

1st International Symposium on Community Health Workers

21st – 23rd February 2017, Kampala, Uganda

Theme: *Contribution of Community Health Workers in attainment of the Sustainable Development Goals*



Final Symposium Report

Acknowledgements

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We extend our gratitude to the keynote speakers, presenters, session chairs and moderators. We would also like to acknowledge the important contribution of all the symposium participants from 22 countries around the world who attended and used this platform to share their personal insights, aspirations, experiences and research findings.

We wish to convey our sincere gratitude to all symposium rapporteurs who captured and recorded all proceedings over the 3 days. These are: Amanda Ottosson, Jimmy Osuret, Kate Hawkins, Marvin Lubega, Amy Roll, Sarah Stevens, Sarah Nalinya, Deborah Ilaboya, Almighty Nchafack, Grace Biyinzika, Prisca Anyonga, Tony Muwonge, and Lorna Marufu.

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Last but not least, we appreciate the work done by all symposium volunteers particularly members of Makerere University Environmental Health Students' Association (MUEHSA) who greatly supported the 3 days of the event.

Executive summary

Uganda hosted the first International Symposium on Community Health Workers from 21st to 23rd February 2017 with major funding support from the UK Department for International Development (DFID) through Tropical Health and Education Trust (THET). The two Universities engaged many partners, locally and globally, to make the Symposium a success. The Symposium theme was *Contribution of Community Health Workers in attainment of the Sustainable Development Goals*. The theme was chosen due to the timing of the recently launched sustainable development goals (SDGs), as many countries were planning and implementing programmes to achieve these international targets.

Through outreach, engagement, and mobilisation of partners, the Symposium gained momentum and received great interest with over 300 abstracts submitted by researchers, practitioners, donors, and students from around the world. The Symposium had an attendance of over 450 participants from 22 countries who took part in in-depth discussions and knowledge sharing of how different successful models, methods and approaches have been used to strengthen Community Health Worker (CHW) programmes globally.

Evidence was shared at the Symposium that showed how CHW programmes are a huge driving force to attain at least seven SDGs including:

- Ending poverty (SDG 1)
- Ending hunger and ensuring food security (SDG 2)
- Improved health and wellbeing (SDG 3)
- Gender equality (SDG 5)
- Improved clean water and sanitation (SDG 6)
- Reduced inequalities (SDG 10)
- Increased and strengthened partnerships for global health (SDG 17)

Many lessons were shared and learnt during the Symposium. Through the continued partnership and cross-country collaboration and sharing of best practices, CHW programmes can be strengthened to further improve health outcomes. This report details the key takeaways and lessons learned over the three-day Symposium from the 117 oral presentations, 27 poster presentations, 3 keynote addresses, 13 panel discussions, and 2 workshops.

Table of Contents

Acknowledgements.....	1
Executive summary.....	2
Table of Contents.....	3
Acronyms.....	4
Introduction.....	5
Background.....	5
Symposium takeaways.....	5
Cross-cutting issues.....	6
History and current state of CHW programmes.....	6
Service Delivery.....	6
Community level innovations.....	6
Health Management Information System and mobile health.....	7
Gender and ethics.....	7
Training models.....	7
Human resources for health.....	7
Performance, motivation and satisfaction.....	8
Leadership, governance and accountability / multi-sectoral collaboration.....	8
Financing of CHW programmes and sustainability.....	9
Challenges and lessons learned.....	9
Research priorities and gaps.....	10
Vertical streams.....	10
HIV / AIDS and TB.....	10
Malaria, pneumonia and diarrhoea.....	10
Maternal, newborn and child health.....	11
Non-communicable diseases.....	11
Nutrition.....	11
Conclusion and way forward.....	12
Appendix I: Awards.....	13
Appendix II: Symposium Statement.....	14

Acronyms

CHV	Community Health Volunteer
CHW	Community Health Worker
DFID	United Kingdom Department for International Development
HIFA	Healthcare Information for All
HRH	Human resources for health
iCCM	Integrated Community Case Management
ICT	Information and Communication Technology
ITN	Insecticide treated net
MDGs	Millennium Development Goals
MNCH	Maternal, newborn and child health
NGO	Non-governmental organisation
NCDs	Non-communicable diseases
SDGs	Sustainable Development Goals
THET	Tropical Health and Education Trust
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHT	Village Health Team

