

# Fact Sheet: Task shifting

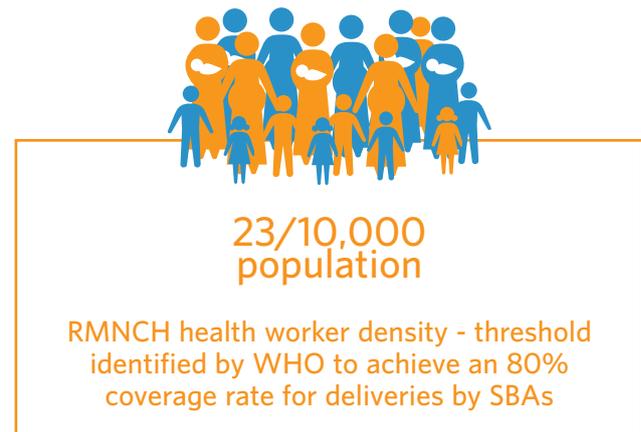
## Making the impossible possible

### Background

Zanzibar has made measurable progress in improving human resources for health (HRH) over the years as evidenced by the existence of relevant policies and guidelines as well as an increase in the absolute total number of the health workforce, but, as is the situation in many countries, it is still grappling with a shortage of HRH, particularly for the delivery of maternal and child health services. The Zanzibar Vision 2020, the Zanzibar Strategy for Growth and Reduction of Poverty Plan III (MKUZA III) 2016-2020 and the Health Sector Strategic Plan III 2013/14-2018/19 (ZHSSPIII), all recognize the need to further invest in and improve human resources in Zanzibar in terms of both quantity and quality.

The Reproductive, Maternal, Newborn and Child Health (RMNCH) workforce in Zanzibar – defined as those health workers who interact directly with RMNCH clients – is 6.3 per 10,000 population,<sup>1</sup> significantly lower than the recommended threshold of 23 core health workers (physicians, nurses, and midwives) per 10,000 population, the minimum number required to achieve an 80 per cent coverage rate for deliveries by skilled birth attendants.<sup>2</sup>

Reproductive health indicators show that the Revolutionary Government of Zanzibar (RGoZ), notwithstanding its strong commitment, faces challenges to provide skilled



care at birth to significant numbers of pregnant women as well as emergency and specialized services for newborns and young children. The maternal mortality rate stands at 307 per 100,000 live births;<sup>3</sup> the neonatal mortality rate stagnates at 29 per 1,000 live births;<sup>4</sup> the under-five mortality rate stands at 54 per 1,000 live births;<sup>5</sup> while the number of deliveries attended by a skilled birth attendant is 69.8 per cent.<sup>6</sup>

The RGoZ is committed to realizing the 2030 Agenda for Sustainable Development and is accelerating efforts to achieve specific targets under the Sustainable Development

### Reproductive health indicators

**Maternal mortality rate:** 307 per 100,000 live births  
**Neonatal mortality rate:** 29 per 1,000 live births  
**Under-five mortality rate:** 54 per 1,000 live births  
**Skilled attendants at birth:** 69.8 per cent

<sup>1</sup> A Situational Analysis on Human Resources for Health in Zanzibar. October 2017. Ministry of Health.  
<sup>2</sup> The World Health Report 2006. Working together for health. World Health Organization.  
<sup>3</sup> Tanzania Population and Housing Census 2012.  
<sup>4</sup> Tanzania Demographic and Health Survey 2015/16 (TDHS 2015/16).  
<sup>5</sup> Ibid.  
<sup>6</sup> Ibid.



The RGoZ is accelerating efforts to achieve specific targets under the Sustainable Development Goal 3, 'Ensure healthy lives and promote well-being for all at all ages'.

Goal 3, 'Ensure healthy lives and promote well-being for all at all ages' including Target 3.1 - by 2030 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births - and Target 3.2 - by 2030 to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births. In 2014, the World Health Assembly recognized that the health goal and its 13 health targets - including a renewed focus on equity and universal health care - could only be attained through substantive and strategic investment in the global health workforce.

Task shifting—the process whereby specific tasks are moved, where appropriate, to health workers with fewer qualifications and shorter trainings—is one approach to address an insufficiently skilled workforce and it is often adopted informally as a coping mechanism. Applying task shifting to the delivery of basic and comprehensive emergency obstetric and newborn care (EmONC) services<sup>7</sup> may improve access to lifesaving interventions and thereby reduce maternal and newborn morbidity and mortality.<sup>8</sup> In Zanzibar, task shifting has been adopted as the basis for providing quality EmONC services. With only one core RMNCH health worker for every 1,587 persons,<sup>9</sup> Zanzibar is making a virtue of necessity.

## No compromise on quality

Task shifting should be considered as part of the larger health system that needs to be designed to equitably meet the needs of mothers, newborns and children. Task shifting builds on the assumption that less specialized health workers can take on some of the responsibilities of more specialized workers in a cost-effective manner without sacrificing quality of care. It is not an intervention that occurs in a vacuum; instead, it must be aligned with broader health systems strengthening activities that contain checks and balances that are sufficient to protect both healthcare providers and the people receiving healthcare, including:



Checks and balances must protect both healthcare providers and the people receiving care.

