

# *Kenya Task Sharing Policy*

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# Outline

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- **Definition**
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# Project Overview

- The Task Sharing Project is funded by PEPFAR Advancing Children's Treatment (ACT) Initiative in collaboration with CDC Kenya.
- Implemented by Emory University in collaboration with Ministry of Health, regulatory bodies and key partners in Kenya
- Ministry of Health – Leading the development of the task sharing policy with key stakeholders
- The Kenya Task Sharing Policy was launched by DMS on 24<sup>th</sup> September 2014

# Rationale

- Policy Goal – Promote equitable access to universal health coverage at the national, county, sub-county and community levels in Kenya through task sharing, improving the utilization of human and financial health resources.
- Broad Objectives
  - Establish a comprehensive national framework for task sharing
  - Equip workers with relevant knowledge, skills and competencies
  - Ensure the delivery of quality health services by all workers
  - Allocate resources to sustain task sharing implementation, monitoring and evaluation

# Definition of Task Sharing Policy

- The systematic delegation of tasks, where appropriate, from more highly skilled professional cadres to less specialized cadres in order to improve efficiency and maximize use of existing human resources for health (HRH).
- Specific tasks are shared between highly qualified health workers and those with shorter training and few qualifications to enhance the efficient use of available HRH ( adopted from WHO guidelines 2007)

# Guiding Principles

Determine if the *task* is:

- Prohibited by legislation, regulation or policy
- Included in the job description authorised by the employer
- Supported by policy, protocol or guidelines
- Covered by the cadre's scope of practice endorsed by their regulatory authority

Determine if the *individual* has the:

- Competence to perform the task safely
- Experience to perform the task safely
- Resources appropriate and available to perform the activity safely
- Supervision is available, if it is required
- Support and referral structures in place in case of an emergency or an adverse outcome

## Establish a *Project Advisory Committee* to guide and advance task sharing policy

- Convene the initial *Task Sharing Policy* PAC meeting
- Conduct a *Stakeholder Analysis* to identify key individuals for the project advisory committee (PAC)
- Identify the ***scope*** of the task sharing policy
- Identify the best ***approach*** for policy development
- Create technical working groups (***TWGs***)
- Identify the ***level of approval*** needed in the MOH

# Policy Advisory Committee (PAC)

- Ministry of Health
- County Representatives
- NASCOP
- CDC Kenya
- NACC
- WHO
- Training Institutions
- FBO, SUPKEM
- IntraHealth
- AMREF
- AMPHATH
- USAID
- ICAP
- University of Maryland
- Wellcome KEMRI
- Emory University Kenya TSP team



# Key roles

- ① **Technical Working group** - to address various thematic area to guide and advance a task sharing policy
- ② **Mapping Exercise** – Map health care workers to counties with high HIV rates and low pediatric coverage
- ③ **Desk Review** - Conduct a desk review of global, regional and Kenyan policies on task sharing
- ④ **Policy Development** - Draft and submit the task sharing policy to the appropriate body or authority for review and approval

# Policy Statements

- The policy is guided by principles and values: high standards of professional ethics
- Adopt and formalize task sharing to ensure adequate & productive health workforce
- Create an enabling regulatory environment by aligning rules & regulation to allow task sharing
- Ensure quality of care during implementation by improving skills & competencies of health workers taking over tasks from higher level
- Ensure the sustainability of task sharing activities
- Organize clinical care services to utilize task sharing
- Coordinate and integrate task sharing
- Evaluate and revise task sharing implementation

## Task Sharing Policy implementation

- *The MOH shall work in collaboration with county governments to oversee the adoption and implementation of this task sharing policy at all levels of health service delivery.*
- *The MOH shall work in collaboration with stakeholders at national and county levels to harmonize laws, policies, regulations and guidelines to support and enable the task sharing.*
- *The MOH shall work in collaboration with health professional regulatory boards/councils, associations and stakeholders at national and county levels to ensure quality healthcare through adequate pre-service, internship, in-service and CPD training to equip workers with the necessary knowledge, skills and competencies.*

## Cont'd

- *The MOH shall work in collaboration with health professional regulatory boards/councils, associations and stakeholders at national and county levels to organize clinical care services to ensure equitable access to quality healthcare through technical guidance, supportive supervision, strong referral networks and continuous quality improvement.*
- *The MOH shall work in collaboration with health professional regulatory boards/councils, associations and stakeholders at national and county levels to implement, monitor and evaluate this task sharing policy and guidelines to ensure health workers are authorized and empowered to deliver safe, high-quality care*

# The role of Technical Working Groups (TWGs)

Five TWGs were formed to inform and develop the key thematic areas of the *Task Sharing Policy*

- TWG 1: Introduction, desk review, mapping exercise, evidence and background information for Task sharing policy(TSP).  
Provide the aim of the TSP, objectives, situational analysis, process of policy development & acknowledgements
- TWG 2: Legal & regulatory policy framework  
Harmonize national laws, policies, regulations and guidelines to support and enable the task sharing framework
- TWG 3: Training  
Ensure quality care through pre service , in service training & CPD to equip health workers with the necessary knowledge, skills and competencies
- TWG 4: Identify & ensure Key service areas targeted by Task Sharing are comprehensive (Levels 1 -6), Work on Authorization tables with consultation with relevant service areas
- TWG 5: Monitoring & Evaluation: Revisits basic guiding principles & objectives of M&E, Monitoring & evaluation framework objectives, M&E plan with indicators

# Task Sharing Policy Guidelines

- This *Task Sharing Policy guidelines* aims to ensure that task sharing, as recommended by the WHO, is formally adopted as a way of strengthening and expanding the impact of the health and is a pragmatic response to the human resources challenges in the health sector in Kenya.

