REVISED VERSION
APRIL 2013

SYNTHESIS PAPER

Developed out of the outcomes of four consultations on

Community Health Workers and other Frontline Health Workers

held in May/June 2012

COLLABORATION:

Meetings' organizers:

Royal Tropical Institute, Amsterdam, Netherlands
USAID Global Health Bureau in Washington DC, USA
USAID-funded Health Care Improvement Project, at Addis Ababa, Ethiopia
NORAD, Norwegian Knowledge Centre for the Health Services, and EQUINET

Other key partners:

APHRH, DFID, Irish Aid, MDG Health Alliance, Save the Children, UNFPA and WHO

Coordination:

Global Health workforce Alliance

ABBREVIATIONS AND ACRONYMS

ACHEST	African Centre for Global Health and Social Transformation
AIDS	Acquired immunodeficiency syndrome
AMREF	African Medical and Research Foundation
APHRH	African Platform on Human Resources for Health
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CBPs	Community Based Providers
CCF	Country Coordination and Facilitation
CHW AIM	Community Health Worker Assessment and Improvement Matrix
CHWs	Community Health Workers
CRS	Catholic Relief Services
DFID	UK Department for International Development
ECSA HC	Central and Southern African Health Community
EQUINET	Regional Network for equity in Health in East and Southern Africa
eMTCT	Ending Mother to Child Transmission of HIV
FHI	Family Health International
FBOs	Faith Based Organizations
GHI	Global Health Initiative
GHWA	Global Health Workforce Alliance
GCG	Global Core Group
GRG	Global Resource Group
HCI	Health Care Improvement
HRH	Human Resources for Health
iCCM	Integrated Community Case Management
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Institute), Netherlands
LMICs	Low- or Middle- Income Countries
MCHIP	Maternal and Child Health Integrated Program
MDGs	Millennium development Goals
MNCH	Maternal, Newborn and Child Health
MLHWs	Mid-level health workers
MNH	Maternal and Newborn Health
NGOs	Non-Government organizations
NORAD	Norwegian Agency for Development Cooperation
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention of Mother-to-Child Transmission
TBAs	Traditional Birth Attendants
UN	United Nations
UNAID	United Nations Joint Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa

TABLE OF CONTENTS

Content	Page No.
Abbreviations and acronyms	2
1- Introduction and context	4
2- Objectives	5
3- Synergies in response and common messages	6
4- Framework for action	9
5- Attachments	18
6- References	27

1- INTRODUCTION AND CONTEXT

The Alliance commissioned a global systematic review of Community Health Workers (CHWs) for delivery of Millennium Development Goals (1), with eight in-depth case studies from various regions and countries. This systematic review focused on typology of CHWs, selection, training, supervision, standards for evaluation and certification, deployment patterns, in-service training, performance, and impact assessment. Successively, though a rigorous consultation process with the global partners and experts, and based upon this review, key messages were identified related to planning and production process, the attraction and retention, and performance management of CHWs (2). Recently, the Alliance has conducted a global systematic review to evaluate the effectiveness of Mid-level health workers (MLHWs) in improving the delivery of health care services, and to evaluate the impact and performance assessment, with eight case studies of developing countries of the world. This review also focused on the effectiveness of MLHWs, their typology, training practices, standards for evaluation and certification, deployment patterns, supervisory practices and in-service training etc.[1]

Considering the high value and advantage of these cadres in achieving the health MDGs, in addition to the Global Health Workforce Alliance (the GHWA/the Alliance), a number of global, regional and national partners and stakeholders are engaged in substantial actions related to research and evidence building, information sharing, advocacy and promotion, policy development, strategic planning, improved investment, capacity building and support for scaling up country focused models for strengthening Community Health Providers (CHPs)[2]. The common goal of all partners is to promote evidence informed effective, efficient, sustainable approaches to increasing community-level health workforce capacity. This common goal led to a series of meetings that have explored different aspects of service delivery by community health providers (CHPs).

Four related events were held in 2012, including:

I. Technical consultation on the role of community based providers in improving Maternal and Newborn Health (30 - 31 May 2012, organized by Royal Tropical Institute, Amsterdam,Netherlands) (3)
II. Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance (31 May 31 and 1 June 2012, convened by USAID Global Health Bureau in Washington DC, USA) (4)
III. Community Health Worker Regional Meeting (19 to 21 June, convened by USAID-funded Health Care Improvement Project, at Addis Ababa, Ethiopia) (5)
IV. Health workers at the Frontline – Acting on what we know: Consultation on how to improve front line access to evidence-based interventions by skilled health care providers (25 to 27 June 2012, convened by NORAD and coordinated by EQUINET at Nairobi, Kenya. (6)

Although each meeting had a distinct focus, they all attempted to gather evidence on the effectiveness of Community Health Workers (CHWs) engagement: whereas a number of commonalities in the issues, themes and outcome messages were observed.

Three of these consultations had the performance of CHWs as the main subject and purpose. One had a main focus on the CHWs role, the options for task shifting to CHWs and the barriers and facilitators for developing quality programmes; another made an effort to assess the support from the community and the health system to

[1] The full report is under publications process and will be available soon. A summary of the findings has been published by the GHWA (7).

[2] The term of Community Health Providers (CHPs) will be used in this document when refer to both Community Health Workers (CHWs) and other community based and facility based Frontline Health Workers (FLHWs) until there is consensus on other terminology.

the CHWs; and the third discussed assessment of CHWs performance, scalability and sustainability. Seen together, these three supplement each other in dealing specifically with CHWs performance.

The fourth consultation expanded the focus to deal with access and performance issues related to all health workers critical for front line service for MDG4 & 5 (Maternal, Newborn and Child Health) and for elimination of new infant HIV infections through Ending Mother to Child Transmission of HIV (eMTCT), making the team of FLHWs together with the health workers based at front line, first-level health facilities the main subject and purpose.

During the course of these events, a set of common themes and messages emerged for synergy and greater collaboration between the agencies engaged in CHPs initiatives, and that the development of an agreed agenda could help to support further scale up CHPs with improved efficiency, access and performance.

The Alliance in collaboration with African Platform on Human Resources for Health (APHRH) convened and facilitated a dialogue among the organisers of these meetings and other relevant partners and stakeholders through email exchange, teleconference, and a side-meeting during Nairobi consultation. There is a principal consensus among all partners to seek alignment and coherence, to the extent possible, among these initiatives and to bring a shared focus on how partners can respond to countries and support their next steps. With this intention, it was agreed to develop a synthesis paper out of outcomes of these four consultations complemented by inputs from related partners and stakeholders to facilitate a common response with a greater degree of synergy and harmonization in messages related to CHPs and seek a future course for collaboration.

