

JOINT COMMITMENT
TO
HARMONIZED PARTNERS ACTION
FOR
COMMUNITY HEALTH WORKERS AND FRONTLINE HEALTH WORKERS



**‘MOVING FROM FRAGMENTATION TO SYNERGY TOWARDS UNIVERSAL HEALTH
COVERAGE’**

Saturday, 9 November 2013

Third Global Forum on Human Resources for Health, Recife, Brazil

Acknowledgment

This commitment was based on three background papers (reference) and was crafted through consensus of Ministries of Health, donors, development agencies, academic institutions, Faith-Based Organizations, Civil Society Groups, and implementing partners. The final draft of the commitment was presented and confirmed at the side session the Global Health Workforce Alliance (the Alliance - GHWA) Third Global Forum on HRH in November 2013 in Recife, Brazil, which was convened by the Alliance and co-hosted by NORAD, USAID, UNAIDS, and the FLHWC.

The Alliance also recognizes the valuable inputs and insights of a wide group of stakeholders who contributed to an initial Synthesis Paper, which brought awareness to the importance of community partners and community health workers and partners in advancing the MDGs and providing care to local populations. These stakeholders provided valuable input to the contents of the three background papers that shaped the commitment.

Organizations are invited to align with the commitment, and may contact the Alliance Secretariat through Dr Muhammad Mahmood Afzal (afzalm@who.int).

Summary

On November 12, 2013, the Global Health Workforce Alliance (the Alliance - GHWA) along with the global community of government leaders, donors, health workers, and civil society working in the area of human resources for health, announced their commitment to align with country objectives and harmonize their actions supporting community health workers (CHWs) and frontline health workers (FLHWs).

The “Joint Commitment to Harmonized Partner Action for CHWs and FLHWs” is an agreement among health development partners and national governments that the country initiatives and programmes on community health workers (including volunteer and salaried) and front line health workers will be recognized and supported within national health strategies through harmonized collaboration, accountable actions, and targeted research.

The commitment and the Framework are built on a ‘three ones’ paradigm for harmonization of CHW and FLHW initiatives and interventions through one national strategy; one national authority; one monitoring and accountability structure, aiming to optimize synergies and increase program efficiency and effectiveness. The joint commitment brings national governments, donors, international development organizations, civil society and other key players together to adapt, apply and implement the CHW and FLHW Framework for Harmonized Partner Action that primarily includes fostering harmonization and synergies, accountability and joint action on critical knowledge gaps through reaching out to all stakeholders engaged with CHW Programs.

Context

The role of community health workers (CHWs)¹ and other frontline health workers (FLHWs) is increasingly recognized for their potential contribution in meeting the urgent health workforce challenges in the milieu of primary health care (PHC) and achieving the universal health coverage (UHC). CHWs can go beyond providing basic care to foster community-based health development action and enhance the interface between the community and the formal health system. The Third Global Forum on Human Resources for Health presented an unprecedented opportunity to consolidate experiences on the ground and move from fragmentation to synergy to support governments, donors, international development organizations, civil society organizations (CSOs) and other stakeholders to build and strengthen PHC systems.

Experience from most countries shows fragmentation, overcrowding, duplication and gaps at the frontline level of the health system, underscoring the need for better coordination and synergies across partner initiatives and their increased alignment with national plans. Many countries and partners have not given adequate attention to ensuring approaches that integrate the different types of community health workers and volunteers with the national health system, with stronger interface between that system and the community, CSOs, non-government organizations (NGOs) and the private sector.

The side session presentations and deliberations captured a rare moment to bring together countries and a broad range of partners with a shared desire to optimize the role and contribution of CHWs, working with other FLHWs to scale up effective access to PHC, accelerating efforts to achieve the Millennium Development Goals (MDGs) by 2015 and moving forward to UHC.

¹ The term “CHW” is used in this summary paper, and in the three background documents to refer to the wide range of both volunteer and remunerated health providers that work within and among the community.

