

Author's response to reviews

Title: A systematic review of task-shifting for HIV treatment and care in Africa

Authors:

Mike Callaghan (mike.callaghan@utoronto.ca)

Nathan Ford (Nathan.FORD@joburg.msf.org)

Helen Schneider (helen.schneider@uct.ac.za)

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Author's response to reviews:

Dear Editors

Thank you for providing us with the reviewers comments, which we have addressed in a revised version of the paper. A point-by-point response is provided below.

We hope these revisions are clear, and are happy to make any further changes that may be required.

Yours sincerely, and on behalf of all the authors

Nathan Ford

REVIEWER 1

Francoise Barten has returned a report on this manuscript. Please see the comments below. Reviewer's report:

Thanks for inviting me to review this manuscript. I have read it with great interest.

- thank you for your helpful comments

1. Does it address an important or timely issue?

THE CONCEPT AND PRACTICE OF TASK SHIFTING HAS ACQUIRED NEW PROMINENCE AND URGENCY AND THE ARTICLE ADDRESSES AN IMPORTANT ISSUE.

2. Is it well reasoned? YES.

3. Is it relatively balanced, or does it make plain where the author's opinions might not represent the field as a whole?

I MISSED THE REFERENCE TO THE CONCEPT OF COMMUNITY PARTICIPATION AND THE NEED TO RE-VISIT THIS. SEE RECENT ARTICLE BY

Lehmann, U., Van Damme, W., Barten, F., Sanders, D. (2009). Task shifting: the answer to the human resources crisis in Africa? *Human Resources for Health* 2009, 7:49doi:10.1186/1478-4491-7-49

- Thank you for this addition. This reference has been added

IT WOULD BE OF INTEREST TO DISCUSS WHETHER TASK SHIFTING AND INCREASED COMMUNITY PARTICIPATION CAN BE MORE THAN A SHORT-TERM SOLUTION TO ADDRESS THE HIV/AIDS CRISIS AND CAN CONTRIBUTE TO A REVIVAL OF THE PRIMARY HEALTH CARE APPROACH AS AN ANSWER TO HEALTH SYSTEMS CRISES.

- We agree, and have added a comment to this effect

4. Is the standard of writing acceptable?

YES IT WOULD BE OF INTEREST TO DISCUSS WHETHER TASK SHIFTING AND INCREASED COMMUNITY PARTICIPATION CAN BE MORE THAN A SHORT-TERM SOLUTION TO ADDRESS THE HIV/AIDS CRISIS AND CAN CONTRIBUTE TO A REVIVAL OF THE PRIMARY HEALTH CARE APPROACH AS AN ANSWER TO HEALTH SYSTEMS CRISES.

- We have added comment that addresses this issue

Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached.

IT WOULD BE IMPORTANT TO PROVIDE SOME MORE CONTEXT TO THE DEBATE. E.G. THE RECENT LANCET SERIES ON SOUTH AFRICA UNDERLINE THE NEED TO DO THIS IN PARTICULAR IN A CONTEXT OF INCREASING HEALTH INEQUALITIES AND GEOGRAPHICAL INEQUITIES IN TERMS OF HEALTH SYSTEMS DEVELOPMENT.

- Thank you. Given the range of countries and settings (urban, rural) it is difficult to contextualize the overall range of studies, but the point of placing task shifting in context is important, and we have added a comment to this effect in the discussion section.

- This paragraph now reads: "Policies on task shifting must be considered in context. Firstly, decisions of exactly which type of task shifting (involving doctors, nurses, community health workers, or patients) to implement will also have to be made according to each country context where task shifting will involve a different set of politics, professional and social dynamics, and resource and

training needs. This will determine, in line with available evidence, which cadres can reliably perform which tasks, where to set performance thresholds, and how to ensure the best fit with existing roles and scopes of practice. The importance of processes surrounding task shifting are a recurring theme in the literature: appropriate integration into staff structures, adequate pay, and ongoing support and supervision, all require careful attention. More broadly, task shifting has to be engaged within broader health system goals of building access, equity and responsiveness; and where task shifting involves the mobilisation of community health workers, to questions of community participation and accountability.[80]"

REVIEWER 2

Dr Erik J Schouten has returned a report on this manuscript. Please see the comments below.

Reviewer's report: My main conclusion after reviewing the paper is that I would encourage the authors to review the paper but that at the moment I am unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

- thank you for your review. We hope we have been able to address your points

In more detail:

1. Does it address an important or timely issue? This paper is a contribution to the discussion on task-shifting as it tries to synthesize some of the experiences around task shifting and HIV treatment and care programmes. I would welcome such paper.