# Overview of Task Sharing guidelines

## Chapter 1: Introduction

- Presents background information on task shifting and the new concept of task sharing we are introducing in Kenya
- Presents a snap shot of Kenya's Health status: health trends using key health indicators (MM, PNM, IM, U5M etc.)
- Presents overview of the health system as defined by KEPH and within the newly devolved government
- Rationale and evidence to support task sharing – draws on multiple guidance from WHO (Guidelines for Malaria Treatment; Maternal New-born Health; and Global Plan to End TB) which recommend maximising use of less specialised health workers

# Overview of TSP (continued)

## Chapter 2: Legal, Regulatory and Policy Framework

- Aims to review legislation – Acts, laws, bills, regulations and policies which are enabling and/or restrictive to task sharing implementation in Kenya
- Presents specific clauses within Select Schemes of Service which support task sharing – for key cadres of interest: medical officers; nurses; clinical officers , Lab Techs and public health officers & Technicians

## Chapter 3: Training & Education

- Presents an overview of health training in Kenya – offered at accredited mid-level and tertiary level health institutions
- Provides a summary of training offered for target cadres – type of health training offered; certification attained; coursework covered; and training duration
- Addresses need for training, supervision and mentoring of health workers receiving new tasks
- Addresses the critical aspect of updating knowledge, skills & competencies



# Overview of TSP (cont'd)

## Chapter 4: Task sharing by cadre and service area

- Presents target cadres under consideration for levels 1 – 6
- Key service areas targeted by Task Sharing that are comprehensive – covers *communicable disease (HIV/TB), non-communicable disease, tropical disease, family health, reproductive health, maternal neonatal and child health, nutrition, immunization, mental health, youth & adolescent health.*
- Presents task authorization guidelines for each service area for level 1 – 6 which are critical for the implementation of the policy

## Chapter 5: Monitoring & Evaluation

- Provides basic guiding principles of M&E, launch & policy dissemination with indicators, strategic and work plans with timelines
- Provides an overview of the M&E objectives as presented in the M&E matrix

## Chapter 6: Recommendations

- Presents recommendations aligned to each of the Chapters on the Task Sharing Policy
- Training needs for shared tasks to be identified to ensure proper competencies

# Authorization Table

Task Tables level 1-2	MO	CO	NM	LB Tech	Pharm	PHO/T	NUT R	CHW	Evidence Base
<b>Prevention, Promotion &amp; screening</b>									
Provide community education		√	√	√	√	√	√	√	WHO 2008 task shifting guidelines section 4a
Recognize HIV related illnesses		√	√	√	√	√	√	√	
Pre-exposure prophylaxis		√	√		√				



## Lessons Learnt

- Large stakeholders from Health sector involved build a sense of ownership and sustainability
- TWGs assigned various roles worked hard towards success – not to remain behind
- Sharing progress report to HRH ICC was helpful as the counties are represented in this forum
- The MOH Review team needed to be engaged early to orient the team on flow of government policy to save on time
- Consultants played an important role to provide direction to all the TWGs
- Emory Team was committed to ensure success as the DMS and PS were supportive

# Challenges

- Developing Task Sharing Policy from guidelines
- Senior officers involved in the TWGs had too many competing tasks
- Some service departs unwillingness to meet the consultant to confirm tasks to be shared
- Slow response to emails to share comments on draft TSP document
- Senior management meeting delayed due to strikes

## TSP Review Team

- Policy planning & Finance
- HRM/D
- Curative services depart
- Nursing Unit
- Standards, regulation & Quality Assurance
- Emory University TSP Project

## Way Forward

- Finalize Review of TSP and TSP guidelines led by the department of Policy Planning & Finance, HRM/D, Department of Curative, Department of Standards, Regulation & Quality Assurance
- Presentation to senior management- CS, PS, & DMS for approval
- Refine the draft documents and print
- Submission of the final policy documents to MOH
- Launch & disseminate both TSP & TSP guidelines
- Launch and dissemination of the Kenya TSP documents (Policy & Guidelines).

# Collaborating Institutions

- Kenya Ministry of Health (MOH)
- Kenya Health Professional Regulatory Boards and Councils
- Kenya Health Professional Associations
- Emory University Kenya Health Workforce Project (KHWP) & TSP
- Emory University
- United States Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- AMREF
- Wellcome KEMRI



Thank You  
Asante Sana  
Murakoze