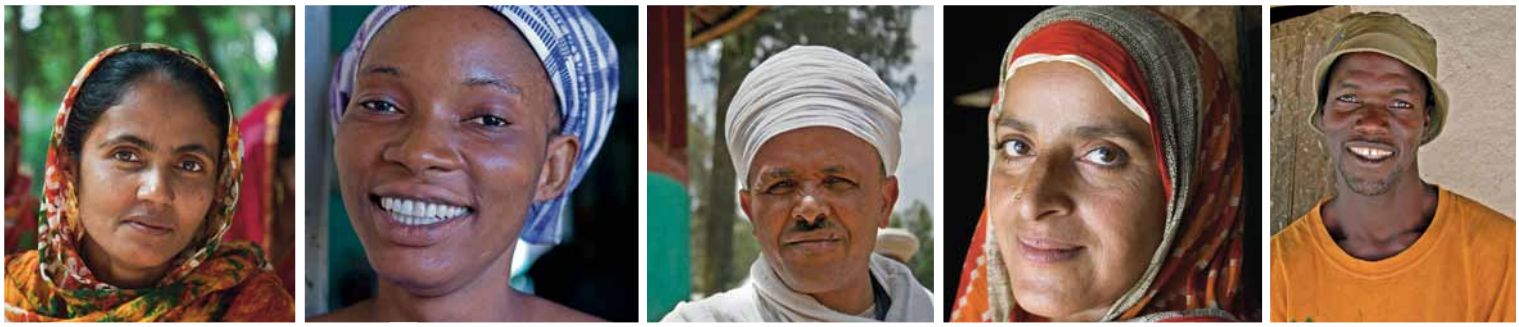

Joint statement

Scaling up the community-based health workforce for emergencies

global health workforce alliance
UNHCR The UN Refugee Agency
unicef
World Health Organization
International Federation of Red Cross and Red Crescent Societies

The aim of this joint statement is to:

- **draw attention** to the vital role that the community-based health workforce plays in all phases of emergency risk management (prevention, preparedness, response and recovery);

- **promote the scale-up** of the community-based health workforce by recognizing all those who make up this workforce, training and equipping them for action at the local level, and including them in planning for all types of emergencies;

- **encourage** governments and supporting partners to reinforce the community-based health workforce by strengthening and preparing existing health systems, and providing resources in support of local action to reduce health risks and manage emergencies.

Community-based actions are critical in managing emergencies

Community-based actions are the front line of protection against emergencies – including disasters and other crises, such as floods, earthquakes, conflict, and epidemics or pandemics – because:

- local knowledge of local risks ensures that the actual needs of the community are addressed;
- local actions prevent risks at the source, by avoiding exposure to local hazards;
- a prepared, active and well-organized community can reduce risks and the impact of emergencies;
- many lives can be saved in the first hours after an emergency before external help arrives.

Community-based actions are becoming more vital as emergencies increase in number and frequency, due to changing hazards (e.g. conflicts and the effects of climate variability and change) and growing vulnerabilities (e.g. rapid and unplanned urbanization). This has put more communities at risk, and has challenged the response capacity of national and international actors. In the past decade, more than 2.6 billion people have been affected by large-scale disasters – 1 billion more than in the previous decade (*1*). A comparative study of global and regional databases in Latin America revealed that, for every large-scale disaster, there may be 20 small-scale disasters that are not recorded in global-level statistics (*2*). At the local level, emergencies affect both rural and urban communities on a regular basis. These emergencies directly threaten the health of communities; for example, through loss of life, injury, illness and disability. They also affect livelihoods, health facilities and essential services, thereby increasing emergency-related illness, injury and death, and putting health workers at risk.

