

**Task shifting, an
imperative for African
health systems, the
Cameroon Experience**

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What is task shifting

- It is the rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from the highly qualified health workers to those with fewer qualifications in order to make more efficient use of the available HRH(WHO,2008).
- E.g. Africa qualifies 51 000 Doctors per year and the US 68500 but Africa bears more than one third of the world's disease burden.

Approach

- Earlier experiences in 1800s with the “officier des sante”, in French colonies, dressers and dispensers in Kenya in 1920s providing basic care.
- The immediate post PHC period with VHWs and TBAs, mainly in the 1980s.
- Conceptualization of task shifting concept
- Recent field visits to districts and health centers with documentation of the experiences of innovative provider cadre.
- As of 2007, 25 out of 47 countries in Sub Saharan Africa had cadre of non physician clinicians.
- Resource-rich nations such as USA, New Zealand and Australia use provider cadre such as Nurse practitioners, Physician assistants, meet Physician shortage for more than 40 years

Results from the approach

- Framework- WHO Abuja declaration on task shifting to alleviate HRH crisis in Africa, WHO conference in 2008 on recommendations for task shifting.
- Types of task shifting identified
- Evaluation done in some settings
- Conditions for successful task shifting
- This has not been the case with Cameroon although they are a signatory to the above.

An overview of Ndop District Hospital

- Ndop District hospital has a bed capacity of 87. It is the first reference level of the Cameroon health system serving about 267,506 population of the District.
- Receives about 12,000 patients per year as in and out patients.
- Bed occupancy rate of 85%
- Staffing- 47 staff made up of 4 Doctors, 16 Nurses, 9 Nursing Assistants, 3 laboratory technicians and 15 non technical staff.
- It functions 24/24

Universal

Kind of Diploma	University degree	Diploma from health Sciences School	Certificate from Nursing /equivalent.	Trained on the job or thro.short course
Medical Drs.	Medical doctor	Clinical Officer	Medical assistant	(lay provider)
Nursing staff	Nurse with degree	SRN	Enrolled Nurse or Nurse assistants	Nurse Aid
Pharmacy	Pharmacist	Pharmacy technician	Pharmacy Assistant and Nurse assistants	
Laboratory	Lab Scientist	Lab. Technicians	Assistant Lab technicians	Lab aids
Educator Counselor	Counselor with relevant degree			Lay counselor

Types of Task shifting

	Professional level	Mid-level	Auxiliary	Without diploma in health (=Lay persons)
Clinical staff	Medical doctor	Clinical officer	Medical assistant	Lay provider
Nursing staff	Nurse with university degree	Registered nurse	Enrolled nurse	Nurse aid
Educator / counsellor	Counsellor with relevant university degree			Lay counsellor

The diagram illustrates three types of task shifting:

- Type I:** A horizontal shift from a Clinical officer (Mid-level) to a Medical assistant (Auxiliary).
- Type II:** A diagonal shift from a Nurse with a university degree (Professional level) to a Registered nurse (Mid-level).
- Type III:** Vertical and horizontal shifts. One path goes from an Educator / counsellor (Professional level) down to a Lay counsellor (Without diploma). Another path goes from a Nurse with a university degree (Professional level) down to a Lay provider (Without diploma). A third path goes from a Nurse with a university degree (Professional level) to a Lay provider (Without diploma).

