

#CommunityHealth@CountryLevel Series

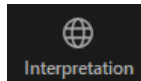
Strengthening Community Health for Stronger Impact

29 November 2022, 13:00 – 14:15 CET

Click the "Interpretation" button and select English to listen to this webinar in English.

Cliquez sur le bouton "Interprétation" pour suivre ce webinaire en français.

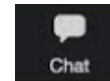
Haga clic en el botón "Interpretación" para escuchar este seminario web en español.



Please ask questions in the chat.
(Please do not use acronyms or abbreviations)

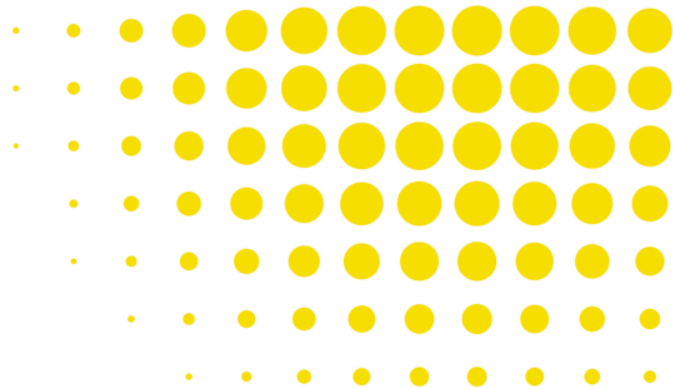
Veillez poser des questions dans le chat.
(Pas d'acronymes ou d'abréviations, s'il vous plaît.)

Por favor, haga preguntas en el chat.
(Sin acrónimos ni abreviaturas, por favor.)

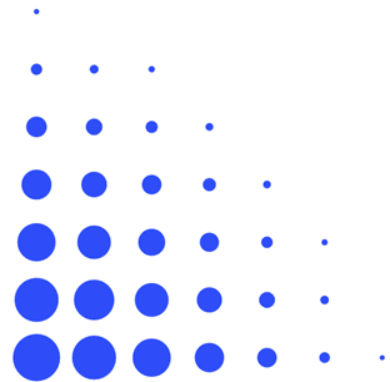


What will we cover today?

- 1 Why does community health matter?
- 2 What does community health refer to?
- 3 What is the impact?
- 4 Questions and Discussion



Why does community health matter?



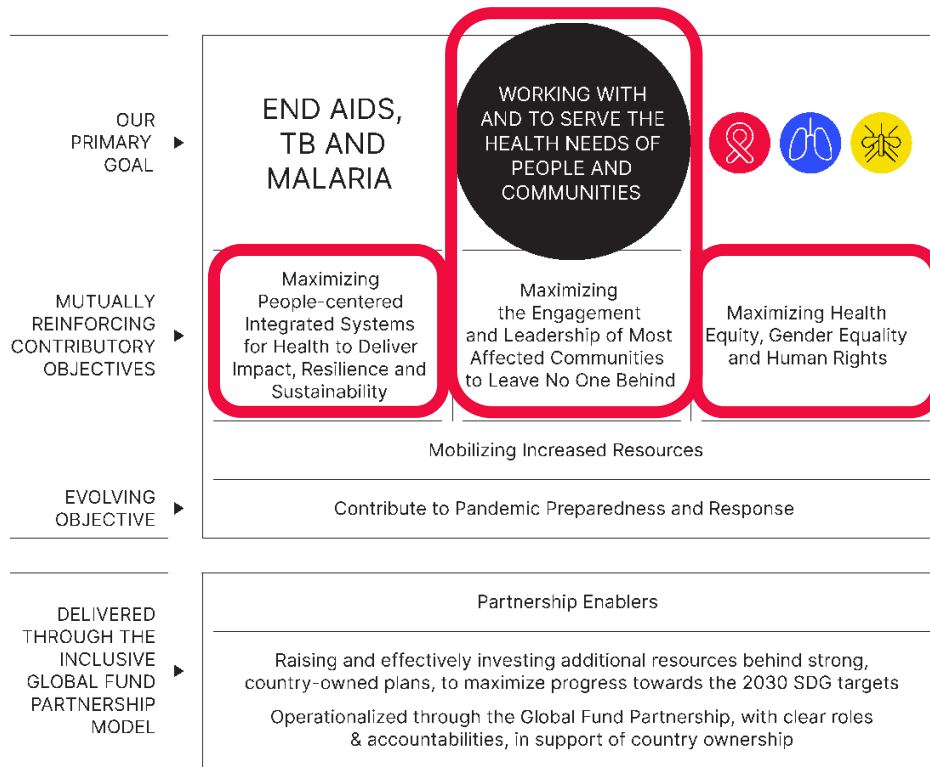
Community health is a must to end epidemics.

