparison above is made only for illustrative purposes, indicating the spread of a sample of health professionals in the provinces.

2.2.3 Policies / Legislation Addressing Health Systems Development

Most countries in the world are facing an increase in the burden of disease and the challenge of adjusting their health systems to cope. Complicating this is the phenomenon of migration of health personnel, negatively affecting mainly the developing countries. Reviewing the trends in the production of South African health professionals and reversing them is obligatory. By so doing the country should be able to reassess not only the need for training but also the way in which its health workforce is trained. Overall, various pieces of legislation impact on human resources generally, with some being more specific to health. The White Paper on the Transformation of the Health System introduced a number of changes post-1994 in order to address a number of system challenges. A number of these changes are directly relevant to HRH. In general the country's policies on human resources adopt a developmental approach and focus on making an investment in areas that seek to improve the health status of citizens, thereby affording all a chance to participate in development initiatives.

2.2.3.1 Government's Programme of Action on Human Resources

The government's Programme of Action on Human Resources provides a link to HRH by pronouncing on the following priorities:

- Strengthening the HR Planning function
- Strengthening the HR function with a view to retention and capacity building, in the context of the labour market, of changing skills requirements and of the contribution of higher education institutions
- Improving the quality of the work experience and the physical work environment

- Attending to the conditions of service of professionals in order to attract them to and retain them in the public service

2.2.3.2 White Paper for the Transformation of the Health System

The 1997 White Paper for the Transformation of the Health System in South Africa came to be the first pivotal policy document guiding transformation in the health sector. It established a number of important principles to guide human resource planning, production and management, covering the following:

- A national framework for the training and development of health personnel will be established.
- The skills, experiences and expertise of all health personnel should be used optimally to ensure maximum coverage and cost-effectiveness.
- Health personnel should be distributed throughout the country in an equitable manner.
- Education and training programmes should be aimed at recruiting and developing personnel who are competent to respond appropriately to the health needs of the people they serve.
- Particular emphasis should be placed on training personnel for the provision of effective primary health care.
- New policies and strategies for human resource development should address priority education and training needs.
- The experience of people using the health system should be one of caring and compassion.
- Management authority should be decentralised to the provincial and district levels to allow for a greater degree of autonomy.
- Health service managers should be supported in acquiring the skills required to manage a decentralised health service.
- A participative, democratic management style and management by objectives should be engendered.
- Effective evaluation techniques and procedures should be introduced to assess management efficiency at all levels of the health services.
- The clinical skills of health workers should be upgraded.
- The skills of managers at all levels should be developed, if substantive health reform is to be sustained.
- Institutional capacity to support human resource planning and management should be developed.
- Research capacity focusing on essential health research strategies should be implemented to support health sector development.
- Affirmative action policies should be aimed at transforming the public health services into a non-racial, non-sexist organisation.
- The personnel profile of the health system should reflect broadly the composition of the relevant labour market at all organisational levels.

Following this groundbreaking policy document, the Health Sector Strategic Framework 1999-2004 and the 2004 Strategic Priorities for the National Health System 2004-2009 were published by the National Department of Health, highlighting human resource development as a priority area.

2.2.3.3 Human Resource Development Strategy for South Africa– DPSA

The Human Resource Strategy concept was adopted in order to support a holistic approach to Human Resource training and development in the public sector.

The strategy is underpinned by a set of institutional arrangements, including Sector Education and Training Authorities, aimed at ensuring coordination in the implementation of the strategy. It also seeks to address what the HSRC (2003) refers to as “*several HRD problems, [that] are expressions of highly contradictory and disconnected interactions between institutions ...*”. This statement describes the gap between what education institutions (generally responsible for human resource production) generate and what the labour market needs.

Within the health sector a number of learnerships have been developed in the field of nursing, and memoranda of understanding have been entered into regarding the management and implementation of learnerships, which are monitored by SETAs. All learnerships are accredited by the SAQA, abide by the National Qualifications Framework and have accredited service providers that offer the courses/training. At the end of a learnership a learner receives a qualification that represents accredited unit standards. The DoE maintains a Private Higher Education Chief Directorate responsible for the registration of institutions, including FET institutions.

There is however a lack of coordination between the SETA, Further Education and Training (FET) and the health sector regarding the training of the health workforce. This problem should be proactively addressed by means of high-level interaction between the Departments of Health and Education to ensure improved management and regulation of the provision of learnerships falling within the FET band.

2.2.3.4 National Health Act No. 61 of 2003

This Act provides a framework of legislation for the health sector. With regard to the HRD, the Act introduces a *National Health Council*, charged, among other tasks, with developing “*policy and guidelines for, and monitor[ing] the provision, distribution, development, management and utilisation of, human resources in the national health system*”. Given the problems surrounding inequitable distribution of staff, training and development, this legislation enables the Council to develop strategies for dealing with issues within their mandate.

The Act also provides for the establishment of *the Forum of Statutory Health Professional Councils* with wide ranging stakeholder representation, charged with overseeing policies and performance with regard to health professionals, and advising the Minister on relevant matters. Finally the Act establishes *Academic Health Complexes* consisting, very importantly, of health establishments at all levels of the national health system as well as educational institutions. Regulations relating to human resources include:

- Ensuring that resources are made available for the education and training of personnel to meet the human resource requirements of the health system
- Creating new categories of health personnel to meet these requirements;
- Addressing the skills shortages by means of various measures, including the recruitment of foreign health professionals;
- Developing appropriate recruitment and retention strategies;

- Ensuring that capacity exists within the different levels of the national health system to adequately and appropriately plan, produce and manage human resources.

2.2.4 Policies / Legislation Addressing Human Resource Development

The Government's commitment to improve the quality of education and training finds expression in a range of policy and legislative frameworks developed since 1994. At a broad level, these include the South African Qualifications Authority Act (SAQA) Act, 1995; the Skills Development Act, 1998; the Skills Development Levies Act, 1999. These pieces of legislation introduce new institutional frameworks to determine and implement national, sector and workplace skills development strategies. The main objective of the HRD policies / legislation is to facilitate the training and provision of a health workforce that possesses the requisite skills and competencies and exhibits the correct orientation for the development agenda of the country.

2.2.4.1 *White Paper for Public Service Training and Education (WPPSTE, 1998)*

Training and development is a factor regarded as a key for the Public Service to succeed in its mandate of providing effective and efficient service delivery. The White Paper provides a policy framework regarding the Government's commitment to invest in training and development as one of the strategies for enabling public servants to provide effective and efficient service delivery. (WPPSTE, 1998)

2.2.4.2 *Policy on Higher Education*

The National Department of Education is the custodian of higher education and as such the higher education institutions in health are accountable primarily to this Department. This is an essential field because "*higher education has a critical and central role to play in contributing to the development of an information society in South Africa both in terms of skills development and research*" (National Plan for Higher Education 2001). The Human Sciences Research Council (HSRC) further noted that higher education has a key role to play in contributing towards high-level human resources development (HSRC 2003). The challenge in this area relates to the fact that health is a specialised sector. The knowledge and skills acquired are specific to the practice of healing patients and thus impact directly on matters of life and death.

There are currently efforts at ensuring a coherent relationship at inter-sectoral policy level between the Departments of Education, Health and Labour relating to higher education and skills development relevant to the health sector. Issues of transformation that are fundamental to HR production and therefore to the provision of services in under-served areas must be tackled through enhanced policy coordination and implementation between Health and Education.

2.2.4.3 *Policy on Internship*

The policy of internship ensures the supervised training of certain designated newly qualified health professionals before they can register for independent practice. Although the aim is not to get extra pairs of hands to do the work where there are shortages, studies on internship show that these professionals are in fact exposed to heavy workloads, sometimes without the necessary supervision and support. This adds to the factors contributing to the disinclination to work in rural areas upon completion of the mandatory internship. This is consonant with Reid's

findings (Reid 2002) where skills gaps, attitudes, lack of supervision and poor conditions of service were identified as areas needing improvement.

2.2.4.4 *Policy on Continuing Professional Development*

In 1999 the Forum of Statutory Health Councils established a *Continuing Professional Development* Programme. This introduced the principle that all registered health professionals must update their skills on an ongoing basis by means of a range of professional development activities, including organisational activities, self- and group study, publications, teaching and the acquisition of additional qualifications.

2.2.4.5 *National Skills Development Act, 1999*

The overall objective is to revolutionise skills development by advancing the culture of excellence in skills development and lifelong learning. The Act aims to promote skills development by encouraging various government departments and agencies to establish learnerships so that the unemployed youth can gain some work exposure. Although a major step forward, this policy is not necessarily aligned to overall health policy in terms of expanding the skills base in health care. There is no demonstrable link between the skills acquired through these learnerships and the future career prospects of the youth receiving the skills training.

2.2.5 *Policies/Legislation Addressing Health Service Delivery*

2.2.5.1 *Scarce Skills & Rural Allowance Policy Framework*

The DPSA provided all government departments with this policy as a guide to developing and implementing their departmental scarce skills policies. This framework contextualised the problems being experienced in the Public Service, concerning employees with scarce skills, in relation to the open labour market and it details possible strategies, which departments may adopt. These strategies are aimed at ensuring that in the long term the State as the employer, possesses an adequate (perhaps even an excess) supply of skills from which to draw its human resources.

The challenge for the health sector is that owing to the poor salaries being paid to the health professionals in addition to high workloads, many such professionals in various categories, backed by the labour unions, are demanding that they be included in the scarce skills categories. There also exists no structured relationship between this policy framework and other retention strategies, especially non-financial incentives, to retain health professionals within the public health service.

2.2.5.2 *Policy on Commuted Overtime for Medical and Dental Practitioners*

This policy was developed and implemented to compensate medical and dental health professionals in the public sector for the overtime they are required to do outside their normal working hours. The challenge, however, has been the ability of departmental management at facility level to manage its implementation, leading to some professionals making it a permanent fixture of their remuneration. For the practitioner doing commuted overtime on a semi-permanent basis serves to boost the salary earned even though it is not supposed to be a permanent fixture of one's salary.

2.2.5.3 *Policy on Recruitment, Employment and Support of Foreign Health Professionals*

This policy seeks to restrict health professionals, hailing from other developing countries, from seeking permanent employment work in South Africa. This policy emanated from the Ministers of Health in the SADC region and is aimed at ensuring that South Africa does not participate in the brain drain taking place in fellow developing countries. The policy encourages the setting up of government-to-government agreements with the purpose of better control of the movement of health professionals. Where such recruitment takes place, the health professionals with relevant qualifications and skills obtained in foreign countries that meet the minimum requirements for the training and education of health professionals in SA are restricted to providing a service in the public health sector (NDoH, November, 2002). The challenge in this area is to ensure that a seamless relationship exists between this policy and the HR development policies that are aimed at HRH production sufficient to meet the country's needs. The recruitment of foreign skills will therefore serve to complement existing ones or be directed towards areas of strategic growth where South Africans may not have enough capacity for example, in some areas of research.

2.2.5.4 *Policy on Community Service by Health Professionals*

The policy on community service (CS) by health professionals came into operation in 1996 and medical doctors were the first to be required to do community service. This policy is aimed at ensuring that in addition to young health professionals providing services in needy areas, there is to a certain extent an equitable distribution of newly qualified doctors in under-served communities.

Despite the introduction of CS, the staffing of most rural hospitals remains a problem, and hospitals in remote rural areas still lack doctors, owing to the fact that Community Service Professionals (CSP's) can choose the area of their placement. Reid (2002) suggests a renewed consideration of strategies to attract and retain professionals in rural areas, including targeted recruitment of students from rural areas, and increased exposure of students to rural practice during their training.

Although with hindsight many CSP's described their experience as positive, few were willing to change their career plans (based on the experience specifically obtained in rural areas) to seek employment in urban health facilities or even to practise outside the public health service. However, "*around 20% of CS doctors would voluntarily consider working in a rural or under-served area in the future, a cohort that could potentially fill the staffing needs of these hospitals, given the right incentives. However, only 13% of pharmacists and 6% of dentists shared these career plans*". (Reid 2002)

Another problem is that upon completion of community service there is no guarantee of employment, owing either to lack of posts or to professionals being kept at the same salary level as when they were doing community service. All these and other issues such as living conditions, particularly in health facilities situated in rural areas, call for a constant evaluation of the policy. While community service provides short-term solutions to staffing problems in under-served areas, the development of a long-term retention strategy is necessary.

The continued problems indicate to some extent that these policy interventions are not comprehensively addressing the HR issues confronting the health sector. They create further

challenges during implementation as they are subject to different interpretations. An overarching strategy or plan to address issues of the transformation of health institutions, the deployment and equitable distribution of health professionals, adequate training both in quantity and quality, and the like, must be developed and informed by the needs regarding health service delivery. Policies addressing recruitment and retention of health professionals, including the issue of adequate remuneration for such professionals, must be re-appraised so as to be able to recruit and retain skilled and competent professionals in the public health service and in the country.

2.3 A Review of Achievements and Trends

HRH before 1994 shared the same features as the rest of the health system that prevailed at that time: it was characterised by fragmentation along racial, gender and class lines and a hospital-based, bio-medical approach to health service delivery. In the early 1940s the *National Health Services Commission (Gluckman Commission)* concluded that, “*the services were not organised on a national basis, they were not in conformity with the modern conception of health; and they were not available to all sections of the people of the Union*” (SAHR, chapter 4, 1995). It further concluded that “*a national health service cannot be planned, still less can it be carried into effect – without taking into account the numbers of medical and other necessary personnel available now and in the near future*”. “*Availability [and, one might want to add, capacity] of personnel, not finance, is the absolute limiting factor*” (Pick, 1995).

Until 1994, 14 separate national departments were responsible for rendering health care to the South African population, with the resulting racial inequalities reflecting those of society as a whole. As Pick pointed out (1995), “*the development of human resources for health in South Africa needs to be seen more broadly in the context of the development of human resources capacity of the nation. Inequality in the human resource situation in South Africa is extreme*”.

2.3.1 HR Related Achievements Post-1994

Some of the human resource milestones achieved in this regard since 1994 include the following:

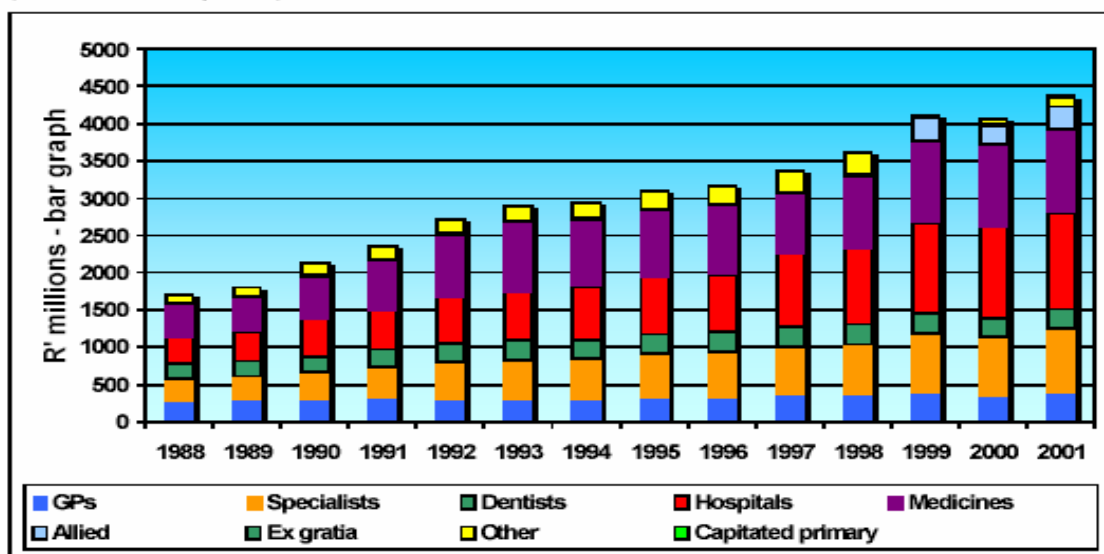
- Amalgamation of historically fragmented staff establishments (those of the former national, provincial and homeland governments) into integrated human resource establishments for the provinces.
- Decentralisation through the introduction of the District Health System, devolving authority to districts; however the challenge of integrating provincial and local authority staff into combined district health establishments still remains;
- Transformation of statutory health councils that are mandated by an Act of Parliament to regulate the health professions;
- Founding of training schools for an increasingly diverse set of health professions;
- A deliberate shift in emphasis, mainly through the reprioritisation of budgets and resources to focus on primary health care with concomitant downsizing of sophisticated curative and tertiary care.