Introduction

The “**Joint Commitment to Harmonized Partner Action for CHWs and FLHWs**” recognizes:

CHWs and other FLHWs play a unique role and can be vital to accelerating MDGs and achieving UHC

Without trained and supported CHWs and integrated front line health teams, national stakeholders and international partners may not be able to deliver on the commitments to accelerate achievement of the MDGs, stop preventable maternal and child mortality, end new HIV infections and HIV-related deaths and move forward to achieve UHC.

Programs for strengthening CHWs and other FLHWs must be integrated within national health systems

National strategies and plans that incorporate the contribution of CHWs and other FLHWs and empower community action in national health delivery systems are required as a basis for achieving synergies, alignment and integration among actors involved in CHW and FLHW programs.

Based on this shared understanding, and considering the three background papers that framed the consultation², the **global, regional and national partners, governments and stakeholders participating in the Side Session**, "Community Health Workers and other Front Line Health Workers: Moving from Fragmentation to Synergy to achieve Universal Health Coverage," confirmed the principles for moving from fragmentation to synergies put forward in the CHW Framework for Partner Action and their readiness to act together on taking steps both at national and global level.

In order to take this work of alignment and harmonization forward, the partners hosting the side session, together with other participants, initiatives and key stakeholders that endorse these principles made the following:

² Møgedal S, Wynd S, Afzal MM. 2013. A framework for partners' harmonized support. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

Foster AA, Tulenko K, Broughton E. 2013. Monitoring and accountability platform for national governments and global partners in developing, implementing, and managing CHW programs. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

Frymus D, Kok M, de Koning K, Quain E. 2013. Knowledge gaps and a need-based Global Research Agenda by 2015. Global Health Workforce Alliance Working Paper on CHWs and Universal Health Coverage.

COMMITMENT:

We will work together to adapt, apply and implement the “Community Health Worker (CHW³) and Frontline Health Worker (FLHW) Framework for Harmonized Partner Action,” fostering harmonization and synergies, accountability and joint action on critical knowledge gaps, and reaching out to all stakeholders engaged with CHW Programs *in order to:*

- o optimize synergies to overcome the fragmentation that undermines sustainable results, joining hands as public and non-state actors in seeking harmonization of CHW principles, policies, plans and practices;*
- o accelerate program innovations for effective, equitable and sustainable access*
- o enhance collaboration towards efficient use of available resources, robust accountability, sharing of knowledge and best practices, and use of evidence to inform policies, plans and vision; and*
- o strengthen health systems to achieve UHC by improving the availability, accessibility, acceptability and quality of health services by optimizing CHW's role as recognized partners within the health system.*

We will advocate, endorse and apply the principles and processes delineated in the “Community Health Worker (CHW⁴) and Frontline Health Worker (FLHW) Framework for Harmonized Partner Action” by:

- o prioritizing solutions that leverage the CHW Framework for Partner Action to achieve high priority health goals in response to national and regional commitments;*
- o making use of all potential opportunities to align and harmonize our engagement in CHW programs and initiatives at all levels;*
- o advocating and encouraging national governments to integrate CHWs into the broader health system;*
- o supporting the development and implementation of national government roadmaps that integrate principles of the Framework; and*
- o advancing those programs that are embedded and/or supported by community and civil society groups that integrate principles of the Framework.*

³ The term “CHW” is used to refer to the wide range of both volunteer and remunerated health providers that work within and among the community.

⁴ The term “CHW” is used to refer to the wide range of both volunteer and remunerated health providers that work within and among the community.

We will jointly promote the culture of self and mutual monitoring and accountability (M&A) of commitments and plans by:

- o championing and instigating M&A process through transparently sharing the information among the collaborating partners and related stakeholders;*
- o empowering and endowing global partnerships like GHWA and national mechanisms for multi-stakeholder coordination to spearhead robust monitoring and accountability processes;*
- o upholding and promoting use of evidence from M&A in streamlining the synergy and harmony of partner actions; and*
- o supporting and strengthening existing monitoring systems, processes and platforms that increase visibility of ongoing CHW programs and FLHW interventions to highlight current achievements and opportunities.*

