



## Advancing Primary Health Care at the Community Level: Integration, Quality, & Accountability

**CHW**2019  
SYMPOSIUM

Report on the Side Meeting of the CHW 2019 Symposium | November 21, 2019

Pan Pacific Sonargaon | Dhaka, Bangladesh



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## Executive Summary

High-performing health systems can be achieved when the role of communities is fully harnessed. Well-trained, managed, and paid community health workers (CHWs) are essential for more accessible, acceptable, affordable, and reliable health services, supporting comprehensive primary health care (PHC), and contributing to population health outcomes. Efforts must be undertaken to strengthen PHC at the community level to revitalize PHC, transform health systems and service delivery. This transformation is necessary to achieve greater health equity and service quality, contribute to universal health coverage (UHC), and respond to 21<sup>st</sup> century health challenges to achieve SDG 3. Country governments, key stakeholders in community health-focused collaboration (i.e., Integrating Community Health [ICH] collaboration; Community Health Roadmap) and other South East Asia regional partners are committed to this renewed vision of community health as an integral component of broader health goals.

Through the Integrating Community Health (ICH) platform initiated in 2015-16, the United States Agency for International Development (USAID) Bureau for Global Health (BGH) collaborates with the United Nations Children's Fund (UNICEF) and the Bill and Melinda Gates Foundation (BMGF) on a set of jointly defined investment priorities that advance frontline delivery of primary health care and community engagement in health systems. The Integrating Community Health (ICH) collaboration focuses on catalytic partnerships; measurement, learning, evaluation, and accountability; and, advocacy and pathways to scale. The collaboration supports: technical assistance through national and local partnerships in 7 countries; the Institutionalizing Community Health Conferences (2017 and 2020); a community of practice for south to south learning and agenda setting; and, the development of national and global public goods focusing on metrics, evidence and advocacy.

Led by USAID BGH, BMGF, UNICEF, and the WHO and held on November 21<sup>st</sup> 2019 in advance of the three-day program of the [2<sup>nd</sup> International Symposium on Community Health Workers](#), this full-day side meeting on *Advancing Primary Health Care at the Community Level: Integration, Quality, & Accountability* convened local and international actors engaged in policy and research to formulate strategic pathways for CHW programs. The exchange mobilized and harnessed the leadership of 11 country delegations, representing: Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Haiti, India, Kenya, Liberia, Nepal, Pakistan, and Uganda including Ministry of Health representatives, implementing partners, USAID missions, community health investors and other key stakeholders. The session played a key role in bringing MOH representatives and partners (NGOs, multilateral, bilateral) from countries to the symposium. In exploring the potentials of CHWs in prevention and control of non-communicable diseases (NCDs) in the context of UHC, participants dialogued on: recent tools to support equity-focused institutionalization of community health; approaches to strengthen measurement and learning in national policies and strategies; and promising processes for using data for decision-making to promote systems integration, quality, and accountability.

This session highlighted key achievements of the ICH collaboration with key government and implementing partners alongside USAID, BMGF, and UNICEF, including collaborating institutions' remarks in support of country leadership to advance PHC at the community level; tools to improve community health systems design, implementation, and measurement; country exchange for CHW program optimization; evidence, learning and data for decision-making for CHW programs; MOH and country delegation commitments; and next steps in the journey towards the Institutionalizing Community Health Conference (ICHC) (planned for 2020).

As an outcome of the side meeting, the commitments from country MOH's and partners cut across the meeting's interrelated themes:

- *Integrating CHW programs within health systems:* to reduce fragmentation—whether across health workforce planning and management, service delivery areas, data use for decision-making, and PHC performance management—and increase achievements toward health system equity, access, quality and resource optimization goals.
- *Adapting and implementing quality improvement (QI) approaches in community health:* including greater attention to performance, addressing service gaps, and taking up community scorecards to ensure community trust and engagement. QI can help provide greater visibility on CHW contributions to PHC and create opportunities for CHW accountability mechanisms.
- *Accountability to communities and for policy implementation and sustainability:* systematically assessing CHW strategy operationalization—such as Liberia is doing with the AIM tool and the CHW guidelines— can reinforce collective stakeholder accountability, especially if assessments are repeated over time. CHW voices are paramount for program planning success. Data-driven processes with genuine stakeholder engagement reinforces CHW program sustainability.

Looking ahead, countries want to drive national policy and strategy decisions and actions via the CH Roadmap and WHO CHW Guidelines, linking political and financial commitments. Country-level stakeholders committed to taking up state-of-the-art tools and approaches, with interest to apply frameworks and new tools to improve measurement, quality and accountability as a part of systems reform (e.g., the CHW AIM tool, the C3 tool, and the Frontline Health performance measurement framework). Countries appreciated that the ICH supported promising approaches to strengthen systems and PHC at community level—such as: implementation fidelity, community scorecards, QI with community focus, and national learning labs focusing on CHW harmonization, training— and wanted to apply them in their country contexts. Some sought to enhance the South-to-South collaboration for support and exchange to contextualize and implement the WHO CHW guideline and CH Roadmap. Specifically, key programmatic areas for technical support included: supportive supervision and measuring CHW performance; linking CHW data streams with other health systems data (e.g., DHIS2); and balancing routine surveys and data with special surveys or operations research. Many delegations sought support for policy analysis and to secure financing for program sustainability. Through these valuable side meeting exchanges, participants demonstrated solidarity and collaboration to strengthen PHC at the community level, with a focus on CHWs and their integration within health systems and communities.

