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From Evidence to Policy: Expanding Access to Family Planning

Optimizing the health workforce for effective family planning services

Family planning services can be most effective if staff are well trained and supported as part of a well-equipped and well-functioning health system.

Key policy and programme actions:

- Implement sound international and national strategies to increase the number of skilled health workers trained and allowed to provide family planning services, with specific focus on underserved areas and populations.
- Adapt WHO guidelines in developing and implementing locally appropriate task shifting policies for family planning counseling and services.
- Undertake a systematic approach to standardized, competency-based training that enables health workers to provide quality family planning services, with adequate supervision and monitoring, and clear protocols for referrals.
- Emphasize quality of care through counselling by all cadres of health providers. All family planning and counseling services should be strongly centred in a rights based approach that respects individual needs and preferences.
- Carry out social science and implementation research to understand, and strengthen, the dynamics and organization of health systems and contraceptive services delivery.

Background

Family planning is an essential investment in maternal and newborn health, as well as in poverty reduction and national development. Unintended pregnancy constitutes a serious threat to the lives of women and their families. However, despite the known health benefits and cost-effectiveness of family planning, large disparities exist in accessing modern contraception. Worldwide, an estimated 222 million couples have an unmet need for contraception (2). This need is the highest in areas where maternal mortality is greatest.

There is a global shortage of at least 3.5 million health-care workers, including doctors, nurses, midwives and community health workers. The severe shortage of skilled health-care workers trained in family planning and contraception provision is a key constraint to improving access to family planning services for many women, men, girls and their families. The current network of health-care providers fails to reach some of the most vulnerable groups: the unmarried, the young, the poor, migrants and rural women.

Increasing access to contraception, family planning and counselling services will require additional numbers of skilled and supported health workers, in both the public and private sectors of national health systems. Scaling-up training and redeployment of existing health providers, including community-based and mid-level health workers, is of critical importance. These cadres have the potential, when appropriately trained and supported, to improve access to essential family planning, maternal, newborn and child health services, while containing costs. Expansion of cadres with adequate skills will be critical to increasing access to certain contraceptive methods as well as reducing maternal mortality, as they will be instrumental in providing education, advising on reproductive health, and distributing services to those most in need.

Optimizing the health workforce for effective family planning services

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One strategy to address the shortage and uneven distribution of health-care workers is task-shifting (3, 4). Task-shifting is founded on a policy of training and retraining the health workforce. It involves a rational redistribution of tasks between the existing workforce teams. It is a process of delegation in which tasks are usually moved, where appropriate, to less specialized health-care workers. By reorganizing the existing workforce, task-shifting allows a more effective use of existing human resources. Newly trained health-care workers, who have undergone competency-based education and training, can take on clearly defined roles, for example, in family planning service provision (5). Depending on the complexity of the element of service delivery required, all cadres of health-care workers (lay health workers, midwives, nurses, pharmacists) can be trained effectively for required tasks. Increasing the number of trained providers and having access to these health-care workers is essential in facilitating access to sustainable family planning services, particularly in under-resourced settings.

Methods

A range of systematic reviews was conducted to identify data on the efficacy and safety of contraception provision by a range of health-care providers. Articles were sought that focused on the effectiveness and safety of task-shifting from one health-care worker category to another in the delivery of various contraceptive methods in low- and middle-income countries. Data were

presented to a technical working group for development of practice guidelines on optimizing human resources in family planning. Guideline development followed the recommended process of the World Health Organization (WHO) Guidelines Review Committee (6). The technical panel, which met on 26 June 2012, reviewed the collated evidence and formulated the following key recommendations (Table 1).

Between 27–29 June 2012, WHO convened a meeting of experts to review global strategies to increase access to modern methods of family planning for women and men worldwide. The technical consultation brought together 37 participants from 17 countries, with 16 agencies also represented. The multidisciplinary group comprised experts in international family planning, including clinicians, researchers, epidemiologists, programme managers, policy-makers and civil society constituents. Research and programme data was evaluated to identify optimal strategies for improving family planning care. Four areas of focus were determined: increasing access to long-term and permanent methods of contraception, reaching target populations, optimizing human resources, and addressing unmet needs of women who come into contact with the the health system.

At the consultation, the technical and programme experts reviewed the recommendations on optimizing human resources from the guideline review panel meeting on task-shifting in order to make policy and programmatic recommendations to facilitate their implementation.

TABLE 1.

Guidelines for Optimizing the Delivery of Key Interventions for Maternal and Newborn Interventions through Task Shifting/Sharing

Summary of recommendations on family planning:

- **Community health workers** can effectively provide specific contraceptive services such as oral contraceptives, condoms, and hormonal injectables. For hormonal injectables close monitoring is advised.
- **Auxiliary nurses** and **auxiliary nurse midwives** can effectively provide a wide range of contraceptives such as oral contraceptives, condoms, hormonal injectables, contraceptive implants and (for auxiliary nurse midwives) IUDs.
- **Nurses** and **midwives** can effectively undertake a range of contraceptive services such as oral contraceptives, condoms, hormonal injectables, contraceptive implants, and IUDs.
- While nurses and midwives could potentially deliver a full range of family planning options that includes tubal ligation and vasectomy as well, WHO recommends further research of these cadres delivering those surgical services before they can be recommended for practice.

Conclusions

Every country has responsibility toward its citizens to ensure adequate access to high-quality family planning services, and to guarantee that each individual has the right to make fully informed choices regarding contraceptive use.

Recommended policy actions

- Implement sound international and national strategies to increase the number of skilled health workers trained and allowed to provide family planning services, with specific focus on underserved areas and populations.
- Adapt WHO guidelines in developing and implementing locally appropriate task shifting policies for family planning counselling and services. To facilitate country-level implementation of task shifting/sharing, WHO will provide guidelines and a package of technical resources for dissemination and implementation. The package includes new and existing job aids, counselling tools, information sheets, sample training packages and post-training support, that must be adapted to the local context.
- Adopt and strengthen public–private partnerships to optimize the capacity of health workers in the nongovernmental sector and transfer skills rapidly across the health system.

Recommended programme actions

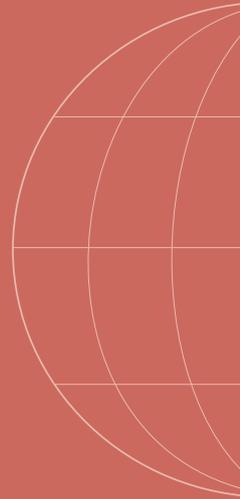
- Undertake a systematic approach to standardized, competency-based training that enables health workers to provide quality family planning services, with adequate supervision and monitoring, and clear protocols for referrals.
- Emphasize quality of care through counselling by all cadres of providers. All services and guidance should be centred in a rights-based approach that respects individual needs and preferences.
- Trained health workers, including community health workers, providing family planning services should receive appropriate recognition, support and remuneration.

Recommended research actions

- Undertake rigorous studies to determine the safety and effectiveness of auxiliary nurses performing IUD insertion and removal, and nurses and midwives performing male and female sterilization procedures.
- Undertake studies to evaluate the cost-effectiveness of programmes of various cadres of health providers in family planning service provision.
- Carry out social science and implementation research to understand, and strengthen, the dynamics and organization of health systems and contraceptive services delivery.

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For more information, please contact:

Department of Reproductive Health and Research
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27 Switzerland
Fax: +41 22 791 4171
E-mail: reproductivehealth@who.int
www.who.int/reproductivehealth

WHO/RHR/HRP/12.19

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