

WHO ARE FRONTLINE HEALTH WORKERS?



Photo from Frontline Health Workers Coalition

The Frontline Health Workers Coalition is a dynamic and influential coalition working together to urge greater and more strategic U.S. investment in FLHWs in the developing world as the most cost-effective way to save lives and foster a healthier, safer and more prosperous world.

FLHWs provide the first line of health care for people living in rural and hard-to-reach areas. Most are community health workers and midwives, though they can also include local pharmacists, nurses, and doctors who serve in community clinics and address basic health needs.

Saving Lives on the Frontline

Personal Stories from Frontline Health Workers

Frontline health workers (FLHWs) provide services to people who need them most – the poor and vulnerable, especially in rural, remote, and even conflict-ridden areas, where health outcomes are the worst. FLHWs are a cost-effective and efficient way to save lives and achieve targets of the U.S. president's Global Health Initiative (GHI) by 2014 and other global health programs in areas such as HIV/AIDS, child health and survival, maternal health, tuberculosis (TB), malaria, family planning, and nutrition. Yet FLHWs are in short supply – the World Health Organization (WHO) estimates a worldwide gap of at least 1 million FLHWs (WHO High Level Taskforce on Innovative International Financing for Health Systems 2010). To accelerate progress toward meeting health goals and to build on interventions that work, investments are needed in FLHW training, deployment, and retention.

This brief tells the stories of FLHWs in seven countries. From rural villages in Malawi to the bustling city of Pune, India, FLHWs are providing their otherwise neglected communities with the most basic – but valuable – health services at limited cost. The stories show how FLHWs form the foundation of an effective health system and are the only feasible way to serve millions of families who live beyond the reach of hospitals and clinics. FLHWs are the ones who stay when others leave, who do the work others cannot or will not, who are there day in and day out in unimaginable circumstances either by sheer determination and passion or because they are part of the communities that they serve. As these stories illustrate, FLHWs are inherently invested in building their societies from the ground up, face-to-face, one person at a time.

Simply put, without Frontline Health Workers there would be no health care for millions of children and their families in the developing world.

HIV/AIDS: Preventing Mother-to-Child Transmission through Face-to-Face Visits in Uganda

Over the past decade, the global community has reduced the HIV/AIDS incidence rate by 17 percent (UNAIDS 2009). A key driver of this success is greater awareness about the disease and an increase in the number of people living with HIV/AIDS (PLWHA) receiving treatment. Despite progress, the number of PLWHA is currently at its highest ever, 33.4 million (UNAIDS 2009). GHI sets forth the goals of preventing more than 12 million new infections, caring for over 12 million people, and treating more than 4 million people. FLHWs can help reach these goals by providing counseling to patients, encouraging testing for the purpose of both treatment and prevention of the spread of the disease, visiting patients on a daily basis to make sure that they adhere to treatment, and providing pregnant mothers with treatment to prevent transmission to their infants.



Joyce and her two children. Photo from African Medical and Research Foundation

In the Nakasongola District of central Uganda, the war during the 1980s produced conditions that exacerbated the spread of HIV/AIDS. FLHWs like James Kainerugaba have assumed the mission to improve knowledge and sexual and reproductive health practices among young people aged 10–24 years, to increase the percentage of young people who access youth-

friendly sexual and reproductive health services, and to improve maternal health outcomes for women in the district.

When James first visited 45-year-old Joyce Nalwera's home, she was very shy and did not come outside to talk with him. The second time James went to her home, Joyce asked him who he was and why was he visiting her, and then sent him away. The third time, Joyce finally let James into her home. James learned that Joyce was pregnant with twins, and through his efforts, he was able to convince her that she needed to visit the health facility, where she was tested for HIV. Joyce learned that she was HIV positive, and was able to start immediately on antiretroviral therapy (ART) and receive prevention of mother-to-child HIV transmission services during and after delivery to avoid spreading the virus to her unborn twins. When asked where she would be without James, Joyce replies, *"I could have lost them [the twins] and I would have died."* To date, James continues to walk the extra miles to follow up with Joyce, while Joyce raises her healthy children and encourages other mothers to visit the health facility.

