

Opinion

*Corresponding author

Bruno KI, MD, DU Epi., Cert. SRH, MPH

Technical Director
Pathfinder International Burkina Faso
Ouagadougou, Burkina Faso
Tel. +226 7573 5617/5142 0721
E-mail: bki@pathfinder.org

Volume 3 : Issue 2

Article Ref. #: 1000WHOJ3122

Article History

Received: March 20th, 2017

Accepted: March 28th, 2017

Published: March 28th, 2017

Citation

KI B. Towards increasing contraceptive prevalence in Burkina Faso through task sharing. *Women Health Open J.* 2017; 3(2): 59-60. doi: [10.17140/WHOJ-3-122](https://doi.org/10.17140/WHOJ-3-122)

Copyright

©2017 KI B. This is an open access article distributed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Towards Increasing Contraceptive Prevalence in Burkina Faso through Task Sharing

Bruno KI, MD, DU Epi., Cert. SRH, MPH*

Technical Director, Pathfinder International Burkina Faso, Ouagadougou, Burkina Faso

The prevalence of contraception in Burkina Faso (BF) has increased in the past 18 years from 5.8%¹ in 1998 to 25%² in 2016; an increase of 1% per year while population growth remains strong and stable at 3.1% per year. The main reasons for such low progression of contraceptive prevalence include insufficient information on contraceptive methods, lack of competent providers and their inequality repartition in facilities, and inadequate sexual and reproductive health policies and standards.

In BF, the type of providers able to offer long-acting contraceptive methods (implant and IUD) according to sexual and reproductive health policies and standards are midwives, nurses and physicians. However, primary health workers (auxiliary midwives, auxiliary nurses) are the most active in the BF health system (about 40% of all categories). Contraception remains a good alternative for BF to pass the demographic transition and benefit from the demographic dividend in the coming decades.

One of the major strategies to significantly increase contraceptive prevalence in the coming years could be the task sharing in family planning. It involves allowing primary health workers to offer long-term contraceptive methods and Community Health Workers (CHWs) to offer oral and injectable contraceptives in their communities.^{3,4} Indeed, task sharing will significantly increase the supply of contraceptive services and approach services as close as possible to the population. The immediate impact of this strategy will therefore lead to increased contraceptive prevalence, thus reducing maternal and infant mortality, controlling population growth and the country's natural resources as a guarantee of sustainable development.

Although, task sharing in family planning has proved its efficacy in several other countries around the world, BF is still in the pilot phase of this strategy. Why invest in testing a strategy that has already proved its efficacy in several other countries?⁵ Is it not a waste of resources? These are some of the questions we ask ourselves about the political decision to implement the task sharing in the pilot phase in the context of scarce resources and accelerated population growth. BF would definitely benefit from going directly to scale up with this strategy. Meanwhile, as a result of this testing phase, several NGOs/projects are already jostling for the implementation of this promising strategy in their catchment area. It is now for Burkina Faso's Ministry of Health to grab this opportunity to increase the access of long-term contraceptive methods in each facility.

REFERENCES

1. INSD. Enquête démographique et de santé du Burkina Faso 1998-1999 [In French]. 2000. Web site. <http://www.dhsprogram.com/pubs/pdf/FR110/FR110.pdf>. Accessed March 19, 2017.
2. ISSP. PMA 2016/Burkina Faso. 2017. Web site. <http://www.pma2020.org>. Accessed March 19, 2017.
3. World Health Organization (WHO). Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. 2012. Web site. <https://www.who.int/publications/m/item/optimizing-health-worker-roles-to-improve-access-to-key-maternal-and-newborn-health-interventions-through-task-shifting>.

ncbi.nlm.nih.gov/books/NBK148518/. Accessed March 19, 2017.

4. World Health Organization (WHO). Task shifting to improve access to contraceptive methods. 2013. Web site. http://www.who.int/reproductivehealth/publications/family_planning/task_shifting_access_contraceptives/en/. Accessed March 19, 2017.

5. Konaté MK, Maiga M, McGinn E, Chen A. Repositioning family planning in West Africa: Task sharing synthesis report. 2015. Web site. <http://www.poline.org/node/652149>. Accessed March 19, 2017.