Kashf Journal of Multidisciplinary Research
Vol: 02 - Issue 10 (2025)
P-ISSN: 3007-1992 E-ISSN: 3007-200X
https://kjmr.com.pk

EFFECTIVENESS OF TASK SHIFTING AND TASK SHARING POLICY ON ACCESS TO ESSENTIAL HEALTHCARE SERVICES IN BAUCHI STATE, NIGERIA

Adamu Usman Muhammad[1], Prof. AM Muhammad[2], Prof. AM Isyaku[3], Aminu Samila Lassi[4], Sadiq Muhammad Dankade[5], Mustapha Sani Munkaila[6]

[1, 2, 3, 4, 5, 6]Department of Public Health, Faculty of Basic Medical Science, Sa'adu Zungur University Bauchi State, Nigeria

[*]***Corresponding Author:*** adamuusman474@gmail.com

Article Info

Abstract

This study evaluates the effectiveness of task shifting and task sharing policy on access to essential healthcare services in Bauchi State. A mixed-methods approach was used, combining qualitative data collection and analysis methods. A descriptive research study approach was applied. Globally, the world is ageing with more people living longer. Therefore, healthcare systems need to adapt and adjust in meeting the rising demand for quality healthcare of this population. Africa also faces numerous health workforce challenges that are contributing to the health indices and systems' performance of countries in the continent. These challenges are also impacting negatively on the functionality and the resilience of the health system, and the attainment of key population outcomes. These challenges, which are quite broad and have contextual specificities, include weak health and health workforce leadership, governance and stewardship mechanisms, and management systems, as well as poor regulation, and evidence generation and use mechanism. The aim was to explore the perceptions on effectiveness of task shifting and sharing in Bauchi state Nigeria and strategies for improving task shifting and sharing implementation. Bauchi State were purposively selected for this study because is adapted the National task shifting and sharing policy and plan into sub-national policies and plans in 2015 and have been implementing it. The target population in the states was policymakers in the ministries of health and primary health care agencies. This group was selected because they are responsible for policy formulation and implementation of task shifting and sharing. We found that task shifting could potentially improve several health outcomes such as blood pressure and mental health while achieving cost savings. Key elements for successful implementation of task shifting include collaboration among all parties, a system for coordinated care, provider empowerment, patient preference, shared decision making, training and competency, supportive organizations system, clear process outcome, and financing. The study also found that task shifting and task sharing policy has improved access to essential healthcare services, including immunization, maternal and reproductive health services, and HIV care. The study focuses on understanding task sharing and tasks shifting in Bauchi state, the implementation structures, the cadres involved and their tasks, to what extent task sharing and task shifting was successful. Respondents were drawn from healthcare providers-medical officers, nurses, clinical officers and community health workers at the community units, dispensaries, health centers and hospitals offering family planning services and beneficiaries of the services. Access to essential healthcare services is a critical component of achieving universal health coverage and improving health outcomes. The study recommends that policymakers and healthcare managers provide adequate training and resources to support task shifting and task sharing initiatives and establish effective communication channels to ensure successful implementation.

Keywords:

Task shifting, Task sharing, Policy, Essential Healthcare services

1. INTRODUCTION

Task shifting and task sharing are strategies used to improve access to healthcare services by delegating tasks from one cadre of healthcare workers to another with less training or qualifications. Task sharing is a broader concept that involves sharing tasks and responsibilities among healthcare workers, including those with different levels of training. The World Health Organization describes task shifting as involving the rational redistribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more effective and efficient use of the available human resources for health. Task sharing is allowing a wider range of cadres to offer certain services, when this can be done safely and effectively as a means of rapidly expanding access and improving health care (Okoroafor & Christmals, 2023a). The goal of task shifting or sharing is simply "to get the right workers with the right skills in the right places doing the right things" without necessarily abandoning other methods of increasing the number of qualified health workers. Nigeria developed a national task shifting and sharing policy due to protracted inequitable distribution of health workers, especially at the primary level of care, and the low stock and production rate of skilled health workforce. Following the development of Nigeria's task shifting and sharing policy and strategy, implementation was promulgated at various levels, with States adopting and implementing the national policy. The country developed the Policy in 2014 and updated it in 2018, the policy aims to achieve universal health coverage by optimizing the use of existing health workforce to deliver essential health services (Ollando et al., 2020).

