

Effectiveness of Task Shifting In The Delivery of Health Care Services at Kasama, Lukupa and Milima Health Centres in Zambia

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Abstract

To cite: Kapeso MM, Chitangala FM,. Effectiveness of Task Shifting In The Delivery of Health Care Services at Kasama, Lukupa and Milima Health Centres in Zambia. JPRM 2021, 3(1):73-78. doi: 10.21617/jprm2021.322

Task shifting is a viable option to respond rapidly to a health workforce's crisis and could be clinically effective for the management of health system. A study to determine the cost effectiveness of task- shifting to the healthcare system in the service delivery was done. The study revealed that effective task shifting can increase productivity, efficiency, that is, to increase the number of healthcare services provided at a given quality cost or to produce the same level of healthcare service at less cost and more effectively and efficiently. However, task shifting alone will not address the problems. In order for task shifting models to function effectively, they should be combined with the strengthening and reorganization of the health services, adequate training and an enabling health policy framework. Task shifting with health system supports in place could ensure the equivalent care for diabetes patients as patients treated by physicians.

Keywords: *Task shifting, productivity, efficiency.*

INTRODUCTION

Task shifting is a process of delegation whereby tasks are moved from highly specialised to less specialised health workers[1]. Task shifting makes more efficient use of human resources for health currently available by reallocating tasks among healthcare workers. The world is now facing a chronic shortage of trained health workers. According to the World Health Organization (WHO), there is a global health workforce deficit of more than four million, and in many of the countries of sub-Saharan Africa, and in parts of Asia and the Americas, the shortages are critical[2]. In Malawi, the shortage of health workers is so extreme that there is only around one doctor for every 100,000 people[3]. At the same time, the demand for health care is rising.

In high and middle income countries, large populations of ageing people and changing patterns of disease have led to a steady growth in the demands on health services. Low-income countries continue to deal with an unfinished agenda of infectious diseases and emerging chronic illness[4]. Meeting the commitments to combat disease, reduce child mortality and improve maternal health, as enshrined in the Sustainable Development Goals (SDGs), involves strengthening health systems so that they are capable of delivering a wide range of health services on a scale much larger than at present.

In many low- and middle-income countries, efforts to scale-up health services to achieve Universal Health Coverage (UHC) and health development goals are confronted by acute shortages and inequitable distribution of skilled health workers that present a binding constraint to delivering essential health services [5]. These countries face a “crisis in human resources for health” that can be described in terms of availability, which relates to the supply of qualified health workers distribution [6,7], which relates to the recruitment and retention of health workers where they are needed most; and performance, which relates to health worker productivity and the quality of the care they provide [8].

Clearly, strong and effective health systems depend on having enough people, with the right skills, in the right place. The health workforce crisis is further exacerbated by the HIV epidemic. Low- and middle-income countries feel the health workforce crisis most acutely and these are also the countries where HIV is taking the greatest toll. About 95% of people with HIV/AIDS live in developing countries and nearly two thirds of them are in sub-Saharan Africa [9]. Yet sub-Saharan Africa has only 3%

of the world’s health workers and commands less than 1% of world health expenditure. Not only does HIV drive up demand for health services but the disease also has a direct impact on the health workforce. In a vicious circle, the epidemic fuels the health workforce crisis while the shortage of health workers represents a major barrier to preventing and treating the disease.

In Zambia, shortage of health workers hinders access to quality healthcare and the impact is greater if such shortages are accompanied by an unequal distribution of the work, according to Hopkins [10], who further states that apart from the loss of health workers in rural areas leading to serious accessibility problems, and comparatively high rates of mortality, lower nurse-to-patient ratio has also led to more complications and poorer health outcomes for patients.

Task-shifting makes use of already available human resource by delegating tasks requiring high skills to health workers with lower qualification[11]. In Kasama district of Zambia (a case in point for the current study) for example, community health assistants (CHAs) have been used to diagnose and treat various forms of illnesses (from terminal diseases to common cold) for years [12].

It is alleged that even though task shifting is acceptable to most health managers and policy makers, it has led to lower cadres of health workers undertaking critical tasks amidst them being incompetent and overworked coupled with poor support supervision. Hence it was necessary to conduct this study to assess the effectiveness of task shifting in Kasama district among three selected health centres.

