Chapter 6

Coordination and Partnerships for Community Health Worker Initiatives

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Key Points

- Community health workers (CHWs), unlike other formal human resources for health (HRH) cadres, have diverse links with the formal health system in many countries. They are also positioned within a complex array of relationships in the social setting of the communities where they work.
- The complex and diverse challenges of CHW initiatives that emerge in a number of countries are invariably beyond the power of a single actor to address and require coordination and collaboration among different players and actors at all levels.
- The multisectoral coordination of HRH, including CHWs, is not an objective in its own right; it is a means to an end, while the end objective is universal health coverage (UHC), achievement of Millennium Development Goals (MDGs), and elimination of health disparities within the country.
- The multisectoral dimensions of CHW initiatives demand a multisectoral policy process and a coordination mechanism that can provide an environment and a platform where the related sectors can work together to harmonize and synchronize their efforts.
- There are several national multipartner coordination mechanisms for health; however, the coordination process for CHW initiatives, as well as for other aspects of HRH, should be able to meet the country's needs, and should be aligned with other coordination mechanisms as part of the overall health agenda.
- Synergy and harmonization of financial and technical support from international actors in response to the national needs is vital for CHW initiatives to contribute to UHC and ensure equitable access to the essential health services within that country. A framework for harmonized actions and a joint commitment on CHWs provide appropriate opportunities to synchronize partners' actions in support of CHWs initiatives.

INTRODUCTION

While the world is moving toward the post-MDG era, the World Health Organization (WHO) is focusing on UHC. The critical shortages within the essential health workforce in virtually all low- and middle-income countries still pose a serious obstacle in attaining health goals. In addition, challenges like geographic misdistribution of HRH, limited capacities of many health workers, inadequate retention strategies, weak management systems, and poor working conditions contribute to an inadequate capacity of HRH to provide essential health services at local levels that are readily accessible and appropriate in quality. With this backdrop, CHW initiatives as a part of community-based health systems are absolutely vital and have manifested their value in improving health access and population-level health improvement in many settings. Nevertheless, the underlying challenges are multifaceted and multicontextual. It is globally acknowledged that no single actor or organization can improve the health workforce situation in any given country and, therefore, multidimensional interventions and multisectoral partnerships are essential. The challenge is how to safeguard multisectoral and multistakeholder coordination and ensure synchronization among the partners' and stakeholders' actions. This chapter addresses the following questions: (1) Why are partners and coordination needed for CHW initiatives? (2) What are the challenges of collaboration and coordination for CHW initiatives? (3) What are the policy options for collaboration and coordination for CHW initiatives? (4) What are approaches to national-level multistakeholder coordination? (5) How can initiatives for CHWs and other frontline health workers (FLHWs) best be coordinated?

Why are partners and coordination needed for CHW initiatives?

Based on a rapidly growing evidence base, CHWs are now globally recognized as a key resource for strengthening local health systems and attaining the health-related MDGs. CHWs have expanded access to essential health services in many low-resource environments by filling critical gaps in health promotion and service delivery and enabling progress in a broad range of health outcomes in settings with high disease burdens and limited resources.[1] As countries continue to strengthen their health systems and make efforts to ensure access to essential services, CHWs are becoming ever more important to reach the MDGs, achieve UHC, and reduce health disparities.

Evidence has shown that engaging CHWs not only promotes better access to health services but also saves lives—particularly in the most remote areas.[1] Despite the growing role of CHWs, improvements are needed in the process for developing and managing CHW programs. In many countries, this process has been piecemeal and often centered on individual projects—frequently, vertical programs with separate funding mechanisms—leading to gaps in services as well as lack of integration and synchronization with the local health systems and local health needs.

Within this landscape, national governments along with partners, including supporting donors and technical advisors, can make important contributions toward developing approaches that can strengthen relationships between the CHWs and the formal health system. Principally, CHWs should be an integral component of community-based health programs and the local health subsystem, where they may contribute toward the national and local health goals. CHW roles, responsibilities, and activities need to be integrated with local health plans. Supportive supervision, monitoring, and guidance need to be adequately provided from the related health facilities. By incorporating individual CHW programs and integrating their services into community-based subsystems, countries will be able to accelerate the achievement of the health MDGs and UHC.

