



# **TASK SHIFTING AND TASK SHARING: MEETING THE WORLD HEALTH ORGANIZATION (WHO) RATIO LEVELS**

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COUNCIL (RMDC)**



# Outline

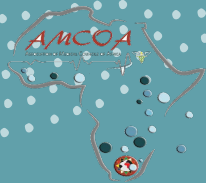
- Introduction
- Definition
- Goals & Objectives
- Statistical Data/Distribution of HRH
- Global Perspective & Best Practice (WHO Frameworks and Guidelines)
- NIGERIA: Health Demographics
- Nigeria (TSTS Policy, Challenges & Gap)
- Nigeria bridging the Gaps
- Conclusion





# Introduction

- 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 (WHO)



# Definition: Task Shifting and Task Sharing (TSTS)



- The two terms are sometimes used interchangeably
- The systematic delegation of tasks, where appropriate, to less specialized workers in order to maximize the efficient use of resources.

## Task shifting

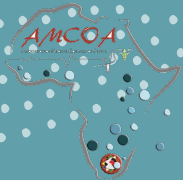
- Involves the rational redistribution of tasks among health workforce teams.
- Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available HRH (WHO).

## Task Sharing

- The process of enabling lay and mid-level healthcare professionals such as nurses, midwives, clinical officers, and community health workers – to provide clinical services and procedures, that would otherwise be restricted to higher level cadres, safely.

## What is the difference?

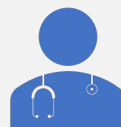
- In task shifting, tasks are delegated or transferred.
- in task sharing, tasks are delivered collaboratively by different staff categories



# Goals & Objectives of TSTS



**To make more efficient use of the available human resources (HRH) for health.**



**To increase the productive efficiency through increase in number of healthcare services provided at given quality and cost.**



**To reduce the time needed to scale up the health workforce**



# Statistics: Distribution of HRH Showing Shortage



Estimated critical shortages of doctors, nurses and midwives, by WHO region

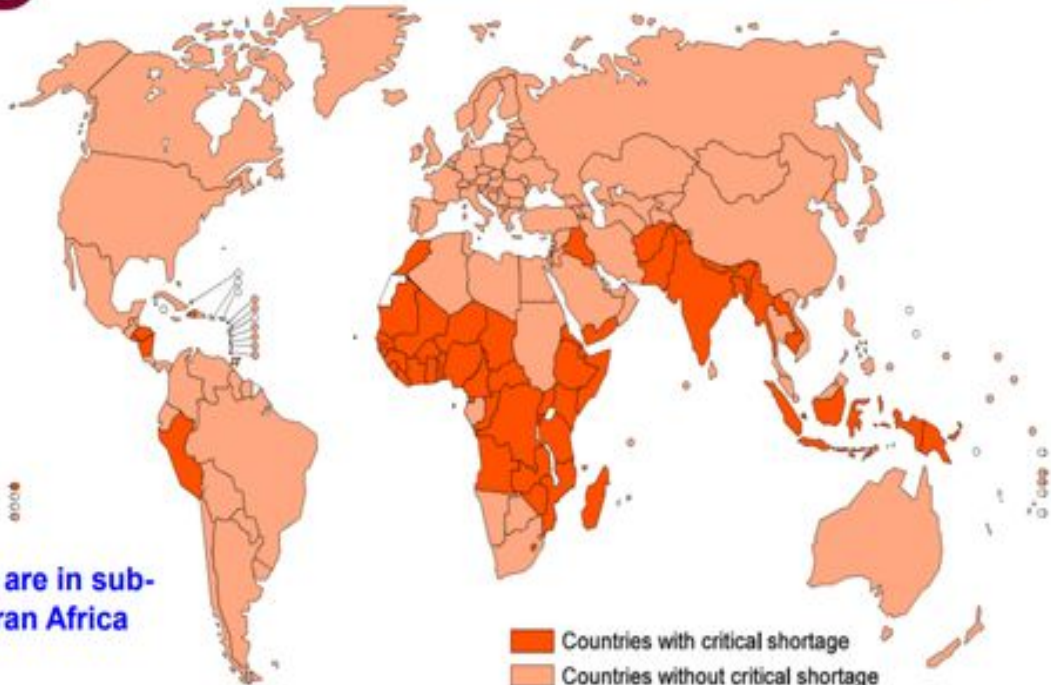
WHO region	Number of countries		In countries with shortages		
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required
Africa	46	36	590 198	817 992	139
Americas	35	5	93 603	37 886	40
South-East Asia	11	6	2 332 054	1 164 001	50
Europe	52	0	NA	NA	NA
Eastern Mediterranean	21	7	312 613	306 031	98
Western Pacific	27	3	27 260	32 560	119
World	192	57	3 355 728	2 358 470	70

NA, not applicable.  
Data source: (3).

Africa has the least density



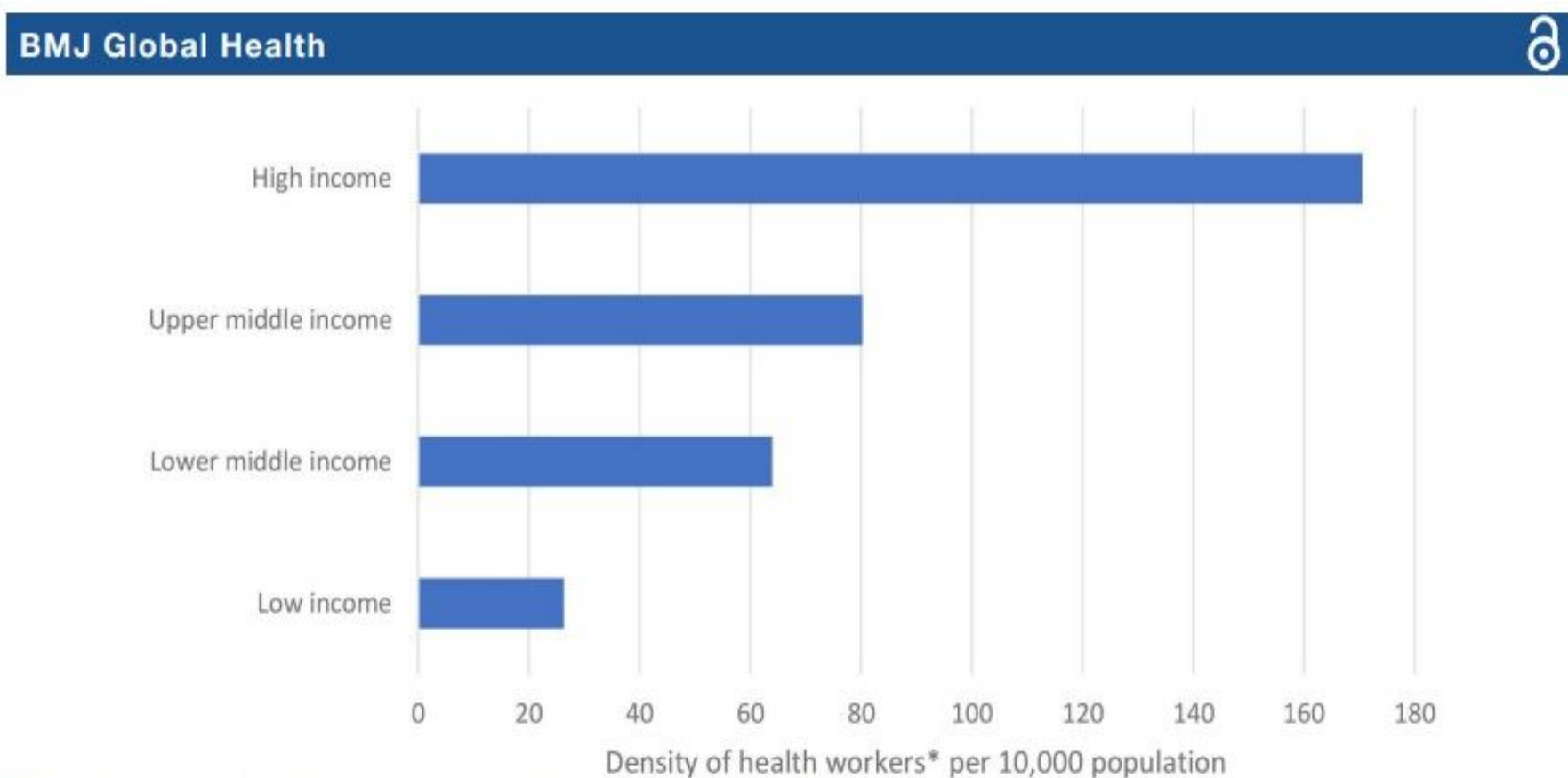
Countries with a critical shortage of health service providers (doctors, nurses and midwives)



Data source: World Health Organization, Global Atlas of the Health Workforce (<http://www.who.int/globalatlas/default.asp>).