## Background

High-performing health systems can be achieved when the role of communities is fully harnessed. Well-trained, managed, and paid CHWs are essential for more accessible, acceptable, affordable, and reliable health services, supporting comprehensive primary care, and contributing to population health outcomes.

LMICs' CHW programs face a range of implementation challenges, including within decentralized contexts, such as: limited policy directives; limited CHW career pathways; inadequate or unsustainable remuneration; limited integration of the CHW program in the health system and the broader health workforce context; and inadequate community embeddedness, downward accountability and community engagement. Among the vast range of global and national CHW program stakeholders, investors, and implementing partners, there are opportunities to: identify CHW program efficiencies; link CHW program investments to broader primary health care, HRH integration, health systems strengthening and health for all. USAID has emphasized the value-add to support its Bureau for Global Health's flagship partners to [address cross-cutting priorities](#) for CHW programming, notably supporting efforts to reduce fragmentation and integrate CHWs within PHC, health systems, and communities by including CHWs in broader health workforce planning, management, monitoring (including social accountability and financing, as well as for supply chain, information systems, and the interprofessionalism needed for effective community-to-facility referral systems.

Through the Integrating Community Health platform initiated in 2015-16, the United States Agency for International Development (USAID) collaborates with the United Nations Children's Fund (UNICEF) and the Bill and Melinda Gates Foundation (BMGF) on a set of jointly defined investment priorities that advance frontline delivery of primary health care and community engagement in health systems. The Integrating Community Health collaboration focuses on catalytic partnerships; measurement, learning, evaluation, and accountability; and, advocacy and pathways to scale. The collaboration supports: technical assistance through national and local partnerships in seven countries; the Institutionalizing Community Health Conferences (ICHC) ([2017](#) and [2020](#)); a [community of practice](#) for south to south learning and agenda setting; and, the development of national and global public goods focusing on metrics, evidence and advocacy.

USAID's Bureau for Global Health, with key collaborators such as UNICEF, WHO, BMGF and partners, organized a full-day side session on November 21, 2019 one day before the [CHW Symposium in Dhaka, Bangladesh](#). We consider this side session to be an important milestone to promote a data-driven dialogue across 12 countries (Africa, Asia, LAC), facilitated by:

- the roll-out of the [WHO's CHW Guidelines](#) and the [revised CHW AIM tool](#);
- the Integrating Community Health Collaboration achievements to date and directions (including support to the launch of a new CHW strategy in Bangladesh!); and,
- the [Community Health Roadmap](#) national priorities and planning towards the Institutionalizing Community Health Conference to be held in Dakar, Senegal in March 2020<sup>1</sup>

We consider the CHW symposium an important moment to reflect on the ICH Collaboration (USAID, UNICEF, BMGF) and plan towards the ICHC 2020. Held on November 21<sup>st</sup> 2019 in advance of the full

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<sup>1</sup> Note: A Save the Date for ICHC 2020 and CHW Symposium will be shared more broadly within our USAID community soon!

three-day program of the [2<sup>nd</sup> International Symposium on Community Health Workers](#) (CHWs), the side meeting on *Advancing Primary Health Care at the Community Level: Integration, Quality, & Accountability* convened local and international actors engaged in policy and research to formulate strategic pathways for CHW programs. Its theme was to review the potentials of CHWs in prevention and control of non-communicable diseases (NCDs) in the context of universal health coverage (UHC). Side meeting objectives were to:

- Share country priorities and directions in optimizing policies and systems support for CHW platforms<sup>2</sup>
- Facilitate dialogue on strengthening measurement and learning in national policies and strategies and promising processes for using data for decision-making to promote systems integration, quality, and accountability
- Promote dialogue and regional exchange between African and Asian countries on challenges and new opportunities/potential context specific solutions and enable countries to discuss relevant benchmarks towards ICHC 2020.

This full-day side meeting mobilized and harnessed the leadership of 11 country delegations, representing: Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Haiti, India, Kenya, Liberia, Nepal, Pakistan, and Uganda. Contributions that promoted cross-country exchange came from USAID missions, Ministry of Health representatives, implementing partners, community health investors and other key stakeholders, as well as global collaborators and selected flagship partners. This session highlighted key achievements of the Integrating Community Health Collaboration portfolio (between 2016-2019); including support to the government on the launch of the new CHW strategy and convening the CHW Symposium in Bangladesh; the roll-out of WHO CHW guidelines and recent dissemination of state-of-the-art technical tools; and, collaborative platforms and processes that continue to engage and support countries, funders, and partners such as the [Community Health Roadmap](#) (launched September 2019) and the Institutionalizing Community Health Conference (2020).

Technical coordination for this full day session was led by the USAID Human Resources for Health in 2030 Program (HRH2030) and the Community Health Impact Coalition (CHIC) in consultation with USAID, WHO, UNICEF, BMGF and selected partners including Last Mile Health, Population Council, and the USAID Maternal and Child Survival Program. The side meeting [agenda](#) and [presentation slides](#)<sup>3</sup> reinforce the collective vision and achievements of the day.

We designed this side meeting to focus on directions and lessons from our collaborative work in community health to date (Integrating Community Health Collaboration—which includes a range of partners and ICHC 2017 and 2020—and Community Health Roadmap). We intended to take advantage of participating countries and our ongoing dialogue with countries/country engagement processes that are a critical part of our collaborative work. The focus was global—not specifically on Bangladesh or the Region—making the CHW Symposium a key milestone in the broader context of our global collaboration.

