Task-sharing: From Guidelines to Reality

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Uganda's health workforce

- WHO: 1 HW for 435 people is critical
- Uganda: 1 HW for 625
- Provider patient ratio 1:24,700
- 62% of Ugandan doctor positions vacant (Human Resources for Health 2012)
- MMR is 438

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When do we task-share?

- Shortage of health workers (or uneven distribution)
- Staff retention
- Reduce salary cost
- Free-up time of higher cadres
- Improve quality with specialist providers

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A rights based approach

Where there is no doctor, women should not be denied access to services by *unnecessary* restrictions on the services that their local health worker can be trained to provide safely

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Tubal Ligation in Uganda

2006: National Policy Guidelines and Standards for SRH
published and re-published in 2012 but not yet implemented for surgical methods

2011: MCH TWG Meeting assigned MSU to:

1. conduct research for locally generated evidence
2. share results with a view to roll out

USAID funding facilitated the study

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Methods

Objectives:

- Assess safety and acceptability

- In 4 areas of Uganda at rural public HCIIIs and IVs

Results:

- **Overall complication rate: 1.5%**

- **Day 45: no complications**

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International Comparison

Country	Study	Complication Rates
Uganda	Tubal ligation by clinical officers in non-clinical settings	1.5% (of 518 at 6 wks FU)
Thailand	Postpartum tubal ligation by nurse--midwives in Thailand	1.6% (of 1746 at 6 wks FU
Bangladesh	Tubectomy by paraprofessional surgeons in rural Bangladesh	5.5% infection rate for paraprofessionals; 6.4% for physicians.
Malawi	Tubal ligation by clinical officers and physicians in clinical and non-clinical settings	0.0-3.0% (of 164 at 4 wks FU)

Conclusion: Ugandan COs performed TL at least as well or better compared to providers in other countries

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MCH Technical WG Conclusions

To improve access to surgical contraception:

1) Clearance for service delivery organisations to use COs for TL according to standards and guidelines
2) National scale-up by:
   a) Allowing COs the option of specialising in FP service delivery, including surgical methods

   And/or…

   b) Addition of TL to the CO curriculum

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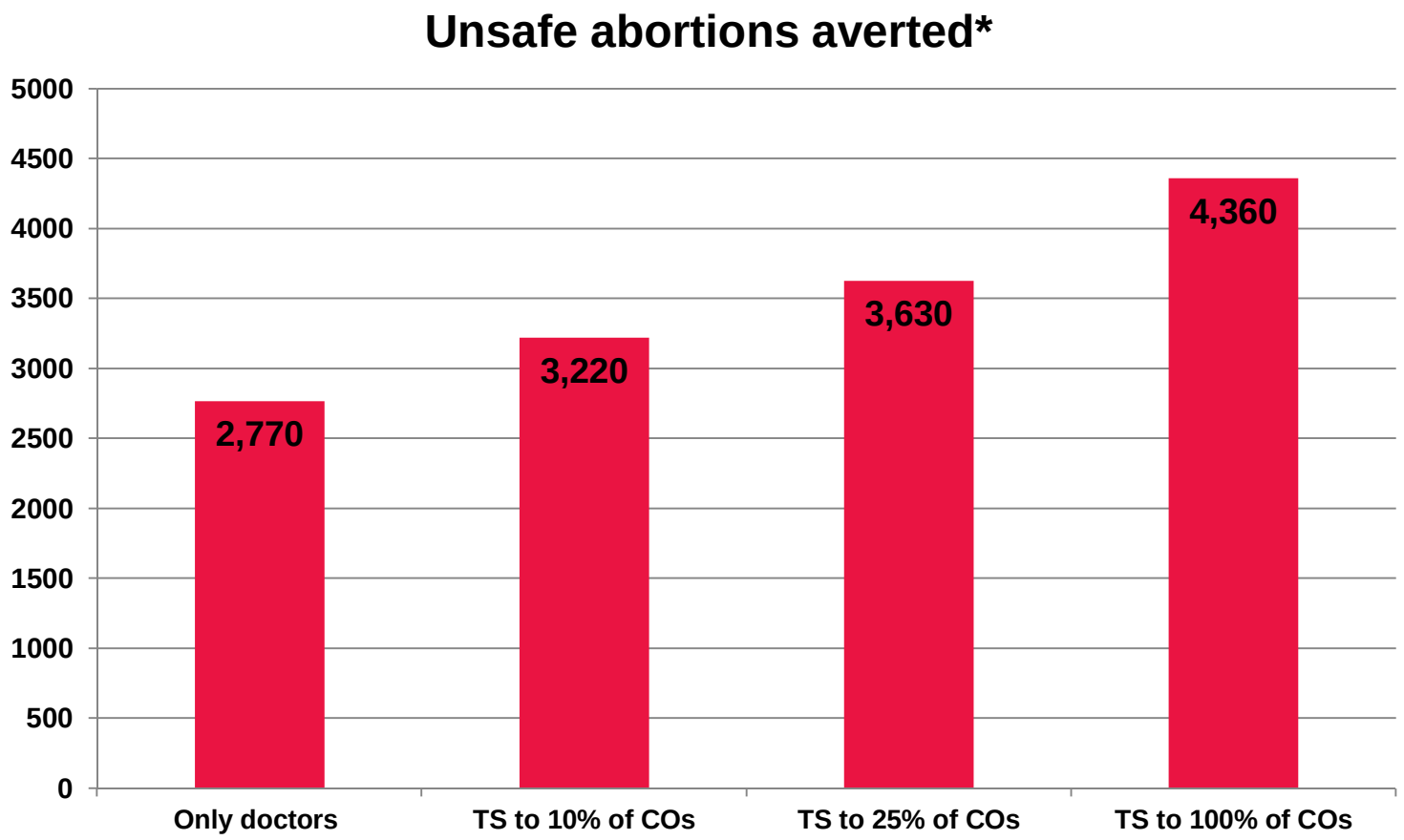
Potential Impact



