What do we know about lay health workers?

An overview over a multi-disciplinary project

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**LAYVAC: Lay health worker programmes for vaccine uptake in low and middle income countries – developing a global knowledge-base**

### Management team

- Simon Lewin – LSHT/Norwegian Knowledge Centre
- Claire Glenton – Norwegian Knowledge Centre/SINTEF
- Gloria Azalde – SINTEF
- Inger Scheel – SINTEF /Norwegian Knowledge Centre

### Partners

- Medical Research Council, South Africa
- Johns Hopkins Bloomberg School of Public Health
- The Nepal Family Health Program
- University of Cape Town, South Africa
- CAICET Research Institute, Bolivarian Republic of Venezuela
+ Individual researchers from other institutions
• Effective vaccines for life-threatening diseases are widely available
• Poor and inequitable access to these technologies remains a problem in many countries
• The critical shortage of health personnel is a major obstacle
• Renewed interest in lay or community health worker programmes
What is a lay health worker?

- Carrying out health care functions
- No formal professional (or paraprofessional) education
- Trained in some way in relation to the programme
- Paid or voluntary
- Many different names
Objectives

- To assess the effectiveness of LHWs in improving vaccination uptake in LMICs and in improving health care delivery and health care outcomes
- To synthesize data on cost-effectiveness from RCTs of LHW programmes to promote vaccination uptake
- To explore micro- and macro-level factors influencing the effect, or lack of effect, of LHW interventions to promote vaccination uptake
- To contribute to the development of methods for synthesizing qualitative and quantitative data on the effects of community-based health care interventions
- To identify policy options for the use of LHWs in vaccination programmes and other priority areas across different settings.
Or, in other words:

• Do these programmes work?
• Are they affordable?
• Will they work in my particular setting?
• Which factors can influence their success and sustainability?

We used methods and perspectives from different disciplines to help answer these questions
Methods

• 2 Cochrane systematic reviews of effect (+)
• 1 Systematic review of effect with broader inclusion criteria
• Systematic review of cost-effect
• Case studies
  – 11 LHW programmes in 3 countries
  – 110 interviews
• Methods papers
Do LHW-programmes work?

82 RCTs for maternal/child and infectious diseases

Promising benefits in
• promoting immunization uptake,
• promoting breastfeeding, improving TB outcomes,
• reducing child morbidity and mortality

....when compared to usual care

Can we strengthen the applicability of the results?

- 7 studies from high income countries
- 5 from LMICS
- Only 2 non-RCTs found
- Provided some new insight
- Did not influence our conclusion
- Extremely work demanding!


Claire Glenton¹,², Simon Lewin¹,³,⁴, Alain Mayhew³, Inger Scheel¹. Non-randomised studies in systematic reviews of health systems interventions: Do authors consider them and do they find them? A methodological study. 2011 Forthcoming
Are they cost-effective?

- 3 strong studies
- Insufficient data
- Narrow focus on health outcomes
- Affordability, sustainability ignored
- Too much variation between programmes and settings limits comparability

What may have influenced outcomes?

- Contextual factors or intervention characteristics may influence outcomes
- Often poorly reported in trials
- Identified qualitative research carried out alongside trials
- Only 17% of trials qualitative work was available

Sustainability

Possible reasons for why some programmes die while others thrive

Intrinsic factors

Organisation Services Attrition Renumeration
LHW characteristica Gender, literacy
Training Supervision Support Materials
etc

Extrinsic factors

A Change in needs or expectations
B Change in health care distribution
A misconception: “There is virtually no evidence that volunteerism can be sustained for long periods”

- FCHV programme in Nepal – ca. 50,000 women
- Based on volunteerism
- Sustained > 20 years
- Only 5% attrition
- Volunteerism versus payment NOT main lesson
- Key message: It may be more important to achieve a shared understanding between LHW and policy makers to ensure appropriate incentives regardless of context

Politics shape socio-political context

.....and provide core values to guide policy for health care distribution
From macro-politics to people’s lives

• The values (politics) underpinning health policy determine who will benefit from health care services

• The socio-political context influence health – for better or for worse
Communication with users

Do lay health workers in primary and community health care improve maternal and child health?

Lay health workers have no formal professional education, but they are usually provided with job-related training. They can be involved in either paid or voluntary work. They perform diverse functions related to health care delivery and a range of forms are used to describe them including village health workers, community volunteers and peer educators, among others.

Key messages

- The use of lay health workers in maternal and child health programmes shows promising benefits compared to usual care or no intervention in:
  - increasing the uptake of immunisation in children;
  - promoting breastfeeding;
  - reducing mortality in children under five years;
  - reducing morbidity from common childhood illnesses.

- Little evidence is available regarding the effectiveness of substituting health professionals for lay health workers or the effectiveness of alternative strategies for training, supporting and sustaining lay health workers.

- Factors that need to be considered to assess whether the intervention effects are likely to be transferrable to other settings include:
  - financial support for lay health worker programmes;
  - the availability of routine data on who might benefit from the intervention (e.g., children whose immunisation is not up-to-date);
  - resources to provide clinical and managerial support for lay health workers;
  - the availability of drugs.

Who is this summary for?

This summary is intended for policy-makers, donors, lay health workers and primary and community health care practitioners.

This summary includes:

- Key findings from research based on a systematic review.
- Considerations about the relevance of the research for low- and middle-income countries.

What is systematic review?

A summary of evidence addressing a clearly formulated question that is objective and explicit with well-defined population, intervention, and comparison in a specific and clearly defined context and critically appraising the scientific evidence and synthesising data from the included works.

Cochrane - an international collaboration formed in 1993. The Cochrane Library contains the Cochrane Database of Systematic Reviews, the Cochrane Central Register of Controlled Trials and the Cochrane Methodology Register.

Guides for use of Cochrane reviews in policy decisions can be found at the Cochrane Effective Practice and Policy site.
Project organisation

- PI team of three experienced researchers
- Core group members involved in all sub-projects
- Multidisciplinarity as function not as structure
- Infrastructure of host organisation
- Budget project management as a work package
- Research Council – GLOBVAC program
Thank you!