

Universal health coverage

Community health workers delivering primary health care: opportunities and challenges

Report by the Director-General

1. The Executive Board at its 144th session in January 2019 noted an earlier version of this report and adopted resolution EB144.R4.¹
2. The Thirteenth General Programme of Work, 2019–2023 recognizes that the “delivery of safe and good-quality services ... calls for a fit-for-purpose, well-performing and equitably distributed health and social workforce”. Concerted health workforce actions are needed, with particular attention paid to meeting the needs of underserved populations, in order to deliver on the three strategic priorities of the General Programme of Work, namely: achieving universal health coverage, responding to health emergencies, and promoting healthier populations.
3. The Declaration of Alma Ata (1978) led to a generational paradigm shift in the health sector, with a call for strengthening investments in the primary health care system. Explicit in 1978 was the recognition of an interdisciplinary health workforce, responsive to population needs and multisectoral alignment across government.
4. Forty years on, those interdisciplinary and multisectoral concepts are more relevant than ever: the Declaration of Astana (2018) commits participating governments to “promote multisectoral action and universal health coverage” and recognizes that the success of primary health care will also be driven by human resources for health, with a call to “create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people’s health needs in a multidisciplinary context”.
5. An interdisciplinary team, accessible to populations in urban, rural and remote settings, is integral to strengthening people-centred primary health care and accelerate progress towards universal health coverage. In parallel, there is increased awareness that national education, labour and gender policies offer important synergies with the health workforce development agenda when implemented in alignment with broader investments in health and human capital.

¹ See document EB144/13 and the summary records of the Executive Board at its 144th session, eighth meeting.

6. Building on the so-called “SDG 3 Price Tag”,¹ the WHO investment case 2019–2023² similarly highlights that investments in universal health coverage, including a substantial portion towards developing the workforce, will generate up to a 40% return over a five-year period.

7. The WHO Global Strategy on Human Resources for Health: Workforce 2030 (resolution WHA69.19 (2016)) presents a range of policy options for Member States to maximize benefits from health workforce investments. Options include optimizing the composition of the health workforce, with a priority emphasis on the planning, education and employment of an interdisciplinary workforce configured to meet primary health care needs.

8. Community health workers are part of the interdisciplinary workforce in many countries. They provide particular roles in primary health care and essential public health functions. The Global Strategy acknowledges that community health workers and other types of community-based health workers are effective in the delivery of a range of preventive, promotive and curative health services, and that they can contribute to reducing inequities in access to care. The Global strategy calls for a more sustainable and responsive skills mix through inter-professional primary care teams, harnessing opportunities from the education and deployment of community-based and mid-level health workers in order to address population needs for the achievement of the Sustainable Development Goals and universal health coverage.

9. Further, as evidenced by the recommendations of the United Nations High-Level Commission on Health Employment and Economic Growth and the “Working for Health” action plan,³ there is increasing recognition of the potential of the health sector to create qualified employment opportunities, in particular for women and youth, thus contributing to the job creation, economic development and gender equality agendas that many countries aim to address.

CHALLENGES FOR PROGRAMMES FOR COMMUNITY HEALTH WORKERS

10. Evidence across and within countries indicates that support for community health workers and their integration into the health system and the communities they serve is uneven. Examples of good practices exist but are not necessarily replicated. Policy options for which there is greater evidence of effectiveness are known but not uniformly adopted. Accordingly, the performance of community health worker programmes is highly variable, hindering the full realization of their potential contribution to the implementation of primary health care policies.

11. Common shortcomings identified across a range of community health worker programmes include: poor planning; unclear roles, education and career pathways; lack of certification hindering credibility and transferability; multiple competing actors with little coordination; fragmented, disease-specific training; donor-driven management and funding; tenuous linkage with the health system; inadequate coordination, supervision, quality control and support; and lack of recognition of the contribution of community health workers. These challenges can contribute to the inefficient utilization of human capital and financial resources. Many community health worker initiatives fail to be properly integrated into health systems and remain pilot projects or small-scale initiatives that are excessively

¹ Hatefi A. The costs of reaching the health-related SDGs. *Lancet Global Health*. 2017 Dec;5(12):e1183. doi: 10.1016/S2214-109X(17)30415-1.

² A healthier humanity: the WHO investment case for 2019–2023. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 19 February 2019).

³ See resolution WHA70.6 (2017).

reliant on donor funding; conversely, uneven management and support for community health workers in many contexts may result in substandard capacities and performance of the health workers concerned.

OPPORTUNITIES AND POLICY OPTIONS

12. Working with Member States and relevant stakeholders, the Secretariat has consolidated evidence of the policy options available to improve the design, implementation, performance and evaluation of community health worker programmes; the evidence and recommendations are published in the WHO guideline on health policy and system support to optimize community health worker programmes,¹ launched at the Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals, held in Astana on 25 and 26 October 2018.

13. The development of this guideline followed the standard WHO approach, which entailed a critical analysis of the available evidence (including 16 systematic reviews), a stakeholder perception survey to assess feasibility and acceptability of the policy options under consideration and the deliberations of a Guideline Development Group, comprising representation from policy-makers and planners from Member States, experts, labour unions, professional associations and community health workers. The guideline establishes a set of key principles and provides policy recommendations to optimize the design and performance of community health worker programmes.

