National Human Resources for Health Conference Report

"Health Workforce: Crucial to Meeting the Development Goals"

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The Ministry of Health and Social Welfare (MOHSW) organized the National Human Resources for Health Conference, in close collaboration with the President's Office Public Service Management (POPSM) and the Prime Minister's Office Regional Administration and Local Government (PMO-RALG), under the technical leadership of the Benjamin W. Mkapa HIV/AIDS Foundation and IntraHealth International. The United States Agency for International Development (USAID) provided financial support, with additional funding from the Canadian International Development Agency (CIDA), the World Health Organization, the German Government through GIZ, the Touch Foundation, National Social Security Fund and Bank M.

GLOSSARY

HRH	-	Human Resources for Health
PMO-RALG	-	Prime Ministers Office-Regional Administration and Local Government
POPSM	-	President's Office Public Service Management
HSS	-	Health Systems Strengthening
LGAs	-	Local Government Authorities
MOHSW	-	Ministry of Health and Social Welfare
HRM	-	Human Resources Management
OPRAS	-	Open Performance Review and Appraisal System
MOFEA	-	Ministry of Finance and Economic Affairs
WHO	-	World Health Organization
MOF	-	Ministry of Finance
CCHP	-	Comprehensive Council Health Plan
HWS	-	Health Workers
CPD	-	Continual Professional Development
P4P	-	Pay for Performance
OC	-	Other Charges

ACKNOWLEDGEMENT

The First National Human Resources for Health Conference which was officiated by the President of the United Republic of Tanzania was applauded as a great platform which helped to raise the profile of core issues of the Human Resources for Health (HRH) in Tanzania through the themes of Planning and Recruitment, Retention, Performance Management and Productivity which were discussed in the various panel sessions.

It is through this two and a half days conference, the Government of Tanzania was also able to define its commitments for the Global Health Workforce Alliance (GHWA) conference, which was held in November 2013.

The Ministry of Health and Social Welfare (MOHSW) would like to recognize the contribution made by the organizing committee which was led by The Benjamin William Mkapa HIV/AIDS Foundation and IntraHealth International, with the Support from the Ministry of Health and Social Welfare and Prime Ministers Office-Regional and Local Government (PMO-RALG) and President's Office Public Service Management (POPSM) in organizing this conference.

We would also like to thank the various committees that were responsible for coordinating and reviewing all the technical content that was presented during the conference.

The MOHSW wishes to particularly express appreciation for the technical and financial support which was provided by our partners CIDA, WHO, Touch Foundation, GIZ, and i-Tech We would also like to acknowledge our corporate sponsors Bank M and NSSF.

Thank you

Mr. Charles Palangyo
Permanent Secretary
Ministry of Health and Social Welfare

CONFERENCE OVERVIEW

More than 420 participants, representing government, local health care, development partners, civil society, academia, faith-based organizations, and the private sector gathered in Dar es Salaam in September 2013 for the first-ever national conference on Human Resources for Health (HRH) in Tanzania. Over three days of intensive deliberations, participants explored the complexities of the HRH challenge, exchanging ideas, reviewing strengths and weaknesses, debating critical issues, and calling for specific actions to resolve the human resources crisis that continues to threaten Tanzania's progress towards the Millennium Development Goals (MDG's).

"I'm so happy, I'm so delighted, that this initiative is being undertaken," said His Excellency, Dr. Jakaya Mrisho Kikwete, President of the United Republic of Tanzania, as he opened the conference on Sept. 3 at the Julius Nyerere International Convention Centre. He paid tribute to the thousands of health workers "who have dedicated their time and energy to save the lives of their fellow human beings in our dear country," adding, "We have achieved what has been achieved so far due to their dedication and commitment."

But much remains to be achieved. The shortage of qualified health workers, especially in remote and rural areas, remains a critical barrier to providing quality health care to all Tanzanians. Recent reports suggest that Tanzania has only 42% of the health workers needed overall, a distressing figure that nonetheless masks enormous rural-urban disparities: in rural areas, 100,000 people are served by one doctor, compared to a ratio of 4,000 to one in urban areas.

During the conference, entitled "Health Workforce: Crucial to Meeting the Development Goals," more than 50 speakers presented along four thematic tracks: Planning and Recruitment; Retention; Performance Management and Productivity; and Production. The results of deliberations in each of these tracks were reviewed in plenary sessions, and formed the basis for the final conference recommendations, presented here on page 6. In November, 2013, Tanzania's delegation to the Third Global Forum on Human Resources for Health in Recife, Brazil presented these recommendations to the global HRH community, showing the Tanzanian government's commitment to implementing the recommendations that emerged from the conference.