With this intent, this synthesis paper has been developed to provide a policy orientation and pioneer a process to outline a mechanism for better collaboration towards supporting countries in their efforts to achieve MDG 4 & 5 and eMTCT, within overall health workforce policies and plans.

The primary target audience of the synthesis paper is the group of countries facing health workforce shortages and interested to initiate and scale up CHPs initiatives integrated within their HRH plans and health sector policies. The other audience includes the partners and stakeholders interested in responding to and supporting the countries through a collaborative approach with the intention and commitment to synergize and maximize the outcomes of their inputs and support towards the countries.

The synthesis paper is developed through a consultative and review process described in attachment 1, the review of the inputs and outcomes including commonalities and specificities in attachment 2, and the key messages derived from these consultations in attachment 3.

2- OBJECTIVES

The main purpose of this synthesis paper is to highlight the synergies among the outcomes of the indicated four events, and develop a set of common messages to promote harmonized response and collaborative support for improved access to, and performance of, CHPs.

The other key objective of this paper is to propose a way forward as a framework for action, for a greater degree of collaboration, cohesion and cooperation among partners in their support to countries for initiatives regarding evidence-based policies and practices related to CHPs, while employing multistakeholder approaches.

3- SYNERGIES IN RESPONSE AND COMMON MESSAGES

Derived from the outcomes of the above indicated four events, a set of common messages has been developed around seven domains for partners to offer effective support to countries in scaling up initiatives to deal with critical gaps in the health workforce, with specific reference to delivery of integrated services for MDG 4 and 5, and eMTCT.

COMMON DOMAINS TO ACT

1) **Urgent call for alignment and synergies among partners' initiatives**
2) **Moving from evidence to action**
3) **Research on knowledge gaps**
4) **National level multistakeholder collaboration**
5) **Recognition and integration in the health systems**
6) **National level consultations and advocacy**
7) **Monitoring, assessment and shared accountability**

1) Urgent call for alignment and synergies among partners' initiatives

All partners should urgently do more to align, communicate and act to strengthen synergies in their response to country based health workforce initiatives and action.

Support by global, regional and national partners to the countries should build on synergy, harmony and cohesion in response to country based strategies and action plans, with specific reference to access at the frontline of health services and in accordance with the principles of the Busan declaration on aid effectiveness (8). To this end, countries must provide a conducive framework while the global and regional coordination mechanisms must be strengthened, such as through regular interaction, increased sharing of information, defining roles with mutual accountability and structured monitoring.[3]

2) Moving from evidence to action

A substantive body of colloquial knowledge drawing on first-hand experience and expert opinion exists that can inform practice as we await more scientific evidence of the cost-effectiveness of CHW programmes. An evidence-to-action strategy should guide country policy making and programming for CHWs, as a part of primary health care team. A variety of workable models and innovative approaches are available across different countries and regions.

While moving from available evidence to action, partners should support the countries in improving supply of health workers by adapting, adopting and translating global and continental initiatives to specific country contexts and needs, focusing on the aspects of functionality, scalability and sustainability. Through a national led process, a comprehensive policy framework and sustained financing is essential to roll out promising practices and high impact interventions for achieving MDG 4 & 5 and eMTCT.

3) Research on knowledge gaps

Though significant knowledge and evidence is available on key aspects of CHWs, still there are critical gaps in research and evidence on some aspects; there is need for development of a research agenda to support evidence informed sustainable, effective health service delivery at the community level.

[3] Coordinated by the Global Health Workforce Alliance, relevant regional partners, countries and stakeholders related to this thematic area should establish appropriate mechanisms for regular interaction on the subject to overcome fragmentation and ensure synchronised actions.

Additional research will strengthen the evidence base on questions of policy and programmatic importance. The global research agenda should be expanded and integrated with priority areas such as impact and cost effective analysis of CHW programmes, costing models in relation to diverse experiences, measures to enhance CHWs performance, regulatory issues relevant to effective task sharing and team function at the front line of health services as well as relative and combined contribution of communities and formal health systems in ensuring access and quality. Particularly, civil society, academic, faith based organizations (FBOs) and other non-state actors should support countries to strengthen their evidence-base on impact of these initiatives and interventions.

4) National level multistakeholder collaboration

There is a critical need for more inclusive multi-sectoral and multi-actor collaboration at national level, including different sectors, public and private, traditional and formal, non-governmental and faith based actors, promoted by appropriate country collaboration frameworks.

Multi-stakeholder coordination and collaboration is central to the sustainable model development and scaling up population coverage, access and effective performance of CHWs and other local based and facility based health providers, coupled with strong community ownership and engagement. This call for collective commitment to improved stewardship and engage in decision making, policy formulation, planning, regulation, resources allocation, implementation, monitoring and mutual accountability processes. This needs to be backed by national-led coordination process such as Country Coordination and Facilitation (CCF) approach complemented by HRH observatories to facilitate policy dialogue and communication among related actors.

5) Recognition and integration in the health systems

Recognising the value of the services and functions of CHWs in ensuring equitable access, they should be embedded in the formal health system, guided by identified competency needs and appropriate skills mix with clarity of roles and tasks, and with emphasis on establishing and sustaining effective teams of facility based and community based health workers. There is a need to bring the different types of community based workers into a policy framework tailored to ensure their regulation, supervision and adequate remuneration, as each situation demands, within a coordinated national health workforce effort.

They should be equipped with need-based and country-specific training, standardized curriculum and continuous education programmes, as well as the necessary tools they will require for delivery of essential health services. The countries should also undertake retention strategies including appropriate career growth opportunities and providing enabling environment to promote effective delivery of their services through motivated and skilled health workers. This should all be incorporated within a robust human resource management system as part of the enabling environment that includes specific job descriptions, the management of health teams and the legalization of tasks and responsibilities.

6) National level consultations and advocacy

Well informed, transparent and inclusive national level dialogue is required between decision-makers, health care providers, communities and other stakeholders about issues of equity in access, quality of care and effective population coverage, including with a priority focus on health services and providers at the front line, with sharing of best practices.

