POLICY BRIEF

Insights and experiences on Leadership Development:

South African Learning Alliance for the District Health System

2025

Why this policy brief?

The South African Learning Alliance for the District Health System (SALAD) is a learning network established in 2023 to support the District Health System (DHS) as the fundamental building block of the health system nationally. Leadership in the DHS has been a key preoccupation and focus of SALAD. We have an active Leadership and Management (L&M) Development working group and have explored the subject at annual retreats, hosted a webinar on the subject, written a position paper, and shared provincial case studies of leadership development. Through these various activities we have learnt about current L&M capacity and development at sub-national level, identified common problems and promising practices and reviewed the evidence.

We collectively recognize that strengthening L&M capacity in the DHS is pivotal to unlocking improved outcomes and responsiveness to citizens and to future implementation of health system reforms such as National Health Insurance. Yet:

- Despite widespread training of individual managers, there is general disillusionment with the value of this training, which is often ad hoc, dependent on external funds and with limited practical applicability to the workplace.
- Proposals for a strategic orientation and systematic approach to leadership development, including succession planning, outlined in key national policy documents, have yet to be implemented.
- Workplaces are often not considered 'safe learning spaces' for leadership development, where managers can learn from difficulties, problem solve and innovate.

Overall, current evidence suggests that there is a need to rethink and advance health system L&M development in South Africa.

This policy brief outlines the key conclusions we have reached in the SALAD network on strengthening L&M capacity in and for the DHS. The focus in this brief is on the development of leadership capacity.

We propose three key areas for policy action on leadership development:

1. **leadership development programmes centred on workplace-based learning;**
2. **alignment and integration of leadership development with provincial human resource ('people management') systems;**
3. **creating enabling health system contexts.**

Definitions

By **leadership capacity** we mean the strategic, relational and adaptive capabilities required to inspire and mobilise individuals and teams, rather than the technical (and clinical) or role-specific tasks of management, recognising that the two are not always distinguishable. We furthermore emphasize the importance of 'system leadership', the distributed and collective leadership exercised across the health system by individuals and teams to address the complex nature of current health challenges, often requiring collaborative action beyond the health sector.

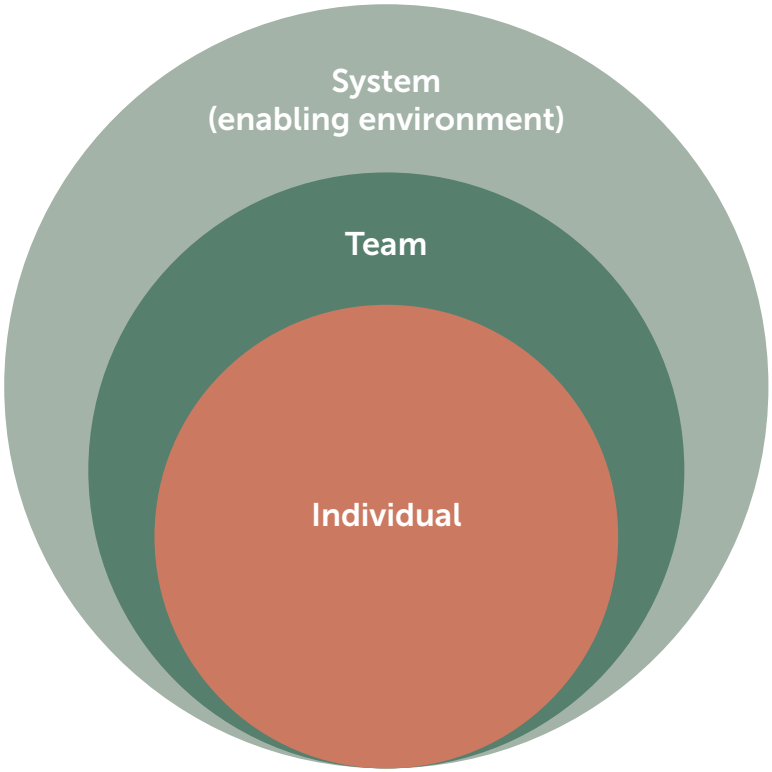
These areas align with policy statements such as the National the **2030 Human Resources for Health Strategy** (published in 2020) and the National Framework towards the Professionalisation of the Public Sector (2022).