The National HRH conference included four plenary panels: Human Resource Planning, Recruitment and Management; Financing for Health and Social Welfare; Health Worker Retention and Incentives; and the Development Partner Perspective Current Status and Future Engagement in Health System Strengthening. Interspersed with the plenaries were four series of concurrent technical sessions, each consisting of presentations from researchers, implementers, health providers and managers from the central, regional and local levels, and representatives of professional, regulatory and educational institutions. The presentations were followed by intensive discussions of the issues raised, moderated by experts in each of the technical areas.

The program Annex 1 offered both breadth and depth, allowing participants to share their successes and challenges and work together to propose solutions to multi-faceted problems. The technical sessions on planning and recruitment reviewed the dilemmas of staffing projections, the challenges of equitable distribution of staff by cadre and by location, the need to use data for decision-making, and the advantages and disadvantages of centralized versus decentralized planning for health care workers. The retention track began with a session on the magnitude of the retention challenge, and continued with a look at the systems, processes and procedures needed for effective retention. The third retention panel asked whether existing pay policies consider underserved areas, and the track concluded with a session exploring the complex issues raised by formal and informal task shifting in the health care system.

The implementation of Pay for Performance (P4P) was the focus of the first session on the theme of performance management and productivity, and subsequent sessions covered the Open Performance Review and Appraisal System (OPRAS) and the latest findings on health worker productivity at all facility levels. The technical sessions on production of health care workers covered a range of topics including: quality of health worker education; capacity of graduates to perform in the workplace; decentralization of health education; the cadre skill mix; and nursing perspectives on task sharing.

In addition to sharing evidence-based best practices and developing recommendations for the global HRH forum in Brazil the organizers designed the conference to provide a platform to accelerate implementation of existing policies on recruitment, retention, performance, education, training and management of the health workforce. Another key objective was to identify and advocate for key priorities and increased national and international resources to be incorporated into the new National HRH Strategic Plan (2014-1019).

This high-profile, unprecedented gathering ended with a presentation of the preliminary recommendations to the Chief Medical Officer of Tanzania's Ministry of Health and Social Welfare, Dr. Donan Mmbando. "I want to assure you that the Government of Tanzania is committed to act upon the recommendations generated from the three days of intense work," he said during the closing ceremony. "We can all be proud of the achievements in the health sector, especially when we take a hard look at the many obstacles we encounter." He urged all health sector partners and stakeholders to focus on the ultimate goal of providing quality health care to the population. "All Tanzanians, 45 million people," he said, "are all counting on us."

Conference Organization

The Ministry of Health and Social Welfare (MOHSW) organized the National Human Resources for Health Conference, in close collaboration with the President's Office of Public Service Management (POPSM) and the Prime Minister's Office-Regional Administration and Local Government (PMO-RALG), under the technical leadership of the Benjamin W. Mkapa HIV/AIDS Foundation and IntraHealth International. The United States Agency for International Development (USAID) provided financial support, with additional funding from the Canadian International Development Agency (CIDA), the World Health Organization, the German Government through GIZ, the Touch Foundation, National Social Security Fund and Bank M.

The technical and logistical organization and management (Annex 2) of the conference was done in collaboration with the Government[1] officials, non-governmental organisations, health research institutions and private sector[2] experts that guaranteed the composition and accommodation of policy issues and evidence based HRH interventions that significantly add value to the conference content discussions and resolutions.

1 Central and Local Government

2 For profit and non profit

BACKGROUND AND CONTENT

The worldwide shortage of health care workers is the single largest impediment to scaling up access to health services and achieving the Millennium Development Goals and universal access to health. The worldwide shortage is estimated at more than four million, and only five of the 49 poorest countries in the world meet the WHO-recommended minimum threshold of 23 clinicians (doctors, nurses and midwives) per 10,000 population needed to deliver essential maternal and child health services. In Tanzania, the figure is only three per 10,000, placing its health worker shortage among the 10 worst in the world.[3]

The health workforce crisis in Tanzania, however, is not only characterized by the shortage of health workers; it is also a result of unequal geographic distribution, inadequate skill mix, poor motivation, and poor performance of health workers, which greatly affects the quality of services provided, especially in remote and rural areas. The main causes of these problems are structural: limited resources and weak educational and management systems. Other factors contributing to the crisis include the low number of graduates from health training institutions, limits in incentives for health workers serving hard-to-reach areas, high attrition rates, and low productivity.

