

Increasing access to modern contraception: could task-sharing be a cost-effective solution to health worker shortages?

IN BRIEF

Nigeria has one of the fastest growing populations in the world. Low uptake of contraception plays a big part in this, particularly in rural areas. The government aims to scale up access to modern contraceptives to reach a target of 27% by 2020.

One of the biggest barriers to increasing uptake is the shortage of trained providers, particularly in Nigeria's northern states.

But task-sharing the provision of long-acting reversible contraceptives with community health extension workers (CHEWs) could provide a cost-effective way to rapidly reach more people with highly effective methods.

THE CHALLENGE

Getting the right people with the right skills in the right place

When it comes to tackling Nigeria's unmet need for contraception, one of the most important shortages is of trained providers, particularly in rural areas where coverage is the lowest. In Nigeria's northern states, many communities lack providers equipped and trained to deliver a full basket of contraceptives, in particular those who can provide the long-acting and reversible implants and IUDs.

Community health extension workers (CHEWs) are a potential cadre to task-share contraceptive implant provision, which traditionally has been provided by nurses or midwives.

But while the benefits of task-sharing are becoming more apparent, concerns on the cost of training and scaling such interventions can hinder ongoing commitment in this area.

Who are Nigeria's CHEWs?

Community Health Extension Workers have three years' training and usually work alone in primary health posts or support nurses and midwives in larger urban clinics.

They outnumber nurses by 3:1 and are required to spend 30% of their time away from the clinic in the community. From 2017 all newly qualified CHEWs get pre-service training on the insertion and removal of implants and IUDs.



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WHAT WE DID

Modeling the impacts of training CHEWs to deliver implants

We looked at the potential efficiency gains associated with CHEWs taking on contraceptive implant provision in Nigeria. We were able to build up an accurate picture by working through the results of a recent task-sharing study supported by MSI Organization Nigeria (MSION) which provided training and supervision and demonstrated the feasibility of public sector CHEWs – in terms of safety, quality and client satisfaction – to provide contraceptive implants.

	Cost of training	Number of women served with implants
1 CHEW	\$650	1500
3000 CHEWs*	\$1.9m	4.5m

*Note: 3'000 is the additional number of CHEWs that need to be trained to get to 10% of total CHEWs capable of providing FP by 2020. Estimates assume that a working life of a current CHEW is an average 15 years and each year they provide 100 implants

Based on this, we could estimate the number of implant services each CHEW delivers every month. We then looked at the cost of training and supervising a CHEW until they are fully competent. Using government records and MSI's Impact 2 model, we estimated the health impacts of training 10% of Nigeria's eligible CHEWs to provide implants. We assumed that:

- 1** CHEWs deliver 8 implants a month (as shown in our clinical study)
- 2** Each trained CHEW works a 15-year career
- 3** CHEWs deliver services to only those with unmet need for family planning (i.e. not currently using a method but not intending to get pregnant within two years)

We used population projections and data on current unmet need for family planning to estimate the impact the resulting increase in service delivery would have in reducing unmet need.

WHAT WE FOUND

The cost, benefits and impact of training

As of January 2018, 2.8% of all Nigeria's CHEWs were trained to provide long acting reversible contraception methods. If 10% of CHEWs are trained by 2020, we estimate that 14% of Nigeria's total unmet need for family planning could potentially be met. Given that 65% of CHEW implant clients in our study were family planning (FP) adopters, the contribution to Nigeria's overall modern contraceptive prevalence rate would be even more significant.

In-service training for CHEWs to provide and remove implants costs \$650 per CHEW. This could enable each CHEW to serve at least 1,500 women with implants over 15 years of their working life – a training cost of \$0.40 per women reached.

The impact would be particularly strong in under-served areas where barriers to access are greater. CHEWs represent about 80% of rural healthcare providers.

If 3,000 CHEWs are trained and each provides 1,500 implant services over 15 years only to women with unmet need, the results would be:		4.5m women with an implant
14% of total unmet need met	4.8m unintended pregnancies averted	23,000 maternal deaths averted
1.7m fewer abortions	The potential cost savings to families and the health care system would be at least \$175 million over 15 years.	Source: Impact 2 (v4), Marie Stopes International, 2016, www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/

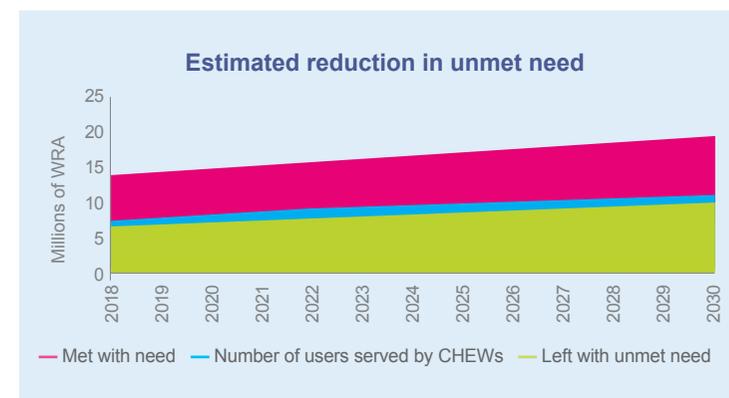
WHAT THIS MEANS

A cost-effective way to tackle unmet need

With CHEW salaries currently about 80% of those of nurses and midwives, investment in this cadre could be a very cost-effective approach. Task-sharing can help increase access to services, improve equity of provision and sustain quality of service. It would also free up time for nurses, midwives and doctors to concentrate on other health services.

In fact, a nurse could have an additional 300 minutes each month to focus on other service delivery needs if implant provision is fully done by CHEWs. With an investment in the next few years towards training currently active CHEWs as well as new cohorts of CHEWs currently in schools, Nigeria can make significant strides in increasing mCPR.

Indicator	2018	2019	2020
Number of CHEWs	43,000	43,000	43,000
Proportion of CHEWs trained and providing implants	5%	7%	10%
Implants provided per year per CHEW	100	100	100
Total implants provided	215,000	301,000	430,000



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