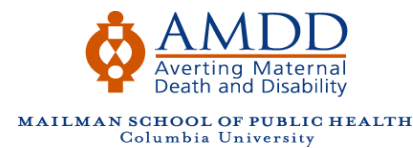




USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



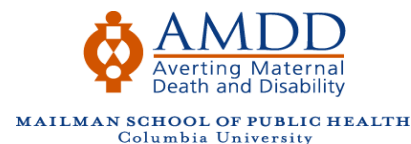
Exploring the Implementation of Zambia's Medical Licentiate Practitioner Programme

**Presenter: D Lusale
BSc (Hon), MIH, MLP**



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Background: Human Resource Shortages

In Africa

- < 5 doctors per 100 000 population
- Need for 140% increase in total number doctors, nurses and midwives
- Shortage of just under 1 million health workers



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Background: MDG 5

| Region | Maternal Mortality Ratio Maternal Deaths per 100 000 live births |
|--------------------|---------------------------------------------------------------------|
| World | 210 |
| Developed regions | 16 |
| Sub-Saharan Africa | 510 |



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Background: Zambia

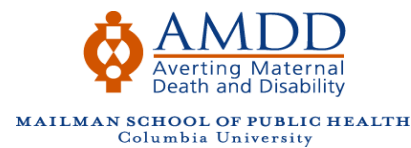
- Only 43% of funded establishment (FE) target for clinical Health Care Workers (HCWs) filled
- Growing inequity in urban/rural distribution of health workforce

| Province | Doctor/Population Ratio |
|-------------------|-------------------------|
| Lusaka | 1/6,247 |
| Northern Province | 1/65,763 |



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Background: Zambian C/Section Rates

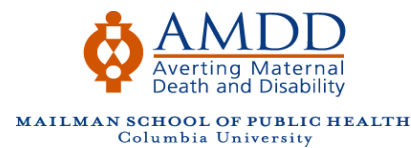
| C/section rate | Percentage of total births |
|----------------|----------------------------|
| Total | 3% |
| Urban | 6% |
| Rural | 2% |

- Global norms: expected c/section rate
 - To prevent maternal death 5%
 - To prevent severe maternal morbidity and newborn mortality and morbidity < 15%



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Development of MLP Program

1970's: Recognizing high MMR and shortage of doctors Zambia began to look to regional responses (Tanzania, Malawi, Mozambique)

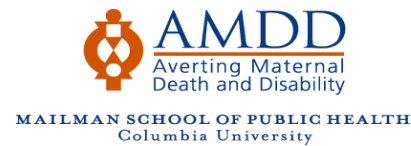
1970-1990's: MLP informal participation in health system

Late 1990's: Task force established and regional meeting held



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Development of MLP Program

2002: CCHS opened ML Practitioners Program (**3yrs**)

- 2 years theory & practical rotations + 1 yr internship
- Deployed to district hospitals to provide clinical and surgical skills, including CEmOC

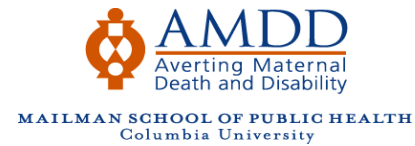
- **Recent changes**
- **4 year direct entry programme**

****Award – Bachelor of Science**



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Research Goal:

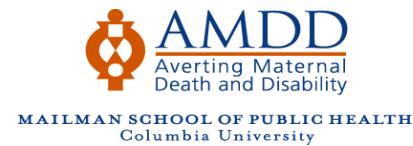
Understanding the implementation of the Medical Licentiate Practitioner cadre to:

- a. Strengthen existing programme in Zambia
- b. Generate larger, regionally applicable lessons/guidance for countries looking to task shift



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Research Design

Divided into two stages:

