



HEALTH SECTOR HUMAN RESOURCE POLICY





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Acronyms

1. CHP	Community Health Post
2. CHW	Community Health Workers
3. CMC	Churches Medical Council
4. GoPNG	Government of Papua New Guinea
5. HIV & AIDS	Human Immunological Virus & Advance Immunological Disease Syndrome.
6. HR	Human Resources
7. HRH	Human Resource for Health
8. HRIS	Human Resource Information System
9. HRM	Human Resource Management
10. HSHRP	Health Sector Human Resource Policy
11. KRA	Key Result Areas
12. KPI	Key Performance Indicators
13. LLGs	Local Level Governments
14. MTDP	Medium Term Development Plan 2011-2015
15. NDoH	National Department of Health
16. NGO	Non-Government Organization
17. NHP	National Health Plan 2011-2020
18. NQF	National Qualification Framework
19. PHA	Public Health Authorities
20. PNG DSP	Papua New Guinea Development Strategic Plan- 2011-2030
21. PSGO	Public Service General Orders (Revised 2012)
22. OHE	Office of Higher Education
23. OLPLLG	Organic Law on Provincial and Local Level Government



Foreword



Our constitution envisages all Papua New Guineans to have a good life, characterised by good health and good education leading to economic prosperity and improved lifestyle for every citizen. However, after 37 years of independence this has not materialised as envisaged.

The Health status of our people has declined well below that of many of our Pacific neighbours' and has become one of the worst by comparison to other developing countries of the world.

Women and children are the worst affected, dying needlessly from easily preventable diseases. This is mainly due to limited access to services, poor quality, acceptability and affordability of existing services. Our health services are under pressure from emerging and re-emerging conditions such as HIV/AIDS and tuberculosis respectively, while rapidly increasing lifestyle diseases pose new challenges to the entire health service delivery system.

The National Health Plan 2011-2020 sets strategic directions for the government to systematically manage these challenges facing the health delivery system. However, implementation of the National Health Plan needs enabling policies and operational plans to guide the use of limited resources in a more sustainable and coordinated manner.

To this effect, the development of this first Human Resource Policy for the Health Sector is very timely. The policy will form the basis for the development of a "Health Workforce Plan" as one of the enabling plans for the National Health Plan. We aim to develop a health workforce with the right sets of skills and commitment to service delivery to be deployed at the right place, and at the right time, and to respond appropriately to our health needs.

It is my pleasure to introduce this **Health Sector Human Resource Policy** which will ensure that all partners in the health sector work together to implement, monitor and report on the impact of this policy.

I commend all those who participated in the development and finalization of this policy document.

Hon. Michael Bill Malabag
Minister for Health and HIV & AIDS



Acknowledgment



This is the inaugural human resources policy document for the health sector. It marks a new era for the health sector as we strive to improve service delivery to the rural majority and urban disadvantaged. Like any other organization, the growth and development of our health sector will depend on the availability of an appropriate workforce, its competencies, dedication, and level of effort they invest to tasks they are assigned to undertake. Effective management of health sector human resources is crucial as it is human beings that have the responsibility to manage other resources to produce results.

The Health Sector Human Resources Policy will inform and guide our future planning and actions in managing our workforce across all levels of service delivery. This includes government health agencies and all our partners in the health sector. Together we produced the National Health Plan, together we are implementing it and through our combined efforts we have produced this policy document.

On behalf of the National Department of Health let me express our gratitude to the following organizations who contributed in one way or the other to the development of this policy document.

1. Senior Executive Members of NDoH
2. NDoH Program Managers
3. Chiefs of various Clinical Disciplines
4. Representatives from all Health Unions
5. CHW Training School Representatives
6. Nursing Schools Representatives
7. Universities Representatives
8. All Public Hospitals Chief Executive Officers
9. All Provincial Health Advisors
10. Churches Medical Council and various Churches Representatives
11. 2008 Human Resource Forum Participants
12. 2010 Human Resource Training Forum Participants
13. Professional Bodies
14. Development Partners Representatives
15. Former Secretary for Health, Dr Clement Malau and
16. Former Ministers for Health, Hon. Sasa Zibe and Hon Jamie Maxton Graham

The performance of our health workforce will be determined by this policy which defines the numbers of staff, their qualifications, their deployment and their work conditions. To this end, I look forward to all of us working together in successfully implementing this policy to its intent.

Pascoe Kase (Mr)
Secretary for Health



Executive Summary

The Health Sector Human Resource Policy is critical for the development and implementation of health sector plans and activities for the next ten (10) years. This policy is consistent with National Health Plan 2011 – 2020 goals and objectives.

The human resources for health situation in PNG has deteriorated over the years in terms of quality and quantity culminating in the current Human Resource for Health (HRH) crisis point. The health sector has inadequate data, information to inform planning, and projection of HRH, a mismatch between supply and demand of health workers, an ageing work force and inequitable distribution of health workers between rural and urban areas and across the administrative regions of the country. The deterioration in HRH has contributed significantly to the decline in health service delivery standards.

The policy sets operational guidelines, processes and procedures for effective and efficient human resource management in the health sector. The policy intent is to guide managers to make sound management decisions to harmonise HR issues through the implementation of best practices. The policy complements the Public Service Management Act 1995 and Public Service General Order. The implementation framework for the policy recognizes the role of the Department of Personnel Management (DPM) and the delegated functions for personnel management given to the National Department of Health (NDoH), Public Hospitals, Provincial Governments and the Provincial Health Authorities.

This policy is consistent with relevant parts of the Medium Term Development Plan (MTDP), PNG Development Strategic Plan 2010 – 2030, the National Health Plan 2011 - 2020, the Government of PNG's (GoPNG) Vision 2050 and other PNG health sector plans and policies, and related legislation.

The policy development process started in 2000 with the final document largely informed by the PNG Human Resources for Health Review that was commissioned by NDoH and undertaken by the World Bank in 2009.

The policy proposes several HRH strategies and interventions to be implemented with collaboration amongst all stakeholders in the health sector. Strategies address HRH planning, production, recruitment, retention and deployment. Industrial relations, occupational health and safety issues, gender equity and the regulation of professional practice are also addressed. Policy implementation will be premised on a comprehensive workforce plan and a monitoring and evaluation framework for policy implementation.



CHAPTER ONE – BACKGROUND

1.1 Intent of Policy

The National Health Plan 2011-2020 recognises the importance of effective Human Resource Management (HRM) system in the health sector. Strengthening primary health care for all and improving service delivery to the rural majority and urban disadvantaged will require improved HRM.

Therefore, the intent of this policy is to guide the planning and management of all Human Resource challenges and interventions within the Health Sector.

1.2 Historical Context

After 35 years of independence, the PNG health sector is facing a series of major challenges that must be dealt with to deliver better health care. The poor health outcomes are directly related to systems weaknesses and neglect over the years.

The implementation of the PNG economic structural adjustment in 1999 resulted in a 10% reduction in public sector positions, consequently resulting in the closure of a number of aid posts, especially in rural and more remote areas due to a lack of health staff. In addition, a consequence of the Organic Law on Provincial and Local Level Governments and the subsequent delegation of powers to provincial governments posed a significant challenge in overall national health workforce planning, their equitable deployment and management for effective service delivery.

