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Objectives

- Define Universal Health Care
- Summarize the global health worker shortage
- Define CHW roles and responsibilities in LMICs
- Review evidence on CHW program effectiveness
- Explore how short- and long-term medical missionaries can support CHW training



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Universal Health Care

- Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. (WHO)
- Primary health care (PHC) is the most effective and cost-efficient way to get there. (WHO)
- Community Health Workers are essential to help meet this need.

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Why we need Universal Health Care



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How will we achieve UHC without enough health workers?

WHO estimates a projected shortfall of 11 million health workers by 2030, mostly in low- and lower-middle-income countries.

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We need CHWs!

But what can they do?

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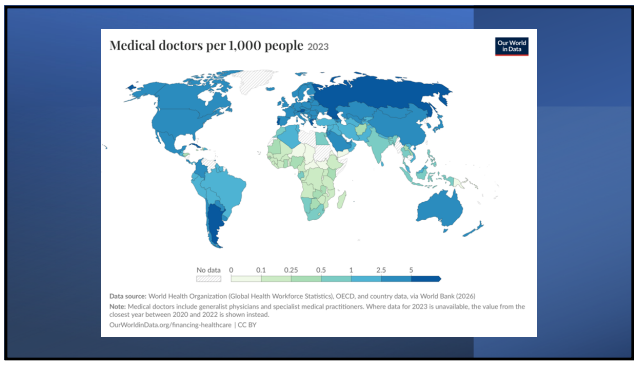
Evolution of Community Health Workers

- **1920s**
  Local farmers in China: **Barefoot Doctor Program**
  ↓
  1950s–60s
  Community-based health worker program spread to other poor nations
  ↓
  1978
  CHWs recognized as part of primary health care at the **Alma Ata Declaration**
  ↓
  1980s–90s
  National programs — successes and failures
  ↓
  2000s
  Evidence-based expansion
  ↓
  Today
  CHWs increasingly integrated into health systems--**Ethiopia**
- **Overall evolution:**
  From volunteers/local helpers → trained community health workers → essential members of health systems

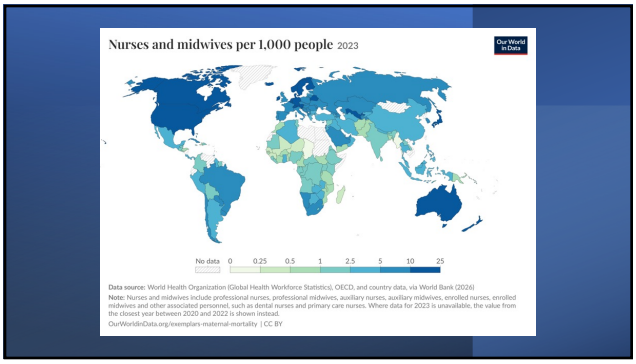
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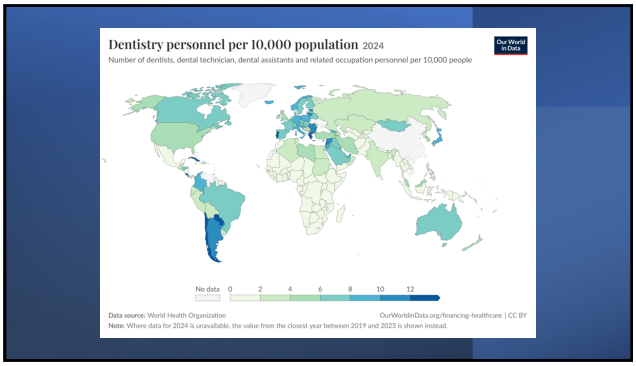
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Community Health Workers: Building Trust, Delivering Care

- **Community members** who help connect people with health services.
- They work directly in communities, often reaching people with limited access to traditional health care services.



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Traditional Birth Attendants



TBAs are trained regularly in Doro, South Sudan. They are incorporated into the SIM Maternity program.

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CHWs Role in Disease Identification, Prevention, Treatment

Role of Community Health Workers (CHWs)

- **Health Promotion & Disease Prevention** – Educate communities on healthy practices.
- **Community-Based Diagnosis & Treatment** – Identify and manage illnesses locally.
- **Maternal & Child Health Services** – Support prenatal care, immunizations, and nutrition. (TBAs)
- **Chronic Disease Management** – Assist with conditions like diabetes and hypertension.
- **Household-Level Care** – Provide basic healthcare and monitor patient well-being.
- **Referral Facilitation** – Connect patients to formal healthcare facilities.
- **Improving Healthcare Access** – Support marginalized populations facing barriers (distance, cost, stigma).