This summary report on session discussions aims to promote knowledge sharing on CHW program implementation, uptake of tools and metrics, and recommendations for future investments.

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<sup>2</sup> **Note:** countries that have recently developed priorities in the context of new strategy development or strategy optimization; use prioritized domains of WHO CHW guidelines and revised AIM tool to facilitate dialogue on “pain points”.

<sup>3</sup> [https://hrh2030program.org/wp-content/uploads/2020/02/CHW\\_Symposium\\_side\\_meeting\\_master-deck\\_final-draft.pdf](https://hrh2030program.org/wp-content/uploads/2020/02/CHW_Symposium_side_meeting_master-deck_final-draft.pdf)

## A Common Vision for CHW Program Strengthening

As emphasized by Prof. Dr. Abul Hashem Khan, the Line Director of Community-Based Health Care (CBHC) of the Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh, **Bangladesh's strong commitment to strengthening the country's CHW policy and strategic implementation** is grounded in the program's origins in 1975 when rural women were trained to provide family planning services and counseling to neighbors, and expanded to an estimated workforce of 130,000 in both the public and private sectors. The MOHFW has solidified their commitment to strengthening the CHW role in the health system through the [Bangladesh National Strategy for Community Health Workers \(2019-2030\)](#), launched in September 2019.

The meeting welcome was followed by high-level introductions delivered by UNICEF, WHO, USAID, BMGF. Rory Nefdt, Senior Advisor for Health, Child and Community Health of UNICEF expanded on approaches for **operationalizing primary health care (PHC) at the community level**. UNICEF's approach to UHC through PHC and health systems strengthening (HSS) includes: multisectoral policy and action; empowered people and communities; and primary care and essential public health functions as the core of integrated health services. Community health and community-level action is the foundation for the supply of and demand for health and well-being. Community health contributes to PHC that is more effective, efficient, and equitable, which contributes to more accessible, higher quality, affordable health care for everyone, everywhere, and the achievement of UHC. In turn, these efforts support achieving Sustainable Development Goal (SDG) 3: ensuring healthy lives and promoting well-being for all ages.

Subsequently, Catherine Kane of the WHO shared remarks on the [WHO guideline on health policy and system support to optimize CHW programs](#), launched in October 2018, forty years after the Declaration of Alma-Ata recognized CHWs as a vital component of primary care. She emphasized the guideline's **15 evidence-based recommendations for professionalizing CHWs** across the areas of: selection, training and certification; management and supervision; and community embeddedness and system support. Further, with the [72<sup>nd</sup> World Health Assembly's CHW resolution](#), the current and future role of CHWs implicates evolving health systems and epidemiological profiles, and ascertains CHW labor rights. She closed by reminding meeting participants of the importance to disseminate and share the CHW guidelines to promote their uptake.

Next, Nazo Kureshy, Senior Community Systems Advisor, Office of Health Systems, Bureau for Global Health, USAID, delivered compelling reflections on the recent advances of the [Community Health \(CH\) Roadmap](#) initiative. With 14 countries having established national community health priorities, there is potential to close the gap to reaching SDG 3 by 50%. A catalytic fund will support acting on these priorities. The Roadmap will be led through a Secretariat and share progress and updates, including on the initiative's six cross-cutting priorities to: **mobilize financing** for CH/PHC; **reduce fragmentation** of CH into health workforce, supply chain and information systems; **optimize CH program design and implementation** quality; ensure CH/PHC systems are **future-fit**; enhance CH **performance management** systems; and **foster high-level political commitment** for CH.

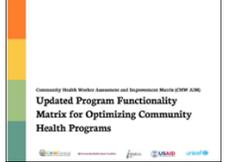
Finally, Nicholas Leydon, Health Manager at BMGF shared the Integrating Community Health collaboration principles for elevating and supporting country leadership and facilitating global learning: **catalytic systems partnerships; measurement, learning, evaluation, and accountability; country-led agenda setting; advocacy and pathways to scale**. The ICHC 2017 outcomes included the endorsement of [10 Critical Principles for Institutionalizing Community Health](#). ICHC

planning is underway to more strongly focus on country leadership and progress on priorities while promoting cross-country dialogue on synergies and solutions.

## Tools & Resources to Improve Community Health System Design, Implementation & Measurement

Side meeting participants then reviewed state-of-the-art tools for strengthening community health systems. They are summarized in Table I below.

