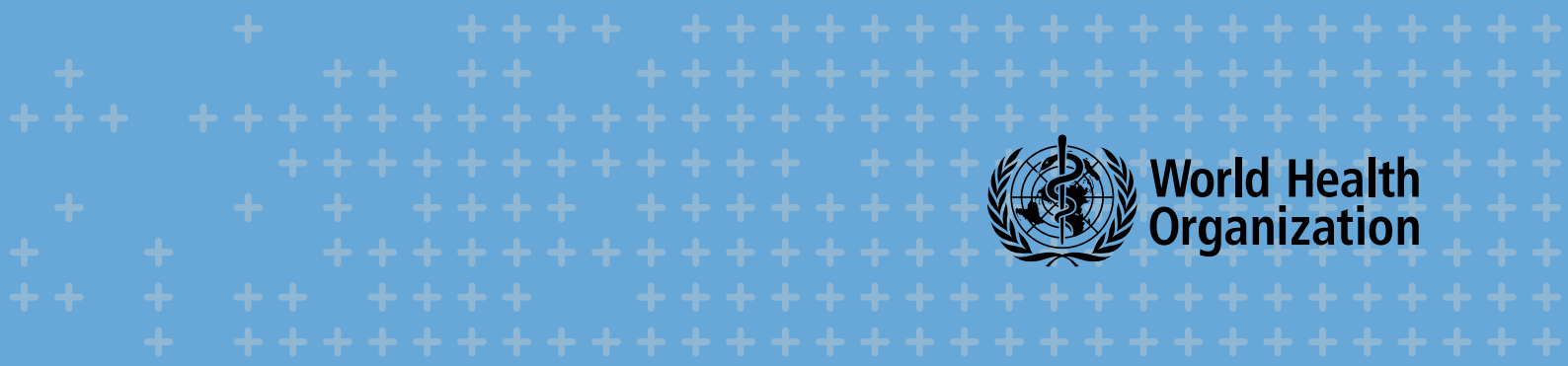




Optimizing community health worker
programmes for HIV services:
a guide for health policy
and system support



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Abbreviations

ART	antiretroviral therapy
CHW	community health worker
CSO	civil society organization
HBsAg	hepatitis B surface antigen
ISCO	International Standard Classification of Occupations
NGO	nongovernmental organization
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Overview

This document synthesizes key elements of the World Health Organization (WHO) normative guidance on health policy and system support for community health worker (CHW) programmes and their application for HIV programmes. Building on relevant elements of HIV guidelines, tools and evidence identified by experts, it provides recommendations on tasks and roles that can be performed by CHWs (including for HIV), identifies the policy and system supports to optimize CHW performance, and gives examples of best practice. Its purpose is to inform the optimal design and delivery of CHW programmes targeting – either specifically or as part of a broader approach – the scale-up and sustainability of HIV services.

Achieving ambitious global objectives to end the AIDS epidemic by 2030 requires renewed political commitment, combined with strategic, collaborative and cost-effective approaches. While significant progress has been made, the burden of HIV/AIDS, especially on key populations¹ and vulnerable groups,² is unacceptably high. Advances in medicine have yielded improved diagnostic and treatment tools, and have enabled a better understanding of preventive measures. The challenge now is applying that knowledge to reach people most vulnerable to and impacted by the disease via targeted prevention services and case finding, linkage to treatment and client retention, and supply of the tests and medicines to detect, treat and manage the disease.

The COVID-19 pandemic has caused disruptions in essential health services, including for HIV, and exacerbated health workforce challenges through overburden of health workers, redeployment, risk of infection and death.

A well-trained, equipped and supported health workforce is required for person-centred HIV services and for sustainably maintaining HIV gains across the globe. This requires consideration of the health worker skills mix necessary to support HIV prevention services, HIV testing and linkage to initiation of antiretroviral therapy, and overall long-term retention and adherence. There is growing global recognition that CHWs³ are effective in delivering HIV-related health services as part of interdisciplinary primary care teams. Community engagement and advocacy have been critical to advancing the fight against HIV and AIDS over the past few decades, including through elevating awareness and stimulating action among political leaders. CHWs play an important role in these functions, and they create important linkages between communities and the health system.

