Joint Health-Community Systems Support to CHW Programs: Partner Insights from the Integrating Community Health Investment Platform

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In order to address the problem of poor health outcomes, especially in rural areas, the Liberian government committed to develop a comprehensive and robust community health program that connects remote communities to the public health system.

This presentation describes two key challenges:

• Developing the Revised Community Health Services Policy, that sets foundation for a national CHW program
• Moving from policy development to program design and implementation

We want to highlight how the Ministry of Health used multi-stakeholder, systems strengthening approaches to address both of these challenges, and how we aim to continue moving forward as Liberia’s National Community Health Assistant Program launches.
## THE PROBLEM: POOR NATIONAL HEALTH OUTCOMES

<table>
<thead>
<tr>
<th>National Indicators</th>
<th>Liberia</th>
<th>Ethiopia</th>
<th>USA</th>
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</thead>
<tbody>
<tr>
<td>Maternal Mortality per 100,000 live births</td>
<td>1,072</td>
<td>420</td>
<td>28</td>
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<tr>
<td>Under-5s Mortality per 1,000 live births</td>
<td>94</td>
<td>64</td>
<td>7</td>
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<tr>
<td>Infant Mortality per 1,000 live births</td>
<td>55</td>
<td>43</td>
<td>6</td>
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<tr>
<td>Neonatal Mortality per 1,000 live births</td>
<td>25</td>
<td>29</td>
<td>4</td>
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<tr>
<td>Malnutrition Prevalence (% of children under 5)</td>
<td>15%</td>
<td>25.2%</td>
<td>0.5%</td>
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<tr>
<td>Life Expectancy at Birth (years)</td>
<td>61</td>
<td>64</td>
<td>79</td>
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</tbody>
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Source: World Development Indicators, (2013)

- Even prior to the Ebola outbreak, Liberia had the 3rd worst maternal mortality rate in the world – but had been making some significant gains in child health, falling to 24th worst in under-5 mortality rates globally in 2013.
- Post-Ebola, the country is now working to rebuild and recover against expected further drops in its national health outcomes.

### KEY FACTS
- Population: 4,195,666
- Unemployment: 85%
- Health expenditure per capita: $46
- 1 health worker : 3,472 people
Nearly 1.2 million Liberians live outside the reach of any health facility (beyond 5km).
BUILDING A BETTER HEALTH SYSTEM

Fragmented community health volunteer programs

- Partner led, complicates MOH oversight
- Uneven incentives, training and service packages
- Varying quality and staff performance
- Difficult to measure impact due to differing M&E
- Unclear resource needs, difficult to sustain

A high quality, unified CHA program

- MOH led, partner supported, streamlined oversight
- Standardized incentives, training and service packages
- Consistent quality and performance standards
- Consistent M&E data systems and indicators
- Transparent resource needs, economies of scale
PROPOSED SOLUTION

A national program to place a professional Community Health Assistant (CHA) in every remote community in Liberia

The Ministry of Health’s vision for Liberia’s National Community Health Services is a coordinated national community health care system in which households have access to life-saving services and are empowered to mitigate potential health risks.

Source: Revised National Community Health Services Policy
The Ministry included the creation of a National CHA Program as part of a “fit for purpose” health workforce to build a resilient health system following the Ebola crisis.

The National CHA Program was highlighted as an important priority in the Ministry’s effort to revitalize the health workforce.