The above state of affairs has been further compounded by the lack of comprehensive human resources to maintain HR Information systems. To date the health sector does not have access to basic data on the number, qualifications and distribution of health workers within the sector – both in the public and private sectors. This lack of information has meant that the sector has not been able to make accurate workforce projections resulting in a mismatch between the production of health workers by training institutions and the availability of positions in the sector to absorb these trainees. This is despite the fact that the public sector does not have enough health workers to adequately match PNG's population growth.

According to the Health Human Resources review by the World Bank, the capacity to train health staff significantly declined in the last 15 years to the extent that the production of newly qualified staff is well below attrition rates from the work force. There are about 12 Community Health Worker (CHW) Training Schools, 8 Nursing Colleges and only 2 universities in the country, which deliver health-training programs. Compounding this, the diminishing investment in new and existing training institutions has resulted in the deterioration of the training infrastructure and a decline in the quantity and quality of health workers trained.

The diminishing numbers of qualified and skilled workers over the years has significantly contributed to a decline in the standard of health services delivery. Inadequate staffs, unskilled labour and an ageing workforce within critical cadres such as doctors, nurses and community health workers have negatively affected health services delivery. According to the Asia Pacific Alliance for Human Resources for Health Report (2008), PNG has a ratio of 0.58 health workers (doctors, nurses & midwives) per 1,000 population (2000 data), compared to Fiji and Samoa who have ratios of 2.23 and 2.74 respectively. Further, 30% of skilled health workers are in administrative roles in PNG while 40% of the health workforce is either over the retirement age, in the retirement age and/or reaching retirement age.



For these and other reasons, many people have died from common diseases like malaria, tuberculosis, pneumonia and others that can easily be prevented. New and re-emerging diseases in PNG have increased the disease burden, causing sickness and deaths. Health indicators have shown that PNG has one of the highest maternal mortality ratios in the region with a ratio of 733 deaths per 100,000 live births. The infant mortality ratio is 56.7 deaths per 1,000 live births.

1.3 Audience

This policy is intended for all partners and service providers operating at National, Provincial, District and health facility or institutional levels within the health sector. Such stakeholders include NDoH, provincial governments, health training institutions and agencies, professional associations, non-governmental organizations; community based organizations, churches, the private sector and individuals. Policy implementers are encouraged in their various capacities to take ownership of the policy to ensure its successful implementation.

1.4 Policy Development Process

The health system in PNG is very complex and as a result poses challenges in human resources development and management within the health sector.

The development of this policy has been both very challenging and protracted; with consultations dating back from 2002 through 2005, culminating in the current policy review and development process.

This is the first time a comprehensive policy on Human Resource Management for the health sector has been developed and supported by a comprehensive analytic process. The sector has been developing and implementing National Health Plans since 1974, and had not seriously looked at the development, recruitment, retention and succession planning for a health workforce that can effectively support the implementation of these plans. In 2002, the NDoH developed a Human Resources Development Strategy paper to compliment the then national health plan. The working team responsible for the development of this Strategic Paper was also tasked to develop the Health Human Resource Workforce Policy.

NDoH's first attempt to get National Executive Council (NEC) endorsement of the final Human Resources for Health (HRH) policy version in 2004 was declined. NEC then directed NDoH to develop a comprehensive policy that covered all aspects of human resource management in health. However, the lack of funding for the policy process delayed the review of this policy. Subsequent activities in support of the policy development process included the convening of Human Resource forums in 2008 and 2009. Recommendations from these forums have been incorporated into this policy.

This policy is largely informed by evidence collected through the Papua New Guinea-Health Human Resources Review commissioned by the NDoH and undertaken by the World Bank in 2011. Issues raised in the 2009 and 2010 Auditor General's Reports and the 2011 Public Accounts Committees' recommendations on multi-skilling and the need for effective recruitment and management of casual employees in the health sector were incorporated into the policy.



CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 Goal

The goal of this policy is to ensure that decision makers, managers, planners and members of the general health workforce receive guidance in the planning, management, development and implementation of sustainable human resources programs and activities.

2.2 Vision and Mission

Vision

By 2020, the health sector shall have a well-managed; highly qualified, skilled and sustainable health workforce that delivers quality health services to meet the country's population needs, and focuses on the rural majority and urban disadvantaged.

Mission

The National Department of Health and its partners are committed to effective human resources for health planning, management and financing and to support HRM priorities that contribute to the improvement of PNG's health indicators by 2020.

2.3 Objectives

The objectives of this policy are:

- To promote the principles of HRM and to uphold the values and integrity of the health sector workforce.
- To ensure that, for all health cadres, pre-service and in-service training, continuing education, and professional development are appropriate, cost effective and of an acceptable standard.
- To ensure workforce planning becomes the foundation for all health sector workforce training, recruitment, job placement and professional development.
- To ensure skilled staff are retained, staff morale is improved and commitment levels are raised to the level that they effectively serve the needs of the people of PNG.
- To strengthen and integrate human resource development, performance management, workforce standards and improved working environment.
- To strengthen and promote external partnership and inter-sectoral collaboration in the implementation of workforce plans and programs and in the delivery of health care services.
- To strengthen and promote better harmonization and facilitate proactive handling of industrial challenges.
- To apply the principles of gender equity in the work environment, training and professional development.
- To improve and strengthen Human Resources Information Systems at all levels of the health system.
- To ensure all health sector partners and service providers implement agreed workplace policies that effectively respond to health and safety issues and the impact of HIV/AIDS.
- To ensure health human resources are able to meet service demands.



2.4 Principles

The following principles underline decision making in the management of human resources within the resource constrained environment of the health sector and shall be upheld at all times.

- **Equitable access** to at least a minimum standard of quality and safe health services in line with the Constitution of the Independent State of Papua New Guinea.
- **Professional Conduct as** prescribed in professional standards of practice for the provision of patient oriented services.
- **Occupational Health and Safety** of health workers and clients according to nationally approved standards.
- **Optimal cost** achieved through the implementation of cost effective interventions delivered by appropriately qualified health workers.
- **Sustainability** based on the employment of locally relevant staff and appropriate technology deployed in the right place and the right time.
- **Gender equity** aiming to achieve parity between males and females in enrolment at all health training institutions and fair treatment of all staff irrespective of gender.
- **Flexibility** being reflected in the ability of the system to employ multi-skilled staff and to rotate/deploy staff according to varying workloads at different times and locations.
- **Appropriateness** based on the application of locally relevant curricula for education, training and continuing development of health workers to satisfy the needs for local service delivery in rapidly changing service environments.
- **Efficiency** achieved through a service oriented workforce which, demonstrates best value for money
- **Partnerships** that build on existing positive relationships with staff and their representatives and greater inter-sectoral and multi-sectoral collaboration with partners and stakeholders.
- **Transparency and accountability** based on the values of the Constitution of the Independent State of Papua New Guinea.