We will reciprocally respond to knowledge gaps and promote a coordinated response to needs-based research on CHWs and FLHWs by:

- o promoting and supporting research better designed to address the outstanding questions pertaining to CHWs effectiveness, systems factors influencing their performance and other key concerns impeding CHW programs from operating at scale;*
- o encouraging and inspiring a global consensus and collaboration to foster sharing of frontline provider research efforts and to establish a robust coordination process to identify future research priorities aligned to country needs;*
- o fostering and nurturing partnerships in a global research agenda through increased dissemination and coordinated knowledge sharing through platforms such as the e-platform GHWA and the CHW Central; and*
- o applying the conclusions of available evidence to strengthen and shape ongoing implementation programs in a harmonized manner.*

List of partners aligned with the joint Commitment (given in alphabetical order):

1)	African Centre for Global Health and Social Transformation (ACHEST), Uganda
2)	African Medical and Research Foundation (AMREF), Nairobi, Kenya
3)	African Platform on Human Resources for Health (APHRH)
4)	Asia Pacific Action Alliance on Human Resources for Health (AAAH)
5)	CapacityPlus, Washington DC, USA
6)	CORE group, Washington DC, USA
7)	Department of International Development (DFID), UK
8)	Frontline Health Workers Coalition
9)	Global Health Workforce Alliance, WHO Geneva
10)	International Federation of Red Cross and Red Crescent societies
11)	IntraHealth International, Washington DC, USA
12)	Irish Aid, Ireland
13)	Management Sciences for Health (MSH), USA
14)	MDG Health Alliance
15)	mothers2mothers, South Africa
16)	Norwegian Agency for Development Cooperation (Norad), Norway
17)	One Million Community Health Workers Campaign
18)	Royal Tropical Institute (KIT), Amsterdam, The Netherlands
19)	The Joint United Nations Programme on HIV/AIDS (UNAIDS)

20)	The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project
21)	United States Agency for International Development (USAID), USA
22)	University Research Co., LLC, USA
23)	UZIMA Foundation, Nairobi, Kenya
24)	World Health Organization
25)	World Vision International

NOTE:

The above list will be regularly updated as new partners, organizations or entities align and concur with this commitment.

Those who wish to align with this joint Commitment may write to Dr Muhammad Mahmood Afzal, the Global Health Workforce Alliance focal point on CHWs, at afzalm@who.int

**Moving from Fragmentation to Synergy
to achieve Universal Health Coverage**

**Consolidated Framework
for
Harmonized Action**

***on*
Community Health Worker and
other Frontline Health Workers**



Consolidated Framework for Harmonized Action

on

Community Health Worker and other Frontline Health Workers

In order to achieve the health-related Millennium Development Goals (MDGs) by 2015 and to advance toward Universal Health Coverage (UHC), the global health community must work together to address critical gaps and inefficiencies at global, regional and national levels. This cooperation is also urgently required to make effective use of the initiatives addressing facility- and community-based health workers at the front line of the health services.

The Community Health Worker (CHW⁵) and Frontline Health Worker (FLHW) Consolidated Framework for Harmonized Partner Action (the “CHW/FLHW Framework”) has been developed to enable developmental partners to join together at all levels - through harmonizing support actions and enhancing synergies in implementation - to optimize the contribution of CHWs and FLHWs in the countries towards achieving the MDGs and UHC.

The CHW/FLHW Framework is based on three background papers⁶ which were prepared by key partners coordinated by the Global Health Workforce Alliance (GHWA) to feed into the Third Global Forum on Human Resources for Health (HRH), November 9-12, 2013, in Recife, Brazil. The papers addressed harmonization of actions among partners and governments in the development and support of CHWs and other FLHWs, accountability for aligned harmonization and support at national and sub-national levels; and needs-based research to fill the evidence gaps on best practices. Built on these papers, the CHW/FLHW Framework has been developed according to input and consensus-building across sectors and within both government and civil society stakeholder groups. These groups, joined by a wide representation of GHWA membership (over 100 persons), came together at a side session of the Global Forum on November 9, 2013, with the theme: *‘Community Health Workers and other Front Line Health Workers: Moving from Fragmentation to Synergy to achieve Universal Health Coverage.’* At this occasion, the partners and stakeholders collectively agreed to the CHWs/FLHWs Framework and a joint Commitment to following the tenets of the Framework that aligned harmonization, accountability and a priority research agenda in support of countries towards scaling up CHW and FLHW programs and initiatives. The “Joint Commitment to Harmonized Partner Action for CHWs and FLHWs” was announced on the floor of the Third Global Forum on November

⁵ The term “CHW” is used to refer to the wide range of both remunerated and volunteer health providers that work within and among the community.

