

# WHO GUIDELINE ON HEALTH POLICY AND SYSTEM SUPPORT TO OPTIMIZE COMMUNITY HEALTH WORKER PROGRAMMES

## Selected highlights

“By fully harnessing the potential of community health workers, including by dramatically improving their working and living conditions, we can make progress together towards universal health coverage and achieving the health targets of the Sustainable Development Goals.”

DR TEDROS ADHANOM GHEBREYESUS  
DIRECTOR-GENERAL  
WORLD HEALTH ORGANIZATION

# LINKING HEALTH SYSTEMS AND COMMUNITIES

The World Health Organization (WHO) and its Member States have committed to progress toward health-related goals, including universal health coverage (UHC) and Sustainable Development Goal 3 to “Ensure healthy lives and promote well-being *for all, at all ages*”.

## Barriers to achieving health goals

- Lack of health workers,
- Unevenly distributed health workers and facilities,
- Most vulnerable people and communities unable to access health services,
- Low quality of care, and
- Inadequate health worker training, supervision and support.

The *WHO Global Strategy on Human Resources for Health: Workforce 2030* encourages countries to adopt a diverse, sustainable skills mix, harnessing the potential of community-based and mid-level health workers in inter-professional primary care teams.

The WHO document on which this product is based provides evidence-based policy guidance to support national strategies and investments to build fit-for-purpose community-based health workforces.

The increased coverage of essential health services and improved equity in coverage envisioned by well-functioning community health worker programmes will result in fewer deaths and illnesses and lower disease burdens.



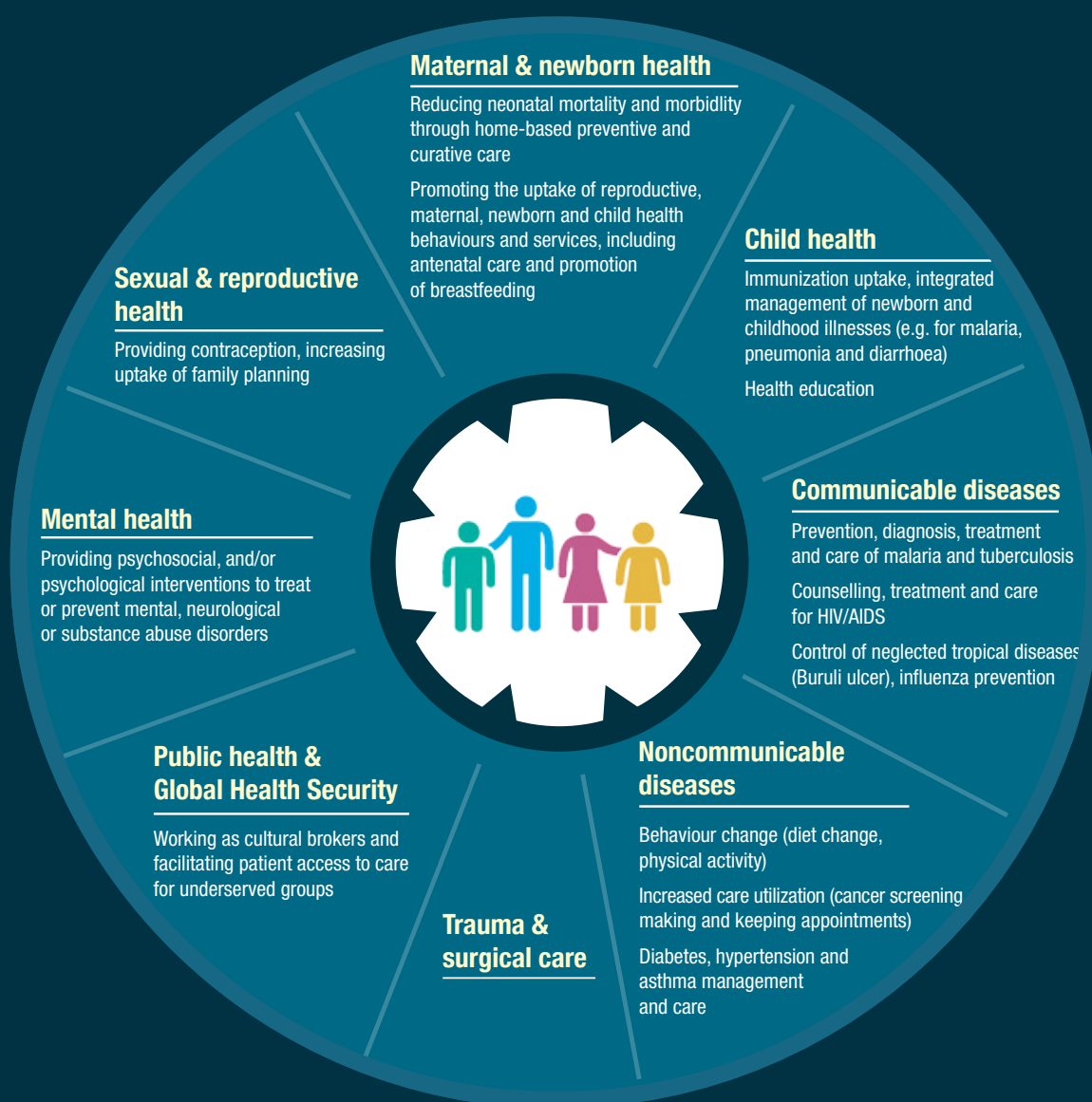
Bangladesh, June 2012. A community health worker accompanying a pregnant mother to a healthcare center.  
© WHO/Yusuf Sumon