# Statistics: Distribution of HRH by Income group

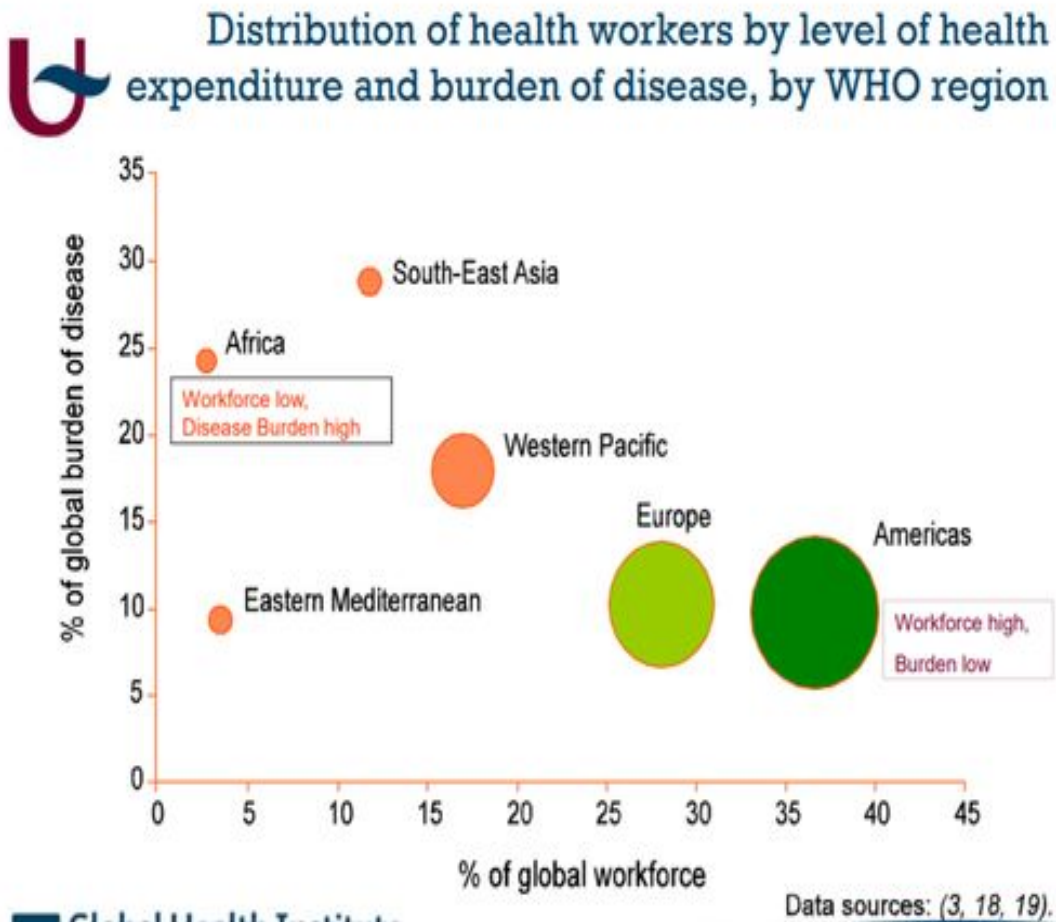


**Figure 1** Density of health workers per 10 000 population in 2020 by income group. \*Includes dentists, medical doctors, midwifery personnel, nursing personnel and pharmacists.





# Statistics: Distribution of HRH & Brain Drain



## Brain-drain

### Internal

- From PHC to specialist care
- From horizontal to vertical
- From public to private
- From rural to urban

### External

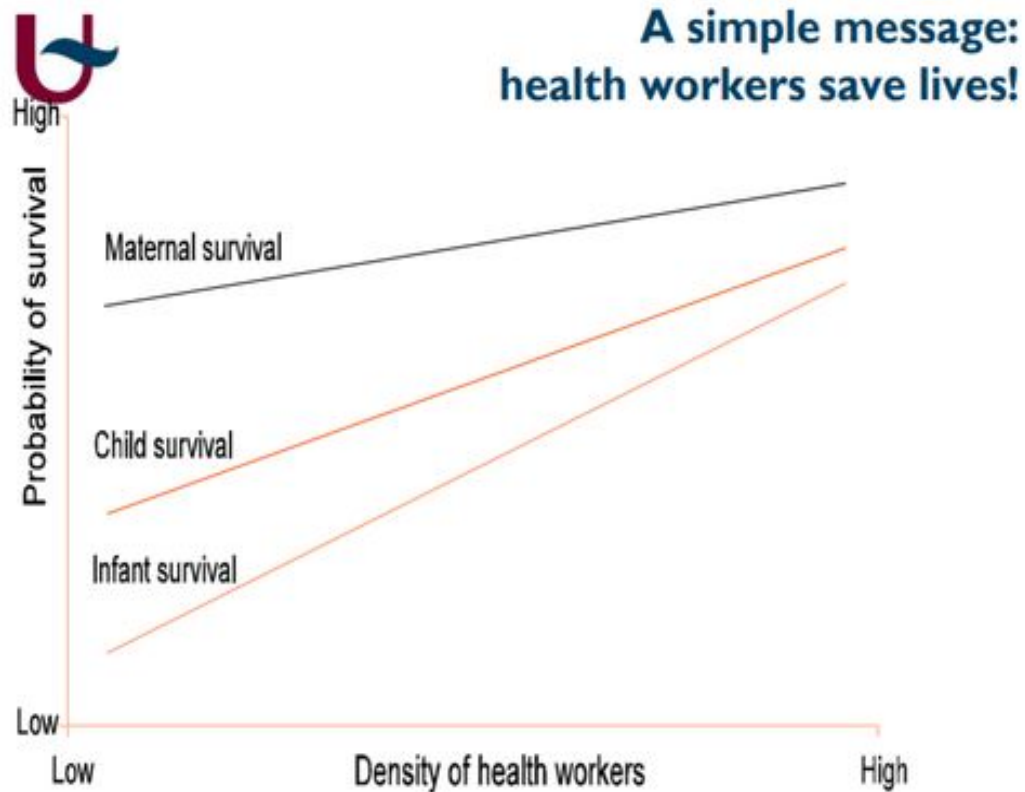
- Within Africa
- Intercontinental



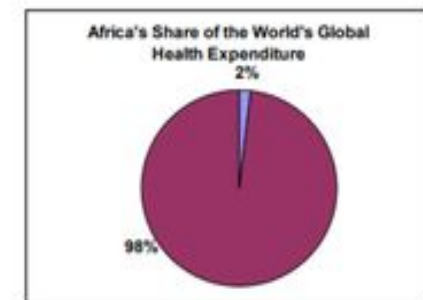
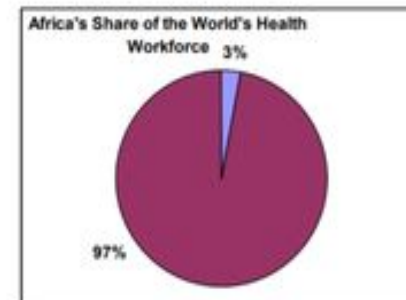
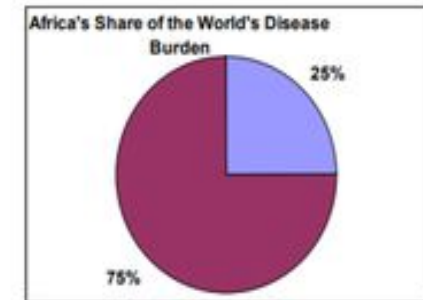
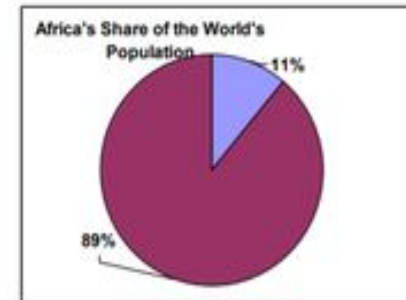




