



Third USAID Global Flagship Convening on CHW-Focused Investments

HRH2030 Program / Chemonics

December 11, 2020

10:00am – 12:15pm ET | ZOOM

WELCOME! Please share in the chat:

- Your name & affiliation*
- What do you most value about your community these days ?*

Please share any other key global CHW updates in the chat


- **COVID-19 Resources for CHWs**
- **USAID Flagship CHW Resource Package** – published June 2020
- **Community Health Roadmap** – country engagement and coordination
- **2nd International Symposium on Community Health Workers** in Dhaka, Bangladesh (November 2019)
 - Frontline Health Technical Advisory Group
 - Advancing Primary Health Care at the Community Level: Integration, Quality, & Accountability – full-day side meeting hosted by USAID in consultation with WHO, UNICEF, BMGF
 - Integrating Community Health (ICH) country governments and implementing partners knowledge sharing
- **Community Health Measurement discussion** – August 2020
- **Two Million African Community Health Workers** – African Union

ROUND ROBINS

Activity & tool updates,
use of CHW
programming tools for
monitoring and learning

Please reference:

- [Google doc](#)
- Meeting [audio](#) & [video](#) recording



Advancing Nutrition (JSI)
Breakthrough Action (JHU CCP)
Frontline Health (Pop
Council/LMH)
EpiC (FHI360)
HSS Accelerator (R4D)
Impact Malaria (PSI)
LHSS (Abt)
MOMENTUM
-MIHR (Corus)
-MCGL (Jhpiego)
-MKA (PRB)
-MPHD (PSI)
-MRITE (JSI)
SHOPS+ (Abt)
HRH2030 (Chemonics)

DEEPER DIVE PRESENTATIONS

- Development Innovation Ventures (*USAID, Muso, Last Mile Health, Living Goods*)
- West Africa Strategic Planning & Country Engagement (*HSSA/R4D*)
- ICHC & Community Health Roadmap (*UNICEF, CHR Secretariat*)





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FROM THE AMERICAN PEOPLE

DEVELOPMENT INNOVATION VENTURES

TURNING BRIGHT IDEAS INTO GLOBAL SOLUTIONS

USAID Global Flagship Convening on CHW-Focused Investments

December 2020



DIV CRITERIA



Rigorous Evidence

We value rigorous evaluation methods to assess what is working and what is not.



Cost-Effectiveness

We invest in solutions that deliver maximum impact per dollar in comparison to other interventions.



Pathway to Scale

We support solutions for long-term expansion and sustainability through the private and/or public sectors.

TIERED FUNDING MODEL

DIV invests along **three stages** of an innovation's growth, adjusting the grant amount to a solution's level of evidence and risk

Stage 1

Pilot



Up to
\$200,000

Stage 2

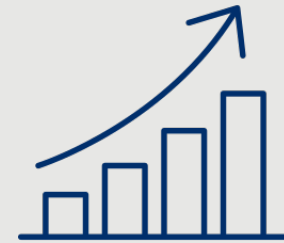
Test and Position for
Scale



Up to
\$1.5 million

Stage 3

Transition to Scale



Up to
\$5 million



Evidence Grants (up to \$1.5M) support research to generate rigorous evidence of impact and cost-effectiveness



DIV Stage 2: Test and Position for Scale

Proactive Community Case Management and Child Survival - A Cluster RCT (2015-2019)

Testing Proactive Community Case Management (2020-2023)

MUSO: SPEED SAVES LIVES

- Delayed care increases maternal, newborn, and child mortality. Muso works to cure delay.
- Partnership with the Mali Ministry of Health to design and test Proactive Community Case Management (ProCCM)
 - Proactive case detection by CHWs
 - Doorstep care along iCCM protocols
 - Dedicated 360° Supervision
 - Rapid access to redesigned and strengthened primary care clinics
 - Care with no out-of-pocket fees



MUSO: SPEED SAVES LIVES



- 2018 study in *BMJ Global Health* documented how ProCCM sites achieved and sustained child mortality rates lower than any country in Sub-Saharan Africa
- With support from DIV, Muso has followed up on these findings by:
 - Doubling our footprint in Mali to deliver care to 330,000 patients
 - Conducting the ProCCM randomized control trial
 - Supporting Mali's national health care reform
- The ProCCM Trial : Can CHWs save more lives by searching for patients door-to-door daily?
 - Followed 100,000 patients across 137 cluster sites with baseline in 2017 and endline in 2020
 - Primary Outcome: Under-five mortality rate
 - Embedded Studies and Secondary Endpoints: cost-effectiveness, malaria prevalence, contraceptive use, maternal health, newborn health, malnutrition and stunting, access to care, process evaluation
 - Results expected in late 2021
- Key learning: Success or failure of community health programs depends upon delivery design

LAST MILE HEALTH

DIV Stage 2: Test and Position for Scale

Integrated Community Health Worker Program (2018-2021)