- Formative stage
- Implementation research stage



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Formative Stage

Explored factors impacting successful implementation of the MLP programme

- Success from provider perspective defined as:
 - *Competent, motivated, supported and acknowledged MLPs fully integrated into the health system, equitably distributed to provide quality care*
- Success from service perspective defined as:
 - *Expanded access to EmOC and other critical clinical health services*



USAID
FROM THE AMERICAN PEOPLE

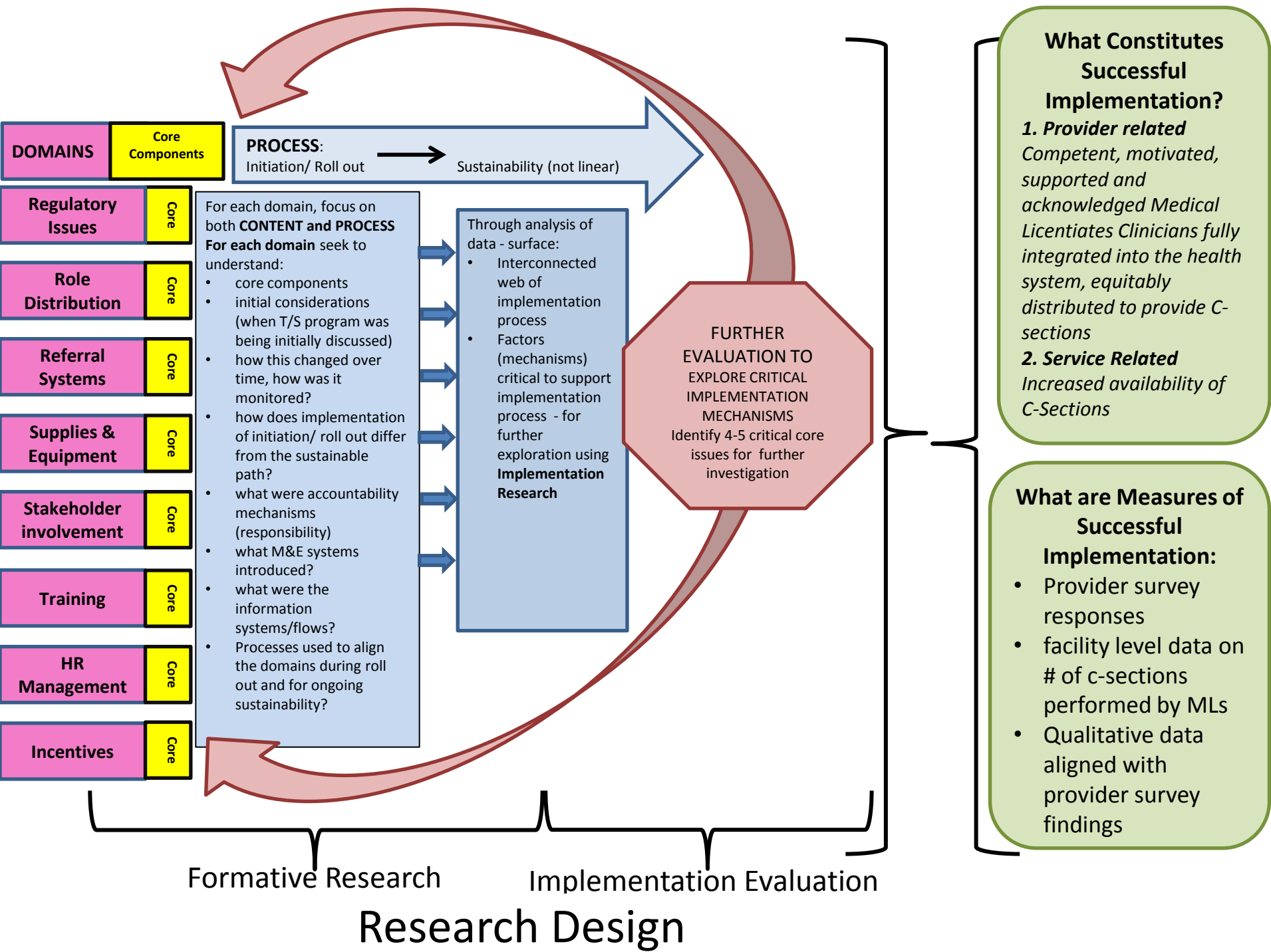
TRANSLATING
RESEARCH
INTO ACTION



Formative Stage

The following domains were used:

- Regulatory Issues
- Role Distribution
- Referral systems
- Supplies and Equipment
- Stakeholder Involvement
- Training
- HR Management
- Incentives
- Career Progression
- MLP Motivation





USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



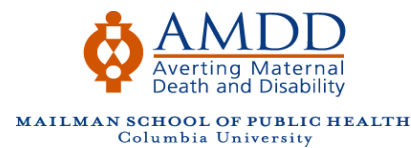
Implementation research stage

- Focus on a deeper understanding of the implementation process of the MLP programme
- Preliminary results from the formative stage identified key factors impacting implementation
- Findings informed the following interviews:
 - National level especially within the MOH/MCDMCH
 - Follow up interviews with key stakeholders at district, provincial and national level.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Data Collection

- Desk review of policy documents
- Key informant interviews
- MLP provider survey
- Theatre record reviews



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Data Collection

Qualitative Data Collection

- 4 /10 Provinces
- 58 key informant interviews
 - 4 PMOs
 - 7 DMOs
 - 20 MLs
 - 12 MLP Supervisors
 - 3 Foreign Doctors
 - 3 Original Stakeholders
 - 2 MOH officials
 - 1 MCDMCH
 - 1 HPCZ
 - 4 CCHS
 - 1 ZMLPA

MLP Provider Survey

97 completed
surveys
76.4% response rate

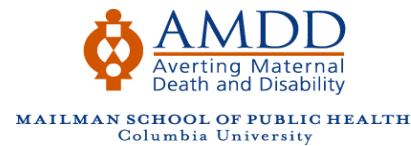
Facility C-Section Data

11 facilities



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Findings

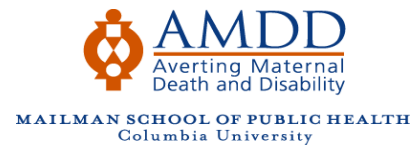
Three Key Messages (1)

MLPs in Zambia are functioning effectively in bringing quality life-saving care, including CEmOC “as close to the family as possible” provided they have the necessary enabling environment.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Findings

Three Key Messages (2)

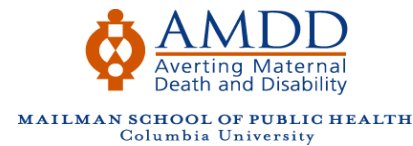
The work of the MLPs is appreciated by colleagues at district and facility level

They are regarded as vital and motivated members of the health professional team.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Findings

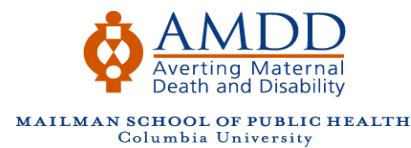
Three Key Messages (3)

The role and interests of the MLPs are not well understood or represented at national policy level resulting in a range of decisions that have systematically undermined the cadre – including amongst others issues of legal protection and remuneration for extra hours.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION

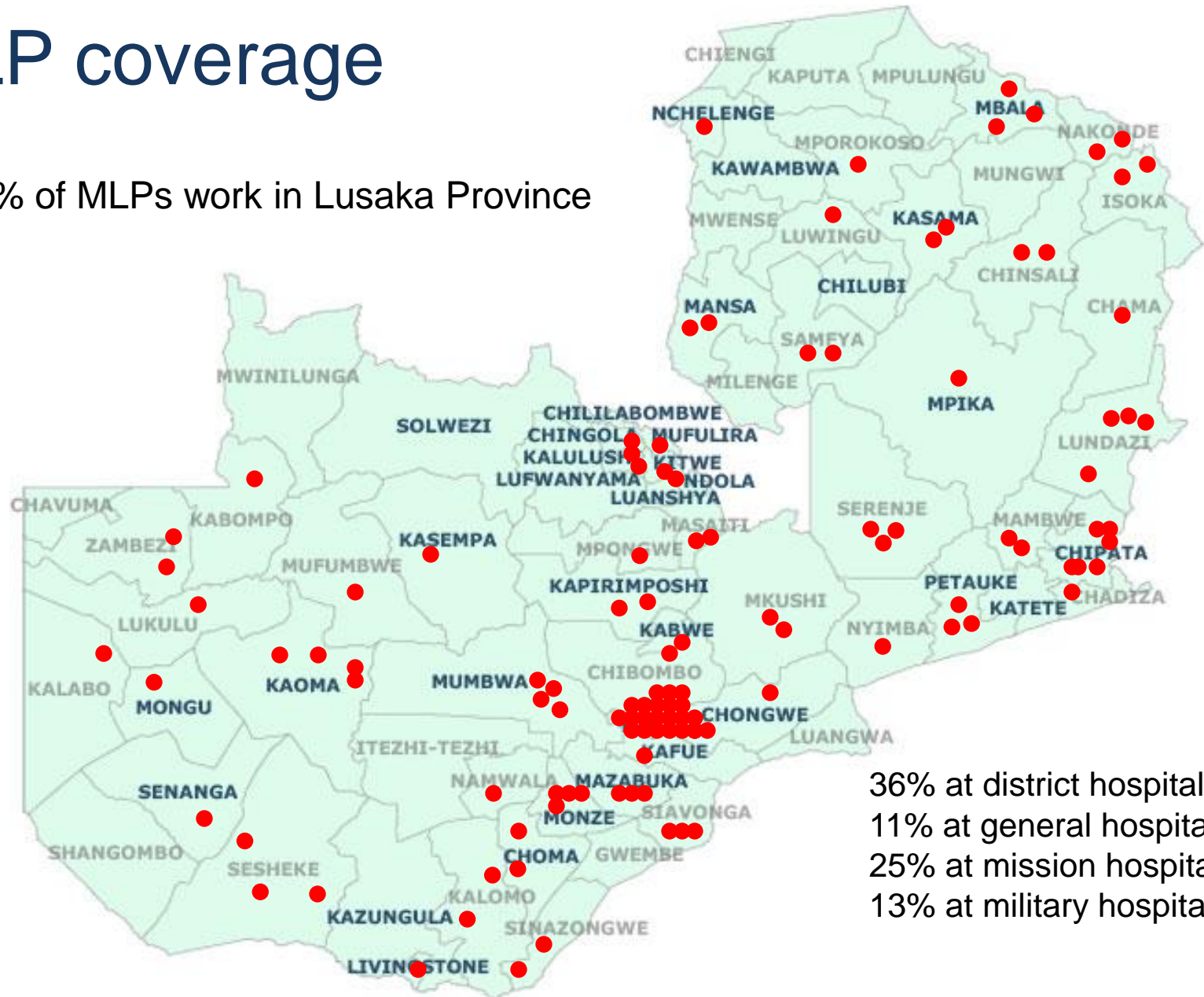


Supporting Domain Specific Findings

- MLP Demographics and Coverage
- Signal Functions and Duties Conducted
- Burnout and Job Satisfaction
- Laws & Regulatory Issues
- Training
- Human Resource Management
- Enabling Environment

MLP coverage

19% of MLPs work in Lusaka Province



36% at district hospitals
11% at general hospitals
25% at mission hospitals
13% at military hospitals