Child Health: Saving Lives through Early Detection of Disease in Zambia

More than 7.6 million children under the age of five die every year, with children in low-income countries being 18 times more likely to do so than children in high-income countries (WHO February 2012). The majority of these untimely deaths are due to pneumonia, diarrhea, and malaria with malnutrition being an underlying cause. The reality is that many of these deaths can be prevented with access to simple, affordable interventions and counseling. GHI sets forth the goal of reducing under-five mortality rates by 35 percent in assisted countries. Again, FLHWs can play a critical role in meeting this goal. FLHWs save lives by counseling pregnant women about the importance



Photo from International Medical Corps

of providing prenatal care, screening mothers for infections before birth, and ensuring that children and mothers are healthy in the weeks and years after delivery.

In Zambia, one in nine children dies before its fifth birthday (UNICEF 2010). Roy Mwape, a 40-year-old community health worker and peasant farmer, provides residents of rural Lufwanyama, Zambia, with essential health services. In addition to supporting his wife and seven children, Roy helps his community of over 1,200 by diagnosing and treating common illnesses. With the main health center more than 25 kilometers away, community members rely on Roy to help them deal with malaria, diarrhea, respiratory infections, and malnutrition.

CHILD HEALTH CONTINUE ON PAGE 3

Maternal Health: Changing Health Seeking Behaviors of Pregnant Women in India

Women around the world are dying needlessly from pregnancy- or childbirth-related complications. Severe bleeding after childbirth currently accounts for a quarter of maternal deaths worldwide (Gynuity Health Projects n.d.); prevention of this condition will ensure more mothers live to see their children grow up. GHI sets forth the goal of reducing maternal mortality by 30 percent in assisted countries. FHLWs can help improve maternal health by managing pregnancy, delivery, and complications, and by providing women with access to modern forms of contraception.

In India, only half of pregnant women attend four or more antenatal care visits, and the country alone accounts for 22 percent of the global maternal deaths (WHO March 2012). In Toto Khas village in Jharkhand, Anganwadi Workers (AWW) and Auxiliary Nurse Midwives (ANM) provide essential pregnancy and antenatal care services and information on Village Health and

Nutrition Days. When faced with the challenge of women who are prevented from leaving their homes for social or cultural reasons, AWW and ANMs do in-home visits and counseling sessions to encourage clients to come to Anganwadi Health Center.

Rupa Kumari, a 24-year-old pregnant woman from Toto Khas, spends much of her day doing household chores and farming. Rupa says her daily tasks and pressure from her mother-in-law prevented her from going to Village Health and Nutrition Days and the health center. When the AWW and ANMs visited Rupa and her family at home to provide her with interpersonal counseling services, she was delighted. Rupa now trusts the AWW and ANMs and plans to participate in the Village Health and Nutrition Days and visit the local health center. According to Rupa, *“Due to home visits done by Nurse Didi (ANM) and her effective counseling, my health is better and I have also put on weight. Because of Nurse Didi, my*



Photo from Save the Children

mother-in-law’s behavior has totally changed.” Important services provided by the AWW and ANMs can ensure that mothers like Rupa get the care they need to ensure a safe pregnancy and healthy baby. Furthermore, as evidenced by Rupa’s mother-in-law, services provided by FLHWs in the home help break down misconceptions about services that may prevent women from accessing care.

CHILD HEALTH FROM PAGE 2

Roy’s training as an FLHW has enabled him to save the lives of many children through effective pneumonia diagnosis, early identification of malaria using a rapid diagnostic test kit, and detection of malnutrition in children under five using a middle upper arm circumference strip. He also works closely with other FLHWs to make joint referrals that enable caregivers to recognize danger signs in children, seek treatment promptly, work as a community to address health problems, and ensure children are receiving life-saving immunizations. As a result

of Roy and other FLHWs’ efforts, the child disease burden has been reduced from 78 to 20 cases per month in only three years. According to Roy, *“The community is now able to receive early treatment and recognizes the importance of seeking conventional treatment. There is collective action by the community in problem identification, mobilization of resources, implementation and monitoring of progress provided they are involved in their own health actions.”*



