There is a global shortage of 17.4 million health workers...
...which needs to be solved in order to fulfil the renewed global commitment to primary health care and deliver primary health care to the more than 400 million people worldwide that still lack access to these essential health services.1,2 The most severe staff shortages are found in primary health care facilities and in the poorest and most remote areas of low-income countries, in particular in Africa and South-East Asia.1,3

Community Health Workers are indispensable...
...in achieving Universal Health Coverage (UHC) and other Sustainable Development Goals (SDGs). Community health workers (CHWs) bridge the gap between their communities and the formal health system, bringing health care as close as possible to where people live and work. CHWs contribute to equitable access to health promotion, disease prevention, and curative services at community level; they increase demand for health services through referral and improve treatment adherence.4

Research shows that CHWs successfully promote immunisation and reduce child morbidity and mortality.5 Worldwide, every three seconds, CHWs prevent a child from dying.5

Why are Community Health Workers left to work without payment?
In many countries, CHWs are not recognized in the formal health system. Because of this, the work of CHWs is often done on voluntary basis or with very little pay. Volunteerism in this form is not a long-term sustainable option: CHWs are generally poor and their work requires an income.8

The lack of recognition stems from a lack of political will and investment.6 Even though there is a return on investment: according to WHO, investing 1 US dollar in a community-based health workforce in sub-Saharan Africa can produce an economic return to society of 10 US dollars.9

Amref Health Africa campaigns for Community Health Workers
Amref Health Africa, together with partners worldwide, advocates for recognition and remuneration of CHWs throughout Africa to optimize their contribution to primary health care and UHC.

Key campaign features:
• Amref Health Africa launched a five-years global campaign for CHWs in March 2017;
• The campaign runs at national level in Kenya, Uganda, Zambia, Malawi and Tanzania and at African regional level and global level;
• The campaign runs in parallel with the development, launch and implementation of the WHO guidelines on health policy and system support to optimize community-based health worker programs, which will be launched in October 2018.

CHWs play a vital role in the realisation of the SDG Agenda by 2030 and the promise to leave no one behind. CHWs contribute to:7
Our approach
The campaign uses an approach from multiple angles, in order to successfully integrate CHWs into formal health systems while aligning donor priorities, financing, inclusive policies and laws. The voices and needs of CHWs and their communities are at the heart of this campaign.

Inclusive policies
We advocate for inclusive policies that take into account the diversity of the CHW cadre. In Zambia, the Community Health Assistant Strategy should include career pathways for all active CHWs, so that they become included in this new cadre.

Recognition by law
Political commitment and investments in CHWs require a legal framework in order to be sustainable. In Kenya, we will introduce a bill in the National Assembly for recognition and remuneration of CHWs in Kenya.

Official accreditation
Uganda recently launched a strategy for the training of Community Health Extension Workers (CHEWs). We call upon the government to include their accreditation as civil servants and remuneration in the government policy.

Absorption in public health system
Whenever development partners employ CHWs, absorption in the public health system needs to be guaranteed after support phases out. In Tanzania, we advocate for absorption agreements between development partners, Ministry of Health and other government bodies.

Sustainable financing
Recognition and remuneration of CHWs requires sustainable investments. We advocate in Malawi for ring-fencing of proportional budgetary allocation to the community health system. In Uganda, we push for the Ministry of Finance to fully fund the CHEW strategy within the budget 2020-2021.

Reporting for accountability
To ensure that integrated community health programs are included in national UHC strategies, Amref and partners create commitment among governments to include community-based primary care indicators in country reports on UHC to be presented at the 2019 UN High-Level Meeting on UHC.

Join our global movement
We invite you to engage with us in pushing this agenda for recognition and remuneration of CHWs at the following global events:

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Global Conference on Primary Health Care, Astana
Africa Health Agenda International Conference, Kigali
World Health Assembly, Geneva
Women Deliver 2019 Conference, Vancouver
UN High-Level Meeting on UHC, New York

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References:

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OCT 25-26 2018
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JUNE 3-6 2019
SEPT 26 2019

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