

# Opportunities for implementing and sustaining Community Health Workers in malaria control and prevention

TUESDAY, 9 APRIL 2024

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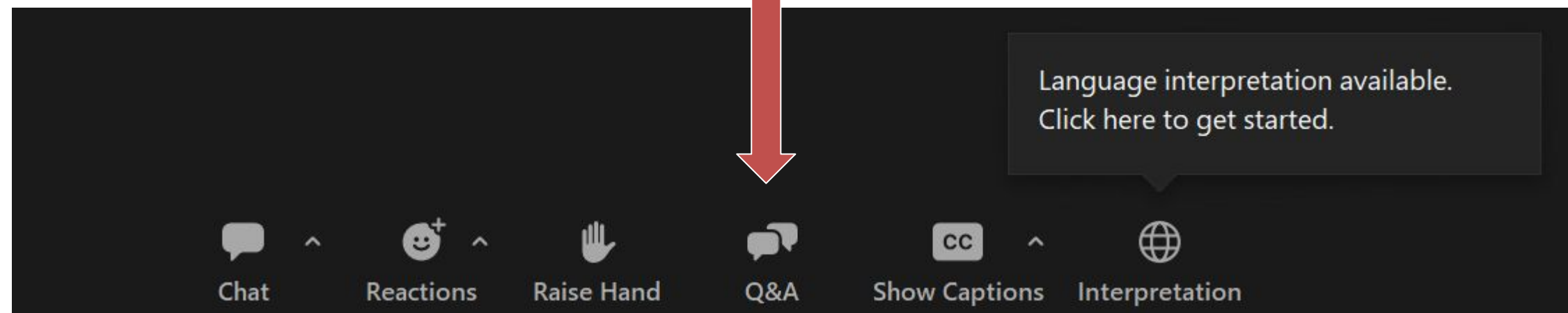


**Lassana M. Jabateh**

Director, Community  
Health Programs, Partners  
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## Instructions before we start

1. To ask questions: Use the 'Q&A' button



2. Pour les traductions en français: Utilisez le bouton "Interprétation"



MESA Forum: Opportunities for implementing and sustaining  
Community Health Workers in malaria control and prevention

# Sustainability and challenges in malaria prevention: CHW perspective from the frontlines

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**Margaret Odera**

Community Health Worker MoH Kenya and Organiser at Community Health Impact Coalition

## **Sustainability and challenges in malaria prevention: CHW perspective from the frontlines**

- Impact of converging crises on vector-borne diseases such as malaria
  - Rising temperatures and extreme weather events
  - COVID-19 pandemic
- Role of community health workers
- Needs of community health workers
  - Training, equipment and medical supplies, government support and protection
- Overcoming cultural barriers, increasing awareness on malaria prevention
- Equitable resources and just remuneration
- Investing in CHWs is investing in health

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Community Health Workers in malaria control and prevention

# The role of community health workers in accelerating progress towards disease elimination: challenges, opportunities and sustainability

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**Professor Evelyn Korkor Ansah**

Director, Center for Malaria Research, Institute of Health Research  
at University of Health & Allied Sciences



***“The Role of Community Health Workers in accelerating progress towards disease Elimination: challenges, opportunities and sustainability”***

**Professor Evelyn Korkor Ansah**

**Director, Center for Malaria Research**



# Presentation Outline

- Introduction
- Role of Community Health Workers (CHWs)
- Challenges
- Opportunities
- Sustainability
- Summary

# Introduction

- Malaria is a problem to be solved employing the tools we have and new ones we are developing but.....it's not just about tools
- WHO has recommended a move away from “**one-size-fits-all**” to a an approach where proposed interventions for malaria should be **TAILORED** to various settings.
- The critical question to ask is: *what is the best way of solving the malaria problem here in this particular context?*
- This question cannot be answered without involving the “community”. They hold a part of the solution.





## Introduction II

- No intervention, no matter how well “tailored” it is, will achieve the expected impact without *buy-in, input and active engagement* of the “community”
- Actual implementation will be most effective when implementers listen to and work with the “community” in partnership
- Eradicating malaria is possible, but only if the rate of progress is accelerated
- CHWs live and work in the communities they serve and as such have a vital contribution to make towards accelerating progress in the elimination of malaria

# Role of Community Health Workers

- Ability to promptly prevent, detect and treat malaria infections in remote communities has been a driving factor in the tremendous progress made against malaria since 2000
- Community Health Workers (CHWs) have proved vital to the significant progress against malaria to date.
- Increased global investment in fighting malaria therefore, over the last two decades has included the training and scale-up of a community health workforce to reach people living in remote and rural communities—with effective tools to prevent, diagnose, and treat malaria as well other preventable diseases.

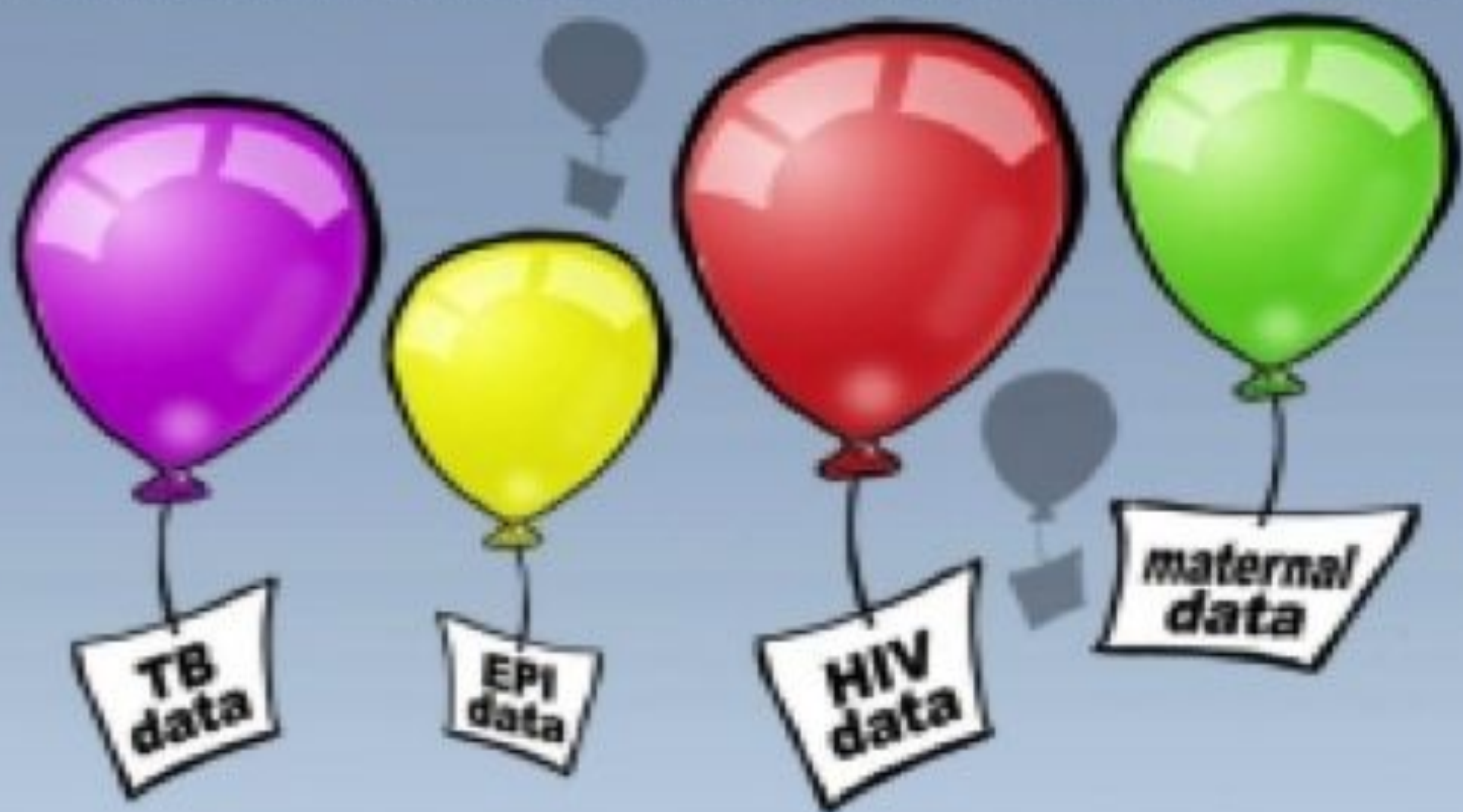
# Challenges

- We assume that every intervention once proven will work well everywhere. Even mosquitoes keep changing their behaviour.....
- We assume that we are knowledgeable and have the technical know-how; as such the community should listen to us, the “experts”
- We do not take our time to listen and understand what the community really think and use the information acquired as a “springboard” for successful engagement
- We do not sometimes provide the needed support to the CHW to ensure the whole community or most are on board and travelling along
- There are several community health service delivery systems being implemented in various settings and the lessons as well as best practices are not being pulled together and shared

# Challenges II

- In many settings this vital workforce are not seen as an essential part of health service delivery.
- Their work is sometimes delinked from the formal health system and largely undocumented
- Tools, logistics and technical support from the health system in some settings is ad hoc, resulting in inability to function optimally and discouragement
- The contribution they make and its potential impact on progress in the fight against malaria is not harnessed.
- We expect to be compensated for our time when we deliver health services but we expect that community members MUST volunteer for free and forever
- Community Health information is often a one-way street from the CHW. Feedback is not provided.

# The helium effect - view from the frontline



IT'S SO NICE TO SEE ALL THIS DATA GOING UP... AND ON TIME!

YEAH, AND IT MUST BE GOING REALLY HIGH, 'CAUSE WE NEVER SEE IT AGAIN ...



# Opportunities

- The need to engage the community in service delivery is increasingly being recognized globally e.g Community IPTp
- There is also evidence that care by CHWs increases utilization of services
- Female CHWs such as IRS workers, serve as role models for their families and communities and influence health behaviours positively
- There are best practices in countries where the role of this critical workforce has been recognized and integrated into the health system
- It is known that when malaria is eliminated, mortality due to other pathogens and causes goes down, as well.
- Reports from countries that have eliminated malaria show that this could not have been possible without the contribution of the community health workforce

# Sustainability

- To ensure sustainability there must be a deliberate effort to document and share best practices from in the implementation of health care at community level
- The community health care system must be integrated in the rest of the health system and documentation strengthened
- A system for supporting career progression for CHWs who have the ability and interest must be considered
- Adequate remuneration must be provided to this workforce in order to ensure continued motivation and sustainability of the services



# Summary

- Eliminating malaria will require supporting and growing this resilient workforce to deliver to at-risk communities, tools that prevent, diagnose, track and treat malaria
- **We must leave no one behind** in contribution to the fight against malaria and also in benefitting from proven interventions
- To do this we have to give due recognition to the critical role of CHWs and strengthen as well as integrate the community health system.

# References

- RBM Partnership (2021), *Achieving a Double Dividend: The Case for Investing in a Gendered Approach to the Fight Against Malaria.*
- WHO 2023, *World Malaria Report*

Thanks for your attention!!



## Contact Details

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# Liberia's National Community Program and its Impact on Malaria

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**Lassana M. Jabateh**

Director, Community Health Programs

Partners in Health Liberia

## **CHW Forum**

# **Liberia's National Community Program and its Impact on Malaria**

**Lassana M. Jabateh**

**Director, Community Health program**

**Partners In Health Liberia**

**April 9, 2024**



**Partners  
In Health**

## Background of Liberia CHW Program

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The 2014 – 2015 Ebola Virus Disease outbreak exposed many weaknesses in the Liberian health delivery system including the Community Health program.