⁶ i) A framework for partners’ harmonised support- Community Health Workers and Universal Health Coverage. Co-authors: by Sigrun Møgedal (Norwegian Knowledge Centre for the Health Services), Shona Wynd (UNAIDS) and Muhammad Mahmood Afzal (GHWA).

URL : http://www.who.int/workforcealliance/knowledge/resources/frame_partner_support/en/ ;

ii) Monitoring and accountability platform for national governments and global partners In developing, implementing, and managing CHW programs - Community Health Workers and Universal Health Coverage. Co-authors: Allison Annette Foster (URC and USAID ASSIST project), Kate Tulenko (USAID CapacityPlus) Edward Broughton (URC and USAID ASSIST project), and coordinated by Muhammad Mahmood Afzal (GHWA).

URL: http://www.who.int/workforcealliance/knowledge/resources/monitoring_account_platform/en/ ;

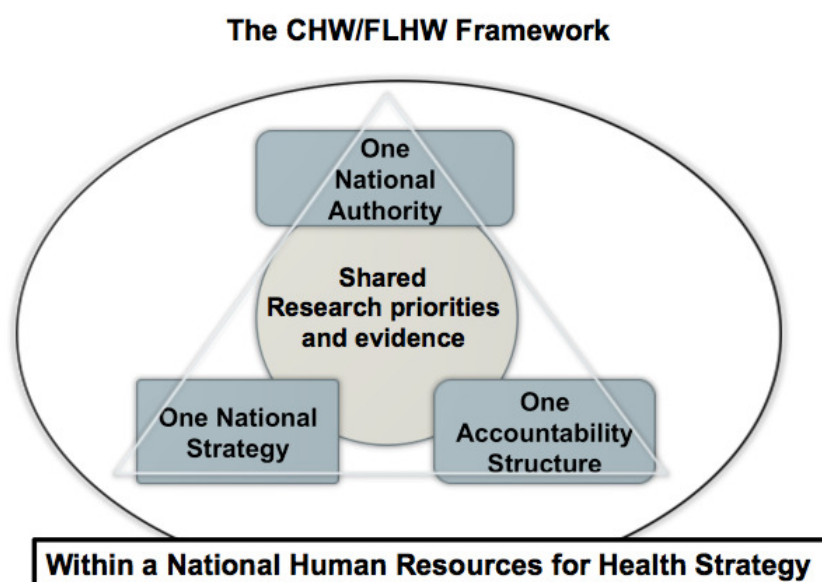
iii) Knowledge gaps and a need based Global Research Agenda by 2015 Knowledge gaps and a need based Global Research Agenda by 2015 Community Health Workers and Universal Health Coverage. Co-authors: Diana Frymus(USAID), Maryse Kok (KIT), Korrie de Koning (KIT), Estelle Quain (USAID) and coordinated by Muhammad Mahmood Afzal (GHWA).

URL : http://www.who.int/workforcealliance/knowledge/resources/knowledge_gaps/en/

12, 2013.⁷ Further in this document, the “Joint Commitment to Harmonized Partner Action for CHWs and FLHWs” will be referred as the “Joint Commitment.”

The CHW/FLHW Framework and the Joint Commitment provide the basis for overcoming the challenges at the front line of health services, with appropriate integration and coordination across programs and development initiatives. They also signify that effective and coordinated support for the facility-based and community based health providers must be at the core of our collective efforts. The partners must act in ways that protect the results of the individual CHW and FLHW programs and initiatives, and that preserve the creativity and innovations associated with community-level response in the countries.