Task shifting and task sharing is defined as the reallocation of tasks within health worker groups from trained and qualified health workers to other health workers with shorter training duration towards maximizing the available health workforce (Nyasulu & Pandya, 2020; Yankam et al., 2023). In task shifting, tasks are delegated or transferred, and in task sharing, tasks are delivered collaboratively by different staff categories. In Africa, task shifting and task sharing have been implemented in various health services context including hypertension, tuberculosis, reproductive, maternal and newborn health, child and adolescent health, HIV/AIDS, tuberculosis, and mental health (Seidman & Atun, 2017).). Task shifting and task sharing involve delegating tasks from highly skilled healthcare workers to less skilled ones, aiming to optimize healthcare workforce utilization and improve access to essential services. Effective implementation of TSTS policies requires careful consideration of contextual factors, healthcare workforce dynamics, and service delivery structures. Task shifting occurs when a task is transferred or delegated while task sharing occurs when tasks are completed collaboratively between providers with different levels of training. Task shifting and task sharing (TSTS) involves the redistribution or delegation of health care tasks within the workforce and communities in such a way that the quality of care is not affected. The primary aim of the policies strategy is to effectively utilize existing human resources for health in order to deliver quality health services to the population without compromising standards of care. This policy strategy has been widely and successfully utilized in maternal health care services and communicable diseases especially in the care of tuberculosis and HIV patients. The policy is also gaining ground in management of non-communicable diseases such as hypertension, heart failure, diabetes mellitus, and cardiovascular diseases with positive outcomes. This will enhance the capacities of health workers to deliver shifted or shared tasks, various health professions education strategies have been applied, including pre-service and in-service education, clinical mentoring, episodic supportive

supervision, and provision of job aids With the extensive application of task shifting and task sharing, there are deliberations on the need for an implementation framework to guide the adoption and operationalization of task shifting and task sharing as a key strategy for optimally utilizing the existing health workforce towards the achievement of Universal Health Coverage (Okoroafor & Christmals, 2023a). The major objective of this study was to assess the effectiveness of task shifting and task sharing policy on access to essential healthcare services in Bauchi State, Nigeria.

2. Task Shifting and Task sharing Policy in a Global Perspectives

Globally, the world is ageing with more people living longer. Therefore, healthcare systems need to adapt and adjust in meeting the rising demand for quality healthcare of this population. A good primary care system plays an essential role, as it provides quality people-centred healthcare services for the ageing population close to their homes. Unfortunately, human resource in health is limited, especially physicians working in primary care (Seidman & Atun, 2017). Currently, only two in every five countries worldwide meets the World Health Organization. This management technique has been advocated as an important strategy to optimize health system performance, especially in resource poor settings. Studies performed to date have shown that task shifting can address healthcare resource shortages and allow physicians in primary care to provide more complex care and expand the healthcare capacity. This concept was first developed as a strategy to provide care for individuals with HIV in sub-Saharan Africa where there was shortage of specialized healthcare workers, due to the disparity between healthcare services, capacity, and budget. In response to this, the WHO developed a consolidated guideline on using task shifting to tackle health worker shortages. Since then, this concept has been expanded to other disease states such as mental health as well as expanded services, including pharmacist-led warfarin clinics. These substitutions are strategies to improve access, efficiency and quality of care in many countries, especially in low- and middle-income countries. Indeed, expanding the roles of allied healthcare workers have been advocated as one of the strategies to enhance the quality of care towards achieving the Sustainable Development Goal 3 of maintaining good health and well-being. New contribution Multiple systematic reviews on task shifting to other healthcare workers, including nurses and pharmacist have been published (Peer et al., 2021).

3. Task Shifting and Task Sharing Policy in a Sub-Saharan Countries

Africa faces numerous health workforce challenges that are contributing to the health indices and systems' performance of countries in the continent. These challenges are also impacting negatively on the functionality and the resilience of the health system, and the attainment of key population outcomes. These challenges, which are quite broad and have contextual specificities, include weak health and health workforce leadership, governance and stewardship mechanisms, and management systems, as well as poor regulation, and evidence generation and use mechanism. Furthermore, there is a persistent low stock of qualified and skilled health workers, inequitable distribution of existing ones, marked inequalities in education, employment, and population needs, and poor work environments at various levels of the health system. The impact of the aforementioned challenges includes a high deficit in the health workforce in most countries in Africa. The Africa Regional average density of doctors, nurses, and midwives per 1000 population in 2018 was lower than the SDG index threshold. Coping with the persistent deficit which has been ever-present over the years informed the implementation of formally task shifting and task sharing,

