

Health policy and system support  
to optimize community  
health worker programmes  
for HIV, TB and malaria services:  
an evidence guide



**World Health  
Organization**

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# Abbreviations

ACT	artemisinin-based combination therapy
AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
ARV	antiretroviral (drugs)
CHW	community health worker
CSO	civil society organization
DOT(S)	directly-observed therapy (short-course)
HIV	human immunodeficiency virus
HRH	human resources for health
iCCM	integrated community case management of childhood diseases
IPTp	intermittent preventive treatment
ITN	insecticide-treated bed net
LLIN	long-lasting insecticidal net
MDA	mass drug administration
MDR	multidrug-resistant (TB)
MSM	men who have sex with men
NGO	nongovernmental organization
PEP	post-exposure prophylaxis
PHC	primary health care
PrEP	pre-exposure prophylaxis
RDT	rapid diagnostic test
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SDG	Sustainable Development Goal
SMC	seasonal malaria chemoprevention
SRH	sexual and reproductive health
TB	tuberculosis
UHC	universal health coverage
WHO	World Health Organization

# Executive summary

This century has seen remarkable global progress in improving the health of millions of people, including decreasing illness and death from infectious diseases like human immunodeficiency virus (HIV), tuberculosis (TB) and malaria. Rapid improvements in insecticide-treated bed net use and antiretroviral therapy for people living with HIV – likely has driven progress. In the past few years, the steady gains of the last decade, however, have stalled, in part due to the lack of trained health workers and access to essential health services linked to geography, poverty and social access barriers (1, 2). Communities have been a driving force behind much of the progress that has been achieved; strategic investments in integrated, multidisciplinary primary care teams, including community health workers (CHWs), are needed to regain the momentum.

Meeting global health commitments requires applying knowledge and best practice to reach people affected by HIV, TB and malaria – who are often the most vulnerable and least able to access health services. Numerous existing resources offer guidance on how to build effective CHW services to support HIV, TB and malaria programmes:

- Guidelines and evidence on effective health interventions for HIV, TB and malaria.
- Guidelines and evidence on selecting, training, deploying, supervising, remunerating, supplying and supporting CHWs.

## What is new in this evidence guide?

This first WHO evidence guide pulls together the existing guidelines and bodies of evidence, combined with recommendations from WHO experts, to provide a first-ever evidence base for national governments and their partners to design, implement and sustain effective and cost-effective HIV, TB and malaria CHW programmes.

## Who will deliver the services?

In many countries, CHWs are a key component of strategies and plans to address a variety of interventions for HIV, TB and malaria. There is substantial evidence that CHWs can deliver effectively a range of preventive, promotive, diagnostic, curative and supportive services for these three diseases. The first-ever WHO *Guideline on health policy and system support to optimize community health worker programmes* (3) outlines the measures needed.

## Where do we stand currently?

Progress has been made through global leadership, resourcing and commitment; through advances in medicine; and through staunch and unremitting action and advocacy by communities. This progress has been uneven across regions, population groups and interventions.

- Evidence-informed **HIV** prevention, testing and treatment programmes – with committed global support – have accelerated progress, **but infection rates are far higher than targets**. 1.7 million people became infected with HIV in 2019 (4).

- **Tuberculosis** remains a leading global cause of death. Despite an overall reduction in infection rates, **there remain large gaps in detection and treatment. Though TB rates for men are higher than for women, detection and reporting rates in most** WHO regions are lower, due to lower care-seeking (5).
- Steady gains have been made in fighting **malaria, but progress has stalled for several years**. Though incidence fell between 2010–2014 from 71 to 57 cases per 1000 among at-risk populations, rates over the subsequent 4 years have remained steady (6).

Accelerating effort requires harnessing advances in medicine that have yielded improved diagnostic and treatment tools and a better understanding of preventive measures. It also requires a health workforce that is trained, equipped, supported, culturally acceptable and present in communities.

## What guides the ambition to address the three diseases?

TARGET 3-8



In 2015, global leaders committed to achieving a set of Sustainable Development Goals (SDGs) by 2030. Among these, Goal 3 aims to ensure healthy lives and promote well-being for all at all ages, which includes targets to end the epidemics of acquired immune deficiency syndrome (AIDS), TB, malaria and other communicable diseases and to achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.

The WHO Constitution identifies health as a fundamental human right. In 2019, at the United Nations High-Level Meeting on universal health coverage, countries reaffirmed their commitment to achieving UHC and the 2030 Agenda for Sustainable Development through a comprehensive approach that leaves no one behind, reaches those furthest behind first, and emphasizes the importance of health across all Sustainable Development Agenda goals and targets.

WHO Member States affirmed the need for political commitment and financing and identified addressing AIDS, TB and malaria as key focus areas. The *Primary health care on the road to universal health coverage: 2019 monitoring report (1)* welcomes this political commitment to: accelerating progress in areas that have seen improvements; removing barriers to accessing health services; and reducing financial hardship when accessing essential health care.

## What support is available?

WHO country and regional offices are available to assist ministries of health to better define and strengthen CHW programmes and to work to integrate them in a coordinated and sustainable manner. This implementation guide should be used as a primary assessment point, followed by coordinated

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