

GOVERNMENT OF SIERRA LEONE



MINISTRY OF HEALTH AND SANITATION

HUMAN RESOURCE FOR HEALTH POLICY

“Motivated Health Workforce contributing to National Development”

August 2012

Foreword

The development of this Policy on Human Resources for Health (HRH) is a demonstration and acknowledgment by the Ministry of the central role the health workforce plays in achieving the objectives of the health sector. It also shows our determination to confront the human resource challenges bedeviling the sector. Hitherto approaches towards human resource management have been reactive and ad hoc. These have impacted negatively on the quality of healthcare and services delivery and resulted in a critical shortage of manpower, lack of coordination, inequitable skills distribution and imbalances of skills, and insufficient planning and management capacity. These have all constituted a major constraint to achieving the objectives of the health sector.

This new Policy has been developed based on the Situational Analysis contained in the Human Resources for Health (HRH) Country Profile Template, showing the current and future staffing needs across the whole health sector in Sierra Leone using trends analysis to identify the likely situation over the next five (5) years. The policy demonstrates the commitment of the Ministry to meet the requirements for diversity, governance, ethics and training as well as enforcement of regulations.

The overall objective of the HRH Policy is to prioritize the retention of health workers and reverse the high attrition rates of qualified and experienced personnel; ensure continuous availability of well-motivated and quality health workers in sufficient quantities both at managerial and technical levels at the right place and at the right time. In this regard and for long term sustainability there is a compelling need for an evidenced based policy and strategies to develop, recruit and retain the right quality and quantity of skilled workforce with the right mix of skills to respond to current and emerging needs.

The HRH Policy will guide the actions of health workers in the provision of health care and services. The Policy describes the priorities that are to be achieved in the area of HRH functions, as it responds to implementation of the health priorities expressed in the current National Health Sector Strategic Plan, the Public Health Act 1960, the Joint Programme of Work and Funding (JPWF), 2012 — 2014, the health COMPACT and the realization of the goals of the Agenda for Prosperity. The Policy identifies the main strategies for achieving results from the health priorities, and provides a framework within which HRH functions can be coordinated and implemented.

This evidence-based policy document has been formulated by the Ministry of Health and Sanitation with the participation of key stakeholders including relevant Ministries, Departments and Agencies (MDAs) and Development Partners with support from the World Health Organization (WHO). It is my fervent hope that, henceforth, it will become the frame of reference for action towards increasing productivity in order to achieve quality, equitable, affordable and accessible healthcare and services for all Sierra Leoneans.



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Minister Of Health And Sanitation

Acknowledgments

The Human Resources for Health Policy is borne out of an open process of participation, intensive consultation, group work and a series of fact finding missions. The process involved health workers at national, district and community levels, civil society groups, the private sector, development partners, faith based organizations and other stakeholders.

I would therefore like to express my profound thanks and appreciation to all those who contributed to the formulation of this policy. My especial thanks go to the World Health Organization (WHO) and European Union (EU) for providing financial and technical support in the development of this policy.

The Ministry is also particularly grateful to the Directorate of Human Resources and the Human Resources for Health Working Group for their leadership role and commitment towards the successful conclusion of this policy.

Finally, the Ministry expresses its gratitude to all other individuals and Institutions for their unflinching contribution towards improving the health of the people of Sierra Leone. We hope that together we can achieve our goals in the “Agenda for Prosperity”



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Acronyms

BPEHS	Basic Package of Essential Health Services
FBOs	Faith Based Organizations
HR	Human Resource
HRH	Human Resource for Health
IMF	International Monetary Fund
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoHS	Ministry of Health and Sanitation
NHSSP	National Health Sector Strategic Plan
UNDP	United Nations Development Programme
WAHO	West African Health Organization
WHO	World Health Organization

1. Background

1.1 Introduction

The Ministry of Health and Sanitation is the government ministry responsible for the provision of health and sanitation services to the people of Sierra Leone. The services provided are guided by principles outlined in the broader policy context and in other national health priority orientations including Vision 2020: Agenda for Change, the Basic Package of Essential Health Services (BPEHS) and the internationally agreed commitments like MDGs.