Liberia did not have a standardized Community Health Workers (CHW) Program across the country with formal reporting structures that depict their contribution in the national fight to reduce Malaria burden.

In 2016, Liberia launched a standardized National Community Health Workers Program - Community Health Assistant (CHA) to serve as a polyvalent community health cadre providing preventative, promotive and curative services for multiple health conditions including Malaria in communities outside 5km to the nearest health facility..

## Background of Liberia CHW Program

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In 2023, Liberia revised the national policy and strategy plan on Community Health to include a Community Health promoter (CHP) cadre to provide preventative and promotive services to Urban population. This was launched in March 2023 during the **3<sup>rd</sup> CHW symposium in Liberia** with the **Monrovia call to Action** - Liberia government committing support to sustain the program.

The CHA program has robust supervisory and reporting structures that filter into national levels (DHIS2) with plan to integrate that of the CHP as well.

Professionalize - Multiple months in-service training before deployment

Remuneration - monthly cash incentive of **\$70** for CHAs and **\$50** for CHPs through mobile money scheme

Supplies with rain gears, backpacks and reporting and tracking tools.



# CHAs and CHPs Distribution Across the Country

County Ranking by CHA (as estimated by population 5 km+ from nearest health facility)

## 2030 CHW TARGET

CHSS 560  
CHA 5600  
CHP 7000

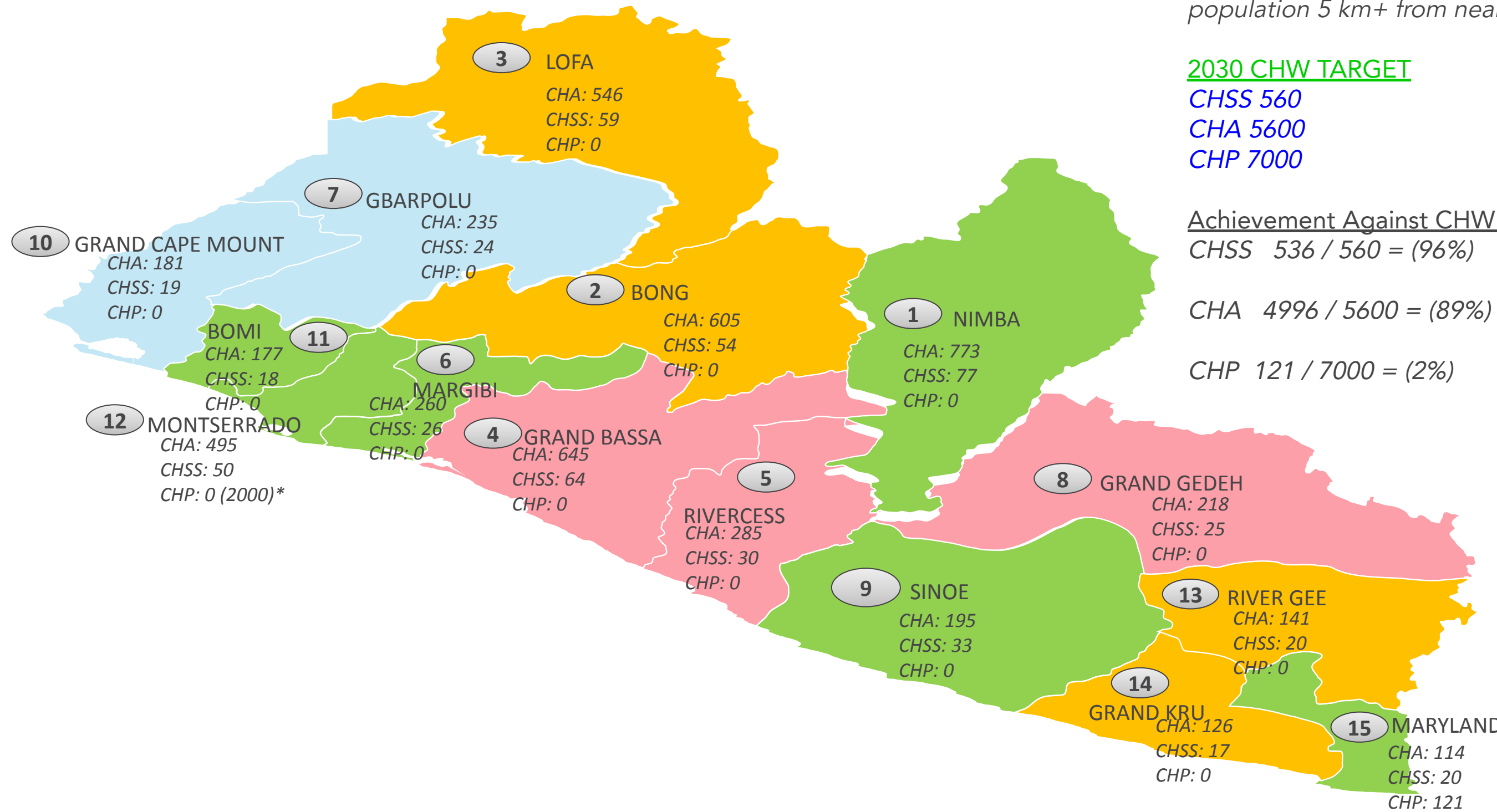
## Achievement Against CHW Target

CHSS  $536 / 560 = (96\%)$

CHA  $4996 / 5600 = (89\%)$

CHP  $121 / 7000 = (2\%)$

Last Update: June 2023



## Background of Liberia CHW Program

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Using Job Aids, CHAs provide Malaria prevention awareness to the general population and curative services to children under 5 years of age population as part of the Integrated Community Case Management (Malaria, Pneumonia, and Diarrhea). As of 2022, the CHAs are treating cases up to 13 years of age

During routine house visits, CHAs create awareness of Malaria, screen all children below the age of 13 years who show signs and symptoms of Malaria using the malaria Rapid Diagnostic Test (mRDT), and treat them with ACT.

The test and treatment are recorded and reported at the end of the month through the supervisory structure attached to the nearest health facility.

The supervisors visit the CHAs during the month to provide mentorship and restock

# Liberia Malaria Profile

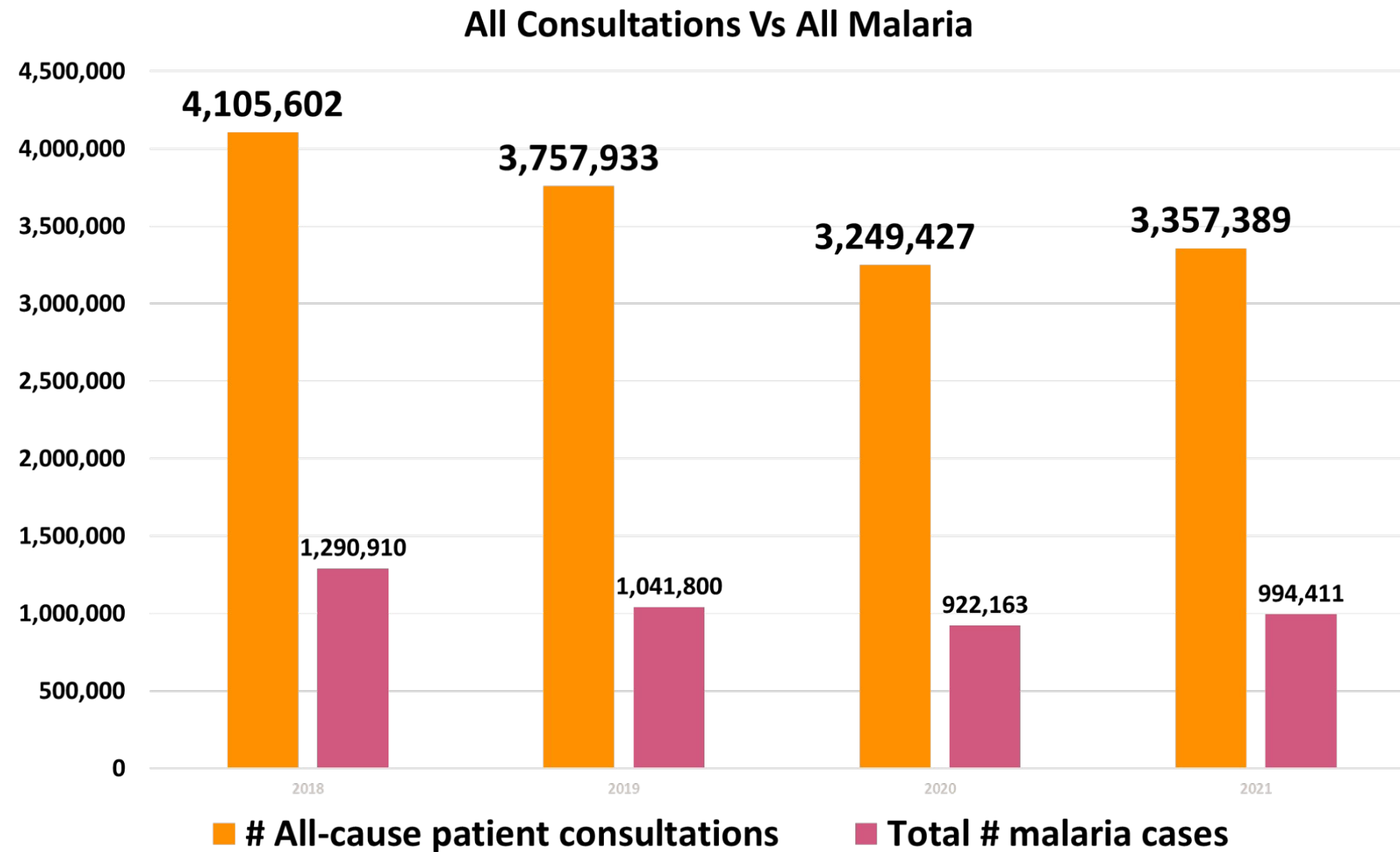
General Demographics and Malaria Situation	
<b>Sub region</b>	Fifteen administrative regions (counties)
<b>Population</b>	5.3 million in 2022 (Source: PopulationPyramid.net, 2022)
<b>Population at risk of malaria</b>	Malaria is endemic in Liberia with continuous transmission throughout the year. The entire population is at risk of malaria.
<b>Malaria prevalence</b>	45 percent (Liberia Malaria Indicator Survey [MIS] 2016)
<b>Malaria incidence/1,000 population at risk</b>	177 per 1,000 in general population and 418/1,000 in Under 5 (Health management information system [HMIS] 2021 and population estimate at: PopulationPyramid.net, 2021)
<b>Peak malaria transmission</b>	May to June and then a steep decline in subsequent months up to December

# Liberia Malaria Profile

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Malaria Parasites and Vectors	
Principal Malaria Parasites	<i>Plasmodium falciparum</i> (Pf) at 95 percent
Principal Malaria Vectors	<i>Anopheles gambiae</i> s.l. (78 percent) and <i>An. funestus</i> s.l (22 percent).

# Malaria Burden in Liberia



In Liberia, malaria is the leading cause of attendance in outpatient departments.

One of the highest causes of inpatient deaths.

