AMDD
Averting Maternal Death and Disability
MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

# Task-shifting in emergency obstetric care

## Addressing Human Resource Shortages

In nearly all developing countries, health systems lack the adequate resources to respond to the health needs of their populations, including life-threatening complications during pregnancy and childbirth. Approximately 35 percent of pregnant women in developing countries do not have access to health workers before delivery and only 63 percent give birth with a skilled attendant present. And, the birth attendants who are present[1] are not always sufficiently trained to handle life-threatening complications.

At the epicenter of this challenge stands the issue of human resources for health (HRH): the number of health workers, distribution, motivation, retention, skill mix and, ultimately, the quality of care that they deliver to the population. Sub-Saharan Africa, where the human resource shortage is most dire, has 25 percent of the global burden of disease, but only 3 percent of the world's health workers.[2] In particular, women living in rural areas are often left without access to life-saving care.

Task-shifting, which involves the rational redistribution of tasks among cadres of health workers, has become an important strategy in the field of maternal healthcare. Specific tasks are moved, as appropriate, by training and enabling mid-level providers.[3] Columbia University's Averting Maternal Death and Disability (AMDD) Program advances the crucial role that task-shifting plays in reducing maternal and newborn morbidity and mortality.

Task-shifting increases the skill sets of associate clinicians, nurses, and midwives to assume tasks previously undertaken only by other cadres. Through task-shifting, associate clinicians[4] can provide key emergency services that were previously only performed by medical doctors. With the right training and appropriate work environment, associate clinicians perform surgeries such as cesarean sections, administer anesthesia, and provide other emergency obstetric care services as competently and successfully as doctors.

For example, the government of Mozambique has successfully trained assistant medical officers (i.e., advanced associate clinicians) and other, mid-level healthcare providers to perform cesarean sections. Studies there found no difference in serious postoperative complications between those women treated by doctors and those treated by assistant medical officers.[5]

### The Challenge

The role of task-shifting in addressing the shortage of skilled health workers in low-resource settings has gained increased attention in the last decade. However, policymakers sometimes establish ambitious goals to expand the health workforce without full consideration of the underlying institutional structures needed to implement and support these goals.[6] Studies show that if task-shifting and expansion of in-service training programs are not carefully planned and based on local context,[7] such programs can prove unsustainable, of questionable quality, and ultimately ineffective in changing women's access to quality services.[8]

Thus, the global conversation has progressed from asking "whether" task-shifting should occur to asking "what is required" to facilitate task-shifting in any given country. Consideration must now be given to the "how," and to the systemic capacities and processes necessary to implement task-shifting. Governments face the seemingly overwhelming challenge of breaking down the list of identified activities into meaningful and appropriate steps, determining how to sequence the work, how best to roll out implementation, and how to structure the implementation to allow for an iterative process of learning while implementing.

## AMDD'S Contribution to Task-Shifting

Once thought to be a radical, stop-gap measure, task-shifting for emergency obstetric care is now seen globally as a primary strategy for expanding access to emergency services. AMDD and our research and advocacy partners helped to catalyze this transformation by generating data and documentation on task-shifting and by supporting countries to adopt or consider task-shifting strategies. AMDD and partners also encouraged major donors to undertake new initiatives, including the World Health Organization's 2012 guidelines on task-shifting for maternal and newborn health.[9]

AMDD also co-led collaborative research studies on task-shifting for emergency obstetric care in Tanzania, Mozambique and Malawi. The research, supported by grants from Irish Aid and the Danish Ministry of Foreign Affairs, has generated new knowledge on the safety of associate clinicians in performing obstetric surgery; their role in meeting human resource needs, particularly in rural areas; and their comparative cost effectiveness. Other AMDD research has explored issues of enabling environment, retention and motivation of these cadres.

In addition, AMDD organized a major, global conference in 2009 on "Human Resources for Maternal Survival," which brought together over 350 people from 42 countries to address task-shifting for emergency obstetric care. There, for the first time, associate clinicians from across sub-Saharan Africa met and began a conversation that, with ongoing support from AMDD, led to the launch of the Africa Network for Non-Physician Clinicians (ANAC) and a Community of Practice in 2010.[10] The secretariat of ANAC, based at Chainama College of Health Sciences in Zambia, is in the process of establishing minimum emergency obstetric care competencies for associate clinicians in the region.

In partnership with Chainama College of Health Sciences in Zambia and the American College of Nurse-Midwives (ACMN), AMDD is now engaged in research to document the process of task-shifting of cesarean sections in Zambia and Kenya. This initiative, entitled "Shifting to SHaRP" (Strengthening Human Resources in Partnership), will share lessons to help low-resource and high-need countries in the region take critical steps to initiate task-shifting to strengthen health system capacity and increase access to life-saving emergency obstetric and neonatal care.

Ultimately, AMDD's work on task-shifting is helping to ensure such programs are carefully implemented and based on evidence. The reality remains that human resource shortages will continue to challenge access to quality maternal care in many countries. However, with adequate attention to lessons learned as well as the specific health system context, task-shifting programs can effectively expand the roles of mid-level providers.

## Notes

[1]WHO, UNFPA, and World Bank. (2010). Trends in maternal mortality: 1990-2008. Estimates developed by WHO and UNICEF.

[2]WHO. (2013). Which countries are most heavily affected? In Global Health Workforce Alliance. Geneva: WHO.

[3]WHO. (2012). WHO Recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: WHO.

[4]Associate clinicians and advanced-level associate clinicians (formerly called non-physician clinicians) include medical licentiates, assistant medical officers, clinical officers, clinical associates, medical licentiates, surgical technicians, physician assistants and advanced practice nurses. Source: WHO. (2012). WHO Recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: WHO.

[5]Prata, N. et al. (2010). Maternal mortality in developing countries: challenges in scaling-up priority interventions. Women's Health, 6(2), 311-327.

[6]Beesley, M., G. Cometto, and Pavignani, E. (2011). From drought to deluge: how information overload saturated absorption capacity in a disrupted health sector. Health Policy and Planning, 26(6), 445-452.

[7]Evans, C.L., Maine, D., McCloskey, L., Feeley, F.G., & Sanghvi, H. (2009). Where there is no obstetrician-increasing capacity for emergency obstetric care in rural India: An evaluation of a pilot program to train general doctors. International Journal of Gynecology & Obstetrics,107(3), 277-282.

[8]Fauveau, V., D.R. Sherratt, and De Bernis, L. (2008). Human resources for maternal health: multi-purpose or specialists. Human Resources for Health, 6(1), 21.

[9]WHO. (2012). WHO Recommendations: Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: WHO.

[10]Originally the 'Non-Physician Clinician Network (NPC Network)' until a change of terminology in 2012 from NPC to Associate Clinician.