

[Speech 2—Abstract]

## Task Shifting—An emergency measure for an emergency situation

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WHO concluded in its World Health Report 2006 that there is a critical shortage of “health workers” in at least 57 countries of the world.<sup>1</sup> The shortage correlates with poverty distribution. Most of the affected countries concerned are in Sub-Saharan Africa. Likewise the shortage of health professionals inversely correlates with the burden of disease the regions have to carry, leaving the ones with the highest demands for health care with the smallest level of human resources to provide this care.

It was evident, that even with the best possible efforts the gap between health professionals needed to provide even basic care and the number available would not be closed within the foreseeable future. Early in 2008, the WHO provided the first guidelines for task shifting, instructing affected countries to adapt the administration and the resources to provide more health care using so-called community health workers. They were presented to a ministerial conference in Addis Ababa in February 2008.<sup>2</sup>

In the wake of the World Health Report 2006 the Global Health Workforce Alliance (GHWA) was founded. It brings together WHO, donors and stakeholders in the human resource questions. At its first Global forum in Kampala, Uganda, in 2008 the participants created declaration<sup>3</sup> stressing the need—not only for community health workers, but also to intensify the education and retention of health professionals. It also demanded steps to reduce the—widely unethical—recruiting of health professionals by the rich

countries of this world, deeply aggravating the health work force crisis in the poorer countries.

In 2009 the WHO finally responded with a “Global Code of Practice on the International Recruitment of Health Personnel.”<sup>4</sup> Although a non-binding and non-enforceable code it clearly demands action by the rich countries, directing them to more self-sufficiency and more ethical practices when hiring from abroad.

The World Medical Association positioned itself in October 2009 with a “Resolution on Task Shifting from the Medical Profession.”<sup>5</sup> The Resolution recommends not to compromise quality and continuity of care and to develop all task shifting strategies in consultation and cooperation with the health professions and their organizations. It clearly describes task shifting as an emergency solution for an emergency situation and advises to foresee an exit strategy from task shifting allowing a sustainable development.

The WMA demands that task shifting must not be used as a cost savings strategy, but that efforts to educate and retain health professionals must be increased. Finally the WMA recommends independent research on the overall effects on task shifting.

If this is missed, short-term sectorial improvements may suggest improvements in health care, which indeed would not be sustainable, or even worse, would adversely effect the establishment and/or maintenance of a comprehensive health care system.

### References

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