

# Designing effective task-shifting programmes to address critical surgical healthcare workforce shortages

## Overview

The African Health Observatory Platform on Health Systems and Policies (AHOP) and the RCS England-LSE Global Surgery Policy Unit (GSPU) collaborated to organize a cross-cutting [policy dialogue](#) on addressing critical shortages in the surgical healthcare workforce through effective task-shifting programmes. The discussion brought together a wide range of stakeholders from Ethiopia, Nigeria, Rwanda, and the United Kingdom, from various sectors including Federal Ministries of Health (FMOH), professional associations, international organizations, academic institutions, AHOP, health facilities, and policy makers.

## Dialogue presentations

**Session 1:** Clinical and technical aspects of task-shifting in surgery: Operational perspective, clinical perspective, and what an ideal task-shifting programme would entail

A representative from Rwanda's [University of Global Health Equity \(UGHE\)](#) discussed the importance of defining clear scopes, planning and implementing strategies within specific contexts, and gradually transitioning away from task-shifting, while gathering evidence to assess its effectiveness.

**Session 2:** Task-shifting/sharing and surgery in Africa: Regional overview

A [World Health Organization Regional Office for Africa \(WHO AFRO\)](#) representative presented on health workforce challenges in Africa, emphasised the widespread implementation of task-shifting, and the need for comprehensive data on its effectiveness.

**Session 3:** Task-shifting and workforce planning: Successes and challenges of the Integrated Emergency Surgical Officers (IESO) programme in Ethiopia

A representative from [Ethiopia's FMOH](#) discussed the obstacles in forecasting healthcare workforce needs and highlighted the initiative's success in increasing access to emergency surgery in rural areas.

**Session 4:** How to scale-up the global healthcare workforce to deliver a robust emergency, critical, and operative care system?

The presentation from [WHO](#) emphasized integrating emergency, critical, and operative care and the importance of data collection, collaboration, and ethical considerations in task-shifting initiatives.

## Challenges and opportunities

- 1. Regulatory framework:** Developing and enforcing regulations that ensure the safety, quality, and legality of task-shifting practices can be complex and resource-intensive. Without clear guidelines and oversight, there's a risk of inconsistent implementation and compromised patient care.
- 2. Contextual differences:** Task-shifting may not be universally applicable across all healthcare settings and contexts of healthcare infrastructure, workforce dynamics, cultural norms, and disease.
- 3. Resource constraints:** Limited resources – including funding, infrastructure, equipment, and staffing – pose significant barriers to effective task-shifting. Without adequate support systems in place, healthcare workers may struggle to perform new responsibilities safely and efficiently, leading to burnout and suboptimal outcomes.
- 4. Data and monitoring:** Lack of comprehensive data makes it difficult to assess outcomes, identify best practices, and make evidence-based decisions.
- 5. Training and capacity building:** Providing adequate training and support for healthcare workers taking on new roles through task-shifting is essential but challenging. It requires significant investment in education, mentorship, and ongoing professional development to ensure competency and confidence in performing tasks previously done by higher-level professionals.
- 6. Resistance and acceptance:** Resistance from existing healthcare professionals, as well as scepticism from patients and communities, can hinder the acceptance and success of task-shifting initiatives. Addressing concerns about job displacement, quality of care, and professional boundaries is crucial for gaining acceptance and fostering collaboration among stakeholders.

## Proposed strategies

### 1. Implement tailored task-shifting regulations

- Develop clear guidelines and regulations.
- Ensure careful, long-term planning.
- Account for contextual factors, including country and profession.

### 2. Facilitate inter-sectoral collaboration

- Foster cross-collaboration among stakeholders for progress.
- Ensure transparent and inclusive decision-making for responsive policies.
- Develop programmes in parallel with investment in specialty medical training.

### 3. Improve financing mechanisms and investment in technology

- Increase investments across all healthcare system levels.
- Improve the affordability of surgical treatment through insurance, subsidies, and innovative financing.
- Invest in and utilize technology to support surgical and healthcare delivery.

### 4. Invest in data, research, and evaluation

- Invest in research to gather comprehensive data on the effectiveness of task-shifting.
- Garner support from Ministries of Health and governments to facilitate data collection efforts.
- Implement thorough evaluation processes to ensure patient safety and quality of care.

### 5. Strengthen staff satisfaction

- Offer continuous professional development programmes.
- Train surgical personnel effectively.
- Provide quality training opportunities and an adequate pathway for career development for lower cadres.
- Improve the motivation and retention of less-specialized cadres using financial and non-financial incentives.

### 6. Expand healthcare access

- Increase access to surgical facilities and services.
- Improve transportation and pre-hospital services, such as ambulances.

## Policy implications and impact

The policy dialogue discussion points and outcomes will feed into a cross-cutting [AHOP policy brief](#) on surgical task-shifting. It will provide further evidence and be disseminated among relevant policymakers across the African region.