and informally in levels of service delivery and programs. Its implementation varies widely, with several countries currently implementing the approach and others planning to commence implementation. For those implementing, in the early stages of implementation or planning to commence implementation, evidence on circumstances that should inform its implementation and the scopes of tasks that could be task shifted or shared is pertinent (Adejumo et al., 2024) Numerous studies have reported task shifting and task sharing due to various reasons and with varied scopes of health services, either task-shifted or -shared.

However, very few studies have holistically mapped the evidence on task shifting and task sharing, with most focusing on specific programs. It is worth reviewing the evidence of task shifting and task sharing for integrated health service delivery, focusing on the rationale and scope of tasks. Therefore, this scoping review aimed to synthesize evidence on the rationale and scope of task shifting and task sharing in Africa. Insights on the reported shortages were provided in four studies. A study in Malawi stated that the shortage was prominent by the level of care and geographical location. The studies in Cameroon, Ethiopia, and Nigeria reported that the shortage of physicians and nurses was more prominent in rural areas. Two other Nigerian studies reported shortages being marked at the primary level of care. Further insight on the impact on health services' delivery was provided in two Ugandan studies. These studies highlighted that the health worker shortage meant the high demand for health services could not be adequately met. Task shifting has been promoted as one response to this global health worker crisis, shifting tasks to one provider cadre and from another. Task shifting builds on the assumption that less specialized health workers can take on some of the responsibilities of more specialized workers in a cost-effective manner without sacrificing quality of care. Multiple efficiencies may arise from task shifting, given that the cadre to which tasks are shifted often require shorter training periods and lower educational qualifications, might have skills specific to their local setting (e.g. language), and are not as likely to emigrate to other countries. Task shifting is not, however, an intervention that occurs in a vacuum; instead, it must be aligned with broader health systems strengthening activities (Atkinson et al., 2024).

4. Task Shifting and Task Sharing Policy for Essential Healthcare Services in Nigeria

The Nigeria Presidential Summit Declaration of March 2014 on Universal Health Coverage (UHC), recognizes shortage and mal-distribution of human resources for health among the key health system challenges for achieving UHC and recommended that Government at all levels should ensure the minimum quantity and skill mix of HRH at each facility with competency-based training of all health professionals around priority health needs, while addressing mal-distribution of health workers through appropriate policies including strategies for staff retention in underserved areas. Task shifting/Task sharing is one of the strategies for accelerating the progress towards achievements of the health MDGs 4, 5 and 6. Therefore, the policy focuses on key priority areas such as Family and Reproductive Health, Maternal and Child Health services (RMNCH), as well as HIV, TB, Malaria and other communicable and non-communicable diseases in the Essential health services package. The National Task Shifting/Task sharing Policy will promote rational redistribution of tasks among existing health workforce cadres and allow for moving specific tasks, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available health workers to improve access to services for the Nigerian people. This policy would not have been completed

without the contributions of all the stakeholders. This include the Development Partners, Health Regulatory Bodies, NPHCDA, other MDAs, the States of the Federation, the FCT and the members of the Technical Working Group. To them I owe my gratitude. One of the major barriers of access to essential health care services in Nigeria is shortage and inequitable distribution of the appropriate cadres of the health workforce to deliver the services where they are most needed. In Nigeria, there is a shortage of virtually all cadres of health care workers resulting in poor utilization of thousands of health facilities in the country for essential services, ranging from antenatal, delivery, and postnatal, infant welfare, HIV, malaria, tuberculosis and other basic services (Nigeria Presidential Summit Declaration of March, 2014)

The National Health Workforce Registry will enhance tracking and accounting for all health workers in the country, and is also meant to improve planning and management of HRH. To complement these initiatives, and as part of on-going efforts to address the health workforce shortage problem, this National Task Shifting and sharing policy has been developed for adaptation and implementation at all levels of the national health system (Yankam et al., 2023).

5. Policy Goal

The goal of the task shifting and sharing health policy is to meet the universal health coverage and the health needs of the Nigerian population through the mobilization of available human resources to ensure equity, accessibility, and effectiveness in the delivery of essential health care services.

