



Mkapa Foundation

Bringing HOPE to the underserved

## TANZANIA HUMAN RESOURCE FOR HEALTH (HRH) - ARE WE ON TRACK?



## FAST FACTS

**98,987**  
**(47.53%)**  
HEALTHWORKERS

Tanzania only has 98,987 (47.53%) health workers out of 208,282 required to deliver quality health services in health facilities across the country<sup>1</sup>.

The national doctor to patient ratio is 1 doctor per 20,396 population<sup>2</sup>. (WHO standard is 1 doctor: 1000 population<sup>3</sup>).

DOCTOR PATIENT RATIO  
**1 DOCTOR**  
PER **20,396**  
POPULATION.

**ONE** DOCTOR  
SERVES  
**78,880** RURAL  
**9,095** URBAN

There is maldistribution of health workers among rural and urban areas whereby one doctor serves 78,880 people in rural while in urban one doctor serves 9,095 people<sup>4</sup>.

**Finalization of the formal Community Based Health Programme (CBHP) Operational Guideline will accelerate the sustainability of community health services, hence reduces the workload of the available health workforce<sup>5</sup>.**

**CBHP GUIDLINE**  
ACCELERATE THE  
SUSTAINABILITY OF  
COMMUNITY HEALTH  
SERVICES

1 Human Resource for Health Multisector High-Level Meeting November 2019

2 Human Resources for Health Strategic Plan (HRHSP) 2014-2019

3 2014 WHO Global Health Observatory Data Repository available at <http://apps.who.int/gho/data/view.main.92100>

4 Human Resources for Health Strategic Plan (HRHSP) 2014-2019

5 MOHCDGEC Policy Guideline for Community Based Health and Social Welfare Services 2020

The situation of HRH in the Public Health Facilities as shown in Table 1 below;

**Table 1: Situation Analysis by Facility Type by Government of Tanzania Staffing Norms**

Facility Levels	HRH Required	HRH Available	Shortage	Percent Available	Shortage Percent
Dispensary	99,060	30,625	68,435	30.92%	69.08%
Health Centre	32,487	17,954	14,533	55.27%	44.73%
District Hospital	21,600	17,443	4,157	80.75%	19.25%
Other Hospital	26,400	11,243	15,157	42.59%	57.41%
Regional Hospital	14,226	11,373	2,853	79.95%	20.05%
National, Zonal, Spec. Referral Hospital	14,509	10,349	4,160	71.33%	28.67%
Total Health Facilities	208,282	98,987	109,295	47.53%	52.47%
Health Training Inst.	2,632	726	1906	28%	72%

Source: MoHCDGEC HRH Multisector High-Level Meeting, November 2019.

The recruitment pace of skilled staff is not proportional to demand, increase of population, and increase of prevalence of non-communicable diseases as reported by the MOHCDGEC<sup>6</sup>. (see table 2)

**Table 2: Health Workers Recruitment Trends 2005/2006 – 2018/2019**

Year	Recruitment Permit	# of health workers posted	Total %
2005/2006	1,677	983	59
2006/2007	3,890	3,669	94
2007/2008	6,437	4,812	75
2008/2009	5,241	3,010	57
2009/2010	6,257	4,090	65
2010/2011	7,471	5,704	76
2011/2012	9,347	7,028	75
2012/2013	6,471	6,471	100
2013/2014	10,940	10,014	92
2014/2015	8,345	8,345	100
2016/2017	3,152	3,152	100
2018/2019	7,680	7,680	100
2019/2020*	1,000	1,000	100
Total	77,908	65,958	85

Source: MoHCDGEC HRH Health Requirement and Recruitment Plan for the Public Health Sectors in Tanzania Mainland 2018-2023.

