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One Million Community Health Workers

Across the central belt of sub-Saharan Africa, community health workers using mobile phones and broadband access to sophisticated medical resources are delivering better health care, where they are needed most, to the rural poor. Many of these residents would otherwise have little or no access to the most fundamental aspects of modern medicine.

By bringing health care to mothers and children, and to those suffering from many preventable and treatable diseases, these health workers are helping to reduce child and maternal mortality, improve the quality of community life and eliminate some of the major impediments to economic development.

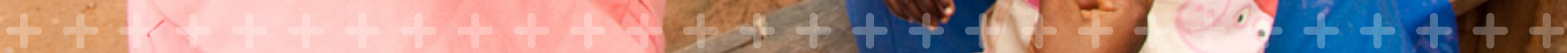
At the same time, many nations are struggling to attain the Millennium Development Goals for child and maternal health, and disease treatment and prevention by 2015. To help achieve those goals, this new campaign aims to expand and accelerate community health worker programs, scaling them up to the national level by training and equipping one million community health workers.

Community health worker programs have been in place for a number of years, through government health programs and other non-governmental initiatives, like the Millennium Villages Project. In addition to providing basic treatment and pre-ventative care, the community health workers help keep track of disease outbreaks and overall public health, and offer a vital link between under-served residents and the primary health care system.

The Goal

To help sub-Saharan African countries meet the health-related Millennium Development Goals by training, equipping and deploying one million community health workers, each serving an average of 650 rural inhabitants, by the end of 2015. With the use of the latest communications technology and diagnostic testing materials, these frontline workers would become the link between the rural poor and the broader healthcare system of doctors, nurses, hospitals and clinics.

Community Health Workers help to reduce child and maternal mortality...



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The Cost

The new campaign will work with governments and aid agencies to finance and train the cadre of health workers, each of whom would serve an average of 650 rural inhabitants, at an estimated cost of \$6.58 per patient per year. This adds up to an estimated \$2.5 billion, which includes funding already being spent by NGOs and governments on these programs. These estimates fall within projected governmental health budgetary constraints and are within the boundaries of donor assistance already pledged and anticipated.

The Rationale

In sub-Saharan Africa, 10 to 20 percent of children die before reaching the age of 5. Maternal death rates are high. Many people suffer unnecessarily from preventable and treatable diseases, from malaria and diarrhea to tuberculosis and HIV/AIDS. Many countries are struggling to make progress toward the Millennium Development Goals of improved child and maternal health and treatment of diseases. This comes in part because so many people are poor and live in rural areas beyond the reach of modern health care.

Community health workers have been recognized for their success in reducing morbidity and averting mortality in mothers, newborns and children. These workers are most effective when supported by a clinically skilled health workforce, and deployed within the context of an appropriately financed primary health care system. However, they have proven crucial in settings where the overall primary health care system is weak. They also represent a strategic solution to address the growing realization that shortages of highly skilled health workers will not meet the growing demands of the rural population. And, they are a vital part of primary health systems that will last well into the post-Millennium Development Goals period for other health issues like non-communicable diseases.

How it works:



POINT-OF-CARE DIAGNOSIS

Biomedical technology has now produced rapid home test kits for malaria and HIV diagnosis, sputum collection for the detection of tuberculosis by genetic amplification, and pregnancy tests. These innovative instruments have enormous potential for impacting healthcare provision in the developing world, especially at the periphery of the health system and in rural areas.



SCALABLE SUPERVISION

Broadband access and smartphones can link community health workers to the national health system and allow for real-time disease surveillance, child and maternal health monitoring, mobile training, supply chain management and capturing of vital events.



STANDARDIZED CARE

Arming lay health workers with consistent supplies of life-saving medicines and easy-to-follow treatment protocols guarantees a minimum quality of services delivered to these clients. Active care and disease detection according to rigorous guidelines has greater benefit to the formal health system than the usual passive case detection and referrals to upper levels of care.



RAPID TRAINING

There is persuasive evidence that short-term intensive trainings on the most critical competencies for community healthcare delivery can be effective for deploying on-the-ground, functional frontline health workers at scale, without a large initial time lag between recruitment and deployment.

With only three years to 2015 and, in the face of the persistent shortage of skilled human resources for health at the periphery of health systems and in rural areas, a campaign for expanding the number of community health workers in sub-Saharan Africa is probably the most effective and feasible way to provide comprehensive access to primary health care.



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How to Do It

The effort would begin with the training of national core groups of trainers, who would then train others on the regional level, on down to the actual community health workers. While they have limited clinical training, the frontline workers would be supervised by more clinically skilled members of the health care system. The program would be adaptable to each nation's particular needs and systems.

Existing community health worker programs operating in countries such as Ethiopia, Kenya, Malawi, Nigeria, Rwanda, Senegal and Tanzania, should be upgraded to become national systems, including deployment of standardized protocols and use of mobile devices such as smartphones to integrate community health practices with national health information systems.

The systems should include ways to monitor progress on key metrics, such as maternal and child mortality, antenatal care rates, fever detection, HIV prevention, tuberculosis and malaria control, and nutrition. They should also include databases of community health workers to help track the program's progress in spreading better health care to rural areas.

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Health Workers



2006

1,000,000

Health Workers



by 2015

Partners

The campaign is a Solutions Initiative of the United Nations Sustainable Development Solutions Network. A Steering Committee, hosted by the Earth Institute, will oversee the campaign to train, equip and deploy the community health workers.

The campaign will work closely with national governments in Africa and other NGOs, bilateral aid organizations and UN agencies. Partners include: GAVI Alliance, Glaxo Smith Kline, Office of the U.S. Global AIDS Coordinator, RESULTS, Roll Back Malaria, The Global Fund to Fight AIDS, Tuberculosis and Malaria, U.S. Centers for Disease Control and Prevention (CDC) UNAIDS, UN Broadband Commission for Digital Development, United Nations, Executive Office of the Secretary-General, USAID, the World Bank. For a full list of partners **please visit: <http://1millionhealthworkers.org/partners/>**

