



CIVIL SOCIETY INSTITUTE  
FOR HEALTH

CSO WCA

# POLICY PAPER

*on*

# FAIR REMUNERATION FOR COMMUNITY HEALTH WORKERS

*June 2023*





## BACKGROUND

Community health workers (CHWs) are at the heart of responses to disease. Health systems around the world have recognized their value in extending essential services to the community level, improving health equity, and moving towards universal health coverage. The 3rd Global Forum on Human Resources for Health, held in 2013, concluded that CHWs, along with frontline primary health care workers, “play a unique role, which could be essential in accelerating the achievement of the Millennium Development Goals and Universal Health Coverage”. Indeed, CHWs have invaluable knowledge, experience and innovative solutions that can greatly contribute to the development and implementation of health policies and programs. It is therefore important to ensure that their human rights are respected, and to recognize and support their meaningful participation and leadership in the fight against disease, including through the establishment of fair remuneration mechanisms that comply with current labor laws and standards.



However, in most West and Central African countries, CHWs are not fairly remunerated, their qualifications, supervision are not considered. While many experiences and research studies show that CHWs can increase access to family

planning and support prevention and access to care for non-communicable diseases. They also considerably improve access to care for infectious diseases such as HIV and tuberculosis. Deploying CHWs that systematically provide vital health services in countries with the highest disease burden would save up to 6.9 million lives a year and halve child mortality figures. Similarly, in many countries, CHWs treat up to 50% of the malaria burden.



What’s more, in many regions, CHWs have preserved the promptness and breadth of community care services throughout the COVID-19 pandemic.

**Agents have at their disposal (...) invaluable innovative solutions which can make a major contribution to the development and implementation of health policies.**

Promoting equitable remuneration for community health workers in West and Central Africa remains one of the priorities of the Civil Society Institute Secretariat. This orientation stems both from consideration of the importance of CHWs’ contribution to health systems and the need to ensure pay equity. CHWs play a very important role in achieving the results and objectives of health programs and policies. They facilitate access to healthcare for all, particularly for vulnerable populations.

Ensuring that community health workers (civil society experts, social mediators, peer educa-

tors, etc.) receive fair remuneration is a sign of respect for human rights and recognizes the value of individuals who play a central role in responding to various health challenges. The importance of community health workers is widely recognized as one, if not the crucial factor enabling the various

organizations involved in the fight against HIV, tuberculosis, and malaria to achieve their objectives. **The desired focus on communities can only be fully achieved with the contribution of community health workers (CHWs).** It is therefore essential that the various community and civil society players receive fair and decent remuneration, enabling them not only to commit themselves fully to their respective missions, but also to respond adequately to their needs.

It is with this in mind that the present policy paper has been drawn up. Its aim is to support advocacy for fair remuneration for CHWs, comparable to that of other health-care workers, particularly those in the public system, by improving their working conditions, and recognizing their experience and skills.



## **INVOLVEMENT OF CHWS IN ACHIEVING RESULTS IN HEALTH PROGRAMS AND SYSTEMS IN WEST AND CENTRAL AFRICA**

In many countries in Africa, CHWs play a crucial role in healthcare (Guenther et al, 2019; Okello et al, 2019; Oliver et al, 2015; Schneider et al, 2020; Stodel et al, 2020, World Vision, 2015). However, the nature of their employment is often precarious, uncertain, undervalued and unpaid (International Labor Organization (ILO), 2019).

Moreover, national health policies and researchers recognize the crucial work done by CHWs (Phiri et al., 2017; Rafiq et al., 2019 - National Community Health Strategy, 2017-2021, 2017). Yet recognition of this contribution should materialize in concrete terms through the official integration of CHWs into the health workforce, with structured salaries, appropriate training, and adequate supervision. The importance of the essential work of community health workers was reaffirmed at the 72nd World Health Assembly held from May 20 to 28, 2019 (WHO, 2019).

The May 25, 2019 report on opportunities and challenges in primary health care (PHC) delivery mentions that **CHWs «are part of the effective interdisciplinary workforce in the delivery of a range of preventive, promotive and curative health services, and can help reduce inequalities in access to care».**

The African Health Strategy (AHSS 2016-2030) proposes policy directions and strategic approaches that include the response to primary healthcare (PHC) in Africa (Specialized Technical Committee Working Group on Health, Population and Drug Control, 2016). The founda-

tion of this political strategy rests on major visions, including «Agenda 2063: The Africa We Want» and the «2030 Agenda for Sustainable Development».