METHODS AND MATERIALS

This study used a qualitative utilizing a case study with the aid of interview guide administered among health care workers at the three Health centres. The study was conducted at Kasama, Lukupa and Milima health centres in Kasama District of Northern Province of Zambia. Kasama health-centre has an establishment of 21 health professionals and 9 community health workers but currently operates at 33.3% staffing level, the picture is similar to Lukupa and Milima health centres [13]. Respondents were required to answer questions on the effectiveness of task shifting in health care service delivery. The study sample was picked from the population of healthcare service providers at the three facilities. The sample size was attained after reaching the point of saturation. Even though Guest [14] argues that sample size of 6-25 participants in a

qualitative research is enough to reach saturation point, this study went up to 30.

RESULTS

The minimum age of respondents was 18 years while the maximum age was 45 years with mean age of 24.1 (SD= 5.9) years. The majority of the participants were aged between 18 and 36 years. Age groups were categorized as follows: 15-20 recorded 1 (3.3%), 21-25, 4 (13.3%). 26-20 where 6 (20%), the age group between 31 and 36 indicated 8 (27%), 36-40 recorded 6 (20%) and lastly the age group between 41 and 45 had the least with 5 (16%). With regards to sex, 13 (43%) were males and 17 (57%) were females.

The study recruited 30 participants who were either environmental health technologists, pharmacist, nurses, or community health assistants among others and three administrators from the district health office. These were distributed as 33% for Kasama, 33% for Lukupa and 34% for Milima.

From responses analysed, the shortage of staff in Zambia has created a gap in the service provision of health care services, forcing the government to implement task shifting. Most of the health workers talked to are working outside their job description.

Knowledge levels on task shifting among both health workers and the three administrators were high. One health worker defined task shifting as

“the process of delegation whereby tasks are moved, where appropriate or from highly specialized workforce to less specialized health worker”

Even though participants reported having knowledge on their job description, some pharmacists reported having performed tasks meant for clinical officers while an environmental health technologist said he was doing duties of a nurse. Other professions such as community health assistants, counsellors and registry staff also reported doing tasks outside their job descriptions.

The attitudes of health care providers towards task shifting were assessed. Most of them reported that task shifting was an inconvenience.

“Task shifting is really an inconvenience, some of us are comfortable in our own field an scope of worker”

one respondent said.

Others described this as an unfair practice and urged government to employ more staff and that they were overworked

Some nurses described their involvement in consultation and prescribing as risky practices as they could make life threatening mistakes. However, a few welcomed the idea of task shifting,

“it leads to efficiency”, said one worker while another said “it feels good to help those in need”

Most of the participants said task shifting promotes efficiency, with one adding that

“Task shifting may be used to train alternate health care workers or laypersons to perform tasks generally considered to be within the purview of the medical profession hence enabling efficiency. It is aimed at improving the health of extremely vulnerable populations, mostly to address current shortages of healthcare professionals or tackle specific health issues such as HIV”

Others added shortage of staff is costly as it leads to poor outcomes such as patients who return with postsurgical infections and this can lead to death. On the type of training offered to them, respondents stated that they are provided in-service training in the improvement of performance of those with reassigned job responsibilities.

DISCUSSION

The study aimed at determining the effectiveness of task shifting in health care service delivery at Kasama, Lukupa and Milima health centres in Kasama District of the Northern Province of Zambia. The study enrolled 30 participants, 9 health workers from each center and 3 administrators from the district health office. It was observed that most of the respondents were above the age 30 with the majority have worked for more than 6 years, which can be concluded to

be a good sample because majority of them had the necessary experience meeting the demand for the research findings.

From the findings, it can be established that, the three health centers just gave us an iceberg, there is severe shortage of staff in Zambia has created a gap in the service provision of health care services to such an extent that government responded by implementing task shifting, this is confirmed by findings of this study where some health workers are working outside their job description. Nevertheless, there is no evidence describing the process of officially assuming task shifting strategy by the government. However, literature reveals that Zambia has been using CHW since the adoption of Primary Health Care and casually sharing tasks among health workers in view of the chronic staff shortages in the rural areas which may suggest that health system transitioned into shifting tasks to among cadres in the era of the HIV epidemic [15].