Roy treating child. Photo from Save The Children

Tuberculosis: Increasing TB Awareness and Treatment for Individuals in Remote Areas in Malawi

In 2010, 8.8 million people were infected with TB, and just under 1.5 million people died of the disease globally (WHO March 2012). Since 2002, the incidence rate of TB has been decreasing, and as of 2006, the absolute number of cases was also on the decline (WHO March 2012). Nonetheless, challenges remain in countries where the dual HIV/AIDS and TB epidemics exist, and where the multi-drug resistant forms of TB that are more complex to treat are emerging. GHI sets forth the goal of treating a minimum of 2.6 million new sputum smear positive TB cases and 57,200 multi-drug resistant cases of TB. FLHWs are essential to preventing and treating TB by educating communities about the signs and symptoms of TB, diagnosing TB, and conducting home visits to ensure correct and consistent treatment.

In Malawi, the government has been implementing Direct Observation Treatment, Short Course (DOTS) for over two decades, and has achieved national coverage for TB treatment. However, one of the greatest



Zefa and Patrick, Photo from Partners in Health

challenges in combating the TB epidemic in Malawi is confronting HIV at the same time, as about 70 percent of all TB patients in Malawi are co-infected with HIV. Zefa is a HIV-positive widow who had taken responsibility for her three children, her mother, and her grandson. Zefa was already living in crushing poverty when she was struck with multi-drug resistant TB (MDR-TB). Further, the cramped mud hut with a thatched roof sealed with plastic bags put her family members at high risk for contracting MDR-TB. Zefa has to walk 15 kilometers to access medical care, and has difficulty earning money for the

food that is required for her to maximize her treatment.

Zefa's health significantly improved when she began working with Patrick, a FLHW. After lab results indicated that Zefa had MDR-TB, Patrick initiated the procurement of expensive second-line TB drugs from the National TB Control Program. Zefa also began ART and started to receive two bags of an enriched corn and soya blend per month to increase her nutritional intake. Patrick examined all household members who could have been exposed to TB by living in close quarters with Zefa through interviews and chest x-rays on younger family members. Active TB was ruled out for all family members, but Patrick initiated Isoniazid Preventive Therapy for the youngest child as per WHO guidelines. FLHWs like Patrick have proven to be essential to TB treatment in terms of educating patients and following up with them routinely. According to Zefa, *"I see my environment now as a classroom, and I will relate the lessons I've learned to my children and relatives about how the medical staff here, especially Patrick, have helped me."*

Nutrition: Preventing Malnutrition One Child at a Time in India

The consequences of poor nutrition can last a lifetime and often contribute to cycle of intergenerational poverty. Malnutrition is one of the most significant underlying causes of child mortality, being named in about 40 percent of the 11 million under five deaths annually (WHO February 2012). For those that survive, malnutrition leaves a lasting mark in the form of stunted growth, limited mental capacity, unrealized productivity, and susceptibility to disease. GHI

sets forth the goal of reducing child undernutrition by 30 percent in food-insecure countries. FLHWs are essential to counseling new mothers about breastfeeding infants, distributing micronutrient supplements, and assessing and treating moderate to severe malnutrition.

Slum populations in Pune, India, have traditionally lacked access to basic amenities and health services. The Sharadnagar slum was particularly

underdeveloped, with a lower female literacy rate and a higher number of low-income houses than any other slum. Sangeeta Pardhe, a woman living in Sharadnagar, was widowed in 2005 and left to care for three children alone. After the tremendous help she received from her community, she wanted to give something back.

NUTRITION CONTINUE ON PAGE 5

Family Planning: Expanding Utilization of Family Planning in Uganda

Women who are able to make informed choices about their sexual and reproductive life, such as spacing and limiting their pregnancies, have more impact on their own health and well-being. Approximately 200 million couples in developing countries have indicated they would like to delay or stop childbearing, yet these couples are not using any method of contraception (WHO, April 2011). GHI sets forth the goal of preventing 54 million unintended pregnancies. FLHWs are relied on to help provide essential family and reproductive health services and information to ensure that more women have healthy lives and can provide essential care for their children.