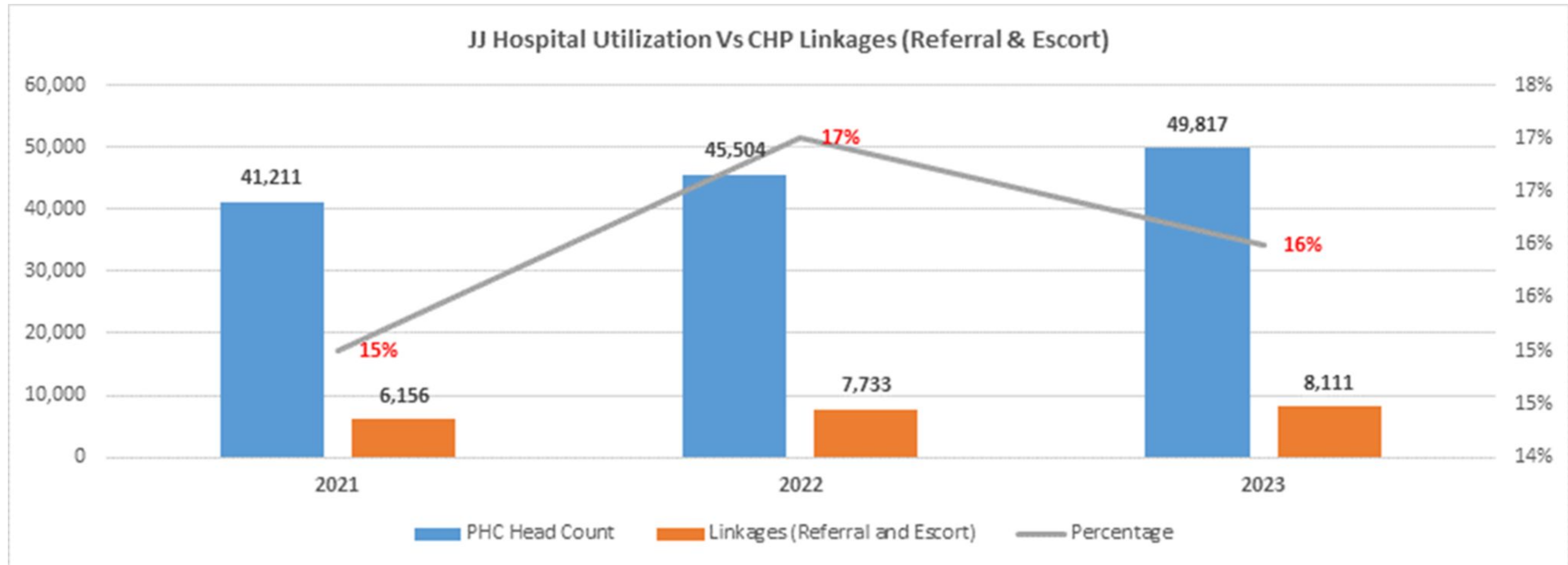
# Liberia Malaria Profile

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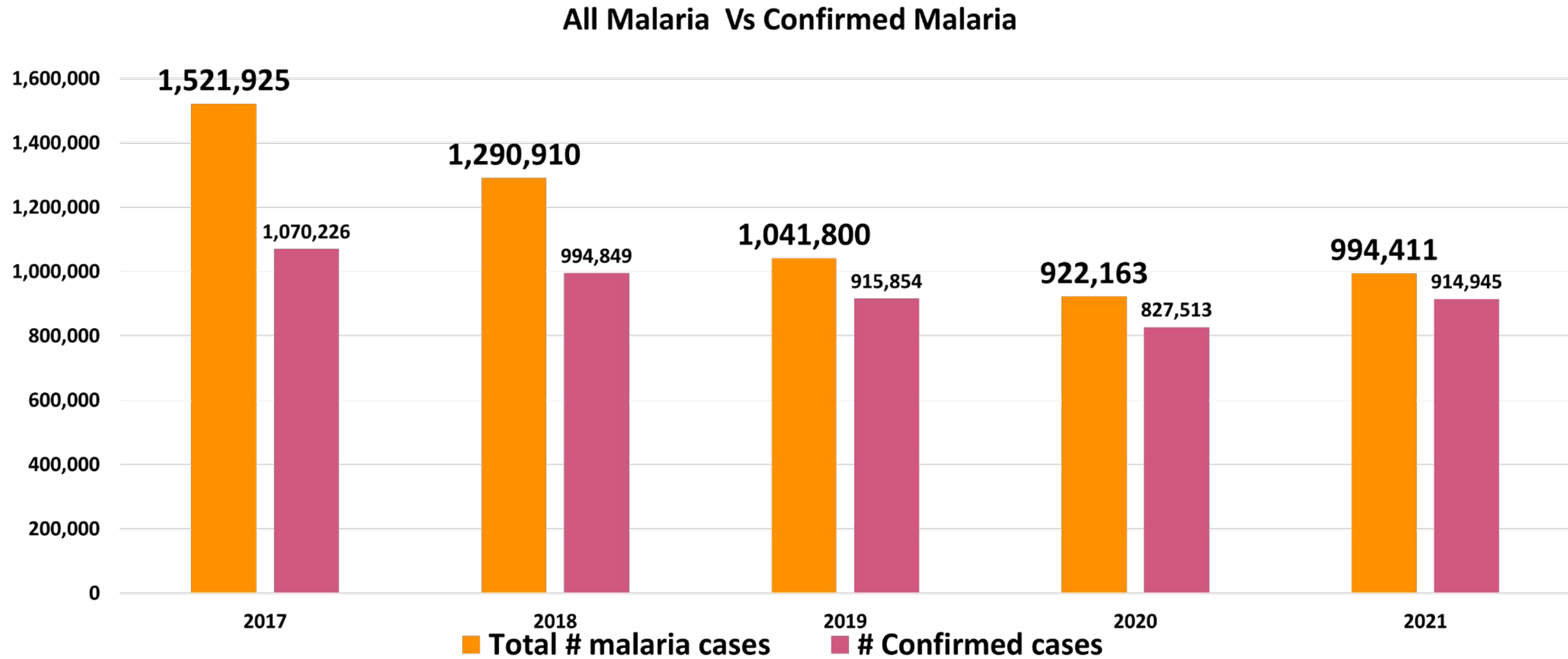
The goal of the Liberia National Strategic Plan 2021–2025 is to reduce malaria burden by 75 percent (11 percent overall prevalence) compared to 2016 (45 percent prevalence) by 2025, with the following objectives:

- Reduce malaria mortality rates by at least 75 percent (43/100,000 population) compared to 2016 (172/100,000 population)
- Reduce malaria case incidence by at least 75 percent (95/1,000 population) compared to 2016 (380/1,000 population)
- Promote and maintain a culture of evidence-based decision-making to achieve malaria program performance at all levels
- Strengthen and maintain capacity for program management, coordination, and partnership to achieve malaria program performance at all levels.

