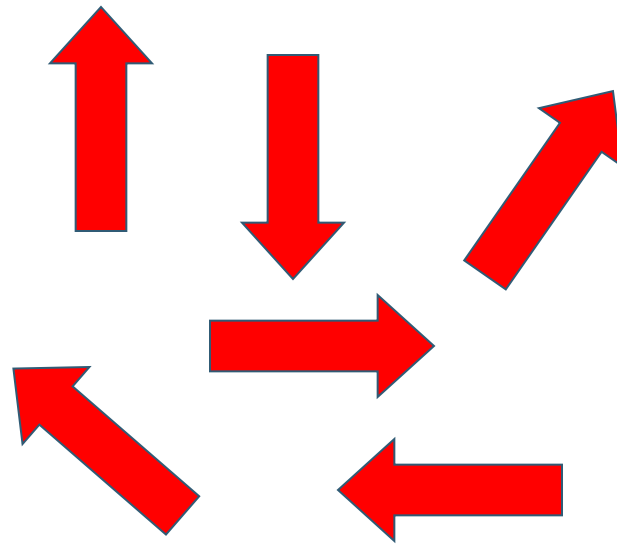


Skilling Up & Scaling Up: Task Sharing for EmOC

Harshad Sanghvi, MD
Vice President and Medical Director

Prepared for
Human Resources for Maternal Survival: Task Shifting
to Non Physician Clinicians, Addis Ababa 29th June 2009

The Well Intended Team



Maximizing the Opportunities for Reaching MDG 5

- Implement a comprehensive package of evidence-based, community interventions
- Support immediacy of care—taking care to people:
 - Skilled care closer to women including at home birth
 - Special emphasis on PPH/PE/PAC
 - Basic Emergency Obstetric and Newborn care
- **Ensure skilled care at facilities:**
 - **Doctors, midwives and non physician clinicians must be competent on graduation; champion a major shift in pre-service training to focus on needs**
 - **Ensure that skilled care is fully supported by policy, logistics and reward**

innovating to save lives



an affiliate of Johns Hopkins University

Human Resource Issues in Africa

- Of 46 African countries, 36 Have critical staff shortages,
- An increase of 139% is needed to meet 2005 level of need
(24X7)
- This is not likely to happen unless we
 - Double training output
 - Make a serious commitment to task shifting
 - Revamp HR policies including retention and reward



innovating to save lives



an affiliate of Johns Hopkins University

- ***Assessment of the Situation and Needs of General and Minor Surgery Services in Mozambique***
- **Ministry of Health of Mozambique, Jhpiego - CDC**
 - All provincial, general, rural, and district hospitals of the country (47 facilities)
 - A sample of type 1 health centers, with maternity and in-patient beds (70 facilities)

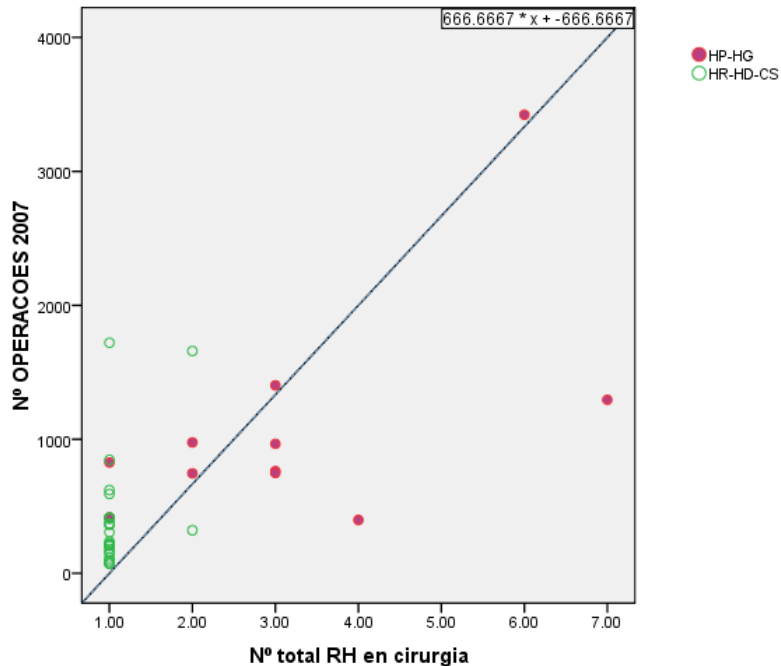
innovating to save lives



an affiliate of Johns Hopkins University

PRODUCTIVITY

Correlation between surgical output & availability of surgical personnel.

