

International Conference on Task Shifting

Addis Ababa Declaration

10 January 2008

We, representatives of governments, multilateral agencies, development partners, civil society, professional associations, education, training and research institutions, care and support organizations and people living with HIV and AIDS, assembled at the International Conference on Task Shifting in Addis Ababa, Ethiopia, 8-10 January 2008, to address the human resource constraints that are impeding progress towards the realization of the Millennium Development Goals to reduce child mortality (Goal 4), to improve maternal health (Goal 5), and to combat HIV and AIDS, malaria and other diseases (Goal 6) and towards achieving universal access to HIV and AIDS services by 2010;

- 1. recognize** that the global health workforce deficit exceeds four million and that shortages of health workers are particularly acute in many low- and middle-income countries that also face major health challenges including a high burden and prevalence of communicable diseases (for example, HIV and AIDS, malaria, tuberculosis, diarrhoea, and pneumonia), non-communicable diseases (for example, diabetes, hypertension and cancer), trauma and injuries, and unacceptable high levels of maternal mortality;
- 2. acknowledge** that there is an urgent need for rapid increases in access to essential health services, especially for the poor, and that improvements in the performance of health systems, including significant strengthening of human resources for health, are necessary to deliver services which are accessible, safe, efficient, effective, equitable and sustainable;
- 3. acknowledge** that increased investment in health is of major importance, not only for attaining the health goals but also for contributing to development in general;
- 4. recognize** that reorganization and decentralization of health services, including task shifting, can help to address the current shortages of health workers, if implemented alongside a broad range of other strategies that are designed to address other aspects of the human resources for health crisis;
- 5. note** the on-going efforts to address the broader aspects of the human resources crisis, such as issues relating to the production, retention and migration of health workers, as well as the financing of human resources. The Global Health Workforce Alliance is providing an appreciated leadership together with other partners. Specific calls for action have been issued from different regions across the world;

- 6. note** that task shifting as a response to health workforce shortages, as well as health systems needs, is being implemented in different ways and to a variety of extents in many countries, often informally. It is important to build on existing efforts, especially those that empower communities while expanding the number of community health workers and providing them with the necessary support;
- 7. note** the evidence that access to quality primary health care can be provided using a task shifting approach, where there is an enabling environment that includes a supportive regulatory framework, functioning referral systems, robust quality assurance mechanisms (such as standardized training and supportive supervision), and where there is adequate remuneration of health workers and resources for health service delivery;
- 8. welcome** the WHO global recommendations and guidelines on task shifting which provide a broad and flexible global framework that can contribute to national adoption and urgent action, or expansion, of a task shifting approach as one method of strengthening and expanding the health workforce to fight HIV and AIDS and to rapidly increase access to primary health care services;
- 9. commit** to pursue a process of national, sub-regional and regional consultations (including also Ministries of Finance) on the WHO recommendations and guidelines on task shifting and make necessary adjustments if needed. These consultations could also address the broader human resources for health agenda and the need for additional strategies and solutions.
- 10. call** on countries to adapt and to implement the WHO global recommendations and guidelines, where appropriate, according to the specific circumstances of individual countries and develop national action plans for the implementation of task shifting, within national human resources policies, strategies and budgets, that can ensure quality and effectiveness of essential health services contributing to the strengthening of health systems;
- 11. call** on countries and all partners to also urgently address the broader human resources agenda, including the production, education, recruitment and retention of health workers, adequate financing (including adequate fiscal space) as well as challenges of migration and brain drain moving towards a long term sustainable situation;
- 12. call** on governmental, multilateral and bilateral agencies and other partners to take shared responsibility for providing appropriate and increased financial resources and technical support for the implementation and evaluation of the task shifting approach by those countries who choose to adopt, or expand, the approach and to promote task shifting as one of the range of strategies under the WHO Treat, Train, Retain plan, and alongside other interventions to increase human resources for health.