History and Future of Community Health Workers in Malawi

Ministry of Health
March 27, 2017
Malawi Context

Malawi’s population is 17 million

84%
Rural

24%
Not within 8km of health facility

53%
Of deaths caused by top 4 illnesses (HIV/AIDS, LRI, Diarrhoeal, Malaria)

4%
Rural access to power

61 yrs
Life expectancy

Sources: CIA Factbook 2016; Bowie & Mwase Malawi Burden of Disease data sets, 2011, Malawi Demographic Health Survey 2015-16
Community Health in Malawi

Before the nineties Malawi’s community health was delivered by:

- Volunteers
- Health Inspectors
- Primary Health Nurses
Since then until today community health has primarily been delivered by Health Surveillance Assistants (HSAs)
HSAs are full-time CHWs employed by MOH

HSAs are meant to reside in their catchment area

The recommended HSA to population ratio is 1 to 1,000 people

HSA’s & Senior HSA’s are over half of MoH’s clinical staff

MoH Clinical Staff (thousands)

- HSA; 8,0
- Senior HSA; 1,2
- Nurse Midwife Technician; 3,5
- Medical Assistant; 1,2
- Pharmacy and Lab Technician; 0,6
- Nursing Officer; 1,1
HSAs have a wide range of responsibilities and must work alongside key partners.

**HSA Responsibilities**

- Health promotion
- Prevention
- Disease surveillance
- Basic curative services

**HSA Key Partners**

- Community Health Volunteers
- Village Health Committee
- Env. Health Officers
- Community Health Nurses
Community health activities have contributed to significantly improved health outcomes for Malawi.

Sources: HSSP II Situation Analysis October 2016 Malawi Ministry of Health
However, Malawi continues to face sub-optimal health coverage and outcomes

- Children aged 12-23 months fully immunized:
  - 2010: 81%
  - 2016: 71%

- % of Children Under 5 years sleeping under ITN:
  - 2010: 55%
  - 2016: 45%

- Maternal Mortality Rate per 100,000 live births:
  - 2015: 574
  - 2016 Target: 155

Sources: HSSP Situation Assessment 2016, MDG End Survey 2014
Significant resource constraints and inconsistencies of community health services contribute to these sub-optimal outcomes.

- 51% of HSAs not staying in their Catchment Area
- 0 Senior HSAs trained in supervision
- +7,000 New HSA’s needed to reach policy level
- NO National Community Health Strategy or Policy
The MOH is acting quickly to address this

The Community Health Services (CHS) section has been strengthened to address these challenges as the overall community health coordinator for Malawi.
Our Vision:
To improve the livelihoods of all people in Malawi.
Our Mission

To ensure quality, integrated community health services are affordable, culturally acceptable, scientifically appropriate, and accessible to every household through community participation to reduce deaths and the socio-economic burden of illness in Malawi.
In 2017 the CHS section has made significant progress through teamwork, partnership, and participation.

Malawi’s first ever National Community Health Strategy
But we are just getting started...

**Phase 1**
Strengthen the System
- Clarify roles and teams for CHWs
- Develop Integrated Training Curriculums
- Establish standard CHW supply list
- Establish CHW HR and Residency Policy
- Integrated community health indicators

**Phase 2**
Implement of the System
- Hire more CHWs
- Train CHWs on integrated service
- Provide all CHWs with critical supplies
- CHW housing and service structures
- mHealth and digital data collection

**Assessing the System**
This is more than just a strategy.

With a stronger community health system we can all contribute to improved livelihoods for all people in Malawi.