# Achievements – CHP program

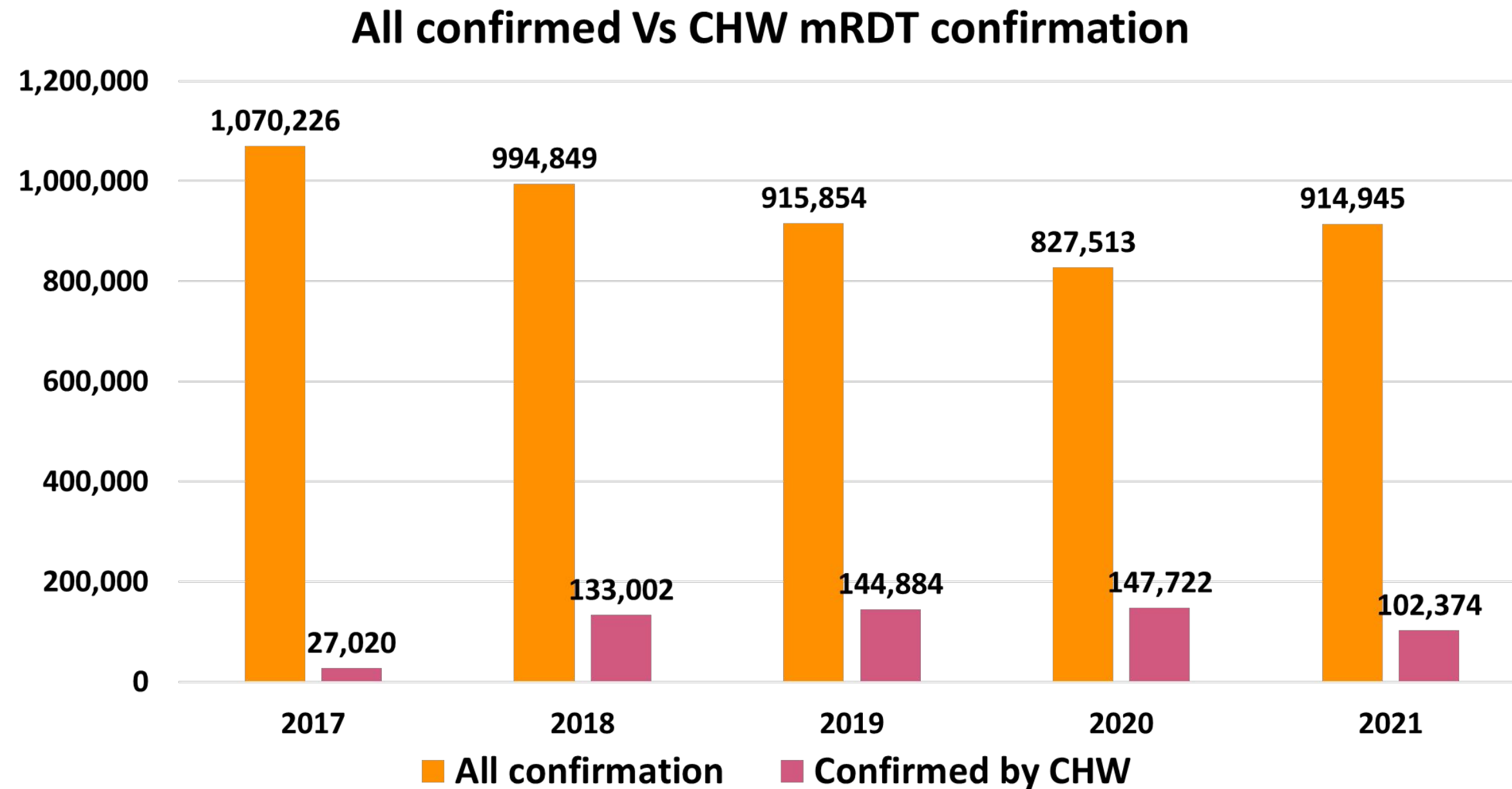


# Malaria care and treatment

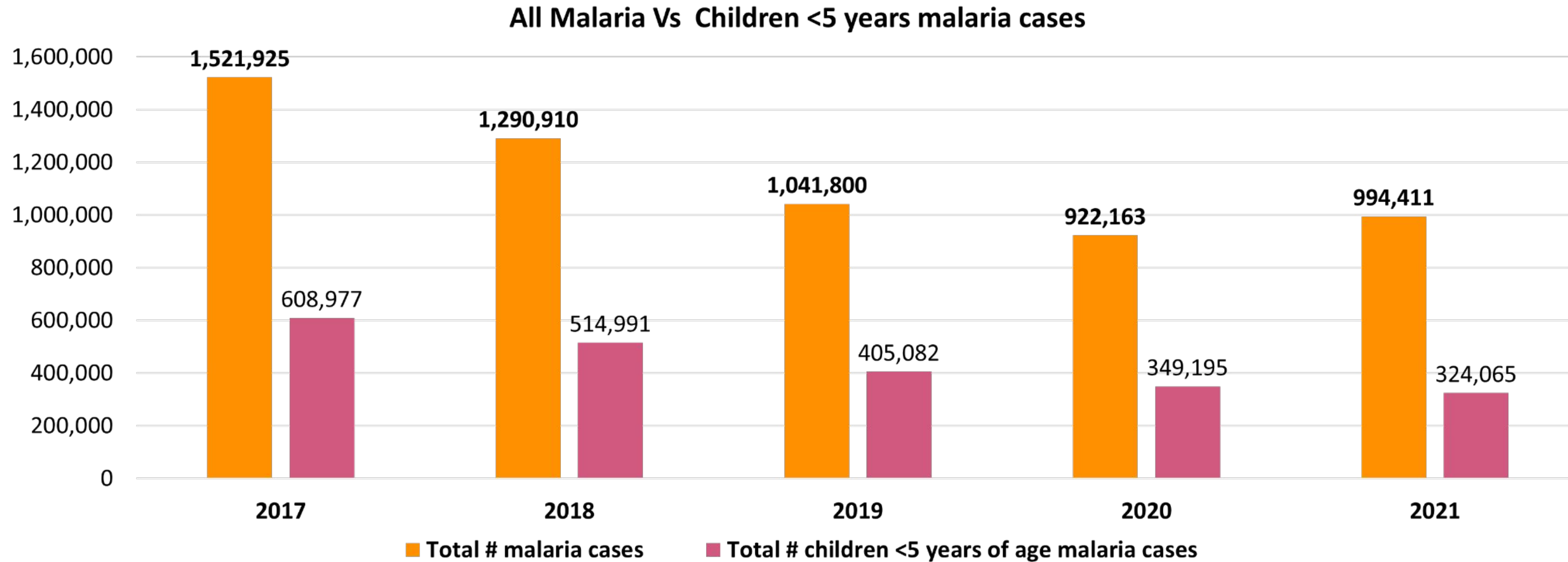




# Malaria care and treatment

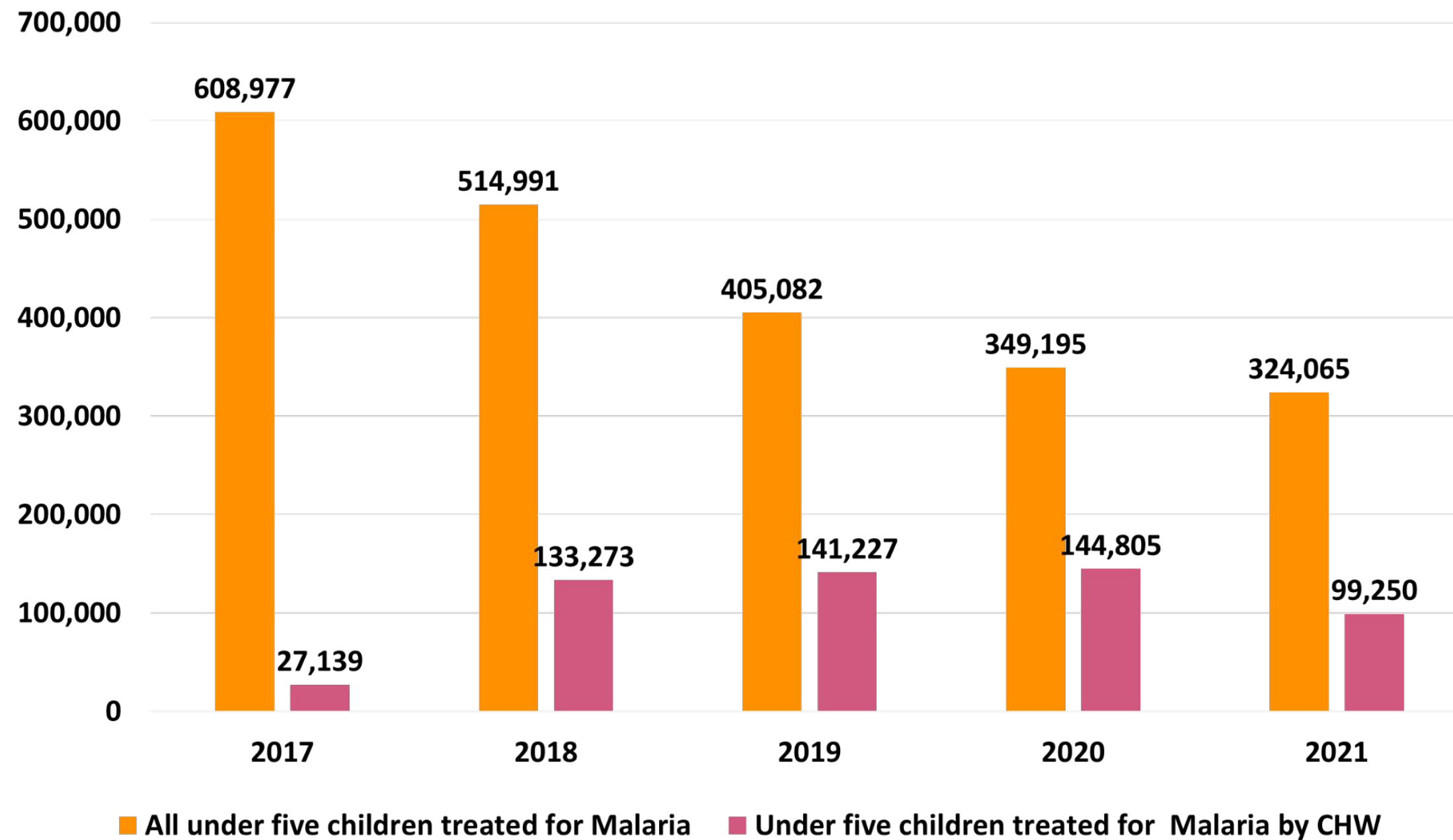


# Malaria care and treatment

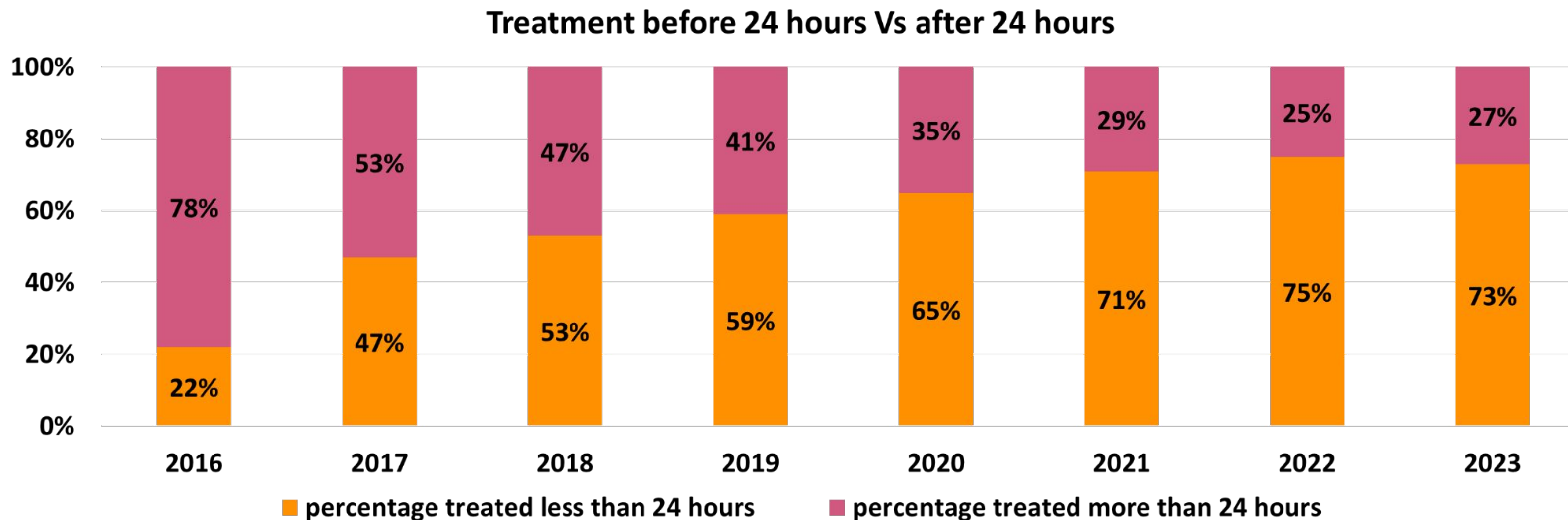


# Malaria care and treatment

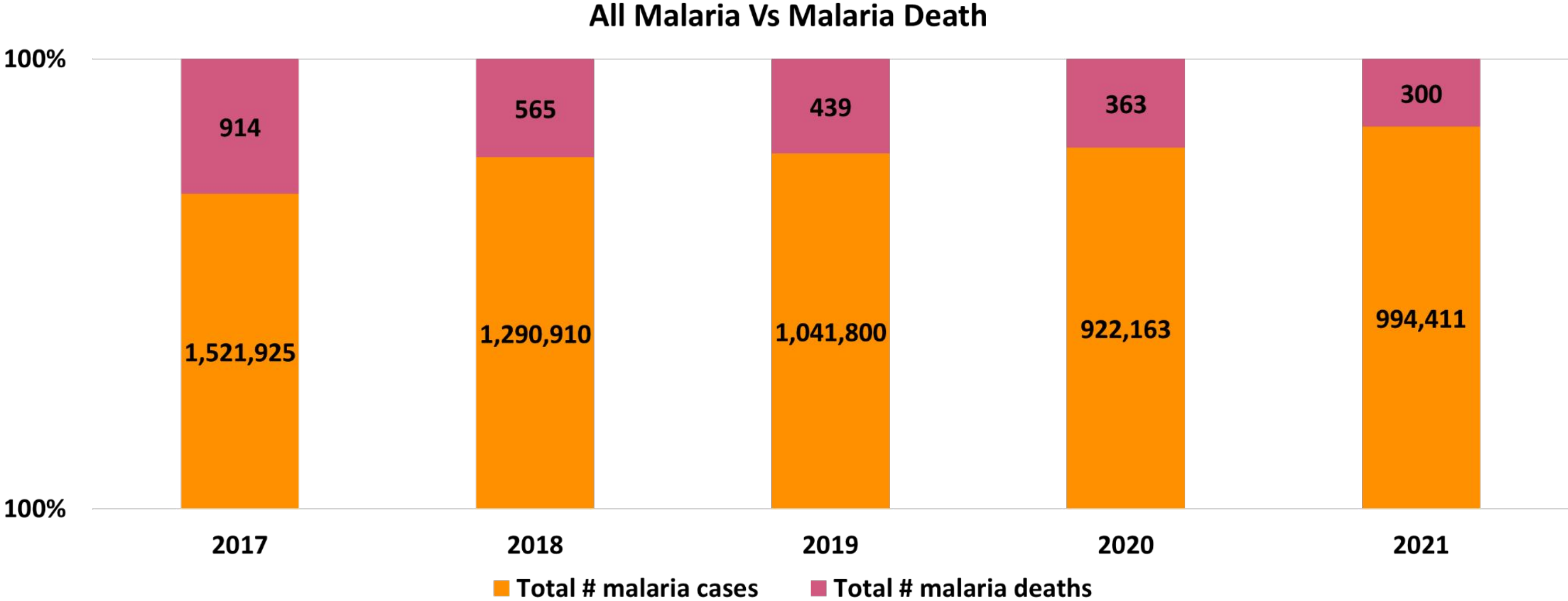
Under five children malaria treatment



# Malaria care and treatment



# Malaria care and treatment



# Challenges

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Resources to support malaria control in Liberia are mainly from PMI and the Global Fund, and at a certain level World Bank.