LAST MILE HEALTH

Partner with countries to design, scale, strengthen, and sustain community-based primary health systems

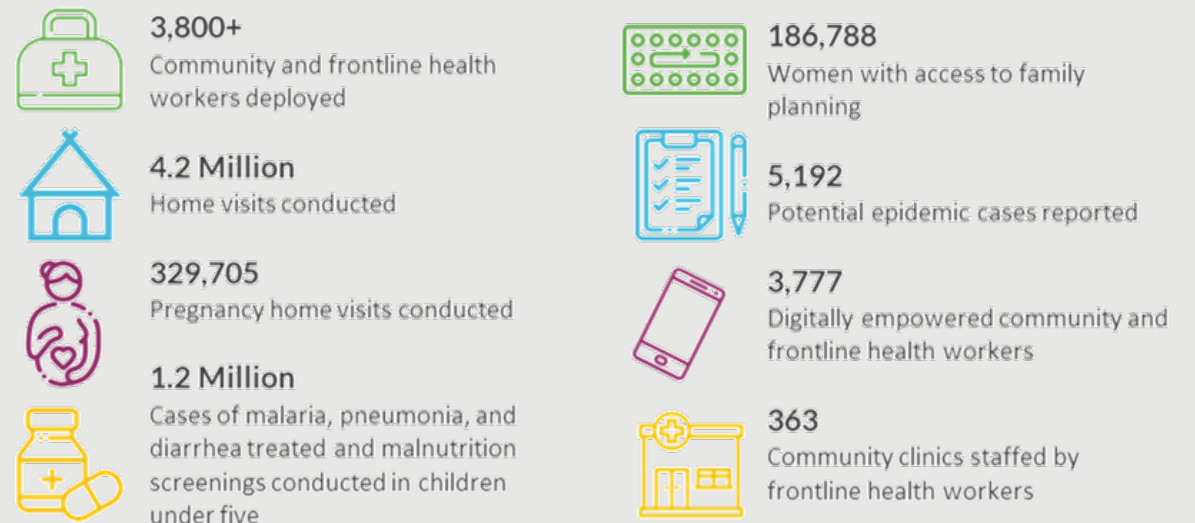


- Liberia's National Community Health Assistant (NCHA) program:
 - Launched in 2016 following Ebola epidemic
 - Improve **access** to—and the **quality** of—essential healthcare for people living in rural and remote communities
 - Nearly 4,000 NCHAs serve over 70% of Liberia's remote population

