WHO guideline on health policy and system support to optimize community health worker programmes

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Institutionalising iCCM to end preventable childhood deaths
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The Health Workforce 2030

Introduction

Background

- Growing body of evidence supports CHW effectiveness for a range of services.
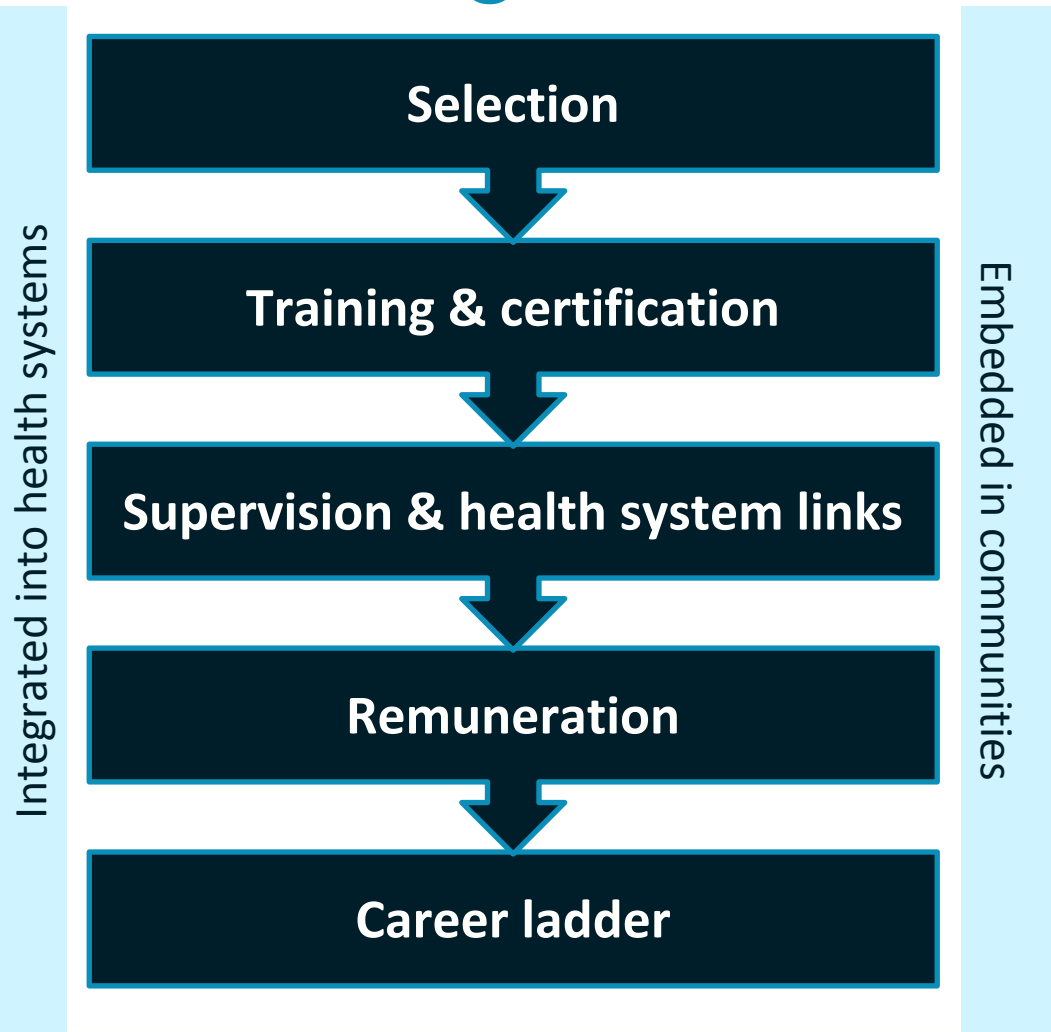
Challenges

- Inadequate health systems and community integration.
- Lack of best practices replication.
- Uneven adoption of evidence-based policies.

Rationale

- Identify management systems and strategies for CHW programmes.
- Provide recommendations to scale up, integrate, optimise design and performance, and sustain effective CHW programmes.
- Address normative gap on policy and system support.

