

STRENGTHENING COMMUNITY HEALTH WORKER PROGRAMS

EXECUTIVE SUMMARY

Community health workers (CHWs) are essential to well-functioning PHC systems. They deliver key health services locally, increasing access to and demand for those services, and they build trust in the health system.

Exemplars in Global Health (EGH) research on community health workers (CHWs) focused on identifying the drivers of success in CHW programs at scale in Brazil, Bangladesh, Ethiopia, and Liberia. Over the EGH study period (1990-2017), these countries outperformed their peers by increasing health service coverage and reducing mortality rates more than expected based on the size of their investment in CHW programs.

EGH asks: What attributes do successful CHW programs share? And how can other countries learn from these pathways to success?

To boost the capacity of CHW programs, policymakers in all the EGH positive outlier countries:

- **Used a problem-driven approach to design.** CHW programs officials and advocates clearly defined the outcomes of interest and populations CHWs were meant to serve, and they designed programs to focus on those challenges.
- **Secured community support.** Officials cultivated active community engagement, relying on community members to select and supervise CHWs and increase demand for the services they provide.
- **Cultivated political will.** Advocates framed health challenges as “national crises” and built government-led coalitions to secure long-term support from political leaders.
- **Used data for innovation.** Officials built feedback systems that made it possible to adapt and expand CHW programs to improve their performance and meet changing needs.

Additional EGH research has studied the return-on-investment (ROI) between subnational programs in Kenya and Uganda, and has worked in partnership with the government of Sierra Leone to use implementation research to strengthen their CHW program. In Sierra Leone, EGH is partnering with policymakers and in-country partners to learn from and improve implementation of a newly adopted CHW policy meant to boost health service delivery across the country.

Key Findings

1. CHWS ARE ESSENTIAL TO STRONG HEALTH SYSTEMS.

CHW programs were critical determinants of health system success in Exemplar countries. They contributed to improved health outcomes by increasing the public’s knowledge of and trust in the health system and enabling close-to-community delivery of key health services, which ultimately increased the utilization of care.

- **In Ethiopia**, the Health Extension Program (HEP), supported by Health Extension Workers (HEWs), closed a significant gap in access to care. Within five years, the HEP increased access to essential health services from 64% to 92%, ANC4 coverage quadrupled, and immunization rates for rural children tripled. Over the study period, Ethiopia’s HEP contributed to a 67% reduction in under-five mortality rate and a 71% decline in MMR.
- **In Liberia**, the CHW program now covers about 70% of the country’s remote and rural population, conducting home visits, screening for disease, and referring women for facility-based deliveries. Over the study period, treatment for pneumonia, malaria, and diarrhea increased by over 40%, and the proportion of women using skilled birth attendants increased from 55% to 90%.

2. INVESTING IN CHW SYSTEMS, AND NOT JUST THE SERVICES CHWS DELIVER, CAN BENEFIT VULNERABLE COMMUNITIES.

Across EGH research, insights reinforce the importance of established principles from [WHO guidelines](#). These guidelines, along with insights from Exemplar country CHW programs, highlight investing in five foundational system components (also sometimes referred to as the “5-S systems”) regardless of contextual factors:

Selection

In **Sierra Leone**, when recruitment targets for gender representation were not met, changing selection criteria enabled the government to recruit more female candidates from communities. This has improved acceptability of CHWs and enabled the delivery of gender-sensitive services.

Skills

In **Ethiopia**, HEWs receive training at the start of service and are offered refresher trainings throughout their service. This ensures they have opportunity for career advancement, allows eligibility for a higher wage, boosts retention, and improves the quality of care they deliver.

Supervision

In **Brazil**, nurse supervisors working with Family Health Teams regularly support and mentor CHWs, improving the quality of care they can provide their patients.

Salaries

In **Bangladesh**, almost all cadres of CHWs—government and NGO—are paid in some way. Proper remuneration promotes economic empowerment, improves equity and opportunity, and elevates the status of women serving as CHWs in Bangladesh.

Supplies

In **Ethiopia**, the government implemented a new integrated pharmaceutical management system to address supply chain issues that hindered HEW's ability to perform essential job functions. Between 2007 and 2010, the frequency of stockouts was reduced by 15%.

3. MOST CHW PROGRAMS HAVE THE POTENTIAL TO ACHIEVE MORE RESULTS.

Early on, the focus of most CHW programs is on establishing strong foundations, but over time, there is opportunity to optimize the system design to achieve better results.

- **CHW programs may not be meeting their full potential.** EGH studied several sub-national CHW programs and found that the highest performing program achieved 10 times the results compared to the lowest performing program. This highlights a significant opportunity to realize more value from CHW programs.
- **CHW programs can tweak the system design to realize more value.** In general, timely CHW compensation was associated with higher performing programs. One CHW program improved the design of its compensation system, along with tweaks to supervision, and target-setting processes, and improved its results by a factor of five. This led to fewer stockouts and more services delivered.

4. PROGRAM OPTIMIZATION AND IMPROVEMENT RELIES ON GOOD INFORMATION. TO TRACK PROGRESS AND TAILOR NEW AND ADAPTED PROGRAMS TO THEIR OWN PRIORITIES, COUNTRIES NEED BETTER DATA AND ANALYTICS.

Systems for gathering and analyzing data about the performance and operation of CHW systems themselves are essential tools for governments seeking to build, manage, and improve those systems. Where CHW programs function better for their workers, people get more and better care.

- Each of the CHW Exemplar countries harnessed data to inform continual innovation and adaptation. They iterated and improved on program design approaches that included robust monitoring systems capable of continual surveillance. In **Ethiopia**, monitoring systems identified the need to increase CHW services and increase training to ensure the program continued to meet changing local needs.
- In **Sierra Leone**, phone surveys were deployed to help understand the performance of the country's 2022 CHW policy rollout. Findings showed a need to offer more training, mentorship, and coaching to CHWs to increase the quality and services that a CHW is meant to provide. In districts throughout Sierra Leone, research was used to create comprehensive fact sheets that examine their CHW's performance, investigate challenges, and provide evidence for allocating resources to better address them.