The Government of Liberia's contribution beyond human resources is minimal. Health worker deployment and retention in hard-to-reach areas is another challenge.

The CHA and CHP program is a donor-driven program with limited government funding – thus limiting scaling up to reach the unreachable in all urban and some rural communities

# Challenges

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Funding gaps for staff training/retraining and/or mentoring at all levels of the health care system to deliver quality services and gather quality routine surveillance data.

Supply chain management challenges resulting to untimely and inadequate commodity distribution to health facilities thus leading to frequent stock outs of malaria commodities. Stock outs of antimalarial medicines and commodities adversely impact malaria control efforts.

# Thank You



During a routine household visit, a CHP conducting a health talk in Merriam Hill while the supervisor observes for correction



# Improving the management of community health worker networks to increase effective coverage of malaria case management

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**Harriet Napier**

Senior Program Manager for Community Health,  
Clinton Health Access Initiative (CHAI)



# Improving the management of community health worker networks to increase effective coverage of malaria case management

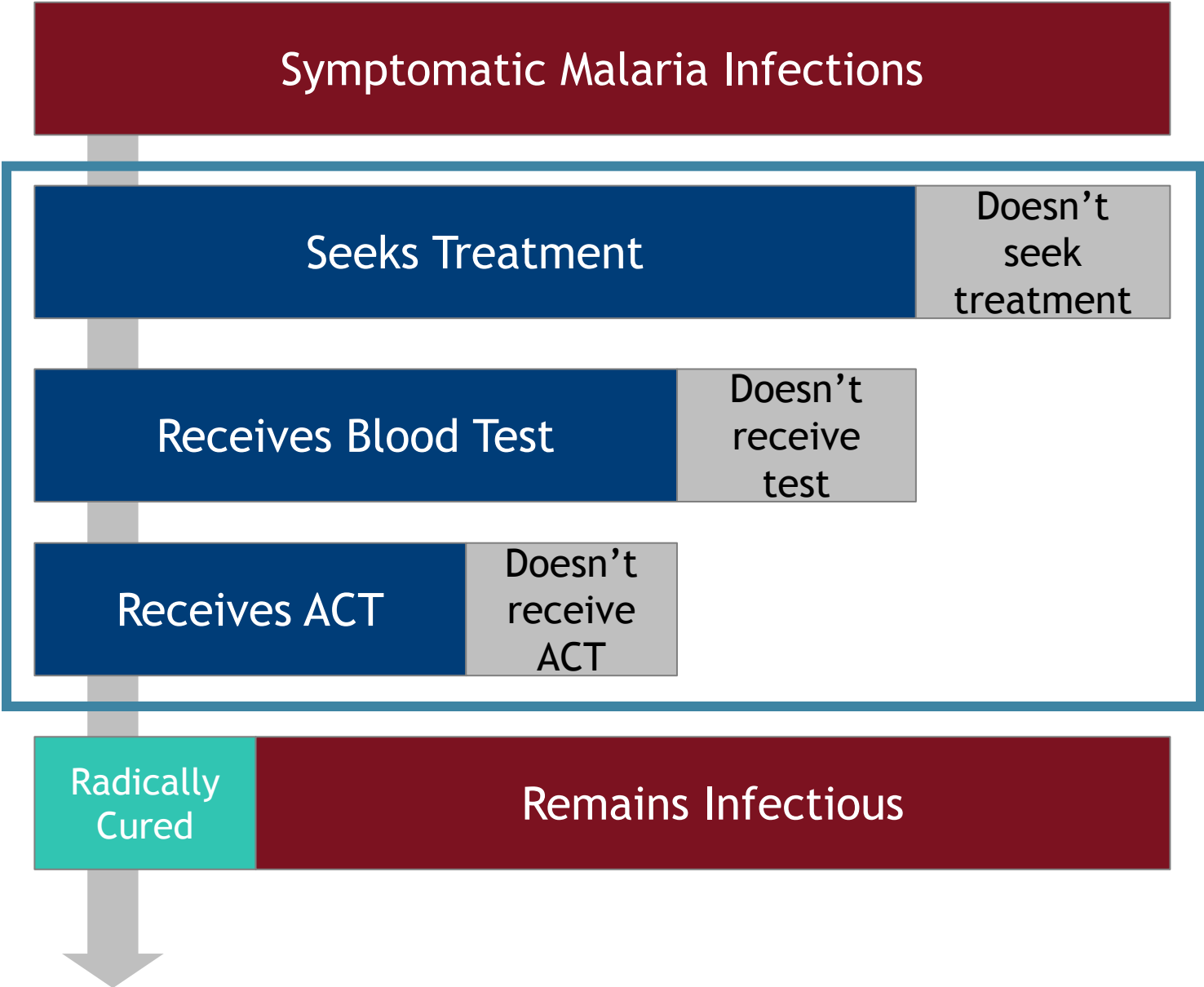
April 9 2024

Harriet Napier, CHAI

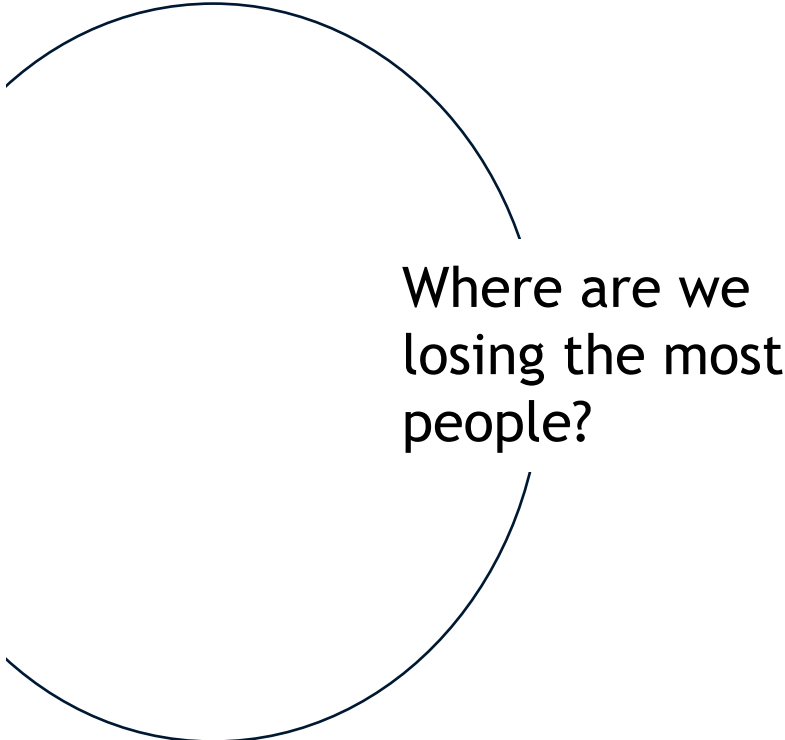
# Tackling malaria requires consideration of access to care and quality of care bottlenecks across an “effective coverage cascade”



