

# Challenges Hindering The Accessibility of Tanzania's Health Service. A Literature Review

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## Abstract

The accessibility of Tanzania's health service has been challenged with inadequate fund, shortage of fully trained health staff in the hospitals, poor communication and transport infrastructure. These challenges have been hindering the development plans of Tanzania's health system including The Millennium Development Goal. Also, all of these challenges have been associated with the fact that, Tanzania is still a developing country with a low budget to financing all of the development plans. Therefore, this review article covers these challenges and also recommend Tanzania government to take major steps in resolving these challenges.

**Keywords:** Tanzania's health service, health service access, Tanzania's health system

## 1. Introduction

The accessibility of Tanzania's health service has been challenged with inadequate fund, shortage of fully trained health staff in the hospitals, poor communication and transport infrastructure. Also, it was recorded that, about 45% of the population were living within 1 km of a health facility, 93% within 10 km and 72% within 5km (WHO, 2008). Therefore, in order to improve the productivity of health workers there is a need of available health facility and human resources to be used in an efficient way so as to scale-up of additional interventions that require additional health workers, drugs, equipment and buildings (Fatuma et al., 2012).

Also, Tanzania's health care units have been experiencing regular stock out of the essential medications such as antibiotics and painkillers. It has been discovered as the great challenge to patients since different surveys have concluded many citizens are found leaving hospitals without received medical relief (Newbrander & Sacca, 2011). On the other hand, the severe shortage of the health workers has rendered it possible to access health sector. As according to the survey conducted by Service Availability and Readiness Assessment in 2015, it found that 63% of the medical doctor lives in urban corresponding to 74% of the Tanzanians who live in rural areas. Therefore, it is difficult for rural occupants to reach health facilities in the urban areas due to various social-economic factors.

## 2. Source of Data

This paper covers the literature part and as a researcher I used secondary data in order to support my arguments about major challenges hindering the accessibility of Tanzania's health service. These secondary data are from the research reports, peer-review journals, and international health reports about Tanzania, and these reports were involving Dar es Salaam and rural areas of Tanzania.

## 3. Challenges Hindering the Accessibility of Tanzania's Health Service

### 3.1 Shortage of Health Facilities

Table 1, Shows the total number of health facilities visited by managing authority was 1,188 during the time of the assessment. These might be due to the MMAM programme but still there are not enough dispensary in every eligible village. Among these 857 are owned by Government, while other institutions such as private for profit have almost 163.

Table 1. Number of health facilities successfully by authority, Tanzania SPA 2014 -15

	Government	Private for Profit	Parastatal	Faith – based	Total
Hospital	23	6	1	15	46
Health Centers	87	17	2	23	129
Dispensaries	747	118	17	109	992
Clinic	0	20	0	1	21
Total	857	163	21	148	1,188

Source: MOHSW. (2014/15).

Moreover, health centers are not located in the proximity of the people living in the rural areas. It should be noted that, travelling to the health centers, transport fee is incurred, and the majority of people in rural areas who are poor do not meet the expenses. Therefore, the vulnerable in the society opt for self-treatment methods and they will only seek health service from the hospitals when the condition goes beyond herbal therapies (Bitran & Giedion, 2003).

### 3.2 Poor Implementation of Exemptions and Waivers

Poor systematic implementation of waivers has been a challenge that hinders the accessibility of health services for those patients who depend on waiver programs. Therefore, even if official fees have been waived, the vulnerable social groups and impoverished have not been protected enough to access health services because still people are found paying for drugs, the transport charges, accommodation, and sometime even bribery (Bitran & Giedion, 2003).

It should be noted that, the majority of residents of rural areas do not have the capability to afford the high costs of health service and therefore the poor implementation of the exception schemes has frustrated the efforts of allowing those who should be awarded the opportunities of accessing the health services. Hence, the lack of clear policy guidelines for recognizing individuals who qualify for waiver has resulted in hoc choices without follow up. Thus, such predicaments have discouraged the efforts of accessing the quality of health care services

### 3.3 Transportation Cost

The proximity of the hospital from the areas with insufficient infrastructure system directly influences the rise of transportation costs which in turn affects people's ability to access health care services. As the majority of the Tanzanians who are living in the rural areas still they find it is difficult to afford the transport costs in order to reach health centers in urban areas (Bitran & Giedion, 2003).

However, the widening distance of public health services from rural has been attributed to the insufficient infrastructure system in the rural areas and the inequitable distribution of the public hospitals in the country.

### 3.4 Shortage of Health Workers

Table 2, shows Tanzania faces shortage of health workforce and it is negatively affecting the capability of the health sector to deliver effective and quality health services. These can be seen more in rural districts where there are disparities in the distribution of health workforces. Due to this, the accessibility of health service in Tanzania continues to be a challenge to many people residing in rural areas as some of these health centers have no enough healthworkers who can ensure the fully-delivered of health service.

