



# CREATING AN ENABLING ENVIRONMENT FOR TASK SHIFTING IN HIV AND AIDS SERVICES: Recommendations Based on Two African Country Case Studies February 2010

## Why Task Shifting?

The World Health Organization (WHO) “estimates that the WHO African Region has a shortfall of 817,992 doctors, nurses and midwives, which means [there is] a need to more than double the workforce among these professional categories” (WHO, 2007c, p. 3). In addition to the chronic shortage of trained health workers, the demand for healthcare is rising. To meet the commitments to combat disease, reduce child mortality, and improve maternal health within the Millennium Development Goals, health systems must be strengthened to deliver a wide range of health services on a much larger scale.

The health workforce crisis is further exacerbated by the HIV epidemic. Approximately 95 percent of HIV-positive people live in developing countries, and nearly two-thirds are in sub-Saharan Africa (WHO/PEPFAR/UNAIDS, 2008). HIV and AIDS not only drive up the demand for health services, but they have a direct impact on the health workforce. Poor working conditions and low pay along with the risks of occupational transmission and stress conspire to increase the rates of attrition. The epidemic fuels the health workforce crisis, while the shortage of health workers represents a major barrier to preventing and treating the disease. In addition to attracting and training new health workers, greater support is needed to retain health workers currently in the workforce.

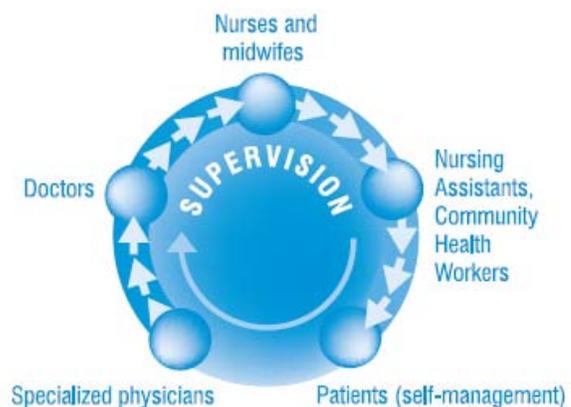
At the United Nations High-Level Meeting on AIDS in June 2006, Member States agreed to work toward the broad goal of “universal access to comprehensive prevention programs, treatment, care, and support” by 2010. However, without the strengthening of health systems, including a significant expansion of the health workforce, universal access to HIV services will not be possible. As such, there is a clear need to plan for the

strengthening and expansion of the health workforce in the context of the HIV epidemic.

## What is Task Shifting?

Task shifting is the “process of delegation whereby tasks are moved, where appropriate, to less specialized health workers” (WHO, 2007c, p. 3). Shifting tasks is especially beneficial when considering the amount of time that it takes to train qualified doctors and nurses, compared with the amount of time needed to train a community health worker in specific tasks. With proper training and supervision, community health workers can potentially deliver a range of HIV services. Not only can these workers expand the reach of health services, but their increased involvement enables nurses who previously performed these tasks to take on other, more urgent services that require their skills. Task shifting can also help foster linkages between health facilities and communities and create jobs and new opportunities for people living with HIV (PLHIV), who can be

**Figure 1. Task-Shifting Processes**



Source: WHO, 2007a.

trained to provide services to their peers (WHO, 2007c). Thus, task shifting is a way to use the available human resources more efficiently, as well as rapidly expand the human resource pool (see Figure 1).

In August 2006, the WHO launched the “Treat, Train, Retain” plan (see Box 1) to strengthen and expand the health workforce by addressing both the causes and the effects of HIV and AIDS on health workers (WHO, 2007b). In January 2008, the WHO, Joint United Nations Program on HIV/AIDS (UNAIDS), and President’s Emergency Plan for AIDS Relief (PEPFAR) developed global recommendations and guidelines for task shifting. The 22 recommendations provide overall guidance to countries considering adopting or expanding a task-shifting approach. The document identifies and defines the key elements that must be in place to help ensure that the approach is safe, efficient, effective, equitable, and sustainable (WHO/PEPFAR/UNAIDS, 2008).