2.5 Core Government Legislations and Policies

The Policy should be read within the context of legislation and policy documents which underpin its formulation:

Legislation

- Papua New Guinea Constitution 1973
- Organic Law on Provincial Governments and Local Level Governments 1995
- National Health Administration Act, 1997
- Public Services (Management) Act, 1995
- Public Finance (Management) Act, 1995
- Salaries and Conditions Monitoring Committee Act 1978;
- Employment Act, 1978
- Industrial Relations Act, 1962
- Medical Registration Act, 1980 and Nursing By-Laws, 1984
- Public Hospitals Act, 1994
- Higher Education Act, 1983 (consolidated to No. 46 in 2000)
- Provincial Health Authorities Act, 2007
- HIV/AIDS Management and Prevention Act 2003.
- Public Service General Orders (GO) 2002 revised
- Public Health Act 1973

Policies and Standards

- PNG Vision 2050
- National Health Plan 2011 – 2020
- Medium Term Development Plan – 2011-2015
- PNG Development Strategic Plan 2010 - 2030
- National Health Services Standards 2011
- Policy on Partnership in Health, 2012?
- Health Workplace Policy on HIV/AIDS, 2005



CHAPTER THREE - POLICIES AND STRATEGIES

3.1 Current Situation

Available evidence indicates that PNG is currently facing a HRH crisis. The health sector is experiencing a decline in the number of skilled health workers, a disproportionately low number of skilled workers in rural areas resulting in inequitable access to health services, low productivity of health workers and uncompetitive conditions of service. The human resource management challenges facing the sector stem from years of underfunding by government and the neglect of HRH issues. These challenges now demand attention from the government as a result of an overall decline in the quality of health services delivered and the poor health status of PNG citizens.

The Human Resource Forums held in 2008 and 2009 formulated a number of resolutions which included; the need to develop a Health Human Resource Policy, conduct of an in-depth study on the proposed establishment of a Community Health Post, the development of policies and strategies on the Education and Training of health professionals, workforce planning and the development of a HRH Information System.

The lack of coordination between training institutions as producers of health professionals, the NDoH and provinces as the major employers of health workers and professional bodies as regulators who are responsible for defining curricula, certification criteria and practice standards needed to be resolved urgently. This would avoid situations in which health professionals complete their training in PNG but are considered ineligible to practice their specialties in PNG. This is an avoidable waste of scarce public resources.

The National Health Conference held in Goroka in 2009, also highlighted human resource challenges facing PNG. The conference noted that these challenges had been with the National Department of Health for a very long time, especially the absence of a Health Workforce plan and a Health Human Resource Policy. There was consensus that inattention to these challenges had negatively affected the management and delivery of health services in PNG.

The focus of the NDoH Human Resources Department is skewed towards personnel administration as opposed to focusing on a more holistic and integrated approach that addresses all aspects of workforce issues which include planning for supply of the workforce, liaising on education and training, management of performance and improving their working conditions. The lack of regular strategic consultations has resulted in training programs either duplicating or not responding to health sector needs and priorities.

Improved planning requires accurate and reliable data and information on the prevailing staffing situation, accurate methods for staff projections and close coordination between supply and capacity absorption. Weaknesses in information capture and management have over time have resulted in an unbalanced and inequitable distribution of health staff between remote and isolated areas and urban areas. This imbalance has been compounded by inadequate HRH management capacity within provincial governments, especially after the decentralization of decision making with regards HRH issues.

Considering that the health sector employs a large proportion of women, women still have fewer opportunities than their male counterparts to occupy leadership positions within the health sector. There is a need to create a conducive environment that tolerates, encourages and supports women to apply for other types of health professions and management positions. Within the context of implementing this policy, a monitoring framework for gender equity will be essential.



3.2 Issues and Policy Response

The following areas of human resource management require synthesis and the assessment of policy options in terms of legitimacy, feasibility and affordability in the context of a whole of government approach to resolving PNG's HRH.

3.2.1 Advocacy

The importance of HRM in the Health Sector has now been recognized by the government of PNG. The National Department of Health will work with central agencies, development partners, the private sector, NGOs and other relevant stakeholders to elevate human resources for health issues higher on the national development agenda and national policy processes and documents.

Human resources for health issues will be elevated higher on the national development agenda in PNG.

STRATEGIES:

1. The health sector will advocate for human resources for health challenges to be addressed as a whole of government agenda
2. The HRH policy will be widely disseminated to ensure that all partners and service providers implement and monitor its impact in a coordinated manner.
3. All health sector stakeholders will support and promote the implementation of health programs at National, Provincial, District and Local Level Government levels using qualified staff.
4. Professional ethics and standards will be promoted for all health workers

3.2.2 Training and Education

The implementation of health workforce education and training has been poorly coordinated. This is a direct result of the lack of training needs analyses (TNA) and plans, insufficient or absent data to verify training needs. Poor quality control of pre-service training curricula for many of the health cadres has resulted in inadequately trained staffs that do not have the relevant skills to match PNG's health service delivery requirements. In the case of in-service and postgraduate training, there has not been strict adherence to any systematic processes due to the absence of appropriate policies, plans and guidelines.

Educational and competency levels of health personnel will be improved through strengthening accreditation and existing regulatory framework for health and health related training institutions.

STRATEGIES:

1. The government, through NDoH, will support and coordinate all health workforce training activities undertaken by both public and private health training institutions.
2. The National Department of Health will establish collaborative working relationships with regulatory professional bodies and strengthen coordination mechanisms.



3. All training programs for health professionals will conform to the National Accreditation Framework of the Office of Higher Education (OHE), the National Qualifications Framework (NQF) and be in harmony with other national policies and statutory documents pertaining to Health Training and Education.
 - A uniform academic and professional accreditation standard will be developed and set by the PNG universities, health training institutions and Professional Regulatory Bodies to ensure standardized qualification outputs.
 - All new training programs and curricula adjustments for Nursing, Midwifery and Community Health Workers (CHWs) will be carefully analysed and approved separately by the Health Curriculum Advisory Committee and Professional Regulatory Bodies through NDoH.
3. The training curricula across all health training institutions in PNG will be unified to ensure quality control in training outputs and conformity with existing regulatory standards.
4. The NDoH will jointly review regulation standards with training institutions and other accreditation bodies as deemed appropriate such as the National Training Council (NTC) and Professional Regulatory Bodies.
5. NDoH will approve all informal in-service or competency based health training conducted at the provincial and district levels to the extent possible in-service training will be delivered in an integrated manner across programs.
6. Training programs will be developed taking into consideration health sector needs, cost effectiveness and limited resources.
7. The development of learning methods will focus on enhancing competencies with emphasis on multi-skill training.
8. Training will be encouraged onshore if available in-country, if not, this will sourced from overseas accredited distance education programs or through approved full time overseas scholarships and workplace attachments at overseas institutions.
9. Only certified training institutions or organizations operating within the approved accreditation framework will be allowed to train health workers.
10. Training of health cadres will be in accordance with health sector priorities and National Health Services Standards.
11. Health training institutions shall have the appropriate teaching capacities, certified trainers/lecturers and be of approved standards.
12. Mechanisms to guide education, training and curriculum development for human resources for health will be developed.
 - All health sector service delivery partners will develop and apply appropriate Training Policies and Guidelines/Plans.
13. Training Needs Analyses will form the basis for the development of training plans.



14. A Career Development Framework will be developed for all health cadres.
15. The health sector will encourage and facilitate in-house training or on-the-job training in line with NDoH guidelines at all levels of the system.
16. The public and private sector will invest in the rehabilitation of health training institutions and the establishment of new institutions (as necessary). Resources will be made available to ensure the proper function of such training institutions

3.2.3 Recruitment and Placement

There are obvious succession gaps in the areas of management and service delivery. Staff shortages in key positions have resulted from deficiencies in succession planning and rigid staff ceilings. This has made it very difficult for the health sector to achieve its executive talent development objectives and national health priorities.

All health service providers will recruit and place health personnel in appropriate positions to perform specific functions that contribute to the achievement of national health goals and objectives.