Maternal & newborn health
Reducing neonatal mortality and morbidity through home-based preventive and curative care

Promoting the uptake of reproductive, maternal, newborn and child health behaviours and services, including antenatal care and promotion of breastfeeding

Child health
Immunization uptake, integrated management of newborn and childhood illnesses (e.g. for malaria, pneumonia and diarrhoea)

Health education

Sexual & reproductive health
Providing contraception, increasing uptake of family planning

Communicable diseases
Prevention, diagnosis, treatment and care of malaria and tuberculosis

Counselling, treatment and care for HIV/AIDS

Control of neglected tropical diseases (Buruli ulcer), influenza prevention

Mental health
Providing psychosocial, and/or psychological interventions to treat or prevent mental, neurological or substance abuse disorders

Public health & Global Health Security
Working as cultural brokers and facilitating patient access to care for underserved groups

Trauma & surgical care

Noncommunicable diseases
Behaviour change (diet change, physical activity)

Increased care utilization (cancer screening, making and keeping appointments)

Diabetes, hypertension and asthma management and care

Evolving roles & career pathways

Integrated into health systems

Selection
↓
Training & certification
↓
Supervision & health system links
↓
Remuneration
↓
Career ladder

Embedded in communities

- Guideline lays foundation for CHW programmes embedded in health systems.
- Multisectoral approach with health, education, labour, youth and finance ministries creates shared objectives.
- Supervision underscores health system links and mentoring.
- Emphasis on CHW rights and dignity envisions career pathways.
- Community engagement and integration.

Objectives & audiences

Objectives

- Provide gender-sensitive recommendations on CHW selection, training, management and integration.
- Identify implementation and evaluation considerations at policy and system levels.
- Suggest tools to support national uptake of recommendations in planning and operations.
- Identify priority evidence gaps.

Target audiences

- Policy-makers, planners and managers responsible for health workforce policy at national and local levels.
- Development partners, donors, global health initiatives, researchers, activists and civil society organizations.
- CHW organizations and *community health workers themselves.*