These plans, recommendations, and guidelines provide an important framework for countries to use when considering task shifting to address shortages in human resources for health. In addition, a supportive policy and regulatory environment is needed for task shifting to move forward. Creating an enabling environment involves developing new or revising existing policies and regulations to permit and support task shifting. Before task shifting can be effectively scaled up, it will be important to understand key country-specific policy issues and patient/provider attitudes and preferences in order to retain current highly trained health workers and to train and engage PLHIV and community health workers to provide lower-level services.

### Box 1. WHO Treat, Train, Retain Plan

**Treat:** a package of HIV treatment, prevention, care and support services for health workers.

**Train:** measures to expand the human resource pool, maximize the availability of more highly skilled workers, and empower health workers to deliver universal access to HIV services, including pre-service and in-service training for a public health approach.

**Retain:** strategies to enable public health systems to retain workers, including financial and other incentives, occupational health and safety, and other measures to improve the workplace, as well as initiatives to reduce the migration of healthcare workers.

Source: WHO, 2007b.

## Task Shifting in Swaziland and Uganda

Many African countries have already recognized the value of task shifting in the health sector and have begun shifting certain tasks. The USAID | Health Policy Initiative, Task Order 1, with the East, Central, and Southern Africa (ECSA) Health Community and ECSA College of Nurses, carried out case studies in Swaziland (Mehlomakhulu, 2010) and Uganda (Dambisya, 2010) to obtain a better understanding of the task-shifting approaches and policies in these countries. The case studies involved interviews and focus group discussions with various service providers, as well as desk reviews of available documents and policies. Below are some key findings from these studies.

### Swaziland

- Swaziland does not have a national policy on task shifting, yet task shifting occurs informally throughout the country.
- Where there has been a structured introduction of task shifting to staff and community workers, they are well prepared, supervised, and mentored and monitored. In addition, as a result of mobilization by community workers, communities have reported positive results, including increased uptake of prevention of mother-to-child transmission services, increased immunization coverage, and a reduction in the number of defaulters on treatment for tuberculosis.
- Where community health workers have been highly active in carrying out their duties of advocacy, motivation, promotion, and care, the link between clinics and communities has been strengthened, resulting in clear upward and downward referrals of patients.
- Despite these promising approaches, without formal quality assurance frameworks—such as standardized training, supervision, certification, and regular assessment—officials cannot clearly assess the quality of care being provided through task shifting. Conflicts arise and tasks are neglected in cases where there is continued overlap between job descriptions due to lack of communication.
- Nurses continue to be overloaded. With fewer medical doctors at health institutions, nurses must carry out their own tasks as well as some tasks normally performed by doctors. In addition, while doctors have managed to shift certain tasks to nurses so as to reduce their own workloads, nurses have shifted only a few tasks to others.

## Uganda

- Task shifting in Uganda is driven by shortages in human resources for health, and the high demand for healthcare services. While the country has no official policy or guidelines on task shifting, it is taking place on a wide scale and at various levels of care. Task shifting primarily takes place through internal institutional arrangements.
- Nurses have taken on increasingly more clinical responsibilities that are beyond the scope of work of a traditional nurse.
- Within the HIV sector, task shifting has been widely accepted with the involvement of community health workers and patients or PLHIV in various aspects of care and support.
- At times, certain tasks (e.g., feeding and bathing the patient, collecting laboratory results) are being shifted outside of the health facility to patients' relatives and family members.

## Challenges and Issues

- With both Swaziland and Uganda lacking national policies or guidelines, task shifting takes place without legal protection for those undertaking the additional tasks and without the ability to protect patients.
- Certain misconceptions about task shifting were identified in both countries. Some individuals believed task shifting to be quick fix to the problem of human resource shortages, and that it was merely a substitute for hiring more health professionals. In addition, several individuals saw task shifting as a government ploy to find cheaper options for providing services or avoid paying better salaries.
- Several opponents to task shifting were identified. These individuals opposed task shifting for various reasons, including:
  - The belief that task shifting would compromise the quality of care.
  - The reluctance of certain professions to accept change, as well as the protection of professional turf. For example, doctors felt threatened of losing their status, and nurses felt that lower cadres were encroaching on their profession.
- Another challenge is the lack of rewards for and recognition of those health workers taking on additional tasks. The incentive is unclear for certain already burdened health professionals (primarily nurses) to assume more responsibilities.

