

Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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Health policy and systems support for CHWs programmes

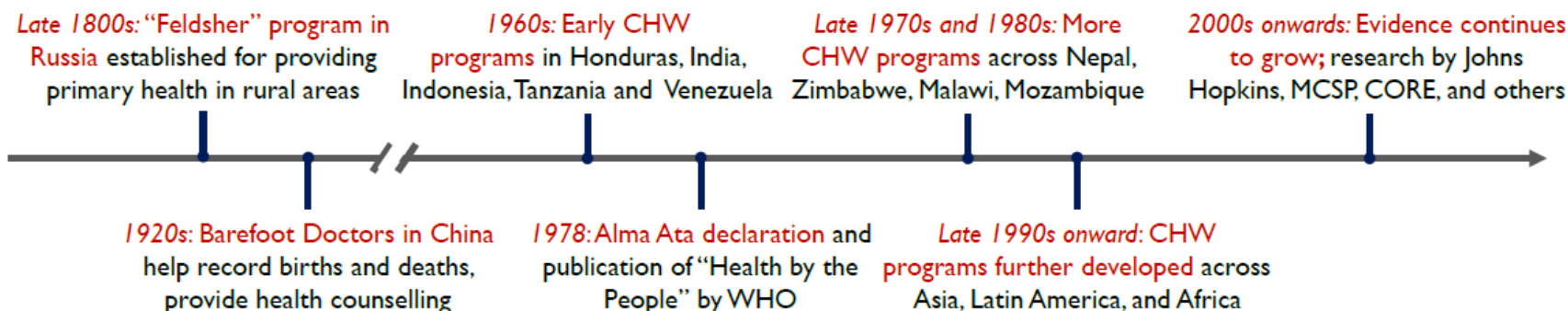
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CHW programmes: long history, wide diversity

Community health programs have a long history



Today, different countries have very different approaches and are at different stages with community health

Wide variety of roles		Unpaid Village Health Workers in Nigeria only do health promotion work
		Health Extension Workers (HEWs) in Ethiopia treat life threatening diseases
Mix of public vs. private provision		Lady Health Workers in Pakistan are paid government employees
		Health Workers in Tanzania are volunteers
Varying integration with formal health system		Community Health Assistants in Brazil are managed by local nurses
		HEWs in Ethiopia are part of the formal healthcare system

Source: USAID, 2015

Evidence on CHWs

- Over 5000 articles in the last 10 years
- More than 90 literature reviews focused on CHWs

Focal health issue	LMIC	HIC	Other	Total
PHC and system-level issues	17	9	0	26
Maternal and child health	33	2	2	37
Disease-specific: non-communicable	4	12	0	16
Disease-specific: infectious	9	0	0	9
Other	1	1	1	3
Total	64	24	3	91

Source: Scott K et al, forthcoming

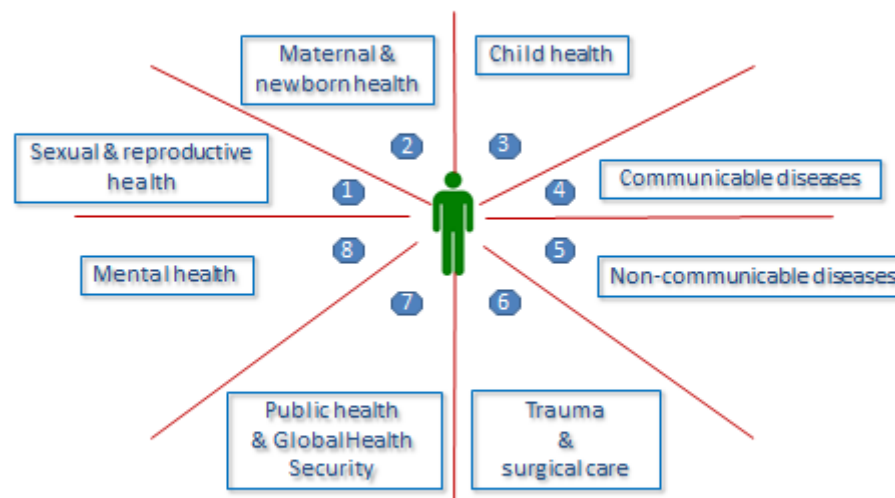
Effectiveness and role of CHWs

Reducing neonatal mortality through home-based preventive and curative care
Linking women to obstetric care, breastfeeding promotion, promoting skin-to-skin newborn care

