PROGRAM BRIEF

SHARING TASKS & RESPONSIBILITIES AMONG HEALTH WORKERS: A STRATEGY FOR IMPROVING ACCESS TO REPRODUCTIVE AND MATERNAL CARE

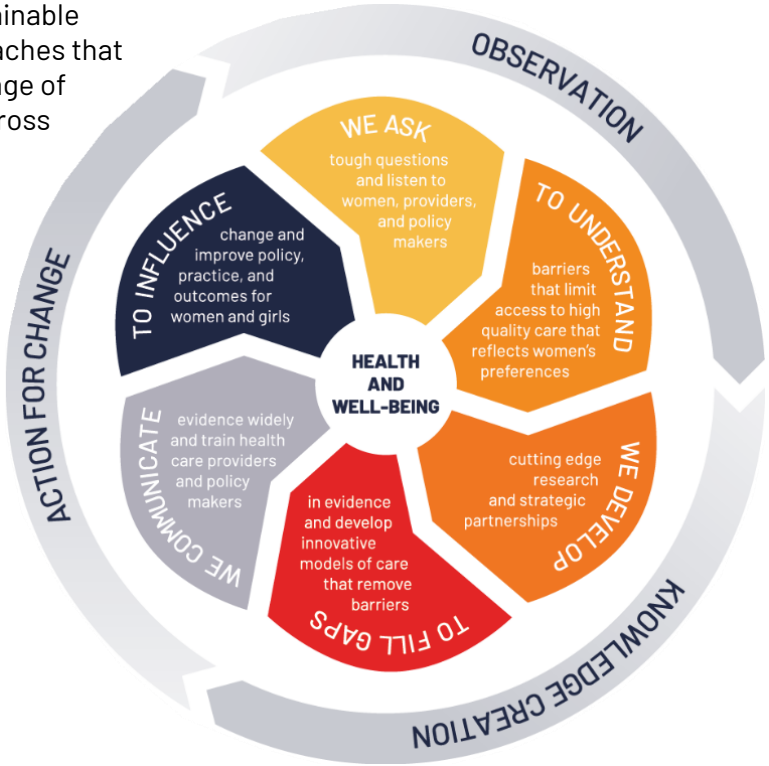
Introduction

Shortages in specialist providers and an uneven distribution of the health workforce within countries have negative impact on the health and wellbeing of women and girls. Sharing tasks and responsibilities among health worker cadres is a known strategy for improving access to high quality reproductive and maternal health care.

Gynuity's Role in Promoting Task-Sharing

Gynuity Health Projects envisions a world in which each individual has access to safe and effective reproductive and maternal health care – delivered where, when and how needed. We work to improve the health and wellbeing of individuals through innovative research that drives better policy and practice. We focus on developing and advocating for the use of evidence on simple, cost-effective and sustainable technologies and approaches that can be delivered by a range of health worker cadres across the health system.

This brief provides a snapshot of our work to expand options for care for some of the most common causes of preventable maternal mortality and disability through task-sharing.



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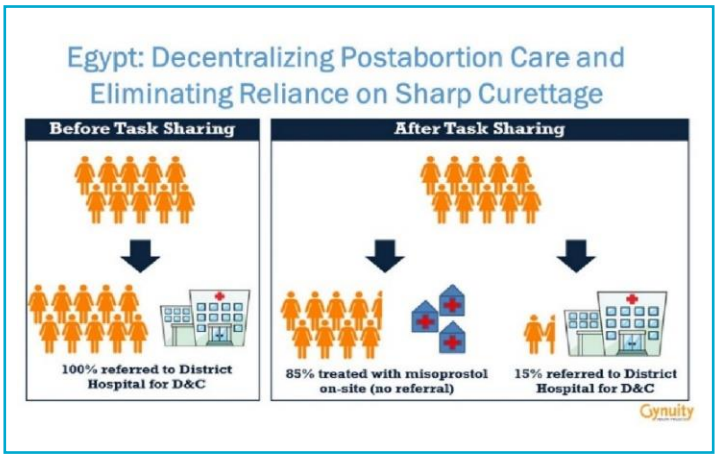
a. Health worker roles in the management of abortion and post abortion care

Gynuity's work on abortion is grounded in the concept that robust scientific evidence can foster changes that increase equity in access to services. Our approach demonstrates how non-physician providers, including midwives and other mid-level providers, and women themselves, can play a role in the delivery of high quality abortion and post-abortion care. Simplified screening and the use of misoprostol and mifepristone at home facilitate task-sharing to non-physician cadres and lower levels of the health system.

