



Credit: Harandane Dicko, Mali Red Cross

Investing in Community Health Workers:

A Strategic Approach for Canadian Red Cross in Africa

Community health workers (CHWs) play a multifaceted role in health care service delivery, particularly in remote and underserved areas. They are crucial in promoting community-based health, improving access to care, and addressing health disparities. Their unique position enables culturally appropriate and localized primary health care, essential in resource-limited regions.

The Urgent Need for Community Health Systems

In Sub-Saharan Africa, health systems face immense challenges characterized by resource limitations, infrastructure deficits, and a severe shortage of healthcare professionals¹. The World Health Organization projects there will be a shortfall of 18 million health workers by 2030 globally, exacerbating already-critical public health issues². In this context, CHWs have emerged as a vital resource, bridging the gap between underserved communities and formal healthcare services.

The integration of CHWs into health systems is not merely beneficial; it is essential for achieving universal health coverage and strengthening resilience against health emergencies³.

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2. <https://www.who.int/publications/i/item/9789240024229>
3. Ngongo N, Dereje N, Teriaky ME, Fallah MP, Shaweno T, Abdulaziz M, Raji T, Guwani JM, Folyan MO, Ndembu N, Kaseya J. Reinforcing community health workers program in africa for universal health coverage and global health security: A call for concerted efforts. *PLOS Glob Public Health*. 2024 Sep 17;4(9):e0003727. doi: 10.1371/journal.pgph.0003727. PMID: 39288127; PMCID: PMC11407658.

The Role of Community Health Workers:

An Integrated Approach Across the Disaster Risk Management (DRM) Cycle



Preparedness:

CHWs are instrumental in educating communities about health risks and preventive measures, ensuring that populations are informed and prepared for potential health emergencies.

Response:

During health crises, CHWs serve as first responders by providing essential services when health facilities are overwhelmed, disseminating health information, mobilizing community resources, conducting surveillance for early detection, and maintaining primary healthcare services.

Recovery:

Post-crisis, CHWs assist with ongoing medical care, health education, and the restoration of health services, helping communities rebuild and regain stability. They continue providing support for mental health and psychosocial needs, helping individuals and families cope with the crisis' aftermath.

Risk Reduction and Adaptation for Resilience Building:

By supporting vaccination campaigns, promoting public health initiatives, and reinforcing community health infrastructure, CHWs help reduce vulnerability to future health threats. By addressing social determinants of health and promoting health equity in underserved areas, CHWs contribute to reducing the impact of health risks, fostering resilience within communities.

Canadian Red Cross' Proven Track Record: Evidence of Impact

For more than 15 years, the Canadian Red Cross has been at the forefront of advancing community health workforce development in Sub-Saharan Africa. By collaborating with National Red Cross and Red Crescent Societies, the Canadian Red Cross has helped strengthened local, regional, and national capacity through workforce development initiatives that empower CHWs to deliver culturally appropriate and community-driven health services. These efforts have significantly enhanced access to essential care and contributed to the well-being of communities across the region.

The Community Workforce Implementation Model

In conflict settings, traditional healthcare systems often collapse, leaving communities without access to essential health services. The Community Workforce Implementation Model (Figure 1) provides a continuum of care framework to affected communities, connecting community-level CHWs with primary, secondary, and tertiary care services. This model is vital because it:

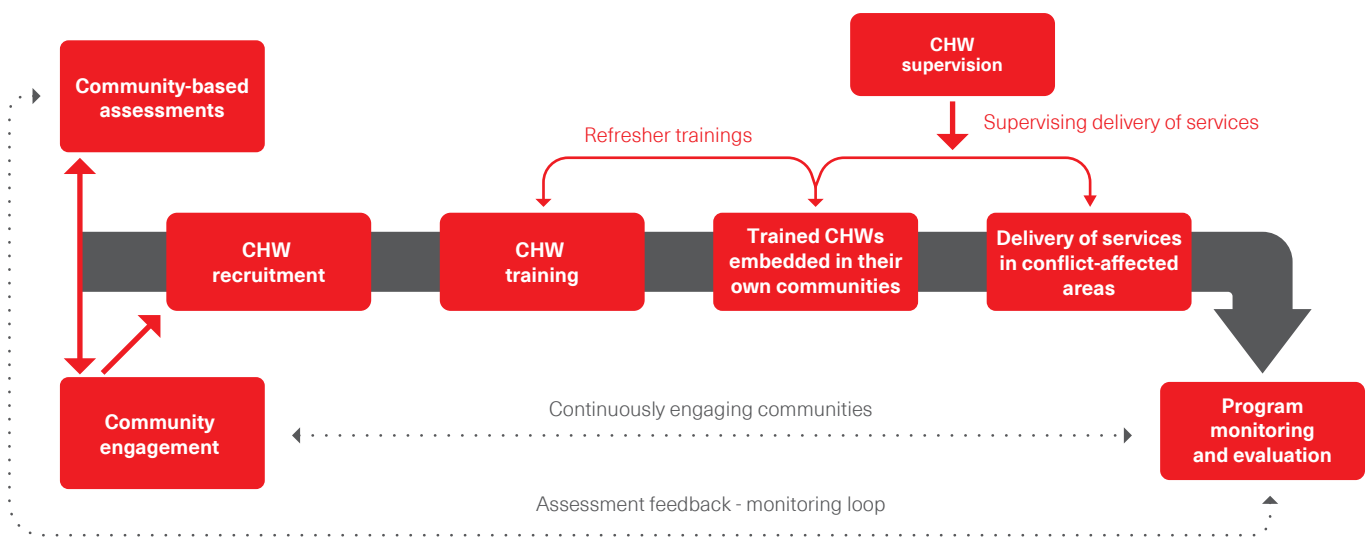
- **Bridges gaps** where health infrastructure is limited or non-existent.
- **Delivers life-saving services** such as antenatal and postnatal care, vaccination, and treatment for childhood diseases.
- **Empowers communities** by training local community members to deliver health services, ensuring sustainability and resilience.

