



CHW (1) Welcome to the WHO-HSG-HIFA discussion on Community Health Workers!

31 May, 2019

Dear HIFA colleagues,

Welcome to the WHO-HSG-HIFA discussion on Community Health Workers! Special welcome to all those who have joined us in the past few days. Our purpose is to share views, experience and expertise on *how* more effectively to support CHWs to accelerate progress towards universal health coverage.

As a personal comment, I have been encouraged and excited over the past 5-10 years by the growing 'global health movement' in support of CHWs. Research has clearly demonstrated that lay health workers - if well trained and supervised - can safely provide a wide range of primary health services. CHWs are recognised as having a huge potential to help accelerate progress towards universal health coverage and other SDG health targets. At the same time, these high expectations are daunting. The potential of CHWs will not be realised unless they are adequately supported to provide the care for which they are trained. To do this effectively will require a huge coordinated effort at all levels of the health system

Our role here on the HIFA forums is to freely share our views, experience and expertise around CHWs. We are especially keen to hear from those who are working on the front line: CHWs and the people who work with them. We are equally keen to hear from researchers, policymakers, publishers, social scientists and indeed all disciplines represented on HIFA. The challenge of 'how more effectively to support CHWs' requires a multidisciplinary approach.

We shall be guided in our discussions by the recently launched WHO Guideline on health policy and system support to optimize community health worker programmes (CHW Guideline). This provides a number of

recommendations for consideration by national ministries of health and the wider global health community. To get the most out of the upcoming discussion I encourage you to review the recommendations of the CHW Guideline. You can download selected highlights here in all six UN official languages: <https://www.who.int/hrh/community/en/>

Our first thematic discussion starts officially tomorrow 1 June 2019 and will continue for 6 weeks. I shall post shortly in a separate message some questions that we have developed to help frame the discussion.

In the meantime, please continue to spread the word and invite more people to join us!

<http://www.hifa.org/news/who-hsg-hifa-collaboration-empowering-community...>

Our thanks to the members of the HIFA working group on CHWs who have given their time and expertise voluntarily to serve this project. And to WHO for their support.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (2) Overview of CHW programmes in Afghanistan, Egypt and Pakistan

31 May, 2019

Dear HIFA colleagues,

Over the coming days, weeks and months we encourage you to share news and publications relating to CHWs, as part of our commitment to WHO for our CHW project. Below are the citation and abstract of a paper that was shared yesterday by author Moazzam Ali on the IBP forum.

I suspect this paper was published after the evidence synthesis work of the CHW Guideline development group. This raises the question: How best to integrate emerging new evidence into the growing global knowledge base on CHWs, in a way that is most useful for consideration/application in policy and practice? The current Guideline notes (p66): 'Recognizing the potential for additional research to modify and strengthen the evidence base that informed the development of this guideline, the need and opportunity for a potential update will be considered five years after publication.'

CITATION: Citation: Folz R; Ali M. Overview of community health worker programmes in Afghanistan, Egypt and Pakistan. East Mediterr Health J. 2018;24(9):940-950 <https://doi.org/10.26719/2018.24.9.940>

Correspondence to: M. Ali: alimoa@who.int

ABSTRACT

Background: Community health workers (CHWs) help reduce healthcare disparities and improve access to and quality of care in many countries.

Aim: To provide an overview to compare and contrast characteristics of CHW programmes in Egypt, Pakistan and Afghanistan and describe the strengths, weaknesses and challenges of the programmes.

Methods: Scientific databases and grey literature were searched including PubMed, Medline, Cochrane Review Library, WHO databases, and grey literature websites including those of national health ministries. We shortlisted 23 articles to be included in this study.

Results: The three programmes reviewed vary in their organization, structure, enrolment and payment structure for CHWs. Key challenges identified in the review include: commodity security that compromises quality of services; inadequate and irregular training; unpredictable or inadequate remuneration structure; and lack of standardization among organizations and government ministries. Strengths identified are that the programmes are accepted and integrated into many communities; and have the support of health ministries, which enhances sustainability and regulates standardized training and supervision. These also increase participation and empowerment of women, evident in the fact that CHWs have organized

among themselves to demand better treatment and more respect for the work that they do.

Conclusion: Our findings should alert policy-makers to the need to review CHWs' scope of practice, update education curricula, and prioritize in-service training modules and improved working conditions. The effectiveness and impact of CHW programmes has been shown countless times, demonstrating that task sharing in healthcare is a successful strategy with which to approach global health goals.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (3) What are your thoughts on the Guideline? What questions do you have about it?

31 May, 2019

Dear HIFA colleagues,

Here are the four suggested questions to guide us through our first thematic discussion, starting tomorrow 1 June 2019. This first discussion will focus on selection, pre-service training, and certification issues (Guideline Recommendations 1,2,3,4,5). However, we welcome contributions on **any** aspect of CHWs at **any** time. And, to start us off, we especially welcome your inputs on Question 1: What are your thoughts on the Guideline? What questions do you have about it?

Q1. What are your thoughts on the Guideline? What questions do you have about it?

Q2. Recommendation 1 suggests certain criteria to use and not to use for selection of CHWs. How do these criteria relate to current practice in your country/experience? Are these criteria implementable in your country/experience?

Q3. Recommendations 2, 3 and 4 make suggestions on length of pre-service training, competency domains and modalities. How do these suggestions relate to current practice in your country/experience? Are they implementable in your country/experience?

Q4. Recommendation 5 suggests using competency-based formal certification for CHWs who have successfully completed pre-service training. How does this suggestion relate to current practice in your country/experience? Is it implementable in your country/experience?

The new WHO Guideline: Health policy and system support to optimize community based health worker programmes is available here:

<https://www.who.int/hrh/community/en/>

From this URL you can download the Guideline in full (116 pages). Selected highlights (12 pages) are available in Arabic, English, French, Portuguese, Russian and Spanish.

We look forward to learn from your experience and expertise. We especially welcome input from the front line of primary health care, from CHWs and those who work with them. That said, *everyone* on HIFA potentially has something to contribute. To send a message to HIFA, simply send an email to: hifa@hifaforums.org

(If any questions, email me at neil@hifa.org)

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on

six global forums in four languages. Twitter: @hifa_org FB:
facebook.com/HIFAdotORG neil@hifa.org

CHWs (4) Leveraging social media in support of CHWs

31 May, 2019

Neil, thank you for your leadership in coordinating the upcoming CHW discussion. We are trying to leverage social media in new and exciting ways over the next 18 months. Thanks to the entire HIFA Social Media Working Group for your ideas and encouragement!

The more engagement we have with this discussion on other platforms, such as Twitter, Instagram, and Facebook, the more perspectives we can learn from, and the more people we can bring into HIFA.

I am grateful for all of your help in making this hopefully an exciting and productive discussion.

Amelia Plant, MPH
Maternal & Child Health, UC Berkeley

LinkedIn: <https://www.linkedin.com/in/ameliant/>

HIFA profile: Amelia Plant is a consultant in sexual & reproductive health research & practice. Projects have included: managing grants to African-based organizations that distribute contraceptives at the community level; surveying the data that links contraceptive use and fertility decline with economic development; co-authoring an online abortion course; and coding and analyzing qualitative data about LGBTQ experiences. Amelia is a member of both the HIFA project on community-health workers and the HIFA project on family planning. She is originally from the USA and is currently based in Tunis, Tunisia. She is a member of the HIFA working group on Family Planning

<http://www.hifa.org/support/members/amelia>

<http://www.hifa.org/projects/family-planning>

asiplant AT gmail.com

CHWs (5) Leveraging social media in support of CHWs (2)

31 May, 2019
Thanks Amelia,

"Thanks to the entire HIFA Social Media Working Group for your ideas and encouragement!"