Ministry departments and technical partners came together to revise the community health policy to serve as a platform to launch the National CHA Program.
GOING TO SCALE:
MAKING THE GOVERNMENT’S VISION FOR A NATIONAL COMMUNITY HEALTH ASSISTANT PROGRAM A REALITY

4,000 CHAs serving 1.2 million people living in Liberia’s most remote communities by 2021

Ambitious targets, strong network of implementing partners

Embedded within the public sector health system

Strong evidence-to-policy focus with a robust research strategy
CHA Program incorporated into health sector plans

Planning sub-groups work on Program design and launch funds unlocked

Revised Community Health Policy Finalized and Validated

Training Package and Sub-Group Deliverables Finalized

Priorities During Program Implementation

Lay groundwork for program sustainability & evolution

Ensure Quality Implementation Across Partners

Prepare MOH for Management and Oversight

CHA Program Launched

2017 Priorities

July 2016
SYSTEMS SUPPORT NEEDED ACROSS THE PROGRAM

Leadership and Governance

Training & Supervision

Research, Monitoring & Evaluation

Facilitate MOH Management & Oversight

Ensure Quality Implementation Across Partners

Lay groundwork for program sustainability & evolution

Supply Chain

Human Resources

Health Finance
ICH PARTNER: LAST MILE HEALTH/ CHWS FOR ALL

Goal: Develop the capacity of the MOH and community-based stakeholders to oversee the scaling up of a high-quality NCHA Program that is informed by and accountable to the remote communities it has been designed to serve

Strategic Objectives:
1. Establish operational readiness at central and county levels for the introduction of the NCHA Program
2. Support the MOH to integrate and institutionalize the NCHA Program
3. Ensure continuous learning and quality improvement for NCHA Program implementation and accountability
Last Mile Health’s CHWs for ALL team is embedded across the MOH to help it realize its vision and address barriers to success. LMH targets its technical support to cover all six health systems pillars:

**Leadership & Governance**
- Executive Mansion
- MOH Leadership
- Other Ministries
- CHSD
- County Health Services

**Service Delivery**
- Technical Divisions/Programs (HIV, Nutrition, EPI)
- Training Unit
- Quality Management Unit

**Supply Chain & Operations**
- National Drug Service
- Supply Chain Management Unit
- Pharmacy Division

**Health Financing**
- Health Financing Unit
- Office of Financial Management
- Office of External Aid
- Ministry of Finance

**Human Resources**
- HR & Personnel Departments

**Research, M&E**
- Health Monitoring Evaluation and Research Unit

LMH also serves as secretariat to the Community Health Services Technical Working Group and Steering Committee.
HEALTH FINANCING SUPPORT FOR COSTING AND LONG TERM PLANNING

- Ongoing assessment of commitments and resource needs
- Investment case drafting

- Prioritized sources of financing identified
- Assessing new and innovative sources of financing
- Work with MOH to advocate for CHA allocations

- Work with MOH to plan for long-term investment for CHA system

Policy and Costing ➔ Investment Case ➔ Resource Gap Analysis ➔ Resource Mobilization ➔ Financing Plan

- Updating costing as new information is received through implementation
• Support Ministry of Health divisions to directly monitor training cascade for to assess and promote implementation fidelity

• Create a robust knowledge management platform for institutional knowledge retention/management

• Coordinate proposed technical assistance and capacity building support with relevant MOH units/divisions and other community health stakeholders, reviewing/developing capacity improvement plans

• Develop tools for monitoring visits and national reporting

• Conduct in-depth, on-the-job coaching at national and county levels

• Ensure feedback loops for data review and program quality improvements
• Strengthen NCHA Program monitoring systems
• Establishment of Knowledge management platform
  Case study on lessons learned from implementation, with a focus on learnings around collaborative national policy engagement involving multiple stakeholders
• Operational research study on determinants of and barriers to program success and quality, from stakeholder perspectives at all levels
• Continuous learning and improvement cycle within the MOH through research and global learning activities
The Ministry of Health, and its implementing partners are working together to save lives in the world’s most remote villages.
...by professionalizing community health workers – giving them the training, supervision, equipment and pay they need to perform.
“Community Health Workers play the most important and effective role in our fight against disease. It is they who have reached the most vulnerable, they who have been able to be the contact tracer, they who have been able without much training to take the risk to go out into the community and bring care.”

— Liberian President Ellen Johnson Sirleaf