# Statistics: Consequences of Shortage of HRH



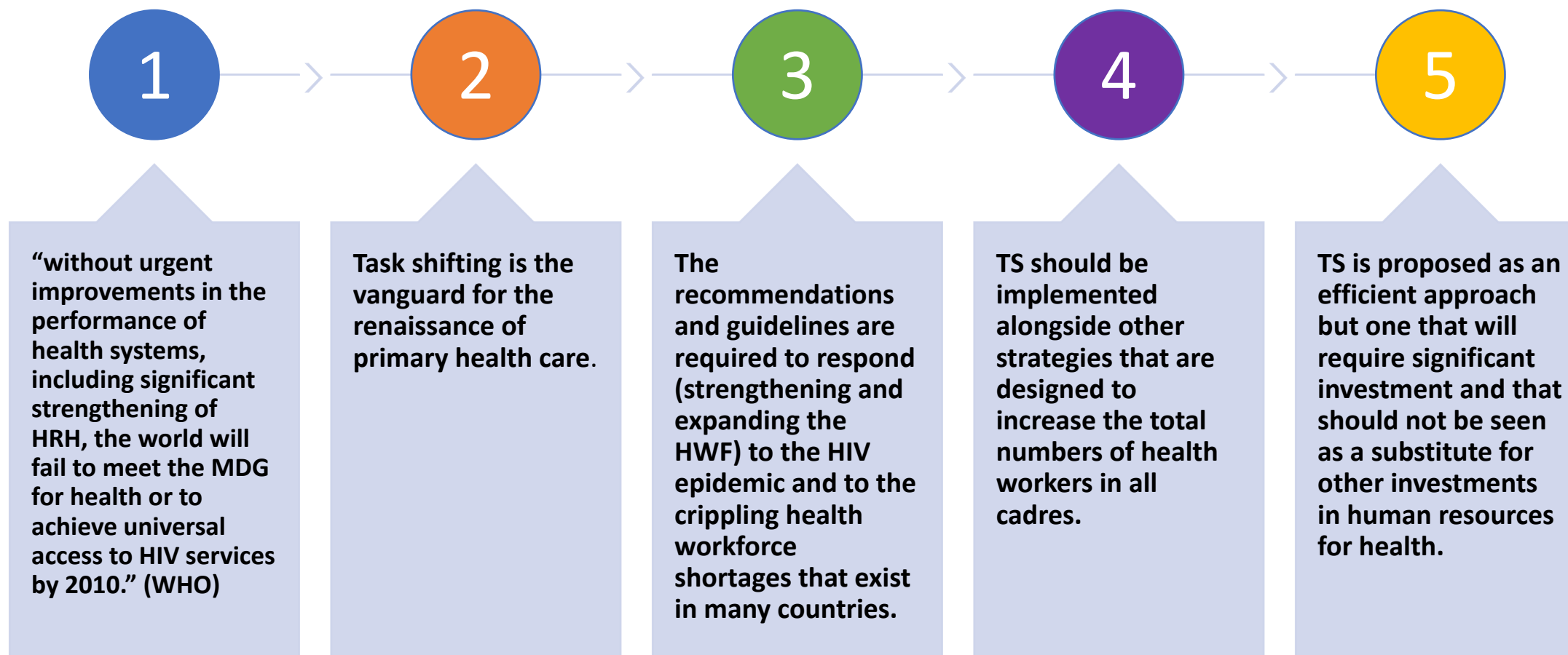
## HUGE Burden of Disease: Few Resources



■ Africa  
■ The Rest of the World



# Global Perspective & Best Practice: WHO Framework





# Global Perspective & Best Practice: WHO Recommendations and Guidelines



## Adopting Task Shifting as a Public Health Initiative:

identify the appropriate stakeholders to be involved

define a nationally endorsed framework that can ensure harmonization

undertake or update a HRH analysis to provide information on the demography of current HRH in both the public and Private



## Creating an Enabling Regulatory Environment for Implementation:

use existing regulatory approaches (laws and proclamations, rules and regulations, policies and guidelines)

undertake revisions as necessary, to enable cadres of health workers to practice scope of practice

allow the creation of new cadres within the health workforce.



## Ensuring Quality of Care:

adapt existing or create new HR QA mechanisms. Include processes and activities that define, monitor and improve the quality of services provided by all cadres of HWF

Training programs and CME

Supervision and supportive clinical mentoring for HWF should be tied to certification, registration and career progression mechanisms



## Ensuring Sustainability:

define the roles and the associated competency levels required both for existing cadres that are extending their scope of practice, and for those cadres that are being newly created

adequate wages/commensurate incentives and appropriately costed and adequately financed



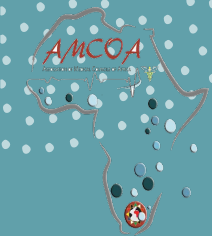
## Organization of Clinical Care Services:

existing gaps in service delivery

efficient referral systems are in place

**22 recommendations that provide overall guidance to countries that are considering adopting or extending a TS approach**

**Recommendations and guidelines identify and define the key elements that must be in place if the approach is to prove safe, efficient, effective, equitable and sustainable**



# Global Perspective & Best Practice

## •Elements of Successful Task Shifting



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# NIGERIA: Health Demographics

- Nigeria Population is over 200million
- Over 110,000 registered medical and dental practitioners
- 54,761 medical and dental professionals licensed to practice (Home and Abroad) as of June 2023
- WHO Doctor: Patient = 1:600
- Nigeria Doctor to Patient ratio = 1:9,000