Yes indeed. Thanks to Jules Storr (Consultant, WHO and Coordinator of the HIFA Social Media Working Group) and the team for your support.

"The more engagement we have with this discussion on other platforms, such as Twitter, Instagram, and Facebook, the more perspectives we can learn from, and the more people we can bring into HIFA."

Absolutely. Please all use your social networks to let people know about this dialogue and invite them to join: www.hifa.org/joinhifa Please also feel free to tweet or post questions to your networks and let us know what they have to say.

Another social media is WhatsApp, and what is especially exciting about WhatsApp is that it is commonly used by CHWs around the world. It would be wonderful if we can get some input via WhatsApp. Is anyone on HIFA already a member of a WhatsApp group that includes CHWs? If so, please get in touch and we can discuss how to engage: neil@hifa.org

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (6) What are your thoughts on the Guideline? (2)

1 June, 2019

“By fully harnessing the potential of community health workers, including by dramatically improving their working and living conditions, we can make progress together towards universal health coverage and achieving the health targets of the Sustainable Development Goals.” Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

The new WHO Guideline on Health policy and system support to optimize community health worker programmes provides evidence-informed guidance on *how* to fully harness the potential of CHWs.

Download the highlights here:

<https://apps.who.int/iris/bitstream/handle/10665/275501/WHO-HIS-HWF-CHW-...>

Barriers to achieving health goals

- Lack of health workers,
- Unevenly distributed health workers and facilities,
- Most vulnerable people and communities unable to access health services,
- Low quality of care, and
- Inadequate health worker training, supervision and support.

The WHO Global Strategy on Human Resources for Health: Workforce 2030 encourages countries to adopt a diverse, sustainable skills mix, harnessing the potential of community-based and mid-level health workers in inter-professional primary care teams.

The WHO document on which this product is based provides evidence-based policy guidance to support national strategies and investments to build fit-for purpose community-based health workforces.

The increased coverage of essential health services and improved equity in coverage envisioned by well-functioning community health worker

programmes will result in fewer deaths and illnesses and lower disease burdens.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (7) Our CHW project is now publicised on the WHO website

1 June, 2019

Dear HIFA colleagues,

Our CHW project is now publicised on the WHO website!

<https://www.who.int/hrh/news/2019/collaborative-discussion-hwf-uhc/en/>

New members are rolling in! Welcome! Thanks everyone for your efforts to raise visibility.

Please continue to spread the word, by email, twitter, facebook... You may like to point people to the URL above as this endorsement by WHO will help encourage more people to join us.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (8) Community health centres and Positive Practice Environments

2 June, 2019

I was interested to see this new report from Jan De Maeseneer and colleagues at the International Centre for Family Medicine and Primary Health Care, published by the International Federation of Community Health Centres (May 2019).

Below are the citation, abstract and table of 'cross-cutting characteristics of community health centres'. I note that the concept of 'community health centres' and their desired characteristics are not mentioned as such in the WHO Guideline on CHWs, and, conversely, that this new report does not acknowledge the WHO Guideline. Is there a disconnect here?

The WHO Guideline includes recommendations that relate indirectly to health centres (eg Recommendation 15: Availability of supplies) but I wonder if more could be done to promote the concept of enabling, Positive Practice Environments? (This concept was championed by the International Council of Nurses several years ago, and HIFA contributed directly with guidance on the availability and use of information at the point of care.)

Full text: <http://www.ifchc.org/wp-content/uploads/2019/05/Community-Health-Centres...>

CITATION: Community Health Centres: Operationalizing the Declaration of Astana on Primary Health Care

Jan De Maeseneer MD PhD1; Antonija Poplas Susič MD PhD2; Scott A Wolfe MA3; Meng Qingyue MD PhD4; Shabir Moosa MFamMed MBA PhD5; Lynne Raskin RN6; Tom Symondson BSc7; Daniel R Hawkins BA8

Corresponding author: Dr. Jan De Maeseneer (jan.demaeseneer@ugent.be)

ABSTRACT: Community Health Centres (CHCs) are community-oriented primary care (COPC) organizations that deliver health and social services through interprofessional teams, addressing the specific health and social needs of individuals, families and local communities. CHCs involve members of the community in planning and programming, and they employ a multi-sector approach to address social determinants of health. CHCs currently exist in dozens of countries around the world but there remains limited comparative information nor policy/planning guidance across jurisdictions for use by stakeholders wishing to implement and support CHCs. Insights from CHCs in numerous countries help increase understanding of the comprehensive CHC approach and how CHCs provide countries and non-governmental organizations a model to operationalize primary health care as articulated in the Declaration of Astana on Primary Health Care and to achieve sustainable developments goals.

METHODS: Incremental purposive sampling based on the domain-experience of the authors, supplemented by descriptive information, and practice- and policy-relevant information.

TABLE 1: CROSS-CUTTING CHARACTERISTICS OF COMMUNITY HEALTH CENTRES

- Historical background in societal and health care transitions;
- Focus on accessibility with special attention for vulnerable and marginalized groups;
- Accountability for services to a defined population, usually based on a geographical catchment area;
- A comprehensive person-centered approach, integrating primary care with: chronic care and other forms of frontline care (dental, vision, mental health, etc); health promotion and community participation; and various social services;
- An inter-professional team with available providers including family physicians, nurses, social workers, nutritionists, health promoters, dentists, physiotherapists, community health workers, community pharmacists, and others;
- Focus on upstream causes of ill-health, addressing social and environmental determinants of health, through intersectoral action involving housing, education, migration, and other sectors;
- Demonstrated positive results in terms of quality, outcomes, cost-

effectiveness and sustainability;

- Often a front-runner in introduction of innovation and involved as role-model in health professional education with emphasis on collaborative care;
- Contributing to social cohesion and solidarity in communities.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (9) What are your thoughts on the Guideline? (3)

2 June, 2019

Dear HIFA colleagues,

I forward the message below from HIFA-Zambia. Flata Mwale, an MSc Global Health student at the University of Malawi, raises some important issues.

For example: "I personally feel if adopted by nations, the guidelines will serve both the objective of the health systems as well as well as act as a protective and empowerment document to the CHWs who in my opinion have been abused by the system as well as we the health providers. The lack of any document to protect their interests especially those in rural areas where supervision and monitoring of responsible cadres are still inadequate and have placed CHWs literally at the mercy of their immediate supervisors."

The WHO Guideline on CHWs does emphasise (Recommendation 6)

Supportive supervision, and it is hoped this will lead to improvements to what Flata describes. Perhaps the greatest risk of the whole challenge of

CHW programming 9as with other cadres) is that they are not adequately empowered to deliver the work for which they are trained. Like other health workers, CHWs have a range of basic needs that must be met if they are to deliver their potential in harmony with both the community and the wider health workforce. Read on...