Tanzania's human resources for health (HRH) crisis has been gaining more and more attention on the national agenda over the past 10 years. A number of early efforts raised awareness of the shortage of health workers: the 2004 Mckinsey Report, Acting Now …. and subsequent touchstone reports in 2009, Action Now…. and Catalyzing Change; the development of Emergency Hiring and Mkapa Fellows programs; and inclusion of HRH in the Health Sector Strategic Plan III. In 2003, the Ministry of Health and Social Welfare (MOHSW) appointed a multi-sectoral HRH working group to provide advice on HRH issues. In 2009, the MOHSW took a number of additional actions: reconstituting an HRH Technical Working Group; expanding representation from public sector, private organizations and development partners; and formulating the first national HRH Strategic Plan, 2008-2013. The next national HRH strategic plan for 2014-2019 will be developed through an extensive consultative process by early 2014.

Tanzania's first National Human Resources for Health Conference was conceived to be a catalyst to stimulate vitality and leadership at all levels in this critical area, sustaining the profile of HRH on the national agenda and mobilizing greater investment in resolving the country's health workforce crisis. By gathering professionals from multiple perspectives, the conference was designed to update the status of the HRH problem, taking stock of where the country stands in terms of financial resources, multiplicity of programs, and variety of research initiatives. Even more importantly, the conference was designed to look ahead, with recommendations on how best to strengthen and improve the health workforce to meet the growing demand for quality health care.
The conference's specific objectives were to:

- Share evidence-based best practices from a wide variety of HRH initiatives in the public, faith-based, and private sectors;
- Provide a platform to accelerate the implementation of existing policies on recruitment, retention, performance, education, training and management of the health workforce;
- Identify and advocate for key priorities and increased resources, both national and international, to be incorporated in the new HRH Strategic Plan, 2014-2019;
- Propose and advocate for national commitments to be declared by the Tanzania delegation at the Third Global Forum on Human Resources for Health in Recife, Brazil in November 2013.

The conference was organized along four themes: planning and recruitment, retention, performance management and productivity, and production. In addition to the themes, a number of crosscutting issues were discussed throughout the plenary and breakout sessions. These included: data for decision-making; program experience from across the public, faith-based and private sectors; on-the-ground experiences that can inform central-level policy; research findings on a variety of topics and from a variety of areas; and financing implications for HRH policies and programs at all levels.

The shortage of qualified staff at all levels continues; the number of facilities continues to grow; and the

3 http://www.who.int/hrh/workforce_mdgs/en/index.html,

disease burden, although mitigated in some areas, remains high only increasing demand for human resources. In spite of considerable efforts, there are many priorities that compete for attention at the national level, leaving a major gap in the leadership, stewardship, and financing to implement the HRH Strategy, and to orchestrate the many interventions to achieve the desired results on health service quality and availability, leading ultimately improved health for all Tanzanians. The first national HRH conference has shown that the government, development partners, local health providers, and indeed all health stakeholders are committed to finding feasible, sustainable solutions to Tanzania's health workforce challenge.

Planning and Recruitment

Weak human resource management (HRM) systems that lack capacity for effective workforce planning, expansion, recruitment, and deployment can impede the delivery of quality health services and achievement of health goals. Stronger HRM helps ensure that systems are in place to meet national health workforce needs. Understanding a country's human resource labour market dynamics is essential for effective health workforce planning. Despite projections in the HRH Strategic Plan, high vacancy rates continue. This track discussion covered: use of staffing norms for health workforce projections; current application of HR management information systems (HRMIS), and lessons learned from across both the private and public sectors in planning and recruitment.

Retention

Each year, millions of health workers leave the health workforce, usually because of: migration; risk of violence; illness or death; change of occupation or work status; or retirement. Some departures are temporary, such as for education, illness or maternity leave. Others are permanent, such as death or a change of occupation. Migration may be permanent or temporary and the health worker may continue to provide care in another region or country. Based on research and experience, retention plans should be designed to address low morale, benefits, infrastructure, supervision and remuneration. This theme included, among other topics, discussions of pay policy for underserved areas and task sharing for more efficient use of available resources.

Performance Management and Productivity

The health system's ability to scale up services and sustain improvements is dependent on the performance and productivity of the existing workforce. Health worker inefficiency represents as much as 15-25% of health spending on human resources.[4] This demonstrates how much can be gained by focusing efforts on increasing human resource management capacity to support improved health staff performance and productivity. Approaches include strengthened supervision and mentorship, financial and non-financial incentives, quality improvement methodologies, and opportunities for continuing education. This theme covered approaches that have been used in Tanzania such as the national Open Performance Review and Appraisal System (OPRAS) and pay-for-performance schemes, among others.