## MALARIA EFFECTIVE COVERAGE CASCADE



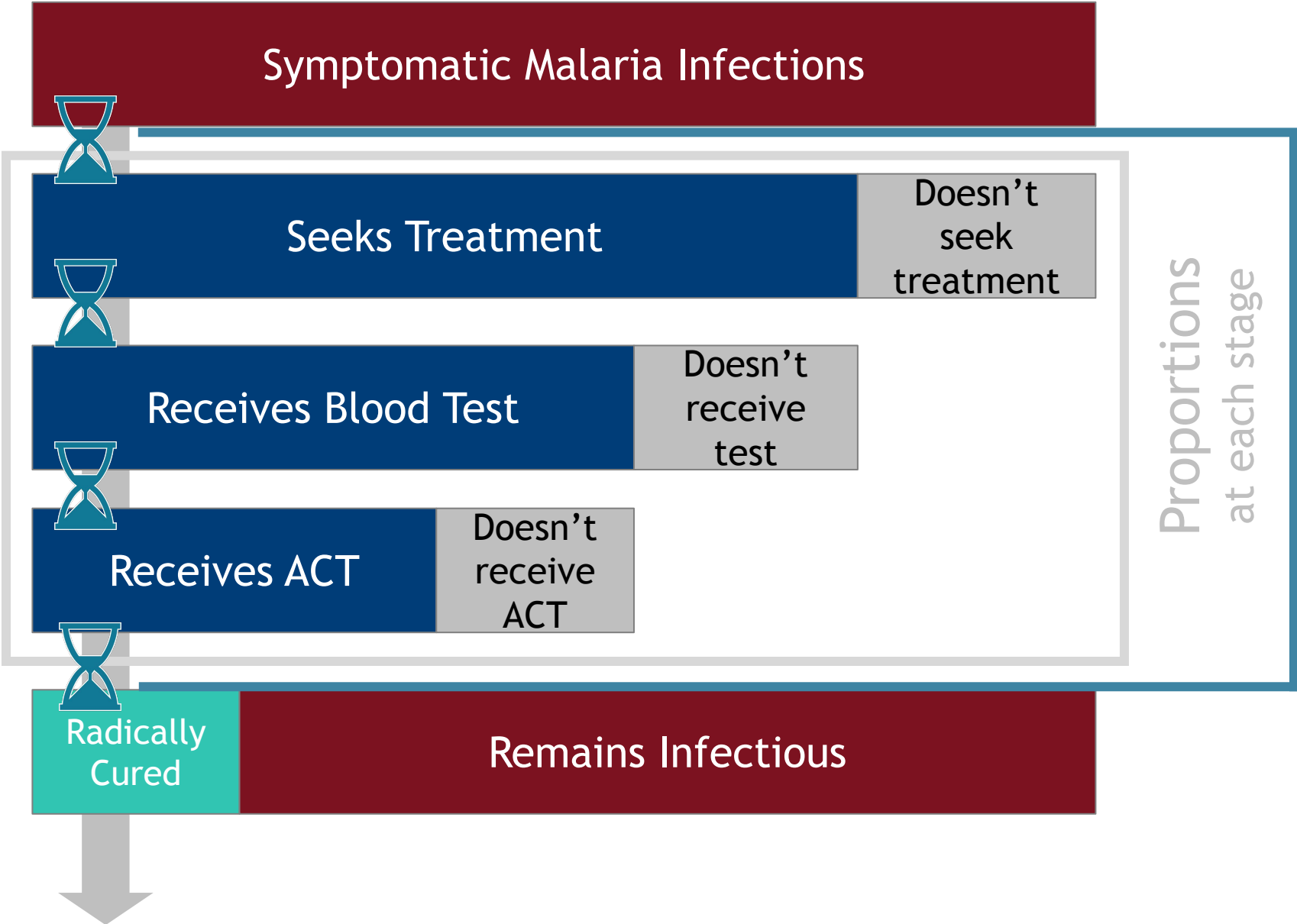
Proportions  
at each stage



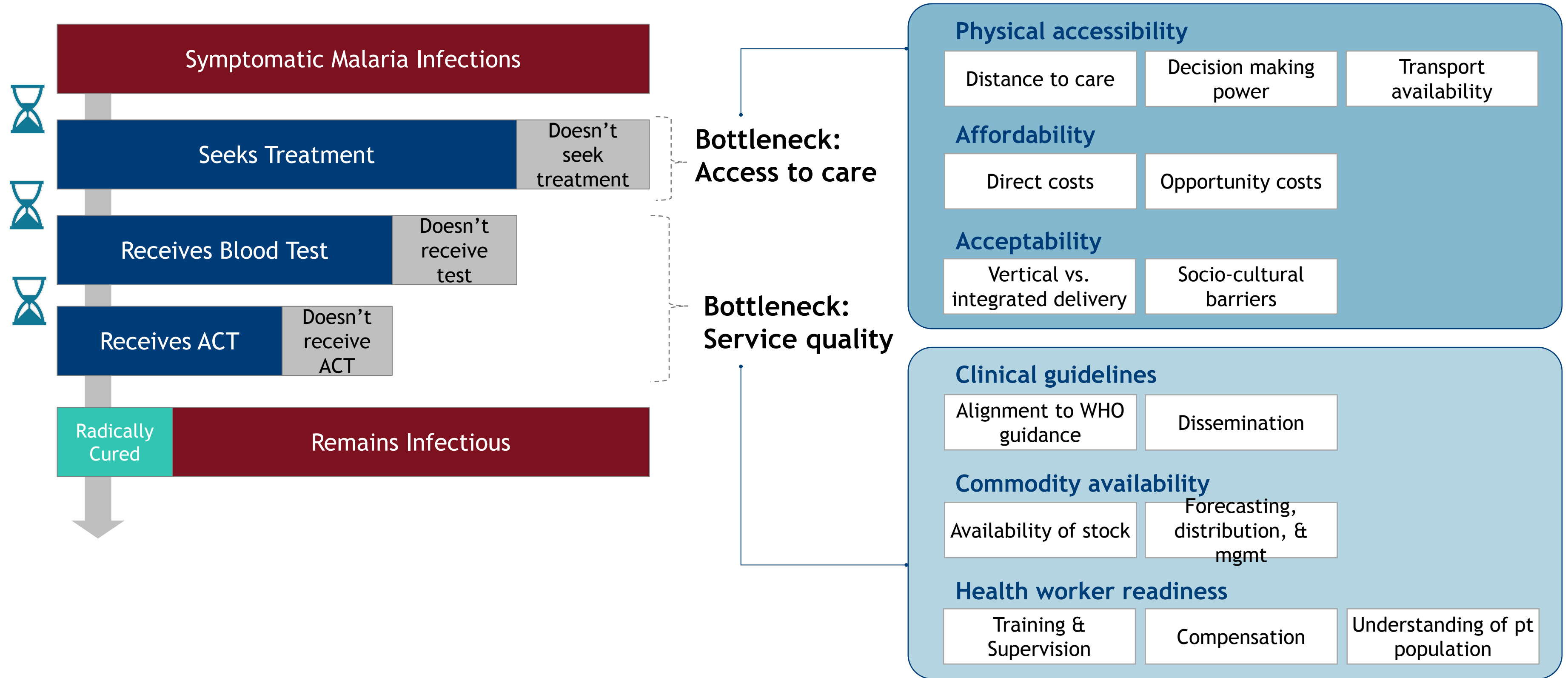
# Tackling malaria requires consideration of access to care and quality of care bottlenecks across an “effective coverage cascade”



## MALARIA EFFECTIVE COVERAGE CASCADE

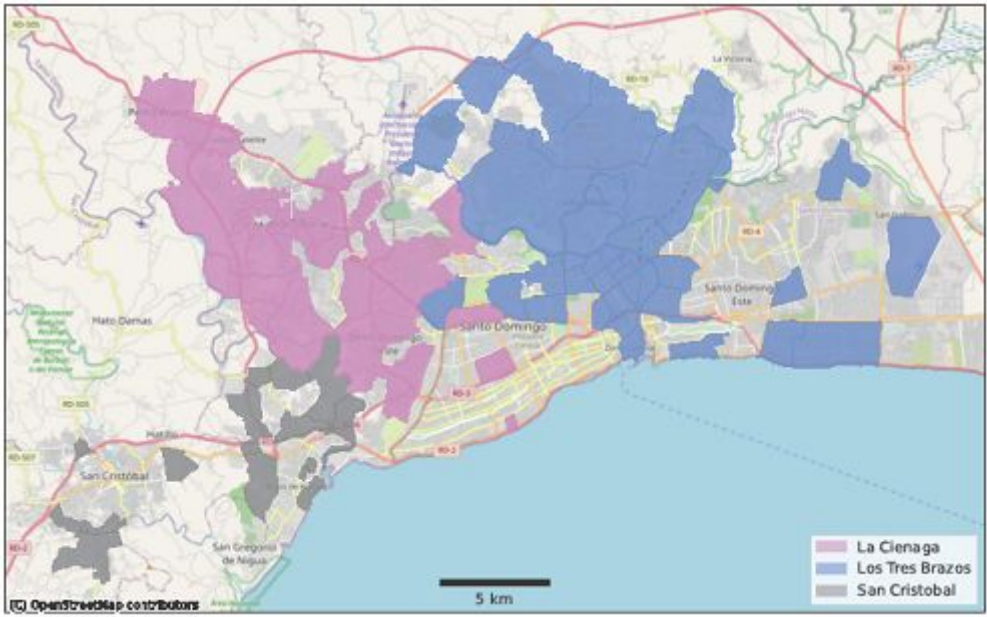


# Community health workers are uniquely positioned to address multiple bottlenecks along the cascade of care *and* reduce inter-stage delays

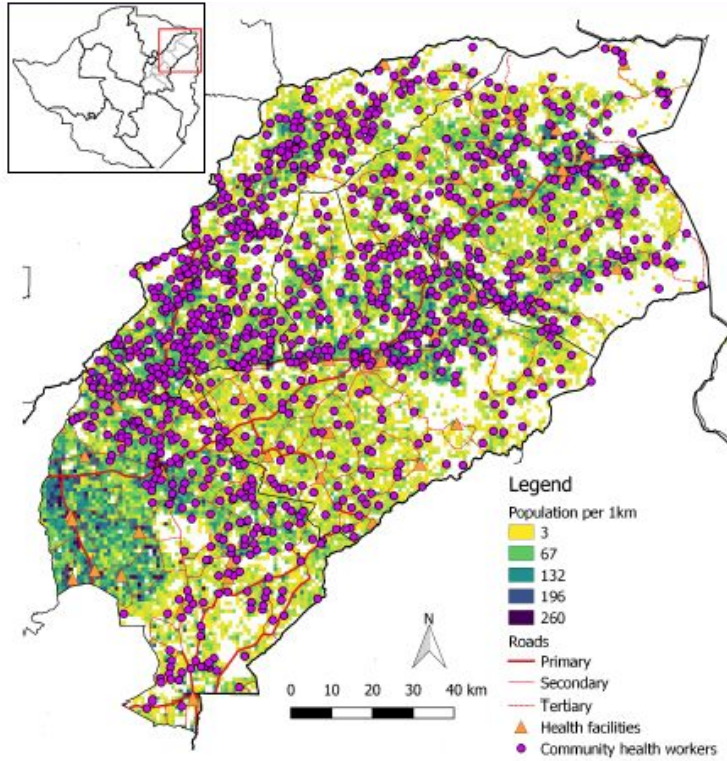


# Exemplars: Where have we seen CHWs play a key role across the effective coverage cascade?

## DOMINICAN REPUBLIC

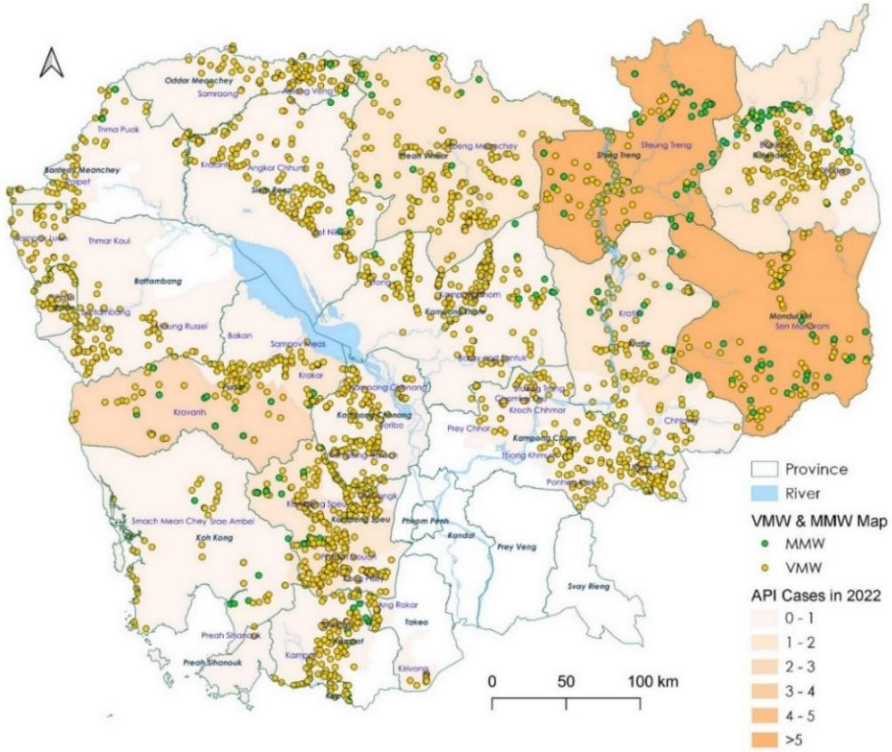


## ZIMBABWE



Distribution of CHWs relative to population density

## CAMBODIA

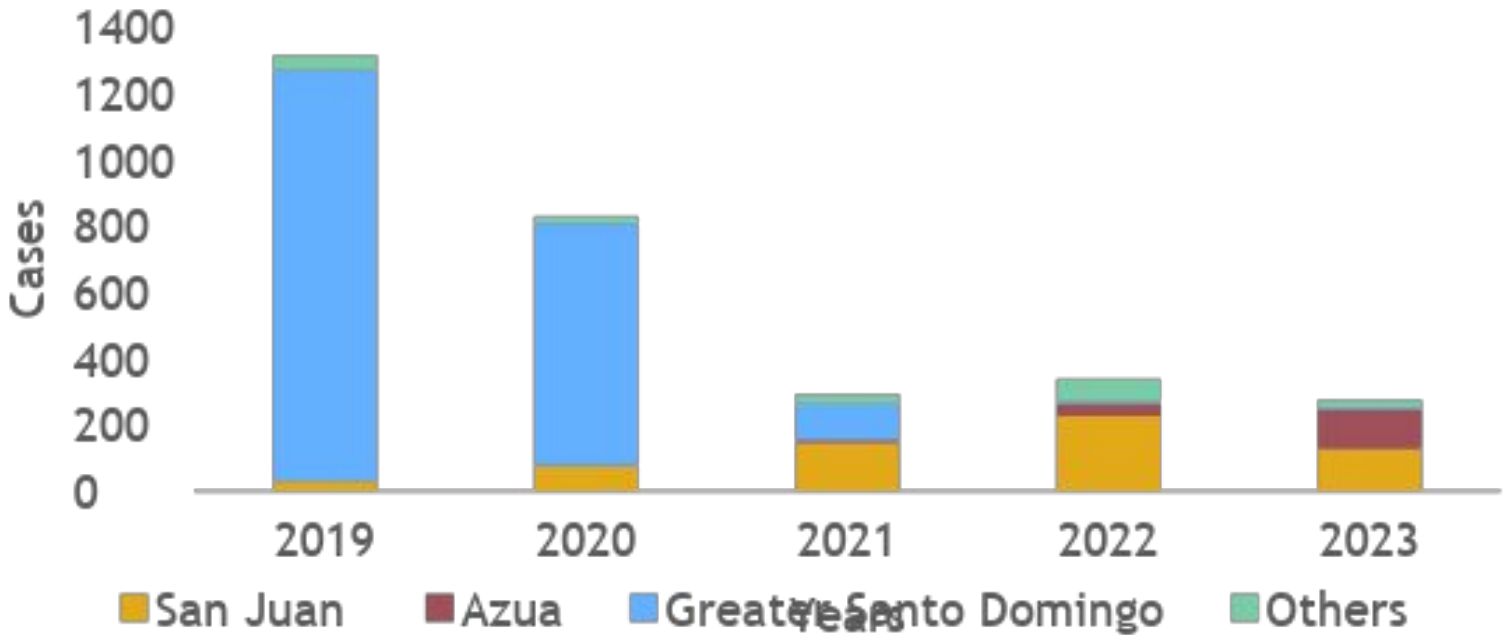


# In Greater Santo Domingo, Dominican Republic, CHWs detected malaria cases and initiated treatment 1.5 days earlier than other entities



