



# **Task Shifting**

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# Task shifting in medical practice: Major milestones

## 2008: WHO Recommendation

**TASK SHIFTING: rational redistribution of tasks among health workforce teams**

**Definition:** Task shifting is the name now given to a process whereby specific tasks are moved, where appropriate, to health workers with shorter training and fewer qualifications.

By reorganizing the workforce in this way, task shifting can make more efficient use of existing human resources and ease bottlenecks in service delivery.

Where further additional human resources are needed, task shifting may also involve the delegation of some clearly delineated tasks to newly created cadres of health workers who receive specific, competency-based training.

**GIST: combatting HIV/AIDS, especially in low-income countries**

# Task shifting in medical practice: Major milestones

## 2009 & 2019 - World Medical Association (WMA) **WMA Resolution on Task Shifting from the Medical Profession**

**Purpose:** A major factor leading to task shifting is the shortage of qualified workers resulting from migration or other factors. In countries facing a critical shortage of physicians, 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. The rationale behind the transferring of these tasks is that the alternative would be no service to those in need. In such countries, task shifting 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. In countries with the most extreme shortage of physicians, new cadres of health care workers have been established.

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2019 - (EU-)Expert Panel on effective ways of investing in Health (EXPH) **Task shifting and health system design**

**Position:** This opinion argues that this situation must change. There is now an impressive body of evidence that things can often be done differently. This does not mean that they should be. Change is only appropriate where it helps to achieve the goals of the health system and allows it to provide better care in ways that are more responsive to the needs of users.

Tasks can be shifted from health workers to patients and their carers, to machines, and to other health workers. Where these shifts have been evaluated, they often, but not always, are associated with outcomes that are as good or even better than with the status quo. However, the results are often context dependent, and it cannot be assumed that what works in one situation will apply equally to another. What matters is the evidence, rather than traditional, but often obsolete rules.

# Task shifting in medical practice: Successful international implementations

- **AFRICA:** Task-shifting and task sharing are widely implemented in Africa across various health services contexts towards ensuring access to health services.
- **CAMEROON:** The integration of hypertension and diabetes into primary health care of NPC facilities in rural Cameroon was feasible in terms of equipment and training, accessible in terms of treatment cost and showed promising BP- and FPG-trends. However, low case-detection rates per NPC and a very high attrition among patients enrolled into care, limited the effectiveness of the programme.
- **INDIA:** Task-sharing interventions are effective in reducing blood pressure. Long-term studies are needed to understand their potential impact on cardiovascular outcomes and mortality.

# Task shifting in medical practice: Successful international implementations

- **NORWAY:** Intravitreal injections of anti-vascular endothelial growth factor are high-volume procedures and represent a considerable workload on ophthalmology departments. Several departments have tried to meet this increase by shifting the task to nurses.
- **NL & UK:** Higher levels of changes to staff roles and task shifting were reported in the Netherlands, England and Scotland, suggesting that professional boundaries have shifted, for instance on chemotherapy or prescribing medicines. For most tasks, however, a partial instead of full task shifting is practice.
- **USA:** For years, nurse practitioners and physician assistants have taken on tasks that doctors once performed. This has saved money, of course, but it has also improved quality, because doctors and paramedics perform tasks that best fit their expertise. Research shows that there is a lot more room for task shifting in U.S. health care.

# Task shifting in medical practice: Obstacles / Rejections

**GERMANY:** Further studies are needed to investigate the motives for rejection of medical task-shifting to MPA in order to assess the likelihood of successful nationwide introduction of a uniform delegation model.