Institutionalizing Community Health as part of National Health Systems in Africa:
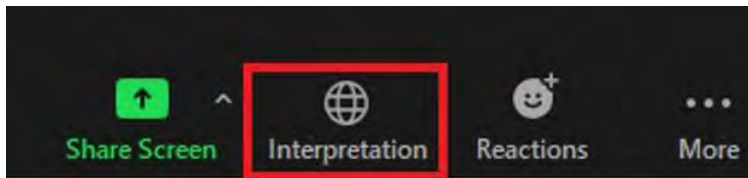
Approaches and Lessons to Forge a Sustainable Path

May 8, 2024

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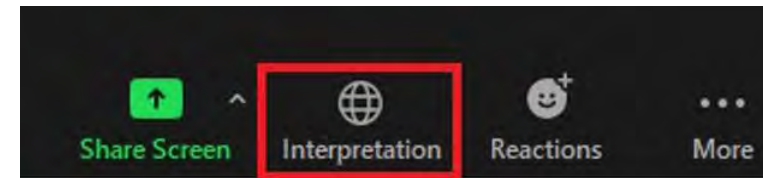
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Webinar Participation

1. Use the **Jamboard** link to introduce yourself, and to share your ideas in real-time.

2. Have **questions** for the speakers? Please submit them in the Zoom **Q&A**.

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1. Utilisez le lien **Jamboard** pour vous présenter et partager vos idées en temps reel.

2. Avez-vous une **question** pour les intervenants? Veuillez les soumettre dans la partie **Q&A.**
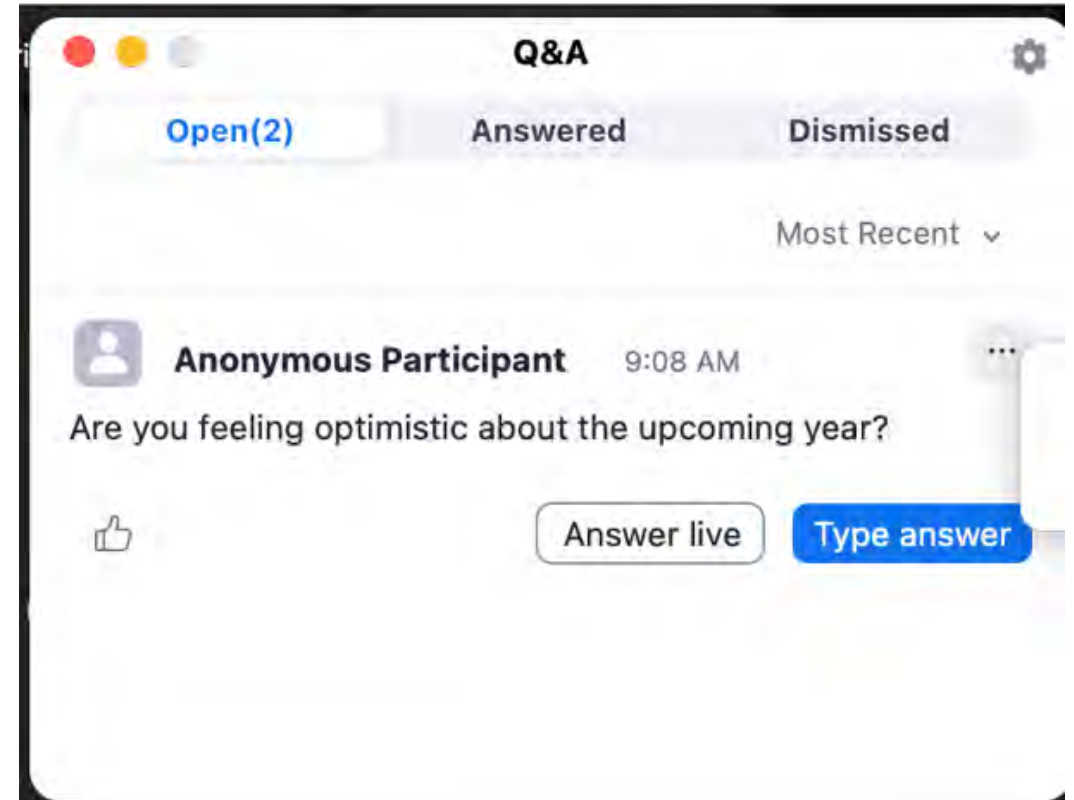
The Health Systems Strengthening Accelerator

