

Task sharing

Increasing access to family planning

There are more than 200 million women around the world who want family planning services, but are unable to access them: task sharing can help address this unmet need

What is task sharing?

Task sharing is the process of enabling lay and mid-level healthcare professionals – such as nurses, midwives, clinical officers and community health workers– to provide clinical tasks and procedures safely that would otherwise be restricted to higher level cadres. It can be a vital strategy in overcoming the shortage of doctors in many countries.

Mid-level providers and lay health workers are more evenly distributed across rural and low-income areas than doctors, and much more likely to remain in their community once trained. Providing these teams with additional training means that a rapid expansion of access to essential and life-saving family planning methods can be made possible. Even in well resourced health systems, task sharing can offer a means of providing services more efficiently, more cost effectively and in a less medicalised environment.

Examples of task sharing successes

Task sharing family planning services between doctors and lay or mid-level providers is already routine in many pioneering African and Asian countries. In Ethiopia, Malawi, Mozambique and Uganda for example, mid-level health workers now safely deliver surgical methods of family planning alongside other sexual and reproductive health services. In Pakistan, injectable contraceptives are now being delivered by community health workers.

In Malawi, clinical officers provide over 40,000 tubal ligation services per year in low level rural facilities, greatly increasing access to the service. Marie Stopes International (MSI) has developed a simple but effective procedure for tubal ligation under

local anaesthetic, using the mini-laparotomy technique via a small abdominal incision, from which women recover within an hour and are able to receive the service on an outpatient basis. This low technology approach, requiring only basic facilities, negates the need for advanced technology or a hospital setting. Consequently, the prevalence of tubal ligation in Malawi is relatively high at 7.5%; whilst in neighbouring Zambia for example, where only doctors can provide tubal ligation, it is just 1.4%.

(Source: Malawi Demographic and Health Survey 2010; Zambia Demographic and Health Survey 2007)

The need

In Tanzania, there is only one doctor for every 50,000 people. In sub-Saharan Africa, 36 countries have less than the WHO recommended staffing level of 23 health workers per 100,000 people.*

WHO recommendations

By the end of 2012, the WHO will publish guidelines for task sharing across a comprehensive range of reproductive, maternal, and new born health services.

MSI quality

Our training is highly focused and specialised; including on a combination of both practical and theoretical lessons, based on the latest clinical standards and local protocols.

Case study: implants in Ethiopia

MSI Ethiopia is part of a consortium of reproductive health organisations supported by USAID that have trained over 10,000 Health Extension Workers to provide implants. By training health extension workers – who typically receive one year of training – the project has been able to bring long-acting family planning methods deep into rural areas where more heavily trained workers are much less common.

The Integrated Family Health Project, established by the Federal Ministry of Health and lead by Pathfinder International and John Snow International, has prevented an estimated 283,000 pregnancies.



Marie Stopes International / Susan Schulman



New WHO recommendations on task sharing family planning

New WHO guidance to improve access to maternal and newborn health services by allocating human resources more efficiently were developed in a technical consultation in June 2012. The 'Optimise4MNH' family planning guidance was agreed with technical input from a coalition of experts coordinated by MSI within the Reproductive Health Supplies Coalition, in addition to representatives from ministries of health and medical professional associations. The new WHO guidance recommends a progressive and evidence-based distribution of family planning tasks between health workers. A summary of the guidance was outlined in a new WHO Policy Brief produced to coincide with the London Summit on Family Planning*. This includes task sharing to allow:

- clinical officers to provide tubal ligation and vasectomy services
- auxiliary midwives to offer implants and IUDs in the context of targeted supervision and monitoring and evaluation
- community health workers to provide injectables in the context of targeted supervision.

Marie Stopes International's impact on task sharing

Marie Stopes International has helped to establish task sharing policies in a number of countries and also plays a key role in ensuring these policies become a reality. MSI training is highly focused and specialised, using a combination of both

practical and theoretical lessons, based on the latest clinical standards and local protocols. To qualify, each trainee must successfully perform contraceptive procedures, such as a tubal ligation or implant insertion, under the close supervision of a senior medical adviser who signs-off the trainee once they are competent. To ensure safety, all procedures are then recorded and audits of service outcomes are conducted regularly.

Our recommendations for future developments

Based on research evidence and our experience of providing contraception to rural populations, MSI recommends the following:

Recommendation 1

Train clinical officers, midwives and nurses to perform tubal ligation and non-scalpel vasectomy under local anaesthetic. MSI trains clinical officers in Ethiopia and Malawi to provide tubal ligation.

Recommendation 2

Train mid-level health workers to provide long-term and reversible methods. Health workers with as little as one year's basic training already safely provide implants and IUDs in a range of countries and settings.

Recommendation 3

Train community health workers to provide injectables and other short term methods. Community health workers routinely provide immunisations across Africa and Asia. With good training they can safely provide contraceptive injections in communities not served by other health workers.

Recommendation 4

Establish method-specific training schemes to allow mid-level health workers to rapidly improve their skills on the job.

Recommendation 5

Complement task sharing initiative with rigorous quality assurance through regular clinical audit and a supervision structure lead by more experienced health workers.

Where can I find out more information?

For more information on Marie Stopes International and the work that we do please contact:

t: +44 (0)20 7636 6200
f: +44 (0)20 7034 2369
e: info@mariestopes.org

Alternatively, visit our website:
www.mariestopes.org

Registered charity number: 265543
Company number: 1102208

*WHO (2012). From Evidence to Policy: Expanding Access to Family Planning Optimizing the health workforce for effective family planning services