# **Supplement A: TS/S Delphi Questionnaires**

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| **Table SA-1: Round II Questionnaire and Summary Results** |
| **Question 1,** *Purpose of task shifting: What is the purpose of task shifting?* (Likert from 1-7, 1=Strongly disagree; 7=Strongly agree) | **Median Score (N=16)** | **Rank\*** |
| The purpose of task shifting is to reduce morbidity, mortality and disease prevalence among populations where shortages of highly professionalized health care providers limits access to effective interventions. | 7 | 1 |
| The purpose of task shifting is to provide health care that is more culturally appropriate and equitably accessible than could be provided by highly professionalized health care providers who are not part of the community. | 6 | 4 |
| The purpose of task shifting is to facilitate the involvement of peer or community health workers, who may have closer relationships with affected patients or communities.  | 5 | 6 |
| The purpose of task shifting is to improve access to and coverage of effective health care interventions in low-resource settings, without compromising standards of care. | 6 | 2 |
| The purpose of task shifting is to diversify care options and modes of delivering specific interventions. | 5 | 7 |
| The purpose of task shifting is to address health human resources shortages by positioning providers with less training to deliver effective interventions. | 6 | 3 |
| The purpose of task shifting is to deliver superior care for complex health problems by diversifying the care team.  | 4 | 11 |
| The purpose of task shifting is to scale-up interventions rapidly by training large numbers of providers to deliver those interventions. | 5 | 8 |
| The purpose of task shifting is to distribute responsibilities within health workforce teams, enabling highly professionalized workers to focus on training, supervision, administration, and management of difficult or severe cases.  | 5 | 5 |
| The purpose of task shifting is to reshape the way that health systems are designed and organized, and the way health care duties, responsibilities, and authority for care are allocated. | 4 | 9 |
| The purpose of task shifting is to change conventional hierarchical relationships between the providers who deliver care so that highly trained professionals work as partners with providers with less training. | 4 | 10 |
| Are there any other essential purposes of task shifting that, in your opinion, should be added to this list? If so, please write these purposes in the text box below. Otherwise, simply write “None”. | N/A | N/A |
| **Question 2, Task shifting and Task Sharing:**  *Please choose the statement below that, in your opinion, best characterizes the relationship between task shifting and task sharing.* | **n** | **Rank\*** |
| 1. "Task Shifting" and "Task Sharing" are synonyms that refer to the same processes in health systems.
 | 0 | 4 |
| 1. Task shifting and task sharing refer to the same phenomenon, but task sharing is the preferred term because it better captures the collaborative nature of these undertakings.
 | 8 | 1 |
| 1. Task sharing is a type of task shifting, where greater emphasis is placed on sharing responsibility for a given task between providers with different training within the health care team.
 | 3 | 2 |
| 1. Task shifting and task sharing are related but distinct entities. In task shifting, highly trained providers transfer tasks to providers with less training. In task sharing, a new team is formed and tasks are completed collaboratively.
 | 3 | 2 |
| Other (with comments)* *“I don’t know”*
* *“I agree that sometimes task sharing is both option 3 and 4. my preferred form would be for all task shifting to be task sharing but in reality the two are distinct.”*
 | 2 | 3 |
| **Question 3, Conditions Suited to Task Shifting:** *In your opinion, how important are the following characteristics to make a health problem amenable to task shifting?*(Likert from 1-7, 1=not important; 7=extremely important) | **Median Score** | **Rank\*** |
| The condition represents a considerable burden for the health system. | 5 | 10 |
| The condition is highly prevalent. | 4 | 12 |
| The condition has been difficult to address due to a shortage of available health services. | 7 | 1 |
| The condition can be identified through active, simple screening. | 5 | 10 |
| The condition can be evaluated and diagnosed with simple instruments and without the need for advanced technical skills. | 5 | 8 |
| The condition requires frequent monitoring and follow-up. | 5 | 11 |
| The condition is therapeutically complex. | 3 | 14 |
| The condition is socially complex.  | 4 | 13 |
| The condition affects an underserved population or community. | 5 | 9 |
| The treatment is clinically effective. | 6 | 5 |
| The treatment has a protocolized or algorithmic aspect that facilitates decision-making. | 6 | 6 |
| The treatment requires a team for implementation. | 5 | 13 |
| The treatment is socially acceptable. | 5 | 9 |
| Treatment by non-specialist health care workers is socially acceptable. | 6 | 3 |
| Adequate resources exist to scale-up the treatment.  | 6 | 7 |
| New cadres of providers are willing to be trained to take on new health care tasks. | 6 | 2 |
| Existing experienced professionals are willing to train and supervise non-specialists. | 6 | 4 |
| In your opinion, are there any other features or characteristics of a health problem that would make it suitable for task shifting? If so, please write them in the text box below. Otherwise, write “None”. | N/A | N/A |
| \*As computed based on the sum of scores. |

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| **Table SA-2: Round III Questionnaire and Summary Results** |
| **Question 1, Purpose and Opportunities for Task Shifting:***Please indicate if you can approve each statement below. If you do not approve of any of the statements, please indicate why in the space provided after the statements.* (Approve / Do Not Approve) | **Approvals (N=15)** |
| The 𝗣𝗨𝗥𝗣𝗢𝗦𝗘 of task shifting is to reduce morbidity, mortality and disease prevalence among populations where shortages of highly professionalized health care workers limits access to effective interventions. Task shifting achieves this purpose by positioning providers with less training to deliver effective interventions, thereby improving access to and coverage of those interventions without compromising standards of care.  | 12 |
| *Task shifting also offers the following 𝗢𝗣𝗣𝗢𝗥𝗧𝗨𝗡𝗜𝗧𝗜𝗘𝗦 depending on the context where it is implemented. Task shifting can:*  | **Approvals** |
| Deliver care that is more culturally or contextually appropriate in settings where highly trained workers are not a part of the community, including by involving peer and community health workers who have a closer relationship with the affected community. | 14 |
| Diversify care options and modes of delivering specific interventions. | 15 |
| Permit rapid scale-up of essential interventions by positioning large numbers of providers to deliver those interventions. | 14 |
| Change conventional hierarchies between health providers, where highly trained professionals work as partners with providers with less training. | 14 |
| Redistribute responsibilities within health workforce teams, enabling highly professionalized workers to focus on training, supervision, administration, and management of difficult or severe cases. | 15 |
| If you did not approve any of the above statements, please indicate why. | N/A |
| **Question 2, Essential Conditions:***The essential conditions required to launch a task shifting intervention include.*  (Approve / Do not approve) | **Approvals** |
| The health problem is important for the population and the health system. | 12 |
| The health problem is difficult to address due to a shortage or inaccessibility of health human resources. | 13 |
| The treatment can be delivered by healthcare workers with less training. | 14 |
| The treatment is clinically effective. | 14 |
| The treatment has protocolized or algorithmic elements that can be used to facilitate training and implementation. | 12 |
| The treatment is socially acceptable. | 12 |
| New cadres of providers are willing to be trained to deliver the intervention, and existing providers are willing to provide the necessary training. | 15 |
| There are sufficient resources for scale-up. | 12 |
| If you did not approve any of the above statements, please indicate why. | N/A |
| **Question 3, Task Shifting and Task Sharing:***Roughly half of the panelists find a difference between the terms "task shifting" and "task sharing", while the other half consider these terms synonymous. We ask that you consider the following statement and indicate if you approve or do not approve. If you do not approve, please indicate why in the space provided after the statement.* | **Approvals** |
| Task shifting occurs when a task is transferred to a health worker cadre with less training. Task sharing occurs when a new health team is formed and tasks are completed collaboratively. | 10 |