Recap of Day 2: Key Highlights

Teshome Desta
WHO AFRO CAH
WHO guideline on health policy and system support to optimize community health worker programmes

- A WHO Guideline for CHW programme defines:
  - Selection
  - Training & certification
  - Supervision & health system links
  - Remuneration
  - Career ladder

- PHC agenda recognizes CHW as a vital component of PHC

- 72nd World Health Assembly passed a resolution recognising the role of CHWs delivering quality primary health care services.
Remuneration

• Provide a financial package commensurate with the job demands, complexity, number of hours, training and roles that CHWs undertake.

• Include financial resources for CHW programmes in health system resource planning.

• The CHW guideline is intended to be adapted by countries with flexibility to country contexts
Planning Handbook: Caring for Newborns and Children in the Community

• Provides a framework for developing and managing an implementation plan built around key health system components
  • Organization, coordination and policy setting
  • Human resources
  • Supply chain management, service delivery and referral
  • Advocacy, sensitization, community mobilization
  • Supervision and quality assurance
  • Monitoring, evaluation and research
  • Costing, financing and budgeting

JUST USE IT!
WHO Community Engagement Framework

A working definition of community engagement for quality, people-centred, resilient health services:

“Community engagement is a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes”
Financing of ICCM

- 14% of the $3.8b GF funding was allocated to ICCM in 38 countries
- GF funds 7 out of 8 (88%) ICCM items except Non-malaria commodities
- In all 18 countries, ICCM funding was comprised of domestic allocations and contributions from development partners (GFF review).

However, almost all of these countries continue to struggle to secure funding for the implementation of ICCM program at scale.

No committed global financing mechanism or partner for non malaria commodities to ensure the full ICCM implementation to maximize impact.
The GFF

• **Multi-stakeholder partnership** to support efforts to tackle the greatest health and nutrition issues affecting women, children, and adolescents

• Support government-led platforms that **bring together key partners** to develop and implement a prioritized plan and **mobilize sustainable financing for health and nutrition**.

• **GFF is an opportunity for funding the non malaria commodities of ICCM**.

• Currently works in 36 countries
SUMMARY

• There is a lot of investment in ICCM to strengthen the Community system but mostly using a parallel system.
• It is important to countries to prioritize their needs for funding by GFF, GF etc.
• How do we put government in the drivers seat to ensure effective coordination
• How do we use data to convince government to increase allocation of domestic resources to address the major killers of children.
• Local counsels have come up to support incentivization in a sustainable manner (Cameron).
Supply chain management

- Stock out of medicines and supplies are the major impediments for ICCM implementation.
- 80% of the reasons for stockout: Finance, data, transportation and Human resources
- Improving visibility of stock balance is important to reduce stockouts
- **Accountability** for the medicines is key to reduce stockouts.
- SCM for ICCM should be part of the national SCM of the health System.
- Real time data is key for SCM

**Challenges:**
- Lack of government ownership of ICCM as ICCM is not in the MoH plans
- Weak quantification
- Inadequate finance
- Poor distribution to last mile
- Donor dependency
Summary of key points

• 80% of the 18 countries have national policies for ICCM
• All of the 18 countries have some level of domestic fund allocation for ICCM
• To institutionalize ICCM, it should be an integral part of the national health sector strategic plans, budget and operational plans, and avoid parallel systems.
• ICCM should be linked with a functional Health facility.
• Addressing the SCM and Financing is key for a successful ICCM imple.
• Remuneration and workload of CHWs should be addressed
• Need to fund non malaria commodities in order to maximize the impact of ICCM.
THANK YOU