



Integrating  
**Community  
Health Workers**  
in national health  
workforce plans

# Community Health Workers Key Messages

Global Consultation On Community Health Workers  
Montreux, Switzerland, 29-30 April 2010

The year 2000 marked an important event when 189 countries signed the UN Millennium Declaration which translated into the eight Millennium Development Goals (MDGs), three of which are directly related to health, namely:

- MDG 4 - Reducing child mortality by two-thirds from base levels of 1990
- MDG 5 - Reducing maternal mortality by three-quarters from base levels of 1990
- MDG 6 - Combating HIV/AIDS, malaria and other diseases.

## Preamble

REALIZING that progress on achieving these targets has not been made in many countries, especially in low- and middle-income countries; and despite considerable evidence from recent reviews of interventions that can impact on maternal, newborn and child health and survival, a trained health workforce to scale up these interventions in population settings is not yet a reality;

APPRECIATING the growing recognition of Community Health Workers (CHWs) as an integral component of the health workforce needed to achieve these goals;

NOTING that CHWs have been used for many years and on different scales, and that some countries are already using CHWs on a national scale and others are seriously considering this;

RECOGNIZING the need to support countries in this decision and selecting appropriate strategies for the use of CHWs as an integral component of their HRH and national health systems, the Global Health Workforce Alliance (the Alliance) commissioned a study to gather the current evidence on wide-scale use of CHWs.

Following this, a global consultation of programme managers, policy makers and experts was convened on 29 - 30 April 2010 in Montreux, Switzerland, to review the recommendations of the report, share experiences, and develop a broad agreement on key messages for countries to integrate CHWs into their national health workforce.

As a result of these deliberations, the following key messages were identified, related to the planning and production process for CHWs, the attraction and retention of this cadre, and performance management of CHWs:



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# Planning, Production and Deployment

Integrate Community Health Workers (CHWs) fully into national HRH plans and health systems, taking into account existing needs, expected social benefits, local values and preferences.

Involve key HRH stakeholders in the decision-making process, including relevant government bodies, civil society, private-not-for-profit and health professional groups.

Ensure effective and robust monitoring and evaluation throughout the policy and implementation process for the scale-up of CHWs.

Ensure that any scale-up of the CHW cadre in national health systems and/or in non governmental initiatives makes adequate provision of the additional costs and resources required for supporting the cadre (including training, supervision, equipment and supplies, transport).

Take into consideration the need for complementary strengthening of the existing health system to provide the enabling environment for implementation of CHW policies and planned interventions.

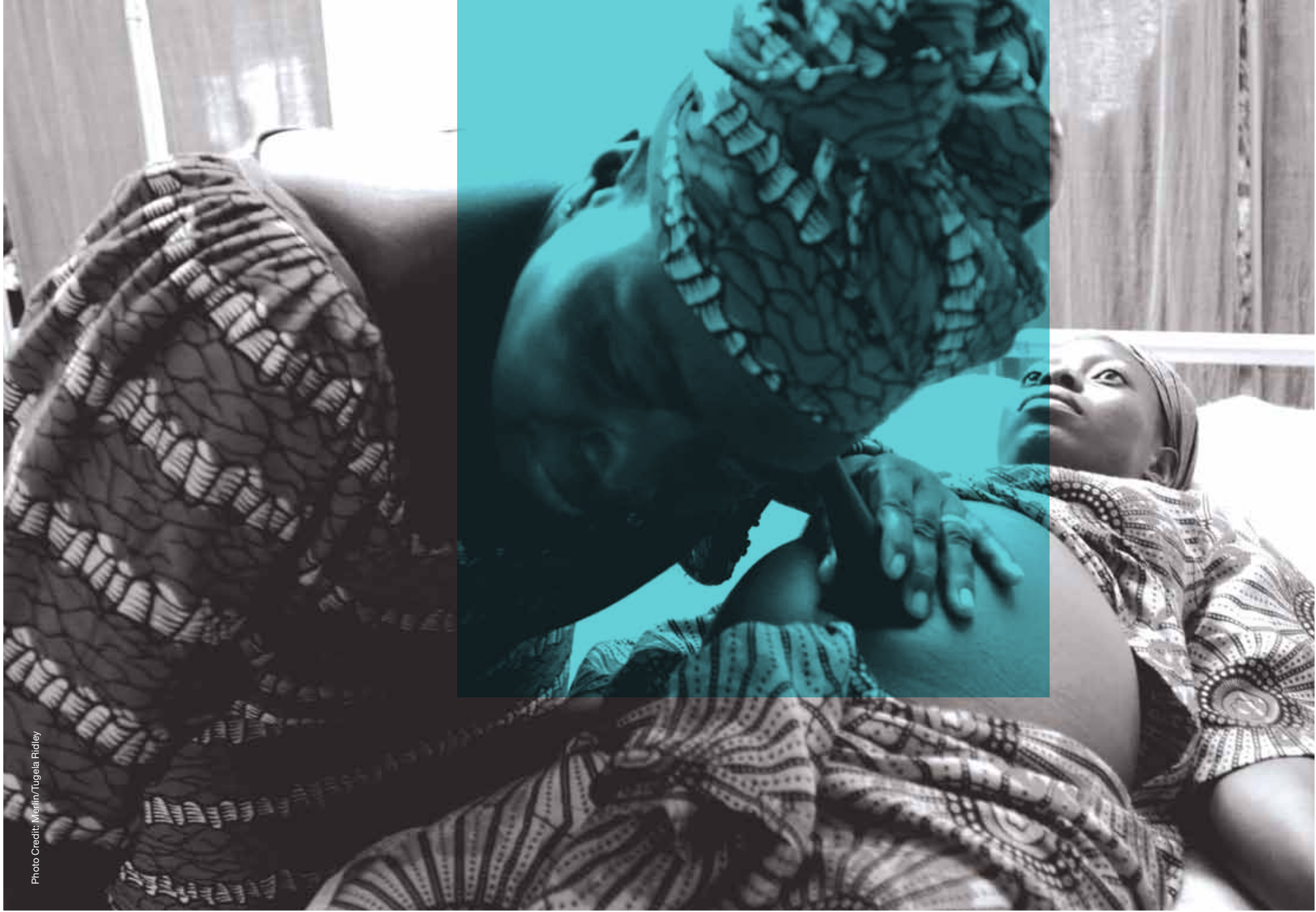


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# Attraction and Retention

Prepare and engage the community from the start in planning, selecting, implementing, monitoring and supporting CHWs.

Ensure a regular and sustainable remuneration stipend and, if possible, complement it with other rewards, which may include financial and non-financial incentives.

Ensure a positive practice environment, including regular and continuous supportive supervision, health and safety issues, CHW's information and communication needs, a clean environment, a manageable workload, and the availability of drugs/supplies/equipment.

Establish terms of reference for selection criteria, training duration, and scope of tasks that are clearly stated, publicized and respected by all stakeholders.

Provide an ongoing continuing education framework for CHWs and, where possible, support opportunities for career advancement, considering the needs of the individual as well as the organization.



Photo Credit: Merlin

# Performance Management

Governments should take overall responsibility for the quality assurance of CHWs as part of its stewardship role, even if CHWs are trained and managed by civil society or private-not-for-profit groups.

Performance management should be based on a minimum standardized set of skills that responds to community needs and appraisal of strategies, and is context-specific.

The management and supervision of CHWs should be integrated with that of other health workers, using a team approach, and should be developmental, systematic, planned and budgeted for accordingly, in order to achieve the desired service delivery and health outcomes.

“Governments should take overall responsibility for the quality assurance of CHWs as part of its stewardship role”

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