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Nous vous remercions de votre participation à cette séance. Nous procédons à un test des fonctions Zoom.

Gracias por participar en la sesión. En estos momentos, estamos probando las funciones de Zoom para la llamada.

Спасибо, что присоединились. Перед началом сессии мы проверяем настройки Zoom.

Obrigado por participar da sessão. No momento, estamos testando as funções de Zoom para a chamada.

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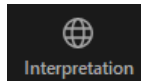
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واختاروا اللغة العربية للاستماع "ترجمة" اضغطوا على زر للمحتوى بالعربية.



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

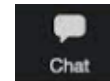
Veillez poser des questions dans le chat.
(Pas d'acronymes ou d'abréviations, s'il vous plaît.)

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

Faça perguntas no chat.
(Não utilize acrónimos, siglas ou abreviaturas)

Пожалуйста, задавайте вопросы в чате.
(Просьба не использовать аббревиатуры и сокращения)

المرجو طرح الأسئلة في خانة الدردشة
(من الأحسن عدم استعمال العبارات المختزلة والاختصارات)



#CommunityHealth@CountryLevel Series

Empower and Pay Community Health Workers (CHWs)

19 January 2023, 13:00 – 14:15 CET

What will we cover today?

- 1 Why do community health workers (CHWs) matter?
- 2 What are the standards and the normative guidance for remuneration of CHWs?
- 3 How about sustainability? Some country examples
- 4 Questions and Discussion

In one word, what are the key barriers to community health worker's empowerment and/or payment in your country?

Based on participants' answers on Menti, **funding and sustainability** would be the key barriers.



Question: You need to get medical services. What do you do?

First scenario, you live in the capital city.

Participants' main answers:

- Visit my family doctor
- Visit the pharmacy first
- Set up an appointment with a GP

Second scenario, you live in a remote area, and you are a woman with children at home

Majority of answers received:

- See the community health worker

What do CHWs want from GF funding?...quotes

“CHWs like me need better and more support urgently. Fair pay, training, recognition – these are the things that motivate us as professionals”

Bupe Sinkala, Community Health Worker and Mentor Mother, Zambia

“Any time community health is discussed, CHWs should be in the room.”

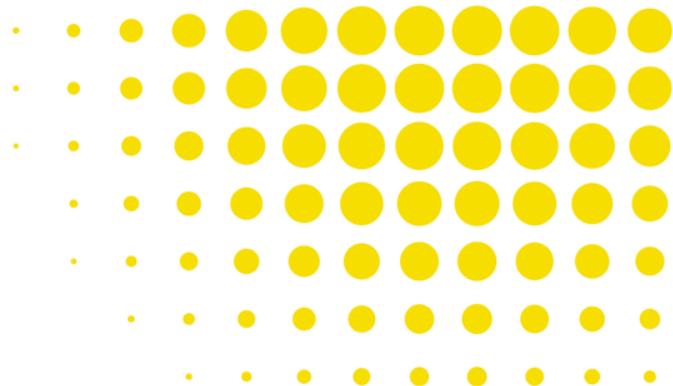
Euniter Nyasita, Community Health Worker, Kenya

“I’m sure if 70% of the health workforce of CHWs were men, we would have had fair pay a long time ago...It is high time for CHWs to be counted, paid, supported and empowered.”

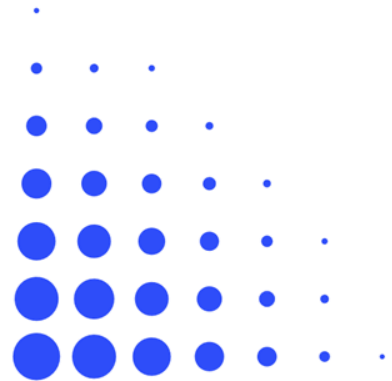
Margaret Odera, Community Health Worker and Mentor Mother, Kenya

“Supervision is one of the core needs together with equipment, trainings and payment that CHWs should be provided with in order to achieve in the community.”

Ouma Hadouba, Community Health Worker, Kenya



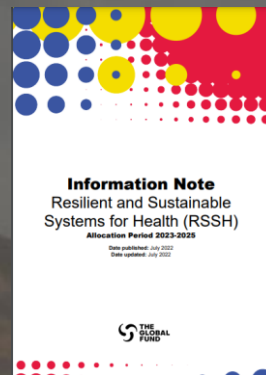
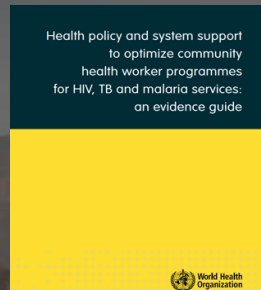
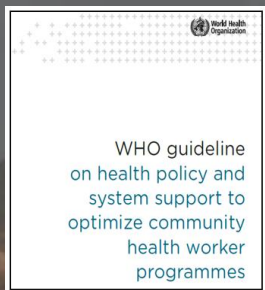
Why do community health workers (CHWs) matter?



