



## South African Health Review 2018 Series

### Chapter 3. Human resources for health planning and National Health Insurance: the urgency and the opportunity

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- There is currently an absence of adequate public-domain health workforce planning in South Africa. The impact of this is illustrated in a number of ways, including dire shortages in the public sector, a skewed distribution of resources geographically, and challenges in the interface between the training platform and the public service.
- The implementation of National Health Insurance (NHI) both accentuates the urgent need and creates the opportunity for a more centralised, co-ordinated approach to health workforce planning in South Africa. Increased health-seeking behaviour anticipated under NHI implies the need for expanded availability of all health workforce personnel, including specialists and general practitioners (referred to collectively as physicians), who are currently drastically underrepresented in the public sector.
- NHI also creates the opportunity to reconsider the structural mechanism for doing human resources for health (HRH) planning work, particularly because this work is a central requirement for a strategic purchaser of health services tasked with matching healthcare needs with the supply of services.
- Rigorous planning for HRH is necessary to achieve optimal balance in the functional and geographical distribution of health staff, and to ensure that strategies can be put in place to deal with shortages. Mechanisms to do so may include training, importing and reorganising staff, efficiency improvements and/or purchasing of services from the private sector.
- Historically, HRH planning in South Africa has been an ad hoc process. It is also not clear from recent policy and market processes that there is a clear view on how to approach HRH planning in South Africa in future. Health workforce planning needs to be actively and continuously managed in order to prevent supply-demand gaps from emerging, as has occurred in South Africa. This was recognised in the NDoH HRH strategy which pertained to the period 2012/13–2016/17, but with the intention to take a 2030 view as per the National Development Plan, with five-yearly updates to the strategy. There has been no update since the previous plan expired.
- The creation of the NHI Fund introduces a purchaser-provider split into the South African health system, with the fund acting as a single purchaser. The role of a purchaser in a health system is to match the supply of, and demand for healthcare, in a manner that is equitable, deciding what care to purchase, from whom and on what basis. HRH planning is a critical tool to enable strategic purchasing.
- NHI is the largest-scale redesign of the South African health system that has ever been considered. The opportunity to consider HRH planning as part of that redesign is clear and ways to institutionalise and regularise planning, the possible approaches to HRH modelling, and approaches to improve the availability of timeous and accurate data must be considered.

- Effective HRH planning requires modelling work to project the supply of health professionals, and to assess planning adequacy. While there have been at least three HRH modelling exercises in the public domain in South Africa, there is no evidence that the findings and recommendations flowing from these models have been implemented. The models and some of their assumptions are likely to have become outdated as epidemiological, scope of practice, market, and public provision dynamics have changed.
- A regular HRH planning process needs to be institutionalised, including both the public and private sectors, potentially through the establishment of a separate health workforce planning agency. The establishment of a body tasked with ongoing planning would create a structure within which data can be housed securely.
- From the experience of other countries, it seems clear that an inclusive approach, bringing in key stakeholders and experts, is the gold standard for HRH planning. The required inclusive approach also necessitates the inclusion of higher education training institutions to ensure greater coherence between the training platform and the service-delivery platform.
- All data and outputs from this process need to be publicly available and open to scrutiny, and recommendations flowing from this process need to be integrated into management of the health system.
- South Africa has a long way to go in terms of data readiness for robust HRH planning. There is a need to move away from the siloed nature of HRH data in the South African health sector. A centralised database should include professionals in both the public and private sectors and should reflect all cadres of health workers.
- Effective HRH planning will be central to the NHI Fund being able to carry out strategic purchasing functions and remedying inequities in the distribution of resources. Now more than ever, we need HRH modelling that is able to both reflect changing policy and supports policy choices.

**SOURCE:** Smith A, Ranchod S, Strugnell D, Wishnia J. Human resources for health planning and National Health Insurance: the urgency and the opportunity. In: Rispel LC and Padarath A, editors. South African Health Review 2018. Durban: Health Systems Trust; 2018.

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