

# WEBINAR **SERIES**



**Promoting  
health throughout  
the life-course  
during the  
COVID-19  
pandemic**

**WEBINAR-5:  
TASK-SHARING TO MAINTAIN SEXUAL  
AND REPRODUCTIVE HEALTH SERVICES  
DURING COVID-19**

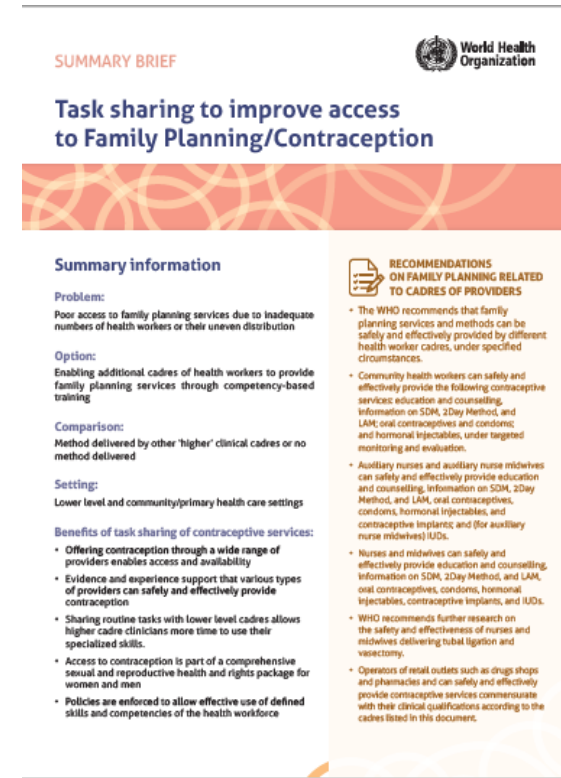
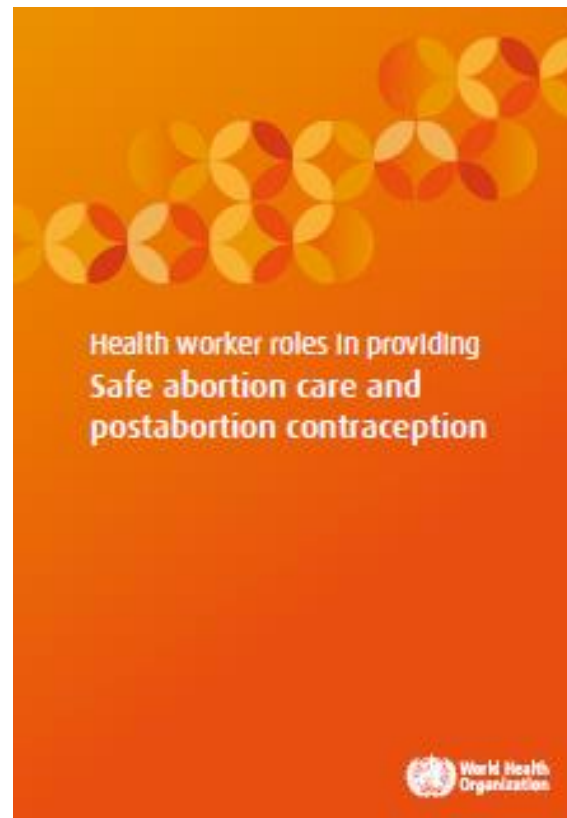
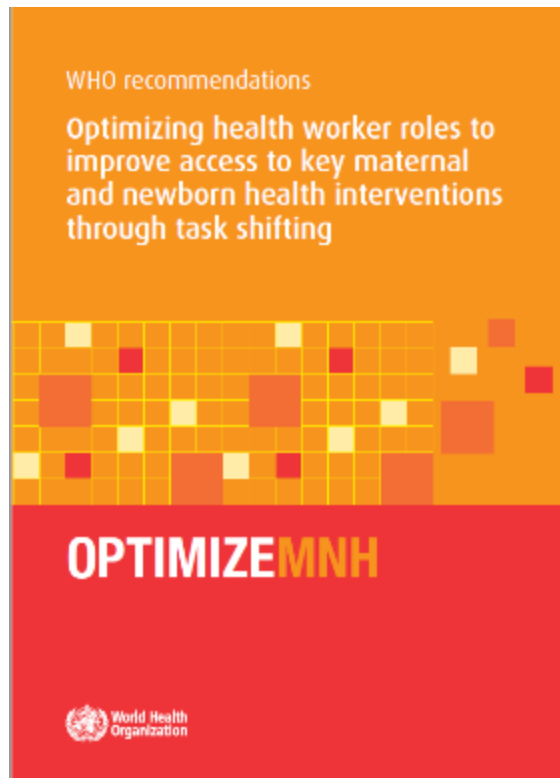
**WHO guideline on  
Task-sharing in SRH**



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# Guidelines on task sharing in safe abortion and family planning



<https://www.who.int/reproductivehealth/publications/en/>  
<https://srhr.org/safeabortion/>

# Context and caveats

- ❑ Linked with WHO clinical recommendations
- ❑ Planned, regulated expansion of roles within a *health systems* context – monitoring, mentoring, referral.
- ❑ Training
- ❑ Options are about being 'inclusive' and not about excluding more specialist providers.
- ❑ High and low resource settings
- ❑ Applicable across a range of legal contexts

## Based on large body of evidence

E.g. Evidence base for task sharing in safe abortion care

Safety, effectiveness,  
satisfaction

**36 studies from  
18 countries**

- Africa – 4
- Eastern Mediterranean – 3
- Europe – 12
- Latin America – 2
- North America – 7
- South-East Asia – 13
- Western Pacific – 0