STRATEGIES:

1. NDoH will establish mechanisms to utilize health personnel in a manner that is consistent with their skills and competencies, and under conditions that promote an effective work environment, ensuring a balanced geographical distribution of health personnel across the country to meet the population's health needs.
2. Employment and staff ceilings for all non-clinical positions will be reviewed to ensure there is an adequate number of support administrative staff and non-clinical personnel.
3. Staff ceilings for clinical establishments will be reviewed across all clinical cadres based on a needs assessment and financial resources required to support such changes mobilised.
4. Succession planning for all clinical and administrative positions will be a component of every annual activity plan.
5. Organizational and Job orientation will be compulsory.
6. External representation on the selection and recruitment panels will be a requirement, as specified in the 2012 revised Public Service General Order and other relevant existing laws & policies.
7. Public Service General Order, Public Service Management Act, Labour & Employment Act and other employment legislation will be the primary reference base to clarify the conditions of service for Casual Employment.
8. The sector will develop strategies to attract and recruit skilled Papua New Guinea nationals living and working abroad.
9. Overseas recruitment will be considered to meet shortfalls where locals are not able to meet.
10. Guidelines for orientation, integration and accreditation of health workers trained abroad to work in the PNG health delivery system will be developed and enforced.



3.2.4 Salaries and Benefits

Conditions of employment for health workers in the public sector have not been systematically reviewed and remain uncompetitive.

Mechanisms for attracting and motivating the workforce will be addressed by all health service providers.

STRATEGIES:

1. Clear and evidence based motivation strategies for health workers will be developed to ensure continuity in service delivery.
2. Performance based salary at the lowest level or scale will be reviewed to attract, retain and motivate health workers.
3. Superannuation benefits will apply to all health sector workers, including those in Casual Employment, the private, public and non-government sectors.
4. Mechanisms for leave, other entitlements and employment benefits will be reviewed to ensure they are sound, attractive and affordable.
5. Salary packaging will be encouraged for the health sector workforce
6. Strategies and incentives will be developed and implemented to attract skilled health workers to work in rural and remote areas of PNG so as to improve equity in access to health services across the country

3.2.5 Retention

Because the conditions of service for health workers are uncompetitive, the sector has not been able to retain its experienced workforce. Health professionals, especially doctors and nurses, are leaving the public sector for the private sector with some migrating from PNG in favor of overseas employment. The attrition from the public sector has recently escalated as civil servants opt to join the Liquid Natural Gas (LNG) project. Specialist training overseas does not always reflect the realities of PNG resulting in highly trained PNG nationals remaining in developed country institutions that are comparatively better equipped. Specialist health workers tend to prefer to work in the private sector which pays better and is better equipped.

All health service providers will collaborate to minimize the exodus of health professionals from the public sector and from PNG.

STRATEGIES:

1. NDoH will develop a comprehensive strategy to improve the conditions of service for all health workers in PNG in-consultation with relevant stakeholders.
2. NDoH will develop an Incentives/Retention Plan to recognize and reward high performing staffs within the health care system.



3. The health sector will implement strategies to minimize the movement of professional health workers into administrative positions, including the consideration of parallel progression in promotion
4. Professional Health workers whose training is sponsored through public funds will be contractually bonded to serve in the PNG public sector for at least five years before leaving the PNG health sector – provided that such bonding also applies to other civil servants in similar circumstances.
5. An incentive package for support staff, other health professionals and technical workers not covered under industrial awards or salary package remuneration for performing activities beyond their scope of work in their job descriptions will be developed.
6. All health workers will be afforded equal opportunities and access to high quality training and development programs on a needs basis.
7. All health workers leaving the sector will be subjected to an exit interview in order to document their reasons for leaving the organization.

3.2.6 Workforce Planning

The health sector does not have a Health Workforce Plan and does not have the capacity and capability for workforce planning. Short-term HRH interim plans are not credible since they are not formulated based on credible data or information. This has resulted in a situation where national health authorities do not have a clear picture with regards to geographic (mal)-distribution of the health workforce, disparities or inadequacies in the numbers of health cadres or the HRH profile and demographics.

Workforce planning will be geared towards making available the right competencies in the right numbers to deliver quality health services.

STRATEGIES:

1. The health sector will develop a comprehensive and well-coordinated national health workforce development plan in collaboration with its main partners based on the analysis and review of the HRH situation conducted for PNG.
2. Workforce plans will be developed every ten years and reviewed every five years in tandem with reviews of the National Health Plan and Health Sector Training Plans.
3. The capacity for HR Planning within NDoH, provincial governments and PHAs will be strengthened and integrated in all planning processes.
4. An Operational Guideline Manual will be developed to guide the management & treatment of casualties.



3.2.7 Industrial Relations

There is currently no effective mechanism developed to address industrial disputes within the health sector. Internal mechanisms have not been properly applied resulting in industrial issues not being resolved in a timely and satisfactory manner.

NDoH will promote good labour/industrial relations, transparency and fairness.

STRATEGIES:

1. NDoH will facilitate timely consideration and implementation of decisions on industrial relations matters and promote industrial harmony.
2. NDoH will develop and strengthen mechanisms to promote harmonious industrial relations through:
 - developing effective communication mechanisms that facilitate timely decision making on industrial relations matters and their implementation.
 - developing an awards framework and payment system that ensures the timely processing of industrial awards.
 - obtaining regular and up to date health workforce data and related information from the NDoH HR Branch and other relevant sources for consideration before the awards are processed.
 - pre-planning, forecasting and budgeting - as necessary- to anticipate and manage industrial issues that may arise from time to time.
 - the establishment of an independent authority that will negotiate and set terms and conditions of employment of all health professionals replacing the many different health workers industrial unions
3. The procedures that govern Industrial Relations will be strictly adhered to when handling and dealing with Industrial matters.
4. Management decisions will be consistent with set agreement or relevant legislation.
5. An effective recording and inventory system will be established to monitor all industrial agreements signed, implemented and/or funded.
6. Public sector health workers will adhere to the public service disciplinary code and grievance handling procedures as well as other (government) rules and regulations.



3.2.8 Gender Equity

While there are predominantly more females employed in the health profession, this ratio does not hold true with respect to females in leadership roles and senior appointments within the health sector. There are also imbalances in pre-service and post-service training across health cadres where either males or females are under/over-represented.

No health worker shall be discriminated against based on gender.

STRATEGY:

1. The health sector will promote Gender equality principles in all aspects of work, including training, recruitment, selection, placement, promotion and professional development in consistent with the Gender Equity and Social Inclusion Policy and Health Sector Gender Policy.
2. All Health Sector organisations will develop in house workplace policies to complement overall health sector and government policies.

3.2.9 Human Resource Information System (HRIS)

There is lack of a reliable Human Resources Information System (HRIS) at all levels of the health system. HRM data are outdated, incorrect and incomplete and cannot support effective HRH planning and management.

The HRIS will form the basis for HRH planning, management and decision-making.

STRATEGIES:

1. NDoH will maintain an up to date national HRH database of all health personnel.
2. NDoH will strengthen and maintain a functional integrated HRIS which can produce quality and up to date data to inform policy, implementation and decision making at all levels.
3. NDoH will undertake a comprehensive review and update of the HRIS every two years
4. Each province, PHA and public hospitals will establish and maintain a central database and job profiles for their health employees
5. Public Hospitals, Provincial Health Divisions, Provincial Health Authorities, District Health facilities and church providers of health services will update their HRH records and submit quarterly and annual reports on a regular basis.
6. NDoH will develop appropriate data collection instruments and redesign the HRIS to capture HRH information essential for planning, policy review and decision-making.
7. All decisions relating to matters of HR planning, workforce projections and distribution will be evidence-based and made with reference to the updated HRIS.