The Accelerator is a six-year (2018-2024) 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

RESULTS FOR DEVELOPMENT

HEALTH STRATEGY AND DELIVERY FOUNDATION

ICF

Today's Agenda

- Welcome and Introductions

- Framing by USAID

- Moderated Presentations and Discussion

- Audience Q&A

- Wrap up

Webinar Objectives

1. Provide a global perspective on the progress made and ongoing challenges in scaling, institutionalizing, and sustaining community health programs

2. Illustrate successful examples of efforts in Guinea and Zanzibar in institutionalizing and sustaining community health programs.

3. Explore mechanisms that facilitate active stakeholder participation to advocate for policy change.

Definitions: What You'll Hear Today

Community Health System: refers to a set of local actors, relationships, and processes engaged in producing, advocating for, and supporting health in communities and households outside, but related to, the formal health system. Health and community systems are dynamic overlapping systems that independently contribute to improving health.

Community Health Institutionalization: refers to formal integration of the community health program into the wider health system as reflected in budget, policy, and regulatory frameworks.

Sustainability: refers to sufficient and predictable allocation and use of resources; making optimal use of resources; aligning partnerships; and supporting sustainable transitions from external assistance to support the achievement of UHC goals within the framework of overall health financing.

Moderator and Distinguished Panel

DR. LIOR MILLER

moderator

Program Director, Health Systems Strengthening Accelerator/ Results for Development, Washington, D.C.

MS. NAZO KURESHY

panelist

Senior Community Health Systems Advisor, Office of Health Systems, USAID Bureau for Global Health, Washington, D.C.

DR. LENNIE KYOMUHANGI BAZIRA

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Policy Director, Community Health Impact Coalition (CHIC), Washington D.C.

DR. MAMADY KOUROUMA

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Director, National Community Health and Traditional Medicine Department, Ministry of Health, Guinea

MR. LUC INNOCENT TOURE

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Program Coordinator, Comité Jeunes, Mon Avenir D'Abord, Senior Advisor, Community Health and Social Mobilization, Projet Notre Santé, Guinea

DR. SALIM SLIM

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Director, Preventive Services and Health Education, Ministry of Health, Zanzibar, United Republic of Tanzania

MS. LUBAYNA NASSOR HAMAD

panelist

Community Health Worker, Zanzibar, United Republic of Tanzania

Opening Remarks

Nazo Kureshy

Senior Community Health Systems Advisor

Office of Health Systems, USAID Bureau for Global Health

Washington, D.C.

Global Movement to Advance Community Health Systems to Accelerate PHC and Build Equitable and Resilient Health Systems

Increasing political momentum to galvanize country-led action and support cross-country dialogue, monitoring, and learning

➢ **2016:** Integrating Community Health Collaboration
➢ **2017, 2021**: Institutionalizing Community Health Conference 1.0 and 2.0
➢ **2018, 2023**: Launched the Community Health Roadmap and elevated it to the Community Health Delivery Partnership
➢ **2023:** Third International CHW Symposium, including the Monrovia Call to Action endorsed by *more than 700 participants (including CHWs) from 46 countries*

The time to act is now. We must urgently fund, scale, and strengthen community health programs for the realization of universal health coverage and global health security.
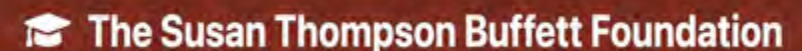
Next Webinar in the HSS Learning Series

"Strengthening the Government of Rwanda's Digital Health Leadership"

MSH and USAID Rwanda

Part of the **Digital Health Sub-Series**

June 13, 2024

USAID FROM THE AMERICAN PEOPLE

PROCHW POLICY LANDSCAPE.

Dr. Lennie Bazira
Policy Director
Community Health Impact Coalition

COMMUNITY HEALTH IMPACT COALITION

LINKED CAUSES OF INJUSTICE.