[hifa-zambia] CHWs (3) What are your thoughts on the new CHW Guideline? What questions do you have about it? (2)

I am new to this forum and I'm glad that the first issue am seeing under discussion is the CHW guidelines [<https://www.who.int/hrh/community/en/>]. Having served in the public service and private as well, the relevance of the guidelines couldn't have come at a better time than now when the world Community is advocating for universal health care and the SDG 3.

I personally feel if adopted by nations, the guidelines will serve both the objective of the health systems as well as act as a protective and empowerment document to the CHWs who in my opinion have been abused by the system as well as we the health providers. The lack of any document to protect their interests especially those in rural areas where supervision and monitoring of responsible cadres are still inadequate and have placed CHWs literally at the mercy of their immediate supervisors. The work they are doing in contributing to achieving global public health deserves recognition. Such a document may help also to bring in younger people who can support the sector and again be empowered through skills training and can be helpful in scaling up such as youth friendly health services too. This will also address the inequalities in access and utilization of health care for the underserved as our country continues to struggle in reaching many against an inadequate workforce.

Thank you for such a document to all involved in this and to the global health leader (WHO) for ensuring its successful recognition.

But like any other Evidence based program, implementation in Zambia will require a well thought out multi- sectoral approach just like most developing countries where resources are limited to ensure sustainability. I feel with a great community involvement including business sector and a "Value for evidence" led system the guidelines will address the current human resource gap we are experiencing. The businesses running within these communities can be a great source of support for this program and must be involved from program designing stage.

For the most times that we have ignored the beneficiaries as part of the process of implementation, we have failed to sustain most programs and

therefore I strongly feel community involvement through health information on all programs must be key to create a sense of ownership. Giving the community the power to have a say in this whole process will be crucial. Research continues to reveal that community involvement yields great results and Zambia must go this way.

My only question on this now for Hifa-Zambia is where are we in adopting the guidelines?

Best wishes to you all,

Flata Mwale - Medical laboratory Officer/ Student (MSc Global Health Implementation- College of Medicine Malawi)

HIFA-Zambia profile: Flata Mwale is a Student at the College of Medicine, University of Malawi. Professional interests: Health systems strengthening and health policy. Advocacy for equity and equality in access, utilization and distribution of health care. Email address: fltmwale AT gmail.com

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

Join HIFA: www.hifa.org/joinhifa

Join CHIFA: <http://www.hifa.org/join/join-chifa-child-health-and-rights>

Join HIFA-Portuguese: <http://www.hifa.org/join/junte-se-ao-hifa-portuguese>

Join HIFA-French: <http://www.hifa.org/join/rejoignez-hifa-francais>

Join HIFA-Spanish: <http://www.hifa.org/join/unase-hifa-espanol>

Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

CHWs (10) Does volunteer community health work empower women? Evidence from Ethiopia's Women's Development Army

2 June, 2019

Dear HIFA colleagues,

Below are the citation, abstract, key messages and selected extracts of a new paper in Health Policy and Planning.

CITATION: Does volunteer community health work empower women? Evidence from Ethiopia's Women's Development Army

Svea Closser Harriet Napier Kenneth Maes Roza Abesha Hana Gebremariam
Grace Backe Sarah Fossett Yihenew Tesfaye

Health Policy and Planning,
czz025, <https://doi.org/10.1093/heapol/czz025>

Published: 29 May 2019 [restricted-access]

ABSTRACT

Of the millions of Community Health Workers (CHWs) serving their communities across the world, there are approximately twice as many female CHWs as there are male. Hiring women has in many cases become an ethical expectation, in part because working as a CHW is often seen as empowering the CHW herself to enact positive change in her community. This article draws on interviews, participant observation, document review and a survey carried out in rural Amhara, Ethiopia from 2013 to 2016 to explore discourses and experiences of empowerment among unpaid female CHWs in Ethiopia's Women's Development Army (WDA). This programme was designed to encourage women to leave the house and gain decision-making power vis-à-vis their husbands—and to use this power to achieve specific, state-mandated, domestically centred goals. Some women discovered new opportunities for mobility and self-actualization through this work, and some made positive contributions to the health system. At the same time, by design, women in the WDA had limited ability to exercise political power or gain authority within the structures that employed them, and they were taken away from tending to their individual work demands without compensation. The official rhetoric of the WDA—that women's

empowerment can happen by rearranging village-level social relations, without offering poor women opportunities like paid employment, job advancement or the ability to shape government policy—allowed the Ethiopian government and its donors to pursue ‘empowerment’ without investments in pay for lower-level health workers, or fundamental freedoms introduced into state-society relations

KEY MESSAGES

1. The Women’s Development Army (WDA) offered women new roles, and in a few cases new opportunities.
2. Work for the WDA also reinforced gender hierarchies in new ways, requiring women to work without compensation on pre-determined tasks directed by top-down government structures.
3. Rhetoric about the empowering aspects of Community Health Worker programmes should not be taken at face value; ethnographic work should be more widely used to reveal the full complexity of programme impacts on women’s lives.

SELECTED EXTRACTS

The lofty vision of CHWs as intrinsically motivated, empowered community activists often masks a starker reality. Scholars have argued that volunteering in sub-Saharan Africa is a neoliberal practice in that shifts responsibility for key state tasks onto individuals (Swidler and Watkins, 2009; Prince and Brown, 2016). CHWs are frequently disempowered staff at the bottom of health bureaucracies, facing severe restrictions on their ability to advocate for themselves or for the needs of their communities (Walt and Gilson, 1990; Campbell and Scott, 2011; Colvin and Swartz, 2015; Maes, 2015). Unpaid work for health programmes in low-income contexts is often taken up by people who greatly need paid work but who cannot obtain it, and who hope that volunteering will eventually lead to a paid position

Some CHWs may in fact experience forms of disempowerment through their work, if they are treated as disposable labour to be disciplined, rather than as agents who engage in processes of problem identification, policy solutions and political advocacy (Justice, 1984; Morgan, 1993; Nichter, 1996). This dynamic has animated passionate debates (Schaaf et al., 2018). As [HIFA member] David Werner put it in 1981, are CHWs lackeys or liberators?

If programmes fail to provide decent pay, real voice for CHWs in policy decisions, and the advancement of fundamental freedoms, policymakers and donors should be honest that their programmes might not be empowering.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (11) What are your thoughts on the Guideline? (4)

3 June, 2019

We look forward to your comments on the Guideline. We are especially keen to hear from those working on the front line: CHWs and the people who work with them, as well as CHW programme managers and policymakers. We would also really like to hear from those who were involved in developing the Guideline. Those of us who are not 'CHW specialists' also have an important role in this discussion, not least by asking questions. (I am reminded of my late friend and mentor Andrew Chetley, director of Healthlink Worldwide, whether he had any advice for me. His brief but wise reply: Ask more questions.)

The Guideline is available in several languages here: <https://www.who.int/hrh/community/en/>

To get a quick overview, I recommend the highlights which can be downloaded here:

<https://apps.who.int/iris/bitstream/handle/10665/275501/WHO-HIS-HWF-CHW-...>

On page 4 of the highlights, we read:

Why WHO developed this guideline

Despite the wide recognition and the substantial evidence of their positive potential, the support for CHWs and their integration into health systems and communities are uneven across and within countries. Good-practice examples are not necessarily replicated, and policy options for which there is greater evidence of effectiveness are not adopted uniformly. Conversely, successful delivery of services through CHWs requires evidence-based models for education, deployment and management of these health workers.

