



Scaling Up Community Health Platforms: Costing and Building an Investment Case

Jérôme PFAFFMANN ZAMBRUNI, UNICEF - February 2016, Nairobi

LAST SUMMER, GLOBAL HEALTH LEADERS LAUNCHED THE CHW INVESTMENT CASE REPORT AND CALLED FOR A 'FINANCING SUPPORT UNIT' TO BE CREATED



Strengthening Primary Health Care
through Community Health Workers:

Investment Case
and Financing
Recommendations

- In early 2015, **Prime Minister Hailemariam of Ethiopia and UN Special Envoy Ray Chambers** convened a high-level group that included **Paul Farmer, Minister Kesete, President Sirleaf, Joy Phumaphi, Chelsea Clinton, Tim Evans, and Jeff Walker** to assess financing and scale-up of Community Health Worker programs
- At Financing for Development, the group launched a [report](#) that outlined the **case for investment** in CHWs, existing and new **CHW financing mechanisms**, pathways for financing CHW programs, and **principles** of best-practice CHW systems

THE REPORT TEAM OUTLINED 10 GUIDING PRINCIPLES, ALSO KEY FOR THE FINANCING PARTNERSHIP'S EFFORTS

DRAFT

- 1 **Local leadership:** Ensure national and local leadership in planning, executing, and monitoring
- 2 **PHC:** Include CHWs as part of frontline primary health care (PHC) teams
- 3 **Communities:** Engage communities in all aspects of CHW programs
- 4 **Training:** Design and provide high-impact training for CHWs
- 5 **Supervision:** Ensure supportive supervision and mentorship for CHWs
- 6 **Management:** Develop high-quality integrated management for CHWs
- 7 **Resources:** Ensure CHWs are provided with adequate resources, tools, and supplies
- 8 **Remuneration:** Effectively incentivize and remunerate CHWs
- 9 **Financing:** Develop a sustainable financing solution for CHW programs
- 10 **M&E:** Monitor and evaluate CHW programs on an ongoing basis

Adhering to these ten principles will help ensure a return on investment of up to 10:1 for investments in CHWs and will guide the CHFP's operations

WHY FOCUS ON CHWS? FINDINGS FROM THE CHW INVESTMENT CASE REPORT

3 million

- Expanded access to key interventions provided by CHWs could prevent up to **3 million deaths per year**

UHC

- Investment in CHWs will be essential to achieving **Universal Health Coverage (UHC)**, meeting the core capacities of the International Health Regulations, and reaching other critical health objectives

10:1

- Investment in CHWs in SSA can result in an **economic return of up to 10:1**, due to increased productivity from a healthier population, potentially reducing the risk of epidemics such as Ebola, and the economic impact of increased employment

Savings

- Scale-up of CHWs can create **short-term cost savings** in other parts of the health system, including reductions in the number of patients treated at facilities

Societal benefits

- CHW systems yield **additional societal benefits** including the **empowerment of women** and increases in income for households of paid CHWs

“Ethiopia’s Community Health Extension Workers have been essential in our progress to bring healthcare to the poor and marginalized and fight the top killers of mothers and children across our country”

– **HE Prime Minister Hailemariam Dessalegn of Ethiopia**

Tying it all together: Building a financing pathway

Sources of financing

Sources of financing exist, but countries must be proactive and develop a financing pathway for their own program

Traditional

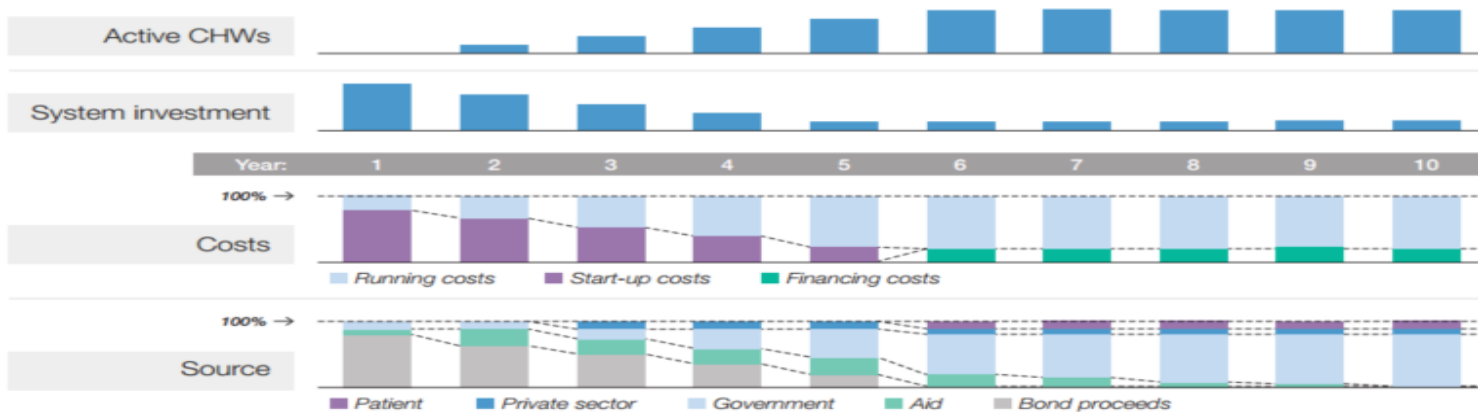
- Donor funding (in particular multilateral disease funding and bilateral funding)
- Domestic resources

New and Emerging

- Private sector funds (e.g. trust funds or healthcare companies, local manufacturers or private health providers)
- Bonds to access capital markets
- Global Financing Facility (as a new external donor mechanism)
- Entrepreneurial selling of products (revenue generation through CHWs)

A generic financing pathway template

ILLUSTRATIVE



Key Recommendations of the report

To government leaders in sub-Saharan Africa:

- 1. Develop country-specific investment cases and ROI analyses, and consider domestic investments in CHWs as part of national health plans that fully integrate CHWs into the primary health care system, ensure supportive supervision of CHWs, and build reliable referral pathways*
- 2. Proactively seek innovative financing arrangements with funders, especially those that utilize new grant sources, low-cost debt financing, and private sector capital*
- 3. Allocate strong capacity and cross-sectoral “deal teams” at the country level to define, structure, and negotiate financing pathways with local stakeholders and the international financing community*

To the international financing community:

- 4. Fund the start-up costs of these programs by making low-cost, performance-based grant or debt financing immediately available – e.g., through health bonds – to countries wishing to scale-up CHW systems*

To bilateral and multilateral health donors with disease-specific funding:

- 5. Allow for and actively promote the use of disease-specific funding, which has been crucial for CHW scale-up to date in many countries, for integrated CHW plans*

To the international financing community:

- 6. If requested by countries, establish a unit or team to support country “deal teams” to access available financing options and build best-practice CHW systems, with deeper analysis of CHW financing sources to date as a first step in this work*
- 7. Develop metrics for effective CHW program implementation that could also guide financing support and create a data collection mechanism and scorecard to add transparency on CHW program impact*

WHAT'S NEXT?

- Community Health Financing Support Unit
- Comprehensive Costing of the CHW Platform
- Country specific Resource Mobilization Strategy