Millions of community health workers (CHWs) are not salaried, skilled, supervised, or supplied. 70% are women.

It's a dual human rights issue. CHWs are exploited *and* less effective for patients.

The ultimate injustice? Despite decades of global health investment, one billion people will never see a health worker.

Half of CHWs in low- and middle-income countries (LMICs) are unpaid, including 86% in Africa.

Worldwide, CHWs face essential medicine stock-outs 1/3 of the time.

85% of Indian CHWs spent much of their salary buying COVID safety gear.

WHAT'S MISSING?

Ministry of Health officials are not always equipped with guidelines and investments to maximize CHW programs.

Many countries lack policies that support professional CHWs.

POLICY DASHBOARD.

To track progress and accelerate policy change, we steward the largest-ever public-facing dashboard on proCHW policies.
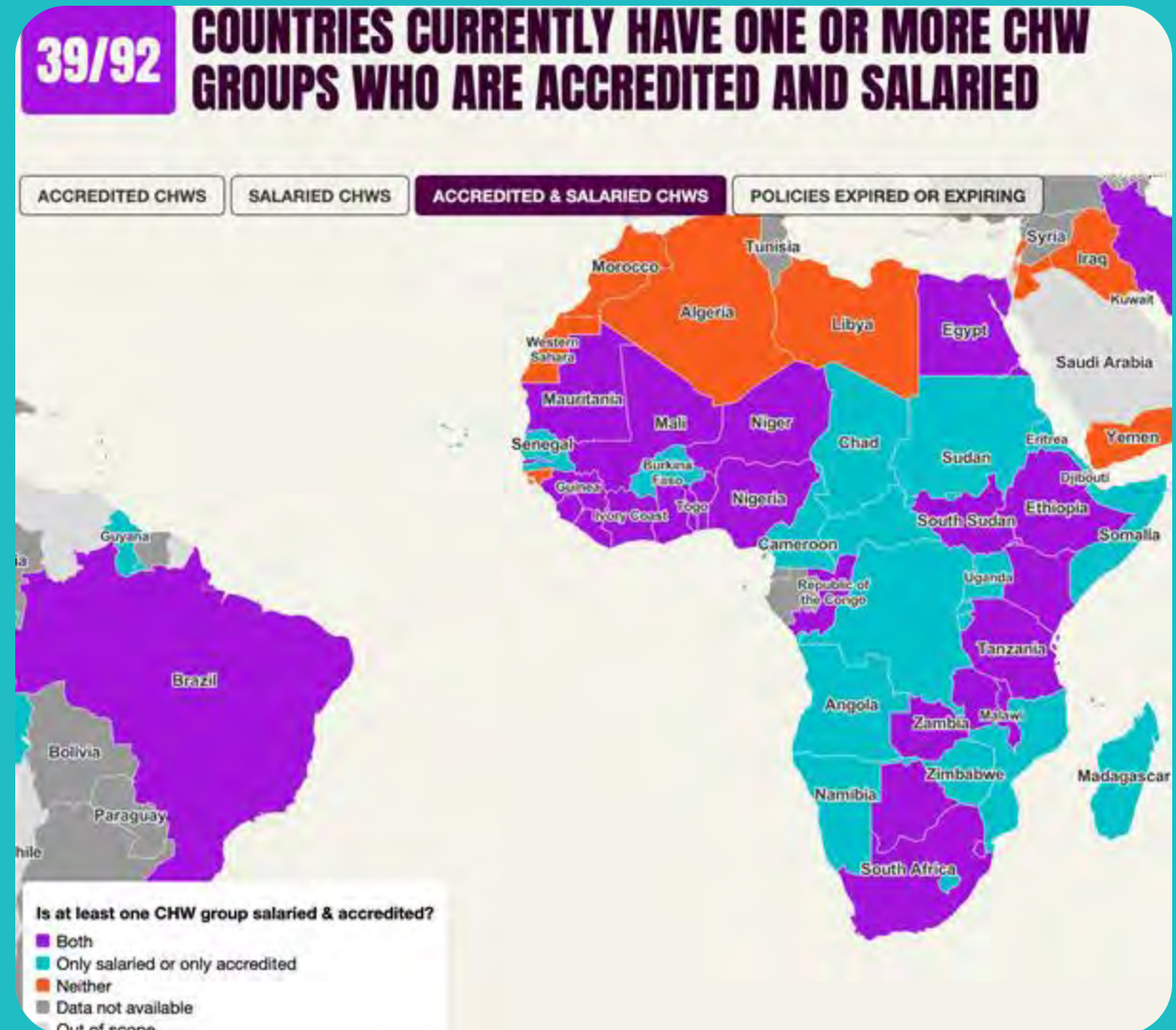
WINNING POLICY

