Kampala Statement from the 1st International Symposium on Community Health Workers
Kampala, Uganda
23 February 2017

Introduction
From the 21-23 February 2017, Kampala hosted the first International Symposium on Community Health Workers. The symposium theme was Contribution of Community Health Workers in attainment of the Sustainable Development Goals. The symposium generated an impressive amount of attention, with over 300 abstracts received from researchers, practitioners, donors, and students from around the world. Various stakeholders came together to give presentations highlighting how different successful models, methods and approaches have been used to strengthen Community Health Worker programmes. The Symposium had an attendance of over 450 participants from 22 countries who took part in in-depth discussions, knowledge sharing, and networking.

Background
The idea for the Symposium began when Makerere University School of Public Health (Uganda) and Nottingham Trent University (United Kingdom) realised there were limited opportunities for sharing knowledge on a crucial element of human resources for health, Community Health Workers (CHWs). Through further conversations with multiple stakeholders, it was discovered that the demand for an event of this kind was necessary. The idea to host a symposium, to share best practices and lessons learned, as well as brainstorm innovative solutions through cross-country collaboration, was born with funding support from the United Kingdom (UK) Department for International Development (DFID) through Tropical Health and Education Trust (THET). The two Universities engaged many partners, locally and globally, to make the Symposium a possibility. The theme was chosen due to the timing of the recently launched Sustainable Development Goals (SDGs), as many countries were planning and implementing programmes to achieve these international targets.

Through outreach, engagement, and mobilisation of partners, the Symposium gained momentum. Healthcare Information for All (HIFA) organised an online thematic discussion that took place over six weeks in the build up to the Symposium. In addition, World Vision, with support from CHW Central, Makerere University, and Nottingham Trent University, hosted a blog series with the theme a Vision of Tomorrow’s Community Health Workers to kick start conversations. The success of the Symposium illustrates the strong need for future global meetings with focus on CHWs and their programmes.

Key takeaways
During three days of over 140 oral and poster presentations, as well as 3 key note addresses, 13 panel discussions and 2 workshops, the following key takeaways emerged:

- Through systematic planning and multi-sectoral collaboration, CHW programmes can be a huge driving force to attain at least seven SDGs namely: SDGs 1 (ending poverty), 2 (ending hunger and ensuring food security), 3 (health and wellbeing), 5 (gender equality), 6 (clean water and sanitation), 10 (reduce inequalities), and 17 (partnerships for global health).
- Successful CHW programmes have support at policy and national levels. This support is provided through strong leadership, governance, country ownership and buy-in.
- Institutionalisation and integration of CHWs into the formal health system structure is crucial. In addition, there is a clear need to address existing systemic challenges including structural, social, economic, and political determinants of health, before considering introducing new structures to any health system.
- CHW programmes must be tailored to meet needs and priorities that are culturally and contextually appropriate. Successful programmes can be replicated from one setting to
another, and cross-country learning should be encouraged. However, interventions need to be moulded to take account of local realities.

- CHW programmes should be subject to regular evaluation and review to ensure that they are working optimally.
- CHWs collect and hold the data, which should be fed into national information systems for decision making. They must be supplied with the tools and analytical frameworks to understand this information to inform their communities and continuously improve quality.
- Attention must be paid to CHW workload and feasibility of the roles and responsibilities they are asked to take on. If CHWs are over worked and required to complete unachievable tasks, they will become demotivated and exhausted. Programmes must also be structured to enable CHWs to become empowered.
- CHWs should be supported and incentivized, which may vary according to context. Incentives must be culturally and contextually appropriate.
- It is important to factor issues of equity, disability and gender, as well as reproductive health among adolescents into CHW programmes and policies.
- CHWs must be cherished, their ideas and concerns heard. Programmes should be established to ensure that CHWs feel comfortable expressing their concerns openly. They should continue to help lead future Symposia.

Actions

Through the extensive discussions and knowledge sharing at this Symposium, it is clear that all stakeholders make important contributions, providing support that CHWs need to be successful in their role in attaining the SDGs. Some future actions are broken down by stakeholder below:

1. Donors and research funders

Donors must prioritise funding CHW programmes that are evidence-based and with strong country ownership and leadership. Research funders must prioritise the monitoring and evaluation of CHW programmes and their impact on SDG achievement. Funders should also prioritise their investments around host country government priorities and needs as well as avoid fragmentation and poor coordination, which undermines CHWs.

2. Researchers / academics

Researchers and academics must continue to study motivation and incentives of CHWs, governance structures, and linkages to improve existing and upcoming programmes. They should also prioritise rigorously researching existing CHW programmes’ impact in relation to achieving the SDGs. Further, researchers and academics must look to disseminate their findings widely through open access peer-reviewed and grey publications, and in formats that are legible to CHWs and the communities they serve. Methods that enable CHWs to research their own realities and set the questions that should be reviewed are encouraged.

3. Policy makers

Leadership, ownership, and buy-in are essential for successful CHW programmes. Policy makers should acknowledge the importance of CHWs across sectors and ensure the necessary support is in place. Policy makers should conduct frequent mapping of partners and existing programmes to avoid overburdened and disempowered CHWs, as well as programmes that are not in line with country priorities. Through mapping exercises, facilitation of partnerships and knowledge sharing can be easily conducted. Proper accountability, and monitoring and evaluation mechanisms should be in place and maintained frequently. Policy makers should make time and space to give thanks to CHWs for the contribution they make to their nation’s health.
4. Practitioners and communities

Practitioners must prioritise partnership with the above-mentioned actors, as well as with other stakeholders and the communities themselves. Through partnership and continued dialogue, practitioners (including implementing partner organisations, health workers, and government workers) will be able to avoid duplication of efforts, overloading, and disempowering CHWs, and increase impact and health outcomes. Indeed, there is need to harmonise incentives and remuneration of CHWs. Practitioners and communities should also work together to conduct asset mapping as well as determine the existing (informal and formal) structures when designing programmes.

5. All

All stakeholders must work together to support CHWs so that they feel empowered, recognised, successful, and have an impact in their roles. Conversations and knowledge sharing should happen on a frequent basis across all sectors.

Conclusion

It became apparent that there is a strong need to continue the dialogue between local, national, and global stakeholders involved in CHW programmes. It was proposed at the Symposium that such events be held every two years. The organisers of the first Symposium are committed to supporting this in conjunction with other partners such as the Health Systems Global Thematic Working Group on Supporting and Strengthening the Role of Community Health Workers in Health System Development and other interested networks and projects. Countries / institutions interested in hosting the second Symposium should begin to explore this opportunity.

In order to stay involved in the discussion and ongoing cross-country collaboration, the following platforms are available to continue the dialogue and learning:

- Healthcare Information for All (HIFA) – [www.hifa.org](http://www.hifa.org)
- Key resources and discussions can be found and contributed to CHW Central – [www.chwcentral.org](http://www.chwcentral.org)
- Become a member of the Health Systems Global Community Health Workers Thematic Working Group (HSG TWG) and receive important updates on latest health systems research and knowledge translation, as well as contribute to the dialogue. Email [faye.moody@lstmed.ac.uk](mailto:faye.moody@lstmed.ac.uk) for more information on how to join. For questions or more information, please contact [chwsymposium@musph.ac.ug](mailto:chwsymposium@musph.ac.ug).