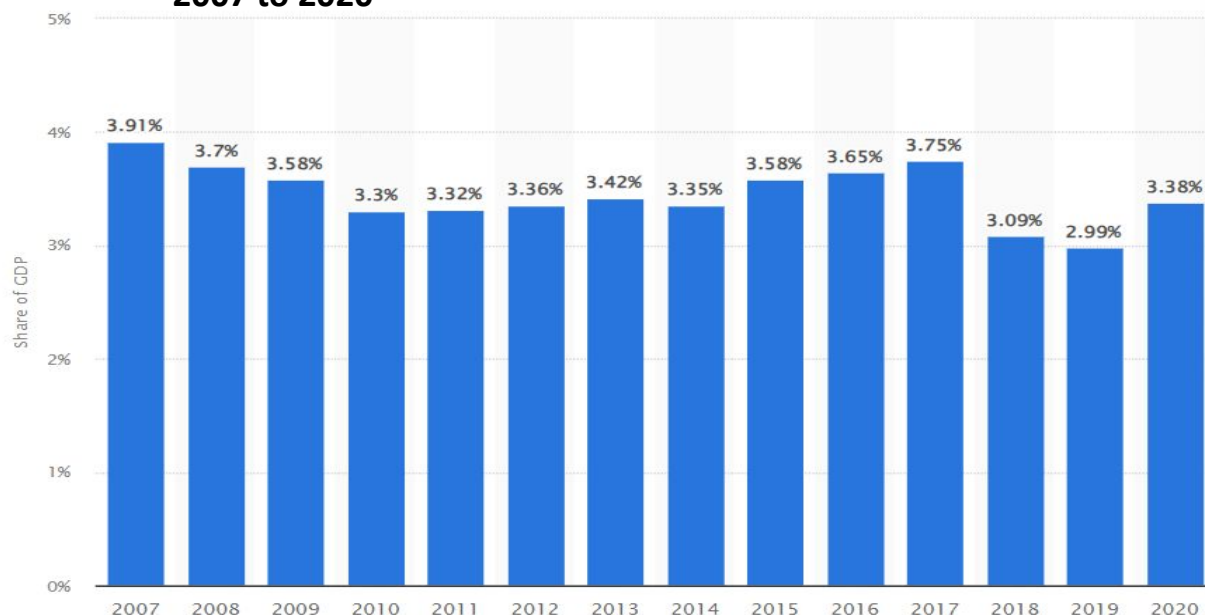






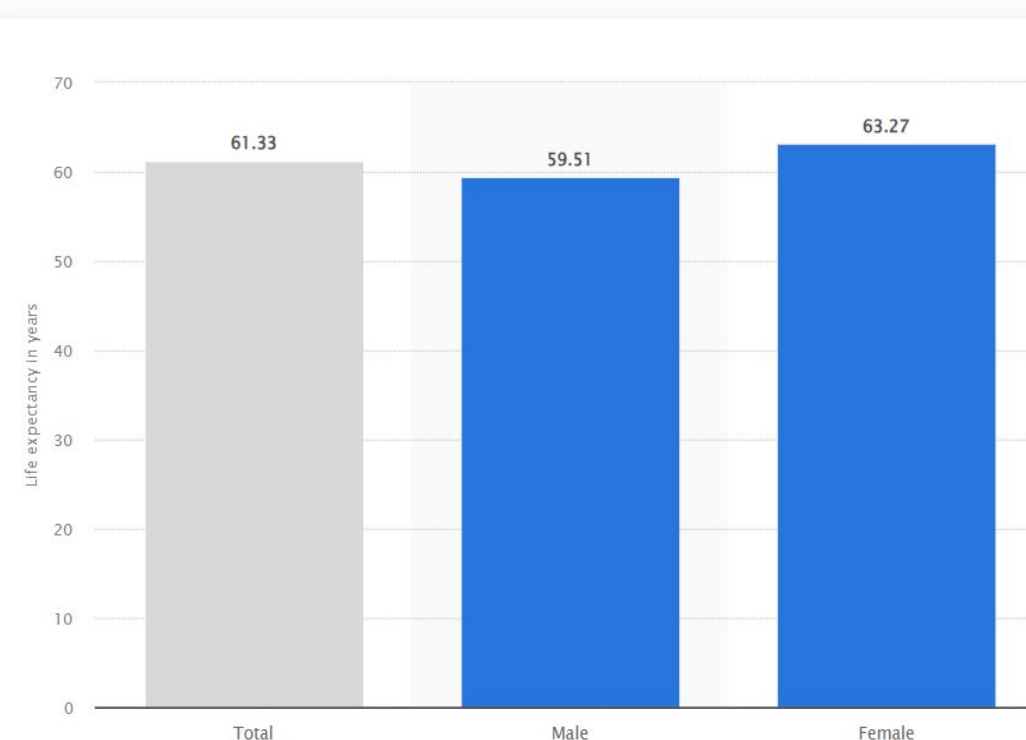
# NIGERIA: Health Demographics

Current health expenditure as share of GDP in Nigeria from 2007 to 2020



- The health expenditure as a share of GDP in Nigeria increased by 0.4 percentage points (+13.38 percent) in 2020 in comparison to the previous year. In total, the share amounted to 3.38 percent in 2020.
- This indicator estimates current health expenditures, including healthcare goods and services consumed during each year.
- This indicator does not include capital health expenditures such as buildings, machinery, IT, and stocks of vaccines for emergency or outbreaks.

Life expectancy at birth in Nigeria in 2022, by gender



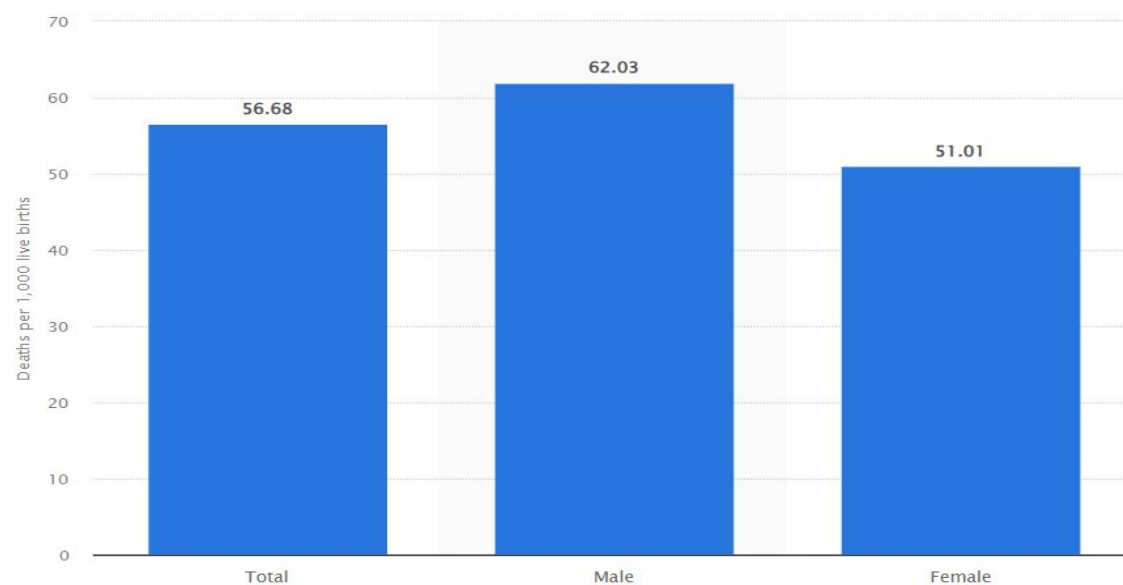
- In 2022, life expectancy at birth in Nigeria was about 61.33 years. More specifically, this figure equaled 60 years for males and 63 years for females. Life expectancy at birth in Nigeria is among the lowest in Africa as well as in the world.





# NIGERIA: Health Demographics

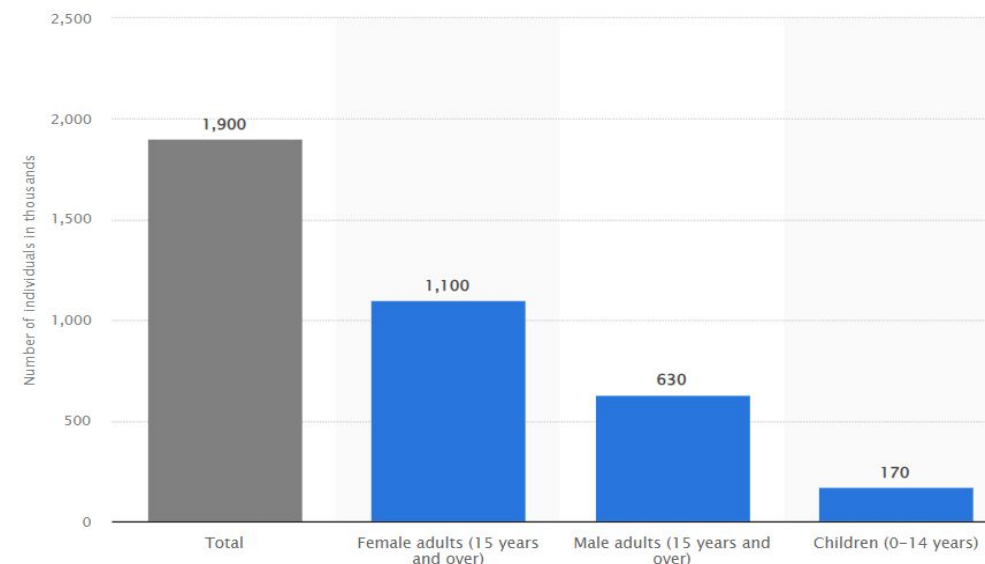
**Mortality rate of infants under one year old in Nigeria as of 2022, by gender**  
(deaths per 1,000 live births)



- As of 2022, the mortality rate of infants aged under one year old in Nigeria was measured at 56.68. This means that there were about 56 deaths of children under the age of one year per 1,000 live births.
- Child mortality rates in Africa are very high.
- maternal mortality rates are high. In 2017, Nigeria recorded 917 deaths of mothers per 100,000 live births.

