

Task shifting in health supply chain management in developing countries: What are we doing right or wrong?

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ABSTRACT

Majority of low-income countries continue to experience a critical crisis in human resources for health, including severe shortage of pharmaceutical workforce, especially in remote rural settings. This is affecting equitable access to essential medicines and other health commodities and ultimately translates to poor health indicators and outcomes.

Task shifting is prevalent in health supply chain systems in developing countries. However, implementation has been an informal, stop-gap measure with lack of conducive policy, legal and regulatory frameworks; and an enabling environment to support effective task shifting.

BACKGROUND



RESEARCH QUESTIONS

- How prevalent is task shifting in health supply chain management in developing countries?
- How has task shifting in health supply chain management been put into practice?
- What have we learnt in implementing task shifting in health supply chain management?

METHODOLOGY

- Relevant publications were identified from websites of organizations working in the study area and contacts working in the field.
- Web and academic databases, including Medline/PubMed, Web of Science and EMBASE.

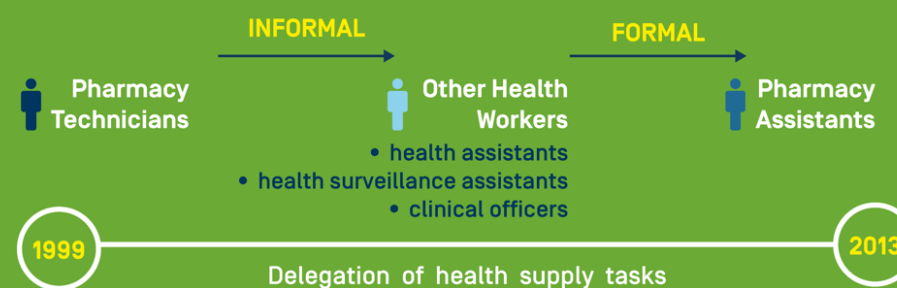
RESULTS/INSIGHTS

- Task shifting being used as stop-gap measure rather than a fully fledged policy shift.
- In Tanzania, 95.5% of cadres managing medicines at health facilities are non-pharmaceutical staff (clinical officers, medical attendants, nurses)
- Similarly, non-pharmaceutical staff (including nurse Aides (Zimbabwe); Health Surveillance Assistants (Malawi)) are managing medicines at health facilities. But no formalized/systematic shift of such tasks- change of job descriptions, formal training and orientation, incentives etc.
- Malawi has reintroduced a Pharmacy Assistant cadre to manage managing at health facilities- shifting health supply chain tasks from Pharmacy Technicians.
- Absence or lack of conducive policy, legal, regulatory frameworks and enabling environment hampering proper implementation. of task shifting in health supply chain management.



“Global healthcare workforce shortage of 7.2 million and predicted to grow to 12.9 million by 2035”
World Health Organization

CASE STUDY MALAWI



OUTCOMES

- Appropriate dispensing practices increased from 41% to 60%
- Accuracy of stock on hand and consumption data increased for 55% to 73%
- Medicines organised by “First Expiry First Out” increased from 72% to 79%
- Clinical staff time spent on logistics decreased by an average 39 hours per month



Photo Credit: Village Reach, Malawi

LESSONS LEARNT

- Task shifting in health supply chain management is occurring informally, almost by default due to shortages of pharmaceutical workforce, particularly in rural areas.
- Where there has been a structured introduction of task shifting, the impact on logistics data management, inventory management and pharmaceutical practice has been positive.
- Adequate and sustainable formal training; supportive supervision; incentives for staff in new roles; integration of new members into healthcare teams; and the compliance of regulatory bodies are critical to successful implementation.

CONCLUSION

- Implementing task shifting in health supply chain should draw lessons from the HIV/AIDS programme, where the concept has been widely adopted and achieved great benefits.

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