Webinar series

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

Webinar 5: Task-sharing to maintain sexual and reproductive health services during COVID-19

Wednesday, 16 September 2020, 13:00 hrs (IST)

Summary

Background

The emergence of COVID-19 has resulted in the adoption of measures to contain its spread and its direct and indirect impact, especially during lockdown periods. Also, the reprioritization and repurposing of resources including human resources for COVID-19 containment have disrupted routine maternity, contraceptive, abortion, and other sexual and reproductive health services. Social and economic pressures, increasing domestic and gender-based violence and sexual exploitation are the other factors that are reported during this pandemic. Further, the difficulties in accessing contraceptives and essential services like safe abortion deny millions of girls and women the right to control their bodies and lives. The crisis also threatens to shrink girl's and women's' already limited access to sexual and reproductive health information and services. The availability of a skilled health workforce to maintain essential health services has been a challenge everywhere.

During fifth webinar in this series "Task-sharing to maintain sexual and reproductive health services (SRH) during COVID-19", the availability of health workforce, WHO guidelines on task-sharing in SRH, and the experience of task-sharing in family planning, abortion, and post-abortion services from some SEAR countries were discussed.

Objective

The objective of the webinar was to understand ways to respond to the pandemic in terms of task-sharing in family planning, abortion and post-abortion services. This will help in the implementation of task-sharing and management of routine services along with COVID.

Presentations

- Availability of health workforce; SRMNCAH
- WHO guidelines on task-sharing in SRH
- Experience of task-sharing in family planning
- Experience of task-sharing in abortion and post-abortion services

Audience

Programme managers from MoH, WHO focal persons, UN Agencies, Professional bodies, NGOs/IGOs and other stakeholders attended the webinar.

2270 invitations were sent for the webinar, out of which 527 registered and 394 participants attended the webinar.

Technical resources

Coordinators	Moderator	Presenters
Dr Neena Raina, Senior Adviser, MCA, WHO, SEARO **Dr Dileep Mavalankar**, Director, IIPH Gandhinagar	**Dr Meera Thapa Upadhyay**, Technical Officer, Reproductive Health (RH) WHO, SEARO	**Dr Thomas Lopez Zapata,** Regional Adviser, Human Resources for Health WHO, SEARO **Dr Bela Ganatra,** Head, Preventing Unsafe Abortion, Department of Sexual and Reproductive Health and Research (SRH), WHO, Geneva **Dr Narun Nahar Rosy,** Deputy Director and Program Manager, (Quality Assurance), Clinical Contraceptives Services Delivery Program (CCSDP), Director-General Family Planning, Bangladesh **Dr Bhim Singh Tinkari,** Director, Family Welfare Division, Department of Health Services, Ministry of Health and Population, Nepal

Summary

Dr Neena Raina welcomed the participants and Dr Dileep Mavalankar highlighted the collaboration and details of IIPH and courses being offered. The event was moderated by Dr Meera Thapa Upadhyay

Presentation 1

Availability of health workforce; SRMNCAH – Dr Thomas Lopez Zapata, Regional Adviser, Human Resources for Health, WHO, SEARO

Dr Zapata highlighted the health needs globally and in the South-East Asia Region. He shared that in SEAR the population above 60 years has increased from 110 million in 2000 to 310 millions in 2030, overall burden of NCDs is increasing (40% in 2000 to 60% in 2015) and there

is also rapid urbanization from 32% in 2000 to 41% in 2018. In addition to that, the Covid-19 pandemic came as a challenge to the health system. He also shared that since 2014, the doctors', nurses' and midwives' density has increased over time in all countries in the Region and Bangladesh and Myanmar have a lower density than 22.8 and as per global strategies on HRH 2016, we have new targets have been given that is 44.5 doctors, nurses and midwives per 10,000 population. Hence, the health services need to be reorganized to adapt these changing needs including the health workforce needs to be redefined. The countries need to be adept in terms of numbers, and distribution, and skill mix. Task shifting plays an important role in how we provide services to these changing needs and current pandemic situation to maintain primary health care and also to improve the quality of services and not only access.