Health, Pharma & Medtech › State of Health

**People living with HIV in Nigeria in 2021**  
(in 1,000s)



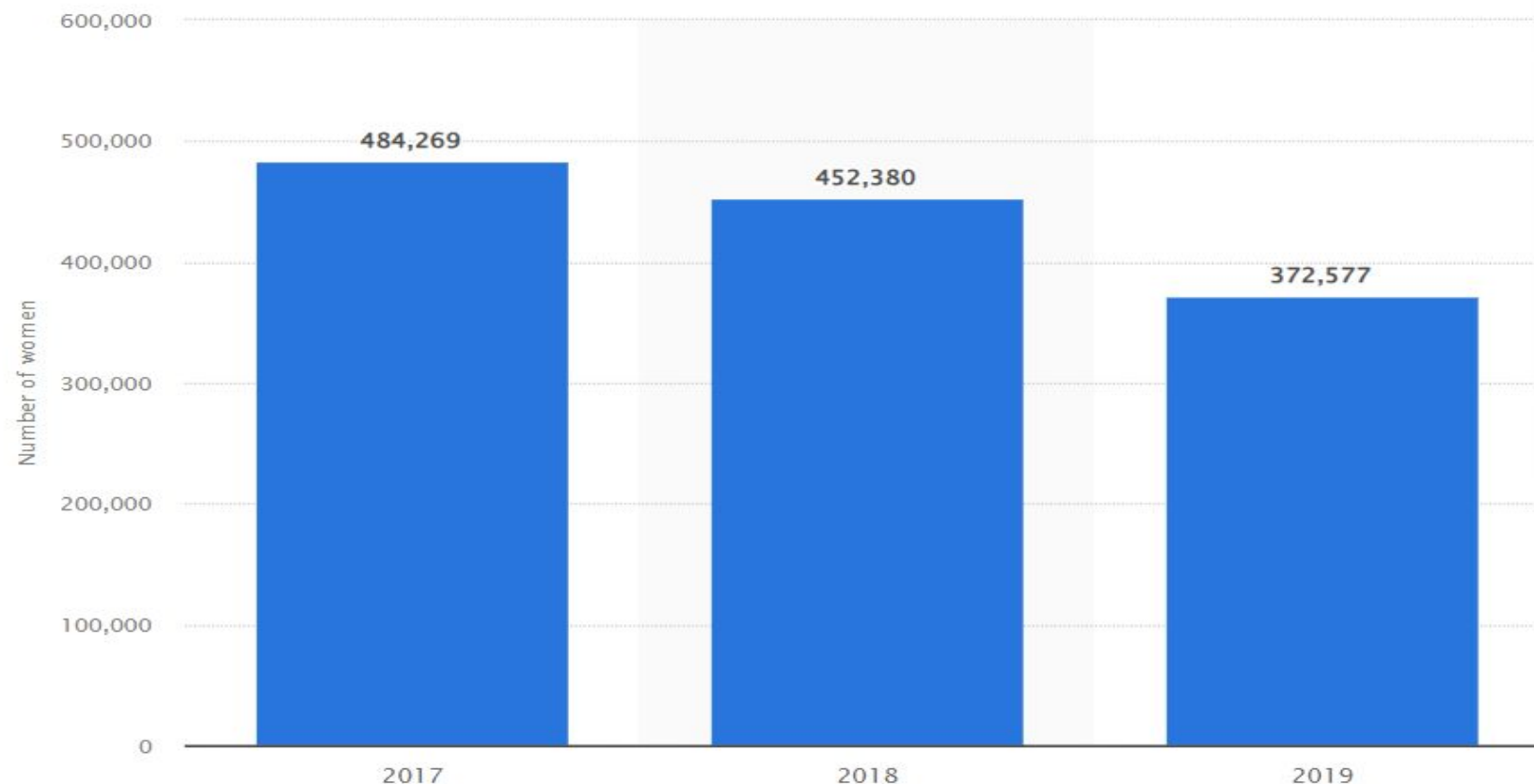
- In 2021, 1.9 million people in Nigeria were living with HIV.
- Women were the most affected group, counting 1.1 thousand individuals.
- Also, children up to age 14 who were HIV positive equaled 170 thousand.



# NIGERIA: Health Demographics

Number of pregnant women with malaria in Nigeria from 2017 to 2019

- In 2019, there were around 373 thousand pregnant women with malaria in Nigeria
- Compared to the previous two years, the number of pregnant women with malaria experienced a decrease
- In 2017, they amounted to over 480 thousand





# NIGERIA POLICY ON TSTS

- ☐ National TSTS Policy first developed in 2014
- ☐ Policy was reviewed in 2020
- ☐ **Key Priority Areas:**
  - Family and Reproductive Health
  - Maternal and Child Health Services
  - HIV, TB, Malaria and
  - Communicable and Non-Communicable Diseases
- ☐ **Policy Goal**
  - To meet the UHC and the health needs of the Nigerian population through the mobilization of available HR to ensure equity, accessibility, and effectiveness in the delivery of essential health care services.
- ☐ **Broad Policy Objectives**
  - Actualize HRH workforce needs of the country in the delivery of essential health care services
  - Outline the essential health care service-related tasks that can be performed by different cadres of frontline HCWs attending to needs of the Nigerian population
  - Provide a framework for empowering a wider range of health care workers to rapidly expand access to essential health care services to meet the set MDG targets
  - Promote the best use of competency and expertise of well-trained mid-level cadres to meet the Nigerian population health needs
  - To promote efficiency and effectiveness in the utilization of financial and nonfinancial resources in scaling-up access to essential health care services delivery in Nigeria
- ☐ Draft Policy on National HWF Migration Policy 2023



# The Nigerian Health Workforce

**Physicians and  
Dentist**

**Nurses and  
Midwives**

**Pharmacists**

**Medical  
Laboratory  
Scientist and  
Technologist**

**Community Health  
Extension Workers  
(CHEW)**

**Radiographers**

**Optometrists and  
Dispensing  
Opticians**

**Dental  
Technologist**

**Dental Therapist**

**Medical  
Rehabilitation  
Therapist**



# Nigeria (TSTS Policy, Challenges & Gap)



- ✓ The TSTS policy focuses on key priority areas such as Reproductive Health, Maternal and Child Health (RMNCH), family planning, HIV, tuberculosis, malaria and other communicable and non-communicable diseases in the essential health services package.
- ✓ The National TSTS Policy is aimed at changing the curriculum for pre-service education and in-service training to produce more knowledgeable and skilled health care workers. These measures are temporary and are designed to make the best use of staff currently employed to Nigerian health facilities.
- ✓ The National TSTS Policy is a major leap towards the scaling up of access to effective and evidence-based essential health services in Nigeria.
- ✓ National TSTS Policy is aimed at increasing access to services currently included in the essential health package in an effort to significantly reduce Nigeria's Poor health indices.
- ✓ The TSTS policy presents an opportunity to increase access to healthcare through the lower cadre of workers especially in underserved populations.



# Nigeria (TSTS Policy, Challenges & Gap)



**The Task-Shifting and Task-Sharing (TSTS) for Essential Health Care Services policy in Nigeria was approved in 2014.**

- **One of the major barriers in Nigeria is shortage and inequitable distribution of the appropriate cadres of the health workforce to deliver the services where they are most needed (Prof. C. O. Onyebuchi a former Hon. Minister of Health Nigeria)**
- **There is a shortage of virtually all cadres of health care workers resulting in poor utilization of thousands of health facilities for essential services.**
- **Many employed but under-utilized health care workers who can be trained to competency and given specific responsibilities for the care of vulnerable Nigerians in hard-to-reach areas e.g Community health extension workers.**
- **None replacement of older healthcare workers after retiring.**
- **State Governments have frozen employment in the civil service sector because of rising overhead costs devoted mostly to salaries and wages.**