Liberia's Community Health Assistant Model



Cumulative from July 1, 2016 to September 30, 2020



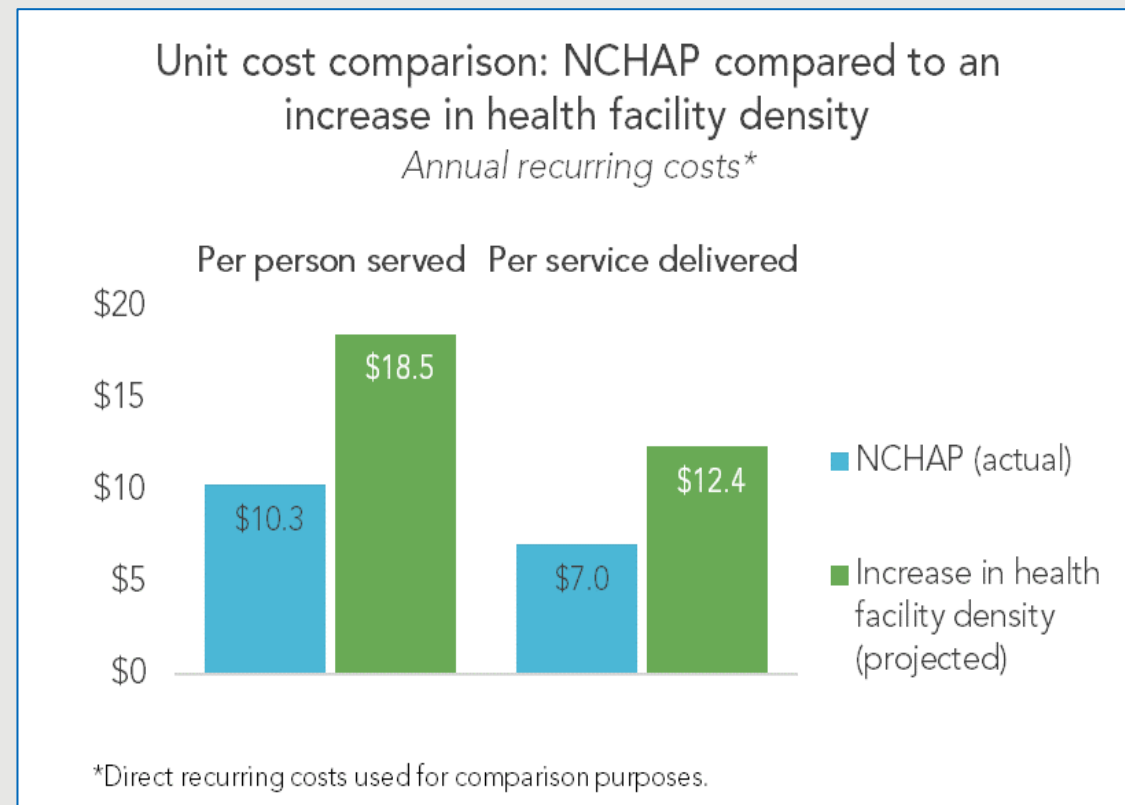
LAST MILE HEALTH

GRAND BASSA IMPACT EVALUATION

- Grand Bassa Impact Evaluation in Liberia (Aug 2018 to July 2021): help answer outcomes and cost effectiveness
 - **National CHA** program expanded: 258 CHAs and 25 clinical supervisors trained with plans to train 250 more CHAs for full county coverage
 - **Cost-effectiveness** study completed and **Impact evaluation** of CHAs on maternal and child health outcomes underway: 2018 and 2019 surveys completed, one more in 2021
 - **Additional research**: underway and will support the capacity development of County Health Team members using impact evaluation data and other existing datasets
 - *Will help inform the further scale, and revision of the national program*

LAST MILE HEALTH GRAND BASSA IMPACT EVALUATION

- Addressing global evidence gaps in community health quality and optimization:
 - **Impact evaluation study:**
 - Allows for comparison between districts and to gain insights into if/how the National CHA Program is affecting health outcomes in remote communities through a phased approach
 - **Cost effectiveness study *early results:***
 - Demonstrates cost-effectiveness of program investments relative to health outputs and outcomes
 - Indicates that the NCHA program is more cost-effective compared to a modeled increase in health facility density to deliver last mile primary healthcare services
 - Increases the understanding of Liberia’s National CHA Program by studying costs that are not typically found in the literature





LivingGoods

Delivering Data-Driven Health Care, Door-to-Door

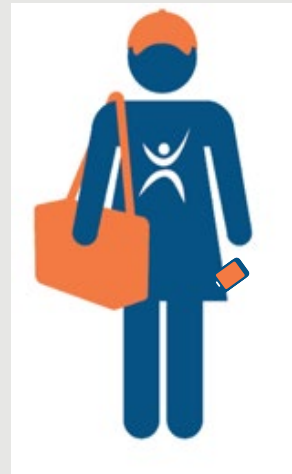
DIV Stage 3: Transition to Scale

Empowering Entrepreneurs to Save Lives Door to Door in Kenya (2016-2020)

Results-based financing to scale community health programs in Uganda (2019-2023)

LIVING GOODS

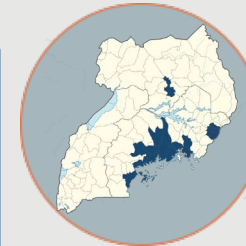
We support digitally-empowered CHWs to address the leading causes of child deaths with simple and affordable solutions that leverage one integrated, efficient platform



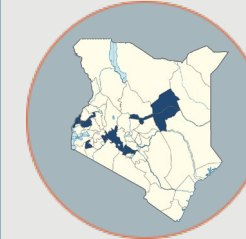
One Integrated and Efficient Platform



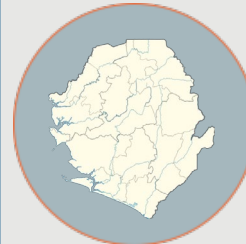
Our technology platforms provide on-site job aids & tools for CHWs in all of these areas



Uganda: ~4200 CHWs in 19 districts + Support BRAC with 3500 CHWs in 75 districts



Kenya: ~3200 CHWs in 7 counties



Sierra Leone: TA to the MOH to support Covid-19 messaging systems for CHWs



Burkina Faso: TA to MOH on Covid-19 response and digitization/performance management solutions for CHWs

LIVING GOODS EMERGING KNOWLEDGE



DESCRIPTION

- **Kenya (2016-2020):** Scaling Living Goods platform across 6 counties in Kenya by:
 - Designing and deploying best in class mobile health tools
 - Replicating visionary co-financing partnerships with government
 - Advocating globally to increase financing for CHWs
- **Uganda (2019-2023):** Outcome fund to demonstrate the scalability of a results-based financing (RBF) model for community health across 6 districts
 - Global Development Incubator: outcome fund trustee (DIV grantee)
 - Innovations for Poverty Action: independent verifier
 - Instiglio: program manager
 - Living Goods: implementer supporting 1,968 CHWs reaching approx. 1.5 million beneficiaries

EMERGING KNOWLEDGE/LESSONS LEARNED

- Local government buy-in for contracting CH services either directly or via an outcomes fund is challenging. Phased progress is possible.
 - In Kenya, we have two successful co-financing agreements in Isiolo and Kisumu, with increasing government buy-in
 - In Uganda, the RBF has led to increased interest from the government to manage CHWs using mobile technology and performance management systems (e.g. TA in Oyam district)
- It is possible to collaborate with large, complex partners like BRAC, PSI, GiveWell/Care to deliver comparable impact.
- Living Goods constantly iterates to improve the cost-effectiveness of our model—2019 cost per capita was \$2.87—and models such as the RBF incentivize LG to stretch our performance goals without increasing costs.