**Table I. Selected tools and resources to improve community health system design, implementation & measurement**

Resource / tool	Description
 <p><b><a href="#">WHO CHW Guideline</a></b> <b><a href="#">&amp; Selected highlights</a></b></p>	<p>This guideline was developed through a critical analysis of the available evidence and provides policy recommendations to optimize the design and performance of CHW programs, including: selection, training and certification; management and supervision; community embeddedness and system support.</p> <p>The primary target audience for this guideline is policymakers, planners and managers responsible for health workforce policy and planning at national and local levels. Secondary target audiences include development partners, funding agencies, global health initiatives, donor contractors, researchers, CHW organizations, CHWs themselves, civil society organizations and community stakeholders.</p>
 <p><b>WHO Monitoring &amp; Accountability Framework</b></p>	<p>Aims:</p> <ul style="list-style-type: none"> <li>- Quantify current state of CHW programs globally</li> <li>- Provide a starting point for governments to assess their programs against CHW Guideline recommendations</li> <li>- Support reporting progress against national and global indicators and goals</li> <li>- Align with current human resources for health and health systems tools</li> <li>- Minimize government reporting burdens</li> </ul>
 <p><b><a href="#">USAID HRH2030 CHW Lifecycle infographic</a></b></p>	<p>See also the <a href="#">USAID HRH2030 Flagship CHW Resource Package</a>:</p> <p>A curation of priority tools, resources, research, approaches, and best practices for strengthening CHW programs within a country's health sector and broader development investments. It synthesizes existing resources that may be CHW-specific, or more broadly applied for health workforce development and strengthening, policy, program implementation, or financing.</p>
 <p><b><a href="#">Community Health Performance Measurement Framework</a></b></p>	<p>Led by the BMGF-supported Frontline Health project, consolidated, standardized measurement framework and metrics to measure effectiveness of community health worker programs. It can provide groundwork to guide CHW programs at various stages of scale in measuring program performance and allow comparisons and interoperability.</p>
 <p><b><a href="#">CHW AIM Tool: Updated Program Functionality Matrix</a></b></p>	<p>Built around 10 core domains, the original CHW AIM toolkit was framed around two key resources: a Program Functionality Matrix - to assess the effectiveness of a CHW program's design and implementation - and a Service Intervention Matrix - to determine how CHW service delivery aligns with program and national guidelines. The Program Functionality Matrix provides a framework for program assessment, with each of the domains divided into four performance levels from 1 (non-functional) to 4 (highly functional). By scoring each sub-domain, users create a picture of strengths and challenges in the program. Scores and repeat assessments can be used to monitor program development over time.</p>



### **CHW Coverage and Capacity (C3) Tool**

An Excel-based tool for examining options of CHW time allocation, workload and estimated coverage. Uses include:

- Inform new CHW policy and strategy design
- Analyze existing policy and/or modifications
- Adapt central plans to local reality
- Inform costing
- Advocate for CHW programming

It includes inputs for up to six different CHW cadres and numerous CH interventions to provide various scenarios for CHW workload, geographic and technical scope, and population coverage estimates.

An in-depth session on the C3 tool described its role in CHW program decision-making processes. Using contextual variables – such as population, geography, disease burden, health policies, available resources and any known future trends—alongside CHW cadre descriptions—including status, roles, number, geographic distribution, and time use (service activities, travel, administrative and training), its modeling can help to quantify CHW need, effective capacity, and ultimately consider scenarios for optimization. The C3 tool was applied in Zanzibar as its community health strategy was being revised to standardize community health volunteers (CHVs) nationally. The MOH’s key question was “How many CHVs do we need to reach all communities in Zanzibar?” The workload analysis and continued stakeholder discussions to determine 2,200 CHVs with an 18-hour workload could reach approximately 90% coverage level for all services with an assigned catchment population of 725 people. The C3 tools also helped to review costs for this scenario and determine an acceptable monthly performance-based incentive.

## **Evidence, Learning & Data for Decision-Making for CHW Programs**

Within the Integrating Community Health (ICH) initiative, country representatives shared their recent experiences, processes, successes and challenges strengthening CHW programs.

### *Liberia: Implementation fidelity initiative*

Presented by J. Mike Mulbah of the Liberia Ministry of Health and William E. Walker Jr. of Last Mile Health (LMH), the “Mixed methods approach to real-time implementation feedback for Liberia’s National Community Health Assistant Program (NCHAP)” highlights the country’s strong efforts since 2016 to address equity and promote better community health outcomes by using a standardized approach, and their continued rigor to review and evaluate NCHAP effectiveness. Through interviews with community members, supervisors, facility staff, county health teams, program managers and others, they systematically shared feedback on program perceptions and results at quarterly review meetings. Key findings identifying areas for strengthening included commodity security, service quality, provider skills, and remuneration.

#### Key takeaways:

- Innovative, locally developed mixed methods tools can capture program implementation fidelity and perceptions.
- MOH-led processes to institutionalize data review have supported more collaborative problem-solving and increased public sector ownership of the NCHAP.

### *Uganda & Bangladesh: National learning labs*

Two case studies, shared by Pathfinder International in Uganda and Save the Children in Bangladesh, described their experiences implementing learning labs to strengthen CHW program performance.

The Uganda country case study considered the role of policy and advocacy to scale frontline delivery. In 2016, a new community health extension worker (CHEW) policy and implementation guidelines were introduced, but as of the end of 2019 it was yet to be fully approved. Some concerns related to the sustainability of CHEW remuneration; village health teams (VHTs) are currently volunteers. Through the Community Health Roadmap process and the National Community Health Learning and Improvement Initiative (NACHLII), a strategic consortium of stakeholders has been able to develop a costed, evidence-based strategy and is linking learning with policy reform.

In Bangladesh, a district learning laboratory (DLL) supported the improvement of CHW program performance, focusing on harmonization, community engagement, and sustaining effective coverage at scale. Key DLL activities include: CHW profile development; identifying and addressing CHW capacity building needs; technical assistance to community groups and local education; health and family planning committees; and piloting community clinic-centered health service models.

#### Key takeaways:

- The NACHLII has been able to promote a national focus on community health that is broad and multi-sectoral
- The Uganda policy reviews and CH Roadmap process have allowed for including costed, evidence-based approaches to promote greater CHEW program sustainability and MOH ownership
- The Bangladesh DLL approach has helped coordinate community health actors, improve referral systems, and increase local resource mobilization and social accountability.

