

Using lay health workers to improve access to key maternal and newborn health interventions in sexual and reproductive health

improve access to key maternal and newborn health interventions



A lay health worker (LHW) is defined as a health worker who performs functions related to health care delivery and is trained in some way in the context of an intervention, but who has not received a formal professional or paraprofessional certificate or tertiary education degree. Other terms for lay health workers include ‘community health workers’ (CHWs) and ‘village health workers’ (VHWs). ‘Trained traditional birth attendants’ (tTBAs) are also regarded as lay health workers.

Summary information

Problem:	Poor access to or low uptake of key interventions for improving maternal and neonatal health
Option:	LHWs providing interventions
Comparison:	Care delivered by other cadres or no care
Setting:	Community/primary health care settings

Key messages:

The WHO recommends the use of lay health workers for:

- Promoting the uptake of a number of maternal and newborn-related health care behaviours and services
- Providing continuous social support during labour
- Administering misoprostol to prevent postpartum haemorrhage

Who is this summary for?

People making decisions regarding the use of lay health workers for maternal and newborn health care

This summary includes:

- Key recommendations from the World Health Organization’s OptimizeMNH task shifting guidance

Not included:

- The OptimizeMNH recommendations also cover other cadres of health workers. Recommendations relating to these cadres are not described in this summary

Please visit

www.optimizemnh.org

for further information on:

- Recommendations for other health cadres
- The evidence supporting these recommendations
- Interventions that were considered to be outside the competency of LHWs

Glossary of terms used in this report:

www.optimizemnh.org

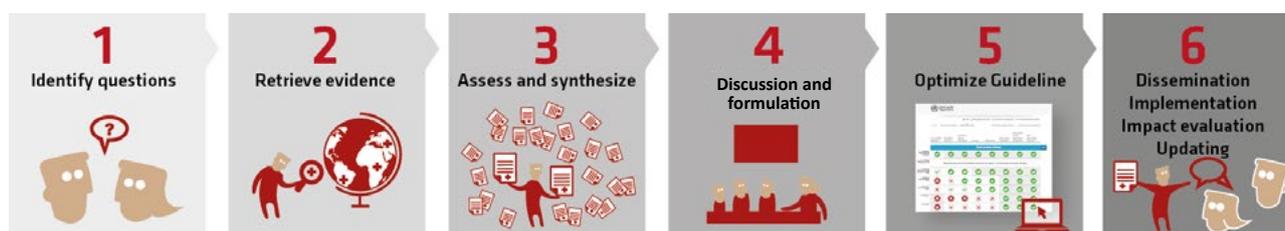
Background

The shortage of health workers is having a negative impact on the achievement of the health-related Millennium Development Goals (MDGs) in many low- and middle-income countries (LMICs). Closing the existing gaps in health service coverage and improving maternal and newborn health outcomes will require active human resource policy interventions by those countries affected.

Some countries have trained lay health workers to administer specific interventions, using them either separately or as part of teams within communities and health care facilities. Lay health workers can deliver maternal and newborn health services by working, for example, within a wider set of promotive and preventive roles. In some settings, trained traditional birth attendants have been used to deliver specific newborn care interventions to improve access to care.

The WHO recommendations “*Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting*” were published in 2012. These recommendations were developed by identifying the appropriate research questions on task shifting, and using a technical team to retrieve, assess and synthesize the relevant scientific evidence. Recommendations were then discussed and approved by a WHO-led panel (Figure 1). The guidance offers 36 recommendations related to the use of lay health workers. Implementing these recommendations in different settings requires a consideration of local political, financial and health system factors.

Figure 1: How were the OptimizeMNH recommendations developed?



Summary of findings

The use of lay health workers in community and primary health care settings for certain interventions can be effective, acceptable, and feasible, and can reduce inequalities by extending care to underserved populations. Lay health workers can be used to deliver interventions in contexts where these interventions are not usually provided by the health professional cadres available.

