

GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM IN COMMUNITY HEALTH SYSTEMS

TUESDAY, 23 July 2019

System Component: Human Resources for Health

Chair: Eric Sarriot. Co-Chair: Gregoire Kananda, excused. Rapporteur: Catherine Kane. Members 1. Samba Diarra; (UNICEF Mali) 2. Mercia Dabo Dimene (MOH Mozambique) 3. Danjuma Nehemiah (UNICEF Nigeria) 4. Ritha Njau (WHO Tanzania) 5. Anne Linn (USAID/PMI Regional Advisor Africa) 6. Dra Joseth Souza (MOH Angola) 7. Irene Emah (WHO Cameroon) 8. Pomie Mungala (SANRU, DRC) 9. Vanina Gahore (Global Fund West Africa) 10. Mme Fady Toure (MOH Mali)

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

- National human resources for health **policy, strategy** and **vision** that recognise and standardise CHWs, acknowledging country/subnational context
 - **Planning** includes use of community health workers to deliver primary health care services
 - Definition and **allocation of resources**, based on an **investment case** grounded in country context and with a commitment to equity and serving those in greatest need.
 - Multi-level advocacy to enforce policy implementation regarding CHWs
 - Standards include selection, recruitment, remuneration, retention and career development (+++)
- Integrate community health workers in the primary health care system as part of multisectoral and interdisciplinary teams and as part of community structures
 - That ensure training, supervision, mentoring, readiness for referral
 - That integrate and allocate resources for CHW needs within the supply chain
 - That collect, **analyse** and share data for decision making with health system and community
 - That mobilise resources, promote services and recognize CHWs
 - That include multisectoral partners at all levels and sectors of government, civil society and the private sector
- Rationalised and respectful use of community health workers
 - With appropriate selection, roles, community engagement, equity consideration and personal safety (i.e. emergency contexts)
 - With relevant services to target populations based on health needs and tasks to be performed
 - With appropriate motivation, recognition by the community and accountability to the community

What are the bottlenecks / challenges pertaining to the specific system component? *(Utilize the root-cause analysis approach to arrive at the underlying cause to each bottleneck)*

- **Policy**
 - CHWs not always recognized or institutionalized in policy and planning
 - Resources for CHWs not budgeted – lack of investment case
 - Labour standards not applied to CHWs, even when doing full-time work (incl. safety)
- **Management & health system role**
 - CHWs not appropriately and consistently supervised, mentored, re-trained -> quality of care & care-seeking behavior
 - Health facilities unprepared, unsupplied, un-resourced for referral and supervision
 - Inconsistent remuneration and inconsistent or partial supply
 - Multisectoral – Multi-level coordination and participation missing
 - Inadequate training, inappropriate data collection, analysis tools
 - Accountability of CHW & health system to the community weak
- **CHWs**
 - Task overload, role expansion, too high target population
 - Lack of recognition, motivation high attrition
 - Equity issues, made more complex by lack of those meeting selection criteria
 - Services not promoted

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR ICCM

WEDNESDAY, 24 July 2019

System Component:

Members:

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation) (1/3)

Strategy Recommendations: Policy and budget for HRH in iCCM

(Comment – biggest picture, can overlap with other two. That's ok.)

- Review CHW status, plans and legislation according to the recent global CHW Guideline recommendations, adapted to context
 - Allow variation (some full time professionalized, some part time, maybe still some volunteers? But workload, compensation, and support need to match the needs to be met)
 - Legislation should cover issue of private sector providers (non-profit and for-profit)
 - Account for governance issues – accountability for use of funds in the field and for diversity of stakeholders (accountability framework) – (cascade)
- National and subnational community health plans should include strategies and budget for community health workers delivering primary health care services, including iCCM
- Human resources for health for CHW delivering iCCM at subnational context – must account for evolution of health needs; must address understanding of roles within health system
- Create investment case for CHWs
- Develop strategic short term and long-term vision/scenarios for delivering community health care

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation) (2/3)

- **2: Operational: Current status and evolution of CHWs and CHW Supervision Cadres**
- Recognise evolving roles of CHWs
- CHW work/definition
 - Develop implementation guidelines for CHWs that account for workload and evaluate the responsibility of CHWs for iCCM and beyond, based on subnational context variations
 - Mapping target population
 - Mapping health needs
 - Creating algorithm that calculates time spent for each task (C3 tool – Rwanda works)
 - Quality of CHWs: establish criteria for CHWs that clarifies difference between CHW/health centre/nurse
- Capacity strengthening: develop national training programme in partnership with existing training institutions (e.g. Mozambique), including certification, training materials and delivery
- **Supervision:** harmonise job descriptions and ensure that supervisors are identified, trained and resourced in what supportive supervision means
- Develop evidence to support evaluation, lessons learned and future evolution of CHWs

Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation) (3/3)

Integration of HRH for iCCM in health and social infrastructure, across sectors *Comment – role of MOH and non-MOH actors (local government, civil society, private sector...) in sustaining the HRHs for iCCM*

- **Local government:** ensure CHWs are recognised, protected, remunerated as part of local government development plans; explore where existing legislation can be adapted
- **Innovations** in iCCM to ensure quality care: better job aids, coordinated field visits, job aids in local languages
- **Community engagement link to HRH:** Select, motivate, remunerate and recognise CHWs
 - Robust community engagement and ownership re selection of CHWs, commitment to promote services, enhanced recognition of services, encouragement of communities to solve challenges (like stockouts), (cheaper than spending money for transport is buying cheap drugs)
 - Strengthen community engagement – map community leaders, influential groups, health committees, share printed infographics, invite testimony, bring district political leaders for ceremonies
 - Bring in other groups to support (Red Cross can include promotion of CHW iCCM services)
 - Community engagement department of local government highlights the services
 - Faith groups
 - Private sector (Nigeria example of PPMVs: supervision a challenge and caregivers had to buy drugs)
- E.g. Malaria starts with me (Angola) started with ministry – look at multisectoral action of education, labour, finance, administration, economic development with to develop plan for budgeting and learning

Overarching Statement

Create an innovative multi-sectoral, multi-level vision for community health workers delivering primary health care, including iCCM, that includes the necessary enabling actions, including: Accountable policies, strategies and budgets (resources); Operational considerations to rationalize the use CHWs and supervisory cadres in delivering quality care; and Integration of HRH for iCCM in health and social infrastructure across sectors.