

# Understanding demand and supply of health services:

## Managing the Health Workforce

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# OUTLINE

- Background & context of Human Resources for Health (HRH)
  - Key global developments
  - Developments in South Africa
- 'Managing for performance' framework
  - Performance in South Africa's provinces
  - Study findings on moonlighting & agency nursing
- Lessons for health sector reform



# GLOBAL CONTEXT



# BACKGROUND

- **HRH= all people engaged in actions whose primary intent is to enhance health**
- Global recognition that Human Resources for Health (HRH) critical to health systems development and functioning:
  - Achieving the millennium development goals (MDGs)
  - Scaling up health interventions e.g. access to HIV & AIDS programmes
  - **"Health workers must be considered as the most valued assets of the sector".**

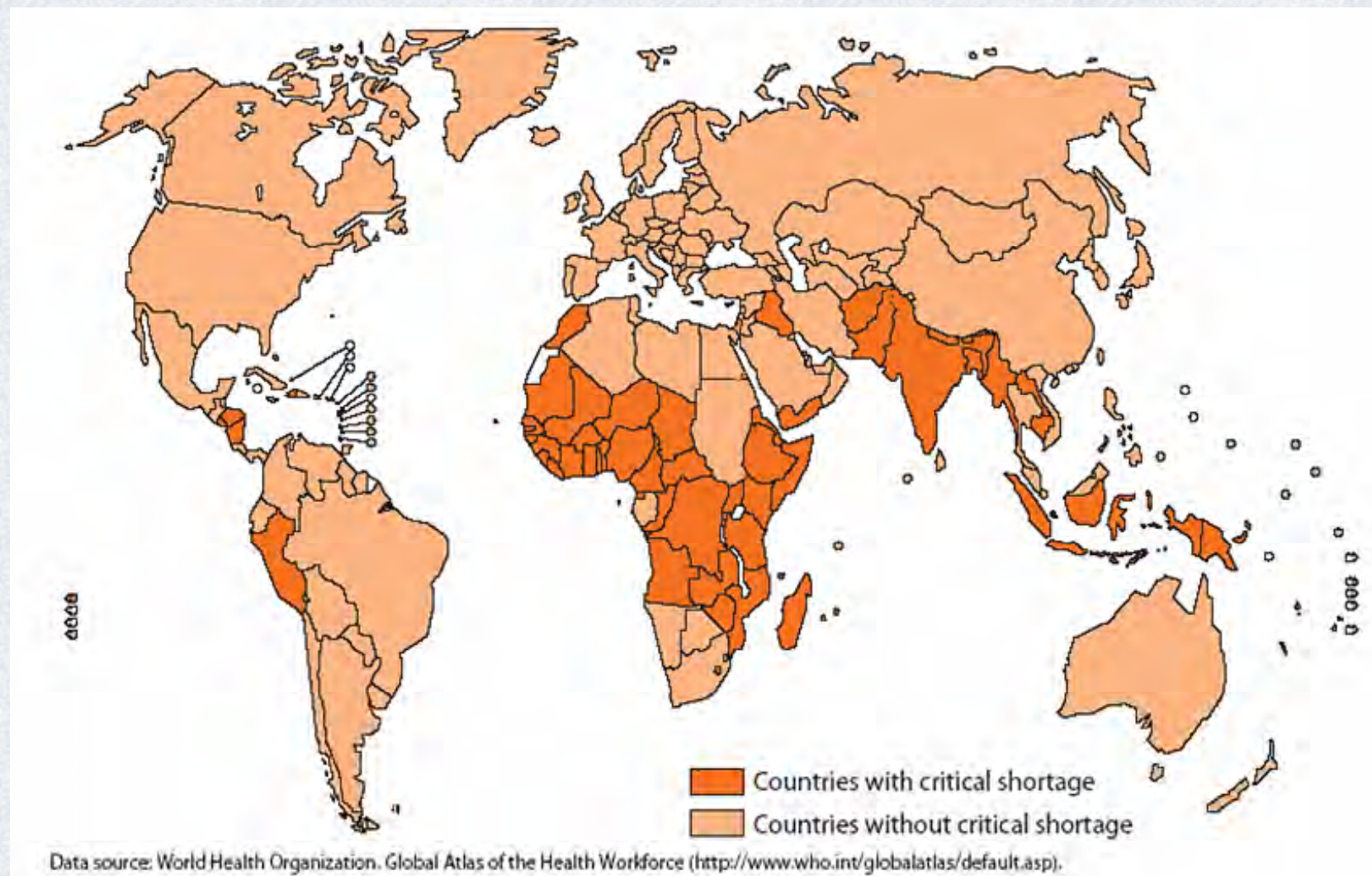


# GLOBAL CONTEXT (1)

- Global health workforce crisis
  - Critical shortages
  - Imbalanced skills mix
  - Migration of health care providers
  - Uneven geographical distribution of health professionals
  - Inability to achieve MDGs, notably 4, 5 & 6
  - Millions of people without access to health services
- More professional health workers needed
  - Task shifting -2007/8
  - Increase the quantity, quality and relevance of future health care providers



# THE CHALLENGE: GLOBAL HEALTH WORKFORCE SHORTAGES



# GLOBAL CONTEXT (2)

- Global Health Workforce Alliance
  - First meeting 2008
  - Second meeting 2011
- Increasing recognition by Global Health Initiatives-Global Fund, Vaccine initiative, PEPFAR- of importance of health systems and HRH bottlenecks to further progress
