

FOR NURSES AND MIDWIVES



## Barriers to implementation of the right regulatory standards in ECSA region

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### **Outline:**

- Background
- Methods
- Findings
- Barriers
- Mitigation
- Discussion
- Conclusion





## Background

- The primary reason for health care regulation is to ensure that the care being provided by health care practitioners and health care facilities is safe and effective for everyone who accesses the health care system
- Most countries in Africa are in the process of strengthening regulation systems e.g. supported by ARC, ECSA and EAC
- Enforcement and adoption of appropriate regulatory standards into routine functions of a health profession is always a challenge.





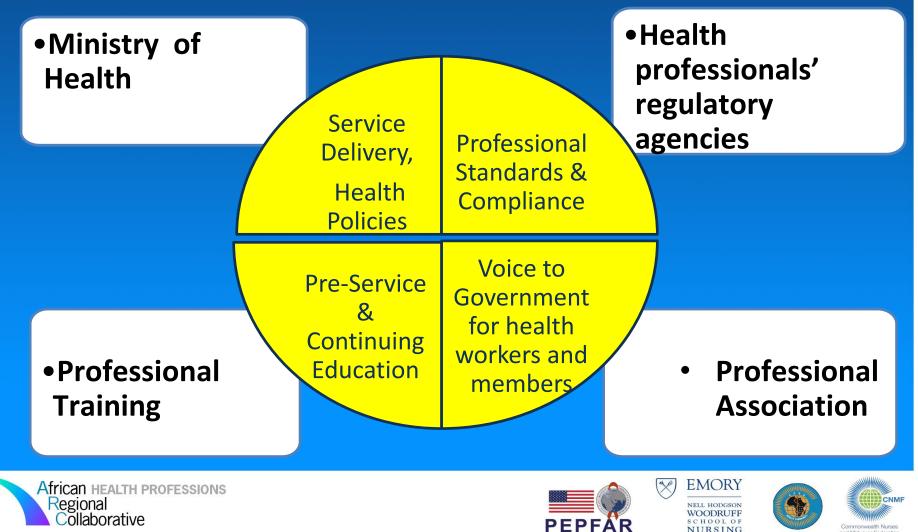
### **Methods**

- Document reviews on:
  - regulatory standards as recommended by WHO and ICN
  - development and implementation of Task Sharing Policy as recommended by WHO guidelines
- Interviews were conducted in ECSA region to identify the barriers that the health regulators face while implementing health regulatory standards
- Involvement of health managers in Task Sharing Policy and Guidelines development and implementation in Kenya.





#### Key Players in Development and Implementation of Regulatory Standards



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## Findings

- Countries responses: 80% of the targeted countries responded
  - i. Kenya, Zambia, Zimbabwe, Rwanda, Swaziland, Lesotho, Malawi , ECSACON
  - ii. Sixteen (16) interviews successfully conducted
- Types of institutions :
  - Health professions' regulatory boards/councils
  - Training institutions
  - Ministry of Health representatives
  - Health profession associations
- Categories of interviewees:
  - Senior health professionals , majority (81.3%) have more than 10 years of experience in the health sector





## **Types of Regulatory standards**

- 1. Standards for education
  - Standards for accreditation
  - National training and quality assurance standards
  - Standards for curriculum development





## **Types of Regulatory standards**

- 2. Standards of practice and guidelines
  - Registration
  - Licensing Examination
  - Re-licensure for practice based on CPD
  - Scope of practice
  - Ethics and professional code of conduct
  - Inspections standards
  - Nursing and midwifery protocol
  - Internship standards
  - Procedure manures e.g. standards operative procedures
  - Norms and standards
  - Task sharing guidelines





# Successfully implemented regulations in ECSA region

- Standards for education
- Scope of practice
- Ethics and professional code of conduct
- Procedure manuals
- Health professionals code of ethics
- Task sharing underway
- Nursing and midwifery protocol





### Drivers to successful implementation of Task Sharing Policy:

- Dissemination of the Task Sharing Policy & Guidelines widely
- Revision of Legislation to allow restrictive laws on certain tasks
- Revision of scope of practice
- Capacity building to ensure adequate knowledge, skills and competencies to perform new tasks
- Revision of scheme of service by the employer
- Training Institutions to revise the curriculum





### **Barriers to implementation of regulatory standards**

Barriers	Proportion (% responses)
Lack of resources to support implementation and enforcement	46.7
Lack of capacity building/lack of knowledge on and strategies for	
implementing regulatory standards	40.0
Political influence subvert or circumvent standards	26.7
Conflicting mandates with already established standards, content	
alignment	26.7
Non-compliance and maintenance of the standards after approval	26.7
Shortage of health workforce/enforcers	26.7
Litigation /Bureaucratic (judicial reviews and case determination)	13.3
Complexities. Standards not broken down to specific levels	13.3
Multiplicity of regulators who work in silos	13.3











### **Barriers to implementation of regulatory standards**

Barriers	Proportion (% responses)
Gaps and limitations in some standards	13.3
Challenges with support supervision	13.3
Lack of joint formal platforms between institutions and regulators	13.3
Internal wrangles for power and supremacy by implementers	13.3
Unregulated cadre of health care providers, selective implementation	6.7
Standards not harmonized	6.7
Inadequate institutional capacity to support regulations	6.7
Resistance due to negative attitude	6.7
Bureaucratic processes of approval of reviews	6.7









## **Mitigating factors**

	Proportion (%
Recommended improvements	responses)
Capacity building on regulations and enforcement	46.7
Collaboration approach with other enforcement agencies	40.0
Regular support supervision and monitoring to ensure compliance (M&E)	33.3
Harmonize/standardization standards	33.3
Mobilize and allocate more resources for implementation and monitoring	33.3
Hold regulators forums to benchmark- increase data, information and	
knowledge sharing	26.7
Oversight authority to enforce	26.7
Sensitization and advocacy at all levels	20.0
Rewards/incentives and sanctions e.g. publications of good performers	20.0











## **Mitigating factors**

Recommended improvements	Proportion (% responses)
Political will/backing to delineate mainstream standards Ensure stakeholder engagement in the development and implementation	20.0
process	13.3
Constant reviews to regulatory frameworks in view of emerging issues	13.3
Technical support	6.7
More research on what implementation strategies work, missing	
standards	6.7
Improve human resource capacity	6.7
Involve development partners and donor agencies	6.7
Develop overall regulatory framework	6.7
Establish inspection committees for inspections and enforcement of the	
standards	6.7









### Discussion

- Lack of involvement of key professional groups in identifying and bridging gaps in current practice and engagement in standards development restricts ownership and adoption.
- Guidance by relevant professions encourages change and promotes confidence in regulations and standards.
- TSP: Involvement of high level health managers/stakeholders in the development of Task Sharing Policy and Guidelines has made it easy for implementation







- Health professionals must understand and contribute to regulatory standards to ensure effective implementation.
- Task Sharing Policy facilitates maximum utilization of the available workforce to improve health care service delivery
- Some form of oversight is needed when factors as essential as life and health are involved
  - Why Is Health Care Regulation So Complex?: <u>Robert I. Field</u>, JD, MPH, PhD







## Thank you