The CHW/FLHW Framework has been structured around ‘**One** national authority, **One** national strategy and **One** monitoring and accountability structure’. As a cross cutting commitment, partners will also collaborate to build the evidence base, filling knowledge gaps and set research priorities.



The CHW/FLHW Framework enables evidence-based, harmonized efforts and enhances synergies in support of effective programming and implementation:

⁷ Community Health Workers and other Front Line Health Workers: Moving from Fragmentation to Synergy to achieve Universal Health Coverage. Output Document from CHW Side Session at third Global Forum, Recife, Brazil in Novemebr 2013

Harmonized Partner Action

- ❖ At the global level, all actors need to contribute together to a comprehensive systems approach in advocacy, programming, funding, implementing, monitoring and in building the knowledge base for CHW programs.
- ❖ At the national level, principles for alignment and harmonization across public and non-state CHW programs and initiatives need to be established and made compatible with broader national health system development frameworks.
- ❖ In order to be workable, principles agreed at national and global level need to be applied to the operational level and be translated into responsibilities for all that are involved in CHW programs on the ground. This includes public and non-state health managers, providers, trainers and health programmers.

Harmonized Accountability

- ❖ As the accountability will result from public reporting, the M&A framework suggests scheduled reporting and mechanisms for transparency and public information sharing at national and international levels.
- ❖ It is proposed that the GHWA, WHO, or other global coordinating body, through a global convening role, may provide a platform through which national and international partners can disseminate and evaluate their contributions toward the development and support of sustainable CHW programs.
- ❖ A central reporting mechanism may be identified to provide an appropriate global stage through which annual and bi-annual indicators may be publicly disseminated. In addition, existing reports from WHO regional and national HRH observatories will be effective for further dissemination of information both annually and during semi-annual interims as reports are put forth.

Collaboration in Filling Knowledge Gaps and Setting Research Priorities

- ❖ The organization and prioritization of a global CHW research agenda need further discussion to build global consensus on the way forward. Particularly, mechanisms that foster collaboration, knowledge sharing of CHW research efforts and establishing a process for identifying future research priorities will ensure continued dialogue for expanding the evidence base for CHWs, considering the diversity of stakeholders engaged with CHW programming and required alignments with the greatest areas of need at the country level.
- ❖ Web-based platforms and annual global forums are mechanisms for fostering collaboration and knowledge sharing of CHW research efforts. These platforms may also serve as a global clearinghouse for CHW research.
- ❖ At the country level, national forums for as such as Country Coordination and Facilitation (CCFs) and workforce observatories should be used for sharing information and identifying opportunities for collaboration.
- ❖ Research should also be conducted in partnership with local institutions and emphasis should be placed on building the research capacity of local investigators.
- ❖ Future priorities in research will ultimately be identified through increased collaboration, knowledge sharing and continued dialogues among partners and stakeholders.

Conclusion

The CHW/FLHW Framework with the joint commitment and comprehensive strategic actions outlined in the above indicated three background papers provides a basis for adaptation and application at various levels with inclusive participation of related partners and stakeholders. The intention is to galvanize collaboration and synergies among the support actions by various partners and align them with the response by the countries in scaling up CHW and other FLHW initiatives to enable integrated service delivery towards achieving the health MDGs and UHC.

The below tables provide the key extracts form the three working papers; whereas these are available on the GHWA website for further reading and reference.

