

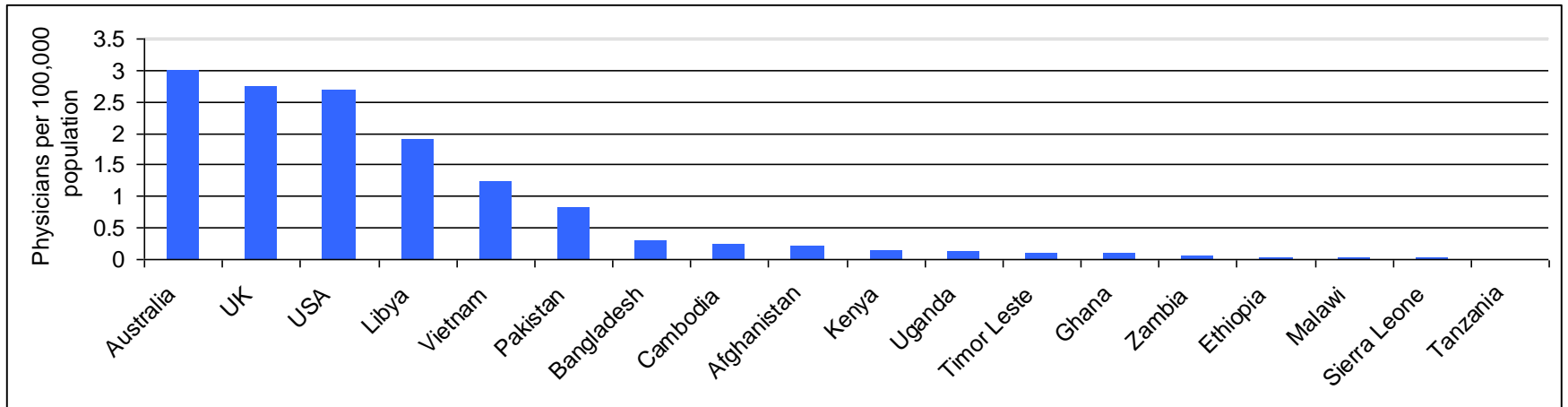


Overcoming the human resource for health crisis: Marie Stopes International's innovations with task sharing

Objectives

- Human resource for health crisis
- Mid-level providers as a solution
- MSI task sharing overview
- MSI's contributions to the evidence-base

Human resource crisis



Mid-level providers

- Mid-level providers are health workers with 2-3 years of post-secondary school healthcare training who undertake tasks usually carried out by doctors and nurses, such as clinical or diagnostic functions.
- Varying length of training
- Varying levels of clinical skills
- Mid-level providers offer an important solution to filling the human resource for health crisis in reproductive health care – particularly LAPM

