

KEY MESSAGES

See pages 3-4 for messaging specific to the COVID-19 Pandemic

Community Health: A Best Buy for Achieving Universal Health Coverage

- Research estimates that 18 million health workers are required—primarily in low- and middle-income countries—to achieve both the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).¹ Investments in quality community health programs are integral to help fill this gap and scale up access to primary health care (PHC).
- The impact of community health workers (CHWs) is far-reaching. Studies have demonstrated the effectiveness of CHWs in delivering a range of preventive, promotive and curative services related to reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and neglected tropical diseases.¹
- Services provided by CHWs are often more responsive to the unique health needs of populations, less expensive than clinical visits, foster self-reliance and support local participation.
- Community health programs provide a high-impact, low-cost solution to the health systems challenges faced in low- and middle-income communities, alleviating pressure on resource-constricted health facilities and reducing inequities in access to care.
- Community health bridges evidence-based practices with strong cultural humility, which helps foster trust within a localized environment. An integral component of PHC, community health provides a link between the health facility and communities.

Reaching the Last Mile: Community-Based Primary Health Care

- Estimates indicate that 90% of all health needs can be met at the primary care level. It is well documented that CHWs can deliver better maternal, child, reproductive and adult health outcomes in a financially sustainable method when properly integrated into the system and supported by evidence-based best practices.
- CHWs do not replace licensed doctors and nurses, instead they help relieve the burden on hospitals and facilities by providing care for easily treatable conditions. By living within the communities they serve, they can identify and reach more people before their health conditions become life-threatening. Research shows that the implementation of community-based PHC programs has led to a decrease of neonatal and maternal and child mortality in low-income countries.²
- CHW programs are more effective when strongly linked to the health system and when the roles of CHWs are formally recognized. The World Health Organization (WHO) recommends service delivery models that integrate CHWs into PHC teams to provide adequate system support and to drive more effective and efficient coordination.¹

¹ WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO

² Liu L, Hill K, Oza S, Hogan D, Cousens S., and others. 2016. "Levels and Causes of Mortality under Age Five." In Disease Control Priorities (third edition): Volume 2. Reproductive, Maternal, Newborn, and Child Health, edited by Black R E, Laxminarayan R, Walker N, Temmerman M, editors. Washington, DC: World Bank.

- People-centered PHC is the foundation of health systems that put people first, address diverse health needs and leave no one behind. This approach will help adapt and respond to a changing world, move toward UHC and achieve the health-related SDGs. We must harness the power of communities and information to accelerate progress toward the vision of health for all.
- Broadening civic engagement and amplifying citizen voices are critical in translating PHC commitments into programs that align with community needs. Mobilized communities are actively engaged in planning and monitoring and are able to represent citizen interest to inform stronger policies, budgets, programs and services to improve health and well-being. Individuals are the experts of their own needs, both as consumers and increasingly as providers through self-care and caregiving. By underscoring the connections between personal experiences and larger PHC systems, communities can mobilize to demand and co-create accessible, high-quality PHC.

Better Training, Better Outcomes

- With proper training, CHWs are the key to strong community health intervention, and when effectively utilized, it is estimated that they can prevent more than 3 million child deaths annually.
- Quality community programs that successfully deliver services require evidence-based models for educating, deploying, remunerating and managing CHWs to optimize their performance across various health service areas.¹
- Research indicates that providing CHWs with frequent supportive supervision and continuous training, embedding them in health systems and in the communities where they live and work, with clear roles and communication channels, increases their impact.¹
- CHWs are important members of frontline health workforce teams that collaborate to ensure access to the full package of essential health services, including PHC services. Prioritization of education, training and support systems is necessary for frontline health workforce teams to deliver UHC for low- and middle-income countries.

Worth the Pay: Remuneration of CHWs

- The WHO recommends contracting CHWs—ideally through government—and “remunerating practicing CHWs for their work with a financial package commensurate with the job demands, complexity, number of hours, training and roles that they undertake.”³
- Remuneration is not only an evidence-based method for improving CHW satisfaction, motivation, retention and performance but also a recognition of the obligation to provide the right to work for rural populations and an opportunity for female economic empowerment.
- With proper compensation and effective training, research suggests that CHW programs are a smart investment that combines service delivery and job creation, and fills a gap in health care in low- and middle-income communities.
- As the need for preventative and curative services increases, so does the need for cost-effective solutions such as CHW programs. Financial packages that compensate for the job’s required traveling and long hours while providing a career ladder that promotes community management and ownership are needed to optimize CHW programs.