#### *Kenya: Quality improvement process*

Dr. Lilian Otiso presented on the impact of a community quality improvement (QI) intervention for maternal, newborn and child health (MNCH) outcomes. As part of Kenya's 2014-2019 Strategy for Community Health implementation, the SQALE model aimed to reduce maternal and child deaths using an adapted community-based QI approach. Work improvement teams at the community and subcounty levels were phased through a three-part capacity building program, including learning platforms and events to share their results. Through qualitative interviews, data quality audits and lot quality assurance sampling, the teams were successful to improve: data quality; timely and complete antenatal care; skilled provider deliveries; vitamin A and growth monitoring coverage. The SQALE model has been adopted by the national government, and counties are sustaining its implementation by including QI in their annual plans and budgets, as well as by creating health bills to pay CHWs. While mHealth helps address some challenges, the high training, CHW stipend and tool costs and staff turnover make QI implementation difficult.

#### Key takeaways:

- Quality improvement can be adapted at community level by using a phased and simple approach to capacity building and can improve health outcomes and drive meaningful change
- Use of participatory approaches ensures effective QI functioning and locally relevant problem identification and prioritization and community facility linkage
- Identifying QI champions and promoting leadership at the county, sub-county, CHEW, and supervisor levels improves advocacy and utilization of local resources

### **Additional Community QI resources**

- SQALE brief: [How can we achieve Universal Health Coverage with quality? A quality improvement model for community health from Kenya](#)
- Data quality in community health brief: <http://reachoutconsortium.org/media/12820/reachout-data-quality.pdf>
- Blog - Stimulating, cascading and sustaining quality: [The role of Champions for community health](#)
- Read all about the [USAID SQALE Learning Event](#).
- Poster: Creating a [forum for shared learning and advocacy](#) in strengthening community health systems

## Country exchange for CHW program optimization

Participants delved into an interactive activity whereby they first conducted a high-level individual assessment of their respective countries' CHW programs to indicate strengths and areas for improvement across the CHW AIM tool's ten domain areas: 1) role and recruitment, 2) training, 3) accreditation, 4) equipment and supplies, 5) supervision, 6) incentives, 7) community involvement, 8) opportunity for advancement, 9) data, and 10) linkages to health system. For each domain area, an exchange between those who identified their CHW program strength and those seeking to improve it. After these discussions, country delegations then reflected on specific commitments that they could make (Annex I).

## Conclusion & Next Steps

Through country-level report outs, delegations shared what practices for community health they intend to start as a new initiative; practices that they will stop doing; and other successful practices that they are encouraged to continue. Through an individual evaluation form, meeting participants reflected on three areas from the meeting: what valuable insights were gained; any knowledge information gaps or areas for improvement; and suggestions for strategic and ongoing support. A complete table of evaluation responses by country and participant profile (e.g. representative of MOH, implementing partner [IP], multilateral or other) can be found in Annex I. Engagements and support to countries will continue to build from Dhaka, including dialogue through the Collectivity Community Health Community of Practice, planning for ICHC 2020, and through the CH Roadmap. Further, ICH collaborating country delegations will continue to finalize and share key deliverables, such as country cases, policy snapshots, and research. Notably, research will be shared individually, as well as through the publication of two Frontline Health-led supplements.

Looking ahead, countries want to drive national policy and strategy decisions and actions via the CH Roadmap and WHO CHW Guidelines, linking political and financial commitments. Overall, participants valued the opportunities to exchange with others about their CHW program implementation experiences, broader policy and system reforms and directions, including the specific stories from tools they have applied or resources they used. Country-level stakeholders committed to taking up state-of-the-art tools and approaches, with interest to apply frameworks and new tools to improve measurement, quality and accountability as a part of systems reform. The community QI model from Kenya was cited by many as an exciting opportunity for using data for decision-making. Several expressed interest to apply the AIM tool; many delegations valued learning about the WHO CHW Guideline recommendations and underpinning evidence as they seek to integrate them into policy revisions or strategic priorities, but still wanted to learn more. Countries appreciated that the ICH supported promising approaches to strengthen systems and PHC at community level—such as:

implementation fidelity, community scorecards, QI with community focus, and national learning labs focusing on CHW harmonization, training— and wanted to apply them in their country contexts. Some sought to enhance the South-to-South collaboration for support and exchange to contextualize and implement the WHO CHW guideline and CH Roadmap. Specifically, key programmatic areas for technical support included: supportive supervision and measuring CHW performance; linking CHW data streams with other health systems data (e.g., DHIS2); and balancing routine surveys and data with special surveys or operations research. Many delegations sought support for policy analysis and to secure financing for program sustainability. Through these valuable side meeting exchanges, participants demonstrated solidarity and collaboration to strengthen PHC at the community level, with a focus on CHWs and their integration within health systems and communities.

In terms of knowledge gaps, many participants noted wanting additional details and time to learn more about the content presented. Others requested more information about program approaches focused on remuneration and financial sustainability, supportive supervision, the policy reform cycle, CHWs in conflict-affected settings, and emerging needs for PHC at the community level, such as noncommunicable diseases.

In next steps, participants identified interest to continue cross-country collaboration and knowledge sharing, building on momentum to ICHC 2020 to fulfill CH Roadmap commitments. Additional country-specific opportunities for strategic support are listed in Annex 2.

