

# Impact: task sharing

A simple tool to show the potential impact of allowing greater task sharing of family planning

## Background

Marie Stopes International (MSI) has developed the task sharing impact model to help quantify the potential benefits of task sharing of family planning services. When users add data on current task sharing policy, number of healthcare workers in the selected country, and their average salaries, the model can quantify country specific estimates of the potential benefits of task sharing. These include:

- Improved ratio of family planning providers to women.
- Amount of doctor time freed up by task sharing to lower cadre workers.
- The increased health impacts resulting from liberalisation of task sharing policies, for a pre-defined health worker salary spend.
- The improved cost effectiveness of serving a pre-defined number of family planning clients.

Through quantifying the potential benefits of task sharing in a specific national context, the task sharing impact model can be a powerful tool for those advocating for policy reforms in this area.

## What is task sharing?

Task sharing is the process of enabling lay and mid-level healthcare professionals – such as nurses, midwives, clinical officers, and community health workers – to provide clinical services and procedures, that would otherwise be restricted to higher level cadres, safely. It can be a vital strategy in overcoming the shortage of doctors in many countries. And, even in well-resourced health systems, task sharing can offer a means of providing services more efficiently, more cost effectively and in a less medicalised environment.

## Who can use the task sharing impact model?

The model is designed to be used by programme managers, advocates, and/or policy makers. It can be used to produce static results, or, used as an interactive tool when having discussions with policy makers to help explore the potential impacts of different policy changes. The model is intended to be just one part of a wider piece of work – helping to identify top-line messages to focus and direct advocacy efforts.



## How it works

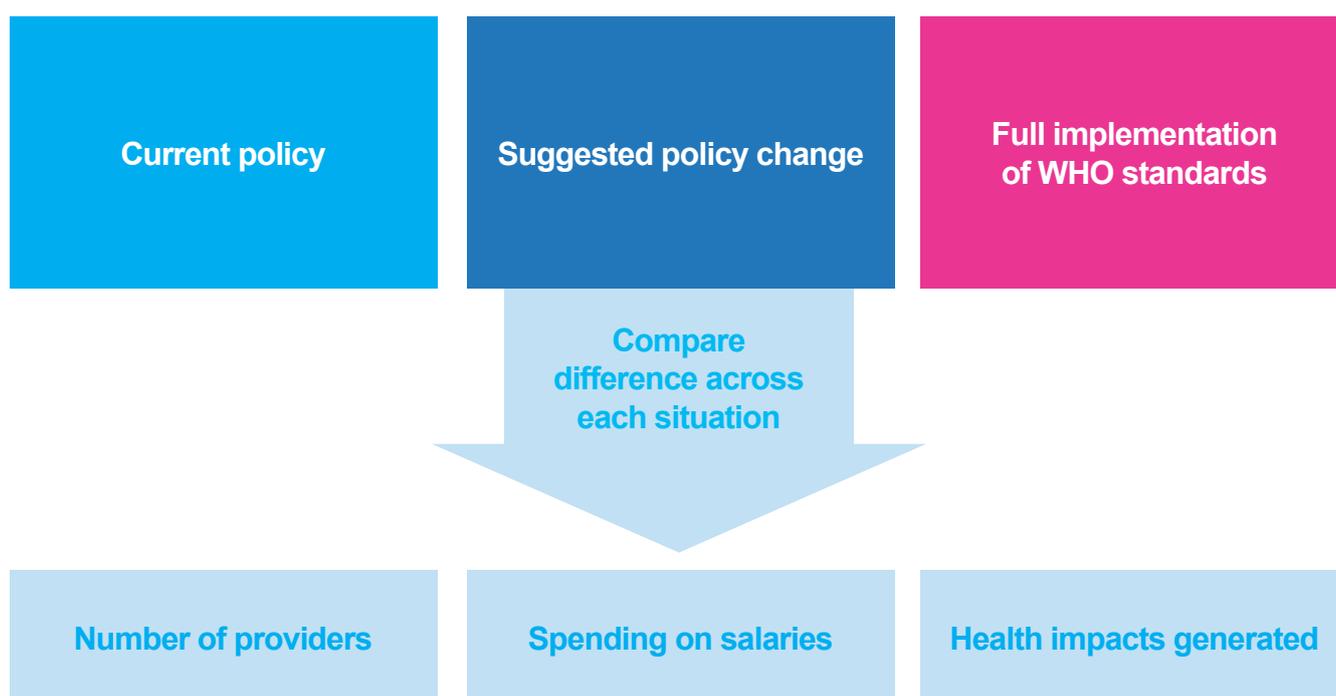
The model is aligned to the World Health Organisation (WHO)'s recommendations on task sharing family planning services, published in 2012 as part of the 'Optimise4MNH' guidance.<sup>1</sup> For each family planning method, the guidelines recommend which cadre of health care worker should be allowed to provide the service, as shown in the matrix below:

