



HIFA discussion on CHW: Empowering CHWs to accelerate progress towards Universal Health Coverage

Week 5 Compilation

CHWs (105) Henry Perry: Progress in the revitalization of primary health care and recent publication of interest

27 June, 2019

Dear HIFA colleagues,

I received today an email from Henry Perry (a leading global and community health expert at the Johns Hopkins Bloomberg School of Public Health), who notes "The growing leadership of the World Health Organization in primary health care as the means to achieve Universal Health Coverage and its growing support for large-scale community health programs is exciting to see." "Feel free to share this with any individuals (or any listserv of individuals) you think might be interested", he says. I am sure everyone on HIFA will be interested to read what he says:

Dear colleagues and friends:

I hope you are doing well. This is a listserv broadcast to those of you I know with an interest in primary health care and community health. Apologies for the formality of this communication.

The past two years have been a great time for those of us with a passion for the potential of primary health care (including community-based service delivery and community engagement) for improving the health of populations around the world. One of the most important advances for the movement to revitalize primary health care has been the installation of Dr. Tedros Adhanom Ghebreyesus as Director General of the World Health Organization, whose campaign platform for his election was based on his achievements as the Minister of Health of Ethiopia in transforming its national primary health care program through the training of 38,000 Health Extension Workers, one for every 2,500 people in the country, and the benefits for population health that resulted. At the World Health Assembly just a few weeks ago (on 20 May 2019), Tedros's keynote address including the following:

"The Declaration of Astana, endorsed by all 194 Member States last year, was a vital affirmation that there will be no UHC [Universal Health Coverage] without PHC. Primary health care is where the battle for human health is won and lost. Strong primary health care is the front line in defending the right to health, including sexual and reproductive rights. It's through strong primary health care that countries can prevent, detect and treat noncommunicable diseases. It's through strong primary health care that outbreaks can be detected and stopped before they become epidemics. And it's through

strong primary health care that we can protect children and fight the global surge in vaccine-preventable diseases like measles.... Of course, strong primary health care depends on having a strong workforce, working in teams. Doctors, nurses, midwives, lab technicians, community health workers – they all have a role to play.” (available at http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_3-en.pdf)

Last fall, the world celebrated the 40th anniversary of the Declaration of Alma-Ata at Astana, Kazakhstan, resulting in the Declaration of Astana, mentioned by Dr. Tedros above, which reaffirmed the principles of primary health care as embodied in the Declaration of Alma-Ata (available at <https://www.who.int/docs/default-source/primary-health/declaration/gcphc...>). The “WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes” was released at the Astana Conference. A copy is attached and is also available at <http://socialserviceworkforce.org/resources/who-guideline-health-policy-...>. An abridged version of this was published in Lancet Global Health and is attached (Cometto 2018).

In December 2018, Director-General Tedros gave a report to the Executive Board of the World Health Assembly entitled “Community health workers delivering primary health care: opportunities and challenges” (available at http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_2-en.pdf) which called on countries to consider the value of integrating CHWs into health systems for the long term. This was followed by a report of the Executive Board of the World Health Assembly in January 2019 entitled “Community health workers delivering primary health care: opportunities and challenges” (available at http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_R4-en.pdf) recommended that the World Health Assembly adopt a resolution that called upon member states to implement the WHO guidelines on CHWs and to recognize the importance of CHWs for achieving Universal Health coverage. In May 2019 the World Health Assembly passed a historic, first ever resolution on CHWs recognizing the essential role the CHWs play in delivering primary health care and the need for better integration into and support from health systems (available at: http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R3-en.pdf).

Of particular note has been the strong progress made in the recognition of the value of community health workers for strengthening primary health care systems and improving population health. Over a two-year period, the World Health Organization led a process for developing national guidelines for CHW programs. A team I led had the privilege of carrying out a systematic review of reviews that had been published in the peer-reviewed literature. This review turned out to be foundational for the guidelines that we were released in the fall. Our paper was published in Human Resources for Health last fall (Scott et al., 2018, attached).

