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NATIONAL HUMAN RESOURCES FOR HEALTH POLICY

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Table of Contents

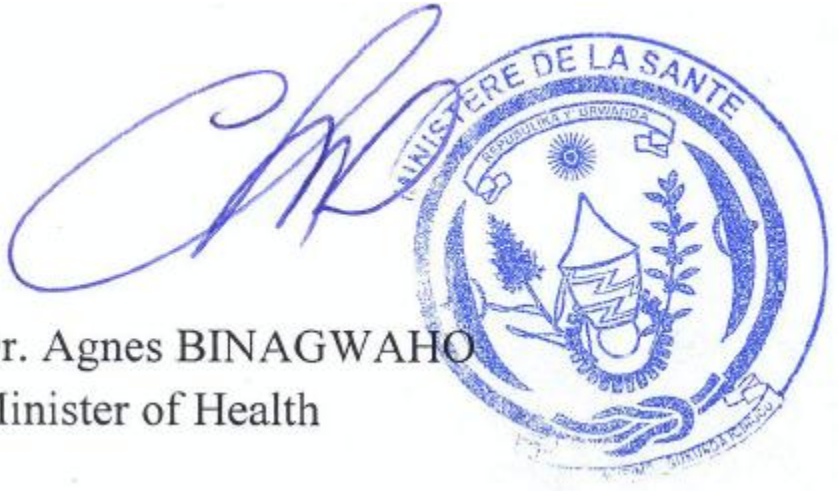
FOREWORD

Globally, technology has tried to respond to Human Resource challenges, butHuman Resources for Healthremains a globalchallenge. Human Resources for Health require hands on than use of machinery. Although national and international standards have been developed and significant improvements of Human Resource for Health made, still there is more to be done to meet our priorities and population demands.

The health situation analysis and main gaps document of December 2013, shows that there are 678 medical doctors and 9,448 nurses/midwives working in Rwanda. This represents a ratio of 1 doctor per 16,046 inhabitants, 1 midwife per 18,790 inhabitants and 1 nurse per 1,227 inhabitants. However, vision 2020 as a national projection calls for a ratio of 10 medical doctors, 20 nurses and 5 laboratory technicians for every 100,000 inhabitants. It is so important to make significant improvements in Human Resources for Health towards achieving this goal.

The Human Resources for Health policy (HRH) will provide guidelines and the direction toward strengthening the planning, management, utilization and monitoring of health sector human resources; not forgetting responses to the contemporary challenges and developments in the sector including the mobility and motivation of human resources; and advancements in technology.

Therefore, on behalf of the Government of Rwanda, I call upon all regulatory bodies, health service providers, educators, managers, stakeholders and partners to play a pivotal role in the implementation of this policy. The Ministry of Health, in partnership with all stakeholders, is committed to supporting the implementation of this policy for the benefit of the people of Rwanda.



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ACRONYMS AND ABBREVIATIONS

CHW(s)	Community Health Worker(s)
CPD	Continuing Professional Development
DHMT	District Health Management Team
DP(s)	Development Partners
EDPRS	Economic Development and Poverty Reduction Strategy
FBO(s)	Faith-based Organization(s)
GOR	Government of Rwanda
HR	Human Resources
HRD	Human Resources Development
HRH	Human Resource for Health
HRIS	Human Resources Information System
HRM	Human Resources Management
HRP	Human Resources Plan
HRSP	Human Resources Strategic Plan
IST	In-Service Training
MDG(s)	Millennium Development Goal(s)
MOH	Ministry of Health
NGO(s)	Non Governmental Organisation(s)
PRSP	Poverty Reduction Strategy Proposal
PST	Pre-Service Training
SWAP	Sector Wide Approach

CHAPTER 1: INTRODUCTION

The Ministry of Health (MOH) is mandated as the principal government agency responsible for service delivery and health programs development. It is in charge of defining policy, setting standards, regulating, resource mobilization and monitoring activities in the sector. The MOH is active in the health sector in a regulatory role as well as in the provision of quality preventive, curative and rehabilitative health services. Besides the MOH (including the Rwanda Biomedical Centre as well as public health facilities all over the country), professional regulatory bodies, respectively in cooperation with a range of development partners (DPs), non-governmental organizations (NGOs), faith-based organizations (FBOs) and other private sector health service providers, and government and private insurance agencies operate across the health sector.

