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TASK SHIFTING TO INCREASE ACCESS TO FEMALE STERILIZATION

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Center for Biomedical Research

Expanding Contraceptive Choice Webinar Series

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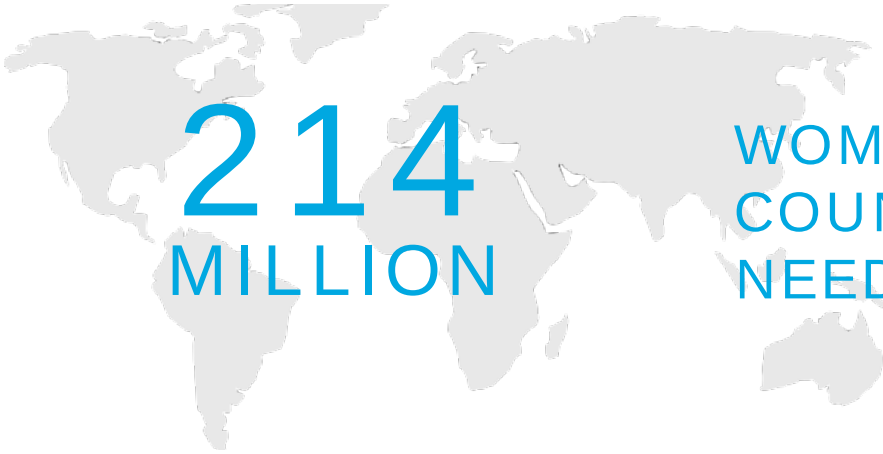
Overview

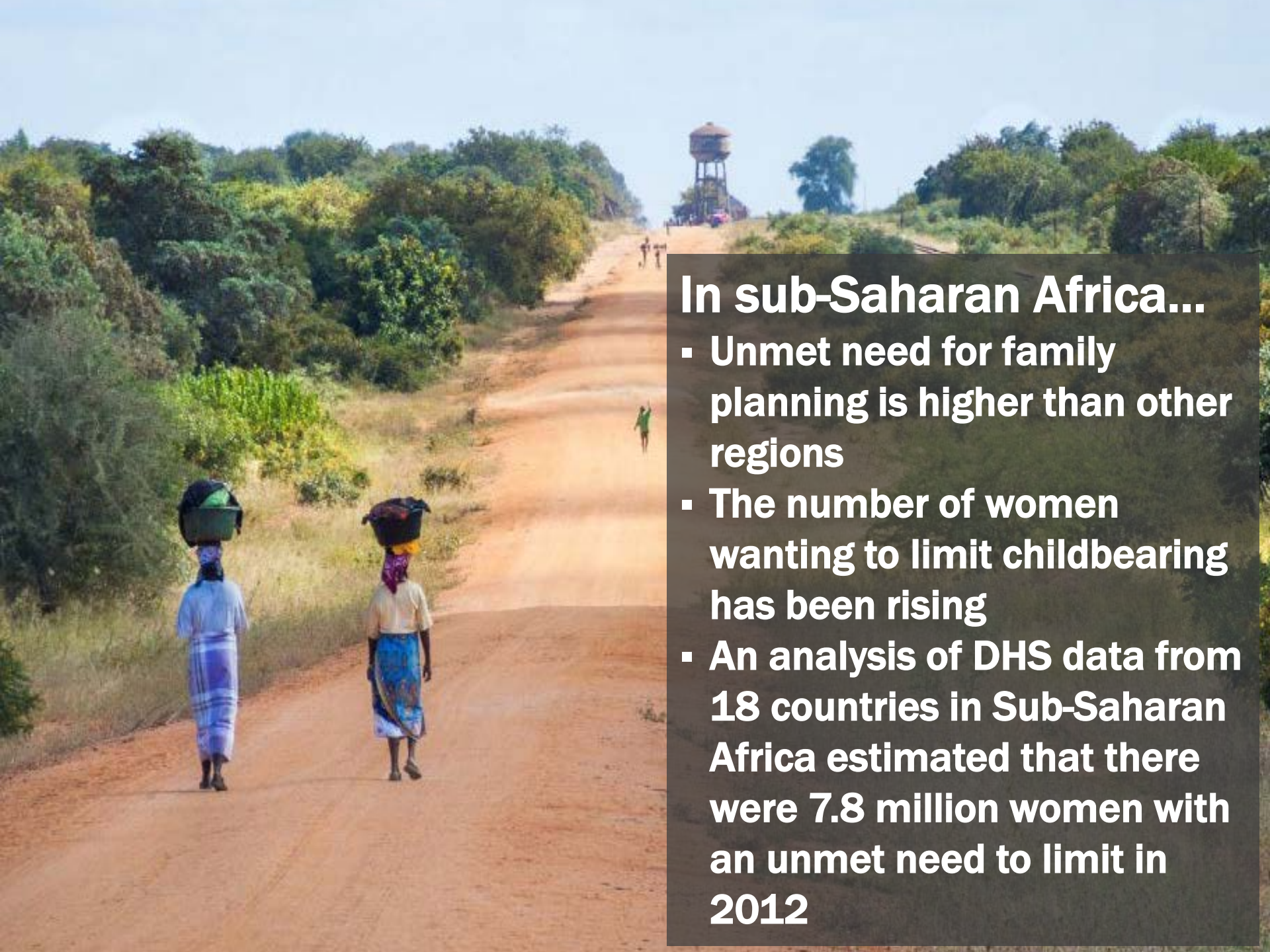
- Unmet need for contraception
- Task shifting
- Evidence to support task shifting female sterilization
- Moving forward with task shifting female sterilization