CHWs are a key part of community systems and responses



CHWs are effective, particularly when well supported. There is strong normative guidance built on robust evidence showing what needs to be done.



And there is a wealth of country experience showing the HOW

- **Sustainable financing in Zambia:** MOH developed a sustainable financing pathway & government has progressively taken on costs of the Community Health Assistants
- **Planning in Sierra Leone:** MOH used a health labor market assessment and geospatial modelling to reduce the right size and retarget the CHW workforce. CHWs reduced by 40% BUT in the right places, resulting in ~\$3.8M in annual savings for reinvesting in systems strengthening
- **Supervision in Mali:** Dedicated supervision with 360 feedback and digital tools for CHW supervisors has been scaled nationally and shown large increases in CHW performance, service quality, stock availability

#CHWsCount #PayCHWs #CountCHWs

2

What are the standards and the normative guidance for remuneration of CHWs?

#PayCHWs: Normative guidance and standards (1)

Community health work is work and community health workers are workers.

WHO recommends:

- Remunerating practicing CHWs for their work with a financial package commensurate with the job demands, complexity, number of hours, training and roles that they undertake
- Not paying CHWs exclusively or predominantly according to performance-based incentives.

Global Fund investments in human resources for health (including CHWs) comply with national laws, including on occupational health and safety, minimum wages, separation payments, social security and health insurance, and income taxes.



The minimum wage* as set by national labor law IS THE FLOOR below which nobody must fall

#PayCHWs: Normative guidance & standards (2)

If CHWs are not full-time equivalents, pay should be pro-rated by the % full-time equivalent they are expected to work.

In many countries, minimum frequency of payment (daily, weekly, or monthly) is mandatory. Hence the importance of paying regularly and on-time, in-full, every time.

Other important provisions should be budgeted according to national labor laws, e.g. employer's social security contributions and health insurance, but also relevant travel-related costs, per diems and training - not to impoverish the CHWs we intend to support.

The Global Fund supports countries to develop and implement long-term sustainable financing pathways with increasing domestic financing contributions over time.

Other development organizations – e.g. the U.S. President's Malaria Initiative (PMI) and PEPFAR have developed similar guidance and policies, so that CHWs be paid.



Partners agree that CHWs are workers

We should work together to advance the agenda of paying CHWs and make it happen

#PayCHWs: KPI S5: Systems readiness index for CHWs

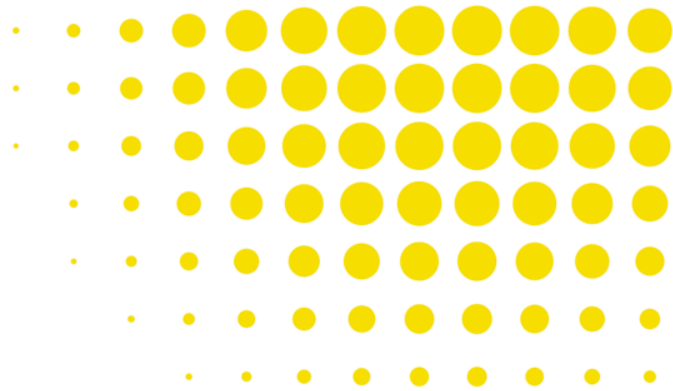
The Global Fund wants to monitor progress. Two **important aspects** related to #PayCHWs are included in the KPI:

- contracts
- on-time + in-full payment

Methodology overview

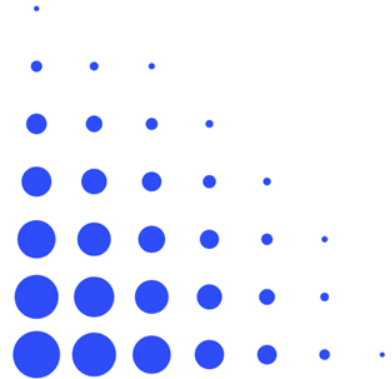
- Country score on system readiness for CHWs is calculated as:
Numerator: # Positive responses (i.e., number of “Yes” responses) across all respondents and Health Facilities
Denominator: # responses (excluding null responses) across all respondents and Health Facilities
- Country score will be an indication of the extent to which health workers feel systems enable them to work effectively. Disaggregation of country score can identify aspects of the system that are not working well, or the type of health facilities where there is an issue.
- Country score in a given year is then compared to the last baseline score to see if there is a statistically significant improvement. Country is assessed as meeting the KPI requirement if there is a statistically significant improvement.