3.2.10 Strategic Partnership

The production, recruitment, deployment and management of HRH in PNG are complex and involve several stakeholders who are currently not very well coordinated. As a result inter-sectoral collaboration, external partnerships and networking are weak. This has resulted in the fragmentation of efforts to develop and implement strategies, plans and programs aimed at addressing HRH issues in the health sector in a coherent manner.

In implementing and monitoring the HRH policy, NDoH will establish and strengthen collaboration with partners within and outside the health service delivery system. .

STRATEGIES:

1. All health sector partners; public, private and NGO providers of health services, Professional Regulatory Bodies, Health Training Institutions, and private individuals will collaborate in addressing HRH issues.
2. Collaboration in the training of health workers will be strengthened:
 - Health partners providing informal training for health workers and village-based volunteers will do so in consultation and collaboration with NDoH and relevant Professional Regulatory Bodies.
 - Collaboration and dialogue will form the basis for resolving matters relating to compliance with health policies and standards.
 - Partners will share information that is relevant to HR planning and decision-making.
 - Memoranda of Agreement or Understanding will be entered into in partnership arrangements in order to establish a clear demarcation of roles and responsibilities with regards the regulation and management of HRH.
3. Relevant stakeholders will be consulted on a regular basis to participate in the review of HRH policies, processes and procedures.
4. Mechanisms for collaboration across health partners will be developed to facilitate the timely mobilization of health workers to provide disaster relief and emergency support



3.2.11 Performance Measurement

Staff performance appraisals have been irregular, inconsistent and ineffective, making it difficult to ascertain staff competency, capacity and productivity. Staff evaluations have mainly focused on the determination of monetary awards and facilitating staff eligibility for training with minimal concerns for management and leadership capacities.

NDoH will develop and apply key performance indicators (KPIs) as a basis for staff performance appraisal.

STRATEGIES:

1. NDoH will coordinate the development of job descriptions and person specifications for all categories of health workers
2. The performance of health workers will be regularly appraised in line with existing General orders to ensure high standards of performance and quality of care.
3. Management at all levels of the health system (NDoH, public hospitals, provincial & district) will appraise the performance of their staff and provide regular and timely feedback to staff.
4. The relevant employers/authorities will conduct Performance Appraisals for employees at church run clinics and training institutions.
5. Key Performance Indicators (KPIs), targets and competencies will be established as a basis for the performance appraisal of health managers and staff against their activity plans.
6. Leadership and management skills of relevant health workers will be assessed on a regular basis.
7. Effective supervision and workplace leadership will be recognized as a priority activity and an essential performance management tool in the health sector.
 - All health service providers and sector partners will consult with NDoH and develop a comprehensive Succession Plan and strategies to ensure consistency in performance levels.
 - Duty statements of responsible officers will include effective supervision and mentoring responsibilities.

3.2.12 HIV/AIDS

Not all health sector partners have developed policies to address HIV/AIDS in the work place for their organizations. Such policies are necessary as part of a comprehensive approach to which ensures that health workers observe the necessary infection prevention measures when dealing with patients and avoid stigmatization of patients, clients and associates living with HIV.

HIV/AIDS workplace policies will be part of HRH strategies and activities.

STRATEGIES:

1. All health service providers will develop and implement effective HIV/AIDS workplace policies and review all HRM policies and practices to respond to the impact of HIV/AIDS on the health sector workforce.
 - All health sector partners will consult with NDoH in developing such HIV/AIDS workplace policies.



- Individual health sector partners will review their existing organizational workplace policies to ensure that they respond effectively to the impact of HIV/AIDS on the workforce.

3.2.13 Retrenchment & Retirement

The lack of correct data and information on the health workforce has resulted in inadequate planning for the retrenchment and retirement for health staff. About 40% of the health workforce are between 45 - 55 years of age or over and have either passed their retirement age, are at their retirement age or about to reach retirement. Because of poor planning and a lack of anticipation from health authorities, many retired health workers wait years after retirement before receiving their full entitlements.

Health service providers will effectively manage the release of retrenched and retired health personnel.

STRATEGIES:

1. Existing mechanisms for handling retrenched and retired officers will be clearly spelt out and communicated to the health workforce.
 - NDoH and relevant partners in health service delivery shall develop a framework for the retrenchment and retirement of the health workforce.
 - NDoH shall negotiate with relevant government agencies to increase the retirement age for medically fit health professionals meet HR shortfalls.
2. Mechanisms for workforce retirement planning will be integrated into workforce planning and reviewed by NDoH.
3. Funding for retrenchment and retirement exercises will be pre-planned and adequately budgeted for.

3.2.14 Communication and Decision Making

There is ineffective communication at all levels within the health sector. Ineffective modes of communication hamper decision making, timely implementation of decisions and reporting of progress.

All health service providers will strengthen and maintain communication and decision making processes.

STRATEGIES:

1. Review, adjust and strengthen communication channels to allow flexibility and reliability in the enforcement and effecting of decisions.
2. Where necessary, develop new decision making and communication channels where proficiency and effectiveness are concerned.



3.2.15 Occupational Health and Workplace Safety

Occupational health and safety standards and mitigation measures in almost all health establishments are poor. Non-compliance with safety procedures, infection control measures, procedures for clinical waste disposal and the absence of health and safety training for health workers endanger the health and well-being of health workers and patients in all health facilities – public and private.

Safe working environments, practices, standards and health promoting behaviour will be strengthened and enforced by all health service providers.

STRATEGIES:

1. Appropriate policies, standard practices/procedures, by-laws and guidelines to enhance, promote and maintain safe working environments, practices and safety standards in all health administrative areas, clinical institutions and health facilities will be developed and strengthened.
2. Regulatory and enforcement systems to ensure strict compliance with work place safety procedures and practices will be strengthened.
3. Health and safety procedures will be strengthened and/or incorporated into all health workforce-training curricula.
4. Workplace policies will consider workers with special needs such as those with physical disabilities.

3.2.16 Ethics and Conduct

Unethical behaviour has permeated across the health sector. This has resulted from inadequacies in the management of staff discipline in the public sector. Existing public sector disciplinary procedures are not enforced. This has resulted in a decline in staff morale and levels of commitment, all of which have negatively affected service delivery.

Ethical conduct will be advocated for and reinforced throughout the health sector.

STRATEGIES:

1. All health institutions will review and/or develop appropriate work ethics and practices in line with guidance from Professional Regulatory Bodies.
2. Good work ethics and conduct will be a condition for employment.
3. Professional ethics will be taught in all health training institutions.
4. The principles of ethical conduct will be incorporated into existing or new workplace policies.
5. Professional Regulatory Bodies will review and/or develop mechanisms to reinforce and strengthen ethical conduct and discipline.



6. Mechanisms for enforcing discipline in the workforce will be strengthened.
7. All health workers in the health sector will comply with their respective professional code of ethics and conduct.
8. NDoH will develop national guidelines and code of conduct to regulate dual practice by health workers/professionals employed by the state and, in particular for medical doctors, to agree with National Doctors Association on an appropriate set of penalties for infringement of these guidelines.

3.2.17 Organization Design and Service Delivery Models

Job descriptions and person specifications have not been adequately aligned to the core functions of the rapidly evolving health sector. This has resulted in many functional outputs not directly linked to organizational plans and priorities as defined in the NHP.

