DEVELOPING A HEALTH CARE WORKFORCE REQUIREMENT AND RECRUITMENT PLAN IN TANZANIA

SUMMARY

The Technical Support Services Project (TSSP) worked with the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) to analyze data to project future health care employment needs, including current and future vacancies, and create a five-year recruitment and staffing plan. This plan provided information about projected trends in health care employment to help health facilities, educators, policymakers, and other stakeholders better understand the current and future demand for health workers over the next decade and strategies to address that demand so they could appropriately budget and plan to fill necessary positions and improve the quality of health care.

BACKGROUND

The Joint United Nations Program on HIV/AIDS (UNAIDS) has set a goal to end AIDS by 2030 through the 95-95-95 targets—that is, 95% of people living with HIV knowing their status, 95% of people who know their status on treatment, and 95% of people on treatment with suppressed viral loads.

The US President’s Emergency Plan for AIDS Relief (PEPFAR) supports the Government of Tanzania in developing and implementing national HIV and AIDS policies and a health-sector strategic plan to meet the UNAIDS 95-95-95 goals.

Tanzania has made steady progress toward these goals, with 61% of people with HIV self-reporting that they know their HIV status, 94% of those knowing their status currently on antiretroviral therapy (ART), and 87% of those on ART being virally suppressed.1 Despite this progress, there are still 1.5 million people estimated to be living with HIV in Tanzania. Advances will need to accelerate to meet the goals and will require appropriate staffing of health care providers at all levels. Tanzania is currently facing a critical shortage of human resources for health (HRH), as well as an uneven distribution of the health care workforce in the country, with the current skill mix not meeting the needs of the population.

For example, while the 2007 National Health Policy says that every village should have a dispensary, every ward should have a health center, and every district should have a hospital, HRH challenges have prevented Tanzania from realizing these mandates. There is a 49% vacancy rate among health care workers in the public sector, with particularly large shortages in rural areas and in specialty areas. Before TSSP began working, there was not a framework in place to evaluate where the vacancies were occurring or prioritize the most important positions to fill. In addition, enrollment in health care provider training programs was not aligned with the most needed health care cadres.

STRATEGIC APPROACH
Funded by PEPFAR through the US Centers for Disease Control and Prevention (CDC), and implemented by Management Sciences for Health, TSSP worked with the MoHCDGEC to collect and analyze data to anticipate future HRH needs, including:
- Number of workers needed over the next five years at each cadre
- Annual production of skilled health care workers from training institutions
- Attrition rate
- Recruitment permit for number of workers able to be integrated into the workforce based on current budget
- Budget required to adequately staff the health care workforce for quality care

IMPLEMENTATION
After establishing and coordinating technical working sessions that included the MoHCDGEC HRH leadership, the President’s Office Regional Administration and Local Government, the CDC, and health training institutions, TSSP leveraged the analyzed data to help develop a five-year HRH requirement and recruitment plan (2018–2023) and an implementation guide to provide a roadmap through which the health workforce in Tanzania Mainland’s health sector will be further strengthened. This implementation plan addresses the most critical HRH challenges across multiple intervention areas, including production, recruitment, allocation, retention, and productivity of health workers.

The plan provides a comprehensive direction and reference for all HRH stakeholders. It covers 58 categories of the health workforce, including clinical and support staff. It also highlights strategies to ensure a consistent and sustainable supply of trained health workers with the appropriate skills mix required to deliver health services. The MoHCDGEC leveraged the document to create the 2019/2020 budget, ensuring adequate financial support for the recruitment allocation and retention targets, and will reference it while developing annual budgets for the remaining plan years. The plan calls for a 57% increase in the health care workforce throughout the five-year period which would reduce the vacancy rate to 30%.

TSSP worked with the technical working sessions to establish key objectives for the plan:
1. Improve HRH planning at national, public health facility/institution, and local government authority (LGA) levels
2. Strengthen national health information systems to facilitate planning, recruitment, and allocation of health care workers
3. Fast-track production and recruitment of health workers to address the critical shortage of HRH at all levels
4. Strengthen management and leadership skills for health managers at all levels for effective retention of HRH
5. Enhance coordination of HRH issues among stakeholders

CHALLENGES
Staffing in rural areas remains difficult, even where there is funding allocated to those positions, as many health care workers have a preference for urban areas where living and working conditions are typically better. In addition, it is difficult to recruit for specialists as a limited number of people complete those training programs. While the government is working to recruit more people into specialist programs, the training takes years to complete, so it will be some time before graduates are available in the marketplace.

The capacity of the government to recruit health care workers in general and to fill critical gaps in the health care workforce is limited due to budget and time constraints.

It will take some time for all facilities to reach optimal staffing. Recruitment initiatives need to be done in conjunction with initiatives that make the best use of the people who are available in the health facilities, such as the TSSP-supported task sharing initiative. This empowers health care workers to expand their scope of work to increase access to quality care.

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NEXT STEPS

Appropriately staffing health facilities at all levels is key to stemming the HIV and AIDS epidemic and achieving the 95–95–95 targets, and it is an important part of strengthening the overall health system. Prioritizing key positions becomes even more important in an environment with limited resources.

TSSP will work with the Government of Tanzania and implementing partners to:

- Provide policy recommendations to health training institutions to increase enrollment in areas where the vacancies are most pronounced, including specialists.
- Enhance usage of human resources for health information system (HRHIS) data to identify priority vacancies during planning and budgeting.
- Support optimal use of National Health Workforce Accounts to improve the availability, quality, and use of data on the health workforce by monitoring a set of indicators to enhance HRH planning.
- Provide technical assistance to implement an HRH recruitment and allocation system—the Workforce Allocation Optimization (WAO) tool—to enhance the efficiency and accuracy of the HRH recruitment and allocation process.
- Provide technical assistance to MoHCDGEC on the use of Workload Indicators of Staffing Needs for effective planning of HRH and allocation within facilities.
- Develop an accountability framework for ensuring HRHIS and the training institution information system (TIIS) get updated and leveraged in recruitment and HRH management decision making.
- Facilitate development of a national HRH productivity and retention toolkit for health care workers.

TSSP will continue to work closely with the Government of Tanzania to encourage appropriate recruitment of health care providers to deliver on the plan’s vision of “all people having access to available qualified health care workers” and to ensure the provision of quality HIV/AIDS and other health services. This includes supporting key activities and responsible parties to ensure full plan implementation and developing a monitoring and evaluation framework.