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Last Mile Health

What's Next

Technical assistance and available resources

PRIORITIES FOR THE RESPONSE

(forthcoming in BMJ GH)

01 **Protect health workers**

02 **Interrupt transmission of the virus**

03 **Maintain existing health services**

04 **Shield the most vulnerable**

PPE has emerged as the key bottleneck: without it, CH teams can neither interrupt virus nor maintain health services

| Absolute shortage | Inequity in PPE access | Exclusion of CHWs from National projections |

RESOURCES FOR THE RESPONSE

1. GET THE EVIDENCE

Read Special COVID-19 Community Health Research Round-up on the roles of CHWs in pandemics & epidemics & Prevent, Detect, Respond.Sign-up for future issues here.

2. TRADE NOTES

The Coalition convenes 100s of implementers each week on the Community Health Program & Operations Call (**Friday, 11am ET)** to solve for emerging issues in the response. To join us, sign up.

3. MAKE CONCRETE PLANS

Learn the targeted actions needed to protect, interrupt, maintain, and shield + make sure they are in place, e.g.:

- **Support gov'ts to count CHWs** —formal & informal—and include them in projections and budgeting for PPE allocation.
- **Correctively include PPE for CHWs** as a priority in funding strategies

4. SHARE RESOURCES

Live resource wiki on which the wider GH community has been sharing COVID-19 explainers, internal policies, clinical protocols, & more. Protocol resource wiki for clinical questions

5. STRENGTHEN SYSTEMS

The investments in compensation, continuous training, & performance management necessary for rapid community response in an epidemic are the same as those required to prevent the next pandemic. Use available tools like AIM (program planning) and MSH/UNICEF (program costing)
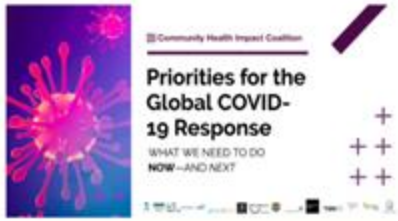
COVID-19 Digital Classroom Consortium

The purpose of the COVID-19 Digital Classroom is to rapidly provide quality, accurate, and relevant information for communities and training for community-based health workforce to improve the COVID-19 response in vulnerable communities—particularly in rural and hard to reach areas—and save lives.

Covid-19 Digital Classroom

Is a global classroom consisting of consortium partners *(Community Health Academy/LMH, CORE Group, Medical Aid Films, TechChange and Translators Without Borders)* that is developing and curating online courses to deliver vital relevant training resources on how to prevent, detect and treat Covid-19.

www.COVID-19digitalclassroom.org

COVID-19 Library

Is an online repository containing curated and validated existing COVID-19 resources, as well as, newly developed content relevant for community-based health workers and local communities in low-resource countries.

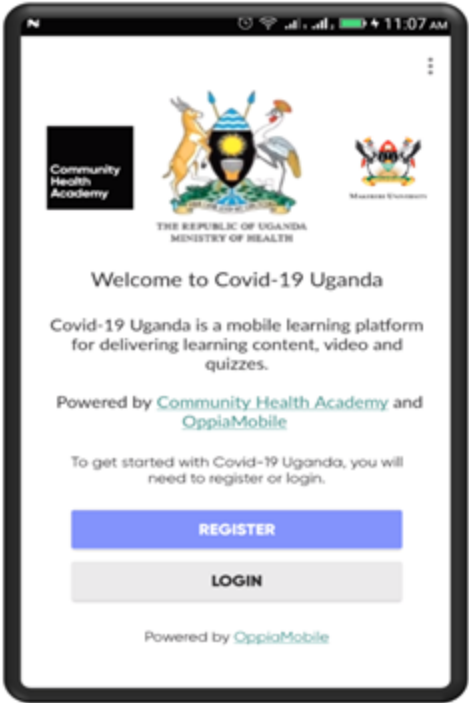The **COVID-19 Library** is a **global good** and free to access.

www.COVID-19library.org

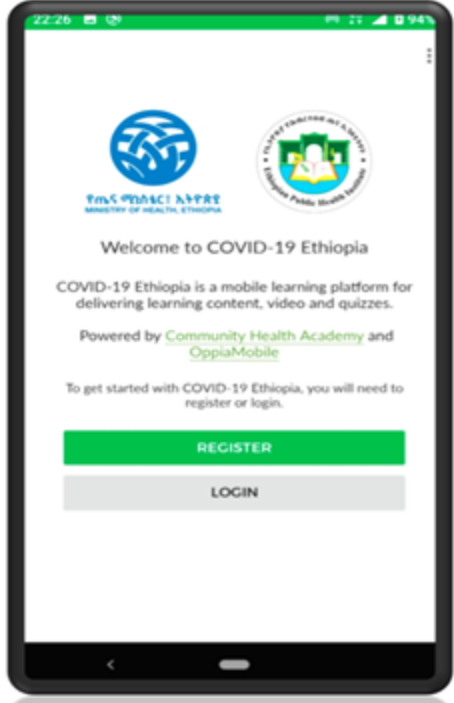# Community Health Academy App and Website (LMS)

