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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 I.3 million (29%)
live >5km away from the
nearest health facility

• Rural: Urban 60.5:39.5%

>60% of population- < 25 years</li>



### 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%
- \* LHDS 2013

- 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

# 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

### • Structures:

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

### 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.

# Post-Ebola CHW (redefined)

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





# CHA Formalization



## 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-

 National Community Health Policy revised to align with Investment Plan call to deploy a fit-for-purpose incentivized CHW Policy

# CHA Program Evolution (Process)

Beginning 2015	CHTWG reactivated & national-level advocacy; community health subgroups established and started work on specific community health program components; community health program incorporated into national health sector recovery plans	
May 2015	National community health retreat & 6-month Community Health Roadmap revised	
Dec 2015	Community Health Policy revised and strategic plan finalized and validated	
Jan-July 2016	Training materials developed and required tools and SOPs finalized to support implementation;	
July 2016	Revised National Community Health Policy and community health Assistant program launched	
Jan 2016- ongoing	Program integrated into the HRH Policy and strategic plan	





# Successes and Challenges



## Political Commitment

"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 sustainabilityproblematic 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



## Liberia MOH HRH Strategy: Priorities

#### **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...i

- Developing an integrated package of health and social services that was suited to the needs of the hard-toreach 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 in to 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

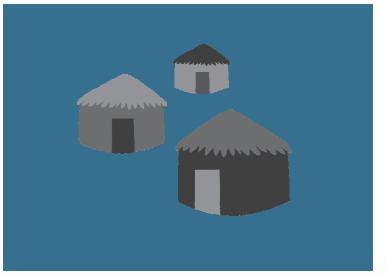
## Thank you for your attention!

# For more information, please visit www.mcsprogram.org

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