



HEALTH POLICY  
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# ANALYSIS OF POLICY, LEGAL, AND REGULATORY FRAMEWORKS FOR TASK SHIFTING IN TANZANIA

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. government.



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## EXECUTIVE SUMMARY

In many sub-Saharan countries, a shortage in human resources for health (HRH) impedes the scale-up of HIV and AIDS services and the expansion of reproductive health services. To address this problem, various countries are using task shifting as a stopgap measure. In Tanzania, the Ministry of Health and Social Welfare (MOHSW) and other key stakeholders have had task shifting on their agenda for some time, but little has occurred to officially move it into practice. The main challenge in introducing task shifting is the absence or lack of conducive policy, legal, and regulatory frameworks for its implementation.

To address this challenge, the National Task Shifting Task Force asked the Health Policy Initiative in Tanzania, led by Futures Group and funded by the U.S. Agency for International Development (USAID), to assess relevant policy, legal, and regulatory frameworks and determine whether they support or hinder the adoption of task shifting in Tanzania. Two consultants were subsequently hired and used the following data collection methods to conduct the analysis: (1) a desk review of selected policies, laws, regulations, and guidelines; (2) focus group discussions; and (3) individual interviews.

Key findings of the analysis include the following:

- There is no policy that either supports or prohibits task shifting in the provision of health services.
- The legal and regulatory framework is silent on task shifting; although, there are certain powers relegated to various positions and regulatory bodies that could be harnessed for introducing task shifting for selected tasks.
- The HRH shortage is acute; all informants in the focus group discussions and interviews felt that task shifting could help alleviate the problem.
- There is limited information among policymakers and stakeholders on the advantages of task shifting.
- In broad terms, task shifting cannot be implemented effectively because there is no standardized program for training and certification that guarantees essential standards of care; also, there is no clear incentive package for implementing a task shifting plan or policy.

The consultants reported that introducing task shifting in Tanzania will likely be a large and costly endeavor—but an essential one given the country’s critical shortage of human resources. It is strongly recommended that the government put in place supportive policy, legal, and regulatory frameworks as a first step. This process should be gradual and ensure that all stakeholders, mainly those from various health sector departments, are brought on board to enhance ownership of the resulting framework, which in turn will facilitate the smooth implementation of task shifting.

## **ABBREVIATIONS**

|          |   |
|----------|---|
| AIDS     | acquired immune deficiency syndrome   |
| AMO      | Advanced Medical Officer  |
| ARV      | antiretroviral  |
| CDC      | Center for Disease Control  |
| FGD      | focus group discussion  |
| FHI      | Family Health International   |
| HCW      | healthcare worker   |
| HIV      | human immunodeficiency virus  |
| HRH      | human resources for health  |
| HSSP III | Health Sector Strategic Plan III  |
| MCHA     | maternal and child health aid   |
| MDG      | Millennium Development Goal   |
| MOHSW    | Ministry of Health and Social Welfare   |
| NACP     | National Aids Control Program   |
| NIMR     | National Institute for Medical Research   |
| NSGRP    | National Strategy for Growth & Reduction of Poverty (known in Swahili as MKUKUTA) |
| PHSDP    | Primary Health Services Development Program ( known in Swahili as MMAM)           |
| PLHIV    | people Living with HIV  |
| PMTCT    | prevention of mother-to-child transmission  |
| SOP      | scope of practice   |
| USAID    | United States Agency for International Development                                |
| WHO-TTR  | World Health Organization-Treat, Train, Retain (plan)                             |

# INTRODUCTION

## Background

To assist the Ministry of Health and Social Welfare (MOHSW) and other key stakeholders in Tanzania with moving task shifting forward on the agenda, the National Task Shifting Task Force asked the Health Policy Initiative to conduct an analysis of relevant policy, legal, and regulatory frameworks. The results of the analysis should help decisionmakers determine which areas of the frameworks are flexible enough to initiate or strengthen task shifting activities. They should also help stakeholders identify what further advocacy is needed to amend the policies, laws, and regulations to be more conducive to task shifting. The availability of this information could ameliorate some of the fears associated with its practice and encourage decisionmakers to be more proactive toward its adoption in Tanzania.

There is a critical deficit in human resources in the health sector in Tanzania. Specifically, there is a lack of available skilled personnel, skills matrix, and staff deployment. This shortage is compounded by related factors such as the lack of strong staff retention plans, limited capacity-building activities, and inadequate funding. To remedy this situation in the long run, several interventions must be implemented. Potential strategies could include (1) advocating for increased funding to support capacity building and establish training institutions and (2) expanding medical students' involvement in private sector training of health workers. However, implementation of these interventions will require significant resources and time. In the short term, several interventions are being advocated, including task shifting.

The **World Health Organization (WHO) in its Treatment, Train, Retain (TTR) plan defines task shifting as the redistribution of tasks among health workforce teams**. When appropriate, specific tasks are shifted from highly qualified health workers to those with less training and fewer qualifications to make more efficient use of the available human resources for health. The TTR plan divides task shifting into four different types:

- **Task Shifting Type I:** Extension of the scope of practice (SOP) of non-physicians to allow them to undertake tasks normally done by doctors.
- **Task Shifting Type II:** Extension of the SOP of nurses and midwives so they can assume tasks previously undertaken by medical doctors and non-physician clinicians.
- **Task Shifting Type III:** Extension of the SOP of community health workers and people living with HIV (PLHIV) to include tracking patient records, files, and cards in clinics.
- **Task Shifting Type IV:** PLHIV trained in self-management assume some of the tasks related to their care previously undertaken by healthcare workers (HCWs).

