

Call to Action

Task Sharing to Increase Access to Contraception: A Proven Strategy that Makes a Difference

We, the undersigned, urge global health and development partners to adopt task sharing as a key solution for increasing access to contraception. Task sharing is the systematic delegation of tasks to a broader set of health professionals to more equitably allocate and maximize the efficient use of human resources. Task sharing strategies for increasing contraceptive access optimize the skills and competencies health workers at all levels bring to contraception and women's health. We all have a role to play in this effort.

Why task sharing? Why now?

- **Offering contraception through a wider range of providers better meets the needs of clients.** Youth, particularly young men, often prefer accessing contraception through pharmacies and drug shops, which are more convenient and discreet than health clinics. Providers with direct links to communities, such as midwives and community health workers, may be more approachable, speak the same language and understand local customs better than doctors or nurses.
- **Evidence and experience show that a wide variety of health workers can safely and effectively provide contraception.** The World Health Organization has guidelines on how to optimize the roles of health workers through task sharing of family planning services.¹
- **Access to contraception is part of a comprehensive package of sexual and reproductive health care for all women.** Task sharing of family planning helps achieve gender equality and reproductive rights for all women — rural, urban, poor and rich.
- **The current allocation of human resources for health is failing to meet the needs of growing populations.** Despite efforts to increase the coverage of health workers, the number of additional providers needed to meet global health demands is increasing.² In the 69 poorest countries — where 73 percent of all women with an unmet need for modern contraceptives reside³ — the number of unintended pregnancies continue to increase. Over the 12-month period ending mid-2015, an estimated 48.8 million unintended pregnancies occurred across these countries. This was an estimated 1.2 million more unintended pregnancies than were experienced in the year ending in mid-2012.⁴
- **Outdated policies prevent effective use of the skills and competencies of the health workforce.** Many countries still restrict contraceptive provision to relatively few cadres, such as doctors and nurses, who typically live and practice in urban areas. Other health providers, such as midwives, nursing aides, pharmacists and community health workers, have the skills to provide a range of contraceptive methods, are based in high-need rural and low-income areas and are much more likely to remain in their communities once trained.⁵

¹ <http://optimizemnh.org/>

² <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

³ <http://www.guttmacher.org/media/nr/2012/06/19/>

⁴ http://progress.familyplanning2020.org/uploads/15/02/1_FP2020_Measurement_Annex_2014-2015_spreads.compressed.pdf

⁵ <https://www.k4health.org/sites/default/files/MSI.TaskSharing2Pager.pdf>



Where is task sharing happening?

Task sharing increases contraceptive access for women and men and helps countries follow through on their commitments to meet contraceptive needs.⁶ Here are just a few examples of where task sharing is improving family planning services:

- In Ethiopia, health extension workers, who provide pills, condoms and injectable contraceptives through health posts and doorstep services, are credited with doubling the country's modern contraceptive prevalence rate between 2005 and 2011. Health extension workers now insert Implanon implants as well.⁷
- Bangladesh's trained and supported Blue Star drug shop staff safely provide injectable contraceptives and other quality contraceptives. Nearly a third of all contraceptive users access services through these outlets.⁸
- In Malawi, clinical officers provide over 40,000 tubal ligation services per year in rural facilities. Consequently, the prevalence of tubal ligation in Malawi is relatively high at 7.5 percent.⁹ In neighboring Zambia, where only doctors can provide tubal ligation, the prevalence of tubal ligation is only 1.4 percent.¹⁰

What can you do?

Be informed

- Learn more about the current policies and initiatives addressing task sharing in your country.
- Identify opportunities in which task sharing can contribute to expanding contraceptive access and can better utilize the skills and competencies of a range of health care providers.
- Participate in, support or organize an educational tour of a country or program where task sharing is happening.
- Find out how task sharing can help meet the demand for contraception in your community by using tools such as the Task Sharing Impact Model (<http://mariestopes.org/impact-task-sharing>).

Educate others

- Engage stakeholders, including clients, on how task sharing can improve access to and the quality of contraceptive services.
- Develop clear and concise messages with recommended actions stakeholders can implement or advocate.
- Address concerns and fears about task sharing with research evidence, and share experiences from other countries and communities.

Make it happen

- Fund, organize or participate in a task sharing demonstration or project.
- Document task sharing research and implementation well to increase the usability of recommendations and lessons learned for replication and scale-up.
- Support policy change to ensure that a broader range of health care providers can use their skills to improve contraceptive access and choice.
- Share your task sharing experience with others.

Endorsers: The *Task Sharing to Increase Access to Contraception: A Proven Strategy that Makes a Difference Call to Action* was developed by a team from the U.S. Agency for International Development, the World Health Organization, Abt Associates, EngenderHealth, FHI 360, Ibis Reproductive Health, International Planned Parenthood Federation, London School of Hygiene and Tropical Medicine, Marie Stopes International, Population Council and Population Services International. Its development also benefitted from extensive inputs from partner organizations.

⁶ <https://www.k4health.org/blog/post/task-sharing-family-planning-four-easy-actions-you-can-take-help-health-worker-shortage>

⁷ <http://www.fhi360.org/sites/default/files/media/documents/3-successful-family-planing-programs-africa.pdf>

⁸ <http://www.sciencedirect.com/science/article/pii/S0010782414007781>

⁹ Malawi Demographic and Health Survey 2010

¹⁰ Zambia Demographic and Health Survey 2007