- Appropriate health legislation or administrative regulation that can both enable and regulate task-shifting practices.
- Definition of roles, functions, and limitations.
- Determination of requisite skills and qualifications.
- Comprehensive education and training that supports the organization of task shifting.
- Service delivery support, including management and supervision, incentives and/or remuneration.

<sup>7</sup> Basic emergency obstetric and newborn care (BeMONC) services can be provided by skilled staff at primary health care centres. Services include: administering antibiotics; manual removal of the placenta; removal of retained products following a miscarriage or abortion; assisted vaginal delivery; and basic newborn resuscitation care. Comprehensive emergency obstetric and newborn care (CeMONC) services, typically delivered in hospitals, are interventions provided to pregnant women and newborns experiencing potentially fatal complications. These interventions include all of the basic functions in addition to performing caesarean sections; safe blood transfusions; and the provision of care to sick and low-birth weight newborns, including resuscitation.

<sup>8</sup> Task shifting and sharing in maternal and reproductive health in low-income countries: A narrative synthesis of current evidence. Dawson AJ, Buchan J, Duffield C, Homer CS, Wijewardena K. Health Policy Plan. 2014 May;29(3):396-408. Doi: 10.1093/heapol/czt026. Epub 2013 May 8.

<sup>9</sup> A Situational Analysis on Human Resources for Health in Zanzibar. October 2017. Ministry of Health.



### Making motherhood safer

Pregnant women and their newborns are at the highest risk of death and morbidity during labour, childbirth and the first week after birth; investing in improved access to and quality of care, especially EmONC, is essential.<sup>10</sup>

The United Nations sexual and reproductive health agency (UNFPA), Tanzania, under the Afya Bora ya Mama na Mtoto Project Joint Programme<sup>11</sup> (Accelerating Maternal, Newborn and Child Health in Zanzibar) has been working with the Ministry of Health to increase both the quantity and quality of the workforce available to provide CeMONC in Zanzibar. Ten Assistant Medical Officers (AMOs) have completed a three-month upgrading AMO course at the Tanzanian Training Centre for International Health, Ifakara. The course focuses on the delivery of CeMONC services.

On completion AMOs are deployed to health facilities where there is a shortage of skilled staff. They are supervised by more skilled and senior obstetricians to hone their newly acquired skills in a clinical, and often busy, environment, and to gain in confidence to work independently, synergizing with the Mentorship Programme that is also being implemented under the Joint Programme and highlighting that a multi-pronged approach is essential to strengthen HRH in Zanzibar.

An AMO is a critical midlevel healthcare worker who assumes added responsibilities and performs additional tasks at primary health care facilities as well as at district hospitals. They already have surgical skills so are well placed, with additional training, to provide CeMONC services.

Task shifting is not a permanent solution to the shortage of HRH in Zanzibar to deliver maternal and child health services, but complements other more sustainable initiatives that UNFPA is supporting under the Joint Programme, including providing financial assistance to five medical Doctors to complete a three-year post-graduate degree in Obstetrics and Gynaecology as well as supporting on-the-job-training for newly qualified Doctors through the mentorship programme.

### Beneficiaries of UNFPA's-supported task shifting programme



**10 Assistant Medical Officers** completed a three-month upgrading AMO course and deployed

**600 C-sections** performed by AMOs

- **Ten Assistant Medical Officers** have completed a three-month upgrading AMO course and have been deployed to health facilities where there is a shortage of skilled staff to provide CeMONC.
- **Six hundred C-sections** have been performed by AMOs who have completed task shifting training since the launch of the programme in 2015.

<sup>10</sup> UNFPA Maternal Health Thematic Fund Annual Report 2015.

<sup>11</sup> The Afya Bora ya Mama na Mtoto Project is funded by the Government of Canada and aims to improve maternal, newborn and child health in Zanzibar.

## Success story from the field

### Task shifting increases access to emergency care for mothers and their newborns at Chake Chake Hospital

After graduating as an Assistant Medical officer (AMO), Sharif was supported by UNFPA to attend a three-month task shifting training course in the provision of comprehensive emergency obstetric and newborn care (CeMONC).

Sharif now works at Chake Chake District Hospital, Pemba Island (one of the main islands forming part of the Zanzibar Archipelago) on the maternity and gynaecology wards. His main responsibility is to support the delivery of CeMONC services.

In one year Shariff has performed more than 100 caesareans deliveries.



Sharif currently performs caesarean sections without any supervision. Sharif says: "In my first month, I was mentored and coached by senior colleagues and performed ten caesarean deliveries under supervision. I quickly gained skills and experience because the hospital is very busy and there is a shortage of staff." In one year, Sharif has performed more than 100 caesarean deliveries.

"Task shifting for AMOs addresses the skills gap in the provision of CeMONC. I would recommend this course to my fellow AMOs, especially in areas such as Pemba where there are limited specialists. Personally, I feel very fulfilled seeing my efforts save lives."

### Recommendations

- Advocate for the correct and timely deployment of AMOs who have completed task shifting training so that they can support the delivery of quality CeMONC services at health facilities where there is a shortage of skilled health personnel.
- Ensure that all healthcare providers who have completed task shifting, and are deployed, are supported and mentored by more experienced colleagues so that they are able to gain the required competencies and confidence to perform their duties, without compromising on the quality of care.
- Review policies/guidelines to underpin the organization of task shifting for the Zanzibar context.