Although the IMF and the UNDP note that there are some improvements in some of the health indicators in Sierra Leone, the country still faces some of the lowest health indicators in the world, including the fact that Sierra Leone is an identified HRH crisis country. Currently Sierra Leone is ranked as a Low Development Index country with a ranking of 180.

The poverty levels are still high with more than 70% of the population under extreme poverty and less than 50% of the population having access to basic sanitation services and good clean water. The country, like most sub-Saharan countries, faces a lot of developmental challenges which put public service ministries such as health under a lot of pressure.

The country adopted primary health care in the early 80's and recently reaffirmed its commitment to the same. With a population that is predominantly rural, it is only fitting that the majority of its health institutions are in the rural areas. The physical locations of these institutions suggest a fairly robust system that responds to poor community's needs. The system is however not sufficiently capacitated to respond adequately especially considering that whilst most of the facilities are in the rural areas, most of the well qualified staff are found in the urban centers.

Sierra Leone is classified as one of 36 countries with a health human resource crisis. According to current data health care facilities are operating at less than 50% of the total health workforce requirement according to established staffing norms. The biggest challenge is that there is no internal capacity to strategically manage the HRH function of the MoHS. At the moment, whilst the department's name is HRH, it is more of a personnel administration office that spends the majority of its time on transactional processes of personnel administration. By his own admission, the HRH director is overwhelmed with expectations for higher level performance yet there is no support system that he can rely on.

In addition, production of skilled health workers, especially specialists, is low; recruitment systems are weak and the overall human resource management has a number of gaps that need to be addressed.

1.2 Policy formulation process

The decision to develop an HRH policy for Sierra Leone was made by the Health Sector Steering Committee chaired by the Honorable Minister of Health and Sanitation. The HRH Technical Working Group was established, with the leadership of the Directorate of Human Resources, and given the task of developing an HRH Policy and Strategic Plan to guide the strengthening of the health workforce. The membership of the Group is broad based, involving all relevant stakeholders, as determined within the context of the National Compact agreement.

The process followed in the formulation of this policy is consultative and participatory, involving all members of the HRH Technical Working Group. With technical support provided by WHO, a detailed situation analysis was undertaken in November, 2011. The findings of this Country Profile Report were used to identify policy objective for HRH strengthening in Sierra Leone. In an inclusive participatory manner, the Directorate of HRH led the formulation of the draft HRH Policy through a series of consultations, meetings, and workshops facilitated by WHO. The draft Policy was widely circulated for additional comments and inputs and then validated in a national workshop. This HRH Policy was then endorsed by the Health Sector Steering Committee chaired by the Honourable Minister of Health and Sanitation.

1.3 Policy context

The Government of Sierra Leone in consultation with partners developed a 6 year National Health Sector Strategic Plan (2010-2015) which provides the framework for improving the health of the nation. The NHSSP strategic objectives under Human Resources include the development of an HR Policy and Strategic Plan to guide HR planning and management, enhancing training and management capacity, staff motivation, defined career paths and continuous education as well as the promotion of HRH Research.

Other policy orientations have also been embraced including sustainable human development, a strategy in the Poverty Reduction Strategy (PRSP, 2008 -2012) that has relevance to health care.

2. Situation analysis

A comprehensive nationwide situation analysis of the current status of Human Resource for Health in Sierra Leone was conducted in October, 2011, with the technical support of WHO and the participation of all key stakeholders, including civil society and the private sector. The Country Profile Report was validated in an inclusive and participatory manner in November, and the findings form the basis of this HRH Policy.