## Improving health and broader development outcomes

As part of broader efforts to strengthen primary health care and the health workforce more generally, there is growing recognition that community health workers (CHWs) are effective in the delivery of a range of **preventive, promotional and curative health services**. They can contribute to **reducing inequities in access to care**.

By employing members of the community, the health sector generates qualified employment opportunities, in particular for women, contributing to job creation and economic growth, thereby contributing to broader development outcomes.

### Primary health care services for which there is some evidence of CHW effectiveness



## Why WHO developed this guideline

Despite the wide recognition and the substantial evidence of their positive potential, the support for CHWs and their integration into health systems and communities are uneven across and within countries. Good-practice examples are not necessarily replicated, and policy options for which there is greater evidence of effectiveness are not adopted uniformly. Conversely, successful delivery of services through CHWs requires evidence-based models for education, deployment and management of these health workers.

This guideline aims to assist national governments and national and international partners to improve the design, implementation, performance and evaluation of CHW programmes, contributing to the progressive realization of universal health coverage.

This guideline is focused primarily on CHWs (as defined by the International Labour Organization through its International Standard Classification of Occupations), but its relevance and applicability also include other types of community-based

health workers. The recommendations of this guideline are of relevance to health systems of countries at all levels of socioeconomic development.

## Adopting a health system approach

This guideline aims to support countries in designing, implementing, evaluating and sustaining effective community health worker programmes. The policy recommendations in the guideline were developed using the WHO methodology, which includes appraisal of state-of-the-art evidence, complemented by assessments of feasibility and acceptability of the recommended policy options. Using a health system approach, the guideline groups issues and recommendations under three broad categories of policy interventions targeting CHWs, focusing on their:

- 1 *selection, education and certification;*
- 2 *management and supervision; and*
- 3 *integration into and support by health systems and communities.*



Myanmar, November 2016. A community health worker provides health education information for residents.

© WHO/Vlad Sokhin

# POLICY RECOMMENDATIONS

## Selecting, training and certifying CHWs

CHW programmes should select CHWs based on criteria including educational level, membership of and acceptance by the community, personal attributes and gender equity. Pre-service training should be tailored to context in terms of both content and duration, based on expected roles and responsibilities, as well as baseline competencies. Training should balance theoretical knowledge and practical skills, and

aim to develop technical competencies to prevent and treat diseases, as well as socially oriented competencies to engage effectively with patients and communities. Competency-based certification upon successful completion of pre-service training can improve quality of care, influence CHW motivation and enhance community perception.

