

HUMAN RESOURCES FOR MATERNAL SURVIVAL: TASK-SHIFTING TO NON-PHYSICIAN CLINICIANS

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Federal Democratic
Republic of Ethiopia
Ministry of Health



CALL TO ACTION

A landmark conference, Human Resources for Maternal Survival: Task-Shifting to Non-Physician Clinicians brought together some 350 health professionals, government officials, and development partners - representing a total of 42 countries, including 29 from sub-Saharan Africa. Participants gathered to examine and share innovative approaches to addressing the human resource gap in the delivery of lifesaving emergency obstetric and newborn care (EmONC), focusing on the training and deployment of non-physician clinicians (NPCs) as important and undervalued members of the health care team. Evidence presented at the conference indicates that in some countries, NPCs in rural districts now provide over 90% of life-saving obstetric surgery, including cesarean sections.

Highlighting the voices of NPCs and clinical training institutions from countries that have had success with this approach, many participant countries promoted a paradigm shift from human resource planning based solely on a framework of professional categories to one based on the competencies required to meet health care needs.

Yet, to successfully accomplish this paradigm shift and to move towards the realization of MDGs 4 and 5, governments must help to create an enabling environment: one that includes attention to the policies and regulations that expand the scope of practice of health workers where appropriate, strengthens training, ensures supportive management and supervision, and ensures that health workers have the necessary drugs, supplies, and equipment to carry out their work.

Convened by host Dr. Tedros Adhanom Gebreyesus, Ethiopian Minister of Health, fellow Ministers and representatives from all 29 African countries represented developed a joint commitment to support and expand human resources for maternal survival. This commitment builds on the momentum of recent regional and global meetings that emphasize the importance of scaling-up mid-level health providers. The proven promise of NPCs encouraged Ministers to publicly commit to finding evidence-based strategies and to fostering a team approach with midwives and other health professionals competent to carry out EmONC.

Addis Ababa Call to Action on Human Resources for Maternal and Newborn Survival, including Task-Shifting/Sharing for Emergency Obstetric and Newborn Care, 02 July 2009

Every pregnancy wanted, every birth safe, every newborn healthy¹

We, Ministers of Health from 29 African countries assembled in Addis Ababa, Ethiopia, on 02 July 2009, to share experiences in human resources for maternal and newborn survival to address the human resource crisis that slows our progress in achieving MDGs 4 and 5, determined to take concrete and deliberate steps to prevent the death and disability of women and children due to complications of pregnancy, childbirth and the post-partum period, and to reinvigorate our commitment to strengthen national health systems and fully implement our national plans for maternal and newborn health;

Acknowledge that poor access to reproductive health, including family planning, and to quality care during pregnancy, childbirth and the post-partum period, is responsible each year for more than half a million maternal deaths globally, an estimated two million newborn and child deaths, and the emotional and physical suffering of millions of women left with life-long disabilities;

Commend the African Union for the recently launched Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), which reinforces the leading role of the people of Africa and their governments in leading the search for solutions and demanding that global priorities align with those solutions;

Welcome recent global and regional resolutions and declarations that recognize avoidable death in pregnancy and childbirth as a human rights violation;² articulate the necessity of tackling health inequities through universal coverage of primary health care,³ including sexual and reproductive health,⁴ and emphasize the critical importance of scaling-up mid-level health providers in contributing to address the crisis in human resources in the health sector;^{5,6}

¹ The Global Campaign for the Health Millennium Development Goals - First Year Report 2008. Chapter 5 on new Consensus

² United Nations GA. Preventable maternal mortality and morbidity and human rights. Human Rights Council A/HRC/11/L.16/Rev.1 Res. 16 June 2009

³ World Health Assembly Resolution WHA62.12, 22 May 2009

⁴ Maputo Plan of Action for the implementation of the Continental Policy Framework on Sexual and Reproductive Health and Rights. Maputo, Mozambique, 18-22 September 2006

⁵ Kampala Declaration and Agenda for Global Action. First Global Forum on Human Resources for Health, Kampala, Uganda, 2-7 March 2008

Note with concern the slow progress towards the attainment of MDGs 4 and 5 by 2015, the global financial crisis which threatens the commitments made by donor governments to increase and harmonize development assistance, and the slow progress towards the commitments made by countries of the African continent to allocate 15% of national budgets to health, as stated in the Abuja declaration;⁷