- 'Interesting' partnerships
  - World Health Organization (WHO) & US President's Emergency Plan for AIDS Relief (PEPFAR)
- Transformative scale-up of medical, nursing and midwifery education
- ? Increasing/ renewed attention on management and enabling environments



- **“The most effective short-term response to the crisis [of human resources] is to use existing resources better, and this means improving the management of health systems.”**
- *Rajat Gupta, Board Chair, Global Fund to Fight AIDS, Tuberculosis and Malaria*





# SOUTH AFRICAN CONTEXT



# NHI document is 'ANC view, not government'



Among other solutions, healthcare workers need to be paid well if South Africa is to reduce child mortality rates. Above, nurses strike at Chris Hani Baragwanath Hospital in this file picture. Photo: Oupa Nkosi

Context

24 Mail & Guardian October 1 to 7 2010

## Health

### Donors crucial to

Sarah Boseley

be reversed without extra money

### battle against

Sub-Saharan Africa, the worst- worldwide universal access b

### HIV/Aids

y the the estimated \$26-billion needed to  
keep in progress this year. Much will

## Health

### SA failing to reduce child deaths

Experts point to gross inefficiencies in a  
dysfunctional healthcare system



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# SOUTH AFRICAN DEVELOPMENTS

**2006 SA Broad HRH framework**

**2007 SA National Strategic Plan on HIV, & AIDS and STIs  
- launched**

**2008 Nursing Strategy  
Occupation Specific Dispensation  
South African National AIDS Council debates on HRH-  
task shifting, CHWs, etc**

