Task Shifting / Sharing: What are the Efficiency Gains? The case of Nigeria

ATTAINING SUSTAINABLE FINANCING FOR FAMILY PLANNING IN SUB-SAHARAN AFRICA

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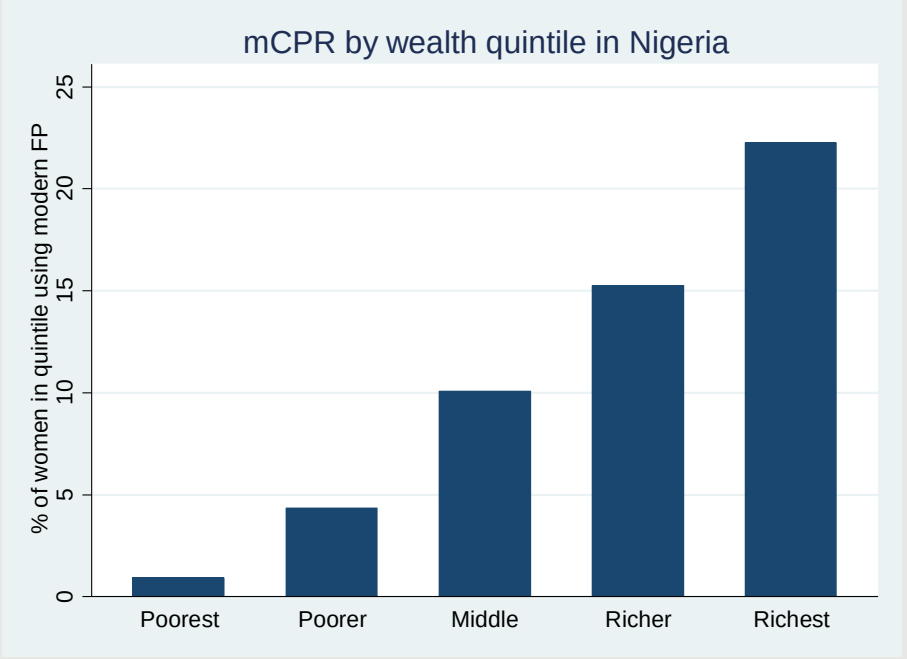
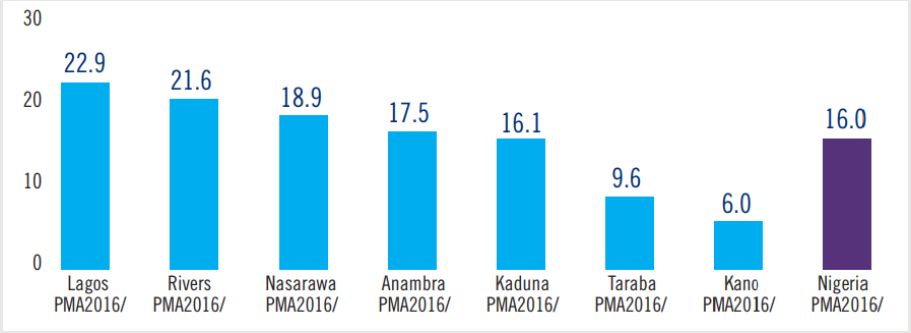
Presentation outline

- The importance of FP task sharing in Nigeria
- Overview of the study
- Findings on productivity and cost
- Potential impact of expanding task sharing
- Conclusion

Why is task-sharing of LARCs important in Nigeria?

- CPR very low in Nigeria
  - mCPR 16% (PMA 2016)
  - Only 7% in rural areas (DHS 2013)
  - 1.8% in rural NE and NW (DHS 2013)
- At 2017 FP2020 meeting, Nigeria committed to increasing mCPR to 27% among all women by 2020
- Substantial shortage of trained providers, particularly for LARC provision and in rural areas
  - Only doctors, nurses and midwives have historically provided implants
- Community health extension workers (CHEWs) seen as a potential cadre to which to task-share contraceptive implant provision





Who are Nigeria's CHEWs?