Hassan, Saidu & Asike, Chidimma & Okoye, Nelyn & Adindu, Kelechi. (2024). Assessing the Impact of Community Health Workforce on the Efficiency and Accessibility of Healthcare Delivery. Archives of Current Research International. 24. 10.9734/acri/2024/v24i10918.



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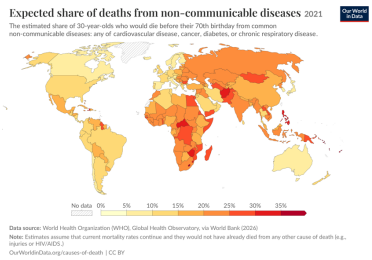


CHWs can help meet the need

- There are more than 4.7 million CHWs in 100 countries.
- 70% of CHWs are women.
- Half of those in low- and middle-income countries are unsalaried.
- If they are not in the healthcare system, we should include them in the clinic and ensure they are paid fairly and supervised well.

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Should we expand their scope?



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We Must Train CHWs to Help Combat NCDs in LMICs

- Support early detection through screening and monitoring (e.g., BP, glucose)
- Help patients manage chronic conditions through follow-up and medication adherence
- Reduce the burden on clinics by delivering care at the community level
- Promote healthy behaviors and lifestyle changes

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Train CHWs Spiritually

- Integrate faith into their health education training through the Community Health Evangelism/Education method.
  - Community Health Evangelism (CHE) is a proven ministry strategy that seamlessly integrates evangelism, discipleship, and church planting with community health and development. (https://chenetwork.org/learn-the-strategy/what-is-che/)
- Train clinic-based CHWs in the Saline Process
  - The Saline Process **Equips** and **mobilizes** Christian healthcare workers as witnesses of the love and reality of Jesus at the bedsides and in the clinics where they work. (https://ihsglobal.org/salineprocess)

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Effectiveness of CHW Programs

Evidence Based Outcomes

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Assessing the Impact of Community Health Workforce on the Efficiency and Accessibility of Healthcare Delivery

Saidu Malgwi Hassan [a*], Ernest Chinedu Okoli [a], Chidimma Anthonia Azike [b*], Nelyn Akunna Okoye [c] and Nelson Keclechi ADINDU [d]

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[c] Rivers State University Hospital Services Department, Nigeria.
[d] University of Chester, UK.

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Key Findings

- **CHWs improve access to healthcare** by bridging the gap between healthcare facilities and people who live in remote areas.
- **They make the health system more efficient** by handling appropriate basic and preventive services.
- **Can improve the quality of care and health equity** because they are based in communities they serve.
- **Biggest weakness is the sustainability** of CHW programs.
- The authors argue that **investment and political support are essential, along with integration with formal healthcare services.**

Hassan, Saidu Malgwi, Ernest Chinedu Okoli, Chidimma Anthonia Azike, Nelyn Akunna Okoye, and Nelson Keclechi ADINDU. 2024. "Assessing the Impact of Community Health Workforce on the Efficiency and Accessibility of Healthcare Delivery". *Archives of Current Research International* 24 (10):167-73. https://doi.org/10.9734/acri/2024/v24i10918.

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Ogutu et al. Human Resources for Health (2021) 19:144
https://doi.org/10.1186/s12960-021-00691-z

Human Resources for Health

REVIEW Open Access

Factors influencing the performance of community health volunteers working within urban informal settlements in low- and middle-income countries: a qualitative meta-synthesis review

Michael Ogutu[1,2*], Kui Muraya[1], David Mockler[3] and Catherine Darker[3]

Abstract

Background: There is limited information on community health volunteer (CHV) programmes in urban informal settlements in low- and middle-income countries (LMICs). This is despite such settings accounting for a high burden of disease. Many factors intersect to influence the performance of CHVs working in urban informal settlements in LMICs. This review was conducted to identify both the programme level and contextual factors influencing performance of CHVs working in urban informal settlements in LMICs.