However, the WHO guidelines caution that countries adopting task shifting should consider some key issues prior to adopting it, including the following:

- The need for adopting task shifting as a strategy to increase access to HIV and AIDS-related health services
- Country-specific factors guiding decision making on implementing task shifting
- Pre-conditions that need to be met, such as safety, efficiency, and effective initial implementation
- Having in place an enabling environment for implementation, including legal and regulatory frameworks to facilitate and regulate task shifting
- The delivery of high-quality care
- The long-term sustainability of task shifting
- How clinical care services will be organized to maximize the effectiveness of task shifting

The WHO guidelines highlight the following five key areas for the country-specific adaptation of successful national-level task shifting:

1. Involvement of all key stakeholders
2. Availability of resources
3. A regulatory framework
4. Integration with other basic health services
5. Training of HCWs according to the needs of the country

While the WHO recommendations are valuable, Tanzania has not yet adopted them to suit its needs.

## Scope of the Analysis

The Health Policy Initiative, implemented by Futures Group and funded by the United States Agency for International Development (USAID), engaged two consultants to assess Tanzania's policy, legal, and regulatory frameworks in relation to task shifting.

**Objective of the analysis:** To assess the health-related policy, legal, and regulatory frameworks in Tanzania to determine the extent to which they support or hinder the adoption of task shifting.

### Specific objectives

- Conduct consultation meetings with representatives of the various key stakeholder organizations to gather information for facilitating decisions on task shifting.
- Make recommendations on what should be done if task shifting is to be adopted successfully in Tanzania.
- Propose next steps toward implementing task shifting.

### Tasks

- Conduct consultation meetings with representatives of the following organizations: the MOHSW; medical, nurses, and pharmacy councils; medical, pharmacy, and nurses associations; the WHO and other international organizations; the National Institute for Medical Research (NIMR); the National AIDS Control Program (NACP); the Centre for Infectious Diseases Control (CDC); IntraHealth; and EngenderHealth. These consultation meetings will be conducted with a view to the following:
  - Reviewing the existing legal, regulatory, and policy guidelines and protocol frameworks to determine the extent to which they support or hinder the adoption and practice of task shifting.
- In consultation with these organizations, measure the understanding and acceptance of task shifting.
- Following the consultations, analyze the information gathered to
  - Make recommendations on what should be done if task shifting is to be adopted successfully in Tanzania.
  - Propose next steps toward its implementation.
- Review the existing legal and regulatory policies, guidelines, and protocols governing the provision of health services, including what services are provided, standards of care, pre- and in-service training, and credentialing.

- Determine the extent to which the legal and regulatory frameworks, policies, guidelines, and protocols support or hinder task shifting in Tanzania.
- Outline appropriate next steps if task shifting is adopted and incorporated into policies, guidelines, and protocol frameworks governing the provision of healthcare services.
- Document possible fears, concerns, and issues among the health and nursing professionals interviewed regarding task shifting.
- Make recommendations to address these fears, concerns, and issues to pave the way for adopting task shifting in the delivery of health services.
- Make concrete proposals for next steps.

## METHODOLOGY

The consultants used several data collection methods for the analysis: a content analysis, using a review guide; internet and library research; focus group discussions with representatives of professional councils and associations, using a structured question guide; key informant interviews, using a structured question guide; in-depth interviews with select individuals regarding best practice experience in task shifting; and a review of WHO guidelines on task shifting.

Document review was a major component of the analysis. The policy documents reviewed included the following:

- A report on the August 2008 National Convention on Task Shifting held at the White Sands Hotel in Dar es Salaam, Tanzania
- National Health Policy, 2007
- Human Resources for Health Policy Strategic Plan, 2008–2013
- Primary Health Services Development Program, 2007–2017
- Health Sector Strategic Plan III, 2009–2015
- National HIV Policy, 2001
- Health Sector HIV and AIDS Communication Strategy, 2008–2016
- HIV and AIDS Strategic Plan II, 2008–2012

The legal documents reviewed included the following:

- Medical Practitioners and Dentists Act
- Nurses and Midwives Registration Act
- Pharmacy Act of 2011
- Health Laboratory Practitioners Act of 2002

The main data collection methods for the analysis are discussed in more detail below.

### Desk Review

The desk review involved the analysis of policy, legal, and regulatory documents pertinent to task shifting.

#### *Policy framework*

The consultants conducted a review and analysis of selected health sector policy documents to determine the extent to which health policies account for task shifting. The documents they reviewed include the following:

*Report on the National Convention on Task Shifting (2008).* A national stakeholders convention on task shifting was organized jointly by the MOHSW and the WHO Tanzania office in August 2008. The main objective of the convention was to brainstorm on strategies for the adoption of task shifting in the health sector to address the shortage of human resources for health (HRH) in the country.

*National Health Policy of the Ministry of Health and Social Welfare (2007).* This document, the Primary Health Services Development Program (PHSDP) of 2007–2017 (*Mpango wa Maendeleo ya Afya ya Msingi, MMAM*), is available only in Swahili. It provides a mission statement for the MOHSW: “To have a society that is healthy and prosperous that will contribute effectively to the individual as well as national development.” The document takes into account current national and international health programs in aligning its vision and objectives in a comprehensive and holistic way. These ongoing health programs

include Vision 2025, the Millennium Development Goals (MDGs), and the National Strategy for Growth and Reduction of Poverty (NSGRP). The document addresses key health priority areas, such as high-quality provision of health services, environmental health, and the availability of sufficient health resources, including funds, medicine, equipment, medical supplies, and human resources. In particular, it identifies the current human resources shortage as a significant constraint and challenge in providing high-quality health services. The document guides stakeholders in how to deal with the human resources shortage through a public/private partnership approach.

