

Maternal mortality can be reduced through task-shifting in South Sudan

In this issue of SSMJ there is an article entitled “*The crucial role of medical doctors in reducing maternal deaths in South Sudan*”. It is based on two circumstances. Firstly, South Sudan has the highest national maternal mortality ratio in the world, above 2000, which is roughly 1000 times higher than in Sweden. Secondly, leading cadres in the Ministry of Health in Juba have an open, evidence-based and scientifically updated attitude to the most fundamental underlying problem: the scarcity of human resources for health (HRH) to save maternal lives.

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Can “task-shifting” be part of the solution to the problem of the devastating maternal mortality in South Sudan? Massive scientific evidence from a number of other African countries tells us that - in the absence of alternative solutions in the foreseeable future - South Sudan has to seriously consider inviting medical doctors to be employed as trainers and supervisors of clinical officers in the same way as has happened in Tanzania, Malawi, Mozambique, Zambia and Ethiopia. There is no collision of interests in this approach, since medical doctors are prerequisites for any success of “task-shifting”.

It is argued that *any initiative to train “mid-level providers of health care” is doomed to fail if there are no competent trainers in the leadership of this training. And there are no other competent trainers than medical doctors*, quoting scientific evidence from other countries, where life-saving comprehensive emergency obstetric care, including caesarean sections, has been delegated successfully to such “mid-level providers of care”. It is also underlined that there should be precautions observed not to create a sub-standard cadre of “surgeons”.

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This is a powerful message to the Ministry of Health in South Sudan.

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