2.3.2 Health Care Financing and Expenditure

Health care expenditure in South Africa was approximately R107 billion in 2003/04. This is equivalent to 8.7% of GDP in that year which is relatively high by international standards; it exceeds that in the majority of countries of a similar level of economic development and similar to that in many high-income countries (e.g. UK). Private sector contribution as a share of GDP is 5.2% catering for a population of 7 million people, whilst public sector share is 3.5% providing for 35 million people. However, health status indicators (such as infant and maternal mortality) in South Africa are far worse than those of other upper-middle income countries. There is, therefore, a strong basis for arguing that the key challenge facing the South African health sector is not one of a lack of resources but rather a great need to use the existing resources including human capital more efficiently and equitably. More than 38% of total health care funds in South Africa flow via public sector financing intermediaries (primarily the national, provincial and local Departments of Health), while 62% flows via private intermediaries. In relation to the original sources of finance, the vast majority of funds flowing through public sector financing intermediaries are funded through nationally collected general tax and other revenues; over R1 billion arises from local government rates, taxes and other local revenues, while provincial revenues are smaller. Most of the funds flowing through private intermediaries are attributable to households; in addition to their direct out-of-pocket payments, households contribute significant amounts to medical schemes. From the provider perspective, about 39% of all health care expenditure occurs on public sector providers and 61% on private sector providers.

Public spending on human resources is in excess of 65% of the health sector's annual budget. This is only limited to the employment situation and does not include the amount spent in supporting production of health professionals through the Departments of Health in the form of bursaries and through the National Department of Education through subsidies given to students. The expenditure experienced in the private sector as shown in the graph below indicates how resources spent in educating some health professional groups rapidly flow out to the private health sector with little or no return investment to the public health sector.

Figure 1: Real per capita claims cost changes in medical schemes from 1988 to 2001 (constant 2001 prices)



[Source: Council for Medical Schemes' Annual Financial Statements of medical schemes]

2.4 Summary Of Trends Impacting On Human Resources For Health

A number of trends, national and global, which directly contribute to the human resource challenges in the health sector have emerged or increased in impact since the adoption of the Pick Report. These trends are presented in this document as challenge statements:

Trend	Description – examples
<i>Disease</i>	<ul style="list-style-type: none"> • Re-emergence of certain diseases e.g. cholera • Persistence of some diseases e.g. tuberculosis • Further complications of certain diseases e.g. Multi-Drug Resistant Tuberculosis • Emergence of new diseases e.g. HIV • Increase in the prevalence of chronic diseases e.g. diabetes • Challenges of certain lifestyle health problems e.g. obesity
<i>Political</i>	<ul style="list-style-type: none"> • The health system is increasingly being influenced by developments in global health systems • There is pressure to expand the scopes of practice for various health professionals and create new categories/cadres of health professionals • Migration to overseas countries is leading to higher level skills being acquired by professionals initially trained at lower levels as they are required to do the work of those who emigrate
<i>Economic</i>	<ul style="list-style-type: none"> • The private health sector is playing an influential role in the provision of health services • There is a marked increase in professional migration from the public to the private health sector • Increased costs of care are evident, driven by technology and other economic factors • Budgets for financing public health programmes and services are shrinking • Migration of health professionals is increasing

Summary Of Trends Impacting On Human Resources For Health (continued)

Trend	Description – examples
<i>Social</i>	<ul style="list-style-type: none"> • High expectations by South Africans that the health system will cater for their health needs • Increasing recognition / awareness of patients' rights, leading to higher expectations • Increasing recognition of indigenous traditional health practices • Increased migration of health professionals • Greater focus on issues of quality of care • More health professionals required to do community service
<i>Technology</i>	<ul style="list-style-type: none"> • New technology in health care in the form of improved diagnostic equipment, Tele-Medicine, Information Communication Technologies etc • Technology and knowledge driven improved skills and competencies, resulting in new roles for various disciplines
<i>Education</i>	<ul style="list-style-type: none"> • Advent of tele-education services as a means for skills development • Participation in Continuing Professional Development being required for some professionals • Stricter control of the numbers of students enrolling for university programmes being imposed by the Department of Education • Increased role of Sector Education and Training Authorities in skills development • Mergers of higher education institutions likely to impact on production outputs • Globalisation, manifesting in local education institutions twinning with overseas education institutions • Increased numbers of students from SADC enrolling in SA institutions

Table 2: Summary of trends impacting on HRH

Conclusion:

These trends contribute to several issues that are discussed in the following chapter as these collectively provide a measure of the country's ability to provide good quality health services to its citizens.

CHAPTER 3:

CURRENT ISSUES FOR NATIONAL DEBATE

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CHAPTER 3:

3.1 CURRENT ISSUES FOR NATIONAL DEBATE

3.1.1 *Existing Skills Mix and Key Competencies*

The matter of the skills mix remains a challenge for the South African health system. The nursing profession provides a perfect example of this issue and is thus used as the tracer profession to tease out the inherent challenges. A number of nurses were trained in Primary Health Care. However, while a review of the records of the SANC reveals that 1033 nurses have been trained in Clinical Nursing Science and Health Assessment, it could not be established whether they are practising as frontline providers within the district health system. The likelihood is that they may have moved to other areas of service delivery and therefore possess skills that are not necessarily applied where they should be. It is worth noting that the system currently does not provide for any material or even professional recognition of clinical nurse practitioners. They do not receive any additional remuneration, for example, in spite of carrying a much greater burden of clinical responsibility than other professional nurses. There is thus no real incentive for these nurses to continue to provide clinical care.

Another challenge also exists regarding the skills mix in the form of the new funding formula for higher education institutions (DoE 2004), which correctly places an emphasis on postgraduate offerings, which can demonstrate relevant competency outputs. This may seem to be in conflict with the recommendation of the Pick report about placing more emphasis on mid-level workers as one of the strategies to deal with the appropriate skills mix required in implementing the District Health System (Pick 2001).

A focus on providing for balanced short-term graduate outputs as well as for future academics, teachers and instructors (postgraduates) is essential to the ability of the country to produce health professionals for self sufficiency. Although the postgraduate output seems to be better rewarded in the formula, it will always tend to constitute a small part of the output while the undergraduate output is predominant in the funding formula. The funding policy therefore attempts to balance the equation in terms of input and output and also to make sure that universities produce enough researchers, scientists and specialists to contribute significantly to health science education and training. More graduates must be produced and encouraged to further their studies, in order to balance the short and long term needs of the health sector as well as other sectors.

Further, enrolment planning proposals seek to cause institutions to focus on improving quality and reducing dropout rates in the programmes offered (these reach 50% altogether over a three year period) and therefore the latter need to be more careful in admitting students, providing support and increasing throughput to graduation. This approach requires rational intra-institutional planning to make sure that those admitted will be given a fair deal as well as rigorously developed support. It is also important to acknowledge that extra capacity will be needed in some areas and that this can be negotiated in terms of what institutions can produce in terms of current resourcing levels and what they may be required to provide in future. The DoH and DoE will need to meet the shortfall in resourcing through various channels.

These Departments have therefore established a close working relationship that will serve to provide leadership in this area.

3.1.2 *Distribution of Staff*

A number of strategies are being implemented in an effort to recruit and distribute health personnel in under-served and rural areas. These include the following:

- Recruiting doctors from other countries to work specifically in under-served areas,
- The introduction of community service for health professionals; and
- The provision of a scarce skills and rural allowance.

While the provision of an allowance for personnel who provide skills classified as scarce in the Public Service is a public sector-wide strategy, its effectiveness in attracting and retaining health workers in under-served areas has not yet been fully assessed. On the contrary, this has generated much debate and discontent among various categories of health professionals.

The short-term trend shows a slight decline in the numbers of key public sector health personnel in the country as a whole. However, there are substantial geographic variations. The two better resourced provinces, Gauteng and Western Cape have seen substantial, and in some cases almost dramatic, declines in public sector personnel, as has KwaZulu-Natal to some extent. There is generally a decrease in the number of professional nurses in most provinces, which threatens the core of health service delivery and needs to be addressed as a matter of urgency. Another source of inequity has been the distribution of personnel by levels of care. While figures are not easily available, Makan's 1998 study of personnel distribution ratios points to stark differences.

3.1.3 *A Discussion on Norms and Standards*

Traditionally, staffing levels have been determined by using ratio statements often described as norms and standards. These ratios are typically linked to population or disease. However, some stakeholders have raised serious concerns about the rigidity of nationally determined norms that sometimes exhibit significant shortcomings. The views expressed have led to a need to debate new approaches to determining staffing levels that objectively take into consideration the conditions the country faces.

Norms and standards have been developed for a number of areas, most notably Primary Health Care facilities and district hospitals. However, norms and standards, as well as staffing, only become valid in the context of service packages or requirements at different levels of care. It is for this reason that debate exists as to the feasibility and efficiency of present norms and standards and staffing criteria.

Closely linked to the issue of norms and standards is the question of workloads. Hornby (1998) used a utilisation-based approach to ascertain workloads as the basis for the development of staffing norms, aimed at assisting "managers to assess or rectify the staff profile in the facilities in the short term". While norms and standards as well as mathematical instruments are undoubtedly necessary and valuable in human

resource planning activities, in South Africa they obscure the fact that health care delivery takes place in enormously complex and diverse socio-economic contexts and conditions. They also conceal the fact that transformation (integration and decentralisation) of health services is far from complete.

3.1.3.1 *Population-Based Norms And Standards: Using Nursing For Illustration Purposes*

Population-based approaches state the ratio of health cadres in relation to a population. A critical review of this method must highlight whether its general and non-specific nature justifies its use as the sole approach. This is because the demographic element of the disease or illness burden becomes obscured. For example, two facilities within one demographic area can exhibit vastly different demands for services. As an illustration, a hospital near a national highway will require more trauma skills than a hospital fifteen kilometers away in the same area.

Factors inadequately addressed by population ratios include:

- Physical barriers such as mountains and rivers
- Population movements, for example urbanisation or migration due to natural factors like drought
- Shifts in disease or illness prevalence
- New service packages
- Poor or defective local infrastructure, for example poor roads or transport

Using blanket ratios creates expectations regarding service standards and undoubtedly becomes a negative political and advocacy tool. For example, in the absence of official ratios some organisations lobby for the introduction of norms and standards to address workload issues for their members. A similar effort can be seen in every cadre and sector of the health system, including educational institutions. The inadequacies of the population-based approach to norms and standards prompted the development at international level of alternative instruments.

3.1.3.2 *Developing New Methods*

It is possible that the country could develop a new approach to determining the staffing of health facilities by modifying the norms approach. It would be very difficult to abandon the population based norms and standards approach in the absence of an effective alternative. Hornby (1998) developed an instrument for WHO called the Workload Indicators for Staffing Needs (WISN), which “sets out all the activities which are necessary in order to design and implement the WISN method in a country”. It was developed to respond to the internationally felt need “to ensure that questions of optimal allocation and deployment of staff can be answered at two levels – at the national/provincial level, so that staff can be allocated or distributed to districts equitably; and at district level, so that staff can be deployed to different locations, services and facilities to best effect”.

Health administrators have long sought a method of calculating health-staffing requirements, which avoids the disadvantages mentioned earlier when dealing with population-based ratios. The optimal deployment of staff, particularly to rural areas;

and the equitable deployment of staff in accordance with the demands actually experienced are two of the issues that should occupy the minds of health administrators.

Ideally one would want to determine the optimal situation to comprise:

- The allocation and deployment of current staff geographically, i.e. allocating staff to provinces, districts, areas within a district, and so on, according to the volume of services which are being delivered and the different types of health staff required to deliver these services;
- The allocation and deployment of current staff functionally, i.e. allocating staff between the different types of health facilities or different health services in the country as a whole, in a province, in a district, in an area, etc, according to the volume of services which are being delivered and the different types of health staff which these services call for;
- Staffing patterns and levels (categories and numbers) in individual health facilities which are appropriate to local conditions (morbidity, access, attitudes), and not only based on national averages (population ratios and standard staffing schedules);
- Staff categories and their activities, i.e. identifying where combining existing staff categories or creating new categories will achieve maximum health impact together with maximum economy.

In order to provide useful information to both medical and non-medical administrators at all levels of the health service in these times of economic stringency and staff shortages, a new technique to achieve the aforementioned should be:

- Simple to operate, using data which is already collected and available;
- Easy to use, so that the results can contribute to staffing decisions at all levels of the health service;
- Technically acceptable, so that health service managers are prepared to use the results in their decisions;
- Comprehensible, so that the results will be accepted by non-clinical managers, e.g. those responsible for finance, planning, personnel administration;
- Realistic, so that the results will offer practical targets for budgeting and resource allocation.

Developing a new method should take into consideration the inequities that exist between the provinces and within the provinces. It is essential that a measure of uniformity is maintained whilst being aware of the danger of promising a supply of health professionals in the face of serious difficulties in recruiting these people, especially for rural areas. Care must also be taken that the supply of health professionals is not perceived as limited to medical doctors, pharmacists and nurses. Other health professionals, like physiotherapists, nutritionists, speech and hearing therapists, radiographers, to name a few, are as important as doctors, nurses and pharmacists.

In developing a new or an improved method all the issues mentioned above must be taken into consideration. It should also be noted that one's workload is not only a question of individual efficiency and productivity, although these are undoubtedly

contributing factors which need to be taken account of, but is quite fundamentally determined by dramatic structural differences within a health system.

3.2 Education, Training And Skills Development For HRH Personnel

3.2.1 *Production of Health Professionals*

It is evident that, compared to other African countries, South Africa has large numbers of staff available. However, national figures conceal serious geographical differences as well as differences between the public and the private health sector. The varying but high vacancy rates in the former are a good indication of this. Furthermore, needs are not only changing but also increasing, owing particularly to changing disease profiles. Hence the training of health professionals must keep abreast of all the trends that impact on health care, especially the changing disease profiles and global human resource trends. The following tables are used here to illustrate the trends in the production of some health professional categories over specified periods.

Production Of Nurses

A review of trends in the production of nurses over a period of 6 years reflects a number of areas of concern in making future projections.

