African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

IFRC

Resilient & Empowered African Community Health (REACH)

Healthy communities, resilient Africa

What is the problem

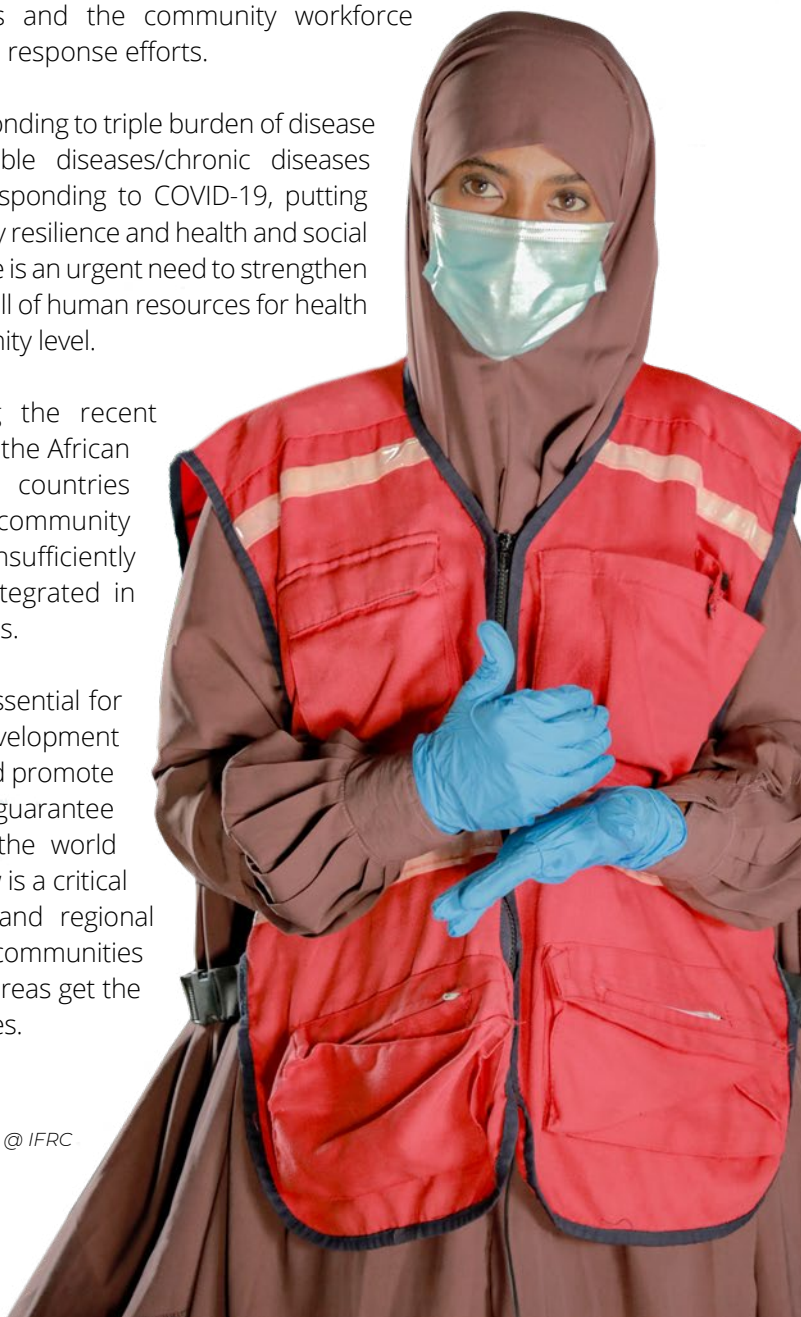
In comparison to other regions of the world, Africa still has largest number of countries with the worst indicators for maternal mortality, infant mortality, communicable disease morbidity and mortality. The triple burden from communicable and non-communicable diseases and injury and trauma, including the socio-economic impact of these, has adversely affected development in Africa. Millions of people on the continent are not able to get the help they need to prevent, identify, and treat health issues, causing unnecessary suffering and avoidable deaths. Disease outbreaks can quickly get out of control, and people continue to suffer from vaccine-preventable illnesses such as measles. Many people live in remote areas and have travel miles to reach the nearest health facility. For others, healthcare is simply unavailable or unaffordable. About 15 million people are pushed into poverty annually because of out-of-pocket healthcare payments.

COVID-19 has thrown into sharp relief the weaknesses and structural vulnerabilities in health systems in Africa and the effects of the pandemic have been disproportionality severe for those with poorer access to health services. It has spotlighted once again the critical role of local action and the essential contribution of community health systems and the community workforce in strengthening prevention and response efforts.