The model's adaptability is its strength: it is contextualized to meet the unique challenges of conflict settings. The learnings from this initiative in Central African Republic (CAR) and South Sudan can be applied to other conflict zones, enhancing the effectiveness of community-based health interventions globally and across the DRM cycle (before, during, and after a crisis).



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Figure 1. *The Community Workforce Implementation Model: Overview of the process of delivering community-based reproductive, maternal, newborn, child, and adolescent health (RMNCAH) programs in armed conflict settings*



Case Study 1: Advanced Partnership in Health (APiH) (2019-2023)

The Canadian Red Cross worked collaboratively with the International Committee of the Red Cross (ICRC) and various stakeholders to develop the APiH framework. This initiative, which focuses on RMNCAH, aimed to provide healthcare access in conflict settings through CHWs.

APiH was piloted in CAR and South Sudan between 2019 and 2023 by the Canadian Red Cross, ICRC, and the respective National Societies in the two countries.

During this time, the project outcomes included:

CHWs trained: 422

Women and children vaccinated in South Sudan: 8,224

Pregnant women referred from community to Primary Healthcare Facilities: 1,426

Children treated at health centres: 71,679

Zero-dose (unvaccinated) children vaccinated in CAR: 542

Insufficiently vaccinated children vaccinated in CAR: 720

Children referred from communities to Primary Healthcare Facilities: 26,976

Community members reached: more than 450,000

Case Study 2: *The Mali Adolescent Health Project (SAM) (2021-2026)*

The Mali Adolescent Health Project (SAM), funded by the Government of Canada, exemplifies the Canadian Red Cross' commitment to comprehensive health programming. Active across three regions in Mali, SAM focuses on empowering CHWs to deliver essential sexual and reproductive health services, prevent early marriage, and improve maternal, newborn, and child healthcare (MNCH).

Through targeted training, health education, and collaboration with local health ministries, SAM is fostering resilient, informed communities equipped to support adolescent health and rights. In April 2023, the Canadian Red Cross sent humanitarian experts to support the local team in meeting reporting and planning requirements, ensuring the project aligns with the Government of Mali's health priorities and is improving local ownership.

Project Outcomes to Date (2021 – 2024):

CHWs trained: 196

Midwives trained to support maternal and adolescent health: 260

CHWs and volunteers trained in MNCH awareness and key messages: 852

Children under 5 treated for simple cases of malaria, pneumonia, diarrhoea, and moderate malnutrition: 139,923

Children under 5 referred for complicated cases of malaria, pneumonia, diarrhoea, and severe malnutrition: 7,124

Newborns visited within two days of birth by CHWs, volunteers, or matrons: 11,412

Youth leaders and gender champions trained on sexual and reproductive health rights and how to prevent and respond to gender-based violence: 532

Adolescents reached with awareness-raising activities on newborn care, with sessions tailored to married adolescent females and males: 11,607

Across both examples, the Canadian Red Cross' approach stands out through its community-driven model, which empowers CHWs as trusted leaders within their communities, while ensuring services are culturally relevant and trusted. The Canadian Red Cross works closely with National Red Cross and Red Crescent Societies and health ministries to align efforts with national priorities to strengthen health systems. This holistic approach addresses immediate health needs while building long-term resilience through integrated services like sexual and reproductive health, maternal and newborn care, and early marriage prevention. This is complemented by an adaptable, evidence-informed strategy, which allows the Canadian Red Cross to respond quickly and effectively to emerging challenges.