Categories of Nurses	1998	1999	2000	2001	2002	2003	Variance in growth for period 1998 to 2003
Professional Nurses/Midwives	91011	92390	93303	94552	94948	96715	+5704
Enrolled Nurses / Enrolled Midwives	32744	32925	32399	32120	32495	33575	+831
Enrolled Nursing Auxiliaries	49948	47578	45943	45666	45426	47431	-2517
TOTAL	173 703	172 893	171 645	172 938	172 869	177 721	+4018

Table 3: Growth in the South African Nursing Council Register and Roll of Nurses for Period 1998-2003

Source: South African Nursing Council 2004

University Production of Nurses: 1998 to 2003							
<i>Province</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>TOTAL Per Province</i>
<i>Limpopo</i>	6	8	9	11	47	59	130
<i>North West</i>	38	35	154	76	48	54	405
<i>Mpumalanga</i>	0	0	0	0	0	0	0
<i>Gauteng</i>	106	89	63	82	95	89	524
<i>Free State</i>	80	59	60	75	46	47	367
<i>KwaZulu Natal</i>	44	51	56	46	39	41	277
<i>Northern Cape</i>	0	0	0	0	0	0	0
<i>Western Cape</i>	67	74	44	59	52	80	376
<i>Eastern Cape</i>	40	35	22	59	73	83	312
<i>TOTAL</i>	381	351	553	408	400	453	2391

Table 4: University Production of Nurses: 1998 to 2003
Source: SANC 2005

Profession	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Clinical Psychology	88	87	98	99	91	101	114	107	104	111	106
Dentistry	218	247	239	264	278	265	246	262	270	278	278
Dieticians	140	133	165	154	148	185	200	210	189	203	192
Environmental Health Practitioners	406	493	650	626	566	552	500	528	647	613	609
Occupational Therapy	192	220	220	233	262	276	279	293	312	275	332
Pharmacy	403	478	396	565	566	568	640	709	694	605	736
Physiotherapy	205	309	329	389	396	399	403	410	391	373	412
Speech Therapy and Audiology	242	233	220	293	278	262	279	245	307	293	220
Radiotherapy	365	352	368	401	332	359	356	356	412	405	398

Table 5: Admissions: Selected Health Professional Categories 1994 – 2004

[Source: National Department of Health 2005]

Profession	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Clinical Psychology	72	75	88	86	84	101	118	111	99	96	103
Dentistry	95	146	190	168	202	225	221	240	177	202	206
Dieticians	101	123	130	149	141	154	159	155	156	141	135
Environmental Health Practitioners	104	127	147	165	156	169	140	206	246	243	323
Occupational Therapy	167	184	176	213	207	212	201	218	193	227	214
Pharmacy	242	261	291	538	535	697	533	393	449	468	621
Physiotherapy	202	168	206	196	208	241	236	224	253	259	294
Speech Therapy and Audiology	239	230	219	283	230	256	256	230	301	282	210
Radiotherapy	356	348	359	422	332	349	326	346	399	305	368

Table 6: Output: Selected Health Professional Categories 1994 – 2004
[Source: National Department of Health 2005]

Institution	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
UCT	188	190	182	188	201	183	203	210	201	198	200	200	2344
Free State	140	117	128	100	103	91	90	145	139	150	131	137	1471
MEDUNSA	369	222	182	235	234	180	251	318	199	171	221	239	2821
Natal	123	127	160	149	194	195	199	197	199	211	212	206	2172
Pretoria	235	224	231	208	182	178	207	226	229	222	241	232	2615
Stellenbosch	163	157	172	188	185	204	194	191	201	218	213	222	2308
UNITRA	41	38	62	63	64	72	91	95	108	115	109	105	963
WITS	220	204	254	216	209	220	248	266	168	154	172	206	2537
Total	1479	1279	1371	1347	1372	1323	1483	1382	1276	1285	1327	1341	17231

Table 7: Admissions to medical schools 1994 to 2005

Institution	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Total
UCT	167	149	152	147	170	186	132	166	166	164	159	152	2344
Free State	88	87	87	109	117	110	119	124	107	97	111	70	1226
MEDUNSA	123	155	183	249	264	325	247	264	304	326	294	325	3059
Natal	90	109	101	110	104	114	90	116	132	165	179	334	1168
Pretoria	165	173	193	203	217	202	209	214	192	207	196	209	2380
Stellenbosch	157	170	174	158	148	150	145	142	136	186	156	162	1884
UNITRA	18	26	26	29	31	*	26	53	51	62	120	78	520
WITS	202	213	190	228	195	*	195	192	181	188	205	247	2236
Total	1010	1082	1106	1233	1246	1087	1163	1079	1088	1207	1215	1330	14817

Table 8: Outputs at medical schools 1994 – 2005

[Source: National Department of Education 2005]

* Number not obtained

Key Statement on Production of Health Professionals:

The production of health professionals in numbers sufficient to provide health services to South Africans is the key to resolving the chronic human resource challenges.

The reported shortages of health professionals in South Africa appear to contradict the number of higher education institutions that the country possesses. Many reasons have been advanced for the dwindling numbers of health professionals, especially of those working in the public health sector. The question of attending to the production of health professionals is not limited to their numbers but extends to other factors that influence production.

Planning for increased production of health professionals must take into consideration the various factors that can impact on the viability of retaining them within the public health sector. In addition to this the need exists to ensure the maintenance of a balance between and within the professions so that there is a healthy balance in the spread of their numbers. The South African population continues to grow; hence the need to maintain the production of health professionals to care for it. In October 2001 the population was 44,8 million and the mid-2005 estimate now stands at 46,9 million, an increase of about 2,1 million people (Statistics SA 2005). This poses a major challenge to the supply of health services since, even though other resources are important, provision of health professionals is the most critical. The composition of health teams must filter down to the division of numbers at the planning stage. It is important to cater for these factors as they play a major role in whether the country is able to maintain a self-sufficient supply of health personnel or not.

Once again the case of nursing, the profession that PHC services rely on, is illustrative. The South African Nursing Council register for the period 1998 to 2003 indicates that fluctuations occur in the numbers of nurses that are registered and enrolled to practise nursing in South Africa. There has been a growth of 5704 in the number of professional nurses and 831 in that of enrolled nurses. There was also a decline of 2517 in the number of nursing auxiliaries for the same period. The total growth in the number of nurses is 4 018. This trend may start showing signs of reversal as more private nursing schools produce more nursing auxiliaries. However, this must be seen against the background of the number of vacancies for nursing positions reported by the various provinces.

3.2.2 Introduction of New Health Worker Cadres

The introduction of new cadres of health professionals and other para-professionals has been a topic of much debate since the early 1990s. In particular the introduction of a range of mid-level workers, and the role of community-based health workers and their relationship with the national health system, have been discussed extensively.

In general, the introduction of a new health professional category or cadre into a health system invariably has an impact on the existing professions or cadres. An example of this is the introduction of Community Health Workers whose scope of practice overlaps significantly with that of the Enrolled Nursing Assistants.

The implication of any introduction of new categories may be perceived in terms of the following:

- a. Resources for training:
 - Location of training (facilities),
 - Academic staff to offer the training,
 - Funding of training
- b. Scopes of practice (may need to adjust those of the closest existing cadre)
- c. Career paths

It is therefore important that criteria are laid down to guide the process of creating new health categories either at professional or non-professional level. The following general guidelines should be followed before submitting any application for registration with the Department of Education or SA Qualifications Authority.

1. Clear evidence must exist of the health need(s) to be addressed by such a category
2. The need must lie outside the scope of practice of the existing health professional cadre
3. In any case where the scope of practice of the envisaged category will overlap with that of an existing cadre, there must be demonstrable value in allowing this
4. Clear career paths must be identified
5. Agreement must be reached with the National Department of Health about the need to establish such a category

Close collaboration between the Department of Health and Department of Education will greatly assist in narrowing the existing gap.

3.2.2.1 Introduction Of Mid-Level Workers

The first discipline to introduce a mid-level worker has been pharmacy, which has been training pharmacy assistants for the past few years. The introduction of physiotherapy and occupational therapy assistants, as well as the introduction of a mid-level worker in the field of nutrition, have been under discussion for a number of years, but have not yet been finalised. More recently active steps have been taken to introduce a mid-level cadre in the medical field – the medical assistant. Introduction of mid-level workers must be subjected to continuous assessment to ensure that the country does not end up replacing the training of health professionals with that of mid-level workers. A healthy balance must be maintained.

3.2.2.2 Revitalisation of the Community Health Worker Programme

The term “Community Health Worker” (CHW) embraces a variety of community health aides who are selected from, trained in and work in the communities from which they come. The policy documents in the early 1990s, most notably the ANC Health Plan, identified CHW’s as an important resource for PHC implementation. *“They were viewed as catalysts for community development, that could mobilise people around issues such as the need for clean water, sanitation, waste disposal, safe playgrounds and parks. (...) It was envisaged that they would form an integral part of the decentralised health services, and be compensated, either by the Government, or*

the local community” (Friedman, 2002). The *Strategic Priorities for the National Health System 2004 – 2009* specifically list the need to “*strengthen implementation of the CHW programme*”.

3.3 Management of Training, Formal Education, Staff Development including In –Service Training and the Role of Private Providers

In this instance we again use nursing as a tracer profession to illustrate issues in training and staff development. Nursing education is currently located at three levels of learning institutions: Nursing Schools (private sector), Nursing Colleges (public sector) and Higher Education Institutions. Concerns exist about the management of nursing education in each of these sectors. Each is briefly presented below:

3.3.1 Nursing Schools

Nursing schools provide nursing auxiliary and enrolled nurse training programmes, which fall within the Further Education and Training (FET) band. The courses currently provided by the nursing schools are:

- Certificate for Nursing Auxiliary (1-year Course) (FET) (entry requirement standard 8 or equivalent)
- Certificate for Enrolled Nurses (2-year Course) (FET) (entry requirement standard 8 or equivalent)
- Bridging Course (2-year course) (HET) (the entry requirement is enrolment as a nurse)

The fact that entry requirements still refer to a standard 8 means that entry requirements to nursing must be urgently reviewed. All private nursing schools are required in terms of the Higher Education and the Further Education and Training Acts to register as private higher or further education and training providers. Although this registration is a statutory requirement the registration requirements for the FET sector have not yet been finalised. The Departments of Education and Health are now actively discussing how to resolve this aspect and better manage the issue of nurse training. The result will be that of ensuring compliance with a set of minimum requirements and adherence to the quality standards set for private providers.

The achievement of the above goal should assist in managing the influx of private providers who are providing education and training that does not lead to the attainment of a qualification or a unit standard that is registered on the National Qualification Framework. This will also prevent providers who offer training in non-nursing courses to claim that these courses are a route to qualifying as a nurse. “Pre-nursing” learners undergoing such training have either been misled to believe or are under the false impression that on completion of such training they will be entitled to practise as nurses.

The providers offering such courses often maintain links with an approved nursing school and make informal arrangements with these nursing schools (in some cases both institutions are owned by the same persons) for the courses offered by these providers to be made an entry requirement for an approved nursing course.

The institutions themselves create these entry requirements and these are not necessarily in line with the prescribed entry requirements (stipulated in the regulations) for a nursing course. These informal requirements are often not known to nor approved by the SANC.

A joint strategy for resolving this issue is indicated, and the formation of a partnership between all role players, i.e. the Departments of Health, Education, and the South African Qualifications Authority Health and Welfare SETA, is essential. The review of nursing education currently underway by the Nursing Standards Generating Body is an important step towards streamlining the curriculum and qualifications in this profession.

3.3.2 *Colleges of Nursing*

Currently the Colleges of Nursing exist in the public health sector, which means that they are under the control of the Provincial Departments of Health. This basically means that the provinces can exert much influence on the number of nursing professionals that the colleges should produce. Government therefore has a responsibility to investigate all the factors that impact on production, e.g. the availability of physical infrastructure, learning materials, nurse educators and so on, that are critical to the attainment of targets for training.

3.3.3 *Universities and Universities of Technology*

Over the years institutions of higher learning have been attempting to align their training programmes with health services needs. This has always been a tall order, bearing in mind that for a long time there has been no structured interaction between institutions and the Department of Health to establish the type of input needed. Where this interaction existed the relationship challenges brought about by resource constraints have sometimes proved difficult to resolve. The funding formula applicable to higher education institutions also encouraged institutions of higher learning to focus on providing postgraduate degrees as opposed to undergraduate degrees, as the formula favours the production of health professionals at this level. The realignment of nursing qualifications is an important task that the Departments of Health, Education and the SA Nursing Council must conclude as a matter of urgency.

3.4 **HRH Management**

The concern that managers lack the capacity to lead and manage the health sector appropriately is voiced in a number of documents (LGHS, 2004; Leon et al., 2001; Lehmann et al., 2003). The crux of the concerns expressed is summarised in research conducted into the implementation of the *Integrated Nutrition Programme* in Cape Town (Lehmann et al., 2003) and highlights, among other factors, poor coordination of communication and activities between different departments, and the failure to prepare the ground for policy implementation.

The latest *State of the Public Service Report* (2005) reports that “*our public service does not have enough skilled managerial staff*”, elaborating that “*increased decentralisation and delegation of authority relating to human resource management to lower levels have in many instances overloaded managers*”. Other reasons

identified by the State of the Public Service Report, which specifically refers to the health sector, are as follows:

- “Public service professionals (such as doctors and nurses) are paid markedly less than in the private sector while environmental factors and working conditions are not conducive to the retention of such personnel in the public service. Recruitment, succession and career planning, employment equity, reward and recognition and employee relations are important factors that affect the supply of these vital skills.
- The public service recruits personnel from a variety of fields such as medicine, finance and development disciplines amongst others, in addition to the field of public administration. Despite various links between higher education institutions and governments there is still not enough strategic interaction between government and higher education over the supply of skilled personnel”.

3.5 Migration of Key Health Professionals

Migration of health personnel, also dubbed the *brain drain*, partly from rural to urban areas, but more particularly out of the country, has become a hotly debated issue in human resources circles not only in South Africa, but also on the continent of Africa itself. Reliable figures are hard to come by and invariably controversial. For many years before 1994 South Africa constituted a preferred destination for many health professionals, the majority being doctors from the African continent. This situation has however changed since the late 1990’s when a policy of not recruiting from fellow developing African countries was adopted at the SADC Health Ministers level.

A recent OECD study on migration of health professionals presented the following statistics of “South African-born workers practising a medical profession in certain OECD member countries in 2001” (OECD 2003):

	Practitioners ²	Nurses/midwives	Other health professionals ³	Total
Australia	1,114	1,085	1,297	3,496
Canada	1,345	330	685	2,360
New Zealand	555	423	618	1,596
United Kingdom	3,625	2,923	2,451	8,999
United States	2,282	2,083	2,591	6,956
Total	8,921	6,844	7,642	23,407

Table 9: South African-born workers in selected overseas countries

² Doctors, dentists, veterinarians, pharmacists and other diagnostic practitioners

³ Including assistants

If one considers that 11,332 doctors and 41,617 nurses were working in the public sector within South Africa in 2001 (Doherty and Joffe, 2003), the above figures are very substantial and disturbing, all the more since the indications are that the trend has escalated in the past few years. The reasons for the brain drain are much debated. The debate distinguishes between “pull” and “push” factors. The former include those factors that make other countries attractive, such as better wages, easier working conditions and opportunities for professional advancement in foreign countries. The latter comprise factors, which drive staff out of the country. Lack of management and support, work overload, poor working conditions, lack of appropriate skills and emotional burnout are believed to be important factors among these (Lehmann & Sanders, 2002), as are high crime rates and uncertainties about the future.

A recent study of migration in six African countries, conducted by WHO, found that while financial incentives featured prominently, working and living conditions at home were named by the majority of respondents as key reasons for their departure.

“Despite substantial financial incentives, many commentators, including some employee representatives, emphasise that in many cases pay is not the prime motive for leaving the country. Deteriorating working conditions in the public sector is one factor that is frequently mentioned. A significant increase in the workload, due to wider access to healthcare, and the uneven distribution of human resources between the private and public sector, and urban and rural areas, leads health professionals to seek better working conditions. Exposure to AIDS and other endemic infectious diseases, like TB, insecurity resulting from delinquency, the lack of suitable equipment, and social and racial factors, are also cited as difficulties that specifically affect the practice of medicine” (OECD, 2003).

But although South Africa is losing health professionals, the country also used to be a destination for such immigrants. Some 20% of doctors (approximately 6,000) on the South African Medical Register in 1999 were expatriates (Lehmann & Sanders, 2002). There is likely to have been a significant drop in expatriate health professionals over the past few years owing to changes in the recruitment policies of the department and changes to the Immigration Act. In the period 2004 to 2005 the National Department of Health experienced an upsurge in applications to work in this country by health professionals from the African continent. Many of these professionals, mainly doctors and pharmacists, argue that they have been working outside their countries of origin for periods varying from 5 to more than 10 years and therefore do not feel that employment in South Africa will be robbing their own countries of the skills they dearly need.

The existence of a policy not to recruit health professionals from fellow developing countries in the African continent has assisted the department in stemming the internal African brain drain to South Africa. The argument advanced by these health professionals, that they have after all not been providing services to their own countries and therefore feel no obligation to serve them, must constitute part of the assessment of this policy at the level of African Health Ministers.

