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IMPLEMENTING A TASK SHARING PLAN FOR HEALTH WORKERS IN TANZANIA

SUMMARY

The Technical Support Services Project (TSSP) worked with the Tanzania Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) to develop a comprehensive task-sharing (TS) plan for health workers. The plan includes policy guidelines; implementation and training plans; integration with technical documents, such as the National HIV/AIDS Guidelines and Supportive Supervision Guidelines; regulatory framework and documentation; and continuing professional development (CPD) learning modules. The task-sharing plan aims to strengthen Tanzania's health system, with a focus on human resources, and improve availability of HIV/AIDS and other services.

BACKGROUND

The US President's Emergency Plan for AIDS Relief (PEPFAR) supports the Government of Tanzania in developing and implementing national HIV policies and a health-sector strategic plan to meet UNAIDS 95-95-95 goals. Tanzania has made steady progress toward these goals. Sixty-one percent of people with HIV know their HIV status, 94% of these are currently on antiretroviral therapy (ART), and 87% of those on ART are virally suppressed.¹ Despite this progress, there are still 1.5 million people estimated to be living with HIV in Tanzania with many of them not yet knowing their status and therefore not on treatment.

A shortage of health care workers (HCWs) has been a major obstacle toward reaching this goal. There is a 56%² vacancy rate in both the private and public sectors, with particularly large shortages in rural areas and specialty disciplines. Additionally, the current skills mix is not reflective of the needs of the population.

The Joint United Nations Program on HIV/AIDS (UNAIDS) has set a goal to end AIDS by 2030 through the 95-95-95 targets—that is, 95% of people living with HIV knowing their status, 95% of people who know their status on treatment, and 95% of people on treatment with suppressed viral loads.

This shortage of human resources in the health sector dramatically impacts availability of important health services, their quality, attainment of universal health coverage, and achievement of desirable health outcomes. While TSSP has also been working with the MOHCDGEC on recruitment and staffing plans to fill priority positions, it will take some time for all facilities to reach optimal levels.



STRATEGIC APPROACH

Task sharing, performed by trained HCWs, can improve availability of essential health services in the meantime. It involves the rational redistribution of tasks among health workforce teams at various levels and gives HCWs the opportunity to perform tasks that would typically be outside their scope of responsibilities.

Tasks can be shared, where appropriate, among health workers with different qualification levels in the same profession or across professions in order to make more efficient use of human resources. Sharing some tasks with lower-level systems and cadres can help staff with higher-level skills manage capacity for cases that are easier to treat; help patients receive timely, quality care; and free up higher-level facilities for more complicated cases (table 1).

Table 1. Dispensary task-sharing plan for HIV/AIDS/TB

Dispensary task	Clinical assistant	Clinical officer (Enrolled) nurse	Assistant nursing officer	Pharmaceutical assistant	Assistant laboratory technologist	Medical attendant	Community health worker	Social welfare assistant
Rapid testing and counseling	✓	✓	✓		✓	✓	✓	
Initiation	✓	✓	✓	✓		✓		
Provision of ART (where applicable)	✓	✓	✓	✓		✓		
Provision of ART (refill)	✓	✓	✓	✓	✓	✓	✓	✓
Filling HIV/AIDS register	✓	✓	✓	✓		✓	✓	
Referral to care and treatment clinic	✓	✓	✓			✓	✓	
Assess ART eligibility	✓	✓	✓			✓		
Assess opportunistic infection	✓	✓	✓			✓		
Adherence counseling	✓	✓	✓			✓		✓
Ongoing clinical assessment	✓	✓	✓			✓		

IMPLEMENTATION

While task sharing had been informally occurring out of necessity, there was no formalization of role definitions or adequate training and support.

The MOHCDGEC developed Task Sharing Policy Guidelines in January 2016. They are modeled after the World Health Organization's recommendations on task sharing and shifting. TSSP participated in technical working sessions that included MOHCDGEC human resources leadership, the President's Office Regional Administration and Local Government (PORALG), the US Centers for Disease Control and Prevention (CDC), and other implementing partners. The team developed an implementation plan to guide the MOHCDGEC in implementing the guidelines.

There are eight major recommendations:

- Adopt and formalize task sharing
- Create an enabling regulatory environment to implement task sharing
- Ensure quality of care during implementation
- Ensure sustainability of task-sharing activities
- Organize clinical care services in the context of task sharing
- Coordinate and integrate task sharing
- Monitor and evaluate task sharing
- Implement knowledge translation on task sharing

The task-sharing implementation plan detailed how each of these eight policy recommendations would be carried out, and progress tracked. Per its recommendations in the implementation plan, TSSP facilitated a consultative working session with key MOHCDGEC leaders to integrate task sharing into the National Supportive Supervision Guidelines.

