

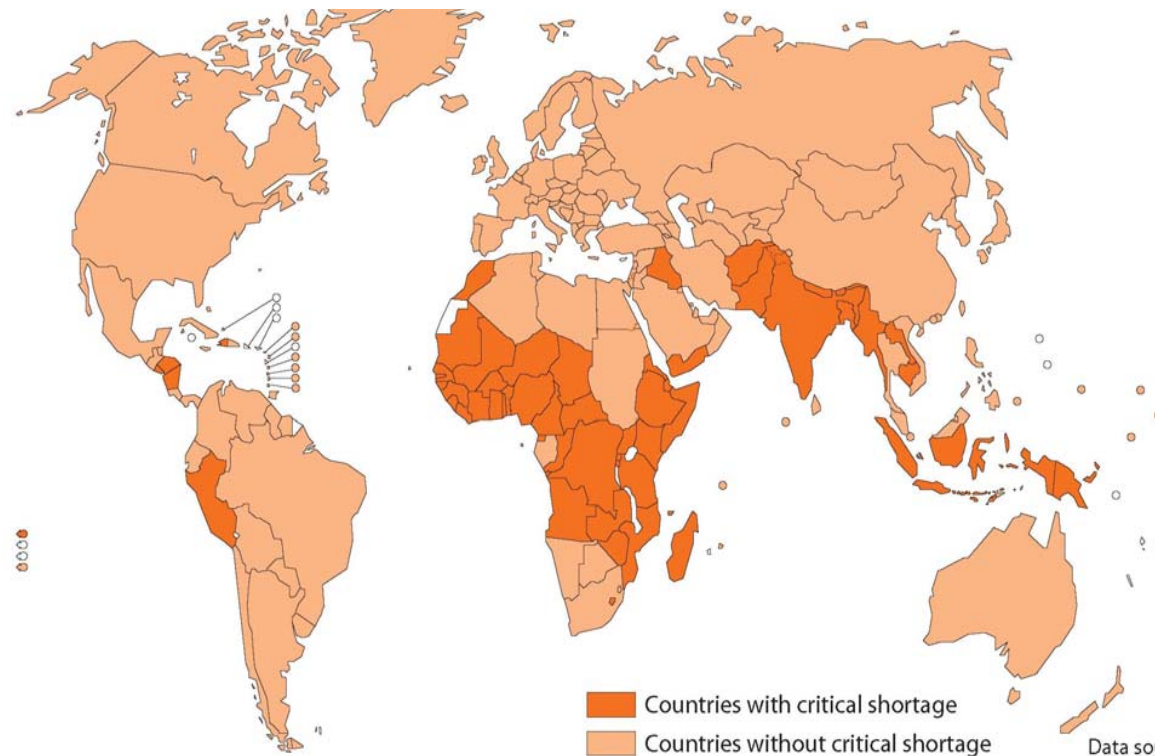
# Task Sharing in Family Planning

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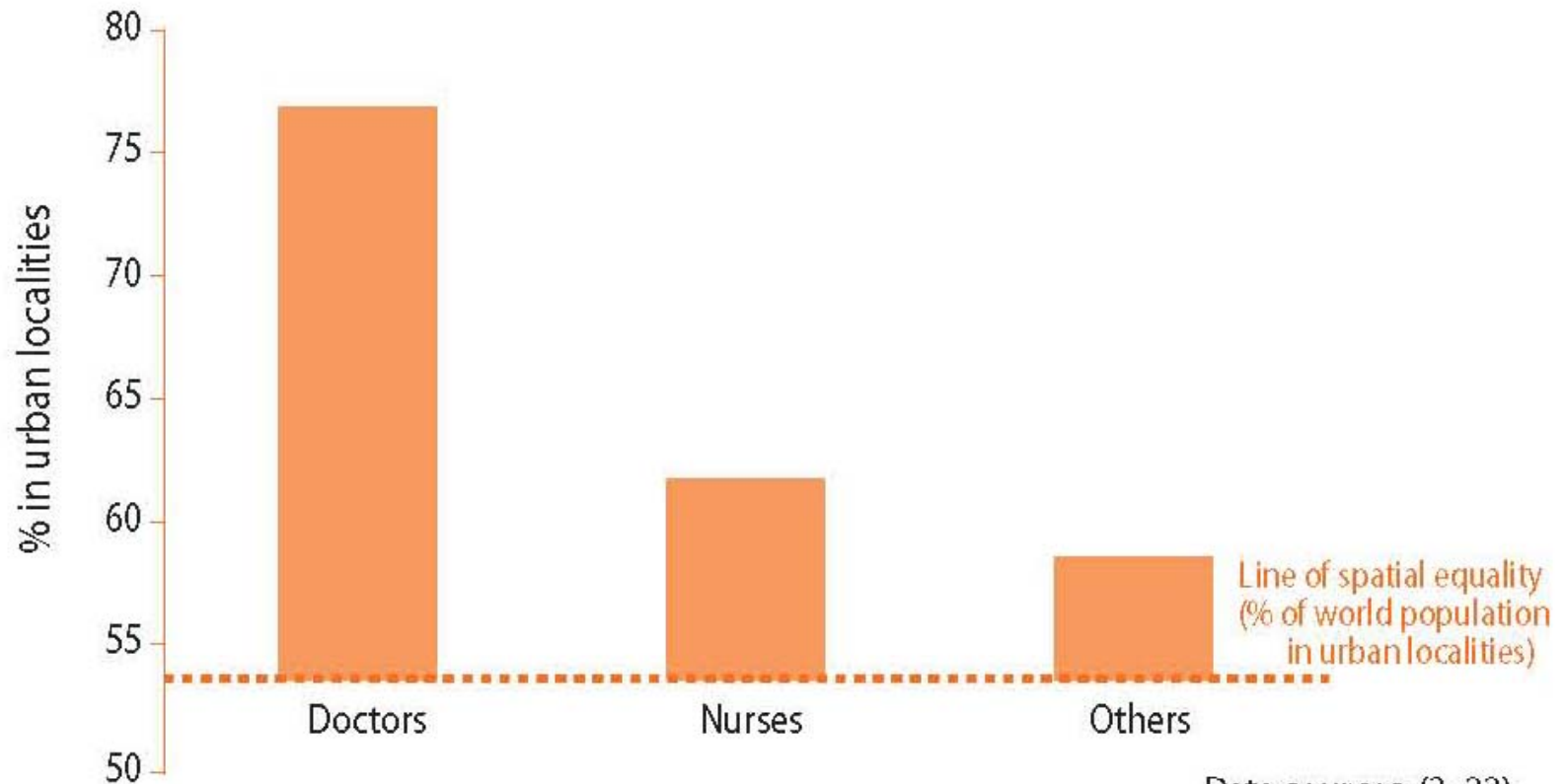
# Global Workforce Crisis