3.5 HRH Information Systems

HRH planning and management depends very largely on the availability of accurate and timely information. Managers, planners and policy makers need a variety of different kinds of information for effective decision making and planning. The purpose of decisions related to health human resource management is to identify and achieve an appropriate number and mix, and an equitable distribution, of personnel whilst being cost-effective. To achieve this goal there is a need to systematically analyse trends, develop perspectives, define response strategies and develop a coherent plan to address the wide spectrum of issues that impact on the production, retention and distribution of HR in the public health sector.^{i,ii} At this stage there is little systematic and published engagement with issues of HRIS. The Department of Health will, however, shortly introduce a National HR Information System, which will address the requirements identified in a number of WHO documents.

3.6 SUMMARY OF OUTSTANDING HR BUSINESS

Despite the health system achievements in a number of areas, human resources still remain a major area of weakness that has not been addressed successfully. Some compounding factors include the migration of the skilled and most experienced health professionals, especially in the medical and nursing fields, to wealthy health systems, the changing disease profile, socio-cultural issues, and the lack of a developmental approach to human resource planning and management.

It is evident that there are many challenges related to HR management and development. However, the major concern is the production of human resources in sufficient quantities to cater for the country's needs. In the absence of a guideline on HR production, education institutions are producing human resources for health based on what they perceive is needed or which in many cases is dictated by financial constraints or financial prospects for the Institution.

Over the past few years a number of mid-level health worker categories have been introduced to the health system, mostly with the aim of limiting their activities to the public health sector. A number of questions have arisen in relation to HR workforce planning, e.g. the proportion of, say, dental therapists that must be trained to the number of dentists. Other issues comprise for example the relationship between various health professional categories, the focus of investment in production and the balance that needs to be maintained within the health workforce.

Higher education institutions are undergoing major transformation, brought about by the merger of many such institutions. Together with other policies emanating from the National Department of Education there is now a moratorium on creating new qualifications at university level. Funding is also under strain, with institutions having to use alternative methods of raising finance rather than relying on a government subsidy alone. This is a major challenge for the health sector. Lastly, the central question of how health needs are determined and used to inform health education and training has been raised, as has been the case of the evidence for the introduction or creation of new categories so that their creation is not solely based on economic factors.

The following topics require additional research to inform solid policy positions at national level in order to guide the way in which aspects that depend on policy positions will be handled in future.

3.6.1 *New Health Worker Cadres*

Information gaps exist with regard to future projections of staff availability; hence the need to conduct an age, gender, and ethnic group analysis of the present health workforce so as to enable succession planning. Furthermore, staffing needs should be reviewed regularly against the background of the impact of the introduction of new health cadres (e.g. mid-level workers in a particular health professional category), the revision of scopes of practice and the subsequent review of staffing establishments. This includes the development of different staffing scenarios and projections and a determination of their economic feasibility.

This step is necessitated by the impact of the introduction of each new health worker cadre on the health system as a whole. Putting in place a national human resource databank will offer human resource planning a tool to perform this important planning and oversight function.

3.6.2 *Norms And Standards/ Staffing Establishments*

The continuing debate on this issue means that, for planning purposes, norms and standards and staffing establishments must be guided by flexible policies, to allow for revision to accommodate changing needs. At present there is undoubtedly a need for revisions with a particular focus on: a) *the changing disease burden*; b) *structural changes*; and c) *the impact of new cadres*, in particular the mid-level workers.

The South African experience of staffing norms is a mixed one. The freedom of choice of health professionals regarding their work has a direct effect on where they choose to offer their services. Despite the existence of norms and standards for the provision of human resources to all health facilities it has not been possible to adhere to them because of the objective conditions faced by the department in placing health professionals, specifically in rural areas. Moreover the calculation of the staffing norms using a population-based approach fails to take into consideration the existence of the private health sector practitioners. This is due in part to the major gaps that have existed between the two sectors and the poor relations between them over many years. The existence of private health facilities has not been adequately seen and utilised as an additional resource that should complement public health service delivery.

It seems more reasonable to develop staffing norms that will be context specific, as such determinations will take into consideration the disease burden and the most commonly presenting illnesses and conditions for that area; e.g. a particular province may experience certain illnesses more than others.

To ensure the success of this approach and compliance with the commitment continuously improve access to health services, provincial departments or relevant health authorities, assisted by the National Department of Health, will put in place a well functioning referral system operating between the various levels of health care delivery. This should enable better human resource planning and management and

also assist the Department to respond in a reasonable way to the chronic human resource shortages that are now an international phenomenon of health systems. Establishing relationships with the private general practitioners will prove essential at Primary Health Care level. This plan advocates a move, away from individuals contracting for sessional work, to engaging organised practitioner groups. This will aid the management of such contracts and hold the medical professionals represented by that particular organisation collectively responsible for the provision of such services.

3.6.3 *Staffing Workloads*

While there is no denying that HR planning is impossible without a certain amount of declaring norms and benchmarking, more work is required to develop context-sensitive workload indicators as mentioned earlier. Particular attention needs to be given to differences in infrastructure and staffing availability.

An analysis in the Review of the Ten Years of Democracy indicated that one of the major trends in South African society related to the migration of people to urban areas or places where they felt they had a better opportunity to find work. This is a phenomenon, which has long been noticed regarding health professionals. It is therefore vital that recruitment strategies, retention strategies and referral systems take this into consideration. It is increasingly difficult to generalise about the quantum of professionals available to render services even in a Primary Health Care setting. Establishing well functioning responsive referral systems will assist in alleviating the heavy workloads that are often experienced by young, inexperienced staff doing community service in rural areas.

3.6.4 *Continuing Professional Development*

The impact of Continuing Professional Development programmes for health professionals must be evaluated on a five-yearly basis for each of the health professional categories. This is in order to ascertain the efficacy of the programmes in meeting the continuing education needs of the country and their value in terms of the investment made. A direct link to how the system improves the quality of services provided by health professionals should form the basis of assessment and evaluation.

Each health professional group therefore has to ensure that the content of the CPD programmes addresses the gaps or challenges identified in service delivery, either in terms of skills or knowledge. The Health Statutory Councils concerned, in partnership with the National Department of Health, must establish a CPD monitoring system that will enable assessment of compliance and good performance by the practitioners in order to influence the Performance Management Development System as applied in the public health sector.

3.6.5 *Availability and Distribution*

Although much of the focus in the past few years has rightfully fallen on the development of the District Health System and Primary Health Care, the health sector clearly must retain strong and well-functioning hospitals. An assessment of the HR situation in hospitals must therefore form part of a comprehensive situational analysis of staffing.

Technological advances are increasingly influencing the delivery of health care services. Some professional categories can no longer provide good quality services without utilising certain kinds of health technology. The availability of doctors, nurses, dentists, physiotherapists, speech language and audiology practitioners etc is largely influenced by the availability of the tools of their trade.

These factors must be taken into consideration when determining the context sensitive staffing norms and the establishment of referral systems. Basic equipment for use in health care, appropriate for a certain level of health care facility, must be made available, properly maintained and utilised to avoid frustration developing among the staff.

3.6.6 *Skills Development*

A key HR strategy will comprise a comprehensive and textured skills analysis for different programmes and fields within the health sector, followed by organised education programmes (both initial and continuing education), appropriately funded through skills development funding and arranged by the Health and Welfare Sector Education and Training Authorities. The HWSETA plays a major role in the improvement of the skills of health workers spanning all the categories. This is a legislated function, and all contributors to the Skills Levy must be encouraged to apply for funding from the HWSETA so that staff can be sent to participate in skills development programmes. The analysis should therefore also assess the extent to which the HWSETA indirectly contributes to improving the quality of health services.

This analysis will be performed on a five-yearly basis with the assistance of Statutory Health Councils, Professional Associations and Private Health Sector Organisations / Institutions.

3.6.7 *Introduction and Placement of Community Care Givers in the Health System*

The role of community- and home-based health workers and their organisational and structural accommodation in relation to the health services has now been determined. This cadre of health workers is necessitated by the dramatic increase in needs for chronic and palliative care.

3.6.8 *Funding of Health Education and Training*

The issue of funding for the education of health professionals as well as the inter-relationship between different levels of such education constitutes a critical aspect of human resource planning as a measure to improve the efficacy of training in the health sector.

A high level official team has consequently been set up between the National Departments of Health and Education to deal continuously with issues that relate to education and training in the health sciences.

3.6.9 *Strengthening the Interface Between Departments of Health And Education*

The introduction of the *National Health Council* by means of the National Health Act imposes certain responsibilities and introduces a number of opportunities to firmly address human resource issues as provided for in the Act. However, higher education is the field of the National Department of Education, thus necessitating that a high level link is maintained between the two departments. The policy on National Institutional Planning directs institutions to engage in five-year rolling plans, which invariably will affect planning on production of health professionals.

3.6.10 *Repositioning Academic Health Complexes*

In terms of the new legislation, health sciences faculties, in conjunction with the Departments of Health and Education, will now be required to apply their minds to ways in which district hospitals, clinics and community-based settings can be developed as venues for learning in terms of structure, governance, funding and staffing.

3.6.11 *Strengthening Nursing Services*

An elaborate inter-sectoral strategy for resolving issues in nursing education and services is indicated, driven by a solid partnership between the Department of Health, Department of Education, the South African Nursing Council, the South African Qualifications Authority and the Health and Welfare SETA. The review of nursing education and training being carried out by the Nursing Standards Generating Body has paved the way to finally transforming nursing education and streamlining qualifications in this profession.

3.6.12 *Special Allowances for Retention of Health Professionals*

Evidently, a close monitoring and evaluation of the impact of these allowances is imperative, specifically because financial incentives to motivate workers to accept posts in under-serviced areas continue to be a much-debated measure, owing mainly to the selective and limited nature of such allowances. Without a doubt, however, in themselves the recently introduced allowances will not be sufficient to attract and retain staff. They will have to be embedded in a package of initiatives aimed at improving conditions of service.

3.6.13 *Organisational Structures And Functionality For Managing HRH*

A review of the functionality and capacity of HRH structures and organisations at national and provincial level will contribute to improving the functioning of HRH planning and management across all levels. The management and people skills necessary to function effectively, especially at facility level, must be defined and guidelines adopted nationally.

3.6.14 *Career Progression Of Key Cadres*

While considerable public debate is taking place about career progression and limitations in careers as regards certain cadres, in particular nurses and some lower-level cadres, better systematic work regarding sustainable career progression in the public health sector is called for. As career progression is an important factor in career choices, a review of career trajectories and options may well contribute to enlarging the pool of health professionals in future.

3.6.15 *Impact Assessment of HRH Planning*

An HRH Plan is a long-term project that should be dynamic in nature so as to ensure that planning is able to respond to pressures on the health system; thus positively influencing production. It is therefore essential that performance indicators for the impact of HRH planning, development and management are developed. These "Impact Assessments" should become a routine requirement preceding all reforms and initiatives whose aims are to improve the performance of the health system.

3.6.16 *Integration of the Allied Health Professions*

A number of allied health professions e.g. reflexology, aromatherapy, podiatry exist in the South African health system although not prominent within the public health sector. The vast majority of these practitioners are almost exclusively operating in the private health sector. They are however regulated through the Allied Health Professions Council of South Africa. The type of health services that the public health sector offers must guide their participation in the public health sector. Major discussions, guided by national health priorities and policy positions must take place within the provincial setting to determine the possibility of integrating the services offered by the allied health professions in the public health sector.

3.6.17 *Determining the Critical Skills for the Health System*

It is important that beyond the issue of scarce skills the department must establish a mechanism of determining and supplying the skills critical to the successful attainment of the goals of the health system. These may or may not include those that are regarded as scarce. Critical skills may not necessarily be scarce. The notion is based on the importance of the work accruing rather than the number of professionals possessing the skills. An example can be made of epidemiologists, health economists who are both scarce and critical and medical doctors who may not be scarce but are critical to the delivery of health services. Recruitment of critical skills on the international stage must always be complementary to the country's efforts at developing their own.

Conclusion

The possible research agenda items identified above are an addition to the major questions of principles and policy challenges being raised in this document. Instead of providing answers, this framework identifies major pillars that will be vital for the robustness and comprehensiveness of the human resource plan for health. These pillars and the motivation for them are described in the next chapter and are linked to the issues raised in the present chapter.

CHAPTER 4

A NATIONAL AGENDA FOR HUMAN RESOURCES FOR HEALTH

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CHAPTER 4:

A NATIONAL AGENDA ON HUMAN RESOURCES FOR HEALTH

This chapter deals with the issue of developing a national agenda on human resources for health, based on a shared vision and therefore commitment to the mission of providing adequately for the country. The purpose of developing a vision specifically for human resources is to ensure that all strategies and activities related to the HR plan are directly linked to the overall vision of the national Department of Health, which is to offer: *“An accessible, caring and high quality health system”*.

The vision as regards human resources is therefore *“to provide skilled human resources for health care adequate to take care of all South Africans”*.

Its mission is *“to provide leadership for the planning, development and management of human resources for health to improve the health care delivery system by focussing on access, equity, efficiency, capacity, quality and sustainability”*.

4.1 The Stewardship Role of Government Regarding Healthcare

By definition stewardship as exercised by government is the assumption of responsibility for the welfare of society. The concept of stewardship is the *“mantle under which operate all of the progressive causes — human rights, conservation, economic welfare, government reform and oversight, education, health care, disaster relief, animal welfare, mental health, peace”*. One may argue that the government offers a good example of stewardship because it comes into being through elections where it pledges that it will act as a steward for the whole nation. Stewardship is therefore an institution in perpetuity, which results in cumulative gains resulting from collective actions by individuals mostly driven by altruistic motives.

Governments should [therefore] be the “stewards” of their national resources, maintaining and improving them for the benefit of their populations (WHO 2000). In terms of the health system, stewardship relates to the extent to which government takes responsibility for the provision of health services to all its citizens. This means being ultimately responsible for both the public and private health sectors because good stewardship denotes good governance. Stewardship as including the *private* health sector is certainly contested simply because there is a perception that no direct investment is made by government in developing the infrastructure or staffing of this sector. It is worthwhile noting, however, that government provides virtually all the education and training for health practitioners in the private sector. It therefore invests directly in the staffing of this sector.

If the country is to succeed in planning appropriately and ensuring the good performance of its health system, the issue of stewardship should be clearly understood by all concerned. It is an issue of how the leadership in both sub-sectors relates to and takes collective responsibility for the performance of the health system. *“Health policies and strategies need to cover the private provision of services and private financing, as well as state funding and activities. Only in this way can health systems, as a whole be oriented towards achieving goals that are in the public interest. Stewardship encompasses the tasks of defining the vision and direction of health policy, exerting influence through regulation and advocacy, and collecting and*

using information. At an international level, stewardship means influencing global research and production to meet health goals. It also means providing an evidence base to guide countries' efforts to improve the performance of their health systems" (WHO, 2000).

For government to ensure good stewardship, it is necessary that in its human resource policy and planning the private health sector be regarded as an integral part of the health system, which is required to plan continuously and carry out its plans in support of the national health system's strategic goals. Stewardship also calls for developing solid social partnerships, which span all formations in the health sector, including communities who are invariably the recipients of the public goods over which government exercises control, offers guidance concerning such resources or promotes them. The resources referred to here form part of our national pool of resources, whether in the public or private health sectors.

Viewed in terms of a broader perspective, stewardship is also the responsibility of purchasers and providers of health services who must ensure that as much health [value] as possible results from their spending (WHO 2000). In terms of effective stewardship, the key role of government is one of oversight and trusteeship. This should always translate into the provision of good quality health services to the entire population.

National health priorities therefore need to be premised on the understanding that strategies for their implementation will give effect to the active demonstration of good stewardship by all concerned. The draft framework identifies stewardship as an important element of the National Human Resources for Health debate in order to emphasise the need for a sound understanding of the responsibilities of the State for health care. These responsibilities are also embedded in the health legislation.

