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Development of Egypt's National Community Health Worker Strategy Optimizing a Historical Program for the Future

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Background

Egypt's *Raedat Refiat* (RR)—or “village pioneer”—program is a national community health worker (CHW) program that promotes preventive and primary health care services. Growing from 5,000 CHW positions in 1994 to more than 14,000 positions at present, the program is intended to reach over one-third of women of reproductive age. In 2015, the CHW program was assessed with funding from USAID/Egypt, the Ministry of Health and Population (MOHP), and partners, including USAID's flagship Maternal and Child Survival Program (MCSP), known in Egypt as Improving Maternal, Child Health and Nutrition (IMCHN). The assessment found that CHWs are essential members of Egypt's frontline health team and that the government has invested significant financial resources; however, the program did not demonstrate desired results or impacts.

A two-pronged approach was undertaken to strengthen the CHW program: (1) develop a new national strategy and (2) update the training program, targeting CHW knowledge and skills development. The Government of Egypt envisaged a new strategy, with clear vision and metrics, that would facilitate advocacy and fundraising and support the CHW program in achieving its desired results and impacts.

Box 1. *Raedat Refiat*—community health worker (CHW)—assessment recommendations

1. Confirm or establish the direction of the CHW program toward a family health strategy.*
2. Establish explicit strategic goals, objectives and performance management indicators.*
3. Establish clear and recognized operational management of the CHW program through a unit at the governorate level.
4. Provide practical and operational guidance to CHWs at the governorate level, in order to more strategically balance CHW activities between (1) home visits and community outreach, and (2) mobilization and support of community groups for health promotion and social change.*
5. Establish, resource, and implement a state-of-the-art training strategy adapted to the ambitions of the CHW program.*
6. Use mobile technology.*
7. Improve the CHW and community health promotion information system.*
8. Involve communities in setting and achieving health objectives with the CHW program through systematically partnering with local leaders and organizations.
9. Plan for a future with CHW career advancement opportunities.
10. Improve the CHW motivation and incentive system.
11. Cost recommendations to move the CHW program forward in the next 5 to 10 years.

The “Engine” of Strategy Development

The findings and recommendations of the 2015 assessment directly informed the design of the new national CHW strategy.¹ In collaboration with MOHP, IMCHN validated the 11 assessment findings and recommendations with key stakeholders. Many of these recommendations, which eventually evolved to become CHW strategy components, reflect evidence-based guidance contained in the World Health Organization’s recently published *Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes*.²

As shown in Box 1, IMCHN led or supported implementation of 6 of the 11 assessment recommendations. (Those assessment recommendations led or supported by IMCHN are noted by asterisks in Box 1.) Throughout the national strategy development process, IMCHN catalyzed and mobilized central-level MOHP, donors, and other resource partners to support the new concepts, interventions, and actions described in the five remaining recommendations. IMCHN continued to galvanize support for the national strategy throughout implementation of the program. Using the data and insights garnered from the assessment and relevant experiences from other countries’ community health worker programs, IMCHN advocated for more than added, traditional training to address CHW program needs. Rather, IMCHN collaborated with MOHP to make the national program better fit for purpose in the long run—creating a national program that draws upon evidence, engages in long-term thinking, and promotes sustainability. In the words of Dr. Amal Zaki, former CHW program director, the collaborative strategy development process led and guided by her team was “the engine”³ that catalyzed strategy development.

In September 2016, the Minister of Health and Population authorized the formation of a technical advisory group (TAG) to coordinate the development of the new CHW strategy. As the TAG secretariat, IMCHN worked with MOHP to bring diverse stakeholders together in an inclusive process that included the family planning sector as well as the primary health, preventive, and curative sectors. IMCHN also ensured cross-sectoral representation across relevant ministries, including Social Solidarity and Agriculture.⁴

The new strategy centered around four pillars of institutional frameworks: governance, partnership, capacity building, and community health services and quality. Additionally, the strategy prioritized the improvement of specific indicators of, and contributors to, morbidity and mortality based on recent data. A Lives Saved Tool analysis conducted during the CHW assessment suggested potential areas upon which to refocus CHW efforts. The TAG considered this analysis along with assessment recommendations and relevant experiences from other countries’ community health worker programs.

