



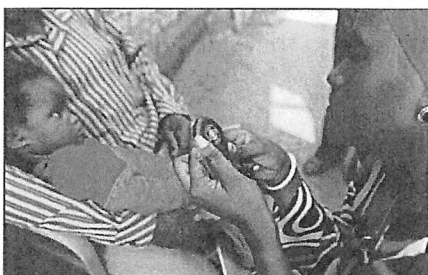
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ASPEN MANAGEMENT  
PARTNERSHIP FOR  
HEALTH

## Introduction to AMP Health

June 2016

## Community health workers play a key role in advancing health and broader development goals...

**Community health workers (CHW) are laypeople trained to deliver basic services** →



- Trusted members of the community they serve
- Example services include administering vaccines and distributing bed nets
- Serve as point of access to health system for rural areas

**CHWs play a key role in health systems in developing countries** →

- **Health worker shortage**  
Sub-Saharan Africa (SSA) has 25% global disease burden, 3% of health workers
- **Burden of chronic diseases**  
90% of premature deaths from non-communicable disease (NCD) are in low-middle income countries
- **Need for preparedness**  
CHWs can perform outbreak surveillance, reporting, control and management (e.g., Ebola epidemic)

**CHWs generate proven health, economic and social benefits**

**33%**

Less deaths among children < 5

**10:1**

Return on financial investment

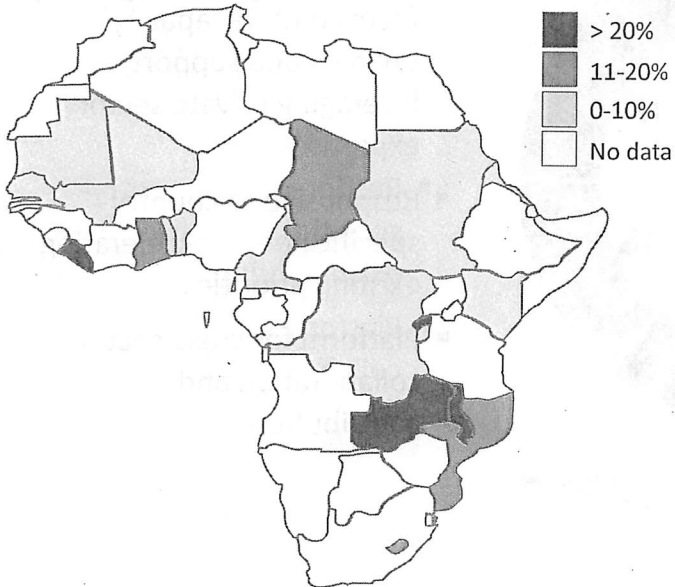
**70%**

CHWs are women

...but are still limited in scope & effectiveness in some countries

### CHW coverage is limited in scope & effectiveness

% of country population covered by CHW



### Leadership and management matters

>2x

Multiple measures of performance of higher functioning organizations vs lower functioning

67%

% increase in coverage of key interventions after management capacity building in Kenya

Lack of management skill appears to be the single most important barrier to improving health throughout the world

William Foege  
Former Director, US CDC

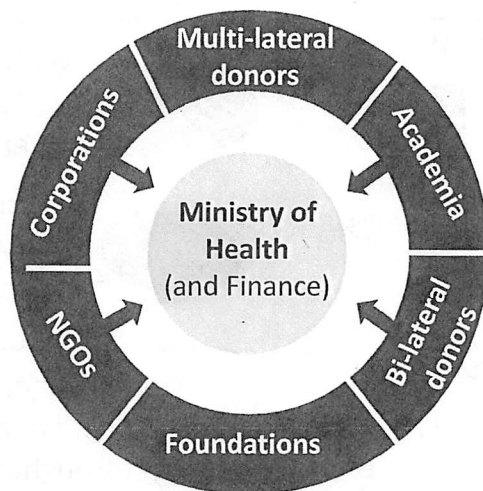
In addition, CHW deployment is often fragmented due to disease-oriented funding

Stronger leadership & management were key enablers of CHW success in Rwanda & Ethiopia

## AMP Health is an innovative cross-sector approach to working with ministries of health to strengthen community health systems

### Program elements

- Placement of mid-career professionals (Management Partners, or MPs) into ministries of health (MoH) for 2 years
- Leadership & management training and targeted technical support
- Cross-country sharing of lessons learned