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

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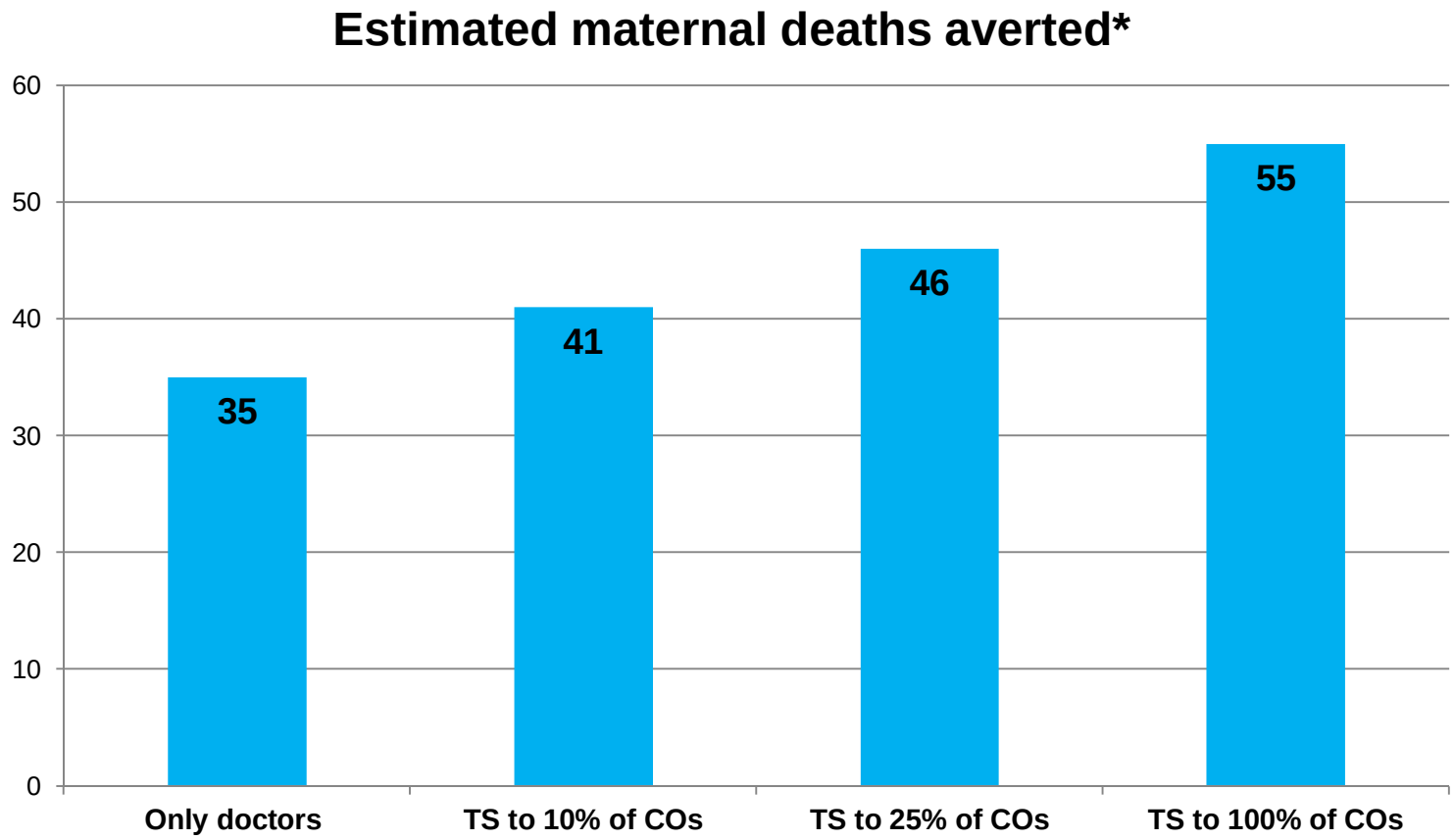

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From Guidelines to Reality

- Share best practices, implement policies that are sound and increase coverage consistently and at scale and long enough
- Explore innovations e.g. Centre of Excellence to train new cadres
- Dispel misconceptions and garner intellectual support
- Develop addendum to the National Policy Guidelines and Service Standards for SRHR (2006, 2012)
- Interventions must be costed
- Ensure budget allocation
- Catalyse implementation

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To create actual impact…

Policy Implementation

Provider training & Capacity

Availability of supplies

Geographical placement of providers

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THE REPUBLIC OF UGANDA

Ministry of Health

USAID
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