Production

Training new health workers whether doctors, nurses, social workers or other cadres is a complex issue that requires a comprehensive approach. Training programs must have the infrastructure, faculty, curriculum and leadership to produce qualified health workers, and must teach the skills required to meet the population's health needs into the future. Strategies must consider issues outside the school walls, such as task sharing to expand the pool of available providers, decentralization to reach students in remote areas, performance of health workers post-graduation, and the significant absorptive capacity constraints in the Tanzanian health system. Further analysis needs to focus on priority cadres to meet national service needs, considering labour market analysis and population demographics.

4 WHO, World Health Report, Health Systems Financing: the path to universal coverage, 2010. http://www.who.int/whr/2010/whr10_en.pdf

CONFERENCE RECOMMENDATIONS

The conference developed two sets of recommendations as shown below:-

National Recommendations

a. Increase the availability of skilled health workers at all levels of health service delivery from 46% to 64% by 2017 based on Staffing levels of 2013:
   i. The government of Tanzania commits to increase the density of health worker to population ratio of the districts with below national average of 1.47 health workers per 1,000 populations in 5 regions (Kigoma, Tabora, Rukwa, Shinyanga and Singida) from 0.73 health worker per 1,000 population to the national average.
   ii. The government of Tanzania commits to continue increasing production of skilled Health and Social workers from 4,364 in 2012 to 9,000 by 2017.
   iii. The government of Tanzania commits to rationalize employment permits for health and social workers based on production and needs in all areas of technical profession.

b. Increase financial base (Other Charges and Private sector investment) to operationalize the pay and incentive policy by 2017 in order to promote retention, productivity and quality of health services
c. Develop and implement a Task Sharing Policy on HRH by 2017
   i. Tanzania Ministry of Health and Social Welfare commits to develop an operational guideline based on consolidated 2013 WHO guideline on task sharing to enhance existing Production and Quality Assurance Systems by 2015
   ii. The government of Tanzania commits to implement a system-wide approach that includes representation from other departments across different health cadres including professional associations, regulatory bodies, training institutions, accreditation bodies and policy makers to decide on common areas for task sharing across healthcare cadres by 2017

Operational Recommendations

a. **Inter-Ministerial Coordination Group (MOHSW, PMO-RALG, Education, POPSM, MOF)**

THEME	RECOMMENDATIONS
Planning and Recruitment	1. Improve coordination across four key ministries: MOHSW, PMO-RALG, POPSM and MOFEA (#1) • Continue quarterly inter-ministerial meetings, include senior MOFEA participation • Identify an entity or individual who is accountable to follow up decisions from inter-ministerial discussions and agreed-upon next steps • Develop communication mechanism to advise and provide feedback to established technical working groups: HRH TWG, National CHW task force, HRH Task Sharing task force, national pay for performance task force, etc. 2 . Promote use of data to inform decisions, national plans and priorities • Establish a formal system and structure of utilizing evidence based data from various research work and tested programs to inform decision making through the established TWG's, Interministreal meetings and other planning and decision-making forums
Production	Engage private sector efforts to strengthen infrastructure for health services • Government and Partners to advocate for private sector support through social corporate responsibility to compliment government efforts in improving working condition and infrastructure development in underserved areas, for example building staff houses, schools and improving of other social services, infrastructure development, including telecommunication, water and solar power.

b. **CROSS CUTTING ISSUES**

INSTITUTION	RECOMENDATIONS
INTER-MINISTERIAL	Scale up efforts to recognize and formalize task Shifting in Tanzania Develop an operational guide of service delivery based on WHO guideline. This includes operational guidance, quality assurance issues and skill development plan (e.g. on-the-job training guidance) and other compliance issues; Expand the existing task sharing task force (a component of the HRH TWG) to implement a system-wide approach i.e. QUAD approach that includes representation from other departments across different health cadres including regulatory bodies, training institutions, licensing bodies policy makers to decide on common areas for task sharing across healthcare cadres Develop a Task sharing policy which addresses issues from how do we design Production system to enhance effective and sustainable task shifting practices.
MOHSW	Create an enabling environment for the private health sector to enhance expansion for the health workforce production, absorption and improve accessibility to health care service
	Take leadership to ensure effective participation of POPSM, MOFEA & PMORALG in HRH TWG
	Finalize the costing exercise for the HRH Strategic plan, Production plan, HSS strategic plan and incorporate it into Health Financing Strategy (operational) To establish regionalization of HRH partners to enhance effective utilization of resources, coordination of support and avoid duplication of efforts
DISTRICTS	Prioritize HRH activities in the OC Budget at all levels Leverage the OC budget to ensure that workers receive the benefits and other financial and material incentives due to them with intention to encourage them to stay in their postings. Conduct analysis of OC for HRH budget to identify the priorities for the OCs for the LGAS and how to prioritize retention for the HWs particularly for the low level facilities. Prioritize issues related to staff retention while prioritizing activities to be incorporated into the CCHP based on the provided ceilings.