In Africa, many countries are responding to triple burden of disease (communicable, non-communicable diseases/chronic diseases and injures/trauma) while still responding to COVID-19, putting additional strain on the community resilience and health and social system capacities. Therefore, there is an urgent need to strengthen health systems and a huge shortfall of human resources for health in Africa, especially at the community level.

According to studies including the recent continental survey conducted by the African Union –Africa CDC, in many countries interventions to strengthen community health systems remain insufficiently acknowledged, prioritized, or integrated in national health plans and budgets.

Addressing these challenges is essential for progress toward Sustainable Development Goal 3 to "ensure healthy lives and promote well-being for all at all ages" and to guarantee Universal Health Coverage. As the world emerges from the pandemic, now is a critical time to deliver on the global and regional commitments to ensure that communities including those in hard to reach areas get the care they need to lead healthy lives.



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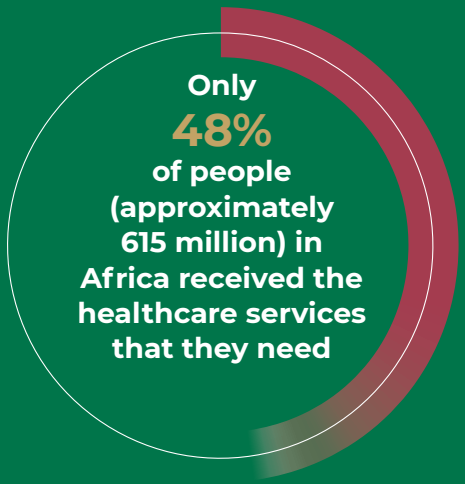
Statistics

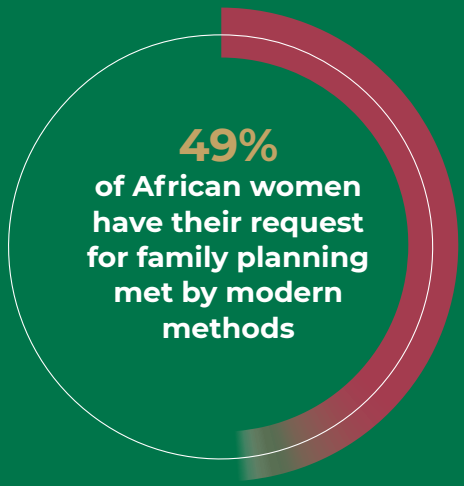
Over one billion people worldwide cannot use the health services they need because they are either unavailable or unaffordable

There is an estimated shortfall of 18 million health workers worldwide in low- and lower-middle-income countries

There are less than five medical doctors per 10,000 people in Africa, compared to 36 in Europe

There are less than 14 nurses and midwives' density per 10,000 people in Africa, compared to 43 worldwide





Approximately 97 million people worldwide cannot use the health services they need because they are either unavailable or unaffordable

15 million people are pushed into poverty annually because of out-of-pocket healthcare payments

What is the solution

In 2017, Africa Heads of States and Government formally endorsed the 2 Million Community Health Workers Initiative. The initiative calls for effort among stakeholders to recruit, train and deploy **two million community health workers** across the continent. It is in the same line that in 2021, in a ground-breaking partnership, Africa CDC and IFRC teamed up to scale up the community health workforce across African countries. Africa CDC, IFRC and other key stakeholders will work together to support African Union Member States at continental, national, subnational, and most importantly community levels to fulfil the commitments made through the Astana declaration in 2018, Universal Health Coverage high-level meeting in 2019, Sustainable Development Goals, and 29th African Union summit in July 2017 to "build sustainable primary health care" and "empower individuals and communities." As we work to end this pandemic we are committed to strengthening global health security and building a future where empowered and engaged communities are ready for and able to respond to the next health threat. Through the five years' partnership, Africa CDC and IFRC aim to improve health outcomes for African communities through the scale-up of a strengthened, people-centred, and integrated community health workforce and systems to deliver impact, resilience, and sustainability.

What is the Community Health Workforce

The community health workforce represents a crucial asset to Africa's health systems, especially where access to other forms of healthcare is limited. Over decades community health workers have been successfully engaged in TB, HIV and malaria programs, community health workers provide support in people's homes and can reach those who may otherwise never have access to medical advice or support. Community health workers visit pregnant and lactating women to advise on breast-feeding, pre and ante natal care, and other key topics, can ensure that families are equipped with the right knowledge and skills to care for their children. Disease outbreaks start and end in communities, and having trained and equipped community health workers to monitor outbreaks and advise the community on prevention and treatment can save lives and stop epidemics in their tracks. Numerous studies demonstrate that community health workers can have a significant impact on vaccine uptake, capturing real time data on immunization status, referring when there are gaps, and working closely with the appropriate health facilities to target defaulters.