Leadership development programmes centred on workplace-based learning

Traditional approaches to L&M training have several key limitations.

- training managers away from the workplace has limited impact in the health system – theory is often difficult to apply to real-life problems, or the wider system culture does not support or encourage innovations based on knowledge and skills learnt in courses;
- programmes typically develop the leadership skills of individuals rather than strengthening the collective competencies of teams and systems;
- course content tends to focus more on the technical and organisational, and less on emotional intelligence and relational dimensions of leadership.

A growing evidence-base shows the value of newer models of leadership development which prioritise **workplace-based learning (WPBL)**, such as mentoring, coaching, contextual problem solving, competency self-assessments, peer engagement and reflection on experience, alongside formal skills training. These approaches emphasize a shift away from traditional classrooms toward practical, context-driven, and continuous development, embedded in the workplace.



Leadership during a pandemic
Acute crises and everyday workplace stressors provide unique leadership learning opportunities. In a SALAD webinar a district manager shared, for example, how the COVID-19 pandemic served as a 'living classroom' that fostered empathy, communication under pressure, adaptability and resilience. Key were supportive senior managers and higher system levels and frequent, **short and focused learning opportunities** through online blended learning platforms.

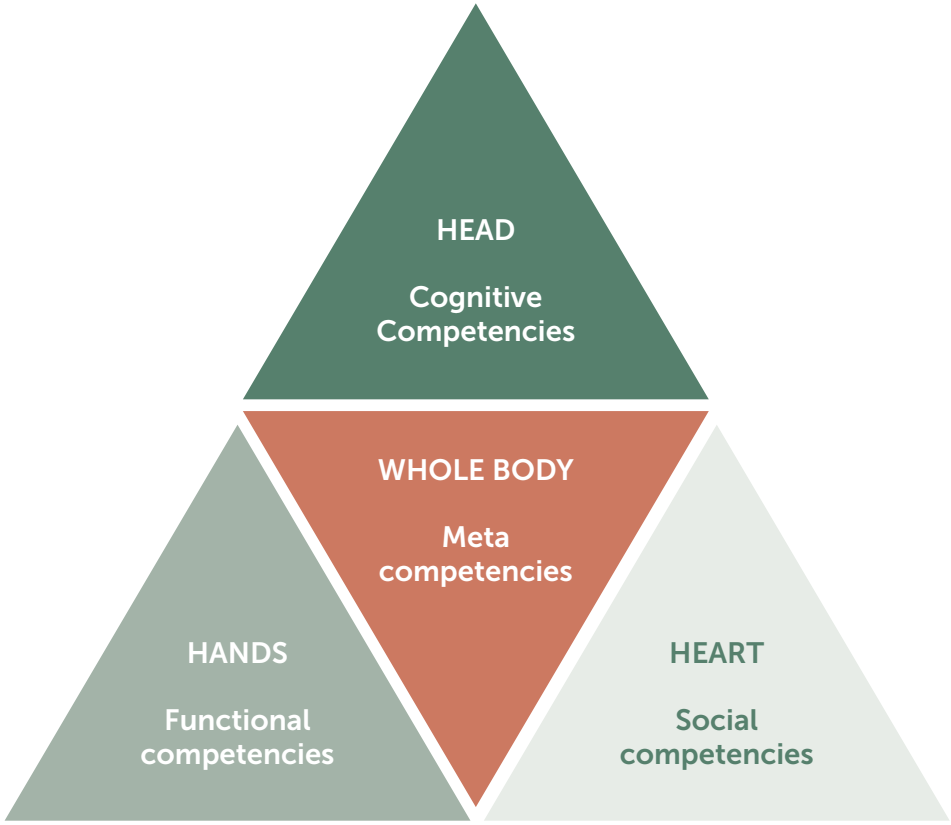
A workplace-based approach also offers the opportunity to go beyond individualised approaches to leadership training towards **team-based learning** enabling collective and multidisciplinary problem solving. System **routines**, such as district planning, management and review meetings offer spaces for learning new team-based leadership practices and develop new organisational cultures.