All partner agencies in health service delivery will align staff requirements to evolving service delivery models and design organizational structures that can achieve the National Health Plan goals.

STRATEGIES:

1. Organizational structures and staffing patterns of the NDoH, provinces, PHAs, church providers of health and the private sector will be aligned to changing service delivery models – especially with respect to redefining professional roles to achieve the integration of services; the versatility of staff to acquire new skills and adapt to technology transition
2. The functional units will be designed with appropriate and adequate positions to carry out specific tasks as required.

3.3 Resource, staffing and service implications

The government needs to plan its HRH to match the health service demands of PNG's population, which is growing at a rate of 2.8% annually. The costing of the health workforce plan will determine the resource implications of this HRH Policy. The workforce plan will be geared towards addressing the critical shortage of skilled and unskilled health workers in the health sector. The World Bank HR Study Report (2011) projects that a total of about K615 million will be required to achieve the health workforce targets of the Papua New Guinea Development Strategic Plan by 2030.

Staff projections from the health work force plan will provide the basis on which Nursing Colleges, CHW Training Schools and Universities will increase their intake and output of health workers required to satisfy the needs of the health sector. Adequate resources will also be required to improve staffing levels, training infrastructure and equipment at health worker training institutions.

Additional resources will be required to enhance in-service training and continuing education programs required to improve health workers skills, competencies and productivity and to up-skill health workers to produce specialist doctors, nurses, and other health professionals for better health services in PNG.

Based on a whole of government approach, adequate financial resources will be required to increase staff ceilings/establishments and to improve the conditions of service for all health workers at all levels of the health system and in line with service delivery demands.



CHAPTER FOUR - IMPLEMENTATION PLAN

Implementation of the policy will be within the legislative framework of the Organic Law on Provincial and Local Level Government 1995, National Health Administration Act 1997, Public Hospital Act 1994 and Provincial Health Authorities Act (2007).

This means NDoH as the steward of the health system will oversee and coordinate the implementation of this policy. It will lead the health sector by developing a Health Sector Workforce Plan to complement this policy and the National Health Plan 2011- 2020.

All provinces, public hospitals and Provincial Health Authorities are required to implement this policy by planning and budgeting for their human resource needs and management within the legislative framework governing their operations. This should be an ongoing process through normal annual planning and budgetary process.

Partners such as private and Non- Government Organizations service and training providers are required to implement this policy as relevant to their situation. They will work in partnership with government agencies as stipulated in the Health Sector Partnership Policy 2013



CHAPTER FIVE - MONITORING AND EVALUATION

5.1 Monitoring Arrangements

Implementation of this policy will be monitored through Key Performance Indicators (KPIs) to be developed at national and provincial levels and benchmarked against Key Result Areas (KRAs) specified in this policy and other health sector plans.

STRATEGIES:

1. NDoH will monitor implementation of the HRH policy on a regular basis in collaboration with all relevant stakeholders.
2. The HRH Policy Performance Measure Matrix will be reviewed and updated in line with the periodic review of the Health Sector HR Policy.
3. HRH KPI data will be collected at the service delivery level by all health service providers and monitored on regular basis by the respective Provincial Health Performance & Governance Committees.
4. All collaborating health service providers will jointly participate in the collection of HRH KPI data.
5. All health service providers at all levels of the health delivery system will develop HRH evaluation frameworks for their annual activity plans with specific targets to assess their own performance
6. NDoH will conduct Performance reviews of the Health Sector HR Policy every five years.
7. Provincial Health Performance & Governance Committees will conduct policy reviews annually and advise the National Health Personnel Committee on the agreed program KPIs.

5.2 Reporting and Accountability

Existing mechanisms within the National Health system, in line with the Provincial Health Authorities Act 2007, the National Health Administration Act 1997, the Public Hospitals Act 1994 and the Organic Law on Provincial Governments and Local Level Governments 1995 will be used to monitor and report on the implementation of this Policy.

These will be as follows:

1. At the national level, the Personnel Committee will report on policy implementation to the National Health Board through NDoH Senior Executive Management and Secretary for Health.
2. The National Health Board will provide oversight on the implementation of the policy at all levels of health service delivery.
3. At the Provincial and District Level, the Provincial Management Coordination Committees will support PHA Boards of Governors to advise Provincial Health & Hospital Board and oversee policy implementation and report on the performance.
4. Provincial Coordination Management Committees will support Boards of Governance of PHAs, provincial health and public hospitals to oversee the implementation of HRM Policy at the provincial and district levels.



ANNEX ONE: PROGRAM PERFORMANCE MEASURE

Policy Focus Areas	Target/Benchmark	Monitoring Indicator	Data source & frequency	Responsibility
<p>1. Advocacy</p> <p>All sector partners will advocate for collaboration among all health sector partners and funding agencies at all levels of the health system.</p>	<p>By end of 2014 mechanisms between NDoH and its partners for promoting, facilitating, improving and supporting the health workforce and its management will be developed and strengthened</p>	<p><i>Number of mechanisms for advocacy developed</i></p> <p>All Health sector workforce and management activities are supported and promoted by all health sector partners</p>	<p>Annual sector reports from all relevant partners</p>	<p>NDoH Management – All sections responsible for HR, Policy And Health Standards</p> <p>PHAs in collaboration with Provincial Governments; health service delivery partners</p>
<p>2. Education and Training</p> <p>Enhancement of educational and competency levels for health personnel will be raised by all associated health accreditation and training partners to improve health care service delivery.</p>	<p>By the end of 2015 Training plans developed and conform to National Qualification standards</p> <p>By 2015 Health sectors partners will have Training Policies and Guides.</p> <p>By 2015 academic and professional accreditation standards will be set</p> <p>By 2014 develop career framework for various health cadres</p> <p>By 2014 all training curricula will focus on principles of competency-based training and multi-skilling</p> <p>By 2014 review all training programs to have consideration to sector needs, priorities and national health standards</p> <p>By 2014 all health training institutions will have the right teaching capacities and be of standards</p> <p>By 2014 training curriculum for various cadres to be standardized across sector</p>	<p><i>Number of health sector partners developing training plans</i></p> <p>Training plans developed by all health sector partners providing training</p> <p><i>Number of Training Policies and Guides/Plans developed -by NDoH and its health sector partners</i></p> <p><i>Accreditation standards established and in place</i></p> <p><i>Career Development Framework developed</i></p> <p>All curricula based on competency-based training & adult learning principles</p> <p><i>% of Training programs that meet priority needs and national health standards</i> Target -80%</p> <p>More than 80% of work done to improve teaching capacities and learning standards</p> <p><i>Training curricula for all cadres standardized across sector</i></p>	<p>Copies of Plans and Annual Reports for training providers</p> <p>Copies of Training Policies/Guides and Annual Review Reports</p> <p>Annual Audit reports</p> <p>HR Training Forum Report</p> <p>Annual Reports</p> <p>Annual Reports</p> <p>Annual Reports</p> <p>Annual Reports</p>	<p>NDoH HR Training & Curriculum Section, Hospitals, PHAs in collaboration with Provincial Governments; health service delivery partners</p> <p>Professional Regulatory Bodies, Universities & HR Training & Curriculum Section NDoH HR Training & Curriculum Section HR Training & Curriculum Section, health training institutions and Universities</p> <p>HR Training & Curriculum Section, health training institutions and Universities</p> <p>HR Training & Curriculum Section, health training institutions and Universities</p> <p>HR Training & Curriculum Section, health training institutions and Universities</p> <p>HR Training & Curriculum Section, health training institutions and Universities</p>
<p>3. Recruitment and Placement</p> <p>All health service providers will recruit and appropriate place all health personnel within the sector to achieve national health priorities.</p>	<p>By 2015 Staff establishment ceilings will be reviewed to ensure cost-effective and adequate number of staff number</p>	<p><i>Staff ceilings that are reviewed to meet service demands</i></p> <p>Adequate workforce numbers to execute specific and priority health areas.</p>	<p>Sector reports</p> <p>HR Training Report,</p>	<p>NDoH HR Management PHAs in consultation with Provincial Governments, health service delivery partners</p>
<p>4. Salaries and Benefits</p> <p>Mechanisms for attracting and motivating the workforce will be addressed by all health service providers.</p>	<p>By 2015 salary levels will be reviewed and improved</p> <p>By 2015 mechanisms for other employment benefits will be improved</p>	<p><i>Salary levels improved or reclassified</i></p> <p>80% of work done to improve or develop mechanisms for improving employment benefits</p>	<p>Annual Report</p> <p>Annual audit reports to NDoH SEM and NHB</p> <p>Annual National Health Conference Report</p>	<p>NDoH HR Management; PHAs in consultation with Provincial Governments; health service delivery partners</p>
<p>5. Retention</p> <p>The exodus of health professionals will be minimized by all health service providers to maintain progressive minimum standards for health care.</p>	<p>By 2015 retention mechanisms will be developed, strengthened and implemented</p> <p>By 2015 Incentive/Retention Plan will be developed and implemented</p>	<p>80% of mechanism tools in place</p> <p><i>Incentive Plan developed</i></p>	<p>Annual reports NDoH SEM and NHB</p> <p>Annual Performance Report</p>	<p>NDoH HR Management; PHAs in collaboration with Provincial Governments; health service delivery partners and All health service delivery partners</p>



