Task Shifting: Enabling broader service provision by a wider range of providers

Dr. Birhanu Sendek
Marie Stopes International Ethiopia

Introduction

- International level guidance fairly supportive of task sharing
- National level policies and their implementation vary
- 2 country level examples:

Uganda	Ethiopia
• Policy supportive • Not implemented • Local evidence led to implementation shifts	• Very supportive policies • Task sharing since 2011 • Capture lessons learned • Widen implementation

Introduction

Ethiopia

- Ethiopia: 0.7 health care workers/1,000 people
  - Among 973 physicians who are working in public sector, 37% of them are working in Addis Ababa.
- Ethiopia has implemented task sharing in FP and EMONC

Uganda

- Shortage of physicians & skilled health care providers
  - Uganda: 1 HW for 625
  - 62% of Ugandan doctor positions vacant (2012)
- Demand for tubal ligation high where it's accessible

Uganda Research

- National SRH policy allows clinical officers to provide tubal ligation, but was not implemented
- MoH asked MSU to generate local evidence on task-sharing of tubal ligations to clinical officers

- Study Objective: assess safety and acceptability of TL by clinical officers
- 4 clinical officers, theory training, 50+ TLs under close supervision
- 518 women took part in study between March-June 2013
- Safety and acceptability data from service to 45 days later

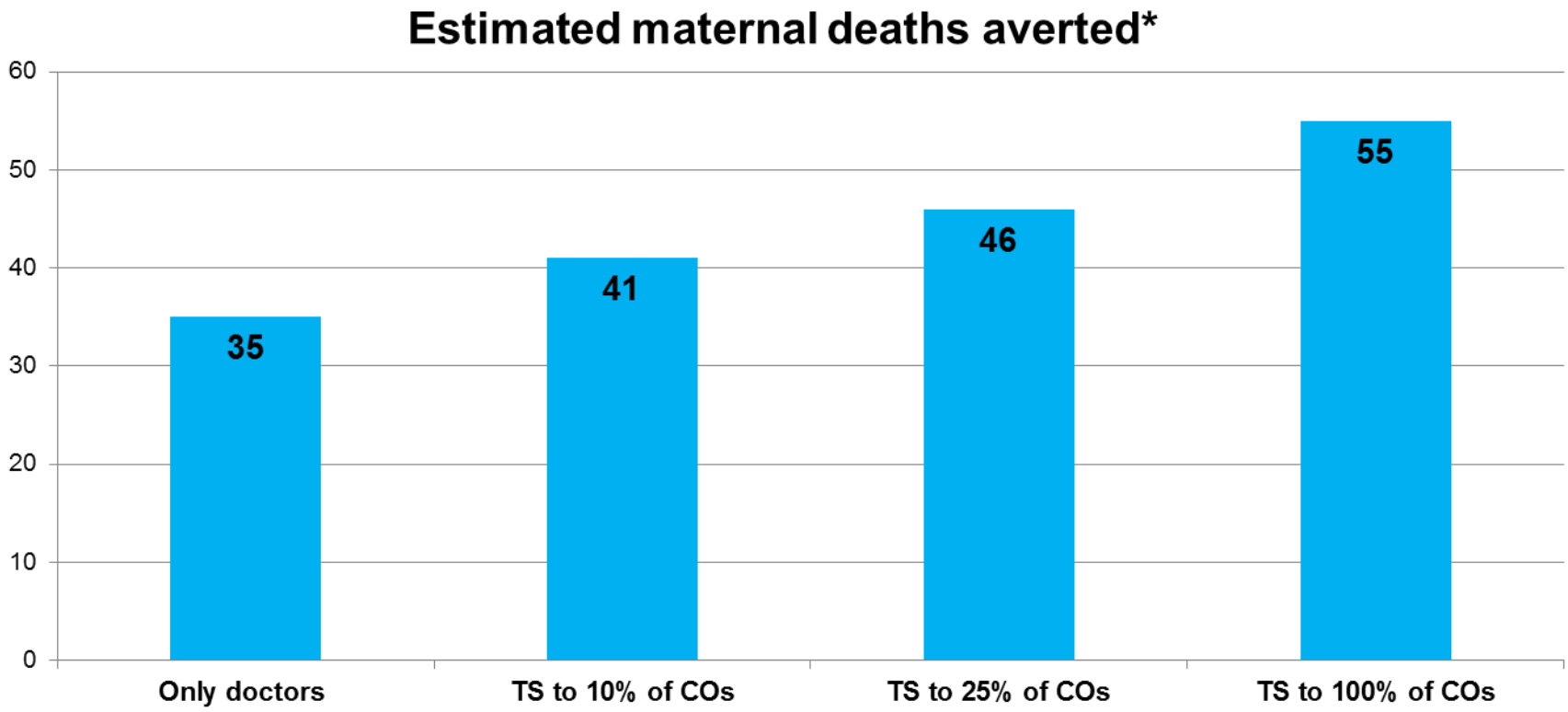
Results

- *Complication rate:* 1.5% (lower than other country studies)
- *Day 45*: no complications
- 99% of clients were very satisfied
- 97% would recommend to a friend

Uganda task-sharing: Evidence to Action

- September 2013: MoH clearance for service delivery organisations to use Clinical Officers for TL
- MoH plans national scale-up by allowing Clinical Officers to specialise in FP service delivery, including TLs

Potential Impact of Changes



* Based on serving 45,000 TL clients with doctors, then reaching more women for the same salary spend through task sharing to COs.

Local guidelines and Recommendations

Country	Implants	IUD	Vasectomy	Tubal Ligation
Kenya	Medical doctors, Clinical officers, Nurses, Midwives	Medical doctors Nurses, Midwives, Clinical Officers	Trained providers only	Medical Doctors and Registered Clinical Officers
Ghana	Medical Doctors and Nurses-midwives	Medical Doctors and Nurses-Midwives	Medical Doctors	Medical Doctors
Ethiopia	HEWs (Implanon), health officers, midwives, clinical nurses	Health Officers, Midwives, Clinical Nurses	Non physician clinicians, GMP, Health Officers, Midwives, Clinical Nurses	Non physician clinicians, GMP, Health Officers, Midwives, Clinical Nurses
Bangladesh	Medical Doctors	Nurses, Female Medical Doctors	Medical Doctors	Medical Doctors

Marie Stopes Ethiopia Task Sharing Tubals

- Since 2009: MSIE effectively providing LAPMs through health officers, including tubal ligations, in order to expand women's choices.
- 16 health officers trained in tubal ligation provision
- Since 2009, more than 13,000 TLs provided with more than 80% provided by health officers
- Supportive structures in place including training, supervision, quality audits

Task Sharing Research

- Research underway by SHOPS through MSIE in 2014
- Unique opportunity to research and document Ethiopia's policy change and subsequent implementation of task sharing tubals by MSIE
- Support widened provision of tubal ligations by private sector

Quantitative	Qualitative

• Is task sharing to clinical officers safe?
  • Adverse events
  • Compliance with training
• Are participants satisfied with TL services?
	• Capture historical narrative of policy making dynamics
	• Identify key barriers and supportive factors for further implementation

Food for Thought

- Clear movement towards task sharing and data that shows it is safe and acceptable – how to translate this into replication the private sector?
- Lower cadres of health worker should not mean lower levels of safety – what supportive structures need to be in place?
- How can task sharing of LAPM be integrated with other priority health services to improve access to and sustainability of private providers?

Thank you!

Birhnau.sendek@mariestopes.or.et