New approaches to leadership development in South Africa

The Western Cape and North West Provincial Departments of Health have designed and implemented two leadership frameworks that may be instructive to the broader health system.

The **System Leadership Competency Framework (SLCF)** is a comprehensive, system leadership competency framework developed by the **Western Cape** Department of Health & Wellness in 2016. The framework is underpinned by two key principles, distinguishing it from traditional leadership models that focus solely on individual development:

- first, it defines system leadership competency across **three interconnected levels**: individual competencies; team competencies and system-level capabilities.
- Second, the competencies span **four domains**, summarized as 'heads, hands, hearts, and whole body': **cognitive** (head), **functional** (hands), **social** (heart) and **meta competencies**.



This comprehensive framework allows Human Resource Development (HRD) practitioners to design tailor-made programmes and sustain interventions aimed at enabling leaders at district and facility levels to lead effectively and strengthening the collective capacity of the DHS.

This system leadership competency framework has informed the development of a **workplace-based System Leadership Development Programme (SLDP)** in the **North West Province**, steered by top management in partnership with three higher education institutions, focused on strengthening the frontline of the health system. Taking the sub-district as the core unit of intervention, and based on a co-design process, the North West SLDP combines sub-district management team strengthening, reshaping sub-district review meetings into learning and problem solving spaces, a mentorship system, and on-site skills- and team-based training. A monitoring, evaluation, learning and adaptation (MELA) component feeds back learnings to the district and provincial levels of the system, with the view to integration, roll-out and sustainability.

Leadership competency frameworks
Leadership development needs to be anchored in **comprehensive leadership competency frameworks**. Comprehensive frameworks emphasize **relational competencies**, not just technical or functional competencies. Leaders must be equipped to manage complex stakeholder relations, including traditional leaders, local government, and other departments. Leaders also need support tools for **self-care, reflection, and team resilience** to prevent burnout.

The principles and strategies outlined above are endorsed in the **2030 Human Resources for Health Strategy** adopted by government in 2020, which called for a national Health Leadership and Management Competency Framework (HLMCF), *'to be used for gap analysis, deciding on individual and team development, and guiding the training, recruitment and selection of leaders and managers.'*

2030 HRH Strategy recommendations:
- Review, and finalise the HLCF using evidence-based, contextually relevant, comprehensive leadership competencies, with an expanded view of leadership, and leadership competency encompassing more than individuals, to include teams and an enabling system
- Develop a national strategy for leadership and management development to address the gap, including resource requirements and sources
- Develop a framework for "growing the next generation of health leadership" programme

Leadership development with provincial human resource ('people management') systems

At provincial level, Human Resources for Health (HRH) divisions are key to implementing a systemic approach to leadership development at the individual, team, and system levels. However, HRH divisions have tended towards a focus on administration rather than strategy.

Leadership development programmes are also insufficiently integrated into wider human resource planning, performance management, succession planning and skills development processes; and they do not exploit possible alignments, synergies or laddered approaches to L&M development. Further, performance management systems tend to have a compliance rather than developmental orientation.

The SALAD L&M WG is in the process of engaging provincial HRH units on how leadership development can be prioritized as a system intervention, drawing on and sharing emerging strategies and practices across the country.

Limpopo's succession planning strategy
Through SALAD's Provincial Engagement Working Group we learnt about a promising **Succession Planning Strategy** initiated in 2024/5 by the HR Planning and Development directorate of the **Limpopo Department of Health**. The strategy is based on the National **Framework towards the Professionalisation of the Public Sector**, developed by the National School of Government (NSG). This framework outlines a set of senior management Leadership and Management Competencies, which includes both core (e.g., Strategic Capability) and process competencies (e.g., Knowledge Management).

