

Frontline Health Workers Count

For Family Planning and Reproductive Health

Frontline health workers are essential to expanding access to family planning services, which protect the health and well-being of women and girls around the world by reducing unintended and high-risk pregnancies and allowing sufficient spacing between births.

Greater and more strategic investment is needed to further improve access to family planning via trained and supported frontline health workers. While 617 million women¹ in low-and middle-income countries are now using modern contraception methods, there are still 214 million women² who want to avoid pregnancy but are not using a modern method. These women with an unmet need for contraception account for 84% of unintended pregnancies around the world. The World Health Organization estimates that 830 women³ die from pregnancy-related complications every day. Meeting the world's need for family planning would save the lives of approximately 76,000 mothers each year.⁴

US leadership has improved family planning access for more than five decades, and has played a leading role in global family planning efforts, as the world's largest bilateral donor of family planning assistance.⁵ In the 31 countries in which USAID focuses its support, the use of modern contraceptives has increased to 30% (from around 10% in 1965).

Family Planning 2020 (FP2020), a partnership dedicated to reaching family planning goals with a focus on human rights, choice, equity, and voluntarism, reports that 309.3 million women and girls in 69 FP2020 focus countries are using modern contraception, an increase of 38.8 million women since 2012. Between July 2016 and July 2017, 84 million unintended pregnancies were prevented and 26 million unsafe abortions and 125,000 maternal deaths were averted.⁶

In areas where access to large medical facilities is a challenge, frontline health workers can be an invaluable resource in providing

Recommendations

- Ensure frontline health workforce teams are trained in a client-centered, gender competent, and rights-based approach to family planning services that includes informed choice, counseling, anticipatory guidance, and follow up
- Encourage practitioners and policymakers to scale-up family planning programs through task sharing, and support and invest in the training of frontline health workers to deliver the full range of family planning services, including high-quality implant insertion and removal services³
- Integrate sexual and reproductive health and rights education and provision into overall health services and training of frontline health workers
- Continue US investment in family planning and increase strategic investment in health workers who can provide family planning services
- Call on the US government to end the Global Gag Rule and make greater and more strategic investments in addressing the most acute gaps in access to highquality essential health services provided by frontline health workers

education, counseling, and other essential family planning services within their local communities. Most methods of modern contraception require contact with a health worker. Communities with greatest unmet need for the full range of family planning services⁷ by-in-large correlate to the same communities with least access to trained and supported frontline health workers.

The Demand for Implants

Implants, long-acting reversible contraceptives that protect women for up to three years, are growing in popularity. The WHO confirms that implants are safe for women to use immediately after giving birth, even if breastfeeding.¹¹

The WHO recommends that doctors, nurses, midwives, auxiliary nurses, and auxiliary midwives can administer and remove implants, while community health workers may in the context of rigorous monitoring and research.¹²

Ethiopia's Ministry of Health launched an Implanon scaleup in which 1.2 million women chose to receive Implanon implants from frontline health extension workers.¹³

The number of projected removals needed in the 69 FP2020 focus countries in 2018 (4.9-5.8 million) is more than twice that estimated for 2015 (2.2 million). A trained and supported frontline health workforce is needed to meet this demand.

Training frontline health workers does not just mean insertions and removals, it also must include comprehensive counseling and education about all modern contraceptive methods to enable clients to make informed choices.

President Trump's Expanded Global Gag Rule

- Blocks all US global health assistance—beyond family planning funding and including funding for the President's Emergency Plan for AIDS Relief —for non-US organizations that provide safe abortion services, education, or referrals, or advocate for changes to abortion policy in their own countries
- Threatens low- and middle-income partner countries' efforts to integrate health services⁹
- Risks overburdening already underfunded and overstretched public health systems' ability to provide essential health services, including HIV services, as many organizations have been forced to close clinics or reduce or cease services
- Risks placing undue stress on health workers, who may not understand what they are, and are not, allowed to do
- Hinders health workers' ability to provide high-quality and lifesaving family planning services to women and girls

Studies show the previous version of the policy resulted in MORE unintended pregnancies and abortions, not fewer.¹⁰

BY THE NUMBERS: Frontline Health Workers and Family Planning & Reproductive Health

45M

women each year have inadequate or no prenatal care¹⁵

30M

women each year do not deliver their babies in a health facility¹⁵

1/3

of all contraceptive users in Bangladesh access services through trained drug shop staff, an example of task sharing¹⁶

25M

unsafe abortions take place worldwide each year¹⁵

Citations

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Photos: Clement Tardif and Carol Bales for IntraHealth International



The Frontline Health Workers Coalition is an alliance of United States-based organizations working together to urge greater and more strategic U.S. investment in frontline health workers in low- and middle-income countries as a cost-effective way to save lives and foster a healthier, safer and more prosperous world.

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