*Human Resources for Health Policy Strategic Plan of 2008–2013.* This document sets out strategic interventions to address the ministry's policy goals in dealing with the current human resources shortage in the health sector. It addresses the issues of the status of HRH; management environment; workforce profile and distribution; HRH coordination, recruitment, and retention; performance management and reward system; training and development; HRH planning and policy development; leadership and stewardship in human resources; partnership in human resources; HRH research and development; and human resources financing.

*Primary Health Services Development Program (PHSDP) of 2007–2017.* This document presents a long-term vision for the MOHSW with regard to the ruling party's political and ideological commitment to expanding the health services infrastructure. The ministry's aim is to make health services equitable and accessible to all Tanzanians. The document addresses the key challenges in implementing the development program, such as the cost of infrastructure, HRH services needed, and other resources necessary in both the short and long term.

*Health Sector Strategic Plan III (2009–2015).* This is a working document for implementing the health sector's yearly plans. It outlines all of the activities targeted for implementation and indicates the main sources of funding within the Medium Term Expenditure Framework.

*National HIV Policy of 2001.* This document, which was endorsed by the Prime Minister's Office for national use, is currently under review and provides policy guidelines on how to deal with the problem of HIV and AIDS at various levels of care, including national, regional, district, and peripheral health facilities, such as health centers and dispensaries. It also provides direction on how to deal with and contain HIV infection in various exposure settings, such as clinics, hospitals, workplaces, prisons, schools, and army camps. A multisectoral and multipronged approach in dealing with the problem is advocated by all key stakeholders. The document is undergoing a major review to include recent issues, such as care and treatment, provider-initiated counseling, initiating antiretroviral (ARV) treatment at the point of prevention of mother-to-child transmission (PMTCT), and training.

*Health Sector HIV and AIDS Communication Strategy (2008–2015).* This document was developed by the NACP. It identifies the HRH shortage as a serious constraint to providing high-quality health services in Tanzania. The strategy thus aims at building required capacities at various levels through skill-building workshops and orientation seminars for service providers. It includes a strategic objective on developing a comprehensive plan for continuing education and providing updates on HIV and AIDS communication at various levels.

*HIV and AIDS Strategic Plan II (2008–2012).* This document recognizes the generally low capacity for efficient and effective delivery of health services in the health sector in Tanzania. It calls for strategies to strengthen the performance capacity of the entire health system. It also recognizes the need for HRH and outlines key challenges in the delivery of high-quality HIV and AIDS services.

## **Legal and regulatory frameworks**

Establishing the legal and regulatory framework for task shifting in Tanzania involved a review of existing principal legislations regulating the functions, qualifications, and operation of the various medical professions in Tanzania; their involvement in the eventual adoption of task shifting is vital. The aim of reviewing this regulating legislation is to establish if, in their current state, Tanzania's laws offer the flexibility to accommodate the practice of task shifting. The principal pieces of legislation reviewed include the following:

*Medical Practitioners and Dentists Act.* This act (Cap. 152, Revised Edition, 2002) governs medical and dental practitioners in Tanzania. This law was enacted to provide for the registration of medical practitioners and dentists in the country. It provides the definition of a medical practitioner, the required qualifications, categories of medical practitioners, their regulation and discipline, and their core functions. Thus, for task shifting to evolve, the flexibility provided by the Medical Practitioners and Dentists Act must be utilized.

*Nurses and Midwives Registration Act.* This act (Cap. 152 Revised Edition, 2002) governs nurses and midwives in Tanzania. This law was enacted to provide for the education, training, registration, enrollment, and practice of nurses and midwives. For task shifting to progress, the adaptability provided by the Nurses and Midwives Registration Act must be utilized.

*Pharmacy Act of 2011.* This act (Act No. 1 of 2011) governs pharmacists in Tanzania. It was enacted to provide for the establishment of the Pharmacy Council and set forth the functions, management, and regulation of the pharmacist profession.

*Health Laboratory Practitioners Act.* This act (Cap 48 Revised Edition, 2002) governs health laboratory technologists in Tanzania. It was enacted to provide for the registration of health laboratory technologists and related matters. Thus, for task shifting to be adopted, the flexibility provided by the Health Laboratory Practitioners Act must be utilized.

In reviewing these laws, the consultants paid particular attention to the criteria and systems used for the credentialing and admission to practice of health professionals, as well as the role played by regulatory institutions in administering medical and allied health services professions. This review responded to the need to establish to what extent the practice of task shifting currently is accommodated by the existing legal and regulatory frameworks. It also sought to establish whether there is a room for further accommodation without the need for changing or amending this legislation.

