Disseminating the World Health Organization (WHO) Guideline
on health policy and system support to optimize community health worker programmes
WEBINAR – February 15, 2019

Additional Questions & Responses from Webinar Discussants

Compiled by Rachel Deussom, CORE Group Representative / HRH2030 Program

Question	Response
I. General - on the global WHO CHW Guidelines	
How do you think these Guidelines/Recommendations will be implemented widely? What have you seen so far in terms of adaptation?	*From Catherine Kane, WHO*: Since the launch, several national governments have contacted WHO and partners for technical assistance in reviewing national policy in line with the Guideline. Similarly, several partners who were active in developing and disseminating the Guideline are working with governments on policy review and options to update and optimize current programmes. We are developing derivative products for some disease areas in order to support partners in working with national governments and incorporating the Guideline recommendations in their programme implementation documents. We will be working with WHO and UNICEF country offices to introduce and advocate for use of the document in holistic human resources for health programming and leveraging tools like national health labour market analysis and National Health Workforce Accounts.
Is there a plan for actively disseminating these useful guidelines?	*From Catherine Kane, WHO*: There is a communication and advocacy plan, and we are in the process of connecting with WHO and UNICEF country offices to provide a package that will support introducing the Guideline to national governments. We also are working with CHW Hub members, which include bilateral and multilateral partners, to include the Guideline in their work with existing programmes.
Can anyone update us on where we are with regards to a typology of CHWs?	*From Alexandre Boon, UNICEF:* About the typology of CHWs, I guess this needs to be tailored per country. In addition the Guideline gives a broad definition of CHWs within which countries can determine the types they desire (professional+ paid or volunteers who just receive an incentive
II. Planning - *Tailoring CHW policy options to the context*	
When a country does not have a CHW policy How can WHO strengthen policy making to governments?	*From Catherine Kane, WHO*: WHO country and regional offices can work with national governments and their partners to review current uses of CHWs, use tools like national health labour market analysis to identify where CHWs can be employed as part of primary health care teams, and implement updates to national and subnational policy. This work often includes convening other ministries (education, labour, finance), civil society organizations and multilateral partners to gather and analyze current policies and implementations, streamline and optimize existing programmes, and plan for new programmes to meet identified community health needs and national context.
What actually enables classification of a health worker as a CHW. Is it the level at which they work, the kinds of	*From participant Anthony Joel Bakisuula*: Classification depends on country Health Systems profile, services offered, and skills sets they have.

Question	Response
services they provide, or the skill sets they have?	
Wanted to know if there are any recommendations as to how many hours should community based CHWs work per day/week and the recommended amount of tasks/roles that can be assigned to them even in a polyvalent strategy?	*From participant William E. Walker*: For Liberia, we commit 20 hours per week for CHW to work *From Catherine Kane, WHO*: This should be aligned with national context and population health needs. You can find more information that may support this determination within recommendations 10-13 on health systems integration and community embeddedness, as well as within the research that supported development of those recommendations. *From Alexandre Boon, UNICEF*: I would certainly not push beyond 4h00 a day particularly if they are volunteer with just a subsidy. This should change if they are officially employed by the government of other entities.
III. Building - Selecting*, training and certifying CHWs*	
1. Are there suggestions for approaches to competence-based certification or each country is expected to devise their own approach?	*From Catherine Kane, WHO*: Certification will be aligned with national policy and context. Recommendation 5 includes a discussion on rationale, evidence summary and interpretation and implementation considerations. CHW programmes, in this case, may benefit from linking to other countries or programmes with similar services and context to use lessons learned and relevant materials, policies and regulations Limited evidence suggests that addressing existing social and gender hierarchies, and taking into account health care system limitations, may support the effectiveness of community engagement strategies in CHW programmes. The Guideline does suggest that exploring gender factors should be among future research priorities. There are some studies that explore the issue of gender in terms of acceptability and uptake of services, and WHO recognizes that supporting qualified employment for women contributes to the Sustainable Development Goals, particularly SDG5.
Determining CHW scope: Do CHWs have this ability to provide medical prescriptions to communities? The presence of CHWs in health centers, does not it hurt, efficiency and involvement of health workers? What should be done to avoid abuses, so that CHWs do not replace care providers?	*From Catherine Kane, WHO*: In certain roles, trained, supervised CHWs can dispense some medications. Two such examples are integrated community case management for childhood malaria, pneumonia and diarrhea and dispensation of ART for HIV patients between clinical visits. With regard to your second two questions, WHO recommends the use of community health workers as part of integrated human resources for health teams, where each type of health worker (doctor, nurse, pharmacist, etc.) supports delivery of health services within the scope of their training and certification and based on population needs. The use of community health workers, aligned with national context and health needs, is complementary to and connected with regulated health professionals. In a world with a shortage of 18 million health workers, WHO encourages development of the whole health workforce. For high performing CHWs, we encourage creating pathways to other health qualifications or CHW role progression. *From Alexandre Boon, UNICEF*: CHW can provide medication to the community. Curative service for specific conditions such as Malaria, diarrhea and ARI are key to respond to community needs and contribute to reduce mortality and morbidity
Were there any interesting findings that relate to gender considerations for the CHWS themselves? For example, in selection of CHWs special	*From participant Samantha Law, HRH2030/Chemonics*: It is good to see gender equity in the "selection" policy recommendations, but it can go further; the HRH2030 program is looking at this issue of gender bias in provision of FP services (not CHW specific though), check it out: https://hrh2030program.org/gender-competency-tech-brief/

