Health Workers: Vital to Family Planning and Reproductive Health

International Conference on Family Planning
Dakar, November 2011
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Africa Regional Office (PPD ARO)
1,000,000,000 people lack access to essential care

(Source: WHO, Increasing access to health workers in remote and rural areas, 2010.)
In 2006 the WHO identified 57 countries with a health workforce crisis.
Five years later all 57 countries remain in crisis.
Flo, the beleaguered health worker

- Too few
- Inequitably distributed
- Inadequately educated
- Poorly supported
Strategies for expanding access to family planning
Solutions to the health worker crisis

Mobilize leaders
Mobilizing leaders

Malawi
Emergency HR Program

Financial incentives

Investments in local training institutions

53% increase in public-sector health workforce
Solutions to the health worker crisis

- Mobilize leaders
- Expand education
- Deploy where needed
- Strengthen management
Educating health workers

Ethiopia
Massive expansion of health extension workers

34,000 health extension workers trained

Dispatched to 15,000 health posts
Solutions to the health worker crisis

- Mobilize leaders
- Expand education
- Deploy where needed
Deploying health workers

Rwanda
Community health workers

5 community health workers in each village of 100 to 150 people

Community health workers dedicated to FP
Solutions to the health worker crisis

- Mobilize leaders
- Expand education
- Deploy where needed
- Strengthen management
Managing health workers

Kenya

Emergency Hiring Plan

Hiring system revised

Candidates applied for posts in specific areas

830 nurses placed in 200 facilities in 6 months
Solutions to the health worker crisis

- Mobilize leaders
- Expand education
- Deploy where needed
- Strengthen management
Agenda for action

Advocacy | Assets | Accountability
Don’t keep Flo waiting!

Partners in Population and Development (PPD)
Rapidly Expanding the Health Workforce: The Case of Ethiopia

Kesetebirhan Admasu (MD, MPH)
State Minster, Federal Ministry of Health
Background Information, 2011

Ethiopia

- Second most populous nation in Africa
- It covers 1,104,300 square kilometers
- Geographic location - Horn of Africa
- Estimated total population in 2011 - 79.8 million (Projections from the 2007 population and housing census)
- Predominately young with 44% < 15 years, and over half (52%) between 15 and 65 years
Background Information, 2011

Ethiopia

- Women in the reproductive age group constitute 24% of the population.
- Fertility rate – 4.8 births per woman (EDHS 2011)
- Annual expected pregnancies > 2.8 million
- Teenage pregnancy = 17% (EDHS 2005)
Background Information, 2011
Ethiopia

- Maternal mortality ratio = 470 per 100,000 live births (WHO 2008)
- Neonatal mortality = 37 per 1,000 live births (EDHS 2011)
- CPR = 40% (L10k 2011) 29% (EDHS 2011)
- Unmet need for FP = 25% (EDHS 2011)
The Health Extension Program (HEP) is a defined package of basic and essential promotive, preventive, and selected high impact curative health services targeting households. HEP is similar to PHC in concept and principle, except HEP focuses on households at the community level, and it involves fewer facility-based services. The philosophy of HEP is that if the right knowledge and skill is transferred to households, they can take responsibility for producing and maintaining their own health. The HEP is the main vehicle for bringing key maternal, neonatal, and child health interventions to the community.
Health Extension Program

• The program is based on expanding physical health infrastructure (health posts) and developing a cadre of Health Extension Workers (HEWs) who will provide basic curative and preventive health services in every rural community.

• 34,000 health extension workers (98% female) with one year of training, paid by government (2/5000 people)

• Supported by model families, the HEP:
  ✓ Empowers caretakers and produces model families and communities
  ✓ Institutionalizes and standardizes “village” health care delivery linked to PHCU
  ✓ Increases access and utilization of promotional, preventive, and essential curative care services
  ✓ Reduces opportunity cost for families; enhances participation.
The HEP Packages

- Disease Prevention & Control (3)
- Family Health (5)
- Hygiene & Environmental Sanitation (7)
- Health Education and Communication

16 Health Extension Packages
Health Extension Program

• Health extension workers are engaged in distributing condoms, pills, providing injectables and inserting Implanon (a single rod implant) at community and health post level.

• This has complemented the delivery of the wider range of FP services that is provided at HCs and hospitals.
Health Extension Program

• There is a clear referral linkage between the health posts and to the health centers.

• The health extension supervisors regularly supervise the HEWs.
Results Achieved So Far

• The trend in health post visits increased from 51% to 59%.

• The percentage of service delivery points offering at least three methods of modern contraception increased from 60% in 2006 to 90% at health posts in 2010.

• The contraceptive prevalence rate (CPR) has increased from 15% to 29%; health posts had also become the major source for current users of contraceptives.

• The trend in source of FP for current users in health posts increased from 56% to 63%, and in health centers from 23% to 28%.

• Trends in ANC use increased from 56% to 66%.

• Trends in household utilization of latrine increased from 61% to 72%.
The proportion of households with access to sanitation improved disproportionately in HEP villages compared to non–HEP villages between 2005 and 2007.

Awareness of HIV/AIDS also improved, with the level of knowledge of condoms as a means of preventing HIV increasing by 78 percent in HEP villages and 46 to control villages.

Vaccination coverage improved significantly. Significantly larger proportion of children in villages where health extension workers were deployed were vaccinated against diphtheria, polio, and tetanus (DPT); measles; polio; tuberculosis; and main antigens.