2.1 Governance for Human Resource for Health

There have been two attempts to formulate national policy to guide the development and management of Human Resource for Health in Sierra Leone, the first in 2004 and then recently in 2010, but none was finalized or adopted for implementation. The MOHS had a unit for Human Resource which was upgraded to a Directorate in 2011. The Directorate of Human Resource for Health remains understaffed and overwhelmed. It lacks strategic direction, which has contributed to the inadequate training and management of staff, absence of standardized job descriptions, limited career mobility options, inadequate compensation and minimal 'tools of trade'.

Roles and demarcation of responsibilities of the various health professional regulatory bodies are not clearly defined. There is overlap of functions and there is need to review the acts of parliament that created these bodies. Regulation is an important part of governance, but the existing professional councils do not have the capacity or structure to detect and discipline health workers' malpractice or misconduct. It is of utmost importance that health service facilities meet standards, including standards for safety of health workers, while being accountable for malpractice. A professional culture of clinical audit and other mechanisms of professional accountability is weak, and existing discipline and grievance procedures are rarely activated or followed.

2.2 Production (Education and Training) of Human Resource for Health

The training needs of the MOHS remain to be determined, and there are no coordinated linkages with training institutions in a strategic manner to address these needs. Training institutions remain under-resourced and poorly regulated. Continuing professional development is not coordinated, whilst in-service training appears to be based on favoritism and other considerations.

Pre – service education

The current number of trained and qualified health and medical personnel is inadequate to address the health needs of the population. Scaling up production of the needed health personnel will require building capacity of existing training institutions to ensure production of the required numbers and skill mix of health workers.

Two universities belong to the Ministry of Education, Science and Technology and there is apparently no discussion of training targets for the various disciplines with the MoHS.

The MOHS has no direct control over health training institutions and no training plan to guide its own human resource training needs. These issues have to be addressed urgently if the human resource goals are to be achieved to meet the population needs.

In-service training and continuing education programmes

As indicated above, health training is not currently planned and coordinated by the Ministry of Health and Sanitation. Public and private training institutions train health personnel according to their interest, judgment and capability using their own tutors. At both pre- and post-basic training, the training institutions determine their curriculum, programmes and levels of intake without consultation with the Ministry of Health and Sanitation. Training institutions review their curricula as and when they feel like and in most cases on the availability of resources. This approach has completely undermined the training of core health professionals including specialists, who are currently nonexistent for many priority health interventions e.g. mental health, obstetrics and gynecology to mention a few.

Overall, in-service training and continuing education is not perceived as a key integral strategy for human resource for health development. There is need to strengthen this component in order to contribute to the overall performance of the health system.

In addition, training institutions have generally experienced the following challenges:

- Shortage of properly qualified tutors;
- Shortage of reading material;
- Shortage of demonstration materials, equipment and models;
- Inadequate physical infrastructure both for tuition and for residential accommodation;
- Lack of safe drinking water
- Poor sanitation;
- Inadequate transportation facilities

Ministry of Health and Sanitation needs to urgently address the issue of reengineering continuing education as part of its human resource development strategy.

2.3 Management of Human Resource for Health

The lowest level of the health pyramid, the community level, is staffed principally by health workers with limited skills. Health professionals are unevenly distributed, with higher concentrations in urban than in rural areas.

Poor attitudes and discipline among health workers are repeatedly related to poor motivation, which is aggravated by poor leadership, low salaries, poor support supervision, immense work-load and unsatisfactory working conditions. Remuneration and fringe benefits in the health sector are comparatively low. The schemes of service and post qualification classification systems are not up to date. The recruitment process needs to be improved and balanced. Bonding (contractual agreements) and other retention and distribution measures are presently not effectively applied in the health sector. The working environment of health workers is in many cases poor with risk for their safety and security. Human resources management skills in the health sector are inadequate and there is little incentive for better management. Standing orders & regulations need to keep in step with regional and

national developments. Knowledge about the standing orders and regulations is poorly disseminated and implementation is poor.