The multisectoral dimension of HRH is at the core of the global agenda. The many complex and diverse HRH challenges are invariably beyond the power of a single actor to address and require coordination and collaboration among different players and actors at all levels. Like the other health workforce cadres, CHWs have multisectoral dimensions and implications. The planning, financing, management, implementation, and monitoring of CHW initiatives require actions from and interaction among various sectors and stakeholders, including the ministry of health (MOH), other government ministries (education, labor, finance, local government), regional and local governments and municipalities, regulatory bodies, professional associations, the private sector, civil society organizations, nongovernmental organizations (NGOs), and local communities, not to mention international development partners and United Nations (UN) organizations supporting such programs. Therefore, coordination and synchronization among the various sectors and stakeholders is essential, particularly for policy development, planning, implementation, management, and monitoring and evaluation. To do this effectively demands a robust coordination process and a suitable mechanism that can bring related allies and stakeholders together on a common platform and agenda.

What are the challenges of collaboration and coordination for CHW initiatives?

CHW initiatives face a complex set of challenges that are multidimensional and multisectoral. The most prominent ones are as follows:

- Health systems are usually weak and do not have the capacity to adequately support the delivery of essential health services to the target population. This also constrains the capacity of health workers to operate effectively in these settings.
- There is an inequitable distribution of health workforce, resulting in evident geographical and professional disparities. Geographic areas where the health needs are the greatest have the fewest health care providers, particularly among those with higher levels of specialization.
- The broad political commitment to CHW initiatives is usually limited. Thus, governments do not make CHW initiatives a national priority, nor do implementing partners and stakeholders. Usually, CHW initiatives are seen as the sole responsibility of the MOH, and other related sectors and partners do not become meaningful stakeholders.
- Policies and plans for CHW initiatives are usually deficient. This—combined with limitations of health system capacity, political instability, transparency issues, and other competing priorities in the MOH and government—leads to a highly suboptimal rollout of the program.
- Financial resources to support the CHW initiative are usually inadequate.
- Non-engagement of related stakeholders leads to a vast untapped potential and loss of opportunities for public-private partnerships. The technical and financial inputs of civil society organizations, NGOs, professional associations and networks, and other interested entities and partners are limited and could be much better if stronger collaborative mechanisms were present.
- There is a lack of effective coordination mechanisms and harmonization of actions, leading to fragmentation of the CHW initiative. In many countries, the coordination mechanisms are either deficient or ineffective. This is coupled with weak linkages to existing national coordination mechanisms.
- There is no single typology for CHWs internationally or within countries. Rather, there exists a broad array of types of CHWs with a diverse set of labels and categories describing them and with widely different training, tasks, and management systems.

- There are diverse models of career and incentive structures. Programs with special donor support and a particular disease focus are often able to provide more generous incentives to CHWs, while in some settings CHWs are expected to volunteer their time and, in others, they are compensated by different means.[2]
- Training of CHWs has rarely been integrated into the established health professional schools. In-service and continuous training systems are usually insufficient.

What are the policy options for collaboration and coordination for CHW initiatives?

The complexity underpinning the CHW initiatives calls for multisectoral policy options that pay adequate attention to every critical step: planning, development, recruitment, retention, and management. Multisectoral ownership, political commitment, and coordinated actions by the government sector and related stakeholders are fundamental. Jointly developed solutions endorsed by formal government forums have a better chance of adoption by the different constituencies and stakeholders. Such solutions call for multistakeholder coordination and require collaboration among stakeholders and partners from different constituencies and sectors for developing joint policies and plans in addressing the CHW-related challenges within the overall HRH system and health agenda. In this respect, creating an environment that is conducive for multisectoral coordination and action is the primary responsibility of the government. This requires inclusive engagement and wider consultation with relevant stakeholders from various public sectors, academia, professional and staff associations, governing bodies, NGOs, civil society, and the private sector. The role of the local communities in shaping the CHW agenda is of great significance, particularly in identifying local health needs, setting priorities for CHW roles and responsibilities, identifying CHWs, providing local support, and engaging in CHWs' supervision and performance evaluation.

Though a multisectoral approach is an important theme in the current discourse on addressing HRH challenges, successful multistakeholder coordination is, by its very nature, difficult to achieve. A basic condition of success that is the first step in such coordination is the establishment of a sufficiently competent coordination process to offer a workable platform that will engage all partners and stakeholders, with their resources and competencies, to yield tangible results. National coordination processes should be institutionalized and should bring a suitable national perspective to the policies and plans that emerge, thereby increasing the likelihood that mutual accountability will be fostered and that proposed solutions will be sustainable.