These texts are of particular importance as they highlight the considerable contributions made by community health workers and other health professionals.

By way of example, SAS 2016-2030 highlights that between 2000 and 2013, access to HIV treatment in Africa increased more than 100-fold, around 10 million people are on antiretroviral treatment, and AIDS-related deaths have fallen by 33% among people living south of the Sahara. The incidence of malaria among children has also fallen, from 26% in 2000 to 14% in 2013. In addition, between 2000 and 2015, the risk of malaria fell by 42%, except for North Africa, and the mortality rate dropped by 66%. The tuberculosis treatment success rate reached 86% in 2013. Progress in maternal health is also notable, with a significant reduction in maternal mortality from 990 deaths per 100,000 inhabitants in 1990 to 510 deaths per 100,000 inhabitants in 2013, with the exception of North Africa (Working Group of the Specialized Technical Committee on Health, Population and Drug Control, 2016).

By the end of 2021, programs financed by the Global Fund partnership had preserved 50 million lives. Overall, the combined mortality rate of the three diseases has been more than halved since 2002 in countries benefiting from Global Fund investments. This success is due to the efforts of a wide range of stakeholders, including community-based organizations (CBOs), which play an important role in the implementation of Global Fund programs.

In fact, CHWs have not only occupied a crucial position in healthcare delivery but have also advocated for social change and influenced governments to ensure equal opportunities and rights for communities to access healthcare services (Lehmann, Friedman and Sanders, 2004).

Similarly, when properly designed and implemented, **community-based programs have the potential to increase the use of community health services, particularly in areas where unmet need is high, access to services is limited, and socio-legal and epidemiological barriers exist, as is often the case for key populations.**



**- Official integration into the health workforce**

**- Structured salaries**



**- Appropriate training**

**- Adequate supervision**



Health Workers and Community Relays play a particularly crucial role in reducing inequalities in access to health services. They deliver adapted services and health products directly to women and men in their communities, eliminating the need for them to travel to potentially remote or hard-to-reach health facilities.

Indeed, substantial evidence attests to the effectiveness of CHWs in delivering a range of preventive, promotive and curative services related to reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and neglected tropical diseases. Community



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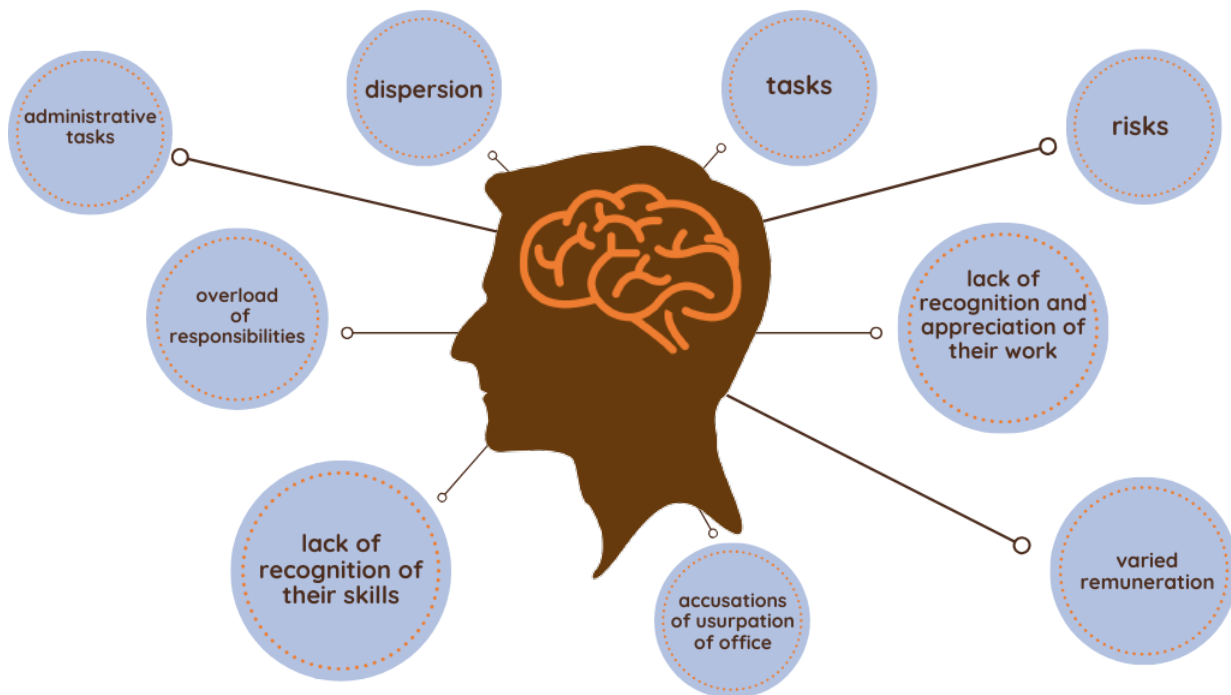
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Health Workers (CHWs) have played a key role in achieving the health targets set by the Sustainable Development Goals (SDGs). That's why the World Health Organization (WHO) has developed recommendations as part of its Global Strategy on Human Resources for Health: Goals 2030,