> ***"The people I work with every day see many clouds – international initiatives and plans, but very little rain – actual change at the front line (3)"***
>
> Global Network of Civil Society Organizations for Disaster Reduction

Many different groups make up the community-based health workforce

The community-based health workforce comprises all those at the community level who contribute to better health outcomes by promoting health and providing primary health care (PHC) (*4*). This workforce traditionally comes from and works in the community, has relevant cultural and linguistic skills, and can be from migrant communities and populations displaced due to emergencies. The community-based health workforce includes:

- community health workers (CHW) who are appropriately trained and accredited according to national policy;
- trained volunteers (e.g. those affiliated with the Red Cross or Red Crescent Societies);
- community-based organizations that promote health through behaviour change communications, health education and social mobilization;
- actors from key sectors (e.g. water, sanitation and hygiene, agriculture, food security, shelter and education) that contribute to promoting and improving the health of communities.

The role of this workforce in emergencies will depend on their level of training and their capacities, national policy and health service delivery, and health-system support at the community level. In addition to PHC, the community-based health workforce is important in all phases of emergency risk management. Their skills need to be recognized, revitalized and strengthened to manage emergencies in hazard-prone communities.

The critical contribution of the workforce is not routinely recognized

Despite the critical contribution of the community-based health workforce in emergencies, this role is not routinely recognized as a responsibility, addressed in core competencies or included in local and national emergency preparedness planning. Even when community-based health workers are recognized as a part of the health workforce, important career elements related to training, supervision, remuneration and gender issues are often neglected; this situation poses challenges for scaling-up the workforce's role in emergencies. Governments and partners can address these challenges by recognizing the critical contribution of all those who make up the community-based health workforce.

The community-based health workforce contributes to healthier, safer and more resilient communities

Examples of the critical roles and services provided by the community-based health workforce (*5–10*):

Actions before an emergency

For reducing underlying vulnerability and increasing access to primary health care (PHC):

- treat common illnesses such as diarrhoea, pneumonia, malaria and malnutrition;
- prevent illnesses and improve survival through key family practices (i.e. exclusive breastfeeding for the first 6 months of life, sleeping under a mosquito net, using oral rehydration solution, washing hands, accessing childhood immunizations and seeking health care when ill) with other key sectors such as nutrition, water, sanitation and hygiene, food, agriculture, shelter and education;
- provide sexual and reproductive health interventions including select services and referrals for maternal and newborn health, family planning, and gender-based violence (GBV);
- contribute to the prevention and management of illnesses that require long-term treatment such as non-communicable diseases, including mental disorders and communicable diseases such as human immunodeficiency virus (HIV) and tuberculosis.

For prevention and preparedness:

- contribute to risk assessments to identify hazards, vulnerabilities, high risk groups and capacities;
- contribute to the detection, prevention (e.g. preventing an influenza pandemic by reducing exposure to infected animals) and control of diseases of epidemic or pandemic potential;
- provide risk awareness and health education (e.g. by promoting clean water, sanitation and hygiene), and contribute to social mobilization;
- contribute to emergency preparedness for households, communities and health systems (e.g. risk communication, early warning, community emergency response planning).

Actions in emergency response and recovery

For response:

- contribute to community needs assessments and ongoing monitoring during emergencies;
- provide priority PHC services including referral, behaviour change communication, and health promotion and education;
- conduct community-based surveillance and early warning of diseases of epidemic potential;
- provide first aid and basic life support, and support mass casualty management including essential trauma and surgical care;
- provide psychosocial services, community support and psychological first aid.

For recovery and transition to development:

- continue to provide critical PHC and emergency health services;
- help re-establish and strengthen pre-existing health services;
- provide community-based rehabilitation;
- help to integrate prevention and preparedness into community recovery and development programmes.

Existing health systems need to be well prepared for emergencies

Strong health systems are better able to absorb the impact of emergencies, and respond to and recover from them. Actions that can help to reduce risk to and prepare existing health systems for emergencies include (*11*):

- having supportive policies, strategies and allocated resources towards managing risk of emergencies;
- analysing risks to existing health programmes and communities from emergencies, and providing early warning to health providers and communities;
- involving communities and health-care workers, and educating them about these risks;
- reducing underlying risk factors by making hospitals and health facilities safe, and targeting essential health care to vulnerable populations in hazard-prone communities;
- preparing communities and the health system at all levels to continue critical health services and provide emergency health care during an emergency.