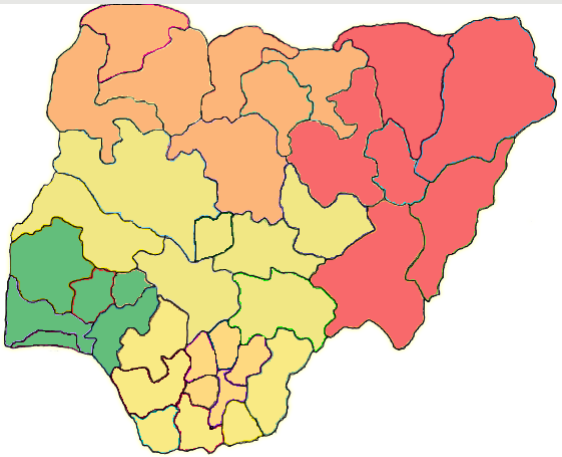
- WHO recommends that task-sharing of implants to CHEWs to be carefully monitored
- In 2014, the Federal Ministry of Health adopted the National Task Shifting/Sharing Policy
- It authorises lower cadre health workers, including CHEWs, to provide implants and intra-uterine contraceptive devices (IUCDs)

- As of 2017, all newly qualified CHEWs receive pre-service training on insertion and removal of implants and IUCDs
- Unlike Nurses/Midwives, CHEWs are required to work 30% of their time in the community and 70% in a health facility

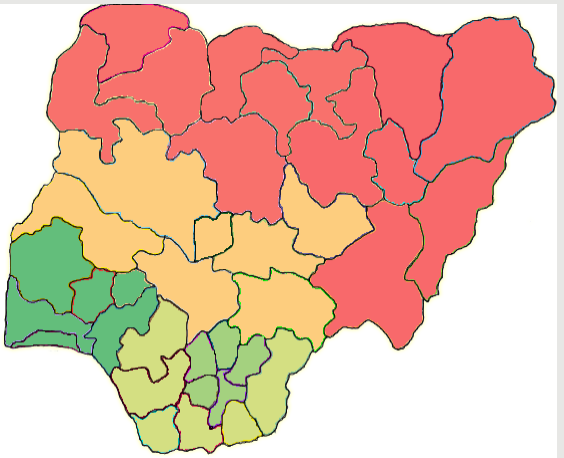
CHEWs can help scale up access to long-acting reversible contraception (LARCs)

- Task-sharing implants to CHEWs could significantly ↑ access
  - Largest impact in most under-served areas
  - Distribution of higher cadres very unequal
  - CHEWs staff >80% of rural PHCs, esp. in the north
  - Outnumber nurses by ratio of ~3:1
- CHEW salaries ~80% those of nurses and midwives
  - Potentially more cost-effective approach

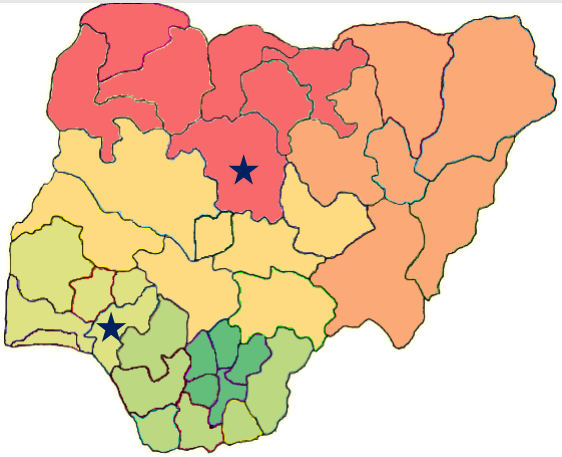
% WRA using LARC



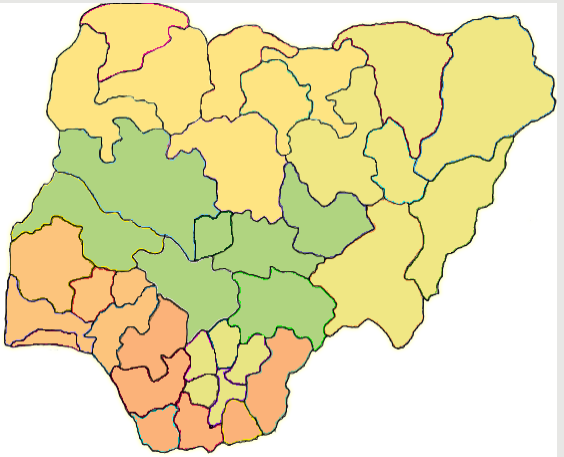
Average HH wealth



Nursing schools : Pop.



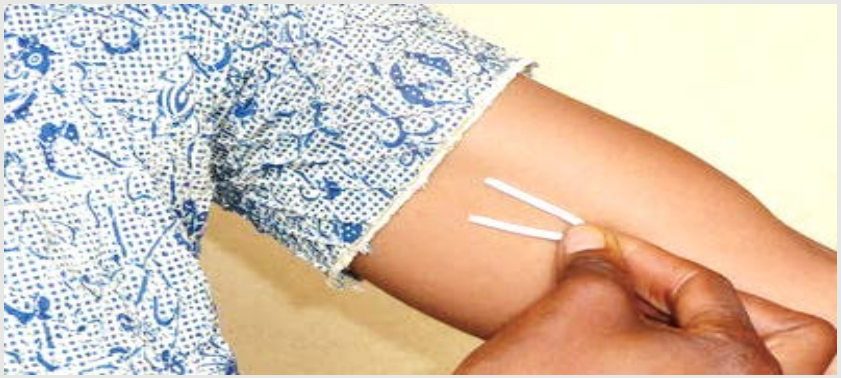
CHEW schools : Pop.