This guideline aims to assist national governments and national and international partners to improve the design, implementation, performance and evaluation of CHW programmes, contributing to the progressive realization of universal health coverage.

This guideline is focused primarily on CHWs (as defined by the International Labour Organization through its International Standard Classification of Occupations), but its relevance and applicability also include other types of community-based health workers. The recommendations of this guideline are of relevance to health systems of countries at all levels of socioeconomic development.

The above text raises several issues. For example:

1. Wide recognition of CHWs' potential (as Dr Tedros says in the Foreword to the full Guideline: 'We now have compelling evidence demonstrating the valuable contribution of community health workers in delivering basic and essential life-saving health services.'
2. Integration of CHWs into health systems and communities (this is a paradigm shift for which there is growing consensus but also major challenges; Dr Tedros again: [CHWs are] often operating at the margins of health systems, without being duly recognized, integrated, supported and rewarded for the crucial role they play.)
3. 'Good-practice examples are not necessarily replicated, and policy options for which there is greater evidence of effectiveness are not adopted uniformly' (although, importantly, the Full version of the Guideline notes: 'This guideline is not a blueprint that can be immediately adopted. It should be read as an analytical overview of available evidence that informs a menu of interrelated policy options and recommendations. The options and recommendations subsequently need to be adapted and contextualized to the reality of a specific health system.'

I look forward to your comments on the above.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (12) What are your thoughts on the Guideline? (5) Role of CHWs in disability and rehabilitation

3 June, 2019

A very important discussion about CHWs.

I have 2 questions:

1. Will we include in this discussion also the fact that the Disability & Rehabilitation unit of WHO is thinking about expanding the role of CHWs to the field of rehabilitation in the context of the Rehab 203 Action Plan ensuring that rehabilitation becomes integral part of universal health care?
2. Will we focus also in this discussion on the rehabilitation field worker sometimes called the community (based) rehabilitation worker (CRW) or the community rehabilitation facilitator (CRF): the latter usually being a more mid-level rehabilitation worker?

Thanks for raising this important subject! During the period 1984-1994 when I working in South Africa this was an important topic; still it is!

With kind regards

Huib Cornielje

Enablement
A van Leeuwenhoekweg 38 unit A16
2408AN Alphen aan den Rijn
The Netherlands
Tel: 0031-172-499940
Mobile: 0031 - 6 28485083
E-mail: h.cornielje@enablement.nl
Skype: enablement

Internet:

www.enablement.nl
www.cbrtraining.com
<http://mmenable.wixsite.com/inclusionandwater>
<https://www.inclusive-livelihood.com/>

If the rich live more simply the poor simply can live (Dom Helder Camara)

HIFA profile: Huib Cornielje is director of Enablement, The Netherlands.
Professional interests: Disability and Development - rehabilitation\
Community Based Rehabilitation Impact studies Monitoring and evaluation.
h.cornielje AT enablement.nl

CHWs (13) Event today: Women Deliver - The Role of CHWs in Delivering RMNCH

3 June, 2019

The message below is forwarded from the CORE Group discussion forum. If any HIFA members are attending this event today, please invite all participants to continue the discussion here on HIFA. And please do send us a note with observations for those of us who are unable to be at Women Deliver in person.

Dear CORE Group,

I wanted to share a poster for an event on empowering community health workers to achieve RMNCH outcomes at Women Deliver that was only recently added to the schedule.

Optimizing Performance Without Power: The Role of CHWs in Delivering RMNCH, June 3rd 3 -5 pm, Room 306

Hosted by: The Bill & Melinda Gates Foundation and OPM, India

Female community health workers form the most important foundation of health systems. We rely deeply on them to deliver on reproductive maternal health outcomes. Yet there is limited attention to their power and status in communities where they work; their own sense of empowerment is linked with their intrinsic motivation as workers and as women in gendered settings of the family, community and health systems. Extrinsically they are not valued by salaries commensurate with their time investments to their community outreach work. We have evidence from across global settings we want to bring to this panel and in collaboration with other agencies that are also working on the same issues. Our evidence will speak to the following questions: What does it take to build a stronger more empowered community health work force and how can this be enabling to achieve better continuum of care for women for RMNCH?

Hannah Kemp
Director of Programs
Surgo Foundation
e: hannahkemp@surgofoundation.org
p: +1-703-472-7586
a: 641 S Street NW, 3rd Floor, Washington, DC 20001
w: www.surgofoundation.org

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (14) What are your thoughts on the Guideline? (6)

3 June, 2019

Thanks to Neil for sharing our HIFA-Zambia colleague Flata's perspective on the CHW guideline [<http://www.hifa.org/dgroups-rss/chws-9-what-are->

[your-thoughts-guideline-3](#)]. The overall goal of the guideline "is to assist national governments and national and international partners to improve the design, implementation, performance and evaluation of CHW programmes, contributing to the progressive realization of universal health coverage."

Although it is not explicitly stated, one would hope that these improvements would also result in more equitable treatment of CHWs, ensuring that they are brought into the conversation as legitimate members of the health work force. I am glad we are starting with the topic of selection, pre-service training, and certification issues. No health system flourishes with large amounts of turnover. These initial processes create agreed-upon expectations and set the stage for effective and fair use of CHWs.

I have two comments about the overall guideline:

1. As we go through each recommendation and discussion, we should keep in mind the questions that the guideline addressed, and the ones it omitted. There are opportunities for future research and some nuanced understanding that may not have been settled by the guideline. Where should we go from here in our research?

2. How can the guideline be best used? Working for a grant maker, I am removed from day-to-day implementation. However, I have observed that any given country has national health plans and a governmental health system that may include CHWs, in addition to multiple other actors working with CHWs. Are these actions coordinated? Should they be? I would love to hear examples from those of you on the ground about how you are using the guideline, or hope to use it, to bring various employers of CHWs together to make the terminology (and the work) more standardized.

Looking forward to further discussion,

Amelia

Amelia Plant, MPH
Maternal & Child Health, UC Berkeley

LinkedIn <https://www.linkedin.com/in/ameliaplant/>

HIFA profile: Amelia Plant is a consultant in sexual & reproductive health research & practice. Projects have included: managing grants to African-based organizations that distribute contraceptives at the community level; surveying the data that links contraceptive use and fertility decline with economic development; co-authoring an online abortion course; and coding

and analyzing qualitative data about LGBTQ experiences. Amelia is a member of both the HIFA project on community-health workers and the HIFA project on family planning. She is originally from the USA and is currently based in Cairo. She is a member of the HIFA working group on Family Planning and the HIFA wg on Community Health Workers.

<http://www.hifa.org/support/members/amelia>

<http://www.hifa.org/projects/family-planning>

asiplant AT gmail.com

CHWs (15) What are your thoughts on the Guideline? (7) 15 policy questions

3 June, 2019

Dear Amelia, (we invite input from HIFA members who have been involved in the development of the WHO Guideline - please see below)

You make an important point: "As we go through each recommendation and discussion, we should keep in mind the questions that the guideline addressed, and the ones it omitted. There are opportunities for future research and some nuanced understanding that may not have been settled by the guideline. Where should we go from here in our research?"

