



# The role of community health workers in COVID-19 vaccination

## implementation support guide

26 April 2021



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Organization

WHO and UNICEF continue to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO and UNICEF will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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# Abbreviations

AEFI	adverse events following immunization
CHW	community health worker
EIR	electronic immunization registries
EPI	Expanded Programme on Immunization
IFRC	International Federation of Red Cross and Red Crescent Societies
IPC	infection prevention and control
MSH	Management Sciences for Health
NCC	national coordinating committee
NDVP	national deployment and vaccination plan
PPE	personal protective equipment
UNICEF	United Nations Children's Fund
VIRAT	Vaccine Readiness Assessment Tool
WHO	World Health Organization

# Executive summary

This guide is intended to support national governments in developing their national deployment and vaccination plans (NDVP) for COVID-19 vaccines by outlining the roles, needs and opportunities for community health workers (CHWs) (International Labour Organization, 2007)<sup>1</sup> to contribute.

This note builds on and is structured to align with the [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#) (1) and the [COVID-19 Vaccine Introduction Readiness Assessment Tool](#) (VIRAT/VRAF 2.0) (2) developed by WHO and UNICEF. This document provides human resources for health options and considerations for national governments in developing robust NDVPs for the introduction of the COVID-19 vaccine(s) that leverage community-based resources.

Half the world's population lacks access to essential health services (3); these and other health inequities, which in turn lead to inequities in health outcomes, is amplifying the challenge of COVID-19 vaccination. Among key issues for the success globally of the vaccination effort hinges on overcoming insufficient and inequitably distributed human resources and infrastructure; inequalities in access based on gender and other social stratifiers; and mistrust in health care systems that have left too many people behind.

Most CHWs are members of the communities within which they work, and are reflective of them; therefore, they are a key link between their communities and health systems. They are well positioned to help overcome access and equity barriers (4). National and subnational governments can unlock this potential by:

- **Identifying CHW contributing roles at each stage** of COVID-19 vaccines rollout.
- **Counting and vaccinating CHWs within initial vaccine allocation** as part of the essential health workforce to optimally support the COVID-19 response and continuity of essential health services.
- **Recognizing and remunerating CHWs** commensurate to tasks undertaken and training. CHWs who are linked to health systems through regular compensation, dedicated supervision and accreditation are best placed to support an effective pandemic response and to prevent the next one.
- **Considering community-based health worker representation** on national coordinating committees (NCC) and subnational planning groups to contribute their community knowledge.
- **Ensuring appropriate training** (5–10) and **ongoing supervision** for CHWs delivering COVID-19 services, particularly for novel roles and tasks.

<sup>1</sup> CHWs provide health education and referrals for a wide range of services, and provide support and assistance to communities, families and individuals with preventive health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services. Updating the International Standard Classification of Occupations (ISCO). Draft ISCO-08 Group Definitions Occupations in Health. ILO; 2012 (<https://www.ilo.org/public/english/bureau/stat/isco/docs/health.pdf>, accessed 6 March 2021).

# 1. Introduction

This guide is intended to support national governments developing their national deployment and vaccination plans (NDVPs) for COVID-19 vaccines by outlining the roles, needs and opportunities for community health workers (CHWs)<sup>1</sup> to contribute.

This note builds on and is structured to align with the [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#) (1). By providing CHW-relevant considerations for the [VIRAT Tool](#) (2), this document aims to support national governments in developing robust NDVPs for introducing COVID-19 vaccine(s) that leverage all the community-based deployment, implementation and monitoring tools at their disposal.

## 1.2 Background resources

For background information on COVID-19, refer to Chapter 1 of the WHO [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#) (1), [SAGE values framework for the allocation and prioritization of COVID-19 vaccination](#) (11), and [WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply](#) (12).

WHO, UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC) have also published interim [Guidance on community-based health care in the context of the COVID-19 pandemic](#) (13). In addition, WHO [interim guidance on health workforce policy and management in the context of the COVID-19 pandemic response](#) (4) broadly outlines the potential roles of CHWs during COVID-19, including delivery of essential health services.

As of the beginning of 2021, most vaccine candidates in clinical evaluation require two doses for optimal immunogenicity and efficacy. WHO's [landscape analysis of COVID-19 vaccines in clinical development](#) (14) is updated regularly.

## 1.3 Document updates and constraints

The earliest use authorization of COVID-19 vaccines was granted at the end of 2020, with additional vaccines anticipated in early 2021. Vaccines are expected to ship soon after authorization, though initial quantities will be limited (1).

Given the rapid evolution of COVID-19 vaccine development, this guidance is based on information available as of March 2021 and will be updated as new information becomes available. Vaccine

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