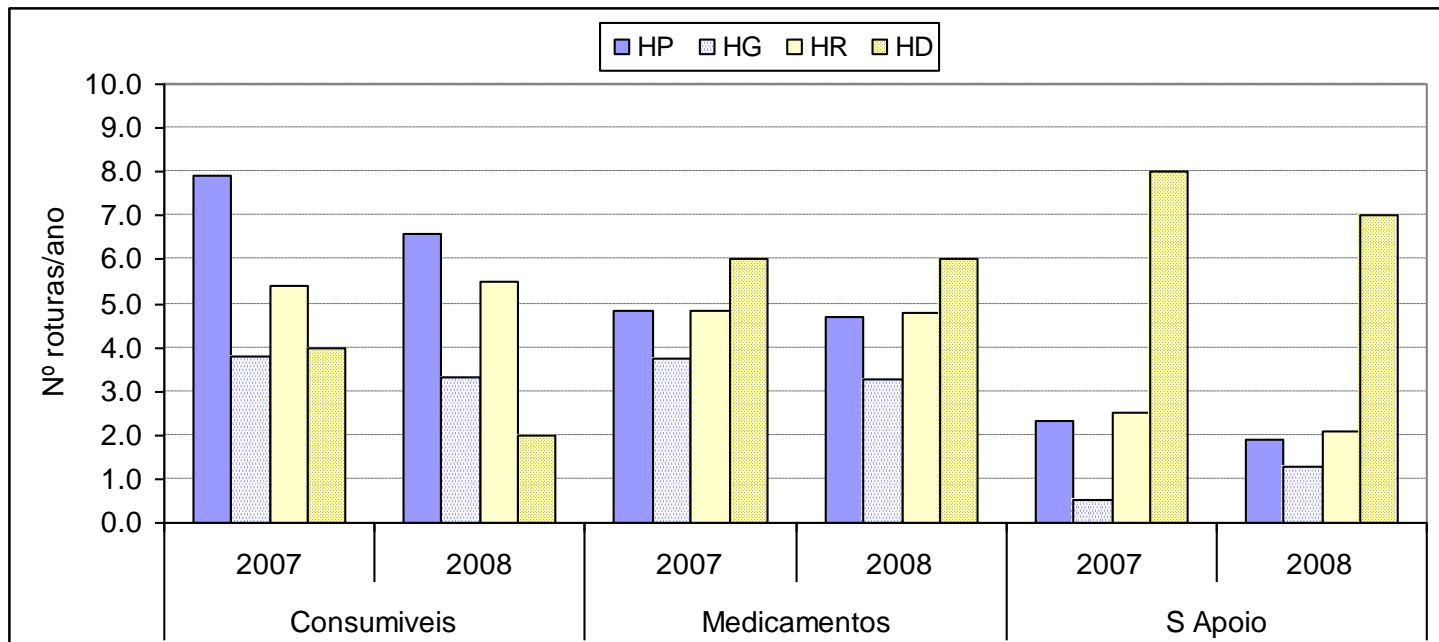


TYPE OF HOSPITAL	MEAN PRODUCTIVITY Number of surgical procedures per surgeon per day
Provincial	0.86
General	1.41
Rural	1.05

Implication: Increasing workforce does not automatically lead to increased access to care

One Reason for Low Productivity: LACK OF SUPPLIES

Frequency of surgical supplies and drugs stock-outs by
type of hospital, 2007 and 2008