The WHO Guideline (fulltext version) provides some background on this (page 24), as follows:

The guideline follows a health system approach. Specifically, it identifies the policy and system enablers required to optimize design and performance of CHW initiatives; within this overall structure, a gender and decent work lens was adopted, in particular in relation to recommendations where those aspects were most relevant. The 15 policy questions that guided the research and informed the recommendations can be structured into three broad categories:

SELECTION, EDUCATION AND CERTIFICATION

1. For CHWs being selected for pre-service training, what strategies for selection of applications for CHWs should be adopted over what other strategies?
2. For CHWs receiving pre-service training, should the duration of training

be shorter versus longer?

3. For CHWs receiving pre-service training, should the curriculum address specific versus non-specific competencies?

4. For CHWs receiving pre-service training, should the curriculum use specific delivery modalities versus not?

5. For CHWs who have received pre-service training, should competency-based formal certification be used versus not used?

MANAGEMENT AND SUPERVISION

6. In the context of CHW programmes, what strategies of supportive supervision should be adopted over what other strategies?

7. In the context of CHW programmes, should practising CHWs be paid for their work versus not?

8. In the context of CHW programmes, should practising CHWs have a formal contract versus not?

9. In the context of CHW programmes, should practising CHWs have a career ladder opportunity or framework versus not?

INTEGRATION INTO AND SUPPORT BY HEALTH SYSTEM AND COMMUNITIES

10. In the context of CHW programmes, should there be a target population size versus not?

11. In the context of CHW programmes, should practising CHWs collect, collate, and use health data versus not?

12. In the context of CHW programmes, should practising CHWs work in a multi-cadre team versus in a single-cadre CHW system?

13. In the context of CHW programmes, are community engagement strategies effective in improving CHW programme performance and utilization?

14. In the context of CHW programmes, should practising CHWs mobilize wider community resources for health versus not?

15. In the context of practising CHW programmes, what strategies should be

used for ensuring adequate availability of commodities and consumable supplies over what other strategies?

These questions have not been addressed through previous WHO guidelines and represent the core focus of this guideline.

This guideline did not appraise critically the body of evidence on which specific health services CHWs can deliver to

quality standards, and thus it contains no recommendations regarding these aspects. Published evidence and existing WHO guidelines encourage the delegation of certain tasks relating to prevention, diagnosis, treatment and care, for example for HIV, tuberculosis (TB), malaria, other communicable and noncommunicable diseases, a range of reproductive, maternal, newborn and child health services, hygiene and sanitation, ensuring clients' adherence to treatment, rehabilitation and services for people affected by disabilities, and advocating and facilitating underserved groups' access to services (Figure 2 and Annex 2). Current (and future) disease-specific WHO guidelines remain the primary source of normative guidance on which specific preventive, promotive, diagnostic, curative and care services CHWs are effective in providing (Annex 3).

In addition to the delivery of interventions at the individual and family levels, there is long-standing recognition of the potential for CHWs to play a social and political role at the community level, related to the action on social determinants of health for the transformation of living conditions and community organization. This dimension includes participatory identification with the community of health problems and a reorientation of the concept and the model of health care (26, 27).

It would be really excellent to hear more from HIFA members who were involved in the development of the guideline and, specifically, in the identification and selection of the 15 research questions.

(One might note that all WHO guidelines are developed in a hugely more rigorous and systematic manner than they were less than 20 years ago. Prior to that, they were based largely on expert opinion. Since 2003 WHO

guidelines emphasize systematic reviews of evidence.)

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (16) What are your thoughts on the Guideline? (8) Role of CHWs in disability and rehabilitation (2)

4 June, 2019

Thanks for this update.

I wholeheartedly second this suggestion of including CHWs or CBR workers as they are known in many developing countries that prioritised CBR as a strategy for rehabilitation in primary care setting.

This is not a recent development; it was endorsed by WHO as the optimal strategy to reach out to a tenth of the world population, on the heels of the Alma Ata Declaration (Health for All). However, Health ministries in most countries did not adequately address this need owing to the subject being seen as falling under the purview of the departments of Social welfare or Social justice. This, despite the definition of Health getting widened to include prevention and rehabilitation, remained a much neglected area of health. Education of children with disabilities and employment got a boost with UNICEF and ILO supporting work in a CBR matrix but there was no commensurate Development in Health.

The renewed interest by WHO to bring Disability into focus is welcome and timely because CBR today has evolved into Community based Inclusive Development (CBID), thanks to the UNCRPD and the disability movement world wide. We need to now see it as an essential aspect of both primary care and secondary care with countries working towards Universal Health Coverage in the spirit of SDGs.

Leave no one behind !

Best regards,

Sunanda K.Reddy

HIFA profile: Sunanda Kolli Reddy is a Developmental Paediatrician from New Delhi, India, with a special interest in Early Child Care and Development of children with neurodevelopmental problems in underserved communities. She is actively involved in health promotion, community-based research, care provider training for promoting abilities of children with special needs, through the various programmes of Centre for Applied Research and Education on Neurodevelopmental Impairments and Disability-related Health Initiatives (CARENIDHI), which she heads (www.carenidhi.org). Her work in the community settings to widen the disability-in-development model of CBR encompasses the wider determinants of health and human capabilities and issues which impact the lives of the poor. She combines her experience in developmental paediatrics with the core work of CARENIDHI's grassroots convergence programmes in partnership with groups working in the area of Implementation research and policy. She is a member of the HIFA working group on Community Health Workers.

<http://www.hifa.org/projects/community-health-workers>

<http://www.hifa.org/support/members/sunanda>

write2sunanda AT gmail.com

CHWs (17) What are your thoughts on the Guideline? (9) Role of CHWs in disability and rehabilitation (3)

4 June, 2019

Dear Sunanda,

You note that CHWs' role in community-based rehabilitation has been endorsed by WHO 'as the optimal strategy to reach out to a tenth of the world population'. Indeed CBR is prominently recognised and promoted by WHO: <https://www.who.int/disabilities/cbr/en/>

A systematic review by the Campbell Collaboration (2015) concluded there is 'Moderate to high quality evidence shows that community-based

rehabilitation has a positive impact on people with disabilities'.

<https://campbellcollaboration.org/library/community-based-rehabilitation...>

Page 25 of the full WHO Guideline on CHWs contains a graphic of 'Primary health care services for which there is some evidence of CHW effectiveness', but this does not include disability or rehabilitation.

However, page 24 of the Guideline notes: 'This guideline did not appraise critically the body of evidence on which specific health services CHWs can deliver to quality standards, and thus it contains no recommendations regarding these aspects. Published evidence and existing WHO guidelines encourage the delegation of certain tasks relating to prevention, diagnosis, treatment and care, for example for HIV, tuberculosis (TB), malaria, other communicable and noncommunicable diseases, a range of reproductive, maternal, newborn and child health services, hygiene and sanitation, ensuring clients' adherence to treatment, *rehabilitation and services for people affected by disabilities* [my emphasis], and advocating and facilitating underserved groups' access to services.'

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

ReCHWs (18) Community health centres and Positive Practice Environments (2)

4 June, 2019

Hi Neil,

Thank you for sharing this report on community health centres. It is interesting to note how community health workers are included as part of the interdisciplinary teams in the seven contexts studied within the report. With regard to whether the Guideline should mention community health centres, though, I think we should note that the CHW Guideline is normative guidance on health workers, rather than on community health writ large. There are complementary elements within the Guideline that recommend that CHWs be integrated with health systems and as part of interdisciplinary teams, and certainly the Guideline could support design of the CHW-related parts of centres. In such a brief report, I didn't find it too surprising that the Guideline was not called out specifically, though, as the study looks at a broader issue and a certain subset of contexts.