6. Broad Policy Objectives

- Actualize HRH workforce needs of the country in the delivery of essential health care services
- Outline the essential health care service-related tasks that can be performed by different cadres of frontline HCWs attending to needs of the Nigerian population
- Provide a framework for empowering a wider range of health care workers to rapidly expand access to essential health care services to meet the set MDG targets
- Promote the best use of competency and expertise of well-trained mid-level cadres to meet the Nigerian population health needs
- To promote efficiency and effectiveness in the utilization of financial and non-financial resources in scaling-up access to essential health care services delivery in Nigeria

The task shifting policy will promote rational redistribution of tasks among existing health workforce cadres. It will allow moving specific tasks, where appropriate, from highly qualified health workers to health workers with shorter training and fewer qualifications in order to make more efficient use of the available health workers and to improve access to services for the Nigerian people. Task shifting/sharing policy is very much in line with the goals and priorities of the national health policy on human resources for health. This has been stipulated in a number of national documents such as the National Health Strategic Development Plan (2010-2015) and Nigerian National Health Bill (April 2014). The delivery of each component of the essential health services requires a specific approach of shifting tasks among health worker cadres as will be specified per each priority programme or service delivery guidelines. The guideline provides the flexibility that allows removal of existing tasks or adding new tasks. The following

WHO recommendations will guide the adaptation and implementation of National Task shifting policy or task sharing in Nigeria:

A. Recommendations on Adopting National Task Shifting Policy in Nigeria As a Public Health Initiative

Recommendation 1: Nigeria Government through Federal Ministry of Health in collaboration with relevant stakeholders and partners have reached consensus in implementing a National Task Shifting Policy where access to priority health services, are constrained by health workforce shortages. Task shifting in Nigeria is considered as an interim measure, and will be implemented alongside other efforts to increase the numbers of skilled health workers.

Recommendation 2: In all aspects concerning the adaptation of National task shifting policy, relevant parties should endeavor to identify the appropriate stakeholders, including but not limited to health workers associations and regulatory bodies, Civil Society Organizations that promote community health, and others who will need to be involved and/or consulted from the beginning.

Recommendation 3: Task shifting approach in Nigeria, will be supported by a nationally endorsed framework to ensure harmonization and provide stability for the priority services that are provided throughout the public and private sectors.

Recommendation 4: Task shifting implementation will be evidence-based and informed through regular updating of national and states health workforce profiles, also through undertaking periodical HRH situational analysis that will provide information on

the demography of current human resources for health in both the public and private sectors; the need for services under priority programmes (FH, RH, MCH,HIV, TB, Malaria and others); the gaps in service provision; the extent to which task shifting is already taking place; and the existing human resource quality assurance mechanisms.

B. Recommendations on Creating an Enabling Regulatory Environment for Implementation of National Task Shifting Policy.

Recommendation 5: Task shifting in Nigeria will ensure a thorough assessment and consider using existing health workers regulatory mechanisms and approaches (laws and proclamations, rules and regulations, policies and guidelines) where possible, or undertake revisions as necessary, to enable cadres of health workers to practice.

Recommendation 6: A fast-track strategy will be adopted to produce essential revisions to the regulatory approaches (laws and proclamations, rules and regulations, policies and guidelines) where necessary. If necessary (after a period of 3-5 year implementation of this task shifting policy), based on the outcome of HRH situational analysis, a long-term reform will be pursued to support task shifting on a sustainable basis within a comprehensive and nationally endorsed regulatory framework, that will allow among other measures, where necessary, creation of new mid-level cadres within the health workforce in Nigeria.

C. Recommendations on Ensuring Quality of Care

Recommendation 7: As part of task shifting policy implementation Nigeria will adapt human resources for health quality assurance mechanisms to support the task shifting or task sharing approach. These will include processes and activities that define, monitor and improve the quality of services provided by all cadres of health workers.

Recommendation 8: The roles and the associated competency levels required will be defined both for existing cadres that are extending their scope of practice, and for those cadres that are being newly created or assigned additional/new tasks under the task shifting policy approach. These standards should be the basis for establishing or reviewing recruitment, training and evaluation criteria.