Introduction

From the 21-23 February 2017, Kampala hosted the first International Symposium on Community Health Workers. The symposium theme was *Contribution of Community Health Workers in attainment of the Sustainable Development Goals*. The Symposium generated an impressive amount of attention, with over 300 abstracts received from researchers, practitioners, donors, and students from around the world. Various stakeholders came together to give presentations highlighting how different successful models, methods, and approaches have been used to strengthen Community Health Worker programmes. The Symposium had an attendance of over 450 participants from 22 countries who took part in in-depth discussions, knowledge sharing, and networking. This report highlights the key takeaways and lessons learned over the three-day Symposium.

Background

The idea for the Symposium began when Makerere University School of Public Health, Uganda and Nottingham Trent University, UK realised there were limited opportunities for sharing knowledge on a crucial element of human resources for health (HRH) in the health system - Community Health Workers (CHWs). Through further conversations with multiple stakeholders, it was discovered that the demand for an event of this kind was necessary. The idea to host a Symposium, to share best practices, lessons learned, and brainstorm innovative solutions through cross-country collaboration, was born with funding support from the UK Department for International Development (DFID) through Tropical Health and Education Trust (THET). The two Universities engaged many partners, locally and globally, to make the Symposium a possibility. The theme was chosen due to the timing of the recently launched sustainable development goals (SDGs), as many countries were planning and implementing programmes to achieve these international targets.

Through outreach, engagement, and mobilisation of partners, the Symposium gained momentum. Healthcare Information for All (HIFA) organised an online thematic discussion that took place over six weeks in the build up to the Symposium. In addition, World Vision with support from CHW Central, Makerere University, and Nottingham Trent University hosted a blog series with the theme a *Vision of Tomorrow's Community Health Workers* to kick start conversations. The success of the Symposium illustrates the strong need for future meetings that address CHWs and associated programmes.

Symposium takeaways

The Symposium had many overarching themes and commonalities. This report captures the key lessons learned from the 117 oral presentations, 27 poster presentations, 3 keynote addresses, 13 panel discussions, and 2 workshops held at the symposium broken down by cross-cutting and thematic-specific issues.

Cross-cutting issues

History and current state of CHW programmes

Presentations pointed out several challenges that CHWs faced, and similarities across countries were common. The presentations provided a good overview of the current state of CHWs in different countries.

Through analysis of many CHW programmes around the world presented at the symposium, it was evident that by adopting a multi-sectoral approach, CHWs role can expand beyond SDGs 3 (health and well-being), 5 (gender equality), 6 (clean water and sanitation), and 17 (partnerships for global health). A clear framework that can track CHW contribution to the SDGs is critical. Investments in this will be much easier (extensive) once a body of evidence is built clearly connecting CHWs to SDGs. Using a multi-sectoral approach can further allow us to assist in the attainment of SDGs 1 (no poverty), 2 (zero hunger), and 10 (reduced inequalities).

Overall, the consensus was that there is a clear need to address systemic challenges affecting health systems, before introducing any new component to CHW programmes. Strong governance across all levels of the health system, and institutionalisation and integration of CHWs is critical. The upcoming Uganda Community Health Extension Workers (CHEWs) programme must draw from the successes and failures of the village health team (VHT) strategy. Long term investment is necessary to the success of CHEWs. There is a need for strong monitoring and accountability mechanisms. In addition, there is need to consider potential challenges in programming in order to prepare for the CHEWs. Government of Uganda therefore needs to lead efforts, and guide partners in the direction they work towards.

Service Delivery

The presentations highlighted studies in assessing effectiveness of CHW service delivery identifying signs and symptoms of various diseases as well as the referral process. It was identified that there are many challenges to CHW service delivery ranging from community engagement in the selection process, to the lack of health infrastructure and various financial barriers. Across all experiences, strong supportive supervision of CHWs was found to be an essential component to improving quality of service delivery. However, supportive supervision is dependent on respectful engagement and collaboration. Furthermore, CHWs should be trained / refreshed regularly in their areas of work.

Community level innovations

CHWs are important in problem identification and analysis in communities since they are entry points and key informants in the community. It is important for researchers to be involved with innovations from the start, as they can document the evidence through research so successful interventions can be scaled up.