Immunization uptake
IMNCI
Health education

Diagnosing and treating malaria, improving TB treatment outcomes, Counselling, treatment and care for HIV / AIDS
Control of neglected tropical diseases

Providing contraception



Providing psychosocial, psychological interventions to treat or prevent mental, neurological or substance abuse disorders

Working as cultural brokers and facilitating patient access to care for underserved groups

Behavior change (diet change, self-management of hypertension, physical activity).
Increased care utilization (cancer screening, making and keeping appointments); asthma care.

Most reviews are supportive of CHWs effectiveness and cost-effectiveness, but quality of evidence is **low** or **very low**

Sources: Lewin et al, Cochrane Rev, 2010; Gilmore and McAuliffe, BMC Public Health 2013; Mwai et al J Int AIDS Soc 2013; van Ginneken et al, Cochrane Rev, 2013; Postma et al J Asthma 2013; Vouking et al, Pan Afr Med J 2013; etc.

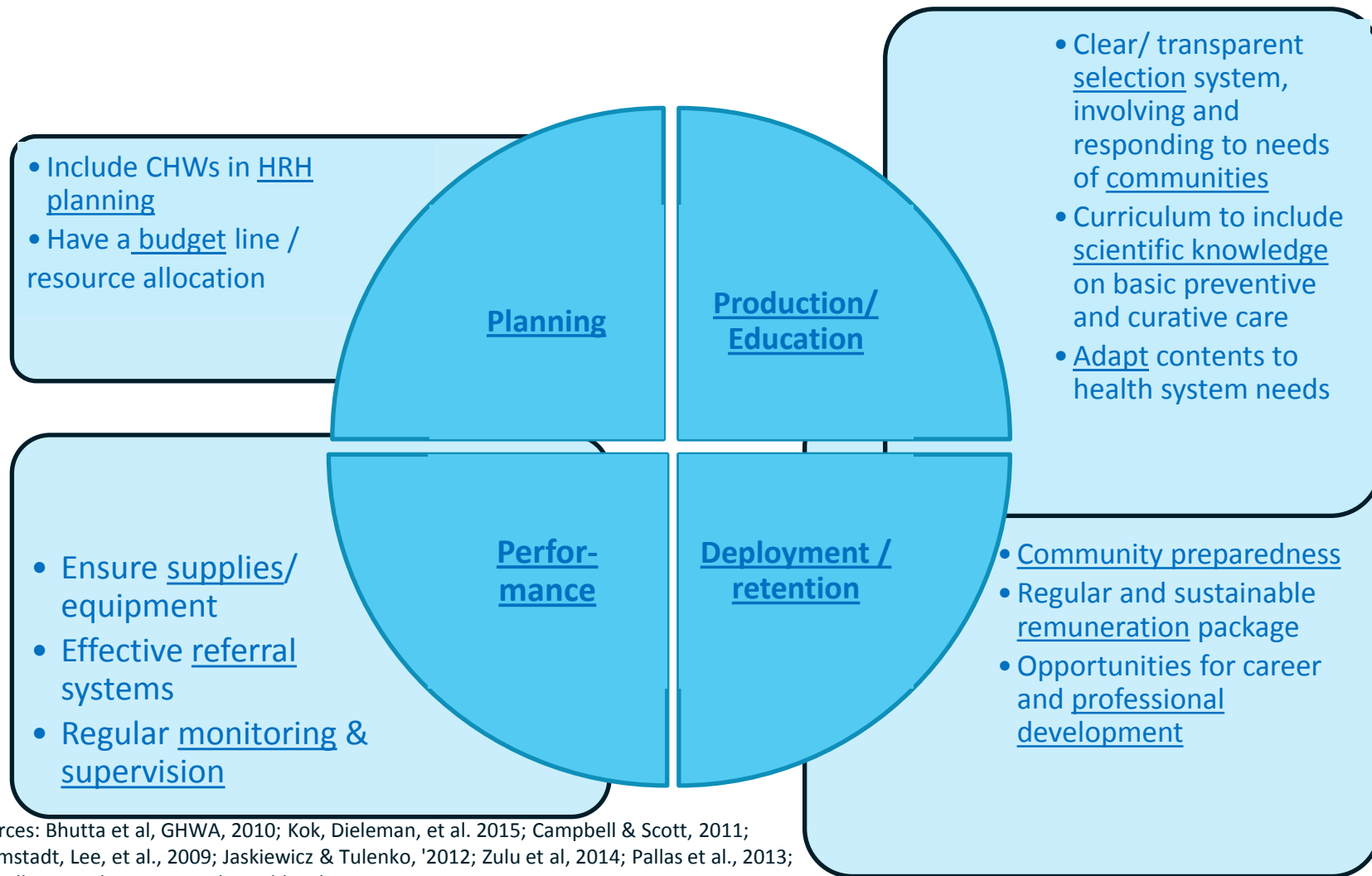
Policy issues: classification

- What are community health workers?
- “lay health workers”, “frontline health workers”, “close-to-community providers”, “community based practitioners”?
- ILO ISCO: " Community health workers provide health education, referral and follow-up, case management, basic preventive health care and home visiting services to specific communities... Occupations included in this unit group normally require formal or informal training and supervision recognized by the health and social services authorities."

Policy issues: (lack of) systems support

- "inconsistent support of community health workers (CHWs) and failure to integrate them into the health system have impeded full realization of their potential contribution in the context of primary health care."
- Scaling up and maintaining CHW programmes is fraught with a host of challenges:
 - poor planning;
 - multiple competing actors with little coordination;
 - fragmented, disease-specific training;
 - donor-driven management and funding;
 - tenuous linkage with the health system;
 - poor coordination, supervision and support, and