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Learn about DIV and how to apply: www.usaid.gov/DIV

Learn about the DIV innovators: www.divportfolio.org

Muso: musohealth.org

Last Mile Health: lastmilehealth.org

Living Goods: livinggoods.org



West Africa Strategic Planning & Country Engagement

Using Co-Creation and Systems Approaches to Improve Community Health in Guinea

December 11, 2020



The Accelerator

The Accelerator is a five-year (2018-2023) USAID cooperative agreement, with co-funding from the Bill & Melinda Gates Foundation.

The project provides technical assistance across a broad range of health systems strengthening challenges to ensure that in-country institutions and organizations have the capacity and expertise to independently translate, adapt and build more effective and sustainable health system interventions on their journeys to self-reliance.

Implementing Partners



Adaptable approaches

Country Priorities and Processes



Ensure that priorities are set by local change agents and work through institutionalized country-led processes

Leverage Local and Regional Expertise



Coach rather than do, support local teams to select, design and implement contextually appropriate solutions

Co-Creation and Knowledge Translation



Based on evidence and learning drawn from across multiple geographies

Evidence Generation and Adaptive Learning



Support adaptive learning, with rapid experimentation where needed and timely feedback loops

République de Guinée

Travail – Justice-Solidarité



MINISTRE DE LA SANTE

DIRECTION NATIONALE DE LA SANTE COMMUNAUTAIRE
ET DE LA MEDECINE TRADITIONNELLE

POLITIQUE NATIONALE DE SANTE
COMMUNAUTAIRE

Juin2017

Guinea's National Community Health Strategy

- Components:
 - Package of community health services delivered by community mobilizers (RECO) and community health workers (ASC)
 - Strengthened local governance
 - Sustainable financing
 - Improved performance
- UNICEF initiated support for pilot in 40 communes in 2018
- Currently 122 or **36%** of communes covered

Implementation Challenges

Financing

- Gaps in **sustainable financial support** and execution for all parts of the strategy, including CHW salaries, equipment, supplies, etc.
 - Planned domestic resource mechanisms not functional
 - UNICEF support ending

Decentralization

- Unclear **roles and responsibilities** for actors at decentralized levels of the health system, including recruitment and payment of CHWs

Learning

- Lack of a **learning** agenda and plan to ensure iterative improvements and adaptation, including effectiveness of CHWs

Country-led Systems Approach to Improve Community Health Implementation

- Extensive scoping with country stakeholders and rapid assessment of “institutional architecture” to drive system change
- Three thematic groups of key multi-sectoral stakeholders created to tackle financing, decentralized roles & responsibilities, and learning challenges
- Co-creation process to identify root causes and solutions for effective implementation of the National Community Health Policy
- Knowledge translation and contextualized adaptation with Exemplars in Global Health
 - Workshop Q&A with Liberia’s Director of Community Health



