



HEALTH WORKFORCE STRATEGIC PLAN 2020-2030

Investing in Skills and Job Creation for Health

The Southern African Development Community (SADC) Health Workforce Strategic Plan: 2020-2030 sets out its key priorities, specific actions, implementation approach and monitoring framework. The strategic plan aims to accelerate SADC Member States' towards achieving their longer-term health goals through evidence-based policy and investment choices that will help build the sustained health workforce capacity and capability that is needed. The overarching goal is to drive health workforce investments and decent work as a catalyst for universal health coverage, economic growth and enhance public health emergency preparedness.

WHAT ARE THE CHALLENGES?

The strategic plan is developed and produced against a backdrop of steady progress on key health indicators and access by the SADC Member States over the past decade. However, persistent shortages and the availability of health and care workers across the region remain a significant challenge. They are a direct result of long-standing underinvestment and reduced budgets for health systems, and the workforce needed to support these. Given the prevailing trends in human resources for health underinvestment, reduced budgets and cost containment across the region, only around 33% of the needed numbers may be funded by 2030. The demands for significantly increased domestic and donor investment in the workforce are further magnified by the impact of COVID19 on the availability and delivery of essential public health services, by the high risks of exposure for health and care workers, and by the psychosocial impact of COVID19 on those individuals at the forefront of the response. These challenges necessitate a regional response and comprehensive strategy to address the key human resources challenges across SADC.

WHAT ARE THE OPPORTUNITIES?

Taking immediate action and making strategic investments across the SADC region, Member States could potentially avert serious health workforce shortfalls to better position health systems to achieve the health-SDGs and create much-needed jobs to address youth unemployment and enhance women's labour participation. The UN High Commission on Health Employment and Economic Growth report demonstrated that investing in the health workforce yielded a nine-fold return on investment. It also demonstrated that half of the global economic growth over the last decade resulted from improvements in health, noting that the economic growth rate is boosted by 4% for every added year of life expectancy.



WHAT IS THE THEORY OF CHANGE?

The achievement of the strategic plans' goal will be driven by interventions informed by a theory of change anchored on three key strategic catalysts:

Accountability and data - Through the SADC Human Resources for Health Technical Committee, initiate and adopt a mechanism to inform evidence-based policy and decisions related to investments and efficient management of the health workforce. Accountability would be achieved through robust data, research, and analysis of health labour markets, using harmonised metrics and methodologies to strengthen the evidence, accountability and action.

Partnership and dialogue - Denotes collaboration and dialogue with various sectors and stakeholders at national, regional, and international levels to support investments in the health workforce. For example, Member States are expected to institute a mechanism to enhance collaboration between ministries of health and labour to create an investment case for health worker skills, education, and jobs. Additionally, through enhanced collaboration between health sciences faculties in the region – including the designation of regional training centres of excellence where dedicated slots for specialised training will be reserved for the Member States without such training capacity, standardised competency frameworks and professional regulatory mechanisms across the region among other interventions.

Learning and decision making - This implies creating a policy and social dialogue platform under the SADC Human Resources for Health Technical Committee, where health workforce managers and social partners have the opportunity to shape the agenda, make collective decisions, and address key challenges by implementing priority workforce actions and interventions. This multi-stakeholder consultative and learning platform will also serve as a peer-to-peer support network and a key accountability mechanism for the strategy's implementation.

WHAT ARE ITS FIVE CORE STRATEGY AREAS AND THE RESULTS WE EXPECT TO SEE?

1

Invest in health worker jobs and decent work, which ensures sustained human resources for health (HRH) investments, fiscal space expansion and budget allocations by ministries of finance through evidence-based engagement with health, education, labour and other social sectors. Key interventions to drive investment in jobs and decent work includes strategies on workforce demand, supply, utilisation and retention; occupational health and safety measures to protect health and care workers at the forefront; enhanced working conditions and equal remuneration; and the mainstreaming of gender equality across all aspects of policy, practice and legislation.

Anticipated Member States' action and results are:

- At least 40% expansion of fiscal space for investments in education, skills and jobs by 2023
- Strategies for mainstreaming gender equality and improving work conditions by 2025
- Increased health worker density to 4.45 per 1,000 by 2030



2

Harmonise education, training and development that facilitates the transition of education and training into the workplace. This entails strengthening core competencies through quality and accredited education, training and skills programmes; ensuring access to opportunities for women and youth; an improved collaboration between health sciences faculties and institutions; establishing regional centers of excellence for specialised training; establishing a SADC health workforce development scheme.