 - under-recognition of CHWs' contribution.

CHW integration: what does it mean?



Sources: Bhutta et al, GHWA, 2010; Kok, Dieleman, et al. 2015; Campbell & Scott, 2011; Darmstadt, Lee, et al., 2009; Jaskiewicz & Tulenko, '2012; Zulu et al, 2014; Pallas et al., 2013; McCollum, et al., 2016; Bosch-Capblanch 2011

CHWs in WHO Global Strategy on HRH

- “**Addressing population needs for the SDGs and UHC requires ...** a more sustainable and responsive skills mix through inter-professional primary care teams, harnessing opportunities from the education and deployment of **community-based and mid-level health workers**;”
- “In many settings, developing a national policy to **integrate, where they exist, community-based health workers in the health system** can enable these cadres to benefit from adequate system support and to operate more effectively within integrated primary care teams”
- **Invest in decent conditions of employment** ... provision of a living wage (including for **community-based health workers**) ... in line with the SDG Goal on Decent Work and Economic Growth.
- **The International Labour Organization (ILO) to revise the International Standard Classification of Occupations** for greater clarity on delineation of health workers and health professions.(72) This will entail a move towards definitions that reflect worker competency together with the tasks they perform. Of particular urgency is the need to **streamline and rationalize the categorization and nomenclature of community health workers** and other types of community-based practitioners.

WHO CHW guidelines: policy questions

1. Are there desirable demographic or socio-economic profiles, or minimum pre-service training literacy requirements for CHWs **selection**?
2. What is the minimum **duration** of pre-service **training** for CHWs?
3. What are the **essential competencies** for pre-service education of CHWs?
4. What are the most appropriate delivery **modalities of pre-service education** of CHWs?
5. Can **certification** of CHWs improve their quality and results of CHW programmes?

