

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.

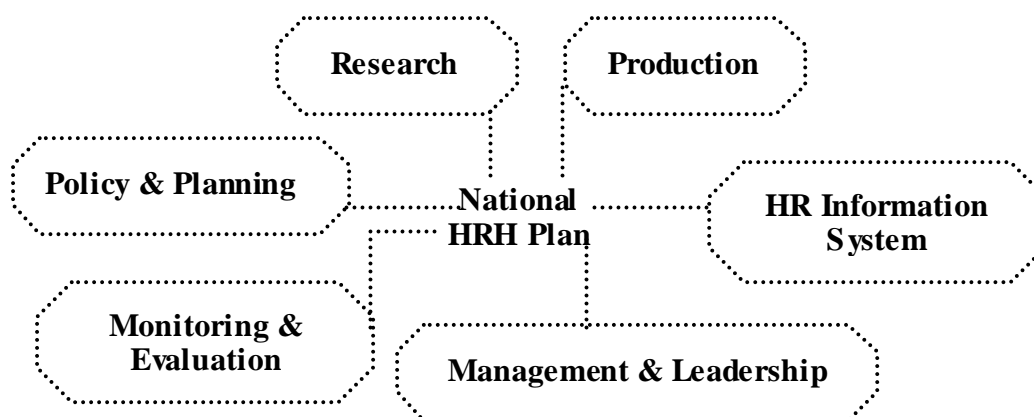
It is important that role players precisely identify what aspects of the plan relate to them and how they plan to implement what is expected of them. The roles of various stakeholders are indicated throughout the chapter. The roles mentioned are not exhaustive but merely identify stakeholders that are 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	<p>3.2.2 Planning between the Department of Health and Training institutions to match needs with training</p> <p>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</p> <p>3.2.4 Implementation of a competency based framework to inform personal development plans</p> <p>3.2.5 Alignment of workplace skills development resources to the needs of the health system</p> <p>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</p>	<p>National Department of Health (HR Policy, Research & Planning) in partnership with Provincial Departments of Health (HRD and HRM units) and Education Institutions</p>	<p>Review of curricula to incorporate the principles by 2008</p> <p>Development of competency based framework for personal development plans by 2007</p> <p>Alignment of skills development by 2007</p> <p>Alignment of study grants and modification of the terms of bursary contracts for implementation by 2007</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>4.1 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
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