Summary of a report that a group of distinguished global health and government leaders authored to show the strong case for investment in CHWs as a component of primary health care and to make recommendations on financing. The report was launched in July 2015 at the Financing for Development Conference in Ethiopia.

Guiding principles for scaling up CHW Programs (to ensure the ROI)
1. Ensure national and local leadership in planning, executing, and monitoring
2. Include CHWs as part of frontline PHC teams
3. Engage communities in all aspects of CHW programs
4. Design and provide high-impact training for CHWs
5. Ensure supportive supervision and mentorship for CHWs
6. Develop high-quality integrated management for CHWs
7. Ensure CHWs are provided with adequate resources, tools, and supplies
8. Effectively incentivize and remunerate CHWs
9. Develop a sustainable financing solution for CHW programs
10. Monitor and evaluate CHW programs on an ongoing basis

Sources of financing

Traditional
- Donor funding (in particular multilateral disease funding and bilateral funding)
- Domestic resources

New and Emerging
- Private sector funds (e.g. trust funds or healthcare companies, local manufacturers or private health providers)
- Bonds to access capital markets
- Global Financing Facility (as a new external donor mechanism)
- Entrepreneurial selling of products (revenue generation through CHWs)

Full report available at:

Key Findings

Return on Investment
Strengthening Primary Care through CHWs
1:10

Productivity
- Increased employment
- “Insurance” against global health crises

Short-term cost savings, e.g.
- Delivering vaccinations
- Community-based management of malnutrition
- Treatment of tuberculosis

Requirement to achieve health objectives, e.g.
- Achieving UHC\(^1\)
- Eliminating diseases
- Complying with IHR\(^2\)

Other benefits to society
- Women empowerment
- Promoting strong, empowered communities
- Reducing cost of access to health care for patients

“A core enabler of successful programs is that CHWs be considered part of integrated community-based primary health care teams and of a broader, equity-focused health system, rather than standalone agents.”
Key Recommendations

To government leaders in sub-Saharan Africa:

1. Develop country-specific investment cases and ROI analyses, and consider domestic investments in CHWs as part of national health plans that fully integrate CHWs into the primary health care system, ensure supportive supervision of CHWs, and build reliable referral pathways

2. Proactively seek innovative financing arrangements with funders, especially those that utilize new grant sources, low-cost debt financing, and private sector capital

3. Allocate strong capacity and cross-sectoral “deal teams” at the country level to define, structure, and negotiate financing pathways with local stakeholders and the international financing community

To the international financing community:

4. Fund the start-up costs of these programs by making low-cost, performance-based grant or debt financing immediately available – e.g., through health bonds – to countries wishing to scale-up CHW systems

To bilateral and multilateral health donors with disease-specific funding:

5. Allow for and actively promote the use of disease-specific funding, which has been crucial for CHW scale-up to date in many countries, for integrated CHW plans

To the international financing community:

6. If requested by countries, establish a unit or team to support country “deal teams” to access available financing options and build best-practice CHW systems, with deeper analysis of CHW financing sources to date as a first step in this work

7. Develop metrics for effective CHW program implementation that could also guide financing support and create a data collection mechanism and scorecard to add transparency on CHW program impact

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