Driving Gender Equality

- There are over 234 million workers in the health sector globally, and 70% are women. Women deliver health to around 5 billion people globally, contributing \$3 trillion to global health, about half which is unpaid.³ CHWs often fall in this category.
- If adequately funded, community health can help promote gender equality by offering women qualified employment opportunities, education and autonomy. This increases the chances of improved family education, nutrition, women’s and children’s health, and other aspects of development.
- Integrating comprehensive family planning services into existing networks of trusted CHWs can address major barriers to reproductive health services—including fear, social opposition and misinformation about side-effects. Such integration can also increase agency and equity, and bolster sustainable growth.

³ Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. Geneva: World Health Organization; 2019 (Human Resources for Health Observer Series No. 24). Licence: CC BY-NC-SA 3.0 IGO.

Accelerating Impact through Advancements in Innovation, Digital and Data Solutions

- The world will not achieve health for all without innovation. The vast majority of the innovation needed is to improve the use and quality of existing high-impact PHC services and products.
- People are more connected to information about health than ever before as strong PHC puts better information into more hands. Digital technologies are a growing part of a holistic approach to PHC as the use of personal electronic health records improves the quality and continuity of care in communities around the world. Evidence of what works is increasingly targeted to local contexts and needs in all stages of life, ensuring the greatest impact and best use of resources. As a result, communities are using data and information to demand better health.
- Developing strong digital health systems and processes can contribute to better access, utilization and quality of essential primary health services.

Political Declaration on Universal Health Coverage

- On September 23, 2019, UHC advocates, and global and national decision-makers came together for the United Nations High-Level Meeting on UHC (HLM-UHC). The meeting resulted in the Political Declaration on UHC setting the foundation for global efforts to prioritize affordable and quality health care services in the push towards achieving UHC by 2030.
- At the HLM-UHC, the Communities at the Heart of UHC Campaign called for the prioritization of quality community health and PHC programs that are financially sustainable and integrated in country health systems. The Campaign was joined by 31 countries across six continents that included community health and/or PHC in their remarks at the HLM-UHC.
- The Political Declaration on UHC calls for the investment of \$3.9 trillion for the scale-up of skilled, competent and motivated health workers, including community health workers.
- The Political Declaration on UHC is a starting point to catalyze action for UHC. We must collaborate across sectors and with partners in the implementation of the Political Declaration to make UHC a reality.
- Investments in community health contribute to women's employment in the health workforce and enable extension of PHC services to women, thus encouraging gender equality and women's rights (including sexual and reproductive health rights) as foundational principles of UHC.

Messaging Specific to the COVID-19 Pandemic

- CHWs are vital in preventing, monitoring and responding to pandemic threats such as COVID-19. It is critical that we invest in community health programming that is integrated into national health systems, financially sustainable and rooted in quality.
- Community health is key to UHC and can be a vulnerable country's most valuable resource during an outbreak. Community health programs are the first line of defense for many to prevent, detect and respond to the COVID-19 pandemic.
- CHWs promote pandemic preparedness by increasing the access to health services and supplies within communities, communicating health concepts in a culturally appropriate fashion, and reducing the burdens felt at the facility level. During past epidemics, CHWs promoted community preparedness by acting as educators and mobilizers, contributing to surveillance systems and filling health service gaps.
- Personal protective equipment (PPE), including facemasks, goggles and gloves is essential to keep health workers safe. CHWs need PPE to maintain existing health services and conduct the additional services required for the COVID-19 response.

- Strong community health programs have shown how fundamental they are to the health system in previous viral crises, such as the Ebola epidemics in the Democratic Republic of the Congo and Liberia, Guinea and Sierra Leone. These nations trained and equipped CHWs to help reduce transmission by promoting social distancing, participating in contact tracing and encouraging testing among patients.
- As countries grapple with COVID-19, strong community health can provide a critical first line of defense and response to keep the outbreaks from overwhelming the health system. CHWs can help diagnose, track and stop the spread of local outbreaks while providing essential health services to communities.
- During the COVID-19 response, essential PHC services need to continue to be a priority, including vaccinations; reproductive, maternal and child health care; and HIV/AIDS, TB, and malaria services. Ignoring these concerns will undo the significant gains in health achieved over the past several years.
- The best emergency response to outbreaks is to have a robust and resilient health care system in the first place. Policies and allocation of resources developed to address COVID-19 must have at its core the long-term strengthening of national health systems with an emphasis on PHC and community health.