In February and March 2017, MOHP and IMCHN facilitated focus group discussions with CHWs and CHW supervisors in selected governorates. Draft strategy elements were shared and feedback and recommendations were incorporated into the strategy. Dr. Amal Zaki reflected that the process was “not just people sitting in an office not listening to anyone . . . the strategy involved the CHWs and everyone else. The process didn’t leave a single person out of the development; we selected representatives from every region.”⁵ Dr. Lamia Mohsen, who facilitated the focus group discussions in 2017, noted:

Before the strategy, “There [was] always a lack of agreement if the [CHWs] were to only work on family planning or cover the entire scope of health messages. But after the strategy was implemented, it combined all the important health messages that concerned Egypt. When this was built onto the strategy, with indicators, monitoring, and evaluation . . . things were prioritized in terms of what was most important, what the existing challenges were, what the CHW’s role in the future would be. The strategy combined the program and gave it confidence.”

—Dr. Hossam Abbas
Head of Central Department of the Family Planning Services and Commodities, Egypt MOHP

¹ MCSP Egypt, Raedat Refiat Assessment Report, November 2015.

² World Health Organization. Guideline on health policy and system support to optimize community health worker programmes. 2018.

³ Interview with Dr. Amal Zaki, former (retired) Director of the CHW program, Egypt MOHP. Cairo, Egypt. February 2019.

⁴ Interview with Dr. Ali Abdelmegeid, former IMCHN Chief of Party. Cairo, Egypt. February 2019.

⁵ Interview with Dr. Amal Zaki, former (retired) Director of the CHW program, Egypt MOHP. Cairo, Egypt. February 2019.

[These discussions were] one of the most important things that were visible from the strategy. When we went and met them [CHWs] in Aswan and . . . in Giza, they spoke about the problems they were facing with record keeping, and this solution was solved through health management information system implementation.⁶ So I think there was high coordination in terms of responding to the needs of the CHWs. If the assessment of the situation changed, or the direction of the country changed, this is what would change the thinking or the vision. But there are some things that could never be changed, and this is the participatory approach—this was principle, this was the one thing that guaranteed ownership. It comes [from] ideas and contribution from the CHWs—people were able to see their contributions.⁷

In September 2017, the TAG shared the complete draft strategy with the Minister for his review and endorsement. In December 2017, MOHP, in collaboration with IMCHN, launched the national strategy at a high-level event in Cairo. Launch events for the Upper and Lower Egypt governorates occurred in March and April 2018, respectively.



Community health worker supervisors at a training in Beheira governorate.
Photo: Mohab El Shenawy/IMCHN.

The success of the TAG inspired MOHP to expand the committee’s scope to include monitoring and evaluation of the strategy’s implementation. Through this MOHP-led High Committee, IMCHN introduced a matrix for unifying the CHW evaluation process at the governorate level. Ultimately, stakeholders reached consensus on indicators, milestones, and timelines aligned with the four pillars of the CHW strategy and Egypt’s Sustainable Development Goal targets for maternal and child health. IMCHN’s support enabled MOHP to bring the right information and services to the right people at the right time, facilitating sustained monitoring of strategy implementation.

“Putting the Program into Real Action”

Egypt invests approximately USD 12 million annually in CHW salaries alone. The CHW strategy aims to achieve greater efficiencies and returns on this investment⁸ by optimizing the full potential of the CHW program. As Dr. Ali Abdelmegeid described, “You have to put into consideration that this program was running in the ministry for 25 years.” The process of strategy development encouraged MOHP and partners to pause and ask: “what the program is and what you are doing and what you want to achieve, what’s your vision?”

This consultative and iterative process resulted in a strategy that served as “a cornerstone for the program, building on the recommendations for what to do within the health system.” The strategy put “the program into real action. . . . It was not only a strategy on how to do ‘this or that’ but how to implement these actions and policies.”⁹ The strategy’s clarity of focus, metrics, and targets enabled MOHP and IMCHN to develop capacity building and training approaches for CHWs and CHW supervisors.

⁶ From 2017–2019, IMCHN collaborated with MOHP to design, launch, iterate, and resource a digital health management information system to capture CHW program and workforce data.

⁷ Interview with Dr. Lamia Mohsen, Professor of Pediatrics, Faculty of Medicine, Cairo University and Dean of New Giza Medical School. Cairo, Egypt. February 2019.

⁸ MCSP, Strengthening the Health System to Improve RMNCH Outcomes, February 2018.