Within the framework of the Vision 2020, the Economic Development and Poverty Reduction Strategy (EDPRS), the seven year plan, Health Sector Policy, and the Millennium Development Goals (MDGs), the Government of Rwanda (GOR) has an objective related to health care: to improve health standards of the population. An efficient and productive health workforce is crucial among others. As reflected in the health sector policy objectives, the availability of well qualified health professionals throughout the country should be addressed by the MOH in her priority interventions supported by line Ministries like the Ministry of Education, the Ministry of Public Service, the Ministry of Local Government and the Ministry of Economy and Finance. This priority orientation is defined in the Human Resources for Health (HRH) policy and the strategies identified to translate this priority into interventions are described in the Health sector strategic plan (HSSP) and more precisely in the HRH Strategic plan.

Other contributing factors to achieving improved health standards in the population include promotion of public health, prevention services, care and rehabilitation, assuming that certain conditions will be met. These conditions include: resource mobilization, equitable distribution of those resources, and efficient management. The objective also expresses that communities should be involved in health services demand, funding, and management; and that to this end, "*mutuelles insurance"*- Community Based Health Insurance (CBHI) -- will improve access to health services while promoting national solidarity.

CHAPTER 2: SITUATION ANALYSIS

The socio-economic situation of Rwanda has been evolving rapidly over the last ten years, with a vision to lift the country by 2020 from one of the poorest in the world to a middle-income country, and a concurrent shift in burden of disease from a epidemiologic situation dominated by high mortality and morbidity related to infectious diseases to one where non communicable diseases is taking a larger place in the public health status.

2.1. Human resources for health current situation

Human Resources for Health include both health professionals and non-health professionals (health service managers, Planning and M&E officers and others).

2.1.1 Health Professionals categories in Rwanda

Health professional workers are categorized according to the standard professional qualifications and governed by the law regulating employment in the public service and the private sector for all workers. The recognized professional categories in Rwanda include:

1. Physicians (specialized and general practitioners),
2. Dentists,
3. Pharmacists,
4. Nurses and midwives (specialized and general nurses),
5. Allied health professionals (Anesthesia Practitioners, Biomedical Laboratory Technologists, Chiropractors, Clinical Psychologists, Dental Therapy Practitioners, Environmental Health Officers, Medical Imaging Practitioners, Nutritionists/ Dieticians/ Nutritionist Assistants, Occupational Therapists, Ophthalmic Clinical Officers/ Cataract Surgeons, Optometrists/Opticians, Orthopedic Clinical Officers, Physiotherapists/ Physiotherapy Technicians/ Assistants, Prosthetics and Orthotics Technicians, Public Health Officers and Speech Therapists and Physician assistants), Emergency care officers, Biomedical engineers and technicians and others.

Community Health Worker (CHW) is a non-professional cadre approved to provide basic services, as determined by the MOH. It is the first level of health care service at the community level and their training and development is managed in accordance with a separate policy and strategic plan. Based on the national strategies to respond to community based health needs, MOH will always give the direction for the community health policy and strategic plan updates.

Although community Health Workers are not considered formal health professionals, they are defined by a specific set of policies and strategies in the MOH. Traditional healers are not considered health professionals in Rwanda and by law are not allowed to provide health services. NGOs and other private institutions shall use the national

standardized curricula in training health professionals, and shall not attempt to prepare categories of health care providers not approved by the MOH.

2.1.2 Current numbers of HRH in Rwanda[1]

From 2008 to 2013, the number of public health professionals increased from 11,604 to 12,012 with the percentage of health managers and other health supporting staff (excluding technical staff) equal to 23.3% of all total HRH in Rwanda. The current number of doctors in Rwanda is 678 and 9,448 nurses and midwives together. The ratio of these professionals to the population is 1doctor: 16,046 people, 1 nurse: 1,227 people and 1midwife: 18,790 people under his/her care.[1]There are also 1352 laboratory technicians, 206 Environmental health technicians, 98 physiotherapists and 230 anaesthesists., 369 pharmacists.

Rwanda had 0.02 physicians per 10,000 populations in 2005 with health facility utilization rate of 47%. Since the inception of the CBHI program, enrollment rate and utilization of Heath services have increased tremendously to 95% utilization rate of health facilities. The ratio of physicians per 10,000 population has markedly increased to 0.6 in 2013, but there is still a pressing need for increased quantity and quality of health Professionals to ensure delivery of quality health services.

