Task Sharing in Family Planning

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Global Workforce Crisis

- Critical Shortage in 57 countries
  - 36 countries in Africa
- 4 million workers needed to fill gap
- Uneven distribution within countries

Rural-Urban Distribution of Health Workers


Data sources: (3, 22).
Distribution of health workers by level of health expenditure and burden of disease, by WHO region


Data sources: (3, 18, 19).
Reasons behind the Shortage

• “Brain drain”
• Rural-urban migration
• Low worker retention
• Increased demand for HIV services
• Weak management systems
• HIV burden on workforce (death, sickness)

Task Sharing: A Pragmatic Solution

• Reorganization of health workforce to improve efficiency

• Delegation of health care tasks to health workers with less training
  – Within a facility
    • Ex: Physicians share work with nurses
  – Between two supply outlets
    • Ex: Community health workers provide services otherwise provided by clinics/physicians

Source: WHO, Task Shifting to tackle health worker shortages, 2007
Task Sharing in Family Planning

• Nurses/Midwives – IUD, sterilization, implants
  – Helps meet demand: service provision restricted when physicians work alone
• Community Health Workers (CHW’s) – Injectables, Pills
  – Increases access in remote, rural areas
  – More time for counseling
  – Facilitates uptake and continuation of method
Issues to Consider:

**Quality of Care**

**Pro**
- Low level providers can specialize = improved quality
- CHW’s = interpersonal relationships, more time/ information, better follow-up

**Con**
- Lower level providers= lower level quality
- Overburdening CHW’s = reduced job performance
Issues to Consider:

**Time**

**Pro**
- Nurses/midwives – can provide LAPMs
- Physicians – more time for other, complicated cases

**Con**
- Freed time may not be used productively
Issues to Consider:

Access

**Pro**
- CHWs = increased access
- Increased access = greater choice, more contraceptive use
- Less travel burden on clients

**Con**
- Contraindications
- Maintaining reinjection schedules for injectables
- Ensuring adequate supply
Issues to Consider:

**Cost**

<table>
<thead>
<tr>
<th>Pro</th>
<th>Con</th>
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<tr>
<td>• Low level providers cost less</td>
<td>• Increased training, supervision costs</td>
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<tr>
<td>• Injectables by CHWs may be less costly</td>
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<td>than by clinics</td>
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Thank you