Community Health Academy Platform
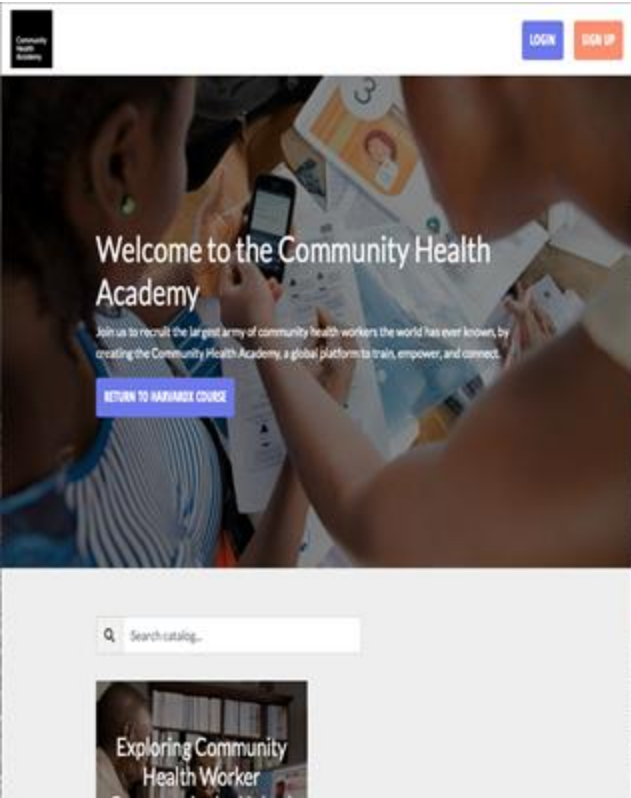
COVID-19 Ethiopia

COVID-19 Uganda

Opportunities for Collaboration

Access to Digital Training Courses for Frontline Health Workers from the COVID-19 Digital Classroom

Training courses for frontline health worker (CHW, Nurses, Midwives): Access to digital training content including video, animations, audio and documents that will be available on the **COVID-19 Library** and can be downloaded and adapted to local context (appropriate language and cultural sensitivity and in alignment with national policies). The academy could provide technical support to localize and adapt content for country use.

Digitalization of Existing and Validated COVID-19 Training Materials

Support digitalization of existing validated COVID-19 related training materials: The Academy could support digitization of country-approved Covid-19 training content including ensuring appropriate and effective instructional design

Community Health Academy App (powered by OppiaMobile)

The Community Health Academy app is an open-source application that has the capacity to operate training content including video, animations, audio and text on a standard android mobile device (basic smartphone) with offline capability. The Academy could provide technical support to upload validated country COVID-19 training content on the app which could then be downloaded on frontline health workers mobile devices. This could complement existing training.

Community Health Academy

LAST MILE HEALTH

EXEMPLARS IN GLOBAL HEALTH OVERVIEW

Stunting
Research Partner: SickKids

Under-5 Mortality
Research Partner: University of Global Health Equity

Community Health Workers
Research Partner: Last Mile Health

Vaccine Delivery
Research Partner: Emory University

Neonatal & Maternal Mortality
Research Partners: Countdown to 2030 Women's, Children's & Adolescents' Health, Johns Hopkins University, London School of Hygiene & Tropical Medicine

EXEMPLARS PROGRAM

CORE TEAM
Bring together research, analysis and content creation; coordinate overall project

Gates Ventures

Bill & Melinda Gates Foundation

Web Platform
Single source for Exemplars research and resources

Strategic Partnerships
Collaborations that jointly increase effectiveness and impact

Dissemination Activities
Tools and pathways to increase awareness of and engagement with Exemplars

Services
Hands-on support to our audiences throughout their decision-making process

INPUT
Deep research and analysis that identifies outliers and shines a light on health challenges where effective action needs better evidence

OUTPUT
Synthesis and standardization of core research to ensure content is clear, rigorous, and actionable by target audiences

DELIVERY
Support for our target audiences across their decision journey to drive maximum impact of the Exemplars program

COUNTRIES WITH EXEMPLAR COMMUNITY HEALTH SYSTEMS HAVE STRONGER EPIDEMIC RESPONSES

Research question: How did **Bangladesh, Ethiopia, Brazil and Liberia** enable their teams of frontline & community health workers to achieve outsize success in improving health outcomes relative to their economic status?

INSIGHT	IMPLICATION FOR COVID-19
Design integrated, not stand alone programs	→ Improved health system coordination for effective prevention, testing, tracing, referrals from community to facility
Invest in systems, not only services	→ Infrastructure already in place to supply community & PHC health workers with PPE, training and supervision on new protocols, etc
Government-led coordination, not fragmented programs	→ Coordination bodies can enhance efficiency by reducing confusion and duplication of efforts among different cadres.
Data driven adaptation, not stagnation	→ Better awareness of health needs and capacities for rapid crisis response and course-correction based on data.