Our goal is to see 95 low- and middle-income countries adopt proCHW policies.

DASHBOARD

It is designed to provide real-time insights into the implementation and impact of proCHW policies in LMICs.

SHARED RESOURCE

A shared resource for the entire field.

39/92 COUNTRIES CURRENTLY HAVE ONE OR MORE CHW GROUPS WHO ARE ACCREDITED AND SALARIED

ACCREDITED CHWS | SALARIED CHWS | ACCREDITED & SALARIED CHWS | POLICIES EXPIRED OR EXPIRING

Is at least one CHW group salaried & accredited?
- Both
- Only salaried or only accredited
- Neither
- Data not available
- Out of scope

HELP US KEEP IT CURRENT.

- Please share the dashboard with stakeholders and use as reference for CHW policy review.

- If you have new country information, please share feedback via this form.

CALLS TO ACTION.

Systems change is a team sport! Collaborate with us.

- If you are a funder make proCHWs a required practice for investments.

- If you are a normsetter ensure global guidelines align with latest evidence showing benefits of proCHWs.

- If you are a policymaker design policies that make proCHWs standard practice.

- If you are a CHW or allied health organization, join the proCHW movement.

Helpful Resources 1

- Review the **proCHW dashboard**
- **Share new country information or feedback** to help keep the dashboard current
- Review **this video** about the dashboard
- Take and or share this **CHW Advocates Training**
- Learn more about the **CHWs Speakers Bureau**
- Review the **Monrovia Call to Action**
- Visit the **Community Health Roadmap website**

Advances in Guinea's Community Health Implementation: Lessons Learned on Scale-Up, Institutionalization, and Sustainable Financing

Presenter:

Dr Mamady KOUROUMA

National Director of Community Health and Traditional Medicine

Context:

- High rates of maternal and child mortality, and multiple concurrent epidemics.

- Ministry of Health and Public Hygiene developed the National Community Health Policy in 2018 and achieved national scale-up to all regions.

- Two cadres of CHWs: community health agents (ASC) and community relays (RECO) delivering primary health care services.
  - **869** ASC recruited, with a gap of **1,220** additional ASC needed (58%)
  - **8,450** RECO recruited, with a gap of **12,348** RECO (60%)

- The communtiy health policy defines the roles of local authorities in prioritizing and budgeting for community health, as well as recruiting and paying ASCs and RECOs.

- To play these roles, there must be an effective transfer of power, skills and resources from the state to local authorities.

- Examples of decentralization strategies implemented:
  - A **law** which clearly establishes the status of local authorities
  - A national decentralization and local development policy
  - **A unique mechanism for financing** local authorities, using a mining tax and other resources
  - Two General Directorates responsible for supporting local authorities
  - Clear distribution of skills, roles, and responsibilities between the state and local authorities
  - Integration of community health activities into Local Development Plans and Annual Investment Plans

Examples of strategies to strengthen participation and collaboration:

National level: Multisectoral Platform for Community Health, National Consultative Forum on Community Health, civil society advocacy

Community level: Health and hygiene committees which strengthen citizen involvement in health governance; community dialogues

Future priorities

Institutionalization and coordination

- Scaling up community health in all municipalities as well as supervision
- Support execution of the new civil service law (establishing ASC as civil servants)
- Operationalize new roles and responsibilities of actors at decentralized levels (hiring, budgeting)

Sustainable financing

- Ensure that ASC/RECO salaries are covered by domestic sources
- Transfer state funds allocated to financing community health to local authorities
- Strengthen the capacity of local authorities to mobilize domestic resources from the private sector
- One Plan, One M&E, One Budget: Harmonize partner and donor community health financing

The Role of Civil Society in the Institutionalization of Community Health in Guinea

Luc Innocent TOURE, Program Coordinator/ Comité Jeunes, Mon Avenir D'Abord, Senior Advisor for Community Health and Social Mobilization, Projet USAID/Notre Santé, Guinée

Role of Civil Society in Advocacy for Community Health in Guinea

Context:

- Community Health Workers and community relays are currently paid mostly by international donors.