- 70 CHWs introduced into Greater Santo Domingo in 2019
- 96% of cases detected by CHWs treated within the first 24 hours (between 2019 and 2023)
- 83% of cases detected by CHWs detected through proactive case detection (17% of cases detected passively)
- Malaria cases in foci with CHWs decreased by 99.6% (between 2019 and 2023)

Cases in main foci, Dominican Republic 2019-2023



## What has enabled these results?

*“... it has been observed that when experiencing fever, people tend to stay home and self-medicate during the first 3 days (due to the fact that historically, people have been educated to seek dengue diagnosis after 3 days of fever).*

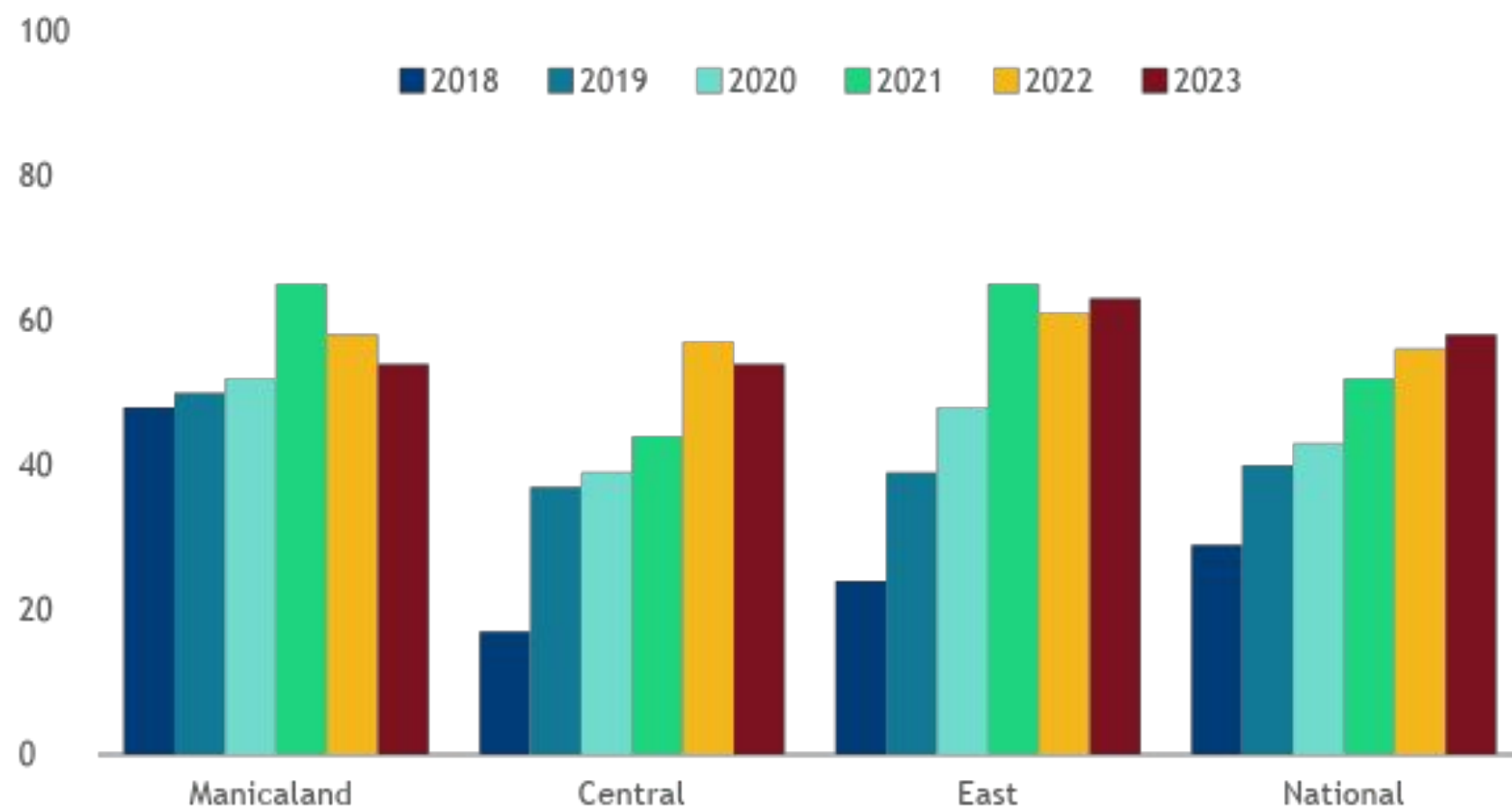
*... Having someone knock on your door and ask if there is fever in the house facilitates the possibility of early diagnosis.”*

- Program is designed for the context!
- Proactive household visitation addresses delayed care-seeking
- Clear scope of work and contracting procedures
- Fair compensation
- Weekly reporting enables nimble programming and remedial action

# In Zimbabwe, CHWs identify 58% of malaria cases; their contributions to malaria case management have increased over the last five years



- ~17,000 Village Health Workers
- Overall contribution of CHWs to malaria cases reported nationally has increased annually over the past five years from 40% in 2019, to 52% in 2020 to 58% in 2023
- In Manicaland and East, CHWs' contributions peaked in 2021 during COVID-19



Proportion (%) of reported malaria cases tested & treated by CHWs (2018-2023)

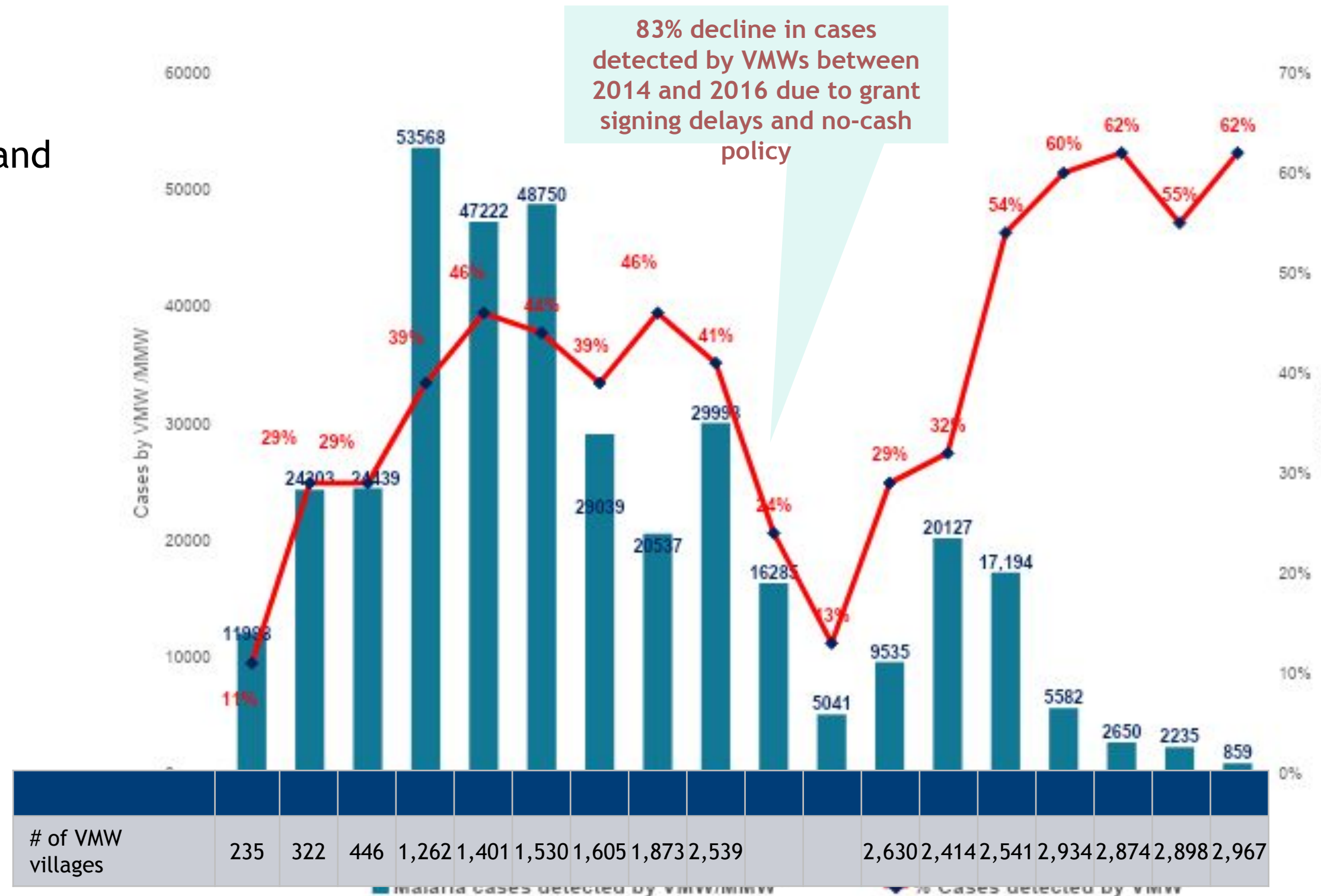
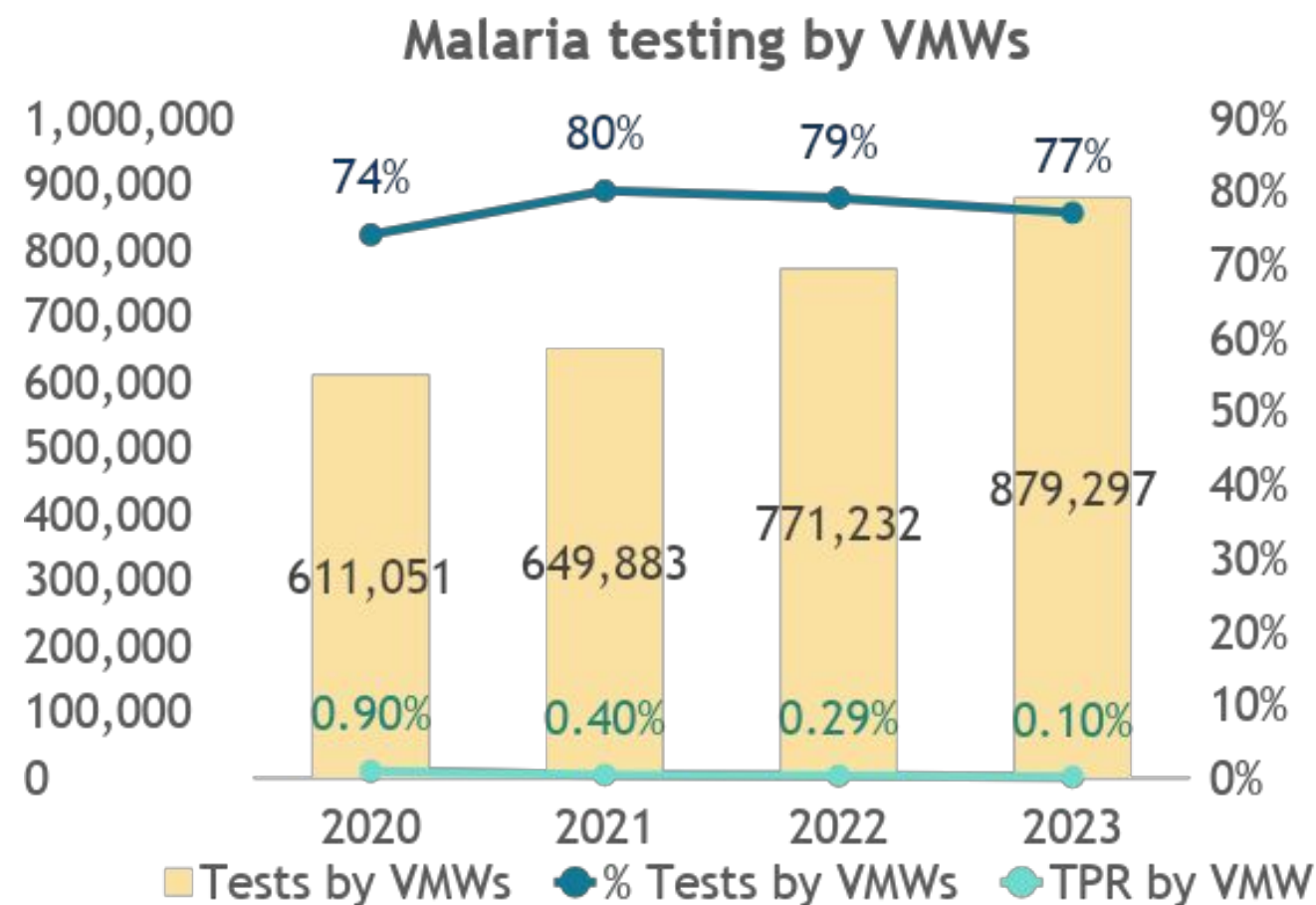
## *What has enabled these results?*

