KENYA

TASK SHARING POLICY

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Overview

- Rationale for Task sharing policy
- Establishment of PAC
- 5 Technical Working Groups
  - TWG 1: Introduction and Evidence
  - TWG 2: Legal and Regulatory
  - TWG 3: Pre-service and In-service Training
  - TWG 4: Service Delivery
  - TWG 5: Implementation, Monitoring and Evaluation

Guiding Principles

- General Framework
- Authorization guidelines
- Tasks Authorization tables
- Lessons Learnt
- Challenges
- Conclusion
- Collaborating Institution
Overview of Kenya Task sharing Policy

- The Task Sharing Policy 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 (TSP) ready for launching & dissemination
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
Approach

1. **Mapping Exercise** – Map health care workers to counties with high HIV rates and low pediatric coverage
2. **Desk Review** - Conduct a desk review of global, regional and Kenyan policies on task sharing
3. **Advisory Committee** - Establish a project advisory committee to guide and advance a task sharing policy
4. **Policy Development** - Draft and submit the task sharing policy to the appropriate body or authority for review and approval
5. **Policy and Guidelines** – Launch the Kenya Task Sharing Policy, 2017-2030, and the Kenya TSP Guidelines
Recommendation 4 – Mapping

Countries should undertake a human resource analysis that will provide information on:

- the demography of current HRH in both public and non-state sectors
- the need for HIV services
- the gaps in service provision
- the extent to which task shifting is already taking place
I. *Map* health care workers to counties with high HIV rates and low pediatric coverage

**Cadre Deployment Densities**

- **Medical Officers**
  - 5,660
  - 1.47 per 10,000
- **Clinical Officers**
  - 10,353
  - 2.68 per 10,000
- **Nurses**
  - 31,896
  - 8.26 per 10,000

*Source: rHRIS*
Coverage Gaps in Pediatric ART
II. Conduct a *desk review* of global, regional and Kenyan policies on task sharing

- GOK, MOH, regional and global policies related to HIV/AIDS
- Task sharing policies – global and Afro-region
- NASCOP HIV and ARV guidelines and policies
- Regional and Kenyan scopes of practice – all cadres
- Kenya Service Provision Assessments (SPA 2010/2015)
- Competency Based Assessment (UoM) – all cadres
- Task Analyses – for various cadres
What is Task Sharing?

Specific tasks are shared between highly qualified health workers and those with shorter training and fewer qualifications to enhance the efficient use of available human resources for health.

(adapted from: WHO Guidelines, 2007)
National Task Sharing Framework

RECOMMENDATION 1  (WHO Guidelines, 2007)

- Countries, in collaboration with relevant stakeholders, should consider implementing and strengthening a task sharing approach where access to HIV services, and other health services, is constrained by health workforce shortages.

RECOMMENDATION 3  (WHO Guidelines, 2007)

- Countries deciding to adopt task sharing should define a nationally endorsed framework that can ensure harmonization and provide stability for the HIV services provided through public and non-state sectors.
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
MOH Leadership and Support

- Dr. Nicholas Muraguri commissioning the policy advisory committee to develop the task sharing policy
  (September 2015)
III. Establish a *Project Advisory Committee* to guide and advance a task sharing policy

- Conduct a *Stakeholder Analysis* to identify key individuals for the project advisory committee (PAC)
  - The first meeting was endorsed by the DMS in August, 2015
  - Representatives: MOH, NASCOP, CDC, Emory

- *Project Advisory Committee* – 41 members
III. Establish a Project Advisory Committee to guide and advance a task sharing policy

- Convene the initial Task Sharing Policy PAC meeting
  - 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
IV. Draft the *Kenya Task Sharing Policy* and submit it for *Ministry Review and Approval*

- TWG 1 – Introduction and Evidence
  - Background – HCW Distribution and ART Coverage
  - Introduction – Task Sharing
  - Aim of Task Sharing Policy
  - Health Care Levels – other conditions

- TWG 2 – Legal and Regulatory
  - Legal and Regulatory Framework
  - Policy Gaps and Updates
  - Policy Statements

- TWG 3 – Training
  - Pre-service
  - In-service - address areas of tasks shared that require training/capacity building to improve skills & competencies
  - Training, Supervision and Mentorship
TWG 4 – Service Delivery
- General Framework
- Specific Guidelines - designed with authorization tables
  - 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
    - Quality Assurance – supervision, support, referrals

TWG 5 – Implementation and M&E
- Institutional and Administrative Framework
- Timeline and Structures for implementation
- Policy dissemination
- Monitoring Plan – with indicators
- Evaluation Plan
V. Launch the Kenya Task Sharing Policy, 2017-2030, and the Kenya Task Sharing Guidelines
Guide task sharing to ensure equitable access to the highest attainable standards of health services at all levels for Universal Health Coverage:

- Maximize use of available pool of health workforce by using a standardized approach
- Enable the health workforce to perform tasks safely, through guided, comprehensive training, supportive supervision, and mentoring for better health outcomes
- Allow rational re-distribution of tasks among health workforce at various levels within the health system
Policy Guidelines on Authorization tables

Task Tables – Level of Care, Cadre, and Health Services

- **Level 1 & 2**: Clinical Officers, Nurses and Midwives, Public Health Officers and Technicians, Nutritionists, HIV Counselors, Medical Social Workers, CH Volunteers, CHWs and CHEWs, Community Oral Health Officers, Individuals and Families, Health Promotion Officers

- **Level 3 – 6**: Medical Officers, Nurses and Midwives, COs, Laboratory Techs, Pharmacists and Pharm Techs, Nutritionists, PHOs and PHTs, Medical Social Workers, Support Staff, HRIOs, CHWs, Individuals and Families

- **Health Services**: Prevention, Promotion and Screening; RMNCH and Nutrition; Immunizations; Patient Intake; Communicable Diseases (e.g. HIV and others)
Lessons Learnt

- Involvement of large numbers of stakeholders from Health sector helped to build a sense of ownership and sustainability.
- TWGs assigned various roles worked hard towards success – not to remain behind.
- Sharing progress report 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.
- Department of HRMD & Emory Team were committed to ensure success as the senior management DMS PS & were supportive.
Challenges

- Senior officers involved in the TWGs had too many competing engagements.
- Some service departments were unwilling to meet the consultant to confirm tasks to be shared.
- Slow response to emails to share comments on draft TSP document.
- Senior management shifted the focus on the process to address the industrial unrest in the sector.
MOH TSP Technical Review Team

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

- This Task Sharing Policy & guidelines aim 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 outcomes and is a pragmatic response to the human resources challenges in the health sector in Kenya.

- Provides guidance for regulatory boards/councils to review laws and regulations that are restrictive to the shared tasks.

- Supervision & mentorship will ensure that HCW professional ethics are observed.

- Clear referral systems must be put in place at all levels.

- Involvement of MOH key departments in the review of documents was critical for ownership, implementation and sustainability.

- 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 TSP & Kenya Health Workforce Project
- United States Centers for Disease Control and Prevention (CDC)
- United States Agency for International Development (USAID)
- AMREF
- Wellcome KEMRI
- Training Institutions – Public, Private & FBOs
- County Representatives
THANK YOU

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