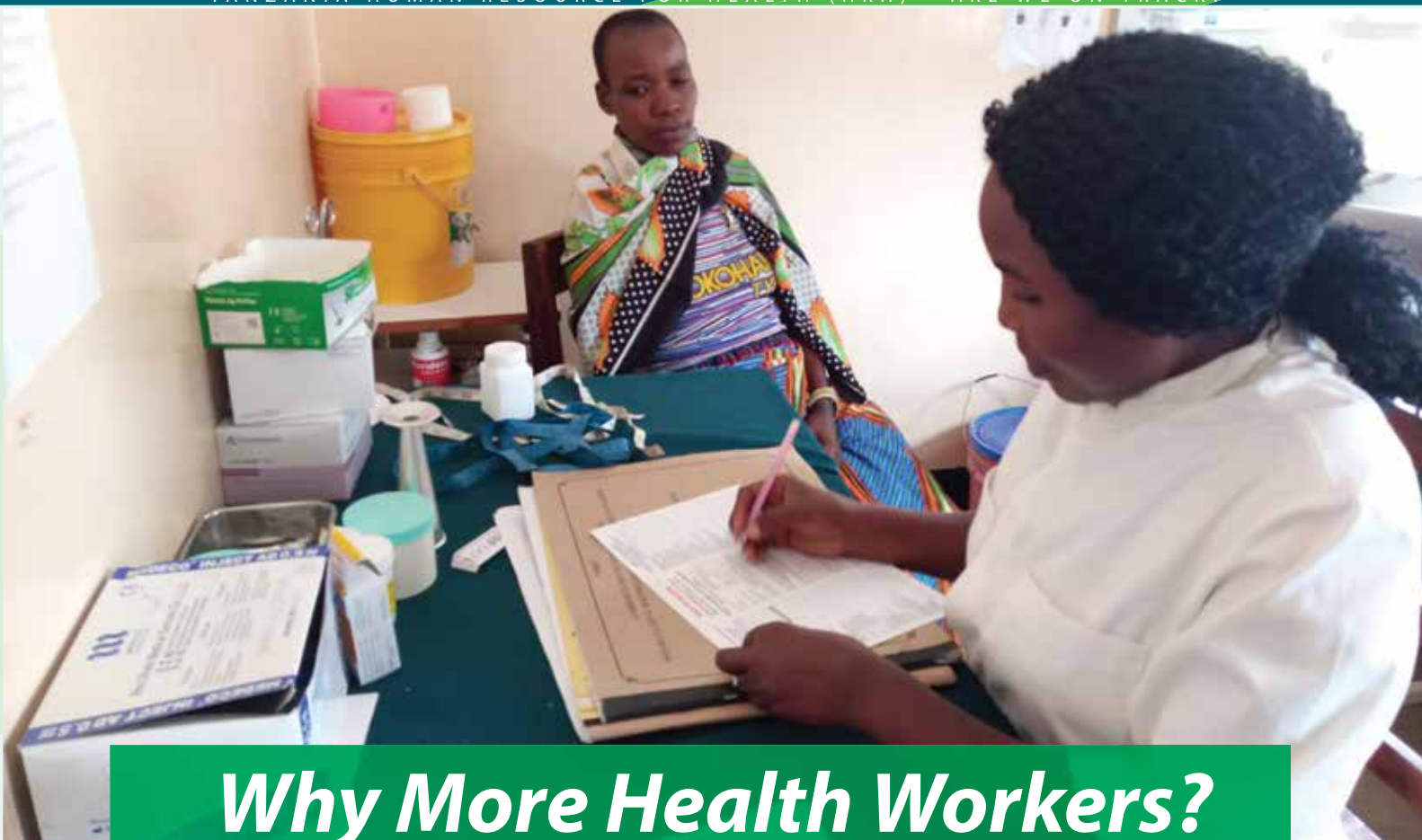
\*BMF Internal Review

For example, in the table 2 above, in FY 2018/19, the Government of Tanzania recruited 7,680 health workers and distributed them to primary health facilities, yet the shortage of health workers is still at 52%<sup>7</sup>. Even if the projected recruitment permit (55,868) for health workers is filled as proposed in the requirement and recruitment plan by 2022. There would still be gaps between available (98,987) and required (208,282) health workforce<sup>8</sup>.

