AHOP Policy Briefs - 2024

Task sharing and task shifting:

Optimizing the primary health care workforce for improved delivery of noncommunicable disease services in Kenya

Benjamin Tsofa
Joshua Munywoki
Fatuma Guleid
Jacinta Nzinga
Lucy Kanya

Key messages

Integration of noncommunicable disease (NCD) care into primary health care (PHC) is crucial in addressing the NCD burden: this could improve health promotion and access to early NCD diagnosis and facilitate continuous management of NCDs at the population level. Successful NCD integration requires both investment in the health system and refocusing of PHC from an infectious disease emphasis to a system approach inclusive of NCD care.

Strengthening the health workforce (HWF) is key in reorganizing the PHC system: availability and adequate capacity and distribution of health workers are crucial.

Task sharing and task shifting (TSS) is an effective intervention to address HWF challenges: sharing clinical tasks with non-physician health workers (NPHWs) such as nurses and community health workers (CHWs) or shifting some tasks to them could help strengthen HWF to accommodate NCD care at the PHC level.

An enabling legal and regulatory framework and adequate training of NPHWs are required to support TSS: the key enablers for successful TSS are training and on-the-job support for NPHWs. The barriers include the lack of a legal and regulatory framework for the new roles NPHWs assume such as prescribing medicines and other health system responsibilities.

African Health Observatory
PLATFORM ON HEALTH SYSTEMS AND POLICIES

World Health Organization
African Region

View full policy brief

English: https://tinyurl.com/mr2kxrrn French: https://tinyurl.com/yc37yxvk

Executive summary

Responding to the NCD burden for Kenya requires a restructuring of the health system. The burden of NCDs continues to rise and hinders the country's universal health coverage ambitions. It was reported that in 2019, over one third of all deaths in Kenya were attributable to NCDs. Four major NCDs, that is cardiovascular diseases (CVDs), cancers, diabetes and chronic respiratory diseases, accounted for 57% of these deaths.

Controlling NCDs involves providing promotive, preventative, curative and palliative health services throughout the life cycle. Weak health systems and those structured around infectious or communicable diseases cannot adequately provide these services, given the chronic nature of NCDs and their long-term reliance on the health system. As such, the entire health system needs to be restructured to move from just providing acute episodic care to integrate a continuum of NCD services delivered over time.

Integration of NCD care into PHC is underutilized in Kenya

Integrating NCD care into the PHC system offers great potential, as PHC is the entry point for most people into the health system. Studies show that NCD services can be delivered at the PHC level with good outcomes. But this model is underutilized in Kenya, and for several reasons:

- access to care is inequitable with most services being available in private facilities and primarily in urban areas;
- supply of essential NCD drugs is inconsistent;
- health information systems are weak;
- only a limited number of facilities have the full capacity for NCD services;
- health workers are in short supply, especially in rural areas.

This means that a coordinated and integrated national service delivery system for NCD control through PHC will require significantly strengthening the current PHC system.

PHC workforce as an important lever in strengthening PHC

An assessment of the progress of African countries, including Kenya, in integrating NCD care into PHC found that countries needed to significantly increase their HWF capacity, among other factors. HWF in Kenya faces a myriad of challenges, including severe shortages and maldistribution, leading to inequitable access to care for most of the population. Integrating NCD care into PHC could mean a significant increase in the workload of existing workers and subsequently add pressure on a workforce already facing major challenges. Innovative approaches are needed to rapidly expand and optimize HWF to accommodate NCD care at the PHC level.

Task sharing and task shifting as effective interventions for optimizing the health work force for the response to the NCD burden

Task sharing and task shifting (TSS) can optimize the HWF by increasing the efficiency of available HWs. With TSS, specific tasks normally performed by a physician are shared with or delegated to health professionals of a different or lower cadre or persons without formal health education, but who are specifically trained for the tasks. Studies on the effectiveness of TSS in NCD services at the PHC level show NPHWs, in this case nurses and community health workers (CHWs), to be effective in performing tasks such as health promotion and screening for, and diagnosis and treatment of NCDs with good health outcomes. The key enablers identified are training of NPHWs and providing them with on-the-job support tools such as treatment and referral guidelines, plus supervision. The barriers include a lack of legal and regulatory frameworks supporting the new NPHWs' roles such as prescribing and dispensing of medicines and other health system challenges.

To support TSS implementation at the health system level, tailored pilot programmes are needed to determine its feasibility and scaling up. Legal and regulatory frameworks should in place to support the expanded health worker roles and ensure efficient and safe TSS. Importantly, TSS models should be rigorously documented and evaluated to learn what works and in what circumstances. In addition, as interventions for HWF have implications for the entire health system, they must be viewed through a systems lens.

Figure 1: Addressing PHC Workforce Challenges through Task Sharing and Task Shifting: An Overview

Primary health care workforce challenges in Kenya

Staff:

- Low health worker to population ratio.
- Substantial shortage in community health workers.
- Health workforce unbalanced between counties.
- Rural areas struggle to attract and retain staff.
- Inefficient health worker skill mix.

