

Universal Health Coverage:

Effective Community Health Programs Bridge Primary Care Gaps

The World Health Organization's (WHO) 1978 Declaration at Alma Ata catalyzed a global movement to achieve universal health coverage (UHC) for everyone by 2030 and named community health workers (CHWs) as an integral element of the primary health system. Today, while the drive for UHC is ongoing, many challenges persist, including an inadequate focus on primary health care (PHC) at the community level.

Overview

UHC ensures all individuals and communities receive the health services they need without suffering financial hardship. This includes the full spectrum of essential, quality health services, from health promotion and prevention, to treatment, rehabilitation and palliative care. But, UHC cannot be achieved without political will and leadership, impactful and cost-effective interventions for PHC, and sustainable financing and increased support for CHWs who deliver care to communities and households that have challenges accessing clinical care.

Living Goods supports governments to recruit and train CHWs who help with providing PHC for more than 6 million people across Kenya and Uganda at the community level. The CHWs we partner with focus on the most easily treatable but potentially deadly health issues for mothers and children, including malaria, diarrhea, pneumonia, pregnancy and newborn care, family planning and immunization counseling. They go door-to-door in their communities, equipped with a supply of key medications and health-related products, as well as an Android smartphone that supports care coordination and diagnostics through an mHealth app.

This allows CHWs to deliver high-quality, cost-effective health education, diagnoses, treatments and referrals at the community level, and also support effective follow-up care with primary health clinics.

Our experience has shown that effective community health programs can dramatically reduce child mortality, and this has made us passionate advocates for scaling community health. Through our operations, we also provide technical assistance to governments to enable them to adopt the elements of the Living Goods approach that drive impact, access and reduced cost, including data-driven performance management, effective incentive packages for CHWs, robust mHealth tools that ensure quality and consistency of care, and support in developing health financing strategies and policies.

The Benefits of CHWs

A randomized control trial of Living Goods-led community health programs in Uganda showed a 27% reduction in under-five mortality and a 7% reduction in stunting, for a cost of less than US \$2 per person annually.

Community Health Workers

The WHO has recognized the importance of CHWs in achieving UHC and has developed guidelines to assist national governments in the design, implementation, and evaluation of CHW programs. CHWs help expand PHC services by:

- **Reaching the last mile:** CHWs with basic health training are the first and only link to health care for hundreds of millions of people living in hard-to-reach areas across the developing world. CHWs provide care in their communities and often provide services to those who are otherwise outside the reach of the health care system.
- **Working effectively:** CHWs are the trusted, knowledgeable frontline health personnel with basic health training who can bridge cultural, geographical, and linguistic barriers to expand basic access to care and health mobilization. There is now resounding evidence regarding the effectiveness of CHWs in delivering important health outcomes and contributing to equitable outcomes and UHC. For example, scaling an essential package of community-based interventions with the help of CHWs could avert 1.5 million deaths of children under six months of age annually.¹
- **Supporting health education, prevention, and curative care:** CHWs have proven effective in providing health education to prevent deaths among children under five years of age and can provide basic treatments to cure common illnesses such as malaria, diarrhea, and pneumonia. They have proven effective in saving lives, increasing
- access to care, containing health crises, and keeping health care affordable—all while delivering a positive economic return, reducing unemployment, and empowering women.² As one example, Rwanda's CHW program has played "an important role in expanding coverage of basic services, particularly community-based family planning services and treatment of childhood malaria and pneumonia."³
- **Providing services at low cost:** CHWs can provide PHC at a lower cost than facility-based care. Every dollar invested in community health results in a more than US \$9 return into the economy when counting lives saved and productivity gained.⁴ Analysts estimate that if properly implemented and funded, CHWs could save millions of lives each year and produce an economic return on investment of up to 10:1.⁵
- **Driving equity:** CHWs deliver health care in the community, ensuring equitable access to health facilities. Access to health facilities in low-income settings is often highly inequitable but, among relevant studies, 87% of health facilities demonstrated "pro-equitable" or "equitable" effects of community-based approaches. Driving equity is a key contributor to UHC.⁶

