

Understanding the Political and Health Systems Context for Non-Physician Clinicians: The Ethiopia Experience

Dr Monique Rakotomalala, UNFPA

HR for Maternal Survival: Task-shifting to NPCs

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The birth of the Ethiopian NPC programme



The experience of Tigray



- 9-months training of 3-person teams in surgery, anaesthesia, surgical assistance
- Equipped operating theatres and ambulances
- Implemented by Medecins du Monde
- Supported by Regional Health Bureau and UNFPA

AMDD Evaluation Findings: Strengths of the programme

- Innovative solution to human resource gaps
- Some of the teams achieved competency and were performing life saving procedures
- Teams were functioning mostly in rural areas
- Improved service delivery for maternal health
- Exposed need and interest in other regions

AMDD Evaluation Findings: Lessons Learned

- ▶ Main Lesson: Training must be linked with a functioning work environment – including infrastructure and staffing
- ▶ Increase length and scope of training
- ▶ Mentorship/supervision systems are critical
- ▶ Salary should reflect additional responsibilities
- ▶ Training accreditation could improve recognition and motivation

Addressing the national need for maternal health care

- ▶ Extremely limited access to emergency obstetric care, particularly in rural areas
- ▶ Critical skilled workforce maldistributed, favors urban areas
- ▶ Access to surgical intervention reaches less than 1% of the population
- ▶ Large geographic area makes coverage challenging

Bringing the Tigray experience to national scale



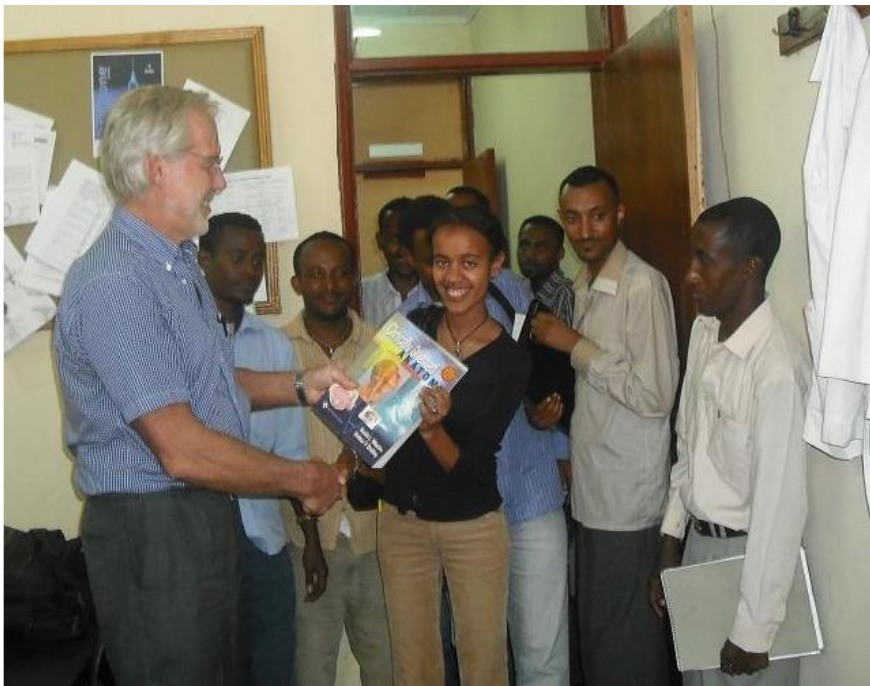
Launch of 3 year MSc training for Health Officers in integrated emergency obstetrics and surgery



Bringing the Tigray experience to national scale



The enabling environment



► Policy and legal frameworks

- Accreditation of training
- Authorization and job description

► NPC included in HR for health strategy

- Deployment and retention
- Supportive supervision
- Remuneration

Political Will for Maternal Health



- ▶ Prime Minister supports NPC strategies
- ▶ Maternal health prioritized in national health plan
- ▶ High level commitment from the MOH
 - Health Extension Programme
 - NPC Programme
 - Revitalization of midwifery

Translating political will into action

Overcoming the doubts of the technical community:

- ▶ Evaluation provided the evidence base
- ▶ Extensive consultations
- ▶ Study tours to other countries with NPC programmes
- ▶ Participation in international NPC course
- ▶ Active engagement in the current scaling-up

From policy to implementation: What are the issues?



- ▶ Some continued doubts required structured analysis of the political environment
- ▶ Utilized Interest Group Analysis tool to engage a variety of actors:
 - Interested, opposition and neutral actors
 - Multiple levels
 - Political, technical and community
 - National and sub-national
 - Individual and institutional

Who are the key players?

▶ National and regional level

- Mostly high levels of support from government and affiliated hospitals
- Key non-mobilized groups include professional associations, development partners and media

▶ Local level

- Potential high opposition from individual specialists
- Family, health extension workers and mid-level professionals overlooked to date as key influential actors

Mobilizing support from the key actors

- ▶ Use existing evidence to demonstrate the safety and efficacy of task–shifting to NPCs
- ▶ Engage actors in the following ways:
 - Technical community in the scale–up, both implementation and advocacy
 - Health extension workers in linking communities to services
 - Mid–level providers to ensure timely referral
 - Empower communities to support women to access the services

Delivering the programme: The Broader Vision

- ▶ Mobilize financial resources for sustainability
- ▶ Produce a critical mass of health teams capable of providing safe delivery and emergency obstetric care
- ▶ Train and deploy in the context of a functioning health system
 - Target – establish 800+ rural hospitals
- ▶ Empower communities to fulfill their right to health

Every pregnancy wanted

Every birth safe

Every newborn healthy