Although some participants in this study stated that task shifting is burdensome to some extent but others argued that it leads to efficiency in the delivery of health. This is in line with many studies which found task shifting to be efficient [16,17,18]. With the introduction of task shifting strategy, doctors and senior clinical health staff have more time to work with complicated patients. A study done in Rwanda showed that nurse-led ART reduced doctors' demand on ART by 76%. Physicians had more time to focus on more complicated non-HIV related tasks [19]. The author further says task shifting is cost-effective and saved physicians' time in Uganda, this is the case of a few findings in the study in question. According to the analysis provided above, task shifting from physician to non-physician health worker or lay community is potentially a cost-effective strategy in addressing the human resource shortage to ART and other health care services rollout in Zambia.

It is essential to point out that, without training, task shifting hinders the provision of health care services. In most cases, training of community health workers is important as it is projected that, the initial costs of training and compensation of non-physician health workers are lower than physicians within a country. This study has strongly established the fact that, health workers have both a negative and positive view of health care services towards ensuring efficiency in the health care. This is similar with the case study done in Uganda which reported that health workers have positive and negative opinions about task shifting [20].

The same case study in Uganda also

reported health workers negative opinions in task shifting. Health workers responded that task shifting provided poor health services, instead of providing necessary formal education to the right people to render the health care services. Other health workers were of the opinion that health care is compromised by using a short-sighted strategy of task shifting. Other health workers considered task shifting as a substandard treatment for the poor. On the contrary the rich are not being treated with the health care services rendered by task-shifted staff [21].

A study done in process evaluation in task shifting of ART treatment in South Africa noted that the attitude among physicians was mixed, while the majority supported the task shifting, *“but others were perceived to be uncertain about the ability of nurses to manage and appropriately refer cases that are more complex. However, physicians reported that there are clear decreases in physicians' workloads to do clinical health care services. For instance, one physician was able to start seeing patients at other clinics because his work had been reduced significantly at the tasking shifting sites”* [22].

Task shifting requires reorganizing of health services delivery and roles and responsibilities in health workforce, it is unfortunate to state that, in the findings above, the workforce is insufficient to support task shifting. Many countries in Africa are implementing task shifting models for health delivery without an appropriate policy framework. During task shifting health workers need protection by laws when they perform beyond their legal scope of practices. This calls for a regulatory framework to be in place to regulate task-shifting practices. The health workers who received the tasks should get proper pre-services and in service training and supportive supervision and accreditation [23].

Clearly defined, task for different cadres of health professionals is essential for effective health care delivery, and for nominal inter-professional cooperation. On the other hand, imprecise allocation of tasks can lead to duplicity, and inter-personal conflicts among health workers. Subsequently, the imprecision of task allocation may lead to the ineffectiveness of healthcare workers in the delivery of health services to the clients. Apart from defining the specific responsibilities of each cadre of health workers, other different functions are performed and satisfactory outcomes are reached when professional roles are clearly allocated. These include; guaranteeing adequate execution of each cadre's tasks to optimising expert choice of practice to ensure that patients are efficiently

manage.

Task-shifting makes use of already available human resource by delegating tasks requiring high skills to health workers with lower qualification. In Ghana for example, medical assistants have been used to diagnose and treat various forms of illnesses (from terminal diseases to common cold) for years. At certain times, complex tasks are delegated to mid-level cadres of health workers, such as non-physician clinicians and midwives as in the case of Malawi, Mozambique and Tanzania where about 90% of emergency obstetric operation, including caesarean sections are carried out by clinical officers. Despite the use of this strategy, WHO has emphasized the need for tasks to be carefully selected, roles well defined and adequate supervision put in place in the implementation of task-shifting [24, 25].

CONCLUSION

Task shifting is a potential strategy to address these challenges. Task shifting is a promising policy option to increase the productive efficiency of the delivery of health care services, increasing the number of services provided at a given quality and cost and more health care services are going to be accessible and affordable to populations seeking care.

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