

[Lecture 3—Abstract]

Task Shifting—The Philippine experience

Oscar D. TINIO*¹



One purpose of task shifting is to expand the pool of health human resources in areas where the appropriate health services are needed to meet the health care needs of the affected community or communities, with the objective of making comprehensive prevention programs, treatment, and other health supports universally accessible. The problems confronting the Philippine health sectors are: low priority given to health by local and national governments; growing population; exodus of highly skilled health manpower resources; and, managing the distribution of the remaining health manpower resources. The Philippines has undersupply of physicians, medical specialists, medical technologists, pharmacists, dentists, bio-medical technicians, and medical record officers. There is oversupply of nurses, midwives, nursing aides, pharmacy aides, and caregivers.

One proposed solution to the problem of inadequate health manpower is task shifting that will be managed by the local government units in coordination with the Department of Health and the Philippine Medical Association. Philippine laws governing the practice of medicine is a variable for the low acceptance of task shifting in

some communities where other health providers with fewer qualifications are generally frowned upon. It is understandable, therefore, why many still depend on the physicians for their health care needs, especially curative and surgical needs.

Examples of tasks shifted to various levels of competency or technical skills are: normal and uncomplicated birth or deliveries for midwives; immunizations and administering medicines for nurses and midwives; dispensing unregulated medicines for pharmacists; circumcision and simple suturing for nurses; intra-venous fluid insertion/administration for nurses and midwives; care of the elderly for nurses, midwives and licensed health aides; and, care of the chronically and terminally ill for trained health providers. Other tasks that may be shifted are health promotion activities, disease prevention, and rehabilitation and care of the ill and infirmed. Some tasks that pose problems when shifted to other health providers are: medico-legal cases, major surgical operations, some minor surgical operations, complicated fractures, complicated disease conditions, complicated birth deliveries, diagnosing and prescribing, and, prescribing regulated medicines.

*1 President, Philippine Medical Association, Inc., Metro Manila, Philippines (philmedas@yahoo.com).