About the OptimizeMNH recommendations			
Recommended	Recommend with monitoring and evaluation	Consider in context of rigorous research	Recommend against
For more information, see www.optimizemnh.org			



The use of lay health workers is recommended for:

- Promoting the uptake of maternal and newborn-related health care behaviour and services, such as the:
 - Promotion of reproductive health and family planning
 - Promotion of appropriate care-seeking behaviour and appropriate antenatal care during pregnancy
 - Promotion of adequate nutrition, iron and folate supplementation, HIV/AIDS testing, and sleeping under insecticide-treated nets during pregnancy
 - Promotion of birth preparedness, companionship during labour, and skilled care for childbirth
 - Promotion of basic newborn care, exclusive breastfeeding, postpartum care, and kangaroo mother care for low-birth-weight infants
 - Promotion of immunization according to national guidelines
- Administration of misoprostol to prevent postpartum haemorrhage
 - Where a well-functioning lay health worker programme already exists, skilled birth attendants are not present and oxytocin is not available
- Providing continuous social support during labour (in the presence of a skilled birth attendant)



The use of lay health workers should be considered for the following interventions, but with targeted monitoring and evaluation:

- Oral supplement distribution to pregnant women



The use of lay health workers for the following interventions should be considered only in the context of rigorous research:

- Administering oxytocin to prevent and treat postpartum haemorrhage, using a standard syringe or a compact, prefilled autodisable device (CPAD) such as Uniject™
- Administering misoprostol to treat postpartum haemorrhage
- Distribution of low dose aspirin to pregnant women at high risk of pre-eclampsia/eclampsia
- Managing puerperal sepsis by administering antibiotics (orally or using a standard syringe or CPAD)
- Initiation and maintenance of kangaroo mother care for low-birth-weight infants
- Delivering antibiotics with standard syringes or CPAD devices for neonatal sepsis
- Performance of neonatal resuscitation
- Inserting and removing contraceptive implants



The use of lay health workers is not recommended for:

- Insertion and removal of intrauterine devices

In addition, a number of tasks were accepted as being outside the competency of lay health workers and were therefore not considered in the guidance. These tasks included maternal intrapartum care, prevention and treatment of eclampsia, and other interventions (see www.optimizemnh.org for further details).

Implementation considerations for lay health worker recommendations

TASK SHIFTING TO LAY HEALTH WORKERS

- Any intervention that lay health workers provide needs to be perceived by programme recipients, the lay health workers, and the health professionals who support them, as relevant, meaningful and acceptable. Planners should therefore ensure that programme recipients, lay health workers, and the relevant professional bodies are involved in the planning and implementation of lay health worker programmes.
- Planners need to ensure that:
 - Lay health workers, their trainers, and their supervisors all receive initial and ongoing training
 - Supervisory responsibilities are clear and supervision is regular
 - Supplies of drugs and other commodities are secure
 - Necessary changes to regulations are made to support any changes in the scope in lay health worker practice
 - Salaries or incentives reflect any changes in the scope of lay health worker practice

USING LAY HEALTH WORKERS TO PROVIDE PROMOTIONAL ACTIVITIES

- Lay health workers who provide promotional services need training in counselling and communication. Tools and techniques that may be helpful when communicating with recipients include the use of visual tools, using a variety of venues and opportunities to deliver promotional information, and mass media campaigns that repeat the promotional messages delivered by lay health workers
- It may be useful to involve husbands, partners, and other family members in promotional activities
- It may be helpful to ensure that lay health workers who promote or deliver reproductive health services are the same gender as their target audience
- While lay health workers from the same community may be particularly acceptable to recipients, it may be that certain topics, including sexual and reproductive health, are more sensitive. Confidentiality may be a concern in instances in which lay health workers come from the same local communities as the recipients
- Lay health workers may be more motivated if their tasks include curative tasks as well as promotional tasks