Health Management Information System and mobile health

Smart mobile tools given to CHWs were found to greatly improve performance. The use of simple devices enhanced community participation and ownership, with handwashing given as a specific example. During the symposium, Mobenzi Technology and Living Goods held workshops on specific proven smart technologies to improve CHW performance and outcomes.

However, while many good technologies were presented, it was expressed that one should not take the first technology that looks great, and go to their non-governmental organisation (NGO) / clinic / district to begin implementation. Information and communication technology (ICT) / mobile health (mHealth) systems need to be coordinated by the government. There is too much fragmentation already, and if everyone develops their own tools, there is a risk not having interoperability, equality of access, and tools that are not contextually appropriate, among other challenges.

The panel, *Technology use for Community Health Workers*, showed that through technology the performance of CHWs can be greatly improved. Additionally, through the harmonisation of tools and availability of ICT, CHWs can support access to both health and education, assisting progress in SDGs 2, 3, and 4. Furthermore, certain mobile technology initiatives provide means for CHWs to generate small amounts of income, addressing SDG 1.

Gender and ethics

Violence is a serious problem sometimes faced by female CHWs, who often do not have the ability to defend themselves. Furthermore, there are not enough policies and structures in place to protect women from gender-based violence and gender inequality. Men and women have different needs, and it is essential for CHW programmes to support and protect those needs for all to be successful in their roles. Protection of female CHWs should be emphasised. Male involvement is necessary for the successful implementation of CHW programmes.

Training models

Building capacities of CHWs can enhance their capabilities in terms of delivering health services, which relates to SDG 3 (health) and indirectly with other SDGs, particularly SDG 10 (reduced inequalities) and SDG 17 (strengthen partnerships). CHWs play a vital role in strengthening health systems at community level. Training must include motivation for CHWs to keep up their morale.

Human resources for health

All presentations discussed building the capacity of HRH with the aim to improve outcomes, reduce workload burden, and improve motivation. HRH includes skilled and unskilled health workers. The presentations discussed building the capacity, reducing burden and improving efficacy of CHWs through various approaches.

Performance, motivation and satisfaction

A common theme throughout the presentations was the need to support and appreciate the work that CHWs are doing. CHW job satisfaction seemed directly related to how much they are valued by the community and their supervisors. Another overlap was the recommendation of using personal and professional development as an incentive for CHWs. This was evident as several presenters showed that CHWs were motivated by opportunities for growth hence, offering such opportunities can be key in retaining them in their programmes.

Together, the presentations offered various factors affecting satisfaction and motivation of CHWs. Furthermore, most of the presentations used the idea of retention as a proxy for motivation and satisfaction, on the assumption that retention indicates at least some degree of CHWs being satisfied and motivated. It was agreed that stakeholder engagement is very important for driving the community forward as is to work with existing structures during implementation.

The panel, *what does trust have to do with the Sustainable Development Goals? Exploring the multiple relationships shaping Community Health Workers' experiences and performance* addressed trust issues in community health work and it was clear that trust among CHWs greatly influences their effectiveness and performance, which in turn influences health outcomes.

When considering incentives to improve motivation and performance of CHWs, it is important to factor in the broader context in which CHW are working, such as cultural norms and values, which are cherished in many communities. Further, partner mapping and partnership should be considered when partners need to collect information and data from communities. Challenges arise when CHWs are asked to collect different information from several partners from the same communities. Synchronization of information relayed by various partners of CHWs and communities should be considered to avoid breaking the trust, which happens when contradicting information is relayed.

Leadership, governance and accountability / multi-sectoral collaboration

Leadership from communities up to the government level were discussed in driving effectiveness of CHW programmes. Presentations tackled governance issues and multi-sectoral collaboration among government agencies, implementing partners, and donors. Given the multidimensional nature of current health challenges, it was clear that there is need to develop coordination guidelines to aid multi-sectoral partnerships. Some of the common challenges / issues are listed below:

- Signing memoranda of understanding with multiple stakeholders and government.
- Lack of coordination and bureaucracies in government agencies for multi-sectoral collaboration.

- Coordination and collaboration among partners not institutionalised by both donors and ministries of health.
- Governments should take lead in the process of implementation and partnership.