2.4 Information and Research for Human Resource for Health

Inadequate information on human resource for health is a major shortcoming in Sierra Leone, hindering human resource for health development. A significant number of existing human resource for health data systems cannot share information with each other because of lack of standardization. These systems cannot be accessed by all potential consumers. Much, data is still paper-based and cannot be readily accessed, updated or used in decision making. An evidence base is required to inform policy and management decisions, but management and planning of human resource for health is hampered by lack of knowledge and insight. The MOHS has been monitoring staff attendance in an attempt to document and track health workers nationwide since 2010. By the end of 2011, the Ministry installed HRIS software to establish an HR database. The HRIS will support planning, administration, decision making and control.

Research on human resource needs and requirements is also a neglected subject. The human resource production and management should be evidence-based and there is a need to focus on research and development in human resources.

2.5 Partnerships for Human Resource for Health

The National Compact of Sierra Leone has been finalized with the consensus of all key stakeholders, including civil society and the private sector. The Compact stipulates a mechanism with formalized structures that should guide the implementation of the National Health Sector Strategic Plan 2010-2015, which was developed within the context of the national development platform, 'Agenda for Change' (PRSP II). The NHSSP 2010-2015 identifies HRH as one of the six pillars for national health development.

The human resource for health technical working group, as prescribed in the Compact, is tasked with the responsibility of modernizing HRH in Sierra Leone so as to meet current demands. There is adequate representation of key partners in the group, which should develop and guide the implementation of, the HRH Policy and Strategic Plan.

2.6 The Challenges

Availability of health workers in sufficient numbers, with adequate skills, and with the motivation needed in order to provide high quality services is a crucial factor for the functioning of any health system. The following observations therefore reveal a major threat to effective health service delivery in Sierra Leone:

- The number of skilled health workers per capita is low
- The number of skilled health workers in rural areas is disproportionately low, leading to inequitable access to health services
- There is a high proportion of unskilled, or very low skilled, health workers
- The productivity and performance of health workers are inadequate

- There is weak capacity of the HRH Directorate to effectively manage the strategic agenda of HR planning, production and management for the Ministry in collaboration with other key stakeholders

3. HRH Policy Directions

The main rationale for this policy is to provide a framework and guidance for ensuring that there is an adequate and appropriate human resource capacity to support the effective and efficient implementation of the National Health Sector Strategic Plan in pursuit of Government of Sierra Leone's development goals as expressed in the 'Agenda for Prosperity'.

3.1 Vision:

A functional health workforce that is delivering efficient, high quality health care services that are equitable and accessible for everybody in Sierra Leone.

3.2 Principles and Values

The Human Resource for Health Policy upholds the following principles and values:

1. Professional conduct and performance standards oriented towards the patient / client;
2. Maintaining ethical standards and patient / client rights
3. Efficiency and effectiveness in delivery of quality health care services;
4. Transparency and fairness in all principles and practices of human resources management and development;
5. Equality of access to managerial and leadership positions based on merit and relevant qualifications;
6. Recognizing the importance of personal incentives for retention and equitable distribution of health workers;
7. Decentralized implementation of the HR policy and strategy in accordance with the national decentralization strategy;
8. Promoting continuing professional development to boost quality of services;
9. Recognizing the importance of team work and contributions made by different cadres in the sector;
10. Multidisciplinary and multi-sectoral approach to the development of human resources

3.3 Goal:

To plan, produce and maintain a highly motivated health workforce that can contribute to national socioeconomic development by ensuring equitable access to quality health care services for the population of Sierra Leone.

