



## EXPERIENCES FROM THE FIELD

# HUMAN RESOURCES IN HEALTH: THE CASE OF TANZANIA

In sub-Saharan Africa, the shortage of doctors and health workers is a major problem, converging with fragile health systems and the scarcity of economic resources and trained personnel. The case of Tanzania offers a snapshot of the complexity of these issues, including results achieved and ongoing challenges.

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### SUB-SAHARAN AFRICA WITHOUT HEALTH PERSONNEL

Forecasts for 2030 about the shortage of health personnel speak loud and clear: they estimate a shortage of 10.2 million professionals, nurses first and foremost, to close the existing gap between personnel needs, as determined by WHO and their actual availability. This fact is even more dire in Africa which has 24% of the global disease burden with only 3% of the global health human resources. Africa alone has 36 of the 57 countries in the world that suffer from this shortage. Why is this? Rapid demographic growth, “brain drain” to higher income countries, and inadequate number of trained personnel yearly, and uneven distribution geographically, due to internal migration from rural to urban areas.

### THE CASE OF TANZANIA

Tanzania lacks human resources in health care because of the low number trained professionals, difficulty in retaining qualified personnel, and inequitable distribution of resources. While 75% of the population resides in rural areas, only 55% of the nursing staff and 31% of the medical staff work in those areas. Significantly, one of the causes of the loss of human resources in health is due to transfers to other countries is because the health system’s scarce capacity to absorb them.

Due to 1990s reforms in the country, a policy was adopted that decentralized the health system, giving more autonomy to the districts, including in managing human resources. This has led to increased demand for health professionals on a district level, which was partly met by accrediting private training institutions and making greater investments in public institutions. Up in the late 1990s, *Muhimbili University* (Dar es Salaam) could enroll 50 future doctors per year; in 2010, 200 enrolled/year.

### TRAINING AND RECRUITMENT OF HUMAN RESOURCES

In the area of training, the efforts made and goals achieved are

undeniable but they have not translated in improved recruiting; in 2012, there were 0.3 doctors, nurses, and midwives per every 1,000 inhabitants as opposed to the 2.28 per 1,000 recommended internationally. In this situation, the lack of expertise in managing and planning human resources has played a critical role. Another major obstacle has been the complex, costly, and overly bureaucratic recruitment system. The Ministry of the Economy and Finance approves the annual budget for vacancies for health personnel without taking district assessments into account. This means that every year the number of vacancies is lower than actual needs and the number of doctors graduated. We also see the brain drain issue on the one hand the shifting of resources to the private sector on the other. Since 2006, the government has established a system to connect training institutions with health facilities, founding its Human Resources for Health Information System (HRHIS).

### IMPROVING PROCESSES BEYOND THE CHALLENGES

These challenges are exemplified in an analysis of the distribution of human resources in the field of maternal childbirth care. The most recent national survey shows that three-fourths of Tanzania’s health facilities provide care for physiological childbirth and at 11% delivery by Cesarean section is possible. However, only 28% of the facilities that provide physiological childbirth care have a *provider on call 24/24* and only 30% of these have *Basic Emergency Obstetric Care (BEmONC)* or *Comprehensive Emergency Obstetric Care (CEmOC)* guidelines. Eighty-seven percent of these facilities have a complete birthing kit, which drops for those working in dispensaries.

The issue of training, managing, and planning human resources is key for health system performance at all levels. This is why Doctors with Africa CUAMM has also launched in Tanzania the phase of the “Mothers and Children First” program called “People and Skills”. The program shows the ineluctable need to work systematically and with an integrated approach to people in all the professional and training steps that involve them, in order to build virtuous processes and long-term changes that will benefit the entire health system.