One National Strategy

National level <i>Basis for national policy and recognition of CHWs in HRH plans and health system development collaborative structures</i>	National CHW principles and guidelines integrated in HRH plans and as part of Health strategy for UHC. CHW typology, training curriculum and standards for recognition. Task shifting policies. Policy guidance for synergies across programs and for collaboration with non-state actors. Guidance on incentives and allowances. Links to existing national health, HIV and development coordination mechanisms. Clearing house for implementation research.
District level <i>Basis for incorporating CHWs in district plans, inclusive of all CHW programs (both volunteer and remunerated), and for strategic synergies and alignment across partner supported initiatives</i>	Application of National CHW policies and guidance, with flexibility to reflect local context and stimulate innovation for A-A-A-Q, recognizing the contribution of all CHWs to the district health system. Agreed platform for incentive, supervision and support structures (including village based structures). Inventory of all CHW programs in the district, with overview of access and effective coverage. Strategies for dealing with gaps and synergies across different programs.
Facility level <i>Basis for operational synergies</i>	Facility plan for including CHWs in the health team, ensuring supervision and support for different categories community based workers. Updated inventory of programs by location, type of services operators and CHWs. Strategies for action on barriers to synergies. Strategies for dialogue with community level mechanisms for CHW support
Community level <i>Basis for community mobilization</i>	Overview of CHW activities in the community. Strategies for integrating CHW programs and other extension workers in community development plans. Strategies to enhance synergies across programs and to strengthen effective communication, community support and response to demand

One Lead National Authority, respected by all partners

National level <i>Basis for mutual partner commitments and agreement on principles for harmonization and synergies</i>	Health Ministry and partners (including other ministries involved such as National Aids Authorities, Ministry of Local Government) agree to comply with the CHW Framework according to national policies and guidance. Health Ministry makes appropriate delegation of authority for operational coordination of CHW programs to district health authorities
District level <i>Basis for district level authority to convene and coordinate, to implement principles for harmonization and synergies</i>	Establish clarity in relationship between DHMT and District political and administrative authorities. District authorities and partners agree to comply with the CWF Framework as applied to the district plan, enabling synergies with other development efforts
Facility level <i>Basis for a health team approach with partner collaboration in supervision and support</i>	Authority from district level to convene all actors in the facility service area and create the platform for agreements by all to collaborate across programs, both public and non-state, including agreements on reporting, supervision, support, etc.
Community level <i>Basis for local agreements</i>	All CHW programs establish mechanism for accountability to Village health committee or other community structures

One Monitoring and Accountability Structure

Harmonization area	MEASUREMENT
EIGHT NATIONAL LEVEL CHW FRAMEWORK MEASUREMENTS	
Policy and planning	The CHW policy within the public health system provides primary health care services toward achieving UHC.
	Legitimize the CHW as a part of the public health system in providing primary health services.
Support systems	The national government includes budget funding as a line item in national health planning to support Regions and/or Districts in the training, salaries, supplies and incentives for CHWs
M & E mechanisms	CHW data is included with HRH core data set for reporting along with other national HRH data, and may be used to inform policy, strategies and the development of a research agenda
Global actors	<i>Partners will follow national and district guidelines for salaries and incentives</i>
	Partners will collect data and report on CHW information and on the program indicators per the information required and processes established by national level.
	Partners will contribute to planning and policy meetings and share their experience and knowledge.
	External partners collaborate with national (and sub-national) governments so that CHW program designs include targeted activities toward capacity building, and realistic budgeting that can be assumed in medium or long term by the hosting government.
	Global actors contribute to national government's research agenda by either partnering with national institutions to carry out research or providing research expertise and technical capacity in response to country requests.
TWELVE DISTRICT LEVEL CHW FRAMEWORK MEASUREMENTS	
Policy and planning	In alignment with national objectives and parameters, include CHW program activities and CHW functions in district plans toward improving care and reaching UHC, including the programs operated by all partners.
	District guidelines exist that clarify the role of CHWs as part of the local health centre staff, with the corresponding requirements, reporting schedules, and integration of responsibilities that define the existing health centre teams.
	Partners, health centre representation, and CHW group representatives participate in district planning discussions and other operational exchanges or trainings.
Support systems	Establish CHW supervision and feedback responsibilities to health facilities managers or technical supervisors, which may cooperate with NGOs to implement the management in collaboration with facilities
	Provide training to CHWs as needed to ensure professional growth and the updating / maintaining of skills.
M/E	District will require reports from facilities and implementing partners that include performance indicators of CHWs and program performance.
	Regional and District managers will meet annually or semi-annually with representatives from community groups, CHW teams, health centres and partners and use evidence from data to make quality improvements.
Support systems	The District or Regional government (depending on the existing practice in the country) will establish standard guidelines for non-financial and financial incentives, and minimum and maximum salary limits to avoid competitive or unequal systems and to promote a sustainable country-wide CHW program.
Global actors and stakeholders in supporting synergies at district level	Partners follow Regional and/or District guidelines for harmonizing the training, distribution, integration with health facilities, and providing financial and non-financial incentives. Partners ensure that complementary community health activities establish and maintain links with the formal CHW cadres and the health system.
	Partners collect CHW indicator data according to the district reporting requirements submit to health centres through established processes and reporting practices.
	Partners and other community based stakeholders will participate in District planning meetings and in improvement meetings to provide evidence to inform action plans and share experiences for the learning of Ministry members and other partners.