Through 'task-shifting', community health workers can take on tasks previously allocated to highly qualified health care workers, to free up their time for more specialised work and to make more efficient use of the available human resources for health. Evidence also demonstrates that strong community health workforce programmes can serve as a catalyst for enhanced community participation and sustainable community-led approaches to delivering health services.

The effectiveness of a strong community health workforce was demonstrated during the Ebola outbreak in the Democratic Republic of the Congo, where community health volunteers were responsible for the safe and dignified burials of people who had died from Ebola. These efforts are crucial to stopping the spread of the virus, but were initially met with great hostility and suspicion. IFRC supported 800 community volunteers to engage with and listen to communities on how to handle the burials respectfully and safely. And the result of this diligent, patient work was that refusals dropped from 80 per cent to just 8 per cent by the end of the outbreak. The impact of community health workers was also observed during the COVID-19 response, where Africa CDC though the Partnernership to accelerate COVID-19 Testing (PACT) Initiative, supported the recruitment, training, equipping and deployment of over 26,000 people across 29 African Union Member States. The deployed community health workers were instrumental in contact tracing, active case search, and community engagement and in facilitating referrals for the continuum of care.

Community health workers are essential in building trust, strengthening community and national health systems and improving communities' overall health resilience.

What we want to achieve

Outcome 1: The capacity of the community health workforce to provide and facilitate equitable access to essential health services, and assist communities affected by public health emergencies, is scaled up.

Outcome 2: Community preparedness and responsiveness to health emergencies is reinforced, community-led health resilience is built and access to essential health services is improved

Outcome 3: National community health workforce, programmes and systems including the Red Cross Red Crescent National Societies' capacity to address community health needs at all times are strengthened

How we will achieve it

Implementation will require a phased approach. As it is acknowledged that community health workforce's integration into health systems has been attempted with varying degrees of success in the past, it is important to take stock of previous experiences and of the evolution of guidelines.

This collaboration aims to progressively support, through direct technical support and advocacy actions **all the 55 Member States within the five African Union sub-regions**. The Africa CDC, IFRC and partners, through a well-coordinated mechanism, aim to strengthen initiatives in policy, practice, and research to increase the scale and quality of community health systems approaches. The principle of implementation at scale is integrated with the ambition of developing effective and adaptable models that may be tested and evaluated in certain contexts. The first phase will therefore focus on modelling, testing and piloting approaches where both the need for integration of the COVID-19 response within the health system is evident, where the Africa CDC and IFRC presence and capacity is met by a favourable operational environment and immediate government engagement. These models will be progressively expanded and implemented, with the support of key partners and under the leadership of the national government.

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Several African Union Member States already have well-established activities to expand the community health workforce and strengthen systems. This Africa CDC and IFRC initiative focuses on building on existing capacities at the country level and further scaling up towards strengthened community health systems.

Acknowledging and leveraging the progress already underway in many countries, the programme will be delivered with a range of key partners. Through this partnership, Africa CDC and the IFRC will work closely with AU Member States, Ministries of Health, and other line Ministries (for example Finance, Interior, Community Development, etc.) across the 55 Member States. Technical collaboration will be done with other organisations such as WHO, UNICEF, GAVI, CEPI, the Global Fund, , private sector, and other key stakeholders and health partners/health coordination platforms. Additionally, local civil society organizations will be engaged in implementation at the country level. National and international academia will be involved in implementation research and impact and sustainability evaluation activities.

Phase 1 activities will include:

- Engagement with Ministries of Health, key stakeholders, mapping of community approaches and structures and co-creation of plans at the country level, influencing policies, systems and strategies.
- Selection, recruitment, induction, training and deployment of community health workforce
- Provision of safety equipment such as PPE, first aid kits and insurance
- Capacity building of Ministries of Health and in country stakeholders including the National Red Cross Societies.
- Strengthening of community engagement approaches and community-led accountability systems to enhance trust and uptake of services

Phases 2 and 3 will also encompass:

- Engagement with the national government and relevant line ministries, as well as technical partners, to present previous phase countries, results achieved and lessons learned
- Development, adjustment and implementation of the most suitable model, with the backing of donors and stakeholders and technical support for its implementation
- Technical support to Ministries of Health and its stakeholders including Red Cross Red Crescent National Societies, mid-term review, continuous monitoring, capturing lessons learnt, success stories and challenges
- Cost-effectiveness exercises and creation of a solid “investment case” with modelling for financial sustainability

What is needed to achieve the objective

While the real costs may vary significantly per country context, an **indicative budget to train and equip one community health worker in Africa is USD 1,000 over five years or 1 USD per working day**. The estimated investment needed to scale up to two million community health workers in 55 member states in Africa is **USD 2 billion**. **Collaborative effort is required to achieve this ambitious goal.**

Financing Alliance for Health analysis shows a **10:1 return on investments** in community health, driven by increased productivity from a healthier population, rapid response to health emergencies, avoidance of future global health crises, and increased employment.

