

How to Cite:

Al Ahmadi, S. A. M., Alhejaili, S. E. F., Alraddadi, A. S., Almughathawi, A. S., Al-Shuwayman, A. A., Alsulaiman, A. L., Almzairie, K. A., Al-Shahri, S. B. S. M., Aldawsari, H. F. H., Al Qahtani, M. M., Alharbi, M. S. S., Al-Qarni, F. K. A., & Saeed, S. M. B. (2022). Empowering community health workers: Navigating opportunities and challenges in a transformative era. *International Journal of Health Sciences*, 6(S10), 1992–2003.
<https://doi.org/10.53730/ijhs.v6nS10.15280>

Empowering community health workers: Navigating opportunities and challenges in a transformative era

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Abstract--Background: Community Health Workers (CHWs) have become integral to healthcare systems globally, particularly in low-income contexts, by providing essential health services and improving health outcomes. They contribute significantly to achieving health goals such as universal health coverage. **Aim:** This paper explores the opportunities and challenges faced by large-scale CHW programs, with a focus on strategies to enhance their effectiveness and sustainability. **Methods:** A comprehensive review of existing literature, case studies, and expert opinions was conducted to identify key themes and challenges confronting CHW programs. Eleven thematic papers were analyzed, addressing areas such as governance, financing, training, and community integration. **Results:** The findings reveal that CHW programs face multiple obstacles, including inadequate funding, poor integration with local health systems, insufficient training and support, and governance issues. Effective program management, including systematic training and sustainable financing, is crucial for the success of CHW initiatives. **Conclusion:** To maximize the potential of CHWs in improving population health, it is essential to address the systemic challenges they face. This includes ensuring adequate funding, fostering strong community relationships, and implementing robust training and governance frameworks.

Keywords---community health workers, health systems, universal health coverage, program challenges, health governance.

Introduction

Large-scale Community Health Worker (CHW) programs are gaining popularity around the world due to strong evidence that they can: (1) help achieve local, national, and international health goals, such as universal health coverage; and (2) make use of one of the most important resources for improving health in low-income contexts—the communities themselves [1, 2, 3]. In addition to encouraging group community action and strengthening local responsibility, CHWs provide promotive, preventative, and curative health care at the community level [4,5,6,7]. Bangladesh, Brazil, Iran, Ethiopia, Nepal, and other countries that have made significant investments in well-managed and well-funded large-scale CHW efforts have become leaders in enhancing population health outcomes [8,9,10,11,12,13,14,15,16]. Along with other achievements, these nations have made major strides toward lowering avoidable child and maternal mortality and have made vital contributions to the fight against HIV, TB, malaria, and other infectious diseases [17]. Additionally, there is a rising acknowledgement of CHWs'

ability to improve primary healthcare systems and lessen the burden of noncommunicable diseases [3,18].

Large-scale CHW program strengthening is gaining steam, but there are still many obstacles in the way [8,19,20, 21]. Significant obstacles consist of limited financial resources, disjointed programming due to numerous outside contributors concentrating on distinct illnesses, inadequate oversight, and a deficiency of continuous evaluations and enhancements [22, 23, 24, 24]. Furthermore, there have been several large-scale CHW projects that have not fully integrated with local communities and health systems [23, 25]. The sustainability and caliber of services offered by CHWs are impacted by these issues [19, 23]. Despite the growing calls for the creation and execution of large-scale CHW programs, there hasn't been much thorough documenting of these difficulties, especially when it comes to offering suggestions for improving large-scale CHW programs to more effectively achieve health goals [23]. The extensive monograph *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policy Makers*, written in 2014 by Perry, Crigler, Hodgins, and associates, is a noteworthy exception to this [26]. Built upon by the same core team that produced the 2014 monograph, the ensuing supplement is headed by Henry Perry, Steve Hodgins, Lauren Crigler, Simon Lewin, Claire Glenton, Karen LeBan, Christopher Colvin, and Muhammad Mahmood Afzal. Eleven papers that address important challenges that CHWs need to solve in order to reach their full potential are included in the supplement. These papers are based on the authors' vast expertise, published literature, and case studies of well-established CHW initiatives. Tensions faced by CHW programs [27], planning, coordination, and partnerships [28], program governance [29], program financing [30], roles and tasks [31], recruitment, training, and continuing education [32], supervision [33], incentives and remuneration [34], the relationship between CHWs and the community and the health system [35], program performance and assessment [36], and a concluding section on [11] CHWs leading the movement toward "Health for All" [37] are some of the key themes covered.