Presentation 2

WHO guidelines on task-sharing in SRH – Dr Bela Ganatra, Head, Preventing Unsafe Abortion, Department of Sexual and Reproductive Health and Research (SRH), WHO, Geneva

Dr Ganatra's presentation was focused on global recommendations on task-sharing in the area of safe abortion and family planning. She shared that though these recommendations are available, unfortunately many countries have not adopted them in full. The COVID pandemic allows revisiting the issue of task-sharing and optimization of the workforce. The initial recommendation addressed task-sharing for maternal health and family planning, followed by the recommendation for abortion and post-abortion family planning which was updated in "Health worker role in safe abortion and contraception" 2016 and includes the family planning recommendations. WHO clinical recommendations are based on tasks and interventions and are safe and effective. They are about programmatic, planned and regulated expansion within the health system and not about individuals. In CAC the surgical vacuum aspiration, nurses, midwives are considered fine to provide the services whereas for medical method of abortion in the first trimester even Auxillary Nurse Midwife (ANM) can provide the services. For second trimester abortion no recommendations are made yet. In FP the entire range of health workers can provide information, counseling, condom, emergency contraception, and oral contraception. Whereas for intervention type of methods, the more qualified provider including primary care providers are recommended to provide methods including injectable contraception, implant, and ICDs. This recommendation also recognizes the role of care from the women themselves specifically in the COVID situation. She emphasized that four years since the guidelines have been in existence, there has been mixed success globally in terms of adaptation and use of these recommendations; but certainly, Bangladesh and Nepal are two major success stories.

Presentation 3

Experience of task-sharing in family planning – Dr Narun Nahar Rosy, Deputy Director and Program Manager (Quality Assurance), Clinical Contraceptives Services Delivery Program (CCSDP), Director-General Family Planning, Bangladesh

Dr Narun shared an overview of service delivery and the background of task-sharing. She shared the health service delivery system of Bangladesh linking up to the community level. She highlighted that Bangladesh has achieved success in family planning even with a background of low literacy rate, low income, low status of women with the government's commitment to meet 75% of the global demand of contraception by 2030 to reach the SDG target. The objectives are to meet client demand by the availability of trained health

providers, uninterrupted supply of commodities, improve quality of service provision social and behavioral change, gender rights perspectives, etc.
In the current COVID context the benefit of-task sharing has been reemphasized especially in country. At the health facility task-sharing responsibilities are delegated to lower-level providers and it is extremely useful to reduce the task of physician and high-level HCPs. Menstrual regulation, post abortion care and FP services provided by paramedics and methods like implant tubectomy are provided by doctors. At community level the injectable contraceptive is provided by family welfare assistant at the door step.
Dr Narun also shared that currently, CPR is increasing to 62% (2017) and TFR is decreasing with various other strategies including task-sharing. In addition to this, tele-counseling (Hotline 16767-'SHUKHI PORIBAR' by Information education and management, DGFP) support 24/7 counseling services on FP & MCRAH and provide referral advice too.

Presentation 4

Experience of task-sharing in abortion and post-abortion services – Dr Bhim Singh Tinkari, Director, Family Welfare Division, Department of Health Services, Ministry of Health and Population, Nepal

Dr Tinkari presented that in Nepal total fertility rate is 2.3 and the maternal mortality ratio is 239/100,000 (NDHS-2016). The contraceptive prevalence rate is 52.6% (modern method 43%) still we have an unmet need for contraception which is 24%. Even though the abortion is liberal in Nepal, nationwide fewer than half (42%) of all abortions were provided legally. The remainder (58%) were clandestine procedures provided by untrained or unapproved providers or self-induced and 80,000 women were treated for abortion-related complications. 68% of these complications were due to clandestine abortions and it contributes to 6-7% of maternal deaths.
Because of geographical distribution, task-sharing and shifting are important for Nepal, for abortion services, it was started as per WHO guidelines. In 2006, comprehensive abortion care services by staff nurses were started and in 2009, medical abortion services were introduced and SBA trained ANMs to provide MA. The safe motherhood and reproductive health act have already been endorsed in Nepal in 2018.
The trained senior ANM, staff nurse, MBBS, OBGYN are allowed to provide abortion services, and ANM can provide services only up to 9 weeks. After training they must register themselves in Safe Abortion Service (SAS) facility even for MA and even SAS facilities should be registered to the Department of Health Services, Family Welfare Division. He also shared that the post-abortion family planning uptake has been increased from 75.4% in 2017-18 from 70.7% in 2016-17 which can be the added benefit of increasing accessibility of services by task sharing.

The Q&A session was an interactive one. Out of the many questions in the Q&A box, some important ones were captured by Dr Meera. These were then answered by the respective panelists to whom they were addressed.

The concluding remarks were delivered by Dr Neena Raina. She emphasized on changing needs of the population and need of improving health workforce with skill mix, numbers, distribution and performance. Professional associations have an important role to implement task-sharing guidelines in countries. Task-sharing is an important proven strategy with

guidelines from WHO, which has been implemented and proven in Bangladesh and Nepal specially to improve access and coverage of family planning and abortion services.