



WHO/ GHWA/UNICEF/IFRC/UNHCR JOINT STATEMENT SCALING-UP THE COMMUNITY-BASED HEALTH WORKFORCE FOR EMERGENCIES AND DISASTERS (CRISES)

The aim of this Joint Statement is to:

- **Draw attention** to the vital role that the Community-Based Health Workforce (CBHWF) plays in all phases of managing crises (prevention, preparedness, response and recovery);
- **Scale-up the CBHWF** by identifying all key actors that contribute to the CBHWF, training and equipping them for local level action and including them in all phases of crisis planning;
- **Encourage** governments and supporting partners to reinforce the CBHWF by strengthening and preparing existing health systems to manage crises and providing resources to support local action.

COMMUNITY-BASED ACTIONS PLAY A CRITICAL ROLE IN CRISES

Community-based actions play a critical role in crises because:

- Many lives can be saved in the first hours after a crisis before external help arrives;
- A prepared, active and well-organized community can reduce risks and the impact of crises;
- The community is the first line to prevent exposure to local hazards;
- Knowledge of local risks, addresses the actual needs of the community.

Community-based actions are becoming even more vital due to the increasing number and frequency of crises as well as trends in climate change and rapid and unplanned urbanization, which are putting a greater number of communities at risk and are challenging the response capacity of national and international actors. In the past decade more than 2.6 billion people were reported to be affected by large-scale disasters, an increase in 1 billion over the last decade (1). At the local level emergencies from hazards such as epidemics, floods, droughts, and conflict affect communities (rural and urban) on a regular basis. These emergencies directly threaten the health of communities (including loss of life, injury, illness and disability), impact livelihoods, health facilities and essential services further increasing crisis related morbidity and mortality as well as putting health providers at risk.

CBHWF CONTRIBUTE TO HEALTHIER, SAFER AND MORE RESILIENT COMMUNITIES

Who are the CBHWF

The community-based health workforce (CBHWF) consists of all existing actors at the community level that contribute primary health care (PHC) improving health outcomes. Their role will depend on their level of training, capacities and national policy. The CBHWF includes actors such as community health workers (CHW) that are based in and from communities and who are appropriately trained and accredited according to national policy, trained volunteers (such as those affiliated with Red Cross/Red Crescent Societies), community-based organizations providing services such as health education and social mobilization and others. Typically they provide PHC services, increasing access to essential health care, but they also play a significant role in managing crises.

What does the CBHWF do in crises

The CBHWF are frequently first responders playing a critical role in organizing and providing emergency health services, ensuring that lifesaving public health measures are in place in collaboration with relevant sectors and by helping communities in every phase of a crisis resulting from all types of hazards that put the community at risk.

Before a crisis the CBHWF undertakes actions that lead to improved health outcomes and has helped to save lives through providing essential PHC services during times of development (2, 3). These actions contribute to safer and more resilient communities through reducing underlying vulnerability and improving access to health care during a crisis and on recovery. Likewise, before a crisis the CBHWF contributes to the prevention of crises (such as epidemics/pandemics) and prepares families and communities for crises including longer-term global threats such as climate change. As front-line health workers in the health system and first responders the CBHWF provides rapid health services to crisis affected communities and through to recovery.

Contributions in crises: not routinely recognized

Despite efforts to build national capacity, particularly at the community-level, and contributions of the CBHWF in all phases of crises, the role of the CBHWF in crises is not routinely recognized as a responsibility, addressed in existing core competencies or included in preparedness planning. Even when the CBHWF is recognized as a part of the health workforce, important career elements related to training, supervision, remuneration and gender issues are often neglected.

HOW TO SCALE-UP THE CBHWF

Preparing existing health systems for crises

The capacity of existing health systems needs to be strengthened to better absorb the impact, respond and recover from crises particularly at the community level. This requires supportive policies and strategies aimed at strengthening and preparing health systems for crises, an analysis of risks to existing health programs (from hazards such as floods, earthquakes, conflict, epidemics/pandemics) and early warning, involving and educating communities of these risks during all phases of a crisis, reducing underlying risk factors and preparing the health system at all levels to continue critical health services and provide emergency health care during a crisis (33).