### Selection

1

- 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

2

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

### Curriculum to develop competencies

3

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

### Training modalities

4

- 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

5

## Managing and supervising CHWs

Standard human resource management functions, while routinely implemented for skilled health workers in most countries, vary dramatically for CHWs. Successful CHW programmes require sustainable support by and integration into local and national health systems and plans, including:

supportive supervision that solves problems and improves skills; appropriate CHW remuneration, commensurate to the work conducted; written contracts specifying roles, working conditions and rights; and the potential for career advancement opportunities.

### Supportive supervision

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

### Remuneration

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

### 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; and
- Address regulatory & legal barriers.



## Integrating into health systems and gaining community support

Successful CHW programmes are integrated in the communities they serve and the health systems to which they connect. Optimizing the value and impact of CHW programmes requires appropriate planning, implementation, and measurement of performance, as well as adequate resources and supplies.

Engaging communities in defining needs, selecting and holding CHWs accountable, and mobilising local resources can improve community ownership and satisfaction, as well as the motivation and performance of CHWs.

### 10 Target population size

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

### 11 Collection and use of data

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

### 12 Types of CHWs

- Adopt service delivery models comprising CHWs with general tasks as part of integrated primary health care teams; and
- CHWs with more selective tasks to play a complementary role based on population health needs, cultural context and workforce configuration.

### 13 Community engagement

- Involve communities in selecting CHWs and promoting programme use; and
- Engage relevant community representatives in planning, priority setting, monitoring, evaluation and problem-solving.

### 14 Mobilization of community resources

- CHWs to identify community needs and develop required responses;
- CHWs to engage and mobilise local resources; and
- CHWs to support community participation and links to health system.

### 15 Supply chain

- Ensure CHWs have adequate and quality-assured commodities and consumables through the overall health supply chain; and
- Develop health system staff capacities to manage the supply chain, including reporting, supervision, team management and mHealth.

# ENABLERS OF SUCCESSFUL IMPLEMENTATION OF CHW POLICIES

## Tailoring CHW policy options to the context

The guideline, which uses a whole-of-system approach to CHW programme design, is a set of interlinked policy recommendations, rather than a rigid pathway. The recommendations should not be considered in isolation from one another. There is a need for internal coherence and consistency among different policies, as they represent related and interlocking elements that complement and can reinforce one another.

The options and recommendations subsequently need to be adapted and contextualized to the reality of a specific health system. The CHW role should be framed within the overall architecture and requirements of each specific health system, and CHW programmes should be aligned within health services and health workforce policies in the country or jurisdiction. The guideline offers best practices to consider in *tailoring CHW programmes to context*, creating sustainable contributions and links between the health system and communities.



Jordan, 2016. A community health worker in the Zatari refugee camp treats a patient.

© WHO/Tania Habjouga

### Baseline activities:

- Analysing population health needs,
- Evaluating health system capacities, and
- Assessing overall health workforce implications and requirements.

## Considering the rights and the perspective of CHWs

In identifying the optimal features of a CHW programme, consideration should be given not only to the traditional performance measures focused on health service outputs, outcomes and impact, but also to the labour rights of CHWs themselves, including safe and decent working conditions and freedom from all kinds of discrimination, coercion and violence.

CHW voices and perspectives should be represented in the policy dialogue when considering and setting policies that affect them.

## Embedding the CHW programme in the health system

The role of CHWs should be defined and supported with the overarching objective of constantly improving equity, quality of care and patient safety. Realising the potential health system contributions of CHW programmes requires including them in human resources for health planning and budgeting.

Planners should adopt a whole-of-system approach, taking into consideration health system capacities and population needs and framing the role of CHWs vis-à-vis other health workers, in order to integrate CHW programmes appropriately into the general health system.

Accordingly, this guideline reiterates and reinforces the principle that countries should plan for their health workforce as a whole, rather than segmenting planning and corresponding programming and financing efforts by single occupational groups, which carries a risk of fragmentation, inefficiency and policy inconsistency.