<p>6. Workforce Planning</p> <p>NDoH will ensure an effective workforce planning system aligns human resources with health care service targets and sector priorities.</p>	<p>By 2013 Health Sector workforce Plan will be developed</p> <p>By 2014 HR Planning Framework will be adopted or developed</p> <p>By 2015 HR Planning capacity and functional linkages will be strengthened at all levels</p>	<p><i>% of Workforce plans developed -by NDoH and partners All HR Planning Framework in place</i></p> <p><i>80% of efforts achieved and linkages strengthened</i></p>	<p>Copies of plans sent in to NDOH</p> <p>Annual Audit Reports to NHB;</p> <p>Annual Performance Report</p>	<p>NDoH HR Policy, Planning and Information section; PHAs in collaboration with Provincial Governments; health service delivery partners</p>
<p>7. Industrial Relations</p> <p>NDoH will facilitating timely and prompt consideration and implementation of decisions relating to industrial relations matters will promote industrial harmony.</p>	<p>By 2014– Develop mechanisms to promote greater industrial harmony, timely and prompt implementation procedures.</p> <p>By 2014 – developed an awards framework and payment matrix</p> <p>By 2014 establish an industrial agreement inventory</p>	<p><i>Number of mechanisms and procedures developed</i></p> <p><i>An awards framework and a payment matrix is developed</i></p> <p><i>An industrial agreement inventory is established</i></p>	<p>Annual Audit Reports to NHB, NDoH SEM</p> <p>Annual Performance Reports</p>	<p>NDoH HR Management – Industrial Relations Unit, PHAs in collaboration with Provincial Governments</p> <p>NDoH Industrial Relations Unit</p>
<p>8. Gender Equality</p> <p>Gender equality will be a principle of collaborative and holistic work partnership for all health service providers in enhancing health care services delivery.</p>	<p>By end 2014 HR Policies and Plans will be reviewed to ensure that gender equality is addressed</p>	<p><i>Number of policies reviewed to facilitate gender equality</i></p> <p><i>Issues of gender equality are addressed in all HR policies</i></p>	<p>Bi-annual policy review reports to NDoH SEM</p> <p>Annual Performance Report</p>	<p>NDoH Strategic Policy Branch ; HR Management –HR Policy, Planning & Information Section, PHAs in collaboration with Provincial Governments and All health service delivery partners</p>
<p>9. Human Resource Information System</p> <p>The HRIS will be used by NDoH for planning and management decision making.</p>	<p>By 2015 all human resources planning and management decision-making will be done with reference to reliable information</p> <p>By 2014 appropriate data formats developed and HRIS redesigned</p> <p>By 2015 all workforce records will be updated</p> <p>By 2015 a central workforce data base will be established for each province</p> <p>The HRIS will be updated bi-annually</p>	<p><i>Comprehensive and up to date HRIS developed</i></p> <p><i>A regularly updated and reliable sector-wide information system will be established</i></p> <p><i>HRIS redesigned and data formats developed 80% of records updated</i></p> <p><i>A central provincial data base established</i></p> <p><i>Updated and reliable HRIS</i></p>	<p>Bi-annual update Reports to NDoH SEM</p> <p>Annual Performance Report</p>	<p>NDoH HR Management –HR Policy, Planning & Information Section, PHAs in consultation with Provincial Governments</p> <p>NDoH HR Policy, Planning & Information Section</p> <p>PHAs in consultation with Provincial Governments</p> <p>NDoH HR Policy, Planning & Information Section</p>
<p>10. Strategic Partnership</p> <p>Partnerships and linkages will be strengthened between health sector partners for the purpose of developing and supporting the Health sector human resources in the provision and delivery of health care services.</p> <p>NDoH will establish and strengthen collaboration with partners outside the health service delivery system.</p>	<p>By 2014 all health partners will have developed new mechanisms to support continuous inter-sectoral consultation and partnership</p> <p>By 2014 all health service providers will establish mechanisms and activity criteria for facilitating donor funding</p> <p>By 2014NDoH to developed flexible and efficient mechanisms for continuous consultation with relevant agencies and stakeholders</p> <p>By 2014collaborative mechanisms and efforts for enhancing workforce capacities will be strengthened</p>	<p>Support and consultative mechanisms between health sector partners strengthened</p> <p><i>Mechanisms and activity criteria for facilitating donor funding established</i></p> <p><i>Mechanisms for continuous consultation and input developed and improved50% of efforts achieved and mechanisms strengthened</i></p>	<p>Annual Reports to NHB and NDoH SEM</p> <p>Audit reports</p> <p>Annual inter-agency and stakeholder consultation reports</p> <p>Bi-annual HRM Performance Report</p> <p>Annual Performance Report</p>	<p>All Health sector partners , NDoH - Strategic Policy Branch; HR Management PHAs in collaboration with Provincial Governments and All health service delivery partners</p> <p>NDoH Strategic Policy Branch; HR Management NDoH HR Management and All health service delivery partners</p>