A strong health system offers vital protection from disaster related risks

Is Haiti's health system any better? A report calling for a more coordinated, collaborative approach to disaster response. MERLIN 2010

The health sector equally plays a critical role in support to national and community-based multi-sectoral disaster risk management systems. Strengthening health systems to manage risks of crises and establishing closer linkages with national, and particularly community-

Actions before a crisis including:

Increasing access to PHC services and reducing underlying vulnerability

- Treat common illnesses such as diarrhoea, pneumonia, malaria and malnutrition
- Prevent illnesses and improve survival through key family practices (i.e. breastfeeding exclusively for the first six months of life, sleeping under a mosquito net, use of oral rehydration solution, washing hands, childhood immunizations, seeking health care when ill) with other key sectors

- Provide selected essential newborn and sexual and reproductive health interventions

- Contribute to prevention and management of chronic illnesses including mental disorders, HIV and tuberculosis

Prevention and preparedness;

- Contribute to risk assessments to identify hazards, vulnerabilities, high risk groups and capacities

- Contribute to the detection, prevention and control of diseases of epidemic/pandemic potential

- Provide risk awareness and health education and contribute to social mobilization

- Contribute to emergency preparedness for households, communities and health systems

Actions after a crisis including:

For response

- Provide priority PHC services during response including referral

- Provide psychosocial services, community support and psychological first aid

- Provide first aid and basic life support and support mass casualty management including essential trauma and surgical care

Recovery to development

- Continue critical emergency services

- Help re-establish pre-existing health services

- Provide community-based rehabilitation

- Help to integrate prevention and preparedness into existing development programs

(references 4-32)

based disaster risk management programs, provides a supportive environment to strengthen and scale-up the CBHWF.

Reinforcing these health systems for local action

The CBHWF has a unique advantage to bring essential PHC and emergency health care directly to households and communities, based on the risks and needs elaborated by the communities themselves, and are a critical component of health systems that are prepared for crises. As the front-line health workers and first responders, the CBHWF should be recognized as playing a pivotal role and included in health system planning for all phases of a crisis. This requires coordinated efforts with all key stakeholders, identifying and training the CBHWF according to roles and responsibilities, and equipping them with the necessary resources for local action (34). Health systems that are based on the principles of primary health care (PHC) already have an advantage to reinforce local action by promoting key elements such as universal coverage and community participation as well as cost-effective measures and collaboration with other sectors to improve health outcomes (35).

“The people I work with every day see many clouds – international initiatives and plans, but very little rain – actual change at the frontline”

Views from the Front Line: a local perspective of progress towards implementation of the Hyogo Framework for Action (2009), Global Network of Civil Society Organizations for Disaster Reduction

WHAT COUNTRIES CAN DO

COUNTRIES CAN STRENGTHEN THE CAPACITY OF THE CBHWF BY:

- ❑ Strengthening existing health systems and preparing them for crises, emphasizing local level action;
- ❑ Adopting and promoting policies and programmes that support the CBHWF with close linkages and monitoring from health facilities, to provide essential PHC and emergency health services;
- ❑ Mobilizing the necessary resources to strengthen the CBHWF including training, supervision and essential supplies;
- ❑ Identifying and defining required competencies for the CBHWF;
- ❑ Identifying, training and equipping the CBHWF to provide essential PHC and emergency health services;
- ❑ Identifying and harmonizing all strategies and training programs aimed at strengthening the CBHWF with all partners and sectors;
- ❑ Advocating to and educating decision makers at all levels and communities at risk to increase awareness and knowledge of community-based health interventions for all phases of a crisis.

WHAT PARTNERS CAN DO

SUPPORT GOVERNEMENTS TO STRENGTHEN THE CAPACITY OF THE CBHWF BY:

- ❑ Disseminating and adopting these recommendations;
- ❑ Advocating for additional resources and making investments such as funding, technical support, human resources and supplies to carry out these recommendations based on national health systems and context;
- ❑ Supporting capacity building of the CBHWF to provide essential PHC and emergency health services including defining core competencies of the CBHWF, the development of necessary guidance, training materials and tools;
- ❑ Where partners are directly implementing programs they should make use of the capacities and capabilities of the existing CBHWF.

FURTHER RESEARCH IS NEEDED ON:

- ❑ Knowledge and skills required for the CBHWF to contribute to activities such as local risk assessments, early warning systems, emergency preparedness planning and management;
- ❑ Identification, adaptation, and use of new and underutilized technologies for improving essential health and emergency care at the community-level;
- ❑ Best practices and lessons learned on community-based interventions in all phases of a crisis for all types of hazards to strengthen the evidence base.