Question	Response
considerations for women v. men?	*From Catherine Kane, WHO*: No evidence was found supporting gender as a selection criterion. The GDG considered that from an equity and rights perspective, it is necessary to avoid unfair discrimination based on gender. Considering the existing gender inequities, particularly in low-resource settings, the GDG noted the importance of adopting in the selection process criteria that would be instrumental in improving gender equity. Recruitment and selection procedures that maximize women's participation and promote women's empowerment should be encouraged. The GDG also recognized that in certain cultural contexts it is necessary for certain services – particularly reproductive, maternal, newborn and child health – to be rendered by female providers. The choice on the use of gender as a selection criterion under certain circumstances and for certain services should be made on the basis of the local sociocultural context and the specific role expected of the CHWs. *From Alexandre Boon, UNICEF*: all this depends on the curriculum, responsibilities and acceptability in the communities. In Moz, we are aiming at increasing female CHW since the curriculum has been widely enlarged to MCH components
Is there any guidance about potential categorization/ specialization of CHW (ex: CHW trained/specialized in FP, MNCH, HIV...) or are CHWs supposed to be polyvalent?	*From Rachel Deussom, CORE Group/HRH2030/Chemonics:* The WHO CHW Guideline suggests that each CHW program should reflect the context. This includes, but is not limited to: - epidemiological & demographic - what diseases are affecting the population and subpopulations; - systemic - what are health inequities for which CHWs could intervene? - geographic - are there rural and remote areas where populations have difficulty reaching facility-based health workers? - political & economic: what are health priorities? where is the money? Are there many dynamic, un/underemployed people who would be committed to delivering community health? As community health needs change, one aspiration is to have a cadre of dynamic CHWs who have foundational community health skills, who then could be mobilized to respond to priority disease areas, while consistently interfacing with and contributing to the broader health system.
Are there any best practices for CHW receiving training on disability (including both physical and intellectual disability) to include this population in their reach and to provide quality services?	*From Catherine Kane, WHO*: The CHW Guideline focuses on health policy and system recommendations, while disease and condition-specific teams have existing guidelines, playbooks and recommendations that address work in these areas. The best source of information for your question is our Disability team. We encourage you to investigate some of the resources at http://who.int/disabilities, including the section on community-based rehabilitation, which discusses community-based interdisciplinary teams: https://apps.who.int/iris/bitstream/handle/10665/44405/9789241548052_health_eng.pdf . Please contact the team, using the contact information in this section. *From Alexandre Boon, UNICEF*: I think we need to also remain realistic at what we can ask from a CHW. At the end, he remains a lay cadre not a health professional
How does gender affect acceptability and scope of work of the CHWs in the community?	*From Catherine Kane, WHO*: Please see the response above. This often is linked with social and cultural context and should be addressed within the overall approach to CHW programme planning.

