THE TANZANIAN HEALTH WORKFORCE: ISSUES OF PLANNING, DISTRIBUTION, RETENT ION AND TRAINING

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INTRODUCTION

- **Tanzania is a large country with a population 38.7 million and annual population growth rate of 2.9%.**
- **By 2005, the country had a total of 35, 202 professional staff while the actual requirement was 125,924.**
- **A survey carried out in 2006 indicated that there were only 1,339 doctors (1 doctor: 25,000 people) serving in the country.**
- **The health services rely heavily on sub-professional cadres who form the "backbone of the health services".**
- **The Primary Health Services Development Programme 2007-20017, that aims at having a dispensary for every village, a Health centre at every ward and a District hospital at each district requires an addition of 88,829 staff !**

HRH SITUATION IN TANZANIA

- The HRH situation in Tanzania is in a very poor state as evidenced by the health workforce requirements
- The Retrenchment policy coupled with the employment freeze that was implemented from 1993 to 1999 led to a critical shortage of HR in the sector.
- Following this crisis, an HR policy and HRH strategic plan were developed in 1995 and 1996 respectively.
- A review of HRH Strategic plan was done in January 2008
- The goal for human resources development in Tanzania is to provide adequate health and social welfare staff who have the right competencies and skills and who are well distributed and managed for optimal productivity.

HRH PLANNING

- **The country lacks an appropriate HRH Information system to enable the country plan and deploy appropriate staff.**
- **There are over 40 cadres which are not classified in accordance to the International Standards of Classification of Occupations (ISCO) making it difficult to share information.**
- **The sector lacks the expertise to use computerized projection models to determine HRH requirements and supplies**
- **The current HRH strategic plan is not fully aligned to Health Sector Strategic Plan and to the PHSDP with cost implications that can not be afforded by the country**

NUMBERS AND DISTRIBUTION

- The current health workforce is less than 40,000 excluding non professional staff. While this constitutes a very low number of health workers per population, the situation is much worse if one examines their distribution.
- In Tanzania, gender distribution has also been noted to be an important issue when it comes to health workforce distribution. A common picture is that of nurses where the majority are females.
- Health workers in Tanzania have been reported to decline public employment mainly to avoid harsh environmental conditions, heavy workload and risks imposed by the burden of HIV/AIDS.
- The urban location of Tanzanian Universities/medical schools, the types of specialisation offered and the fear of loosing educational opportunities when posted in remote areas all contribute to poor distribution of health workers

NUMBERS AND DISTRIBUTION CONT..

- The decentralization policy has caused health workers to feel “trapped” in a particular district, while upward career mobility is further limited by lack of funds
- Commonly young medical graduates report at a district only to disappear after a few months for further training while keeping the position in the staff establishment occupied.
- Attractions of working in an urban environment have the following benefits: urban posting is often perceived as having a higher status; gives better opportunities for career and educational advancement and better employment prospects
- In urban areas private practice is easier to access; education for children and lifestyle related services and amenities are available.
- As a general observation, ‘the higher the qualification of the cadre, the more unequal its distribution tends to be’.

RECRUITMENT

- **Although regions and districts are allowed to recruit their own staff, lack of human resources leadership and management capacity is a major contributing factor to the slow recruitment of health professionals.**

- **Budget ceilings in local government restrict their desire to recruit the right numbers of staff or to fill up existing vacant posts.**

ATTRITION/ MIGRATION OF HR

The various modes of leaving services identified are:

i) Retirements

ii) Leave without pay

iii) Absconding

iv) Resignations

v) Dismissals

vi) Retrenchment

vii) Deaths

Migration

- **Tanzania is among the African countries that are affected by the effects of 'brain drain' thus deepening the health sector human resources crisis.**
- **The proportion of health workers to the population has stagnated for a very long period. There are many districts without doctors**
- **Most highly skilled health workers are migrating to United Kingdom, USA, South Africa, Botswana, Lesotho etc.**
- **Push factors such as poor HR management practices and Pull factors such as shortage of HR and better pay are reasons behind this brain drain**

RETENTION OF HEALTH WORKERS

- At national level, a number of measures have been put in place for health workers in rural and hardship areas:
  - Financial and non-financial incentives
  - Attempts to integrate education,
  - Training, recruitment and distance education.

- Among the financial incentives it is worth mentioning the Selective Accelerated Salary Enhancement (SASE) initiative which commits health workers in key positions to develop and agree on annual performance targets,

- SASE tends to keep health workers where they are required. They refuse to come to non-essential workshops and meetings

- Other incentives that have been established include: health insurance, allowing private practice in public institutions, guarantee of a civil service post after long-term studies.

TRAINING AND EDUCATION

- Although Tanzania has a total of 116 training institutions producing around 2,400 graduates per annum, there is a growing concern on the quality of training being offered.
- Many institutions are understaffed and lack appropriate training materials.
- Most training facilities are small and need to be expanded if at all the country is to meet its supply projections.
- Some training institutions are training cadres that have no formal schemes of service thus their graduates cannot be employed and remunerated accordingly.

TRAINING AND EDUCATION CONT.

- Educational reforms through review of the structure and content of training curricula have been attempted
- Changes in admission criteria to encourage more applicants from hardship areas have also been tried
- Distance education to upgrade health workers from one level to another has been introduced as means of encouraging health workers to develop themselves.
- Unlike many developing countries, a number of substitute cadres exist in Tanzania. Such substitute cadres are less expensive to train and maintain than fully professional doctors and nurses
- Bridging the gap between the health system and underserved communities has been tried for many years in Tanzania through training of TBAs and Community health workers.

CONCLUSION

- **In conclusion it can be pointed out that:**
  - **The health workforce is mal-distributed at various levels**
  - **The mal-distribution is worse among highly trained cadres**
  - **A variety of training strategies should be employed to train health workers.**
  - **Although remedial measures have been introduced their implementation have been met with mixed success**
  - **Use of substitute cadres is appropriate option and should be strengthened**
  - **Massive increase in health facilities as proposed in the PHSDP may further aggravate the shortage of HRH and even their competencies**

WAY FORWARD

- **The newly developed HRH Strategic plan aims to address the issues raised.**
- **Specifically the plan will address the following strategic objectives:**
  i. **Improve HRH planning and policy development capacity**
  ii. **Strengthen leadership and stewardship to address HRH crisis**
  iii. **Improve education and training of HRH**
  iv. **Improve workforce management and utilization**
  v. **Build and strengthen partnership in HRH development including development of financing mechanism**
  vi. **Strengthen HRH research and development including monitoring and evaluation of HRH dynamics**
  vii. **Promote adequate financing of HRH development**
- **Within the strategic objectives defined, a number of quick wins have also been identified**

A PRAYER FOR THE PARTICIPANTS

Lord please give us:

- The courage to change what we should and can change
- The courage to accept what we can not change
- The wisdom to distinguish between the two!