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Signal Functions Conducted in the Last Three Months

| Procedure | MLP Yes (%) | MLP (n) |
|----------------------------------------------------------------------------------------------------------------------------|-------------|---------|
| Newborn resuscitation with bag and mask | 76% | 73 |
| Perform vacuum aspiration for retained products with electric or manual suction/vacuum, or curettage for retained products | 67.7% | 65 |
| Administer blood transfusion | 69.1% | 67 |
| Administer magnesium sulphate or anticonvulsants for management of pre-eclampsia/eclampsia | 72.9% | 70 |
| Administer parenteral (intravenous or intramuscular) antibiotics | 82.8% | 77 |
| Perform forceps or vacuum delivery | 65.3% | 62 |
| Perform manual removal of placenta | 73.7% | 70 |
| Perform c/section | 70.5% | 67 |
| Repair ruptured uterus | 49% | 47 |



USAID
FROM THE AMERICAN PEOPLE

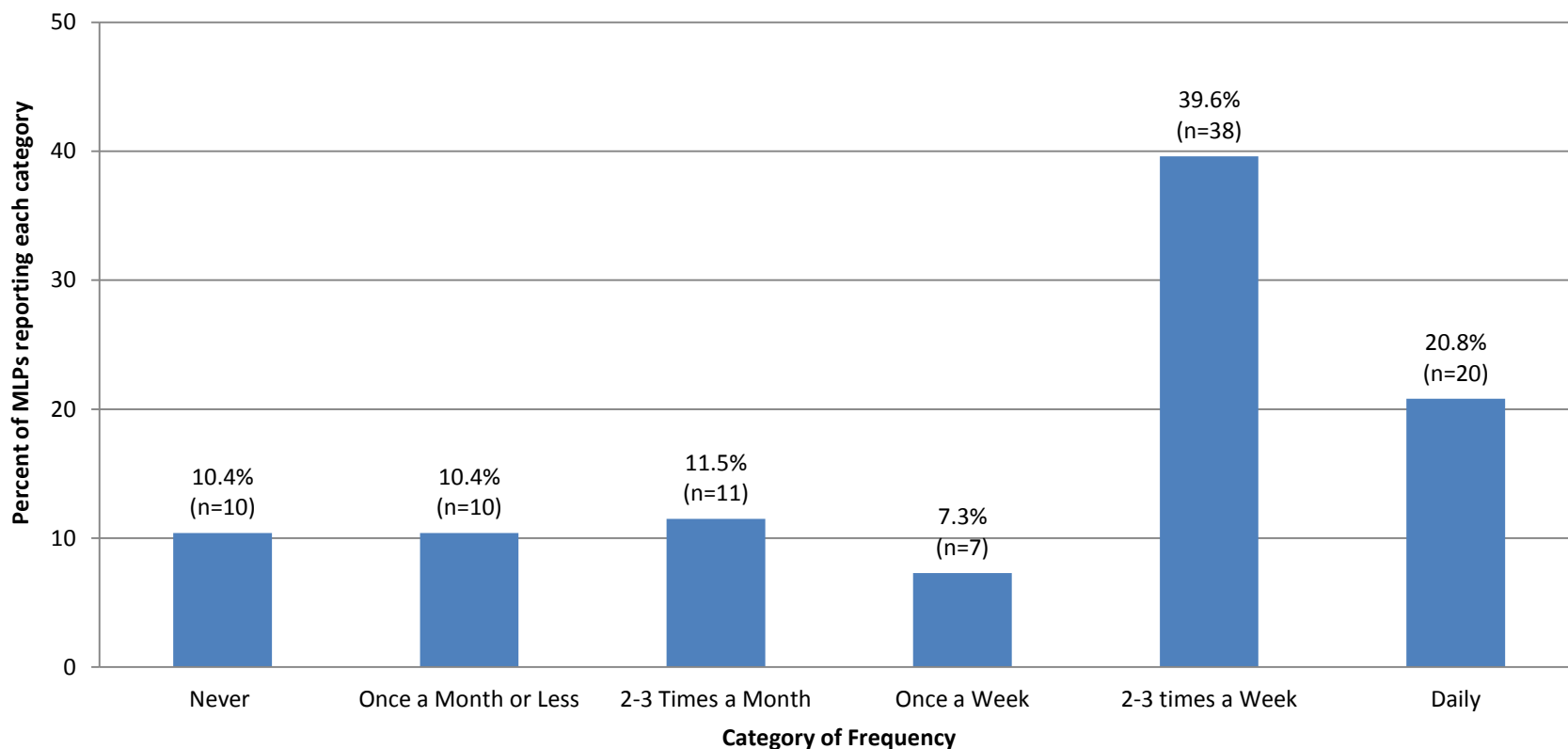
TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