KEY PRINCIPLES TO INFORM DESIGN OF COMMUNITY HEALTH WORKER PROGRAMMES

14. Key principles to optimize the design and performance of community health worker programmes are outlined below.

- Countries should use a combination of policies on community health workers, based on the objectives, context and architecture of each health system. The WHO guideline provides interrelated policy options and recommendations that need to be adapted and contextualized to a health system.
- Community health worker programmes and policies will need to be monitored and evaluated over time and adapted and amended through a dynamic process informed by context-specific evidence. In order to promote learning and innovation, it is important that policy-makers and managers have a willingness to share data transparently on the characteristics of community health workers and their performance, as well as information on programme implementation and effectiveness.
- Community health workers should not be regarded as a way to save costs or as substitutes for health care professionals, but as an element of integrated primary health care teams. The role of community health workers should be defined and supported with the overarching objective of constantly improving equity, quality of care and patient safety.
- In the design and organization of health care, community health workers should be contributing to the provision of integrated, people-centred health services.

¹ Available at <https://www.who.int/hrh/community/en/> (accessed 19 February 2019).

- When considering and setting policies that affect community health workers, their voices and perspective should be represented in the policy dialogue.
- In identifying the optimal features of a community health worker programme, consideration should be given to the labour rights of the health workers themselves, including safe and decent working conditions and freedom from all forms of discrimination, coercion and violence. Some of these issues are of special concern and relevance in conflict-affected settings and chronic complex emergencies.

POLICY RECOMMENDATIONS

15. The design, implementation, performance and impact of community health worker programmes can be optimized by:

- selecting community health workers for pre-service education, taking into account minimum education levels appropriate to the tasks to be performed, membership of and acceptance by the local community, promotion of gender equity and the personal attributes and capacity of candidates;
- using competency-based formal certification for community health workers who have successfully completed pre-service training to improve community health workers' quality of care, motivation and employment prospects;
- adopting supportive supervision strategies;
- providing practising community health workers with a financial package commensurate with the job demands, complexity, number of hours worked, training and roles that they undertake;
- providing paid community health workers with a written agreement specifying role and responsibilities, working conditions, remuneration and workers' rights;
- offering a career ladder to well-performing community health workers;
- adopting service delivery models in which community health workers are assigned general tasks as part of integrated primary health care teams, and according to national context and population health needs, these health workers with selective tasks can play a complementary role.

KEY ACTIONS AT NATIONAL LEVEL FOR OPTIMAL DESIGN AND IMPLEMENTATION OF COMMUNITY HEALTH WORKER PROGRAMMES

16. The starting point for the effective design of initiatives and programmes for community health workers is a sound situation analysis of population needs and health system requirements. More specifically:

- the objectives of a community health worker programme and the roles of community health workers should be defined within a holistic approach that considers optimal service delivery modalities in a country or jurisdiction and the corresponding workforce implications. Within

that context, the roles and objectives of community health workers should be considered vis-à-vis those of other occupations in the health and social sectors;

- the guideline reiterates and reinforces the principle underscored by the Global Strategy on Human Resources for Health: Workforce 2030, namely, that countries should plan for their health workforce as a whole rather than segmenting planning and related programming and financing efforts into single occupational groups, which carries risks of fragmentation, inefficiency and policy inconsistency;
- the health system should plan for the formal integration of community health workers into national health, education, labour and economic development strategies and policies in order to ensure the appropriate policy, accreditation and regulatory frameworks and environment to maximize their contributions;
- national health workforce information systems and the implementation of national health workforce accounts should progressively incorporate and include collation, analysis and reporting of data on community health workers (disaggregated by age and sex);
- the policies required for the effective integration of community health workers into health systems need capital and recurrent expenditure supported by long-term, sustainable financing. But it is important to note that even low-income countries have established and funded large-scale community health worker initiatives, mostly drawing on domestic resources, and that the deployment of such health workers has been identified as a cost-effective approach;
- the financial implications of embedding community health worker programmes in the formal health system (including, where relevant, the transition from models based on voluntary services to paid employment) should be factored into financing strategies, mechanisms and resource allocation decisions;
- the role of community health workers should be considered within a long-term perspective. Beyond addressing the immediate and pressing needs of health systems, it should be envisaged that the role of community health workers might need to evolve over time, in parallel with changes in the epidemiological profile of the population and health system requirements. The education, certification and career ladder elements of community health worker programmes should consider these factors and future scenarios with a view to ensuring the employability of these health workers in the long term, together with an exit strategy that considers community health workers as citizens and workers with rights and treats them with dignity.

KEY ACTIONS AT INTERNATIONAL LEVEL TO OPTIMIZE SUPPORT FOR COMMUNITY HEALTH WORKER PROGRAMMES

17. The key determinant of success in securing adequate levels of investment and the adoption of appropriate policy decisions is the political will of countries to prioritize approaches and strategies that are most likely to lead to improved population health outcomes and enhanced working and living conditions for community health workers. However, in some contexts development partners can provide an important complementary role. More specifically:

- in some low-income countries where the domestic resource envelope is unlikely to allow self-reliance in the short term, aligning external support to domestic policy needs and health system mechanisms may contribute to the impact and long-term sustainability of community

health worker programmes. This may entail provisions to provide financial support according to flexible modalities, allowing investments in pre-service education of new community health workers, as well as support for recurrent costs linked to their remuneration and broader support by the health system. It is important, however, that remuneration levels be consistent with national policies and a realistic forecast of the domestic resource envelope in the medium and long term;

- managers and implementers of community health worker programmes supported by development partners and global health initiatives should strive to adopt the recommendations of the WHO guideline and ensure that their programmes align with national policies and mechanisms rather than establish parallel ones;
- international agencies, including WHO, ILO and the World Bank, should adopt, in their technical and financial cooperation activities, the health, labour and financing policies required to ensure that effective support is provided to the implementation of evidence-based community health worker policies, as part of and in alignment with broader health, labour and development policies;
- The Secretariat, through the Global Health Workforce Network and the Working for Health programme, has convened representatives of Member States, other United Nations agencies, partners and relevant stakeholders to strengthen the dissemination and uptake of the guideline throughout 2019.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB144.R4.

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