According to WHO recommendations, in order to meet the MDGs, a minimum of 2.5 health workers per 1,000 people is needed. This puts the situation for HRH at a critical position and creating a high demand for more doctors and midwives to reach the desired national and international health staffing standards. Strategic approaches will be developed under the guidance of this policy based on current HRH situation analysis to improve training, recruitment, deployment, development and retention of health professionals.

Human resource management is a key to improving the health care system. Currently, the MOH has started the improvement of human resource data to ensure that Health professionals in the system are well monitored. The shortfall is that this system has not been stretched to reach each health facility, and strategies to overcome this gap will be developed in collaboration with District Health Management Team (DHMT) and partners; and use the HRIS information to guide HRH related decisions.

2.2. Distribution of Health professionals

According to the December 2011 MoH HRIS report; specialized physicians represent a small portion (28.3%) of the total physicians in clinical practice in the country. Additionally, they are mainly located in and around the capital city Kigali; whereas 80% of general practitioners are distributed in District hospitals in the rural area. This

[1]Data from Human Resources Information system (HRIS) 2013 and from Rwanda Census 2012

concentration of specialized physicians creates a limitation to the community in rural Hospitals in accessing their expertise at the time of need. The MOH and its partners will develop a mechanism and strategies to address these imbalances in distribution of health professional cadres across the health facilities in the country.[2]

A scientific methodology has been adopted by MOH to determine the staff needed in each health facility according to the workload related to population served and the package of services offered.

2.3. Staff skills development

The process for continuous learning of the graduates to have specialization at all levels of health professional cadres is still low (A1 nurses represent less than 10% of all nurses, and specialized physicians are only 28.3% of all physicians)[2]. The Ministry of Health with its partners will strategize to improve the health professionals' skills based on comprehensive HRIS audits, training needs assessment and annual HRH development plans. This policy calls for provision of sustainable strategies to the development and improvement of the health professionals' skills through continuous learning of all professional cadres.'People-centered approach' was overlooked in the existing training of HRH and will be included in future capacity building plans as an important characteristic of quality of care. The integrated supervision and mentorship approach needs to be streamlined for all health care providers, including private sector's health workers.

Performance-based Financing (PBF) mechanisms have contributed to motivate health facilities and health care providers to improve the quality of care by rewarding individual and institutional performance on the basis of set indicators and targets. This system needs to be strengthened in order to reduce staff turnover.

2.4. Disease burden and health workforce

Rwanda has registered a significant improvement especially in the reduction of mortalities due to preventable diseases; and the health system structure is well established where 75% of the beneficiaries live within a range of 5 kms to the nearest health facility. Despite this achievement, there is still a burden to ensure right workforce availability and timely care to the patient. The main causes of premature mortality include malaria (14.6%), HIV/AIDS and opportunistic infections (6.7%), acute respiratory diseases (9.5%) and diarrheal diseases (5.4%)[3].

Although infectious diseases still represent the main causes of mortality and morbidity, their relative importance is decreasing in the total burden of disease while the burden due to Non Communicable diseases is increasing (stroke, ischemic heart disease, diabetes).

The problems of shortage and performance of HRH still exist and this has a direct and indirect impact on the quality of service delivery. Therefore, good governance of the workforce in relation to developing a joint vision to build a health system, adhering to the

[2] HRIS 2013

[3] Rwanda Burden of Disease Study 2010

health sector policy and strategic plan, and strengthening motivational strategies may improve planning, implementation, and monitoring of the health workforce to ensure quality service.
With the decentralization, the rapid urbanization and the epidemiologic transition vs. rising expectations of citizens, the current capacity of districts to analyze their own health problems and to plan accordingly needs to be strengthened.

CHAPTER 3: POLICY ORIENTATION

3.1. Vision

By the year 2020, the MOH shall have put in place adequate, well-managed, efficient and motivated HRH which is capable to provide equitable and quality care services .leading to a healthy and productive Rwandan population.

3.2. Mission statement

The mission of the Ministry of Health is to ensure and promote the health status of the population of Rwanda by providing quality preventative, curative, rehabilitative and promotional services.The HRH policy will contribute to the realization of the MOH's mission of providing quality health services through development of a competent, dedicated, productive and accessible workforce.