Outstanding Knowledge Gaps and Research Priorities

Two thematic areas: 1) effectiveness of CHWs in relation to specific tasks and responsibilities and 2) systems and broad contextual factors that influence CHWs and their performance.

Thematic area/sub-areas	Research needs
Specific tasks	Further investigation of the effectiveness of CHWs compared with other providers delivering the same intervention in the areas of maternal and neonatal health, drug-based interventions, and HIV/AIDs care.
Workload	Further investigation of workload, safety and quality of CHWs with multiple tasks compared to CHWs with fewer tasks <ul style="list-style-type: none"> ○ <i>Different forms of shift work</i> ○ <i>CHWs offering preventive health care compared to CHWs offering curative health care</i> ○ <i>Investigation of CHW productivity in relation to single and multiple health issues focus.</i> ○ <i>Investigation of optimal geographic/population focus</i>
Health System Factors	<ul style="list-style-type: none"> ○ <i>Investigation of health system support (e.g. referral systems, formal linkages with health system functions/entities, supervision, supply chain) and their impact on CHW performance</i> ○ <i>Investigation of the potential role of CHW associations</i>
Community Factors	<ul style="list-style-type: none"> ○ <i>Investigation of community support (e.g. community involvement in CHW program design, management, implementation, and M&E, formal linkages with community entities/groups, community incentives) and their impact on CHW performance</i>
Combined Health System and Community Support	<ul style="list-style-type: none"> ○ <i>Investigation of impact from combined health system and community support on CHW performance (e.g. joint supervision, incentive structures)</i>
Intervention Design Factors	<ul style="list-style-type: none"> ○ <i>Investigation and increased documentation of how interventions are designed and implemented</i>
Selection of CHWs	<ul style="list-style-type: none"> ○ <i>Investigation on optimal selection criteria for CHWs</i>
Training and Continuing Education of CHWs	<ul style="list-style-type: none"> ○ <i>Investigation of effectiveness of different training approaches</i>
Supervision of CHWs	<ul style="list-style-type: none"> ○ <i>Investigation of effectiveness of different systems of supervision</i>
Remuneration of CHWs	<ul style="list-style-type: none"> ○ <i>Investigation on different models and combinations of remuneration</i>
Information Systems and Monitoring of CHWs	<ul style="list-style-type: none"> ○ <i>Investigation of the use of information systems for CHW performance</i>
Use of New Technologies	<ul style="list-style-type: none"> ○ <i>Investigation on the expanded use of new technologies for CHW programs with focus on sustainability and scale-up</i>
Broader Contextual Factors	<ul style="list-style-type: none"> ○ <i>Investigation on impact of cultural differences, economy and political context, geographic location (e.g. urban vs. rural effectiveness)</i>

Web-based platforms and annual global forums are mechanisms for fostering collaboration and knowledge sharing of CHW research efforts. These platforms may also serve as a global clearinghouse for CHW research. At the country level, national forums for as such as Country Coordination and Facilitation (CCFs) and workforce observatories should be used for sharing information and identifying opportunities for collaboration. Research should also be conducted in partnership with local institutions and emphasis should be placed on building the research capacity of local investigators. Future priorities in research will ultimately be identified through increased collaboration, knowledge sharing and continue dialogues among patterns partners and stakeholders.