Virtual Co-Creation



**Strengthen dialogue and
collaboration**



**Joint root cause analysis
of bottlenecks hampering
sustainable financing for
CHWs and strategy**

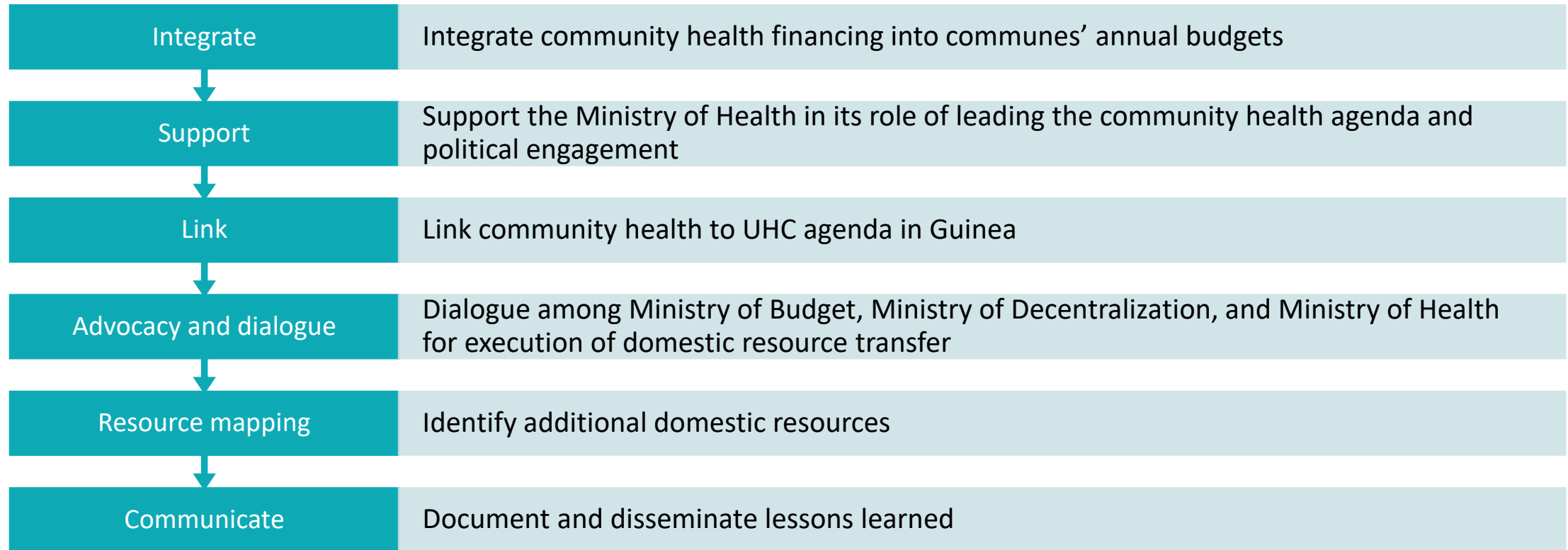


**Prioritize root causes;
learn from other
countries' experiences**



**Develop concrete,
country-owned action
plan with follow up and
sustained collaboration**

Actions agreed on by Financing Working Group



Discussion



Thank You



www.accelerateHSS.org



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AccelerateHSS@r4d.org

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Institutionalizing Community Health Conference 2021

ICHC 2017

- UNICEF & USAID co-convened (with support from WHO and BMGF) the first Institutionalizing Community Health Conference (ICHC)
- Johannesburg, March 2017 (400 attendees, 23 country delegations)
- The ICHC diagnosed the current state of community health systems, and defined action plans for community health systems based on recognised and empowered community health workers (CHWs) being an essential element of PHC.
- Country delegations endorsed a set of 10 critical principles for institutionalizing community health to deliver on the promise of health for all.

Institutionalizing Community Health: Ten Critical Principles

1 Engage with and empower communities to build viable and resilient community health systems with strong links to health and other relevant sectors

A growing body of evidence and country experience supports the effectiveness of diverse roles of communities in strengthening health and other systems that improve health. Community actors/groups and social networks in both formal and traditional local systems should be empowered and engaged to contribute to systems strengthening through roles encompassing service delivery, oversight for delivery, social and behavior change, and social accountability. We commit to a bolder vision of health systems strengthening that embraces context-specific opportunities and challenges for integrating community actors/groups and social networks in health and other sectors and strengthening their linkages with the formal health system to improve outcomes.

2 Empower communities and civil society to hold the health system accountable

Global and national stakeholders need to recognize and address current power imbalances and support empowerment of communities and authentic citizen voice, capable of holding service providers, governments, NGOs, and others accountable. Constructive community accountability strengthens good governance, improves access to health services, and contributes to the standards for improving the quality of health services.

3 Build integrated, resilient community health systems based on recognized frontline health workers

Communities and civil society are the driving force for building a resilient and holistic health system. System strengthening should include activities and strategies that extend the health system elements and interventions to the community level. This includes strong leadership, supportive policies, effective systems for management of commodities, and an empowered, remunerated or incentivized, and supported frontline health workforce that includes community health workers, as well as empowerment of communities to provide support to community health workers and play an active role in improving their own health.

4 Implement national community health programs at scale, guided by national policy and local systems context, to ensure impact

Reaching the Sustainable Development Goal 3, Global Strategy for Women's, Children's and Adolescents Health, and Human Resources for Health targets requires that countries commit to scaling up evidence-based quality community health interventions to achieve and sustain effective coverage at scale. Community health programs should focus on ensuring availability of a package of evidence based health interventions adapted to address local epidemiological priorities and implementation bottlenecks. Scale up should follow national policies and strategies, build on existing health and community systems, include a commitment to reaching vulnerable and underserved populations, and be phased and guided by local context.

In March 2017, nearly 400 community health champions from 44 countries, representing multiple sectors, gathered in Johannesburg to share global and country specific evidence and lessons and identify opportunities and challenges — financial and human resources, programmatic, and socio-political — for institutionalizing community health as an integral component of primary health care in order to transform the future and ensure that every mother, newborn, and child not only survives but thrives in the Sustainable Development Goals era.

Champions of community health — including government officials, civil society and private sector leaders, policymakers, sub-national managers and practitioners, researchers, representatives of bilateral and multilateral organization and donors — outlined 10 critical principles that they recommend countries focus on to accelerate progress in health.