Many challenges stem from lack of supportive national policies and fragmentation of various NGO CHW programmes. It is up to governments to demand that NGOs support the countries' best interest. It is also important for governments to get involved in the assessment of CHW programmes (such as using the CHW Assessment and Improvement Matrix). Furthermore, local governments must create structures that allow CHWs to have a voice and advocate for themselves.

The panel, *Strengthening Community Health Workers Programmes in Africa*, discussed that despite the potential of CHW programmes, the lack of harmonisation between implementing partners was a hindrance in achieving the millennium development goals (MDGs). CHW programmes can support the attainment of multiple SDGs, but only if this fragmentation is addressed and governments take ownership of the initiatives.

Financing of CHW programmes and sustainability

CHWs play many roles and there is need to measure the amount of time spent on the different services they offer in future studies. There is a need to harmonise financial payments of CHWs. Financial and non-financial incentives increase motivation of CHWs. Incentives should be included in programme design, policy legislation, and institutionalised in the health system. A multi-sectoral approach is needed among all stakeholders working with CHWs.

Challenges and lessons learned

The presentations described challenges faced by CHW programmes, especially by CHWs themselves, the lessons learnt from the different projects and studies, and opportunities for improvement such as the non-financial motivation of CHWs already existing. The panel, *Lessons learned and opportunities for CHW implementation: global perspectives and experiences from Nigeria, Ethiopia, Tanzania, and Uganda*, found programmes need to establish local government and community ownership of programmes for sustainability to be achieved. Working within the existing government structures and CHW programmes is key to maximising resources and creating successful CHW programmes. It is important to establish a reporting system between CHWs and health facilities as this contributes to improved outcomes, and facilities can provide supervision and job mentorship of CHWs. However, CHWs are proud of their work even with the many challenges they face.

CHW experiences

During the conference, CHWs from Uganda (VHTs) participated and contributed to discussions and knowledge sharing. It was clear that VHTs are passionate about their work, but they were open about the challenges they faced in the communities.

When describing their roles and responsibilities, VHTs described activities relating to achieving not just SDG 3 (health) and 6 (clean water and sanitation) but most of the 17 goals.

Research priorities and gaps

Research is a critical component to designing and implementing effective programmes in the CHW model. Local academic institutions play an important role in partnering with government, NGOs, and local stakeholders to research and learn from CHW programmes, and create an evidence base. Policy frameworks are needed to clearly define the role of CHWs, but policymakers demand evidence so research plays a key role in ultimately improving policies.

Research must be ongoing and continue throughout programmes, and should be a priority in CHW activities. There are gaps in programming and service delivery stemming from local to national to global issues but it was noted that research is an essential tool to identify gaps and begin to find and implement potential solutions. Effective research and reviews of CHW programmes will create an evidence base to inform donors and policymakers. This will help to improve programmes and the policies governing CHWs to be more effective in reaching the SDGs.

Vertical streams

HIV / AIDS and TB

CHWs are critical to the success of HIV / AIDS, and TB programmes. Presenters shared task shifting models that released pressure from facilities by giving CHWs more responsibility with the aim to increase anti-retroviral therapy (ART) retention in communities. Through using community-based models and increasing the CHW role in referral and follow-up, retention can also be increased. It was clear that CHWs are a critical component to addressing gaps in treatment and retention that facilities are unable to manage. Evidence showed that CHWs are also crucial for tracking TB cases and stopping spread of the disease. CHWs know the community well, can follow-up TB patients to check on their status and well-being, and look for signs and symptoms of community members who have the infection. For HIV / AIDS as well as TB cases, evidence was presented that showed that CHWs can successfully distribute essential medicines to community-based groups, strengthening the supply chain. However, challenges still exist and must be considered during programming. Although resources are limited, it is essential to ensure continuous quality training of CHWs. Furthermore, referral rates can be low if CHWs are unable to escort patients to referral centres themselves.

Malaria, pneumonia and diarrhoea

Integrated Community Case Management (iCCM) of malaria, pneumonia and diarrhoea has proven successful in many countries when implemented by CHWs. The panel, *the past, current, and future prospects of iCCM in Uganda*, discussed how iCCM was instrumental in helping Uganda to achieve and make progress on some MDGs. It has been shown to be an effective model, but requires support and harmonisation across implementing partners to continue to be effective. With continued focus, iCCM will be instrumental in continuing to achieve health and well-being.