innovating to save lives



an affiliate of Johns Hopkins University



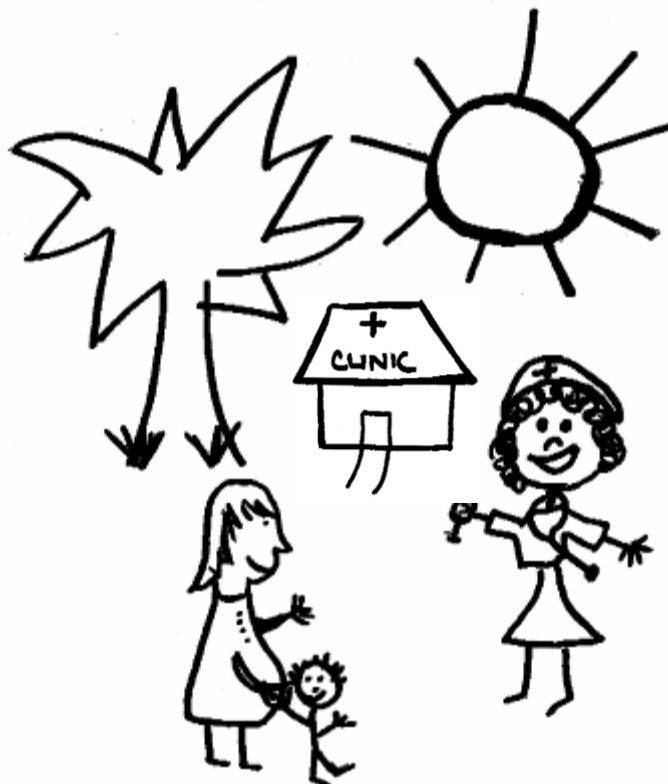
INCENTIVES/
RETENTION



EDUCATION/TRAINING



RESOURCES

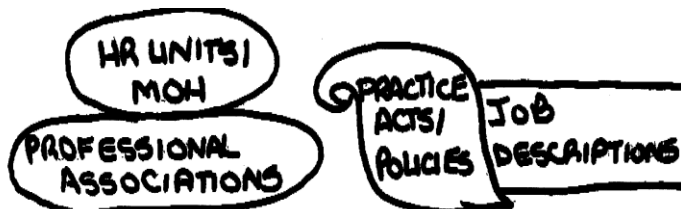


Action: We must ensure that skilled providers are fully supported

SUPPORTIVE
SUPERVISION



for decision-
making



Every skilled
providers has
rights

Fulfilling the Promise of Skilled Care

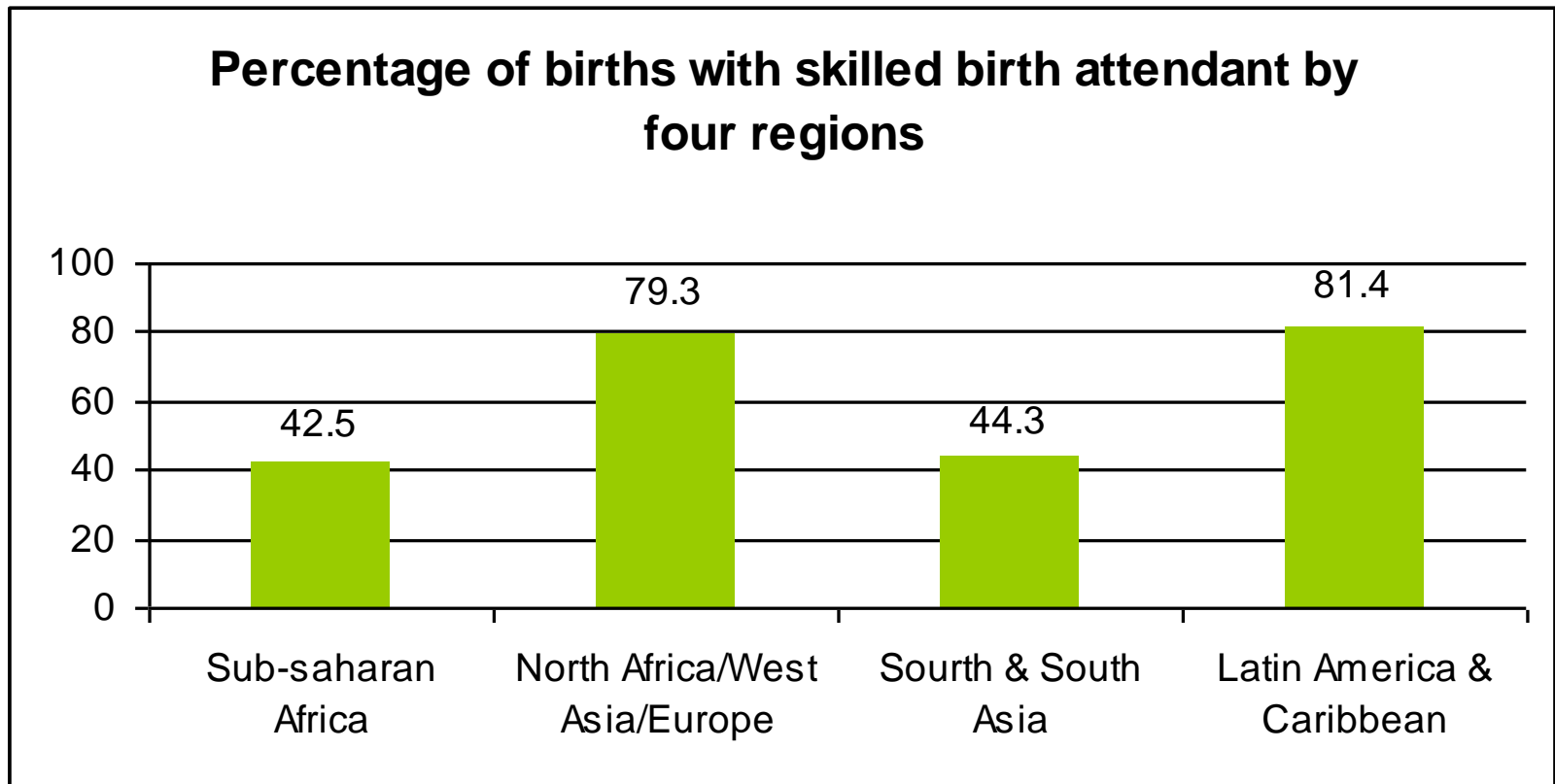
What we need is a skilled provider who:	Changes needed
Knows the right things to do	Medical and midwifery and NPC schools that produce skilled providers who are fully capable on graduation
Is enabled to do the right things	Creating a functioning and efficient working environment: Sufficient investment in performance support
Is motivated and wants to do the right things	A living wage, a career path and reward/recognition

innovating to save lives



an affiliate of Johns Hopkins University

How Have We Done: Skilled Birth Attendant Regional Estimate



Action: Commit to health workforce reform including development, deployment and support

Source: DHS 2001-2006.

Need 200 SBAs for 1m population

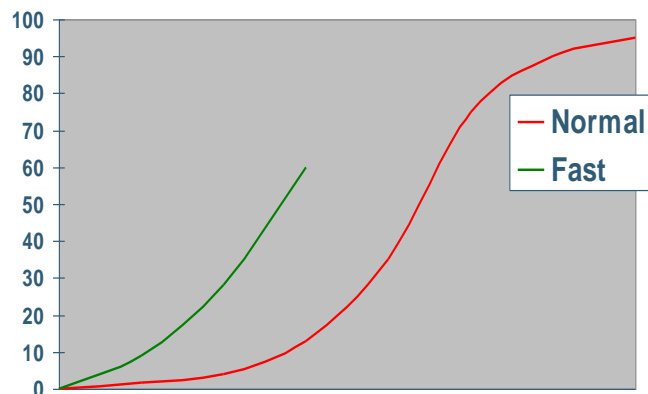
% of EmOC Need That We Have Met

% of EmOC Need Met	Africa %	Tanzania Mainland
Basic EmOC 4 facilities per 500,000 population	6–35%	3%
Comprehensive EmOC 1 facility per 500,000 population	122–193%	64%
% Met need for obstetric complication	8–23%	15%
MMR per 100,000	690–1,100	

Source: AMDD-supported country assessments, *IJGO* 2002–2004; EmOC situation analysis 2006.