214 MILLION

WOMEN IN DEVELOPING COUNTRIES HAVE AN UNMET NEED FOR FAMILY PLANNING

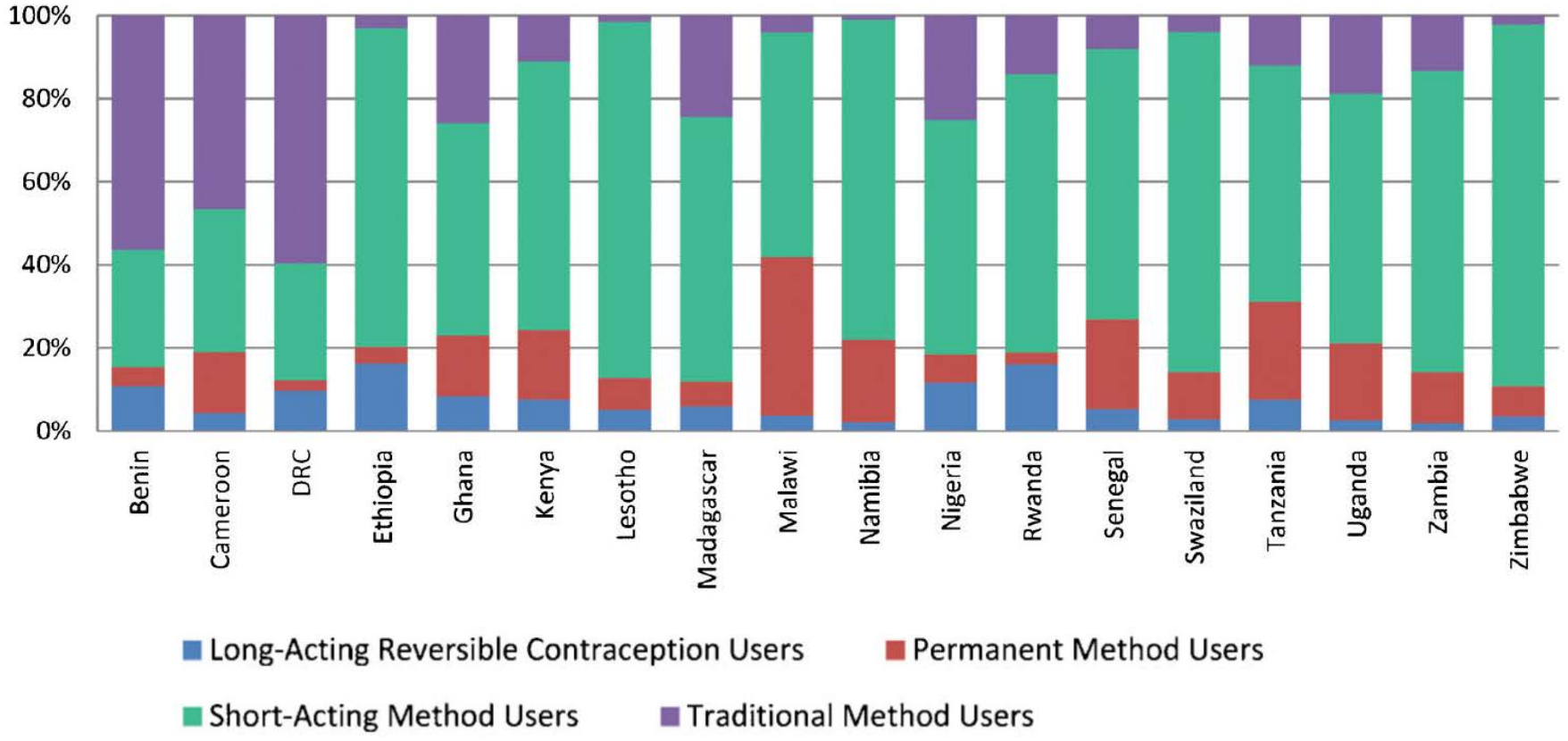
Source: Guttmacher Institute, 2017



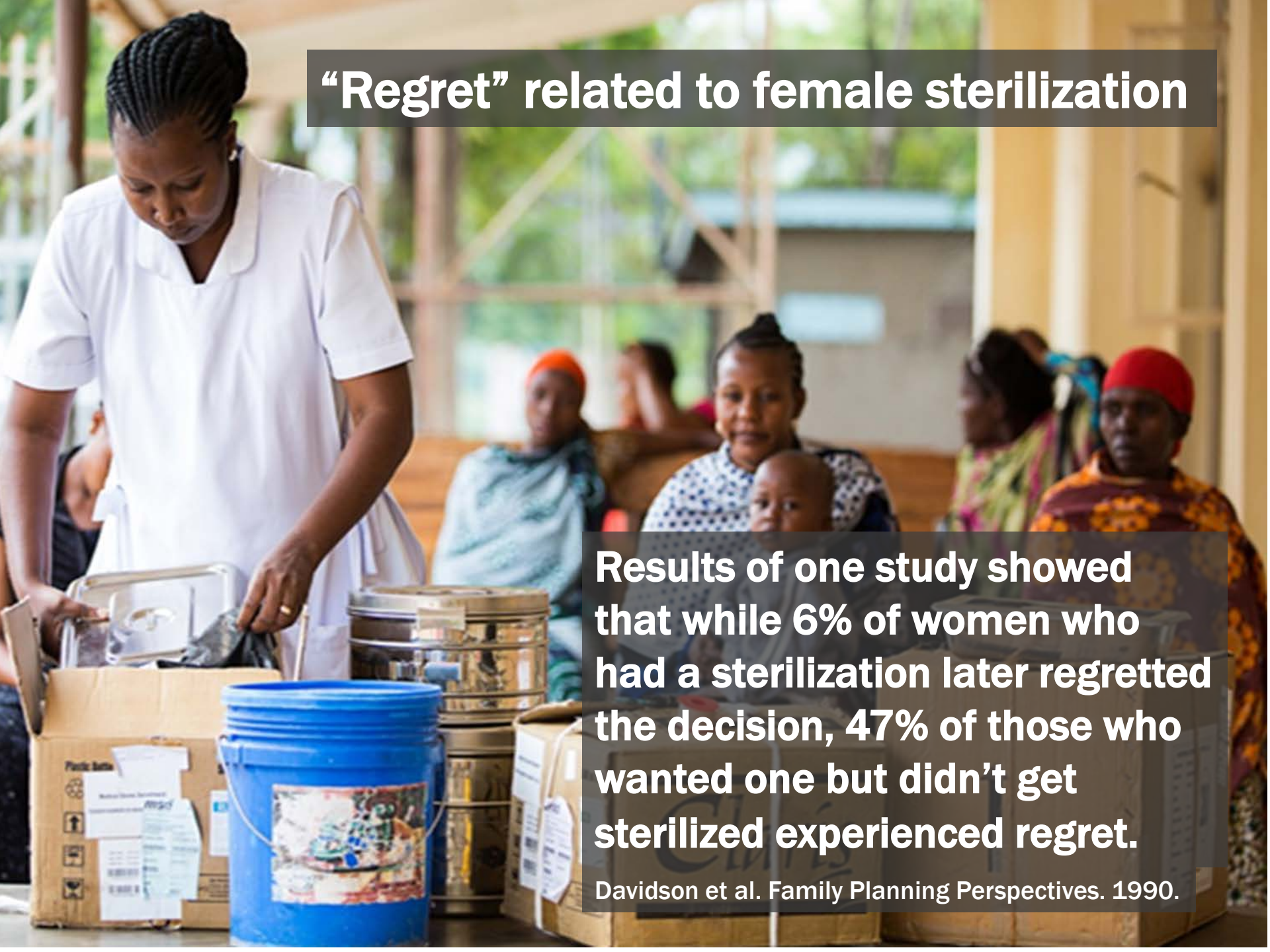
In sub-Saharan Africa…

- Unmet need for family planning is higher than other regions
- The number of women wanting to limit childbearing has been rising
- An analysis of DHS data from 18 countries in Sub-Saharan Africa estimated that there were 7.8 million women with an unmet need to limit in 2012

Method Mix Among Women Using Contraception to Limit Births in sub-Saharan Africa.



Source: Van Lith, et al. GHSP 2013



“Regret” related to female sterilization

Results of one study showed that while 6% of women who had a sterilization later regretted the decision, 47% of those who wanted one but didn’t get sterilized experienced regret.

Davidson et al. Family Planning Perspectives. 1990.