The biggest driver of cost for iCCM programmes is commodities, but this is not a problem unique to iCCM. Indeed, lack of commodities and supplies is an issue in many health systems in the developing world. However, a common challenge in the area of malaria prevention was that communities get fatigued by too many household visits by CHWs, and reduced use of insecticide treated nets (ITNs).

Maternal, newborn and child health

In the MDG era, efforts and investments were put on improving maternal, newborn, and child health outcomes. The crucial role of CHWs in decreasing maternal, newborn and child mortalities was clear across presentations. Improvement in MNCH outcomes with the support of CHWs was realised both in Uganda and Tanzania. CHWs were seen as instrumental across the continuum of care from pregnancy until the first weeks of delivery. They sensitise and mobilise the community to attend ANC visits and deliver at health facilities. CHWs also follow-up with pregnant women and their families during pregnancy and after birth.

The discussions at the symposium emphasised empowerment of women, and having more of them engaged in family planning issues. This will help to achieve gender equity targets under SDG 5. Additionally, men must be involved in family planning outreach and programmes of CHWs or else the SDG targets will probably not be reached. CHWs are an entry point for long acting reversible contraceptives (LARC) and they must have knowledge to pass on this information to communities. Furthermore, there must be a provision to teach about sexually transmitted infections (STIs) through family planning outreach. All presentations of the session illustrated how CHWs are important for the realisation of improvements in key MNCH indicators.

Non-communicable diseases

Non-communicable diseases (NCDs) are a huge public health threat around the world, especially in developing countries. The Symposium had a few presentations that focused on CHW contributions to NCDs. However, this is a subject that requires further attention and consideration to build the evidence base among CHW programmes.

Nutrition

CHWs are instrumental in fighting malnutrition among children under 5 years of age both by health education but also distributing key products to promote nutrition. It was suggested that nutrition should be considered as another component of iCCM in Uganda. Despite focusing on the effectiveness of CHWs in improving nutrition indicators, the presentations all linked back to the theme from many other sessions — that motivation and support are key to continuing the work of CHWs. The presentations all noted, that despite the success of several CHW programmes, results could have been even better, or sustainability ensured, with better resources, more incentives, and greater support from supervisors and government.

Conclusion and way forward

After three days of strong presentations and discussions surrounding various thematic areas, some clear takeaways were identified. Through systematic planning and multi-sectoral collaboration, CHW programmes can be a huge driving force to attain at least seven SDGs, namely SDGs 1 (ending poverty), 2 (ending hunger and ensuring food security), 3 (health and wellbeing), 5 (gender equality), 6 (clean water and sanitation), 10 (reduce inequalities), and 17 (partnerships for global health).

Evidence showed that successful CHW programmes have policy and national level support. This support is provided through strong leadership, governance, and country ownership and buy-in of CHW programmes. Furthermore, institutionalisation and integration of CHWs into the formal health care system structure is crucial. However, there is a clear need to address systemic challenges, before considering introducing new components to any health system.

Countries have relied on CHWs in health service delivery for many years yet they face many challenges such as poor selection and training; low motivation due to lack of remuneration; neglect of supervision; over burdening with many responsibilities; and inadequate funding. Evidence presented at the symposium showed that several health challenges can be tackled by CHWs if they are well trained, motivated and empowered.

From the 22 country experiences shared, it is clear that CHW programmes must be tailored to meet needs and priorities that are culturally and contextually appropriate. Successful programmes may wish to be replicated from one setting to another. However, without molding the programmes to meet the new context and country's needs, it would be likely to fail. Attention must be paid to CHW workload and feasibility of required roles and responsibilities. If CHWs are over worked and required to complete unachievable tasks, they will become demotivated and exhausted. Programmes must be structured to empower all HRH.

Many lessons were shared and learnt during the symposium. Through the continued partnership and cross-country collaboration and sharing of best practices, CHW programmes can be strengthened to further improve health outcomes.