I am pleased to share with you some other publications that I have been most fortunate to help with that have been published over the past year. These publications are all open access, so feel free to share them with any individuals or listservs that have an interest in these topics.

One article (Perry 2018 – PHC Redefinition) provides my view of how the Alma-Ata definition of PHC might be updated to address 21st century realities. This arose originally from a consultation I carried out in 2013 with the Gates Foundation. Two articles (O’Conner 2019 and Hutain 2019) describe some pioneering work in the slums of Freetown, Sierra Leone on engaging communities to understand and address their health problems with the assistance of a leading NGO, Concern Worldwide. Another article (Perry & Rohde 2019) describes the groundbreaking and ongoing work of

the Comprehensive Rural Primary Health Project in Jamkhed, India – now approaching 50 years of community health worker deployment and community engagement. Finally, a book review I wrote addresses some important issues about payment of volunteer CHWs.

The growing leadership of the World Health Organization in primary health care as the means to achieve Universal Health Coverage and its growing support for large-scale community health programs is exciting to see.

Thanks for your interest in and commitment to primary health care and community health! Feel free to share this with any individuals (or any listserv of individuals) you think might be interested.

Best wishes,

Henry

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Note: The original email had several attachments but HIFA does not carry attachments. If you would like me to forward the original email with attachments, just let me know: neil@hifa.org

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

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

Access the CHW Guideline here:

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

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CHWs (106) CHWs in Uganda

27 June, 2019

HEALTH ASSISTANTS IN UGANDA IS UNTAPPED OPPORTUNITY

In Uganda Health Assistants are trained community Health Workers. There is a significant number of them unemployed. They are well trained to work and serve villages and parishes as Health promoters.

There is need to explore more and invest resources in community based health services and health information especially in Sub Saharan Africa.

The health sector staffing at national and local government levels need restructuring to establish Health Assistant position at Parish Level, Health Inspector position at Sub County Level, Environmental Health Officer at County Level and Assistant District Health Officer at District Level.

Critical professionals for community based Health Services are required to achieve health for all. Community led primary health care interventions need specially trained health cadres who are Health Assistants, Health Inspectors etc and provision of modest resources required for them to deliver community based health services.

Benon Ndemere

Senior Environmental Health Officer/Community Based Education Facilitator.

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CHWs (107) Reflections on CHW Discussion Week 3

30 June, 2019

During week 3, we discussed length of CHW training, competency domains, and modalities.

CHWs often provide sexual and reproductive information and services. On June 17th, our colleague from IBP, Nandita, shared some useful resources that delve more deeply into best practices and case studies. One such resource is the "WHO Summary Brief on Task Sharing to Improve Access to Family Planning/Contraception," published 2017. On page 7, it states:

"There needs to be more rigorous evidence about the effectiveness or acceptability of lay health workers providing injectable contraceptives in various contexts or conditions, especially when being considered for implementation and scaling up. Particular attention must be given to specific issues such as risks or harms for which little or no relevant information is available."

It is now becoming more common for CHWs to provide both depo provera (DMPA-IM) and sayana press (DMPA-SC). This is an example of how the "competency domains" can be quickly expanded as new treatments and/or knowledge becomes available. This WHO summary brief and other such statements should be living documents, quickly incorporating new pilots and shifting recommendations so that all governments and NGOs that work with CHWs are well-informed about the kinds of tasks that CHWs may take on.

Sunanda's contribution on June 18th provided quite useful implementation concerns about CHW selection. I particularly appreciated the following:

"The less educated of the workers are often the best for practical work with mothers and children but the graduates are better at documentation of work. We continue with the practice of pairing the less educated older women (with better managerial skills) for work with the young graduates as they complement each other with their knowledge and skills."

These are the kinds of on-the-ground experiences that are difficult to capture in guidelines with large scopes and overarching questions, but are nevertheless extremely valuable. I hope those working with CHWs utilize online fora, such as CHW Central, or in-person conferences, as the CHW Symposium (Dhaka, Bangladesh in November), to take heed of these experiences in implementation.