Assessment criteria	Possible answers	Score
Received integrated supportive supervision during the period	Yes/No/Null response	Yes = 1 No = 0
Have a contract specifying their scope of work, expected full-time equivalent (FTE) or expected hours per month/week/day, a level of financial remuneration that does not fall below the national minimum wage (pro-rated to their expected %FTE), timing of financial remuneration (e.g., monthly), rest days, annual leave, paid sick leave, holidays, and health insurance	Yes/No/Null response	Yes = 1 No = 0
Paid per their contract (amount, frequency, timeliness) during the period	Yes/No/Null response	Yes = 1 No = 0
Had no stockouts of commodities, equipment or job aids (e.g., registers, reporting forms per country norms) needed for their work during the period	Yes/No/Null response	Yes = 1 No = 0

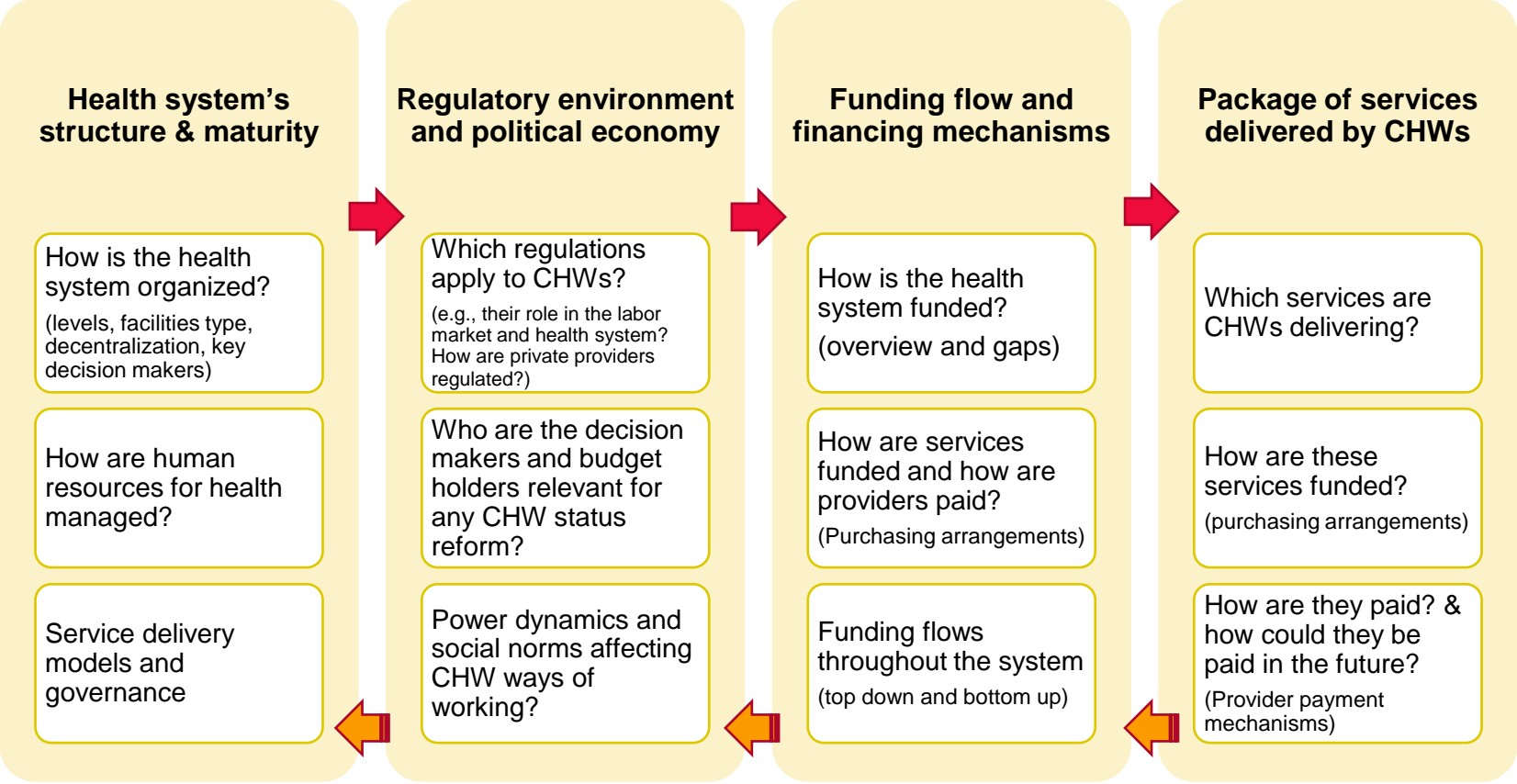


3

How about sustainability? Some country examples



How to design interventions that are conducive to sustainable financing for CHWs?




