HUMAN RESOURCES: TASK SHIFTING FOR CESAREAN SECTION
THE MALAWI CONTEXT

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27 July 2017
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 1979¹
  • 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-equivococal

Reality on the ground

- C-section rates 3-5%¹
- Maternal mortality ratio 497/100000 live births²
- Neonatal mortality rate 20/1000 live births³
- In-service trainings lacking
- Continuous professional development not motivated

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¹ WHO, World Health Statistics 2014
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