3.4 Objectives

The objectives of the Human Resource for Health Policy are to ensure, within the context of international commitments and national macro-policies, that:

1. Appropriate governance for human resource for health development is strengthened

2. Production (education and training) of human resource for health which addresses the national health needs and meets health personnel requirements of Sierra Leone is improved
3. Management of human resource for health is improved at all levels
4. Information and research on human resource for health are strengthened
5. Partnership among public, private not for profit and private stakeholders in human resource for health is promoted
6. Advocacy and mobilization of resources to support implementation of HRH Policy and Strategic Plan is pursued

4. HRH Policy Areas

4.1 Appropriate Leadership and Governance for Human Resource for Health

To work towards appropriate planning, financing and regulation for Human Resource for Health the following policy directions shall be addressed:

1. Top political leaders and partners shall be involved and engaged in the HRH policy processes at National, District and Community levels;
2. Structural and technical capacities shall be strengthened for HRH leadership and governance at National and District levels for effective planning, development and management of HRH;
3. Appropriate coordinating mechanisms for relevant stakeholders shall be established/strengthened to ensure harmonized Human Resource for Health planning and budgeting;
4. Formal collaborative and partnership mechanisms shall be established between MoHS and health workers' training institutions (e.g. the Ministry of Education; public and private training institutions and FBOs) to make sure that training outputs match the health sector requirements ;
5. Rational and evidence-based health workforce planning guided by workload-based staffing norms;
6. Affirmative action is taken with relation to training and deployment of health workers from and to disadvantaged areas and vulnerable groups.
7. Regulation is strengthened through the establishment and maintenance of standards and rights of health professionals and clients;
 - a. Roles, mandates and responsibilities of various bodies dealing with regulation, standards and maintenance of ethical conduct shall be clearly defined, and regularly communicated to health workers and the public.
 - b. Effective legal and monitoring mechanisms for dealing with patients/clients grievances shall be in place including deploying appropriate advocacy to educate patients /clients on their rights.
 - c. Relevant regulatory bodies shall ensure adherence and enforcement of ethical professional conduct among health workers through appropriate measures
 - d. Empowering and capacitating disciplinary committees and professional councils to handle cases and take appropriate action for misconduct and malpractice
 - e. Ensure mandatory re-registration at feasible intervals on the basis of set criteria including continuing professional development.

4.2 Training and Continuing Education of Human Resource for Health

To ensure that education and training of Human Resource for Health addresses the health needs and health personnel requirements, government shall focus on the following policy directions:

1. A costed medium and long-term national training plan for the different cadres, based on training needs assessment and training policy aspects, shall be developed and implemented;
2. Education and training, including pre-service, in-service and postgraduate training programmes shall be community-oriented, competence-based, cost-effective, relevant and responsive to national health needs;
3. Resources are to be allocated to clinical facilities to support the training needs;
4. There shall be collaborative efforts and decisions regarding training programmes and curricula between MoHS and other key partners/ministries (Ministry of Education, professional councils, Public Service Commission, Human Resource Management Office, Ministry of Finance, local governments and the private for profit and not for profit sector etc) to ensure relevance of training programmes to national health needs.
5. Ensure continuing performance improvement through setting and maintaining quality professional standards, peer review mechanisms, supportive supervision and other ways of promoting a culture of continuing professional development.
6. Promote and support career progression through structured training opportunities and objective performance appraisal methods.
7. Continuing education/in-service training opportunities shall be coordinated and regulated to avoid gaps, redundancies and disruption of health services.
8. Ensure that quality standards are established & maintained in the training and practice of health workers through a variety of appropriate measures in consultation with relevant stakeholders in training and regulation.
9. Effective accreditation bodies and mechanisms shall be established, strengthened and maintained to regulate health training courses, staffs and curricula.

4.3 Management of Human Resource for Health

To allow for the improvement of management of Human Resource for Health at all levels of the national health system, the following policy directions are provided:

1. Recruitment and deployment systems at central and district levels shall be established/ strengthened and harmonized to ensure an equitable deployment in the health sector.
2. Mechanisms to facilitate career progression, promotions and mobility of the health workforce across the entire health sector with particular attention to rural and remote areas shall be developed and implemented.
3. Deployment guidelines shall be developed and implemented to ensure an equitable distribution of well trained health workers in all health facilities in both urban and rural settings.
4. Evidence-based staff retention mechanisms/strategies shall be in place for essential categories of health cadres in services and areas of highest need.
5. Remuneration and promotion shall be based on merit, fair job evaluations, and regular benchmarking with similar work in both public and private sectors.