Numerous obstacles that large-scale CHW programs must overcome have a substantial impact on their effectiveness [19, 23, 38]. Hodgins et al. address concerns about the duties of CHWs in the first paper of the series, "Introduction and Tensions Confronting Large-scale CHW Programmes" [27]. They point out that these workers and their programs face competing needs that are challenging to resolve. Glenton et al. advised program planners to determine whether the suggested roles and duties are accepted and appropriate by the target population, the CHWs themselves, and their supporters in their contribution on "Roles and Tasks" [31]. Research findings, international experiences, and the particular requirements and worries of local communities and healthcare professionals should all be taken into consideration when defining roles and duties. The credentials required, as well as the training and continuing education needed to guarantee high-quality work and safe procedures, are other factors to consider. In order to properly handle the constantly changing and frequently growing tasks that CHWs play, it is imperative that systematic recruitment and training techniques be put in place, including continuing education. Schleiff et al. stress in their paper "Recruitment, Training, and Continuing Education" [32] that

efficient training approaches should include pertinent content, make use of suitable technical training tools, offer updates as needed, and promote cooperation between CHWs and other health workers throughout training. They contend that improved and cutting-edge training strategies can improve the effectiveness of scaling by raising the professionalism, caliber, and performance of CHWs. As Afzal et al. pointed out in their analysis of "Planning, Coordination, and Partnerships" [28], many CHW projects are not properly integrated and synchronized with local health systems and needs. This mismatch is frequently caused by an emphasis on discrete projects carried out as vertical programs with independent financing sources, which results in gaps and fragmentation in service delivery. By creating national coordination structures for all human resources for health and include CHWs, CHW programs, and their advocates as essential partners in the formulation of national health workforce strategies, it is possible to strengthen planning, coordination, and collaborations.

CHW programs confront a variety of difficulties because of their special location at the nexus of communities and health systems. According to Lewin et al.'s study on "Programme Governance" [29], the involvement of a wide range of stakeholders with varying interests and power dynamics leads to governance challenges. Furthermore, a lot of CHW initiatives don't have clear governance structures, thorough policy guidelines, or rules for implementing decisions. In order to strengthen governance systems, it is necessary to systematically clarify the frequently unclear current governance arrangements and modify these frameworks to better meet local needs. There is no one "best approach" that is universally recognized for supervising CHWs, which leads to insufficient monitoring in many large-scale CHW initiatives. By increasing motivation, defining duties and responsibilities, and guaranteeing that CHWs have access to the resources, information, and skills they need as well as safe working circumstances, supportive and effective supervision can improve CHW performance [39]. Carpenter et al. divide supervision into five categories in their study "Recent Advances in Supervision" [33]: external supervision, community supervision, group supervision, peer supervision, and dedicated supervision. Improvements in supervision can be attained by the adaptation of successful novel approaches from other settings and the scaling up of context-specific local innovations in supervision. Enough funding is also essential to improving the effectiveness of large-scale CHW initiatives. Masis et al. claim that although money is crucial, it has not gotten enough attention in the academic literature on CHW programs in their analysis titled "Program Financing" [30]. They emphasize how vital it is that CHWs receive financing from home governments. Increasing domestic political support for CHW programs can lead to more funding, and the case for sufficient financial commitments can be strengthened by comparing CHW program spending to that of hospital care and facility-based primary healthcare services. As health systems change, investments in CHW programs have to be given priority because of their economical ability to enhance population health.

Low levels of motivation among employees have been caused by inadequate and inconsistent incentives for CHWs as a result of insufficient funding. Colvin et al. address a variety of monetary and non-monetary incentives in their study "Incentives and Remuneration" [34], which can be used to successfully encourage CHWs. The suggestions in the 2018 WHO guidelines for CHWs [40], which

support a pay package that considers the demands, complexity, hours worked, and necessary training for the position, are reiterated. Since CHW programs operate at the intersection of communities and health systems, their effectiveness depends on their ability to be successfully integrated into both domains. LeBan et al. emphasize the difficulties in developing these relationships given the many expectations, needs, and capabilities involved in their contribution, "CHWs' Relationships with the Health System and Communities" [35]. Good relationships need committed leadership at every level of the health system, agreement on the roles of each party, and enhanced community engagement and communication abilities. Evaluation of both individual CHW performance and program performance is crucial for improving CHW program performance, especially when it comes to community-level outcomes. Such performance data ought to guide upgrades and innovations. Kok and colleagues [36] make the case for assessment procedures that incorporate a variety of data sources, stressing the necessity of assessing not only the efficacy of CHW programs but also the contextual elements affecting their performance. For CHW programs, constant improvement ought to be a dynamic state.