- There is a gap in sustainable domestic financing to recruit and pay CHWs and RECOs.

Civil Society Strategies:

- **Advocacy for laws at executive and legislative levels**

- **Ensuring recruitment of and sustainable financing for CHWs and RECO included in government budgets**

- Strengthening citizen and social accountability mechanisms (citizen monitoring for community health)

- Promoting the coordination and alignment of platforms and networks of CSOs working on community health issues

- Mobilizing, training, and building capacity of advocates (representatives from CSOs) for the recruitment and financing of CHWs and RECOs by the Guinean public service

cjMAD-GUInee

Step 2: Advocacy and dialogue with decision makers for the integration and financing of CHWs

- Meetings with ministries (Economy and Finance, Territory Administration and Decentralization, Civil Service, Communication, the Prime Minister and the Health Commission of the National Transitional Council)

- Press conference for the recruitment of CHWs for Universal Health Coverage in Guinea

November 29, 2022: Validation and advocacy workshop for advisors of the National Transition Council for the management of CHWs and RECOs in the civil service.

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Result: Adoption and Dissemination of a new law (L2022/0017/CNT)

December 9, 2022: The National Transitional Council of Guinea adopted a new law establishing the status of local government officials, including ASCs and RECOs

February 23, 2023: The President of the Republic of Guinea signs law L/2022/0017/CNT of December 9, 2022

The Ministry of Territorial Administration and Decentralization specifically credited civil society advocacy for the adoption of the new law.

August 2023: Dissemination of the Law establishing the status of local government officials in two regions.

Future Priorities

- Continuation of workshops to implement the new law establishing the status of local government officials and its effective application

- Application of a community health budget advocacy tool by CSOs with local elected officials.

cJMAD-GUINEE

Helpful Resources 2

- **Learn more about the recent [National Advisory Forum on Community Health](#) in Guinea (in French)**
- **Read about [Guinea's law to pay CHWs](#)**
- **Review [Guinea's National Community Health Policy](#) (in French)**
- **[Guinea civil society advocacy plan and messages](#) for community health**

Reaching every Household: Reaching National Scale using paid CHWs and Digital Tools under Zanzibar's Jamii ni Afya Program

Dr. Salim Slim

Director of Preventive Services and Health Education

Ministry of Health, Zanzibar

Community Health Workforce Experiences in Zanzibar

Ms. Lubayna Nassor Hamad

Community Health Worker

Zanzibar

Helpful Resources 3

- About Zanzibar's Community Health Program:
  - [From volunteers to workers: The Zanzibar Government takes crucial steps to professionalize their community health workforce](#)
  - [Zanzibar's Community Health Investment Case](#)
  - [Applying the Community Health Worker Coverage and Capacity Tool for Time-Use Modeling for Program Planning in Rwanda and Zanzibar](#)

Zoom Poll

We just heard Guinea and Zanzibar talk about strategies that were instrumental for their institutionalization of community health.

Which of these strategies is most important going forward for your country setting?

- Professionalization of CHWs
- Advocacy
- Decentralization
- Multisectoral engagement

Audience Q&A

Accelerator

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Additional Tools and Resources 4

- **UNICEF's Community Health Planning and Costing Tool**

- **Community Health Worker Assessment and Improvement Matrix** (CHW AIM) tool

- **Health Systems Assessment and Improvement Matrix** (S-AIM) Tool

- **Community Health Worker Coverage and Capacity** (C3) Tool

Wrap Up

Thank You

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✉ AccelerateHSS@r4d.org