Rwesande Health Center IV is nestled in the middle of the steep hills of Western Uganda. Clients access the health center via a narrow dirt road where women and children sit in the shade of large trees while waiting for services and participating in health education meetings. Until recently, nurses in the health center did not have proper training on how to encourage facility-based care, the types of family planning methods to offer patients, or how to properly counsel patients on healthy spacing and timing of pregnancies. Community members near the center

therefore had many misconceptions about family planning methods.

Sophia, a health care provider at the center, was recently trained to offer family planning and reproductive health services and safe deliveries. As part of the training, Sophia learned how to counsel and administer basic pills and injections, long-term implants and intrauterine devices, and permanent vasectomy and tubal ligation as well as how to perform C-sections.

When Biira Jovia, a 19-year-old pregnant woman, came to the clinic for the first time, Sophia was well prepared to counsel her. Sophia encouraged her to go to the nearest city to have an ultrasound, where Biira learned she would be having twins. Sophia continued to care for Biira when she came to the health center for her antenatal visits. Based on the information provided from Sophia, Biira and her mother-in-law began saving their money from selling bananas and coffee over the course of Biira's pregnancy to ensure that they would be able to get transportation to the health center when Biira went into labor. When Biira's water broke, they had enough to get to Rwesande Health Center IV. She attempted a normal delivery, but quickly



Photo from International Medical Corps

Sophia and her colleagues realized they would not be able to deliver the twins this way. They quickly transported Biira only a few hundred feet to perform a C-section. While Biira stayed at the health center for two weeks to recover from the C-section, Sophia counseled her on family planning options and the importance of healthy spacing and timing of pregnancies.

Sophia now has two healthy babies as a result of Sophia's assistance and is the go-to person for family planning services and knowledge in Rwesande. Uptake of family planning methods has improved and in December 2011 Sophia had more than 40 women come to the health center to receive counseling and family planning services. Biira now has two healthy babies as a result of Sophia's assistance. According to Biira, *"I will come back to get health services for my new children and for myself. The nurses at the health center are so kind and provide very important information to keep my family healthy."*

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Following an intensive health training course, Sangeeta became a FLHW and began to visit households to assess health needs, provide basic treatment, and refer serious cases to clinics. Sangeeta weighs all young children each month to monitor growth and provides caregivers with nutrition and hygiene education. She also ensures children are immunized and that childhood illnesses are

properly managed. Sangeeta has been instrumental in the reduction in malnutrition in children under three years. In a short period of time, Sangeeta has worked directly with 200 children, and today, not a single child under three in the slum is severely malnourished, and only five of 57 children are moderately malnourished.



Photo from Frontline Health Workers Coalition

Malaria: Increasing the Number of Children Receiving Treatment in Burundi

Every year, malaria – an entirely preventable and treatable disease – causes debilitating sickness and death among people of all ages. Half of the world’s population is at risk for malaria each year, and in 2010 alone an estimated 655,000 people died of malaria (WHO April 2012). The overwhelming majority of the 216 million malaria cases in 2010 occurred across Africa. Children are especially vulnerable, and every minute a child dies from malaria. GHI sets forth the goal of reducing the burden of malaria by 50 percent for 450 million people. FLHWs are essential to helping families prevent malaria by counseling families to sleep under bed nets, detecting malaria, and ensuring that patients receive the correct treatment.

Malaria is endemic in Burundi, with the Ministry of Health estimating that 60 percent of consultations in health facilities are malaria related. Karira Colline, a community of 630 habitants, suffers from a high malaria burden. Consequently, the local health center is often crowded and parents are forced

into very long waits to receive care for their sick children. Instead of spending the time and money to visit the health center, families often opt for a blend of local plants and visits to traditional healers.

Faustin Niyonzima volunteers his time to assist in the battle against malaria. Faustin is one of over 400 Home Based Management of Malaria volunteers in his province. As part of a Home Based Management pilot program, Faustin sees clients from his community day and night in his home and offers proper care without the long wait typically found in health centers. Children less than five years of age suffering from fever are tested with rapid diagnostic tests to positively identify the condition before they receive malaria treatment. Faustin treats positive cases with Artemisinin combination therapy, and the families are counseled on malaria prevention methods, particularly the utilization of long-lasting insecticide treated nets. Negative cases are referred to the nearest health facility for further consultation and appropriate care and treatment.



