

Embedding Community Health Workers within an Integrated UK Global Health Strategy: A critical route to achieving UHC and Building Back Better from the COVID-19 pandemic

Community health workers (CHWs) play a vital role in strengthening health systems and ending preventable deaths, and act as a first line of defence against health security threats. Scaling up support for CHWs is also a priority for women and girls, and critical to the achievement of universal health coverage (UHC), in line with the Sustainable Development Goals.

This brief outlines key recommendations to enhance UK investment in community health, describes the role of community health workers in ending preventable maternal and child deaths and highlights the current state of UK investment in community health workers.

Key Recommendations

We urge the UK government to:

1. **Recognise and champion** the importance of community health systems, and the role of CHWs in expanding access and coverage of essential health services, supporting COVID-19 response, and building resilience against future health threats.
2. Leverage its influence over global health stakeholders, decision makers and donors to **advocate for the protection of community health workers throughout the COVID-19 pandemic**, ensuring all CHWs are **fully vaccinated against COVID-19 by December 2022**.
3. Publish and disseminate its **International Development Strategy**, with **explicit commitments to increase UK investment in community-based health systems and champion the role of integrated community health worker programmes** in meeting the needs of the most marginalised, vulnerable and “last-mile” communities, supported by operationalisation of the recently launched Ending Preventable Deaths Approach Paper and Health Systems Strengthening Position Paper. In line with this, ensure UK Global Health strategies are accompanied by publicly disseminated performance indicators for accountability and tracking.
4. Increase **sustainable, flexible and long-term financing through its bilateral ODA investments** to support integrated, country-owned and led community health programmes, with an emphasis on the training and payment of community health workers, especially CHWs from marginalised and vulnerable communities.
5. Sustain funding for critical **multilateral global health institutions** such as Gavi the Vaccine Alliance, the Global Financing Facility (GFF), and the Global Fund to Fight AIDS, TB and Malaria (Global Fund), and leverage its role as a board member of such institutions to ensure CHWs are recognised as a priority within global strategies to achieve universal health coverage and health systems strengthening, while also exploring new partnering opportunities such as through the [Community Health Roadmap](#).

6. Improve the way its investments in community health are **tracked and reported**, to foster transparency and accountability, and ensure reporting requirements incentivise an integrated approach.

Background:

Recent years have seen a growing focus on the role of community health systems across sectors, whether it be preventing and treating infectious diseases such as malaria, driving progress on water, sanitation and hygiene and nutrition outcomes, or ensuring a continuum of care for reproductive, maternal, newborn, child and adolescent health (RMNCAH).

Over the last 18 months this recognition has been further strengthened by the central role of CHWs in responding to the COVID-19 pandemic. These developments build on a strong foundation of learning and expertise in community health care, in which investment in community health has been shown to be a critical pathway to achieve UHC and end preventable maternal and child deaths, as well as strengthening the frontline disease prevention, detection and response capacities needed to build resilient health systems everywhere.

However, despite their critical role and a clearly established case for investment, support for CHWs remains underfunded and fragmented, leading to systems that are neither resilient nor sustainable, and perpetuating significant gaps in care, particularly for the most marginalised. Recent research suggests there is a huge chasm between World Health Organisation (WHO) recommendations for optimising CHW programmes and reality on the ground, with only 14% of CHWs on the African continent receiving a salary¹. On top of this, estimates suggest that by 2030 there will be an 18 million health worker shortage, affecting Africa and Asia most acutely² and risking further impediments to the effectiveness of CHW interventions and health outcomes of marginalised communities.

The UK government, through its decades long investment in global health, is well placed to champion the role of CHWs as crucial to strengthening health systems and ending preventable deaths. Further, through its leadership on the global health stage, the UK government can foster greater recognition, investment in and protection of CHWs with global health stakeholders, donor and recipient governments, and multisectoral partners.

This current climate - in which the FCDO is defining its International Development Strategy, as well as business planning for investments towards its recently released [Ending Preventable Deaths Approach Paper](#) and [Health Systems Strengthening Position Paper](#) - presents an opportunity to champion the role of CHWs in:

- Health promotion and health security within community health systems
- Reaching marginalised and missed populations
- Garnering community intel and surveillance
- Fostering and embedding trust between marginalised communities and health systems.