- The NHA of 2003 emphasises the stewardship role of the National Department of Health in the development of the health system.
- Section 48 of the NHA requires the National Health Council to develop a policy and guidelines for, and to monitor, the provision, distribution, development, management and utilisation of human resources within the national health system.
- Section 49 stipulates that the Minister, with the concurrence of the National Health Council, must determine guidelines to enable provincial departments and district health councils to implement programmes for the appropriate distribution of health care providers and health workers.
- Section 52 empowers the Minister to make regulations regarding human resources within the national health system.

In ensuring the effective implementation of the provisions of the National Health Act No 61 of 2003, the national Department of Health has developed the necessary regulations, and amended several Acts pertaining to the regulation of health professions, so as to give effect to the concept of the Ministry of Health exercising stewardship for health care. This in effect places at the disposal of the National Department of Health several instruments that should be utilised in ensuring the provision of good stewardship for the health system.

A National Partnership in Human Resource Development and Implementation of the National Human Resources Plan for Health

South Africa boasts several organisations and bodies that play a major role in the development of the human resources required for the health system. Each of the role players identified during the public comment phase of the Strategic Framework is vital to the development of human resources in this respect. Although the final responsibility lies with the Ministry of Health, the participation of other bodies is essential. A national partnership in line with the concept of stewardship and the principles espoused in this HRH Plan will be reinforced by closer cooperation between the role players and the Human Resource Branch and relevant human resource divisions at provincial level.

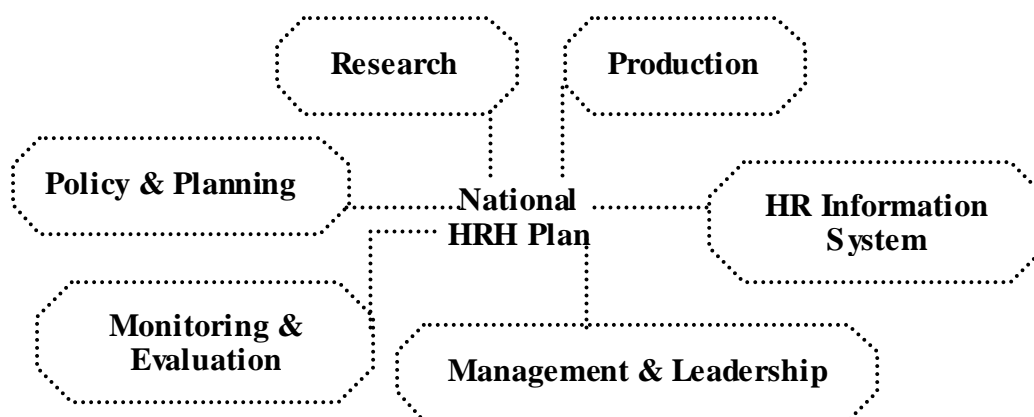
It is important that role players precisely identify what aspects of the plan relate to them and how they plan to implement what is expected of them. The roles of various stakeholders are indicated throughout the chapter. The roles mentioned are not exhaustive but merely identify stakeholders that are expected to assume a leadership role for the particular activity identified and for the strategic partners. Role players are expected to further elaborate and improve on the implementation issues identified, and to spell out realistic performance targets to be met.

It is expected that both the national and provincial departments will proactively form partnerships, and within this framework endeavour to implement all aspects of the Plan. Structured interaction between various departmental technical units and the HR Branch will be strengthened to ensure synergy and the smooth implementation of the Plan. This will be further reinforced by setting up strong links with other Government Departments such as Education in order to interact with and influence those institutions that impact directly on the supply of human resources to the health department, but are accountable to the Department of Education.

This approach forms part of one of the major pillars of the National Human Resources for Health Plan: the production pillar.

4.2 Major Pillars of the National Human Resource Plan for Health

These pillars are identified so that the national health system can focus on each area, making strategic investment decisions to ensure the robust development of the system.



This framework conceptually represents the pillars upon which the HR Plan is based. It is necessary that the National Department of Health is able to support this framework by organising its technical units within the Human Resource Branch, and positioning it to give guidance and support to those who will be tasked with its implementation. The HR branch functions have therefore been realigned to ensure synergy within the branch and collaboration with other units, e.g. Health Information Systems and Infrastructure Planning, to ensure delivery on this mandate. Each of the departmental units has a significant role to play in the operationalisation of the pillars, which is guided by the set of principles mentioned later in the document.

4.2.1 Human Resource Policy and Planning

This pillar is linked to and addresses health systems priorities, with specific reference to planning and the production of human resources for health. Policy and planning at national level should cascade to the provincial and district health levels so as to ensure a seamless application.

4.2.2 Human Resource Production

This second pillar addresses issues related to the education and training of all cadres of health professionals. It covers policies regarding HRH production, namely admissions, funding of higher education for health staff, and transformation issues. Policies relating to skills development for HRH personnel are an important aspect. In the case of health professionals, this development is a joint responsibility of the Department of Health and the Health Professional Statutory Councils, e.g. Continuing Professional Development for various professional cadres. The presence of education institutions committed to advancing national interests by producing a skilled and competent health workforce is also an important feature. Advances in health sciences are naturally led by the professions who continuously seek innovative ways of improving health care and pursuing excellence.

4.2.3 HRH Management / Leadership (Capacity Development)

The third pillar is constituted by the presence of policies and programmes to nurture and promote good quality leadership for the health sector, spanning both the public and the private sectors. These programmes are geared towards developing a leadership committed to ensuring the realisation of positive health outcomes for South Africans.

4.2.4 HR Information System

A comprehensive HR information system is an essential pillar of a health system. It enables management to use the resulting data for future planning in addition to its use as a management tool. The complexity of the health system requires that this pillar be developed and managed appropriately to become a standard for good health management.

4.2.5 HRH Research

The World Health Organisation acknowledges that human resources play a vital role in determining good health outcomes. To aim for a secure future in terms of planning, it is absolutely necessary that the Branch play a leadership role in outlining a HRH research agenda and in cultivating a culture and capacity to research human resources.

4.2.6 Monitoring and Evaluation (Programmes for HRH Improvement)

Human Resources comprises a form of labour market characterised by those countries that offer a good product and make it available on the international market, It experiences the forces of normal markets, namely that those with financial resources are able to purchase the required skills. Due to the costly nature of human resource production in health, it is imperative that good monitoring and evaluation systems for human resources in this respect are put in place

4.3 OPERATIONAL ASPECTS OF THE PILLARS OF THE HEALTH SYSTEM

Human resources accounts for a major proportion of the annual expenditure on health. The major pillars identified above form the basis for strategic investments that must be undertaken in the health sector. However, decisions also need to be guided by a set of principles, which give expression, meaning and relevance to the pillars. Based on the pillars described above, a framework of guiding principles has been developed. These principles are backed up by a set of strategic objectives linked to broad activities for implementation. These activities are of such a nature that each stakeholder will be able to develop them further into concrete action plans.

4.3.1 Guiding Principles: An Introductory Framework

Underpinning the plan is a set of core principles that offer a framework for offering programmes to improve human resources regarding health in the country.

- Guiding Principle 1:** Stewardship for health care lies with the National Department of Health
- Guiding Principle 2:** South Africans must enjoy a reliable supply of skilled and competent health professionals for self-sufficiency
- Guiding Principle 3:** Planning and development of human resources linked to the needs and demands of the health system must be strengthened
- Guiding Principle 4:** The optimal balance, equitable distribution and use of skilled health professionals to promote access to health services must be developed
- Guiding Principle 5:** Health workers must have the capacity and appropriate skills to render accessible, appropriate, high quality care at all levels
- Guiding Principle 6:** Work environments must be conducive to good management practice to maximise the potential for the health workforce to deliver good quality health services
- Guiding Principle 7:** South Africa's role in international health issues contributing to leadership, scientific advances and global health professions is critical
- Guiding Principle 8:** South Africa's contribution in the short to medium term to the global health market must be managed in such a way that it contributes to the skills development of health professionals
- Guiding Principle 9:** Mobilisation of funding to ensure successful implementation of the plan
- Guiding Principle 10:** The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning

Flowing from these guiding principles are a set of strategic objectives linked to broad activities for implementation.

4.3.2

GUIDING PRINCIPLES: A DETAILED FRAMEWORK

Guiding Principle 1			
Stewardship for health care lies with the National Department of Health			
Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
1.1 Leadership through guidance of the Public and the Private Health Sectors	1.1.1 Promoting leadership development <ul style="list-style-type: none"> ▪ Providing overall leadership / guidance in the development and implementation of appropriate formal leadership training programmes for the health sector ▪ Facilitating trainee placements in local and international leadership and exchange programmes 	NDoH and private health sector representative bodies plus professional associations	At least one training programme targeting a management level implemented by June 2006
	1.1.2 Strengthen Government's capacity to exercise its stewardship role through <ul style="list-style-type: none"> ▪ Targeted recruiting of specific skills to the public health sector ▪ Facilitating the setting up of programmes to develop technical expertise in priority areas 	NDoH NDoH	Develop a strategy for recruiting expertise to the Department of Health and retention plans by August 2006

Guiding Principle 1

Stewardship for health care lies with the National Department of Health

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
1.1 Leadership through guidance of the Public and the Private Health Sectors	1.1.3 Promoting good governance <ul style="list-style-type: none"> ▪ Jointly setting up a national training programme on governance within the health sector, including the public and private health sector and higher education institutions ▪ Development of clear guidelines for governance of health facilities 	NDoH and private sector representative organisations and relevant education institutions	Establish a national training programme on governance by November 2006
1.2 Defining a vision for and developing an overarching National Human Resource Plan	1.2.1 Engaging with all stakeholders in the refinement of the National Human Resource Plan <ul style="list-style-type: none"> ▪ Facilitate development of provincial HR plans based on the National HR plan. ▪ Facilitate interaction between provinces (and other key stakeholders) on HRH planning, development and management 	NDoH, Provincial HR Departments & all other stakeholders	Develop a template to guide Provinces in developing their own HR plans by June 2006 Regular (six monthly) provincial meetings as part of the activities of the National Health Consultative Forum Develop a National Health Workforce Planning Framework by September 2006

Guiding Principle 1

Stewardship for health care lies with the National Department of Health

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
1.3 Establishing shared values and bases with provinces on issues of HR planning, management and development	1.3.1 Sharing best practice with and across provinces and the private health sector on policy development, planning and management	National Human Resource Committee & private health sector representative bodies	Interaction through quarterly meetings and a Bi-Annual conference on HRH
1.4 Manage regulatory environment and exercise oversight function	1.4.1 Setting up mechanisms for regular monitoring of policy implementation and impact in the context of emerging trends	NDoH	Establish an HR policy planning and research unit within the branch by January 2006
	1.4.2 Development of performance indicators for implementation of the plan	NDoH, Provincial Health Departments & stakeholders	Establishment of the HRH databank by May 2006 Development of an HR performance indicators framework by April 2007

Guiding Principle 1

Stewardship for health care lies with the National Department of Health

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
1.5 High level investment and resource allocation decisions	1.5.1 Joint inter-sectoral planning with other HRD related Ministries to ensure growth of the health sector and to ensure that funding is linked to demand as well as strategies so as to make sure that there is subsequent "return on investment"	NDoH DOE DPSA Treasury	Setting up and reviewing targets for training on a five yearly basis – agreement on targets by July 2006
	1.5.2 Matching of education and training to the national health needs	NDoH DOE	Comprehensive study (to assess capacity in education institutions) to be commissioned by the NDoH by March 2006
1.6 Development of partnerships spanning all formations in the health sector	1.6.1 Regularly interact with stakeholders for information sharing and setting up joint projects where necessary	NDoH Partners: All HRH stakeholders	Annual workshops with variety of stakeholders

Guiding Principle 2

South Africans must enjoy a reliable supply of skilled and competent health professionals for self sufficiency

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
2.1 Ensuring regular and up-to-date projection of national and regional HR needs in line with identified priorities	2.1.1 Revisiting staffing balances and scopes of practice to ensure correct skills mix, alignment and synergy between different staffing categories at different levels of service	Provincial Departments in partnership with NDoH and Statutory Councils	Development of a mechanism by June 2006
	2.1.2 Re-evaluation of production of health professionals and ensuring that they are produced in sufficient numbers for the national health system	National Departments of Health and Education	Agreement on targets See Figure 11
	2.1.3 Develop a strategy for funding of sub-speciality categories	NDoH, Provincial Departments and Academic Institutions	
2.2 Set up mechanisms and structures for the periodic / regular projection of health worker needs and subsequent adjustment of plans	2.2.1 Development of context specific norms and standards for staffing at facilities at all levels of care – in line with other government initiatives or policies aimed at facilitating service delivery to the population – e.g. PHC package	Provincial and National Departments of Health	Development of HR databank by April 2006 to assist with accurate planning data Development of context specific norms mechanism by January 2007

Guiding Principle 3

Planning and development of human resources linked to the needs and demands of the health system must be strengthened

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
3.1 Application of HRH research knowledge to advance the health system as a whole	3.1.1 Setting up of a National HRH research agenda 3.1.2 Implementation of a comprehensive Health Human Resource Information System 3.1.3 Knowledge management to create an evidence base for planning in line with identified priorities	NDoH (HR Policy, Research & Planning) Strategic partners include Provincial Health Departments and Statutory Health Councils	Development and implementation of a comprehensive HRIS by December 2006
3.2 Alignment of training and education resources to the health system needs	3.2.1 Collective management of resources for the production of HRH to address national health demands <ul style="list-style-type: none"> ▪ Agreement on targets for production of the various cadres of health professionals ▪ Set up a high level team at DDG level between Health and Education to deal with a range of institutional planning and funding issues 	NDoH Strategic Partners: DOE Health Sciences Education Institutions	Collaboration in the sector at strategic and institutional level High level agreement by May 2006 on targets and review of production on a 3 yearly basis Establishment of a working team between NDoH and DoE by November 2005

Guiding Principle 3

Planning and development of human resources linked to the needs and demands of the health system must be strengthened

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
3.2 Alignment of training and education resources to the health system needs	3.2.2 Planning between the Department of Health and Training institutions to match needs with training 3.2.3 Integration of training and education into all levels of the health system to ensure that training platforms are structured and resourced to reflect priorities of service delivery – e.g. Development of rural training sites to ensure the integration of rural health content into curricula of health professionals 3.2.4 Implementation of a competency based framework to inform personal development plans 3.2.5 Alignment of workplace skills development resources to the needs of the health system 3.2.6 Alignment and prioritisation of study grant schemes to benefit the health system’s needs, including modification of bursary contracts to ensure pay-back that is linked to providing service in areas of need	National Department of Health (HR Policy, Research & Planning) in partnership with Provincial Departments of Health (HRD and HRM units) and Education Institutions	Review of curricula to incorporate the principles by 2008 Development of competency based framework for personal development plans by 2007 Alignment of skills development by 2007 Alignment of study grants and modification of the terms of bursary contracts for implementation by 2007

Guiding Principle 4

An optimal balance, equitable distribution and use of skilled health professionals to promote access to health resources must be developed

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
<p>4.1 Provision of human resources to render adequate, accessible and appropriate services in an equitable manner in all areas of the country</p>	<p>4.1.1 Revisit recruitment criteria for health science students to earmark students from rural and under-serviced areas</p> <ul style="list-style-type: none"> ▪ Deliberate strategy to recruit students from rural and under-serviced areas, including focusing state bursaries on students from disadvantaged areas (affirmative action approach to address capacity in rural areas) ▪ Interventions at the level of schools as part of promoting careers in health sciences – i.e. targeted preparation of students to enrol in health sciences ▪ Exploration of international experiences with recruitment schemes aimed at addressing maldistribution. 	<p>Provincial Departments of Health in partnership with NDoH (<i>Technical Committee of National Health Council</i>)</p>	<p>Development of strategy by June 2006</p> <p>Development of health sciences promotion campaigns at schools by June 2006</p>