5 Ensure sufficient and sustainable financing for community health systems is based on national and international resources, includes the private sector, and contributes to reducing financial barriers to health

Strengthening community health systems can be designed to be cost-effective and sustainable and is a smart investment in the country's social capital and human resources that can result in significant economic gains. Sustainable financing mechanisms, including a diverse range of investment sources across all sectors, are essential for community health programs to contribute to achieving and sustaining effective coverage at scale.

6 Program to reduce health inequities and gender inequalities

There needs to be a special focus on vulnerable and underserved populations. Policy makers must employ pro-equity approaches that mainstream women's and community engagement and empowerment if they are to achieve SDG 3 and SDG 5 targets. Pro-equity approaches can be more cost-effective than traditional approaches, and only by explicitly pursuing them are countries likely to achieve and sustain effective coverage at scale. Community health systems, designed with equity as a core principle, can significantly contribute to this goal.

7 Ensure that communities facing humanitarian crisis receive essential healthcare, particularly at the community level

In times of stability, strong community health systems, integrated in the primary health care system, build resilience and the ability to respond to humanitarian emergencies effectively and in a timely manner. During humanitarian emergencies there is an even more urgent need for a health system that is inclusive of well-functioning and robust partnerships with communities, and ensures that that essential preventive and curative interventions are made available at community level, using and strengthening existing community health systems and is fully part of the humanitarian response plan developed by the emergency health cluster.

8 Invest in the development of inclusive partnerships to leverage and coordinate diverse civil society and private sector actors to support national acceleration plans and enable communities to shape and support the implementation of policies

Inclusive and data driven multi-stakeholder partnerships are essential for global and national acceleration plans in health and should be designed to leverage and coordinate partners and communities in health and other relevant sectors while elevating community participation and voice in national policies and local systems. We commit to strengthening inclusive partnerships that mobilize a range of actors — including representatives of governments, civil society (e.g. local and international NGOs, academia, professional associations, media), private sector, and underserved populations themselves — with clearly defined, harmonized roles and measures of success to improve equitable outcomes at scale and promote mutual accountability.

9 Integrate community data into the health information system, including investment in innovative technologies

Health information systems should be integrated at all levels, with key indicators of community health activities included. This includes novel strategies and technologies, which can help countries make informed decisions, accelerate progress and tackle challenges to bring effective promotive, preventive, diagnostic and treatment services to communities.

10 Employ practical and participatory learning and research to identify, sustain, and scale up effective community interventions while providing opportunities for country-to-country lesson sharing and informing a shared global learning agenda

In order to achieve the ambitious community health systems agenda embodied in these principles, there needs to be investment and engagement of implementers and researchers in real-time research, monitoring, evaluation, and learning. This should include a focus on how to:

- Adapt and support proven community interventions to fit context, sustain and scale up effective approaches for engaging and empowering communities in diverse systems; and,
- Improve the coverage, quality, and equity of key community health services at scale

ICHHC 2017

Deliverables

Strengthening of community health systems as essential to enabling CHWs to deliver services and support the empowerment of communities to demand accountability for coverage and quality of services.

Country action plans
Technical support
Tracking of country progress

Addressing financing constraints that persist despite projected 10:1 return on CHW investments.

Community Health Roadmap

South-South sharing of expertise supported by participatory knowledge platforms

Community Health Community of Practice



The Community Health Roadmap

- Launched in 2018 as a collaboration between USAID, UNICEF, WHO, World Bank, the Bill & Melinda Gates Foundation, the Rockefeller Foundation and the Community Health Acceleration Partnership (CHAP) to elevate community health
- Works with 15 governments* on national priorities to advance community health in their countries
- Raises global awareness of these national priorities to partners & donors
- Informs institutional community health investments
- Early in the pandemic worked with governments to identify national priorities for a community COVID-19 response
- Launched a Catalytic Fund providing direct funding to MoH to catalyze & advance national community health priorities
- Rapidly disbursed funds to 5 countries, including emergency funding for COVID-19 at community level
- Working with countries to capture progress and impact in the run up to ICHC2

*Roadmap countries include: Afghanistan, Burkina Faso, CAR, Cote d'Ivoire, DRC, Ethiopia, Haiti, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Uganda, Zambia



2017

ICHC 1.0
(Johannesburg, South Africa)

2018

Global Conference on Primary Health Care
(Astana, Kazakhstan)

2019

2nd International Symposium on Community Health Workers (Dhaka, Bangladesh)

West and Central Africa Regional Forum on Community Health in the context of Primary Health Care (Cotonou, Benin)

CORE Group- Global health Practitioner conference (Nairobi, Kenya)

Institutionalizing iCCM Conference (Addis Ababa, Ethiopia)

2020

Covid-19 Pandemic

2021

ICHC 2.0 (Virtual, March 2021)

CORE Group- Global health Practitioner conference (virtual, January)

3rd CHW symposium (Liberia, November)

