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

![Bar chart showing physicians per 100,000 population for various countries including Australia, UK, USA, Libya, Vietnam, Pakistan, Bangladesh, Cambodia, Afghanistan, Kenya, Uganda, Timor Leste, Ghana, Zambia, Ethiopia, Malawi, Sierra Leone, and Tanzania.](image)
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

<table>
<thead>
<tr>
<th>Method</th>
<th>Physician (Doctor)</th>
<th>Non-Physician Clinician</th>
<th>Midwife</th>
<th>Nurse</th>
<th>Community Health Worker</th>
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Mid-level providers come in different shapes and sizes

<table>
<thead>
<tr>
<th>Country</th>
<th>Job Title</th>
<th>Training</th>
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<tr>
<td>Ethiopia</td>
<td>Health Extension Worker</td>
<td>1 year</td>
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<tr>
<td>Ghana</td>
<td>Community Health Officer</td>
<td>2 years</td>
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<td>Zambia</td>
<td>Medical Licentiate</td>
<td>5 years</td>
</tr>
<tr>
<td>India</td>
<td>Auxiliary Nurse Midwife</td>
<td>18 months</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Lady Health Worker</td>
<td>15 months</td>
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</tbody>
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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

Zambia

Malawi

Uganda

Ethiopia

Timor Leste
Developing the evidence-based 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