Guiding Principle 4

An optimal balance, equitable distribution and use of skilled health professionals to promote access to health resources must be developed

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
<p>4.2 Development of incentive systems for health service provision in under-serviced areas</p>	<p>4.2.1 Addressing appropriate placement of health workers</p> <ul style="list-style-type: none"> ▪ Review of recruitment strategies to target appropriately experienced health professionals ▪ Put in place a short-term measure: a recruitment strategy to accelerate appointment of staff into vacant positions and thereby deal with the staffing crisis in public health facilities. ▪ A long-term strategy covering the following: recruitment, succession, employment equity, reward and recognition for outstanding and long-term service in a given area / province and employee relations, which is coordinated and applied consistently across the country, and does not favour any province over another. 	<p>Provincial Departments of Health and NDoH</p> <p>NDoH, DPSA, Treasury, Labour, Professional Associations</p>	<p>Assessment and improvement (where necessary) of provincial recruitment strategies on an annual basis</p>

Guiding Principle 4

An optimal balance, equitable distribution and use of skilled health professionals to promote access to health resources must be developed

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
4.2 Development of incentive systems for health service provision in under-served areas	4.2.2 Continue the development of financial and non-financial incentive schemes <ul style="list-style-type: none"> • Review staff retention policies and negotiate a package of incentives and conditions of service for professionals working in varying circumstances or situations in a more consultative manner 	Provincial Departments of Health and NDoH NDoH, DPSA, Treasury, Labour, Professional Associations	
4.3 Balancing health worker categories, align and synergise scopes of practice	4.3.1 Address placement and supervision of health professionals in community service <ul style="list-style-type: none"> ▪ Recruitment of experienced General Practitioners to provide supervision and mentorship to young doctors ▪ Strengthen support for professionals working in under-served areas, to address retention ▪ Take stock of the status of recent developments in the introduction of new, and the restructuring of existing, health worker categories. ▪ Flexible scopes of practice that allow for trans-disciplinary work and trans-disciplinary training, particularly in rural settings where there are often gaps in staff complements 	Provincial Departments of Health in partnership with National Department of Health and Statutory Health Councils	Annual review and consultation with professional associations

Guiding Principle 5

Health Workers must have the capacity and skills to render accessible, appropriate, high quality care at all levels

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
<p>5.1 Provision of initial and continuing education and training that meets the health needs of the country identified by training institutions</p>	<p>5.1.1 Assessment of training institutions' ability to offer adequate and appropriate initial and continuing education programmes (teaching capacity, enrolment capacity, managing attrition during training)</p> <p>5.1.2 Review of CPD and extend to all health professionals through discussion with relevant professional bodies</p> <p>5.1.3 Establishment of structures to facilitate joint decision-making and oversight between the Department of Health and Department of Education on matters of health professional education and training</p>	<p>NDoH Strategic partners include HWSETA, Health Statutory Councils, Professional Associations and DOE</p>	<p>Perform a baseline production capacity study by March 2006</p> <p>Annual assessment of quality of skills training</p> <p>Establishment of a high level working team by November 2005</p>

Guiding Principle 5

Health Workers must have the capacity and skills to render accessible, appropriate, high quality care at all levels

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
5.2 Provision of high quality and appropriate experiential learning	5.2.1 Identification and strengthening of sites of good practice to be developed as learning sites at all levels of the service to ensure that training is provided in an appropriate context 5.2.2 Regular monitoring of the adequacy of on-site health worker training and the strengthening of related programmes based on findings from these regular reviews.	Health Service Delivery units within the provincial Departments of Health HR Development units within the provinces	Identification of at least two learning sites per province by September 2006 Monitoring framework developed by September 2006
5.3 Establishment of skills monitoring and assessment systems	5.3.1 Strengthening of programmes and tools for continuous assessment and monitoring of existing skills levels in the health workforce 5.3.2 Improvement and decentralisation of structures for the continuous implementation of skills assessment	National and Provincial Departments of Health Strategic partners include Statutory Health Councils	Establishment of skills monitoring and assessment systems by September 2006
5.4 Promotion of life-long learning and research-based practice among all health workers	5.4.1 Development of applied research skills, which enable reflective practice and pro-active problem solving	Health Sciences Training Institutions assisted by Statutory Councils and Professional Associations	Incorporation of research methods into all undergraduate training by January 2008 Review and improvement of CPD systems

Guiding Principle 6

Work environments should be conducive to good management practice to maximise the potential for the health work force to deliver quality health services

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
6.1 Creating a culture of valuing all health workers	6.1.1 Development and implementation of cross-government initiatives that promote a healthy and safe work environment (caring for carers) 6.1.2 Development and implementation of targeted initiatives in health to promote a positive and supportive work environment 6.1.3 Putting in place balanced financial and non-financial incentives 6.1.4 Ensuring a developmental performance management system that acknowledges excellence 6.1.5 Promotion of life-long learning among all health workers	NDoH and Provincial Departments of Health Strategic partners include the DPSA, Dept of Labour, Department of Housing, Public Works and Health Workers Unions	Development of national guidelines by January 2007

Guiding Principle 6

Work environments should be conducive to good management practice to maximise the potential for the health work force to deliver quality health services

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
6.2 Adequate provision of tools or technology for professionals working within the health system to perform their duties in line with their training must be guaranteed	Procurement and maintenance of health technology necessary for health professionals to carry out their duties	Provincial Departments of Health Strategic partners include Private Health Sector bodies	Provision of basic technology appropriate for particular institution or facility
6.3 Posts that become vacant must be urgently filled	Improvement of the human resource management and decision making systems to ensure that vacancies are filled within a reasonable time period to avoid deterioration of service quality	Provincial Departments of Health and local institutions where appropriate delegations have been given	Number of vacant posts being filled within four months of such vacancy occurring

Guiding Principle 7

South Africa must strengthen its role in international health issues contributing to leadership, scientific advances and global health professions

Strategic Objectives	Activities	Leadership and Strategic partners	Outputs
7.1 Influencing global research and production	7.1.1 Actively influence the country’s HRH research agenda and facilitate funding of priority HRH research 7.1.2 Interact with international health systems on new trends in production, distribution and management of human resources for health 7.1.3 Facilitate contact between SA research and education institutions with counterparts internationally	National Department of Health Strategic Partners: Research Institutions and Provinces Collaboration with Departments of Foreign Affairs and Science & Technology	National HRH research agenda developed by January 2007 HRH research projects commissioned and recommendations from research implemented or considered

Guiding Principle 7

South Africa must strengthen its role in international health issues contributing to leadership, scientific advances and global health professions

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
7.2 Promoting cooperation between the South African Health System and other health systems regionally and internationally	7.2.1 Design MOU agreements such that they are in line with the strategic focus of the SA health system 7.2.2 Review / develop clear policies on recruitment and employment of foreign health professionals 7.2.3 Provide technical expertise and support bilateral relationships at Ministerial level	National Department of Health National Department of Health in collaboration with Departments of Foreign Affairs and Home Affairs	Internal departmental coordination of MOU's streamlined by April 2006 Mobilise technical expertise in various areas of HRH to provide support at Ministerial level in bilateral discussions / negotiations of HRH issues
7.3 Influencing and directing international aid towards the country's capacity development priorities, while allowing for innovation and development of new ideas	7.3.1 Set up donor coordination structures cascading to the provincial levels so as to ensure harmonisation of donor funding towards a common set of priorities, defined in line with the national strategic plan 7.3.2 Develop a proactive strategy framework to be used in attracting, managing and focusing donor funding towards priority capacity building programmes	NDoH Provincial DoHs Strategic Partners include International Donor Agencies and other Capacity Building Institutions and other stakeholders as identified from time to time	Donor funding strategy and framework to be in place by February 2006

Guiding Principle 7

South Africa must strengthen its role in international health issues contributing to leadership, scientific advances and global health professions

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
7.4 Exerting influence through advocacy in international forums	7.4.1 Strategic placement of South Africans in influential positions within the multi-lateral organisations (primary appointments or secondments)	NDoH in partnership with Department of Foreign Affairs	
7.5 Understanding and influencing global HRH market trends	7.5.1 Development of expertise to analyse market trends, policy and research trends in HRH	NDoH (HR Policy, Research and Planning)	Re-alignment of functions of the HR Branch and recruitment of necessary expertise by January 2006
7.6 Development and implementation of human resource strategies that contribute to the transformation of the South African health system	7.6.1 Development of a programme to promote entry of aspirant young black graduates to academia 7.6.2 Recruitment of women professionals to enter specialist training programmes	Institutions of Higher Learning, bodies like Colleges of Medicine of SA, Medical Research Council and NDoH Universities and Provincial Departments of Health	Establishment of the programme by January 2007 10% increase in number of female professionals enrolling for specialist training by 2008

Guiding Principle 8

South Africa's contribution in the short to medium term to the global health market must be managed in such a way that it contributes to the skills development of health professionals

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
8.1 Optimisation of the bilateral agreements that South Africa enters into with various countries	8.1.1 Establishing mechanisms to manage the HR aspects of the Memoranda of Understanding 8.1.2 Entering into agreements for possible placement of South Africans in institutions that will enable them to acquire new skills	NDoH in collaboration with Department of Foreign Affairs	Development of a framework at national level by May 2006 Explore possibility with WHO by September 2006
8.2 Promotion of academic exchanges between health sciences education and training institutions within developing countries	8.2.1 Collaboration between the NDoH and higher education institutions in setting up links with relevant institutions in the developing world 8.2.2 Promotion of sabbaticals as part of Memoranda of Understanding	National Department of Health and Health Sciences Institutions of Higher Learning	Memorandum of Agreement between NDoH and Health Sciences Institutions of Higher Learning

Guiding Principle 9

Mobilisation of funding to ensure successful implementation of the national HRH Plan

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
9.1 Appropriate funding of provincial initiatives to develop and implement HRH plans	9.1.2 Improvement of HR structures to enable implementation and management of the HRH plan	Provincial Departments of Health, DPSA	Review of HR structures at provincial level
	9.1.2 Development of HRH plans at district levels	Provincial Departments of Health	Development of district HRH plans (50% by July 2008)
9.2 Appropriate HR Information Systems to enable good planning	9.2.1 Development of HR Information Systems at provincial level	Provincial Departments of Health and National Department of Health	Functional HR Information Systems in selected sites in all provinces by December 2007
9.3 Active contribution of the private health sector in HRH production	9.3.1 Funding of training especially in scarce skills areas by private health sector based on national and provincial HRH plans	Private health sector representative organisations and Provincial Departments of Health	Agreement on targets for selected areas in terms of the Health Sector Charter and HRH Plans by November 2006

Guiding Principle 10

The Department of Health must ensure that it has the technical expertise necessary to lead health workforce planning

Strategic Objectives	Activities	Leadership and Strategic Partners	Outputs
10.1 Possession of high expertise through acquiring of sound technical skills to plan, research and manage health workforce planning	10.1.1 Recruitment of professionals with deep knowledge and expertise in health workforce planning at a national and provincial levels	National Department of Health in partnership with provinces	Development of a recruitment strategy by July 2006
10.2 Interaction through collaboration with other countries that engage in workforce planning	10.2.1 Networking and setting up of joint learning programmes with other countries that have experience in workforce planning	National Department of Health	Development of a strategy in line with the strategy on management of MOU's by April 2006
10.3 Development of internal expertise through promotion of research in human resources for health	10.3.1 Engaging in research relating to all aspects of the health human resource field	National Department of Health assisted by the Provincial Departments and Health Sciences Education Institutions	Re-alignment of the HR branch at national level to develop capacity for HR policy, research and planning by December 2005 Setting up ad-hoc projects on HRH research with institutions

CHAPTER 5

PRIORITY AREAS FOR IMPLEMENTATION

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5.1. HUMAN RESOURCE PRODUCTION

South Africa has experienced varying shortages, some serious, in the number of health professionals available for the delivery of health services, specifically in the public health sector. The causes are multiple and can be regarded as being of a supply and demand nature. The national human resource plan therefore must address these issues by means of strategies, which are specifically designed to create a balance in supply and demand over the long term.

5.1.1 TARGET FOR HUMAN RESOURCES FOR HEALTH PRODUCTION

Determining targets for training must be based on the capacity of health sciences education and training institutions to produce the required numbers. Treasury has made provision for an increase of 30 000 people in the total health workforce during the next five years. This total target is a working baseline that should be managed and modified by reliable data, obtained from studies indicating both projected production and replacement numbers needed by the health system.

As the national health system grapples with a number of service delivery challenges, it is essential that planning takes a long-term view in correcting some of these challenges, especially the production of health professionals. This is also necessitated by the fact that training periods are relatively long, averaging 4 years but increasing to an average of 10 to 15 years when specialist medical training is considered.

Although production pressures exist across many professional categories, it may not be possible to address these equally at once. Certain arguments and factors apply to all the health professions whilst others are specific to a category, e.g. the need to promote development of academia in the health sciences and the need to develop a countrywide strategy regarding nursing.

The tables in the following pages give an indication of the kinds of targets for production of health professionals, which should be achieved by the health sciences education and training institutions. These targets have been developed using as guidance the current vacancies in the public health sector, the current outputs at education institutions and the potential outputs by institutions. Although in all the categories a number of academic leaders have been canvassed for their opinions, the Department of Health will soon commission a study to determine what resources will be needed for the country to produce these targets and whether institutions are capable of increasing the production to these levels. The improvement in conditions of service and remuneration will greatly assist in retaining health professionals in the public health sector and within the health sector generally.

<i>Professional / Mid-Level Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Clinical Psychologists	5 Years (incl. postgraduate)	University	75	150 by 2009
<i>This doubling in production takes into consideration the challenges faced by the public health services needing the skills of this profession.</i>				
Dental Practitioners	5 Years	University	200	Reduce to 120 by 2008
<i>Maintaining current production levels is adequate for servicing both the public and private sectors. The focus has to fall on improving conditions of service and aggressively recruiting dentists back to the public health sector.</i>				
Dental Therapists	3 Years	University	25	Increase to 600 by 2009
<i>Dental therapists are critical to provision of PHC (oral health). Current production levels must be increased and training must occur at every dental school. Posts are available in adequate numbers but career mobility must be improved in the public health sector.</i>				
Dental Technicians	2 Years	Technikon	198	Maintain current levels
<i>This is a technical area and the numbers produced are adequate to provide services in the health sector.</i>				
Dental Assistants	1 year	Technikon	-	300 by 2008
Oral Hygienists	3 Years	University	70	150 by 2009
EMS Practitioners	3 years	Technikon	*	1000 by 2009
<i>Massive production is advocated due to severe stresses in the system currently and the demand to provide emergency medical services in 2010. A partnership for accelerated production, which must include upgrading current staff by EMS Advanced Support, must be entered into with the private health sector groups that have experience in training emergency medical personnel.</i>				

<i>Professional / Mid-Level Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Environmental Health Practitioners	3 Years	Technikon	558	Maintain current levels
<i>No increase is mooted here due to serious challenges in the provision of posts and the transfer of environmental health services to the local sphere of government. This situation must be reviewed in 2008.</i>				
Medical Practitioner	5 to 6 years	University	1200	2400 by 2014
<i>Significant shortages and extreme mobility of medical doctors necessitate that production is increased. This production must also feed into specialist training, especially targeting black health professionals</i>				
Medical Assistant	3 years	Proposed at university	-	Initial group of 100 by 2009
<i>This new cadre will have an impact on health service provision over a number of years if produced in relatively large numbers. It is envisaged that training will commence in 2007 at university level as a mid-level worker category for medicine.</i>				
Medical Specialists	Average of 5 years	University	**	**
<i>There is a large variety of specialisations in medicine with each category experiencing a decline in the numbers trained. The training targets will be decided upon after detailed discussion with provinces, universities and the Education Department</i>				
Medical Technicians	3 Years	Technikon	*	
Medical Physicists	4 Years	University	8	80 by 2010
<i>The vacancy rate is high in this category, which is now an area of scarcity. Production has to outstrip current levels due to the need to ensure better management of health technology</i>				
#Professional Nurses	4 Years	University, Technikon & College	1896	3000 by 2011
<i>Current production levels are relatively low taking into consideration the health service needs, especially at PHC level. Massive production is strongly indicated in this area, also in order to assist in countering the impact of migration.</i>				
#Nursing Assistants	2 Years	College of Nursing and Private Nursing Schools	7368	10 000 by 2008
<i>This category in terms of the revised scopes of nursing must be trained in large numbers to enable appropriate deployment and placement of nursing professionals in general. This must also be in terms of the revised qualifications framework for nursing.</i>				