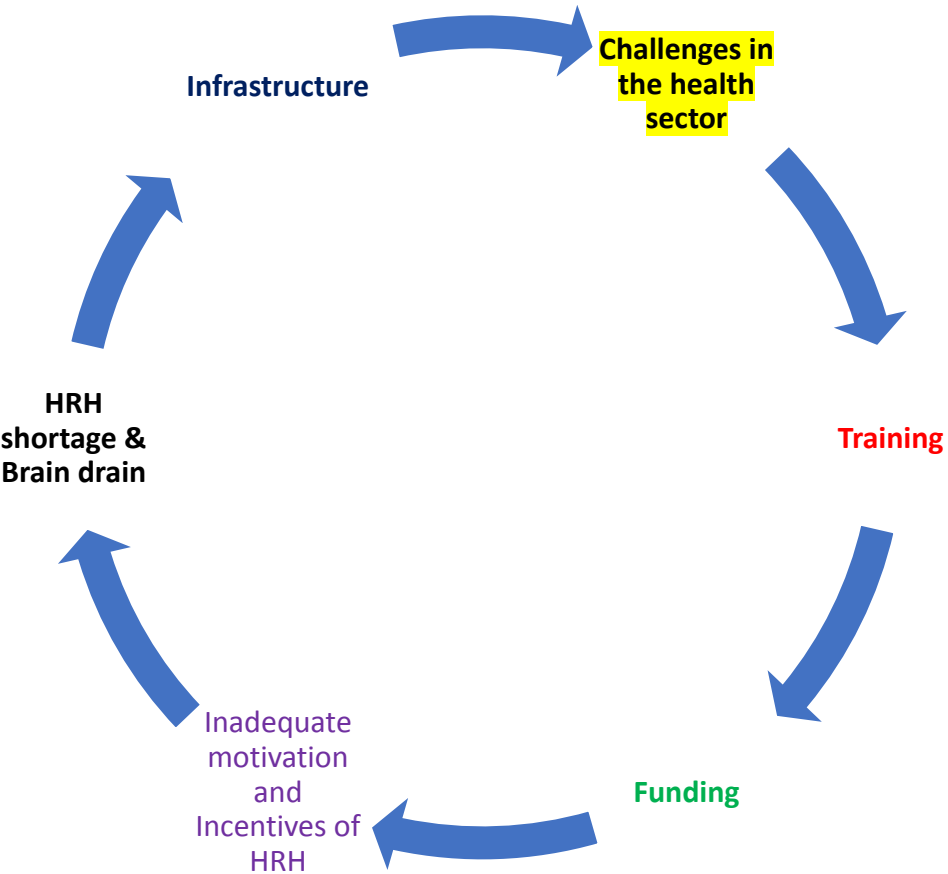




# Nigeria bridging the Gaps- MDCN

- Through Health workforce production & growth
- There has been 20% growth of Medical and Dental Practitioners between 2018 and 2022

YEARS	TOTAL NO OF MEDICAL DOCTORS LICENSED TO PRACTICE	TOTAL NO OF DENTAL SURGEONS LICENSED TO PRACTICE
2020	29,070	1,651
2021	38,959	2,165
2022	55,023	3,112





# Nigeria bridging the Gaps: HRH



MEDICAL AND DENTAL  
COUNCIL OF NIGERIA



Figure 1: Number of Registered Medical Doctors from 2009 to 2018



Figure 2: Number of Registered Medical Doctors in Good Standing from 2009 to 2018





