

Opinion

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Towards Increasing Contraceptive Prevalence in Burkina Faso through Task Sharing

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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.

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