WHO CHW guidelines: policy questions (cont.)

6. What are the characteristics of effective **supervision** strategies to optimize the results of CHW programmes?
7. What is the outcome of **paying** CHWs on their performance and population outcomes?
8. Should CHW be offered a **career ladder** opportunity/ framework within the health sector?
9. Should CHWs be formally engaged/ **contracted**?
10. What is the optimal **population size** covered by a CHW?

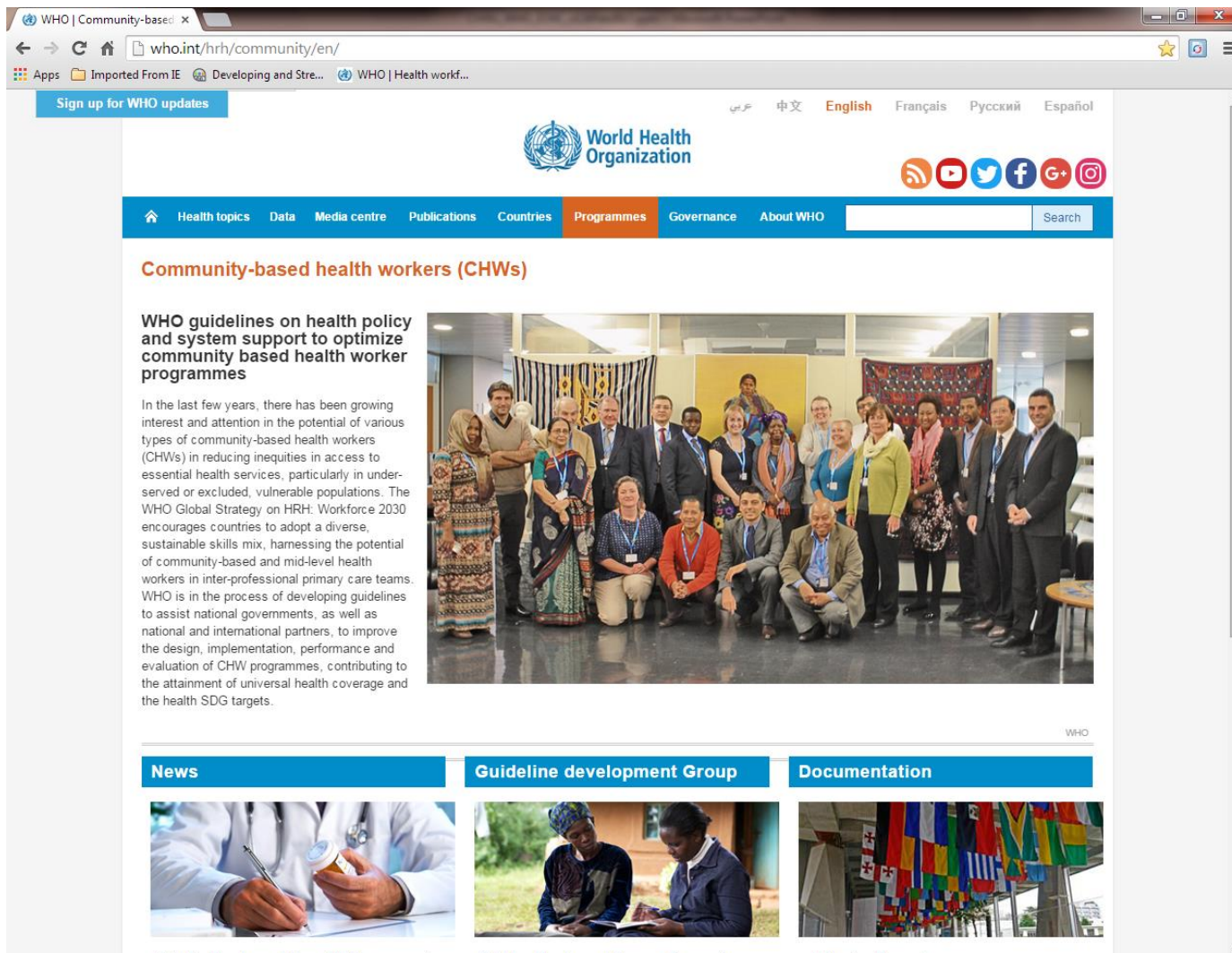
WHO CHW guidelines: policy questions (cont.)

