

Task shifting to improve access to contraceptive methods

improve access to key maternal and newborn health interventions



Photo: H. Davis./Photoshare

The WHO OptimizeMNH guidance contains evidence-based recommendations for the safe provision of key maternal and newborn health interventions by different cadres of health workers. This document summarizes the WHO recommendations on the cadres ranging from lay health workers to mid-level providers that may be trained and supported to provide the following contraceptive methods safely: tubal ligation, vasectomy, intrauterine device (IUD), implants, injectables, as well as promotional activities. The process of enabling additional cadres to provide a specific health intervention is referred to here as ‘task shifting’ but is also widely known as ‘task sharing’.

Summary information

Problem:	Poor access to family planning services due to inadequate numbers of health workers or their uneven distribution
Option:	Enabling additional cadres of health workers to provide family planning services through competency-based training
Comparison:	Method delivered by other ‘higher’ clinical cadres or no method delivered
Setting:	Community/primary health care settings

Key message:

The WHO recommends the use of different non-physician health worker cadres to provide the following family planning services:

- Tubal ligation
- Vasectomy
- Intrauterine device (IUD)
- Contraceptive implants
- Injectable contraceptives
- Education and counselling

Who is this summary for?

Ministries of health and other decision makers working to improve access to family planning services

This summary includes:

- All recommendations from the World Health Organization OptimizeMNH guidance that relate to family planning

Not included:

- The OptimizeMNH recommendations also cover other maternal and newborn health care services. Recommendations relating to these services are not described in this summary but are covered in other summary documents.

Please visit

www.optimizemnh.org

for further information on:

- Recommendations for task sharing other types of maternal and newborn health care
- The evidence supporting these recommendations
- Glossary of terms used in this report

Background references on this topic are listed on page 4.



World Health Organization

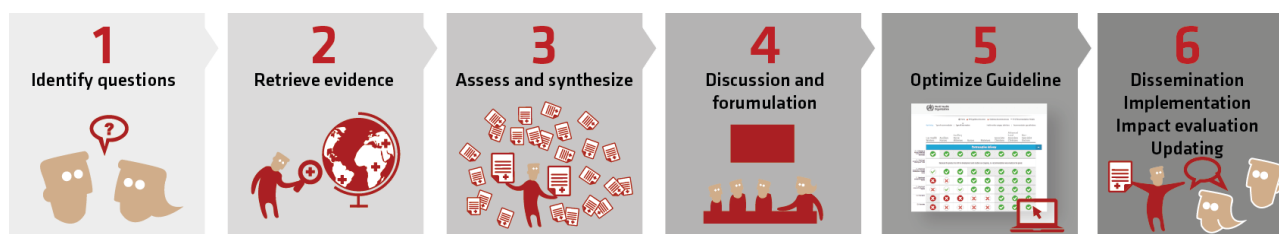


Background

Family planning is an inexpensive and cost-effective intervention but health workforce shortages and restrictive policies on the roles of mid- and lower-level cadres limit access to effective contraceptive methods in many settings. Expanding the provision of contraceptive methods to other health worker cadres can significantly improve access to contraception for all individuals and couples. Many countries have already enabled mid- and lower-level cadres of health workers to deliver a range of contraceptive methods, utilizing these cadres either alone or as part of teams within communities and/or health care facilities.

The WHO recommendations *Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting* were published in December 2012. Once the appropriate research questions on task-shifting were identified, the relevant scientific evidence was retrieved, assessed and synthesized by a technical team. The recommendations were then discussed and approved by an international WHO panel (Figure 1). The guidance made 48 recommendations on which contraceptive methods can be delivered safely and effectively by other health worker cadres.

Figure 1: How were the OptimizeMNH recommendations developed?



The following table summarizes the 48 recommendations in the guidance that relate to family planning.

OptimizeMNH summary of recommendations for task sharing family planning

	Lay Health Workers	Auxiliary Nurses	Auxiliary Nurse Midwife	Nurses	Midwives	Associate Clinicians	Advanced Level Associate Clinicians	Non-Specialist Doctors
Contraceptive delivery								
1.1–1.13 Promotion of maternal, newborn and reproductive health interventions	✔	✔	✔	✔	✔	✔	✔	✔
12.2 Initiation and maintenance of injectable contraceptives – standard syringe	✔	✔	✔	✔	✔	✔	✔	✔
12.3 Insertion and removal of intrauterine devices	✘	✘	✔	✔	✔	✔	✔	✔
12.4 Insertion and removal of contraceptive implants	✘	✔	✔	✔	✔	✔	✔	✔
12.5 Tubal ligation	✘	✘	✘	✘	✘	✔	✔	✔
12.6 Vasectomy	✘	✘	✘	✘	✘	✔	✔	✔

<p>✔ Recommended</p> <p>✔ Recommended with monitoring and evaluation</p>	<p>✘ Consider in context of rigorous research</p> <p>✘ Recommend against</p>	<p>✔ Accepted as within competency</p> <p>✘ Accepted as outside competency</p>
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The option of task shifting in family planning services is recommended for consideration where:

- Access to services is limited by either overall shortage of health workers qualified to provide specific methods or their uneven distribution across a country or region;
- There are difficulties in ensuring staff retention of higher cadres in certain settings such as rural areas;
- The lower salary levels of mid- or lower-cadre health workers can usefully reduce the budgetary cost of providing family planning services without compromising client safety; or
- There is a need to free the time of higher cadre health workers so that they may better focus the provision of services requiring a higher level of technical proficiency.

Implementation considerations for recommendations on family planning

TASK SHIFTING FAMILY PLANNING TO MID-LEVEL AND LAY HEALTH WORKERS

Maintaining quality and safety of services is paramount when implementing task shifting. The skill set for which different cadres are trained and equipped varies across countries, which means that the support structures and training required to enable a cadre to take on the provision of an additional family planning service will also vary. In some cases these changes may be minimal, whilst in others more substantive training and support programmes may be necessary. Key considerations for enabling a cadre to provide an additional intervention safely include:

- Initial and ongoing training requirements for both service providers and their supervisors and trainers;
- Supplies of drugs and other commodities;
- Supervisory responsibilities;
- Lines of referral for management of complications;
- Monitoring and evaluation systems;
- Necessary changes to protocols, regulations and curricula in order to support the relevant cadre's new scope of practice; and
- Salaries to reflect changes in the relevant cadre's scope of practice.

Health system arrangements and specific sociocultural and political system factors will shape the implementation of these recommendations in particular settings. These factors need to be considered to improve the chances of successful implementation. A workbook on contextualising and implementing the guidance is available at: www.optimizemnh.org/Annexes/Annex_8_Contextualizing_Workbook.pdf

Additional information

Related literature

The WHO recommendations *Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting* are available at <http://www.optimize-mnh.org>

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Conflict of interest

None.

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