For countries, the report could be useful in envisioning potential permutations of community health, as health needs and health worker teams evolve.

Thank you for sharing,

Catherine

Catherine Kane
Community Health Worker Guideline Communications & Advocacy
Human Resources for Health Policies & Standards
Health Workforce Department
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27

ckane@who.int

HIFA profile: Catherine Kane is a member of the WHO Health Workforce team, responsible for advocacy and dissemination of the Guideline on health policy and system support to optimize community health worker programmes. She has experience with community health worker programmes at strategic and operational levels through WHO, the International Federation of Red Cross and Red Crescent Societies and at one point as a social worker supporting migrant communities. Twitter: readycat

CHWs (19) What are your thoughts on the Guideline? (10)

4 June, 2019

Dear HIFA members,

Thank you for your contributions to the discussion so far! Please keep them coming. To contribute, just reply or send an email to hifa@hifaforums.org

Any questions or comments, ask me: neil@hifa.org

To recap:

This week we are looking at the WHO guideline in general. What are your thoughts on it? What questions do you have?

In the coming weeks we'll look at the first 5 recommendations of the Guideline, on selection, pre-service training and certification.

Throughout, we welcome contributions on any aspect of CHW programming.

You can review selected highlights of the Guideline here:

<https://apps.who.int/iris/bitstream/handle/10665/275501/WHO-HIS-HWF-CHW-...>

For background information and the full version of the Guideline (in several languages) see: <https://www.who.int/hrh/community/en/>

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (20) What are your thoughts on the Guideline? (11) Role of CHWs in disability and rehabilitation (4)

5 June, 2019

Dear Neil,

Thank you for pointing this out from the guideline. CBR/CBID programs [*see note below] are growing increasing importance across LMICs with CHWs at the heart of this community based approach.

They are not only helping in crucial aspects of providing rehabilitation but also in identification, screening and prevention of further disabilities among individuals. From my observation, I have seen numerous cases wherein PwDs [*]refused to go to the nearest hospital/ CHC primarily due to stigmatisation and lack of awareness regarding what needs to be done or were reluctant as they thought seeking medical help would require spending a lot.

Under these circumstances, CHWs play an imperative role in making people aware about health, the importance of not neglecting it, especially when there are chances of it leading to a disability and also about various healthcare schemes, subsidies etc. They also play a critical role in identifying, creating awareness and reducing neglect associated with cases of mental health.

More number of tertiary hospitals must be encouraged to establish CBR and CBR+ programs and be responsible for the training of efficient health aids in order to reduce the burden of NCDs and communicable diseases within the community.

Thanks,

Stuti

HIFA profile: Stuti Chakraborty is an undergraduate student from Christian Medical College, Vellore. Areas of interest: 1) Disability prevention and awareness; 2) Community based rehabilitation; 3) Research on NCDs; 4) Neurosciences (Brain Injury and CVA) ; 5) Sexual and Reproductive Health Rights of Women with disabilities; 6) Gender inequality and disability. stutibb@gmail.com

[*Note from HIFA moderator (Neil PW):
CBR = Community-Based Rehabilitation
CBID = Community-Based Inclusive Development
PwDs = People with Disabilities]

CHWs (21) What are your thoughts on the Guideline? (12) The career lifecycle of a CHW

5 June, 2019

Hi HIFA,

Thanks for starting this useful discussion on the WHO's CHW Guideline and recommendations.

When I first read through it, I began mapping out each of the recommendations to the career lifecycle of a CHW. This later turned into the attached infographic [*see note below] that can be useful to map out at what stage of a CHW's career the WHO recommendations would take place.

Some more thoughts about the Guideline and recommendations can be found here: <https://hrh2030program.org/a-vision-for-professionalizing-community-health...>

In particular, as we look at CHW programs and where they fit within health systems and existing health worker teams, these recommendations really need to be contextualized into national and local health systems. I have heard some people debate which recommendations should be implemented versus deprioritized; what I think is more useful is to consider which combination of recommendations would have the greatest impact. For example, it is not useful to contract and pay a CHW but then not provide supportive supervision or support his/her enabling environment or hold him/her accountable for a reasonable scope of work. Likewise, the new CHW programs are an opportunity to transform pre-service education - many CHWs in LMIC settings have been trained through a patchwork of donor-supported trainings and it is hard to know what their qualifications are / the quality of the training, and what performance support is needed to ensure they provide quality health prevention, promotion, curative, palliative, and/or referral services.

In addition, I think that we have a lot more to learn about opportunities within the community health labor market. How can we promote career development of young CHWs who are committed to their communities' health but want to continue their education and advance within the health sector? What are viable CHW career paths? While CHW professionalization and recognition is essential for SDGs and promoting decent work, there may inevitably be community health volunteers who continue to provide support

in their communities on an ad-hoc, part-time basis. What do we, as a global health community, do to harness and appropriately recognize their roles as well?

I look forward to continuing the conversation!

Thanks,

Rachel

Rachel Deussom
Technical Director
HRH2030: Human Resources for Health in 2030
202.955.3396
Skype: rachel.deussom
241 18th Street South, Ste 1200, Arlington, VA 22202

rdeussom@hrh2030program.org

Web: www.hrh2030program.org/ |
Twitter: <https://twitter.com/HRH2030Program> |
Facebook: <https://www.facebook.com/HRH2030/>

HIFA profile: Rachel Deussom is a Health Workforce Officer, CapacityPlus with IntraHealth International, USA. Her professional interests are human resources for health (HRH), mHealth, M&E, MNCH, health information systems and midwives. rdeussom AT intrahealth.org

[*Note from HIFA moderator (Neil PW): HIFA does not carry attachments but the infographic can be seen as part of the blog in the above URL]

CHWs (22) What are your thoughts on the Guideline? (13)

6 June, 2019

I think there is ambivalence in the guidelines.

On the one hand it talks of the importance of ‘integration’ within the health system

On the other hand it talks of ‘supportive supervision’ - without in any way defining who these supervisors are from or report to.

CHWs remain in a silo in too many health systems

My observation is that to be effective they **MUST** be an integrated part of the district health team.

Keeping children with diarrhoea **OUT** of hospital ought to be as important to the District Medical Officer as treating them in hospital.

Providing essential antenatal care in the community and identifying possible complications ahead of time is far better than receiving emergency presentations at the hospital at 3am in the morning

Helping old people manage their diabetes in the community is far better than having to cope with someone presenting with a gangrenous foot and associated complications in hospital.

In short, public health imperatives should be as important to the district physicians and nurses as treating the patients who present.

If CHWs are recognised as ‘real’ health professionals, integrated into the district health team (and remunerated) - then progress can and will be made.

Thank you

Bryan Pearson
Managing Director
FSG Africa Ltd
Vine House, Fair Green, Reach, Cambridge CB25 0JD, UK
Tel: +44 1638 743633.
Fax: +44 1638 743998.
Mobile: +44 790 999 7256

www.africa-health.com

HIFA profile: Bryan Pearson was editor/publisher of Africa Health journal for 40 years before passing ownership across to ACHEST in Kampala. He now works as a freelance consultant on health and associated issues; as well as tending a mango and pineapple farm in Ghana’s Volta Region.