The LDOH programme is unfolding in three phases:

- Phase 1: **Training** provided through the NSG along the competencies;
- Phase 2: **Mentoring and Coaching** focused on formal pairing with clearly defined objectives; and
- Phase 3: **Rotation and Job Shadowing** which offers internal rotations and external placements to provide broad exposure and new insights.

In the System Leadership paper[1] we propose a number of key **HRD and HRM processes**, mandated and driven by political and administrative heads, that need attention to support system leadership development:

- A strategically focused system leadership development plan (SLDP) aimed at strengthening system leadership across the organization, and addressing the necessary competencies (individual, team, system)
- Motivating for appropriate funding for the SLDP, to ensure sustained and long-term activities
- Development of DHS managerial job roles and descriptions that reflect system leadership functions and activities
- Review of how system leadership is required and rewarded within existing recruitment, appointment and promotion criteria, and in performance appraisal processes, for individuals and teams
- Reviewing how individuals from the DHS are selected for L&M training and what training is offered to which staff
- Considering how team development can be promoted and strengthened in the DHS – in relation to, for example, selection into leadership development programmes.

Creating enabling health system contexts

In SALAD we recognise that developing leadership capacity in the DHS hinges on a supportive wider system context. This would include **decentralised decision-making** powers, where there is a match between managerial authority and responsibility and accountability systems support local, adaptive system leadership practices; where **organisational cultures** promote collaboration, trust relationships, coherence, and connectedness; and where organisational **systems** (e.g., human resource, information, financing) are robust. While these attributes can be found in a number of places and spaces within the public health system, as whole, the everyday experience of managers is of excessively hierarchical systems that incentivize compliance rather than local problem solving, punitive L&M styles, organisational climates of fear and blame and the lack of safe learning spaces for teams to creatively reflect on and make sense of their realities.

Chief amongst the disabling system features referenced through SALAD are the **blurring of political-administrative** boundaries in decision-making. Managers across the system feel ill-equipped to handle perceived political interference or assert boundaries with labour unions, whether in day-to-day operations or decision making on staff appointments. This problem is well recognised, and described in some depth in the **National Development Plan (Vision 2030)** and the **National Framework towards the Professionalisation of the Public Sector (2022)**. In particular, there is a mismatch between the Public Finance Management Act (PFMA), where Heads of Departments are the financial accounting officers, and the Public Service Act (PSA) where accountability for human resource functions lie with political heads. Amongst other measures, these high level governmental documents called for the **'stabilisation'** of the political-administrative interface, by placing accountability and responsibility for human-resources management functions with heads of department. Legislative amendments to the PSA are currently under consideration in parliament, and could play a key role in ensuring leadership stability, merit based appointments and decentralised decision making. The **2030 HRH Strategy** further proposed that all managers receive formal labour relations training and the institution of a **Leadership Behaviour Charter**.

Conclusion

The policy measures outlined in this policy brief – workplace based approaches to systems leadership development, the adoption of holistic leadership competency frameworks, integration of leadership development and systematisation in HRD/HRM processes, championed by departmental heads and stabilization of the political-administrative interface – will go some way towards addressing what is currently considered a critical weakness in South Africa's public health system and strengthening the DHS.

What is SALAD?

The South African Learning Alliance for the DHS brings together a diverse group of actors from government, academia, and non-governmental sectors with experience and expertise in DHS development from multiple perspectives, spanning governance and system levels. Nine higher education institutions and all nine provinces have been involved in the network.

SALAD seeks to facilitate knowledge generation and experience exchange to enable bottom-up learning on the DHS; and to identify future policy and strategy needs within and across settings in South Africa. We convene a range of activities that include regular webinars, annual retreats, special workshops, engagement in thematic working groups, a special series in the South African Medical Journal, and the development of policy briefs.

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