A Collective Impact Approach to Accelerate Achievement of UHC through Government-Led Scale-Up of Integrated CHW Programs
Opportunities, Politics and Policy Must Align for Change
Coalitions of Like Minded Organizations Can Orchestrate Change
Large Scale Change Occurs When New Dimensions of an Issue Gain Traction
Community Health Systems: Our Collective Effort

- Institutionalizing Community Health Conference (Co-hosted by USAID and UNICEF, in collaboration with BMGF, WHO, and MCSP 2017): Country delegations leading the dialogue on community health systems integral to primary health care
- **10 Critical Principles for Institutionalizing Community Health**
- Lancet Commentary: Highlighted 3 Shifts + 10 Principles
  1. A systems approach urgently needs to be taken for community health
  2. Financing remains a key challenge and must be addressed
  3. Our approach to policy-making and knowledge management needs to be transformed
Community Health Systems Collaboration Architecture
New Knowledge -- South-South Exchange/Leadership -- Evidence, Policy, Action

ICH Community of Practice
Institute of Tropical Medicine, Antwerp
UNICEF-USAID-BMGF

CHW Guidelines
CHW Hub
WHO

Community Health Academy
Last Mile Health/Harvardx

ICH Partners
Government – Civil Society
-- Community, with USAID Mission & UNICEF Country Office Engagement
(National – Local links)
Measurement, Learning, & Evaluation Implementation Research

Global Investment Framework
UN Special Envoy, UNICEF, USAID, Rockefeller, Others

Last Mile Health
Evidence-based Advocacy
Knowledge Translation
Link ICH partners to PHCPI

Population Council
Performance Metrics
Focal Implementation Research

25 PCMD Priority Countries + Additional Countries

CHW Design Principles
CHW Coalition
CORE Group Coalition
USAID MCSP
USAID Flagships
Opportunities, Politics and Policy Must Align for Change
Policy and Advocacy to Scale Frontline Delivery

- Achieve and sustain effective coverage of high-impact health and nutrition interventions at scale to contribute to ending preventable child and maternal deaths

- Strengthening the role of community health approaches to reduce barriers to effective coverage in diverse systems to support national policies and implementation plans
The Status Quo

- Evidence Synthesis, Knowledge Translation
- Other Policy Inputs

?? Black Box of Policymaking

Public Policy
The Challenge

Despite robust evidence on “technical design” components of CHW programs and broad consensus on its importance, few have reached national integration and scale.

Two chief bottlenecks are:

SYSTEMS PERSPECTIVE & TRANSFORMATION
CHW program design is often isolated from other system support structures, including a comprehensive approach to planning and design which considers the mechanisms of leadership & governance, service delivery, financing, health information and quality improvement as examples.

ADVOCACY AS A PROCESS
CHW program design is often not embedded in the larger process of health systems transformation, therefore neglects the advocacy process and constraints and/or opportunities to enable the systems and scale change to occur.
Conceptualizing Community Health Design: Space & Time

(1) Notice where there are constraints on other systems capacity or political will, and move toward where you have less bottlenecks or address those bottlenecks head on.

(2) Whichever choice you’ve made, you’ve either built systems capacity or built political will and therefore you have new options open to you.

(3) Think of choices along different options and think longitudinally in time, be ready for new opportunities as systems get built or politics change.
Design, Systems & Advocacy as an Integrated Process

To move forward from broad consensus on the need for integrated community health programming towards actual institutionalization and scaling up of these programs - we must combine the robust design evidence with an understanding of how to embed design into systems change within a particular advocacy context.

1. Develop a shorthand framework for understanding community health programming design within the context of systems transformation and advocacy tactics

2. Learn from ICH countries and other community health stakeholders how systems change happens within their contexts and collate learnings for a multi-disciplinary policymaker audience

3. Package the available evidence on community health programming with systems change in mind, applying this explicitly to Liberia’s continued advocacy for an institutionalized national CHW program

4. Advocate broadly for the inclusion of community health as a critical component towards UHC through key forums and coalitions
Coalitions of Like Minded Organizations Can Orchestrate Change
### OPTIMIZING COUNTY AND COMMUNITY LED HEALTH SYSTEMS DESIGN