## ANNEX I: Commitments and actions identified by country delegations

MOH-identified commitments and actions are in **bold**.

Country	Commitments and actions
Afghanistan	<ul style="list-style-type: none"> <li>• Revise the role of CHWs.</li> <li>• Integrate competency-based training.</li> <li>• Improve recruitment through the local government and communities</li> <li>• Standardize the minimum package of services; TORs for some are currently too vast to ensure quality services. Donor support is needed.</li> <li>• <b>Involve CHWs themselves. Involve WHO and USAID. Use roadmap. Implement community scorecards (2018 operations manual, learning from Bangladesh).</b></li> <li>• <b>CHW performance evaluation; improve based on AIM functional assessment.</b></li> <li>• <b>Conduct community microplanning.</b></li> <li>• <b>Build capacity at all levels to manage CHW program.</b></li> </ul>
Bangladesh	<ul style="list-style-type: none"> <li>• Improve supervision, monitoring, and accountability through use of a community scorecard.</li> <li>• They seek resources for the supervision skills for supervisors.</li> <li>• <b>Have CHW strategy operational by ICHC 2020 in Dakar.</b></li> <li>• <b>There is interest to try QI (Kenya example).</b></li> </ul>
DRC	<ul style="list-style-type: none"> <li>• Will look at incentives (such as those used in Ethiopia) for the 200,000 volunteer ASCs.</li> <li>• Review the community “SNIS” (HMIS) to integrate with DHIS2 so that community-level data can also reach the central level. Harmonize data.</li> <li>• Conduct a community mapping.</li> <li>• <b>Do more learning from other countries.</b></li> <li>• <b>At upcoming workshop, harmonize the CHW system within DHIS2 to help accountability of CHWs to motivate them.</b></li> <li>• <b>Use the C3 tool.</b></li> </ul>
Ethiopia	<ul style="list-style-type: none"> <li>• Address the CHW service package</li> <li>• WHO Guideline implementation and advocacy</li> <li>• <b>Initiate the 2<sup>nd</sup> phase of HEW program. Design services with a focus on quality and improving access among pastoral communities. Emphasize performance and productivity (e.g. Kenya QI and Nepal experience)</b></li> </ul>
Haiti	<ul style="list-style-type: none"> <li>• TORs for recruitment</li> <li>• Workload package</li> <li>• Mapping HRH decentralized by department</li> <li>• Aligning partners; commitment to strengthening coordination</li> <li>• <b>Work with the Pop Council to look at data among existing indicators available from in the CH Performance framework; then identify data gaps and try to address.</b></li> </ul>
Kenya	<ul style="list-style-type: none"> <li>• Training &amp; roles</li> <li>• Mechanisms for accountability</li> <li>• Innovative dissemination of policies</li> </ul>

	<ul style="list-style-type: none"> <li>• Regulatory structure for CHWs (e.g., a professional association)</li> <li>• County-level budgeting</li> <li>• <b>Finance the CHW bill</b></li> <li>• <b>Integrate CHW in UHC budget (specifically for training, supplies and QI)</b></li> <li>• <b>Promote social accountability for program so that it will be sustainable beyond this political cycle.</b></li> </ul>
Liberia	<ul style="list-style-type: none"> <li>• CHW monitoring, community scorecard, address advancement issues</li> <li>• Decentralizing training (currently only nationally led) and institutionalizing for formal accreditation.</li> <li>• Work towards Mid-term review in early 2020.</li> <li>• <b>Fully implement the WHO Guidelines (they currently are achieving 10 out of 15)</b></li> <li>• <b>Focus on improving the 5 areas: certification, remuneration, career development, mobilization of community resources, and supply chain to the last mile</b></li> </ul>
Uganda	<ul style="list-style-type: none"> <li>• VHTs and piloted CHEW training</li> <li>• Understand recommended rate for job package</li> <li>• Standardize training</li> <li>• Adopt roadmap priorities</li> <li>• Commit to revitalizing the CHEW strategy</li> <li>• <b>National steering committee to house documents for knowledge management</b></li> <li>• <b>Take up AIM matrix to use as a policy analysis tool</b></li> <li>• <b>Fast track new CHW policy with WHO Guidelines</b></li> <li>• <b>Promote CHEW and VHT interprofessionalism</b></li> </ul>
India, Pakistan, Bangladesh	<ul style="list-style-type: none"> <li>• Commit to online exchange to address common issues, such as CHW effectiveness given cultural, class and caste barriers to CHW/community/household interactions.</li> </ul>