A policy dialogue among the stakeholders is helpful to agree on a joint policy and priority interventions. In many settings, the MOH, as the principal stakeholder, is in the best position to provide stewardship of the coordination process and facilitate the alignment of related sectors by bringing them on board during the key phases of planning, mobilizing the necessary resources, carrying out the strategic interventions, and monitoring the progress and effectiveness of implementation. In this effort, sharing information and insights requires a formal mechanism for continuous policy dialogue and also formal communication channels for sharing the results of the policy dialogue. The MOH, as the lead agency, is also expected to support other sectors in effectively performing their roles related to the CHW initiative, through orientation and building their capacities in policy development, planning, implementation, and monitoring and evaluation.

Building an effective and inclusive partnership network also provides a platform to coordinate and collaborate with development partners and UN agencies for harmonizing their efforts in support of national goals, priorities, and plans and systematically addressing the needs for financial and technical support required for effective CHW programs.

What are approaches to national-level multistakeholder coordination?

It is evident that the multisectoral dimension of HRH issues in general and CHW initiatives in particular demand a multisectoral policy process and a coordination mechanism that can provide an environment and a platform where the related sectors can work together to harmonize and synchronize their efforts. There are several national multipartner coordination mechanisms for health, such as sector-wide approaches (SWAps), country coordinating mechanisms (CCMs), the International Health Partnership (IHP+), national HRH observatories, and country coordination and facilitation (CCF) approaches. However, it is critical to adapt the coordination process to the country's needs.

SWAps call for a partnership in which government and development agencies (under government leadership) interact together in the formulation of policy.[3] Under the SWAp, project funds contribute directly to a sector-specific "umbrella" and are tied to a defined sector policy under a government authority.

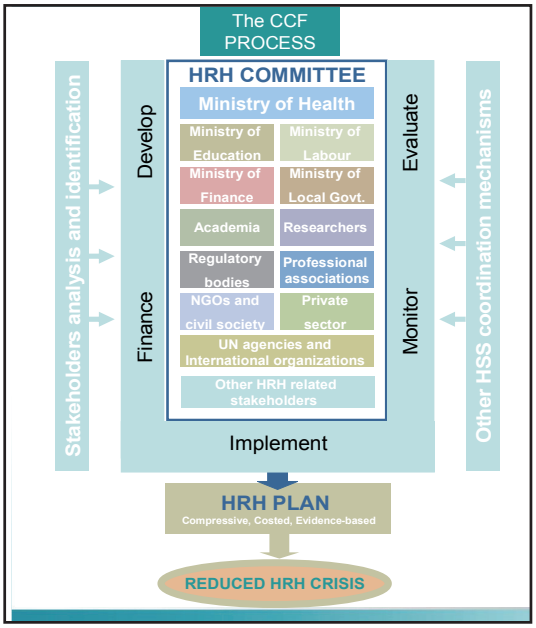
The CCM is central to the commitment of the Global Fund to Fight AIDS, Tuberculosis and Malaria to local ownership and participatory decision-making. CCMs involve representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, NGOs, academic institutions, private businesses, and people living with the targeted diseases. These country-level multistakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation. For each grant, the CCM nominates one or more public or private organizations to serve as principal recipients who receive and distribute the funds.[4]

IHP+ is a group of partners committed to improving health in developing countries. Partners include international organizations, bilateral agencies, and country governments, and they all sign the IHP+ Global Compact for achieving the health-related MDGs. IHP+ partners work together to put into practice internationally agreed principles for effective aid and development cooperation in the health sector. IHP+ achieves results by mobilizing national governments, development agencies, civil society, and others to support a single, country-led national health strategy or plan; a single monitoring and evaluation framework; and a strong emphasis on accountability.[5]

Establishment of national HRH observatories within MOHs at the country level is supported by the WHO. A national HRH observatory is a national resource for producing, sharing, and utilizing health workforce information and evidence to support HRH policy implementation. It involves a network of all resources and stakeholders in health workforce development in the country. The network monitors and documents implementation of HRH policy and strategies.[6]

The CCF approach was conceived by the Global Health Workforce Alliance in 2009. The document, entitled *Country Coordination and Facilitation (CCF): Principles and Process,* provides necessary guidance to the countries in establishing and/or strengthening multistakeholder coordination processes around the HRH agenda.[7] This approach brings key stakeholder constituencies to a single table to address HRH agenda items. Implementing the CCF approach in a country orients and sensitizes stakeholders to track and support HRH development; to conduct a process for identifying and analyzing stakeholders; to establish HRH committees and technical working groups for developing evidence-based, comprehensive, and costed HRH plans; and to engage stakeholders in resource mobilization, implementation, and monitoring and evaluation of the approach's implementation. Figure 1 illustrates this process. With catalytic support from the Global Health Workforce Alliance, a number of countries have implemented this approach, and they have developed and are now implementing their HRH plans for engaging related stakeholders.