- Communities can reach the most vulnerable and deliver services.
- Investing in frontline community health workers can generate a return on investment of up to 10 to 1* (in US\$).
- A strong and accessible health system including at community level is critical for pandemic preparedness and response.



**Community health is mission-critical
Communities are at the center of everything we do.**

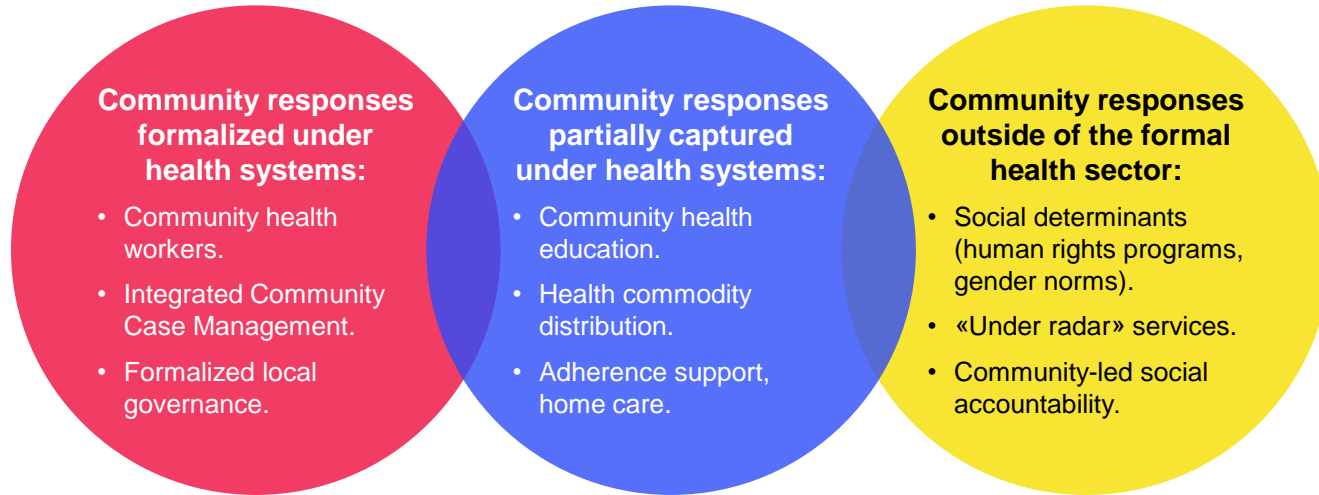
Community health is core to global health and global goals, and the Global Fund Strategy recognizes this.



Global Fund Strategy Framework (2023-2028)

Community health is key to end AIDS, TB and malaria.

The Global Fund partnership fully supports strengthening community responses.



◀ ■ Community systems strengthening approaches need to be adapted to different responses across the spectrum. ■ ▶

Community health should continue to be embedded in disease programs and grants.

Community responses formalized under health systems.