Task shifting in HIV management

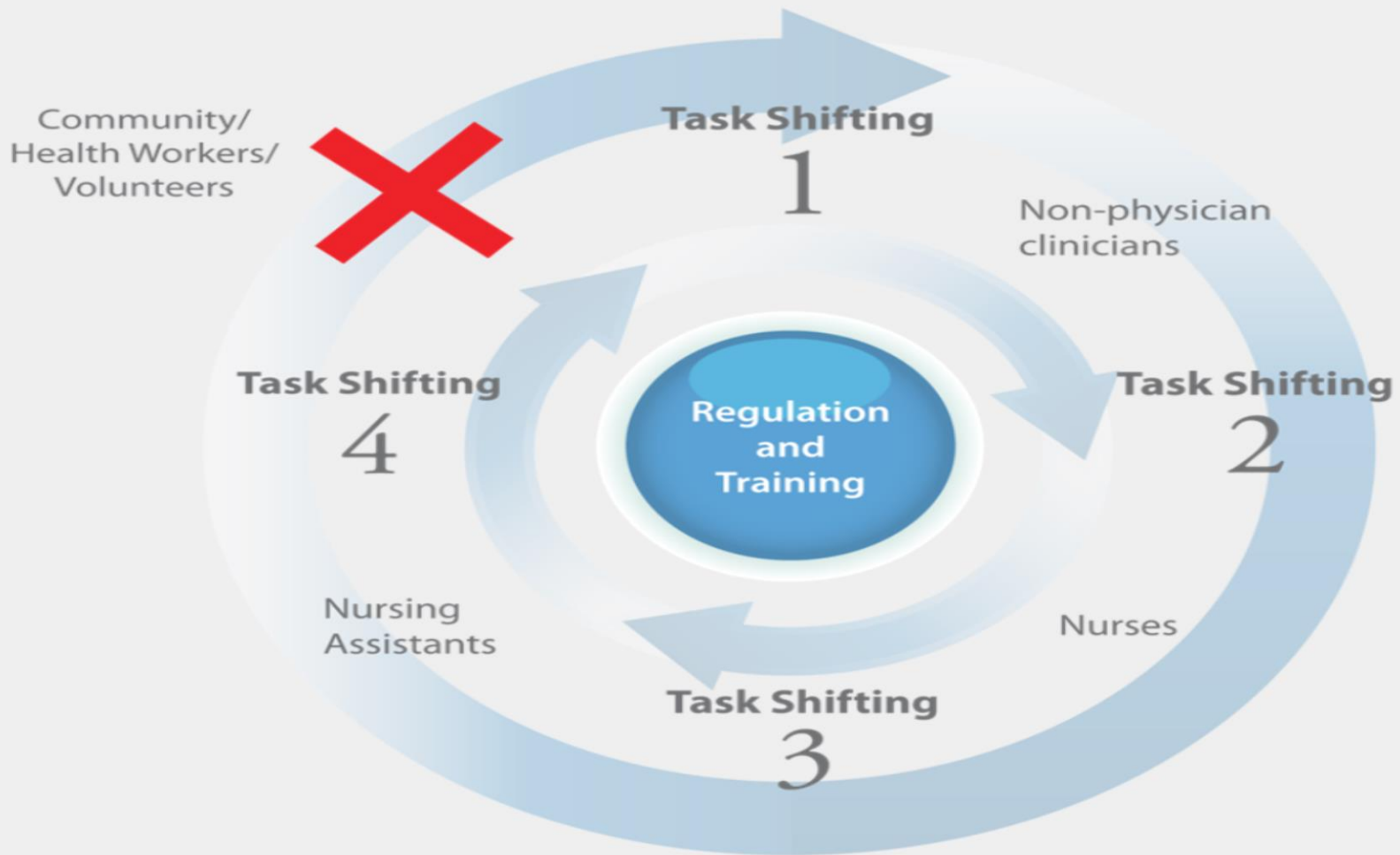
Task shifting: expanding the pool of human resources for health



The Cameroonian experience?

- Type I – Physicians to non-physician clinicians: e.g. Nurses, health technicians, first and second level hospitals
- Type II- Happening in many district hospitals and health centers (periphery)
- Type III- Community health workers, lay-providers and counselors
- Type IV- by expert patients or educated patients e.g. in HIV/AIDS

Task shifting- 4 levels



The basic conditions for task shifting

- Initial training- Basic diploma and specific pre-service training/orientation(competency-based).
- Guidelines/ Protocols(simplification and critical pathways, or flow charts, performance checklists).
- Continuing education- supervision, coaching, and refresher courses.
- Remuneration /career structure/financial and nonfinancial motivation.
- Efficient referral system/responsive logistic system

Why task shifting?

- One of the recommendations of the Abuja +12 summit in 2013, on health, was to strengthen HRH, because ultimately a health system is only strong as the men and women who implement it.
- Yet today the HRH in the African region is still insufficient. Training capacity for health professionals should be increased, taking into account future demand for health services and the need to increase retention efforts. HRH is one of the significant challenges that is hindering the region to answer the “Abuja call” for accelerated action towards universal access to health care services and MDGs by 2015. One quick fix strategy to meet up with the health care demands is through task shifting

Benefits of task shifting

- Access to care
- Quality of care/ high client satisfaction rates
- Cost effectiveness

Challenges to task shifting include:

- ❑ Supervision, on going education, career path and remuneration, and how to define the scope or limits of care, developing a system of credentialing the cadre, involvement of professional associations.
- ❑ Lack of policies related to scopes of practice, continuing professional development framework and nursing licensure process.
- ❑ Shortage of nursing personnel

Role of the CNA in improving task shifting

- Advocacy on the establishment of policies on:
 - ❖ Continuing professional development
 - ❖ Scopes of practice
 - ❖ Nursing licensure process
 - ❖ Autonomy.

Ndop District Hospital Maternity: Limited staff





Task Shifting is defined by WHO as the rational redistribution of clinical and other tasks, among health care workers, according to their skills, rather than their roles.

THANKS FOR LISTENING