Despite the various benefits of community health, governments continue to underinvest in CHWs. They often struggle to fund their core health care services, let alone fund a community health workforce that is many times the size of facility staff on their payroll. Further, CHWs are most often low-skilled and exist only in rural and hard-to-reach places, relying on minimal training and paper-based systems for recording their work. This complicates maintaining quality of care, guaranteeing care is equitable, ensuring high-quality supervision and accountability of CHWs and their supervisors, and maintaining CHW motivation. Because of this, CHWs must be properly selected, trained, equipped with medicines and technology, supervised, motivated, and integrated into the health system in order to maximize effectiveness.

¹Perry, et al. *Summary of Community-Based Primary Health care (CBPHC) Series – Journal of Global Health*. June 2017.

²Ibid

³Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing recommendations. 13 July 2015. <http://www.healthenvoy.org/wp-content/uploads/2014/05/CHW-Financing-FINAL-July-15-2015.pdf>

⁴Dahn, B., Woldemariam, A.T., Perry, H., Maeda, A., von Glahn, D., Panjabi, R., Merchant, N., Vosburg, K., Palazuelos, D., Lu, C., Simon, J., Pfaffmann, J., Brown, D., Hearst, A., Heydt, P., & Qureshi, C. (2015). *Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations*. Retrieved from: <http://www.healthenvoy.org/wp-content/uploads/2014/05/CHW-Financing-FINAL-July-15-2015.pdf>

⁵Ibid

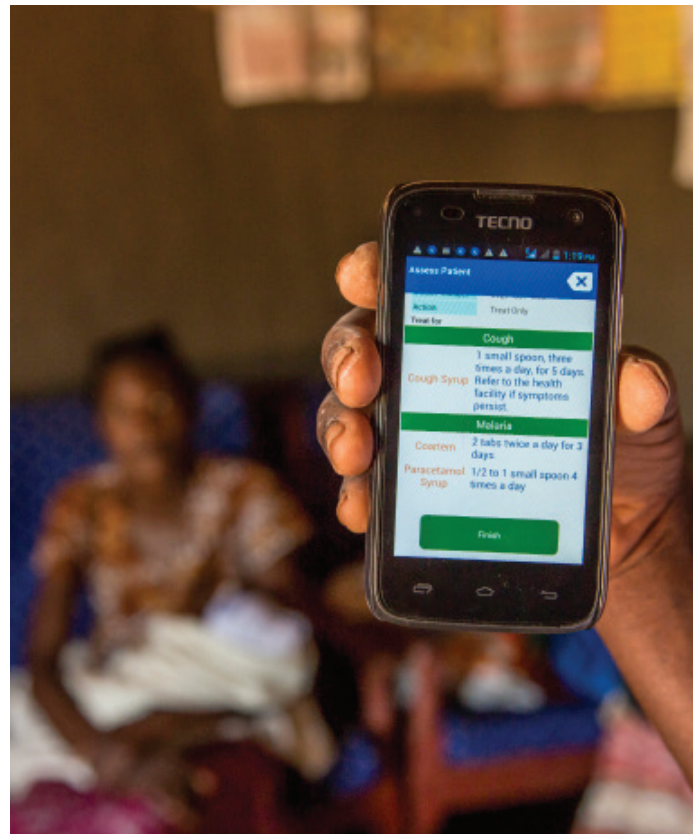
⁶Perry et al. *Summary of Community-Based Primary Health care (CBPHC) Series – Journal of Global Health*. June 2017.

Mobile Technology

Technology can play a critical role in addressing these structural challenges. Technology can support governments to improve the quantity and quality of data collected at the community level, improve the consistency and accuracy of diagnostics and treatments, drive accountability through performance management, increase motivation through financial and non-financial incentives and supportive supervision, and enable managers to monitor the performance of CHWs and their supervisors through real-time dashboards.