Lastly, Neil raised quite a useful set of questions regarding the competency domains covered in pre-service training. One such question was, "Are there advantages to make training modular, so that all CHWs in a given country would have the same pre-service training, with the option to specialise later by taking further modules?"

I wonder how that would affect the community members' understanding of the roles of CHWs, and usage thereof. Would it just spread through a community that their CHW now had a particular test or new service? Or would there be any confusion caused if certain CHWs covered a particular specialization and others did not? How does that work now in villages where multiple NGOs train CHWs to do slightly different work?

Thanks,

Amelia

HIFA profile: Amelia Plant is the Portfolio & Impact Manager at Preston-Werner Ventures, a San Francisco-based foundation looking to create scalable impact at the intersection of climate change and social justice. Amelia specializes in sexual reproductive health and rights, focusing on family planning information & access. She is currently based in Cairo, Egypt. She is a member of the HIFA working group on Family Planning and the HIFA wg on Community Health Workers.

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CHWs (108) Certification of CHWs (5)

30 June, 2019

Thanks as ever for your inputs. Special thanks to HIFA volunteers Amelia Plant (weekly reflections) and Sam Pakenham-Walsh (compilations).

We now move into the penultimate week of our first (of three) thematic discussion on CHWs and the WHO Guideline: Health policy and system support to optimize community based health worker programmes.

This week we invite you to comment on Recommendation 5 of the Guideline:

Recommendation 5

WHO suggests using competency-based formal certification for CHWs who have successfully completed pre-service training.

Certainty of the evidence – very low. Strength of the recommendation – conditional.

How does this Recommendation relate to current practice in your country/experience? Is it implementable in your country/experience?

The guideline notes that certification 'can be a pathway to greater competency of CHWs (and hence improved patient safety through better quality of care). Further, it can enhance credibility, recognition and employability of CHWs'. It notes also: 'From the perspective of citizens and communities, formal certification may protect the public from harm resulting from the provision of inappropriate care rendered by providers lacking any training but purporting to be qualified'.

'In some countries this could also be a requisite for authorization of practice, and the pathway to formal contracting, remuneration, and the availability of opportunities for career progression'

You can read details of Background, Rationale, Summary of evidence, Interpretation of evidence, and Implementations considerations in relation to Recommendation 5 on pages 43-5 of the Guideline:

<https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-en...>

We look forward especially to hear from CHW programme managers, trainers and community health workers themselves. You can contribute to the discussion by sending an email to: hifa@hifaforums.org

Remember, we welcome and encourage contributions on *any* aspect of CHWs at any time.

Best wishes, Neil

Coordinator, HIFA Project on Community Health Workers

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

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CHWs (92) 2nd International Symposium on Community Health Workers, Dhaka, 22-24 November, 2019 (3)

1 July, 2019

Dear Colleagues,

Given our experience of hosting the first International Symposium on Community Health Workers that was held in Uganda in 2017 and attended by over 450 participants from 22 countries, I would strongly encourage those working with or having interest in CHWs to plan to attend this event to be held in Bangladesh later this year. The 2nd international symposium will provide opportunities for networking, sharing experiences and best practices, as well future collaboration.

[<http://chwsymposium2019.icddrb.org/>]

Best wishes,

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CHWs (110) What are the effective elements in patient-centered and multimorbidity care? A scoping review

1 July, 2019

(h/t Alberto Fernandez, EASP/WHO-CC, lead moderator HIFA-Spanish)

Citation, abstract and comment from me below.

CITATION: BMC Health Serv Res. 2018 Jun 14;18(1):446. doi: 10.1186/s12913-018-3213-8.

What are the effective elements in patient-centered and multimorbidity care? A scoping review.

Poitras ME1, Maltais ME2, Bestard-Denommé L3, Stewart M3, Fortin M2.