<i>Professional Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Nutritionists / Dieticians	4 Years	University	150	250 by 2010
<i>An increase in this category is strongly indicated in line with the policies of the Department of Health regarding focus on nutrition</i>				
Occupational Therapists	4 Years	University	330	Maintain levels
<i>Review in 2010.</i>				
Optometrists	4 Years	University, Technikon	*	100 by 2010
Pharmacy	4 Years	University	400	600 by 2010
<i>Production in this category must increase, taking in to consideration high mobility and the need to ensure a good supply for specialisation, e.g. in biotechnology, to improve local pharmaceutical innovation capacity</i>				
Pharmacy Assistants	1 Year	University	*	900 by 2008
<i>There is an absolute need for increased production in this category.</i>				
Physiotherapists	4 Years	University	428	500 by 2010
<i>A marginal increase to cater for a constant supply.</i>				
Physiotherapy Assistants	Training stopped	University	-	Targets to be determined
<i>Training of this category must resume but be located at FET sector level.</i>				
Psychologists	4 Years	University	*	*
Psychology Assistants	Not started	University	*	*
<i>Training of this category must commence but be located at FET sector level.</i>				
Radiographers	4 Years	University/Technikon	414	600 by 2010
<i>An increase is proposed to cater for increased service needs in the public health sector</i>				
Speech Therapists and Audiologists	4 Years	University	311	500 by 2010
<i>There is a great need for increased production, for more black people to be trained and for the positioning of training to meet the needs of indigenous cultures. Critical to this is services that must be rendered at community level, and particularly at schools in rural areas.</i>				

Table 11: Duration & Location of Training

**Proposed increases in annual production will depend on the results of the study into the Production Capacity of Health Science Institutions.
The review of nursing qualifications is being finalised and discussed between the National Departments of Health and Education, the SA Qualifications Authority and the SA Nursing Council. Categories of nursing will then be finalised in terms of the revised scopes of practice followed by the streamlined qualifications framework.

Note: Some of the targets appear high – it should be taken into consideration that these production numbers must cater for the mobility of health professionals to and from the private health sector, migration overseas and other natural attrition factors.

A firm proposal will shortly be made concerning the annual increase in the numbers of staff being trained in each category. This proposal will be informed by the results of the work currently being done in determining the capacity of education and training institutions to produce increased numbers of health professionals. It was absolutely necessary to do a baseline production capacity study in order to prevent planning which is based on unsustainable projections or attempts to match international standards, which the country may not be able to afford in terms of the resources required.

5.1.2 Health Professions Training And Development Grant

In addition to the funding mentioned above there is another mechanism for financing health sciences education and training which is confined mainly to universities: it takes the form of the Health Professions Training and Development Grant and the National Tertiary Services Grant. The former is supposed to concentrate on the training of health professionals whilst the latter is intended to focus on tertiary services, thus assisting in the training of specialists. Confusion has reigned for some time about who is really responsible for and therefore takes accountability for these grants, especially the former. Part of the problem is that this grant operates without any firm policy framework and therefore its application is subject to varying interpretations, depending on the interests of the interpreter.

It is important to re-define the concepts that are embodied in the terminology of the HPTDG and draw the necessary inferences. This will help to indicate very clearly the function/s the grant must fulfil. The concept of health sciences training at an institution of higher learning naturally relates to a mixture of knowledge transfer and developing the specific technical skills that are inherent to a particular category of health professional. The concept of development has most recently been utilised in the context of enhancing or improving one's skills rather than acquiring them from a "zero" base. To avoid confusion, it is therefore best to limit the use of this term in the health education and training context to enhancement. Hence the term here applies to those activities in which professionals rather than students engage, so as to enhance the already acquired skills.

In contrast to this is the notion of training, which relates to the acquiring of knowledge and skills moving from a zero base and leading towards the qualification conferred by the institution at the end of the training period. In relation to the HPTDG this denotes a more concise and clearer understanding of what the grant should stand for. It should be for use in the training of health sciences students where a great need is identified. The development aspect must be funded through the Skills Development Fund, towards which all employing agencies contribute. Provincial Departments of Health must utilise this fund to assist their health workforce to participate in Continuing Professional Development activities, specifically those that seek to improve their skills base whilst they are in active employment.

The grant should therefore be termed the Health Professions Training Grant and serve the purpose of funding undergraduate education and training. In considering the scope of application of this grant other factors need special attention.

The *first* is that the grant is linked to higher education institutions, which means a bias towards the training of those health professions that are university based, and therefore excludes those who are educated and trained at FET institutions. This tends to negate the foundation of the existence of the grant – to fund areas of the health professions in short supply. This issue must be addressed in the policy framework governing the grant so that it is structured to benefit all health professions, with the difference being the variance that will occur as its focus shifts, in terms of the supply and demand balance.

The *second* area of attention is the extent to which the grant funds service provision, which is intimately linked to training. Exposure to service delivery during training is an important and integral part of South African training of health professionals. The service delivery platform is rapidly expanding with the strengthening of Primary Health Care and an increasing need by institutions to offer students exposure and practical training at this level. A similar challenge exists with the National Tertiary Services Grant in the case where an academic institution requires a registrar (specialist in training) to gain exposure to conditions in rural areas as a condition of fulfilling the training requirements before qualifying as a specialist. The service platform is therefore increasingly becoming an important element of the teaching platform.

The *third* area of attention comprises seeking consensus with all stakeholders as to what criteria will be used to determine the shifting of focus. The improvement in the quality of data by means of the implementation of a national Human Resource Databank and by achieving the targets for training identified in the final National HRH Plan will assist in developing such criteria.

The National Department of Health, through its HR Policy, Research and Planning division, will manage this grant. This unit is structured in such a way that it acts as a major link with the Department of Education and education institutions. This will assist in achieving equitable distribution across the provinces and institutions. By May 2006 a revised policy framework governing this grant will have been finalised by this division, for implementation at the beginning of 2007.

The policy framework will consist of the following principles amongst others:

- The grant is for the funding of education and training
- The grant complements the subsidies provided by the National Department of Education at education and training institutions
- The grant is made available to all health sciences education and training institutions, including FET institutions
- The grant allocation is made available based on the fulfilment of certain criteria
- Access to the grant is through application to the National Department of Health
- A team comprising representatives of the National Department of Health, the National Department of Education and the Technical Committee of the National Health Council carries out the adjudication (a process similar to that of the Cabinet Budget Council)
- In doing so the grant is linked to the long-term strategic human resource priorities in the health sector
- The grant takes into consideration all the factors that impact on the teaching of students
- Research conducted by academics is not funded through this grant but must have a separate pipeline, and therefore a clear set of rules governing its conduct and outputs that go towards assisting the training of health professionals where applicable
- The monitoring of the grant's performance shall be in terms of the M & E system established for the National HRH Plan

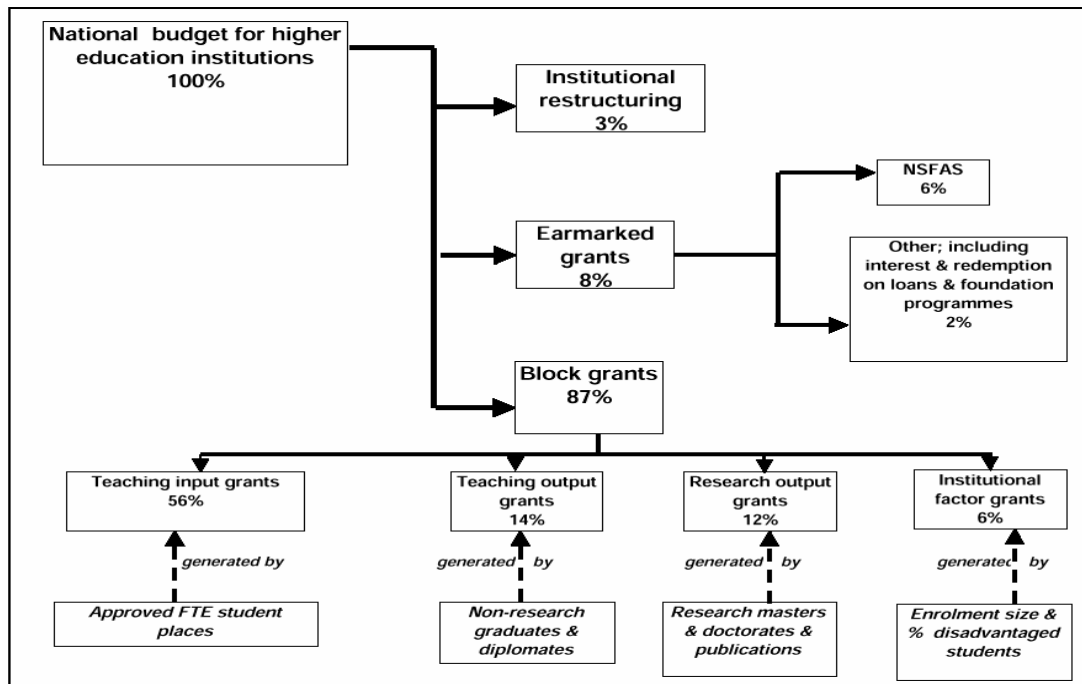
Mechanisms must be put in place to enable the country to meet its health needs in various forms, with an emphasis both on quantity and quality.

The attempt of the country to produce enough professionals for self-sufficiency will succeed if the minimum resources required are made available. Essential here will be the ability of education and training institutions to share those resources and produce graduates whilst maintaining the competitive spirit that exists in academia. The value added by each institution generally should be the factor, which attracts prospective students to it.

5.1.3 Funding Of Health Sciences Education And Training

The issue of funding health sciences education is a major subject of discussion and concern in academic circles and amongst health systems planners. This is largely due to the challenges regarding the production and provision of health professionals. In terms of the Constitution of the Republic of South Africa the National Department of Education is the custodian of all educational activities carried out in the public and private education institutions. Health sciences education and training is complicated, mainly because the issues of funding a mixture of teaching, service and research are the responsibility of two departments – Health and Education. This combination of activities has served the country very well over many years by ensuring the production of good quality health professionals that are able to fit into any health system all over the world. It is for this and many other reasons that the quality of health sciences education and training must never be compromised.

However, it is equally important to make sure that education and training institutions, especially at the level of higher education, adapt to the challenges facing the broader education sector in the country. Several calls have been made for health sciences education to be better funded. The National Department of Health is in agreement with this, but it is essential that the current financing of health professional development is restructured and managed better than in past years. Education and training in this sector is funded in various ways. Government carries, through the National Department of Education, the main burden of financing education and training. This is overwhelmingly the case in health as the cost of training health professionals is the greatest, especially at university level. The diagram below indicates how the national budget for higher education institutions is divided between various grants that are distributed to universities (DoE, February 2004).



Division of government budget between grant categories: 2004/05 to 2006/07

[Source: National Department of Education – A New Funding Framework, Feb. 2004]

A major challenge at universities is the distribution of funding to various professional categories in order to ensure that this serves to fulfil the demand side of the equation. Linked to this challenge is the issue of the capping of student numbers at tertiary institutions, as the policy demands that the institution take a conscious decision on where to make the investment; that is, create an internal balance in student allocation. Health sciences would obviously argue for increased investment in their area, as would any other faculty. An area, which is vital to expanding the country's capacity, is the training of scientists in universities and through bodies like the Medical Research Council in order to ensure that black health professionals also develop their careers in such fields. This should be funded adequately. The strategic plans of such bodies as the Medical Research Council; the National Health Laboratory Services etc must therefore be in line with and clearly incorporate such responsibilities. The current mechanism available to the Department of Health for investing in the training of health professionals comprises mainly the Health Professions Training and Development grant, discussed below.

5.1.4 Training of Specialists

Health care is driven by innovations in health interventions, be these through preventive or curative approaches. The health professions are vital to these innovations as almost all professions traditionally take the responsibility for improving the quality of the interventions that are associated with their scope of work. In the case of professional categories like nursing, pharmacy, medicine, psychology etc, specialisation is a key factor of innovative research to improve health outcomes.

A high level of specialisation traditionally drives academic development. This is certainly true of many health sciences professions, which tend to draw potential teachers from within their own ranks. The tradition in South Africa is that academics

exist within the public health sector, as the major academic hospitals fall within this sector. A consequence of this is that academics are required to fulfil three functions: *teaching, service and research*. However research work tends to be neglected due to under-funding, and struggles to attract young entrants, probably due to the lack of instruction at undergraduate level. A number of leaders at academic institutions are now reporting falling numbers of academics and scientists. This calls for urgent action, as this cadre is essential to the country's production capacity.

It is therefore important for the country to set targets for production of these highly skilled professionals. It is also at this level that serious challenges of transformation are currently being experienced. Transformation of the health system therefore cannot be completed without ensuring that the specialist and scientist ranks of health professionals reflect the demographics of the country. This forms a major part of work that still needs to be thoroughly reflected upon and targets for training determined. *Integral to this is the work that has already been done in determining the investment needed to develop and maintain services at a tertiary level to keep specialists in the public health sector. The work done on the modernisation of tertiary services is therefore integral to human resource development for the health sector.*

5.1.5 Health Sciences Academic Development

The National Department of Health and the Educational Institutions share the common goal of producing well educated, appropriately trained health professionals who will meet the needs of our nation and who, with further training, are equipped to provide all types and levels of service to both rural and urban South Africans. There is common cause that the clinical education of health professionals should provide students with skills, as well as the knowledge and attitudes that will allow them to care for patients under supervision upon graduation but independently after their internship period.

Graduates should be particularly skilled in the prevention, diagnosis, management and rehabilitation of conditions commonly encountered in South Africa. A primary health care approach should underpin training, which should occur at primary, secondary and tertiary health care facilities. A portion of graduates should be trained as specialists and sub-specialists in order to ensure an adequate supply of this category of health professionals. A further portion of graduates should be trained as researchers who will ensure that we continue to advance innovation in healthcare. Another portion should be trained for careers as health science teachers so that the future supply of all categories of health professionals is ensured. While there is considerable goodwill all round there is debate on such basic areas as the number of graduates required, the curriculum, length of training, the nature of academic complexes and how these should be funded and most important the need to speed up the transformation of health professionals so that they resemble the national profile. Without a focused programme to promote academic development in the health sciences, it will be almost impossible to achieve the objectives mentioned above.

Developing national capacity in health to deal with the demands of the health system is therefore an integral part of the role of academia, focusing mainly on human resource supply and demand, which constitutes a major area of the current work in

human resource planning. Attracting and retaining academics in the public health sector is vital to a successful health professions production strategy.

The academy needs to acknowledge that it is not immune to societal and global changes. Global competition for well-trained academic staff is on the rise, resulting in many South Africans being offered lucrative positions in overseas countries. The academic landscape has also changed as a result of the mergers between institutions of higher learning, whose impact is still to be fully experienced. The gaps in earnings between the public and private health sectors have also led to an internal academic brain drain – losing experienced senior consultants and academics to the private health sector. This loss has already been felt in professions like nursing and medicine.

It is critical that the Department of Health faces these challenges on a partnership basis with academic institutions, the Department of Education and the National Treasury. There is a need to develop appropriate long-term strategies and to attend to the divisions and issues of inequity. There is also a need to create work environments that are conducive for the academy to thrive.

