MOMENTUM Safe Surgery in Family Planning and Obstetrics ICFP 2022 Abstract

Primary author
Ominde Japhet Achola

Additional authors
Renae Stafford
Vandana Tripathi

Abstract Title
How Countries Have Codified World Health Organization Task-Sharing Recommendations for Long-Acting and Permanent Methods of Contraception to Increase Method Choice: Desk Review Findings

Background
The World Health Organization (WHO) recommends governments incorporate task sharing of family planning and reproductive health (FP/RH) into national policies and guidelines. Task sharing allows trained mid-level providers to offer long-acting reversible contraceptives, thereby increasing overall access to a wider range of contraceptives; however, not all countries have policies that allow lay health workers (e.g., community health workers) to provide these contraceptives. Additionally, few countries have established policies allowing trained mid-level providers to offer permanent methods of contraception. There is a paucity of information on the extent to which governments have codified WHO tasksharing recommendations on long-acting and permanent methods (LAPMs) in relevant national guidance documents, such as norms and standards, provider scopes of work, training curricula, and job aids. Where such policies do exist, implementation varies. The MOMENTUM Safe Surgery in Family Planning and Obstetrics project conducted a desk review focusing on seven implementation countries (Democratic Republic of Congo, India, Mali, Mozambique, Nigeria, Rwanda, and Senegal) to document the extent to which these countries have codified WHO recommendations on LAPM task sharing in national guidance documents and to identify key challenges and opportunities for effective implementation of task sharing in these countries.

Main Question
Through the desk review, the project investigated the following questions:

- What is the status of task sharing for LAPMs in the Democratic Republic of Congo, India, Mali, Mozambique, Nigeria, Rwanda, and Senegal?
- To what extent have these countries codified the WHO-recommended task-sharing guidelines in their respective national guidelines, scopes of work, and training materials?

- Which cadres of healthcare providers currently offer LAPM information and services in these countries?
- What are the barriers and opportunities for implementing task-sharing policies and for expanding access to LAPMs in these countries?

Methodology

The study team implemented a desk review between June and November 2021 focusing on the Democratic Republic of Congo, India, Mali, Mozambique, Nigeria, Rwanda, and Senegal. The study team sourced and reviewed national task-sharing policies, sexual and RH policies, FP/RH guidelines, FP/RH norms and standards, scopes of work and practice, and relevant training curricula materials for healthcare workers providing LAPM information and services in these seven countries.

The study team retrieved 41 national guidance documents and translated documents that were in French or Portuguese into English. The team then assessed these materials for eligibility before completing the review. Materials eligible for the review included the most recent versions of guidance documents focused on task sharing in FP/RH, including specifically those that incorporate guidance related to LAPMs, from the past 10 years, which are actively in use in the country—but not including national strategies, plans, or reports. Based on these criteria, the team identified 31 documents and systematically reviewed each to address the research questions. The study team assessed the findings by research question and by country and then highlighted consistencies and discrepancies.

Results/key findings

The study team reviewed 31 documents from 2012 to 2021, with several published before 2017. Nigeria is the only country with a standalone national task-sharing policy that includes provision of LAPMs. The remaining six countries have integrated task-sharing guidance into existing FP/RH policies, norms, protocols, or similar national documents. All countries are implementing task-sharing programs for LAPMs, but the extent to which they are consistent with WHO recommendations varies significantly. Although cadre definition, level of training, and roles and responsibilities vary significantly between countries, all seven countries are generally consistent with the broad WHO definitions and categories. Nearly all allow frontline workers to provide long-acting reversible contraceptives; however, in Nigeria and Rwanda, cadres outside those recommended by WHO (e.g., pharmacists and lay workers) also provide these methods. There are also inconsistencies in Rwanda and Senegal across national guidance documents, scopes of work, and training curricula regarding which cadres have task-sharing roles. Mali and Mozambique are the only countries with policies that allow mid-level providers to offer permanent methods. Only India provides indemnity coverage for public sector providers who assume added roles and responsibilities, such as for provision of LAPMs, as a protection against any potential liability or litigation. Common barriers to task sharing include inadequate funding and a lack of basic requirements for service delivery. We identified additional barriers to permanent methods in documents from

Rwanda and India, including requirements related to minimum age, minimum number of children, marital status, and spousal consent.

Knowledge Contribution

Implementation of the WHO task-sharing recommendations for provision of LAPM information and services varied among the seven countries. Recognizing that some countries have cadres not explicitly included in the WHO recommendations providing long-acting reversible contraceptives, we recommend ensuring that provision aligns with current local evidence. For instance, we understand that community health workers and officers in Nigeria receive additional training to support them in delivering long-acting reversible contraceptives; however, we were unable to find similar evidence in Rwanda. Additionally, we recommend allowing trained non-specialist medical officers to conduct vasectomies, as this falls within their scope and would increase access to this highly effective method. The inconsistencies across different national guidance documents and training resources around which cadres are responsible for LAPM services requires further analysis to understand the implications of and to develop solutions for this problem. As only one country provides indemnity coverage for cadres who assume additional responsibilities, such as LAPM service delivery, we recommend that further analysis focus on the effectiveness of this practice to inform replicability in other countries. Additional analysis of other barriers to access is also necessary to inform future program and policy actions, including related to task sharing. We further recommend that national programs regularly update their policies, guidelines, norms, and other related guidance documents based on the latest evidence and make them readily accessible to providers and program implementers to facilitate readiness to provide quality services.