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## Community health workers in Africa

Health systems reporter, 27th February 2008

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## Feature: Community health workers in Africa

Human resources are at the very heart of a health system. Health systems cannot function effectively without sufficient numbers of skilled, motivated and supported health workers; yet estimates suggest that there is a shortage of 4.2 million health workers worldwide. The shortage is most severe in sub-Saharan Africa.

In countries where formal health workers are too few, Community Health Workers (CHWs), local level volunteers, have an important role to play in providing services to

the poorest and most vulnerable communities. As members of the communities within which they work, CHWs know and understand the health needs of those around them. Moreover, they can be trained and deployed quickly, and are unlikely to emigrate.

The role of CHWs in sub-Saharan Africa has evolved over time and place in response to changing health care priorities, disease burdens, and shortages of human resources for health. Despite their sometimes disparate roles, CHWs have some core responsibilities as health care providers. These include health promotion, disease prevention, basic curative care and referrals, monitoring of health indicators and creating vital linkages between community and formal health systems.

Evidence on CHWs from Gambia, South Africa, Tanzania, Zambia, Madagascar and Ghana suggests that CHWs are not only cost-effective, but that they can also enhance the performance of community level health programmes. For example, CHWs with minimal additional training can deliver treatment for important diseases, such as malaria, HIV and tuberculosis (TB).

A variety of trials have shown substantial reductions in child mortality with case management of children by CHWs. One such trial in Tigray, Ethiopia, showed a 40 per cent reduction in under-five mortality after local co-ordinators were trained to teach mothers to administer anti-malarial medicines to their sick children in their own homes.

CHWs play a crucial role in the support and delivery of services in sub-Saharan Africa and are critical in efforts to tackle the existing health worker crisis. However, they need support, supervision and financial and non-financial incentives if they are to carry out their work effectively. CHWs are not an adhoc or 'cheap' solution to local Africa problems. Instead, they should be recognised both internationally and nationally as a distinct cadre of health professionals, who - by the nature of their position in the community, can access disadvantaged populations well beyond the reach of the health system.

## AMREF's experience of community health workers

Founded in Kenya in 1957, the African Medical and Research Foundation (AMREF) is a leading health development organisation in Africa with programmes in Kenya, Ethiopia, South Africa, Somalia, Sudan, Tanzania and Uganda. AMREF strengthens the capacity of health and health-related professionals and institutions across eastern and southern Africa to provide support and incentives to health care workers. The organisation has developed a number of innovative methodologies to increase the numbers and skills of health workers and to motivate those in remote and isolated areas.

Through its programmes AMREF has found that maintaining high levels of motivation, performance and retention of Community Medicine Distributors (CMD) requires a modest, cost-effective support package. In districts where CMD are supported by

AMREF's programme, the drop-out rate was 1-2 per cent compared to 33 per cent in unsupported districts. Feedback showed that recognition, appreciation, regular supervision and technical support were the main incentives for community volunteers to carry out their work. This model of providing incentives for CMD has now been adopted and scaled up nationally by the Government of Uganda.

In Kibera slum - Nairobi, AMREF has generated evidence to support the feasibility of training CHW to increase adherence to HIV and TB treatment. Health care in Kibera is extremely limited, poorly resourced and difficult to access. AMREF has trained and supported CHW to implement and evaluate simplified and standardised treatment regimes. CHW are trained to work with individual patients and their families to support compliance, organise community support and to give nutritional advice and supplements to their patients. Strengthening community mechanisms to support adherence in this way has resulted in some impressive results: over 90 per cent adherence to directly observed therapy short course for TB; and 92 per cent adherence to anti-retroviral treatment.