CHWs can contribute to reducing inequities in access to care, supporting client satisfaction and engagement, and advancing person-centred care. Further, a majority of CHWs are women and are

1. Key populations are defined as groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV. This document refers specifically to five key populations: (a) men who have sex with men, (b) people who inject drugs, (c) people in prisons and other closed settings, (d) sex workers and (e) transgender people. People in prisons and other closed settings are included in these guidelines also because of the often high levels of incarceration of the other groups and the increased risk behaviours and frequent lack of HIV services in these settings. The key populations are important to the dynamics of HIV transmission, and their active involvement is also essential in an effective response to the epidemic.
2. Vulnerable groups are those who are at greater risk of infection in certain situations or contexts, such as adolescents (especially girls in sub-Saharan Africa), orphans, street children, people with disabilities and migrant and mobile workers.
3. The International Labour Organization, for the purposes of the International Standard Classification of Occupations version 08 (ISCO-08), defines CHWs (code number 3253) as follows: “Community health workers 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.” In the field of HIV, CHWs may also be referred to as “lay workers” and may also include “lay counsellors” and “community counsellors”.

members of the communities they serve. Employment as a CHW contributes to bridging cultural and gender divides in access to health services; further, providing qualified opportunities for CHWs contributes to job creation, economic growth and gender empowerment (1).

In many countries, CHWs are a key component of strategies and plans to address interventions for HIV and related risk factors and co-morbidities. Substantial evidence demonstrates that CHWs can deliver various preventive, promotive, diagnostic, curative, palliative and supportive services. Investing in the health workforce through deployment of CHWs has been identified as an effective and cost-effective approach (2). Evidence from across a breadth of socioeconomic settings shows a range of CHW activities that improve health outcomes, especially for key populations, and that extend the reach of health systems. Support for expanding and strengthening CHW programmes has gained momentum, and successful delivery of services through CHWs requires evidence-based models for education, deployment and management of these health workers. That momentum has accelerated during the COVID-19 pandemic: CHWs are not only supporting pandemic response activities; in some settings where services were not suspended, they are also taking on additional tasks and roles to maintain essential health service delivery, including for HIV, in communities. Where populations are reluctant to seek services at facilities and health systems are struggling to meet the triple burden of responding to COVID-19, maintaining essential health services and rolling out COVID-19 vaccines, community-based health workers present a valuable opportunity to bring services to community level.

The Global Strategy on Human Resources for Health: Workforce 2030 (1), adopted by the World Health Assembly in 2016, calls for CHWs and other types of community-based health workers to be harnessed as part of a diverse, sustainable health worker skills mix to accelerate progress towards universal health coverage and the United Nations Sustainable Development Goals. The strategy recommends that innovative, community-based models for health care delivery be implemented and expanded to build sustainable health systems and service delivery models.

The WHO *Guideline on health policy and system support to optimize community health worker programmes* (CHW guideline) (2) provides policy guidance on how to design, implement and strengthen CHW programmes. The recommendations address selection, certification and training; management, remuneration and supervision; and systems integration and community engagement. CHWs have a key role to play in primary health care; in the context of a maturing HIV epidemic, investment in this workforce offers opportunities to integrate HIV activities within primary care delivery.

The success and sustainability of CHW programmes hinge upon ensuring that they are embedded within national policies and strategies. Ministries should consider the cost implications and requirements for long-term dedicated financing of CHW programmes as part of overall human resources for health planning and budget allocation. In addition, donor and development partners involved in funding HIV programme implementation and support of CHWs should consider these recommendations to inform strategies to optimize the role of CHWs in advancing and sustaining efforts to eliminate HIV.

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