Methodology
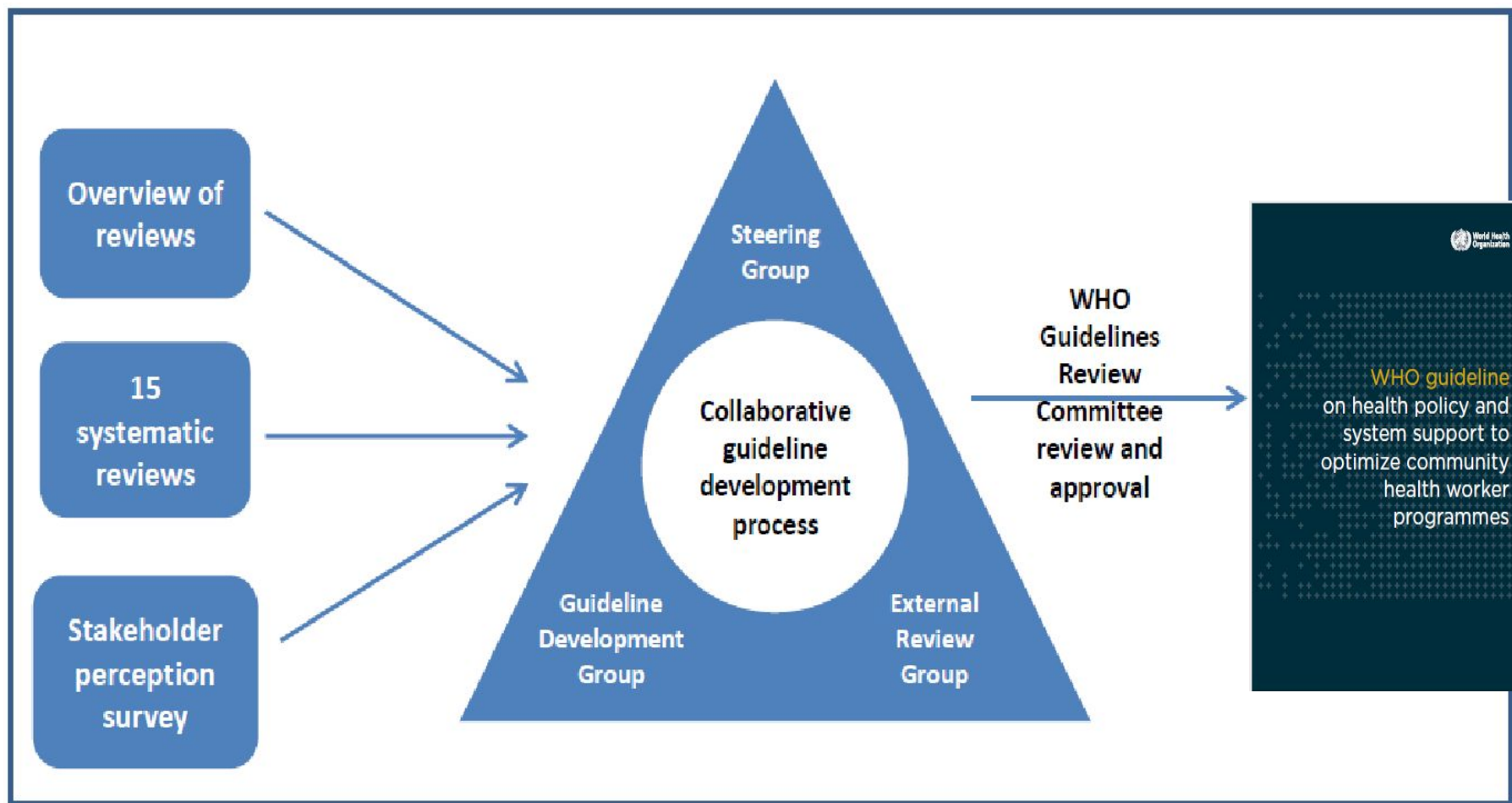
Evidence sources
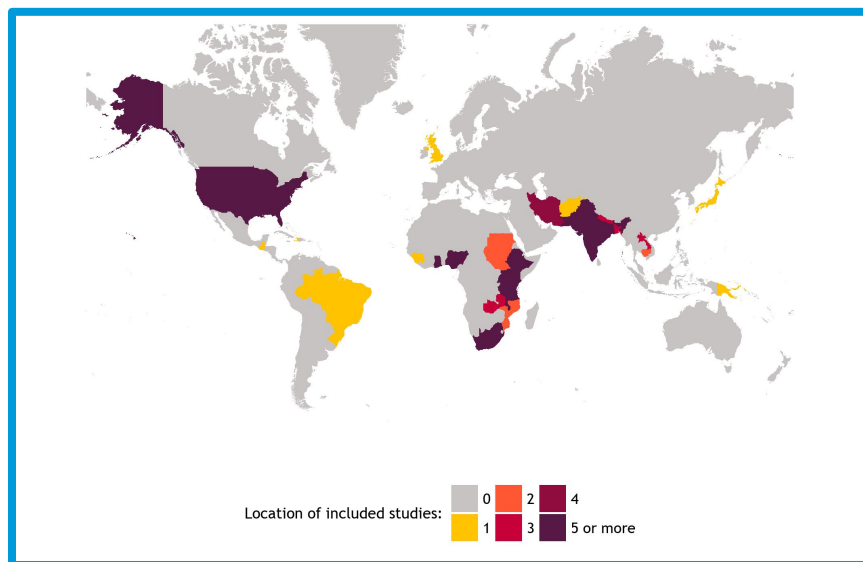
Geographical distribution of included studies across the 15 systematic reviews on the PICO questions
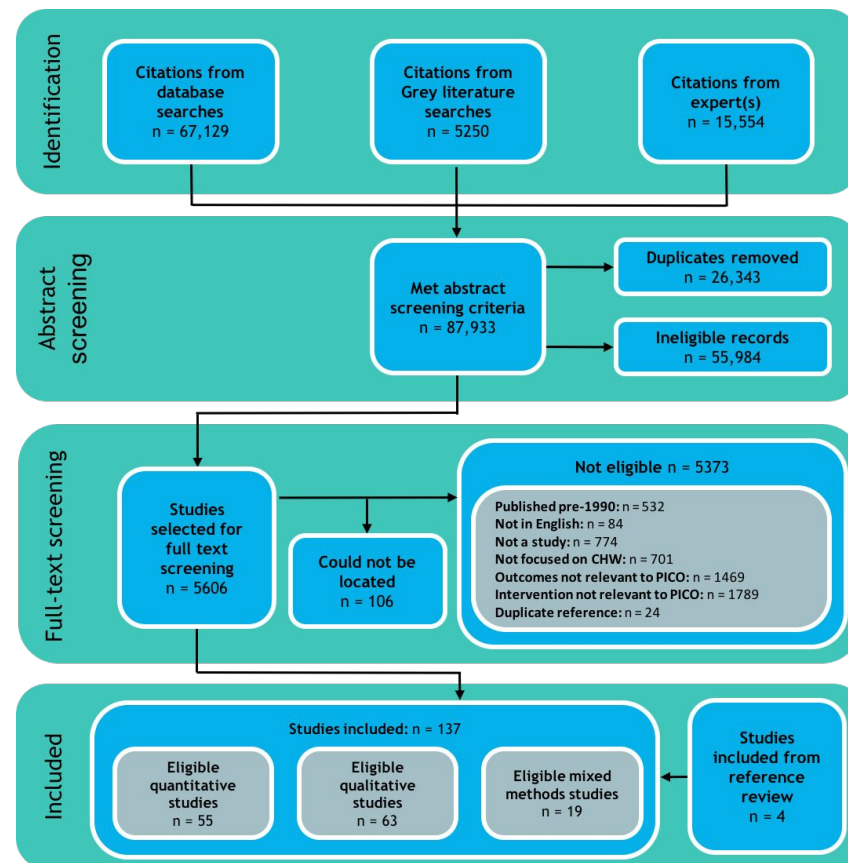
PRISMA diagram of studies assessed by the systematic reviews