<sup>6</sup> MoHCDGEC HRH Health Requirement and Recruitment Plan for the Public Health Sectors in Tanzania Mainland 2018-2023

<sup>7</sup> MoHCDGEC HRH Health Requirement and Recruitment Plan for the Public Health Sectors in Tanzania Mainland 2018-2023

<sup>8</sup> Human Resource for Health Multisector High-Level Meeting November 2019



## Why More Health Workers?

The health workforce is the backbone of a good functioning health system that is critical in accelerating progress towards Sustainable Development Goals (SDGs) and building strong primary health care systems and equitable access to health for all. Despite its importance, Tanzania faces a chronic shortage of qualified health workers particularly in the rural areas that become a major barrier for accessing quality health services, leaving the populations most in need behind.

In Tanzania, it is estimated 1.5 million People Living with HIV (PLHIV), and only about 61% of PLHIV aged 15-64 years are aware of their HIV status, 94% are on treatment and 87.0% of those on treatment are viral suppressed<sup>9</sup>. In relation to global UN 90-90-90 HIV targets by 2020, Tanzania made progress toward the last two 90's and lag behind the 1st 90.

Despite of the progress made there is existing regional variation on attaining the third goal, whereby the eight lowest-performing regions have an average of 41.3% against the national target of 90%, and the same regions are ones facing a critical shortage of both skilled and non-skilled health workers<sup>10</sup>.

Tuberculosis (TB) prevalence in Tanzania remains high, World health organization estimates 528 per 100,000 of all types of TB with an incidence of 253 per 100,000 and a case detection rate of only 36 percent<sup>11</sup>.

Tanzania made efforts on improving maternal mortality between 2005 to 2012 from 578 deaths per 100,000 live births to 432 deaths per 100,000 live births respectively. The burden has been reversed to 556 deaths per 100,000 live births in 2015/2016 and remained high<sup>12</sup>.

The most recent COVID 19 pandemic has an impact on the already weakened health system and worsened the severe shortages of the health workforce and regress progress and gains made in TB, HIV, and maternal and child health programs.

The above presented gaps in combating HIV/AIDS, TB, Maternal mortality and others, signify that, among other factors, HRH has a crucial role in accelerating the national responses for the existing disease burden.

<sup>9</sup> <https://www.state.gov/wp-content/uploads/2020/07/COP-2020-Tanzania-SDS-FINAL.pdf>

<sup>10</sup> PEPFAR. Tanzania Q3 data Slide 4

<sup>11</sup> MoHCDGEC analytical report to inform HSSP IV 2015/2016-2019/2020

<sup>12</sup> TDHS Survey (2015-2016)



## Challenges Behind the Shortage of HRH

**Social and demographic changes and economic transition.** Tanzania has sustained relatively high economic growth over the last decade, averaging 6–7% a year<sup>13</sup>. In July 2020, the World Bank upgraded the country's income status from low to lower-middle-income status with a GNI per capita of \$1,080 in 2019. The country's population is estimated at 55.9 million in 2020 and projected to increase to 89 million by 2035,<sup>14</sup> Unfortunately, Tanzania's economic growth has not translated into increased health expenditure. For example, for the 2020/21 national budget, the Government of Tanzania only allocated 5.53%<sup>15</sup> of the total national budget towards health, far below the Abuja targets of 15% share of the national budget allocation towards health. The total expenditure on health per capita is estimated at \$34 in 2017<sup>16</sup> against the recommended \$86, and health shares about 7% of the nation's GDP which is above the recommended 5%<sup>17</sup>. The economic transitioning, and rural-urban migration has an impact on the health systems and structures and will continue to exhaust the health system and create a wider gap between the high-end health facilities, and the underserved facility within the same health systems, widening the human resources for health gaps.