3.3. Ethical Values and guiding principles

The HRH policy is based on the guiding principles of the National Health Policy of the MOH, promoting integrated, people-centered and sustainable services. This HRH policy will adhere to the following values and principles:

Integrated services:

- Decentralized implementation of the HRH policy and strategy in accordance with the national health decentralization strategy;
- Enhanced local health systems: improve district health governance, innovative planning, enhance local recruitment and district service operationality
- Sustainable linkages to improve overall service delivery

People-centered services:

- Respect and recognition of team work with due respect of ethical principles of the medical and paramedical professions, cultural and gender equity;
- Service delivery based on client needs and established norms and standards;

- Professional conduct and performance standards oriented towards the client;
- Broad involvement and participation of all relevant stakeholders
- Promotion of universal health coverage, highlight demand of services, improvement of access, community participation and linkages between health sector and communities

Sustainable services:

- Quality and cost effectiveness in human resource management and development;
- Strengthen capacity of health workforce to deliver expected policy objectives;
- Equitable distribution of HRH for efficient service delivery;
- Efficiency and effectiveness in delivery of quality health care services;
- Transparency and fairness in all principles and practices of human resources management and development;
- Equality of access to managerial and leadership positions based on merit and relevant qualifications;
- Role and empowerment of private sector (short/medium/long term perspective)

HRH policy stipulate the formation of professional bodies through which the disciplinary committee is established; to ensure that the professional codes of conduct and professional bodies' regulations for all health professional cadres are in place and implemented in support of the national regulation of public service for the health sector.

3.4.General policy objectives.

The overarching goal of the HRH policy is to improve services deliveries to population through sufficient and qualified human resources.

The general objectives of the HRH policy are:

1. To improve the production of HRH by strengthening education and training
2. To improve the equitable recruitment and deployment of Human Resources for health system
3. To strengthen attraction, motivation and retention of available health professionals for increased universal access to health services

3.5. Policy Directions

3.5.1 Objective 1: To improve the production of HRH by strengthening education and training

The existing in-service training (IST) and pre-service training (PST) programs shall take into consideration the challenges and new developments related to priority health problems such as maternal and child health, infectious diseases and non communicable diseases in order to have an adequately prepared health workforce. Whenever possible, PSTs should be given preference over ISTs as it is less costly and gives immediate hand on skills to the health professional. The Ministry of Health will collaborate closely with the Ministry of Education to adapt and enrich the curricula of health professionals.

The Ministry of Health together with its partners shall consider the production and development of HRH in terms of personnel and professional careers, the improvement of organization, and working environment. These strategic approaches will aim at improving training, recruitment, deployment, development and retention of health professionals.

Pre-Service training

- Formal education, training, and development must be directly relevant to the job of the health professional being developed and the work to which s/he will be assigned in the future. This training will be provided both by public and private teaching institutions.
- Health professionals' educational programs are developed based on the national health priorities, strategies, community's health needs and the competencies expected of graduates to perform competently to meet the health services needs of Rwanda and labor market.
- Training of health care providers on 'People-centered approach' will be part of their capacity building plan as an important aspect of quality of care.
- Appropriate investments will be made to rehabilitate the health professionals' education institutions, and resources will be made available to ensure their proper functioning and development.
- Appropriate training institutions will be further developed at the decentralized levels to cater to the training needs of the different categories of health professionals
- Admission to PST and education in the health fields shall be based on actual national priorities and needs, as determined by the MOH.
- Curricula of all health professionals will include training in the basic package of primary health care including NCD.
- Scaling up of production of the cadres shall be preceded by an assessment of training institutional requirements for purposes of capacity building for teaching and learning facilities including infrastructure, teachers and learning materials etc.

- The health training institutions coordinated by the Ministry of Education shall cooperate and follow the training curricula designed and reviewed with MOH to guarantee relevant training of health professionals.
- Training programs shall focus on facilitating career paths for all staff to promote progression and productivity, and for this reason such programs shall need to be positively related to internal policies on recruitment, promotion/rotation, grading, remuneration and performance appraisal, and where feasible to external practices of accreditation and certification.
- Collaboration programs between well known foreign universities and national teaching institutions (including teaching referral hospitals) will be strengthened to increase capacity of the health workforce. Strengthening training of health workforce also includes mentorship for the teachers and teaching institutions' managers to improve the quality of teaching.