	Lay health workers	Auxiliary nurses	Auxiliary	Nurses	Midwives	Associate clinicians	Advanced associate clinicians	Non-specialist doctors
Tubal ligation	Not recommended	Not recommended	Not recommended	Consider in the context of rigorous research	Consider in the context of rigorous research	Already accepted	Already accepted	Already accepted
Vasectomy	Not recommended	Consider in the context of rigorous research	Consider in the context of rigorous research	Consider in the context of rigorous research	Consider in the context of rigorous research	Already accepted	Already accepted	Already accepted
IUDs	Not recommended	Consider in the context of rigorous research	Recommended	Recommended	Recommended	Already accepted	Already accepted	Already accepted
Contraceptive implants	Consider in the context of rigorous research	Recommended with targeted monitoring and evaluation	Recommended with targeted monitoring and evaluation	Recommended	Recommended	Already accepted	Already accepted	Already accepted
Injectable contraceptives	Recommended with targeted monitoring and evaluation	Recommended	Recommended	Already accepted	Already accepted	Already accepted	Already accepted	Already accepted
Oral contraceptives and condoms	Already accepted	Already accepted	Already accepted	Already accepted	Already accepted	Already accepted	Already accepted	Already accepted

### Key:

- Already accepted
- Recommended
- Recommended with targeted monitoring and evaluation
- Consider in the context of rigorous research
- Not recommended

The model compares three different scenarios: current task sharing policy, a user defined policy change, and full implementation of the WHO's recommendations on task sharing, to look at the potential impact of task sharing in a single specified year:



<sup>1</sup>WHO recommendations: optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. World Health Organization, 2012.

## What information is needed

The model is pre-loaded with some default population information for every country. However, some country-specific data is needed in order to generate results:

- Number of providers by cadre (option to split urban/rural)
- Average annual salary for each cadre
- Current laws and regulations on family planning provision (by method and cadre)
- Suggested policy change
- Projected family planning method choice of clients
- Goal for total spending on family planning provider salaries – To show how task sharing can reach more women and have more health impact for the same salary spend.
- Goal for total number of family planning clients to be reached – To show how task sharing can free up doctor time and serve the same pool of clients for less salary spend.

More details can be found in the step-by-step guidance notes, or, by clicking on the  icons in the model itself.

## Results

The results of the three task-sharing scenarios centre around four key messages. For each, the results are explained and are presented visually to make them easy to understand.

### 1. Task sharing has the potential to increase access

- What this means: By allowing lower level cadre to provide services, the pool of potential providers is expanded, thus giving the potential to greatly increase access.
- What this does not tell you: These results do not take into account if providers have time, capacity or training to provide services, or if providers are located where services are needed. It just gives a general idea of how policy changes could potentially increase access to long acting or permanent contraceptive services.

### 2. Task sharing has the potential to free up time for doctors and clinicians to spend on other high-level services

- What this means: These results show you how much time of doctors, clinicians and associate clinicians could be freed up, for every 100 LAPM clients, and also for the total number of LAPM clients, based on the client number and service mix you entered.
- What this does not tell you: These results assume that lower level cadre are trained, and have the time and capacity to provide services previously being provided by doctors, clinicians, and associate clinicians. These results also do not mean that current higher-level providers are not needed, but rather, could use their time providing other services.

### 3. Task sharing has the potential to allow you to have more impact without increasing spending on salaries

- What this means: These results show how many more services you could provide with the same budget for salaries, and how much more impact you could have by reaching more women.
- What this does not tell you: These results don't mean that salaries for current providers should not be sustained. They also don't account for the cost of training or supervision, which are likely to vary by cadre. More clients would also mean more cost (commodities, etc) so the overall budget would increase, but, less money would be spent on salaries.

### 4. Task sharing can allow the same amount of services to be provided for less salary spend

- These results show the reductions in salary spending that could be achieved through task sharing, while still serving the same number of clients.
- These results don't mean that salaries for current providers should not be sustained. They also don't account for the cost of training or supervision, which are likely to vary by cadre.

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**The model shows the potential impact of a policy change – e.g. the maximum impact that could be achieved if the policy was fully implemented. It does not mean that just because a policy is changed, these impacts will automatically be realised.**

## Interpreting results

The model shows the potential impact of a policy change - e.g. the maximum impact that could be achieved if the policy was fully implemented. It does not mean that just because a policy is changed, these impacts will automatically be realised. Rather, the results are designed for high-level advocacy, to help promote and quantify what could happen if task sharing policies were changed. For actual impacts to happen, much more needs to be considered - policy implementation, provider training and capacity, geographic placement of providers, availability of supplies, etc.

## Limitations

This is a model, rather than a measure of real life. As such, the estimates it produces are only as good as the data and assumptions entered into the model. With the model using a number of different variables to produce its results, results must be carefully presented and interpreted to avoid confusion. The table below demonstrates how the results outlined above are influenced by different user-entered variables.

	Number of health workers in each cadre (rural optional)	Average salary of health workers	Current and suggested task sharing policy	Amount of time spent with family planning clients and time taken to deliver service (model has defaults)	Task share distribution	Method mix of family planning clients	Number of clients served annually	Health worker salary budget
Increased Access	Information required	Information not required	Information required	Information not required	Information not required	Information not required	Information not required	Information not required
Freeing up doctor time	Information required	Information required	Information required	Information required	Information required	Information required	Information required	Information not required
Larger health impact	Information required	Information required	Information required	Information required	Information required	Information required	Information not required	Information required
Cost effectiveness	Information required	Information required	Information required	Information required	Information required	Information required	Information required	Information not required

### Key:

■ Information required    ■ Information not required

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Marie Stopes International delivers quality family planning and reproductive healthcare to millions of the world's poorest and most vulnerable women.

### Further information:

- Download the 'Impact: task sharing' model and supporting materials from [www.mariestopes.org](http://www.mariestopes.org)
- Contact us: [research@mariestopes.org](mailto:research@mariestopes.org)