

Shifting tasks to save lives: the example of AMREF-trained clinical officers in Southern Sudan

Challenges

Southern Sudan, which has had two decades on civil war, finds its health system in tatters. Southern Sudan faces a critical health worker shortage and has some of the worst health indicators in the world. The maternal mortality ratio is estimated at 2,054 per 100,000 live births, while under-five mortality is over 250 per 1,000 live births.

Policy description

AMREF has been actively involved in capacity building in Southern Sudan since 1972 and began training clinical officers in the country during the war. Though the training was disrupted during the fighting, AMREF continued to train clinical officers and community midwives in areas controlled by the Sudan People's Liberation Army. Following the signing of the Comprehensive Peace Agreement that granted Southern Sudan semi-autonomy in 2005, AMREF, at the request of the Government of Southern Sudan, developed standardized curricula for the training of community midwives, clinical officers, nurses and community health workers.

“Task shifting” is defined by the WHO as the rational re-distribution of tasks among health workforce teams. Specific tasks are moved, where appropriate, from highly qualified health workers to health workers who have fewer qualifications in order to make more efficient use of the available HRH. It is imperative that health workforce strategies focus on matching the skills of workers to the local profile of health needs. This includes delegating work to, and effectively training and supporting, lower and mid-level cadres of formal workers to deliver health care at community level. Task shifting presents a practical and sustainable answer to the country's critical health worker shortage. It also presents a quick solution to finding ways to improve the country's health indicators, which are among the worst in the world.

Outcomes

The National Health Training Institute (NHTI) has trained 350 clinical officers since 1998, which is approximately 99% of the clinical officers working in Southern Sudan. The Institute produces about 40 clinical officers annually and has a total student

enrollment of 133 students in the three-year program. These clinical officers are considered by the communities as 'the doctors of Southern Sudan'.

AMREF worked with the Government of Southern Sudan to integrate task shifting into the standardization of all training curricula materials for clinical officers. This included decisions on the optimum number of skills that a given health worker can learn and apply without jeopardizing the quality of services.

In the context of Southern Sudan, task shifting represents the key to overcoming the shortage of eligible workforce for training in the various disciplines of medicine and public health. This shortage demands that the few trainable candidates be equipped with numerous skills that will enable them to provide comprehensive and integrated health services at all levels. Task shifting allows for training to be delivered at a lower cost and more quickly than training new professionals. Systems to ensure appropriate supervision and support are in place, and evidence suggests that there are no reductions in quality of care.

Conclusions

AMREF's support to the Government of Southern Sudan, through the provision of technical support and supportive supervision for capacity building activities, was instrumental in the creation of an enabling environment through the development of government policies on Human Resources for Health. For task shifting to be successful, policies that support it must be encouraged in order to make essential health services more widely available, particularly in post-conflict settings like Southern Sudan.