Continuing Professional Development

- Continuing Professional Development (CPD) programs shall be updated and implemented at all levels (public and private) to further enable health professionals to deliver quality health services and safe care practice.
- Educational opportunities to upgrade health professionals' competence will be made available to employees in all disciplines and at all levels dependent upon the priorities and needs identified.
- Leadership, management and supervisory skills for district health managers, District Hospital Directors, and all levels of supervisors shall be part of CPD and these will form criteria for the eligibility to the leadership, managerial and supervisory positions.
- Innovative teaching and learning strategies, including distance/e-learning education options, shall be used extensively for upgrading and continuing education of health workers. These training opportunities shall be made available and accessible in-country and within the region for all health workersbut also in overseas institutions when quality or particular training cannot be obtained within the country or the region.
- To ensure effectiveness and quality in training of professional health workforce by mentors and CPD workshops, the MOH will provide technical support for curriculum content and quality control.

3.5.2. Objective 2: To improve the equitable recruitment and deployment of Human Resources for health system

- Employment, deployment and career development opportunities will be established by the MOH to absorb new graduates based on the socio-economic needs of the country to ensure an appropriate and equity distribution of health

personnel to reduce the urban/rural disparity in health services provision, and to meet the communities' health needs.

- MOH allocates HRH to health facilities in the whole country according to the workload estimated for each health facility in terms of size of the population served and package of services offered, including specialized services to address the growing need for treatment of non communicable diseases. When public resources are insufficient to fill the identified needs, MOH encourages and facilitates the investment and mobilization of private resources.
- Rural and urban environments generate different needs in terms of most frequent pathologies, decentralized health care providers and managers identify the specific needs of their population and plan needed resources accordingly.

3.5.3 Objective 3: To strengthen attraction, motivation and retention of available health professionals for increased universal access to health services

- The MOH, together with district authorities, shall establish clear staff motivation andretention strategies and clear mechanisms determining the actors' respective responsibilities and accountability to ensure continuity and the increase of quality of service delivery.
- The adequate and effective use of mass communications (advertising, radio and TV spots, and events) is an important factor in order to attract competent and motivated HRH.
- Civil service classifications and pay scales shall be confined in a way that the training and skills of all categories of public health professionals are in accordance with market-driven rates, with consideration of regional and national market rates across the sector, and budgetary factors.
- Performance-based Financing (PBF)/Accreditation mechanisms will be strengthened, with emphasis on compensation for work in remote areasand challenging work environments and delivery of quality care and management following accreditation criteria.
- Other motivation mechanisms such as rewarding the best employee of an institution will be systematized and organized by professional categories.

CHAPTER 4: GOVERNANCE FRAMEWORK

4.1 Governance and coordination

- The Ministry of Health, at central and district level, will assume its own responsibility in policies and strategies related to HRH planning, development, and management (recruitment, appointments, contract management, follow-up, evaluation, and promotion/rotation) of all categories of health personnel in

accordance with national regulations, including guidelines for recruiting expatriate health professionals.

- Whereas MOH has overall responsibility for national HRH development and management, the Rwanda Biomedical Center (RBC) addresses and oversees issues of HRH management related to specific disease programs, ensuring appropriate HRH deployment to address the needs of different programs under its mandate (Infectious diseases, Non communicable diseases, Mental health and Health care services access).
- Curricula for all training and education of health professions (human resource skills development) shall be developed/standardized by the Ministry of Education at the national level in collaboration with the National Health Professions Councils (or with the MOH in the case where such a council does not yet exist) and endorsed by the MOH.
- Competent leadership and management skills are key factors for constantly improving HR management. Institutionalized participation of staff in ongoing changes in working habits has to be improved (e.g. through project groups).
- Projections foresee a growing demand of multipurpose medical doctors as first line providers considering the demographic and epidemiological transition in the years to come. In order to address these changing expectations, a structural transformation of health care providers' habits and practices is required for implementing the people centered approach and promoting multidisciplinary collaboration.
- The MOH is committed to promote good labor relations, transparency, and fairness. Employees, as public servants, are expected to conduct themselves according to general orders, and also adhere to the public service disciplinary code and grievance handling procedures as well as other government rules and regulations.
- The MOH will consider the impact of an increase in number and quality of HRH has on the sector and district budgets and will plan, mobilize and allocate resource appropriately
- MOH will clarify the possibility for decentralized health structures (Health facilities, CBHI, pharmacies) to recruit and fire their workforce
- Organizational capacity development of districts will be strengthened as they embrace additional roles in cross sector and internal coordination, gathering intelligence for planning and decision making
- Empower and increase the roles of District health managers to manage HRH within the country's decentralization framework,
- Structural areas for HRH such as Health Financing, Public-Private Partnership, organisational learning/Research and retention of health professionals will be reinforced