**2009 Post-Polokwane –DBSA/IST initiatives  
- Various HRH research projects and initiatives,**

**2010 although limited and fragmented  
? DOH Norms and standards  
PHC revitalisation**

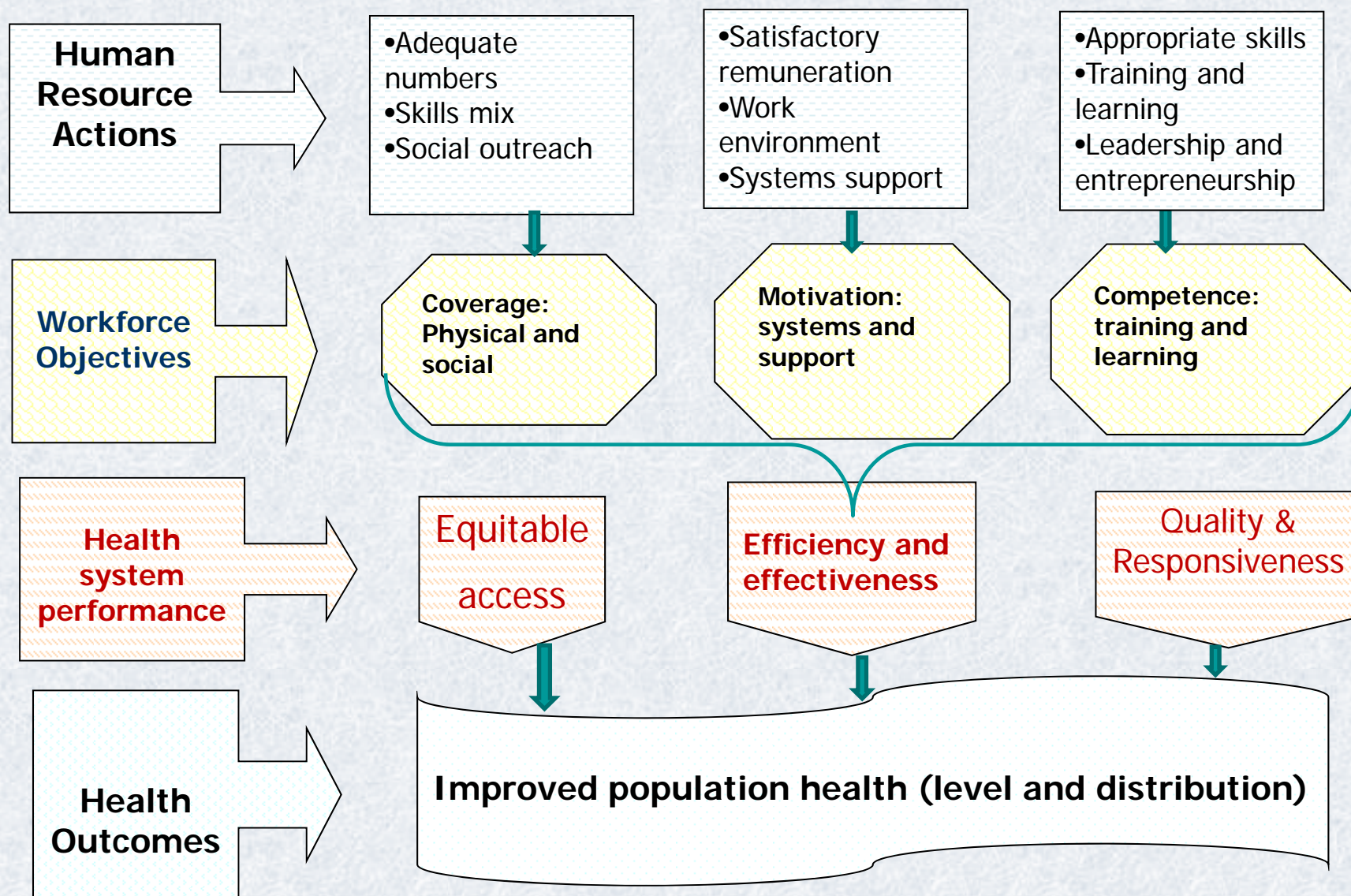
**2011 Ministerial nursing summit > 1 800 people  
Task team to develop workforce strategy**