Are aware that the countries which are coping with or emerging from conflict face substantial challenges in reducing maternal and newborn mortality and morbidity due to deterioration of health systems and infrastructure and depletion of human resources;

Recognize the existence of evidence-based and effective solutions to address maternal and newborn mortality, namely universal access to family planning, skilled birth attendance (as per WHO definition), and access to EmONC; **further recognize** that, where adopted as part of primary health care, these interventions have led to tremendous gains in maternal health in over one hundred countries, reducing maternal mortality by half in less than ten years in many of these countries;⁸

Acknowledge that skilled health workers able to deliver life-saving interventions are dramatically fewer than the number needed, with the unacceptable result that the poorest and most marginalized people have much higher maternal mortality; **also acknowledge** that community health workers are able to deliver family planning services and support other health promotion activities, and important child and some newborn health interventions, within the context of continuum of care; however, they do not have the competencies and enabling environment to ensure safe deliveries;

Support the principle, practice and the potential of task-shifting/sharing for ensuring availability of EmONC when aligned with overall health system strengthening;

We therefore **commit to**:

- Ensure that all women can have access to care by a skilled birth attendant during pregnancy, childbirth and the post-partum period by 2015
- Further enhance our commitment to repositioning family planning as a critical strategy for improving maternal and newborn survival
- Ensure that national human resource plans address the critical shortage and the specific competencies and enabling environment required for maternal and newborn survival, are fully developed and implemented, are adequately financed to address the number, quality training, distribution, motivation and retention of health workers, and are appropriately monitored
- Accelerate implementation of evidence-based and sustainable strategies to increase access to life-saving services, and continue documenting innovative and complementary approaches such as task-shifting/sharing of EmONC, fostering a team approach with midwives and other health professionals capable of carrying out EmONC, including non-physician clinicians as appropriate, to accelerate progress on maternal and newborn survival
- Ensure an enabling policy, regulatory, managerial and operational environment so that all skilled birth attendants are able and motivated to provide the needed services safely, effectively and respectfully, and are retained in the geographic areas where they are most needed in order to ensure universal access
- Enhance efforts to further strengthen our national health systems, as we work towards achieving Millennium Development Goals 4, 5 and 6
- Encourage South-South, North-South and regional collaboration for maternal and newborn survival, including standardization and harmonization of health worker cadres and training curricula
- Take action to address the socio-economic determinants of maternal mortality and morbidity, including gender inequality, low access to education – especially for girls but also for boys – child marriage and adolescent pregnancy;

Commend WHO, UNFPA, UNICEF and the World Bank for generating a “new impetus” for maternal and newborn health,⁹ **and call on** these agencies to further support national capacity building for health, and provide technical resources in recognition of the importance of maternal mortality as a litmus test for the overall functioning of health systems;

Call on all members of the African Union to endorse this Call to Action and to take the bold steps to accelerate the implementation of the Maputo Plan of Action, national maternal and newborn health roadmaps as well as other related actions to fulfill these commitments to the women and children of our countries; **transmit** this Call to Action to the Heads of State of the African Union for their highest consideration and endorsement as appropriate;

Call on national and international development partners, including donor governments, global health initiatives, foundations, academic institutions, professional associations, and NGOs, to support governments’ plans with capacity building and technical assistance, and predictable, long-term financing for MDG-driven and performance-based health systems strengthening, as recommended by the High Level Taskforce on Innovative International Financing for Health Systems.¹⁰

⁶ Addis Ababa Declaration on Task Shifting. Addis Ababa, Ethiopia, 8-10 January 2008

⁷ Abuja Call for accelerated action towards universal access to HIV and AIDS, tuberculosis and malaria services in Africa. Abuja, Nigeria, 2-4 May 2006

⁸ The World Health Report 2005 - Make every mother and child count. 2005. Geneva. World Health Organization

⁹ WHO, UNFPA, UNICEF, the World Bank: Joint statement on maternal and newborn health. Accelerating Efforts to Save the Lives of Women and Newborns; 25 September 2008

¹⁰ High Level Taskforce on Innovative International Financing for Health Systems. Final Report, May 2009