Question	Response
Was there any research on the difference in acceptability and effectiveness of CHWs who were working in their village/area of origin and those CHWs who work in an area that is not their area of origin?	*From Alexandre Boon, UNICEF:* all CHW in Moz are from their own area -no one is recruited from outside the communities *From Catherine Kane, WHO*: The Guideline did not look into this question in depth.
For Mozambique, can you point me to evidence that low levels of education and analphabetism are barriers to CHWs utilizing technology and e-solutions. This has implications for mobile technology,	*From Alexandre Boon, UNICEF:* As such, we don't consider education being a barrier to use of well adapted technology. To the contrary, some very low educated people as well as very old CHW have managed to learn and use the technology - What is crucial is deeply pre-test in a wide range of CHW the technology to allow its adjustment to the CHW community before its finalizing - Yearly adjustments might be needed
IV. Supporting - *Managing and supervising CHWs*	
What has the research shown to be the most influential incentive for CHWs? Financial, non-financial or a mix of both?	*From participant Leigh Wynne, FHI360*: Aurelie Brunie (FHI 360) conducted research on CHW motivations/incentives using discrete choice experiment (DCE). The article is found here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4168609/ *From Rachel Deussom, CORE Group/HRH2030/Chemonics:* Please see also Chapter 11 of the MCHIP CHW Reference Guide: https://www.mchip.net/sites/default/files/mchipfiles/MCHIP_CHW%20Ref%20Guide.pdf *From Catherine Kane, WHO*: This question is explored substantively in Recommendation 7. If you review this section of the CHW Guideline, you will find references both to the Guideline Development Group expert recommendations as well as to a number of studies that informed the recommendation.
Where can I find recommendations for engagement of CHWs with families affected by Congenital Heart Disease? Any examples/lessons learned from use of CHWs in complex diseases would also be helpful. we are working in India, Vietnam, Brazil, China and Malaysia.	*From Catherine Kane, WHO*: The CHW Guideline focused on overall health policy and system recommendations for CHW programmes. For disease-specific programmes and recommendations, we recommend that you review the material available at https://www.who.int/cardiovascular_diseases/en/ and that you contact the Cardiovascular Disease team for additional recommendations, guidelines and resources.
Is CHW job creating for unemployed youth targeted to both young men and women?	*From Catherine Kane, WHO*: The Guideline notes that community health worker programmes present qualified job opportunities, particularly for women and youth. The Health Workforce department estimates that there is a gap of 18 million health workers globally. We see efforts like the African Union's plan to deploy an additional 2 million community health workers by 2020 as an opportunity to promote employment of youth of both genders. Specific CHW programme targets are created by national governments. *From Alexandre Boon, UNICEF*: I wouldn't propose this as an aim - What we notice is that by employing too young CHW, we face then a very high turn-over which we try to avoid. Also the question of community acceptability can be a question when you employ too young people. We try to look at people