Achieving national and international health goals, such as the Sustainable Development Goals for universal health coverage, depends more and more on CHW programs. Perry et al. emphasize the significance of tackling urgent issues that hinder CHW programs, such as inadequate funding, lack of resources, inadequate compensation for CHWs, and inadequate supervision, in order to improve their efficacy in the series' final paper, "CHWs Leading the Way to 'Health for All'" [37]. The authors contend that strong CHW programs should no longer be an underfunded afterthought but rather a fundamental component of efficient health systems. All things considered, this anthology of essays provides a critical analysis of extensive CHW initiatives, the difficulties they encounter, and their possibilities. It makes a strong case for the fact that population health will significantly improve with a committed effort to implement such programs, especially for the most marginalized and vulnerable populations. We support community initiatives that increase the coverage of low-cost basic and important preventative and curative interventions that communities and CHWs in low-income countries are well-equipped to offer. In doing so, we align ourselves with the authors' advocacy for closing the "evidence–practice" gap. The ethical justification for this gap has vanished. We can substantially close this gap and move toward a healthier world where health systems efficiently serve the needs of the most vulnerable populations by bolstering CHW programs and constructively partnering with communities on workable measures.

Main Roles of Health Administration in Digital Era

The digital era has transformed health administration significantly, requiring professionals to adapt and innovate in various areas. Here are the main roles of health administration in this context:

1. Data Management and Analytics

- **Data Governance:** Establishing policies for data privacy, security, and ethical use.

- **Health Informatics:** Leveraging electronic health records (EHRs) and health information systems to improve patient care and streamline operations.
 - **Data Analytics:** Using big data to derive insights for decision-making, population health management, and improving outcomes.
- 2. Telehealth and Remote Care**
- **Implementation of Telehealth Solutions:** Facilitating virtual consultations and remote monitoring to enhance access to care.
 - **Integration with Traditional Services:** Ensuring that telehealth services complement in-person care models and align with patient needs.
- 3. Change Management**
- **Adapting to Technological Advancements:** Leading initiatives to integrate new technologies, such as AI and machine learning, into existing healthcare practices.
 - **Training and Support:** Providing education and resources for staff to effectively utilize digital tools and platforms.
- 4. Patient Engagement and Experience**
- **Enhancing Patient Communication:** Utilizing digital tools to improve communication channels between healthcare providers and patients.
 - **Patient-Centric Care Models:** Implementing systems that prioritize patient preferences and involvement in their care through digital platforms.
- 5. Regulatory Compliance and Quality Assurance**
- **Ensuring Compliance:** Keeping up with evolving regulations related to data security (e.g., HIPAA in the U.S.) and digital health technologies.
 - **Quality Improvement Initiatives:** Using digital tools to monitor and improve healthcare quality metrics and patient safety.
- 6. Resource Allocation and Financial Management**
- **Budgeting for Technology Investments:** Analyzing financial implications of adopting new digital health technologies.
 - **Cost-Effectiveness Analysis:** Evaluating the financial impact of digital health initiatives on overall healthcare delivery.
- 7. Interdisciplinary Collaboration**
- **Collaboration with IT Professionals:** Working closely with information technology departments to ensure that digital health initiatives meet clinical needs.
 - **Partnerships with Other Sectors:** Collaborating with stakeholders outside of healthcare, such as technology companies, to foster innovation.
- 8. Public Health Surveillance and Reporting**
- **Utilizing Digital Tools for Surveillance:** Implementing systems for real-time monitoring of public health data, including outbreaks and health trends.
 - **Data-Driven Policy Making:** Using analytics to inform public health policies and resource allocation.
- 9. Research and Development**
- **Support for Innovative Solutions:** Encouraging research on digital health solutions that can improve care delivery.
 - **Evaluation of Emerging Technologies:** Assessing the efficacy and safety of new technologies before widespread implementation.

10. Advocacy and Policy Development

- **Promoting Digital Health Policies:** Advocating policies that support the integration of digital tools into healthcare systems.
- **Engaging Stakeholders:** Building relationships with policymakers, healthcare providers, and patients to shape the future of digital health. Health administrators play a pivotal role in navigating the complexities of the digital era. Their responsibilities encompass a wide range of functions, from data management and telehealth implementation to advocacy and policy development. By embracing these roles, health administrators can contribute to the transformation of healthcare delivery, ensuring improved patient outcomes and operational efficiencies in a rapidly evolving landscape.