> ***A strong health system offers vital protection from disaster related risks. (12)***
>
> Merlin

The health sector plays an important role in national and community-based multisectoral disaster risk management systems, integrating actions to reduce risk and prepare for emergencies. The health sector can also provide valuable input to local and national risk assessments through information on community health hazards such as epidemics or pandemics and vulnerabilities and capacities of the health system at all levels. Closer links and mutual support between health and national and community-based disaster risk management systems are needed.

Health systems should reinforce primary health care to be better prepared for emergencies

Health systems that are based on the principles of PHC improve health outcomes and are better prepared for emergencies (*13*). An equity-based approach identifies those who are most vulnerable and hard to reach; consequently those with the highest burden of disease and at risk in an emergency. Targeting key PHC services to these populations is a cost effective strategy to avert avoidable illness and death (*14*). A community-based health workforce that is well trained, equipped and supported can improve access to essential PHC for hazard-prone communities on a routine basis, and during all phases of an emergency. The workforce provides health services based on the risks and needs elaborated by and with participation from the community itself; that is, women and men, people of all ages (including children and young people) and those with disabilities. Community case management (CCM) is a core component of the type of life-saving work that can be built on when an emergency hits (*15*). CCM targets the main causes of death and illnesses, reduces risks and contributes to safer and more resilient communities.

As front-line health workers and first responders, the workforce plays a pivotal role in emergencies and should be included in health-system planning for all phases of emergency risk management. This requires coordinated efforts among all key stakeholders, including community leaders, to identify and train the workforce according to roles and responsibilities, and equip them with the necessary resources for local action (*16*).

> ***The best way to provide preventive and curative services at a large scale to address the top causes of death in both emergencies and non-emergencies is via CHWs getting trained and supported in CCM in their communities then mobilized at larger scale in an emergency.***
>
> Kathryn Bolles
> Director of Emergency Health and Nutrition
> Save the Children

What countries can do

Countries can strengthen the capacity of the community-based health workforce by:

- strengthening existing health systems and health emergency risk management programmes that emphasise local level action (*17*);
- adopting and promoting policies and programmes that support this workforce through close links, support and monitoring from local and district health staff, to provide essential PHC and emergency health services as part of a multisectoral approach;
- mobilizing the necessary resources to identify, train, supervise, equip and supply this workforce, to deliver essential PHC and emergency health services;
- identifying and defining required competencies for this workforce to manage emergencies;
- identifying and harmonizing all strategies and training programmes aimed at strengthening this workforce with all partners and sectors;
- incorporating input from this workforce and from the communities at risk into risk assessments and emergency preparedness;
- advocating to and educating decision makers at all levels and communities at risk, to increase awareness and knowledge of community-based health interventions in prevention, preparedness, response and recovery.

What partners can do

Partners can support governments to strengthen the capacity of the community-based health workforce by:

- disseminating and adopting the actions listed above in "*What countries can do*";
- advocating for additional resources and making investments (e.g. funding, technical support, human resources and supplies) to carry out these actions, based on national health systems, community health services and health emergency related programmes;
- supporting capacity building of this workforce to provide essential PHC and emergency health services, including defining the core competencies for emergencies, and the development of necessary guidance, training materials and tools;
- making use of the capacities and capabilities of the existing actors in this workforce, where partners are directly implementing programmes.

Further research

Research is needed on:

- knowledge and skills required for the community-based health workforce to contribute to activities such as local risk assessments, early warning systems, emergency planning and management;
- identification, adaptation, and use of new and underused technologies and innovations for improving essential health and emergency care at the community level;
- best practices and lessons learned on community-based interventions in all phases of an emergency, for all types of hazards, to strengthen the evidence base.