Question	Response
	who are already well established and respected in the communities which ensures longer term commitments.
Please speak about the linkages to the universal social protection 2030 agenda, particularly in regards to ensuring USP and UHC for the 57 million informal, unpaid health workers and address informal, under- and un-employment of health workers, as well as the linkages with the health workforce migration debate and global skills partnerships	*From Catherine Kane, WHO*: As recently considered by the WHO Executive Board, community health worker programmes, linked with overall health workforce planning and resourcing, are an integral part of global efforts to reach universal health coverage. The CHW Guideline offers clear recommendations that CHWs be linked with their health systems, and there are a number of recommendations that address selection, training, certification and remuneration, among other topics. The CHW team works closely within the Health Workforce department with the Global Code of Conduct team and the team developing health worker competency frameworks, so these efforts are closely joined in terms of human resources for health.
Just wondering if there ever any qualitative or quantitative studies have been done to find out the job preferences of CHWs or on factors affecting their motivation/job satisfaction?	*From Alexandre Boon, UNICEF*: not specific at least in Moz though we gathered evidence that remuneration is certainly not the main factor, the fact of being trained in basic health package, being then recognized by the community and by the health system plays a much bigger role
Wondering if the guidelines have recommendations for CHWs living and operating in humanitarian contexts, both acute and protracted? If in the case they do not, are there additional resources that address crises-affected settings? ... Are there additional resources that address crises-affected settings?	*From Catherine Kane, WHO*: The Guideline notes that specific circumstances like emergencies may trigger the need to add competencies to CHW training; that adaptations to routine staffing standards and structures may become necessary in the situations or context of acute onset or protracted emergencies, as these may influence both population demand and need for services, as well as the capacity of other health workers to provide them; and that consideration of issues like CHW labour rights, including safe and decent working conditions, and freedom from all kinds of discrimination, coercion and violence, is of particular concern and relevance in conflict-affected settings and chronic complex emergencies. You may find the following document useful: WHO/ GHWA/UNICEF/IFRC/UNHCR joint statement: scaling up the community-based health workforce for emergencies http://www.unicef.org/media/files/Scaling-up_community-based_health.pdf
V. Optimizing - *Integrating into health systems and gaining community support*	
It will be great to hear how WHO, UNICEF, MOH, and country-level practitioners will work together regarding these guidelines?	*From Catherine Kane, WHO*: WHO and UNICEF, as co-leads for the CHW Hub, are working with ministries of health, a network of community health worker organizations and bi-lateral and multi-lateral partners to identify opportunities to review national policies and programmes in line with the CHW Guideline. This is an iterative and collaborative process, as we recognize that health policy and system optimization does not happen overnight but is a constructive and deliberate process that is linked to country context, resources and existing programmes.
Were ethical issues for CHWs considered and also were studies from community member's perspectives (mothers, fathers, young people in the community) included?	*From Catherine Kane, WHO*: The Guideline development included a stakeholder perception survey. The stakeholder perception survey obtained inputs from 96 respondents (largely policy-makers, planners, managers and researchers involved in the design, implementation, monitoring and evaluation of CHW programmes) on the acceptability and feasibility of the interventions under consideration in the guideline. BioMed Central published the following article this week: http://tps://rdcu.be/bnu70

Question	Response
Did the evidence review uncover strategies to strengthen counter-referral and engagement of CHWs in follow-up of patients discharged from facilities (e.g. babies discharged from kangaroo care, or hospitalized children at risk of post discharge mortality)?	*From Catherine Kane, WHO*: You can see all of the evidence reviewed within the guideline. There is an annex that lists each study considered, of which there is significant representation of MNCH data. *From Alexandre Boon, UNICEF*: In Moz, the referral from the community and then counter-referral from HU has an established system but there hasn't be yet a formal system of follow-up from the HU to the community most probably due to the fact that patients leaving HU are supposed to be fully recovered through your example is very much worth exploring particularly on KMC - We will explore how to do this - We do have this technology that could be used for this -Thanks for the idea :)
What are the recommendations on digital education strategies and digital triangular cooperation?	*From participant Raj Panjabi, Last Mile Health*: There are a number of wonderful initiatives on this. The Government of Liberia, for instance, has just deployed a new smartphone-based digital training platform, augmenting ICCM modules in its curriculum, to over half of its national CHW workforce. ...there is also a related effort co-created by many organizations and collaborators here, including Giorgio from WHO and Lisa from CORE Group, called the Community Health Academy, which is leveraging digital education platforms to create an open, global classroom (hosted online and through regional training hubs) to promote Ministry-to-Ministry, cross-country sharing of best practices in implementing national, integrated CHW programs. The first Academy course, "Strengthening Community Health Worker Programs to Deliver Primary Health Care", will feature Ministry of Health leaders sharing their own experiences in building integrated, national CHW programs from Bangladesh, Ethiopia, and Liberia (including experiences shared by our colleagues Miatta and Olasford today) and global faculty experts, including Giorgio from WHO (who will highlight the CHW Guidelines). Anyone can register for this open course (which starts enrollment on March 5th). *From Catherine Kane, WHO*: You also may be interested in the contents of Recommendation 11, as well as the referenced evidence that was considered in formulating the recommendation. Use of digital resources for training depends on context, as discussed in Recommendation 4: Efforts should also be made to ensure that digital health education approaches complement, rather that replace, traditional face-to-face instructional modalities.
[Mozambique] How does digital technology work in Mozambique? - Who pays and how is use monitored? What is it used for besides communicating? Does it link with data collection and transmission? Is it used for updating skills?	*From Alexandre Boon, UNICEF*: The digital technology is a real replica of the CHW curriculum in a cellphone app. It allows to do your household mapping, keeps record of all your patients constituting a patient file, help manage conditions, gives you reminders on whom you need to check on, is linked with LMIS and DHIS-2 - Funds are getting mixed between government and donors - we plan to link it with continuous education
[Mozambique or Liberia example if possible] What specific kind of data is collected? How is monitoring & evaluation conducted for CHWs?	*From Alexandre Boon, UNICEF*: in Moz, some 51 indicators around the community services are submitted on a monthly basis and currently linked with DHIS-2 for informing policies
Could you please also talk a bit about what research is in place to ensure the retention of	*From Alexandre Boon, UNICEF*: in Moz, we don't have a lot of attrition of CHW - Surprisingly enough, they are even more motivated than the health