ABSTRACT

BACKGROUND: Interventions to improve patient-centered care for persons with multimorbidity are in constant growth. To date, the emphasis has been on two separate kinds of interventions, those based on a patient-centered care approach with persons with chronic disease and the other ones created specifically for persons with multimorbidity. Their effectiveness in primary healthcare is well documented. Currently, none of these interventions have synthesized a patient-centered care approach for care for multimorbidity. The objective of this project is to determine the particular elements of patient-centered interventions and interventions for persons with multimorbidity that are associated with positive health-related outcomes for patients.

METHOD: A scoping review was conducted as the method supports the rapid mapping of the key concepts underpinning a research area and the main sources and types of evidence available. A five-stage approach was adopted: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; and (5) collating, summarizing and reporting results. We searched for interventions for persons with multimorbidity or patient-centered care in primary care. Relevant studies were identified in four systematic reviews (Smith et al. (2012;2016), De Bruin et al. (2012), and Dwamena et al. (2012)). Inductive analysis was performed.

RESULTS: Four systematic reviews and 98 original studies were reviewed and analysed. Elements of interventions can be grouped into three main types and clustered into seven categories of interventions: 1) Supporting decision process and evidence-based practice; 2) Providing patient-centered approaches; 3) Supporting patient self-management; 4) Providing case/care management; 5) Enhancing interdisciplinary team approach; 6) Developing training for healthcare providers; and 7) Integrating information technology. Providing patient-oriented approaches, self-management support interventions and developing training for healthcare providers were the most frequent categories of interventions with the potential to result in positive impact for patients with chronic diseases.

CONCLUSION: This scoping review provides evidence for the adaption of patient-centered interventions for patients with multimorbidity. Findings from this scoping review will inform the development of a toolkit to assist chronic disease prevention and management programs in reorienting patient care.

COMMENT (NPW): From the perspective of our CHW discussion, the complexity of modern healthcare and increasing levels of multimorbidity in LMICs provide a further rationale for integrating CHWs into the health system as the first level of care, with referral to higher levels in the system as needed. Of course, this implies adequate knowledge of co-morbidities among CHWs as well as integrity of the system as a whole to deal with cases requiring higher levels of care.

Best wishes, Neil

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CHWs (111) Family physicians

1 July, 2019

Thanks Neil for the active consultation on CHWs.

I do wonder where is the equivalent discussion, given the very welcome new attention to primary care and the value of CHWs, to family physicians and diagnosticians?

For example I did a quick word search on Perry's papers and the word "diagnosis" appears just 3 times in all the papers. But when communities are dealing with NCDs as well as infection, diagnosis is really important, and needs trained professionals. Then treatment can follow protocols. This rapid response from Donald Li is relevant. <https://www.bmj.com/content/365/bmj.l2391/rapid-responses> [*see note below]

What are colleagues expecting in terms of responsibilities for diagnosis in LMICs, particularly given likelihood and complexity of multiple morbidity? Secondly, what about responsibility for communicating the diagnosis, which is a major challenge, particularly for NCDs regarding longterm care, behaviour change and maybe treatment.

Thanks

Siân

HIFA profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

[*Note from HIFA moderator (Neil PW): For the benefit of those who may not have immediate web access, here are the opening paragraphs:

Re: Primary healthcare is cornerstone of universal health coverage

'With reference to the editorial "Primary health care is cornerstone of Universal Health Coverage" published in the BMJ of 3rd June 2019
[\[https://www.bmj.com/content/365/bmj.l2391\]](https://www.bmj.com/content/365/bmj.l2391)...

We completely support the position that primary health care (PHC) is THE cornerstone of universal health coverage (UHC). PHC is the most effective and inclusive means to deliver health services and certainly does need wise investment. Current PHC systems are indeed inflexible and without resources to address social determinants of health. There is a need to re-invent primary care such that communities are at the centre of healthcare. We are convinced that community health workers (CHWs) are an essential part of the PHC team.