Recommendation 9: A systematic approach to harmonized, standardized and competency based training that is needs-driven and accredited will be adopted so that all health workers are equipped with the appropriate competencies to undertake the tasks they are to perform.

Recommendation 10: Training programmes and continuing educational support for health workers will be tied to certification, registration by relevant regulatory agencies and career progression mechanisms that are standardized and nationally endorsed.

Recommendation 11: Supportive supervision and clinical mentoring will be regularly provided to all health workers within the structure and functions of health teams. It will be ensured that mentoring to health workers to whom tasks are being shifted will themselves be competent and have appropriate supervisory skills.

Recommendation 12: Systems, mechanisms and guidelines will be adapted to ensure that the performance of all cadres of health workers can be assessed against clearly defined roles, competency levels and standards.

D. Recommendations on Ensuring Sustainability

Recommendation 13: Measures such as financial and/or non-financial incentives, performance-based incentives or other methods will be introduced as means by which to retain and enhance the performance of health workers with new or increased responsibilities, commensurate with available resources in a sustainable manner.

Recommendation 14: Nigeria recognizes that essential health services cannot be provided by people working on a voluntary basis if they are to be sustainable. While volunteers can make a valuable contribution on a short term or part time basis, trained health workers who are providing essential health services, including community health workers, will receive adequate wages and other appropriate incentives as will be defined by the relevant parties.

Recommendation 15: The Government of Nigeria in collaboration with key stakeholders and partners will ensure that task shifting plans are appropriately cost and adequately financed so that the services are sustainable

E. Recommendations on the Organization of Clinical Care Services

Recommendation 16: Nigeria will consider the different types of task shifting practice and will adopt, adapt, or extend, those models that are best suited to its specific country situation (taking into account health workforce demography, disease burden, and analysis of existing gaps in service delivery).

Recommendation 17: Nigeria will ensure that efficient referral systems are in place to support the decentralization of service delivery in the context of a task shifting approach. Health workers will be supported to be knowledgeable about available referral systems and trained to use them.

Recommendation 18: Non-physician clinicians can safely and effectively undertake specific clinical tasks for which they are trained (as outlined in Annex ---table 3) in the context of service delivery according to the task shifting approach.

Recommendation 19: Nurses and midwives can safely and effectively undertake a range of clinical tasks under priority programmes as outlined in Annex/Table 3 in the context of service delivery according to a task shifting approach.

Recommendation 20: Community Health Extension Workers, Junior Community Health Extension Workers and Community Health Officers can safely and effectively provide specific services both in a health facility and in the community in the context of service delivery according to the task shifting approach.

Recommendation 21: People living with HIV/AIDS (and other chronic/long term conditions) who are not trained health workers will be empowered to take responsibility for certain aspects of their own care. People living with HIV/AIDS can also provide specific services that make a distinct contribution to the care and support of others, particularly in relation to self-care and to overcoming stigma and discrimination.

Recommendation 22: Cadres, such as pharmacists, pharmacy technicians or technologists, laboratory technicians, records managers, administrators and others, will be included in a task shifting approach that involves the full spectrum of health services.

F. Recommendations on the Service Delivery at the Community Level

Recommendation 23: Nigeria will consider the different types of task shifting practices and will adopt, adapt, or extend, those models that are best suited to its community level situation (taking into account of availability of local resources, disease burden, and community referral to strengthen community-clinic linkages) that would strengthening the health system (Oladele et al., 2023).

7. Factors that Lead to Effective Task Shifting and Sharing in a Healthcare Services

Task shifting and sharing have been successfully used to improve health in various settings and times, including the COVID-19 pandemic, to address global health workforce shortages and inadequate access to care for critical health issues. Some studies have shown that task sharing and shifting are efficient and effective methods for assisting healthcare workers in completing duties not previously within their