The most important success factor has been the increase in expenditure allocated to implement the HEP.
Challenges

• In some area, health posts are not fully well-equipped with needed equipment and supplies.

• Weak institutional arrangements for management of health service extension program in some regions.

• The capacity of the Woreda/District Health Offices to provide supervision, monitoring, and evaluation is low.
Lessons Learned

• Political leadership and champions at higher levels are a critical success factor in improving health outcomes.

• Delivery of services and management of programs should be integrated into existing systems. What HEP has demonstrated is that vertically mobilized resources can be utilized for system wide interventions.

• The HEP is transferring the right knowledge and skills to communities and households so that they will be able to adopt behaviors that improve their own health.

• Major shift in the amount and modality of financing of the sector/HEP has resulted to smooth implementation of programs interventions.
Lessons Learned (continued)

• The HEP has created a unique model for partnership and collaboration between the government and various actors in the health system, thus the trust has resulted in harmonization of financing, program implementation, monitoring, and evaluation, leading to further strengthening of health systems.

• The HEP has been implemented in settings with significant diversity in socioeconomic, cultural, and geographic conditions. This flexible nature is unique to the different environments, facilitating replication in other countries.

• Implementation of HEP has shown encouraging results in a short time in terms of increasing coverage of essential interventions and reducing morbidity and mortality related to communicable health problem.
Thank You
Family planning and access to health workers
A look at the numbers

Maurice I. Middleberg, VP for Global Policy, IntraHealth International; Director, CapacityPlus
International Conference on Family Planning, Dakar | November 2011
Family planning and the health workforce: Three messages to remember

- **Counting:** use a robust measure of health workers

- **Diversity:** Family planning use varies widely among health workforce crisis countries

- **Health workers matter:** Access to health workers affects family planning use
57 countries have fewer than 2.3 doctors, nurses, and midwives per thousand people.

Global deficit of 4.3 million health workers

Health workforce crisis countries: Doctors, nurses, and midwives/1,000

Doctors, nurses, and midwives are only part of the story.

A more robust measure is needed.
Health Workers Reach Index

• Developed by Save the Children–UK

• Density of doctors, nurses, and midwives

• DPT coverage

• % of births attended by a skilled attendant
Health workers and child mortality

Source: Save the Children A Global Picture of the Health Workers Reach Index
Health Workers Reach Index: Health workforce crisis countries

Source: Save the Children Health Workers Reach Index
Health Workers Reach Index and GNI/capita, Health workforce crisis countries

Sources: Save the Children Health Workers Reach Index; World Bank
Health workforce crisis countries and modern contraceptive prevalence

Sources: Save the Children *Health Workers Reach Index*; Population Reference Bureau, 2011 data
Modern contraceptive prevalence and doctor/nurse/midwife density in crisis countries

Sources: WHO: Global Atlas of the Health Workforce, latest available data; Population Reference Bureau, 2011 data

\[ y = 0.1206 + 0.1455x \]
\[ R^2 = 0.2108 \]
\[ P = 0.0004 \]
\[ n = 56 \]
Health Workers Reach Index and use of modern contraception in crisis countries

Sources: Save the Children *Health Workers Reach Index*; Population Reference Bureau, 2011 data

\[ y = -0.1842 + 0.978x \]
\[ R^2 = 0.2845 \]
\[ P=0.00003 \]
\[ n = 55 \]
Health Workers Reach Index and use of modern contraception in low and middle income countries

Sources: Save the Children Health Workers Reach Index; Population Reference Bureau, 2011 data
Contact with family planning providers among women not using contraception

% women not using FP who have had contact with an FP provider

<table>
<thead>
<tr>
<th>Countries</th>
<th>% having contact with FP provider</th>
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<tbody>
<tr>
<td>Benin</td>
<td>12%</td>
</tr>
<tr>
<td>DRC</td>
<td>7%</td>
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<tr>
<td>Ghana</td>
<td>23%</td>
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<tr>
<td>Indonesia</td>
<td>14%</td>
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<tr>
<td>Kenya</td>
<td>18%</td>
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<tr>
<td>Mali</td>
<td>15%</td>
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<tr>
<td>Namibia</td>
<td>13%</td>
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<tr>
<td>Nepal</td>
<td>9%</td>
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<tr>
<td>Niger</td>
<td>9%</td>
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<tr>
<td>Nigeria</td>
<td>11%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>12%</td>
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<tr>
<td>Tanzania</td>
<td>18%</td>
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<tr>
<td>Uganda</td>
<td>13%</td>
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<tr>
<td>Zambia</td>
<td>22%</td>
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</tbody>
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Sources: Demographic and Health Surveys, 2006-2010
Conclusions

• **Counting:**
  - Robust indicator of access to health workers must be tracked

• **Diversity:**
  - Access to health workers varies widely among “crisis” countries and is weakly related to national income
  - FP use varies widely among crisis countries

• **Health workers matter:**
  - FP use strongly related to access to health workers
  - Contact with providers is low among women not using FP
Significant progress in access to health workers is possible for almost every country.

THE CHOICES MADE BY NATIONAL LEADERS WILL MAKE THE DIFFERENCE.
Thank you!

The CapacityPlus Partnership

IntraHealth International, Inc. (lead partner)
Abt Associates
IMA World Health
Liverpool Associates In Tropical Health (LATH)
Training Resources Group, Inc. (TRG)