MSI Recommendations

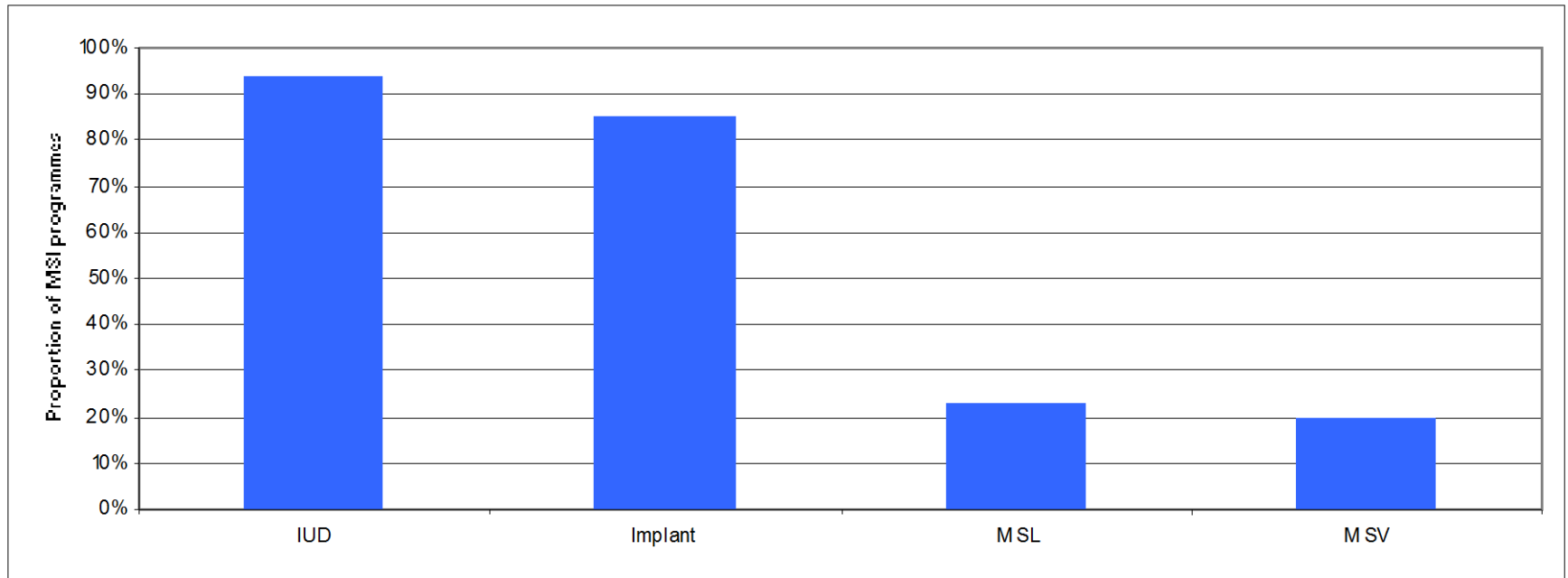


Method	Physician (Doctor)	Non-Physician Clinician	Midwife	Nurse	Community Health Worker
BTL					
Vasectomy					
IUD					
Implant					
Injectable					
Condoms/ Pills					

Mid-level providers come in different shapes and sizes

Country	Job Title	Training
Ethiopia	Health Extension Worker	1 year
Ghana	Community Health Officer	2 years
Zambia	Medical Licentiate	5 years
India	Auxiliary Nurse Midwife	18 months
Pakistan	Lady Health Worker	15 months

MSI programmes implementing LAPM recommendations



Approach to task sharing

- Task-sharing is principally a policy issue
- Scaling-up task sharing can only take place once an enabling policy framework has been established
- MSI have developed a standard framework for enabling task sharing