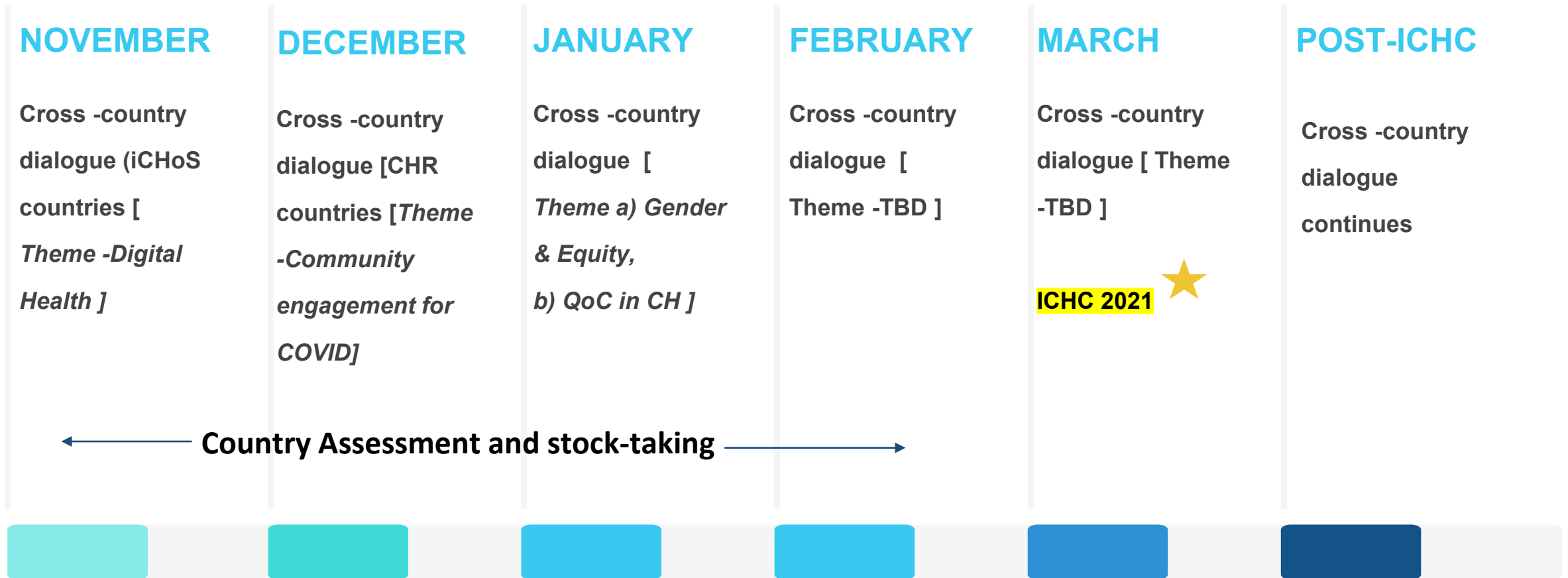
ICHC 2021: Objectives and Goals

- **Accelerate political momentum** by leveraging partners, and coordinate actions at country level to galvanize joint efforts and investments,
- **Distill and elevate country specific progress** made towards institutionalizing community health within PHC
- **Validate country-specific priority strategic investments**
- **Develop cross-country learning agendas**

Expected outcomes of the conference

- **Reviews of country-specific progress** in institutionalizing community health to extend PHC to expand health care coverage and utilization, ultimately to further accelerate reductions in child morbidity and mortality, especially in marginalized communities.
- **Clear harmonized synergies** between the community health systems partnership work with global/country GAP PHC accelerators, UHC, Global Fund, WB/GFF, ACT-Accelerator, GAVI and other investment/planning streams.
- **A package of advocacy products** for leveraging planning, budgeting and investments in PHC at community level with national domestic resources.
 - Series of publications, blog posts, communications materials
- **A series of systematic country engagement events**
 - Pre- and post- conference activities, Knowledge Hub.
- **Collaborative community health and PHC learning agenda through knowledge exchange**
- **Defined technical assistance plans**
 - gap analysis in policy and implementation needs, costing and investment cases

An innovative virtual format



Country Assessment and stock-taking:

- Update of country progress profile
- Validation workshop with country partners and MoH
- Survey to assess country's need for ICHC 2021

Thank you

Partnerships

Key Institutions/Partnerships:

- USAID
- Rockefeller Foundation
- Bill and Melinda Gates Foundation
- WHO - HRH, GAP PHC Accelerator
- Community Health Roadmap
- ICH
- Global Fund
- World Bank/GFF
- Gavi
- Child Health Task Force, CHIC
- UNICEF US Fund

UNICEF Collaborators (CSS Task Force):

- West and Central Africa RO (WCARO)
- East Africa RO (ESARO)
- South Asia RO (ROSA)
- Headquarters
 - Child and Community Health
 - Health Systems Strengthening
 - Digital Health
 - C4D
 - Nutrition
 - Social Policy
 - Gender

Proposed themes:



COVID-19

- Community health rollout of COVAX
- Health of frontline workers (MHPSS...)
- Continuity of essential services
- Supply chain (PPE for CHWs)

