

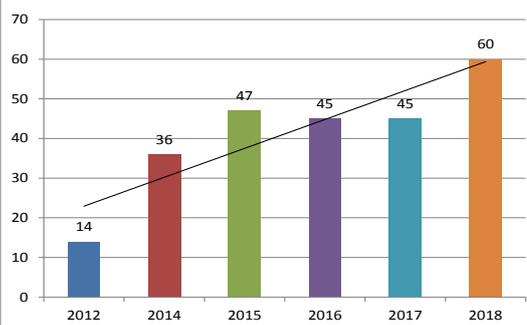
Recruiting and empowering pharmaceutical staff

Pharmaceutical staff have found a voice and a recognized role in the health system of Dodoma Region

Results

- Number of pharmacy staff increased from 14 to 60 in Dodoma region
- Biannual pharmacy meetings conducted
- Pharmacists as trainers for various educational activities
- Integration in advocacy campaigns, medicines related surveys and research
- Contribution to development of innovative concepts
- Support of two pharmacists in graduate short courses

Number of pharmaceutical staff- all cadres



Pharmacists involved in supply taskforce meetings (K. Wiedenmayer)

Pharmacists have multiple and critical roles in the health system. Among others, they manage supply logistics including medicines quantification, procurement, storage, inventory, distribution and documentation, making sure that good quality and affordable medicines are available in health facilities at all times. As medicines are a lucrative business, highest standards of ethics and accountability are required. While being responsible for managing the supply chain, they are often overloaded and insufficiently involved in decision making and general health system activities. Their critical role in health care is mostly underestimated and insufficiently supported.

Pharmacy staff shortage leads to task shifting

A general crisis of the health workforce in Tanzania is reflected in critical shortages of pharmacy staff at all levels of the public health system in Dodoma.

The HPSS project situation analysis in 2011 showed that out of 247 facilities surveyed, only 5 health facilities (hospitals) employed a trained pharmacist, while 7 facilities employed a pharmacy technician and 2 health facilities had a pharmacy assistant. In 94% of health facilities, medicines management was at the time of the study done by non-pharmaceutically trained cadres comprising clinical officers, nurses and medical attendants whose main task is clinical care of patients. While the Dodoma Region employed a total of 14 pharmaceutical staff in 2011, the staffing level required by the MoHSW at the time was 57 (establishment 1999). Currently, the minimal required staffing level is 285 (new establishment 2014).

Table 1: Staff managing medicines at health facility (N=247) in 2011

Cadre	Number	Percent %
Pharmacist	5	2
Pharmacy technician	7	2.8
Pharmacy assistant	2	0.8
Total pharmaceutical staff	14	5.6
Clinical officer	72	3.1
Medical attendant	105	45
Nurse	56	24
Total non-pharmaceutical staff	233	94.4



Group work and discussions during pharmacists meeting
(K. Wiedenmayer)

Task shifting of medicines supply management to clinical staff with no pharmaceutical competencies is a reality in Tanzania and its implementation occurs mainly as a coping mechanism in response to the existing human resources crisis rather than a deliberate policy response to the shortage. As medicine supply management is not formally part of clinical staff duties, knowledge and skills have to be acquired on the job. It is therefore imperative to support and train non-pharmaceutically trained health staff in supply management activities. HPSS has taken on this task and provided logistics and supply chain training.

Recruiting and involving

In response to the shortage of pharmaceutical staff, the project started lobbying at the districts for more pharmaceutical staff, referring to the national establishment for staffing levels. As a result, the number of staff has increased from 14 in the year 2011 to 60 staff in 2018, still far below required levels.

To offer pharmaceutical personnel a forum and visibility, pharmacy meetings involving all pharmacy staff from the region are regularly convened to allow exchange of issues and challenges as well as discussion of strategies and activities. At the same time, these meetings allow offering some continuing education and information by external experts and the MOHCD-GEC. The meetings intend to motivate and engage pharmacy staff in the region to offer them a platform and a voice and to empower them to contribute to strengthening the health sector in Dodoma Region.

“My sincere thanks to HPSS for the opportunity to attend the course. I enjoyed it immensely and had a lot to learn.”

A Dodoma pharmacist after a short course in South Africa

In addition, several pharmacists have been supported by HPSS in continuing education and have successfully completed short courses in pharmaceutical management.

Today, pharmaceutical staff - albeit low in numbers - are involved and active not only in supply chain management but also in supervision, monitoring, training, coaching and operational research and contribute to conceptual work, task forces and committees. They have gained a voice and visibility and contribute significantly to strengthening the health system while improving access to medicines and better health care.

“This has been a wonderful course. An experience to cherish for years. I recommend more of these courses as they keep our minds well informed and keep us abreast with the current issues in the management of medicines.”

A pharmacist attending a blended e-learning course

Dodoma Health Project Tanzania - Background

Health Promotion and System Strengthening (HPSS) or Tuimarisha Afya Project is part of the development cooperation between Tanzania and Switzerland. The HPSS project was launched in 2011 and supports Dodoma Region in the areas of health insurance, community health promotion, pharmaceutical management and management of maintenance and repair services for a period of 10 years. The project is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by the Swiss Tropical and Public Health Institute (Swiss TPH).

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