purview and increasing human resource for health (HRH) and quality outcomes (Okoroafor & Christmals, 2023). For instance, Amani et al. (2023) implemented task shifting in Central Africa Republic in 2022 to increase COVID-19 vaccination uptake and observed that the administration of injectable COVID-19 vaccines by CHWs were highly effective and widely accepted as vaccination coverage of COVID-19 tripled from 9% in January 2022 to 29% by August 2022. A task-shifting study in which CHW cadres dispensed vaccines in 20 countries with established community health worker (CHW) programs and recorded improved access to immunization rates in zero-dose communities which recommend a consistent national agenda for healthcare services across public and private sectors, defining roles of diverse healthcare providers and updating analyses with demographic and quality data. Factors that lead to effective task shifting and sharing: task shifting and sharing are used to increase and guarantee access to vital health services by utilizing the current medical care personnel to their fullest potential. Some of the factors which lead to effective task shifting and sharing are: Motivation/optimism: effective healthcare services through task shifting and sharing require motivated workers and confident, prepared clients, fostering successful provider-client relationships and improved outcomes. Feiring et al. (2018) identified motivation and optimism factors: beliefs about task shifting are impacts, job satisfaction, esteem, and organizational culture. Provider skills and self-efficacy, nurtured within task shifting interventions, are pivotal. These attributes attract clients by enhancing their perception of provider expertise. Improved skills yield better results, elevating provider self-efficacy, trust-building, and influence for meaningful change. Learning about task shifting enhances readiness for new roles and responsibilities, amplifying intervention effectiveness.

Ultimately, the combination of motivated providers, equipped with refined skills and confident clients fosters successful task shifting and sharing interventions. Organizational factors (Labbo, 2016; Sarkingobir, 2025a): these factors are an essential component in task shifting and task sharing, which, if well managed, will result in effective and efficient task distribution, as it is thought between physicians and nurses to foster teamwork by reinforcing a supportive environment. Effective collaboration involving an existing network that connects the different healthcare workers to support the health system is an effective factor that leads to the delivery of task-shifting and task-sharing interventions successfully. For instance, the ability to send patients to specialists and other care providers was made possible by the existing provider networks (Feiring et al., 2018).

Therefore, it leads to effective task shifting and sharing when well implemented. Societal factors: they encompass socio-economic conditions, cultural norms, and historical context, can substantially hinder task sharing and shifting interventions in terms of access, involvement, and delivery (Simspon, 2015; Sarkingobir, 2025b). Sociocultural norms pose significant challenges. Dutch medical doctors' resistance to technology adoption was linked to historical perceptions, as indicated by de Groenier et al. (2023). Similar findings were observed in Mango chi, Malawi, by Kok et al. (2020). Certain medical fields, like intensive care, embraced technological changes and expanded clinical technologist roles, whereas acceptance varied among specialties, such as surgery and rheumatology. Key barriers in task shifting and sharing: task shifting and sharing are implemented by policymakers in many countries globally. It is an effective strategy for delivering healthcare services in many countries to improve treatment costs, availability, and safety. Despite recent studies reporting the safety and cost-effectiveness of task shifting and task sharing, some notable barriers to implementation are discussed below. Trust, responsibility, and

accountability: these are factors affecting the success of task shifting and task sharing. DiPierro et al. (2023) reported that doctors voiced anxiety about accountability and responsibility when midwives were assigned tasks with doctors. The fear frequently results from ignorance of midwifery education and practice, the impression of variation in midwife skill and experience, and ambiguous legal guidelines governing liability in these situations. Additionally, caregivers shared the same worries. Organizational factors: effective healthcare delivery and minimal inter-professional cooperation depend on each cadre of healthcare professionals having a clearly defined task (Nwankwo et al., 2022).

8. Justification for a Task-Shifting and Task-Sharing Policy for Maternal and Child Health in Nigeria

The shortage of skilled health cadres in Nigeria is accentuated by a misdistribution of available cadres skewed in favor of urban locations in the country's Southern states. Other factors responsible for this shortage include a freeze on employment in the public service of some states, and poor working environments, leading to external and internal brain drain to other professions. At the Local Government Area (LGA) level, there appears to be a preference for hiring CHEWs rather than nurses and midwives because of their lower remuneration package. This hiring practice is seen despite the fact that these CHEWs have not been trained to competency to provide comprehensive maternal and newborn care services. Given the fact that the PHC is the nearest level of health care delivery to the community, it is of utmost importance that basic maternity services, basic emergency obstetric and newborn care (BEmONC) services and PMTCT services should be available 24 hours a day/7 days a week in such centers if Nigeria's high maternal and newborn mortality and HIV rates are to be significantly reduced. Regrettably, very few doctors, nurses and midwives can be found at this level of health care delivery. Rather, most PHCs are staffed by CHEWs and other lower skilled cadres who have not been trained to proficiency in BEmONC or in PMTCT, partly because there has been no clear policy on their role in the fight against maternal and newborn mortality. Certainly, CHWs (CHOs, CHEWs and Junior CHEWs) constitute 42% of all human resources at the PHC level with nurses and midwives constituting less than 8%. To address this shortage of skilled cadres at this level, a clear policy on task shifting and task sharing in Nigeria should be put in place to guide the different cadres of HCWs (especially CHEWs) on how they can best contribute to the reduction of maternal and newborn mortality and the national target for the elimination of new pediatrics infection and meeting the MDGs (Yankam, et al 2023).