CHWs (23) Selection, training and certification: a global North study

6 June, 2019

Hi All,

The Journal of Health Affairs had an interesting article on home and community-based health aides in the U.S. The article looks at income, selection, training, certification and supervision. One of the reasons the CHW Guideline is so relevant is that issues for community health workers transcend socio-economic status and national boundaries. What do you see as some of your country's challenges in the areas of selection, training and certification? Please let us know where your work is concentrated and whether you have observed best practices.

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00021>

Home health and personal care aides are one of the largest groups of health care workers in the US, with nearly three million people providing direct care for people with serious illness living in the community. These home care workers face challenges in recruitment, training, retention, and regulation, and there is a lack of data and research to support evidence-based policy change. Personal care aides receive little formal training, and they experience low pay and a lack of respect for the skill required for their jobs. High turnover and occupational injury rates are widely reported. There is little research on the factors associated with higher-quality home care, the extent to which worker training affects client outcomes, and how regulations affect access to and quality of home care. Health care leaders should seek to fill these gaps in knowledge, support the establishment of training standards and programs, implement Medicaid reimbursement strategies that incentivize improvements in pay and working conditions, reform regulations that now prevent the full utilization of home care workers, and create sustainable career pathways in home care policies.

Kind regards,

Catherine

Catherine Kane
Community Health Worker Guideline Communications & Advocacy
Human Resources for Health Policies & Standards
Health Workforce Department
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27

ckane@who.int

HIFA profile: Catherine Kane is a member of the WHO Health Workforce team, responsible for advocacy and dissemination of the Guideline on health policy and system support to optimize community health worker programmes. She has experience with community health worker programmes at strategic and operational levels through WHO, the International Federation of Red Cross and Red Crescent Societies and at one point as a social worker supporting migrant communities. Twitter: readycat

CHWs (24) Role of CHWs in disability and rehabilitation (5)

6 June, 2019

Dear HIFA Colleagues, I also whole heartedly support the integration of CBR into Primary Health Care (PHC), and add to the Job description of CHWs.

There are two points which should be taken into consideration as follow:

- 1) the size of the population of catchment area of CHWs should be reduced,
- 2) a skillful mid level technical person on CBR should be added to the supervisory team of the CHWs at the Community Health Center.

Supportive reasons for the integration is cost effectiveness and affordability, specially in LMIC, and the nature of comprehensiveness of PHC.

Kindest regards, Dr. Mohammad Ali Barzegar.

HIFA profile: Mohammad Ali Barzegar is an initiator of Primary Health Care in Iran since 1971, and Representative of People's Health Movement (PHM) Iran. His interest include 45 years of national & international experiences on PHC, Sustainable Development and Public Health. barzgar89 AT yahoo.com

CHWs (25) Role of CHWs in disability and rehabilitation (6) Addressing the diversity of CHW roles

6 June, 2019

Dear Mohammad Ali Barzegar and all,

On behalf of the CHW working group, thank you all for your contributions so far. Please continue to share your thoughts, experience and expertise by email to: hifa@hifaforums.org

Dr Barzegar, you raise an important wider area of debate about pre-service training: "I also whole heartedly support the integration of CBR into Primary Health Care (PHC), and add to the Job description of CHWs."

As a personal comment, I am impressed - and daunted - by the huge diversity of roles that CHWs can potentially play in primary health care, and the evidence that supports this.

The selected highlights of the Guideline note: 'There is growing recognition that community health workers (CHWs) are effective in the delivery of a range of preventive, promotional and curative health services. They can contribute to reducing inequities in access to care.' The guideline emphasises maternal and newborn health, child health, communicable diseases, non-communicable diseases, trauma, surgical care, mental health, sexual and reproductive health... and they are also important in helping people to access health services and to advocate for their health rights.

<https://apps.who.int/iris/bitstream/handle/10665/275501/WHO-HIS-HWF-CHW-...>

This begs a number of questions: Should each and all of these (not to mention rehabilitation) be added to the job description of CHWs? Should every element be included in the pre-service training of every CHW?

As our discussion moves towards selection, training and certification of CHWs, I invite comments on the breadth and depth of pre-service training that CHWs need, and to what extent such training should be standardised.

The Guideline addresses these questions:

'For CHWs receiving pre-service training, should the curriculum address specific versus nonspecific competencies? For CHWs receiving pre-service training, should the curriculum use specific delivery modalities versus not?'

The Guideline is unequivocal: 'The scope and roles of CHWs vary substantially across countries and CHWs, hence it is not possible to standardize the scope of pre-service education and contents of curricula.... The most appropriate contents of CHW training should be established at the country level (either in a national or subnational context) on the basis of local needs and circumstances.'

This is reflected in Recommendation 3 of the Guideline: 'WHO suggests including the following competency domains for the curriculum for pre-service training of CHWs, if their expected role includes such functions.'

On the other hand, the Guideline says: 'A broad set of core competencies may ensure that all CHWs have the basic skills necessary to adequately carry out their role.'

If I am interpreting this correctly, there is a shift from the idea of a primarily universal curriculum for CHWs towards one where pre-service training is tailored according to a country's needs.

This also has the advantage of addressing unrealistic expectations of individual CHWs to become competent in an unfeasibly wide range of tasks. Furthermore, it opens up the option for CHWs who have completed basic training (in line with national priorities) to receive further modular training in specific areas of health (in line with the CHW's interests) and thereby become specialised CHWs.

There are caveats, however. As the Guideline notes, 'CHWs are often trained unimodally to specialize in the care of a single patient condition, such as diabetes or HIV' (this is also the case in training of lay health workers in mental health). So in some situations there may be a case for permitting such specialist training without the need for prior general CHW training.

Also, there would need to be a balance between general and specialist training. 'A model based exclusively on specialised CHWs might carry risks of fragmentation of care, resulting in gaps in service provision and inefficiency.'

Many thanks, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (26) What do policymakers think of the CHW Guideline?

7 June, 2019

Dear HIFA colleagues,

This week we have been discussing Question 1: What are your thoughts on WHO's CHW Guideline? What questions do you have about it?

I would like to invite policymakers on HIFA to comment, especially those who in ministries of health in LMICs, for whom the Guideline is largely targeted. I also invite comment from those who work *with* policymakers, including (inter alia) researchers, public health professionals, representatives of the health professions, health advocates, and CHW leaders.

What aspects of the Guideline do you find most useful? Does the Guideline ask the right questions? Are there other questions you would like to see addressed?

In what ways do you see the various recommendations in the Guideline being considered in your country?

There are 18 recommendations in the Guideline. Recommendation 1 and 7 are divided into three and two recommendations, respectively, making a total of 18 Recommendations.

Recognising that in many cases the certainty of the evidence is low or very low, and considering that the most appropriate strategies may vary by context, the vast majority (14/18) of the recommendations are 'Conditional'.