¹ [Ballard M, et al. 2021. Compensation models for community health workers: Comparison of legal frameworks across five countries J Glob Health. 2021; 11: 04010.](#)

² [Masis et al. 2021. *ibid*](#)

Community Health workers (CHWs)

CHWs are often volunteers who have received informal or basic training in health promotion. They do not hold formal or professional certificates of education and usually live and work within the community they serve³.

CHWs are consistently relied upon in low- and middle-income settings to offset critical shortages in the health workforce. CHWs play a crucial role providing healthcare where the number, capacity or distribution of the traditional health workforce do not meet the needs of the population, and where children and their families lack access to case management at health facilities.

The effectiveness and sustainability of CHW programmes is maximised when they are recognised as part of a broader national health system that is people-centred and community-oriented, and when CHWs are effectively integrated into primary health care teams. Similarly, it is vital that CHWs are able to provide diagnostics and treatment for multiple illnesses in an integrated way that reflects the needs of their patients.

The Case for Community Health Workers

Community health workers play a vital role in strengthening health systems and ending preventable deaths

Community health systems - and CHWs in particular - are a vital component of broader efforts to strengthen health systems. CHWs relieve pressure on overburdened nurses and doctors, reduce out of pocket costs associated with travel, and are more cost effective than facility based services across several essential health interventions including immunisation, family planning, HIV, and counselling services as well as promotion of hygiene and environmental sanitation⁴. CHWs are instrumental in fostering trust and building demand for health services especially in marginalised, low resourced and missed communities. For example, CHWs have played a key role in national routine immunisation programmes, fostering increased vaccine uptake and improved understanding amongst parents on vaccine preventable diseases and childhood vaccine schedules⁵; there is also evidence that community-based intervention models are effective in reducing mortalities associated with malaria¹².

CHWs' ability to provide integrated community case management is also vital in shifting towards an integrated, patient-centred approach to health care that builds bridges across sectors and empowers individuals to adopt improved health seeking behaviours.

WHO has published evidence⁶ of the cost-effectiveness of close-to-community health programmes and the role of CHWs in meeting the needs of populations, with analysis demonstrating a 10:1 economic return on investment from community health systems in Sub-Saharan Africa. In RMNCAH, malaria and TB programmes, CHWs were found to be cost effective and impactful in expanding coverage and equity, key tenets of UHC.

³ [GHWA. 2015. *The cost-effectiveness of close-to-community health programmes: What do we know and where are the gaps?*](#)

⁴ [USAID. 2020. *Strengthening Primary Health Care through Community Health Workers: Closing the \\$2 Billion Gap*](#)

⁵ [Oku A, Oyo-Ita A et al. 2017. *Perceptions and experiences of childhood vaccination communication strategies among caregivers and health workers in Nigeria: A qualitative study. PLoS ONE 12\(11\)*](#)

⁶ [GHWA. 2015. *ibid*](#)

Community health workers act as a first line of defence against health security threats

Since COVID-19 pandemic erupted in 2019, many countries have been utilising CHWs to mobilise national efforts to overcome the pandemic. Across the globe, CHWs are actively engaged in contact-tracing and diminishing stigma and misinformation. For example, in Uganda over 33,000 frontline health workers deployed through UK Aid funded programming have been supported to safely identify, treat and refer COVID-19 cases whilst sustaining integrated community case management of malaria, pneumonia, diarrhoea and other infectious diseases⁷. Furthermore, CHWs play a vital role in scaling up and sustaining preventative behaviours through mobilising communities to practice essential public health measures such as handwashing with soap, and organising hand hygiene stations in communities and healthcare facilities. Similarly, in past epidemics like the Ebola outbreak in 2014 and the Avian influenza and Zika epidemics, CHWs participated in contact-tracing, raising awareness, conducting infection prevention and control training, implementing RMNCAH community based services and actively assisting frontline health workers in outbreak response health facilities.⁸ In some countries⁹ CHWs have also been trained in appropriate antibiotic prescription and can improve community knowledge of antimicrobial resistance.

Any efforts to build global health security must therefore first prioritise population health and strengthen systems at the community level. CHWs are at the heart of scaling up access to primary health services, promoting healthy and preventive behaviours, ensuring timely diagnosis and treatment of infectious diseases, community-based surveillance systems and influencing appropriate health seeking behaviours. They can also help lay the foundations needed to identify new disease outbreaks and stop them in their tracks, for example by addressing current blind spots in the diagnosis of fever cases and ensuring timely referral to prevent death.