Scaling up effective access to and performance of CHWs must be based on knowledge about actual coverage, quality, barriers and gaps. Appropriate policy frameworks for, and integration of, CHW programmes entails

advocacy at all levels of health workforces. Particularly, global and regional partners should support advocacy efforts to influence the national decision makers to understand the significant role of health workers at the front line, including CHWs and other cadres in achieving the health MDGs, and guide them through facilitating exchange of knowledge and cross country experiences regarding success examples and feasible practices, and support actions for enhancing national capacities to adapt, plan, invest and implement sustainable models.

7) Monitoring, assessment and shared accountability

Monitoring and assessing performance is critical for progress, where improved information on effective presence of both community-based and facility-based health workers with appropriate skill mix required for achieving MDG 4&5 and eMTCT must be given high priority. Suitable mechanisms with a feedback process should be established for regular monitoring and assessing the progress, impact and quality of services, and measuring the compliance on the defined roles of the partners, with mutual accountability perspectives across partners, to the parliaments and to the population at large.

The Kampala Declaration and Agenda for Global Action (KD&AGA) can guide developing a monitoring and accountability framework. Where possible, accountability processes should also be linked with existing mechanisms such as Countdown to 2015 (9), and the Commission for Information & Accountability (10) as well as strategy of the Alliance for its next phase (11).

4- FRAMEWORK FOR ACTION *(adaptable)*

The following framework of action[4] is recommend as a way forward towards greater harmonization of partners' support and better stewardship of CHP programmes in the countries, based upon the synergies identified in the this document:

1) Urgent call for alignment and synergies among partners' initiatives							
Intervention level	**Objectives**	**Action**	**Process**	**Specific milestones and deliverables**	**Primary stakeholders**	**Invited partners**	**Expected results**
Global	Developing consensus on partners' support actions	Global consultation on developing alignment and synergies based upon defined roles	Face to face meeting or online consultation based upon synthesis paper and related background documents	Agreement and resource provision	GCG[5]	Related partners	A reasonable level of synergy is developed among partners regarding support actions
				Synthesis paper and background documents	GHWA and GCG	GRG[6]	
				Consultation and report	GHWA and GCG	GRG	
		Developing mechanism for sharing of information, mutual accountability and structured monitoring	Developing a framework through consultation and consensus building with key partners	A draft synergy document with a forward plan	GHWA and GCG	GRG	A sound mechanism to be agreed and established for joint actions, information sharing, and accountability
				Framework for partners' harmonized and collaborative support actions	GHWA and GCG	GRG	
		Collation of best practices	Case studies on alignment and synergies among partners	Reports to be presented at 3rd Global Forum	GHWA and GCG	GRG	Best practices have been widely disseminated for adaptation at all levels
				Yearly updates/ reports			

[4] The action framework is beyond the recommendations of the four consultations and may be revised based upon new developments

[5] Global Core Group

[6] Global Resource Group

Regional	Developing regional level processes for partners collaboration and alignment of actions	Engagement of regional bodies in consensus building process	Online communication, engaging GRG and participation in consultation	Consultation process with regional bodies involvement	GHWA and GCG	Regional partners	Regional bodies in Africa and Asia have reached agreement
		Encouraging regional level alignment and harmonization processes	Supporting specific initiatives as a part of their annual workplans	Regional collaboration processes	GHWA and GCG	Regional partners	At least one region has adapted and adopted the process
		Collating updated information	Reports and case studies	Interim report for 3rd Global Forum	APHRH	Related partners	
		Promoting collaboration process in other regions	Orientation, information sharing, supporting and facilitating	Yearly updates, and reports	AAAH and others	Related partners	At least two other regions have established the process
National	Promoting alignment and harmonisation of support actions among partners in the priority countries	Initially mobilizing, promoting and supporting selective priority countries to establish good practices and subsequent scaling up to other countries	Orientation, sharing of information and engagement, and establishing feasible models	Facilitation to priority countries	Countries and Regional bodies	Partners with country presence	Few good practices established and promoted
		Facilitation in alignment of support actions linked with on-going processes like CCF, IHP+, etc.	Specific support through regional entities and patterns	Engagement of related stakeholders	Regional bodies and GHWA	Partners within countries	
		Scaling up country level alignment models	Developing best practices, information sharing, supporting and monitoring /documenting	Best practice case studies	Regional bodies	Partners within countries	Few good practices established and promoted

2) Moving from evidence to action

Interventi	Objectives	Action	Process	Specific milestones and	Primary	Invited	Expected results

on level				deliverables	stakeholders	partners	
Global	Promoting best practices and effective models towards addressing HRH challenges	Collating the best practice case studies and updated information	Collating case studies from members and partners, countries and experts	Inputs for the 'State of the world report'	GHWA and members	Other stakeholders	Countries have access to workable models with access to related support mechanisms
		Supporting the countries in policy development, planning and implementation with a focus on CHPs within the overall HRH agenda	Orientation and information sharing	Information packages (developed and disseminated)	GHWA, GCG and members	Other stakeholders	Countries have been mobilised
			Building capacities through training courses, e-learning etc.	Need based capacity building programmes (designed and implemented)	GHWA members and partners	Other stakeholders	Countries have built capacity to undertake evidence based actions
			Catalysing the country actions	Technical assistance to countries in planning and establishing programmes	GHWA, GCG, and donors	Other stakeholders and partners	Countries have on-going programmes for scaling up CHPs
			Aligning the global partners' support and assistance	Harmonised and synergistic support is provided to the priority countries	GHWA, GCG, and donors	Other stakeholders and partners	
		Engaging the private sector in support of the CHPs/HRH agenda	Developing a strategy for engagement of corporate sector and public private partnerships on CHPs/HRH	Policy dialogue with private sector and consensus building on their effective roles and contributions to CHPs/HRH	GHWA and GCG	GRG and other stakeholders	Private sector has started effective engagement
Regional	Promoting best practices	Identifying needs and mapping partners	Need assessment studies and	Evidence base on regional needs and potential (at	Regional	Patterns with	Country support is evidenced

	and models towards addressing the HRH challenges in the regional countries	support	mapping studies	least one model is to be developed by 2014)	bodies	regional presence	based and harmonised
		Approaching regional partners to provide coherent support	Sharing information with partners	Key partners in the region are on board to support the actions			
National	Promoting countries to develop country specific and evidence based HRH plans with a significant component of CHPs	National level models are developed in some countries	Adaptation and practice of models	Few priority countries have plans, started the programmes and reported	Countries, regional bodies and GHWA members	Partners within countries	Few good practices established and promoted
		Other countries are supported to plan and implement the programmes	Adaptation and practice of models	Majority of crisis countries have plans and started implementation	Countries, regional bodies and GHWA members	Partners within countries	Country programmes have started to produce results toward MDGs and UHC