However, the statement on Rwanda that 'stand-alone' community health workers (CHWs) acting as "the functional link between communities and health care facilities, SUCH AS HOSPITALS" is expected to provide sustainable UHC disturbs us. The editorial does not mention that good quality

primary care for patients before they reach hospitals is more cost-effective and that PHC is essentially a team approach...']

CHWs (112) Certification of CHWs (6)

1 July, 2019

Recommendation 5: Using competency-based formal certification for CHWs who have successfully completed pre-service training.

Certification is important to formalizing the CHW profession, raising CHWs profile/perceptions of legitimacy among other healthcare workers and providing them a foundation for career advancement. Yet setting up credentialing systems can be tricky; effective formal certification requires management and tracking systems. In the US, states have grappled with how to credential CHWs, what it means for sustaining the profession, and the challenges it presents to maintaining some of the best qualified CHWs – who may not speak English fluently or have high levels of education – in the profession. While the US is a high income country, we face huge barriers to health access for poor and underserved populations and many of the issues states are grappling with and the lessons they have learned will resonate with people in low- and middle-income countries.

For those interested in reading more on CHW certification, try this CHW Central link to see what is currently available: <https://www.chwcentral.org/search/node/Certification>

To read more about state approaches to certification and CHW leadership in certification processes in the US try:

<https://www.chwcentral.org/community-health-worker-chw-certification-and...>

<https://www.chwcentral.org/how-chw-leadership-strengthens-certification-...>

<https://www.chwcentral.org/community-health-worker-credentialing-state-a...>

I hope these are helpful and informative.

Best regards,

Becky

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HIFA profile: Rebecca Furth is a public health specialist and cultural anthropologist. She is a Senior Technical Advisor at Initiatives Inc., USA and Technical Manager for www.CHWCentral.org. Her professional interests include human resources for health, community health worker program strengthening, organizational development, health systems strengthening, and culture and development. She is a member of the HIFA working group on CHWs. <http://www.hifa.org/support/members/rebecca-0> rfurth AT initiativesinc.com

CHWs (113) Family physicians (2)

2 July, 2019

Dear Sian, really thanks for your letter.

Diagnosis: the cornerstone of medicine.

As you said therapy will follow guidelines available.

Diagnosis must be written down in the health book which stays in the hands of the patient. So simple... so impossible to obtain.

CHWs will never be able to make right diagnose, unless they study medicine in university. The formal cadres in health-care, those in white uniform that work in rural dispensaries (and feel abandoned!!) can make diagnose. They must be regularly refreshed, motivated, supported(!).

They, They and not the CHWs are the health providers recognized by the community.

Unfortunately emphasis today is on CHWs, despite the fact that majority of governments in poor countries have no money neither intention to recruit them.

Greetings from Dodoma

Massimo (Serventi)

Pediatrician

HIFA profile: Massimo Serventi is a long-standing Pediatrician working in Africa since 1982. He currently works on a volunteer basis in an excellent missionary/credited hospital in north Uganda, St. Mary's Hospital-Lacor-GULU. He has worked for several NGOs in 6 African/2 Asian countries. His interests include clinical and community pediatrics, adherence to clinical guidelines and school education as the major determinant of good health. massimoser20 AT gmail.com

CHWs (114) Family physicians (3) Telemedicine

2 July, 2019

Dear Dr Servanti, and colleagues,

www.swinfencharitabletrust.org

Please look at our website. We have been supplying doctors working in the developing world with poor, sick, and disabled people, telemedicine links free of charge for over 20 years. 78 countries, hundreds of doctors and nurses benefit from the expert medical advice offered by our volunteer consultants on diagnosis and treatment.

We would be delighted if you would like to join as a referrer from whichever country you happen to be in.

Lord and Lady Swinfen

The Swinfen Charitable Trust

01227 721001

www.swinfencharitabletrust.org

CHWs (116) Certification of CHWs (7) Certification of CHWs in Nigeria

2 July, 2019

It feels good to be in week 5 already.