This gap CAN be closed by NPC

Harmful or Ineffective Technologies That Have Taken Off



Medical, midwifery and NPC schools must promote evidence-based and cost-effective practices

A new role for NPC

innovating to save lives



an affiliate of Johns Hopkins University

Ineffective:

- The high risk approach for predicting most obstetric and immediate newborn complications

Harmful:

- Routine episiotomy
- Chest compression for basic newborn resuscitation

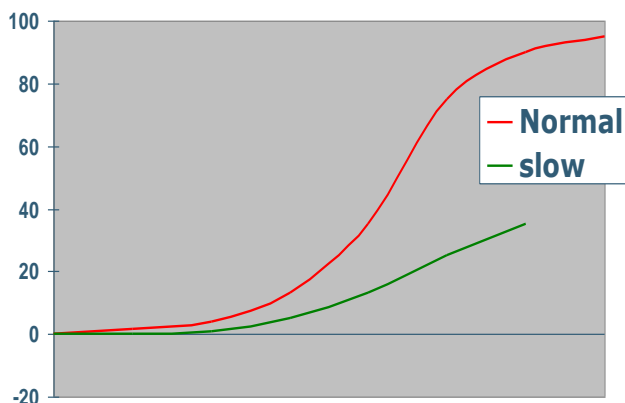
Wasteful:

- Therapeutic course of antibiotics for prophylaxis after CS

Less effective, harmful and more costly:

- Routine EFM
- Routine GA for C-sections
- Diazepam, lytic cocktail, for eclampsia

Some Effective New and Not So New* Technologies That Are Languishing



Medical, midwifery and NPC schools must embrace change and support safe introduction of new, life-saving technologies