3) Research on knowledge gaps

Interventi on level	Objectives	Action	Process	Specific milestones and deliverables	Primary stakehold ers	Invited partners	Expected results
Global	Developing a harmonised process for related research by the partners	Developing a research agenda based upon the knowledge gaps for use of partners by 2015	Literature review to identify knowledge gaps, and define the future agenda through a consultation process, a survey	Knowledge gaps identified and a research agenda defined for the coming years	GHWA, GCG and other partners	GRG and other stakehold ers	Partners conducting research with the agreed and defined research agenda
			on research products and on-				

			going programmes				
		Partners are conducting or supporting research on the knowledge gaps in accordance with the defined agenda	Mutual collaboration and support	Research on priority areas	GHWA, GCG and other partners	GRG and other stakeholders	
		Develop a central mechanism for information repository on existing, on-going and planned research on CHPs and related aspects	Developing an online system on GHWA website to share information	Information repository at GHWA website	GHWA and GCG	GRG and other stakeholders	Partners sharing information to avoid duplication and enable opportunities for collaboration
Regional	Identifying region specific priorities	Collaborate with the global work and provide inputs for region specific priorities	Consultation and information sharing	Region specific priority research	Regional bodies	GHWA GCG, GRG and other stakeholders	Regional specific research is conducted and applied
National	Promoting research based plans and actions	Carrying out research on priority areas and use revealed results in decision making processes availing opportunities like HRH observatories	Identifying country specific priorities and implementing research based actions, combined with benefits from research by other countries and partners	Country specify research	Countries and partners who are based in those countries		Evidence informed decision making on CHPs/HRH

4) National level multistakeholder collaboration

Intervention level	Objectives	Action	Process	Specific milestones and deliverables	Primary stakeholders	Invited partners	Expected results
Global	Promoting and marketing the CCF approach	Marketing the CCF approach to the members, partners and	Sharing the concept note and related documents,	CCF approach supported by the members and partners in the priority countries	GHWA and members	Other patterns and	Majority of crisis countries have established the HRH coordination mechanism with targets indicated in the GHWA strategy

	for multistakeholder coordination around HRH	countries for its application	communication, and presenting progress reports and case studies of best practices			stakeholders	
Regional	Promoting the CCF approach in regions	Marketing the CCF approach to the regional partners and countries for its application	Sharing the concept note and related documents, communication, and presenting progress reports and case studies of best practices	Regional bodies are supporting the CCF approach	Regional bodies	Regional patterns and stakeholders	Majority of crisis countries and priority countries have established the HRH coordination mechanism
National	Promoting the CCF approach in countries	Supporting and enabling the counties to implement the CCF approach toward addressing the HRH crisis	Orientation, building capacity and developing best practice models	CCF approach is being implemented by priority countries	Countries	GHWA members and partners including regional bodies	Majority of priority countries in Africa and Asia have established the HRH coordination mechanism

5) Recognition and integration in the health systems							
Intervention level	Objectives	Action	Process	Specific milestones and deliverables	Primary stakeholders	Invited partners	Expected results
Global	Promoting countries to integrate CHWs within the health systems	Developing a case for promoting integration of CHWs and other CHPs in the health system	Literature review and studies, best practice models, orientation to authorities, including as part of advocacy and providing adequate support	Global level research and case studies on the subject	GHWA partners and members	Other stakeholders	Partners support some countries to integrate CHWs and other CHPs with health systems in a sustainable manner
Regional	Promoting countries to	Sharing information and contributing in	Sharing information,	A shared vision with	Regional	Regional patterns	Region specific sustainable models are developed

	integrate CHWs within health systems	global dialogue on developing case studies	consultations, approaching counties and collecting case studies	regional context	bodies	and other stakeholders	
National	Supporting and encouraging countries to integrate the CHWs in the formal health systems	Mobilising countries and providing technical and material support to adopt the approach and develop best practice examples	Sharing information and best practice models, convincing and encouraging through the provision of technical and financial (catalytic) support	CHWs integrated in HRH plans in priority countries	Countries	GHWA members and partners including Regional bodies	CHWs and other CHPs are gradually integrated within the health system in priority countries

6) National level consultations and advocacy

Intervention level	Objectives	Action	Process	Specific milestones and deliverables	Primary stakeholders	Invited partners	Expected results
Global	Conducting a global movement on HRH	Making country level advocacy through members and partners	Using various opportunities and collaborating with on-going initiatives	HRH movement has major component of country level advocacy	GHWA, GCG, and members	Other partners and stakeholders	Country level advocacy in support of increased domestic investments is on-going
	Ensuring a harmonised advocacy towards increased support and investment for CHPs	Promoting synergy among partners implementing advocacy initiatives	Convening, dialogue development and sharing information	Convening on-going campaigns for their harmonisation and alignment	GHWA, GCG, and other partners	GHWA, GCG, and members	Campaigns around CHWs are aligned and complement each other

Regional	Carrying out region specific campaigns	Promoting increased investment through advocacy with regional context	Using opportunities in the regions and proactively reaching out to countries	Regional bodies engaged in the global movement on HRH	Regional bodies and regional partners	Other stakeholders	Campaigns around CHWs are aligned and complement each other
National	Promoting and supporting country led and county specific advocacy initiatives	Conducting HRH advocacy with a major comportment of HRH by the countries and supported by partners	Provision of materials, best practice models and backup support	Advocacy in priority countries	Countries	GHWA members and partners including regional bodies	Countries have enhanced commitment, support, and substantial increase of resources for CHWs/HRH
		Nominating national champions on HRH to carry out advocacy	Mutual selection of national celebrities as HRH icons	National HRH champion in a few countries			Few successful and model practices are established

7) Monitoring, assessment and shared accountability

Intervention level	Objectives	Action	Process	Specific milestones and deliverables	Primary stakeholders	Invited partners	Expected results
Global	Developing a monitoring and shared accountability framework	Developing a monitoring, assessment and shared accountability framework through a consultative process	Literature review, drafting framework and consultation to have a agreed final version to be piloted and validated	Draft framework through a consultation process	GHWA and GCG	GRG and other partners	A framework for monitoring, assessment and accountability available for use
				Piloting and validation of draft framework	GHWA and GCG	GRG and other partners	
				Wider application of the framework by partners	GHWA members	GRG and other partners	The framework is used by the counties along with information sharing
Regional	Ensuring regional contexts in proposed monitoring and	Providing regional inputs and information in the development and implementation	Information sharing, consultation, facilitating, piloting	Regional contexts included in the framework	Regional bodies	Regional partners	The framework is applied by the regions with local adaptations
				Regions proactively using the framework and sharing related information	Regional bodies	Regional partners	

	accountability framework	stages	and validating				
National	Ensuring countries' participation in framework development and its use	Promoting countries contributions, sharing information and proactive implementation	Information sharing, involving in the development and validation process, and implementation	Priority countries engaged in the development and implementation of the framework	Countries and partners	Other partners	The framework is effectively implemented and information is used for feedback actions.