Distribution of bed nets in Karira Colline. Photo from Pathfinder International

As a result of Faustin’s work and the efforts of other FLHWs in the region, the burden of severe malaria has been reduced in Karira Colline. Parents now seek care earlier, are less likely to visit traditional healers, and have quicker access to care. According to Faustin, *“People don’t go to traditional healers as much; they come to me for help and are very happy to see their children get better quickly.”*



People gathering at Karira Colline to receive mosquito treatment. Photo from Pathfinder International.

Health System Strengthening: FLHWs Impacting the Entire Health System in Mali and Ethiopia

Over the past decade, global health actors have been shifting from implementing disease-specific interventions to approaches that focus on health system strengthening in order to improve health outcomes. This transition to focus on health systems is a reaction to the growing fragmentation that results from disease-specific programs and the growing recognition that health system weaknesses present a major barrier to achieving the Millennium Development Goals. When launching the GHI, President Obama stated that *"We will not be successful in our efforts to end deaths from AIDS, malaria and tuberculosis unless we do more to improve the health systems around the world"* (White House 2009). FLHWs, who are at the direct point of care, are essential to strengthening the system.

In Mali, households have traditionally had difficulty accessing health care due to financial barriers. The country has had a community-based health insurance scheme (CBHI) since 1996, but the government did not have a national strategy to implement the intervention. As a result, coverage has remained low, at only 2 percent.

In Sikasso, a recent crisis with the harvest of cotton had tremendous effects on the community, resulting in



Photo from Abt Associates Inc.

increasing poverty and reducing the funds available to pay for health care out of pocket. Given the increased need for a financial mechanism that provided greater access to health services, the Government of Mali and development partners established a financial risk protection framework that included a nationwide CBHI system for the informal sector. According to the head of the district hospital in Sikasso, FLHWs have been essential in sensitizing clients and encouraging them to join the CBHI scheme. The FLHWs' work during Sikasso's crisis has helped jumpstart uptake of the CBHI scheme across the country.

To the east in Ethiopia, in 1993, the government developed its first health policy in 50 years that outlined the goals for the health system. As one of the many strategies designed to implement the policy, the Health Extension

Program (HEP) was developed and pilot tested, then scaled up to the national level in 2005. The HEP aims to improve health outcomes through a community-based approach in which female health extension workers (HEWs) are recruited after 10th grade, trained for one year in a health center, and then deployed in their local communities. The HEWs specialize in family health, disease prevention and control, personal and environmental hygiene, and health education.

The impact of the HEWs is witnessed throughout the health system. According to Dr. Tesfahun Dejene, a Medical Director at the Wukro Health Center, *"HEWs are essential to identifying women that have high-risk births so that they can receive appropriate care."* Of the 380 births that the health center has overseen during the past three years, there have been no maternal deaths. HEWs are now the link between the community and the formal health system. According to Mr. Bizayene, CEO of the referral Mekelle Hospital, maternal mortality is decreasing because of the HEWs' efforts; he has personally only seen one maternal mortality case this year. There is an overall awareness that the quality of the health system has improved due to their work.

Charting the Way Forward

The above stories from seven countries demonstrate the powerful impact that FLHWs have on the lives of individuals and their families. Members of the Frontline Health Workers Coalition experience the dedication of FLHWs everyday as we work together to achieve the GHI goals. The coalition is therefore calling on the U.S. government to improve the capacity and impact of existing FLHWs through a comprehensive health

workforce strengthening strategy that incorporates investments in the following areas: health school capacity; health worker remuneration and retention; health worker productivity; and strategic review of policy, skills, and supply gaps that constrain their effectiveness. Recognizing that without FLHWs, there would be no health care for millions of people in the developing world, the coalition urges investment alongside the goal to increase the

number of health workers trained and supported with U.S. assistance to 250,000 by 2015.

Frontline Health Workers Coalition

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