c. **Ministry of Health and Social Welfare - MOHSW**

THEME	RECOMMENDATIONS
Planning and Recruitment	1. Advocate for increase of HRH Budget to MOFEA using evidence based data that justify value for money and return of investment (Productivity of Health workers) 2. Review career development plan for Medical Attendant cadre
Production	1. Align Production plan with Staffing projection based on the established staffing norms; 2. Strengthen existing oversight and regulatory bodies on managing Continue Professional Development (CPD) 3. Adopt CPD practices that align with carrier progression plan with focus on performance monitoring 4. Review and strengthen financial allocation support to HTIs 5. Strengthen potential for self-sustaining opportunities and strategies for the HTI's 6. Scale up piloted medical entrepreneurship initiative (currently limited to MUHAS) to prepare graduates for private practice and hence expand private practice, employment opportunities in Private sector
Performance Management	1. Expand stakeholder engagement in P4P analysis 2. Structure to support P4P should be redesigned, streamlined; implementation goals and financial sustainability need to be addressed 3. Need to align P4P with government's OPRAS and Public Service Pay and Incentive Policy, otherwise P4P will remain a "project". 4. Need to consolidate various evaluations on P4P and the lesson learnt from pilot regions to inform the scale up of P4P with clear timeline 5. Link HMIS (DHMTs) with P4P to align with health outcomes which implies improving data management and utilization

d. **Presidents Office Public Service Management - POPSM**

THEME	RECOMMENDATIONS
Planning and Recruitment	1. Increase the annual recruitment of mid-level cadres and specialized professions with staffing requirements as generated from the LGA's. For example: nutritionists, social welfare officers, bio-engineers, and data clerks. 2. Take the lead to facilitate alignment of existing multiple HRIS by providing concrete vision and clear milestone on the system utilization at all levels to enhance effective utilization of data in HR decisions 3. Prioritize staff allocation to underserved areas during annual staffing allocation 4. Increase deployment in public service of health workers over 45 years; implement current policy a. Give preferential treatment (for specialists and/or those with 10 year training) for the increasing the retirement for the HWSs – focusing on investment and accumulated experience. 5. Finalize development of operational guide for Public Service Pay & Incentive Policy. a. Based on final list of underserved areas, POPSM to collaborate with MOFEA to prioritize allocation of resources necessary for retention in these areas b. Disseminate survey (fact finding from 29 districts) and finalize operational guide 6. Develop scheme of service for health tutors with career progression plans a. Remuneration associated in recognition of teaching skills, supervision and clinical practice 7. Expedite the process of developing guideline for Community Health Workers
Retention	1. POPSM and PMORALG to support LGA are to have enabling environment (policies, guidelines….) to increase their opportunity and flexibility to develop and institutionalize local retention schemes. a. Provide support (capacity building, guidance and more flexibility in use of available resources) to LGAs to increase the potential for self-sustaining their innovations. Increase investment in improving management and leadership capacity of LGA's including resource mobilization and financial sustainability 2. Establish an accurate retention rate a. By cadre, by level of care and geographical distribution to include all sectors (public and the private) and to identify pull and push factors to inform retention strategies.
Performance Management	Improve accountability for performance management through OPRAS at all levels as per underlining principles.

e. **Prime Ministers Office Regional Administration and Local Government - PMO-RALG**

THEME	RECOMENDATION
Planning and Recruitment	Ensure LGAS have sufficient planning tools and specific information (national priorities, financial status, production trend and ceilings from POPSM, and relevant policy direct for that year) to guide their annual staff planning a) Strengthen HRH coordination across districts within each region. Consider the existing Regional Secretariat role in overseeing HR in LGA's;
Retention	Support scale up of best practices on retention from LGA's and partners' to other geographical areas through utilizing formalized system such as annual regional/district forum

f. **Local Government Authorities LGAs**

INSTITUTION	RECOMENDATIONS
Retention	Prioritize HRH activities in the OC Budget at all levels • Leverage the OC budget to ensure that workers receive the benefits and other financial and material incentives due to them with the intention to encourage them to stay in their postings. • Conduct analysis of OC for HRH budget to identify the priorities for the OCs for the LGAS and how to prioritize retention for the HWs particularly for the low level facilities • LGA's to prioritize issues related to staff retention while prioritizing activities to be incorporated into the CCHP based on the provided ceilings.