5- ATTACHMENTS

ATTACHMENT 1: SYNTHESIS PAPER DEVELOPMENT PROCESS

The document has been developed through in-house resources by the Alliance and finalized through a consultative process. Initially the four consultations' organizers provided their inputs on the draft. Subsequently, the other key partners contributed in consultation, technical inputs and review of the paper.

Following specific process steps have been followed in developing the synthesis paper:

1- Conducted a dialogue among partners for consensus building, carried out through email exchange, teleconference and a side meeting during the last event. A discussion paper guided and facilitated the dialogue process.

2- Developed a working outline for the synthesis paper signifying important sections and their contents, which is adaptable according to the available information.

3- Reviewed the reports and other materials of the four events to extract the vital information required for developing the synthesis paper.

4- Consolidated the extracted information, synthesized, analyzed and organized in the draft paper in accordance with the working outlines.

5- Shared the draft paper with the organizers of four consultations for their review, comments and inputs.

6- Incorporated the feedback and suggestions, and disseminated the revised version to an extended group of partners for further review and feedback.

7- Synthesized, incorporated and addressed the comments and suggestions by the partners while reviewing the paper

8- Finalized the synthesis paper along with a framework of action through a robust consultation process.

ATTACHMENT 2: INPUTS AND OUTCOMES

INPUTS

The four events were based upon evidence-based consultations and sharing of experiences and insights. The title, venue, period, objectives and outcomes of the four consultations were as below:

Consultations title	Organisers	Venue	Period	Planned objectives
Technical consultation on the role of community based providers in improving MNH	Royal Tropical Institute (KIT)	Amsterdam, Netherlands	30-31 May, 2012	• To identify and synthesize current knowledge and best practices on the roles and scale up of CBPs of maternal and newborn care • To identify gaps in adequate quality and overage of community based maternal and newborn services • To develop directions for research, policy and practice • To agree, among participants, to further joint action
Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance	USAID	Washington DC, USA	31 May-01 June, 2012	• To identify community system and formal health system supports that enhanced community health worker performance. • To determine if community system support and formal health system support act synergistically to enhance community health worker performance.
Regional Meeting - Community Health Worker	USAID-funded HCI Project	Addis Ababa, Ethiopia	19-21 June, 2012	• To provide a forum for policymakers and program managers to share best practices, innovations and challenges in CHW programming. • To familiarize participants with the CHW AIM tool and its applications, including assessment, evaluation and improvement of CHW programs. • To develop a framework for analyzing key constraints and enablers for achieving functional, scalable and sustainable CHW programs.
Consultation on Improving Access to Health Workers at the Frontline Health	NORAD	Nairobi, Kenya	25-27 June, 2012	• To kick off an action oriented movement that can align forces across the key strategies for improving accessed and quality coverage for MNCH and PMTCT with a focus on Africa • To fast track solutions by sharing knowledge and good practices, exploring unresolved issues and targeting gaps and synergies • To highlight and strengthen collaborations between state and non-state actors, community networks and local organizations

Specific inputs in each consultation were as below:

The technical consultation on the role of community based providers in improving MNH, by KIT at Amsterdam focused on best practices and country experiences in improving the quality and coverage of maternal and newborn health services involving community based providers. Case studies from Afghanistan, Bangladesh, Burkina Faso, Ghana, India, Malawi, Nepal, Rwanda and Sierra Leone regarding the roles and responsibilities of Community Based providers (CBPs) in Maternal and Newborn Health (MNH) fed into the discussions. Among the 46 participants, UN organizations, donor agencies, academia, and international Non-Government Organizations (NGOs) supporting policy development in this area also contributed.

The presentations highlighted the context of CBP programmes within health system strengthening, the evidence, their acceptability, the role of task shifting to optimize the delivery of key interventions attain Millennium Development Goal 4 and 5, the role of postnatal home visit to improve maternal and newborn health and the experiences from a multi-country programme implementation on MNH.

The roles and practices of various types of CBPs in countries were discussed. The issues relating to CBP were deliberated by framing them in relation to WHO Health System building blocks. The discussion on the effectiveness and acceptability of lay health workers was based upon two recent systematic reviews; a specific study on uniject use of CBPs and five country case studies of national CBP programmes. In addition optimizing the delivery of key interventions to attain MDGs 4 & 5 through task shifting was discussed in the light of ongoing initiatives. Ten country surveys by Jhpiego supported MNH programme also fed into the consultation.

The main questions addressed in the technical consultation were:

- What do CHWs and other community based cadres contribute to improved maternal and newborn care?
- What are their tasks and responsibilities?
- What are enablers and barriers to implementation of programmes to improve MNH along the continuum of care?
- What are major knowledge gaps (research questions) that need to be addressed)

The USG Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance by USAID at Washington DC was in recognition that a greater clarity on the evidence base for the types of support, and the source of the support, for CHWs performance in low- and middle-income countries could inform the scale up of effective, efficient, sustainable CHW programs to meet MDGs and thus inform future policy making and programming, as well as identify important gaps in the global knowledge base. The US Government (USG) organized a year-long evidence review process, which concluded in an Evidence Summit event.

Three evidence review teams of academicians, development practitioners, and USG experts were recruited to review evidence—in both the published and gray literature—on the types and nature of community and formal health system support that are intended to improve CHWs performance. The principal hypothesis that guided the review was that the combined effect of community and formal health system support activities on improving CHWs performance is greater than the effect of either alone.

Four focal questions guided the discussion:

1. Which community support activities improve the performance of community health workers?
2. Which formal health system support activities improve the performance of community health workers?

