

FIGO's Statement on Human Resources for Health in Low-Resource Settings: Collaborative Practice and Task-Shifting in MNC

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June 2009

Overview

- The vast majority of women do not develop life threatening complications in pregnancy or childbirth
- However: Up to 15% might develop life threatening complications and need specialized care for themselves and their newborns
- Conceptually: EmOC and care of the newborn with complications (that need resuscitation or treatment)

Context in SSA

Emergency care for MN:

- Disparities in urban vs. rural
- Not available 24 hours
- Historically, strong delineations of which health worker performs what (doctors, nurses, midwives and clinical officers, anesthetic officers, obstetricians and Gynecologists, Pediatricians etc).
- Comprehensive emergency care: CS, laporotomy for CS, etc have traditionally been provided by Non Specialized Doctors or Specialist Obstetricians

Context of Human Resources

- There is an acute shortage of all human resources for health in SSA
- MNCH services are not implemented in a vertical way but rather integrated in health system of each country
- The number of specialists obstetricians and gynecologists is far too small to provide all the required EmOC, and they have other responsibilities than just EmOC alone

Context HS

- Health systems are grossly deficient at all levels, with deficiencies both in numbers of health workers, but quality
- Frequent shortages of health service commodities
- Poor working conditions
- Poor career progression and recognition
- Poor access to CME

Therefore...

- FIGO on reflection over these situation and issues and issued a statement on the role of the Specialist in Human resources and the roles of societies of Obstetrics and Gynecology at national levels or country level

Roles of the Specialist OB/Gyn

1. Understand/grasp the magnitude of:
 - Unmet need for EMOC/CS
 - Unmet need for human resources for MNCH
2. Understand the social implications of unmet needs
 - The specialist to contribute to availability of EmOC directly and indirectly in the short and long term

Roles of the Specialist OB/Gyn

3. Participate in transfer and acquisition of surgical skills to other health workers as appropriate for each country context: midwives, Clinical Officers, Medical Officers-GP
4. To provide clinical expertise and professional space for the different members of the teams providing MNCH services

Roles of the Specialist OB/Gyn

5. To provide clinical expertise and professional space for maternal mortality, perinatal mortality audits and service quality evaluations and quality assurance
6. To advocate for empowerment of practitioners (MW/Nurses/CO/GPs) to improve services in health facilities/systems

Summary

- Clinical officers, midwives and “family medicine” practitioners can contribute significantly to improving access to care but contexts differ among countries/regions
- Attention to retention, performance appraisals, quality of services and barriers to service improvement is necessary

Summary

- Ministries of Health and UN agencies can play a role in collaboration, training and expertise
- Health care professionals and professional associations play a significant role in innovations for tackling human resource and health systems issues but are usually not involved by stakeholders

References

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