Table 2. Status of health workers supply in the base year 2014

Occupation	Supply in 2014	% of the total workforce	% FTE in Public Sector	Density of health worker per 10000 population
1. Medical Specialist	929	1.4	70.0	0.20
2. Medical Doctors	1,157	1.7	80.0	0.25
3. Dental Specialists and Dental Officers	104	0.2	95.0	0.02
4. Assistant Dental Officers and Dental Therapists	933	1.4	87.7	0.20
5. Assistant Medical Offices	1,710	2.6	90.0	0.37
6. Clinical Officers and Clinical Assistants	6,496	9.8	70.0	1.42
7. Pharmacists	707	1.1	96.5	0.15
8. Pharmacy Technologists and Assistant Pharmacy Technologies	1,132	1.7	95.4	0.25

9. Nursing Officers	2,843	4.3	97.7	0.62
10. Assistant Nursing Officers	4,861	7.3	90.0	1.06
11. Enrolled Nurses and Nurse midwives	13,848	20.9	80.0	3.03
12. Health Laboratory Scientists	93	0.1	89.2	0.02
13. Health Laboratory Technologists and Assistant Health Lab. Technologists	2,508	3.8	92.1	0.55
14. Environmental Health Officers	1,205	1.8	99.8	0.26
15. Assistant Environmental Health Officers and Environmental Health Assistants	1,119	1.7	100.0	0.24
16. Allied Health Professional	1,245	1.9	97.5	0.27
17. Managers	384	0.6	98.4	0.08
18. Allied Health Professionals	2,235	3.4	91.5	0.49
19. Support Staff	3,460	5.2	95.6	0.76
20. Medical Attendants	19,379	29.2	96.1	4.24
<b>Total</b>	<b>66,348</b>	<b>100.0</b>	<b>88.7</b>	<b>14.50</b>

Source: MOHSW. (2014/15), Human Resources Planning Division. Human Resources For Health Information Systems (HRHS) and Training Institutions Information System (TIIS) (2014/15).

#### 4. Discussion

These challenges discussed in this paper are some of the key aspects that challenges the accessibility of Tanzania's health system. Also, as according to MOHSW (2014), so far the minimum number of health workers required to provide quality health services is 145,454. The actual number of health workers available is 63,447 and therefore there is a shortage of health workers of 82,007 and which is about 56.37%. Due to this, many of the functions of doctors are performed by the assistant medical officers (AMOs), who have received a clinical training similar to that of general physicians.

Also, Tanzania's health system is complex and works in an environment of very limited financial and human resources (Mussau et al., 2012). Even the access to health care is constrained mainly by long distance to health facilities, lack of vehicles for transportation and poor road infrastructure (Blanford et al., 2012). Moreover, poor working conditions, low salaries, and an overall demotivated workforce have also been cited as factors contributing to the shortage of health workers or even out migration of workforce (Liese et al., 2012).

Hence, with these challenges both private and government institutions, should consider the following recommendations in order to smooth the development process of health sector and to improve the accessibility of Tanzania's health service.

- 1) Tanzania government should improve infrastructure to those poor geographical areas in order to ensure there will be accessibility of health services.
- 2) Tanzania government should increase health facilities to those areas with high speed of population growth in order to ensure the population growth would not affect the accessibility of health service to everyone.
- 3) Tanzania government should support private hospitals with subsidiaries and low tax rate in order to ensure they can expand to most affected areas.
- 4) Tanzania government should increase health budget in order to ensure the health budget can cope with the population demand, as recently the health budget is at below minimum level that is required while the budget of current expenditure for government is still increasing from every year.
- 5) Tanzania government should offer more opportunities for young generation to join in medical schools. This can be done with more scholarship and financial support for them, so that in the future Tanzania government will be able to have enough health workforces.

Also, there is also an opportunity to increase collaboration between the health sector and international organizations, for example, activities in water and sanitation, education, hygiene and nutrition can be used as efforts to improve health outcomes at local level (COWI, 2007).

Therefore it is important for Tanzanian government to continue improving the development vehicles of health reforms in order to improve the accessibility of health services in Tanzania.

## References

- Bitran, R., & Giedion, U. (2003). *Waivers and Exemptions for Health Services in Developing Countries*. Washing, DC.: The World Bank
- Christoph, K., Wyss, K., Abdulla, S., & Mills, A. (2007). Scaling Up Priority Health Interventions In Tanzania: The Human Resources Challenge. *Health Policy Plan*, 22(3), 113-127. <http://dx.doi.org/10.1093/heapol/czm012>
- COWI. (2007). *Joint External Evaluation Of The Health Sector In Tanzania, 1999-2006*. Published online 2007 December 31, by Ministry of Foreign Affairs of Denmark, ISBN: 978-87-7667-816-5.
- Fatuma, M., Joanna, A. S., Guy, H., Kaspar, W., Conrad, M., Kizito, S., Hassan, M., Marcel, T., & David, S. (2012). Human Resources For Health Care Delivery in Tanzania: A multifaceted problem. *Human Resources for Health*, 10(3). <http://dx.doi.org/10.1186/1478-4491-10-3>
- Liese, B., & Gilles, D. (2003). *The Human Resource Crisis in Health Services in Sub-Saharan Africa*. Background Paper For The World Bank, September 15th, 2003.
- Newhrander W & Sacca S. (2011). Cost Sharing and Access to Health Care for the Poor Equity Experiences in Tanzania. Washington, D.C.: NBS.
- MOHSW. (2014/19). *Human Resource For Health And Social Welfare Strategic Plan 2014-2019*. Published online 2014 September 31, ISBN: 978-9987-737-11-6
- MOHSW. (2015). *Tanzania Service Availability Mapping 2005-2006*. ISBN: 978-924-159-59
- MOHSW. (2014/15). Human Resources Planning Division. Human Resources For Health Information Systems (HRHS) and Training Institutions Information System (TIIS) (2014/15).
- Justine, I. B., Supriya, K., Wei, L., & Alan, M. (2012). *It's a long, long walk: Accessibility to hospitals, maternity and integrated health centers in Niger*. Published on 27 June 2012, <http://dx.doi.org/10.1186/1476-072X-11-24>
- WHO. (2008). *Beyond Fragmentation and towards universal coverage: Insights from Ghana, South Africa and the United Republic of Tanzania*. Published on 11 Novemeber 2008, pp. 871-876.

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