## ANNEX 2: Meeting evaluation responses by delegation

	1. What were the most valuable things that you gained from this side meeting?	2. What knowledge/information gaps do you still have? What could be improved upon?	3. How can we support you strategically? Where do you want support?
<b>Afghanistan</b>	<ul style="list-style-type: none"> <li>- <i>Multilateral</i>: Sector partners are taking performance as a system issue which makes everyone accountable for CHW/CBHC performance</li> <li>- <i>Multilateral</i>: Experiences from other countries and the system strengthening, policies, guidelines and tools</li> <li>- <i>Multilateral</i>: Learning from other countries experiences and best practices ; south to south collaboration for expansion of CHS</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Multilateral</i>: volunteerism versus stipend CHW ; its relevance to performance</li> <li>- <i>Multilateral</i>: roadmap for implementation , prioritization, and CHW incentivization</li> <li>- <i>Multilateral</i>: no focus on country in emergency or conflict and how it could manage</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Multilateral</i>: Afghan health sector planning and designing are driven by on-budget funders. More institutional sustainability should be factors in and the country can use long term design support &amp; financial resource mobilization</li> <li>- <i>Multilateral</i>: support global standards to be implemented in countries; support fund availability; technical support</li> <li>- <i>Multilateral</i>: I will support government to revise health review national policy, community-based strategy; CHWs TOR</li> </ul>
<b>Bangladesh</b>	<ul style="list-style-type: none"> <li>- <i>IP</i>: various countries learnings of health systems, especially QI systems of Kenya (IP)</li> <li>- CW tool; QI model of Kenya (IP)</li> <li>- <i>IP</i>: C3 tool; CHW measurement framework</li> <li>- <i>IP</i>: QI; social accountability framework tools (community scorecard); Liberia and Bangladesh community engagement experience</li> <li>- <i>IP</i>: Learned about other country ICW program</li> <li>- <i>Other – research &amp; evaluation</i>: CHW programs' emphasis by the govt and IPs</li> <li>- <i>Bilateral (donor)</i>: Country examples</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP</i>: module of supportive supervision</li> <li>- <i>IP</i>: Design program as per country context</li> <li>- <i>IP</i>: Research on CHWs; what/how we adapt tools in country</li> <li>- <i>IP</i>: Operational plan of National CHW strategy in Bangladesh</li> <li>- <i>Other – research &amp; evaluation</i>: Website</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP</i>: Support on implementation of Bangladesh national strategy on CHWs.</li> <li>- <i>IP</i>: Learning visit to successful programs</li> <li>- <i>IP</i>: Involvement in multi-country study; ___ ; Support need from donors &amp; opportunity for South to South knowledge; nomination to involvement</li> <li>- <i>IP</i>: scaling up accountability tool. Community scorecard for QI of health service in context of UHC; Resource mobilization for implementation of CHW strategy by NGO &amp; GOB</li> <li>- <i>IP</i>: Provide technical support to implement CHW strategy</li> </ul>
<b>DRC</b>	<ul style="list-style-type: none"> <li>- <i>IP</i>: The WHO, UNICEF BMGF and USAID guidelines, policies and roadmap introductory presentations; Experience from Liberia; Training modules program from Uganda; C3 tool; QI from Kenya</li> <li>- <i>MOH</i>: Experience in remuneration experience in Bangladesh and Ethiopia; this encouraged us for DRC; Collection and analysis of data in the HMIS for DHIS2</li> <li>- <i>Unspecified</i>: Learning from other countries things that work better; also, some challenges and ways to overcome challenges</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Unspecified</i>: Filling the gaps in the community-based data; linking it with DHIS2</li> </ul>	<ul style="list-style-type: none"> <li>- <i>MOH</i>: our roadmap is available from the Symposium secretariat. With our two partners (USAID &amp; UNICEF) we can concentrate and apply tools to get there.</li> <li>- <i>Unspecified</i>: Making the community health work in DRC; translate policies into actions. Use other experiences for inspiration. As needed, TA assistance in the process</li> </ul>

	<b>1. What were the most valuable things that you gained from this side meeting?</b>	<b>2. What knowledge/information gaps do you still have? What could be improved upon?</b>	<b>3. How can we support you strategically? Where do you want support?</b>
<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>- <i>Unspecified:</i> WHO Guidelines, Accountability framework including AIM tool; experience sharing esp. quality assurance</li> <li>- <i>Unspecified:</i> I get countries experience showing in order to ___ some of the challenges.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Unspecified:</i> How to balance routine vs. surveys to assess effectiveness of CHW programs</li> <li>- <i>Unspecified:</i> ICHC 2020 this is not because of the presenter, but during the summit Ethiopia was not represented &amp; different to know commitment on that special area our countries to address.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Unspecified:</i> any community of practice exists? Include us in the listserv for the future updates.</li> <li>- <i>Unspecified:</i> We need your support on financial as well as technical because a lot of activities that need to address very well in regards of how to improve QI in our health facility.</li> </ul>
<b>Haiti</b>	<ul style="list-style-type: none"> <li>- <i>IP:</i> Amazing experiences and input shared from other countries</li> <li>- <i>MOH:</i> dynamic discussions, sharing experiences from other countries which may help in addressing our own gaps</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> Not enough information as to CHW performance</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> support in advocacy to the government for improving national health budget; funding to implement Ops research activities that the MOH cannot do by themselves</li> <li>- <i>MOH:</i> Ensure that as a country we remember (are reminded of) our commitments and that we help them.</li> </ul>
<b>India</b>	<ul style="list-style-type: none"> <li>- <i>Multilateral:</i> stride... of countries – keeping community into focus</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Multilateral:</i> More time for country level discussion – especially cross-country</li> </ul>	<ul style="list-style-type: none"> <li>- <i>No comments.</i></li> </ul>
<b>Kenya</b>	<ul style="list-style-type: none"> <li>- <i>IP:</i> Sensitization of the CH roadmap; C3tool; Frontline Metrics for Community Health</li> <li>- <i>IP:</i> Updates on new tools available for assessing CHW programs; e.g. revised AIM tool, C3 tool. A chance to reflect on our country program with colleagues based on a framework.</li> <li>- <i>Multilateral:</i> country sharing; development of action plan towards ICHC 2020</li> <li>- <i>IP:</i> Discussions about three key issues: Start, Stop, Continue</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> It would be great to empower participant in conducting policy analysis. This will help in having structured approaches for identification of policy gaps for intervention design and advocacy</li> <li>- <i>IP:</i> Performance-based incentives for CHWs</li> <li>- <i>IP:</i> Performance evaluation framework ; financing for CHW programs</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> Contextualization of the WHO Guidelines</li> <li>- <i>IP:</i> Access to the latest information through CoPs; more face to face engagement; support for in country meetings bringing learning from different contexts and including MOH</li> <li>- <i>IP:</i> Support countries to domesticate and implement the WHO Guidelines and Astana commitments</li> </ul>
<b>Liberia</b>	<ul style="list-style-type: none"> <li>- <i>MOH:</i> The country assessment on CHW AIM components; [LMH Reform] Implementation cycle yesterday was such a great tool that we intend to use in our own redesigning process of our current strategy</li> <li>- <i>IP:</i> Existing tools in community health: WHO and FLH framework</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> QI of community program</li> <li>- <i>IP:</i> the in-depth explanations from other countries on the 10-point scale for CHW. The insights have sparked great conversations with my country team.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP:</i> Since the symposium is focusing on NCDs the pre-meeting should have touched on the conference theme.</li> <li>- <i>MOH:</i> technical support &amp; continued financial support</li> <li>- <i>IP:</i> continue the frequently and through country exchange</li> </ul>
<b>Pakistan</b>	<ul style="list-style-type: none"> <li>- <i>Multilateral:</i> Tools that I had not heard of before</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Multilateral:</i> Not at the moment; am strengthening my network here; to consult later!</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Multilateral:</i> support the Federal Ministry in Pakistan in developing CHW strategy</li> </ul>