Annex 1. Conference Programme

	TIME	Activity			
30 minutes	8.30 - 9.00 am	Welcoming remarks			
90 Minutes	9.00- 10.30 am	Opening Plenary HR Planning, Recruitment and Mangement Cycle- Cross-sectoral Perspectives underlying Recruitment and Planning processes at all level and PE financing.- Mr. Emmanuel Mlay –POPSM, Mr. John Michael MOHSW, Ms Hellen Macha –PMORALG, Dr. Emmanuel Andrew Ag. DMO Kahama , Mr. Cheyo, Ag Commissioner of Budget, MOFEA			
	10:30 -11:00 am	Tea Break			
75 Minutes	11:00 - 13.10 pm	Opening Ceremony			
45 minutes	13.10 - 14.10 pm	Lunch Break			
90 minutes	14.15 - 15.45 pm	1.A-1.D Concurrent Technical Sessions			
		Planning and Recruitment: The dilemma of staffing projections in the health sector- Mr. Rashid) – POPSM, Dr. Gilbert R. Mliga- MOHSW, Dr. Sam Ogilo – APHTA, Dr. Alexander Mwelenga - DMO MAKETE	Retention: The magnitude of the retention challenge. Is it a problem?- Dr. Harun Kasale – MOHSW, Ms Grace Mselle & Dr. Josephine Balart - APHTA & CSSC, Dr. Ally Makore Mussa DMO – Sumbawanga MC	Performance Management and Productivity Implementation for P4P- Mr. Japhary Mwamafupa - KIBAHA DC, Dr. Mamdani IHI	Production Building a better health worker calling: focus on the quality of education - Dr. Otilia Gowele from Kilosa COTC, Mr. Ndemetria Vermand- MOHSW, Ms. Agnes Kinemo - MOHSW
90 minutes	16.00 - 17.30 pm	Second plenary Financing for Health and Social Welfare Financing HR for Health and Social Welfare? Mr. Cheyo, Ag Commissioner for Budget, MOF EA, Mr. Josbert Rubona, MOHSW , Dr. Josephine Ballart - CSSC			
		Networking and viewing of exhibition			
	18.00 pm	IntraHealth Cocktail Party			

	DAY 2 Wednesday, 4 September 2013				
30 minutes	8:30 - 9:00	Recap of Day 1 program and outline of today´s events			
90 Minutes	9:00 - 10:30	2.A--2D Concurrent Technical Sessions			
		Planning and Recruitment: Current staus of planning for staffing and challenges of equitable distribution- Ms Sia Malekia – NIMR, Dr Ellen Senkoro – BMAF, Mr. Martin Mapunda - MOHSW, Dr. Andrew Emmanuel - DMO KAHAMA	Retention: Are the systems necessary for retention available and or adequate? - Mr. Michael Munga NIMRI – NIMR, Mr. Joseph Matimbwi - GIZ, Mr Ally Kassinge – PMORALG, Dr. Anna Nswilla – MOHSW	Performance Management and Productivity: OPRAS status, accountability and alignment to the BIG Results Now- Mr. Jesse Mashimi - OPRAS, Mr. Hassan Kitenge - POPSM, Mr Rutagarama – DHS Ukerewe DC	Production Current cadre skill mix: having the right health workers to meet the Country's needs- Dr. Haji Shemhilu, PHCI-Iringa, Ms. Helen Semu - MOHSW
30 minutes	10:30 - 11:00	Tea Break			
90 Minutes	11.30 - 12.30 pm	3.A--3D concurrent Technical Sessions			
		Planning and Recruitment: Data use in staffing planning and recuritment - Mr. Emmanuel Mahinga, Director – PMORALG, Mr. Husein S. Hussein - HRO Kilolo, Ms. Sophia Michael - POPSM, Mr Mohamed Al Mafazy MOHSW ZANZIBAR	Retention: How does the Pay policy consider underserved areas?- Ms. Agnes Meena POPSM – POPSM, Mr. Adson Cheyo--Private Sector, Ms. Jennifer Macias – Intrahealth International, Dr. Leonard Subi - RMO Kigoma, Dr Anna Nswila – MOHSW	Performance Management and Productivity A focus on Productivity- Ms. Hellen Magige BMAF , Dr. Elias Mangosongo – DMO Tandahimba , Mr. Thuwein Y. Makamba – NIMR	Production: The QUAD approach to Task Sharing- Ms. Lena Mfalila - TNMC, Mr. Clavery Mpandana – MOHSW, Mr. Ndementria Vermand-MOHSW, Mr. Paul Magessa – TANNA
60 minutes	12.30 - 1.30 pm	Lunch Break			