# Nigeria bridging the Gaps: HRH

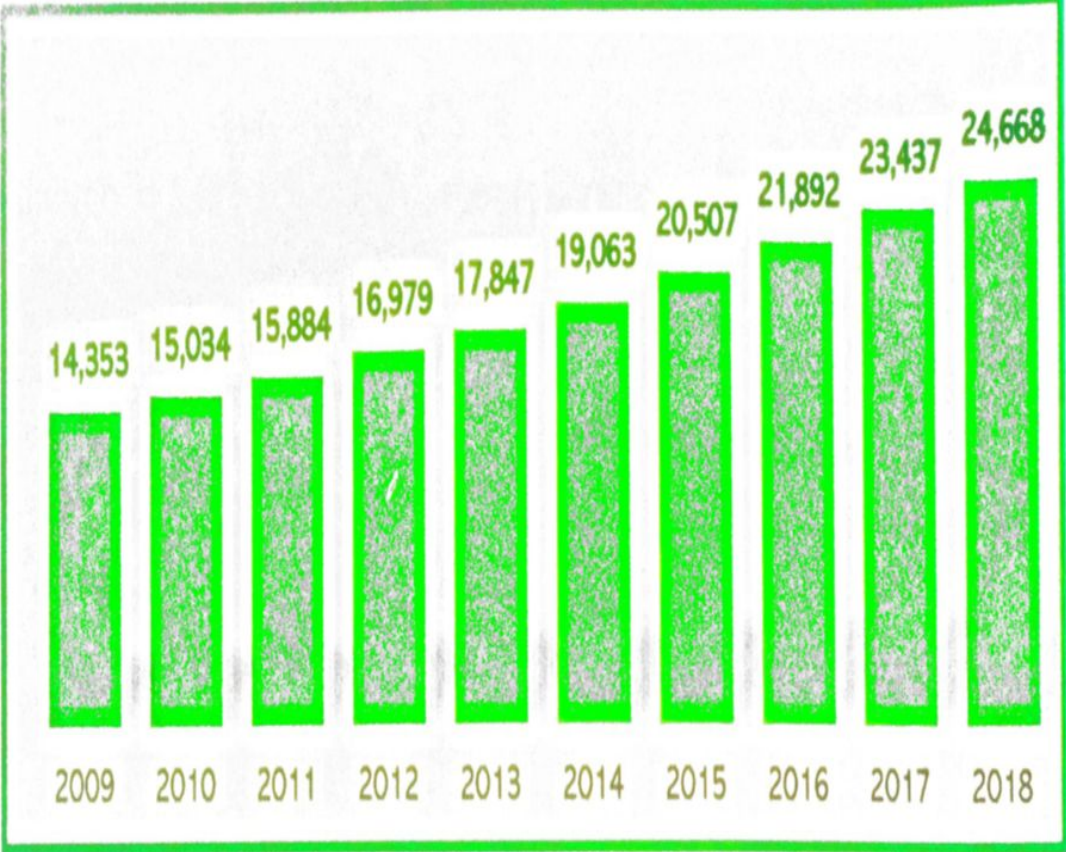


Figure 18: Number of Registered Pharmacists from 2009 to 2018

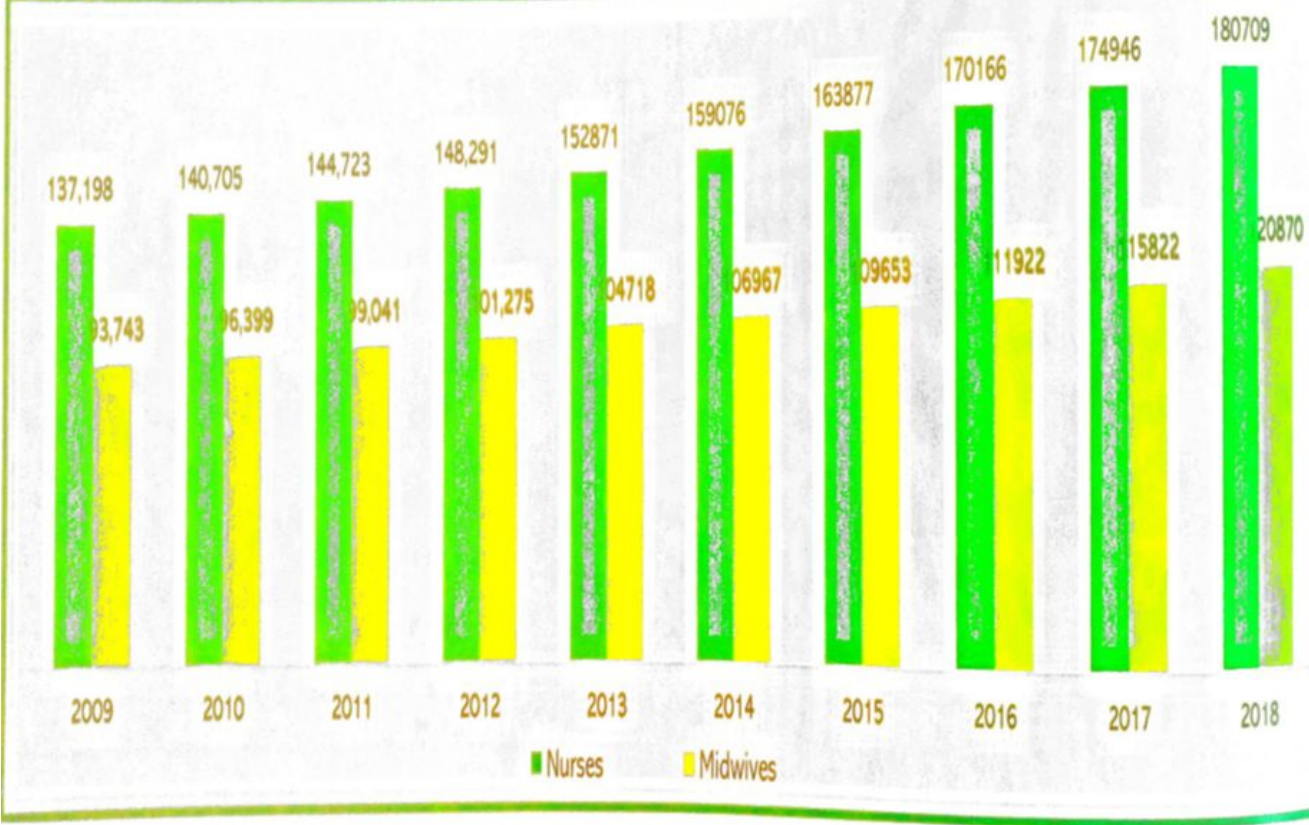


Figure 10: Number of Registered Nurses and Midwives from 2009 to 2018



# Nigeria bridging the Gaps: HRH

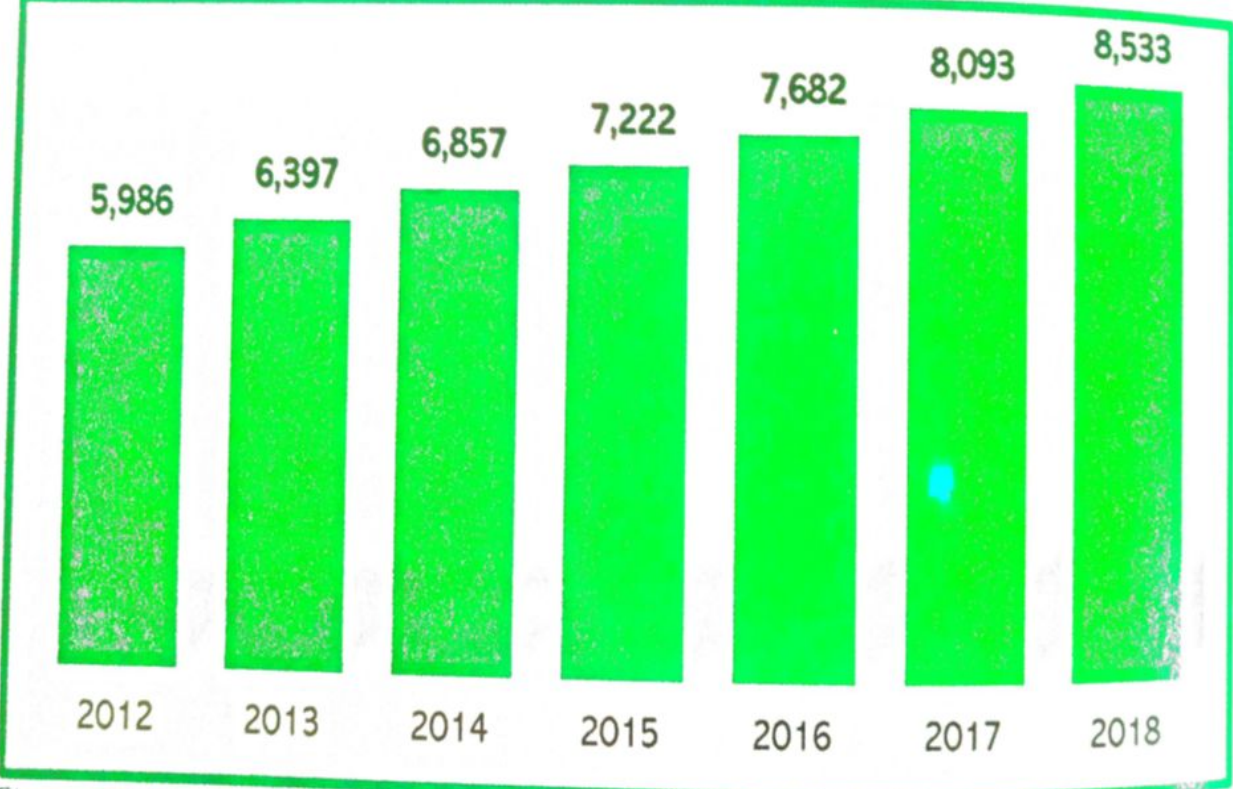


Figure 20: Number of Registered Community Health Officers from 2012 to 2018

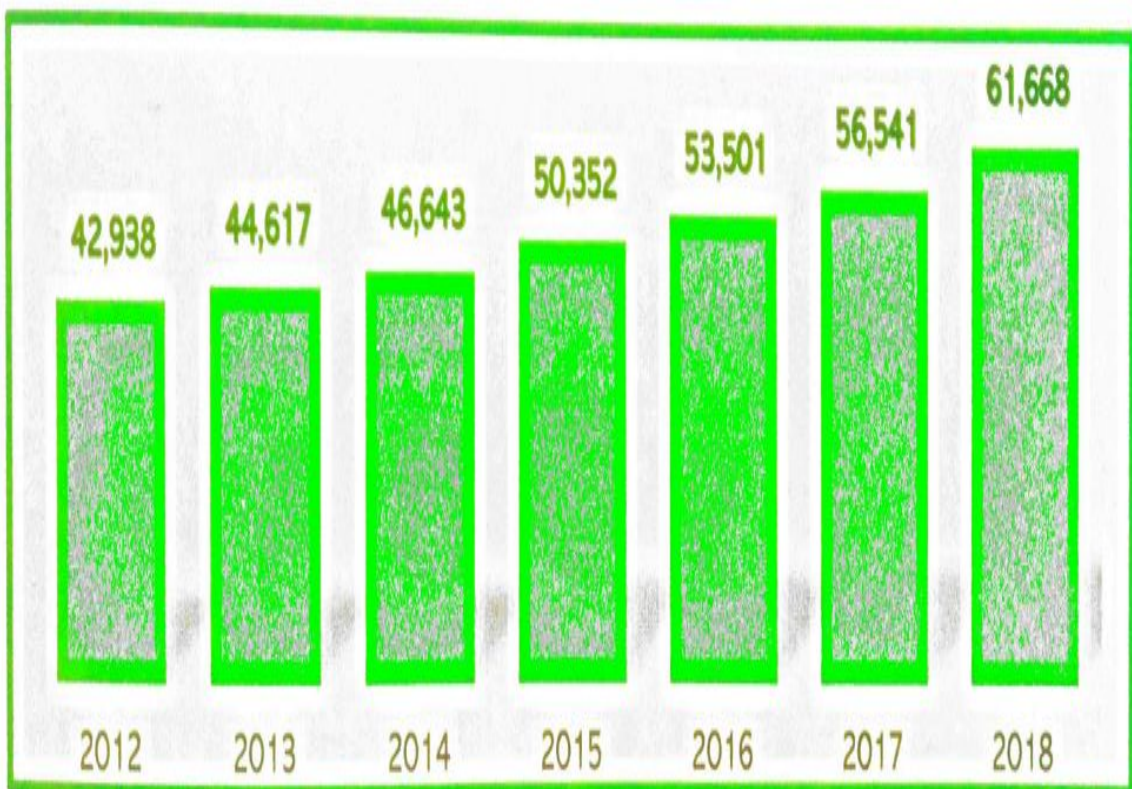


Figure 21: Number of Registered Community Health Extension Workers from 2012 to 2018





