

Community Health Workers

There is a global shortage of healthcare workers. Low-resource regions and countries seeking to improve infant survival, treat infectious diseases, reduce maternal mortality, and address metabolic and cardiac conditions have inadequate numbers of nurses, physicians, laboratory technicians, and pharmacists. Often, once a young healthcare provider is trained, they are offered a better-paying job far away from their home or country, which is referred to as “Medical Brain Drain.” Chronically under-staffed health facilities result in delayed, limited, or deficient care and diminish the capacity of a nation to reach development objectives. This situation calls for innovative, context-appropriate, and cost-effective solutions.

The Women’s Health Framework (WOHF) recognizes that to achieve development goals, health interventions must be close to home: in the clinic, community, school, faith group, and local civic society of each family and individual. When health behaviors and activities are taught and supported by local, trusted colleagues, health patterns are more quickly adopted, healthcare is seen as accessible and affordable, and the quality of life improves. That is why this WOHF strongly supports Community Health Workers (CHWs).

CHWs are primarily health personnel who work in their own communities, serving as liaisons between health services and their neighbors and often sharing the cultural, language, and socioeconomic characteristics of the people they serve. This intrinsic cultural competency reinforces trust, clear communication, and collaboration between the community and the healthcare system.

Over the past twenty years, CHWs have demonstrated the capacity to improve access to healthcare services. Many low-resource regions and countries have vast rural or disadvantaged areas with limited access to healthcare services. CHWs bring those services closer to home through education, health services, and medical referrals. Resources like the Community Health Planning and Costing Handbook help CHWs implement lasting changes. There are many studies to support the cost-effectiveness, positive impact, and high value of CHWs.





For a comprehensive review of Community Health Workers please visit:
Health Research Policy & Systems
[“Community Health Workers at the Dawn of a New Era” \(2021\)](#)



Disease & Injury Prevention

Disease prevention and control can be improved through CHWs. CHWs can promote vaccinations, good hygiene, a healthy environment, early detection of new community infections, management of neglected tropical diseases (NTDs) through community treatment, and screening for diabetes and hypertension. They can provide education on cooking safety, burn safety, environmental contaminants, and reducing unintentional childhood injuries. They perform screenings and identify symptoms in individuals who might not seek medical attention due to factors such as poverty, geography, or cultural barriers. This access reduces health disparities for diseases like cholera, tuberculosis, ebola, HIV/AIDS, and pandemics.

Improved Maternal and Child Health

Maternal and child health can be effectively supported by CHWs. Studies have shown that home visits are capable of reducing neonatal mortality by 30-61% in high-mortality regions. Home visits by CHWs, trained birth attendants, and/or midwives can deliver enhanced prenatal care, early referral for high-risk pregnancies, safe delivery practices, skin-to-skin contact known as Kangaroo Care, early and successful breastfeeding when possible, and immunization compliance. In addition, CHWs can be trained to diagnose and treat common illnesses such as pneumonia, diarrhea, and malaria. Nutrition for both mothers and children can be improved by CHWs as they promote breastfeeding, educate on food selection and preparation, and distribute micronutrient supplements. These interventions positively influence maternal health and child health and development.

Community Support, Recruitment, and Training

Community workers are part of the community health system and can also encourage family and neighborhood activities to support child development, learning, and emotional resilience. Community Health Workers can provide cost-effective care in resource-limited areas and conflict settings, including refugee and migrant communities. The recruitment of CHWs by a health system in collaboration with the community strengthens the CHWs' role as health advisors and leaders. Following recruitment, training may be best completed in their home community or nearby. Training varies by geography, culture, and community health needs, but should involve both pre-service and ongoing education. Standards for initial training, certification, and continuing supervision assure quality of care as well as coordination with the local health system.

Several factors determine the stability of the Community Health Worker services. Although many CHW programs were started with volunteers, sustainability is improved if stipends and support (bicycles, phones, uniforms, etc.) are provided. The models for CHW incentives and compensation vary widely and can be developed to address cultural patterns, community health priorities, and health systems. By focusing on preventive health, CHWs offer significant value by providing early identification of patient problems and consequences that may need significant medical attention.



The promotion of preventive health through CHWs has a noticeable return on investment and offers significant savings by keeping costs stable. Many high-impact, low-cost health promotion programs and interventions identified in this framework can be rapidly implemented through health paraprofessionals, such as CHWs, in the community setting. Despite the documented success of CHWs, few nations have implemented robust, sustainable CHW programs. CHWs have the potential to strengthen a nation's public health and healthcare system from the "front lines" of service. When a nation seeks to establish a stable, responsive, quality system of community workers, it is critical that the Head of State champion the process and prioritize the modest but essential funding and system support for a sustainable program.



Summary: The Public Health Vision for CHWs

Community Health Workers should live in the area they serve, be trained through an initial education program with continuing education, be respected and trusted by their community clients, and be fairly compensated for their work.

Three systems are critical to optimizing Community Health Workers: good guidelines; strong, connected health systems; and sustainable community and national support.

First, good guidelines can provide CHWs with clear roadmaps for basic health surveillance and health education. Smartphone technology has reached most of the world, providing a link to CHWs that can support routine health screening and basic decision-making tools for appropriate diagnosis, treatment, and referral.

Second, CHWs need robust connections to the local health system to share critical health screening and monitoring data on local clients and to ensure continuity and care for individuals needing referrals and medical management. The electronic health records, accessed by a smartphone or similar device, can be shared with the local health system and should be supplemented by a personal medical record that empowers self-management and good health patterns.

Third, national leadership, especially the Head of State and the parliamentary body, demonstrates commitment to local communities by endorsing, funding, and credentialing stable, quality CHW programs. CHWs represent a nation's commitment to preventing and managing basic health concerns affecting millions of citizens, consequently improving individual, family, and national well-being.



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