As stated already during this discussion, Nigeria already practices competency based certification in the pre service training arena for CHWs/CHPs. What is left is to ensure regular and timely updating of the criteria to meet current best educational/ training practices.

Nigeria has already made an excellent head-start in embracing, integrating and motivating community health practitioners within its health system, especially as the practice mostly aligns with the WHO guideline under discussion. What remain for Nigeria is to adapt regularly and as frequently as necessary to keep pace with best evidence and best practice. Nigeria needs to expand the cadre of CHW to embrace others e.g. Traditional Birth Attendants for the many advantages mentioned already on this forum, provided the expansion is grounded on best practice ethos. Afae guards such as supervision, monitoring and evaluation of the whole structure is essential for success. But failure to adapt and improve consistently, leads to ossification and death of policy and practice.

Joseph Ana.

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a

TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

Website: www.hriwestafrica.com Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

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CHWs (117) Family physicians (4)

3 July, 2019

Thanks Massimo!

In days of obvious infection and no time for anything else, a simple approach might work but in the world of SDGs, it's complex.

Let us take breathlessness as a symptom.....it takes a lot of time and competence to understand the impact on the person, potential causes and negotiate an acceptable and feasible treatment plan including non-drug interventions.

This is partly what PACK is trying to do - take a symptom-based approach and identify who can do what, I think?

The danger of discussing one cadre of health workers in isolation somehow suggests they can do most things. As Neil mentioned in an earlier posting, there's a whole Rehab debate separate to this CHW one which talks about community-based rehab workers.

Are these a different cadre? You still need trained professionals assessing and tailoring a programme (eg pulmonary rehab, which, incidentally, Neil, is missing from the recent WHO Rehab Factsheet, as is breathing as one of the listed functions!

Best wishes

Sian

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CHWs (118) Family physicians (5)

3 July, 2019

It is true CHWs will misdiagnosed many many diseases but with simple algorithm and RTF they can diagnose malaria, simple dehydration from diarrhea and recognize certain signs and REFER isn't that

what we are trying to seek from them but most of all CHEWs are there to inform and advise on preventive and primitive health care.

HIFA profile: Toumzghi Sengal is a physician assistant and currently works as editor and free lance consultant in Eritrea and East Africa region. toumzghisen11 AT gmail.com skype:toumsen13 He is a HIFA Country Representative

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CHWs (119) Certification of CHWs (9) CHWs in Nigeria (2)

3 July, 2019

I think the Nigerian model is well developed. Prof. Joseph Ana is right about adaptation over time to make the scaled up CHW Initiatives successful and relevant to the community as well as the primary health settings they are meant for.

I also think that countries can learn from existing models and develop eclectic models with some common elements.

Thanks and regards,

Sunanda

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>

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CHWs (120) Model for CHW training

3 July, 2019

A model of providing continued education for CHWs in South Africa may be of interest to HIFA members. South Africa has a district health system for providing primary care. This includes district/ward based outreach teams made up of a professional nurse and 5 CHWs. Short courses for CHWs addressing topics such as Mother and Child Health have been developed using the innovative, self-directed education method devised for distance learning by nurses, midwives, medical and nursing students, and doctors. This method of group learning by health professionals has been used very successfully and well documented over the past 25 years. The courses are available as books or can be accessed on an open-source learning station using smart phones or personal computers (<https://bettercare.co.za/learn>).

Recently this method has been adapted for CHW who meet with their lead professional nurse on a weekly basis to read the material together and then discuss, in their home language, what has been studied. An unpublished study with CHWs shows that this method is well accepted and improves confidence, knowledge and understanding. The lead nurse facilitates the process but does not teach the CHWs. No formal trainers are needed and therefore the cost of training is minimal. The range of CHW courses is slowly being expanded to cover all important topics such as immunisation. Within a district health model thousands of CHWs can be supported with continuing education without the need for additional resources.