A new role for NPC

innovating to save lives



an affiliate of Johns Hopkins University

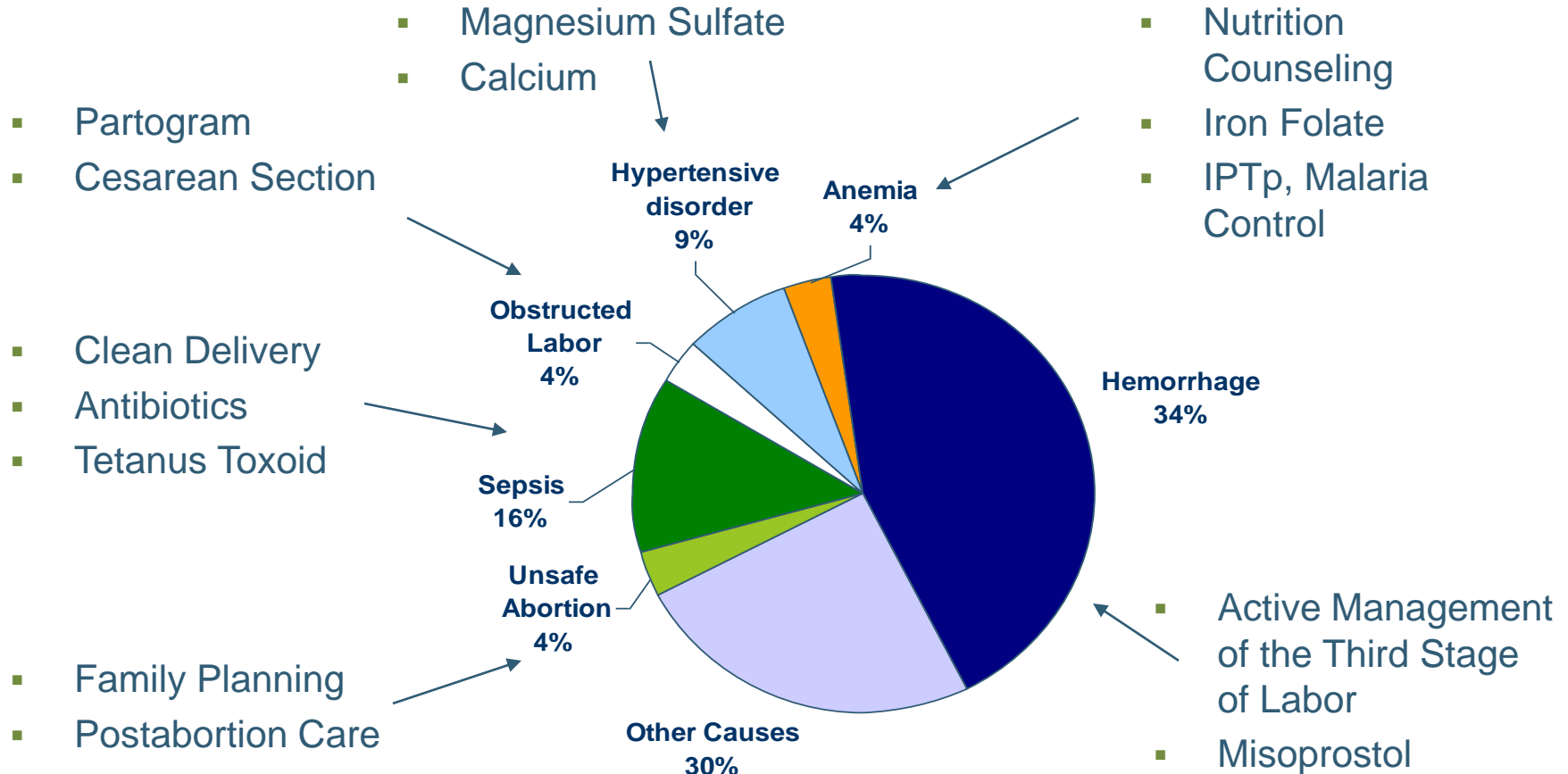
FP/RH

- * Emergency contraception
- * Implants, DMPA, IUDs, PPIUD

Maternal and Newborn Health

- * AMTSL
- Misoprostol for preventing and treating PPH
- Misoprostol for treatment of incomplete abortion, abortion
- * Magnesium sulfate, antihypertensives to prevent and treat eclampsia
- * Partogram
- * Vacuum extractor
- Backup availability of laryngeal mask for safer GA, resuscitation
- PMTCT

Proven Interventions for Maternal Survival

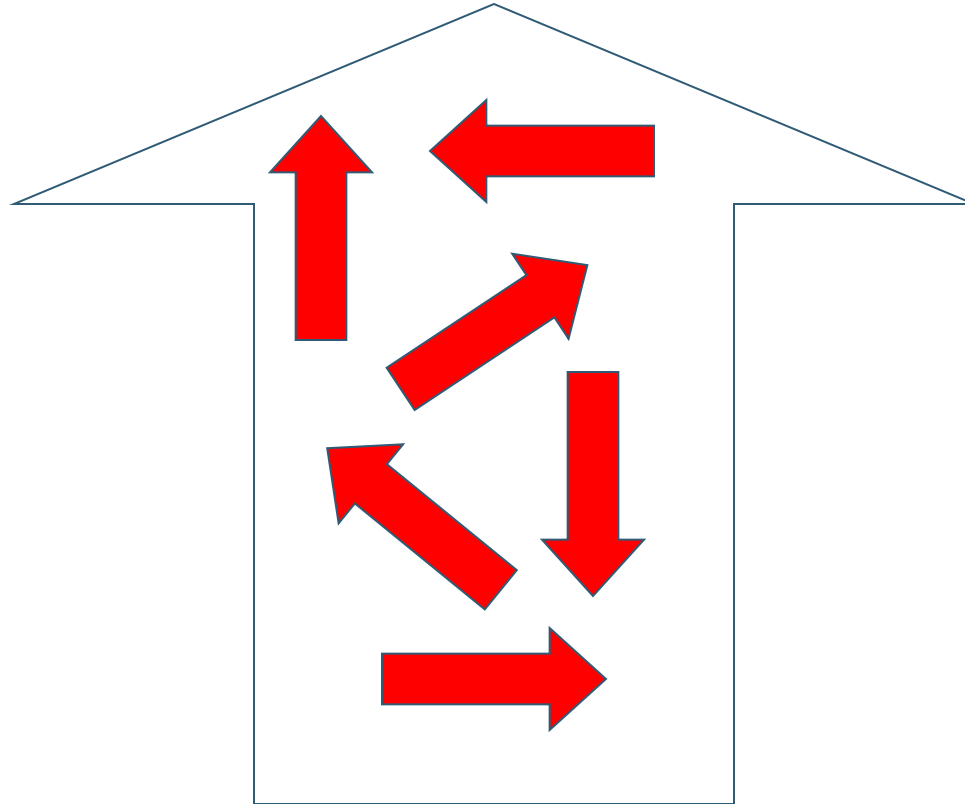


Source: WHO Analysis of causes of maternal deaths: A systematic review.
The Lancet, Vol 367, April 1, 2006.

