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SYMPOSIUM

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TOWARDS ACHIEVING UNIVERSAL HEALTH COVERAGE IN AFRICA- CREATING SYNERGIES AND CAPACITY THROUGH EDUCATION, RESEARCH AND QUALITY HEALTH SERVICES.

UNIVERSITY OF KWAZULU-NATAL
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INSPIRING GREATNESS

Non-Physician Clinicians in Rural Africa: Lessons from the Medical Licentiate Programme in Zambia

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Background

- Zambia struggles to provide safe surgery for its population.
- Rural areas particularly deprived.
- Specialist surgeons concentrated in urban cities.
- Over 60% population in Zambia is rural.
- Task shifting recommended to counter doctor(Surgeons) shortages[1]

Background

Literature review

AUTHOR/YEAR	MAIN FINDINGS
Graf U & Bowa A, 2013[2]	Introduction of MLs in 2002 to mitigate doctor shortages in district hospitals
Hounton SH et al., 2009[3]	Concerns about safety and quality of surgery provided by NPCs
Dovlo D. et al., 2017[4]	NPCs known to provide on-the-job training in surgery to medical doctors
Chilopora G. et al., 2007[5]	In Malawi most emergency and elective surgeries outside of the major cities done by NPCs, called clinical officers.
Kruk ME, et al., 2007[6]	Mozambique, caesarean sections, emergency hysterectomies, laparotomies outside urban areas conducted by NPCs, or‘técnicos de cirurgia’
Eyal N. et al., 2015[7]	Opposition from mainstream health professionals and bodies leading to marginalization.
Fonn S. et al., 2011[8]	NPCs do not have clear career progression path, face uncertain future.
MoH ZHHSP 2006-10, 2015[9]	Aimed to improve conditions for MLs. Success of programme not evaluated

Aim

The aim of the study was to explore task shifting using NPCs (Medical licentiates).

Specifically looking at:

- Contribution to surgery in district hospitals
- Challenges concerning work
- Career prospects

Methods

- **In-depth Interviews with:**
  - Doctors, (11)
  - Medical Licentiates (13)
  - Human Resource Officers/Hospital Administrators (12)
  - National Training Bodies Representatives (3)
  - Surgeons (5)
- **Data analysed using thematic approach**

Results

- **Surgically trained MLs have been key to the provision of surgical care at level 1 hospitals**

"…There are no Zambian doctors here, so all surgery in the hospital is done by us the MLs" (ML 1)

"…At district level, we have challenges in that doctors are not able to fully participate in theatre because they attend meetings but MLs are available every time" (HRO 1)

Results

Surgically trained MLs informally train MDs in surgery at level 1 hospitals giving them hands on exposure

"…When I arrived here, there was no one with skills for intestinal surgery but when the ML came, he had the skills and shared them with us". (MO 1)

"…Even me, when I came, I wasn't so conversant with the caesarean sections and some other procedures, but I would always ask that our ML shows me how to carry out certain procedures" (MO 2)

Results

- **MLs are well placed at rural district hospital level**

  I am more useful at DH as opposed to bigger hospitals where there are consultants, senior doctors – you tend not to be of much use...” (ML 2)

  “…The programme was designed to serve the district communities and we have an understanding of that, so leaving the district is not an option unless I specialize into a particular field”. (ML 3)

Results

Lack of career paths

“… most of them left the ML profession or Clinical Officer profession to Social Sciences such as Development Studies and Human Resources because that was the only way they could get degree qualifications”. (Stakeholder 1)

- *“… instead of continuing to wallow in difficulty of lack of recognition, we decided to push for the upgrade of the ML diploma programme to degree programme” (Stakeholder 1)*

Results

- **Lack of recognition**

"…At times my superiors would question the kind of training I underwent and felt I needed to seek authority before carrying out some of the procedures" (ML 5)

"…am having challenges because there are cases I know I can do, but because there is someone who is senior to me, they have been referring those cases". (ML 6)

Discussion

- MLs are central to the provision of surgery in rural district hospitals
- The contribution of MLs towards surgery often goes unrecognized.
- Incentives such as BSc programme welcome
- No clear career paths unlike their medical doctor counterparts

Discussion

Limitations

- Study not able to give evidence of safety and competence of MLs.
- MLs interviewed had received additional intensive training in surgery so may not be representative of cadre
- Stakeholders not involved in programme not included.
- No data triangulation i.e. only form of data capture was in-depth interviews.

Summary

- Surgically trained MLs have been key to the provision of surgical care at level 1 hospitals
- Surgically trained MLs contribute to skills development at level 1 hospitals
- MLs are well placed at rural district hospital level
- Multiple roles and responsibilities
- Poor recognition
- No clear career path

Conclusions

- The study provides evidence of benefits of ‘task shifting’ and identifies challenges that need to be addressed for sustainability
- Policy lessons for other countries in the region that also use NPCs to deliver essential surgery include the need for
  - career paths
  - suitable employment options
  - professional recognition

References

1. World Health Organization (WHO), P., UNAIDS. Task shifting : rational redistribution of tasks among health workforce teams : global recommendations and guidelines. Geneva : World Health Organization 2007; p. 88. Available from: http://www.who.int/healthsystems/TTR-TaskShifting.pdf.
2. Hounton SH, et al. A cost-effectiveness study of caesarean-section deliveries by clinical officers, general practitioners and obstetricians in Burkina Faso. Hum Resour Health. 2009;7(1) doi:10.1186/1478-4491-7-34.
3. Graf U. and Bowa A., SolidarMed support to Zambia's Medical Licentiate Training Programme. 2013 [cited 2017 12 Feb];. Available from: http://ghf.g2hp.net/2013/ 09/30/solidarmed-support-to-zambias-medical-licentiate-training-programme/.
4. Dovlo D, King-Harry II, Ousman K. Non-physician clinicians – a gain for physicians' working in sub-Saharan Africa: comment on "non-physician clinicians in sub-Saharan Africa and the evolving role of physicians". Int J Health Policy Manag. 2017;6(2) doi:10.15171/ijhpm.2016.110.
5. Chilopora G, et al. Postoperative outcome of caesarean sections and other major emergency obstetric surgery by clinical officers and medical officers in Malawi. Hum Resour Health. 2007;5(1) doi:10.1186/1478-4491-5-17.

References

6. Kruk ME, et al. Economic evaluation of surgically trained assistant medical officers in performing major obstetric surgery in Mozambique. BJOG. 2007; 114(10). doi:10.1111/j.1471-0528.2007.01443.x.

7. Eyal N, et al. Non-physician clinicians in sub-Saharan Africa and the evolving role of physicians. Int. J Health Policy Manag. 2016;5(3) doi:10.15171/ijhpm.2015.215.

8. Fonn S, Ray S, Blaauw D. Innovation to improve health care provision and health systems in sub-Saharan Africa - promoting agency in mid-level workers and district managers. Glob Public Health. 2011;6(6) doi:10.1080/17441692.2010.489905.

9. Health, Republic of Zambia.M.o.H, The Zambia Human Resources for Health Strategic Plan (2006 - 2010). 2015, Republic of Zambia Ministry of Health. [cited 2017 12 Feb];.Available from http://www.hrhresourcecenter.org/hosted_docs/Zambia_HRH_Strategic_Plan.pdf

Thank you