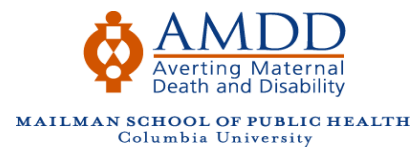
Frequency MLPs Reported Being On-Call in Past 6 Months





USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



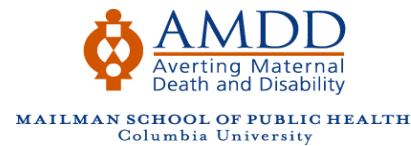
Job Satisfaction

- In general, I am satisfied with this job
68% Agree
- I find that my opinions are respected at work
93% Agree
- I am satisfied with the recognition I get for the work that I do
59% Agree



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



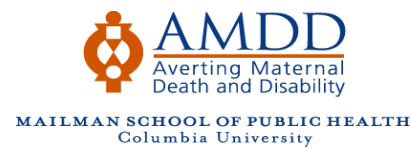
Legal and Regulatory Issues - Findings

1. Gaps in legal protection: MLPs feel legally unprotected and vulnerable as a result of the lack of legal clarity regarding their official scope of work.
2. HPCZ lacks an effective mechanism to both formally monitor the quality and completion of Continuing Professional Development (CPD) of MLPS as well as track the location of MLPs as they move across permanent establishments.
3. ZMPLA has played a pivotal role in advocating for an enabling statutory and work environment for MLPs.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Human Resource Management - Findings

1. Lack of clarity around where the MLP cadre “fits” within the national health system has led to confusion and frustration for MLPs in identifying their role in the facilities, their supervision structures, the grievance/administrative procedures, and ultimately their salary and incentive packages.
2. There exists a gap between the national and provincial/district level planning – the establishment of MLP positions and postings managed at the national level often do not match the HRH needs of the facilities or the skills of the MLPs, resulting in inappropriate postings.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Human Resource Management - Recommendations

1. MOH/MCDMCH should develop a set of guidelines for the integration of MLPs into the public sector establishment (this would include supervision structures (clinical and administrative), staff charts, grievance and administrative procedures, salary structures and incentive packages).
 - A. District supervisors should orient MLPs as well as all other health care workers to the guidelines and policies as they relate to the facilities to ensure all staff have the same understanding of the roles, responsibilities and professional boundaries.
2. As the MLP cadre is still fairly new, those representing MLPs during national HRH conversations should either be MLPs or those who have worked closely with MLPs and understand the unique challenges of the cadre. A clear voice coming from those who understand the MLP cadre best needs to be heard at the national level.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University



Enabling Environment for Effective Service Delivery - Findings

1. Local strategies were developed to ensure MLPs had the necessary drugs, supplies, and staff to be able to provide C/sections and other emergency surgeries.