EXEMPLAR COUNTRIES LEVERAGED SHORT-TERM CRISIS RESPONSE TO CATALYZE LONG-TERM PRIMARY HEALTHCARE CHANGE

Bangladesh

Emerged from civil war with extremely high fertility rates and poor access to family planning: a crisis for economic development and independence.

Brazil

At the end of military rule, a coalition of stakeholders concerned about health inequities and poor access to chronic disease care drove sweeping reforms.
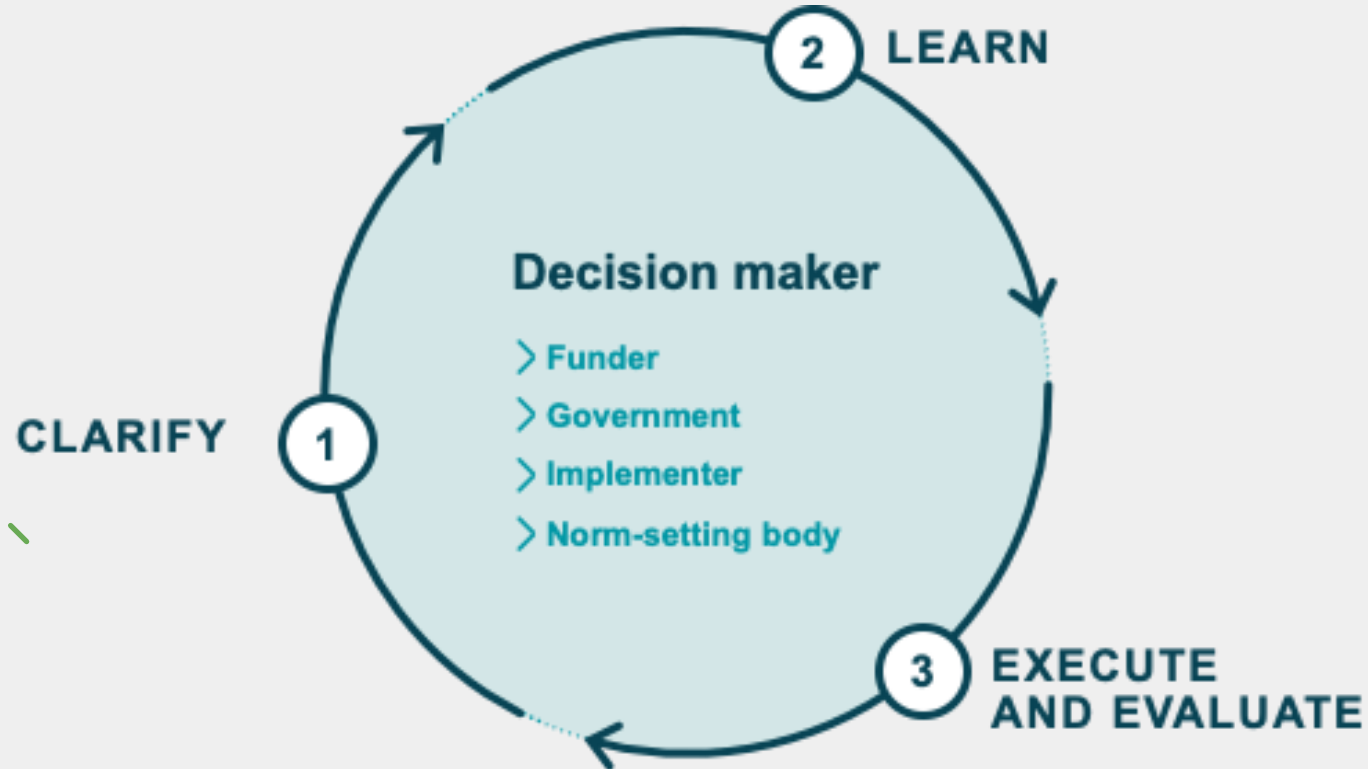
Ethiopia

Health system evaluations that demonstrated lack of meaningful progress against epidemics (e.g. malaria) were framed as a crisis.

Liberia

Ebola epidemic provided the critical spark for strengthening an under-resourced and fragmented community health system.

EXEMPLARS IN GLOBAL HEALTH: TECHNICAL ASSISTANCE SERVICES

Decision maker

> Funder
> Government
> Implementer
> Norm-setting body

CLARIFY — 1
LEARN — 2
EXECUTE AND EVALUATE — 3

CLARIFY
Ask an Expert
High quality, quick turnaround answer
Research desk
(2-3 week) research project

LEARN
Workshops
In-person working sessions
South-South collaboration
Support with content and connections to peers in Exemplar countries

EXECUTE AND EVALUATE
Deeper technical engagement
Identify challenges and opportunities and support with longer-term analysis