### Distinctive approach

- Real-time, sustained and focused MoH capacity building and support, leveraging private sector expertise
- Responsive to country-specific needs, accelerating existing priorities
- Platform for cross-sector collaboration and contribution

### Objectives

- **Stronger health systems:** Increase the effectiveness of national community health units
- **Stronger leaders:** Develop sustainable leadership capacity within ministries of health

## AMP Health aims to support community health worker systems at key inflection points

Stage	Develop national strategy	Implement national strategy	Adapt strategy to changing conditions	Support transition to sustainability
Description	<ul style="list-style-type: none"> <li>▪ Countries without national standards and/or strategies for CHW</li> </ul>	<ul style="list-style-type: none"> <li>▪ Countries with new/updated strategy being developed or in place</li> </ul>	<ul style="list-style-type: none"> <li>▪ Countries facing significant changes impacting CHW program (e.g., devolution)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Countries with well-developed programs transitioning looking to sustainability</li> </ul>
Types of support	<ul style="list-style-type: none"> <li>▪ Define standards for CHW role</li> <li>▪ Develop national strategy</li> <li>▪ Create investment case</li> </ul>	<ul style="list-style-type: none"> <li>▪ Support transition to ministry-led program</li> <li>▪ Strengthen management of regional implementation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop approach to county performance management</li> <li>▪ Support county-level advocacy for investment in CHWs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Investigate innovative financing models</li> <li>▪ Identify path for implementation and pilot</li> </ul>
Example country	Malawi	Sierra Leone	Kenya	Rwanda

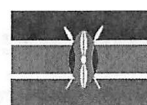
## AMP Health's vision for success over the next 5 years

- **Stronger community health worker systems**
  - 25% additional investment in CHWs in AMP Health countries\*
  - 25% additional CHWs trained and/or deployed in AMP Health countries\*
- **Stronger leaders**
  - 25% improvement over baseline scores on 360 degree assessments of leadership & management skills (for MoH participants and AMP MPs)
  - 75% of AMP Health MPs continue to work in global health

**Work in progress, as M&E framework being refined**

\* Compared to baseline projection based on historical trend

## Kicked off in Kenya in February – team overview



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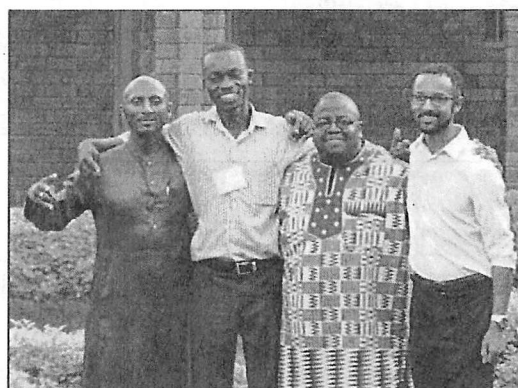
**Salim Hussein**

- Head of Community Health Unit, Ministry of Health



**George Kasara**

- Technical Assistant, Department of Preventive & Promotive Health



**Thomas Kisimbi, Management Partner**

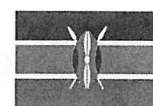
- Most recently Kenya Director for Evidence Action's Deworm the World
- Previously Malawi Director and Global Associate Director for Malaria at Clinton Health Access Initiative
- Graduate of University of Pennsylvania School of Nursing and the Wharton School



**Mark Laichena, Management Partner**

- Most recently a management consultant at McKinsey & Company's Africa Delivery Hub, based in Kenya
- Previously worked with McKinsey in the US, consulting for public, private and sector organizations
- Graduated from the University of North Carolina at Chapel Hill

## Early progress: Data being used more effectively to monitor county performance management



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Multiple data sources utilized to create national view of county-level CHW performance