6. Individual objective performance assessment methods shall be introduced and used in the staff appraisal process to improve performance
7. Quality assurance mechanisms shall be strengthened to monitor and enhance professional performance in the health sector
8. Adequate safety measures shall be provided for health workers in the work place at all times

4.4 Information and Research for Human Resource for Health

In order that Information and Research on Human Resource for Health provide the appropriate evidence for decision making, the following are the policy directions:

1. Human Resource for Health information and data systems across relevant MDAs are linked/coordinated to produce improved, expanded, integrated and computerized human resource for health information and data;
2. HRIS shall be strengthened to enhance data collection, storage, analysis and utilization.
3. Statistics, guides and norms shall be developed to foster efficient management, monitoring and evaluation of the health workforce within the national health service;
4. National health workforce observatories shall be created and operationalized;
5. Specific attention and resources shall be devoted to the utilization of research findings to inform and influence human resource for health policymaking and practice;
6. The early introduction of information and communication technology developments shall be promoted;
7. Mechanisms shall be established, strengthened and maintained for effective monitoring and dissemination of information related to recruitment, attrition, retention, disaggregated to reveal the equity and access picture across the districts;

4.5 Partnerships for Human Resource for Health

Considering the fact that HRH is a cross cutting domain involving multiple sectors, professional bodies, development partners and training institutions, national and international, there is a dire need to promote partnership among key stakeholders. Within this context, the Government shall ensure:

1. HRH coordination mechanisms shall be expanded and strengthened to engage all relevant stakeholders and development partners in order to facilitate policy dialogue for the HRH agenda at local, national and international levels.
2. Close collaboration and coordination with key stakeholders and development partners in the planning, training and management of health workers in the health sector.
3. Compliance with global, regional and sub-regional institutional arrangements and forums that promote Human Resource for Health standards and professionalism, whilst making sure that national relevance and needs take precedence.

4.6 Advocacy and Resource Mobilization

As outlined in the NHSSP 2010 – 2015, the current level of approved public funding is approximately US\$11.00 (Le49,000) per capita. However, only 30% of the Ministry of Health and Sanitation approved budget is funded by Government. The MoHS with the support of its partners will need to make sustained efforts to mobilize resources for the implementation of the HRH policy and the ensuing strategic plan for improved health services delivery. This will be done within the context of the implementation of the National Compact for the National Health Strategic Plan.

5. Human Resource for Health Policy Implementation

5.1 Human Resource for Health Leadership Team

To guide the implementation of this HRH policy, the MOHS shall strengthen the existing country coordination and facilitation mechanism, which brings together all stakeholders working in HR, to address the HR crisis under the leadership of the Directorate of Human Resource for Health.

As outlined in the country compact, the health sector has a coordination mechanism; the HRH Technical Working Group is one of the working groups under the Health Sector Steering Group (HSSG). The MOHS shall ensure the functionality of the HRH Technical Working Group of the Health Sector Steering Committee to coordinate the implementation and monitoring of the HR Policy. The HR Directorate shall act as the focal point for HR and carry out the required coordination and facilitation. The team shall report to the Health Sector Steering Group chaired by the Honourable Minister of Health and Sanitation.

The national leadership team shall bring together all stakeholders working in HR. Its membership shall be maintained as specified in the National Compact for the implementation of the National Health Sector Strategic Plan 2010-2015. The HR leadership team shall be linked to broader health sector coordination mechanisms for health systems strengthening within the context of the National Compact. The HR Strategic Plan shall spell out the roles and responsibilities of the leadership team at national and district levels in line with Government Decentralization Policy.

