

Overview of Integrated community health workers training initiative for health emergency response

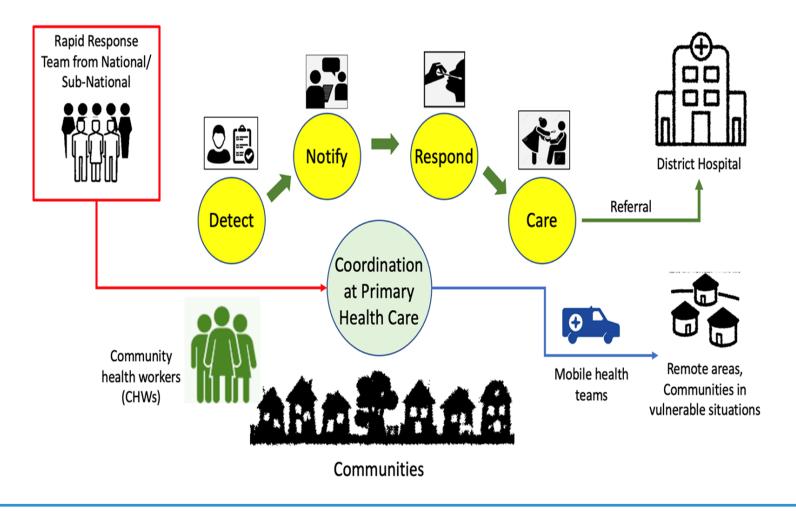
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Central role of community health workers in detecting and responding health emergencies









Advancing Community Protection: Community Readiness Tabletop

Exercise and action planning in Ghana, January 2024



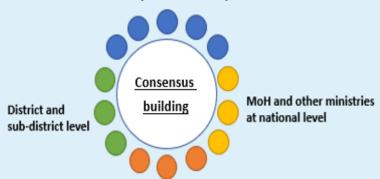
Scenario-based Gap Analysis and Action Planning for Multisectoral Action to enable Community Protection

THE CONTEXT

Health emergencies begin and end at communities. The actions taken early at sources where the emergency begins by those initially and directly affected make an important and huge difference to the trajectories of emergency events. Therefore, National action to enable capacity development at local and community levels is critical to strengthen country capacities to prevent, detect and respond to health emergencies. In developing such capacities, systematic community engagement and empowerment is key by leveraging communty structures and assets, strengthening capacities of community workforce, integrating the roles and functions of community workforce with those of community facing local health system and PHCs, applying a whole of society approach with appropriate local multisectoral coordination mechanisms and inclusive partnership platforms.

At the 75th World Health Assembly, the WHO Director-General presented to Member States a renewed vision to strengthen the global architecture for health emergency preparedness, response, and resilience (HEPR)¹. Built on more than 300 recommendations from independent reviews of the global response to COVID-19 and prior outbreaks, HEPR presents a renewed vision for strengthening the way in which countries and the world prepares for and responds to health emergencies. HEPR systems refer to standardized approaches and key components for health emergency preparedness & response across intersecting five subsystems of Emergency Coordination, Collaborative Surveillance, Community Protection, Safe and Scalable Clinical care, and Access to Medical Countermeasures.

Community representatives, community health workers / volunteers



National and international partners, including CSOs



Key recommendations from Ghana action planning workshop

- Early detection and early response actions
 - Trainings in early detection and action at community (community as first responders)
 - Strengthen community based surveillance
- Emergency Coordination
 - strengthen community health management committee
 - district emergency committees to include community stakeholders
- Risk communication and community engagement
 - develop communication plans and messages together with communities
 - feedback mechanism established for addressing misinformation
- Community engagement in one health



Understanding local and community structures and role of community health workers

Involvement and basic knowledge of community health programs e.g. health promotion, health education, immunization, WASH,

community

surveillance

first aid,

referral, etc,

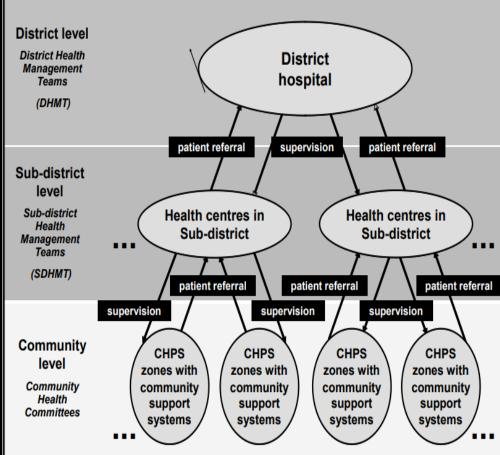




Community Health Workers,
First Aid Responders,
Community health volunteers,
CSO staff & volunteers, etc.

Bridge to community members, community leaders and lay persons.



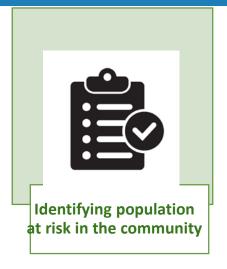


Example of local and community system in Ghana: Source: MoH Ghana



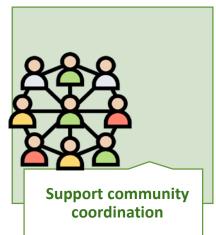


Modules based on CHW/CV roles to support outbreak response

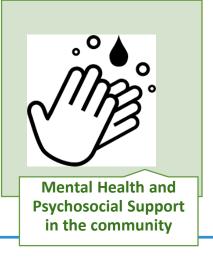














Community Health Volunteer Training for Mpox, Pakajuma, DRC, Nov 2024



Training of Village Health Team in Uganda for Ebola Response, Feb 2025





Approach for community capacity building

National-level Co-Development of the content Review of country context and structure, existing training materials, community health worker and volunteer profile

National Training of Trainers

- Participants: Trainers at National/ Subnational level
- 4 days

Community Training for CHW/CV

- Participants per training: 30
 District and Community
 level health workers and
 community volunteers
- 2-3 days





Interactive sessions with visualization, role plays and activities



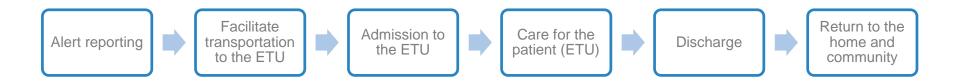
Source: What is CBS? Presentation by Dr A Dansan, Surveillance Office, MOH Uganda

Activities based on scenarios

A family of four with sudden history of fever and joint pain: A family of four (Father, Mother and two children) presented to the nearby health facility with a history of high-grade fever and body weakness.



The family had previously eaten bush meat which was brought home a week by the father who is a farmer. They also shared the bushmeat with their neighborhood







Key learnings

- National capacity building through National ToT (training of trainers)
- Roll out planning including coordination and M&E
- Participatory approach and co-development of training materials
- Country adaptation of training materials developed at the global and regional levels
- Locally led with national facilitators
- Operational, practical and relevant
- Joint work between national and international facilitators





Key consideration for way forward

- Competency framework of community health workers for health emergency management
- Standard CHWs training package for all hazard
- Adapting generic package for priority hazard (Cholera, Natural hazard, Pandemic response, etc.), in addition to Mpox and EVD.
- Country implementation support
- Enhance multisectoral collaboration: animal environmental, social sectors







Thank you very much!



