

Community Health Systems and Demand Creation for RMNCAH Interventions in Sub-Saharan Africa

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Sub-Saharan Africa continues to carry the heaviest burden of preventable maternal and neonatal deaths, low contraceptive uptake among adolescents, and persistent inequities in rural areas. Addressing these challenges requires more than scaling up facility-based services—it demands a paradigm shift towards community-led, people-centered systems that link seamlessly with broader health structures. The World Health Organization (WHO) has underscored that community health system strengthening and demand creation are not optional, they are central to achieving universal health coverage (UHC) and primary health care (PHC) ([WHO, 2020](#))

Amref Health Africa believes that strong community health systems (CHS), reinforced by deliberate demand creation strategies, are foundational to equitable reproductive, maternal, newborn, child, and adolescent health (RMNCAH) outcomes ([Amref Health Africa, 2023](#)). CHS bring services closer to households, while demand creation ensures that communities actively seek, trust, and sustain these services. Together, they provide the dual engines for progress.

Why Community Health Systems Matter

Community health workers (CHWs) and other local actors play a critical role in bridging the gap between underserved populations and formal health services. They deliver life-saving interventions including antenatal care, immunizations, family planning, adolescent health counseling, while relieving overburdened health facilities through WHO-approved task-shifting approaches ([WHO, 2024](#)).

But CHS must not remain parallel systems. Their impact is maximized when fully integrated into national health strategies, with referral pathways, interoperable data platforms, and coordinated supervision linking communities to facilities ([UNAIDS, 2020](#)). This integration strengthens accountability, improves disease surveillance, and ensures patients receive responsive, equitable, and continuous care rooted in local realities. In fragile, resource-constrained contexts, such integration prevents duplication, optimizes scarce resources, and ensures alignment with national priorities ([UNICEF, 2020](#)).

Fostering Demand Creation through Community Engagement

Health services alone cannot improve outcomes unless communities are motivated, informed, and empowered to use them. Demand creation goes beyond awareness; it

requires co-creation with communities so that interventions reflect cultural, gender, and financial realities ([UNAIDS, 2021](#)). To be effective, strategies must resonate with people's lived experiences and actively involve them in shaping and monitoring health responses.

Culturally responsive health promotion is particularly vital, as it not only provides information but also challenges harmful norms and practices that hinder access to care. Using local languages, community media, and participatory approaches helps ensure that messages are both relevant and trusted ([Amref Health Africa, 2024](#)). Equally important is the engagement of men in RMNCAH services, which fosters shared responsibility in maternal and child health and creates a more inclusive and supportive environment for women and families ([UNAIDS, 2018](#)).

In addition, youth leadership in health promotion ensures that adolescents and young people are not just recipients of services but active contributors to their design and delivery ([Amref Tanzania – RMNCAH Programs](#)). Giving them a voice in decision-making enhances the relevance and accessibility of interventions that directly affect them. Finally, community-led monitoring (CLM) strengthens accountability by enabling communities to identify barriers, track service delivery, and hold health systems to account ([UNAIDS, 2021](#)). These approaches transform communities from passive recipients into active custodians of health, ensuring that RMNCAH interventions are both trusted and sustainable.

Innovations to Unlock Scale and Sustainability

Digital Health: Mobile platforms such as Amref's LEAP demonstrate how technology can transform CHS, enabling CHW training, real-time data capture, and wider access to health information. Scaling such solutions ensures responsiveness and adaptability, especially in hard-to-reach areas ([PEPFAR, 2022](#))

Sustainable Financing: Community health programs remain underfunded and vulnerable to donor fatigue. Domestic investment, resource tracking, and innovative financing mechanisms are essential to secure continuity and resilience ([Global Financing Facility, 2022](#)).

Workforce Development: CHWs need more advanced training. Continuous professional development, supervision, and incentives are necessary to maintain quality, motivation, and community trust ([UNICEF, 2020](#)).

Health Security: CHWs are the frontline for epidemic preparedness, often detecting outbreaks before they escalate. Strengthening CHS therefore enhances both RMNCAH outcomes and broader health security ([WHO & UNICEF, 2020](#)).

Beyond RMNCAH, community health systems are integral to broader public health functions, including disease surveillance and emergency response. CHWs are often the first point of contact in early outbreak detection or public health threats, making them essential for health security. Amref's work in strengthening community-based disease surveillance

highlights the importance of these systems in building resilience against epidemics and health crises. Recognizing the role of community health in both routine and emergency contexts broadens the scope and relevance of these systems in achieving comprehensive health goals ([Amref Health Africa, 2023](#)).

Our Asks

Amref Health Africa calls on governments, donors, and partners to:

- Integrate CHWs into national health systems with fair pay, training, and supervision.
- Build strong referral and data-sharing systems between communities and facilities.
- Invest in domestic financing and coordinated donor support for long-term sustainability.
- Actively involve women's groups, youth networks, and local leaders in program design and accountability.
- Embed gender-transformative and inclusive approaches that challenge harmful norms and expand access for women, girls, and marginalized groups.
- Harness digital platforms for CHW capacity building, community engagement, and data-driven decision-making.

Our Commitment

Amref Health Africa stands committed to advancing resilient, community-led health systems that drive demand creation and accelerate progress toward UHC through PHC. We envision a people-centered paradigm shift where communities are empowered, engaged, and equipped to safeguard their own health. By investing in CHS and embedding demand creation, Sub-Saharan Africa can achieve lasting RMNCAH improvements and ensure no one is left behind.