Other issues raised (not directly related to the 6 questions)

CHW role in advocacy and social determinants of health

"I think a fundamental question is: Are CHWs a means for fulfilling the objectives identified by a Dr/Nurse (health manager), or she can also be an end in herself, whereby she is able to mobilize communities to address the social determinants of health." Kausar Skhan, Pakistan

"What is happening in Brazil, unfortunately, is a transformation of the role of the community health agent, who has often become, in the main, merely an agent of interests of local political party leaders..." HIFA-Portuguese member

"The CHWs of the SDG era will need to make a shift away from vertical and simplistic "health information" interactions, towards a social model of health - being equipped to face the complex needs of a shifting demographic, food insecurity, gender violence and social inequalities. This approach has already been taken by the governments of Ghana and Kenya in adopting a "Healthy families" model in which the needs of all members of a family are considered within an overarching concept of social/medical vulnerability." Polly Walker, UK

CHWs and their relations to the community and health system

"In most countries community health agents (which I feel is the term that best describes the English term CHW) feel alone and are tossed around by NGOs. They do not receive the supervision that the Ministry of Health personnel are responsible for providing and often the staff of NGOs visit or call them only to obtain data that are often questionable." Agoustou Gomis, Burundi (translated from HIFA-French)

"Community engagement is key for successfully controlling outbreaks. Therefore for engagement of the community we should benefit from CHWs who is from the Community, serving them and are living with them... I should conclude that the best mean to engage community for successfully controlling epidemics is to rely on CHWs who is selected by the community and live there with support of all levels of the health system." Mohammad Ali Barzegar, Iran
"CHWs as per their intrinsic definition belong to the community. Ideally they should be recognized by them and therefore remunerated by them. Unfortuanaetely this is not the case: there is no community IN THE WORLD ready to pay for 'their' CHW.

One may say: let the government pay for them. Good. But then the following question is: WHY to create a new cadre, a new servant instead of improving the working conditions of those WHO ARE ALREADY EMPLOYED by the government… A clinical officer… a nurse auxillary… MCH aide… working for the government… in rural areas… are the ideal CHW!!! They should be supported… trained… retrained… oriented to PHC… read WTIND [Where There is No Doctor] of David Werner… Community will recognize them… love them as their real genuine community health workers." Massimo Serventi, Tanzania

"Some countries seem to be experiencing tension between formalizing (and paying) the cadre of CHW, and yet wanting communities also to support CHWS and to feel that CHWs are working for THEM. Much evidence shows that CHWs are more productive and more likely to keep working when they are officially recognized and remunerated." Laura Hoemeke, USA

"In Kamuli district in rural Uganda, we have seen an interesting connection between CHWs and people's local parliament… Neighbourhood Assemblies… have each chosen 5 village health workers/CHWs from their midst to work on an ngo project about NCDs." Jette Fausholt, Uganda

**CHWs and slums**
"However growing very rapidly in LMIC but not really addressed are slums whether defined at the household level and or by neighbourhoods. Slums are unique communities, unique demographics with very special needs and very little information on the community health systems or workers…" Hannah Faal, Nigeria

**CHW scale-up**
"Should there be a minimum level of governance and support/training for the existing health workforce in place before massive expansion of CHW programmes?" HIFA-Portuguese