Qualitative data on  
acceptability

**83 studies from  
24 countries**

- Africa – 15
- Eastern Mediterranean – 0
- Europe – 10
- Latin America – 32
- North America – 12
- South-East Asia – 16
- Western Pacific – 2

Qualitative data on  
feasibility

**121 papers from  
5 selected countries +  
in-depth interviews with  
in-country experts**

- Bangladesh
- Ethiopia
- Nepal
- South Africa
- Uruguay

Recommendations considered safety, effectiveness, feasibility, access, applicability, resource use considerations

# Health worker

***“All people engaged in actions whose primary intent is to enhance health. This includes physicians, nurses and midwives, but also laboratory technicians, public health professionals, community health workers, pharmacists, and all other support workers whose main function relates to delivering preventive, promotive or curative health services”*** WHO 2006, 2013

Self /user	Lay health workers	Pharmacy workers	Pharmacists	Doctors of complementary systems of medicine	Auxiliary nurses/ ANMs	Nurses	Midwives	Associate/ advanced associate clinicians	Non-specialist doctors	Specialist doctors
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# Management of abortion and post-abortion care in the first trimester

	Lay health workers	Pharmacy workers	Pharmacists	Doctors of complementary systems of medicine	Auxiliary nurses/ ANMs	Nurses	Midwives	Associate/ advanced associate clinicians	Non-specialist doctors	Specialist doctors
<b>Vacuum</b>										
Provision of information on safe abortion										
	Lay health workers	Pharmacy workers	Pharmacists	Doctors of complementary systems of medicine	Auxiliary nurses/ ANMs	Nurses	Midwives	Associate/ advanced associate clinicians	Non-specialist doctors	Specialist doctors
Information on safe providers/ laws	✓	✓	✓	✓*	✓*	✓	✓	✓	✓*	✓*
* considered within typical scope of practice; evidence not assessed.										
Assessing eligibility for medical abortion										
						✓	✓	✓	✓*	✓*
Administering the medications and managing the process and common side-effects independently										
						✓	✓	✓	✓*	✓*
Assessing completion of the procedure and the need for further clinic-based follow-up										
						✓	✓	✓	✓*	✓*
Recommendation for subtasks (see below)										
		✗		Recommendation for subtasks (see below)	✓	✓	✓	✓	✓*	✓*
Management of uncomplicated incomplete abortion/ miscarriage with misoprostol										
	✓	✗	✗	✓	✓	✓	✓	✓	✓*	✓*

\* considered within typical scope of practice; evidence not assessed.

\*\* considered outside of typical scope of practice; evidence not assessed.

## Management of abortion and post-abortion care beyond 12 weeks

	Lay health workers	Pharmacy workers	Pharmacists	Doctors of complementary systems of medicine	Auxiliary nurses/ ANMs	Nurses	Midwives	Associate/ advanced associate clinicians	Non-specialist doctors	Specialist doctors
<b>Dilatation and evacuation</b>										
<i>Cervical priming (osmotic dilators)</i>										
<i>Cervical priming (medications)</i>										
<b>Medical abortion &gt; 12 weeks</b>										






# Health worker roles in the provision of Family Planning

Contraceptive Service	Lay Health Workers (e.g., CHWs)	Pharmacy Workers	Pharmacist	Auxiliary Nurse	Auxiliary Nurse Midwife	Nurse	Midwives	Associate/Advanced Associate Clinicians	Non-specialist doctors	Specialist doctors
<ul style="list-style-type: none"> <li>Informed choice counselling</li> <li>Combined oral contraceptives (COCs)</li> <li>Progestrone-only oral contraceptives (POPs)</li> <li>Emergency contraceptive pills (ECPs)</li> <li>Standard Days Method and TwoDay Method</li> <li>Lactational amenorrhea method (LAM)</li> <li>Condoms (male &amp; female), barrier methods, spermicides</li> </ul>	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*
<ul style="list-style-type: none"> <li>Injectable contraceptives (DMPA, NET-EN or CICs)</li> </ul>	✓	✓	✓	✓	✓	✓*	✓*	✓*	✓*	✓*
<ul style="list-style-type: none"> <li>Implant insertion and removal</li> </ul>	R	✗	✗	✓	✓	✓	✓	✓*	✓*	✓*
<ul style="list-style-type: none"> <li>Intrauterine device (IUD)</li> </ul>	✗	✗	✗	R	✓	✓	✓	✓*	✓*	✓*
<ul style="list-style-type: none"> <li>Vasectomy (male sterilization)</li> </ul>	✗*	✗*	✗*	R	R	R	R	✓*	✓*	✓*
<ul style="list-style-type: none"> <li>Tubal ligation (female sterilization)</li> </ul>	✗*	✗*	✗*	✗*	✗*	R	R	✓*	✓*	✓*



## Role of self-management approaches

Where women have access to information and to back up health provider should they need or want it

	Self
<b>Medical abortion in the first trimester</b>	No recommendation for overall task – recommendations for specific components as below
Self-assessing eligibility	
Managing the mifepristone and misoprostol medication without direct supervision of a health-care provider	
Self-assessing completeness of the abortion process	

Self administration of injectable contraception

# From Recommendations to Reality

- ❑ The support and mentoring of professional bodies and of the OBGYN community
- ❑ Moving towards primary care level
- ❑ Power imbalances, gender dynamics, health worker workloads, conscientious objection
- ❑ Small scale efforts vs. going to scale
- ❑ Regulatory barriers
- ❑ Supplies and commodities