GLOBAL HEALTH WEBINAR

PROGRESS IN SOUTH AFRICA IN RELATION TO EQUITY IN HEALTH WORKFORCE DISTRIBUTION

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BACKGROUND

- Geographical maldistribution of health workforce has been a critical concern for HR planners in South Africa (SA) for years.
- The inequities in the distribution of health workers nine provinces, and between urban and rural areas of South Africa is undeniable.
- To address these inequities, SA government have developed and applied several health workforce strategies.

Progress in relation to equity in health workforce distribution

- Development of the rural and retention strategies;
- Foreign workforce management.
- Provission of rural allowance incentive;
- Introduction of community service; RWOPS; OSD;
- RSA/Cuba training of medical categories;
- Development of PHC Normative guides and standards: HRH distribution based on right numbers & skills required for services;
- Re-activation of the HR information system at NDoH.
- Leveraging on the role of Community Health Workers

PROGRESS IN RELATION TO EQUITY IN HEALTH WORKFORCE DISTRIBUTION 'CONT

- Strengthening task shifting and the effectiveness of mid-level workers (MLWs) because
  - they are able to deliver high quality care after shorter training and at lower salaries, and
  - are more likely to work in areas where professionals are scarce.
- Ensuring policy certainty around CHWs matter.
- The role of Clinical Associates in rural health settings – focus on District hospitals.

PROGRESS IN RELATION TO EQUITY IN HEALTH WORKFORCE DISTRIBUTION 'CONT

- Revolutionize selection and recruitment of health professional students to overcome health workforce inequities, between urban and rural areas, and between the public and private health sectors.
- Leverage existing and new funding streams and partnerships for adequate and equitable supply and distribution of human;
- The 2030 HRH Strategy for South Africa sets out the overall vision, goals and actions required to advance South Africa's progress in addressing persistent issues of inequity in the health workforce.

ADDITIONAL MEASURES BEING CONSIDERED

- Effective health workforce planning to ensure HRH aligned with current and future needs.
- Institutionalize data-driven and research-informed health workforce policy, planning, management and development.
- Appropriate staffing targets and norms are defined for current and future health service needs.
- A biennial HRH Indaba should be considered where all those stakeholders involved in HRH could come together to share, re-energize and focus effort.
- Review of polices such as: community service, OSD and the rural allowance and harmonize its geographical application and the COVID-19 pandemic.

CONCLUSION

- The distribution of health professionals in South Africa is relatively equitable across provincial areas.
- Indeed, 'rurality' effect is found at hospitals levels of care, whereas health workforce distribution at lower-level facilities seemed to be slightly better.
  - Doctor distribution appeared to be more pro-urban than other health professionals.
- The fair equitable distribution of HRH in SA might have been caused by the low application of rural retention policies over the past thee decades.
- Hence, the government is committed to continues review of the HR polices including those which affect equitable distribution of health workers in the national health system.

WAY-FORWARD

I thank you.