Selecting, training & certifying CHWs

Selection

- Specify minimum educational levels.
- Require community membership and acceptance.
- Consider personal capacities and skills and apply appropriate gender equity to context.

Pre-service training duration

- Base on CHW roles and responsibilities.
- Consider pre-existing knowledge.
- Factor in institutional and operational requirements.

Curriculum to develop competencies

- Train on expected preventive, promotive, diagnostic, treatment and care services.
- Emphasize role and link with health system.
- Include cross-cutting and interpersonal skills.

Training modalities

- Balance theory and practice.
- Use face-to-face and e-learning, and conduct training in or near the community.

Offer competency-based formal certification upon successful completion of training

Managing & supervising CHWs

Supportive supervision

- Establish appropriate supervisor-CHW ratios.
- Train and resource supervisors to provide meaningful, regular performance evaluation and feedback.
- Use supervision tools, data and feedback to improve quality.

Remuneration

- Provide a financial package commensurate with the job demands, complexity, number of hours, training and roles that CHWs undertake.
- Include financial resources for CHW programmes in health system resource planning.

Contracting agreements

- For paid CHWs, establish agreements specifying roles, responsibilities, working conditions, remuneration and workers' rights.

Career ladder

- Create pathways to other health qualifications or CHW role progression.
- Retain and motivate CHWs by linking performance with opportunities.
- Address regulatory and legal barriers.

Target population size

- Consider population size, epidemiology, and geographical and access barriers.
- Chart expected CHW workloads, including nature and time requirements of services provided.

Collection & use of data

- Enable CHWs to collect, collate and use health data on routine activities.
- Train CHWs and provide performance feedback based on data.
- Minimize reporting burden, harmonize requirements, and ensure data confidentiality and security.

Types of CHWs

- Adopt service delivery models comprising CHWs with general tasks.
- Consider complementary role for CHWs with more selective and specific roles, based on policy objectives and population health needs.

World Health Organization

Community engagement

- Involve communities in selecting CHWs and promoting programme use.
- Engage community representatives in planning, prioritising, monitoring and evaluation.

Community resource mobilization

- Identify community needs and develop required responses through CHWs.
- Engage and mobilise local resources through CHW involvement.
- Encourage CHWs to support community participation and linking to health system.

Supply chain

- Ensure health system supply chain includes adequate, quality commodities for CHWs.
- Develop health system staff supply chain management capacities, including reporting, supervision, team management and mHealth.

Enablers of successful implementation

- Tailor CHW policy options to context.
- Consider rights and perspectives of CHWs.
- Embed CHW programmes in the health system, as part of a *diverse, sustainable skills mix*.
- Harness demographic dividends by increasing employment for young people, especially women.
- Resource and invest in CHW programmes as part of overall health strategy.

The role of CHWs should be defined and supported with the overarching objective of constantly improving equity, quality of care and patient safety.

Future of CHWs in Primary Health Care Agenda

- **1978:** Declaration of Alma-Ata
  - Recognised CHWs as a vital component of primary care.
- **2018:** [WHO Guideline on health policy and system support to optimize community health worker programmes](#) launched to support governments and partners:
  - To address immediate and pressing needs.
  - Based on evidence and considering CHW labour rights.
- 2019: 72nd World Health Assembly passes a resolution recognising the role of CHWs delivering quality primary health care services.
  - [Community health workers delivering primary health care: opportunities and challenges](#)
- **Future:** Evolution of health systems and epidemiological profiles:
  - CHW education, certification and career ladder support employability of CHWs.

"Improving the way WHO communicates is one of my priorities. We can produce the best guidelines in the world but there's no point if nobody knows they exist."
– Dr Tedros Adhanom Ghebreysus

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