3. Which combination of community and formal health system support activities improve the performance of community health workers?
4. How are community and formal health system support activities structured and/or operationalized to improve CHW performance?

Approximately 150 participants from US government agencies, non-governmental organizations, domestic and international academic institutions, USAID implementing partners reviewed and commented on the work of the three expert review teams. In addition to the global partners and experts, representatives from five Ministries of Health in Africa and Asia reacted to the findings of the review and shared their experiences and the challenges they face in ensuring good stewardship and sustainability of their respective programs. The intended beneficiaries of the Summit were decision makers in low- and middle-income countries; US government policymakers, programmers, and practitioners; and other multilateral stakeholders.

The Regional Meeting - Community Health Worker by USAID-funded HCI Project at Addis Ababa, Ethiopia, received inputs from nearly 60 participants that included government and NGO representatives from 6 African countries: Ethiopia, Kenya, Mali, Rwanda, Uganda, and Zambia. NGO representatives also participated from US, Malawi, South Africa and India. The organizations including USAID (including Ethiopia and Kenya missions), Initiatives Inc., USAID Health Care Improvement Project/University Research Co., CRS, LLC, AMREF, FHI 360, Global Health Workforce Alliance, World Health Organization, International Association of Physicians in AIDS Care, MCHIP, Millennium Villages/Earth Institute at Columbia University, Partners in Health, Save the Children, UNICEF, World Vision and Ministries of Health of Ethiopia, Kenya and Zambia. Various methodologies, including case studies, were used to explore the concepts of functionality, using the Community Health Worker Assessment and Improvement Matrix (CHW AIM) tool, and elements of scale up and sustainability. Country presentation on CHWs programme, including NGO/partner supported and Ministry supported programmes fed into the information sharing and discussion on the subject, coupled with group discussions on productivity, referral, the role of CHWs, incentives, supervision and health.

The meeting focused on CHW programme functionality, scalability and sustainability. The structured discussions around case studies on the use of CHW-AIM to assess readiness for scale-up and integrated community case management led participants to generate questions they would ask programme implementers to consider as they considered scaling up their programs. The questions were categorized under the 8 domains of WHO/UNICEF benchmarks for implementation of Integrated Community Care Management (iCCM), including: 1) Coordination and policymaking; 2) Costing and financing; 3) Human resources; 4) Supply chain management; 5) Service delivery and referral; 6) Communication and social mobilization; 7) Supervision and performance quality assurance; and 8) Monitoring and evaluation and health information systems. A variety of promising (functional) CHW programme models were presented and discussed within the context of sustainability.

The Consultation on Improving Access to Health Workers at the Frontline Health at Nairobi, Kenya was organized by Norwegian Agency for Development Cooperation (NORAD) together with the Regional Network for Equity in Health in East and Southern Africa (EQUINET), IntraHealth International, UK Department for International Development (DFID), Save the Children, Global Health Workforce Alliance (GHWA), East, Central and Southern African Health Community (ECSA HC), UNAIDS, Partnership on Maternal, Neonatal and Child Health (PMNCH), UNH4+, African Platform on Human Resources for Health (APHRH), African Centre for Global Health and Social Transformation (ACHEST), African Medical and Research Foundation (AMREF) and a number of other stakeholders The 97 participants from 33 organizations and 17 countries, including ministries of health in ten priority countries like DRC, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda, Zambia, and Zimbabwe for both EWEC and Global Plan deliberated in the consultation along with a key note address by Kenyan Minister for Medical Services.

The United Nation (UN) agencies, FBOs, academic institutions, health professional organizations, global and international organizations, and civic society organizations) contributed in the consultation that pursued the intent 'to speed up and scale up country responses to the human resource needs of both the UN Global Strategy for Women's and Children's Health (Every Woman Every Child), and the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive (Global Plan) as a key aspect of both plans'.

The theme for the consultation was "Acting on what we know", in recognition of the fact that there is already a lot of information available on what works in terms of improving access to frontline health workers

It received inputs through a combination of interactive sessions, reviewed progress at country level, with the questions of what technical support exists, and what are good practices in the countries, building on the realities on the ground in priority countries. It aimed to fast-track solutions by sharing knowledge, recommending actions for accelerating country responses based on good practices and innovations, identifying unresolved issues and barriers; and encouraging greater collaboration between state and non-state providers, community networks and local organizations at country level.

OUTCOMES

a. Specificities

Each of these four events had its own specificities in accordance with the meeting's objectives. The following is brief account of each:

The technical consultation on the role of community based providers in improving MNH, by KIT at Amsterdam

The focus of this technical consultation was to link the results of recent global initiatives, best practices and country experiences in improving quality and coverage of Maternal and Newborn Health services involving Community Based Providers (CBPs) including CHWs, and other community based lay health workers like Traditional Birth Attendants (TBAs). It looked in particular the role of CBPs in remote and rural areas and in the poorest developing countries in Africana d Asia. The consultation also addressed what is needed to make community based maternal and newborn health services effective. The consultation identified main enablers and barriers, knowledge gaps and main policy issues or constraints to address. Based upon the discussion on strengths and weaknesses of interventions and programmes, future directions for further implementation of MNH have been suggested including implications for policy.

The identified enablers and barriers to the implementation of community based provider programmes are pertaining to: Policies, multistakehodler coordination, training and education, recruitment and retention, enabling environment and community data collection and analysis to strengthen services.

The consultation pointed out knowledge gaps for further research:

- Impact of community based provider programmes in terms of equality of access and quality and health outcomes and suitability and how to access this;
- Packages, priorities and appropriate training for community based providers – which tasks are needed and what is the most effective and follow up strategy for a particular task and type of community based provider?