Funding:

- Limited health workforce funding.
- Inadequate community and primary health care budget.
- Untimely government funding flows.

Management:

- Health workforce mentorship, training, and supervision is lacking.
- No accreditation system for community health workers.
- Health worker pay is not standardized.
- No health worker performance incentives.
- Lack of data to inform recruitment and deployment.

Solution: 'task sharing and task shifting'

Task sharing - delegation of tasks by physicians, nurses, dentists and other health professionals.

Task shifting - tasks are moved or shifted from highly qualified health workers to :

- health workers with fewer qualifications
- a person without formal training, trained for a specific task;
- medical technology and;
- patients and/or their carers.

Task sharing and task shifting to optimise the health workforce and improve non-communicable disease care through:

- health education,
- screening high-risk individuals,
- diagnosis, and
- treatment.

7 facilitators of task sharing and task shifting: global evidence

1. Training
Mentorship, training, and supervision of non-physician health workers and community health workers.

2. Guidelines
Clear, tailored protocols for non-communicable disease management.

3. Support
Infrastructure, programmes, technology, and stakeholder buy-in.

4. Legislation
Enabling policy in alignment with existing frameworks.

5. Staff
Performance and training incentives.

6. Resources
Investment in medicines, equipment, and health workforce recruitment.

7. Evidence
Pilot studies on task sharing cost, effectiveness, and feasibility of scale-up.

Policy implications

For PHC facilities in Kenya, where most health workers are non-physicians, there is evidence to support the need for their enhanced role in controlling NCDs. In addition, NPHWs may be easier to recruit and retain than are medical doctors, especially in rural areas. TSS interventions will require careful consideration on staff recruitment; legal and regulatory frameworks to support the HWF expanded roles and enable efficient and safe TSS; adequate HWF training and support; availability of medical supplies; appropriate compensation; and reliable referral and information systems (Heller et al., 2019; Karimi-Shahanjarini et al., 2019).

The crucial role of NPHW and community buy-in in TSS success

Successful implementation of TSS will require buy-in from all stakeholders, as it will have implications for workloads and the hierarchy within cadres (Karimi-Shahanjarini et al., 2019), bearing in mind that sometimes the concept is viewed as offering an avenue for competition among HWs. In addition, without clear structures, tasks may not be appropriately or efficiently delegated. However, TSS is already practised in Kenya and should be guided by the TSS policy and guidelines (Oluoch et al., 2018; Mombo & Kaseje, 2015). Still, the guidelines need to be revised and expanded to include more advanced tasks for nurses.

While patients may be more amenable to receiving services such as health promotion from NPHWs, they may be less inclined to accept the more medical services from them (Karimi-Shahanjarini et al., 2019; Rashid, 2010). Therefore, buy-in from the community must be sought, as they will need to trust and accept the care from NPHWs in order to demand NCD care at PHC facilities. In addition, material incentives such as payment and non-material incentives such as opportunities to acquire new skills and community recognition can be considered to increase acceptability of TSS amongst NPHWs. Although there is limited evidence on the cost-effectiveness of TSS among NPHWs in NCD services, Seidman & Atun (2017) found some evidence that TSS has the potential to save costs in activities related to NCDs. However, more studies will be needed.

Lessons from pilot studies can inform successful integration

When considering TSS implementation, policy-makers could either introduce TSS at scale and integrate NCD care at all PHC facilities or use pilot projects in different counties with well-designed evaluation to inform the scaling up. Analysis of eight studies on TSS among NPHWs in low and middle income countries, including Kenya, found that pilot studies were critical in understanding the implementation considerations and feasibility, which could inform the approach of scaling up TSS to the national level (Joshi et al., 2018). Several pilots of PHC-centred NCD care delivery are currently going on in Kenya. Once completed, they will provide evidence on costs and further insight into the effectiveness, feasibility and implementation considerations for PHC-centred delivery of NCD care (Naanyu et al., 2021). Considering the vast health resource disparity between counties, TSS would also likely need to be tailored to specific regions or counties. When implemented effectively, TSS may contribute to improved NCD care in PHC systems.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa (WHO AFRO) through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

AHOP policy briefs

AHOP policy briefs are one of a suite of outputs produced by the platform. They aim to capture current concepts, experiences, and solutions that are of importance to health policymaking within the African region, often applying a comparative lens. All undergo a formal and rigorous peer review process.

Suggested citation

Tsofa B, Munywoki J, Guleid F, Nzinga J and Kanya, L. Task sharing and task shifting: Optimizing the primary health care workforce for improved delivery of noncommunicable disease services in Kenya. Brazzaville: WHO Regional Office for Africa; 2024. Licence: CC BY-NC-SA 3.0 IGO.

ISBN: 9789290314950

© WHO Regional Office for Africa 2024

Cover photo credit: Arete / Albert Gonzalez Farran, Health Policy Plus, 2019.

Further information

https://ahop.aho.afro.who.int

AFRO Team: afrgoahop@who.int
Technical Partners: ahop@lse.ac.uk

@AHOPlatform