NATIONAL SUPPORTIVE SUPERVISION GUIDELINES

The new guidelines assist health facilities and the MOHCDGEC with:

- Ensuring effective implementation of task sharing while the government continues to fill staff and skills gaps
- Facilitating supervisors, health facilities, and the MOHCDGEC in identifying and addressing performance gaps
- Ensuring uniformity in performance standards and reporting through the use of generic tools as a guide
- Guiding development or adaptation of specific, essential health intervention tools
- Promoting and sustaining supportive supervision for quality health facility services that respond to the MOHCDGEC'S expectations and clients' satisfaction
- Ensuring compliance to norms, standards, and procedures for quality health services at all levels

The draft guidelines were piloted in three health facilities in the Bagamoyo District to observe the task-sharing service delivery process and to interview staff to ensure that the guidelines were clear, complete, and understandable. The MOHCDGEC then approved the guidelines in November 2017 to enable health facilities across Tanzania to improve practice, readiness, quality assurance processes, and service availability.

TASK SHARING REGULATORY FRAMEWORK

A regulatory framework was also necessary to ensure that HCWs at all levels of health care delivery practiced task sharing according to the national standards and scope of practices. The framework also helps standardize competence-based training to support certification of HCWs practicing task sharing. TSSP coordinated working sessions with key MOHCDGEC members and other stakeholders to develop this framework. It provides guidance for how task sharing should be integrated into:

- Professional standards and codes of conduct and ethics
- Licensing and accreditation requirements
- Authorized scope of practice for each health workforce category
- Political, social, and financial decisions that affect human resources for health
- Employment laws and rules for civil service
- Regulation of private practice and accreditation of health facilities and training institutions
- Licensure of doctors, nurses, and other health professionals

The document rolled out roles and responsibilities related to task sharing for health training institutions, professional councils/boards, MOHCDGEC, PORALG, and HCWs to ensure accountability and reduce duplication of efforts. It also includes a data collection tool to track progress, building upon progress indicators laid out in the Task Sharing M&E Framework.

MONITORING AND EVALUATION

The implementation plan includes continuous monitoring of the initiative to institute operational adjustments, as needed, and documentation and promotion of best practices for faster learning and operational efficiencies. The activity will also include an analysis of the task-sharing initiative achievements and the implications for broader health systems, with recommendations for future directions.

Key indicators to measure the success of task-sharing initiatives include:

- Percentage of staff trained and certified on HIV/AIDS task sharing in priority facilities
- Percentage increase in HIV health services provided in the context of task sharing per priority facility
- Proportion of population with access to essential HIV services

- General service availability and readiness score
- Number of HCWs identified and trained on task sharing
- Percentage of staff receiving supervisory/clinical mentorship on task-sharing implementation
- Percentage of staff reporting improved self-efficacy on task-sharing activities (worker performance)

TSSP has supported the creation of monitoring and evaluation tools to track progress on these indicators. The Task Sharing Regulatory Framework also included a certification flow for both in-person and virtual training to ensure participants have the required competencies.

TSSP also supported incorporating task sharing into other key regulatory documents, including job descriptions and the National HIV/AIDS Guidelines.

TASK-SHARING TRAINING MODULES

Once the key documents were updated, TSSP helped create both in-person and electronic training modules to efficiently educate HCWs on task-sharing skills. Over 80 modules were created in key areas, such as HIV/AIDS services, reproductive and child health, prescribing and dispensing medication, vaccinations, and treatment of infectious diseases, such as measles and tuberculosis. While some tasks, such as delivering babies and voluntary medical male circumcision, require hands-on practice, where appropriate, modules on these topics were also created in a format where the content can be delivered electronically to HCWs.

TSSP developed a training plan, prioritizing in-person training for 10,243 HCWs who operate in the communities with the highest prevalence of HIV/AIDS, but practice in facilities with large staff shortages; 7,000 of the HCWs are nurses who will go through NIMART (nurse initiated management of ART) training. The 2019 PEPFAR Country Operational Guidance (COP) includes recommendations to incorporate NIMART into task-sharing training programs. As nurses make up a large percentage of the health care workforce in Tanzania, prioritizing their training will have a big impact on the quality and accessibility of ART delivery.

The COP also called for leveraging community health workers and social welfare officers. Both have been incorporated into the HIV/AIDS training plan, with a particular focus on community health workers, who can play a key role in helping patients get diagnosed and treated. The Task Sharing Policy Guidelines allow them to conduct HIV testing and counseling and provide ART refills.

