Meeting report
Guideline Development Group
on
WHO guidelines on health policy and system support to optimize community health worker programmes

Geneva, Switzerland, WHO HQ Main Building, Salle D 10-11 October 2016

Background
Integrating various types of community-based health workers (CHWs) in the healthcare system has the potential to reduce inequities in access to essential health services, particularly in underserved or excluded, vulnerable populations. In the last few years, there has been growing interest in and attention to this potential. The ‘WHO Global Strategy on HRH: Workforce 2030’ encourages countries to adopt a diverse, sustainable skills mix. The goal is to harness the potential of these cadres within inter-professional primary care teams, and to contribute to the attainment of universal health coverage and the health targets of the Sustainable Development Goals.

WHO has initiated a process to develop guidelines to assist national governments, as well as national and international partners, to improve the design, implementation and performance of CHW programmes.

The first meeting of the Guideline Development Group took place at WHO Headquarters in Geneva on 10-11 October 2016. The primary objective was to agree on the scope of the guidelines by defining the recommendation questions, structured according to the standard framework of population, intervention, control, outcomes (PICO). The WHO Secretariat outlined the rationale for and summary of the guideline planning proposal. The guideline methodologist presented key methodological issues and principles regarding guideline development in more general terms. The WHO Secretariat presented the proceedings of an online public hearing on the scope of these guidelines. Researchers from Johns Hopkins University presented the preliminary findings of a review of systematic reviews addressing the questions to be covered by the guidelines.

Proceedings
Key issues that emerged from the discussions included the need to:

- Maintain the process for guideline development inclusive, within the boundaries of WHO procedures for guideline development and the necessary confidentiality requirements;
- Take into account the public/private mix and health system and governance enablers for implementation;
- Maintain the guidelines of relevance to all WHO Member States (and not restrict to low- and middle-income countries), while ensuring that the final recommendations tailor to different country contexts and avoid excessive generalization;
- Accompany guideline development and then its launch with a communication plan;
- When developing the recommendations, consider a diverse body of evidence, addressing both health effects (benefits and harms), and evidence for contextual factors such as values
and preferences, resource use (including cost and cost-effectiveness), impact on equity, feasibility and acceptability;

- **When identifying and synthesizing evidence, consider diverse types of study design:**
  - Randomized and non-randomized studies for evidence on health effects (benefits and harms).
  - Quantitative (e.g., multi-variate analyses of survey data, cost effectiveness analyses), qualitative (e.g., analyses of interview data) and mixed methods studies for evidence on contextual factors.
  - Case studies illustrating real life implementation of the options being considered.

- **Consider collecting evidence for contextual factors using either/both:**
  - A systematic review of the literature (to be included in the scope of the systematic reviews to be commissioned);
  - A survey of stakeholders about their views and perspectives on the policy options being addressed (values and preferences, resource use, impact on equity, feasibility and acceptability).

- **Adopt for the systematic reviews a common multi-layered outcome framework, with a priority focus on outcome and output dimensions (including dimensions such as coverage, quality of care, acceptability, costs);**

- **Recognize the heterogeneity of CHWs and CHWs programme design features, and accordingly attempt a stratification of findings according to relevant variables to include (but not be restricted to):**
  - Longer versus shorter training received;
  - Full versus part time;
  - Volunteer versus paid status;
  - The level of complexity of the tasks being delivered.

- **Complement the guideline recommendations emerging from the systematic reviews on the PICO questions with implementation considerations, good practice recommendations that do not require a systematic review, and strategic considerations including the need to determine country-specific requirements and long term strategies for the role of CHWs in the health system;**

- **Ensure inter-relations among PICO questions are taken into account, and that policy recommendations are consistent with one another.**

**Action points and next steps**

1. Secretariat to identify clearly documents that are meant for internal use by the GDG only, and that are therefore to be regarded as confidential;
2. Secretariat to prepare a concise meeting report and share it with the GDG – 2 weeks;
3. Secretariat and guideline methodologist to explore possibility, on the basis of the findings of the review of systematic reviews, to only update and upgrade some of the reviews – 4 weeks;
4. Secretariat will proceed in the process to contract the institution(s) that will perform the systematic reviews and inform the GDG once a decision is taken– 6-8 weeks;
5. GDG members to send to the Secretariat relevant case studies to be collated and made available to contribute to the guideline development - continuous;
6. Selected GDG members to lead further development of 5 additional PICO questions through bilateral correspondence with the Secretariat – 1 week;
7. Secretariat to submit to GDG complete list of 15 PICO questions (10 original ones + 5 added at the GDG meeting – 2 weeks;
8. Secretariat to start forming External Review Group, including both experts and end users from a variety of constituencies, including specific ones suggested by the GDG (large programmes managing CHWs, including both public and private/ NGOs ones, other leading academics in the field, etc.) – 3-4 months
9. GDG members and the Secretariat to exchange information on possible venues for engagement of the international health community for raising awareness, consultation, and advocacy around guideline development - initial opportunities including the Health Systems Research Symposium in Vancouver in November 2016, and the consultation on community health jointly organized by USAID, UNICEF and WHO in Uganda, tentatively in February 2017;
10. Secretariat to convene 2nd GDG meeting to develop the recommendations of the guidelines once the systematic reviews have been conducted; exact dates to be agreed in consultation with GDG members, but tentatively planned for either June or September 2017.