HRH MANAGEMENT ISSUES AT NATIONAL LEVEL
EXAMPLES FROM UGANDA

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KEY CONSTRAINTS OF NATIONAL HRH MANAGEMENT

Several actors
- Ministries - of Health, Education and Sports, Public Service, Finance and Economic Development, Local Government (authority for recruiting and retaining health workers is devolved to the districts),
- District Administrations (supervisors)
- Health Professional Councils (ethics and professional practice).

- Challenge of coordinating plethora of HR management locations

- Reliable HRH information for decision making
  - discrete HRIS sub-systems (Professional Councils, MOES, MOPS, MOH, Districts) not adequately integrated
  - difficulty in tracking health workers in the health system.
KEY CONSTRAINTS OF NATIONAL HRH MANAGEMENT

- **Inadequate funds & basic necessities for key HR management functions.**
  - deployment and retention of the health workforce difficult
  - Poor salary levels
  - dual employment is rife
  - absenteeism and inadequate coverage
  - inequitable distribution of HRH

- **Inadequate HRH leadership and management skills**
  - inadequate skills in leadership and management
  - rapidly mobile Health workforce.
  - HRH management not yet institutionalized in the curricula of Health Training Schools
  - leadership skills attempts on HRH management in districts
Creating National HRH systems that improves performance

- Integrated HRIS linked to districts for deployment and tracking of HRH.
- Performance Management System, Result Oriented Management (ROM)
- National HRH Policy and HRH Strategic Plan.
- Workload related staff deployment such as the "WISN" to be employed by districts.
- National network for Support Supervision.
- Reward and recognition system
- Needs driven IST/CPD initiatives to cope with the changing times.