## **Focus Group Discussions**

The consultants conducted a roundtable focus group discussion (FGD) with 12 people from various medical backgrounds at the Futures Group office on April 3, 2012. Participants came from the MOHSW, the Tanzania Food and Drugs Agency, the Tanzania Nurses and Midwives Council, and the Tanganyika Medical Council. The consultants used several broad criteria in selecting these organizations. The most important one was that they are key stakeholders involved in both a policy and legal framework crucial to the adoption of task shifting. Another one was that the institutions are regulators of their respective medical cadres as well as being important agents should there arise a need to change the policy, legal and regulatory framework to embrace task shifting. The intention of the FGDs was to learn about participants' positions on task shifting. The consultants led the discussion using a structured interview guide, which included the following five questions:

1. Is the practice of task shifting prevalent in Tanzania?
2. Is there a policy and/or guideline governing the practice of task shifting in Tanzania?
3. Is task shifting necessary in the health sector in Tanzania?

4. Does your organization/project/institution support task shifting practices in Tanzania? Which professionals and which tasks are shifted?
5. What are the advantages/disadvantages or limitations of task shifting, and what do you perceive to be the key barriers to the widespread adoption of task shifting in Tanzania?

FGD participants responded freely to each question. The consultants guided the interactive process so that participants appeared relaxed and, as a result, provided highly personalized responses with no apparent influence by other members of the FGD. The personal views and opinions were greatly respected.

## **Informant Interviews**

The consultants also interviewed numerous key informants, which were selected based on their personal or professional familiarity and experience with task shifting. The consultants met and interviewed the informants individually, using a predetermined questionnaire tool (see Annex 1) that covered the policy, legal, and regulatory framework issues. The key informants came from the Departments of Human Resources Development and Training and Quality Assurance of the MOHSW, CDC Tanzania, WHO, Family Health International (FHI), EngenderHealth, the NIMR, and some individual members of the Task Shifting Task Force. The consultants conducted the interviews freely, using an interactive and in-depth questioning technique to solicit personal and institutional opinions and views. They then summarized and compiled the responses.

## **Concluding Remarks**

The use of multiple research methodologies was instrumental in shaping the consultants' appreciation of the scope of key stakeholders' understanding of task shifting in Tanzania. This comprehensive methodology was essential for indicating the best means by which the consultants could make evidence-based recommendations on the country's task shifting practices.

## **FINDINGS**

This section presents findings from the literature review, the FGDs, and key informant interviews pertaining to the policy and legal and regulatory framework components.

The findings show that there is little mention of task shifting in the policy and legal/regulatory framework documents reviewed. Further, when task shifting is mentioned, it is not discussed in much detail.

### **Policy Framework**

The report of the National Convention on Task Shifting was prepared under the leadership of Tanzania's chief medical officer, Dr. Deodatus M. Mtasiwa. The report concluded that task shifting would be a highly effective strategy. As a result, a task force was created to spearhead the adoption of task shifting in the health sector. However, the adoption process has been slow and, to date, little has been achieved.

The National Health Policy of the MOHSW (2007) recognizes the current human resources shortage as a major challenge in the provision of high-quality healthcare services. The policy guides stakeholders on how to deal with the HRH shortage through a public-private partnership approach.

The Human Resources for Health Policy Strategic Plan of 2008–2013 addresses three broad areas pertaining to human resources: (1) policy development and planning, (2) human resources production and training, and (3) human resources performance and management. However, this document ignores task shifting as an important strategy that could help to alleviate the critical HRH problem in Tanzania.

The PHSDP of 2007–2017 outlines some strategies for increasing the human resources supply to address the HRH demand. These strategies include the following:

- Incentive packages to encourage health providers to work in difficult and remote areas
- A health workers workplace retention program
- Reduction of the attrition of health workers
- Use of technical assistance
- Provision of adequate essential medicines, equipment, medical supplies, and reagents

The Health Sector Strategic Plan III of 2009–2015 (HSSP III) makes reference to other ongoing implementation policies and programs, while building on them in a complementary way. Such documents include the Health Sector Reform, the National Health Policy of 2007, the PHSDP of 2007–2017, the Local Government Reform Policy of 2008–2013, Vision 2025, and the MDGs. The HSSP III identifies the severe HRH shortage as a major constraint on the delivery of high-quality services.

The National HIV Policy of 2001 also identifies the current HRH crisis as a significant challenge in the provision of high-quality HIV and AIDS services. The HIV and AIDS situation in Tanzania is worsened by the heavy workloads resulting from the many patients with HIV-related conditions and other ailments.

The Health Sector HIV and AIDS Communication Strategy (2008–2015) identifies the HRH shortage in the country as a serious obstacle to providing high-quality health services in Tanzania. The strategy thus aims at building capacities at various levels through skill-building workshops and orientation seminars for service providers. The strategy includes the strategic objective of developing a comprehensive plan for continuing education and providing information and technology to increase knowledge and skills for HIV and AIDS communication at various levels.

The HIV and AIDS Strategic Plan II (2008–2012) strongly recognizes the HRH shortage and its impact on HIV and AIDS service delivery. The plan thus advocates a policy change to accommodate task shifting in the health sector, particularly in HIV and AIDS-related services. The document proposes that the adoption process take the following steps:

- Openly discuss task shifting and recognize its potential benefits
- Introduce a standardized program for training and certification
- Develop a regulatory framework
- Determine incentive packages for those involved in task shifting

## **Legal and Regulatory Frameworks**

In an ideal scenario, the legal and regulatory frameworks for task shifting normally would be guided and derive their authority from the health policy framework. However, as the findings in this study indicate, no policies or guidelines on task shifting exist. Ongoing task shifting practices are not supported by the existing legal and regulatory frameworks governing the health sector. However, given that task shifting is inevitable as a result of the HRH crisis, it is important to identify avenues in the existing legal and regulatory frameworks through which it could be considered legal. Some of the existing avenues that could be used for this purpose include the following:

- The regulatory councils for medical practitioners, nurses, and pharmacists are authorized by law to identify conditions and criteria under which health personnel can qualify to perform certain duties. These powers can be harnessed to facilitate task shifting by approving curricula that offer short-term but specialized training and also by approving the qualifications of practitioners who undergo this training. However, the findings of this study show that this power has not been exploited to its full potential.
- This study found that there are tasks and procedures that easily could be shifted from one healthcare professional to another without breaking the law. Section 14 of the Medical Practitioners Act grants the Minister of Health and Social Welfare the power to allow nurses to undertake medical tasks and procedures normally conducted by more specialized medical practitioners. However, the minister seldom exercises this power, and therefore, few people are aware of it. This power could be utilized to roll out task shifting.
- This study also found out that there are key personnel within the health sector, such as clinical officers and assistant clinical officers, who are not regulated by any law or under supervision of any of the regulatory councils. Despite this lack of regulation, these clinical officers and assistant clinical officers constitute a greater percentage of the health sector service providers, especially assistant medical officers and medical officers, and therefore can play a great role in the adoption of task shifting. As a result of not being regulated, it is difficult to hold these personnel accountable for their actions. For task shifting to succeed, this group should be regulated.

## **Focus Group Discussions and Key Informant Interviews**

Regulatory bodies and national and international NGOs working in the health sector recognize that task shifting is already being practiced informally in Tanzania at various levels. Therefore, these groups and key informants unanimously agree that task shifting should be formalized, adopted, and regulated.

While the respondents support the idea of task shifting, they reported some potential barriers and fears among health practitioners that must be addressed if task shifting is to be successful. The fears and barriers identified include the following:

- There is no system that requires all practicing cadres of healthcare professionals to be registered and licensed to practice. For example, nurses and laboratory technologists are registered and licensed, while other groups such as clinical officers are not. This discrepancy makes accountability difficult.
- There is no national policy to guide and streamline the practice of task shifting in Tanzania.
- The legal and regulatory framework for task shifting is quite unclear.
- Task shifting is a concept that is still unfamiliar to many health service stakeholders; thus, there is a pressing need for its advocacy and dissemination among key stakeholders.
- Senior medical personnel and some members of professional associations are reluctant to support task shifting on the grounds that it will compromise the quality of healthcare in Tanzania.
- Task shifting demands the investment of resources for extra incentives or salaries to encourage individuals to take on extra tasks. Decisionmakers may be reluctant to commit extra resources toward these incentives.

## Summary

- Almost none of the documents reviewed sufficiently address task shifting. However, these documents do recognize the critical human resources shortage in Tanzania and its impact on the delivery of high-quality services.
- The HIV and AIDS Strategic Plan II (2008–2012) is the only document reviewed that mentions task shifting explicitly and strongly advocates formalizing it with a clear incentive package and a regulatory framework.
- There is no existing policy or guideline on task shifting in Tanzania.
- Task shifting has been practiced informally in Tanzania for years, but without any critical intervention on the part of the government.
- Professional bodies and associations recognize the current human resources shortage and its negative impact on access to and delivery of high-quality health services in Tanzania. These groups would like to see task shifting addressed (including the aforementioned fears and barriers) and formalized by the MOHSW.
- Most of the respondents contacted during this study are in favor of adopting the practice of task shifting and advocating for its formalization, but with conditions. Some of these conditions include the following:
  - Task shifting needs to be well regulated, with a view to ensuring that standards and quality of care are not compromised in its implementation.
  - If task shifting is adopted in Tanzania, its adoption should be gradual and evaluated in stages.
  - There should be consensus building among key stakeholders on the need for mode of adoption of task shifting.
  - There is a need to look at the regulations and laws governing medical professionals with a view to understanding the extent to which they support task shifting.
- There are various provisions in the legal and regulatory frameworks that can be exploited to support some form of task shifting in the health sector in Tanzania.
- Overall, most of the existing legal and regulatory frameworks restrict task shifting and therefore should be reviewed with a view to giving better and more formal support to task shifting.

- Task shifting is inevitable in Tanzania due to the heavy workloads of health workers resulting from the HIV epidemic.
- There are insufficient data and information on task shifting in Tanzania, making this study and the ongoing NIMR study valuable sources of information that should be used by the government to make informed and evidence-based decisions on task shifting.
- There are best practices on task shifting currently being used in the health sector in Tanzania upon which more formal best practices can be based (see Table 1).