2. Is it well reasoned?

The paper needs revision, especially in the methodology and discussion section.

Methodology

- The methodology of the systemic review is not clear. I understand from the abstract that the selection criteria that were used to reduce the initial yield of 2960 to 84 whether the papers assessed time and cost savings, access gains and performance and patient outcomes while I understand from the results that the papers were analysed for efficiency, quality of care, health outcomes and team dynamic. This should be clearly addressed under the methodology.

- The search strategy aimed to find all research articles that detailed approaches to task-shifting for the delivery of HIV care in Africa.

- The categories proposed by the reviewer (efficiency, quality of care, health outcomes and team dynamic) that we established ourselves a way to logically

order the diversity of reports retrieved

- We have attempted to clarify this by rewording the methods section as follows: “While the search methodology was systematic, the paucity and heterogeneity of the results prevent the drawing of ‘systematic’ conclusions on any particular task shifting practice. We therefore subsequently organized the findings within the context of current debates about task shifting as policy and practice according to five main themes: efficiency; access; quality of care; health outcomes; and team dynamics.”

- The goal of the paper is to establish evidence around task

shifting. It is hard to understand how opinion pieces, position papers, papers elaborating theories and models and policy analysis papers contribute to this goal. How many of the papers were based on rigorous research that can contribute to building a body of evidence

- While this might not be clear in the text of the paper, it was the purpose of Table 1 to highlight those papers that included original data.

- We note that the references that comprise the results section of the paper (refs 25-75) all report primary data. The citation of papers that are considered to be opinion pieces, position papers, papers elaborating theories and models and policy analysis papers has been largely limited to the introduction and discussion sections.

- In response to this point, and a point made further down, we have included a section that addresses the methodological quality of original studies, and provide a web appendix with a more detailed assessment of methodological quality.

Discussion

- Due to these observations I believe that the paper fails to show that there is evidence that supports the conclusion that task shifting is both effective and economical

- It is important to note a difference between the purpose of a systematic review, which is to assemble published information using a replicable methodology, and a meta-analysis, which aims to gain a point estimate from synthesized the evidence.

- We have limited our paper to the first objective, but have not attempted to provide a single estimate of benefit given the heterogeneity of studies and contexts.

- While study quality is variable, still we consider that a review that has managed to identify 25 original research articles is worthwhile. We further note that among the studies identified, 11 used a comparative methodology and 2 were randomized trials). Almost all findings were positive. This may or may not reflect a publication bias in the literature, but the failure to find negative publications (bar

one) is nevertheless important.

3. Is it relatively balanced, or does it make plain where the author's opinions might not represent the field as a whole?

Many people working in the HIV area would like to see that Task Shifting is a successful approach to resolve HRH issues that are one of the main bottle necks to further roll out HIV programmes in resource poor settings. A more rigorous review is needed including an analysis of the validity of the methodology used in the reviewed papers.

- Thank you for this suggestion. As stated above, we have now included an assessment of methodological quality

4. Is the standard of writing acceptable?

Yes.

5. Some additional comments

- In the introduction it is stated that health workers shortages are intensified by the HIV/AIDS pandemic. I suggest including that the HRH shortages are aggravated as many health workers are in the response of the health sector by rolling out ART, VCT and PMTCT programmes.

- This is an important comment that reflects a broader debate around the extent to which HIV care has contributed to resource shortages in other areas. While we recognize this is an important concern it is beyond the scope of this paper to include this debate, which would require a proper assessment of proportionality of resource allocation, which as far as we are aware has yet to be properly done by anyone.

- In recognition of this concern within the broader current debates, and in line with a comment of reviewer 1, we have added the following point to the conclusions: "Policies on task shifting must be considered in context. Firstly, decisions of exactly which type of task shifting (involving doctors, nurses, community health workers, or patients) to implement will also have to be made according to each country context where task shifting will involve a different set of politics, professional and social dynamics, and resource and training needs. This will determine, in line with available evidence, which cadres can reliably perform which tasks, where to set performance thresholds, and how to ensure the best fit with existing roles and scopes of practice. The importance of processes surrounding task shifting are a recurring theme in the literature: appropriate integration into staff structures, adequate pay, and ongoing support and supervision, all require careful attention. More broadly, task shifting has to be engaged within broader health system goals of building access, equity and responsiveness; and where task shifting involves the mobilisation of community

health workers, to questions of community participation and accountability.[80]”

- I suggest avoiding using terminology such as 'lower cadres'. This will be interpreted as demeaning for the cadres involved. I propose to the authors to change this to 'staff with shorter training' or similar.

- We agree and have removed the use of this phrase