Scaling up support for community health workers is a priority for women and girls

Over 70% of the global health and social care workforce are women.¹⁰ Securing adequate training, formal employment, mentorship and career opportunities for CHWs and ensuring that CHWs programmes and policies are gender transformative will positively benefit and empower millions of women who make up the majority of CHW cadres worldwide.

Women and girls also disproportionately experience health, societal and economic impacts of illness and disease as patients and caregivers. Investing in the community health workforce can play a vital role in protecting women and girls from these devastating costs by ensuring the information, care and services they need are available at the community level from women they know and are familiar with. Increasingly, the importance of embedding gender transformative approaches in community health programmes is acknowledged widely, and is reflected in WHO's guidelines on optimising CHW programmes¹¹.

⁷ [Rolfe B. 2021. *Leave No Fever Unresolved: The malaria pathway to end this pandemic - and prevent the next*](#)

⁸ [Bhaumik S, Moola S, Tyagi J, et al. 2020. *Community health workers for pandemic response: a rapid evidence synthesis*. *BMJ Global Health*](#)

⁹ [Graham K. et al. 2016. *Rational use of antibiotics by community health workers and caregivers for children with suspected pneumonia in Zambia: a cross-sectional mixed methods study*. *BMC Public Health* volume 16, Article number: 897](#)

¹⁰ [Rosie Steege and Kate Hawkins. *Gender and Community Health Workers: Three focus areas for programme managers and policy makers* \[Accessed Nov 2021\]](#)

¹¹ [WHO. 2018. *WHO guideline on health policy and system support to optimize community health worker programmes*](#)

Promoting gender equity and endorsing full participation of women in decision making, planning and financing of CHW programmes should therefore form the basis of UK investment in community health systems.

The current state of UK support for community health

External funding is critical to efforts to strengthen community health systems, with an estimated 60% of current community health funding coming from donors like the UK¹².

The UK has historically played an important role in community health care via contributions to the Global Fund, United Nations Population Fund, and bilateral programming, and investment in research programme consortia that have contributed valuable learning in this space. However, weaknesses in tracking and accountability, as well as constraints created by current management approaches, risk undermining the impact of this contribution. In particular;

- As a cross-cutting issue, community health components are embedded in a wide variety of UK Aid programmes across sectors and geographies. However, the absence of clear and consistent policy markers means UK financing for community health is currently very difficult to track. This makes it hard for the UK government to be held accountable for its contribution to community health - or to demonstrate its leadership in this space to others.
- Some measuring and reporting requirements for UK-funded health programmes can inhibit rather than incentivise an integrated approach to community health, for example by encouraging separate CHW training programmes for different diseases through vertical programmes. Short funding cycles are also at odds with the timelines needed to deliver systemic impacts.
- Financial analysis on the impact of CHW programmes do not always consider the intangible benefits beyond the cost to government, such as greater social cohesion or women and girls empowerment, thus overlooking the true value of these investments.

As conversations around financing community health systems move forward (accelerated by COVID-19), the UK government must commit to sustainable, flexible and transparent investment in integrated CHW programming. In doing so they can help ensure health workers are formal workers in the health workforce, adequately trained and supported to deliver positive health promotion interventions. The UK must encourage a shift towards integrated, government-led strategies for community health coordinated by Ministries of Health, and progressively supported by domestic resources. Addressing duplication, improving coordination with national health programmes, and streamlining CHW workload, will also help improve the efficiency and effectiveness of ODA spend.

A number of catalytic investment opportunities, focused on building the capacity of Ministries of Health to drive forward an integrated approach to community health care across disease programmes, could provide an opportunity for UK leadership. This includes the [Community Health Roadmap](#), which aims to elevate national community health priorities and create a common agenda for investments in community health to strengthen primary health care. The UK's position as a leading funder and board member of key multilateral institutions such as Gavi, the Global Fund and GFF also provides an opportunity to shape a broader, coordinated global response that recognises the vital role of CHWs and positions them at the heart of global health strategies.

¹² [USAID. 2020. *ibid*](#)

By scaling up UK support for CHWs in this way, the UK government can play a critical role in supporting countries to realise the full potential of their community health systems, building resilience against current and future health threats and accelerating progress towards the achievement of UHC.

