#### Side Session on

Community Health Workers and other Front Line Health Workers:

Moving from Fragmentation to Synergy to achieve Universal Health Coverage

Third Global Forum on HRH, Recife, Brazil



# **OUTPUT DOCUMENT**

Saturday, 9th November 2013

The role of community health workers (CHWs)<sup>1</sup> and other frontline health workers (FLHWs) is increasingly recognized for their potential contribution in meeting the urgent health workforce challenges in the context of primary health care (PHC) and moving toward universal health coverage (UHC). CHWs can go beyond providing basic care to foster community-based action and enhance the interface between community and the formal health system. The Third Global Forum on Human Resources for Health presented an unprecedented opportunity to consolidate experiences on the ground and move from fragmentation to synergy to support government, civil society and other stakeholders to build and strengthen PHC systems.

The side session presentations and deliberations captured a rare moment to bring together countries and a broad range of partners with shared desire to optimize the role and contribution of CHWs, working with other FLHWs to scale up effective access to PHC, accelerating efforts to achieve the Millennium Development Goals (MDGs) by 2015 and moving forward to UHC.

Experience from most countries shows fragmentation, overcrowding, duplication and gaps at the frontline level of the health system, underscoring the need for better coordination and synergies across partner initiatives and increased alignment with national plans. Many countries and partners have not given adequate attention to ensuring approaches that integrates the different types of community health workers and volunteers with the national health system, with stronger interface between that system and the community, CSOs, NGOs and the private sector.

Convened by Global Health Workforce Alliance (the GHWA), partners and networks supporting programs for CHWs and other FLHWs, engaged through a number of consultations, collaborative working papers and broad interaction among stakeholders and contributed to the development of a "CHW Framework for Partner Action", that recognize:

### CHWs and other FLHWs play a unique role and can be essential to accelerating MDGs and achieving UHC

Without trained and supported CHWs and integrated front line health teams, national stakeholders and international partners will not be able to deliver on the commitments to accelerate achievement of the MDGs, stop preventable maternal and child mortality, end new HIV infections and HIV-related deaths and move forward to achieve UHC.

#### Programs for strengthening CHWs and other FLHWs must be integrated within national health systems

National strategies and plans that incorporate the contribution of CHWs and other FLHWs and empower community action in national health delivery systems are required as a basis for achieving synergies, alignment and integration among actors involved in CHW and FLHW programs.

<sup>&</sup>lt;sup>1</sup> The term "CHW" is used this summary paper, and in the three background documents to refer to the wide range of both volunteer and remunerated health providers that work within and among the community.

Based on this shared understanding, and considering the three background papers that framed the consultation<sup>2</sup>, the **global**, **regional and national partners**, **governments and stakeholders participating in the side session**, "Community Health Workers and other Front Line Health Workers: Moving from Fragmentation to Synergy to Achieve Universal Health Coverage," confirmed the principles for moving from fragmentation to synergies put forward in the CHW Framework for Partner Action and their readiness to act together on taking steps both at national and global level.

In order to take this work of alignment and harmonization forward, the partners hosting the side session, together with other participants, initiatives and key stakeholders that endorse these principles made the following **Commitment:** 

We will work together to adapt, apply and implement the CHW Framework for Partner Action, fostering harmonization and synergies, accountability and joint action on critical knowledge gaps, and reaching out to all stakeholders engaged with CHW Programs *in order to:* 

- o optimize synergies to overcome the fragmentation that undermines sustainable results, joining hands as public and non-state actors in seeking harmonization of CHW principles, policies, plans and practices;
- o accelerate program innovations for effective, equitable and sustainable access
- o enhance collaboration towards efficient use of available resources, robust accountability, sharing of knowledge and best practices, and use of evidence to inform policies, plans and vision; and
- o strengthen health systems to achieve UHC by improving the availability, accessibility, acceptability and quality of health services by optimizing CHW's role as recognized partners within the health system.

We will advocate, endorse and apply the principles and processes delineated in the CHW Framework for Partner Action by:

o prioritizing solutions that leverage the CHW Framework for Partner Action to achieve high priority health goals in response to national and regional commitments;

<sup>&</sup>lt;sup>2</sup> Møgedal S, Wynd S, Afzal MM. 2013. A framework for partners' harmonized support. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

Foster AA, Tulenko K, Broughton E. 2013. Monitoring and accountability platform for national governments and global partners in developing, implementing, and managing CHW programs. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

Frymus D, Kok M, de Koning K, Quain E. 2013. Knowledge gaps and a need-based Global Research Agenda by 2015. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

- o making use of all potential opportunities to align and harmonize our engagement in CHW programs and initiatives at all levels;
- o advocating and encouraging national governments to integrate CHWs into the broader health system;
- o supporting the development and implementation of national government roadmaps that integrate principles of the Framework; and
- o advancing those programs that are embedded and/or supported by community and civil society groups that integrate principles of the Framework.

### We will jointly promote the culture of self and mutual monitoring and accountability (M&A) of commitments and plans by:

- o championing and instigating M&A process through transparently sharing the information among the collaborating partners and related stakeholders;
- empowering and endowing global partnerships like GHWA and national mechanisms for multi-stakeholder coordination to spearhead robust monitoring and accountability processes;
- o upholding and promoting use of revealed evidence from M&A in streamlining the synergy and harmony of partner actions; and
- o supporting systems of various monitoring platforms that increase visibility of ongoing CHW programs to highlight current achievements and opportunities.

## We will reciprocally respond to knowledge gaps and promote a coordinated response to needs-based research on CHWs by:

- o promoting and supporting research better designed to address the outstanding questions pertaining to CHWs effectiveness, systems factors influencing their performance and other key concerns impeding CHW programs from operating at scale;
- encouraging and inspiring a global consensus and collaboration to foster sharing of CHWs research efforts and to establish a robust coordination process to identify future research priorities aligned to country needs;
- o fostering and nurturing partnerships in a global research agenda through increased dissemination and coordinated knowledge sharing through platforms such as GHWA; and
- o applying the conclusions of available evidence to strengthen and shape ongoing implementation programs in a harmonized manner.

List of partners joined this commitment at Recife:

1	Norwegian Agency for Development Cooperation (Norad), Norway
2	United States Agency for International Development (USAID), USA
3	Department of International Development (DFID), UK
4	Irish Aid, Ireland
5	The Joint United Nations Programme on HIV/AIDS (UNAIDS)
6	Frontline Health Workers Coalition
7	World Vision International
8	MDG Health Alliance
9	One Million Community Health Workers Campaign
10	African Medical and Research Foundation (AMREF), Nairobi, Kenya

#### List of partners joined this commitment after Recife:

11	World Health Organization
12	Royal Tropical Institute (KIT), Amsterdam, The Netherlands
13	Asia Pacific Action Alliance on Human Resources for Health (AAAH)
14	African Platform on Human Resources for Health (APHRH)
15	African Centre for Global Health and Social Transformation (ACHEST), Uganda
16	IntraHealth International, Washington DC, USA
17	CapacityPlus, Washington DC, USA
18	UZIMA Foundation, Nairobi, Kenya

19	The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project
20	University Research Co., LLC, USA
21	CORE group, Washington DC, USA
22	motehrs2mothers, South Africa
23	Management Sciences for Health (MSH), USA

Note: The above list will be regularly updated as new partners, organizations or entities align and concur with this commitment.