Mechanisms used to pay for health services and providers - overview

What are the implementation arrangements for health services?

- Government directly funds and manages public health providers and HRH
- There is an insurance agency responsible for purchasing a package of services and paying providers
- Package of services is delivered through public and private sector providers contracted in different ways by the government
- Different entities are responsible for purchasing different services with varying degrees of regulation and coordination

How are these services paid for? (provider payment mix)

- Capitation
- Fee for service
- Performance / results-based financing
- Mix (different methods per type of service / type of facility or geographical area)



What does this mean for CHWs?

Application to CHWs – some country examples

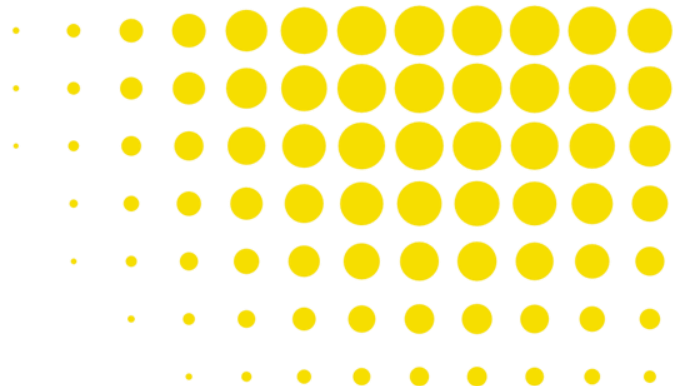
Countries	Implementation arrangements	Provider payment method
Brazil	Public Sector	Salary for public sector, CHWs and volunteers are contracted through NGOs
Rwanda	Cooperatives	CHWs work as volunteers, and there are opportunities for income generation through cooperative
South Africa	Hybrid public sector and private sub-contracting	Salary for state employed CHWs and volunteers contracted through NGOs
Afghanistan	CHWs deliver community-based package of services that are integrated into PHC and delivered through a government contract with NGOs	CHWs work as volunteers and receive an incentive defined by a performance-based schemes

Progress made in Lao PDR

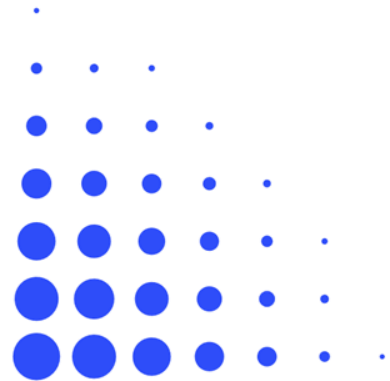
Panel discussion with:

Dr Phonepaserth Ounaphom, Ministry of Health , Lao PDR

Dr Shogo Kubota, World Health Organization (WHO) office in Lao PDR



4 Questions and Discussion



Please share progress made with CHWs' empowerment and/or payment in your country

Dans le cadre des actions de plaidoyer autour du GC7, [Coalition Plus](#) a développé un centre de ressources sur la thématique des pairs éducateurs issues des travaux de recherche communautaire. Des données probantes montrent que, même si la pair-éducation est essentielle pour en finir avec l'épidémie de VIH, elle reste une fonction hautement précaire.

There is a return on investment in investing in CHW Programs. In Kenya a study done by MoH in 2017 found that every 1 dollar spent on CHWs the country gets back 9 dollars. However not all CHW are on stipend. The program needs support from stakeholders including the Global Fund

What is required is- Recognition of CHVs/CHWs, remunerate the CHWs accordingly and on time, have proper supervision structures to ensure accountability at the CHW level just as it is with any other government employee. The CHWs are key for ensuring both country and global health goals are reached.

in Ethiopia, the health extension workers have a clear position within the health care structure and are salaried staff of the government. Regular trainings and capacity building are provided.

In Eswatini we provide pre-service and in-service training for CHWs, supervision (provided by health facility staff close to the CHWs), protective clothing (uniform), job aids, and kit for first aid

Thank you!

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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