11. Should CHWs collect and use **data**?
12. Should there be a **single type** of generalist practicing CHWs, or **more types** of practicing CHWs specialized in different areas of primary health care?
13. Do **community engagement** strategies improve performance and results of practicing CHWs?
14. Should practicing CHWs pro-actively **mobilize the communities** where they operate?
15. What strategies can be adopted to ensure adequate availability of commodities and consumable **supplies** in the context of practicing CHW programmes?

Evidence gaps and research priorities

1. Comparatively less research on **NCDs**.
2. More attention should be paid to **cross-cutting enabling factors**, for example, education, accreditation and regulation, management and supervision, effective linkage to professional cadres, motivation and remuneration, and provision of essential drugs and commodities.
3. How to ensure the **sustainability** of programmes through national planning, governance, legal and financing mechanisms.
4. Current evidence is a mix of **varying degrees of quality**, while the emphasis of future research must be on scientific rigour to strengthen the evidence base for policy and practice.
5. Avoid too narrow a disease- or intervention-specific focus. Investigate not only the effectiveness question (**what works**), but also the contextual factors and enablers (**how, for whom, under what circumstances**).
6. Translate this body of knowledge into **evidence-based policy guidance**.

For more information



The screenshot shows the WHO website for Community-based Health Workers (CHWs). The page features the WHO logo, a navigation bar with links to Health topics, Data, Media centre, Publications, Countries, Programmes, Governance, and About WHO. A search bar is also present. The main content area is titled "Community-based health workers (CHWs)" and includes a section on "WHO guidelines on health policy and system support to optimize community based health worker programmes". This section contains a paragraph about the growing interest in CHWs and a large group photo of health workers. Below the main content, there are three columns: "News" with a photo of a doctor, "Guideline development Group" with a photo of two women, and "Documentation" with a photo of flags.

WHO | Community-based x

who.int/hrh/community/en/

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Community-based health workers (CHWs)

WHO guidelines on health policy and system support to optimize community based health worker programmes

In the last few years, there has been growing interest and attention in the potential of various types of community-based health workers (CHWs) in reducing inequities in access to essential health services, particularly in underserved or excluded, vulnerable populations. The WHO Global Strategy on HRH: Workforce 2030 encourages countries to adopt a diverse, sustainable skills mix, harnessing the potential of community-based and mid-level health workers in inter-professional primary care teams. WHO is in the process of developing guidelines to assist national governments, as well as national and international partners, to improve the design, implementation, performance and evaluation of CHW programmes, contributing to the attainment of universal health coverage and the health SDG targets.

WHO

News Guideline development Group Documentation

WHO

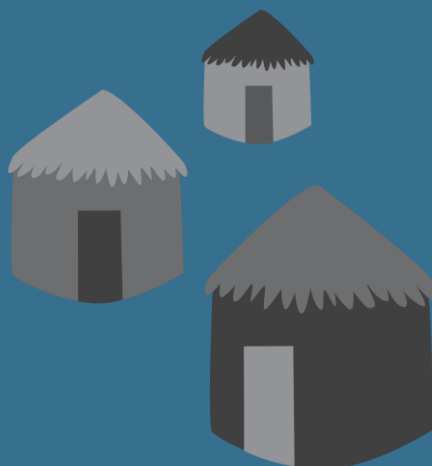
<http://who.int/hrh/community/en/>

THANK YOU.

who.int/hrh
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