'For most recommendations a low or very low certainty of the evidence translated into conditional recommendations. For a few recommendations, the GDG made a strong recommendation despite the low or very low certainty of the evidence, taking into account other factors, including health workers' rights and equity and gender considerations. In the cases where strong recommendations were proposed despite a low or very low certainty of the evidence, the GDG took an explicit vote, the outcome of which is reported in the sections referring to the specific recommendations. In the cases when voting took place, a majority was defined as 80% or above of the voting members in attendance at the

GDG meeting.' (Guideline, p27)

As Dr Tedros says in the Foreword, the Guideline makes 'pragmatic recommendations on how to improve and strengthen their selection, education, deployment, management, supervision, career advancement, community embeddedness and system support'.

In line with guideline protocols introduced by WHO a few years ago, the Guideline includes a section on Guideline Use: 1. Plans for guideline dissemination and 2. Plans for guideline adaptation, implementation and evaluation.

With regards to the latter, the Guideline states:

'In order to maximize the opportunities for the guideline to be implemented, it will need to be adapted and contextualized, including through a number of derivative products made available in relevant languages to promote uptake at country level. Beyond the adaptation, simplification and development of user-friendly summaries of messages, a range of accompanying activities will be considered and implemented, subject to resource availability. Some of these activities might be directly implemented and supported by WHO, others by or in collaboration with other agencies and partners involved in the Global Health Workforce Network CHW hub, or other institutions. A non-exhaustive and non-binding list of activities that will be considered includes...

[there follows an impressive list of activities including:

- development of a dedicated online portal;
- a one-stop shop suite of derivative products, including toolkits, to ensure the guideline is easily comprehensible and is taken up by stakeholders (this will include translation of the guideline into the WHO official languages), with the assets filtered through different lenses by audience (such as funders, implementers);
- a series of webinars;
- regional workshops bringing together regional and country champions and stakeholders involved with CHWs to assess which countries would election of a few countries in which to prioritize policy dialogue and capacity-building activities, supported by drafting a regional and country implementation map;

- meetings of country stakeholders involved with CHWs to present the guideline and design a partner support plan (agree on roles and responsibilities and contributions);
- a workshop with government stakeholders (ministry of health, ministry of finance, development partners) for awareness raising and country mapping of existing CHW situation and policies, to create a baseline and, potentially, a roadmap for uptake of the recommendations, and to support the ministry of health in advocacy with the ministry of finance;
- a self-assessment tool based on the recommendations of the guideline that supports countries in developing baseline information related to CHWs, and that can be used to monitor and evaluate implementation of policies and programmes aligned with the recommendations.]

This section reflects the huge size of the challenge (and opportunities) ahead in terms of supporting use of the Guideline in promoting positive change in national policies on CHW deployment in the wider framework of health workforce development. The work has just begun, and HIFA is privileged to play our small part to maximise its impact.

The Guideline is available here in several languages, in both full and selected-highlights versions. <https://www.who.int/hrh/community/en/>

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

<http://www.hifa.org/projects/community-health-workers>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - www.hifa.org), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

CHWs (27) What are your thoughts on the Guideline? (14)

7 June, 2019

I totally agree with you Bryan [Pearson, UK], as long as we don't integrate the CHW in the health care system, we continue to incur higher and unnecessary costs of treatment of ailments which would be otherwise prevented at community level.

There needs to be a minimum level of education though for the CHW.

Happy

HIFA profile: Happy Annet Walusaga is a community linkages coordinator at Makerere Joint AIDS Program in Uganda. Professional interests: breaking down medical concepts to understandable units by the local community members in my region, hence empowering the community with knowledge to prevent HIV transmission, treatment and care, fight stigma, understand and promote as well as preventing and managing other diseases of public health importance in an all-inclusive community. email address: happyannetw AT yahoo.com

CHWs (28) What are your thoughts on the Guideline? (15)

7 June, 2019

Dear Colleagues:

6 June, 2019

A few thoughts on community health workers:

1. Were primary health care for all accepted as the essential, most cost beneficial and humane way of keeping us healthy, especially in societies in demographic transition, community health workers will be needed to carry out, under supervision, the day to day basic curative and preventive activities. The reason for this is that there will never be enough trained nurses much less doctors willing to live & work in the rural areas, peri urban slums, and inner city barrios, where most of the most poor and needy reside. (And even if there were, those most-in-need communities couldn't afford to pay for such highly trained personnel).

2. Because training cannot overcome character deficits, CHW selection must include community input, so as to ensure that they are inherently caring, linguistically and socially acceptable and have the kind of ties to the community that will keep them there for long enough to settle in, learn their trade and faithfully serve their people. Other selection criteria like trainability, capacity to overcome superstition and habit, and ability to

accept supervision and literacy should be the purview of health professionals.

3. Since community workers, however intelligent, are rarely educated enough to understand the scientific bases for sterile technique, nutrition science, bacteriology versus virology, immunology, acid base balance, genetics, hyper- and hypo-tension, etc., etc., (and since the quality of practice of even highly trained doctors deteriorates without supervision or peer pressure!), they need regular supervision, continuing education and, for those with potential, some kind of career ladder, so as to maintain standards and avoid "burn-out".

4. This supervision should be shared by the district health team and by the health committee of the target community since only the latter can reliably assess whether the CHW is really reaching out and getting out to those most in need, and whether they really care about what they are doing!

5. Every primary care team needs to meet regularly, (at least every two weeks), and the CHW's need to be part of that meeting so that a) their contributions are recognized, b) their observations recorded and respected, and c) so that they learn and develop team loyalty.

6. If/when their supervisors are absent, there needs to be a well planned & rehearsed referral system in place so that emergencies and urgencies get to a higher level of health care before anyone's life or health is imperiled.

Allowing deaths or serious deterioration of patients under CHW care to occur (and then blaming them for this) cannot be permitted!

Respectfully,

Nicholas Cunningham MD Dr P.H.

P.S. to Byan Pearson (my old friend from Ilesha!): I believe that CHW's should be considered "para'professionals" not professionals; they have their expertise, and in time come to know their communities far better than the professionals! But, I believe that credentials matter... and that the educated health professionals need to be respected for what they know, teach and practice!

HIFA profile: Nicholas Cunningham is Emeritus Professor of Clinical Pediatrics & Clinical Public Health at Columbia University, New York, USA. He is interested in International Primary Maternal and Child Health Care, community owned, professionally overseen, and supported by \$/power

interests, incorporating integrated cure/prevention, midwifery/child care, child saving/child spacing, nutrition/infection, health/education (especially female), monitored but not evaluated for at least 5-10 years, based on methods pioneered by David Morley at Imesi (Nigeria) and by the Aroles at the Jamkhed villages in Maharashtra State in India. Totatot AT aol.com

CHWs (29) Role of CHWs in caring for older persons

7 June, 2019

I did not see the guidelines on CHW but I agree with the sentiments that they need to be contextualized even within countries and between programmes. I am especially interested in the role that CHWs can play in health of the rising number of older persons, given that the nature of their health and medical conditions (including mental health and disability), and the WHO advisory to restructure services from hospital based to community based. I would love to work with those interested in this area, especially to design, develop and implement a training curriculum and other support tools.

Stephen Okeyo, Kenya

HIFA profile: Stephen Okeyo is the Dean at Great Lakes University of Kisumu-Tropical Institute of Community Health and Development (TICH) in Kenya. Professional interests: Reproductive Health; Public/Community Health (community based approaches); Health Policy and Systems; Quality of care; Academic Management and Leadership; Research Email address: okeyo2012 AT gmail.com