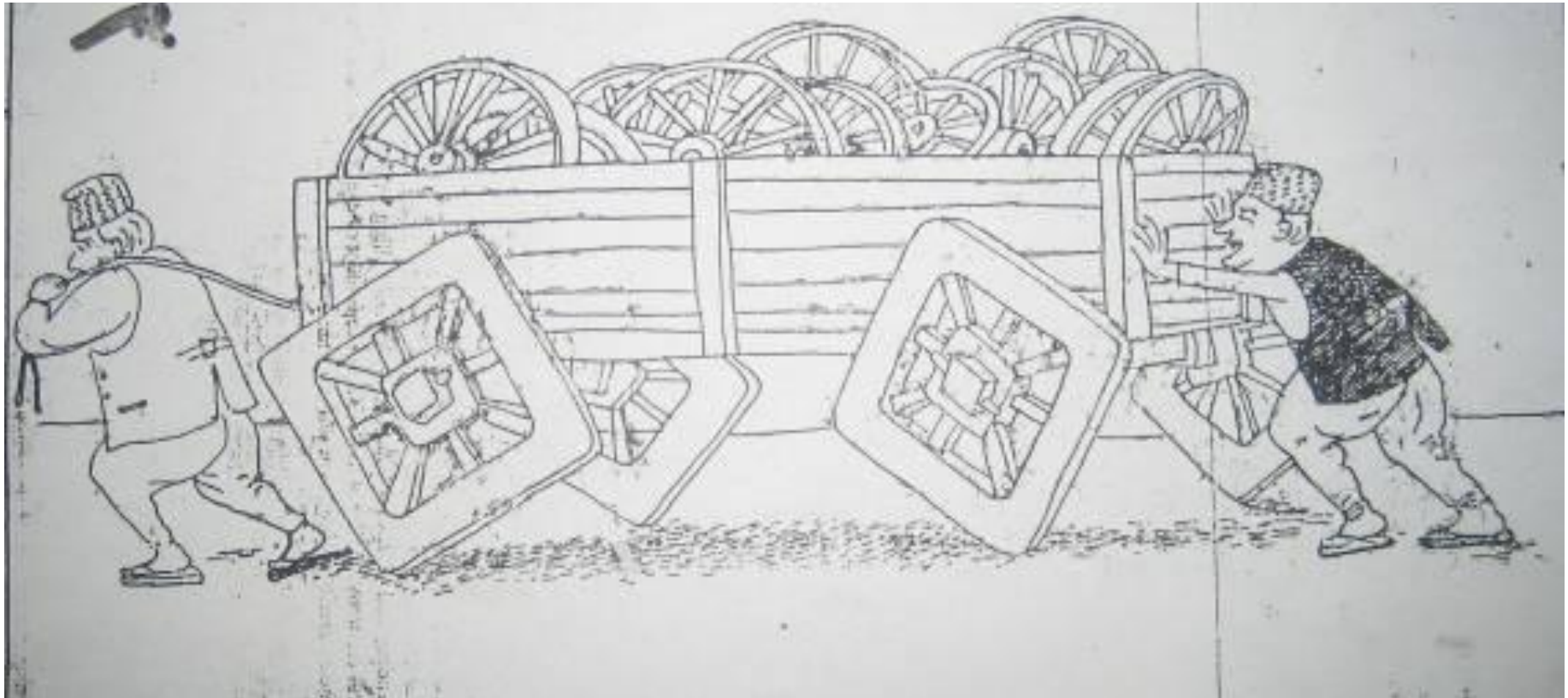
Proposed Role of Non Physician Clinicians in EmOC

Facility	Function	Role of NPC (CO, MA, ST)
Referral hospital	Complex referrals (24X7)	Obtain Training and refreshers
District Hospital Physician	CEmOC (24X7) (Complicated CS)	Obtain practicum Training and refreshers, Provide anesthesia, Support: induction of labor, MVA, PPH related surgery
Sub-District Hospital No Physician	CEmONC, (24X7) (Non Complicated CS)	Provide: Surgery and anesthesia Support: induction of labor, MVA, PPH related surgery , audits
PHCC MW, NPC	Basic MNH care delivery service, (24X7) Obstetric first aid	Support MW to offer : ▪ Resuscitation and stabilization and initial treatment, audits
PHC, Outpatient only	ANC, PNC, FP, PHC, OFA, Domiciliary Midwifery	Provide on site mentoring and education and supportive external supervision
Community Jhpiego	Comprehensive Community care package: BPCR SM IEC	Advocacy, leadership, Verbal autopsy reviews

The Directed Team



We know what works but have failed to take simple, life-saving interventions to scale



Task Shifting Works: CERVICARE Program: Ghana

Problem

- Cytological screening largely unavailable
- Treatment of precancer available only at large hospitals

Intervention

- 8 rural midwives trained in visual inspection and cryotherapy: the single visit approach. SVA fully integrated in RH services

Result

- Over 48 months, 19,326 women have been tested
- 1456 (91.7%) received cryotherapy immediately or return visit
- 16 cervical cancer patients identified (downstaging)