The USG Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance by USAID at Washington DC:

The evidence summit focused on the community and formal health system support for enhanced community health worker performance. It was based upon a series of consultation and literature review. The summit was based upon the fact that President Obama's Global Health Initiative (GHI) emphasizes the critical importance of evidence-based best practices to inform country owned, sustainable improvements in health outcomes. The consultation was the concluding of the series of evidence summits hosted by USAID spanned about a year with the purpose to endorse evidence-based innovative, efficient, effective, global health programs. The Evidence Review Teams were advised to synthesize the evidence around their focal question and make recommendations on policy, practice, and research. For policy and practice recommendations ERTs were advised to make recommendations derived from both experts' opinions and evidence, but to clarify the strength of each by a rating system. Recommendations with strong opinion and moderate to weak evidence will rise to the top of the research agenda. Each ERT presented findings followed by group discussion and breakout discussions. Specific community and health system supports were identified as contributory to enhanced CHW performance by both the formal and community health systems. Experts concurred that collaborative support for community health workers from the formal and community health systems is likely to be more effective in enhancing CHW performance but the evidence to support this opinion is weak primarily because the literature has not addressed the question, not because rigorous studies have demonstrated a lack of causal relationship. Country representatives shared rich experiences

Although the final outcomes of the Summit are still a work-in-progress, it is clear that multiple essential supports are required for efficient, effective, sustainable CHW programs necessary to provide essential health care to those currently without them. Ensuring that policy makers, formal health system and community system plan provision of the essential supports is vital to successful CHW programs. The context of the program will likely alter the ideal derivation of specific support, but planners and donors will benefit from the clarity of understanding the need for essential supports and importance of including both the community system leadership and the formal health system leadership in the dialogue and planning for scaling up CHW programs . Models are needed which represent the complexity of the interacting systems within which CHW function and the necessary essential supports for CHWs effectiveness. Such models will simultaneously lend clarity and standardization to support for CHW programs and enable strengthening of the evidence for cause effect relationships of combinations of support and CHW performance. It was agreed that an evidence-to-action strategy could help guide country policy making and programming for CHWs, generate important products, and address critical research needs.

The Regional Meeting - Community Health Worker by USAID-funded HCI Project at Addis Ababa, Ethiopia,

This consultation focused on three themes pertaining to CHWs: Functionality, Sustainability, and Scalability. The meeting focused on the feedback on the Community Health Worker Assessment and Improvement matrix (CHW AIM) toolkit developed by the USAID supported Health Care Improvement (HCI) project in 2009, and field tested in 19 Asian and African countries, that helped to refine the definition of functionality and strengthened the assessment process. Interactive group discussions on best practices, case studies, brainstorming questions regarding scalability and sustainability to scale up the programme and introduction of new tools and methodologies were major inputs, with five countries presentations on the structure, achievements and challenges of their CHW programmes. It was noted that importance of using evidence to guide strategic shifts is of great significance.

Meeting the health workforce crisis challenges, the CHW programmes should be strengthened by integrating them more fully into the health system and providing with the tools they need to deliver and monitor services. Resulting country action plans emphasized their desire for using CHW AIM as a tool for assessing program functionality, a key step prior to considering scalability and sustainability.

The Consultation on Improving Access to Health Workers at the Frontline Health at Nairobi, Kenya

The consultation focused on improving access to health care workers at the frontlines for better maternal and child survival. In addition to the CHWs, the regular health care workers engaged at local levels were also attention of the discussion with the perspective of UN Global strategy for women and Children's' health (Every Woman, Every Child) and the Global Plan towards the elimination of New HIV Infections among children by 2015 and keeping mothers alive (global Plan), with a particular focus on 10 African countries.

The consultation recognized the need to build on existing initiatives in the African Continent including the Maputo Plan of Action, Campaign for the Accelerated Reduction of maternal Mortality in Africa (CARMMA), WHO-AFRO-led HRH Roadmap and the on-going work of the African Platform on HRH. The consultation noted a number of challenges and barriers in improving access. It also identified opportunities and practices from across the region.

The deliberation noted the multiple initiatives from the global level, the remaining gap between global advocacy and country realities and the variety of ways that countries seek to make use of opportunities and cope with the current constraints, including overall shortages, the need for appropriate capacity and regulation that serves effective population coverage and the concerns related to fragmentation in financing and policy making - partly due to funding modalities and shifting donor priorities.

Key messages included:

- The need for an overall priority in health workforce development to filling gaps in and to provide support to front line teams of community based and facility based health workers.
- The need to develop more of a team approach that brings together facility based and community based health workers in effective collaborative and mutually supportive action in each place, tailored to the actual context
- Clarity in confirming the value of CHWs in order to achieve population coverage and communication with the community, while recognizing the multiplicity of community based workers and the need to bring these into a policy framework that better can ensure effective use and communication, appropriate regulation, supervision and remuneration (as each situation demands) within a coordinated national health workforce effort.
- The need to establish national and district level dialogue and partnerships on HRH with all key stakeholders aiming to get a shared understanding of gaps and priority measures to deal with critical issues step by step.

b. Commonalities

In addition to their specific perspectives, these four events had certain commonalities in the themes, objectives, target audience, participants, inputs, and outcomes.

Two consultations focused on Africa while other two had representatives from more than one region. Some of the participating countries were common among two or three; however, in majority of cases, the participating representatives were different. Ethiopia and Zambia were present in three meetings, while Ghana, India, Kenya, Malawi, Nepal, Rwanda and Uganda in two meetings. 13 countries including Afghanistan, Bangladesh, Burkina Faso, DRC, Liberia, Mali, Nigeria, Peru, South Africa, Swaziland, Tanzania, Vietnam and Zimbabwe were represented only in one meeting. Likewise, a number of global and regional partners participated in more than one consultations. Such as AMREF, DFID, GHWA, IntraHealth, NORAD, Save The Children, UNFPA, UNICEF, USAID, and WHO were present in multiple meetings.

Three consultations targeted CHWs specifically. The Evidence Summit in Washington DC focused on community and formal system support for enhanced performance of CHWs and the Regional Meeting in Addis Ababa was around the CHWs case studies. The Technical consultation in Amsterdam was on the role of community based providers in maternal health with a specific focus on trained CHWs and identified the barriers and enablers to

effective the quality of programme.. One consultation expanded the scope to deal with the team of health workers at the front line of services, including both facility-based and community-based workers, where CHWs bear a significant position.

The MDGs 4 and 5 were common focus of all the four events. The themes of two meetings (The technical consultation in Amsterdam and Consultation in Nairobi) had direct focus on MNCH while other two discussed MNCH as a significant role and practice of CHWs. The consultation in Nairobi brought together the focus on MNCH with a focus on eMTCT, reflecting the need for an integrated response to the EWEC/CARMMA and the Global Plan initiatives.

All four meetings built on available evidence and knowledge, spotlighting the best practices and identifying knowledge gaps to be filled in future. Particularly the country experiences pioneered the discussions and consultations in most of cases. The deliberation in the Technical consultation in Amsterdam was on case studies and recent systematic reviews presented in the meeting. The Evidence Summit in Washington DC was based upon the evidence built from a series of consultation throughout year and literature review by three expert groups. The Regional Meeting in Addis Ababa was based upon the case studies by the countries and implementation of CHW AIM tool, whereas the consultation in Nairobi held informed discussion around presentations by countries and experts regarding FLHWs.