Budget component	Total in USD per Community Health Worker (CHW) over five years
1) National Micro Planning/Annual Coordination/Training of Trainers	USD 55
2) Cascaded training of CHWs	USD 150
3) Production printing CHW materials	USD 100
4) CHW kits and replishment	USD 175
5) CHW and MoH allowances, staffing, routine data collection	USD 520
TOTAL	**USD 1,000**

If you are interested to know more or would like to get involved, please contact: George Momanyi, Africa CDC MomanyiG@africa-union.org and Louise Daintrey, IFRC Africa Louise.daintrey@ifrc.org

About us

Africa Centres for Disease Control and Prevention (Africa CDC) is an autonomous health institution of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats. Africa CDC supports African Union Member States in providing coordinated and integrated solutions to the inadequacies in their public health infrastructure, human resource capacity, disease surveillance, laboratory diagnostics, and preparedness and response to health emergencies and disasters.

Established in January 2016 by the 26th Ordinary Assembly of Heads of State and Government and officially launched in January 2017, Africa CDC is guided by the principles of leadership, credibility, ownership, delegated authority, timely dissemination of information, and transparency in carrying out its day-to-day activities. The institution serves as a platform for Member States to share and exchange knowledge and lessons from public health interventions.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is a membership organisation, consisting of the world's 192 National Red Cross and Red Crescent Societies, acting through more than 160,000 local branches or offices and with 14 million community-based volunteers. They are supported by the IFRC Secretariat, which works to support, coordinate and represent the action of National Red Cross and Red Crescent Societies worldwide. In the African continent, the IFRC network delivers key support to African Member States' community health mechanisms, with over 12,000 local branches at the heart of communities and providing services through over 1.4 million volunteers.

Each National Red Cross and Red Crescent Society is an independent national organisation dedicated to saving lives, promoting community health, safety resilience and well-being, and building inclusive societies. As auxiliaries to the public authorities in the humanitarian field, National Societies support their authorities to reduce risks, protect human dignity, delivery assistance and improve the lives of vulnerable people.

This collaboration between Africa CDC and IFRC will leverage the comparative advantage of both institutions to increase the community health workforce in the continent.

Ousmaila Bako, Community Health Worker Cameroon

"I travel nearly 2,000 km a week to accompany the Red Cross teams to communities in need, it fascinates me a lot."

Ousmaila Bako, a driver and trained community health worker supporting the Cameroon Red Cross Society during vaccination campaign.

Ousmaila Bako is a driver and trained community health worker deployed as part of the Community Preparedness and Response to Epidemics and Pandemics Programme in Cameroon.

Married with seven children, Ousmaila's history with the Red Cross began in high school when he was only 15years old with a first aid training. He went onto become a first aid instructor and then a driver at IFRC.

Every day he leads teams in villages around the country to support and empower his local community.

Volunteering at heart, Ousmaila is involved in the surveillance of diseases in the different communities. He is also involved in awareness campaigns for behaviour change, hygiene promotion and vaccination.

"I am very happy to participate in the action of the Red Cross and its partners to contribute to prevention of diseases in communities and I do not intend to stop there. I still have a lot of miles to go."

Secilia Gotlib, Community Health Worker - Republic of Namibia

"I have good communication with community leaders, which makes my community entry process more easy and reach everyone."

I am a trained Community Health Worker and I have been appointed as a team leader providing supportive supervision, coaching and mentoring for fellow community health workers. Through the support of the Africa CDC PACT initiative and Working with Project Hope Namibia in partnership with Ministry of Health, I gain more experience because I did involve in many tasks like contact identification, community outreach campaigns, COVID-19 vaccination, community based surveillance, promote hand washing, social behavior communication change and reach all parents/guardians to sensitize them about COVID-19 vaccination.

Secilia facilitating community mobilization session.

I am passionate about counseling, for the past 15 years working as community health workers I have been involved in risk communication and community engagement and dealing with psychosocial issues, as a supervisor am also responsible for activities documentation, monitoring and evaluation and reporting.

I am empowered and appreciate the Africa CDC PACT support through Project Hope Namibia for the opportunity that gave me to participate in the role of the response to stop COVID-19 in the country. It was very successful because everyone in the country got reached. I am eager to continue with my work anytime, because the community still need as much as community mobilization as possible.