Figure 1. The CCF approach to addressing the HRH crisis at the country level[8]



The key principles of this approach include

- reliance on existing coordination mechanisms when possible,
- inclusive representation of HRH stakeholder constituencies,
- coordinated leadership and stewardship,
- defined roles for stakeholders,
- coherent strategies linked with national health policies,
- joint efforts and actions arising from increased investments in HRH, and
- linkages with other coordination mechanisms.

With this paradigm, CCF enables governments to take the necessary leadership in the planning, coordination, implementation, and management of HRH development at the country level and to work with partners aligned to support this priority pillar of the health system. High-level transparency and accountability are also generated through this process by introducing shared monitoring and evaluation oversight of the different components of the HRH planning, implementation, and related managerial processes.

The CCF approach promotes the HRH strategy and its plan as integral components of the national agenda for developing social and human capital and as valid instruments for the attainment of the health-related MDGs and UHC. Likewise, the CCF process is linked with other coordination mechanisms for health system strengthening (HSS) as well as those set for key national health programs. Such an approach captures the cross-cutting nature of HRH development and enables the HRH development process to directly interface with and benefit from mutual synergies and operational complementarities that these coordination forums offer. The CCF approach also provides a suitable process and milieu for undertaking resource mobilization actions to address the HRH investment gaps at the national level, as this component is a major determinant of success. The creation of HRH "baskets" initiated by some countries for supporting the resource mobilization process constitutes an encouraging endeavor.

How can initiatives for CHWs and other FLHWs best be coordinated?

Although some countries have been able to implement CHW programs within their national health systems by exercising national leadership, still a number of countries require support from donors and international development partners. Many partners are engaged in supporting CHW programs in various countries but find fragmentation of policies and programs to be a big challenge. This calls for harmonized and synchronized actions that support national needs. Particularly, in order to deliver on UHC at the country level, the global health community needs to work together to address critical gaps and inefficiencies at all levels.

In 2012, four separate consultations* highlighted the significance of CHWs and other FLHWs in achieving health goals in low- middle-income countries. The Global Health Workforce Alliance has noted the need for a common set of messages around CHWs and for a joint framework to guide efforts to scale up CHW initiatives within health and development programs. In this context, a synthesis paper[9] derived from the outcomes of these consultations was developed together with an action agenda, presenting the key messages for common actions on the following domains:

- There is an urgent need for alignment and synergies among partners' initiatives.
- Current evidence needs to be put into practice.
- Research is needed on knowledge gaps.
- National-level multistakeholder collaborations are needed.
- There is a need for recognition of the importance of a stronger role for CHWs and FLHWs and their integration into health systems.
- There is a need for national-level consultations and advocacy.
- There is a need for stronger monitoring and assessment of CHW and FLHW programs and for shared accountability.

Moving onward, the key partners of the Global Health Workforce Alliance, based on a shared understanding, jointly developed three working papers that together have become a framework for harmonized partners' actions, also known as the CHW Framework for Partner Action. The papers that make up the CHW Framework:

- *A Framework for Partners' Harmonised Support: Community Health Workers and Universal Health Coverage*[10]
- *Monitoring and Accountability Platform: For National Governments and Global Partners in Developing, Implementing, and Managing CHW Programs; Community Health Workers and Universal Health Coverage*[11]
- *Knowledge Gaps and a Need Based Global Research Agenda by 2015: Community Health Workers and Universal Health Coverage*[12]

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* Four consultations on CHWs and FLHWs in 2012:

1. Technical consultation on the role of community based providers in improving Maternal and Newborn Health (30–31 May 2012;- organized by Royal Tropical Institute, Netherlands).
2. Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance (May 31 and June 1; convened by USAID Global Health Bureau in Washington, DC)
3. Community Health Worker Regional Meeting (19–21 June; convened by USAID-funded Health Care Improvement Project at Addis Ababa, Ethiopia)
4. Health workers at the Frontline—Acting on what we know: Consultation on how to improve front line access to evidence-based interventions by skilled health care providers (25–27 June; convened by NORAD and coordinated by EQUINET at Nairobi, Kenya).

These papers propose a set of guiding principles to support countries and their partners in their efforts to

- harmonize donor support, based on commitments by all partners to collaborate at the global and national levels;
- build greater synergies across CHW programs —within countries and between countries— guided by national leadership, national strategies, and nationally agreed systems for monitoring and evaluation; and
- improve efforts to integrate CHWs into the broader health system, with a particular focus on effective linkages between community-based and facility-based health workers at the frontlines of service delivery, so that all persons and communities receive the health services they need.