# Nigeria bridging the Gaps: HRH

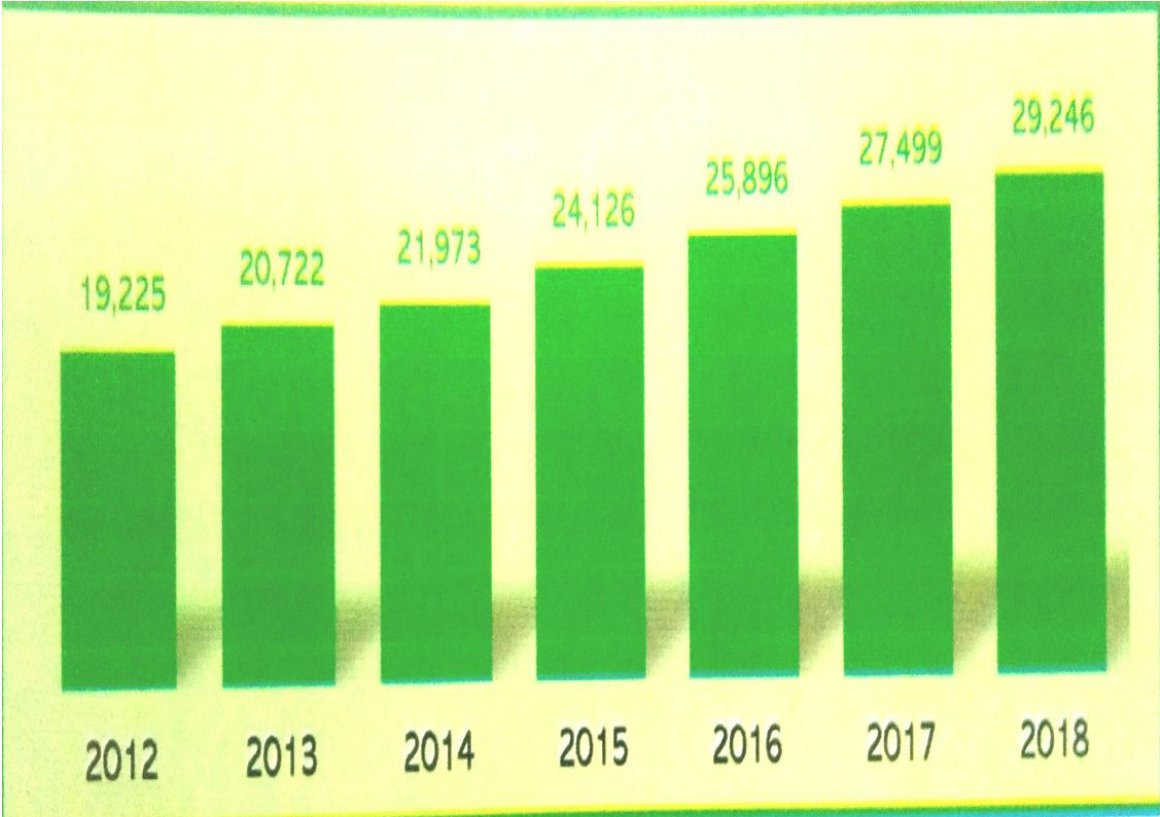


Figure 104: Number of Registered Medical Laboratory Scientists from 2012 to 2018

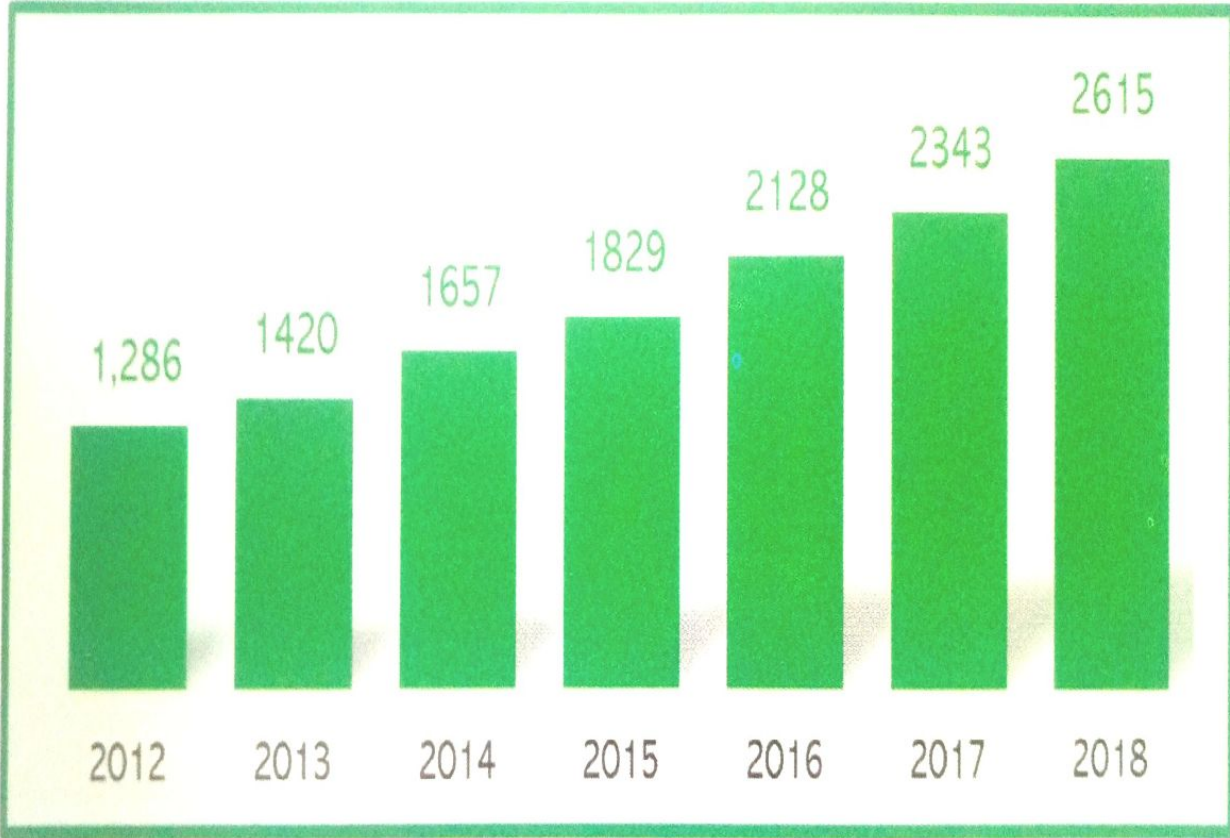


Figure 64: Number of Registered Radiographers from 2012 to 2018



# Nigeria bridging the Gaps- MDCN



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## Medical and Dental Education

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8 new medical schools between 2018 and 2023

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48 medical schools offering medicine and surgery

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Total of 5,415 medical student admission quota as of June 2023

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13% growth from year 2022 quota of 4,790

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79% of the medical schools are owned by the federal and state Government

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21% of the schools are privately owned.

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All the dental schools are owned by the federal and state government

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There is no private dental training university in Nigeria

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# Nigeria bridging the Gaps- Mandate of MDCN



## MEDICAL AND DENTAL EDUCATION & TRAINING (Scaling up of HRH)

- Training Curriculum and Accreditation
- Assessment examination of Foreign Trained Medical and Dental Practitioners

## REGISTRATION & LICENSING OF PRACTITIONERS

- 54,761 Licensed medical and dental surgeons as of June 2023

## PROFESSIONAL PRACTICE & REGULATION

- Accreditation of Housemanship Programme
- Centralized Housemanship Placement
- Ensuring Uniform Salaries & Allowances of House Officers

## PROFESSIONAL DISCIPLINE

- MDPIP & MDPIP



# Conclusion

- ❖ Globally there is recognized shortage and mal-distribution of HRH which is a key health system challenge toward achieving UHC.
- ❖ Government at all levels should ensure the minimum quantity and skill mix of HRH at each facility with competency-based training of all health professionals around priority health needs.
- ❖ Government to address mal-distribution of health workers through appropriate policies including strategies for staff retention in underserved areas.
- ❖ Regulatory Agencies to support government actively by ensuring and scaling up of skilled HRH while still upholding professional standards through regulatory activities using the right tools.



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