The key lessons learned from the 1st International Symposium on CHWs were presented at the Institutionalising Community Health Conference in South Africa organised by USAID and UNICEF, where 24 countries came together to work on improving maternal, newborn and child health outcomes through strengthening community health programmes. The evidence presented at this conference will be critical in the development of country action plans and research agendas for community health systems globally. Furthermore, due to the success of the Symposium, it is hoped to be held every two years to continue learning and knowledge sharing with the aim of improving the quality of CHW programmes.

For more information on how to stay involved as well as receive updates on future Symposiums, please see the Symposium Statement in **Appendix II**.

Appendix I: Awards

Agnes Namagembe from World Vision won 2nd best poster presentation.

Keneth Kabali from Omni Med Uganda won the best poster presentation.

Alfred Wise from Living Goods won 3rd best oral presentation.

Elizabeth Ekirapa from Makerere University School of Public Health won 2nd best oral presentation.

Rosalind Steege from Liverpool School of Tropical Medicine won the best oral presentation.

Second best CHW World Vision essay award went to Lubega Grace Biyinzika from Uganda and received 50 GBP from the Dean, Makerere University School of Public Health, Uganda.

The CHW World Vision best essay award went to Kausar S Khan from Pakistan and was awarded 100 GBP from the Dean, Nottingham Trent University, UK.

Appendix II: Symposium Statement

Kampala Statement from the 1st International Symposium on Community Health Workers

Kampala, Uganda

23 February 2017

Introduction

From the 21-23 February 2017, Kampala hosted the first International Symposium on Community Health Workers. The symposium theme was *Contribution of Community Health Workers in attainment of the Sustainable Development Goals*. The symposium generated an impressive amount of attention, with over 300 abstracts received from researchers, practitioners, donors, and students from around the world. Various stakeholders came together to give presentations highlighting how different successful models, methods and approaches have been used to strengthen Community Health Worker programmes. The Symposium had an attendance of over 450 participants from 22 countries who took part in in-depth discussions, knowledge sharing, and networking.

Background

The idea for the Symposium began when Makerere University School of Public Health (Uganda) and Nottingham Trent University (United Kingdom) realised there were limited opportunities for sharing knowledge on a crucial element of human resources for health, Community Health Workers (CHWs). Through further conversations with multiple stakeholders, it was discovered that the demand for an event of this kind was necessary. The idea to host a symposium, to share best practices and lessons learned, as well as brainstorm innovative solutions through cross-country collaboration, was born with funding support from the United Kingdom (UK) Department for International Development (DFID) through Tropical Health and Education Trust (THET). The two Universities engaged many partners, locally and globally, to make the Symposium a possibility. The theme was chosen due to the timing of the recently launched Sustainable Development Goals (SDGs), as many countries were planning and implementing programmes to achieve these international targets.

Through outreach, engagement, and mobilisation of partners, the Symposium gained momentum. Healthcare Information for All (HIFA) organised an online thematic discussion that took place over six weeks in the build up to the Symposium. In addition, World Vision, with support from CHW Central, Makerere University, and Nottingham Trent University, hosted a blog series with the theme a *Vision of Tomorrow's Community Health Workers* to kick start conversations. The success of the Symposium illustrates the strong need for future global meetings with focus on CHWs and their programmes.

Key takeaways

During three days of over 140 oral and poster presentations, as well as 3 key note addresses, 13 panel discussions and 2 workshops, the following key takeaways emerged:

- Through systematic planning and multi-sectoral collaboration, CHW programmes can be a huge driving force to attain at least seven SDGs namely: SDGs 1 (ending poverty), 2 (ending hunger and ensuring food security), 3 (health and wellbeing), 5 (gender equality), 6 (clean water and sanitation), 10 (reduce inequalities), and 17 (partnerships for global health).
- Successful CHW programmes have support at policy and national levels. This support is provided through strong leadership, governance, country ownership and buy-in.
- Institutionalisation and integration of CHWs into the formal health system structure is crucial. In addition, there is a clear need to address existing systemic challenges including structural, social, economic, and political determinants of health, before considering introducing new structures to any health system.
- CHW programmes must be tailored to meet needs and priorities that are culturally and contextually appropriate. Successful programmes can be replicated from one setting to

1

another, and cross-country learning should be encouraged. However, interventions need to be moulded to take account of local realities.