9. Conclusion

In conclusion, the study provides evidence that task shifting and task sharing can be effective strategies for improving access to healthcare services and enhancing patient outcomes. The findings have important implications for policy and practice, and highlight the need for further research on the effectiveness of task shifting and task sharing in different contexts and settings. Task shifting and task sharing policy is an effective strategy for improving access to essential healthcare services in Bauchi State. However, adequate training, sufficient resources, and effective communication are essential for successful implementation. Before exploring the barriers and promoters for effective implementation of task shifting and sharing, and strategies for enhancing task shifting and sharing practice, all the participants responded to questions on their understanding of the meaning of task shifting and sharing and its rationale. The respondents reported task shifting and sharing to mean the transfer or allocation of duties, assignments, or activities from highly

skilled cadres to lower cadres when there are insufficient or no health workers to provide the services. In responding to questions on the rationale for task shifting and sharing, the policymakers presented the rationale to shift or share tasks due to the shortage of health workers to deliver quality service at the primary level of care. Further insight was provided that the shortage of health workers was particularly for nurses and midwives, and it negatively impacts maternal and child health services. The respondents also reported that prior to the development and implementation of the state task shifting and sharing policies, its informal practice was widespread in primary-level facilities due to the absence of highly skilled health worker cadres (doctors, nurses, midwives, laboratory specialists, and pharmacists) and high workload. There was persistent shortage of health workers. Respondents also reported that the persistent shortage of health workers in the states evaluated, especially at the service delivery points, hampers the implementation of task shifting and sharing. They highlighted that some health facilities do not have adequate staffing levels to implement shifts and provide health services aligned with the tasks shifted or shared. According to them, this results in the high workloads for those available. Another perspective offered in relation to health worker shortages was with the non-availability of experienced health workers to provide mentoring support to beneficiary cadres of task shifting and sharing.

10. Recommendations

The study recommends providing adequate training and resources to support task shifting and task sharing initiatives, establish effective communication channels to ensure successful implementation of task shifting and task sharing policy and conduct further studies to evaluate the long-term impact of task shifting and task sharing policy on access to essential healthcare services. Task shifting and sharing are potential interventions for expanding healthcare within LMICs and increasing human resources for health. In this article, we have been able to discuss its evidence, challenges, and opportunities in sub-Saharan Africa, and as a result, we recommend that LMICs should: consider implementing, extending, and strengthening task shifting or task sharing methods in areas where health staff shortages are impeding the availability of HIV and other health services. Task shifting should be implemented alongside other initiatives aimed at increasing the number of qualified health workers. Analyze a framework for researching task shifting or task sharing in order to address other important public health issues. In addition, LMICs should perform a human resource analysis to provide data on the demographics of current HRH in both the public and private sectors. Examine and think about using current regulating methods, such as laws, proclamations, rules, regulations, policies, and guidelines, to permit cadres of health workers to practice within a wider range of practice and to permit the emergence of new cadres within the health workforce. Specify the responsibilities and corresponding competency levels needed for both newly established cadres created due to the task shifting/task sharing approach and current cadres expanding their practice areas. The National Health bill recommends the development of policies and guidelines that facilitate adequate distribution of human resources; provision of appropriately trained staff at all levels of the national health system in an effort to meet the population’s health care needs; and the effective and efficient utilization of available human resources for health.

11. References

Adejumo,O.A., Mutagaywa, R., Akumiah, F.K., & Akintunde, A.A.(2024). Task sharing and task shifting (TSTS) in the management of Africans with hypertension: A call for action-Possibilities and its challenges. Global Heart Journal, 19(1), 1-24.

Amani, A., Atubehwe, P., Mboussou, F.F., Ngoy, N. et al. (2023). A rapid increase in coverage of COVID-19 vaccination, Central Republic. Bulletin of World Health Organization, 101(6), 431-436.