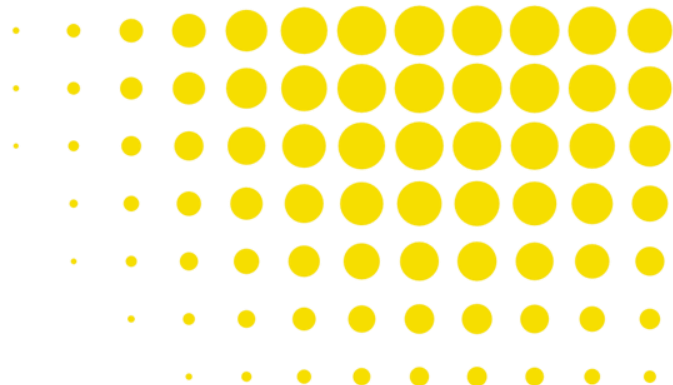
- Scale-up of community health workers (CHWs) guided by a national CHW strategy (Liberia, Sierra Leone).
- Training CHWs on quality of care algorithms and community health information systems (Burkina Faso).
- Family Health House model supported to provide community level services for three diseases (Afghanistan).
- CHWs conduct integrated community case management (Mozambique).

Community responses partially captured under health systems.

- Activity-based contracting incentivizing providers to engage with communities and flexible service delivery.
- Mentor mothers (CHWs) reaching other mothers with HIV to support treatment adherence (Democratic Republic of the Congo).
- Community-based comprehensive HIV prevention and testing services for key populations through peers (CHWs) in Cote d'Ivoire.
- TB active case finding and treatment, and care and support in the community through TB champions (CHWs) in India.

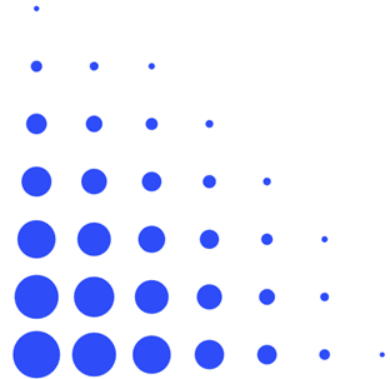
Community responses outside of the formal health sector.

- Strengthening/supporting community and key populations groups/associations (capacity building, institutional support, human resources) (Democratic Republic of the Congo).
- Peer paralegals for key populations (Mozambique).
- Human rights interventions including legal support for victims of sexual and gender-based violence (Mali).
- Community treatment observatory supported through regional multicountry grant (Liberia).



2

What does community health refer to?



Community Health Workers #CHWsCount.

- Community health work is work. Community health workers (CHWs) are workers.
- Community health workers are effective, particularly when well supported.
- Strong normative guidance built on robust evidence shows what needs to be done.



A wealth of country experiences shows the **how**:

- **Sustainable financing in Zambia:** The Ministry of Health (MoH) developed a sustainable financing pathway. The government has progressively taken on costs of the community health assistants.
- **Planning in Sierra Leone:** The MoH used a health labor market assessment and geospatial modelling to reduce and retarget the CHW workforce. The number of CHWs was reduced by 40% but in the right places. As a result, ~US\$3.8 million are saved annually for reinvestment in systems strengthening.
- **Supervision in Mali:** Dedicated supervision for CHWs with 360 feedback and digital tools has been scaled nationally, and has shown large increases in CHW performance, service quality and stock availability.

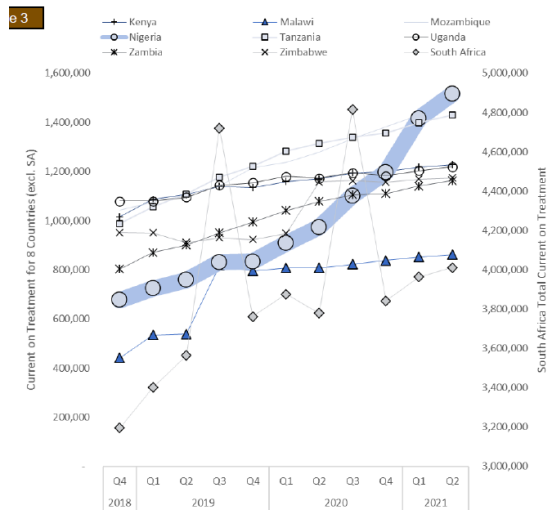
Service Delivery by Community-based/led Organizations

Service delivery interventions designed, delivered and monitored by communities to help expand the availability, quality and coverage of services.