The Strategic Importance of Partnerships

The success of Canadian Red Cross community health programming relies on robust partnerships within the Red Cross Red Crescent Movement that amplify impact and leverage resources. Collaborating with the ICRC, International Federation of Red Cross and Red Crescent Societies (the Federation) and National Red Cross and Red Crescent Societies, the Canadian Red Cross engages in initiatives that extend its reach and expertise across regions.

A key example of this is the **Resilient and Empowered African Community Health (REACH)** initiative, launched in partnership between the Africa Centres for Disease Control and Prevention⁴ and the Federation. This pan-African, phased program aims to recruit, train, and deploy two million CHWs to address healthcare gaps across all African Union member states, prioritizing underserved populations. Since its inception, the REACH initiative has supported CHW deployment and training in Burkina Faso, Kenya, Nigeria, and South Sudan, working closely with national Ministries of Health and National Red Cross and Red Crescent Societies. Beyond training CHWs, the Federation has assisted in revising national health policies and strengthening monitoring, evaluation, and emergency operations. The Canadian Red Cross has supported the REACH initiative by deploying staff to provide technical support.

Conclusion

As the Canadian Red Cross looks to the future, it has never been more critical to invest in CHW programming in Africa. By strengthening community health systems through training and supporting CHWs, the Canadian Red Cross aims to contribute significantly to improving health outcomes, achieving universal health coverage, and enhancing resilience against health emergencies throughout the DRM cycle.

The Canadian Red Cross recognizes and thanks the Central African Republic Red Cross Society, the Mali Red Cross, the South Sudan Red Cross, the ICRC and the Federation for their valuable collaboration and contributions to advancing community health workforce development in Africa.

Key Lessons Learned and Best Practices

The Canadian Red Cross' extensive experience in community health programming has highlighted several critical success factors essential for effective, sustainable outcomes:

- 1. Adaptability and Contextualization:**
Programs must be tailored to the local context to enhance effectiveness and community acceptance.
- 2. Investment in Continuous Training:**
Ongoing skill and competency training for CHWs is vital for ensuring quality service delivery and maintaining community trust.
- 3. Engagement and Empowerment:**
Involving community members in program design and implementation leads to more effective health outcomes and sustainability.
- 4. Long-term Capacity Building:**
Investing in local capacity is essential for maintaining health service continuity and resilience against future health crises.



Credit: Harandane Dioko, Mali Red Cross

4. A health agency of the African Union, established to support public health initiatives of Member States

Commitment to Learning and Knowledge Sharing

Beyond implementation, the Canadian Red Cross actively documents and disseminates lessons learned to contribute to global health knowledge. Since 2008, the Canadian Red Cross has published 14 academic papers, sharing insights gained from global health programs through collaborations with academic institutions and peer-reviewed journals. Notable publications include:

2024

- Idriss-Wheeler, Dina, Ilja Ormel, Mekdes Assefa, Faiza Rab, Christina Angelakis, Sanni Yaya, Salim Sohani. "Engaging Community Health Workers in Africa: Lessons from the Canadian Red Cross Supported Programs." *Plos Global Public Health*. <https://doi.org/10.1371/journal.pgph.0002799>.

2023

- Khalid, Ahmad Firas, Jeremy M. Grimshaw, Nandana D. Parakh, Rana Charide, Faiza Rab, Salim Sohani. "Decision-Makers' Experiences with Rapid Evidence Summaries to Support Real-Time Evidence Informed Decision-Making in Crises: A Mixed Methods Study." *BMC Health Services Research* 23, no. 1 (2023): 282.
- Lyles, Emily, Michael Diaz, Mija Ververs, Salim Sohani, Stephane Michaud, Faiza Rab, Paul Spiegel, and Shannon Doocy. "Emergency Health Surge Support: Lessons Learned from a Review of Red Cross Responses, 2015-2019." *Journal of Emergency Management (Weston, Mass.)* 21, no. 1 (January 1, 2023): 67–83. <https://doi.org/10.5055/jem.0722>.
- Rab, Faiza, Donya Razavia, Mariam Kone, Salim Sohani, Mekdes Assefa, Muhammad Haaris Tiwana, Rodolfo Rossi. "Implementing Community-Based Health Program in Conflict Settings: Documenting Experiences from the Central African Republic and South Sudan." *BMC Health Services Research*, vol. 23, no. 1, July 2023, p. 738, <https://doi.org/10.1186/s12913-023-09733-9>.

2022

- Basil, Luay, Mary Thompson, Melissa A. Marx, Emily Frost, Diwakar Mohan, Sinaly Traore, Jules Zanre, et al. "Comparing Program Supervision with an External RADAR Evaluation of Quality of Care in Integrated Community Case Management for Childhood Illnesses in Mali." *Global Health Action* 15, no. sup1 (June 30, 2022): 2006424. <https://doi.org/10.1080/16549716.2021.2006424>.
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2015

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