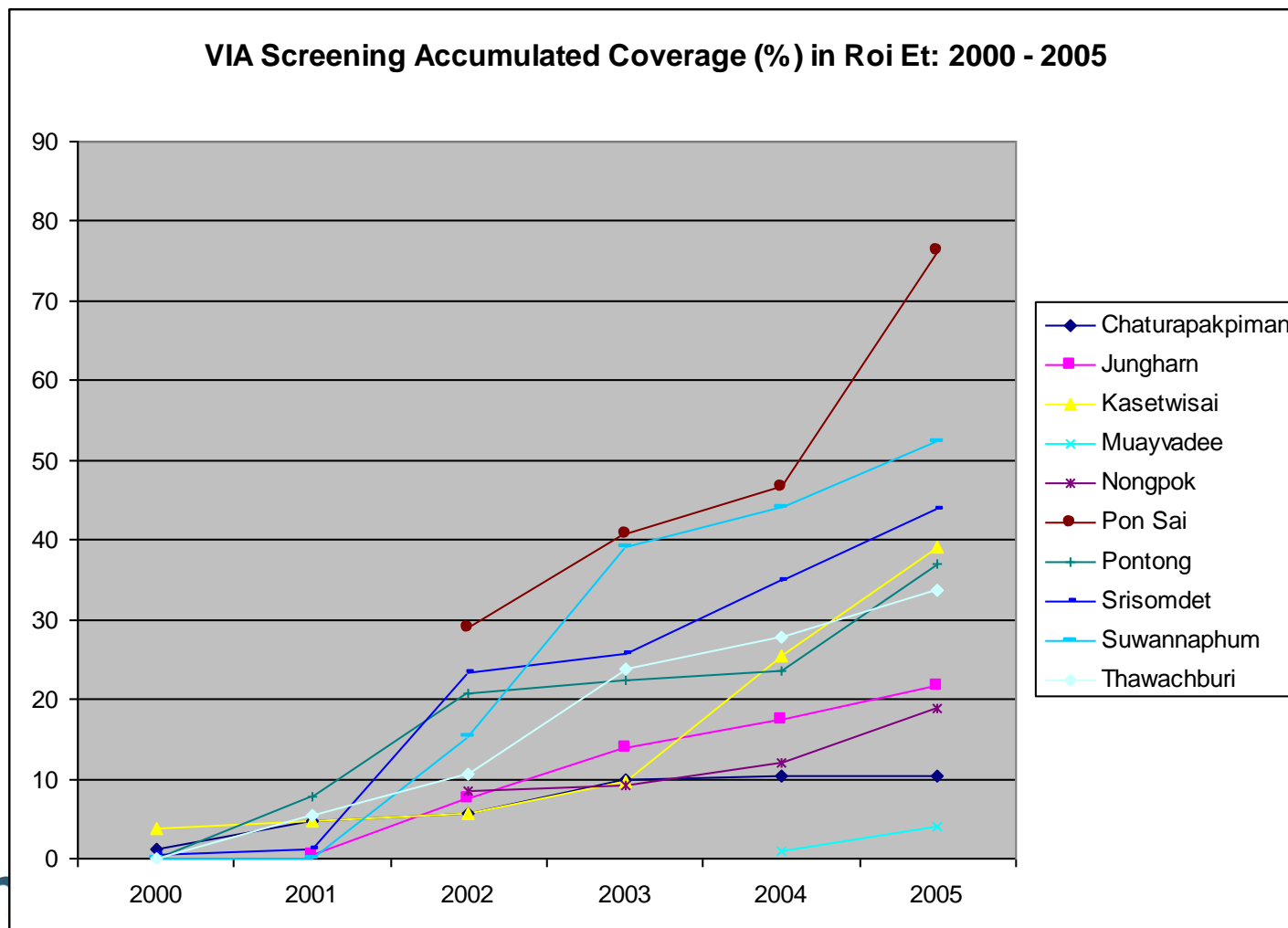
Task Shifting Works: Are skills Being Maintained Ghana

288 procedures performed by 13 providers assessed	Agreement between nurse provider and gynecologist 3-4 years since training (Kappa)
VIA Findings	0.87 (0.77 – 0.97)
Management decision	0.92 (0.85 – 0.99)



Kappa:
0.41-0.60 = moderate
0.61-0.80 = substantial
0.81-1.00 = almost perfect

Task Shifting Works: Towards Universal Coverage for Cervical cancer Prevention Thailand



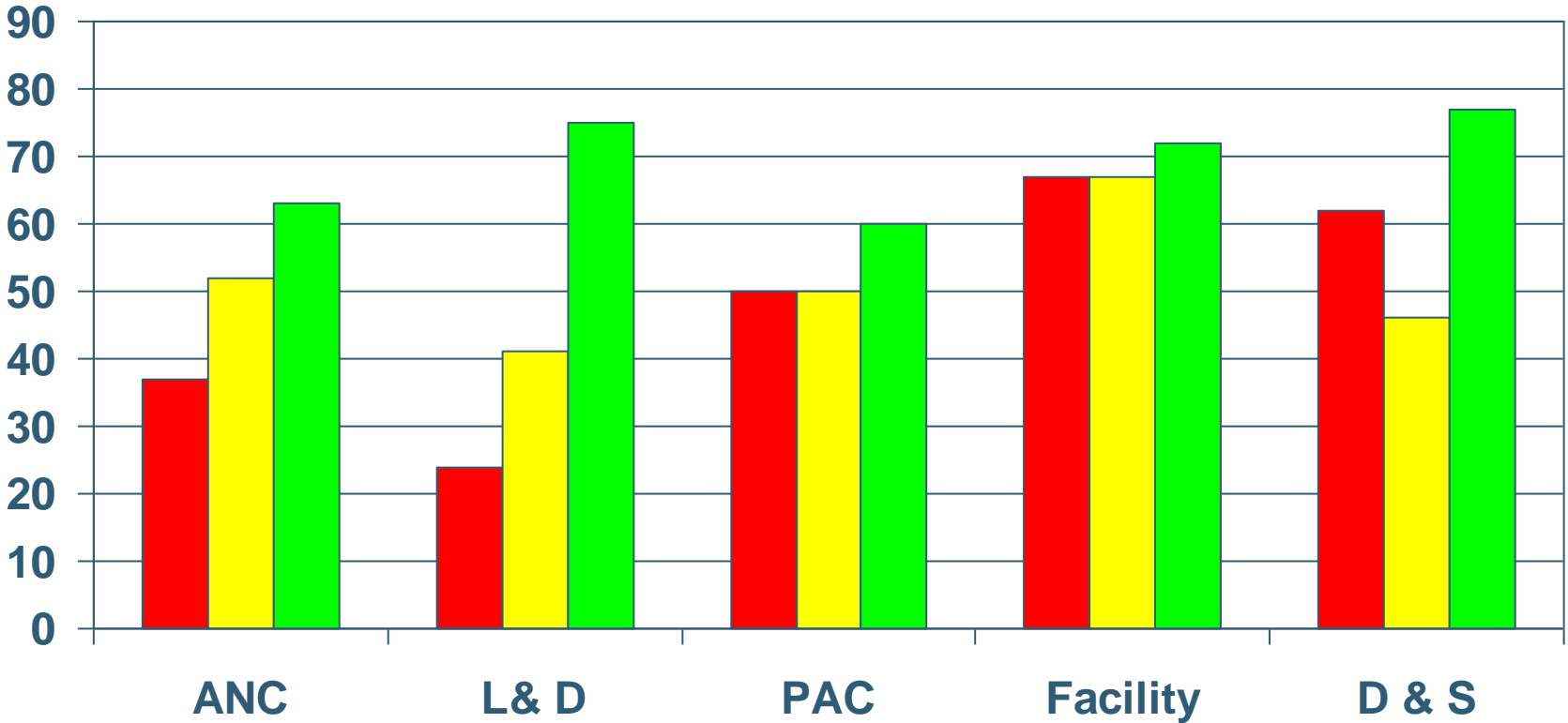
Task Shifting In India: UN indicators for EmOC: FRU in Surat, India

