

# TECHNICAL HIGHLIGHT

SEPTEMBER 2020

# FINALIZING A HEALTH WORKFORCE ALLOCATION TOOL IN TANZANIA

# **SUMMARY**

Funded by PEPFAR through the US Centers for Disease Control and Prevention (CDC) and implemented by Management Sciences for Health, the Technical Support Services Project (TSSP) worked with the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) to finalize the National Health Workforce Allocation Optimization (WAO) tool.

The WAO tool is an electronic decision support system used to allocate health staff to health facilities. It is based on recruitment permit data derived from and analyzed through the work load indicators for staffing need (WISN)<sup>1</sup> method and approved personal emolument budget ceilings provided by the President's Office – Public Service Management and Ministry of Finance and Planning. The tool uses an evidence-based approach and health indicators to drive health workforce allocation decisions. It is a reliable electronic human resources for health (HRH) recruitment system that enables online application of vacant posts, a short list of qualified candidates, and allocation based on predetermined health indicators and applicants' preferences. Using it, the MoHCDGEC and other public health institutions (PHIs) are able to improve allocation of Tanzania's health workforce based on need and maximize employee satisfaction by deploying workers to their preferred working stations.

The Public Health Informatics Institute and Health Informatics Training and Research Advancement Centre initiated development of the tool through the CDC-funded African Health Workforce Planning Project in 2013.

## BACKGROUND

The Government of Tanzania is committed to equitable delivery of quality health services. However, provision of these services is impeded by, among other factors, the severe shortage of skilled HRH, which stands at 52% (MoHCDGEC, National HRH Country Profile, 2017). The shortage of health care workers drastically impacts access to and quality of care, attainment of universal health coverage, and achievement of desirable health outcomes related to HIV in PEPFAR priority sites and other health services in Tanzania.

In 2018, the MoHCDGEC estimated that health facilities required 209,603 health workers, while the actual available health workforce stands at 99,684.<sup>2</sup> This shortage is compromising the ability of the

The WISN method is a human resource management tool that provides a systematic way to make staffing decisions based on a health worker's workload. It enables policy planners, health facility managers, and researchers to use computer software to record, analyze, and report data related to staffing status and requirements at health facilities.

Health workforce requirement and recruitment plan for the Public Health Sector in Tanzania mainland 2018–2023, p.1

health systems to effectively deliver the National Essential Health Care Intervention Package – Tanzania and other health services. The HRH shortage is further exacerbated by an increased disease burden attributed to HIV, lifestyle-

Often, when health workers are deployed to undesirable locations, they do not report for duty."

Martin Mapunda, Assistant Director,
MoHCDGEC

related diseases, expanded services in health facilities, and attrition rate, especially in rural health facilities.

There are challenges to addressing the critical shortage of health workers, including inadequate central and local budgets to support new positions. There is a higher attrition rate in rural health facilities due to a perceived poor working environment; many health care workers prefer to work in urban areas where living and working conditions are typically better. The lack of a well-established, comprehensive, and reliable electronic recruitment system has led to delays on health workforce allocation to facilities. TSSP is providing technical assistance to the MoHCDGEC to review a more realistic national health sector staffing level through WISN that will likely reduce the human resources gap in some health facilities.

# STRATEGIC APPROACH

TSSP worked with the MoHCDGEC to identify technical requirements (both software and human resource) to finalize the WAO tool as per the Tanzania recruitment system and process. This included:

### SYSTEMS DESIGN

- Redesigning the system business process as per the recruitment systems in Tanzania
- Linking the WAO tool to the Medical Council of Tanganyika (MCT) for verification of professional licensees for clinicians
- Determining system requirements for integrating the WAO tool with the WISN and Prioritization and Optimization Analysis (POA) tools to maximize the allocation of health care workers in facilities that have a high burden of HIV and other diseases

### DATA ENTRY

- Integrating the HRH indicators in the developed systems to inform prioritization of the health workforce in health facilities
- Determining and uploading HR selection criteria to enable shortlisting and allocation of health workforce as per recruitment permit

### SYSTEM LAUNCH

- Facilitating MoHCDGEC senior management ownership
- Providing technical assistance on server installation and hosting
- Conducting user acceptance testing for MoHCDGEC human resources and information and communication technology officers

# **IMPLEMENTATION**

After finalizing the WAO tool, TSSP provided technical assistances on the deployment of the tool to the MoHCDGEC server for ownership and use on future allocation of the health workforce. In March 2020, following the release of a recruitment permit of 1,000 medical doctors, the MoHCDGEC decided to use the tool to facilitate:

- Online applications for available vacancies in MoHCDGEC, President's Office – Regional Administration and Local Government (PO-RALG), and other PHIs
- Shortlisting qualified applicants based on the set criteria
- Online verification of professional licenses through integration with the MCT database
- Allocating selected applicants based on their location preferences
- Producing recruitment reports for MoHCDGEC planning and decision making
- Creating a permanent record keeping base (permanent database storage) for HRH recruitment process and permit issued by President's Office – Public Service Management

# **NEXT STEPS**

Now that the WAO tool is fully functional, TSSP will continue to work with the MoHCDGEC and implementing partners to:

- Provide technical assistance to integrate the WAO tool with other HRH information systems, such as WISN and POA, for optimal prioritization of health workforce allocation
- Integrate the system with training institution databases from the National Examination Council of Tanzania, National Council of Technical Education, and Tanzania Commission for Universities to enhance verification of candidates
- Provide technical assistance to the MoHCDGEC to ensure timely use of the Human Resources Information System to inform HRH recruitment, and allocation among high-burden areas
- Build the capacity of the MoHCDGEC, PO-RALG, and other PHIs to use the tool

Funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through US Centers for Disease Control and Prevention (CDC), TSSP provides support to the Ministry of Health, Community Development, Gender, the Elderly, and Children (MoHCDGEC) and public health institutions in monitoring and evaluation, health information systems and information and communications technology, quality assurance and quality improvement, and human resources for health to increase coverage of essential HIV services.

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- Continue to provide technical assistance to the MoHCDGEC and other PHIs on the management and use of the tool
- Promote the use of HRH information systems data to enhance retention of the health workforce

TSSP will continue to work closely with the Government of Tanzania to encourage appropriate recruitment of health care providers, thus improving access to and quality of HIV and other health services. This includes supporting key activities and responsible parties to ensure that health facilities make use of evidence-based strategies and the WAO tool to ensure a consistent and sustainable supply of trained health workers in PEPFAR scale-up districts.



