



HIV care and treatment: Scale-up lessons for health systems strengthening

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Adopting Regulatory Framework to support Task Shifting

- Need not involve extensive changes in policy and legislation, the process may vary from country to country. Some countries may already have sufficient scope to implement Task Shifting within the existing laws, proclamations, rules and regulations policies and guidelines.



Cont'd

- The degree of regulation required will vary depending on the types of Task Shifting that a country wishes to adopt.
- Regulatory approaches may range from the level of Government, Non Governmental and Professional Associations which operate as primary regulatory institutions.



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Responsible for:

- Controlling scope of practice
- Determine standards of good practice
- Monitor conducts of health service providers.
- Provide guidance to legislators and administrators.



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- The degree of regulation required may depend on the types of Task Shifting a country wishes to adopt or already taking place because task shifting is not new for example:
- In a number of High income countries the role of nurses has been extended to include the prescription of routine medication.
- People living with HIV/AIDS have also been empowered to manage their own conditions and to support others.



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- In some resource constraint countries People living with HIV/AIDS have been trained to deliver services originally designed to be delivered by Doctor Specialists or Nurses. They are also often supported by community Health Workers. (Uganda, Malawi, Ethiopia)



Types of Task Shifting

■ Task Shifting 1

- The extension of scope of practice to non-physician, clinicians.

■ Task Shifting II

- Extension of scope of work to Nurses, midwives from medical doctors or non physician clinicians.

■ Task Shifting III

- Extending scope of work to community Health Workers PLHA's Task previously performed by Nurses, Midwives and non physician clinician Doctors.



Cont'd

- **Task Shifting IV**
 - PLHA's trained in self-management assume some tasks related to their own care- previously under taken by Health Workers.
- Regulatory Framework can address all of this depending on country specific situation.



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- The implementation of the recommendation and guidelines on task shifting will depend on:
 - Current shortage of Human Resources
 - Need for scale up Health Services including HIV services.



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- There are five key areas that require country specific adaptation of the Regulatory Framework to support successful national and implementation of the Task Shifting:
these are:
- Involvement of stakeholders, MOH (ACP, HRD, Regulatory councils MOPS, MOF, Professional Associations CBO/NGO and Educational Institutions.
The key stakeholders will determine the roles of the new carders being created or specially trained carders in relation to existing providers.



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- Certification of providers is regulated by the Medical and Nursing council.
- The use of certification of practice requirements are negotiated between MOH, MOE professional association and Regulatory councils this may apply to Task shifting I and II.
- Training curriculum is responsibility of Ministry of Education and National council of higher education.



Resource Availability

- Ministry of Finance, the parliament and the Donors should contribute resources to accommodate the new staffing patterns and members. Provision of appropriate Technical Assistance is crucial.



Regulatory Framework

- Labour issues which is relevant to Task Shifting II need to be factored given the training and scope of work are limited to same Nursing practice.
- Integration with other basic health services. Cadres such as pharmacist, pharmacy technicians or technologists, could all be included in a task shifting approach.



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- Training of Health Workers to improve quality of services organizing health services delivery to include changes of practice and creation of new Health carders of Health workers which may not be consistent with existing National Regulations that pertain to the provision of Health Workers and those they serve.



The Addis Adaba Declaration of 10 January 2008

- (No 10) call on countries to adapt and to implement the WHO Global recommendation and guidelines where appropriate, according to the specific circumstances of individual countries and develop national action plans. For the implementation of Task shifting within National Human Resource policies strategies and Budgets that can ensure quality and effectiveness of essential health services contributing to the strengthening of Health systems.



Way Forward

- National Governments and Partners should start the implementation of the recommendation and guidelines on Task shifting.
- Ministry of Health should use the existing legal Authority to initiate the interpretation of laws, policies affecting the Health sector. The constitution may vary from country to country.



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- There are three main branches of National government who are key in the adaptation of the Regulatory Framework.
 - The legislature – the parliament
 - The Executive – president cabinet ministers
 - The Judiciary – High court of appeal supreme court. The above can be used for a long term adaptation of the frame work.



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The approaches can be shorter /immediate /long-term.

Countries will have to revise the following documents.

Shorter/immediate

- Medical and dental practitioners statutes
- Allied Health Professional Act
- Nurses and Midwives Act
- National Pharmaceutical Act



Cont'd

- Minister of Health takes to

- Cabinet
- ↓
- Parliament
- ↓
- Approval

These steps may vary from country to country however the main objective of the Regulatory is to ensure a degree of accountability that will provide safety for service users and protection of Health Workers.



Long-term Adaptation Process

- Countries may be required to review or develop Human Resource Strategic plan and current needs.
- Review the different Acts to accommodate the new carder.
- Employment degree
 - Public service Act
 - Salaries and allowances specified officers Act
 - Workers compensation Act
 - Labour Union Act



Responsible sectors

- Ministry of Health
- Finance
- Gender Labour and Social Development
- Local Government
- Public Service
- Justice



Cont'd

The minister of Health tables:

- Task Shifting



- To Cabinet



- Parliament



Conclusion

- International Development Partners WHO UNAIDS DFID, Donors, PEPFAR, Global Fund need to support countries to facilitate the process of the adaptation of Regulatory Framework to support Task shifting.
- Done through the provision of appropriate technical assistance.



FINALLY THANK YOU

