Overview

• Evidence shows that incorporating certain best practices make community health programs more likely to be effective.

• Until now, however, there have not been any standardized normative guidelines for CH programs. This has contributed to the lack of widespread uptake of best practices and uneven effectiveness of community health programs.

• The launch of WHO CHW guidelines begins to fill this gap by providing guidance to countries seeking to adopt best practices, but they intentionally do not provide operational guidance.

Desired End State

• WHO guidelines to optimize CHW programs are adopted in national policy and strategy and implemented consistently. The compliance with the WHO guidelines is the minimum that countries are striving for as they optimize their community health programs. Countries have useful tools and resources to enable this adoption. A coordinated implementation research agenda fills evidence gaps to strengthen WHO guidelines.
Optimize the quality of design and implementation of CH programs (2/3)

To Build On – Existing Work on WHO CHW Policy Intervention Categories

**Intervention specific resources**
- **Selection, education & certification**
  - WHO/UNICEF iCCM handbooks
- **Management & supervision**
  - Pop Council Metrics – key CH quality indicators
  - IIPHC Scorecard – metrics for PHC
- **Integration into & support by health systems & communities**
  - UNICEF/ MSH Costing Tool – supports costing of community health services

**General resources**
- **WHO CHW Guidelines** – High-level recommendations to improve the design, implementation, performance and evaluation of CHW programs
- **CHW AIM** – Helps identify design and implementation gaps with a checklist
- **Community Health Impact Coalition Practitioner Expertise Report** – provides operationally specific guidance on operationalizing implementation recommendations
- **Forthcoming GFF Toolkit**
### Further investments required – *illustative/not comprehensive*

1. **Quantifying the case for quality** to illustrate how quality practices mutually reinforce and add on each other

2. **Coordinated operational research** on program components required for high quality implementation and to fill in the gap

3. **Tool organization and generation**, i.e., aggregating tools, organizing them vis-a-vis the guidelines, making them easily accessible, and filling in gaps that exist.