**Financial constraints.** The Government of Tanzania in 2018 projected a total cost of approx. 400 billion TZS to recruit about 55,868 health workers by 2022, that if financed and recruited would, still fall short of the required health workforce<sup>18</sup>. In the FY 2019/20 the Government of Tanzania recruited and deployed about 1,817 health professionals to various health facilities across the country<sup>19</sup>. While the government of Tanzania has notable increases in the allocation of budget for human resources for health, the overall allocation vs the need still remains high as per HRH requirement and recruitment plan of 2018-2023 that intends to recruit 18,500 HRH in year 2020/2021.

<sup>13</sup> Mkapa Foundation Strategic Business Plan 2019-2024

<sup>14</sup> National Population Projection, National Bureau of Statistics Ministry of Finance and Planning, Dar es Salaam & Office of the Chief Government Statistician Ministry of Finance and Planning, Zanzibar, February, 2018

<sup>15</sup> URT Budget Books 2020/21 Volumes 2, 3, & 4

<sup>16</sup> <https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=TZ>

<sup>17</sup> Mkapa Foundation Strategic Business Plan Brief 2019-2024

<sup>18</sup> MoHCDGEC Health workforce requirement and recruitment plan for the public health sector in Tanzania mainland 2018-2023

<sup>19</sup> Minister of Health Budget Speech April 2020



## Government and Stakeholders' Initiatives

- In efforts to establish alternative financing options to absorb the un-employed HCWs which are critically needed in health system. The Government of Tanzania in collaboration with stakeholders are at final stage of developing the National Health Workforce Volunteerism Guideline that proposes using health insurance schemes as Community Health Fund, National Health Insurance Fund and other local fund modalities.
- Government of Tanzania launched the Community Based Health Programme Operational Guideline in April 2020 for the sustainable and functional community based health services toward improving health and wellbeing of all communities with a focus on those at risk and be more responsive to the needs of the people.
- For FY 2019/20, the Government of Tanzania has recruited 1,000 doctors vs the projection<sup>20</sup> of 9000 health workers earmarked for recruitment in the same financial year.
- In the 2018-2020 funding cycle, the GFATM funded about 1000 health workforce in 8 cadres<sup>21</sup>.
- PEPFAR supported approximately 18,000 Health care workers in training and direct service delivery HRH related costs in COP19. Moreover, in COP20, PEPFAR commits to hiring an additional 5,000 (cadres and skills mix to be determined jointly with CSOs and Government of Tanzania for community programs)<sup>22</sup>.
- The Global Financing Facility (GFF) investment case in Tanzania acknowledges the need to invest in human resources for health.
- Through the emergency response mechanism to COVID 19, different partners and funding agencies have contributed to the hiring of 575 Health Professionals and 1,692 Community Health Workers<sup>23</sup>.

20 MoHCDGEC Health workforce requirement and recruitment plan for the public health sector in Tanzania mainland 2018-2023

21 Assistant Nursing Officers, Clinical Officers, Enrolled Nurses, Laboratory Assistant, Laboratory Technicians, Laboratory Scientists, Medical Doctors and Pharmaceutical Technicians).

22 PEPFAR COP 20 Planning Letter 2 notes that "Enabling lay health workers to perform HIV testing

23 BMF Internal reviewer



## Recommendations

01

Government of Tanzania to earmark the shortage 17,500 Health Care workers in the upcoming in the upcoming national budget process as per its 2018-2020 recruitment plan and targets.

02


Finalize and roll out the National Health Workforce Volunteerism Guideline that proposes using health insurance schemes such as Community Health Fund and National Health Insurance Fund and other local fund modalities.

03

The Global Fund to prioritize and increase recruitment of health workers including CHWs in the new grant cycle of 2020-2023 including those deployed to accelerate efforts in responding to COVID 19 pandemic.

04

PEPFAR to increase the financing of HRH recruitment in particular community health workers to scale up prevention, testing, retention, and support viral suppression. Also, in preparation of the COP21, PEPFAR should process details of the HRH inventory in Tanzania over the past five years.

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