INTRODUCTION

The Millennium Development Goal to improve maternal health has shown mixed progress: maternal deaths have fallen by 45% between 1990 and 2013, though many countries in sub-Saharan Africa have not met the goal of reducing maternal mortality by 75%. Disparities exist not only among countries, but within countries, often between urban and rural areas. Moving into the Post-2015 era, Sustainable Development Goal Number 3 pertaining to health and well-being calls for a reduction in the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. To achieve this goal, the UN Sustainable Development Summit seeks to “substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries....”

ADDRESSING INEQUITIES IN ACCESS TO HEALTH CARE AND UNEVEN PROGRESS

Access to emergency obstetric care (EmOC) is key to treating obstetric complications and reducing maternal mortality. Many developing countries do not have enough resources or skilled health workers to universally provide these critical, evidence-based EmOC interventions, and task-shifting offers a viable solution to address the shortage of physicians.

Task shifting has been adopted by many countries as a way to address the physician shortage by expanding the tasks of associate clinicians to include the provision of Caesarean section. Associate clinicians are less expensive to train and deploy compared to physicians, have higher retention rates, and have been shown to have similar outcomes to doctors. Evidence has shown, however, that if task shifting programs are not carefully planned and thoughtfully implemented, they will have limited success in providing high quality care and improving women’s access to emergency obstetric care. Unfortunately, there is scant evidence on how to effectively implement task shifting at a national level while maintaining a motivated cadre of associate clinicians, resulting in improved access to emergency obstetric care.

A 2012 World Health Organization (WHO) report defines the roles of associate clinicians and advanced level associate clinicians who perform essential care including surgery. These positions have different names in different contexts, though for the purposes of consistency will be referred to here as associate clinicians.

TASK SHIFTING VERSUS SHARING

Task shifting and task sharing both have the same objective of improving the efficiency and coverage of health services in order to increase access, in this case, to emergency obstetric care. The World Health Organization defines task shifting as “the rational re-distribution of tasks among health workforce teams” in which specific tasks are shifted to less-specialized health workers in order to meet the demands for services. As the shifting of tasks becomes more common practice, task shifting becomes “task sharing,” in which multiple levels of health providers perform similar interventions.

October 2015

Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID) under cooperative agreement No. GHS-A-00-09-00015-00. The project team includes prime recipient, University Research Co., LLC (URC), Harvard University School of Public Health (HSPH), and sub-recipient research organizations.
**DEFINITIONS OF CADRES**

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<th>CATEGORY</th>
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<td>Associate Clinician</td>
<td>A professional clinician with basic competencies to diagnose and manage common medical, maternal and child health, and surgical conditions. They may also perform minor surgery. The prerequisites and training can be different from country to country. However, associate clinicians are generally trained for 3 to 4 years post-secondary education in established higher education institutions. The clinicians are registered and their practice is regulated by their national or subnational regulatory authority.</td>
<td>Clinical Officer (e.g. in Tanzania, Uganda, Kenya, Zambia), Medical Assistant, Health Officer, Clinical Associate, Non-Physician Clinician</td>
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<tr>
<td>Advanced Level Associate Clinician</td>
<td>A professional clinician with advanced competencies to diagnose and manage the most common medical, maternal and child health, and surgical conditions, including obstetric and gynaecological surgery (e.g. caesarian sections). Advanced level associate clinicians are generally trained for 4 to 5 years post-secondary education in established higher education institutions and/or 3 years post initial associate clinician training. The clinicians are registered and their practice is regulated by their national or subnational regulatory authority.</td>
<td>Assistant Medical Officer, Clinical Officer (e.g. in Malawi), Medical Licentiate Practitioner, Health Officer (e.g. Ethiopia), Physician Assistant, Surgical Technician, Medical Technician Non-Physician Clinician</td>
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Note: Adapted from the World Health Organization, WHO Recommendations—Optimizing health worker roles for maternal and newborn health.

**TASK SHIFTING & SHARING IMPLEMENTATION RESEARCH**

To address this gap knowledge, TRAction is funding research to determine the factors that influence the implementation of task shifting/sharing programs, and to develop guidance on how to successfully implement these programs. Implementation research studies are being led by Muhimbili University of Health and Allied Sciences, the University of Malawi College of Medicine, and Columbia University's Mailman School of Public Health's Averting Maternal Death and Disability Program. The studies are taking place in different East and Southern African countries, each with a different context and approach to implementing their task shifting program.

Each country team will apply implementation science approaches to explore the barriers and facilitators to the successful implementation of the task shifting/sharing program, focusing on implementation outcomes such as acceptance, adoption, coverage, fidelity, and sustainability. For countries with a long history of implementing task shifting, the changes in these aspects over time will also be documented. Documentation and analysis of these processes will allow for further understanding of what works, what does not work and why, and for sharing lessons learned.

**RESEARCH INTO ACTION**

TRAction strives to share information locally and globally to facilitate the translation of evidence into practice. In addition to the country case studies produced by each study team, the three study teams will collaborate with the East, Central, and Southern Africa Health Community (ECSA) to develop guidance notes for countries seeking to initiate or improve task-shifting programs. The African Network of Associate Clinicians (ANAC), a continent-wide advocacy group for associate clinicians, will also provide valuable input into the guidance notes in order to maximize their dissemination and uptake into practice.

Each year, ECSA organizes multiple conferences and meetings which will provide fora for disseminating the findings from these studies and the joint guidance notes. Of particular distinction are the Best Practices Forum and a Directors Joint Consultative Committee, which bring together researchers, heads of health training institutions, and senior officials from the Ministries of Health in East, Central, and Southern African countries. The task shifting guidance notes will be included in the discussion of best practices and key policy issues, from which a set of topics will emerge which will be presented to the Ministers of Health at their annual meeting. This process provides a unique opportunity to discuss the evidence at the highest levels and facilitate its translation into action.
Tanzania started its task-shifting program in the early 1960s to address a health workforce shortage. Assistant medical officers are trained to provide emergency obstetric surgery, and current estimates show that 84% of C-sections in the country are provided by non-physician clinicians.

Malawi began training a cadre of mid-level health care providers as clinical officers in 1976 to address the critical human resources shortage in the country. Current estimates show that 90% of C-sections in Malawi are conducted by non-physician clinicians.

Kenya has not established a national policy for task-shifting of C-section, although different models of task-shifting are currently being explored.

Zambia is one of the most recent countries in sub-Saharan Africa to adopt a national policy for task-shifting surgery, including obstetric surgery. For the past 10 years, selected health officers have been trained as medical licentiates able to deliver comprehensive emergency obstetric care.

TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policymakers addressing maternal and child health issues.

For more information on the TRAction Project: www.tractionproject.org ✉ tracinfo@urc-chs.com