Establishment of a Health Sciences Academic Development Programme, spearheaded at national level and implemented at institutional level is critical, basically focusing on the following areas:

- Development of health science educators
- Measures to recruit and increase the pool of health science academics where necessary
- Transformation of health science education and training specifically at academic leadership level and entry to specialisation
- Specialised programmes to promote research work at postgraduate level
- Immediate focus on retention of academics in the public health sector

This programme will include all health science professional categories, to ensure equity in managing the development of good quality academia in the health sciences. The National Department of Health is therefore developing a strategy document to initiate discourse by May 2006. The involvement of stakeholders like the Department of Education, HPCSA, MRC, the Colleges of Medicine of South Africa and the Universities is central to the success of this envisaged programme.

5.1.6 Nursing Strategy For South Africa

South African nursing has increasingly been described as experiencing a serious crisis. Several national conferences and workshops, starting with a Summit on Nursing in 2001, have concentrated on analysing the challenges and seeking solutions to an ‘impending’ crisis. A number of research papers have been published; however little change has occurred in the decline in the situation of nursing. This has to a large extent been manifested in the reported decline in nursing care and generally compounding the decline in the quality of health care in some public health facilities.

It should however be acknowledged that health outcomes are heavily dependent on many factors that impact on the health workforce, nursing being the largest category that endures such factors as the perceived low value placed on professionals, big

workloads, access to personal development programmes, job security etc. It is therefore important to take note that a national strategy specific to nursing is necessary and must be developed.

This strategy is aimed at addressing, as issues of priority, the challenges faced by the nursing profession and nursing services identifying areas of focus, in order to ensure the non-recurrence of the current problems. As the strategy is undergoing development and consensus is being sought with major partners, like the SA Nursing Council and the nursing professional associations, the following matters are urgently being attended to:

- Improved remuneration of nurses
- Improved conditions of service
- Increased production
- Review of nursing qualifications
- Review of scopes of practice

As with the Health Sciences Academic Development Programme, the National Department of Health is developing a strategy discussion document in order to initiate discourse by May 2006.

5.2 HUMAN RESOURCE DEVELOPMENT

The objective of Human Resource Development is to provide programmes, which orientate, train, and develop employees by improving the skills, knowledge, abilities and competencies necessary for individual and organisational efficiency. These include productivity as well as personal career growth. While career development and the acquisition of job skills after employment are the joint responsibility of the employee and the employing unit, the Department is obligated to provide a programme of training and development which improves organisational effectiveness and productivity by enhancing the skills, knowledge, abilities, and competencies brought to the position by the employee and which are necessary for work-related success, individual growth, and career development. Human Resource Development units in all the provinces must provide such programmes and make every effort to balance the needs of the individual and the needs, goals and objectives of the Department of Health.

In helping the Department fulfil its goals of providing good services, HR Development units are committed to delivering high quality training programmes designed to promote personal, professional and organisational development.

To entrench this culture, the National Department of Health is spearheading the harmonisation of development training programmes. This means developing or improving expertise in areas such as Organisational Development, Executive Development, and Skills Development. Such programmes will assist in enriching the capabilities of individuals and work teams while improving organisational systems and processes.

Because the quality of health service delivery depends to a large extent on the availability of qualified personnel and their performance, enabled by the availability

of sufficient equipment, drugs and other facilities, it is most important that employees are well qualified to manage these factors. Health managers can influence the performance of personnel in various ways; this matter requires carefully formulated and implemented Human Resources Development policies, developed in consultation with stakeholders. The knowledge and skills of the health managers, needed to perform human resource development tasks, will therefore be developed with a view to setting minimum national standards.

Building people management skills is an area of focus for the output of human resource development programmes. The average amount spent on human resources comprises about 65% of the health annual budgets. People management skills for managers will therefore be honed over an accelerated period of time to benefit patient care and the health workforce, in line with Batho Pele principles.

Well-planned workforce management improves efficiency by means of a culture that supports and develops the organisation's staff, allowing the health workforce to share in the organisation's objectives. Highly qualified, motivated staff comprises the heart of any high-quality health system and this has been well illustrated by many efforts, which have nevertheless failed to generate the intended benefits in spite of significant investments in infrastructure and procedures.

Training programmes for senior managers and all supervisors in the health sector, which inculcate both technical and managerial competencies, are crucial to improving the quality of the health system.

The Department of Health at both national and provincial level will support training at facilities in the health sector by means of capacity building measures, such as curriculum design programmes, or measures regarding the introduction of modern methods of instruction and teaching materials.

5.3 HUMAN RESOURCE MANAGEMENT

Human resource management is an area of major focus for the public health sector. Many health professionals resigning from this sector often cite the poor quality of people skills in managers as another leading negative factor.

A conference of hospital Chief Executive Officers held in October 2005 highlighted a number of challenges faced by the management cadre. Issues of professional development in line with the ideal of a caring public service also came into focus. It is important that human resource management is broadened and deepened specifically at facility level, as it is at this level that intensive face-to-face contact occurs between the health workforce and the employing organisation.

Human resource management functions must be well planned and properly aligned between the national and provincial levels. This point also pertains to the need for approaches to be harmonised between provinces and health facilities. Of major importance at provincial and local facilities are the following areas:

- Harmonising management processes
- Skills development of human resource practitioners

- The designing of a performance management and development system
- Human resource administration
- Talent development and career guidance
- Information and knowledge management
- HR policy interpretation and implementation (at provincial level)
- Participation in provincially or nationally initiated HR research

At national level it is important, in addition to the above, that emphasis is accorded to providing leadership regarding human resource management in the health sector. This involves strategy development and alignment, inter-provincial harmonisation of HR policy interpretation and the development of HR management standards in line with the principles embodied in the Public Service Act.

5.3.1 Policy on Recruitment of Foreign Health Professionals

Central to the management of the national health workforce is the role being played by the foreign health professionals. These professionals, mainly medical doctors, are recruited to provide health services, which are located mostly in rural areas. The national department will review the policy in this regard.

This policy will basically encompass the following principles:

- i. International recruitment shall preferably be done in terms of a government-to-government agreement
- ii. No active recruitment for permanent employment in South Africa will be directed at other developing countries in the African region
- iii. Exchange or placement for education and training purposes shall be allowed but restricted so as not to disadvantage South Africans
- iv. The total foreign workforce shall not at any stage exceed 5% of the total health workforce in each health professional category, taken on a broad basis: as an example, using doctors for illustrative purposes, this will apply to the total medical force as a collective entity and not each speciality taken on its own
- v. Employment contracts offered to foreign health professionals shall not be longer than three (3) years
- vi. Employment contracts shall be with the respective provinces and not the health facility, but the responsibility to manage the situation shall be delegated to the relevant health facility
- vii. Employment contracts shall be non-renewable in line with existing policy
- viii. The Statutory Health Professional Councils shall play a major role in the assessment of academic training programmes at the institutions of countries that offer health professionals to South Africa
- ix. The Department of Home Affairs at national level shall be an active partner to ensure that work permits are issued timeously to successful candidates
- x. Provincial Departments of Health shall engage in recruiting foreign health professionals through the National Department of Health
- xi. In cases where a Government-to-Government Agreement or Memorandum of Understanding does not exist and the foreign health

professional possesses skills that are urgently needed, an application for support regarding employment shall be referred for consideration to the National Department of Health

As is the case currently, foreign health professionals who do not enjoy permanent resident status shall not be permitted to enter private practice, in whatever health professional category.

5.4 IMPLEMENTATION OF THE HRH PLAN

Implementation of this national human resource plan is essential to the success of the national health priorities. Almost all stakeholders that participated and those that may not have participated in the consultation process, for whatever reason, have a major role to play in this implementation. The stakeholders fall into one or more of the following groups.

- National Department of Health
- Provincial Departments of Health
- Health Sciences Higher Education Institutions
- Statutory Health Professional Councils
- Health divisions of Local Government
- Private sector organisations

It is, however, not the intention of the National Department to allocate responsibilities and determine who will implement which aspect of this plan. As indicated in the executive summary this plan acts as a guide to all stakeholders, with the intention of influencing their operations in the human resource field, while also constituting a major reference resource concerning specific activities that the national Department of Health undertakes to implement. All key stakeholders are therefore responsible for the implementation of the human resource plan and must ensure that they develop the appropriate capacity. The National Department of Health will lead the process of developing a Framework for Workforce Planning to guide all stakeholders in the planning process at a technical level.

5.4.1 Guide for Implementation of the HRH Plan

This plan is organised into several chapters, the first three comprising mainly framing sections. Chapter 4 is organised in such a way that it provides guidance regarding what is planned and therefore what the expected areas of activity are. Stakeholders are expected to use this plan in the following manner:

Steps	Application
Step 1	Read the whole document in line with the National Health Act, National Health Strategic Priorities, Public Service Act
Step 2	Identify major principles that relate to your organisation's sphere of operation
Step 3	Identify activities associated with the said principle/s
Step 4	Identify which body or organisation is identified as the strategic leader under the strategic objective area under the said principle
Step 5	Take note of the performance indicators identified
Step 6	Initiate discussions with the strategic leader of that area
Step 7	Together with the strategic leader, review the activities and performance indicators with a view to finding ways of implementing the activities
Step 8	Together with the strategic leader and other strategic partners, discuss the issue of the resources necessary to successfully implement the plan
Step 9	Apply principles contained in this plan to model your own HR plan around the strategic objectives identified in Chapter 4
Step 10	Link activities with aspects of planning or action in Chapter 5

5.4.2 Action Strategy Plan

It is realised that an HR Plan is a medium to long-term activity and that a short-term programme for the first phase of implementation should be developed. The following action strategy plan identifies those areas for immediate action, as a prelude to the full implementation of the National Human Resource Plan once it has been adopted.

Strategy	Action	Anticipated result/impact	Duration of Action	Resources required
2006/07				
Improving HR Production	Review capacity of health education and training institutions	Baseline national capacity	January to February 2006	Funding by National Health
	Promote health sciences as careers of choice to students	Improved demand for admission	Start promotion by 2006	Funding for national campaign
	Mobilise resources to fund the medical assistant programme	Accelerate start of training	Finalise funding by Feb. 2006	National funding
	Increase production of Community Health Workers	Increase, at PHC level, of numbers of CHW's	Commence in 2006	Funded as part of EPWP
	Finalisation of the review of the nursing qualifications	Improvement in quality of nursing education	Finalise by February 2006	-
	2006/07			
Improving HR supply	Develop a short-term strategy to address the high vacancy rates	Improve staff establishments	Provinces to finalise by August 2006	Internal provincial resources
	Remove obstacles to nurses rejoining public health service	Increase in number of nurses rejoining public service	Resolution by NDoH and DPSA by April 2006	-
	Increase the total number of health personnel by 30 000	Improved baseline supply of the health workforce	5 years	Allocation from Treasury to provinces

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Improve work-life experience of health workers	Develop new remuneration structure for health professionals	Marked improvement in salaries of health professionals	Finalise by early 2006	NDoH, Treasury and DPSA
	2006 - 2009			
	Improve physical environments at health facilities	Better accommodation & recreational facilities	Ongoing	Allocation by provinces

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Strengthen National Human Resource Databank	Develop a national human resource databank	Up-to-date HR data for the purpose of HR Information Management Identify gaps in planning	Start implementation at national level by February 2006	Funding for software and hardware
	2006/07			
	Roll out implementation to selected areas in provinces	Linkage of provinces and selected, readied facilities	Cover all provinces by December 2007	Hardware and bandwidth

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Improve Management Training	Training of middle and senior managers	Improved quality of managers	Commence nationally based training by May 2006	National Department of Health to provide seed funding
	Training of HR Practitioners	Improved application of HR policies	Commence nationally based training by April 2006	

5.4.3 Developing HRH Performance Indicators

A major exercise to follow the adoption of this HRH Plan will be the development of HR performance indicators. This is a complex project that is absolutely necessary for the health system but needs good systematic management of the organisational culture and workforce challenges, and must remain relevant for the health system at all levels. This indicator system, once developed to reliability, will be essential for guiding managers mainly at local health facilities to record, compare and even monitor their own performance. Using HR indicators at district health level as a mechanism to make performance comparisons (using the same indicators, whose data is collected and interpreted using the same format) will assist in developing suitable norms or standards of performance. Development of a national human resource databank is thus a vital cornerstone in the establishment of a human resource performance indicator system. Generally, all levels of the health system will be able to use the indicators and information yielded as indicated in the table below.

Management Level	Purposes
District Health Level	<ul style="list-style-type: none"> • Comparisons of HR performance with that of other districts; learning from the experience of other managers • General understanding of HR management issues and general management development • Providing purpose for the management of HR in the system through the collection of HR data • Monitoring changes over time in HR issues within the district • Negotiation with the province for additional or different HR resources • Allocation of resources to specific HR projects
Provincial Level	<ul style="list-style-type: none"> • Review of performance of districts across the province • Indication of where provincial or regional action may be required in terms of management development or wider HR development issues • Use for negotiations with districts over use of HR resources • Provincial HR policy setting and resource allocation
National Level	<ul style="list-style-type: none"> • National review of HR in health services • National HR policy -setting and resource allocation

Potential Management uses of HR Indicators at Different Levels of the Health System
Adapted from WHO

5.4.4 Monitoring Implementation And Impact Of The Plan

Assessing the performance of the national human resource plan cannot be done outside the broader assessment of the national health system. It is therefore linked with the broader performance of the national health system simply because health service delivery relies very heavily on not only the number of personnel but also on how skilled, competent, distributed and well managed its human resources are. The quality of health services, the financing and overall organisation of the health system have as much an impact on human resources as they do on the system's performance. Human capital is therefore a major resource for the health system that must always be monitored in its various formations.

Assessment of this National Human Resource Plan will go beyond the counting of numbers. It is therefore necessary to consider all other factors in monitoring and ultimately evaluating the effectiveness and impact of the plan on the whole health system and its performance. The performance indicators selected for this national plan will need to be streamlined and refined over time to ensure their appropriateness at provincial and district level.

Overall HRH Plan Indicators

Input indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number provinces and health districts with functional HRH Plans	3 yearly
	Structured active health management development courses	3 yearly
	Number of educators and researchers under 35 years of age by education and research institutions over the next 5 years	Yearly
	Number of health professionals entering public health service	Yearly

Output indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number of health professionals graduating yearly	Annual
<i>Provincial Level</i>		
	Number health professionals retained in the public health service for at 5 years	Annual
	Number of graduates entering service by age, gender, ethnic back ground	3 yearly

Impact indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number of health professionals leaving the country as a proportion of the total employed in the health system	Annual
	<i>Provincial Level</i>	
	Number of facilities at district level employing full package of health services	3 yearly
	Percentage of health managers receiving high scores in their performance appraisals	3 yearly

Some Data Sources and Reference documents for Use in Monitoring the National Human Resources for Health Plan

- ✓ National Human Resource Databank – National Department of Health
- ✓ District Health Information System
- ✓ Annual Statistical Records On Disciplinary Cases – Health Professional Statutory Councils
- ✓ National Department of Education – Higher Education and Further Education & Training
- ✓ Department of Labour – Employment Statistics
- ✓ Census Records - Statistics South Africa
- ✓ Fiscal Review Reports – National Treasury
- ✓ Documents of World Health Organisation considered for HRH Planning

CONCLUSION:

In order for the plan to be up to date in addressing the HRH challenges faced by the country, stakeholder participation in utilising this plan as a national guideline is strongly advised and encouraged. As far as setting targets for training is concerned the results of the Production Capacity Review will be incorporated into the final plan prior to its release. Any delay in the release of the first draft of the National HRH Plan is therefore not warranted. Proper planning is essential in addressing the relevant issues. There is therefore an absolute need for the health system to possess credible data and information on human resources for health, spanning both the public and private health sectors. The gulf between the public and private health sectors needs to be reduced and the HRH plan must be geared towards the attainment of national goals. The National Human Resource Databank being established at national level should be utilised to assist proper planning, development and management of the country's human capital assets. Access to data by the private health sector will certainly be facilitated.