Though the outcomes of these meetings are in different forms; however, the meeting briefs and reports indicate a greater harmony in the future directions that mostly pertain to:

- The readiness of partners for a synergistic response to supporting countries, and agreement that alignment is most urgent as a response to country based initiatives and action.
- Moving from evidence to action, and from policies to reality on the ground.
- Making further research on key knowledge gaps.
- The critical need for multistakeholder coordination at national level, including different government sectors, public and private, traditional and formal, non-governmental and faith based actors, such as promoted by appropriate country collaboration frameworks.
- Recognition and integration of CHWs in the health systems, with emphasis on effective teams of facility based and community based workers and appropriate policy frameworks for task sharing, coordination and alignment, regulation, training and reward systems.
- National level dialogue about equity in access, quality of care and effective population coverage, including a priority focus on health services and providers at the front line, with sharing of best practices.
  Monitoring, assessment and mutual accountability, where improved information on effective presence of both community based and facility based health workers with appropriate skills for MDG 4&5 and eMTCT is given priority and included in the accountability across partners, to the parliaments and to the population at large.

ATTACHMENT 3: KEY MESSAGES DERIVED FROM FOUR CONSULTATIONS

The following table illustrates the significant messages from the outcomes of the four consultations:

Technical consultation – Amsterdam	Evidence Summit - Washington DC	Regional Meeting - Addis Ababa	Consultation - Nairobi
• A number of innovative practices are available to be adapted; however, they require comprehensive policy framework and sustained financing. • Multistakehodler collaboration with strong community ownership, under government stewardship and engagement of public sectors, public sector, NGOs, bilateral and multilateral partners is essential for a successful CBP programme. • CBP programmes should be embedded in the formal health system, providing career opportunities and enabling environment such as political commitment, sufficient supplies and adequate working conditions including workload, teamwork, supervision, and quality assurance mechanisms. • Research is needed on impact and cost effective analysis of CBP programmes. • Wide diversity in the background and training that CBP programmes between countries and between programmes within countries demand further research and clarity of roles and tasks and evidence-based appropriate training, with standardization of curriculum and continuous education.	• An evidence-to-action strategy should guide country policy making and programming for CHWs. • There is a pressing need for a more coordinated approach to sound stewardship of CHWs programmes at both the country and global levels. In this perspective, a collective commitment to improved stewardship, backed by better coordination, collaboration, and research, could help address the common constraints that inhibit optimal CHWs performance. As the literature does not satisfactorily address the central question of the relative and combined contribution of communities and formal health systems in enhancing CHWs performance, there is need for development of a research agenda to support sustainable, effective health service delivery at community level. Additional research will strengthen the evidence base on questions of policy and programmatic importance.	• A variety of large-scale CHWs mechanisms are possible across different countries with strong government support; however, functionality must precede scale up in order to be sustainable. • Advocacy is the key element in scaling up CHWs programmes; therefore, prioritizing the community as the foundation would strengthen CHW programs • Advocacy at the leadership level is critical as well, with the identification of CHW champions to help direct focus to CHW needs. • The health workforce crisis challenges can be addressed by scaling up CHW programmes through a collaborative process, integrating in larger health system and providing tools needed to deliver universal services • The CHW AIM tool provides a systematic and comprehensive way of looking at and improving CHWs programme performance; efforts to support its use for assessment, planning, and evaluation should be prioritized in the public and NGO sector.	• Development partners should proactively work with countries to roll out promising practices and high impact interventions for achieving MDG 4 & 5. • Countries should strive to improve supply of health workers at frontline by translating and adapting/adopting global and continental initiatives to specific country contexts and needs. • Multistakehodler national coordination platforms such as Country Coordination and Facilitation (CCF) mechanism can facilitate communication and dialogue among actors, to engage them in decision making and mutual accountability processes. • All stakeholders need to duly focus on workers at the frontline of services and their functions, recognise their value in the system in ensuring equitable access and the need of health workers at other levels of the service delivery system to enable and support their front-line role, guided by identified competence needs and appropriate skills mix in context • Civil society, academic, FBOs and other non-state actors should work with countries to strengthen the evidence base on impact of initiatives and interventions at the frontline.

6- References

1. Global experience of Community Health Workers for delivery of Health related Millennium Development Goals, a systematic review, country case studies, and recommendations for integration into National Health systems, Global Health Workforce Alliance, Geneva, 2009

2. Integrating Community Health Workers in national health workplan, Global Health Workforce Alliance, 2010 (document available at http://www.who.int/workforcealliance/knowledge/themes/community/en/)

3. Final report: Technical consultation on the role of community based providers in improving Maternal and Newborn Health, Royal Tropical Institute, Netherlands, 2012

4. Meeting brief: Evidence Summit on Community and Formal System Support for Enhanced Community Health Worker Performance, USAID Global Health Bureau, Washington DC, 2012

5. Final report: Community Health Worker Regional Meeting, USAID-funded Health Care Improvement Project, Addis Ababa, Ethiopia, 2012

6. Final report: Health workers at the Frontline – Acting on what we know: Consultation on how to improve front line access to evidence-based interventions by skilled health care providers, NORAD, Nairobi, Kenya, 2012.

7. Mid-level health providers: a promising resource to achieve the health Millennium Development Goals, Global Health Workforce Alliance, Report WHO/HSS/HWA/Mid level providers/2010/A, 2010 (document available at http://www.who.int/workforcealliance/knowledge/resources/mlpreport2010/en/)

8. Fourth high level forum on aid effectiveness, Busan, republic of Korea, 29 November-1 December 2011 (http://www.fao.org/fileadmin/user_upload/capacity_building/Busan_Effective_Development_EN.pdf)

9. Countdown to 2015: Tracking Progress in Maternal, Newborn and Child Survival (document available at http://www.countdown2015mnch.org/about-countdown)

10. Commission on Information and Accountability for Women's and Children's Health (document available at http://www.who.int/pmnch/media/membernews/2011/20110620_commission_on_accountability/en/index.html)

11. The Global Health Workforce Alliance strategy 2013 to 2016 (document available at http://www.who.int/workforcealliance/knowledge/resources/ghwastrat20132016/en/index.html)