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Key Findings

- **Motivational Factors**: CHVs are driven by intrinsic (altruism, community respect) and extrinsic (financial incentives, career progression) motivations.
- **Training & Capacity Building**: Ongoing training and skill development are crucial for CHV effectiveness and retention.
- **Supervision & Support**: Regular feedback, mentorship, and supportive supervision enhance CHV performance.
- **Workload & Burnout**: High caseloads, lack of resources, and emotional strain contributed to fatigue and attrition.
- **Community Engagement**: Trust and collaboration with community members improve CHV impact.
- **Policy & Institutional Support**: Clear policies, financial backing, and integration into health systems are necessary for sustainability.

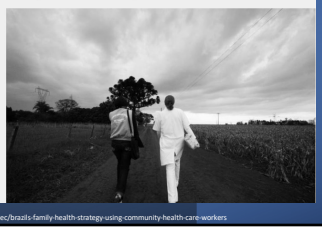
Ogutu, M., Muraya, K., Mockler, D., & Darker, C. (2024). Factors influencing the performance of community health volunteers working within urban informal settlements in low- and middle-income countries: A qualitative meta-synthesis review. BMC Public Health.

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CASE STUDY
DECEMBER 13, 2016

Brazil's Family Health Strategy: Using Community Health Care Workers to Provide Primary Care

By Hester Wadge, Yasser Bhatti, Alexander Carter, Matthew Harris, Greg Parston, and Ara Darzi. Photos by Radilson Gomes



TOPLINES

Brazil program relies on community health workers to provide families with basic primary care in their homes

Brazil's Family Health Strategy has reduced pressure on doctors and nurses and improved clinical outcomes

https://www.commonwealthfund.org/publications/case-study/2016/dec/brazils-family-health-strategy-using-community-health-care-workers

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Key Components of Effective CHW Programs

- Community participation & trust
- Appropriate training
- Ongoing supervision
- Fair compensation & incentives
- Supplies and logistical support
- Integration with the formal health system
- Strong political commitment
- Sustainable financing
- Monitoring, evaluation & quality improvement

Source: https://chwcentral.org/chapter-2-lessons-learned-from-viewing-the-history-of-large-scale-chw-programs/

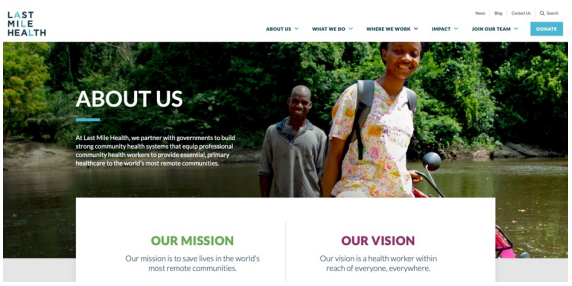
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Discussion

- How can we best support CHW programs in the LMICs in which we may work?
- How would it differ between FT and ST medical missionaries?

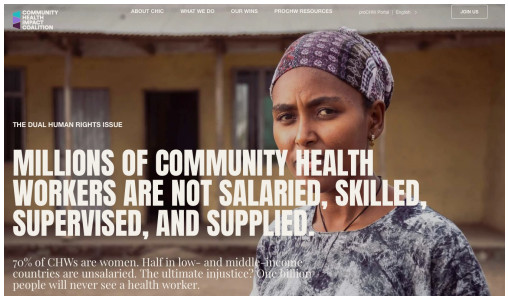


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https://lastmilehealth.org

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https://joinchic.org

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https://www.who.int/publications/i/item/9789240118065

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Questions?

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Resources

- Scott, K., Beckham, S.W., Gross, M. *et al.* What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Hum Resour Health* **16**, 39 (2018). https://doi.org/10.1186/s12960-018-0304-x
- 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.
- Community Health Impact Coalition: https://joinchic.org
- Jeet G, Thakur JS, Prinja S, Singh M (2017) Community health workers for non-communicable diseases prevention and control in developing countries: Evidence and implications. PLoS ONE 12(7): e0180640. https://doi.org/10.1371/journal.pone.0180640
- Free Course: Health For All Through Primary Health Care: https://www.coursera.org/learn/health-for-all?msockid=1ac4aca1b1f36fab01afb896b0da6e4e#modules
- Harvard Course: Strengthening Community Health Worker Programs: https://harvardonline.harvard.edu/course/strengthening-community-health-worker-programs

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