**Report: Characteristics of Community Health Workers in Urban Primary Health Care: Lesson learnt from Bangladesh, Ethiopia, and the United States of America**

Community Health Workers (CHWs) play a vital role in expanding the coverage of health services, particularly for the marginalized and poor. They are often the first point of contact for care seeking related to ill health. The current COVID-19 pandemic has brought CHWs to the spotlight in the health service system by emphasizing their importance as “Frontline health workers”. As the world continues to struggle with high costs, barriers to accessing appropriate health care, and disproportionate rates of morbidity and mortality of COVID-19 and chronic diseases, CHWs have played a critical role in increasing health services to urban poor communities (Wahl et al., 2020, Rahman et al., 2021).

As the world becomes predominantly urbanized with around 4.4 billion people living in big cities and given that such urbanization is happening faster on the poorest continents of the world – 1.3 percent and 1.1 percent increase in urbanization from 2015 to 2018 for Africa and Asia, respectively (WUP 2018)– the need for the integration of urban primary healthcare in health system has become important to address demographic and epidemiological transitions.

Considering the significance of CHWs in expanding healthcare coverage to the poor in society and the gallant role they have played in the fight against COVID-19, and how integrated health systems reforms are being rollout around the world, the International Institute of Primary Health Care-Ethiopia in collaboration with the Johns Hopkins Bloomberg School of Public Health saw it expedient to organize three webinar series to enable an improved understanding of urban health challenges. Hence, the three-webinar series brings together panelists from Ethiopia, Bangladesh, the United States of America, Thailand, Ghana, Brazil, Cuba, South Africa, and India to speak on the role of community health workers in the response to urban primary health care.

The first webinar hosted three speakers: Dr. Morseda Chowdhury from Bangladesh, Dr. Mirgissa Kaba from Ethiopia, and Ms. Denise Octavia Smith from the USA. Together, they shed light on the importance of urban primary health care as a tool for the health sector reform, and the instrumental role that CHWs play in improving urban primary health outcomes across their respective countries. The speakers, drawing from the experience of three vastly different contexts, shared lessons from implementing urban CHW programmes, and highlighted successes and challenges. All speakers underscored the important role CHWs can play in influencing social and environmental determinants. CHW could potentially contribute to influencing health seeking behaviour to affect goals, strategies, institutions, services delivery, and human behaviour for health sector reforms. The speakers acknowledged that population health is affected by policies and actions in and beyond healthcare systems, and that these continuously act on the social determinants.

**Country -by-country context of CHW**

**Bangladesh**

Dr. Morseda’s presentation highlighted the role of Bangladesh Rural Advancement Committee (BRAC) as one of the driving forces behind the development of strategies to promote primary healthcare. BRAC has the largest NGO-led CHW (Shasthya Shebika, supported by the Shasthya Karmi) network in Bangladesh that is working to address the gaps in urban primary health care and urban slum programs (Perry, 2013). Over 100,000 CHWs are engaged by BRAC in building a resilient community-based healthcare system (Doucet, 2018). BRAC’s Monoshi project launched in 2007, has now been scaled up to 10 cities covering 7 million urban slum dwellers.More than 4,500 trained CHWs are deployed in 2000 slums and 41 Maternity Centers to aid in knowledge dissemination on family planning, immunization, maternal and child health services, HIV/AIDS, and a Water Sanitation and Hygiene (WASH) program (Roy et al., 2011). The program contributed to building pit latrines and improving waste management and water supply. The integration of CHW programmes enabled the country to reach national and international commitments towards improving primary health care.

Notwithstanding such successes, the lack of community engagement, income generation, to ensure continuity of care for vulnerable groups, lack of integration of CHWs with the formal health system, poor adherence to referral compliance, strong competition with unregulated pluralistic private sector and the lack of sustained financing remains a challenge of various ongoing BRAC projects.

Also, the need for equity and intervention are essential goals as per the lesson learned presented by the speaker, Dr. Morseda’s. Such equity, according to the speaker, could be achieved by ensuring quality health care is delivered in communities, and through building the capacity of community health workers to increase the trust mothers and families have in their provision of health care services (Perry & Hodgins, 2021). Unarguably, long term engagement with CHWs will ensure continuity of care and improve commitment of CHWs in the emerging field of technology to address complex contexts like urban slums as lessons learned from Bangladesh.

**Ethiopia**

CHWs has a long history in strengthening Health system in Ethiopia, dating as far back to the formation of the Alma Ata Conference on Primary Health Care. Before the civil war in the 1970s and 1980s, Ethiopia was able to train 3, 000 CHWs to address maternal and child health issues, and environmental determinants factors that cause malaria through the Tigray CHW program (Perry & Crigler, 2014). Since the suspension of the program, the CHW program has been strongly supported by the Ethiopia government through the establishment of the Health Extension Workers (HEWs).