Many thanks to Sarah Hall from AMREF for writing this feature and selecting key readings

### More information:

- AMREF  
[www.amref.org](http://www.amref.org)
- Human Resources for health dossier on Eldis, section on Africa  
[www.eldis.org/go/topics/dossiers/human-resources-for-health/africa](http://www.eldis.org/go/topics/dossiers/human-resources-for-health/africa)

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## Recommended readings on community health workers

### **1. Community health workers: what do we know about them?**

Authors: U. Lehmann; D. Sanders

Publisher: World Health Organization , 2007

This World Health Organization paper reviews evidence on the feasibility and effectiveness of community health worker (CHW) programmes in providing basic health services and addressing the shortage of health workers in low-income countries. The report uses published and grey literature since the 1970s to draw out consensus on a number of issues. It finds that:

- CHW can make a valuable contribution to community development and can improve access to and coverage of communities with basic health services
- for CHW to be able to make an effective contribution, they must be carefully selected, appropriately trained and adequately and continuously supported
- CHW programmes have failed in the past because of unrealistic expectations, poor planning and an underestimation of the effort and input required to make

- them work
- CHW programmes are vulnerable unless they are driven, owned by and firmly embedded in communities themselves

The paper concludes that in low income countries CHW programmes are a good investment although they are not cheap or easy to maintain. This is because the alternative is no care at all for the people living in remote areas. Factors that can make programmes work better include: appropriate selection, continuing education, involvement and reorientation of health service staff and curricular, better supervision and support.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35561&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35561&type=Document)

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## **2. Achieving child survival goals: potential contribution of community health workers**

Authors: A. Haines; D. Sanders; U. Lehmann

Publisher: The Lancet, 2007

This Lancet article assesses the role, impact and cost-effectiveness of community health workers (CHW) focusing on their potential for improving child survival rates. The paper looks at who community health workers are and the interventions that can be delivered in community settings. These include interventions to promote healthy behaviour, such as hand washing and breastfeeding; preventive interventions, such as insecticide-treated nets for malaria and micronutrients; and more complex tasks, such as prevention of mother to child transmission of HIV.

The paper finds that community health workers are not a solution for weak health systems, however the evidence base, despite limitations, does suggest that they can have an important role in increasing coverage of essential interventions for child survival and other health priorities. Supportive management including appropriate supervision and availability of infrastructural support are critical issues for their success yet they are usually overlooked. The paper concludes that CHW are only one component of a human resource policy and need to be integrated into overall assessments of human resource requirements - this process should include the numbers, skills, and distribution of health personnel to meet population health needs and well as political choices which reflect the values and resource constraints in individual countries.

Please note: online registration with the Lancet (free of charge) is required in order to access this article.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35552&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35552&type=Document)

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### **3. Informal health workers: to be encouraged or condemned?**

Authors: F. Omaswa

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2006

This editorial published in the Bulletin of the World Health Organization argues for expanding the professional category of formal health care workers to include home-based informal caregivers, political community leaders, shop vendors of health products, and traditional health practitioners. In situations where formal health facilities are not available nearby or easy for people to access, informal health workers are the first and most important points of call by people in search of health services. Such workers who are not breaking any regulations can be significant players in some communities and deserve to be acknowledged, encouraged and supported.

There are some informal health workers for whom increased effort needs to be made in their regulation and supervision, and where members of the public need to be equipped to protect themselves. One solution that is potentially effective is to increase the level of health literacy in the general population. Health education should be emphasised in primary and secondary schools, and radio messages and other media can be used to reinforce widespread knowledge in the community and keep the informal health workers up to date.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35562&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35562&type=Document)

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### **4. Community health workers: a review of concepts, practice and policy concerns**

Authors: B. M. Prasad; V. R. Muraleedharan

Publisher: Consortium for Research on Equitable Health Systems, 2007

This paper, prepared for the International Consortium for Research on Equitable Health Systems, provides an overview of the concepts and practice of Community Health Workers (CHWs) in several developing and developed countries. In doing so it identifies critical factors that influence the overall performance of CHWs including gender, the nature of employment, career prospects and incentives, educational status and training. It finds that the selection of CHWs from the communities that they serve, population coverage and the range of services offered at the community levels are vital in the design of effective CHW schemes. The smaller the population coverage, the more integrated and intensive the service offered by CHWs.

