

# ROLES AND RESPONSIBILITIES OF MLHP

The services in Health and Wellness Centers (HWCs) will be provided through a mid-level health care provider (MLHP)/community health officer (CHO) placed at a HWCs and medical officer at PHC (rural/urban).

Mid-level health care providers are health care workers with training less than that of a physician but greater than that of more ordinary nurses and other medical assistants.

India is a second most populous nation in the world and also a developing country.

As per WHO, by 2024 the projected population would be 1,447,560,463.

With this growing population, India is in a great demand of doctors and nurses.

At present India has a shortage of an estimated 600,000 doctors.

According to Indian nursing council, there were 1.79 million registered nurses/midwives in India (as of 2014).

Recommended WHO ratio for nurse to population is about 1:500 and as per NHP 2016 data, on average, India's nurse-to population ratio is 1:475.14, including registered nurses and midwives and lady health visitors.

But still there is shortage of around 13,000 nurses as per rural health statistics 2016 data, because Government of India has a norm of one nurse per PHC and seven per CHC that leads to shortage of nurses in rural health system.<sup>16</sup>

Current scenario of our rural health care system, there are serious requirement of doctors but presently our country is not having enough number of doctors, to come across this deficiency the use of graduate nurses as community health officer after additional training would be more betterment then nothing. So mid-level health care provider will bridge the gap between population and sub-centre, primary health centre and community health centre.

Mid-level health care providers are permitted to serve the community independently to diagnose, manage and treat minor ailments and impairments and also engage in preventive and promotive aspects of the community. Their expanding roles are more helpful for low and middle income countries, as a strategy to overcome the shortage of health care workforce challenges and improve access to essential health care services.

MLHP will afford more responsive, higher quality and more cost effective for rural health system.

# **GLOBAL CONCEPT OF COMMUNITY HEALTH PROVIDER OR MID-LEVEL HEALTH CARE WORKER**

World health organisation hosted ‘The Global Health Workforce Alliance’ in 2006 to discuss the shortage, misdistribution and potholed performance of health care workers which are leading to unsatisfactory provision of essential community health services required to achieve the health millennium development goals and universal health coverage.



**Mid-level health worker** can be defined as ‘Front-line health workers in the community who are not doctors but who have been trained to diagnose and treat common health problems, to manage emergencies, to refer appropriately and to transfer the seriously ill or injured for further care’.

## ROLES AND RESPONSIBILITIES OF MLHP.

MLHP is evolving concept in health care sector and their roles and responsibilities are purely population oriented in public health.

They are expected to provide specific service delivery, leadership, supervision, management and take pro-active role in all the activities at community level, organize various health program & activity in health promotion according the need. These roles of MLHP help to bridge the gap between health care facilities and population seeking health care.

# SKILLS AND TRAINING OF MIDLE LEVEL HEALTH PROVIDER



# Health care services

- Maternal health care: Prenatal care like antenatal checkup, screening for high risk, immunization & supplementation, child birth, postnatal care & if require referral to higher center.
- Neonate and infant health care: Management of high-risk newborn, screening of congenital anomalies, IMNCI services, immunization.
- Childhood and adolescent health care: Adolescent health counselling, identification of drug abuse, detection of any deficiency, nutritional supplement & referral services.

- Reproductive health care: Family planning, prevention and management of STI, identification of gynecological problems and referral services.
- Communicable diseases: Diagnosis and treatment of vector or water borne diseases, provision of DOTs and DPMR (disability prevention and medical rehabilitation) services for leprosy along with referral services.
- Illness and minor ailments: Identification and management of fever, respiratory infection, diarrhea, cholera, skin rashes, pain, typhoid, etc.

- Non-communicable diseases: Screening, prevention, control & management along with follow up & maintenance of treatment modalities.
- Eye & ENT: Screening along with primary care of ophthalmic & ENT problem & referral services of any emergency.
- Oral health: Regular checkup and screening of oral health.
- Geriatric & palliative care: Health camp organization routine checkup.
- Emergency services: Burn, injury, trauma along with first aid management.
- Mental health care: Screening and counseling along with referral services.

# Administrative and supervision services

- Administrative services: Guidance to other co-health workers & maintain inventory, report submission.
- Supervision: Supervision of national health program, ASHA, home visits, health promotion activities.
- Care pathway: Provide specific care according to standard treatment guidelines.
- Case coordinator & manager: Provide communication to higher authority regarding specific case, coordinate in care & management of care.
- Disaster and outbreak of disease: Local response to disease

- *Disaster and outbreak of disease*: Local response to disease outbreak and early management of disaster.
- *Fund management*: Support the team for entitling the fund for various projects and program.
- *Data management*: Record population data with various health indicator and communicate it.
- *Environmental role*: Education to community, speak about safe water, sanitation, disposal of waste, pollution control and identify environmental hazards and control.



## **Other skills**

- Communication skills,
- Interpersonal relationship skills,
- Transcultural competence,
- Assessment skills,
- Training capability,
- Professionalism,
- Advocacy,
- Education
- Facilitation.

## RECENT DEVELOPMENTS OF MLHP IN INDIA

In 2018, under Ayushman Bharat, for delivering public health & primary health care services, a new task force was proposed as MLHP who would be a CHO.

Further, in 2019, national medical commission bill proposed the midlevel medical practitioner under chapter V (autonomous board), clause no-32. The person who connected with modern scientific medical profession & holds limited license to practice modern medicine at mid-level as community health providers as per this commission bill.

*Details of this subsection of clause no-32 are as follows –*

- 1) Permission granted to practice medicine at mid-level as community health provider to such person connected with modern scientific medical profession who qualify such criteria as may be specified by the said regulations and provided that the number of limited license to be granted under this sub-section shall not exceed one-third of the total number of licensed medical practitioners.

- 2) The MLHP who are granted limited licences under subsection (i), may practice medicine to such extent, in such circumstances and for such period
- 3) The community health providers may prescribe specified medicine autonomously, only in primary and preventive healthcare, but in cases other than primary and preventive healthcare, he may prescribe medicine only under the supervision of medical practitioners.

So, the MLHP or CHO or mid-level practitioner (MLP) or community health provider (CHP) are sounds the same and ultimately it means the majority of nurses will be in this role.

# CONCLUSION

Since we have shortage of doctors and specialists, the shift in role to mid-level health care provider will relieve the overburdened doctors & specialists, at least in rural health setting.

Mid-level health care provider (MLHP) has the limited license only in primary & preventive healthcare to practice medicine at mid-level to such persons, who qualify such criteria as may be specified by regulations which will have an overwhelming representation of doctors.

This initiative by government of India will help to provide easy and affordable health care services to the population which also play an important role for universal health coverage in India.

*Thank you*