Regards, Dave Woods

HIFA profile: Dave Woods is emeritus professor in neonatal medicine at the School of Child and Adolescent Health, University of Cape Town, South Africa. He is Chairman of the Perinatal Education Trust and Eduhealthcare, both not-for-profit non-government organisations that develop appropriate self-help distance learning material for doctors and nurses who care for pregnant women and their children in under-resourced communities. He has 30 years experience as a clinical neonatologist, with particular interests in perinatal care and training of health professionals. He is currently developing paper-based continuing learning material in maternal care, newborn care, childhealth, and care of adults and children with HIV/AIDS. He is also participating in the design and development of wind-up appropriate health technology for poor countries. www.pepcourse.co.za pepcourse AT mweb.co.za

CHWs (121) Family physicians (6)

3 July, 2019

Dear Hifa members,

Sian's posting and her line of thoughts on the roles of CHWs should be taken seriously. I do not mean going backwards because a lot of progressive ideas have been discussed and double checked and lessons learnt from successful stories. But the Professional caution from Sian is critical in that the anatomy of a human being is a complex one, that is why it takes several years for someone to be trained, working dummies, internship under strict mentorship by qualified doctors. I am not suggesting that these cadres are assuming the role trained personally NO! Because medicine is a refined art at the same time health is too important to be left in the hands of doctors alone. However, taking a simplistic approach may impact negatively on what has been achieved but the same time I wish to appreciate what Neil and his team are doing communicating WHO guidelines and the valuable contributions from experts. My proposal therefore is that retired health personnel should be taking a

leading role in working very closely with this group of cadres otherwise we are all together, UHC is the rationale behind all these strategies.

HIFA profile: Kenneth L Chanda is Associate Consultant and Lecturer at National Institute of Public Administration where he is lecturing in Records Management. He is co-author of The development of telehealth as a strategy to improve health care services in Zambia. Kenneth L. Chanda & Jean G. Shaw. Health Information & Libraries Journal. Volume 27, Issue 2, pages 133139, June 2010. He recently retired as Assistant Medical Librarian at the University of Zambia. klchanda AT gmail.com

CHWs (122) Reflections on CHW Discussion Week 3 (2)

3 July, 2019

Greetings to all!

It has been one of those better months with all the interactions on CHWs. Thanks to all, I have learned a lot, reflected a lot and have completed a lot of circles and now looking at many things in a new light. What I realized is that I have not stress as much as I think and believe, the importance of having CHWs program linked to the national health system and the importance of working “WITH” communities using a health system strengthening (HSS) approach for effective implementation that will not only improve health but transformed communities and nations.

I know we all know the WHO six building blocks [*see note below], however a few years ago, I was introduced to the adapted one by Jhpiego in its Malaria Program. That approach contains an additional 3 blocks – 7. Policy issues (everything to do with policy including, formation, revision, monitoring, implementation, etc.) 8. M&E (looking at what is called (MERL) monitoring, evaluation research and learning) and 9. Community (everything connected with community, including services, providers, approaches). I found that to be very effective and applies that as my HSS approach with 9 instead of 6 blocks in every think I do, even though many always says they are included with the others (blocks 1-6). However, to me they are so essential to transformation that they need to be emphasize as separate building blocks. I am recommending that adaption to you as you look at your CHW programs and you can place them in a checklist and see what you are doing about each and how well and get the “so what” before you move on addressing gaps/challenges and celebrating successes in our work of looking at PHC for UHC.

Peace, Marion

HIFA profile: Marion Subah works for JHPIEGO in Liberia. Marion.Subah AT jhpiego.org

[*Note from HIFA moderator (Neil PW): The six building blocks are:

- 1: health service delivery
- 2: health workforce
- 3: health information systems
- 4: access to essential medicines
- 5: health systems financing

6: leadership and governance

<https://www.who.int/healthinfo/systems/monitoring/en/>]

CHWs (123) CHWs in Nigeria (3)

3 July, 2019

I must thank Dr. Joseph Ana for these positive responses about CHEW certification in Nigeria. Sorry, I have not been able to respond for a while, I was preparing, writing my exams with LUTH.