# MANAGING FOR PERFORMANCE



# MANAGING FOR PERFORMANCE



Source: Re-drawn and adapted from Joint Learning Initiative, 2004

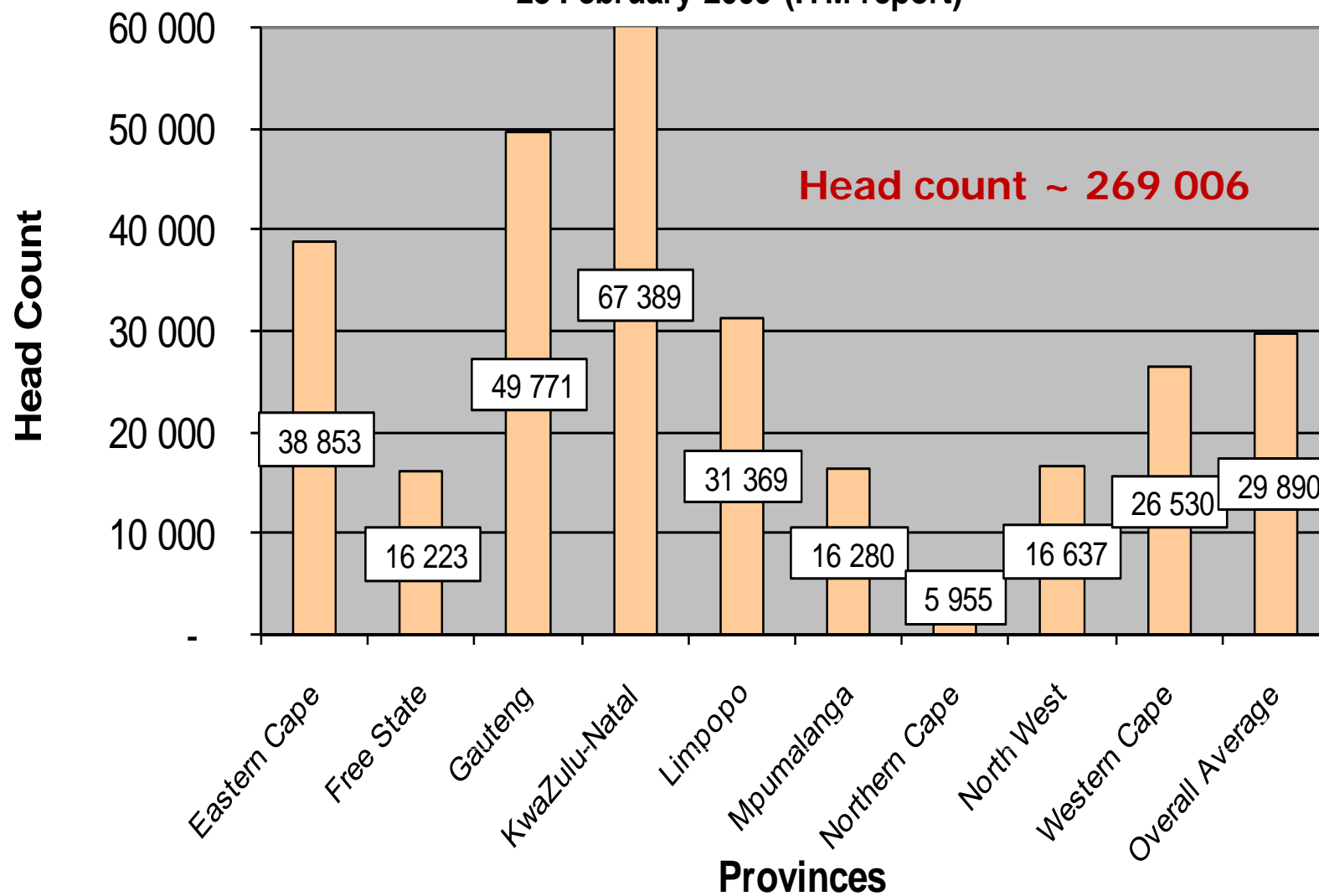


# INTEGRATED SUPPORT TEAMS

- Integrated support teams (ISTs) established by Minister of Health in February 2009
- Prompted by:
  - Projected over-spending in majority of provinces
- Potential to undermine:
  - Capacity of Health system to respond to HIV
  - Overall functioning of the health system



### Provincial Health: Monthly Average Head Count as at 28 February 2009 (IYM report)



# REVIEW OF HR ASPECTS, 2009 (1)

Issue	EC	FS	GP	KZN	LP	MP	NC	NW	WC	NAT
Planning	3	3	2	3	3	3	2	3	1	3
Organisational Design and Staff Establishment	3	3	3	3	3	3	2	3	1	3
HR Information Systems	3	2	2	3	3	3	3	3	2	2

**SOURCE: IST**

Legend: 1 = Acceptable, 2 = Require attention, 3 = Impacting negatively on efficiencies and service delivery





# PLANNING AND ORGANISATIONAL STRUCTURES

- National Department of Health vs Department of Public Service and Administration
- Organisational design, post establishment, job evaluation
- Organograms
- Staffing norms and standards
- Provinces largely autonomous
- Relative number of management and administration staff vs medical and nursing staff



# HR INFORMATION SYSTEMS

- National HR information system
- PERSAL usefulness vs utilisation
  - Limited **BUT**
  - Not fully used as a management and planning tool
  - Inconsistent HR information reported
  - System not maintained
  - Functionality not fully used or understood
  - Lack of capacity and skills across the various provinces.
- Reporting using PERSAL is largely academic e.g. vacancy rates.



