[Lecture 1—Abstract]

Task Shifting—Applying to the local context

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The concept of "Task Shifting" has received considerable attention in the global health community over the past decade. Originally, the interest arose from the need to cope with rapidly expanding access to the ARV (Anti Retro Virus) drug within the HIV/AIDS infected population in Sub-Sahara African countries where physicians were scarce. Shifting certain roles and functions from physicians to nurses and other health professionals under such dire circumstances was considered to be imperative. Global recommendations and guidelines for task shifting were then issued by WHO to facilitate smooth implementation while minimizing any possible adverse effects from the change.

On the other hand, the shortage of physicians and other health professionals is not specific to the Sub-Sahara African region, but rather a common challenge of the majority of health service provision around the world. To address this shortage of physicians, the concept of task shifting is spreading to other regions as well with less relevance to the original context, namely, the need for universal access to ARV drugs under resource poor settings. However, such application to other regions has been more controversial than the original task shifting in Sub-Sahara Africa. Especially among medical communities, shifting some of their responsibility to less clinically trained professions has raised concerns about quality and safety of health care delivery.

These concerns are well reflected in the WMA (World Medical Association) resolution "Task Shifting from the Medical Profession," adopted in 2009. One of the important elements of this resolution for CMAAO (Confederation of Medical Associations in Asia and Oceania) members is the need to respect each country's underlying situation when shifting a physician task rather than simply seeking a standard solution.

Japan, for example, has gradually shifted certain physicians' roles by increasing the number of new health professions. The original four nationally licensed health professions in Japan —physician, dentist, pharmacist, and nurse/midwife—have expanded to 23 licensed health professions during the past century so as to adapt to the ever evolving health circumstances of the country. During this shifting process, it is worthwhile to note that the Japanese medical community has maintained—in an implicit manner—what they regard as core competences of their profession, namely, diagnosis, key treatment judgment, and stewardship for a team of multiple health professionals.

Each country will continue to face new and evolving health challenges under different circumstances and thus in a different manner. There should not be a single process for effective task shifting. Something that is successful in sub-Sahara Africa may not be successful in a different setting. To bring the best available health outcome to the entire population of every country —which should be the universal goal of task shifting—each instance of task shifting should be made to meet each local context.

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