Task sharing in Ethiopia

Improving access to family planning in Ethiopia by task sharing services to mid-level providers

To address the critical shortage of healthcare workers providing family planning services in Ethiopia, Marie Stopes International Ethiopia launched a programme to ‘task share’ tubal ligation services from physicians to health officers.

What is task sharing?
Task sharing – also known as ‘task shifting’ – refers to the process of training mid-level healthcare professionals such as nurses, midwives and health officers to complete simple clinical tasks and procedures. It is a key strategy in overcoming the shortage of doctors in many countries and allows vital health services to be delivered in under-served rural areas.

Task sharing family planning services between doctors and mid-level providers is already routine practice in many pioneering African countries where Marie Stopes International (MSI) works. In Ethiopia, Malawi, Mozambique and Uganda, for example, mid-level health workers now safely deliver surgical methods of family planning alongside other sexual and reproductive health services.

What is a mid-level health service provider?
Mid-level health service providers are health workers who typically have between two and three years of post-secondary school healthcare training. They undertake tasks that are usually carried out by doctors and nurses, such as clinical or diagnostic functions. These health workers include cadres such as clinical officers, health officers, medical assistants, physician assistants and nurse practitioners.

Health extension workers in Ethiopia are typically based in health posts after one year of medical training to care for approximately 5,000 people. Health officers receive four years of medical training and work in regional or district hospitals, as well as large health centres that care for approximately 25,000 people.

*Adapted from WHO and Global Health Workforce Alliance. Mid-level health providers: a promising resource to achieve the health Millennium Development Goals, 2010.

The situation in Ethiopia
Ethiopia has one of the highest maternal death rates in the world. The country also has a critical shortage of healthcare workers providing maternal health and family planning services. There are just 8.4 physicians, nurses and midwives for every 10,000 people. And the majority of physicians work in urban areas, where just 16% of Ethiopia’s population lives contributing to a shortage of family planning services in rural parts of the country. One in four married women has an unmet need for family planning, according to the 2011 Demographic Health Survey.

The Ethiopian government has set clear goals for increasing access and choice in terms of reproductive health and family planning services across the country. In particular, Ethiopia’s National Reproductive Health Strategy 2006–2015 aims to make at least three contraceptive methods available to all households by 2015. The strategy also emphasises the government’s ongoing commitment to task sharing. In particular, it prioritises the delegation of some long-acting and permanent methods of family planning to health officers. The government also supports initiatives to task share long-acting methods of family planning, including implants, to health extension workers.

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Conclusions

MSI Ethiopia’s task sharing programme contributed to the Ethiopian Government’s National Reproductive Health Strategy by helping to increase the choice of family planning methods available to under-served communities in Ethiopia, as well as improving access to voluntary tubal ligation.

The task sharing of family planning services to mid-level service providers allowed MSI Ethiopia to increase the number of sites where tubal ligations could be provided, particularly in rural, under-served communities. The programme also increased the pool of qualified health professionals who are now able to provide a broad range of services to clients. This means that patients across Ethiopia no longer have to solely rely on a limited number of physicians.

Task sharing also has other benefits – generating cost savings to the service provider. It costs approximately 70% less every year to employ a health officer rather than a physician to provide tubal ligations. These savings can then be passed on to the client and increases the number of outreach teams that perform this service.

MSIE’s task sharing programme and its benefits are replicable in other countries, and can also be expanded within Ethiopia. Through MSIE’s experience in Ethiopia, MSI has learned key programmatic lessons that will help service delivery organisations and national governments to replicate or expand these services in future. Specifically we have learned that task sharing tubal ligation to mid-level health service providers hinges upon support from all key stakeholders. MSIE’s programme was a success because of a government strategy that encourages task sharing. In future, MSI Ethiopia will apply its experience in task sharing increasingly with government health facilities, so that the number of government providers trained and skilled in tubal ligations can increase as well, which would multiply the effect of the impact of this initiative.

In conclusion, MSI Ethiopia’s task sharing programme demonstrates that with proper training, follow-up, and technical support, health officers can safely provide permanent family planning methods. Moreover, provision of services at community level using health officers will improve access and contraceptive use, and address unmet need.