- Appropriate orientation and guidance will be provided to bring on board the private sector workforce and establish the required institutional arrangements
- Coordination of various externally supported programs for HRH development has to be strengthenedto ensure optimal sustainability of these interventions. An HRH Basket Fund could be an opportunity to pool resources from ongoing interventions and reduce fragmentation.

4.2 Planning for HRH

National planning for HRH shall be geared to make available the right competent staff, in right numbers, at the right time and the right place, and motivated to deliver quality health services. It should also take into consideration the nature and quantity of workload and long-term developments and management of the health workforce in line with the health sector development. HRH plans shall be reviewed annually to track movement of HRH and take into account the current realities.

The DHMT under the supervision of the District Councils shall submit annually the HRH Plans and budgets to the MOH for review and consolidation. The plans shall contain an HR Development Plan as part of the overall HRH package. All the plans shall be prioritized and costed, by considering the sources of funding.

HR planning shall be strengthened at central and district levels by integrating it into all planning processes. Planning capacity shall be built so that the managing staff has the ability to forecast, to prepare timely and realistic plans, to conceptualize and lead HRH management and planning strategies. The DHMT planning must take the current economic situation into consideration, and carefully prioritize needs within fiscal realities.

4.3 Human resources for Health Management

Human Resources for Health Management is a key factor to improving health care systems. The MOH acknowledges that better planning and management of HRH needs well updated information on the state of human resources in terms of production and availability, deployment and equity distribution and training levels. Monitoring and evaluation of HRH is also necessary for effective management of human resources for health. Therefore, strengthening of HR Management (HRM) processes is a national priority. HRM capacities shall be strengthened at all levels to enhance performance of the health sector. Strengthened HRM should contribute to improve economic indicators for Rwanda and facility decision makers to take timely managerial decisions in ensuring right work by right people.

- HRM policies and practices are aiming at recruiting, developing and retaining competent health workers to guarantee provision of quality health services at all levels of the health system.

- The MOH will be the focal point from which de-concentrated and decentralized structures and functions will emanate. Thenational (central) level shall be responsible for overall coordination, articulation of national policy, legislation, standards, norms, guidelines and protocols, mobilization of resources and provision of technical support to districts and other levels. The MOH will periodically revisit existing legislation related to human resources for health and will formulate proposals to update legislation, as necessary.
- The DHMT shall be responsible for overall coordination of district health activities including planning, implementation, monitoring and evaluation.
- Director of Health at the District level included in the DHMT with required profile will have continuous trainings to strengthen his/her capacity in HRH policy implementation and its monitoring and evaluation activities.
- Health workers shall be well informed about their industrial relations rights and general personnel policy. Communication channels shall be made clear at all levels. All rules and procedures shall be made accessible to all, both on the internet and posted in all health facilities.
- A well-structured and strategic HRH function in MOH should be strengthened to provide oversight and lead management of HRH SCALE UP initiatives. A functional Training Unit for coordination, training audits/assessments and budget utilization for sustainable trainings should be developed in collaboration with Technical Assistance from Development Partners.
- The HRH manual elaborated using the labor laws and regulation of public service shall contain all relevant structural and procedural elements concerning the HRH management and development.
- In order to build the capacity of HRH, the Ministry of Health has the obligation to train it's staff up to they master their domain. But on other hand, the trained staff has the obligation of working for the Ministry of Health of a given period according the duration of training.Therefore,each Training Course should go with a retention contract to be signed between the Ministry of Health and its concerned Staff before starting the training course according to the training period as follows:
  - 1 year after a training course of 6 months and below;
  - 2 years after a training course of 7 months to 1 year;
  - 4 years after a training course of 2 years or a Masters;
  - 5 years after a training course of 3 to 4 years or a PhD.
  - For staff who did more than one training course, the duration of the retention contract will be cumulative; which means that the total of duration to work for the MoH has to take into account the duration of the service rendered after completion of the previous training.

