

# Community Health Committee: Progress and future plans

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**33<sup>rd</sup> Meeting of the RBM Partnership SMERG**  
**17-20<sup>th</sup> May 2022**



# Remit from SMERG

- From 32<sup>nd</sup> SMERG:

“Optimizing the role of community health workers in rollout of malaria service delivery, and malaria surveillance”

# RBM SMERG CHC

- Co-chairs:
  - Richard Maude (MORU/APMEN)
  - Luigi Nuñez (PSI)
- 19 members
- Established: September 2021
- Former co-chair: Debra Prosnitz (ICF) to end of March 2022
- 5 meetings to date

# Vision Statement

The SMERG community health task force aims to provide guidance on

1) how the performance and impact of community health workers (CHWs) working on malaria, and integrated programs that include malaria, can be measured

and

2) how malaria programs can engage CHWs in SME.

To develop this guidance, the task force will engage with other groups working on SME with CHWs and groups working specifically on malaria to infuse a malaria perspective and promote sustainability of CHWs, respectively.

# Interim Aims

- Identify scope of ongoing activities to find gaps and areas of complementarity on CHW SME
- Identify what other groups are working on CHWs and SME and whether includes malaria
- For malaria CHWs ensure broader perspective about sustainability of CHWs (via evidence for their impact)
- Determine how to demonstrate whether CHW programmes are effective and how to measure their performance and impact
- Determine how CHWs can be used for SME

# 2-Pronged Approach

- Engage with other groups working on CHWs and SME – infuse the malaria perspective
- Engage with other malaria groups – infuse the perspective of sustainability and impact of CHWs

# Actions - 1

## **Identify groups working on CHWs and SME, both in the malaria space and other/integrated programming**

- Systematic literature review and landscaping survey on expanded roles of Asia-Pacific CHWs – MORU
  - What expanded malaria CHW programmes exist?
  - Evidence for impact on malaria/other diseases
  - Key factors for effective implementation
  - Identify sustainability factors
- Online CHW SME landscaping survey
  - Identify and characterize programmes where CHWs do malaria SME

# Systematic Review in Asia-Pacific

Topic: CHWs who provide services in addition to malaria

- Identified 24 programmes in 13 countries
- Evidence of impact:
  - 4 on malaria incidence
  - 4 on other diseases
- Effective programme implementation:
  - Monitoring and evaluation mechanisms
  - Multi-sectoral stakeholder collaborations
  - Adequate training
  - Consistent supervision
- Sustaining provision:
  - Integration of programmes into broader health services
  - Ongoing political and funding support
  - Engagement with local communities



# Landscaping Survey in Asia-Pacific

- Topic: CHWs who provide services in addition to malaria
- Online survey widely disseminated through networks - collaboration with APMEN
- Selected programmes interviewed – collaboration with UCSF
  
- Responses from 28 programmes in 14 countries
- Detailed characterization of malaria and non-malaria activities
- Impact of COVID-19
- Financing
- Training and supervision
- Impact evaluation
- Challenges
  
- Currently being analysed

# CHW SME landscaping survey - Questions

- Name of Organization
- Are any of your programs engaging CHWs to do SME of malaria cases?
- Are any of your programs engaging CHWS to do SME of malaria interventions?
- If yes, what is the name of the program? Please provide a link/website if available
- If yes, is this
  - a focused/vertical malaria program
  - an integrated disease program inclusive of malaria (e.g. iCCM)
  - integrated into the wider health system including for non-communicable diseases?
- What are the roles and actions of the CHWs?
  - Diagnostics
  - Test and treat
  - Active surveillance
  - Passive surveillance/routine reporting
  - Designing local malaria control/elimination response
  - Other (please describe)
- Do you have documents about this work (lessons learned, evaluation, guidance, etc.) that you are willing to share? (If yes, please attach)
- Please list any other organizations or programs you are aware of that are working with CHWs to do SME

Community Health Worker (CHW) Surveillance, Monitoring and Evaluation (SME) landscaping survey

1. Your email address

2. Name of Organization

3. Are any of your programs engaging community health workers (CHWs) to do surveillance or monitoring of malaria cases?  
 Yes  
 No

4. Are any of your programs engaging CHWs to do surveillance, monitoring, or evaluation of malaria interventions?  
 Yes  
 No (please go to Q16)

5. What is the name of the program or project? If available, please also provide a link/website to the program.  
*If you organization is implementing multiple program/projects that engage CHWs, please take this survey again for each!*