At Living Goods, all of our supported CHWs carry smartphones, enabling them to:

- **Improve the quantity and quality of data:** CHWs can register households, assess patients, and track referrals and treatments administered. Living Goods also has quality-control mechanisms to ensure the data is accurate.
- **Increase the quality of care:** the mobile application we developed with our partner Medic Mobile—the Smart Health app—provides guided integrated community case management workflows to ensure accurate diagnoses of childhood diseases, dosage guidelines, and automated treatment and pregnancy follow-up reminders. It also flags acute cases and spots high-risk pregnancies, which can be referred and subsequently followed up.
- **Manage large-scale workforces:** Living Goods uses a best-in-class performance-management system that enables us to gather real-time data from the field, track instances of illnesses, identify low-performing CHWs, and eliminate paperwork. The data provides transparency around what CHWs and their supervisors are doing every day, which promotes accountability and allows supervisors to focus on coaching and performance improvement among their CHW cohorts.



Mobile technology plays an essential role in enabling community health workers and health systems to support UHC for all.

By harnessing the power of technology, Living Goods has positioned itself as a leader in mobile health. But, putting technology in the hands of CHWs is not enough to move UHC forward. It is also necessary to have the systems and processes in place to ensure that technology is adopted by CHWs, supervisors, managers, and district and national governments, and is also supported and maintained by governments. Living Goods is an expert at deploying mHealth solutions at scale, managing the hardware, and building the systems and processes needed to drive adoption and use of the technology.



Innovative Financing

Living Goods is leading the way in testing innovative financing mechanisms for community health in order to address the large gap that exists between the availability of traditional funding—bilateral, multilateral, and philanthropic funding—and the needs of community health programs, as well as to increase the long-term sustainability of funding for community health.

Our technology enables us to implement innovative financing mechanisms that can help governments finance high-impact community health. The collection, validation, and use of the data generated by technology breeds accountability for results achieved that donors and governments want to see, hence attracting more funding into the space and allowing governments and donors to have more oversight on how their funding is spent. Our innovative financing work includes:

- **Results-Based Financing (RBF):** Through this mechanism, financing is linked to agreed-upon results, with payment made only upon verification that the results were achieved. In June 2018, Living Goods launched a one-year RBF mechanism pilot in two districts in Uganda, supporting 322 CHWs serving 250,000 people. In the RBF mechanism, Living Goods will only get paid for achieving agreed-upon targets once they are verified by an independent third party. The aim is to have a sustainable financing mechanism that can be adopted and replicated by others - including local governments, donors, and implementing partners - to grow funding for community health efforts, crowd in money from new sources of financing, and drive impact through improved accountability in the system.
- **Government Contracting:** Living Goods believes true success in financing community health systems will be achieved when governments own and pay for their own community health programs. As such, we work closely with governments to facilitate a shift in this direction, recognizing even small wins are notable. Living Goods is working to better understand the current flow of government funds for primary health care and community health more specifically, and closely partnered with the Kenyan government to develop its investment case for community health. We are also advising governments to develop frameworks for effectively spending, directing and attracting funds for community health, and are pioneering a new contracting mechanism for community health with the support of local governments.

Looking Ahead

In addition to all of these efforts, if we are going to be successful in achieving UHC, we need decision-makers to:

- **Prioritize community health care** as a key channel for delivering cost-effective, high-impact health care to the poorest, most vulnerable populations;
- **Invest in enabling CHWs to do their jobs** by providing them with adequate training, supervision, motivation/compensation, and equipment;
- **Focus on leveraging integrated community health platforms** that can deliver results across multiple health areas, generating efficiencies that drive down cost;
- Concentrate on identifying and supporting CHW activities and **interventions that will drive the most impact;**
- **Stay outcome-focused and drive accountability** by paying community health workforces and implementing partners based on performance; and
- **Recognize the value of technology** in managing, monitoring and improving community health programs as well as improving the quality and range of services to those at the last mile

Living Goods is dedicated to supporting decision makers in assisting with the best practices of implementing CHW programs and welcomes new opportunities for collaboration. For more information, please contact Rita Bulusu at rbulusu@livinggoods.org.