Conclusion

Empowering Community Health Workers (CHWs) is crucial for enhancing healthcare delivery, particularly in underserved populations. This analysis highlights the multifaceted challenges that CHWs face, including financial constraints, governance issues, inadequate training, and the need for better integration with local health systems. Addressing these challenges requires a collaborative approach among stakeholders at all levels, including government entities, healthcare organizations, and community leaders. One of the most pressing issues identified is the lack of consistent and adequate funding for CHW programs. Many initiatives rely heavily on external funding sources, leading to instability and uncertainty in program operations. Sustainable financing must be prioritized, and CHWs should be viewed as essential members of the healthcare workforce, deserving of reliable compensation and resources. By aligning funding with the critical roles CHWs play in delivering primary healthcare and preventative services, health systems can improve their effectiveness and reach. Another significant challenge is the integration of CHWs into existing health systems. Often, CHWs operate in silos, disconnected from the formal healthcare infrastructure. This disconnection can lead to fragmented care delivery and reduced impact. To address this, health administrators must foster partnerships between CHWs and local health facilities, ensuring that CHWs are recognized as integral components of the healthcare team. Enhancing communication and collaboration between CHWs, healthcare providers, and the community will strengthen health systems and improve patient outcomes. Training and support for CHWs are also essential to their success. Many programs lack systematic training strategies, which can hinder the performance and job satisfaction of CHWs. Implementing comprehensive training programs that include ongoing education, mentorship, and performance assessments can empower CHWs to effectively fulfill their roles and adapt to evolving healthcare demands. Finally, governance structures need to be clarified and strengthened to support CHW programs. Clear policies and guidelines can help define the roles and responsibilities of CHWs, facilitate accountability, and ensure consistent supervision. By engaging stakeholders in developing these frameworks, health systems can enhance the effectiveness of CHW initiatives. In conclusion, empowering Community Health Workers is a vital strategy for achieving health equity and improving population health outcomes. By addressing the financial, structural, and operational challenges faced by CHWs, we can unlock their

potential as catalysts for change in health systems, particularly for marginalized communities. Strengthening CHW programs will not only contribute to universal health coverage but also foster community resilience and empowerment in health promotion and disease prevention.

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تمكين العاملين في مجال الصحة المجتمعية: التنقل بين الفرص والتحديات في عصر التحول

الملخص:

الخلفية: أصبح العاملون في مجال الصحة المجتمعية جزءاً لا يتجزأ من أنظمة الرعاية الصحية على مستوى العالم، لا سيما في السياقات ذات الدخل المنخفض، من خلال تقديم خدمات صحية أساسية وتحسين نتائج الصحة. إنهم يساهمون بشكل كبير في تحقيق الأهداف الصحية مثل التغطية الصحية الشاملة.

الهدف: تستكشف هذه الورقة الفرص والتحديات التي تواجه برامج العاملين في مجال الصحة المجتمعية على نطاق واسع، مع التركيز على استراتيجيات تعزيز فعاليتهم واستخدامهم.

الطرق: تم إجراء مراجعة شاملة للأدبيات الحالية، ودراسات الحالة، وآراء الخبراء لتحديد الموضوعات الرئيسية والتحديات التي تواجه برامج العاملين في مجال الصحة المجتمعية. تم تحليل إحدى عشرة ورقة موضوعية تتناول مجالات مثل الحوكمة، والتمويل، والتدريب، ودمج المجتمع. النتائج: تكشف النتائج أن برامج العاملين في مجال الصحة المجتمعية تواجه عقبات متعددة، بما في ذلك نقص التمويل، وضعف التكامل مع أنظمة الصحة المحلية، وعدم كفاية التدريب والدعم، ومشكلات الحوكمة. إن إدارة البرامج بشكل فعال، بما في ذلك التدريب المهني والتمويل المستدام، أمر حاسم لنجاح مبادرات العاملين في مجال الصحة المجتمعية.

الغاتمة: لتعظيم إمكانات العاملين في مجال الصحة المجتمعية في تحسين صحة السكان، من الضروري معالجة التحديات النظامية التي يواجهونها. يشمل ذلك ضمان التمويل الكافي، وتعزيز العلاقات القوية مع المجتمع، وتنفيذ أطر تدريب وحوكمة قوية.

الكلمات المفتاحية: العاملون في مجال الصحة المجتمعية، أنظمة الصحة، التغطية الصحية الشاملة، تحديات البرامج، حوكمة الصحة.