# REVIEW OF HR ASPECTS, 2009 (2)

Issue	EC	FS	GP	KZN	LP	MP	NC	NW	WC	NAT
Recruitment	3	3	3	3	3	3	3	3	2	2
Performance Management	3	2	2	3	3	3	3	3	1	2
Retention	3	3	2	3	3	3	3	3	2	2
Rewards	3	3	3	3	3	3	3	3	2	2
Learning and Development	3	3	2	3	3	3	3	2	2	1

**Source: IST, 2009**

**Legend: 1 = Acceptable, 2 = Require attention, 3 = Impacting negatively on efficiencies and service delivery**



# RECRUITMENT

- General problem with recruitment in the rural provinces
- Scarce skills and critical skills categories
- Turnaround times across the various provincial health departments ranged from six to nine months.



# PERFORMANCE MANAGEMENT

- Sub-optimal in majority of provinces
- Best practices:
  - Performance agreements in place for all employees
  - Link performance targets to service delivery.
- Political interference in performance management procedures
  - Performance scores pulled back to an “average” for all staff
  - “Pay one, pay all”



# REWARDS & INCENTIVES

- Occupation specific dispensation
  - Good intentions
- Problems with policy design and content
  - Staffing numbers
  - Inconsistent job titles and grades in provinces
- Implementation flawed
  - Insufficient funding
  - Skills to implement the roll-out.
  - Interpretation & application of guidelines by provinces
- Unintended consequences



# REVIEW OF HR ASPECTS, 2009 (3)

Issue	EC	FS	GP	KZN	LP	MP	NC	NW	WC	NAT
Delegations, Accountability & Responsibility	3	3	3	3	3	3	3	3	1	1
Integration and co-ordination	3	3	2	3	3	3	3	3	2	3

**Source: IST, 2009**

**Legend: 1 = Acceptable, 2 = Require attention, 3 = Impacting negatively on efficiencies and service delivery**



# DECENTRALISATION & DELEGATIONS

- Written policies on delegations
- Delegations withdrawn in face of over-spending
- Day-to-day management by head offices
- Widespread feelings of disempowerment
- Lack of accountability at facility levels
- In the NDOH, unclear:
  - accountability mechanisms
  - roles and responsibilities



