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Positioning CHW’s within HRH Strategies: Key Issues and Opportunities

Liberia Case Study

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Outline

• Background
  • Demographic profile and health indices
  • CHW program context in Liberia (pre-and post-Ebola)

• Country Experience for CHW formalization

• Successes and Challenges

• Mainstreaming into HRH strategy
  • Key issues
  • Opportunities
Background
Liberia Demographic Profile

• 3.5 million (2008 census) - 4.4 million (2014 World Bank Report)

• Nearly 1.3 million (29%) live >5km away from the nearest health facility

• Rural: Urban 60.5:39.5%

• >60% of population- < 25 years
Health and Social Indices

- Infant mortality*
  - 54/1,000 live births
- Child mortality*
  - 94/1,000 children
- Maternal mortality ratio:*
  - 1,072/100,000
- Neonatal mortality*
  - 26/1,000 live births
- Contraceptive prevalence rate*
  - 20.2%

- Ebola virus**
  - 9862 suspected/probable or confirmed cases
  - 4,408 deaths
  - 372 H/W cases/184 deaths
- Life expectancy at birth: 61 years
- GDP per capita:
  - $469 (2015)
- Literacy rates:
  - 60% adults; 77% youth

*LHDS 2013
**Suspected, probable, and confirmed - WHO Bulletin April 2015
Pre-Ebola Community Health Systems, Workforce and Services

- Policies and Guidelines
  - Essential Package of Health Services - Community Health Systems 2011-2015
  - National Community Health Policy and Strategic Plan – 2011-2015
  - Liberia Community Health Roadmap and Operational Plan 2015-2017

- Workforce and Services
  - General Community Health Volunteers: >5km iCCM -, health promotion, campaigns and referrals
  - Community Health Volunteers: Trained Traditional Midwives, Community Health Promoters, Community Directed Distributors, Mass Drug Distributors, Natural Leaders for Community Led Total Sanitation, etc.

- Structures:
  - Community Health Dept. Directorate
  - Community Health Committees
  - Community Health Development committees

iCCM-Integrated Community Case Management
# Post-Ebola CHW (redefined)

<table>
<thead>
<tr>
<th>Location</th>
<th>Community Health Assistant (CHA)</th>
<th>Community Health Volunteer (CHV)</th>
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<tbody>
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<td>• &lt;5 km from nearest health facility (reaching the 29%)</td>
<td>• Areas &lt;5km from health facility • Areas &gt;5km trained Traditional Midwives; Natural leaders</td>
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<td>Package of services</td>
<td>• Disease prevention and control (Community Event-Based Surveillance and outbreak response) • RMNH – FP, ANC, PNC, and neonatal care • Child health – iCCM, immunization, and nutrition • Special Services (HIV, TB, Leprosy, NTDs, Mental Health, iCCM (gCHVs pending CHAs)</td>
<td>• Health and hygiene promotion, environmental sanitation, IEC, BCC • Outreach for vertical program campaigns: Expanded Program on Immunization (EPI), Scaling Up Nutrition (SUN), Community led Total Sanitation and others • iCCM (gCHVs pending CHAs)</td>
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Cross-cutting: health promotion, education, and community engagement
CHA Program Evolution

2013-2014
- Community Health Roadmap developed to standardize the national CHW program
- Led by the Community Health Division of MOH
- Stakeholder participation – MOH programs; Donors; CSO

2014-2015
- Devastating Ebola epidemic highlighted the need for heightened community engagement and involvement
- Investment plan for building resilient health systems developed

2015-2016
- National Community Health Policy revised to align with Investment Plan call to deploy a fit-for-purpose incentivized CHW Policy
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<th><strong>CHA Program Evolution (Process)</strong></th>
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<tr>
<td><strong>Beginning 2015</strong></td>
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<td><strong>May 2015</strong></td>
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<td><strong>Dec 2015</strong></td>
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<td><strong>Jan-July 2016</strong></td>
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<td><strong>July 2016</strong></td>
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<td><strong>Jan 2016-ongoing</strong></td>
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**CHTWG+HRH TWG**

*Cross-sectoral coordination meetings and cross departmental consultations*
Successes and Challenges
“Our 10-year health workforce plan is about building capacity at all levels, particularly at the bottom ... We are going to make the final push to fight Ebola now by supporting community workers to get the job done.”

“CHWs play the most important and effective role in our fight against [Ebola]; it is they who have reached the most vulnerable…”

Her Excellency Madame President
Ellen Johnson Sirleaf
Government of Liberia Policy Mandates

- Investment plan for building a resilient health system Jan-May 2015
  - Deepening Community Engagement and involvement
  - Incentivized and motivated community health workforce
- Revised Community health policy and strategic plan 2015
- Liberia Health workforce Program Strategy and Plan FY 2015-2021
Other Successes

- Demonstrable leadership and ownership of the process by the MOH
- Structured coordination – steering committee & cross-departmental TWGs headed by MOH focal persons
- Heightened advocacy for collective buy-in
- Stakeholder partnerships – donors, INGOs, CSOs, other line ministries, sub-national health departments
- Community engagement – community leadership, CHVs
Challenges

• Higher priority placed on GOL absorbing professional health workers
• Financial sustainability-problematic financing/donor-funded
• Program sustainability post 2017
• Weak governance and limited human resource management professionals at all levels
• Nascent human resource data management systems that is not inclusive of the Community health cadre
• Tension between implementing integrated package and vertical programs at community level
• Gender representation (>70% of eligible participants are male)
CHA Program Integration into HRH Strategy and Plan
Investment Area
Fit-for-purpose productive and motivated health workforce

Priority Investments
Develop an incentivized community health workforce to improve community-based service delivery that will:
- Provide preventive and curative health services to the most under-served communities
- Rebuild trust in the health system
- Enhance linkages to health facility services
- Create social stability and economic impact in vulnerable communities

HWP Strategic Outcomes
2.1 Standardize and scale-up a national Community Health Plan

HWP Ultimate Outcomes
Targeted increases in the number and quality of health workers in Liberia’s public health sector workforce

HWP Ultimate Goal
Reduced maternal mortality and neonatal mortality in Liberia
Key Issues for Replication...

- Developing an integrated package of health and social services that was suited to the needs of the hard-to-reach population
- Phased implementation starting with counties with experience with iCCM implementation and confirmed donor financing
- CHA program is pitched as a career opportunity for under-employed youths and women
- Financial sustainability and resource allocation (community health pool fund; youth employment program; the Ministry of Youth and Sports)
Key Issues for Replication …ii

• Early alignment of the CHA program strategy with the HRH program strategy
• Integration of the CHA into the human resources information management system (iHRIS)
• Anticipate and plan for program sustainability and scale-up (financial and other resources)
• Continued engagement between Community health and HRH TWGs
• Potential for certification and career pathway for the CHAs
Opportunities

• SDGs and UHC - all call for equitable provision of health services
• Sustained interest in rebuilding Liberia’s health systems from USG, World Bank, etc.
• Investment case for Liberia Global Financing facility
  • identifies CHAs as needed to achieve improved RMNCAH outcomes
• Political environment for 2018 - opportunity to advocate for resources and buy-in by pitching the CHA program as an opportunity for job creation
Thank you for your attention!

For more information, please visit www.mcsprogram.org

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