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td><strong>Accredited:</strong> The health knowledge and competencies of CHWs are assessed prior to practicing; CHW must meet a minimum standard before carrying out their work.</td>
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<tr>
<td>2</td>
<td><strong>Accessible:</strong> To improve accessibility, timeliness, and equity of care, point-of-care user fees should be avoided when possible.</td>
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<td>3</td>
<td><strong>Proactive:</strong> For active disease surveillance, CHWs go door-to-door looking for sick patients and providing training on how to identify danger signs and quickly contact a CHW.</td>
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<td>4</td>
<td><strong>Continuously Trained:</strong> CHWs are trained using modular delivery or other types of in-service learning. Continuing medical education is not only available to but required of CHWs.</td>
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<tr>
<td>5</td>
<td><strong>Supported by a Dedicated Supervisor:</strong> On a frequent and regular basis, CHWs benefit from a dedicated supervisor who assesses patient experience and provides 1-on-1 coaching.</td>
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<tr>
<td>6</td>
<td><strong>Paid:</strong> CHWs are compensated financially at a competitive rate relative to the respective market.</td>
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<tr>
<td>7</td>
<td><strong>Part of a Strong Health System:</strong> CHW deployment is accompanied by investments to increase the capacity, accessibility, and quality of the primary care facilities and providers to which CHWs link, including pharmacy management.</td>
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<tr>
<td>8</td>
<td><strong>Part of Data Feedback Loops:</strong> CHWs report all data to public-sector monitoring and evaluation systems and data get used by those who collected it to improve programs and CHW performance.</td>
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Large Scale Change Occurs When New Dimensions of an Issue Gain Traction
VISION FOR THE COMMUNITY HEALTH ACADEMY

CREATING A COORDINATED, SCALED, AND SUSTAINED GLOBAL EFFORT –

THAT GOES BEYOND A SINGLE ORGANIZATION, BEYOND A SINGLE COUNTRY FOCUS,
AND THAT IS INFORMED BY OUR BEST EXPERIENCE, EVIDENCE, AND TECHNOLOGIES,

- TO BRING LIFESAVING HEALTH SERVICES TO THE WORLD’S MOST UNDERSERVED COMMUNITIES
Community Health Academy

“Join us to recruit the largest army of community health workers the world has ever known, by creating the Community Health Academy, a global platform to train, empower, and connect.”

- Raj Panjabi, 2017 TED Prize Winner & CEO, Last Mile Health
ACCELERATING PROGRESS: SCALING NATIONAL COMMUNITY HEALTH WORKER PROGRAM
The initial vision:

1. Supporting scale-up of CHW programs to bridge gaps in communities’ access to care

2. Leveraging digital technology to bridge gaps in CHWs’ access to learning
FA 1.2 - Treating Cough & Pneumonia

Treating Pneumonia

In this activity, we will learn how to treat children who have been diagnosed with Pneumonia. There are several things to always remember:

- Children of different ages will need different amounts of the medicine to treat Pneumonia.
- It is very important that the CHA give the precise amount of medicine to the child based on his or her age. Too much would greatly harm the child and too little will not help their sickness.
However, in order to be successfully supported, scaled, and sustained, CHW Programs must be effectively integrated into national health systems with strong institutional capacity.
So if we’re talking about saving 30 million lives by 2030, we need to think not just about CHWs but also the leaders who support them.
For those doing their best to support these systems, it is “learn by trial”

- Dr. Bernice Dahn, Former Minister of Health, Liberia
“…any decision we make about a particular detail within a program potentially has ramifications or consequences for other parts of the system.”
Many of the challenges faced by CHW Programs are “systems problems” that have broad-reaching impacts and do not have a single cause or a simple solution.

“Systems thinking is an approach to problem-solving that views “problems” as part of a wider, dynamic system.”

“Systems thinking ... is a tool that allows key actors:

- to map and measure their health system,
- to identify where some of the key blockages and challenges lie, and
- to design sound, synergistic and system-ready interventions targeting those weaknesses."
Costing should be
- Integrated
- Repeated
Course Title: Using a Systems Approach to Optimize Community Health Worker Programs

Course Goal: Enhance the ability of Health Systems Leaders to more effectively anticipate and address complex challenges arising in the design and management of integrated Community Health Worker programs
Course Objectives:

By the end of the course, learners will be able to more effectively:

1. Mobilize support for the integration of CHWs into the health system
2. Identify key ways in which CHW program components interact within the health system
3. Utilize a health systems approach to prevent and solve complex problems that arise in the design and management of CHW Programs
Build courses that people want to take and that build the competencies they need

Make the courses available for free, with options for offline access

Gain the support of those who train, accredit, supervise, and support health systems leaders

Connect learners to each other – online and in-person

If you Build it They will Come
And growing!
Expanding representation
+ Establishing Regional Networks
Health Financing
Health Financing

+ Linkages with Stakeholders at Each Level of the Health System
Health Financing “Components”