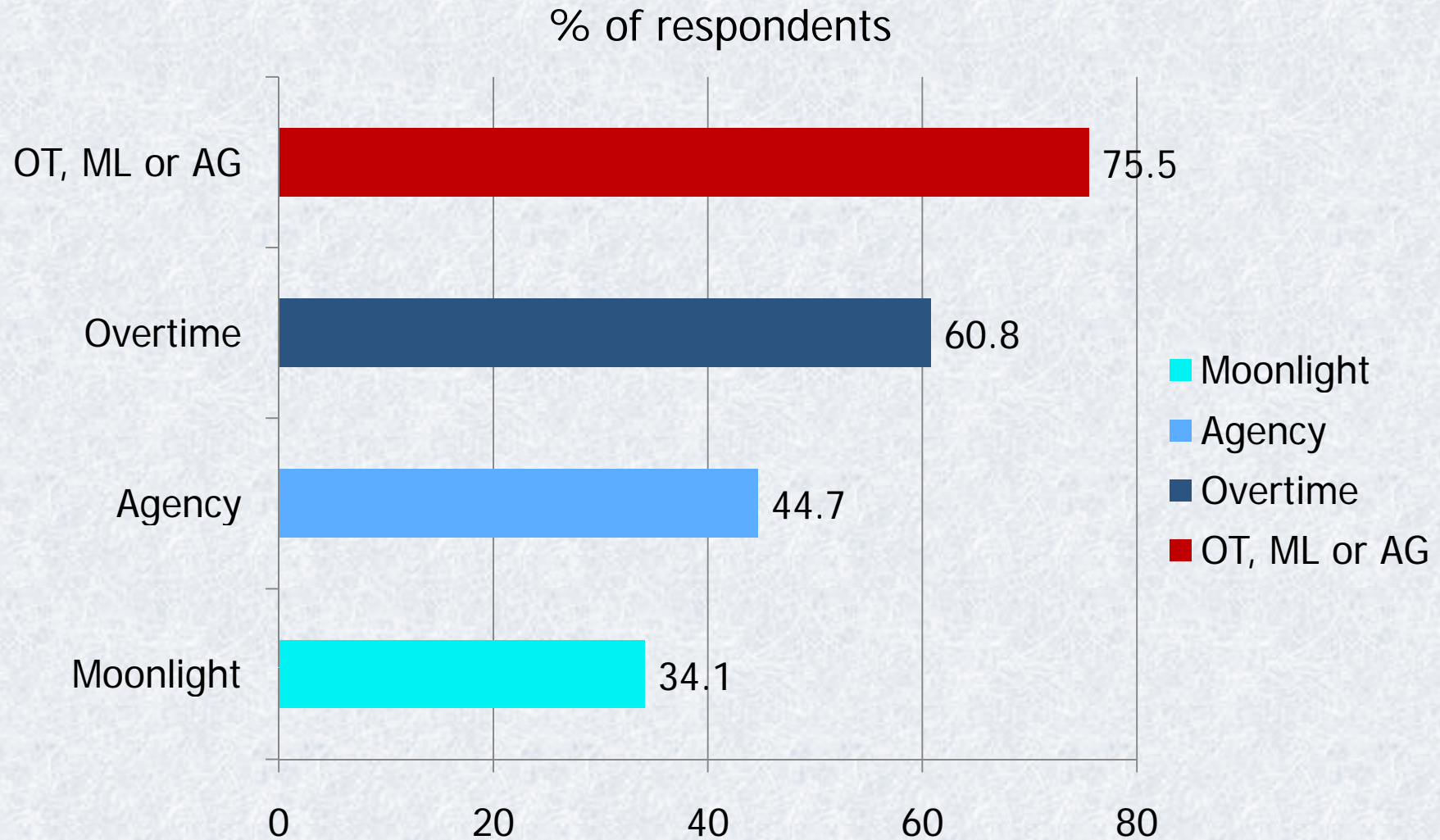


# Changes between June 2009 and present?

- New political (& admin) leadership-BUT reshuffling in many provinces
- Commitment & desire to make difference
- Many challenges continue
  - 2010 desk review
  - Provincial consultative meetings with nurses in lead-up to Ministerial Summit in April 2011
  - Research with front-line staff



# OVERTIME, MOONLIGHTING AND AGENCY NURSING: PAST YEAR (n=3715)



# MOONLIGHTING: EMERGING ISSUES

- Moonlighting widespread
- Complex relationship between moonlighting, overtime and agency nursing
- Moonlighting in previous year varied by:
  - Province
  - Primary job
  - Nursing category
  - Category of hospital
- Many negative consequences for health care delivery



# HEALTH SYSTEM CONSEQUENCES (% Yes)

All respondents	3 706
Stayed away from work without authority	4.6%
Felt too tired to work while on duty	47.9%
Taken sick leave when not sick	9.5%
Paid less attention to nursing duties while on duty	11.4%
Involved in medico-legal incident	3.3%
<b>AWOL, tired, sick, less attention or medico-legal</b>	<b>52.5%</b>



# LESSONS FOR HEALTH SECTOR REFORM

- Largely lip-service to most critical aspect of health system performance
- Development of health workforce plan, norms & standards
  - Balance between #s & process, consultation & stakeholders
- Guidelines for provincial organisational structures
  - Linked to availability of scarce skills
  - Population health & service delivery priorities
  - Available budget
- HR information system
- Career progression, especially in rural areas
- Retention strategies, staff recognition and incentives
- Good people management