The paper concludes that a carefully designed and implemented community health workers scheme could have far reaching implications for the whole society beyond generating better health outcomes. For example, it could improve their self-esteem, substantially empower women from low-income countries and help them to earn respect from the community. Thus, a well designed and implemented CHW scheme could help

reduce social inequity. [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=34470&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=34470&type=Document)

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## **5. People first: African solutions to the health worker crisis**

Authors: S. Hall

Publisher: African Medical and Research Foundation , 2007

This AMREF briefing paper explores different ways of addressing the health worker crisis in Africa. It addresses problems of poor training, motivation and retention of health workers, the lack of skilled health workers in remote and hard to reach areas, and poor community engagement with health systems. The authors argue that to tackle the immediate health worker crisis it is important to find models which can quickly deploy and retain workers and ensure they get appropriate training and support. Responses need to expand the cadres of workers with basic clinical and community health competencies, such as enrolled nurses, clinical officers and community health workers.

The paper recommends that UK and donor governments should increase bilateral and multilateral support to the health sector to allow the rapid scale up of health workers and community health workers. They should also grant African countries greater flexibility to increase investment in scaling up training and support for lower and middle level cadres of health workers and community health workers. It recommends that African governments should commit 25 per cent of their national budgets to health and conduct comprehensive training needs assessments to determine actual in-country human resources for health needs.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32809&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32809&type=Document)

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## **Latest additions from the Health Systems resource guide**

### **1. Saving children's lives: why equity matters**

Publisher: Save the Children Fund , 2008

This Save the Children report considers why millions of children under the age of five continue to die every year, even though proven remedies and practical measures are available to help save them. It finds that the countries with the worst child mortality rates tend to be very poor and to have experienced war or violent conflict such as Afghanistan, Angola, Chad, the Democratic Republic of Congo, Liberia and Sierra Leone.

The paper introduces a Wealth and Survival index which shows how countries perform on child mortality in relation to their level of national income. It shows that countries

with comparable levels of national income can differ very markedly in their performance on child survival. It argues that measures to tackle child mortality cannot be separated from broader issues of economic and social development, and from the political context in which this process happens. Cutting the number of child deaths requires much greater efforts by developing country governments, international donors and the private sector to combat poverty and to promote sustainable and inclusive economic development.

In terms of health, it recommends that developing county governments and international donors should:

- increase investment in health systems, including in the development and retention of staff
- eliminate those direct and indirect barriers, including user fees that prevent poor people from accessing health care
- safeguard child health in humanitarian emergencies

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35555&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35555&type=Document)

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## **2. Kazakhstan: health system review**

Authors: M. Kulzhanov; B. Rechel

Publisher: European Observatory on Health Systems and Policies, 2007

This paper provides a description of the health system in Kazakhstan and of reform and policy initiatives in progress in the country. When Kazakhstan became independent in 1991, it faced challenges including an oversized and inpatient-orientated system of health facilities and a reduction in health financing. Following improvements in economic growth in 2004 the government initiated a comprehensive National Programme of Health Care Reform and Development for the period 2005-2010. The reform programme addressed key challenges of inequities in terms of health financing between the country's regions and between the urban and rural areas.

The paper finds that currently, despite an increased emphasis on primary care, the inpatient sector continues to consume the bulk of health funding, and the question of specialised and parallel health services has not been addressed by the reform programme. It recommends that more attention is paid to the quality and efficiency of health services. A system of monitoring and evaluation, as well as the establishment of clinical practice guidelines, could play an important role in achieving these aims. A comprehensive system of human resources planning and the introduction of incentives for health care workers are also needed to ensure that there is a sufficient supply of doctors, nurses and other health care professionals working in rural areas.

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### **3. Can microcredit help improve the health of poor women? Some findings from a cross-sectional study in Kerala, India**

Authors: K. S. Mohindra; S. Haddad; D. Narayana

Publisher: International Journal for Equity in Health, 2008

This study examines associations between female participation in a microcredit programme in India, known as self help groups (SHGs), and their health in the south Indian state of Kerala. The study is based on information collected from over 900 non-elderly poor women on their characteristics, health determinants (exclusion to health care, exposure to health risks, decision-making agency), and health achievements (self assessed health, markers of mental health).

