Technical Discussions:

Consideration of the recommendations on strengthening community-based health-care services

The Sixty-seventh Session of the Regional Committee held in Dhaka, Bangladesh, proposed that “Strengthening community-based health-care services” be the topic for Technical Discussions to be held prior to the Sixty-eighth Session, 7–11 September 2015 in Dili, Timor-Leste.

2015 marks the transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs). The targets for the SDG health goal include universal health coverage (UHC), to which Member States of the South-East Asia Region have already committed. UHC is about increasing all people’s access to care that they need, and about protecting them from being impoverished as a result of health-care. Community-based services are a vital and fast-changing component of UHC.

With this background, the WHO Regional Office for South-East Asia conducted Technical Discussions during 15–16 June 2015.

The attached working paper summarizes the recommendations for Member States and WHO from the discussions, and reflects additional points made at the High-Level Preparatory (HLP) held at the Regional Office from 29 June–2 July 2015.

HLP recommendations were as follows:

Action by Member States
(1) Propose a draft resolution on community-based health-care services for consideration by the Regional Committee.

Action by WHO
(1) Support Member States to implement the recommendations of the technical discussions.

The working paper and HLP recommendations are submitted to the Sixty-eighth Session of the Regional Committee for its consideration.
Introduction

1. 2015 marks the transition from the MDGs to the Sustainable Development Goals. The targets for the SDG health goal include universal health coverage (UHC), to which Member States of the South-East Asia Region have already committed. UHC is about increasing all people’s access to care that they need, and about protecting them from being impoverished as a result of health-care. It includes a fundamental concern with reducing inequities in access to care. Community-based services are a vital and fast-changing component of UHC. Current issues facing community-based services include a greater focus on tackling noncommunicable diseases, a sustained interest in developing models for urban populations and recognition that community-based health workers can play a significant role in successful emergency responses to natural disasters.

2. Different approaches to delivering community-based services exist, including programme-specific community health workers; outreach services and community-based multidisciplinary teams. Important policy questions include: what opportunities exist for greater coordination around peoples’ multiple health-care needs? How do community-based services connect with the rest of the health system, and what support systems do they need?

3. In 2014, the Sixty-seventh Session of the Regional Committee proposed that “Strengthening community-based health-care service delivery” be the topic for the Technical Discussions to be held prior to the Sixty-eighth Session in Dili, Timor-Leste.

4. With this background, the WHO Regional Office for South-East Asia held a Technical Consultation during 15–16 June 2015 in New Delhi.

Objectives

5. The objectives of the Technical Consultation were as follows.

   Within the frame of UHC and the post-2015 SDG agenda:
   • to review what is known about trends in the use of community-based services to deliver priority health interventions;
   • to review experiences with different approaches to delivering community-based services, and draw lessons for their role in advancing UHC, including integrated service delivery; and
   • to agree on a set of practical recommendations for the Sixty-eighth Session of the Regional Committee.

6. Representatives from Member States, experts and technical staff from the WHO Regional Office and country offices participated. The meeting was organized to share experience on how community-based health-care services have been organized; achievements, successes, challenges and future actions to strengthen community-based services; and different models for hard-to-reach populations and special population groups.

7. The report of the Technical Consultation is available as an information document.
The following are the conclusions and recommendations.

**Conclusions**

- With the transition from the MDGs to the SDGs, the commitment to UHC, and the renewed emphasis on addressing inequalities, community-based services will continue to play an important role in future health systems.

- It is important to look at community-based services as a whole – as a system or level of care within which a range of services are delivered, by a growing range of health workers from volunteers to salaried professionals. Community-based services are an important part of the wider health system, as well as being a part of the community.

- Community-based health services are a necessary part of advancing UHC, because they can increase access to needed services, especially for hard-to-reach groups. However, they are not always visible to decision-makers, especially at the national level.

- The range of health services provided at the community level is changing, as health needs change. There is an increasing focus on noncommunicable diseases. These newer services are different from the more traditional ones covering MCH and communicable diseases, because they often require a circle of identification at the community level, referral for formal diagnosis and initiating treatment, and then follow-up at the community level.

- To strengthen community-based health services, changes in the types of services provided need to be supported by changes in workforce training and supervision; medicines; financing; policies; legislation and access to new technologies. Developments in information and communication technology (ICT) are potentially very useful for community-based services, but scaling up small-scale ICT schemes is challenging.

- In many situations, there appears to be a trend to “regularize” the employment of voluntary (or quasi-voluntary) providers. “Regularization” involves becoming a recognized part of the overall health system.

- Different approaches to community-based service delivery are needed for different types of populations, for example, peri-urban communities, migrant workers, remote populations and socially marginalized groups.

- There are some information gaps about community-based health services, but more importantly, a wealth of information exists that is not used as well as it could be. Monitoring the full range of services would be useful, for example, through a ‘UHC scorecard’. Social audit has a role to play.

- There are some important evidence gaps. Evaluations of the different models developed in different countries and their impact on results would be useful. There is insufficient information about the costs and cost-effectiveness of community-based services.

- Community-based health workers of all types can play an important role in emergencies.
Recommendations

Recommendations for Member States

1. Ensure community-based health services are adequately reflected in national and sub-national health strategies, plans and budgets.

2. Develop emergency preparedness capacity in community-based health workers, whether formal health workers or voluntary community health workers.

3. Synthesize existing information across community-based services as a whole, presented in ways that are easy for decision-makers to interpret.

4. Consider ways to improve the national evidence base on different approaches to community-based service delivery, and their results, including how to ‘go to scale’ where appropriate.

Recommendations for WHO

1. Develop a set of guiding principles for framing analyses of community-based health service delivery systems.

2. Improve the regional evidence base by: encouraging national research on the impact of different models of community-based health services; using tracer conditions such as diabetes to document approaches across a number of countries; bringing together evidence from other regions – and present this in a way which is useful for countries of the Region.

3. Encourage inclusion of community-based services in policy dialogue about UHC and support countries to ensure that community-based health services and systems are adequately reflected in new national health strategies.

4. Support countries to further develop emergency preparedness in community-based health workers, whether formally-trained or voluntary community health workers.

Discussion in the High-Level Preparatory (HLP) Meeting

9. Points raised during the HLP included: the importance of considering the sustainability of community-based health-care services; many countries already include community-based services in their health sector strategies and plans; the need for better evidence; the value of guidance from WHO on community-based services, and the importance of looking at plausible links between strengthening community-based services and improving access to care and health outcomes, particularly in the context of the SDGs.