6. Is the program/project  
 A focused/vertical malaria program  
 An integrated disease program inclusive of malaria (e.g. iCCM)  
 Integrated into the wider health system including non-communicable diseases

7. What are the roles and actions of the CHWs? Check all that apply.  
 Diagnostics  
 Test and treat  
 Active surveillance  
 Passive surveillance/routine reporting  
 Providing feedback on local malaria control/elimination interventions  
 Other (please specify)

8. Do you have any documents about this work (lessons learned, evaluations, guidance, etc.) that you are willing to share? Please provide a link or upload to [CHW SME Landscaping Survey Documents](#)

9. Please list any other organizations or programs you are aware of that are working with CHWs to do SME

10. Please any additional comments here

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# CHW SME Landscaping Survey – Findings 1

- 40 individuals; 33 organizations: incl. 9 country NMCPs
- 82.5% CHWs do surveillance or monitoring of malaria cases
- 75% CHWs do SME of malaria interventions
- Of those programs that are engaging CHWs:
  - 51.4% integrated disease programs inclusive of malaria
  - 37.1% focused on vertical malaria programs
  - 11.4% integrated into the wide health system

# CHW SME Landscaping Survey – Findings 2

- SME roles of CHWs:
  - 85.7% test and treat malaria
  - 74.3% passive surveillance and routine reporting
  - 65.7% diagnostics
  - 40% active surveillance
  - 40% provide feedback on local malaria control/elimination interventions
  - Others: house-to-house IPC, community dialogues, health promotion, referral, ITN distribution
- Respondents shared links to lessons learned and other program resources.
- Respondents keen for results of the survey to be shared and for cross-learning around engaging CHWs for malaria SME.

# Actions - 2

## Contribute community-level SME information to broader audience

- Share links from CHW SME survey
- Produce summaries of shared resources e.g. SP&DQ newsletter: Guidance for community health worker strategic information and service monitoring – Anna Winters
- Produce curated research summaries



By: Anna Winters, AKROS for the SMERG Community Health Committee

### Guidance for community health worker strategic information and service monitoring

UNICEF, in collaboration with the World Health Organization (WHO), The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund); UN Women, UNAIDS, Stop TB Partnership, The Rockefeller Foundation, and GAVI, the Vaccine Alliance (GAVI), have jointly released the Guidance for Community Health Worker Strategic Information and Service Monitoring. This guidance aims to fill the void of data on community-level

care and how data are managed and used. Even amongst countries with robust health information systems (HIS), the absence of standardized community health worker (CHW) service indicators still limits HIS development, integration, and monitoring and evaluation (M&E) efforts that include both community and clinic-based service data. To incorporate and harmonize these CHW data, this new guidance offers a set of common indicators to be reported by CHWs at the time they provide services.

The guidance covers areas such as clean energy, sexual and reproductive health, maternal health, child health, immunizations, HIV, malaria, tuberculosis, neglected tropical diseases, civil registration and vital statistics, nutrition, and mental health, among several others. Taking into consideration that CHWs differ greatly in terms of their tasks, and every country has varying degrees of HIS maturity, the guidance was designed to be flexible enough to adapt to local contexts. To facilitate data flow, aggregation, and interoperability across the HIS, the guidance suggests that indicators should be aligned from the community level to the global level as much as possible. In addition, it is important to ensure and plan for the participation of all relevant stakeholders, including for planning, data collection, dissemination, and analysis of data. The views of vulnerable or marginalized groups, and groups who are at risk of discrimination, should be represented in order to design an equity-focused process. The guidance further advises that there are five main steps to consider when choosing modules and indicators. The first is to review national strategies to prioritize modules, followed by then reviewing CHW tasks and the community HIS maturity by indicator. Next, it is critical to review the reporting burden of CHWs, as well as the quality of reporting. Finally, data use, equity, and feedback loops should be reviewed.

The guidance document includes a module on malaria that is aligned to the WHO Global Technical Strategy 2016-2030. The malaria module indicators can be found on document pages 81-82.

[Link to full document](#)



# Future plans

- Next meeting: early June 2022 – date TBC
- Increase involvement from other regions
- Finalise and disseminate Asia-Pacific landscaping review and survey report
- Broader dissemination of CHW SME landscaping survey and produce report for wide dissemination
- Generate and share research summaries
- Plan next steps towards guideline development:
  - 1. How to measure the performance and impact of CHWs
  - 2. Role of CHWs in SME



*Thanks*