Community-based health workforce in action

Pakistan floods 2010: Health workers extend health services to flood victims

→ ***Focus on emergency response***

A lady health worker (LHW) was teaching a session on health promotion to the local village in Sindh province when she received warning of the impending floodwaters. After the flooding, a team of LHWs conducted sessions with children in the flood-affected villages they serve – areas that are the most vulnerable to outbreaks of disease and diarrhoea, especially among children. The LHWs continued to provide health services in their communities while residing in internally displaced settlements. UNICEF has supported the LHW programme in Sindh province since its inception, providing the health workers with medical supplies to conduct work that includes educating families about managing common illnesses, as well as the importance of household hygiene and immunizing children. It also supplies LHWs with information, communication and education materials to support their training and outreach activities (*18*).

Community-based health and first aid – Uganda Red Cross Society

→ ***Focus on health risk reduction***

The Uganda Red Cross Society (URCS) has been addressing the needs of vulnerable people in Uganda through emergency and developmental programmes in rural and urban areas. By the end of 2010, a total of 1769 volunteers had been trained in community-based health and first aid (CBHFA), to reduce health risks by improving the community's knowledge and skills. The Kampala East branch targeted the Naguru parish area, where communities were mobilized and trained based on the priorities they identified through a participatory risk assessment. Priorities included diarrhoeal diseases (particularly cholera), malaria, HIV and other sexually transmitted infections, and substance abuse. The community and its volunteers drew up an action plan to address these priorities. The plan included meeting with landlords to build pit latrines and provide proper drainage in the village, and a commitment from the volunteers to weekly community clean-up campaigns. *Contributed by Uganda Red Cross Society/IFRC*

Cyclone Nargis 2008: Community health workers prepare for emergencies

→ ***Focus on emergency preparedness***

Before the cyclone, Merlin, an international nongovernmental organization (NGO), was working on a primary health-care project. The project also focused on reducing the community's vulnerability to disasters by strengthening the health system, including village health committees and CHWs. About 540 community health workers were trained to cover basic health care, including first aid, timely referral, maternal and child health care, basic hygiene, prevention of sexually transmitted illnesses and HIV, and basic training on disaster preparedness. Although health facilities were destroyed by the cyclone, a first-aid point was immediately established to provide basic health care; this was vital as it took a week for an external relief team to arrive. Preparedness at the local level – by educating the local workforce and strengthening local institutions – ensured an immediate and effective local response after the disaster (*19*).

Refugees in Yemen: Community outreach in Aden

→ ***Focus on urban refugees***

The refugee population in Yemen is mainly urban, and is living in Basateen, a poor area in Aden. The refugees access primary health-care services in a health centre, run by UNHCR's implementing partner, the Charitable Society for Social Welfare. In urban areas it is particularly important to establish strong community outreach systems. Twenty CHWs are working in Basateen to ensure defaulter tracing for the tuberculosis and chronic disease programme, and provide nutritional support to families and maternal and child health services. The CHWs are also crucial in preventive health care, including giving support to immunization programmes and national immunization campaigns. Their role has expanded so that they now work closely with the refugee communities to explain rights of access to health care, including referral care and the availability of health services for refugees in Yemen. They also identify refugees who are not seeking medical support or are extremely vulnerable. The CHWs are supplemented by 100 health volunteers and peer educators who are active in strengthening community awareness about critical public health issues and sexual and reproductive health, including HIV. *Contributed by UNHCR health programs for refugees in Yemen*

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This Joint Statement was developed through:

- review of existing literature, guidance and tools on the roles of the community-based health workforce in providing essential PHC during development and in all phases of an emergency;
- consultation with relevant WHO technical departments;
- consultations and input from technical departments of the GHWA, UNICEF, IFRC and UNHCR;
- peer review and technical input provided by International Organization for Migration (IOM), International Rescue Committee (IRC), and Save the Children;
- additional comments were provided by the Global Network of Civil Society Organizations for Disaster Reduction and the Women's Refugee Commission;
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Partners Websites

GHWA
Global Health Workforce Alliance
www.who.int/workforcealliance/en/

IFRC
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