This can increase the number of patients that know their HIV status, help ensure adherence, and support viral suppression. It helps improve care access; patients sometimes discontinue treatment when they are not able to pay for transport to care and treatment clinics for refills. Community health workers can also provide health

education talks to increase demand for HIV services and encourage people to engage in risk reduction behaviors, such as voluntary medical male circumcision, pre-exposure prophylaxis, and prevention of mother-to-child transmission.

E-LEARNING MODULES

e-Learning CPD (e-CPD) is a cost-effective approach that aligns with global technological advancements in HCW training. It can be effective in training HCWs on many of these new task-sharing responsibilities. Most CPD learning in Tanzania occurs in face-to-face sessions, which are costly and require absenteeism from the workplace in health facilities that are already understaffed. Where e-CPD was occurring, various implementing partners had different priorities. This results in duplication of efforts, difficulties in coordination, and CPD sustainability challenges.

TSSP worked with the MOHCDGEC to create the National Health Sector e-Continuing Professional Development Coordination Framework, which details coordinated efforts between the Ministry and implementing partners. It introduces a single platform for the Ministry that will provide all e-CPD priority requirements for HCWs. It makes approved educational content from implementing partners available to all appropriate HCWs. The e-Learning platform will be operated by the newly created MoHCDGEC Center for Distance Education.

TSSP is organizing working sessions to convert 88 CPD modules into the e-learning format. HIV/AIDS modules will launch first to reach more treatment providers and achieve epidemic control.

TSSP also provided technical assistance on a certification framework for both in-person and virtual modules. For virtual modules that require a hands-on training component, HCWs will go to the closest district hospital in their area for practical training from supervisors and mentors after they have completed the virtual classes.

CHALLENGES

Due to the large vacancy rate, facilities are understaffed, which means HCWs are often stretched beyond their capacity. The government's ability to recruit additional HCWs and reduce the vacancy rate is low, which means that a substantial number of HCWs need training to provide these essential health care services. There is limited motivation for HCWs to take on additional tasks, particularly without additional compensation.

Additionally, for HCWs who are at full capacity, it's possible that adding tasks may lead to other tasks being dropped, which could hamper essential health services. Linking task-sharing initiatives with health-financing interventions could increase motivation of HCWs to

take on additional tasks as well as increase accountability. Improving the capabilities of supervisors to provide appropriate and constructive feedback can also help with motivation as people value meaningful feedback.

A challenge for the e-learning platform is that it is a paradigm shift in how learning has historically occurred in Tanzania. In-person training leverages group discussions to help participants learn key concepts. To transform them into virtual modules, different ways of learning needed to be incorporated, such as check-in questions. Virtual modules will expand training availability by making it open to all appropriate health care providers, but there will be a learning curve with this new approach, and a lot of encouragement will be needed for HCWs to complete the online modules.

NEXT STEPS

Now that task-sharing policies, guidelines, and the initial training plan are in place, TSSP will work with the Government of Tanzania and implementing partners to:

- Support key activities and responsible parties to ensure full plan implementation
- Integrate task sharing including NIMART into facility plans, strategies, and budget for sustainability of the initiative
- Provide technical assistance to ensure health workers acquire skills and knowledge to undertake task-sharing activities through CPD training
- Support periodic supportive supervision to ensure task sharing is being practiced per professional standards
- Continue monitoring and evaluation in health facilities practicing task-sharing activities
- Disseminate and advocate the initiative to key policy makers and human resources for health stakeholders in Tanzania
- Leverage advocacy materials and technology to encourage HCWs to complete CPD courses, particularly on the new e-learning platform
- Ensure HCWs and supervisors receive coaching and mentoring on implementation of task sharing

Many health systems strengthening factors need to be considered to achieve desired results, including leadership skills. Effective leadership at all levels will be a vital part of the future success of this initiative. Supervisors have a key role to play in ensuring that HCWs are adequately implementing the tasks post-training and certification to ensure patients receive quality care, as well as reinforcing with HCWs how important their efforts are in helping patients. Facility leadership will also be important in ensuring appropriate task-sharing implementation and leadership training for both supervisors and health care facility leaders that could help improve results.

Task sharing is a complex health systems strengthening initiative that incorporates a number of different aspects. A health systems strengthening approach is key to ensuring its success and ultimately increasing service availability while ensuring acceptable quality. Increasing service availability through task sharing improves all aspects of HIV/AIDS care, but particularly delivers on the first two UNAIDS goals: people knowing their HIV status and HIV positive people being treated with ARVs.

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