Performance snapshots distributed to counties

County success stories distributed broadly to inspire stronger performance

County overview		Community health system status				Functionality measures		DHS health metrics		
Name	2015 population	CHU coverage	CHU growth	CHEWS per CHU	CHVs per CHU	2015 Data submission	2015 dialogue	TFR	ANC 4+	Full vaccinated
Kenya	46,476,839	51%	62%	0.8	19.8	N/A		N/A	N/A	N/A
Nyeri	713,774	176%	498%	0.3	10.0					
Migori	579,766	116%	187%	0.3	11.9					
Homa Bay	1,117,051	111%	14%	1.0	10.9					
Busia	887,276	104%	71%	0.1	8.6					
Kakamega	1,923,592	101%	150%	0.5	10.0					
Siaya	925,376	101%	-3%	1.0	11.5					
Elgeyo Marakwet	432,360	98%	8%	1.4	9.6					
Bungoma	1,648,604	97%	287%	0.9	12.2					
Isiolo	176,247	88%	63%	0.6	20.0					
Kisumu	1,082,194	86%	19%	0.3	11.6					
Uasin Gishu	1,106,843	76%	127%	1.0	10.0					
Vihiga	590,844	74%	151%	1.5	10.6					
Murang'a	1,091,187	66%	44%	0.5	10.0					
Nakuru	1,915,569	65%	137%	2.0	13.4					
Nyamira	667,020	64%	60%	0.4	15.3					
Marsabit	392,201	57%	1400%	0.6	30.0					
Makueni	959,771	57%	21%	0.5	50.0					
Kirinyaga	575,352	56%	41%	1.3	18.1					
Garissa	816,993	54%	300%	0.7	29.0					

### Community health unit performance varies across your counties

	Number of CHUs reporting in DHIS (2015)	% of CHUs reporting doing dialogue days	Dialogue days per CHU	Pregnant women referred for ANC visits	Percent of CHUs who reported distributing EP
Kenya average	3955	58%	7.9		
Counties					
Embu	32	22%	2.9		
Makueni	71	23%	4.3		
Taita Taveta	29	72%	11.8		
Tana River	34	29%	5.9		

All CHUs should be in DHIS

Good indicator of whether CHUs are operating

Show quality

Source: Kenya DHS/SS (2015 data)

### County success story template

County: KIRINYAGA	Contact to learn more: kagoevan@yahoo.com
Type of success (e.g., sustainability, advocacy, capacity building, CHU performance, etc.) Advocacy capacity building	
Date of new approach (e.g., Oct-Dec 2015)	
Detailed description of what was done Concept paper prepared for submission to leaders addressing issues incentives for CHVs. Quarterly updates for all CHVs through F.I.F support. All cu's supplied with Aquatais Updates on key health messages, cholera prevention and control and other emerging issues.	
Results achieved Suppression of cholera out break Reduced morbidity on diarrhea cases due to increased accessibility to save drinking water. Increased Immunization coverage 92% Increased skilled birth	

The development and use of this tool has been a vehicle for building data management capacity within CHU



## Kicked off in Malawi in July



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### Team



#### Precious Phiri

- National Primary Healthcare Coordinator, Ministry of Health



#### Humphreys Nsona

- Program Manager for the IMCI Unit, Ministry of Health



#### Matthew Ramirez, Management Partner

- Co-Founder of Teen Support Line, a non-profit serving teens with HIV in Malawi
- Lived in Malawi and has worked there for 5+ years
- Former Pepsi Brand Manager
- Captain of NYU soccer team
- Holds MA in Global Development from Georgetown

### Preliminary scope of work

Increase retention of HSAs within catchment areas

- Develop plan to address ↓ retention within HSA catchment areas from 68% to 95%

Standardize services provided by HSAs

- Ensure HSA care offerings meet standard based on community essential health package

Ensure adequate supply of HSAs

- Develop investment case for increasing supply of HSAs

## Who we are

### Leadership team



**Michael Park**  
*Director of Strategy  
and Operations*



**Serufusa Sekidde**  
*Director of  
Partnerships  
and Country  
Engagement*



**Peggy Clark**  
*Executive Director,  
Aspen Global  
Health and  
Development*



**Katie Drasser**  
*Deputy Director,  
Aspen Global  
Health and  
Development*

### Partnership Board members



**Peggy Clark [Chair]**  
*Vice President, Policy Programs*



**Lisa Bonadonna**  
*Head, GSK-Save the Children Partnership*



**Andrew Hastings**  
*Deputy Director, Integrated Delivery*



**Austin Hearst**  
*Vice-Chair, Community Health Workers*



**Scott Higgins**  
*Director of Operations, Merck for Mothers*



**Chuck Slaughter**  
*Board Member & Chief Financial Officer*



**Wendy Taylor**  
*Director, Center for Accelerating Innovation & Impact*



**Jeff Walker**  
*Vice-Chair, Community Health Workers*

### Partner organization

