



# Health Research Brief

Volume 3: Issue 5 (2nd Quarter 2017) | Department of Health Manila, Philippines

## SERVICE DELIVERY NETWORK SERIES

### Does Task Shifting Yield Cost Savings and Improve Efficiency for Health Systems?

(Systematic Review of Evidence from Low-Income and Middle-Income Countries by Seidman, G. and Atun, R.)



## RECOMMENDATIONS



**Systematically adopt task shifting in primary health care, for both technical and managerial functions.** For example, disaggregate functions of municipal health officers to deload physicians while empowering other cadres.



**Document efforts on task shifting and measure impact on inputs, process, output or outcomes.** Recognizing that there is a dearth of studies on cost savings and efficiency gains for task shifting, the Philippines can contribute to global knowledge through research on task shifting as applied in the local context.



**Consider task shifting to other health professionals** such as pharmacy technicians, lay counselors, and medical assistants, other than community health workers.

### Task Shifting

The rational redistribution of tasks among health workforce teams (World Health Organization, 2008).

Task-shifting is the process of delegating tasks, where appropriate, from highly qualified health workers to less specialized health workers to efficiently use existing human resources and improve service delivery.

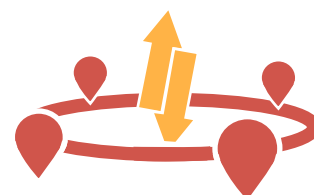
## KEY FINDINGS



**Task shifting can help achieve cost savings and improve efficiency without compromising clinical or programmatic quality** for activities related to top global health priorities, emerging global health issues, and neglected tropical diseases.

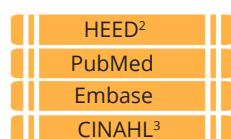
**Models of task-shifting involve more than transferring clinical care to community health workers.** Task-shifting can also be applied to other health professionals, as well as non-clinical health system functions such as monitoring of supply chain and tracking of patient data.

**The design and benefits of task shifting interventions will vary based on the context.** Application of task shifting interventions must be adapted to the local context, disease burden and program goals as these interventions can increase and decrease cost savings and efficiency at the same time.

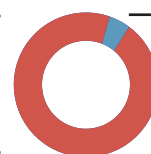


## METHODOLOGY

This systematic review followed the PRISMA<sup>1</sup> guidelines. Databases searched include:



791 articles were reviewed



34 references were included in the study

The 34 studies were assessed based on the effects of task-shifting on:

### Inputs

Resources required to conduct activities (i.e. patient visit with a clinician)

### Outputs

Direct products of program activities (i.e. number of individuals treated)

### Outcomes

Changes in health status as result of the program (i.e. number of patients cured, number of deaths averted)

## RESULTS

### Effects of task-shifting: some examples

Based on the study, integrating task-shifting led to the following outcomes:



#### Tuberculosis

Outcome: Maintained programmatic quality

Programmatic and clinical indicators: treatment success rate, treatment completion rate, and case finding rate

#### Malaria

Outcome: Improved programmatic quality

Program and clinical indicators: administration of appropriate treatment, treatment completion rate, and average time from examination to initiation of treatment

#### HIV/AIDS

Outcome: Maintained high quality of care

Programmatic indicators: patient retention, viral load, and mortality



Produced by the Department of Health, Health Policy Development and Planning Bureau

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**Design and Illustration:** Armund Arguelles. This note was developed by Regina Abola from the DOH. Health Research Briefs provide a summary of relevant literature or commissioned studies to promote evidence-informed decision-making. The views expressed in this publication do not necessarily reflect the views of the Department of Health.

<sup>1</sup> Guidelines on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses

<sup>2</sup> The systematic review included references from the Health Economic Evaluation Database

<sup>3</sup> The systematic review included references from the Cumulative Index to Nursing and Allied Health Literature