90 minutes	1:30 - 3:00 pm	Third Plenary - Health Workers Retention and Incentives: District experience and Perspectives - Dr. Kilimba DMO- Kigoma District Council, Ms. Agnes Meena, POPSM, Ms. Rahel Sheiza, BMAF			
15 minutes	3:00 - 3:15 pm	Bio-break,Transition to concurrent sessions			
90 minutes	3:15 - 4:45 pm	4.A - 4D concurrent Technical Sessions			
		Planning and Recruitment: Dilemna of Decentralized versus Centralized Recruitment- Adson Cheyo - Private Sector, Peter Bunyanzu –Employment Secretariat, Dr. Charles Michael Mtabho - DMO Meatu DC	Retention: Pannel discussion A focus on Task Sharing -Mr. Jonathan Mcharo Mshana - NIMRI, Dr. Mughwira Mwangu - MUHAS , Patricia Riley- CDC	N/A	Production: Deccentralisation of health education - Ms. Ann Mangula – MOHSW, Dr. Adeline Kimambo--consultant MAT, Dr. Daniel Kisimbo - MOHSW
75 minutes	4:45 - 6:00 pm	Networking and Viewing Exibition			
	DAY 3 Thursday, 5 September 2013				
30 minutes	8:30 - 9:00	Recap of Day 2 program and outline of today´s events			
90 minutes	9:00 - 10:30	Fourth Plenary: Development Partner perpsetive: Current status and future engagement in HSS - Ms. Aly Cameron, HIV & Health Team leader- USAID/Chair of DPG Health, Ms. Angela Rwegellera, Price Water House Coopers			
30 minutes	10.00 - 10.30 am	Tea Break			
120 minutes	10.30 - 12.30	Fifth Plenary: Review issues and recommendations. Agree on commitments and way forward			
45 minutes	12.30 - 1.15 pm	Closing Ceremony			
	1:30 - 2.30 pm	LUNCH			

Annex 2 CONFERENCE ORGANIZATION TEAM/COMMITTEE

Steering and Program Committee

Sn	Name		Institution
1	Dr. Ellen Mkondya - Senkoro		Benjamin Willim Mkapa HIV/AIDS Foundation
2	Ms. Rahel Sheiza		Benjamin Willim Mkapa HIV/AIDS Foundation
3	Ms. Jennifer Macias		IntraHealth International

The Overall Program Committee was assisted by four sub – committees made up of individuals from different institutions.

Planning and Recruitment Subcommittee

Sn	Name		Institution
1	Ms. Rahel Sheiza		Benjamin Willim Mkapa HIV/AIDS Foundation
2	Ms. Zohra Balsara		USAID
3	Mr. Andrew Makoi		Ministry of Health & Social Welfare
4	Mr. Martin Mapunda		Ministry of Health & Social Welfare
5	Mr. Hassan Rashid		Presidents Office Public Service Management
6	Mr. Bakari Bakari		IntraHealth International

Production Subcommittee

Sn	Name		Institution
1	Mr. Commoro Mwenda		I- Tech
2	Ms. Angela Makota		Centre for Disease Control
3	Ms. Renae Stafford		Touch Foundation
4	Ms. Natalie Hendler		JHPIEGO
5	Ms. Sally Chalamila		American International Health Alliance

Retention Subcommittee

Sn	Name		Institution
1	Dr. Adeline Saguti Nyamwihura		Benjamin Willim Mkapa HIV/AIDS Foundation
2	Mr. Joseph Matimbwi		GIZ
3	Ms. Hadija Kweka		Ifakara Health Institute
4	Mr. Jonathan Mcharo Mshana		National Institute of Medical Research

Performance Management and Productivity Subcommittee

Sn	Name		Institution
1	Mr. Peter Mbago		Benjamin Willim Mkapa HIV/AIDS Foundation
2	Mr. MacDonald E Kiwia		URC
3	Mr. Geofrey Nyombi		Clinton Health Access Initiative (CHAI)
4	Ms. Rozina Lipyoga		Ministry of Health & Social Welfare
5	Mr. J. Kisega		POPSM