The CHW Framework is structured around a "Three-Ones" approach,* with three overriding principles for harmonization:

- One national strategy as the shared basis for CHW program investment and alignment of all partners
- One authority respected by all partners and clearly identified at the national level that also has delegated its authority to an appropriate entity at the district level
- One monitoring and accountability (M&A) framework as the basis for reporting and accountability to all partners

Convened by the Global Health Workforce Alliance and other key partners, a global consultation during a side session at the Third Global Forum on Human Resources for Health at Recife, Brazil, in 2013, endorsed the CHW Framework for Partner Action and concurred on a joint commitment[13] to work together to adapt, apply, and implement the CHW Framework, fostering harmonization and synergies, accountability, and joint action on critical knowledge gaps, and reaching out to all stakeholders engaged with CHW programs.

The commitment promotes alignments with and implementation by partners working toward scaling up CHW programs through their efforts at global, regional, and national levels. In this respect, the key actions derived from the CHW Framework and the joint commitment together provide guiding principles toward harmonizing of support for CHW initiatives. Succinct descriptions of the key actions in three domains are provided below.

1. KEY ACTIONS FOR HARMONIZATION AND ALIGNMENT

At the global level, all actors need to contribute together to a comprehensive systems approach in advocacy, programming, funding, implementation, monitoring, and expansion of the knowledge base for CHW programs. At the national level, principles for alignment and harmonization for CHW programs and initiatives need to be established and made compatible with broader national health system development frameworks. The principles need to be acceptable to and applied by governmental and nonstate actors.

In order to be workable, principles agreed to at the global and national levels need to be applied at the operational level and translated into responsibilities for all involved in CHW field programs. Public and nonstate health managers, providers, trainers, and health programmers need to be involved in this process.

* The Three-Ones approach derives from an approach used in the AIDS response where countries had one National AIDS Committee, one National Plan, and one National M&E Framework.

2. KEY ACTIONS FOR M&A

Accountability for harmonization of CHW initiatives will be achieved by public reporting. The M&A framework calls for scheduled reporting and mechanisms for transparency and public information sharing at national and international levels. It is proposed that the Global Health Workforce Alliance, WHO, or another global coordinating body, through a global convening role, should provide a platform through which national and international partners can disseminate and evaluate their contributions toward the development and support of effective and sustainable CHW programs that are aligned with national policies. A central reporting mechanism may be identified to provide an appropriate global stage through which indicators describing CHW program coverage and effectiveness may be publicly disseminated on a regular basis, at least every two years. In addition, existing reports from WHO and from national HRH observatories will be effective for further dissemination of information at least annually.

3. KEY ACTIONS, KNOWLEDGE GAPS, AND RESEARCH PRIORITIES

The organization and prioritization of a global CHW research agenda need further discussion to build global consensus on the way forward. Particularly, mechanisms that foster collaboration and knowledge sharing of CHW research efforts, and that establish a process for identifying future research priorities, will ensure continued expansion of the evidence base for CHWs. In light of the diversity of stakeholders engaged with CHW programming and the need to align programming with greatest needs at the country level, such mechanisms will be extremely valuable.

Web-based platforms and annual global forums are mechanisms for fostering collaboration and sharing knowledge of CHW research efforts. These platforms may also serve as a global repository for CHW research. At the country level, national forums such as CCF and the national HRH observatories should be used for sharing information and identifying opportunities for collaboration.

Research should also be conducted in partnership with local institutions and emphasis should be placed on building the research capacity of local investigators. Future priorities in research will ultimately be identified through increased collaboration, knowledge sharing, and continued dialogue among stakeholders and partners.

CONCLUSIONS

Considering the significant contributions that CHW programs are now making to the delivery of local health services and the potential of expanded and improved CHW programs to contribute to the achievement of the MDGs for health, UHC, and reductions in health disparities, it is imperative to integrate CHW initiatives into formal health systems. Additionally, the multisectoral dimensions of CHW policy and programming can be better addressed through establishing and strengthening the HRH coordination mechanisms. This will enable related stakeholders to provide their input by sharing their visions, engaging in policy dialogue, exchanging information, participating in joint decision-making, and mobilizing resources, as well as cooperating in implementation and M&A for CHW initiatives. This policy process can further extend its scope to harmonize and synchronize the support actions by the partners and actors toward achieving the MDGs and UHC and, ultimately, eliminating health disparities and ensuring that everyone has equitable access to quality health services. In this respect, various multistakeholder coordination mechanisms as well as the framework for harmonized actions and the joint commitment on CHWs provide appropriate opportunities to synchronize partners' actions in support of CHW initiatives.

Additional Resources

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