Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation

Consultation Convened by the World Health Organization, U.S. Agency for International Development, and Family Health International
Objectives of the Consultation

• To review systematically the scientific evidence and programme experience on the provision of injectables by community health workers.

• To reach conclusions on evidence that can inform future policies and programmes and on issues that need more research.

• To document conclusions, including policy and programme implications and disseminate these widely.

30 experts from 8 countries and 18 organizations
Why Focus on Injectable Contraception?

• 35 million women worldwide use injectable contraception

• In sub-Saharan Africa, more than 1/3 of users of modern methods rely on injectables

• High unmet need for family planning and injectables persists in sub-Saharan Africa
What Role for Community-Based Provision?

- Serious shortage of physicians in sub-Saharan Africa

- Providers with less medical training can deliver some services with the same quality as those with high medical training – called “task shifting” or “task sharing”

- Community health workers (CHW) provide DMPA in more than 12 countries

- “CHW” refers to various types of community workers
Evidence Review Methodology

- Research: more than 550 items found in searches
- Sixteen projects from nine countries identified with documented evidence on key questions
- Independent review using U.S. Preventive Services Task Force rating system on quality of evidence
Evidence Review Methodology (2)

Key Issues Addressed in Review

• Competency of CHWs:
  – Screening clients successfully
  – Providing DMPA injections safely
  – Counseling on side effects appropriately

• Acceptability of clients and providers

• Uptake and continuation rates
Sixteen projects identified all focused on the injectable DMPA:
  – Bangladesh (six projects)
  – Guatemala and Uganda (two projects each)
  – Afghanistan, Bolivia, Ethiopia, Haiti, Madagascar, Peru

Background papers prepared on:
  – Client screening
  – Injection safety
  – Counseling on side effects
  – Client perspective and provider perspective
  – Update of services and continuation of use
Evidence Review Methodology (4)

- Programmatic experience reviewed
  - Experiences in 10 countries
  - Consultation participants had experience with projects in multiple countries

- Operational issues reviewed:
  - Supply and waste management, commodities
  - Training, supervision, and monitoring
  - Sustainability of community-based programs
  - Nonclinical delivery systems (pharmacies, drug shops, social marketing)
  - Policy issues
Conclusions

• Five overall conclusions
• Two specific policy implications
• Four items of programmatic guidance
• Eight items of guidance related to operational issues
• Six new research issues to fill gaps in knowledge
Overall Conclusions

• Given competency-based training, CHWs can:
  – screen clients, provide DMPA, counsel on side effects
  – with equal competence to facility-based providers
• CHW provision of DMPA expand choice for underserved populations and increase uptake
• Continuation rates are as high as clinical provision
• Most clients were satisfied with CHW provision
• Trained CHWs are comfortable in providing DMPA
Policy Implications

• Sufficient evidence exists for national policies to support:
  – introduction, continuation, scale-up of
  – community-based provision of DMPA

• Operation guidelines should reflect:
  – trained CHWs can initiate use of DMPA and
  – provide reinjections
Programmatic Guidance

• Monitoring of provide competency in screening needed
• Supervision of providers enhances skills and confidence
• Auto-disable syringes should be used, with proper training on use and disposal
• WHO guidance should be followed regarding whether providers have to measure blood pressure
Guidance on Operational Issues (1)

- **Supply management**: product availability critical; national supply chains need to be adapted
- **Commodities**: use one injectable method and a consistent branding to avoid confusion
- **Waste management**: must be addressed within local conditions, due to potential risks
- **Training**: needs to emphasize competencies, refresher training needed to maintain skills
Guidance on Operational Issues (2)

• **Supervisor and monitoring**: budgeting, implementation, and training for supervisors needed

• **Sustainability of community programs**: CHW deliver of injectables should be included in plans for remuneration, supplies, and overall health systems

• **Pharmacy, drug shops, social marketing**: more information on quality of these systems is needed

• **Policy**: policy development is important, should involve professional associations and regulatory authorities
Priorities for Research

• Safety of injections in private retail outlets
• Training of pharmacists and drug shop operators as community-based agents
• Improving contraceptive continuation in community programs
• The role of remuneration for CHWs
• Feasibility and acceptability of home- and self-injection
• Pattern of use dynamics, including discontinuation
Overarching Conclusion

Evidence supports expansion of community-based provision of progestin-only injectable contraception, especially DMPA, through:

• Introduction of new projects
• Continuation of existing projects
• Scale-up of existing projects
More Information

- More Information
  - www.fhi.org/en/research/projects/progress/gtl/concba2i.htm

- Contacts:
  - FHI: progressinfo@fhi.org
  - WHO: Dr. Iqbal Shah (shahi@who.int)
  - USAID: Sandra Jordan (sjordan@usaid.gov)