HUMAN RESOURCES: TASK SHIFTING FOR CESAREAN SECTION THE MALAWI CONTEXT

BY

Dr Luis A Gadama FCOG(SA), MMED O&G (UCT), MBBS(Mw)

University of Malawi College of Medicine

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Outline

- Malawi perspective on task shifting (TS)
- Perceived benefits of TS vs reality
- Possible solutions

Malawi Perspective

- Critical shortage of doctors in the 1970s
- Clinical officer programme was started in 1979[1]
  - Task shifting principle
    - Did all the procedures that could have been done by doctors
  - 4 year course compared to the 7 year medical degree course
  - Graduate with diploma in clinical medicine
- COs mainly based at district hospitals and central hospitals
- Clinical provision:
  - Obstetric care- 90% of c-sections provided by COs
  - Gynae services

1. C Mulima, M, Meckel etal; Malawi's Medical Assistants & Clinical Officers – the base of health care in Malawi

Perceived benefits of TS

- Increase in access to c-section
- Reduction to maternal mortality
- Reduction in neonatal mortality
- Improvement to service delivery
- Adverse outcomes-equivocal

Reality on the ground

- C-section rates 3-5%[1]
- Maternal mortality ratio 497/100000 live births[2]
- Neonatal mortality rate 20/1000 live births[3]
- In-service trainings lacking
- Continuous professional development not motivated

1 WHO, *World Health Statistics 2014*
2. National Statistical Office (NSO) [Malawi] and ICF. 2017. Malawi Demographic and Health Survey 2015-16. Zomba, Malawi.
3. UNICEF 70 years for every child. Malawi. https://www.unicef.org/

Why the disparity & possible solutions

- Investment on equipment and infrastructure
  - Functioning theatres with good service delivery
- Role of skill mix critical
  - Minimal number of theatre team has to be ascertained
- Proper functional patient referral system
- In-service training to health cadres
  - Improve their surgical skills
  - Improve on problem recognition capabilities
- Upgrading of the CO cadre
  - Currently being offered a BSC degree from diploma

Q&A