Task sharing across MSI

South
Sudan

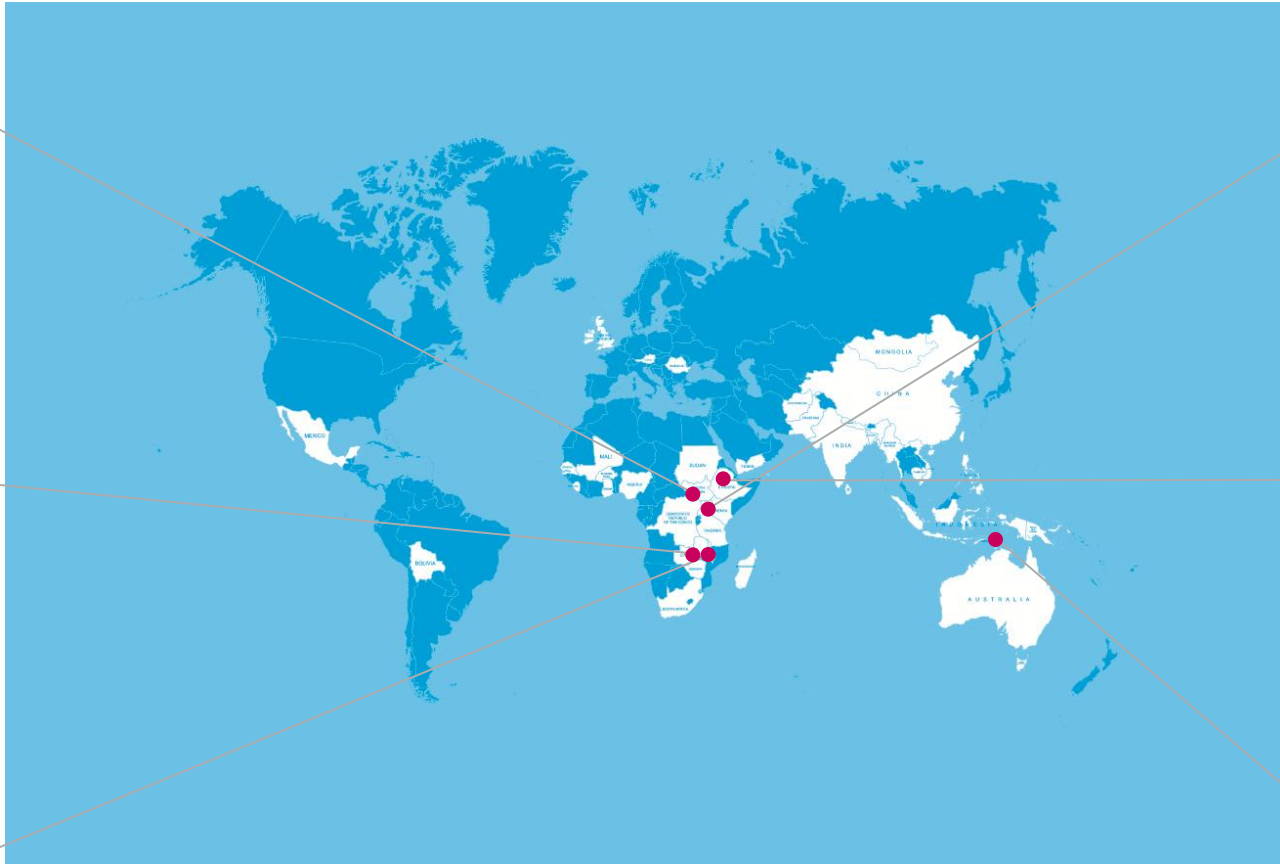
Uganda

Zambia

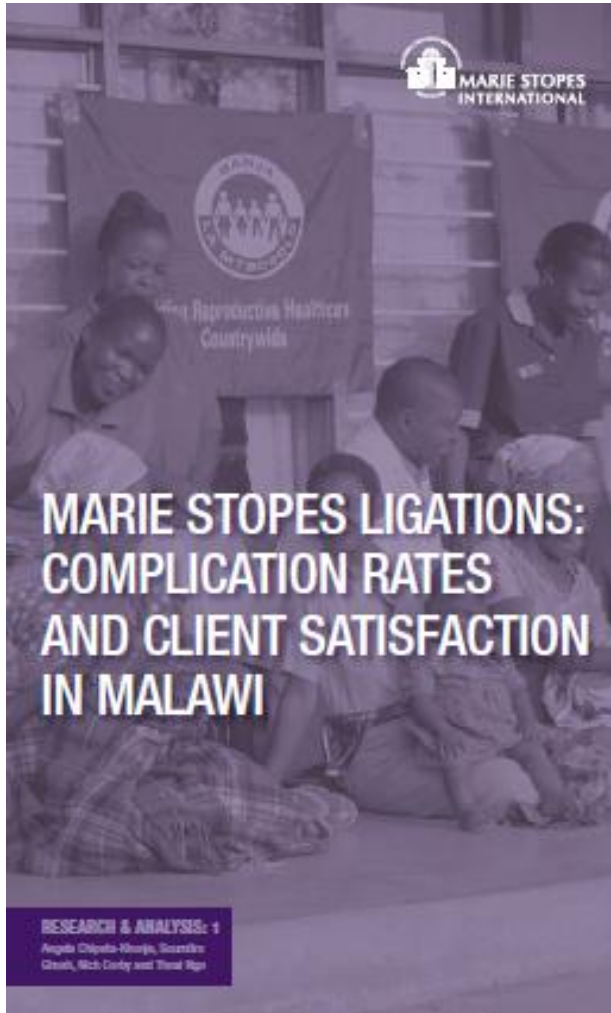
Ethiopia

Malawi

Timor
Leste



Developing the evidence-base Tubal ligation



- 83% of Malawi's tubal ligation services are performed by non-physicians on outreach
- Clinical audit followed-up all clients at 3, 7, 14 and 30 days post procedure
- 3% of women experienced mild complications – e.g. mild infection, bleeding or poor healing.
- No major complications were identified
- On average women reported that they could return to normal activities and work after 5.5 days

Developing the evidence-base Tubal ligation



Uganda

- TL task-sharing is in line with the current Uganda Health Sector Strategic Plan to ensure constant supply of adequate, relevant, well mixed and competent community focused health workforce.
- Opportunity for MSU to provide evidence to advocate for policy change to enable wider access and provision of FP options in Uganda
- Uganda – MSI are currently collecting data in a prospective cohort study

Summary

- Task sharing is an effective solution to addressing a skills imbalance in health systems
- Sharing family planning provision between physicians and clinical staff, midwives and community workers can help expand access to health delivery whilst allowing physicians to focus on more complex clinical tasks.
- Moving traditionally medicalised LAPM roles to mid-level workers can be successful when it involves a narrower range of services rather than more generalised tasks.
- We're collecting an evidence-base. Can you help?

Thank you