1. Costing
2. Building an Investment Case
3. Conducting Financial Gap Analysis
4. Identifying Sources of Funding
5. Developing an Investment Plan for Sustainable Financing
6. Establishing Systems to Coordinate Financing

Structure

Introduction
Raj Panjabi

Foundational Content
Financing Alliance for Health

Case Study Content
Liberian Ministry of Health

Learner Engagement
Interactive Systems Problem Solving
Discussion Board
Linkage to Community of Practice
Supplemental Resources

Learner Assessment
Graded Quizzes
Preview of the Health Financing Prototype
The Liberia Story:
Building the National CHA Program
Opportunities, Politics and Politics Must Align for Change
EBOLA

WORLD GOES ON RED ALERT
How Liberia Is Working To Deliver Healthcare to More Than A Quarter Of Its Population
CREATING A NEW AND STANDARDIZED NATIONAL CHA PROGRAM

Fragmented community health volunteer programs

A high quality, unified CHA program
The Ministry included the creation of a National CHA Program as part of a “fit for purpose” health workforce to build a resilient health system following the Ebola crisis.

The National CHA Program was highlighted as an important priority in the Ministry’s effort to revitalize the health workforce.

Ministry departments and technical partners came together to revise the community health policy to serve as a platform to launch the National CHA Program.
The Ministry of Health’s vision for Liberia’s National Community Health Services is a coordinated national community health care system in which households have access to life-saving services and are empowered to mitigate potential health risks.

Source: Revised National Community Health Services Policy, 2016

Place a professional Community Health Assistant (CHA) in every remote community in Liberia
DESIGNING A STANDARDIZED PROGRAM

**RECRUIT**
Increase CHW-to-population ratios to ensure coverage of remote areas and make recruitment highly selective to ensure the recruitment of the best possible talent.

**TRAIN**
Ensure CHWs can broadly expand their scope of medical services through comprehensive trainings and advanced tools.

**EQUIP**
Strengthen supply chain, communications, and transportation systems.

**MANAGE**
Provide intensive supervision by clinical nurses and peer supervisors to improve overall quality of services and accuracy of diagnosis and treatment.

**PAY**
Compensate CHWs for their work.
MAKING THE GOVERNMENT'S VISION A REALITY

4,000+ Community Health Assistants (CHAs) and 400+ Community Health Services Supervisors (CHSS) serving 1.2 million people living in Liberia’s most remote communities by 2021.

Support the MOH to integrate and institutionalize the NCHA Program.

Establish operational readiness at central and county levels for the management of the NCHA Program.

Ensure continuous learning and quality improvement for NCHA Program implementation and accountability.
THE PATHWAY TO SCALE

INITIAL LAUNCH

YEAR 1

Year 2

YEAR 3

YEAR 4

YEAR 5

SCALE-UP

COMPONENTS

COMMUNITY HEALTH WORKER

CLINICAL SUPERVISOR

TRANITION & SUSTAIN

YEAR 6

YEAR 7

Source: LMH Analysis, Confidential
Coalitions of Like Minded Organizations Can Orchestrate Change
Scale-up of Liberia’s National Community Health Assistant Program* is progressing ahead of schedule to serve over 680,000 people living in remote communities across the country. Since July 2017, CHAs have conducted at least 250,000 patient visits.

<table>
<thead>
<tr>
<th>2,953 Community Health Assistants Trained</th>
<th>358 Community Health Services Supervisors Trained</th>
<th>59,902 MUAC screens performed</th>
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<tbody>
<tr>
<td>269,958 Routine household visits and 26,066 pregnancy visits conducted</td>
<td>49,925 Child cases treated for malaria, pneumonia, diarrhea</td>
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*Data from period: July 2017 – February 2018 with ~ 30% CHAs reporting
Lesson 1

Blind spots in rural health systems can lead to hotspots of disease.

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How Liberia is Leveraging the Community Health Academy

Establishing the Academy’s West and Central Africa Hub in Monrovia

Liberia as an Exemplar to Explore the Value-Add of the Academy

✓ Continuing Clinical Education:
  - Digitally enhancing training and supervision for the NCHA Program
  - Utilizing digital badging for professionalizing and credentialing CHAs and Supervisors

✓ Health Systems Leadership Development:
  - Contributing course case study content from Liberia’s NCHA Program
  - Integrating Academy courses into academic curricula and professional accreditation programs
  - Creating opportunities for in-person learning and regional exchange
  - Building teaching capacity of Liberian faculty and trainers
• Who is driving the car?
  • Who are the passengers?
• Who helps maintain and support its uptake?
• How is ownership eventually handed over?

What can governments do differently as your institutions work to support their efforts?

What are the challenges in working governments that are often too difficult to talk about?