Anticipated Member States' actions and results are:

- a. A health workforce development scheme in place by 2025
- b. Regional training centres of excellence identified by 2025
- c. Policies on access and equality of educational opportunity in place by 2027

3

Best practices in strategic HRH leadership and management that enable and capacitates a critical mass of skilled HR practitioners, managers, decision-makers, planners and analysts on evidence-based policy, planning and investment. This entails the mainstreaming of effective tools and processes for improved leadership, planning, management and health labour market analysis at all levels, including: health workforce leadership training and capacity development programmes; establishing regular forums and peer-support mechanisms for managers and partners; and enabling broader collaboration, coordination and tripartite social dialogue to promote decent work in the health and care sector.

Anticipated Member States' actions and results are:

- a. A mechanism for accountability and peer-to-peer support by 2024
- b. Capacity for health labour market analysis, planning, development and management by 2026
- c. Social dialogue mechanisms established and institutionalised by 2027

4

Enhance health workforce governance and regulation that ensures and upholds professional ethics, best practice standards and safeguards. This entails strengthening the regulatory environment through the reciprocal recognition and harmonisation of health professions education and qualifications; applying best practice governance structures and guidelines, and enhanced multisectoral collaboration and cooperation that creates synergies between both the public and private sector.

Anticipated Member States' actions and results are:

- a. Safeguards for upholding professional standards and public safety by 2021
- b. A framework for mutual recognition of health professions education and qualifications by 2027
- c. Multisectoral collaborative partnerships established on HRH by 2027

5

Reliable data, monitoring and evaluation systems that can drive the uptake of evidence-based policy, planning, investment and impact. This entails establishing robust systems, tools and guidance for measuring, monitoring and reporting key workforce indicators and metrics. Interventions for strengthening data use and capability include: establishing integrated and interoperable human resources information systems; institutionalising national health workforce accounts reporting for policy and decisions; establishing functional HRH registries and observatories; and the routine tracking of key metrics and indicators through scorecards and related tools.

Anticipated Member States' actions and results are:

- a. National Health Workforce Accounts reporting annually by 2022
- b. A health workforce registry to track stock, distribution and flows by 2023
- c. Integrated health worker safety indicators by 2026



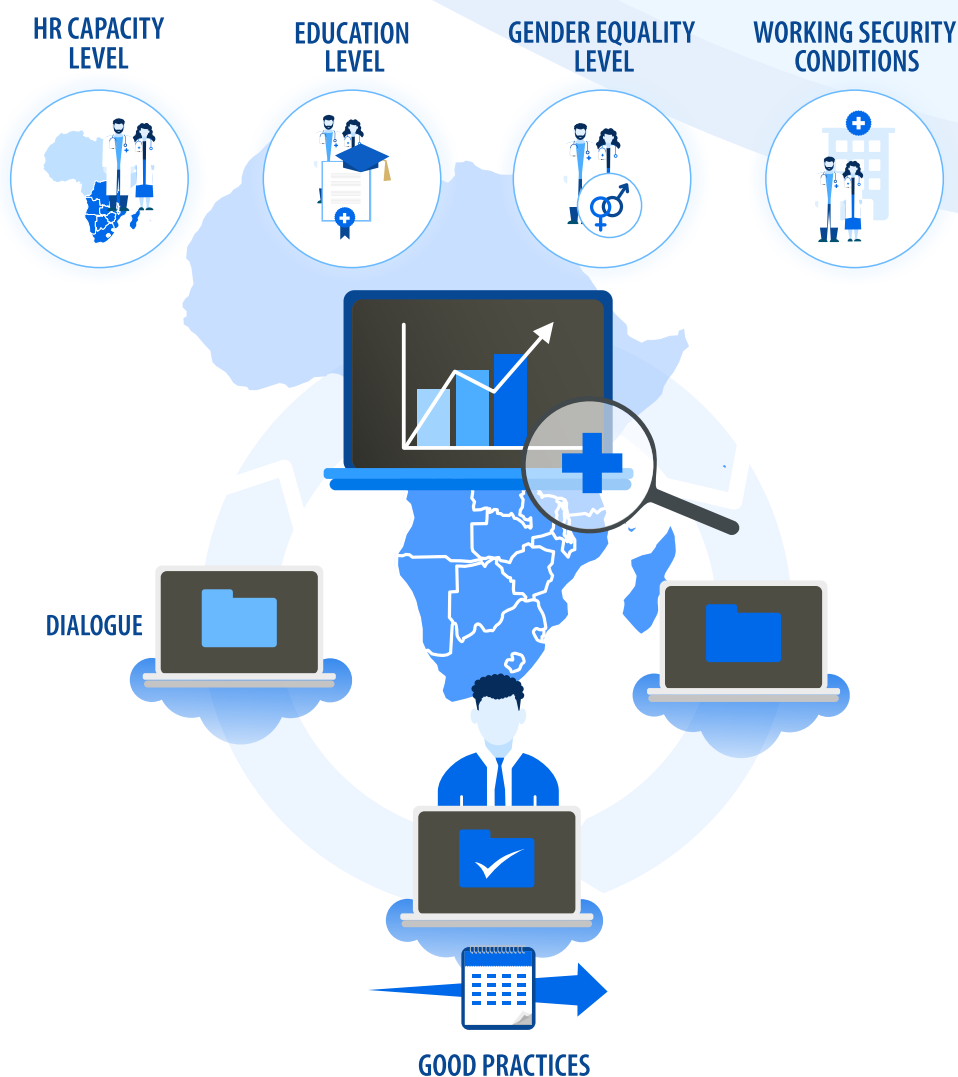
HOW WILL IT BE IMPLEMENTED AND MEASURED?