	FRU with EMOC trained MO*	FRU without EmOC trained MO
% of all Births that occur at site	16.4%	1.7%
% of expected obstetric complications managed at site	55%	0%
Cesarean section rate (as a %of all births in catchment)	2%	0%

*Assessment done approx 6 months after trainee returned
Data from FRU records for previous 6 Months

Task Shifting Improves performance EmOC Services : First referral Unit Surat, India

Standards Based Management & Recognition Approach, Jhpiego



■ Baseline ■ first visit ■ second visit

Baselines are self assessments,
first assessment was at 2 months after training, second 6 months

Key Lessons From Task Shifting Programs

- Select tasks to be shifted with care
 - Vacuum Extraction but not Forceps
- Set clear limitations
 - Simple versus complex caesarean sections
- Simplify tasks
 - Eg dosage and protocol for Magnesium Sulphate
 - Partogram to detect need and timeliness of CS
- Competency based training approach
 - Not just an apprentice model
- Transfer of learning to workplace strategy
- Commitment to a performance improvement model including support and supervision

innovating to save lives



an affiliate of Johns Hopkins University

Issues

- Should we develop a NPC who has specialized in MNH skills Or incorporate MNH skills in general NPC training
- Can we offer a clear career growth opportunity to NPC's
- Other Policy Issues:
 - How do we deal with emerging litigation issues
 - Do we restrict NPC services to public not for profit services
- How can we offer a higher level of supervision when most current supervision programs are deficient or non existent

innovating to save lives



an affiliate of Johns Hopkins University

The right to survive childbirth is not only a women's rights issue, it is a fundamental HUMAN RIGHT

Task Sharing is Here to Stay



LHV practices newborn Resuscitation, India

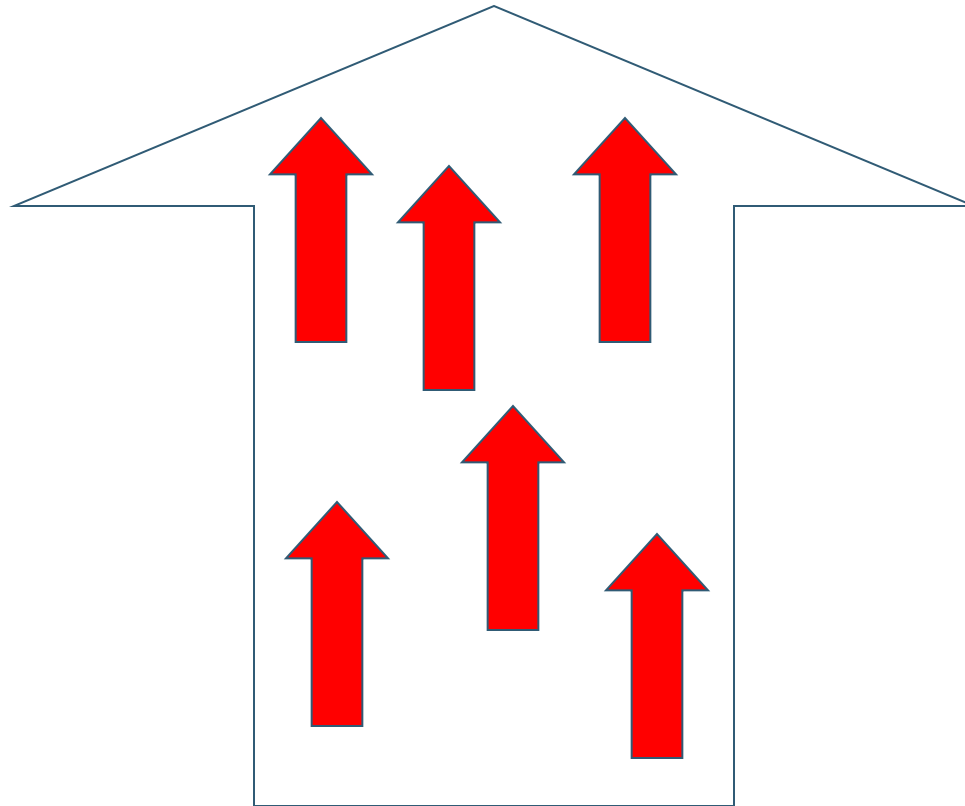


Female Nurses Performing Male Circumcision, Zambia



Community Worker performing HIV testing, Madagascar

The Aligned Team



innovating to save lives



an affiliate of Johns Hopkins University