	<b>1. What were the most valuable things that you gained from this side meeting?</b>	<b>2. What knowledge/information gaps do you still have? What could be improved upon?</b>	<b>3. How can we support you strategically? Where do you want support?</b>
<b>Uganda</b>	<ul style="list-style-type: none"> <li>- <i>IP</i>: Adoption of the draft AIM framework for C</li> <li>- <i>HW</i>: Lifecycle analysis of the CHW; Action planning</li> <li>- <i>IP</i>: The discussion about AIM matrix; introductions: WHO, UNICEF, CHIC and BMGF gave a proper Segway to CHW and its linkages; WHO Guidelines.</li> <li>- <i>MOH</i>: Advocacy for improved service delivery through CHWs</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP</i>: Standardization mechanism for CHW training; suitable methods for incentivizing CHWs; Ratification (?) of the AIM framework and C3 tool</li> <li>- <i>IP</i>: Need more knowledge about the CHW policy reform cycle ; please share presentations; I need the UNICEF presentation.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>IP</i>: TA and financial support to revitalize the CHW country strategy</li> <li>- <i>IP</i>: Support countries to prioritize the CH roadmap through the ICH mechanism; Link country team with funding opportunities to advance this agenda for CHSS. Please share the tools; revised AIM Matrix; CHW measurement framework and C3 tool.</li> <li>- <i>MOH</i>: Advocacy engagement to ensure have the CHEW policy &amp; strategy approved by Cabinet. IA ... in finalization of the CH paper...</li> </ul>
<b>Other participants</b>	<ul style="list-style-type: none"> <li>- <i>LMH</i>: Generally, the details about what other countries are doing successfully; Knowledge of some of the technical tools available</li> <li>- <i>Multilateral</i>: Country examples</li> <li>- <i>Other country IP</i>: opportunity to hear directly from MOH teams about successes, challenges and priorities.</li> <li>- <i>Other country IP</i>: The opportunity to network with colleagues from govt and IPs from different countries</li> <li>- <i>Private foundation (HIFA)</i>: Restructuring Nigeria health system tiers to create a new level below CHW (CHW already part of PHC system) but too far from the community ; need CHV cadre.</li> <li>- <i>Private foundation</i>: Good small group discussion; learning what has worked well → good to hear what is achievable</li> <li>- <i>UNICEF</i>: Tools &amp; approaches to improve performance management</li> </ul>	<ul style="list-style-type: none"> <li>- <i>LMH</i>: More tools for general health systems / support systems to CHW programs; political and financial commitment</li> <li>- <i>Multilateral</i>: There is always more to learn</li> <li>- <i>Other country IP</i>: what are other mechanisms for disseminating and <u>further</u> supporting countries implementation and adaption of guidelines and tools, etc.?</li> <li>- <i>Other country IP</i>: An opportunity to have a “walk through” that is practical through some of the tools shared today.</li> <li>- <i>Private foundation (HIFA)</i>: I need to understand the WHO CHW Guidelines in more details</li> <li>- <i>Private foundation</i>: understanding how to scale up interventions, approaches to improve CHW programs.</li> <li>- <i>UNICEF</i>: optimization strategies</li> </ul>	<ul style="list-style-type: none"> <li>- <i>Other country IP</i>: Please share all presentations and tools via email!</li> <li>- <i>Other country IP</i>: I hope that the tools shared today are available online: please share presentation slides!</li> <li>- <i>Private foundation (HIFA)</i>: Assist me link up with development partners in Nigeria to scale up PACK (practical approach to care kit) program for PHC</li> <li>- <i>UNICEF</i>: improving south Asia participation in the CH CoP</li> </ul>