The combined efforts of the Member States are required to adapt and implement this SADC Health Workforce Strategic Plan within their respective HRH, health, and broader national development strategies. The strategic plan implementation process should adopt a consultative multisectoral approach, involving different stakeholders, including non-state actors and state actors.

The Ministries or Departments of Health in the Member States will coordinate with key sectors, including the labour, employment, education and other social sectors, to implement this strategic plan, with a specific focus on securing domestic and donor resources and investments for its implementation.

The estimated cost of implementing all five core elements of the strategic plan listed above (over the ten years) is approximately USD 15.7 million; with 35% of that budget going to the SADC secretariat and SADC HRH Technical Committee to provide the accountability platform and mechanism for coordinating, monitoring, and reporting on the implementation of the strategy and country-specific strategies and policy interventions across the Member States.

A basic implementation framework that aligns countries to the SADC Health Workforce Strategic Plan, separate by the five strategic directions, is outlined in the strategic plan. It is acknowledged that a Member States may have additional strategic goals or objectives than expressed in this SADC Strategic Plan.





HR CAPACITY
DEVELOPMENT



RETURN



INVESTMENT

GOVERNMENT
RELATIONS



LEADERSHIP
MANAGEMENT



DATA
MONITORING

WHAT IS THE CONTEXT?

Various global and regional initiatives have provided blueprints for evidence-informed health workforce policy and investment in the context of SADC, including:

- The Astana Declaration on Primary Health Care calls on Member States to scale up efforts towards attaining Universal Health Coverage (UHC) and the SDGs through a renewed Primary Health Care (PHC) focus.
- The World Health Assembly (WHA) in 2016 also adopted the Global Strategy on Human Resources for Health: Workforce 2030. Under this global strategy, countries and regional bodies such as SADC are urged to ensure that their plans are continually updated to address HRH challenges and meet the growing demand for a qualified and sufficient health workforce.
- The UN High Commission on Health Employment and Economic Growth, and its ten recommendations, provides a wealth of evidence for the health workforce investments that are needed to meet a projected needs-based shortage of 6.1 million in the Africa region.
- [A roadmap for scaling up health workforce interventions in the region: for improved health service delivery in the African Region 2012 - 2025.](#)
- [The African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030.](#)

WHAT IS NEXT?

Members States endorsed the establishment of a Health Workforce Investment Forum, led by the SADC health secretariat. Through this forum, Member States will be supported to adopt this strategy to fit their national context. In addition, with the COVID19 pandemic still ongoing, Member States will need to review and update HRH requirements in 1-2 years to fully reflect the impact of COVID19.





www.sadc.int



United Nations
MPTF Office



International
Labour
Organization



OECD

BETTER POLICIES FOR BETTER LIVES



World Health
Organization