<p>11. Performance Measurement</p> <p>NDoH will develop and enhance key performance indicators (KPIs) to ensure health service delivery is of expected standards and quality.</p>	<p>By 2014 performance forms will be reviewed, re- developed and used</p> <p>By 2014 all health sector partners will regularly evaluate their staff</p> <p>By 2014 key performance indicators and competencies will be established</p> <p>Succession Plan developed by 2014</p> <p>By end 2014 all supervisors will be provided with supervisory and leadership training</p> <p>By 2014 management and leadership appraisals would be conducted</p>	<p><i>% of health staff using new performance forms</i></p> <p>Target-100% of I health staff</p> <p>Staff regularly evaluated</p> <p><i>Key performance indicators and competencies for jobs developed</i></p> <p><i>Succession Planning Guide developed</i></p> <p>More effective supervision and mentoring in the workplace</p> <p>Leadership and management identification programs developed and provided</p> <p>Management and leadership appraisal formats developed</p>	<p>Regular six monthly evaluation of health staff</p> <p>Annual Performance Management Reports and Audit reports and Annual Reports to NDoH SEM, and NHB</p> <p>Bi-annual HRM Performance Report National Health Conference Report</p> <p>HR Training Report</p> <p>Annual Management Report</p>	<p>NDoH HR Management – Personnel and HR Training–SDU, and HR Policy & Planning Section;</p> <p>PHAs in collaboration with Provincial Governments and All health service delivery partners</p>
<p>12. HIV/AIDS/STIs</p> <p>HIV/AIDS/STIs will be given serious considerations by all health service providers in all HR activities.</p>	<p>By end of 2015- all health sector partners will develop workplace policies on HIV/AIDS/STIs</p> <p>By 2014 existing policies will be reviewed to respond to impacts of HIV/AIDS/STIs</p>	<p><i>Workplace policies developed</i></p> <p><i>HRM policies reviewed</i></p>	<p>Annual Reports to NDoH SEM, and NHB</p> <p>Quarterly HRM Report</p> <p>Annual Performance Report</p>	<p>NDoH Strategic Policy Branch and HR Policy & Planning Section, Hospitals, PHAs in collaboration with PHAs; health service delivery partners</p>
<p>13. Retrenchment and Retirement</p> <p>All health service providers will efficiently and effectively manage the release of retrenched and retired health personnel.</p>	<p>By 2014 Retirement Handbook will be developed</p> <p>By 2014 Business Processes Guides will be developed</p>	<p><i>Retirement Handbook developed</i></p> <p><i>Business Processes Guide developed</i></p>	<p>Management Reports sent in to NDoH</p> <p>Annual Reports to NDoH SEM and NHB</p> <p>Annual Performance Report</p>	<p>NDoH HR Management - Industrial Relations Unit, HR Policy & Planning Section, PHAs in collaboration with Provincial Governments and All health service delivery partners</p>
<p>14. Communication and Decision Making</p> <p>All health service providers will strengthen and maintain communication and decision making processes.</p>	<p>By 2014 –mechanisms for effective communication and decision-making will be developed and strengthened</p>	<p>Mechanisms developed and strengthened</p>	<p>Reports sent in to NDoH</p> <p>Annual Reports to NHB, NDoH SEM</p>	<p>NDOH - Strategic Policy Branch and HR Policy & Planning Section ; and All health service delivery partners PHAs in collaboration with Provincial Governments</p>
<p>15. Occupational Health and Workplace Safety</p> <p>Safe working environments, practices, standards and health – promoting behaviour will be strengthened and enforced by all health service providers in all workplace, clinical institutions and facilities.</p>	<p>By 2015 workplace Policies, standard practice/procedure by-laws and Guidelines developed</p> <p>By 2015 strengthening regulatory and enforcement systems will be completed</p>	<p><i>Workplace Policies, standard practice/procedure by-laws and Guidelines developed and in place</i></p> <p>80% of the systems strengthened</p>	<p>Reports sent in to NDoH</p> <p>Annual Reports to NDoH, SEM, and NHB</p> <p>Quarterly HRM Report</p> <p>Annual Sector review Report</p>	<p>NDOH - Strategic Policy Branch and HR Policy & Planning Section ; Hospitals, PHAs in collaboration with Provincial Governments and All health service delivery partners</p>
<p>16. Ethics and Conduct</p> <p>Ethical conduct will be advocated and reinforced throughout the health sector.</p>	<p>By 2015 existing workplace policies & employment conditions to include principles of ethical conduct will be completed</p>	<p><i>Workplace policies & employment conditions include principles of ethical conduct</i></p> <p>Target: 100%</p>	<p>Reports sent in to NDoH, Annual HRM Report</p> <p>Annual Reports to NDoH SEM, and NHB</p>	<p>Professional Boards</p> <p>NDoH HR Management, PHAs in consultation with Provincial Governments, all health service delivery partners</p>
<p>17. Organization Design</p> <p>All partner agencies in health service delivery will strategically design organizational structures to achieve the NHP priority areas.</p>	<p>By 2016 align organizational structures to achieve National Health Plan Priority areas.</p>	<p>Review & adjustment process done to 80% of health service organizations' structures</p>	<p>Reports sent in to NDoH, Annual HRM Report</p> <p>Annual Reports to NDoH SEM, and NHB</p>	<p>NDoH HR Management, PHAs in consultation with Provincial Governments, all health service delivery partners</p>



ANNEX TWO: GLOSSARY

Human Resources	The overall supply and pool of personnel available in the health sector.
Standards	The benchmarks that are set to boost efficiency, effectiveness and productivity levels.
Staff Empowerment	The holistic development of an employee to fully maximize productivity output in service delivery.
Industrial Harmony	A situation where health worker industrial groups are in agreement and unity with employment conditions and benefits.
Human Resource Management	The process that coordinates and manages human development and welfare of employees in an organization by building their capacity and skilling them to improve knowledge and better outcomes in their performance.
Health Systems	The structure of functions and processes established in the health sector that is used to execute health activities.
Personnel Development	The knowledge and skill development of personnel that is critical for effective and efficient execution and delivery of services.
Equitable	Services provided by all health personnel will be fair and responsive to any levels of demands.
Accessible	Basic health care services must be within reach and can be accessed by the majority of rural population and urban disadvantaged.
Community Based Organizations	Small organizations established and managed by people in local communities to organize and carry out self-help projects.
Workforce	All personnel working in the health sector, whether in administrative or clinical areas.
Partnership	The networking, aligning and harmonizing of work efforts by everyone with a stake in health to move the health systems.
Advocacy	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. (<i>WHO Advocacy Strategies for Health and Development, 1992</i>)
Retention	The process of encouraging and maintaining health personnel from leaving their jobs.
Planning	The process of working out the demand trend, supply, actual numbers and priority areas for human resource development and training relating to the health workforce.
Human Resource Information System	An information database containing vital employee information that is used for workforce planning.
Performance Measure	A framework that establishes standards for work and anticipated outputs.
Occupational Health	The part of health that concerns personnel working environment, safety and healthy behavior.
Ethics and Conduct	The principles, values and accepted norms that guide professional behavior and attitudes towards performing designated duties.
Practices	The procedures and processes developed as well as the norms of ensuring activity-effectiveness and service efficiency.
Civil Sector	The general public domain which comprise
Accreditation	The official certification and recognition awarded to health personnel to allow them to practice their trained professions.
Professional Regulatory Bodies	The authoritative bodies responsible for the accreditation of the different cadres of health workers, monitoring of their professional conduct and instituting discipline to those in breach of the code of ethics.
Training Institutions	Institutions that provide professional health training for clinical personnel.
Health Workers	Professionally trained health personnel who carry out clinical functions or person graduated from any health discipline.
Village Based Volunteers	People in local communities who are given basic training on first aid nursing and midwifery.
Legislative Framework	The legal parameters, to which human resource functions and activities are governed, operated or executed.