- *Services for pregnancy failure*

Misoprostol for uterine evacuation can be delivered at lower levels of the health care system by mid-level providers, increasing access to services and maximizing the utility of limited resources. Results of implementation research conducted by Gynuity and colleagues in Egypt show an 85% reduction in the use of sharp curettage when women were treated with misoprostol, including at primary level health services.



- *Direct to woman telemedicine models*

Gynuity's TelAbortion study evaluates the use of telemedicine for providing medical abortion to women. After communicating electronically with an abortion provider and obtaining screening tests locally, women in participating U.S. states receive abortion drugs by mail. Work is underway to test a similar model of abortion care in Mexico.

- *Second trimester abortion provision by mid-level providers*

In 2017, Gynuity launched a medical abortion demonstration project with providers from four tertiary hospitals in Burkina Faso to evaluate health outcomes, acceptability to women, and satisfaction with the service. Gynuity is also exploring ways to streamline and increase access to services by developing an evidence based regimen for second trimester medical abortion as an outpatient (1-day) process. In a pilot of this model of care in Nepal, almost all (90%) of participants achieved a successful abortion without the need for overnight hospitalization, increasing opportunities for task-sharing.

Technologies appropriate for task-sharing in reproductive and maternal healthcare

- Misoprostol tablets for postpartum hemorrhage prevention and management
- Mifepristone and misoprostol for abortion and postabortion care;
- Oral antihypertensive drugs for severe hypertension in pregnancy.

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b. Equipping birth attendants with the tools for diagnosing and managing postpartum hemorrhage (PPH) at all levels of care

Gynuity has worked with global partners to understand the role of misoprostol in expanding access to PPH care. This body of work, built over a period of 10 years, has been successful in shifting the focus from PPH prevention strategies to broader thinking around PPH management and has helped reshape how PPH is diagnosed and managed at lower levels of the health system. Models of care evaluated in low-resource environments and community settings include:

- Antenatal distribution of misoprostol for self-use to prevent PPH in home births;
- Misoprostol as "first aid" for PPH management in home/community deliveries (along with referral);
- Misoprostol for PPH treatment following its prophylactic use;
- Secondary prevention/early treatment of PPH with misoprostol.

Gynuity has also examined the role of condom-catheter uterine balloon tamponade to treat bleeding that is unresponsive to uterotonic medicines among women delivering at secondary level facilities, where midwives and other mid-level clinicians are often the primary care providers.

c. Exploring innovative approaches for timely diagnosis and treatment of hypertension in pregnancy

New technologies and approaches for diagnosing and managing pregnancy-related hypertensive disorders create opportunities for task-sharing.

- The Congo Red Dot point-of-care test, which measures urine congophilia, may be an effective tool in screening for preeclampsia especially in low resource settings or at the lowest levels of the healthcare system. We are evaluating the test for prediction of preeclampsia in several locations.
- Together with partners in India and the UK, we found that oral antihypertensive pills can effectively treat pregnant women with severe hypertension/preeclampsia without serious maternal or fetal complications, potentially expanding access to life-saving treatment in lower level health facilities where intravenous drug administration and careful fetal monitoring are not possible.

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d. Disseminating evidence on midwifery and task-sharing to improve maternal, newborn, sexual and reproductive health care in Mexico

Gynuity has been working in Mexico since 2016 to increase awareness among health professionals of best practices for low-risk pregnancy and birth. We disseminate strategies to harness the potential of the under-utilized mid-level provider work force to help close the gap in quality of maternal and neonatal health, and sexual and reproductive health care. We developed a resource compendium and day-long course, and trained multidisciplinary clinical teams to deliver the course to public sector health care providers and administrators, and students of medicine, nursing and midwifery. To date we have conducted over 90 trainings in 5 states reaching over 3,300 public health professionals. We will continue this work through June, 2019, with the support of the John D. and Catherine T. MacArthur Foundation.

Educational Materials For Providers and Low-Literacy Audiences

Gynuity has produced educational materials for providers and low-literacy audiences to use at the most basic levels of care and in community settings. These materials, developed with local colleagues and artists and piloted at the community level, can be accessed at our Image Bank.

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