Involvement of non-traditional CH countries, e.g. SA, Brazil? Thailand, Taiwan, Vietnam



COMMUNITY ENGAGEMENT

As above



CHILD HEALTH REDESIGN

- Definition of service package (MNCH, Adolescents, Disabilities, Nurturing Care)
- Adolescents



DIGITAL HEALTH

- iCoHS
- Implementation research
- CH academy work on rapid training of FLW

iCoHS countries



MEASUREMENT & ACCOUNTABILITY

- QoC at community level
- Community health performance measurement



TYOLOGY

- Urban, rural, fragile settings



EQUITY AND GENDER



FINANCING

- Governance, partnerships and linkages
- Private sector engagement

Roadmap countries

Country prioritization

	A	B	C	D	E	F	G	H	I	J	K
1	Country	Regions	Community Health Roadmap	Integrating Community Health (ICH) collaboration	PHC Accelerator Countries	ICHC 2017 Action Plan	iCoHS Countries	iCCM TT and GF focal countries	UNICEF Strategic Plan: Child Health Universe of Countries	7% Set Aside for PHC at Community level	Global Health Exemplars
2	Afghanistan	ROSA	Y	N	N	N	N	N	Y	N	N
3	Burkina Faso	WCARO	Y	N	Y	Y	N	exploring	Y	N	N
4	Côte d'Ivoire	WCARO	Y	N	N	Y	N	Y & N	Y	N	N
5	DRC	WCARO	Y	Y	N	Y	N	Y	Y	N	N
6	Ethiopia	ESARO	Y	N	N	Y	N	Not yet; window 3	Y	N	Y
7	Haiti	LACRO	Y	Y	N	Y	N	N	N	N	N
8	India	ROSA	Y	N	N	Y	Y	N	Y	N	N
9	Liberia	WCARO	Y	Y	N	Y	N	N	N	N	Y
10	Malawi	ESARO	Y	N	Y	Y	Y	Y	N	Y	N
11	Mali	WCARO	Y	Y	N	Y	N	exploring	Y	Y	N
12	Mozambique	ESARO	Y	N	N	Y	N	initial support during TRP	Y	N	N
13	Niger	WCARO	Y	N	N	Y	N	exploring	Y	N	N
14	Uganda	ESARO	Y	Y	N	Y	Y	Y	Y	N	N
15	Zambia	ESARO	Y	N	N	Y	N	Y	N	N	N
71	Bangladesh	ROSA	N	Y	N	Y	N	N	Y	N	Y
72	Kenya	ESARO	N	Y	Y	Y	N	N	N	N	N
73	Burundi	ESARO	N	N	N	Y	Y	N but seems to be a need	N	N	N
74	Rwanda	ESARO	N	N	N	Y	Y	N	N	N	N
75	Zimbabwe	ESARO	N	N	N	N	Y	Y	N	N	N
76	Brazil	LACRO	N	N	N	N	N	N	N		Y
77	CAR	WCARO	N	N	Y	N	N	not yet but possible opportunity	Y	Y	N
78	Chad	WCARO	N	N	N	N	N	exploring	Y	Y	N
79	Eritrea	ESARO	N	N	N	N	N	N	N	Y	N
80	Madagascar	ESARO	N	N	N	Y	N	Y	N	Y	N
81	Sudan	MENA	N	N	N	N	N	N	Y	Y	N



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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



Photo by Chemonics

DISCUSSION of NEXT STEPS & COLLABORATION STRATEGIES

Follow up / connect

Round robin updates highlighted interest and potential synergies between:

- SBC competencies, links to social accountability: Advancing Nutrition, HSSA, and Frontline Health, MOMENTUM suite of awards
- ICH assessments & ICHC country stock taking: UNICEF and LMH
- Measuring trust in CHWs: Breakthrough Action, Frontline Health
- Community health systems resilience: MIHR, Frontline Health, LMH, Advancing Nutrition

Potential ICHC sessions

- Coordination, dissemination, distillation of WHO guidance for vaccine - *UNICEF, MRITE, HSSA, Frontline Health*
- Community-based information systems, integrating routine data into national HIS; community-based surveillance systems, etc.



Into 2021

- Role of community health in PHC/within COVID response; CHWs as health system actors in co-creation that strengthen local capacity
- Develop strategies to enumerate CHWs as part of workforce for vaccine distribution
 - Consider alternative service delivery models for non-traditional target populations
- Ensure CHWs are counted and prioritized in receiving COVID vaccine
- Drive uptake of tools & evidence in USAID Flagship CHW Resource Package at country-level
- Focus on community health program quality, performance, and metrics
- Continue flagship knowledge sharing, including
 - Connecting with MKA efforts
 - ICHC virtual format
 - Identifying common geographic footprints



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HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



Elisabeth Tchoulegoum, community health leader in Bafia district, Cameroon. October 2018. Credit: Alain Ngann for HRH2030.

THANK YOU

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