encouraging countries to harness the potential of CHWs within inter-professional care teams. The WHO guidelines for CHWs provide a blueprint for their success, including in-depth recommendations in 15 areas of community health program design strongly linked to positive outcomes.



**D**espite substantial recognition and evidence of the importance of the work of Community Health Workers (CHWs), these professionals face significant challenges and constraints in carrying out their duties.



These challenges include the dispersal of the places where they carry out their activities, uncertainty as to the tasks entrusted to them, the risks inherent in working with deprived and marginalized populations, the additional workload resulting from administrative tasks in addition to their relational responsibilities, overloaded responsibilities (as handy men or women), non-compliance with the laws, regulations and standards established for their work, lack of recognition of their specific skills, uncertainties as to the legitimacy of the characterization of their activities, accusations of usurpation of function by other public sector agents, a vague legal and regulatory framework concerning their status, lack of recognition and valorization of their work, varied forms of remuneration and motivation not in line with laws, regulations and the labor code, among others.

It is indisputable that CHWs perform essential tasks that help improve primary healthcare services for many communities in sub-Saharan Africa. This is widely recognized by many stakeholders and by African governments.

However, the appropriate recognition and integration of CHWs in the health sectors of West and Central Africa faces several challenges. Some categories of CHWs are remunerated by the government or by programs funded by technical and financial partners. However, training, supervision and remuneration are often deemed insufficient. The International Labour Organization (ILO) recognizes that the essential work of CSAs exposes them to risks and health hazards, and that, in relation to these risks, remuneration is often inadequate.

In addition, other categories of CHWs, who do not receive remuneration, provide invaluable services to communities. Health services in the countries of the Sub-Saharan Africa region depend on CHWs to make up for the shortage of health personnel and ensure the delivery of necessary services to communities.

The African Union and regional bodies recognize the essential contribution of Community Health Workers (CHWs), but challenges remain.



***CHWs are helping to improve primary healthcare services for many communities in sub-Saharan Africa***

**We therefore make the following recommendations:**

- ◇ Engage in constructive advocacy for **the recognition and better definition of CSL work**.
- ◇ Clearly define **the roles and working hours of each worker** in a community program.
- ◇ Obtain political commitment from governments for the recognition and integration of this profession into their health systems and **define a CHW status recognized by all West and Central African countries**.
- ◇ Research shows that CHWs are motivated not only by financial incentives, but also by the desire to be recognized and to take greater responsibility for certain tasks. However, **they should be granted a remuneration commensurate with the workload they carry out**. Crucially, CHWs already possess certain interpersonal skills even before they are trained for the role. They deserve to be rewarded with both financial incentives and recognition of their ability to carry out the tasks assigned to them.



- ◇ Adequate **training and work supervision must be provided for CSAs**. Although more intensive training programs exist for some categories of government paid CHWs, these are sometimes insufficient. For unpaid, voluntary CSOs, the situation is even more complex. Although they follow informal training programs, unpaid volunteers provide important services to communities. It is essential to include mental health and stress management in the CHW training program, to boost their confidence in their own abilities as they carry out their duties within communities.
- ◇ The **integration of CHWs into each country's health sector** should be a proactive initiative on the part of every country in the WCA region. This integration could be achieved gradually, given the limited resources available to meet the financial costs of achieving national targets for CHW per capita ratios.
- ◇ Donors and other stakeholders working in communities should demand that CHWs be **remunerated at the same level as other public service workers** performing similar functions in the health sector.
- ◇ Governments should properly evaluate the activities of NGOs, as some of them underpay CHWs. In addition, where activities beneficial to CHWs have been assessed, the regulation of NGOs that fund and work with CHWs adequately should be structured to ensure decent work for CHWs. In this context, proper assessment and the provision of material and financial resources are insufficient, as there also needs to be the **political will to improve the working conditions of CHWs, both within government and the NGO sector**; this will contribute to better health outcomes in WCA and the Sub-Saharan Africa region.







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