**Table 1. Examples of tasks shifted per category of health providers in selected organizations/institutions/projects**

| Organization/<br>Institution/Project                                | Type of Tasks Shifted   | Cadre of Staff Involved in Task Shifting                               |  |
|---|---|--|--|
|   |   | From Cadre   | To Cadre   |
| MOHSW   | Emergency obstetric care and caesarian sections                           | Graduate medical officers  | Assistant medical officers (AMOs)  |
|   | Administration of anesthesia  | Anesthesiologists  | Registered nurses  |
|   | Prescription/interpretation of x-rays                                     | Medical officer-radiologists   | AMOs-radiology   |
|   | Conduct ultrasound procedures   | Radiotherapy technicians   | Nurse midwives, clinical officers, and maternal and child health ads (MCHAs) |
|   | Initiate ARV treatment at PMTCT   | Clinicians, such as medical officers, AMOs, clinical officers          | Registered nurses, nurse midwives, clinical officers, MCHAs                  |
| MOHSW/EngenderHealth/<br>FHI  | Perform mini-lap operations and manual vacuum aspiration of placentae     | Medical officers and AMOs  | Clinical officers  |
|   | Counseling on HIV/AIDS  | Trained counselors   | Home-based care volunteers   |
|   | Record tracking and keeping in care and treatment clinics                 | Medical records technicians and assistants                             | PLHIV  |
| MOHSW/Private Nurses and Midwives Association of Tanzania/Community | Dispensation/administration of Misoprostol                                | Medical doctors/clinicians   | Traditional birth attendants and nurses midwives                             |
|   | Administration of daily observation therapy in patients with tuberculosis | Clinical officers, clinical assistants, and nurses                     | Patients' family and relatives   |
|   | Distribution of family planning pills and condoms                         | Clinicians, such as clinical officers, clinical assistants, and nurses | Community-based distributors   |
| Center for Disease Control  | Take responsibility of managerial and leadership roles in a project       | Program project administrators and managers                            | Medical doctors/clinicians   |

Source: Interviews with relevant officials in the respective organizations.

## **Concluding Remarks**

This chapter has focused its attention on reviewing findings from the study and ascertained that Tanzania has not placed task shifting at the top of its agenda in most policy formulations and documents. However, the study also notes that, despite the lack of clear policy formulations, avenues and opportunities exist in the legal and regulatory framework that can facilitate the formal adoption of task shifting.

These findings will be discussed further in the next chapter, with a view to making recommendations on the next steps for task shifting in Tanzania.

## CONSULTANTS' OBSERVATIONS

The HRH shortage crisis has had varying degrees of impact on the delivery of high-quality and equitable healthcare services, especially among countries in sub-Saharan Africa. Different countries have implemented various alternative measures to find a solution to this problem at local, national, and international levels. Task shifting, in which less specialized skills and tasks are transferred to less specialized and trained cadres, is being adopted by various countries as part of their solutions to the HRH shortage crisis. These countries include Bangladesh, Ethiopia, Malawi, Mozambique, Swaziland, Thailand, and Uganda. The WHO also has endorsed task shifting as a measure for countries in dealing with an HRH shortage crisis and sustaining high-quality service delivery in the health sector. The WHO has released 22 recommendations on task shifting to assist and guide member countries in determining the model to be used in adoption of task shifting. Despite having these guidelines in place, the findings from the independent observations presented in the preceding chapter indicate that there is no stand-alone policy framework or statement on task shifting in Tanzania to guide its implementation. However, despite this apparent lack of policy support, the existing legal and regulatory frameworks can be harnessed to support task shifting.

While not discussed by respondents during the consultations and interviews, the following observations were deemed important and should be noted due to their relevance to the context in Tanzania. The observations are based on the consultants initial research, knowledge, and experience on task shifting.

- While a number of countries in southern Africa have ratified the WHO recommendations on task shifting and already are practicing it, Tanzania has yet to adopt this practice despite initiatives undertaken since 2008. In 2008, a national stakeholders' convention was organized to seek a consensus on how to implement task shifting in Tanzania. During the meeting, task shifting was endorsed unanimously as essential due to the prevailing shortage of staff that has affected delivery of health services. As an outcome of the meeting, a Task Force on Task Shifting, comprising members from the MOHSW, CDC Tanzania, WHO, NIMR, and President's Office – Public Service Management was set up to spearhead the move toward task shifting. However, it has been four years since the last convention, and nothing has occurred except the NIMR's ongoing study on task shifting practices in Tanzania. It is hoped that the results of this analysis will generate information to assist authorities in the health sector to make appropriate decisions on whether to endorse task shifting.
- Task shifting is not a new mechanism in Tanzania; it has been carried out informally. Table 1 shows the ongoing practice of task shifting in the country. The authorities must recognize this reality and should not hesitate to adopt task shifting on a national scale, given that it already is being practiced.
- All interview respondents totally agreed with the practice of task shifting, which they saw as one potential solution to the HRH shortage. They shared several reasons for this. First, the process has been going on in Tanzania for a long time. Second, some of these projects or programs, such as EngenderHealth in Kagera and the Private Nurses and Midwives Association, already are experimenting with task shifting successfully in collaboration with the MOHSW, as indicated in Table 1. The only severe constraint observed is the lack of an official policy framework and a clear regulatory system. Thus, it can be argued that task shifting is both feasible and necessary, given the negative impact the HRH shortage has on the delivery of high-quality care. The respondents thus endorsed formal task shifting in the country. However, to make task shifting formal, the following must be implemented:
  - Training and instruction for service providers on the concept because task shifting is a fairly new concept to them.