TASK SHIFTING

Delegation of some tasks to less-specialized health workers

Potential benefits of task shifting

- Address staff shortages
- Increase access, bringing services closer to the end user
- Better meet clients' needs
- Improve health outcomes
- Increase health system efficiency
- Reduce costs

WHO recommendations for task shifting of tubal ligation services

Nurse	Midwives	Associate/ Advanced Associate Clinicians	Non-specialist doctors	Specialist doctors
R	R	*	*	*

R Recommended in the context of rigorous research

* Considered within typical scope of practice, evidence not assessed.

Task sharing to improve access to family planning/contraception. Summary Brief. WHO 2017

Definitions of cadres included in the OptimizeMNH guidance

Broad category	Definition	Different names
Advanced level associate clinician	Clinician with advanced competencies to diagnose and manage the most common medical, MCH and surgical conditions. Generally trained 4-5 years post-secondary education or 3 years post initial associate clinician training.	▪ Assistant medical officer ▪ Clinical officer (e.g. in Malawi) ▪ Medical licentiate practitioner ▪ Health officer (e.g. Ethiopia) ▪ Physician assistant ▪ Surgical technician ▪ Medical technician
Associate clinician	Clinician with basic competencies to diagnose and manage common medical, MCH and surgical conditions. May also perform minor surgery. Generally trained 3-4 years postsecondary education.	▪ Clinical officer (e.g. in Tanzania, Uganda, Kenya, Zambia) ▪ Medical assistant ▪ Health officer ▪ Clinical associate

Source: WHO, Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. 2012

Contraception

Contraception 89 (2014) 504–511

Review

The safety, efficacy and acceptability of task sharing tubal sterilization to midlevel providers: a systematic review☆,☆☆,★,★★

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Polus et al. Reproductive Health (2015) 12:27
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REPRODUCTIVE HEALTH

REVIEW Open Access

Optimizing the delivery of contraceptives in low- and middle-income countries through task shifting: a systematic review of effectiveness and safety

Stephanie Polus[1,2*], Simon Lewin[3,4], Claire Glenton[3], Priya M Lerberg[5], Eva Rehfuess[1] and A Metin Gülmezoglu[2]

Reports on task shifting tubal occlusion by minilaparotomy

Country	Provider type	Provider category	# minilap clients	Major complications	Reference
Malawi	Clinical officer	Advanced associate clinician	164	0%	Chipeta-Khonje et al., 2009
Uganda	Clinical officer	Associate clinician	518	1.5%	Gordon-Maclean et al., 2014
Ethiopia	Health officer	Advanced associate clinician	276	0.7%	Nuccio et al, 2017

GLOBAL HEALTH: SCIENCE AND PRACTICE
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Safety of Tubal Occlusion by Minilaparotomy Provided by Trained Clinical Officers Versus Assistant Medical Officers in Tanzania: A Randomized, Controlled, Noninferiority Trial

Mark A. Barone,[a] Zuhura Mbuguni,[b] Japhet Ominde Achola,[c] Annette Almeida,[d] Carmela Cordero,[e] Joseph Kanama,[f] Adriana Marquina,[e] Projestine Muganyizi,[g] Jamilla Mwanga,[f] Daniel Ouma,[h] Caitlin Shannon,[e] Leopold Tibyehabwa[f]

- EngenderHealth collaborated with the Tanzanian Ministry of Health
- Is minilap, when provided by trained clinical officers (CO), as safe as when provided by trained assistant medical officers (AMO)?
- Enrolled 1,970 participants at 7 health facilities in northern Tanzania
- Randomly allocated consenting, eligible participants for minilap to a CO or an AMO
- Participants asked to return at 3, 7 and 42 days postsurgery to determine the occurrence of major adverse events

Barone et al., Global Health: Science and Practice. 2018.

Summary of study findings

Results showed that minilap can be conducted safely and effectively by trained COs with no:

- increased risk of major or minor adverse events
- problems with performance of the procedure
- negative effects on satisfaction among women

These results provide solid empirical evidence to support changing international guidelines and country-level regulations to allow task shifting minilap to properly trained and supported COs and similar nonphysicians cadres.

Barone et al., Global Health: Science and Practice. 2018.

Task shifting female sterilization will require working at the policy, system and program levels

In order to successfully introduction and scale-up female sterilization services by associate clinicians it will be necessary to:

- Revise policies, regulation and guidelines
- Establish training programs and clear protocols for referrals (e.g. difficult cases, complications)
- Develop systems for ongoing support of providers and tracking complications

Following introduction it would be useful to monitor impacts of task shifting on:

- Quality of care
- Contraceptive coverage, uptake of female sterilization, shift among limiters from short acting methods
- Providers ability to carry out their other duties

WHO recommends further research on safety and effectiveness of nurses and midwives delivering tubal occlusion

Expanding the health workforce is critical to helping women meet their reproductive intentions. It will also be necessary for countries to meet their FP 2020 commitments and achieve the family planning-related SDGs.

Task shifting minilap is a safe and effective approach for meeting these human resource for health shortages.

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