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



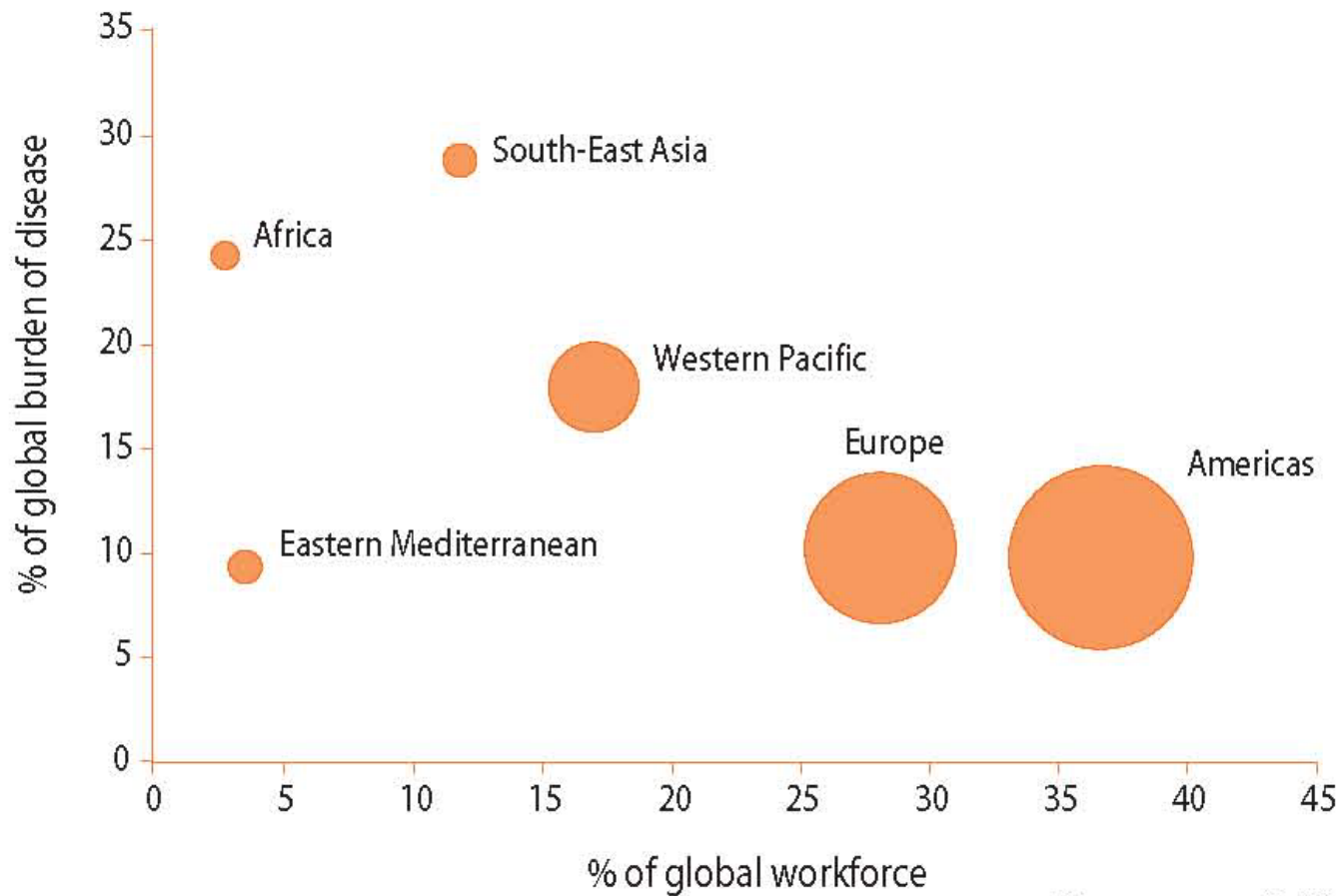
Source: WHO, World Health Report, 2006

# Rural-Urban Distribution of Health Workers



Source: WHO, World Health Report, 2006

# Distribution of health workers by level of health expenditure and burden of disease, by WHO region



Data sources: (3, 18, 19).

Source: WHO, World Health Report, 2006

# 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

### Pro

- Low level providers cost less
- Injectables by CHWs may be less costly than by clinics

### Con

- Increased training, supervision costs

# Thank you