Different from but complementary to services delivered by NGOs, community health workers and public health facilities.

Service delivery by community-based/community-led organizations' work.

Nigeria surged ART Cohort growth despite COVID-19



Which adaptations helped Nigeria surge? | Multi-factorial - Nigeria used more out-of-facility models with substantial community outreach to surge

Most Common Types of Interventions*	Examples of Country-Specific Interventions, Adaptations, and Innovations	Nigeria	South Africa	Mozambique	Tanzania	Zimbabwe	Zambia
1. Multi-month dispensing of prevention, care and treatment products	- Expanded MMD eligibility (e.g., MMD regardless of VL suppression status and age, MMD for TB preventive therapy (3 months))						
	- Pre-packaged ARV's for fast-track refill						
2. Out-of-facility dispensing of prevention, care and treatment products (pharmacy, community, outreach, virtual)	- Community ARV dispensing via mobile brigades						
	- Home ART delivery						
	- Community-based organization and staff incentives during shutdown periods						
	- Community case management team pairing with clients who live in proximity to each other						
	- Synchronized VL sample collection with ARV refills						
3. Virtual service delivery through telephone or online platforms (triage, linkage, follow-up, adherence and other support)	- Client feedback surveys to inform what's working or needs to be scaled						
	- Case conferencing between clinicians and community healthcare workers on clients enrolled in community programs						
	- Culturally-specific strategies for HIV screening and ARV dispensing (e.g., using chiefs' palaces/homes as hubs)						
4. Differentiated HIV testing – including through self-testing (HIVST) and out-of-facility models	- Client telephone/SMS interactions in lieu of facility visits for psychosocial and adherence support, adverse event monitoring, defaulter tracing, test results' delivery, and education						
	- Support groups using WhatsApp and other virtual platforms to provide support without in-person contact						
5. KP and AGYW Prevention Programming adaptations (PPE, smaller group sizes, mobile, outreach or virtual)	- Phone-based enhanced adherence counseling (EAC) for high VL clients, high VL results' delivery and COVID-19 messaging						
	- Scale-up of HIV Self testing						
6. Virtual mapping of KP 'hotspots' and services.	- Virtual mapping of KP 'hotspots' and services.						
	- Virtual AGYW training and outreach and virtual supervision of programs, especially with school closures						

Community Systems Strengthening

Global Fund priority interventions for Community Systems Strengthening

Community-led monitoring	Community-led research and advocacy	Community engagement, linkages and coordination	Capacity building and leadership development
Empower communities to hold service providers accountable so that services are accessible, of quality, acceptable and responsive to people's needs.	Undertake research to generate strategic information used to inform advocacy to address social and structural barriers to services and social determinants of health.	Support participatory governance, building community linkages and coordination with joint planning, social mobilization and coordination.	Reinforce and strengthen community-based platforms for service delivery via capacity building, planning and leadership development.

Example of **community-led monitoring**

Civil Society Movement Against Tuberculosis in Sierra Leone implemented a **community monitoring feedback approach** since 2017 in 16 districts, covering 170 directly observed treatment centers to monitor the performance of the national TB service delivery.

- Community TB animators collect data from community representatives and health facilities to monitor TB service delivery.
- The organization receives information, analyses it, and generates reports.
- Reports are shared with the directly observed treatment centers and used to improve service delivery.

Impact

- Increase of 25% on TB patient-centered services and treatment.
- Stronger collaboration between the TB community, civil society organizations, DOTS centers and the national program.
- TB patients and survivors are empowered through facility and government acceptance, and the use of their data.

Social Contracting

The capacity and willingness of governments to fund community service providers with domestic financing can help expand service provision, strengthen the sustainability of national responses, and prevent reductions and disruptions in targeted services for key and vulnerable populations.