★ State in which the study was conducted

What was the aim of the Task-Sharing study in Nigeria?

- Study aimed to:
  - Support policy through robust safety and quality evidence
  - Demonstrate a model appropriate for rapid scale-up



- Designed to evaluate whether CHEWs could insert implants to the same high quality standards as nurses and midwives in terms of:
  - **Safety** of implant insertions (*Adverse events on the day of insertion and at 2 week follow-up*)
  - **Quality** of implant insertions (*Clinical quality checklist completed during direct observation of procedures*)
  - Client **satisfaction** following implant insertion (*Client exit interviews*)

Key result: Task-sharing implant provision to CHEWs is feasible and safe, provided adequate monitoring and supervision is put in place

There is a positive relationship between task sharing and technical efficiency

Technical efficiency is achieved when the output is maximized for a given set of inputs (such as labour, consumables, buildings, and utilities)

Input	Output
• Number of CHEWs trained in providing LARCs • Consumables • Demand generation	• Increase in the uptake of LARC services – High quality of services • Increase in mCPR

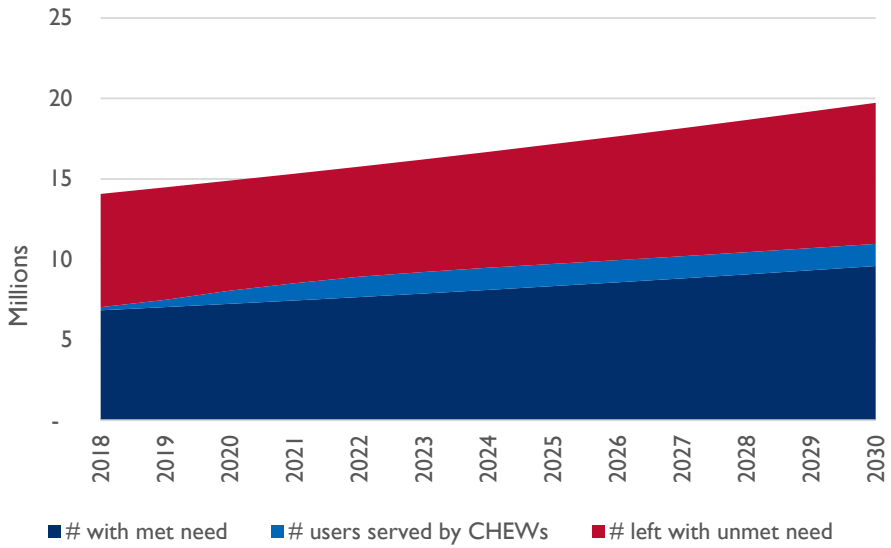
- The efficiency improvement relies on two components:
  - Enabling current CHEWs to provide LARC services
  - Improving productivity through demand generation

CHEWs have the potential to significantly improve access to LARCs and reduce unmet need

- There will be an additional 20m WRA in Nigeria by 2030
- Of a total of >60m WRA, a **minimum of 30%** will be in need of FP in 2030
  - CHEWs can be catalytic to satisfying this demand
- Based on our study, CHEWs deliver ~8 implants per month on average
- As of Jan 2018, 2.8 % of CHEWs are trained in LARCs (FP dashboard)
  - MSION completed training for additional 500 CHEWs in 2017
- If 10% of CHEWs are trained by 2020 and deliver to those with unmet need, then 14% of unmet need will be met
- Over 65% of CHEW implant clients were FP adopters
  - Key in contributing to mCPR

Indicator	2018	2019	2020
Number of CHEWs	43,000	43,000	43,000
Proportion providing FP	5%	7%	10%
Implants inserted per year	96	100	105
Total implants inserted	**206,400**	**301,000**	**451,500**

Estimated reduction in unmet need



Task sharing can generate cost savings and free time for higher cadre clinicians to provide additional services