## Recommendations: The Way Forward

The Swaziland and Uganda case studies identify several policy recommendations for expanding and moving the task-shifting agenda forward:

**Create an enabling policy environment for task shifting.** Countries are implementing task shifting in response to the urgent health workforce shortage; thus, actual task shifting is happening faster than policy or legislative reforms. While a country's regulatory environment might appear permissive for task shifting, this is not sustainable. Health workers who take on responsibilities outside of their typical roles have no legal protection for the additional tasks they perform. As such, health workers might perform their new tasks cautiously and to the minimum possible, while other health workers might be reluctant to take on more responsibilities. In addition, without a policy framework, there is no way to regulate or monitor task shifting. Lack of such a framework also hinders collaboration, information sharing, and allocation of specific funds for task shifting.

It is important for countries to create an enabling policy environment for the implementation of task shifting, by **developing and endorsing a national policy or legislative framework on task shifting.** This framework will demonstrate the country's commitment to task shifting and can be used as a strategic plan to garner increased resources and commitment from the relevant stakeholders as task shifting is rolled out. This is important for task shifting to be sustainable. The framework is also necessary to protect health workers who assume additional tasks and the patients receiving treatment and care. The framework will allow for task shifting to be regulated and carefully monitored to ensure that it is effective and having an impact.

Findings from the Swaziland and Uganda case studies indicate the need to clarify the importance of and ensure broad support for task shifting. Task shifting is a key strategy for increasing human resources for health if the global commitments to the Millennium Development Goals, including providing universal access to HIV services, are to be met. It can be used to strengthen health systems, by increasing health workforce capacity to deliver high-quality HIV treatment and care. In the development of a national task shifting policy framework, it will be important to involve a wide range of stakeholders to ensure complete support, ownership, and consensus for the framework.

**Integrate task shifting as part of a sector-wide approach to strengthen the health system.** Task shifting should be considered just one option for addressing challenges in the health sector and should be used as an opportunity to address other systemic problems within the health sector. A sector-wide approach should include increasing management capacity and be focused enough to ensure that task shifting happens in specific circumstances for specific tasks.

**Establish standards to govern the recruitment and training of new and existing health workers.**

To ensure that quality of care is not compromised with task shifting, there must be **agreed-on standards to govern the recruitment and training of new health cadres** and to ensure that existing health workers are appropriately qualified for the additional tasks they take on. It is important that the roles and associated competency levels for health workers who take on additional tasks be clearly defined. This is necessary to determine recruitment, training and mentoring, and evaluation criteria for new health cadres. Countries must also adopt a systematic approach to harmonized, standardized, and competency-based training that is needs-driven and accredited so that all health workers are equipped with the appropriate competencies to undertake the tasks they are to perform (WHO, 2007a). **Credentialing**—through certification, accreditation, licensure, or registration—can ensure that the appropriate standards are being met. Having this system in place will not only give health workers greater confidence, increased job satisfaction, and more rapid career progression, but patients and service users will also benefit from standardized and high-quality care. The formal recognition of these new health cadres can also help to overcome resistance to change and avert job attrition.

**Recognize and provide remuneration to those taking on more responsibilities.** Task shifting increases levels of responsibility throughout the healthcare workforce and this can improve job satisfaction (WHO, 2007a). It is important that the additional responsibilities and work taken on by certain health workers are recognized and that opportunities for career advancement are identified. This will ensure job satisfaction and will prevent newly trained and recruited cadres from leaving for new opportunities. In some cases, increased responsibilities garner increased pay. As such, it is important for resources to be mobilized to pay for salary increases for certain new health cadres.

Moreover, community health workers are often unpaid volunteers. They might be unwilling to expand their roles without any remuneration for the new services that

they are to provide. For task shifting to be sustainable, it will be important for health workers—including community health workers—who are providing essential health services to receive adequate wages and/or other appropriate and commensurate compensation. In addition, continuing education and training programs should be made available to health workers as a means to recognize their increased responsibility.

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