- Guidance on a framework policy because currently there is no framework to guide the process.
- Health providers must be made accountable through registration, licensure, and certification, which should be mandatory. A system for registration and licensure should be developed.
- Training and certification programs for staff must be standardized.
- Discussions with members of the professional councils and associations revealed a barrier that must be addressed to pave the way for task shifting. They all agree that task shifting must be adopted to alleviate the current HRH shortage. However, they expressed concern that each professional council was established by separate laws. This will hinder the inter-professional and interdisciplinary regulation of task shifting. They propose a review of the separate laws and a subsequent enabling act of Parliament. It is recommended that this process be coordinated by establishing a central organization representing the professional councils and associations.
- The governing laws for medical professions do not restrict task shifting per se, leading to the assumption that task shifting is possible in Tanzania within the parameters of the existing legal framework. This observation is bolstered by the following examples:
  - The definition of a medical practitioner under the Medical Practitioners and Dentists Act is broad and could allow for adoption of other cadres, such as clinical officers and assistant clinical officers.
  - The Nurses and Midwives Act, Section 14, allows the Minister of Health and Social Welfare to delineate the procedures a nurse can perform in addition to her prescribed tasks. It also provides for the possibility of allowing nurses to practice certain medical practitioner tasks under the supervision of practitioners. The consultants observed that, under this power, the minister can delineate the procedures a nurse can perform, such as initiating ARV treatment.
  - The Pharmacy Act grants power to the Minister of Health and Social Welfare to give general permission to other health practitioners to dispense prescription drugs. The consultants observed that this general authority can be used to allow nurses to prescribe ARVs and similar prescription drugs.
- The Minister of Health and Social Welfare has been given the power to regulate professional cadres and discretionary powers to determine, subject to advice and consultations, the entry point into the profession and qualification of health professionals. This power, if backed by a comprehensive policy on task shifting, will enable the minister to create regulations and rules to govern its practice. The regulations, constituting subsidiary legislation, could take effect without the need to change the current legal framework or move the Parliament to enact or amend the existing laws.
- Task shifting is a global movement that needs to be adopted and applied in Tanzania. As early as 2008, during the National Consultative Forum on Task Shifting organized under the auspices of the MOHSW, task shifting was cited as an important strategy in addressing the HRH shortage. The recommendations contained in the 2008 meeting report should be put into action immediately.
- Decisionmakers are not conversant with or aware of the contents of the laws governing health professionals in Tanzania; this has given rise to the belief that task shifting is not an acceptable legal practice in Tanzania. Such a lack of knowledge about these laws may have hindered the development of positive thinking about task shifting.
- There is an often concealed tendency toward distrust and snobbery among health professionals that may hinder the full-scale adoption of task shifting. One example is the notion that medical practitioners who hold a bachelor's degree in medicine are "real" doctors with proper

qualifications, while those who hold an advanced diploma in clinical medicine (AMOs) are “pseudo” doctors because of their shorter study time and fewer qualifications. This distrust also implies that the quality and delivery of services by these cadres may be substandard. Also, despite the Medical Practitioners Act providing for equal recognition, these differences exist and must be remedied to allow the smooth operationalization of task shifting.

- Certain cadres, such as clinical officers and assistant clinical officers, are not regulated by the Medical Council of Tanganyika or any other body, rendering their supervision and regulation impossible, even though they constitute a large percentage of the cadres currently deployed in health facilities. The consultants observed that since the introduction of the cadres, the regulatory function has been carried out by the MOHSW. The consultants believe that this situation is not healthy and urge for regulation by one of the existing medical regulatory regimes.
- There is a general concern among practitioners and regulators alike regarding the formal recognition of task shifting. Some of the issues raised include the following:
  - Issues relating to quality and control of service delivery on the tasks to be shifted;
  - Issues relating to the workload of various cadres to whom tasks will be shifted; and
  - Issues relating to additional remuneration, compensation, and other incentives to those cadres shifted to additional tasks.

In conclusion, it generally can be observed from this discussion that task shifting is very much needed and supported. The current study being undertaken by NIMR will provide sufficient information for the authorities to make affirmative decisions and be a catalyst to the task shifting process for the entire health sector in Tanzania.

## RECOMMENDATIONS AND CONCLUSIONS

Based on the results of this analysis, it is evident that the majority of key informants are aware of the ongoing informal practice of task shifting in Tanzania. They also appreciate and are willing to adopt it as part of the solution to the current human resources shortage crisis and its resulting impact on access to healthcare services. However, they also strongly suggested that for task shifting to occur and be managed effectively, there is a need for better coordination and involvement of all key stakeholders to ensure that it is formalized, regulated, and supported by a comprehensive policy.

The following are the key recommendations that may facilitate the formal introduction of task shifting in Tanzania.

### Recommendations

Based on the consultants' findings and observations, the following recommendations are proposed for specific organizations:

#### *Ministry of Health and Social Welfare*

1. Review, ratify, and adopt the WHO guidelines on task shifting to suit Tanzania and utilize them to guide the process of formalizing task shifting nationally.
2. Convene a stakeholders meeting, chaired by the Chief Medical Officer, to review the following:
  - WHO guidelines on task shifting, then deciding on the extent of their applicability in Tanzania
  - Evidence and best practices for ongoing task shifting activities in Tanzania, then developing strategies aimed at addressing the current HRH crisis by embracing task shifting as one of the key strategies
  - 2008 National Stakeholders Report on Task Shifting organized by the MOHSW, following this, authorities should make use of the relevant recommendations.
3. Organize a joint meeting with professional councils and associations specifically on
  - The procedure for review of the establishment of a relevant law providing the legal framework through which the practice of task shifting between and among all professions/disciplines will be regulated; and
  - Formation of a central technical team to coordinate the process of task shifting adoption/adaptation, practice, and regulation.
4. Establish a multidisciplinary regulatory body for health sector practitioners under the chairmanship of the Chief Medical Officer/Permanent Secretary, with representation from the various regulatory councils, which can meet regularly to oversee cross-cutting issues touching on health practitioners, including such task shifting-related issues as
  - Standardized training programs/curricula and certification for all cadres to be involved in task shifting;
  - Establishment of a system of registration, licensure, and credentialing of all staff categories in the health sector, including clinical officers and assistant clinical officers, to make them both accountable and easily regulated; and
  - Deciding on the scope, type, and modality of task shifting needed; for example, beginning on a small scale with fewer cadres and then expanding on an incremental basis using horizontal or vertical task shifting, or both.