4.4 Occupational Health and Safety

The MOH together with districts shall strengthen the workplace occupational safety and health systems programs through financial support, capacity building for staff, ensuring and upholding protection and safety standards (including regulations on protective clothing and devices) at all levels, and related services among others.

4.5 Partnerships

The implementation of the HRH policy objectives shall follow a consultative approach, including development partners. As part of Rwanda's Vision 2020, the Economic Development and Poverty Reduction Strategy (EDPRS) and the Millennium Development Goals (MDGs), the GOR in cooperation with development partners, have put in place a framework for aid coordination, harmonization and alignment at the national, provincial and district levels. This framework is also inspired by international guidelines such as the Ouagadougou Declaration and the Declaration on recruitment and retention of HRH.

Building on the National Health Policy and Strategic Plan, actions in the HRH area will have more of a sustainable impact if they are integrated and fundamentally incorporated into national development programs. Inter-sectorial consultation and collaboration with ministerial partners will be essential in the implementation of major HRH network strategies.

The creation of an institutional network will be necessary in order to allow inter-sectorial collaboration at the various levels of the HRH system. The central, intermediary and peripheral HRH levels shall, depending on the need, put in place a framework for collaboration adapted along the line of the norms of the MOH.

The MOH shall strengthen its relationship with the private and not-for-profit sectors. Collaboration will be based on (1) a greater participation of the private sector in the provision of services to the entire population, (2) improved accessibility of this sub sector to HRH facilities offered by the MOH, (3) and improved supervision in terms of health information. Formal agreements detailing the nature of cooperation between the MOH and the private sector providers shall be established, as needed.

The MOH shall lead coordination with all partners to support increased sustainability and Rwandan ownership of the health sector.

4.6. Monitoring &Evaluation Mechanisms

MOH will put in place adequate mechanisms to implement this policy as well as to monitor and evaluate its impacts in order to assure continuous improvement of HRH management.

This policy is implemented through HRH strategic plan evaluated on annual operation plans. Monitoring and evaluation plan should be developed to communicate the implementation progress of the HRH strategic plan following HRH policy orientation.

The national health priorities and new approaches will dictate the review of this HRH policy as needed.

The MOH shall strengthen and maintain a comprehensive HRIS including pay rolls, which is functional, well equipped, with adequately trained personnel that can produce quality, relevant and up to date data to inform policy, implementation, research and decision-making at all levels. A national HR database of all health personnel shall be maintained and such system shall be accessible on a need-to-know basis, with respect of the confidentiality of personal data according to the law in force. Quarterly and annual reports shall be prepared and disseminated to relevant Ministries/departments and stakeholders.
To consider EDPRS 2 cross cutting issues such as Gender, Capacity Building and Regional integration when articulating the interventions and presenting targets in the M&E framework

CHAPTER 5:FUNDING SOURCES/RESOURCE MOBILIZATION

Adequate resources need to be allocated for salaries in order to retain skilled workforce and avoid brain drain.

A separate budget/funding not related to activities needs to be made available to cater specifically for the implementation of the policy.

Development partners play a significant role in financing and executing health interventions on a nationwide level. NGOs play an important role in providing health services. The MOH will facilitate coordination and targeting with partners.
Through the Human Resources Basket Fund all partners shall participate to the benefit of a better coordinated health sector as far as human resources are concerned.

National, regional and international cooperation is expected to be in line with activities of the HRH Strategic Plan. Multilateral, bilateral and NGO cooperation is founded on the basis of mutual agreement between the GOR and the donor country or organization. Mechanisms for the joint management and evaluation of resources to support the functioning of HRH are to be strengthened. The mechanisms for national and international coordination, as initiated by the MOH and its partners, will be put in place under the umbrella of a sector-wide approach (SWAp).

In consultation with the Ministries in charge of Finance and Education, adequate resources shall be mobilized for PST and IST in and outside the country for all prioritized and required trainings including specialization skills. The reimbursement mechanism of the funds from the employed health professionals who studied on government loan shall

be well defined by the Ministries of finance and MOH to ensure continuous re-circling of those funds. The MOH shall also take maximum advantage of external aid and grants to supplement local funds so as to achieve the objectives of the HRH Policy.

All donor-funded training specific to certain programs or location shall be coordinated by the MOH in cooperation with the district authorities.