COMMUNITY-BASED HEALTH WORKFORCE IN ACTION

Pakistan floods 2010: Lady Health Workers (LHW) extend health services to flood victims:

Focus on emergency response

A Lady Health worker (LHW) was teaching a session on health promotion to the local village in Sindh province when she received warning of the impending floodwaters. After the flooding, a team of LHWs conducted sessions with children in the flood-affected villages they serve – areas that are the most vulnerable to outbreaks of disease and diarrhea, especially among children. The LHWs continued to provide health services in their communities while residing in internally displaced settlements. UNICEF has supported the LHW programme in Sindh province since its inception, providing the health workers with medical supplies to conduct work that includes educating families about managing common illnesses, as well as the importance of household hygiene and immunizing children. It also supplies LHWs with information, communication and education materials in order to support their training and outreach activities. In 2006 there were 90,000 LHWs (Bulletin of the World Health Organization) which is expected to increase (WHO Pakistan country website).



Reference: UNICEF website http://www.unicef.org/infobycountry/pakistan_56039.html

Cyclone Nargis 2008: Community health workers prepare for emergencies

Focus on emergency preparedness

Prior to the cyclone, MERLIN, an international NGO, was working on a primary health care project. The project also focused on reducing the community's vulnerability to disasters by strengthening the health system including village health committees and community health workers (CHWs). Approximately 540 community health workers were trained to cover basic health care including first aid, timely referral, maternal and child health care, basic hygiene, prevention of sexually transmitted illnesses and HIV and basic training on disaster preparedness. Although health facilities were destroyed by the cyclone, a first-aid point was immediately established to provide basic health care as it took one week for an external relief team to arrive. Preparedness at the local level, by educating the local workforce and strengthening local institutions, ensured an immediate and effective local response after the disaster.



Reference: Fiona Campbell, Muhammad Shafique and Paula Sansom, "Responding to Cyclone Nargis: key lessons from Merlin's experience". Humanitarian Exchange magazine. Issue 41, Dec 2008.

Community Based Health and First Aid (CBHFA) – Uganda Red Cross Society

Focus on health risk reduction

The Uganda Red Cross Society (URCS) has been addressing the needs of the vulnerable people in Uganda through emergency and developmental programmes in rural and urban areas. By end of 2010, a total of 1,769 volunteers were trained in CBHFA to support their communities to improve their knowledge and skills to reduce health risks. The Kampala East branch targeted Naguru parish area, where communities were mobilized and trained based on priorities which they identified through a participatory risk assessment which included diarrhoeal diseases particularly cholera, malaria, HIV and sexually transmitted infections and substance abuse. An action plan was drawn by the community and its volunteers to address these health priorities which included meeting with landlords to build pit latrines and provide proper drainage in the village while they committed themselves to weekly community clean up campaigns. The CBHFA program promotes a healthier and safer community through participatory methods to assess local hazards, vulnerabilities and capacities and prepare communities for risks to health through training in first aid and the prevention and control of common illnesses. There are over 13 million active volunteers worldwide affiliated with 186 National Red Cross/Red Crescent Societies (IFRC website 2011).



Reference: Uganda Red Cross Society/IFRC – CBHFA implementation in urban slum community

Refugees in Yemen: Community outreach in Aden

Focus on urban refugees

The refugee population in Yemen is mainly urban living in Basateen, a poor area in Aden. The refugees access primary health care services in a health centre, run by UNHCR's implementing partner the Charitable Society for Social Welfare (CSSW). In urban areas it is particularly important to establish strong community outreach systems. Twenty community health workers are working in Basateen, to ensure defaulter tracing for the tuberculosis and chronic disease programme, provide nutritional support to families and maternal and child health services. In addition they play a crucial role in preventive health care including support to immunization programs and national immunization campaigns.

The role of the community health workers has expanded to work closely with the refugee communities to explain rights of accessing health care, including referral care, the availability of health services for refugees in Yemen and how to identify refugees and their families that are not seeking medical support or are extremely vulnerable. In addition to the community health workers, there are 100 health volunteers and peer educators that are active in strengthening community awareness on critical public health issues and sexual and reproductive health including HIV.



UNHCR health programs for refugees in Yemen

This Joint Statement is supported by the following agencies:

Need to develop this

Process of development of this statement

The development of this statement was through review of existing literature and guidance on the roles of the CBHWF in providing essential PHC during development and in all phases of a crisis, through consultation with relevant WHO technical departments and the WHO Regional Offices and through consultations and technical input from the GHWA, UNICEF, IFRC and UNHCR. Additional comments were provided by the Global Network of Civil Society Organizations for Disaster Reduction. A technical consultation meeting was held in Geneva on 15 December 2010 to finalize the technical aspects of the document. The Joint Statement was peer reviewed by experts in key non-governmental organization (NGOs) that support community-based health programs and where not part of the development of this joint statement. The production of the Joint Statement was funded by The Global Health Workforce Alliance (GHWA).

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