- CHW programmes should be subject to regular evaluation and review to ensure that they are working optimally.
- CHWs collect and hold the data, which should be fed into national information systems for decision making. They must be supplied with the tools and analytical frameworks to understand this information to inform their communities and continuously improve quality.
- Attention must be paid to CHW workload and feasibility of the roles and responsibilities they are asked to take on. If CHWs are over worked and required to complete unachievable tasks, they will become demotivated and exhausted. Programmes must also be structured to enable CHWs to become empowered.
- CHWs should be supported and incentivized, which may vary according to context. Incentives must be culturally and contextually appropriate.
- It is important to factor issues of equity, disability and gender, as well as reproductive health among adolescents into CHW programmes and policies.
- CHWs must be cherished, their ideas and concerns heard. Programmes should be established to ensure that CHWs feel comfortable expressing their concerns openly. They should continue to help lead future Symposia.

Actions

Through the extensive discussions and knowledge sharing at this Symposium, it is clear that all stakeholders make important contributions, providing support that CHWs need to be successful in their role in attaining the SDGs. Some future actions are broken down by stakeholder below:

1. Donors and research funders

Donors must prioritise funding CHW programmes that are evidence-based and with strong country ownership and leadership. Research funders must prioritise the monitoring and evaluation of CHW programmes and their impact on SDG achievement. Funders should also prioritise their investments around host country government priorities and needs as well as avoid fragmentation and poor coordination, which undermines CHWs.

2. Researchers / academics

Researchers and academics must continue to study motivation and incentives of CHWs, governance structures, and linkages to improve existing and upcoming programmes. They should also prioritise rigorously researching existing CHW programmes' impact in relation to achieving the SDGs. Further, researchers and academics must look to disseminate their findings widely through open access peer-reviewed and grey publications, and in formats that are legible to CHWs and the communities they serve. Methods that enable CHWs to research their own realities and set the questions that should be reviewed are encouraged.

3. Policy makers

Leadership, ownership, and buy-in are essential for successful CHW programmes. Policy makers should acknowledge the importance of CHWs across sectors and ensure the necessary support is in place. Policy makers should conduct frequent mapping of partners and existing programmes to avoid overburdened and disempowered CHWs, as well as programmes that are not in line with country priorities. Through mapping exercises, facilitation of partnerships and knowledge sharing can be easily conducted. Proper accountability, and monitoring and evaluation mechanisms should be in place and maintained frequently. Policy makers should make time and space to give thanks to CHWs for the contribution they make to their nation's health.

4. Practitioners and communities

Practitioners must prioritise partnership with the above-mentioned actors, as well as with other stakeholders and the communities themselves. Through partnership and continued dialogue, practitioners (including implementing partner organisations, health workers, and government workers) will be able to avoid duplication of efforts, overloading, and disempowering CHWs, and increase impact and health outcomes. Indeed, there is need to harmonise incentives and remuneration of CHWs. Practitioners and communities should also work together to conduct asset mapping as well as determine the existing (informal and formal) structures when designing programmes.

5. All

All stakeholders must work together to support CHWs so that they feel empowered, recognised, successful, and have an impact in their roles. Conversations and knowledge sharing should happen on a frequent basis across all sectors.

Conclusion

It became apparent that there is a strong need to continue the dialogue between local, national, and global stakeholders involved in CHW programmes. It was proposed at the Symposium that such events be held every two years. The organisers of the first Symposium are committed to supporting this in conjunction with other partners such as the [Health Systems Global Thematic Working Group on Supporting and Strengthening the Role of Community Health Workers in Health System Development](#) and other interested networks and projects. Countries / institutions interested in hosting the second Symposium should begin to explore this opportunity.

In order to stay involved in the discussion and ongoing cross-country collaboration, the following platforms are available to continue the dialogue and learning:

- Healthcare Information for All (HIFA) – www.hifa.org
- Key resources and discussions can be found and contributed to CHW Central – www.chwcentral.org
- Become a member of the Health Systems Global Community Health Workers Thematic Working Group (HSG TWG) and receive important updates on latest health systems research and knowledge translation, as well as contribute to the dialogue. Email faye.moody@lstmed.ac.uk for more information on how to join. For questions or more information, please contact chwsymposium@musph.ac.ug.

