

## **MAHINDI: Volunteer doctors from abroad okay, but...**

### **IN SUMMARY**

**Our government must invest more in our doctors because it costs up to Sh5 million to keep one foreign volunteer doctor--as a host country**

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According to recent reports in the media, President Jakaya Kikwete, while on tour in Shandong Province in China, appreciated efforts of the Chinese government of posting volunteer doctors to Tanzania for the last 50 years. He also used the opportunity to ask for more such doctors to be sent to Tanzania to help curb the existing shortage.

At the same time, the Health and Social Welfare ministry announced last week it plans to review its recruitment policy so that it would be possible to employ directly qualified local health cadres soon after completing their studies. Whilst it was entirely appropriate for the President to ask the Chinese government for their support, I believe that the time has come for our government to invest more in our doctors.

Indeed, Tanzania faces a shortage of human resources in the health sector, whereby existing statistics, such as the Health Sector Strategic Plan III (2013) shows that there is 0.5 doctors for every 10,000 people, whereas the lowest acceptable standard by the World Health Organisation (WHO) is two doctors for every 10,000 people. But what is not captured or rather widely publicized is that, despite this shortage, Tanzania has a large number of qualified local doctors who are not working as “doctors” for a number of reasons including a lack of good strategies from the government to absorb them into the public health system.

In 2012, Sikika in collaboration with the Medical Association of Tanzania (MAT) conducted a study to find the whereabouts of doctors. Results showed that, about 40 per cent of qualified doctors do not work as “doctors”, that is, they do not work in a clinical setting. They work in other areas, sometimes those not related with health issues.

Deploying foreign volunteer doctors is a short-term approach to solving the shortage crisis but also potentially has the effect of diverting the meagre resources we have which could be better utilized if they were directed to recruiting and attracting local doctors. Foreign doctors, even if they are volunteers, have other associated costs that are usually borne by the host country. These may include accommodation, international air travel tickets, local transport, sustenance and language skills training, all these could add up to substantial amounts; looking at the 2012/13 and 2014/15 budget books for the Health ministry, the cost estimates can range from Sh2 million to Sh5 million per foreign doctor. Furthermore, these doctors are primarily deployed in the secondary and tertiary level facilities as opposed to the primary level facilities (dispensaries and health centres) where

there is more critical need for health care workers, particularly in rural areas.

A number of factors have perpetuated local doctors from disengaging in the sector. Some of these include: poor working conditions, delayed and unpaid salary arrears, delayed salaries for new employees and delayed promotion. All these could be symptoms of a lack of coordination between key ministries during planning and budgeting for recruitment and distribution of health care workers which is one of the key challenges mentioned by the Health Sector Strategic Plan III (2013).

These key ministries include: Finance that allocates budget for recruitment, distribution and salaries; the President's Office Public Services Management which authorizes vacancies; the Health and Social Welfare ministry that recruits and distributes the authorized number of posts; and the Prime Minister's Office Regional Administration and Local Government Authority which requests for posting from Health ministry. So, the challenges must be dealt with. The long waiting time between completion of studies and start of job application process, and then the prolonged time for recruitment and deployment process creates loopholes where many qualified health professionals find alternative jobs which may not necessarily be related to health. Sikika certainly welcomes the review of the employment process with a view of addressing the identified challenges, and would urge a similar kind of review to address the other factors discussed in this article.

Sikika would like to call upon the government to start addressing the human resources crisis in the country by focusing on local solutions. It is wise to start addressing the factors that are a hindrance to the absorption of available health workers, in particular doctors, to the formal public health sector rather than encourage continued dependence on temporary solutions such as the foreign volunteer doctors.

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