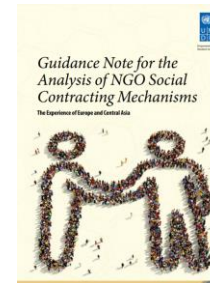
Country case studies

- **Panama:** Community organizations launched the “National Strategy for the Extension of Health Services for Key Populations”.
- **Dominican Republic:** Civil society organizations developed a shared business plan to provide essential services integrating with the government primary health care system through a formalized contract.
- **Estonia:** Included social contracting as part of their strategic purchasing mechanism.

Key highlights

- **Early engagement** to align contracting mechanisms to country systems is critical.
- **Attention to specific technical areas** going beyond “securing financing”, including payment mechanisms, costing of services, appropriate tendering processes, monitoring and evaluation design, and more.

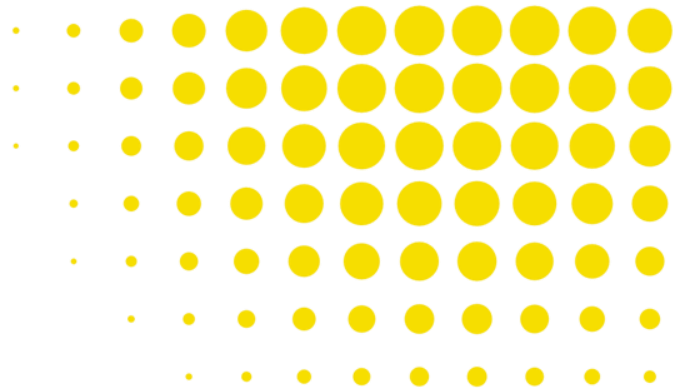
Global Consultations on Social contracting



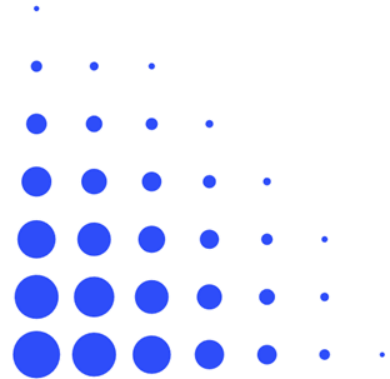
Social Contracting GF guidance note Annex vii

Guidance Note
Sustainability, Transition and
Co-financing

18 May 2020



3 What is the impact?



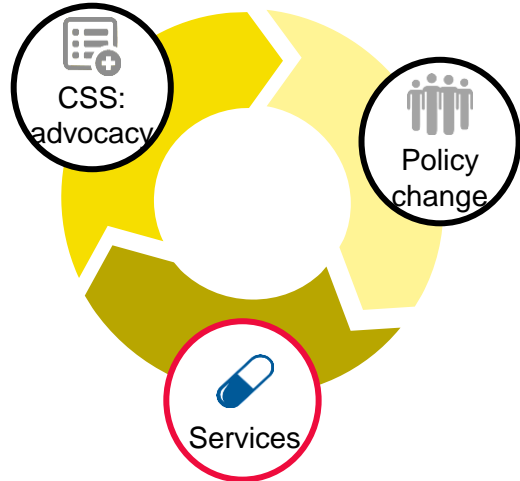
Community Systems Strengthening in Practice

Community-led advocacy to fight HIV in Mali.



The issue:

- Antiretrovirals (ARVs) were not accessible in Mali.
- ARCAD-SIDA Mali, Principal Recipient in the country, supported **social mobilization** via the creation of people living with HIV networks.
- In 2001, the 'Mali ARVs Access Initiative' was formed.



Community System Strengthening:

Between 2001 and 2004, the 'Mali ARVs Access Initiative' engaged in **community-led advocacy** work.



Impact:

In 2004, the authorities in Mali declare **ARVs are free for all**.

Community Systems Strengthening in Practice

Social mobilization to fight tuberculosis in Eastern Europe.