## Investing in CHW programmes

Health workers constitute a principal investment necessary to achieve Sustainable Development Goal 3, to “Ensure healthy lives and promote well-being *for all, at all ages*”. The deployment of CHWs has been identified as a cost-effective approach.

The policy options recommended in this guideline have, in the aggregate, considerable cost implications, and these require long-term dedicated financing. Countries at all levels of socioeconomic development, including low-income ones, have demonstrated that it is possible to prioritize investments in large-scale CHW initiatives. In contexts where this is relevant, development partners and external funders should strive to harmonize their support to CHW programmes, and align it with public policy and national health systems.



“Primary health care... relies, at local and referral levels, on health workers, [including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed,] suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.”

Declaration of Alma-Ata

# ENVISIONING THE FUTURE OF CHWs IN THE PRIMARY HEALTH CARE AGENDA

## The evolving role of CHWs

The *WHO guideline on health policy and system support to optimize community health worker programmes* was launched in October 2018 at the Global Conference on Primary Health Care celebrating the 40<sup>th</sup> anniversary of the Declaration of Alma Ata, which recognised community health workers as a vital component of primary care.

The role of CHWs should be considered in the long-term perspective of how primary health care might evolve over the next 40 years. Beyond addressing the immediate and

pressing needs of health systems, it should be envisaged that the role of CHWs might need to evolve over time in parallel with changes in the epidemiological profile of the population and the requirements of the health system. The education, certification and career ladder elements of CHW programmes should consider these factors and future scenarios, with a view to ensuring employability of these health workers in a long-term perspective, or an exit strategy that considers CHWs as citizens and workers with rights, and treats them with dignity.



DRC, June 2017. A community health worker uses a rapid diagnostic test to detect malaria in a young girl with fever.  
© WHO/Griff Tapper

## Sharing knowledge and research opportunities


Evidence was identified to provide policy recommendations for most areas under consideration in the guideline. In several instances, however, important gaps in both scope and certainty of evidence emerged from the systematic reviews. The research activities undertaken in support of this guideline found very limited evidence in some areas (on certification or contracting and career ladders for CHWs, appropriate typology, and population target size). Across most policy areas considered there was some evidence that broad strategies (for example, competency-based education, supportive supervision, and remuneration) were effective. This evidence, however, was not always sufficiently granular to recommend

specific interventions, such as which education approaches, which supervision strategies, or which bundles of financial and non-financial incentives are most effective or are more effective than others. Other evidence gaps included the absence of economic evaluations of the various interventions, and the importance of tracking policy effectiveness over time through longer-term longitudinal studies.

These findings provide an opportunity to outline priorities for a future research agenda on integration of CHW programmes in health systems.



Papua New Guinea, September 2018. Following an outbreak, community health teams are conducting polio awareness and immunization campaigns.  
© IFRC/Dwi Handayani



**Contact:**  
**workforce2030@who.int**

## Take action...

- ✓ **Contact WHO** for policy dialogue or technical support on planning, implementation or evaluation of CHW programmes.
- ✓ **Share your experiences** through the CHW Hub of the Global Health Workforce Network.
- ✓ **Lead the list** of countries that have committed to implementing the guidelines.
- ✓ **Become a champion!** Join WHO in refocusing efforts to ensure that *everyone, everywhere* is able to enjoy the highest attainable standard of health.

This publication summarizes selected highlights of the *WHO guideline on health policy and system support to optimize community health worker programmes*, which is available on the WHO website at <http://www.who.int/hrh/community/en/>.

To produce this guideline, WHO held a public hearing and convened experts, Government representatives, stakeholders, partners and community health workers in a guideline development group, supported by an internal steering group and an external peer review group. The contents of the guideline were informed by systematic reviews of the evidence, and a stakeholder perception survey. WHO is grateful to the contributors, who are listed in the full document.

WHO/HIS/HWF/CHW/2018.1

© WHO 2018. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.