

## HR INPUT FOR THE NATIONAL CONSULTATIVE HEALTH FORUM

- The National Consultative Health Forum must promote and facilitate interaction, communication and the sharing of information on national health issues between representatives of the national department, national organisations identified by the Minister and provincial consultative bodies.
- The national consultative health forum must include relevant stakeholders [Government, Civil society, labour and the Private Sector]

*Section 24 of the National Health Act No 61 of 2003*

### 1. INTRODUCTION

The inauguration of the National Consultative Health Forum (NCHF) by the Minister and the proposal to establish a Human Resources Working Group as part of this forum comes at an opportune time when our health care services are extremely stressed as a result of the challenges it faces with regards to human resources. These challenges are summarised in this short input to provide a background to discussions on the establishment of the Human Resources Working Group. This input is not instructive and is meant to stimulate debate that is structured towards identifying and grounding a common platform and focus on dealing with this country's health human resource challenges.

### 2. CRITICAL HRH CHALLENGES

#### 2.1 Migration of health professionals out of the Public health sector

The movement of highly trained health professionals out of the public health sector to either the private sector or overseas countries weakens the country's public health system. Those who remain in the country become over-stretched as they inevitably become subjected to increased workloads consequently leading to burnout and a desire to leave the public health sector by those who remain. When significant numbers of health professionals emigrate, the country that financed their education and training, unwillingly subsidizes the receiving one – and the receiving countries are the wealthier ones. With a fragile health system, this loss of trained health workforce adds further strain and can lead to a collapse of services unless

sustainable interventions are made in time. The impact is most severe in rural and underserved areas thus subjecting the poor to untold problems.

## **2.2 Unattractive working conditions**

Health professionals consistently raise the issue of poor conditions under which they are expected to work as one of the factors that push them out of the public health services. These include:

- Lack of appropriate medical equipment and supplies
- Poor maintenance of equipment especially at the lower level hospitals
- High vacancies in the public health services resulting in a shortage of critical staff.
- Dilapidated facilities
- Shrinking operational budgets

## **2.3 Unattractive remuneration of health professionals**

Public Service health professionals are generally paid much less than their private counterparts. This is besides the better environmental factors and working conditions in the private sector and in richer health systems of developed countries. Some workers who cannot afford to leave outright to the private sector resort to informal and unregulated work in the private health sector to supplement their insufficient income.

It is therefore important that health professionals are compensated at reasonable remuneration levels with due consideration of the increased workload of the average public health professional, the challenging working conditions and the uneven distribution of health professionals between urban and rural areas that otherwise lead to a high attrition of health professionals who seek more satisfactory working environments.

## **2.4 Declining numbers of health sciences academics**

Teachers in the medical field must have specialist qualifications and fulfil the three-part job requirement of teaching, service provision and research. The exodus of specialists and health sciences educators from the public health sector affects all three of these aspects negatively. It impacts negatively on undergraduate and

postgraduate training of health professionals and most importantly diminish the stature of academic health in the public health sector. The issue that needs to be debated in detail is how can the private health sector contribute significantly and meaningfully to development and replenishment of this shrinking sector of specialists. Currently this sector only acts as a beneficiary. There are some brilliant ideas that have been put forward by some members of this sector as their response to the principles espoused in the National HRH Plan.

## **2.5 Unavailability of funded posts in provinces**

Falling provincial budgets affect both the human resource and clinical service areas – making it difficult for provinces to retain sufficient posts to provide good quality services in the public health system. Again this often leads to added responsibilities to junior professionals in the system – further compromising the quality of health services provided.

The Department of Health has recently adopted a National Human Resources Plan for Health in which several actions have been identified for immediate implementation. At a provincial level development of HRH plans have to be linked to the service plans to ensure that the HR plans assist in addressing directly the service delivery challenges.

In the light of the above and other HRH related challenges, it is proposed that a Human Resources for Health Working Group is established to support the work of the Department of Health – with the following Terms of Reference:

## **3. Draft Terms of Reference for the Human Resources Working Group of the National Consultative Health Forum**

Provide advice to the Minister:

- About strategies to ensure that adequate resources are available for the education and training of health care personnel to meet the human resources requirements of the national health system.
- About strategies to ensure the education and training of health care personnel to meet the requirements of the national health system.
- About strategies on the creation of new categories of health care personnel to be educated or trained.

- About strategies on dealing with the shortages of key skills, expertise and competencies within the national health system – and propose strategies for:
  - The recruitment and retention of health care personnel from other countries; and
  - The education and training of health care providers or health workers in the Republic, to make up for the deficit in respect of critical skills, expertise and competencies.
- About strategies for the recruitment and retention of health care personnel within the national health system.
- On ways to ensure the existence of adequate human resources planning, development and management structures at national, provincial and district levels of the national health system.
- About ways to ensure the availability of institutional capacity at national, provincial and district levels of the national health system to plan for, develop and manage human resources.

These terms are broad as provided for in the National Health Act. Certainly there are other policy documents emanating from the Department of Health that have to continue informing the focus of the envisaged Working Group. As this is advisory in nature, it is important that this partnership is based on trust and a commitment to common values. The National Human Resources Plan for Health should therefore act as a foundation and guiding document for all stakeholders wishing to play a constructive role in this Working Group. Each of the proposed terms of reference has several implications for all stakeholders.

Delving in these issues will assist in ensuring that the strategic thrust of the national HRH Plan is well supported with the necessary resources from both the public and private health sectors.