

Briefing No. 6

Expanding Health Worker Training Across Tanzania

The Twiga Initiative

Tanzania suffers from one of the worst health worker shortages in the world. As a result, many Tanzanians have no access to even the most basic healthcare. In developing their response to the crisis, the Tanzanian government turned to the Touch Foundation and McKinsey & Company and asked that we conduct the diagnostic phase of their Twiga Initiative, a program designed to double the nation's health worker training capacity.

Through detailed field work across the country, our team developed a strategy to optimize and expand the existing current training network. We went on to provide detailed action plans tailored to each of Tanzania's healthcare training schools. Our policy recommendations for central government were quickly adopted by the Ministry of Health and Social Welfare (MoH). Crucially the implementation of this cost-effective approach can begin now. The impact will be both immediate and sustainable.

THE CRISIS

The lack of health workers in developing countries is crippling access to basic healthcare and means that millions die from preventable and treatable diseases. Tanzania in particular has one of the worst shortages, with only 1,200 doctors estimated to be in the country of 40 million people.

Based on the World Health Organization minimum standard of 23 health workers per 10,000 people, Tanzania is approximately 84,000 health workers short of meeting the most basic health needs. Over the next ten years, if left unchecked, this gap is expected to grow to 104,000. In recent years the public health community has come to recognize that training domestic workers is the most cost-effective, efficient and sustainable method of closing the workforce gap.

With this in mind, the Tanzanian government wants to double health worker training capacity over the next ten years. The MoH has already taken steps to accelerate certain nursing curricula and to create a new, one-year Clinical Assistant program. These two revisions alone will increase annual student intake by as much as 25 percent in the coming years.

THE CHALLENGE

However, even with revisions to the curriculum, Tanzania recognized that it would still need to increase enrollment capacity by an additional 60 percent to double current training numbers. It was also recognized that out-of-date information and the lack of human and financial resources at the central and local levels would make it difficult for the Ministry to create an effective nationwide strategy.

Given these barriers, and recognizing our role in the successful expansion of training capacity at Weill Bugando (from just 10 MD students in 2004 to over 800 health care students in 2009), the MoH asked the Touch Foundation and McKinsey & Company to identify other opportunities for training expansion. The

purpose of this diagnostic study was to create a cost-effective, implementable plan that would allow Tanzania to achieve its goal of doubling health worker training capacity.

THE ROLE OF THE TOUCH FOUNDATION

To gather information and analyze potential interventions, the team spent three months assessing 39 of Tanzania's health worker schools and interviewing government officials. We developed two complimentary strategies that, executed in unison, could more than double the existing training capacity.

Our field research and analysis revealed a consistent set of problems keeping the institutions from realizing their potential capacity most notably too few faculty and insufficient classroom or dormitory space. However, the interrelation of these problems differed from school to school. As a result rather than producing just a top level review, a unique strategy and action plan was produced for every institution. This plan identified what changes would be needed at each school and in what order, what each development would cost and the impact on training numbers at the school. After determining the improvement costs for each school plan versus other solutions it became clear that this was the most cost-effective approach, and it would result in a seventy to eighty percent increase in total training capacity.

To capitalize on these local efforts, additional national policy changes will be required and we made specific recommendations to the MoH. To overcome the shortages of faculty and student housing for example, it will be necessary for the government to subsidize off-campus housing and incentivize post-retirement teaching. In this way the additional twenty to thirty percent capacity increase required to double the total training number can be achieved. In early 2008 the government officially adopted our school-specific plans as operational policy.

However, although doubling the workforce would result in an additional 25,000 health workers, demographic changes and predicted staffing levels will still leave Tanzania with a shortage of roughly 92,000 health workers by 2019. To close this gap the government will need to explore larger systemic interventions, such as additional accelerated curricula, utilization of virtual learning technology, and self-financing student loan schemes. While these and other approaches require further analysis, it is clear they will be vital in growing the health workforce and affording basic healthcare to all Tanzanians.

TAKING ACTION

We work closely with governments, companies, foundations and many individual supporters to create practical and effective solutions to the healthcare crisis in sub-Saharan Africa. To find out what part you can play in this work please contact Lee Wells, Director of External Affairs, on +44 (0) 207 961 5629 or by email to lee_wells@mckinsey.com.

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