Atkinson, M.J., Parnell, J., & Diedrichs, P.C. (2024). Task shifting eating disorders prevention: a pilot study of selective interventions adapted for teacher-led universal delivery in secondary schools. International Journal of Eating Disorders, 57(2), 327-340.

DiPierro K., Lee, H., Pain, K.J., Durning, S.J. & Choi, JJ. (2023). Groupthink among health professional reams in patient care: A scoping review. Medical Technology, 44(3), 309-318.

Feiring, B., Laake, I., Christiansen, I.K., Hansen, B., Stalcrantz, J., Ambur, OH. et al.(2018). Substantial decline in prevalence of vaccine-type and nonvaccine-type human papilloma virus (HPV), in vaccinated and unvaccinated girls 5 years after implementing HPV vaccine in Norway. Journal of Infection Distribution, 218(12), 1900-1910.

Fiato, N. (2016). Family planning in Sub-Saharan Africa: a review of interventions in promotion of long-acting reversible contraception (Doctoral dissertation, University of Pittsburgh).

Groenier, M., Spijkerboer, K., Venix, L., Bannnink L., Yperlaan, S., Eyck, Q., Manen, JG., Miedema, H.A.T. (2023). Evaluation of the impact of technical physicians on improving individual patient care with technology. BMC Medical Education, 23(181), 1-12.

Kok, M., Tolani, M., Mtonga, W. et al. (2020). Enabling and hindering factors of health surveillance assistants roles in the provision of contraceptive services in Mangochi, Malawi. Reproductive Health, 17(57), 1-24.

Labbo, A. (2016). Islam and the development medicine in Nigeria; Lessons from the Sokoto Caliphate. Journal of Islam in Nigeria, 2(1), 89-99.

Nwankwo, O. N., Ugwu, C. I., Nwankwo, G. I., Akpoke, M. A., Anyigor, C., Obi-Nwankwo, U.,& Spicer, N. (2022). A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria. PloS one, 17(3), e0266159.

Nyasulu, J., & Pandya, H. (2020). The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services. African Journal of Primary Health Care and Family Medicine, 12(1), 1-5.

Okoroafor, S. C., & Christmals, C. D. (2023, April). Task shifting and task sharing implementation in Africa: a scoping review on rationale and scope. In Healthcare (Vol. 11, No. 8, p. 1200). MDPI.

Okoroafor, S. C., & Christmals, C. D. (2023a). Barriers, promoters, and strategies for improving task shifting and sharing implementation in Nigeria: Qualitative perspectives of policy makers. Journal of Global Health Reports, 7, 1-12.

Oladele, D. A. (2023). Development and Validation of a Psychometric Scale to Assess the Adoption of Evidence-Based Task-Shifting Strategies in Africa (AEBIS) (Doctoral dissertation, Saint Louis University).

Ollando, E. A. (2020). Knowledge, Attitude and Practices regarding task shifting of eye care services in Kenya (Doctoral dissertation, Strathmore University).

Peer, N., Baatiema, L., & Kengne, A. P. (2021). Ischaemic heart disease, stroke, and their cardiometabolic risk factors in Africa: current challenges and outlook for the future. Expert Review of Cardiovascular Therapy, 19(2), 129-140.

Sarkingobir, Y.(2025a). Implications of food deserts and food swamps at school environment. Journal Plus Education, XXXXIII (2025), 349-370.

Sarkingobir, Y.(2025b).Family role in food security in obesogenic societies: Insights from the Sokoto Caliphate. Journal of World Religious and Interfaith Harmony, 4(2), 372-386.

Seidman, G., & Atun, R. (2017). Does task shifting yield cost savings and improve efficiency for health systems? A systematic review of evidence from low-income and middle-income countries. Human Resources For Health, 15, 1-13.

Simpson. (2015). Models and theories to support health behavior intervention and program planning. Purdue Extension, Purdue University. www.edustore.purdue.edu.

Yankam, B. M., Adeagbo, O., Amu, H., Dowou, R. K., Nyamen, B. G. M., Ubechu, S. C., ... & Bain, L. E. (2023). Task shifting and task sharing in the health sector in sub-Saharan Africa: evidence, success indicators, challenges, and opportunities. Pan African Medical Journal, 46.