5. Explore and establish the kind of remuneration system that is practical and affordable for the practice of task shifting.
6. Utilize the existing opportunities presented by the flexible legal and regulatory frameworks to put in place quick-win strategies with a view to rapidly scaling up health services through task shifting. This can be done collaboratively with stakeholders by enacting regulations and measures that can foster task shifting within the current legislative framework.
7. Utilize effectively the existing powers given to the Minister of Health and Social Welfare and various regulatory bodies under the current laws, and use them to formalize task shifting in Tanzania.
8. Amend the Medical Practitioners and Dentists Act, with a view to incorporating the cadres of clinical officers and assistant clinical officers and regulating them. Currently, this cadre is not regulated by any regulatory body, although it is now and will continue to be a key cadre when formal task shifting is launched.
9. Advocate for increased awareness and dissemination of the existing research/studies; relevant workshop recommendations; and policy, legal, and regulatory framework documents among key decisionmakers to foster their understanding and use of the findings, recommendations, and flexibilities in their day-to-day decision making and practices.
10. Utilize the opportunities for health funding from external sources to lobby for government acceptance of task shifting—a recommended approach by key international institutions such as WHO and USAID through PEPFAR.
11. Implement the following activities to pave the way for a smooth adoption/adaptation of the practice of task shifting in the country:
  - A policy framework must be developed to guide the process.
  - Parliamentary acts for establishing various professional councils must be reviewed and updated to accommodate task shifting.
  - As an interim measure, a coordination technical team should be formed to serve as an umbrella central body of various professional councils and associations to involve them in a better way and spearhead the process.
  - A registration, licensure, and credentialing system should be established to cover all categories of health cadres so as to make them responsible, accountable, and easily regulated.

### ***National Institute for Medical Research***

1. Conclude the ongoing study on task shifting practices in Tanzania, which is expected to document the existing task shifting practices currently being undertaken in Tanzania’s health facilities. The findings are expected to build on those of this analysis and generate additional evidence.

## **Conclusions**

Based on this analysis, it is safe to conclude that adopting task shifting in Tanzania is inevitable, given that it is prevalent already and has been proven to work. What is needed is the creation of enabling policy and legal and regulatory frameworks that will allow for task shifting to be conducted in an orderly and acceptable manner, while addressing the need to ensure standards and quality of care for patients.

To make this possible, MOHSW officials need the political will to formally introduce into Tanzania this well-accepted, international strategy for addressing a human resource deficit.

The adoption of this strategy should be influenced largely by the outcome of the NIMR’s ongoing study on task shifting in Tanzania, as well as the concerted efforts of all key stakeholders in the country.

However, it is important to remember that task shifting is just a short-term solution, not a substitute for long-term HRH strategies.

Finally, this assessment reveals that task shifting is ongoing—what must be done is to use the evidence available to influence decisionmakers to adopt it formally.

## ANNEX I. TOOLS USED IN THE ANALYSIS

### Documentary Review Guide

| SN | Policy/Legal/Guideline Reviewed | Extent to Which it Accommodates Task Shifting | Extent to Which it Restricts Task Shifting | Comments |
|----|---------------------------------|---|--|----------|
|    |                                 |   |  |          |
|    |                                 |   |  |          |
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## **Interview/Consultation Guide**

Name of Person Interviewed/Consulted:  
Name of Institution/Organization/Project:  
Position/Title in the Organization:

### **Preamble**

This guide solicits your opinion on what you already know or do not know on the practice of task shifting in relation to health services provision in Tanzania, with a focus on HIV/AIDS and family planning.

*Question 1:* Is the practice of task shifting prevalent in Tanzania?

(This question intends to introduce the interviewee to the concept of task shifting so as to establish rapport as well as gauge the extent of knowledge on the concept, including a review of prevailing definitions, if necessary.)

*Question 2:* Is there a law/policy/guideline governing the practice of task shifting in Tanzania?

*Question 3:* Is task shifting necessary in the Tanzania health sector?

(The purpose of the question is to test the value and importance of task shifting as a necessary component in the human resource dimension of healthcare.)

*Question 4:* Does your organization/NGO/project practice/support the practice of task shifting? Which cadre(s) and task(s) are shifted?

*Question 5:* What are the advantages/disadvantages/limitations of task shifting?

*Question 6:* What is your institution's position on the wide-scale adoption of task shifting in the provision of health services in Tanzania?

*Question 7:* Is your institution aware of any best practices on task shifting in the country or elsewhere?

*Question 8:* What do you perceive to be the key barriers to task shifting in Tanzania's health sector?

*Question 9:* Do you have any other comments with regard to task shifting in the health sector?

### **Note**

These questions are intended to provoke more discussion by eliciting follow-up questions on the policy and regulatory frameworks for task shifting.

## ANNEX 2. PEOPLE CONSULTED/INTERVIEWED

| SN  | Name                       | Organization   | Title  | Contacts  |
|-----|----------------------------|--|--|---|
| 1.  | Kasangala Amalberga        | MOHSW  | Acting Chief Nursing Officer                 | <a href="mailto:amalberga@yahoo.com">amalberga@yahoo.com</a><br>0712833013                  |
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