Author's response to reviews

Title: A Scoping Study on Task Shifting; the Case of Uganda

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Author's response to reviews: see over
Response to comments of the reviewer

Title: A Scoping Study on Task Shifting; the Case of Uganda

By Dr. Sebastian Olikira Baine and Dr Arabat Kasangaki

A. General Comments

The Research Topic and questions raised are very relevant and the study findings will not only provide input into the policy making in the Ugandan health sector but to the entire sub Saharan Africa (SSA) region which faces human resource for health constraints and have resorted to task shifting.

B. Discretionary Revisions

Comment:
The qualitative methods used in the study is appropriate and well described, although the authors needs to highlight more linking the thematic content analysis to theoretical framework.

Response: (Page 8; lines 290-294)
The themes included: shortage of health workers; policy and legal framework, recruitment, deployment and retention of trained health workers; support supervision; training of health workers; nursing aides; village health teams; and induction in relation to task shifting that is perceived as means to address human for health issues.

C. Minor Essential Revision:

Comments:
The data used in the study is sound, however, the authors need to clearly indicate how the data was collected, the level of health care workers that were involved or were interviewed, if the data was also collected from the consumers of health care services. In addition, a part from the open ended interviews that were held, did the authors also used focus group discussions (FGDs) to have an in-depth understanding and validate the issues raised by individual respondents?

Response to how the data was collected? (Page 7 and 8; lines 268-283)
Data collection was a three stage process. Firstly, published and gray literature was reviewed. Information on human resources for health was obtained from; documents in the Ministry of Health, journals and different electronic data bases such as PubMed, Cochrane Library, and Social Science Citation Index were searched.

Secondly, key informant interviews were conducted to seek clarification on specific issues on task shifting. Open-ended questions were used to investigate issues on task shifting and obtain in-depth information. Participants were from a wide and varied background but stakeholders in
the delivery of health services. Selected key informants held high positions in their organizations included in the sample. They provided their day to day knowledge and experiences on task shifting.

Thirdly, a group discussion of 16 representatives drawn from the Ministry of Health, Development Partners, Professional bodies, Civil Society Organizations/NGOs, and the academia was conducted to gain consensus on the issues raised during document review and key informant interviews. Focus group discussions were not conducted.

**Comment:**
Level of health care workers involved or were interviewed

**Response** (Page 7; lines 264-265)
This scoping study targeted policy makers and did not include health workers at the health facilities.

**Comment:**
Were data also collected from the consumers of health care services?

**Response** (Page 7; lines 265-266)
Consumers of health services were represented by a representative of the people and Civil Society Organizations.

**Comment:**
If yes, how many FGDs were held, what was the size and composition of these FGDs.

**Response:** (Page 8; line 283)
Focus group discussions were not conducted in this scoping study. One group discussion was held for policy makers in the Ministry of Health, Development Partners, NGOs/Civil Society, and the academia.

**Comment:**
The authors list the study populations (mainly institutions) how were the populations selected? Was every member of these institutions involved in the data collection process? If not, how were the samples involved in the data collection process selected? Was it through random or other methods? The authors need to provide motivation for the sample selection methods used.
Comment:
Was every member of these institutions involved in the data collection process?

Response: (Page 7; line 258)
Only representatives of the organizations participated in data collection.

Comment:
How were the samples involved in the data collection process selected?

Response (Page 7; lines 259-260)
Participants were selected purposively and priority was given to those in leadership positions first.

Comment:
The authors need to provide motivation for the sample selection methods used.

Motivation for the sample selection methods used were; this was a scoping study to generate in-depth evidence from the key stakeholders in health policy formulation especially human resources for health; and a purposive sample would provide the required information on which a comprehensive study would be developed.

Comment:
Rewriting page 12 paragraphs 3 and 4. The last two lines of these paragraphs are repeated.

Response: (Pages 12 and 13; lines 484-501)
Unfortunately, the experiences show that more problems were caused because tasks were shifted without giving proper induction. Respondents acknowledged that training doctors was more expensive for the government than training lower rank health workers such as clinical officers, nurses, mid-wives, public dental health officers, etc. Roles could be delegated to them after induction and ensuring continuous support supervision. Caution must be taken to ensure that qualified health workers do not offload a lot of service to lower cadres at the cost of quality and safety to the health consumers.

Induction

Available evidence shows that more problems were caused by shifting without giving proper induction. There was little or no adherence to the WHO guidelines and recommendations. Respondents acknowledged that training doctors was more expensive for the government than
training lower rank health workers such as clinical officers, nurses, midwives, public dental health officers, etc. Roles could be delegated to clinical officers, nurses, midwives, public dental health officers, after they have been inducted into their new roles, trained on when to consult and refer patients/clients, and are offered the necessary support supervision regularly after they have been inducted into their new roles, trained on when to consult and refer patients/clients, and are offered the necessary support supervision regularly.

**Comments:**
The Authors need to clearly address the data collections issues raised above.

- **Sample size used**

**Response:** (Page 7; lines 257-260)

This scoping study only targeted key stakeholders or organizations that are involved in policy formulation. Only representatives of these organizations participated in data collection. Participants were selected purposively and targeted those in leadership positions first. No statistical formula was used to obtain the sample size.

- **Structures interviews**

**Response** (Page 8; lines 274-277)

Open-ended questions were used to investigate issues on task shifting and obtain in-depth information on task shifting. Participants were from a wide and varied background but stakeholders in the delivery of health services. Selected key informants held high positions in their organizations included in the sample

- **FGDs if any**

**Response** (Page 8; line 283)

Focus group discussions were not conducted.

**Comments:**
The manuscript adheres to the relevant standards of reporting and the discussions and conclusions are well balanced. However, the authors have completely ignored study limitations. There is need for this to be addressed. The writing is acceptable, referencing, the title and abstract content are satisfactory.

Finally, the authors’ responses to the earlier comments are satisfactory.

D. Major Compulsory Revisions
Limitations of the study should be included.

**Response** *(Page 9; lines 323-331)*

Limitations have been inserted and were:

1. Health providers at the implementation level were not adequately represented to give their views on task shifting. This was planned for the broader and comprehensive study that was to follow this.

2. This was a qualitative study and rigorous statistical analysis could not be done.

3. Participants in this scoping study were drawn from the policy making circle and one district. The views obtained from one district may not represent the views of the other districts in Uganda since the economic and social settings vary.

4. The study had limited funding support.

Distilled clear policy recommendations

**Response** *(Page 18; lines 728-734)*

Recommendations have been revisited and are embedded within the conclusions.

- Regulatory bodies in the Ministry of Education and Sports, and Ministry of Health should do more to define and enforce quality training of non-doctor health trainees, and scope for task shifting.

- Government should enforce provision of continuous and effective support supervision to health workers who take up delegated other duties which were not included in their pre-service training curricula.