In 2004, Ethiopia considered Health Extension Workers (HEWs), voluntary Community Health Workers (CHWs), and Community Health Promoters (CHPs) as an important component to improving PHC to achieve universal health coverage. They are known as the Health’s Development Army (HDA) volunteers. Those programs have led to rapid expansion of CHW programs in Ethiopia over the past decade. In terms of implementation work in the community, the HEWs support both the health posts and the community, while the HAD volunteers’ solely help to increase primary health care operation on a part time basis (less than 2 hours per week) within their communities.

In context, both the HEWS and the HDA volunteers are contributing to health promotion, disease prevention, and treatment of uncomplicated and non-severe illnesses, such as cases of malaria, pneumonia, diarrhea, and malnutrition in the community. Through these programs, Ethiopia has scaled up primary care service delivery by building and equipping health centers and health posts, and through implementation of a large-scale community health worker programs.

Despite the successes of Ethiopia PHC through its HEP, there remains persistent challenges to address urban primary health care in Ethiopia (UHEP). Some of those challenges are lack of government operational budget for UHEP, wide disparities in the levels of health knowledge, attitudes, and behaviours among urban populations on community outreach, poor multi sectoral coordination, and political instability. To help address these challenges, Ethiopia needs to implement strategies that include and empower communities to address urban primary health. Dr. Mirgissa stated that “urban primary health care is the most neglected area of public health”. As such, he considers urban health as a major obstacle to Ethiopia's healthcare system and an interesting focus for government intervention as risk factors loom.

**United States of America**

In the United States of America, PHC is rooted in a commitment to social justice, equity, solidarity, and participation. The burgeoning literature shows a wide diversity of roles and responsibilities for CHWs in the United States of America (USA) (Cherrington et al., 2010). CHWs inherently involve community leaders and research engagement in community-based participatory research (CBPR) (Minkler et al., 2014). CHWs also provide health education, serve as role models and community advocates, increase access to healthcare resources, and collect data for research purposes. However, CHWs have been underutilized because there are substantial barriers to mainstreaming the CHW workforce into the health system. Challenges in conducting research in a community setting and defining appropriate outcome measures have had an impact on the observed efficacy of CHW interventions. Most funding for CHW services is temporary grants and project-based funding that seek to provide short term relief for marginalized communities, with income inequities and disparities. Moreover, the published literature rarely reports on participatory processes that are central to the success of the CHW programs in USA.

Since the establishment of the National Association of Community Health Worker (NACHW), a huge training and capacity building (employment) of CHWs have been prioritized. The NACHW works to promote healthcare access for the medically underserved and uninsured, to conduct research and analysis for outcome research, to strengthen operation at health centers and develop alliance and partner to build healthier community. As a result of the work of NACHW, 62% - CHWs has been employed by community-based organizations, 12.5% - CHWs has been employed by Hospital and Health Systems, 11% - CHWs has been employed by Federally Qualified Health Centers and 14.5% - All other health related institutions. Ms. Denis Smith drew on the syntheses on health disparities and health inequities in the United States to feature the community’s workforce action through the NACHW to address the root cause of health inequity. The predominant approach to population health postulated by W.E.B Dubois’s study in the United States remains focused on the impact of structural racism on African American health status, income, and employment, which has led to the focal health disparities where 27 million Americans have no health insurance and 38 million are underinsured (Taylor, 2019). Still, the challenge is awidespread acceptance of CHWs’ role in addressing overdose deaths, populated urban cities, food insecurity, gun violence death, perinatal mortality and poverty, and the exacerbation of health inequities due to COVID 19 as presented by Ms. Denise Octavia Smith.

**Conclusion**

Community Health workers are an integral part of health systems. They are embedded in their communities and work at the frontline to ensure health system are strengthened. As people move from rural to urban communities in search of better opportunities and livelihood, the role of Community Health workers is becoming prominent in urban healthcare and their impact is pronounced. Regardless of the context across the three countries (Bangladesh, Ethiopia, and United States, CHWs are being integrated into Primary Health Care Systems and are making significant impact. In Bangladesh, CHWs have helped build resilient health systems through the Bangladesh Rural Advancement Committee (BRAC) and have improved child nutrition through the counselling of over 2 million new mothers about exclusive breastfeeding. In Ethiopia through the Health’s Development Army in Ethiopia, CHWs, played an outstandingly noticeable role in helping to achieve universal health coverage. Lastly, in the United States, the CHWs approach faces barriers to acceptance, CHWs are providing health education, serving as role models and community advocates, increasing access to healthcare resources, and collecting data for research purposes. Overall, the 1st webinar went well with more than 100 plus participants in attendance. The three presentations generated questions related to a range of areas such as integrating CHWs into a program to increase job opportunities, identifying barriers or unmet needs within PHC to promote urban primary health care, and the growing concern of health priority to improve CHW program and their growing importance in achieving health for all. These concerns/questions represent common areas of interest and point to the need for future research in these areas. The webinar serves as an effective platform to highlight the important roles of CHWS, share lessons learned from different context and build up more evidence for mainstreaming CHWS in the urban primary health care- especially as the world experiences the transition from rural to urban communities.

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