The issue:



“Ukraine inherited from the Soviet tuberculosis (TB) service, a system of TB hospitals where people with TB were **locked up for six months** or more.”

(Petro, Ukraine)

Community System Strengthening:



“Thanks to Global Fund **advocacy projects... (and) community mobilization**, more and more patients were transferred to **outpatient treatment**.”

(Petro, Ukraine)

Result:



In a similar shift to outpatient treatment that resulted from social mobilization in Georgia, the rate of **lost to follow-up reduced** from 12% to 6% within only six months.

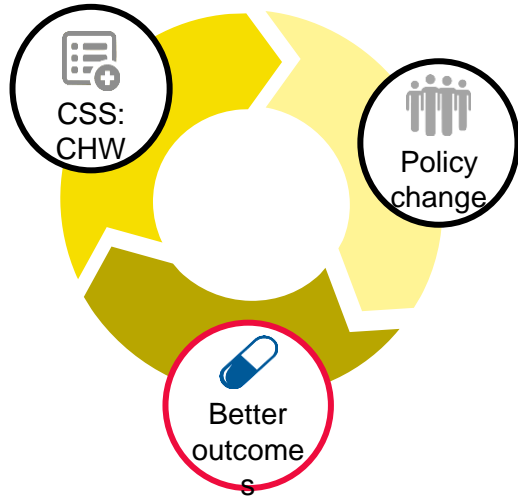
Community Systems Strengthening

Community Health Workers to improve tuberculosis service coverage in Pakistan.



The issue:

Pakistan is one of the eight countries that account for two-thirds of the global TB burden. Over one third of TB patients (36%) are unreachable by current services and systems.



Community System Strengthening:

Community-based screening by **the government's lady health workers (LHWs)** to find missing TB cases in three rural districts of Sindh province between 2017-2018, with support from TB Reach and the Global Fund.

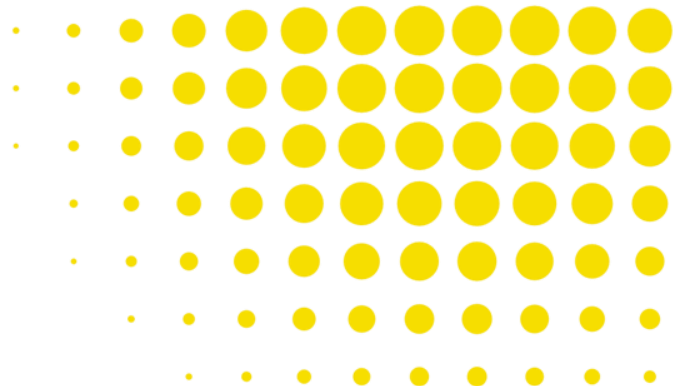
Result:



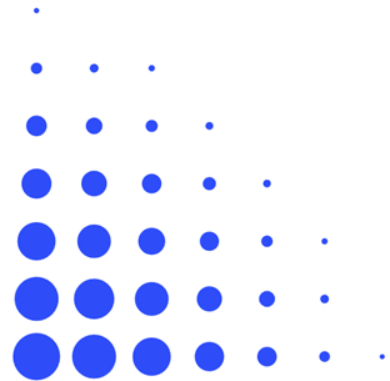
- A **17% increase in TB cases reported** in just less than a year.
- Presumptive people with TB were **diagnosed 47 days earlier** by LHWs.
- Chest camps organized in LHWs' catchment populations **helped the Government surpass its targets** for coverage of people who were unable to reach services.
- The significant contribution of LHWs in TB service coverage resulted in the **institutionalization of learnings from the LHW program** throughout Pakistan and elsewhere.

Let's scale-up together to increase impact.





4 Questions and Discussion



Your questions and comments

Discussion

Please raise your hand

- **Question 1:** Please share an achievement with community health in your country?
- **Question 2:** What support is needed to boost community health and thus impact in your country?

Thank you!

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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