- *Improved reporting systems (separation of HF and CHWs data) has enabled a more accurate capturing of CHW contribution to malaria*
- *Provision of cell phones to many CHWs improved the capacity of CHWs to communicate with facility staff and provided an alternative mode for reporting*
- *High coverage of malaria case management training and retention of CHWs over time has enabled continuity of services*



# In Cambodia, Village Malaria Workers (VMWs) conduct 77% of all malaria tests and identify the majority of malaria cases

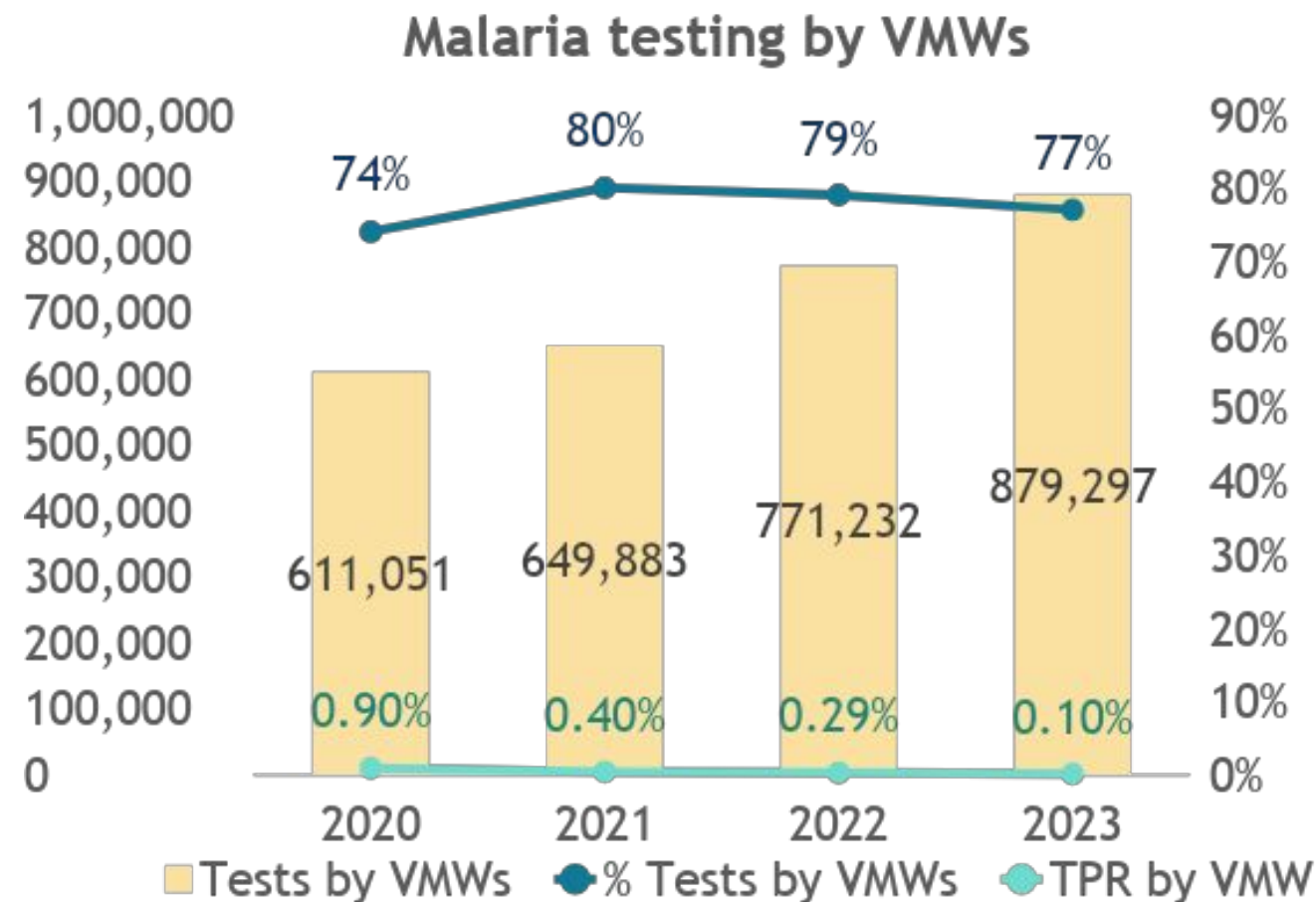
- ~4,000 Village Malaria Workers
- VMW program launched in 2004 (estimated to cover 9 million at-risk population by 2021)
- 2023: VMWs administered 77% of malaria tests and diagnosed 62% of malaria patients
- Malaria test positivity rate (TPR) has become extremely low (<1%) as country approaches elimination



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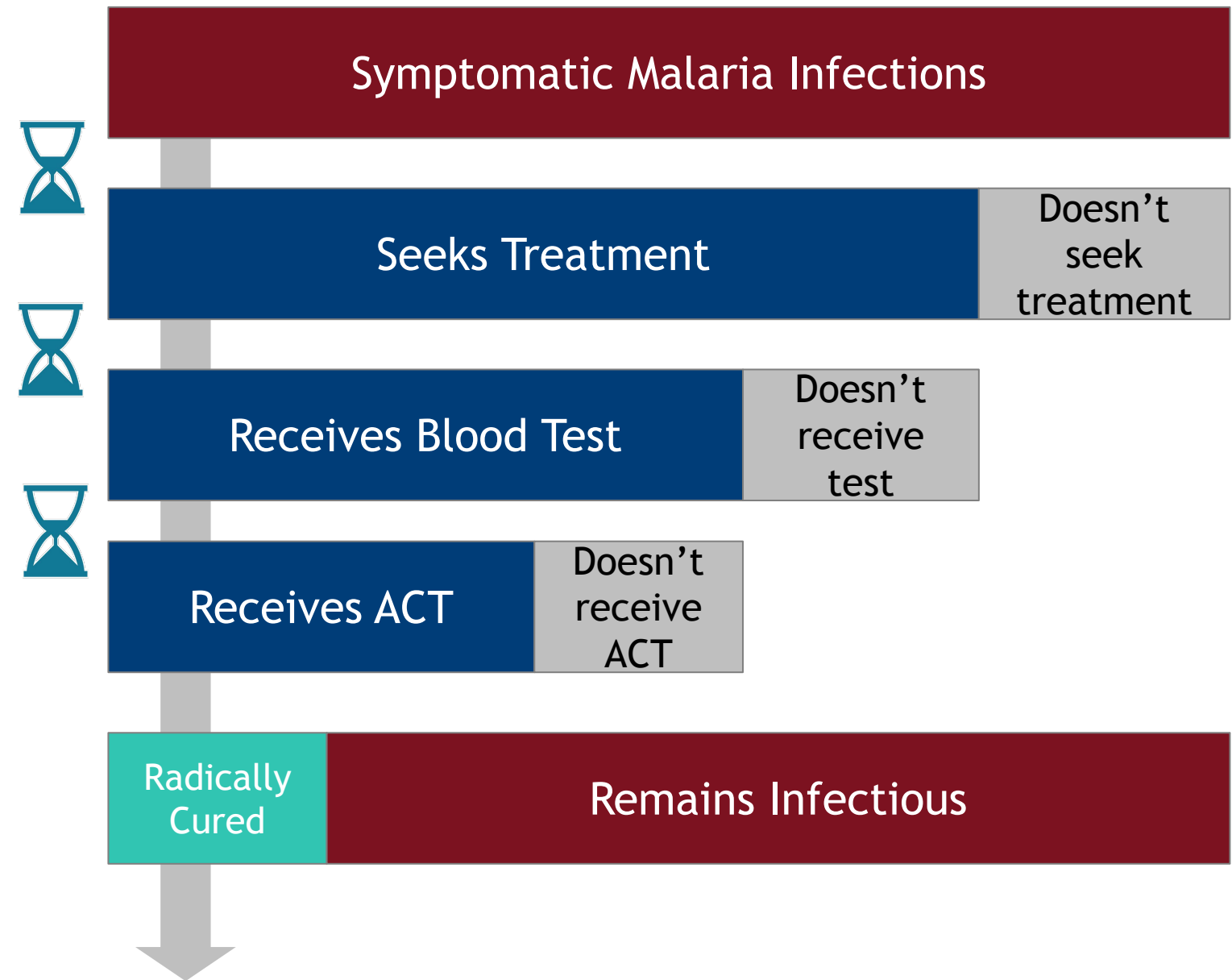
## What has enabled these results?

- *Program design oriented toward specific behaviors and exposure risk of key populations (e.g., VMWs travel to provide mobile care to forest-goers)*
- *Strong linkages between VMWs and local health facilities (referrals for Pv radical cure are tracked)*
- *Management processes are adequately supported from financial and HR perspectives and carefully tracked*
  - *100% of VMW monthly meetings taking place with 99% attendance (primary touchpoint for supervision, quality assurance, restock and report submission)*
  - *85% of VMWs receive incentive payments on the day of the meeting using electronic payment*

■ Malaria cases detected by VMW/MMW

◆ % Cases detected by VMW

# Conclusions



- It is not uncommon for CHWs to provide the majority of malaria care
- Georeferenced CHWMLs and CHW data integration into DHIS2 help ensure support can be provided and contribution acknowledged
- In many settings, we see a big drop off early on in the cascade of care - proactive household visitation is a promising strategy
- More frequent touchpoints with CHWs may help track and improve implementation fidelity
- Mobile payments can shield programs from (some but not all) health system shocks (e.g., COVID)
- Strong subnational program ownership increases program resiliency - and promotes local adaptation to respond to evolving population behaviors/needs



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# Thank you!

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