Question	Response
CHWs? Literature suggests a very high turnover, even in front runner countries like Ethiopia	professionals. Most probably, because, they are recruited in the community and get a social recognition from these *From Catherine Kane, WHO*: Within the CHW Guideline, several recommendations reference evidence that discusses the potential or observed impact of practices like certification, offering written contract agreements for paid CHWs, availability of a career ladder for high-performing CHWs, data collection, and community engagement strategies. The systematic review of reviews showed that community embeddedness is an important enabler of CHW retention, motivation, performance, accountability and support. One piece of evidence referenced within the Guideline is the following: Global policy recommendations: increasing access to health workers in remote and rural areas through improved retention. Geneva: World Health Organization; 2010 (http://apps.who.int/iris/bitstream/10665/44369/1/9789241564014_eng.pdf]
[Mozambique] What is the vision for roll out of digital technology for CHWs in Mozambique?	*From Alexandre Boon, UNICEF*: The intention is to have the whole country covered by 2021 - we are already in two of the ten Provinces and will try to include 3 more this year, then 3, then 2 completing the 10 Provinces - GFF is co-financing this
[Mozambique and Liberia] What feedback have presenters received from associations of other cadres of health workers to their plans and how they are addressing working to ensure CHWs are part of a strong team of FHWs that have clear scope?	*From participant Raj Panjabi, Last Mile Health*: Re: Miatta's and Olasford's great points on engaging Professional Associations, one of the great innovations Government of Liberia has introduced is the creation of hundreds of jobs for nurses, midwives and physician assistants to supervise, train and manage community health workers in rural areas. They've shown that an integrated, National Community Health Workforce can create jobs and leadership roles for other professional cadres too.
Gaining community support - Is there any opportunity for the caregivers (mothers, fathers, grandparents, etc.) using services CHWs provide to offer their comments on the services provided (missing elements, quality, etc.)?	*From Rachel Deussom, CORE Group/HRH2030/Chemonics:* Community engagement, including feedback on the perceived quality, availability, and acceptability of services is very important. These type of feedback mechanisms are included within the recommendations on community engagement. Also, certain programmes use feedback surveys to monitor and improve performance. *From Alexandre Boon, UNICEF*: we are currently conducting a research on quality of care provided by CHWs and will have a patient satisfaction outcome
[Mozambique] It was interesting to hear that the mHealth strategy was scaled up because of the trial you mentioned. I'm looking at the report by Marks on this trial, and it appears that the effect size was rather modest (7.8 percentage points).	*From Alexandre Boon, UNICEF*: we are currently conducting another research on the digital technology to assess
How can countries integrate NGO-trained, NGO-supported CHWs into national systems?	*From Alexandre Boon, UNICEF*: MOH in Moz have integrated all of them since the program has taken more expansion, funds transit through UNICEF and then through government and NGO programs died out
What would you recommend to other countries that are trying to adapt/implement the Guidelines? How did you deal with different challenges that arose?	*From Alexandre Boon, UNICEF*: ensure you adjust to local context

Question	Response
V. Financing - *Investing in CHW programmes*	
Is the recommendation for their CHW's work less than a $1/day?	*From Alexandre Boon, UNICEF*: the subsidy for the CHW should be tailored to responsibilities and country specificities - In Moz, it is much too low, we are advocating for revision