⁹ Interview with Dr. Ali Abdelmegeid, former IMCHN Chief of Party. Cairo, Egypt. February 2019.

For example, working with technical committees, IMCHN and MOHP developed and rolled out a new CHW curriculum. The new curriculum consisted of four thematic training modules: newborn and child health, reproductive health, communicable and non-communicable diseases, and nutrition. Ultimately, more than 11,000 CHWs and CHW supervisors from 23 governorates were trained. With the validated strategy in hand, IMCHN and MOHP also developed new CHW Operational Guidelines, which were reflective of the new strategy and included a revised CHW job description, CHW qualifications, a reporting structure, and beneficiary household selection and registration processes. The strategy also outlined tasks for which CHWs would **not** be responsible.¹⁰

More than simply training CHWs—a critical input by itself—the strategy outlined the who, what, why, when, where, and how of the program: “a lot of things have been included: how to train them, how to select them, what to do when they get older, what work will they do.”¹¹ When actualized, the reporting structures, clear authority, and incentive and reward systems outlined in the strategy all increase the likelihood of sustained improved health system performance.^{12,13}

CHWs themselves also reported feeling greater confidence and satisfaction in their role. By including CHWs in the discussion, “it made them feel special and that people at higher levels were listening to them.”¹⁴ The strategy supported their work in being more organized: “They know what to do and they have become more creative about what to do. . . . Their job description has clarified.”¹⁵ In the words of one CHW from Assiut, CHW trainings based on the new curriculum provided the “necessary mix of skills required to be credible and reliable in my community and to be able to adapt to new and changing conditions.”¹⁶ Another noted that after her training, “Ladies were asking me in all topics, not only birth spacing. While the ladies followed my advice, their lives became better. For me, I became more precisely able to answer and keep trust with the women.”¹⁷



Community health workers at a primary health care unit in Aswan governorate. Photo: Gihan Ismail/IMCHN.

A Way Forward

In March 2017, the Minister of Health and Population organized an event to highlight and honor CHWs with certificates of achievement. At this meeting, he announced two commitments to support the sustainability of the program by addressing gaps identified in the 2015 assessment:

1. MOHP will hire additional CHWs, which will address numerous vacancies that exist due to attrition and retirement and improve coverage at the community level.
2. MOHP will provide transportation allowances to CHWs, which will cover costs related to conducting home visits that CHWs previously paid using personal funds.

To date, these commitments have not been realized. Fulfilling the pledges will require a financial commitment. To support MOHP in promoting greater efficiencies in their investments, in May 2018, the

¹⁰ Interview with Dr. Maha Sabry, IMCHN Deputy Chief of Party. Cairo, Egypt. September 2018.

¹¹ Interview with Dr. Amal Zaki, former (retired) Director of the CHW program, Egypt MOHP. Cairo, Egypt. February 2019.

¹² MCSP, Strengthening the Health System to Improve RMNCH Outcomes, February 2018.

¹³ World Health Organization. Guideline on health policy and system support to optimize community health worker programmes. 2018.

¹⁴ Interview with Dr. Lamia Mohsen, Professor of Pediatrics, Faculty of Medicine, Cairo University and Dean of New Giza Medical School. Cairo, Egypt. February 2019.

¹⁵ Interview with Dr. Maha Sabry, IMCHN Deputy Chief of Party. Cairo, Egypt. September 2018.

¹⁶ IMCHN coaching visit. Assiut, Egypt. March 2018.

¹⁷ CHW focus group participant. Giza, Egypt. March 2019.

World Bank was tasked with developing a costed, five-year implementation plan aligned to the goals, objectives, and indicators of the CHW strategy. The implementation plan was released and validated in mid-2019 by the High Committee and is now with MOHP.

In the intervening period, MOHP, under new leadership since early 2018, has highlighted the need to review the national strategy for its applicability in Egypt's border governorates. The five border governorates (North Sinai, South Sinai, Matruh, Red Sea, Port Said) exhibit an epidemiological, geographic, and cultural profile that is distinct from the 18 governorates of Upper and Lower Egypt. A differential strategy, sub-strategy, and implementation plan aligned with the needs of these governorates is warranted. Building on the successful development and initiation of the national strategy, MOHP is well-placed to lead this process and promote CHWs as key actors in Egypt's journey to self-reliance.

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