The study finds that SHG participation appears to offer protection against exclusion to health care; regardless of whether a woman is an early joiner or a late joiner. Moreover, even a woman who does not participate, but lives in the same household as a SHG member faces less exclusion. This is likely attributed to the ability of SHG members, and their household members, to acquire loans to cover health costs when in need - suggested by the high number of loans taken for health purposes. It concludes that microcredit is not a panacea, but can help to improve the health of poor women: in Kerala, SHG participation can help protect poor women against exclusion to health care and possibly aid in promoting their mental health.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35553&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35553&type=Document)

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### **4. The Uganda health SWAp: new approaches for a more balanced aid architecture?**

Authors: Ortendahl C.

Publisher: HLSP Institute, UK

The early years of the Uganda health Sector Wide Approaches (SWAp) are generally considered a success story. However, its performance has subsequently declined. This HLSP paper examines the factors that have contributed to this decline, and the current challenges faced by government and donors. These are: reduction in government health spending; changes in preferred aid modalities used by development partners; weak government leadership; and weak governance. Analysis reveals that all these factors have interacted with one another and contributed to weakening performance.

The paper concludes that the lessons from the Uganda experience with the health SWAp also have wider relevance. The evidence points to the need for a more balanced architecture of development assistance for health which: promotes the active participation from global financing partnerships with other donors acting within the framework of

common co-ordination structures; enables effective use of non-financial resources; and is informed by financial planning frameworks. [adapted from authors]

Available online at:

[www.hlspinstitute.org/files/project/178485/UgandaHealthSWAp\\_Oct07.pdf](http://www.hlspinstitute.org/files/project/178485/UgandaHealthSWAp_Oct07.pdf)

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## **5. The costs and benefits of health worker migration from East and Southern Africa**

Authors: R. Robinson; North South Institute; Health Systems Trust; East, Central and Southern African Health Community

Publisher: EQUINET: Network for Equity in Health in Southern Africa, 2007

This EQUINET discussion paper reviews the literature on health worker migration from East and Southern African (ESA) countries to developed nations. It finds that most research ignores the benefits, both financial and knowledge-related, which countries enjoy when their health professionals emigrate. Instead, it focuses almost entirely on costs. Many researchers identify the medical brain drain as a serious problem because it impacts negatively on health systems, not only in terms of loss of skilled labour but also because governments which subsidise the education of health workers lose their investment when those workers emigrate. However, the paper argues that their research lacks hard quantitative data, making sound analysis of costs almost impossible.

The paper concludes that the overall policy objective should be to manage the migration of health professionals from ESA countries in such a way that it minimises the costs while allowing those countries to enjoy the benefits. It recommends mandatory cost-benefit analysis (CBA) of the migration of health professionals from all sub-Saharan African countries. This in turn will require a comprehensive database on the economic, social and demographic aspects of health worker migration to be developed at country, regional and/or sub-regional level.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=35283&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=35283&type=Document)

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## **Announcements**

### **Announcement: HDI at the Global Forum on Human Resources for Health**

The IDS Health & Development Information Team will be attending the first Global Forum on Human Resources for Health in Kampala, Uganda from 2nd to 7th March 2008. Please come and meet members of the Team and learn more about our services in the Forum's marketplace. A range of HDI resources and other materials will be available at the booth.

For more information about human resources for health go to our recently updated dossier on human resources for health.

More information: [www.eldis.org/go/topics/dossiers/human-resources-for-health](http://www.eldis.org/go/topics/dossiers/human-resources-for-health)

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**Course: Indian Institute of Health Management Research (IIHMR) presents a course on Managing Gender Issues in Health Care, Jaipur**

The broad objective of the programme is to promote an approach to health care that recognises different needs and perspectives within a context of respect for the right and dignity of men and women.

The specific objectives are to enhance the participants' ability to appreciate the concept of gender and its role in health: policies and programmes; analyze gender based inequities in health at various levels; think strategically about gender and quality of health care in the context of various; reforms which would synergize improvement in health outcomes; and develop action plans to implement gender-sensitive policies and programmes.

The programme is designed for: Persons with policy-making responsibility in government agencies that are seeking to redefine or expand their programmes to include gender-sensitive health services, Senior managers in public health system who are responsible for translating national level policy on health into programmes at state and district levels, Leaders and senior programme managers of NGOs who are planning health projects/programmes, Faculty of training institutions involved in pre-service and in-service training of service providers and managers, Researchers in health.

More information: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=35567&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=35567&type=Item)

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- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>

- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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