USING LAY HEALTH WORKERS TO PROVIDE ANTENATAL, POSTNATAL AND NEONATAL CARE

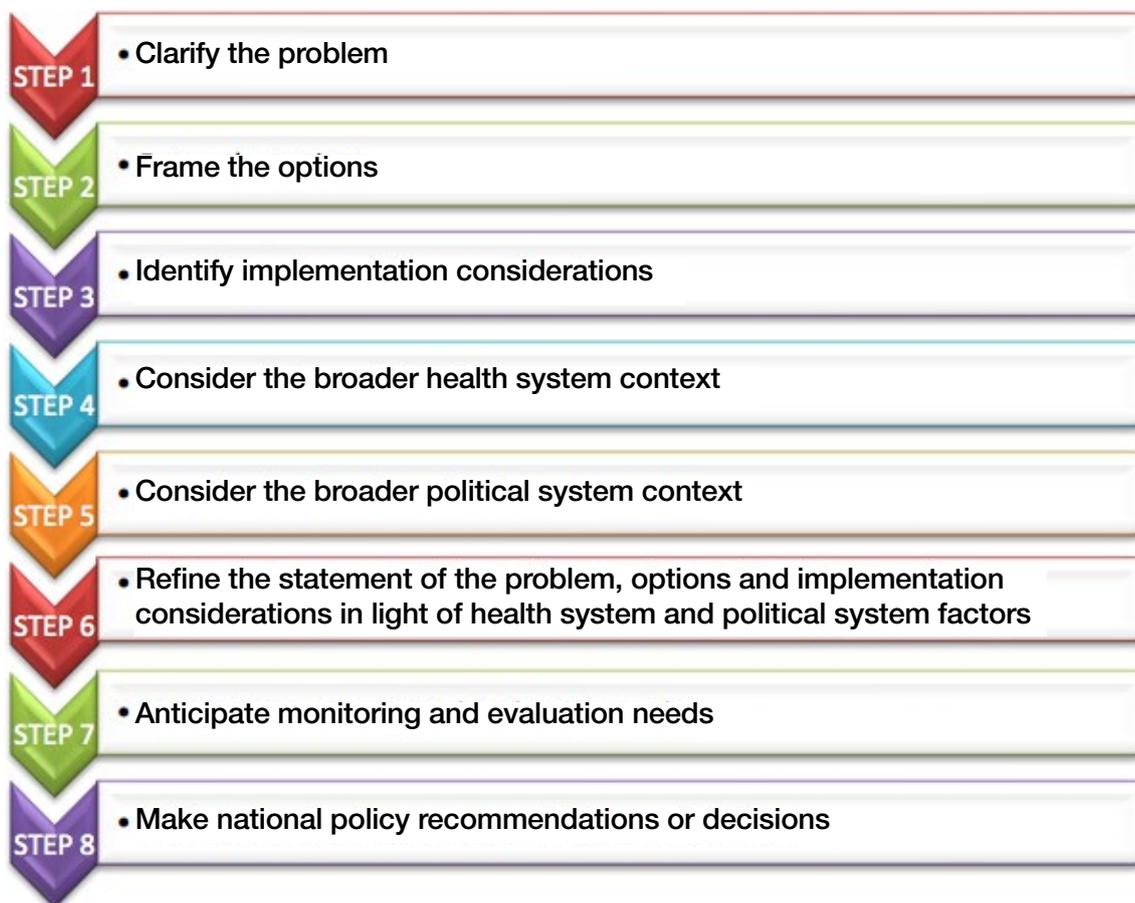
- Regulations and job descriptions need to define clearly the distribution of responsibilities between lay health workers and midwives and other health professionals
- Referral systems need to function well, i.e. logistical issues (such as transport), and financial and relational barriers need to be addressed. Specifically, local health systems need to be strengthened to improve the quality of care at the first referral level
- Systems need to be in place to support lay health workers who may need to travel at night to assist during labour and delivery
- Lay health workers may be particularly vulnerable to blame if incidental death or disease or problems in treatment occur, and systems need to be in place to offer them support in these circumstances

Adapting and adopting the WHO OptimizeMNH lay health worker recommendations

Health system arrangements and specific sociocultural and political system factors will shape the implementation of the recommendations in particular settings. These factors therefore need to be considered in each setting to improve the chances of successful implementation. A workbook to help policymakers through the process of contextualizing the guidance, and developing policy recommendations or decisions based on the guidance recommendations and local evidence, is available at: www.optimizeMNH.org/Annexes/Annex_8_Contextualizing_Workbook.pdf. The workbook suggests that implementing guidance on lay health workers requires national dialogue, including discussions regarding:

- Whether the (non)availability of skilled health workers is a significant contributor to the accessibility and utilization of key interventions
- Whether there is a willingness to consider task shifting as a way to address existing human resource problems
- Which types of health workers referred to in the WHO guidance might be potential candidates for task shifting, and
- Which packages of interventions such health workers might be able to deliver (Figure 2).

Figure 2: Evidence-based health systems guidance for policymaking framework



Additional information

Related literature

The WHO recommendations “Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting” are available at <http://www.optimize-mnh.org>

Conflicts of interest

None

Acknowledgements

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References

Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, van Wyk B et al. Lay health workers in primary and community health care. *Cochrane Database Syst Rev* 2005;(1):CD004015.



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