Logistic and Event Subcommittee

Sn	Name		Institution
1	Ms. Anna Tenga Mzinga		Benjamin Willim Mkapa HIV/AIDS Foundation
2	Ms Angelina Ballart		Consultant
3	Ms. Pamela Solomon		Consultant
4	Mr. Ashery Maganga		Benjamin Willim Mkapa HIV/AIDS Foundation
5	Ms. Pamela Maro		Benjamin Willim Mkapa HIV/AIDS Foundation
6	Ms. Olivia Murembo		Benjamin Willim Mkapa HIV/AIDS Foundation
7	Mr. George Kimaro		Benjamin Willim Mkapa HIV/AIDS Foundation
8	Ms Flora Kahwa		Benjamin Willim Mkapa HIV/AIDS Foundation

His Excellence Dr. Jakaya Mrisho Kikwete flanked by the Settlor of the Foundation His. Excellency Benjamin W. Mkapa, Pape Gaye President and CEO of Intrahealth International Inc. and Sharon Cromer Mission Director USAID during the official opening of exhibition on 3rd September 2013.

The Minister for Health and Social Welfare, Hon. Dr. Hussein A. Mwinyi giving remarks during offical opening of the Conference on 3rd September 2013.

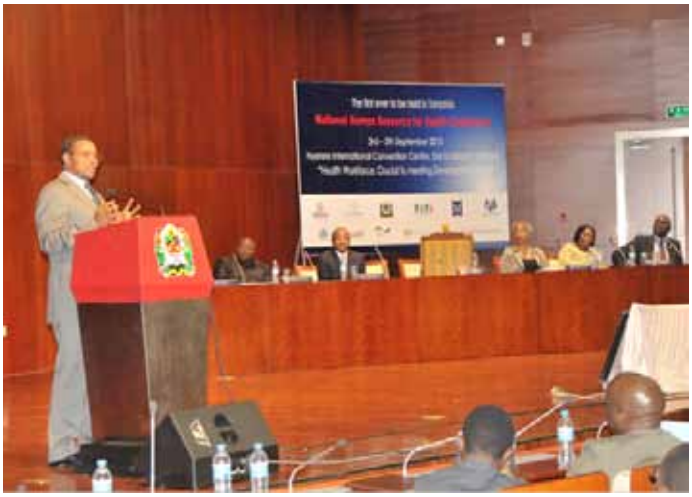
HRH Stakeholders applauding the president's speech during the opening of the Conference.

Presenter under Thematic area of Production stressing point during her presentation.

The BMAF representatives with stakeholder at the exhibition.

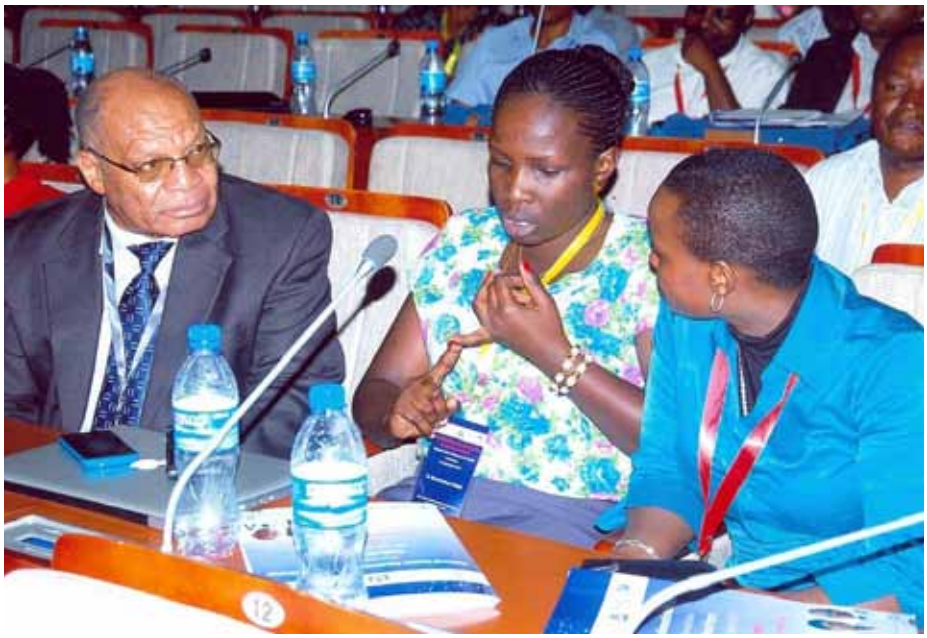
Representatives from the PMO-RALG listening attentively to stakeholders attending the exhibition.

The Government officials from different Ministries attending the conference between 3rd-5th September 2013.



Hon. Dr. President Jakaya M. Kikwete giving a key note speech during the opening of the conference on 3rd September 2013.

Delegates at the conference sharing a light moment.



Former Permanent Secretary POPSM Mr. Joseph Rugumyamheto attentively listening to another delegate during a discussion at the conference.

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