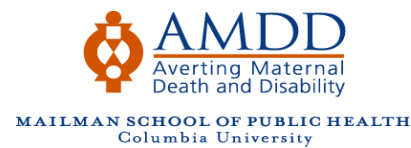
Supplies and Equipment reported inadequate in availability by MLPs

| Equipment | n | % |
|--------------------|----|-------|
| Vacuum Extractor | 38 | 39.2% |
| Oxygen | 38 | 39.2% |
| Resuscitaire | 34 | 35.1% |
| Incubator | 23 | 23.7% |
| CTG | 12 | 12.4% |
| Suction | 8 | 8.2% |
| Supplies | n | % |
| Gloves | 44 | 45.4% |
| Cotton/Gauze | 17 | 17.5% |
| Sutures | 14 | 14.4% |
| Blood | 9 | 9.3% |
| Drugs | n | % |
| Magnesium Sulphate | 28 | 29% |
| Antibiotics | 17 | 18% |
| Misoprostol | 14 | 14% |
| Oxytocin | 12 | 12% |
| Hydralazine | 8 | 8% |
| Naloxone | 8 | 8% |



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Enabling Environment for Effective Service Delivery - Findings

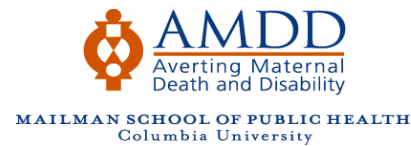
2. MLPs, when based in district level facilities in rural areas, have been able to reduce the overall number of referrals to provincial hospitals. Where referral is required MLPs make informed clinical decisions that are in the patient's best interest, thereby decreasing the number of unnecessary referrals and costs to women and families.

“Some of them stayed and we could see a positive impact such that each time, when they had -- they had moved out of the station, we could see from the referral -- referring centre, just the workload increased like that, then we knew there was a problem. Yeah, but each time they were at the station, this extra workload on X Hospital... even the next referral hospital, was reduced. This clearly indicated that actually they were having a positive impact on service delivery and that a number of patients were attended to promptly.”(PMO_02)



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Enabling Environment for Effective Service Delivery - Findings

3. At facility level, MLPs clinical judgement is trusted and well regarded by the rest of the health team.

“I consider him to be the equal of all our doctors, and actually a bit better, because he has been here longer and knows how to do more things. Here there’s no restriction on his practice.” (MA_01)



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



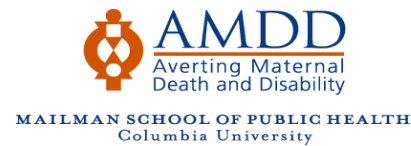
Enabling Environment for Effective Service Delivery - Recommendations

1. In order for MLPs to be able to provide the quality care they are expected to, efforts need to be made to consistently stock the district level facilities or provide adequate funds to the DMO/PMO offices to purchase supplies and equipment in case of emergency. Particular attention is required to ensuring reliable access to blood especially in rural areas.
2. Flexibility within the referral system saves time, money and lives. MLPs (as well as other clinicians) should be encouraged to draw on their clinical judgment to refer patients to a facility they know has the availability and capacity to manage the complication upon arrival. This should be a formally recognized option for all with the authority to refer.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



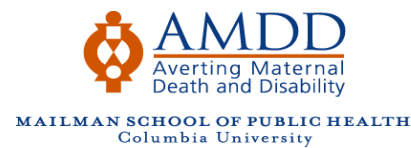
In Conclusion

- The MLP programme is poised to play a significant role in expanding access to life- saving care.
- This research has shown that with tremendous support from key stakeholders including CCHS, MOH, MCDMCH, ZMLPA and external donors, the MLP programme has produced a core cadre of health professionals who are highly motivated, competent and well accepted at the local level.
- For this to continue and be expanded will require that the voice of the MLP be heard clearly at national policy level, so that the structural barriers currently undermining the programme, can be addressed and the programme scaled-up.



USAID
FROM THE AMERICAN PEOPLE

TRANSLATING
RESEARCH
INTO ACTION



Acknowledgements

Study was made possible by the support of

- Translating Research into Action, TRAction, is funded by United States Agency for International Development (USAID)
- Ministry of Foreign Affairs, Denmark

Special Thanks to

- Ministry of Health Zambia for approving the research
- ZMLPA
- CCHS management
- ANAC
- SolidarMed
- Research team members
- All respondents