

Institutionalizing Community Health Conference

27-30 March 2017 | Johannesburg, South Africa



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

Reflections on the acceptability and the feasibility of the key questions

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Overall comments

- Relevance of the questions that take into account all stages of a community health worker programmes
- However :
 - Countries are at very different levels in terms of community health programmes with a diverse denomination of the community health workers
 - The socio-cultural and political environment is decisive
 - Some questions relate to situations that do not exist in the majority of countries (contract, career plan for example ...)

ACCEPTABILITY

Even there is acceptability for all 15 questions

- Some considerations to take into account (1):
 - The well-defined selection criteria, based on the national strategy of community participation and selection directed by local authorities under the supervision of the health system (PICO 1)
 - "Initial" training standardized is a necessity for the acquisition of basic competence and optimization of the performance of community health workers, but the modality of this training should be more specific sanctioned by a certification (PICO 2, 3, 4, 5)



ACCEPTABILITY

Even there is acceptability for all 15 questions

- Some considerations to take into account (2):
 - The support, the accountability and the added value of external resources to the health system (NGOs, other sectors such as developpement communautaire) or by peers are important to be integrated and defined (PICO 6).
 - The need to move towards the institutionalization of payment of community health workers, but contract with local authorities in accordance with community participation and decentralization policies (PICO 7, 9, 13)
 - It is necessary to consider the distance of the villages from the health facilities to determine the type of CHW (PICO 12)



FEASABILITY

- The feasibility remain globally more challenging, influenced by the policies and socio-cultural environment:
 - Diversity and respect for selection criteria in different contexts (PICO 1)
 - The influence of the availability of resources (trainers, development of training tools, cost of training, source of financing) is important (PICO 2, 3, 4, 5)
 - A harmonized curriculum
 - A competency-based approach with certification

FEASIBILITY

- Formative supervision, direct and even indirect (PICO 6)
- The need to have the ownership and the prioritization from the governments(PICO 7)
- The career perspective influences the motivation and performance of the CHW (PICO 8)



FEASABILITY

- The involvement of local authorities in the context of decentralization(PICO 9)
- The need to take into account certain specificities (enclaved areas, nomadic populations, etc)(PICO 10)



FEASIBILITY

- Diversified Community Engagement is noted (PICO 12)
- The problem of data and supply management due to the inadequate link with the health system (PICO 13, 15)



Conclusion

- For these WHO guidelines to optimize CHW programmes, it will be necessary to:
 - Think outside the box,
 - Move towards more institutionalization of the work of community health workers (development of curricula according to the packages of services, certification of training, payment for work ...),
 - To take into account the social changes
 - To have universal health coverage as a goal
- More innovation is needed for sustainability of CHW programmes

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