CHEW in Nigeria is Community Health Extension Workers, the word 'Extension' means they have a wide range areas touching health to cover, and that what we have been doing, including Intersectoral collaboration with different ministries, agencies, communities, organizations to ensure health for all.

CHEWs in Nigeria have gone beyond, the bulk of services to the hard to reach areas, the neglected, the forgotten, about 75% of the rural population in Nigeria is served by the CHEWs.

Recently, credence to their skills came to fore leading to stakeholders coming together to assign more task to the under the title - Task Shifting, Task Sharing. I want to thank HIFA, Dr. Joseph and many other contributors for the interest, keep encouraging the positive aspect and let's work together to ammend any needing areas.

CHEWs are expected to supervise, train and monitor the activities of VHW, TBA and others. They spend 40% of their time in the clinic and 60% in the community doing home visit, referrals and other integrated services.

CHEWs has the slogan of 'Community Health - Our Concern'.

HIFA profile: Owolabi Sunday Adebayo is a Health Officer (CHW) with special interest in Herbal medicine at Ilera Eda Herbal World in Nigeria. Professional interests: Trained Community Health Extension Worker, has cert in Health Administration and Mgt and a Bsc in Health Edu. Professional interest in Traditional medicine. I operate a traditional medicine center, produce Herbal medicine.... currently treating patients with High blood pressure, stroke and breast cancer. Email address: oasisofcreative AT yahoo.com

CHWs (124) Family physicians (7) PACK (Practical Approach to Care Kit) (5)

3 July, 2019

Sian, you are right PACK (Practical Approach to Care Kit) tries to mimic how patients present to the clinic and the subsequent practitioner-patient interaction, which is why it is symptom based (patient presentation) and algorithm navigation (to arrive at differential diagnosis of the patient in front of the practitioner). In Nigeria for instance it has brought all the cadres into interaction and cooperation (JCHEWs, CHEWs, CHO, Nurses, Midwives, Doctors) using one Guide (unlike when every cadre had their own distinct guide separate from the other cadres).

One spin off in Nigeria is that where PAK Nigeria is in use there is multidisciplinary team working in harmony, respect for what each cadre brings to quality care and appropriate and timely referral after necessary stabilization of the patient, knowing cadre limits based on their curriculum of training and policy documents.

Inter professional disharmony in the health system in Nigeria is such a huge problem and it hinders health system strengthening and quality care, that there has been at least three Presidential Committees by the Federal Government on the problem, seeking solution. PAK Nigeria by making all cadres work together seamlessly provides a veritable way to integrate care amongst cadres, harmoniously.

Joseph Ana

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

Website: www.hriwestafrica.com Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

CHWs (125) Certification of CHWs (10)

4 July, 2019

Hi Daniel, [in response to Daniel Stern: Tanzania/Uganda: <http://www.hifa.org/dgroups-rss/chws-114-certification-chws-7>]

I couldn't agree with you more. I have seen CHWs with little education in India, Tanzania and Zambia learn skills and provide excellent quality services. I think the question is not can CHWs, with variable levels of education, be trained and perform, but how do we maintain the dynamism and diversity of CHWs as programs formalize? For example, in creating national salaried cadres of CHWs, countries such as Tanzania, Zambia and others have found that to be paid through the civil service, CHWs have to meet civil service education requirements (frequently grade 10, 12 and a certain number of O levels) and this leaves out many of the existing CHWs trained to provide MNCH, HIV or other services. The same is true in the US, as states move to create formal certification programs, they grapple with how to ensure that valuable and existing trained workers are not "left behind" because they do not meet newly established criteria for certification. Many states have dealt with this by putting in place systems to "grandfather" in existing workers, enabling them to become

certified by taking into account experience over certain minimum education requirements, for example, while simultaneously establishing new education and training requirements for new CHWs.

Becky

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