5.2 HR Partnership and Institutional mechanism

The MOHS recognizes that several of the necessary measures related to addressing the HR crisis include aspects that are beyond its control. HR functions are spread over many departments, programs, sectors, districts, institutions and organizations. The MOHS is mindful of the need for generous external financial and technical support and for productive partnerships with committed development partners and stakeholders. Therefore, the MOHS, through its HR leadership team, shall partner with other branches of the government, development partners, autonomous health and social welfare organizations and institutions (including professional boards and associations), Statistics Sierra Leone, public health departments of University of Sierra Leone as well as with NGOs and FBOs as needed.

Sierra Leone shall continue participating in global, regional and sub-regional organizations and forums that promote good HR practices, professionalism and innovative actions to solve HR problems while giving prominence to national relevance and needs. Opportunities provided by the on-going technical support by WHO and WAHO in human resource development shall be vigorously pursued.

5.3 Human Resource for Health Strategic and Operational Plans

To facilitate the financing, implementation and monitoring of this HR Policy, the HR Directorate, through the HRH Technical Working Group, with the technical support of key partners, shall collaborate and facilitate the development of the National HRH Strategic Plan. The HRH Strategic Plan shall be costed and based on the HRH Policy strategic orientations.

The costed HRH Strategic Plan shall be developed, using participatory approaches similar to those used in the preparation of this policy, and shall be disseminated to all relevant institutions, organizations, programs and partners. All partners and stakeholders who make financial contributions to the HR plans shall do so in a transparent manner in accordance with the implementation of the National Compact.

For realistic implementation and monitoring of the HRH Policy and Strategic Plans, the MOHS at central and district levels shall:

- Establish an HR baseline and set realistic annual targets for each of the major HR functions prior to developing their Annual Operational Plans;
- Use agreed HR indicators for measuring progress;
- Produce annual HR reports to review their performance and increase accountability to stakeholders, beneficiaries and development partners, and
- Present their annual results regarding their HR functions in annual HR review meetings that shall be aligned to national Annual Health Sector Reviews.

5.4 Monitoring Framework

Measuring the performance of the Directorate of HRH is crucial for ensuring that the processes and expected outcomes are objectively contributing to addressing the HR crisis in Sierra Leone. This monitoring will help improve the effectiveness and efficiency of the directorate. Therefore, benchmarks shall be developed to monitor its functionality and expected deliverables.

Results from annual HRH and health sector reviews shall contribute to monitor progress and to identify and address areas for performance improvement. All partners and stakeholders shall collaborate and participate in the monitoring of the costed national HRH Strategic Plan and annual operational plans through a unified monitoring framework, based on agreed baseline, indicators and targets. The M&E plan for HRH shall be in conformity with the national M & E Framework of the NHSSP as developed within the context of the National Compact. Stakeholders shall comply with the national HR plans and provide accurate and transparent information in support of the monitoring process.

5.5 Assumptions

This HRH Policy has been formulated within the context of certain assumptions. The country will enjoy political stability and progressive economic growth. The Government will improve the national infrastructure, particularly in hard-to-reach areas.

Further, the Government will increase annually its allocation to the MOHS, of which the largest proportion will be allocated to strengthen major HR functions. The Government will continue to raise the visibility of the HR crisis at all forums where health is an agenda item. In addition, other key line ministries (such as Education, Finance, Public Service Commission, HR Management Office) will provide the necessary enabling environment to redress the HR crisis in the health sector. Development partners will provide sustained financial and technical support to the implementation of the HRH Policy and Plans.

In addition, the Minister of Health and Sanitation will be committed to make the HRH Technical Working Group work and will provide direction to and close monitoring of the leadership of the HRH

Directorate in the development and implementation of costed plans. Relevant partners will equally collaborate towards this effort. A functional human resource information system will be developed and maintained and information will be used to provide evidence for rationalizing the major HR functions.