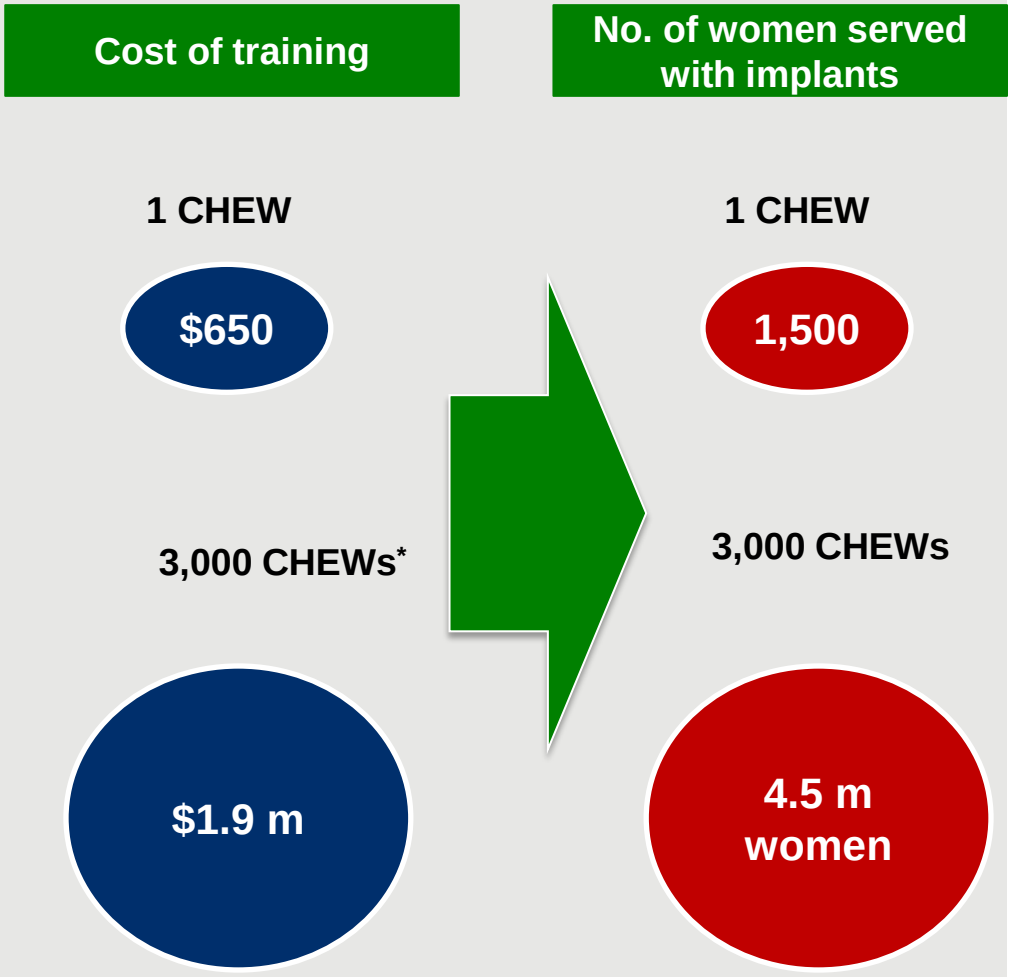
- Enabling and empowering CHEWs to provide LARCs is more "technically efficient"
- Our task-sharing study indicated that, besides expulsion rates, a trained CHEW with good supervision can deliver implants at a level non-inferior to nurses
  - But they can do so between **20-40% lower cost due to lower wages**

- Allowing CHEWs to deliver LARC would potentially free time for nurses, midwives, and doctors to concentrate on other health services
  - A nurse could have an additional **300 min a month** if the implants are fully provided by the CHEW instead
  - This is a gain in technical efficiency in the range of **5-7%**

Technical efficiency can be achieved only if we invest now in training CHEWs

Conservatively:

- An investment of $650 now will enable a CHEW to serve at least 1,500 women (implants only) over 15 years of his/her work-life
  - **This means a training cost of ~40 cents per woman**
- If 3,000 CHEWs are trained and each provides 1,500 implants, the total estimated impact would be:
  - **Averting 4.8 million unintended pregnancies;**
  - **Averting 23,000 maternal deaths**
  - **Averting 1.7 million abortions**
  - **Providing 14.1 million CYPs**
- Potential cost savings to families and health care systems on pregnancy related care totals:
  - **$175 million**



Note: * 3,000 is the additional number of CHEWs that need to 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

Conclusion : What can the future look like?

- Task-sharing can improve technical efficiency:
  - Increase access to services
  - Increase equity of service provision
  - Sustain quality of services
  - Increase efficiency of service provision

- Given the scarce resources, it will be important to prioritise the training of CHEWs in LARCs provision based on the geographical area/level of unmet need (NE/NW)
- With an investment in the next few years towards training currently active CHEWs as well as new cohorts of CHEWs in school, Nigeria can make significant strides in improving CPR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