

Title: Priorities for the Global COVID-19 Response: the Role of Community Health

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Abstract

Background: COVID-19 disproportionately affects the poor and vulnerable: sharp increases in caseloads will overwhelm health systems in countries already facing shortages of workers and supplies. With millions of lives at stake, decisive action must be taken now to blunt the impact of the pandemic in countries likely to be hit the hardest. Investment is needed at all levels of the health system and Community Health Workers (CHWs) are poised to play a pivotal role in fighting the pandemic. This article outlines the targeted actions needed to achieve the following goals: (i) PROTECT health care workers, (ii) INTERRUPT the virus, (iii) MAINTAIN existing health care services while surging their capacity, and (iv) SHIELD the most vulnerable from socioeconomic shocks.

Background

Over 332 9000 cases of COVID-19 have been reported worldwide as of March 23, 2020 including cases in over 50 LMICs.¹ COVID-19 disproportionately affects the poor and vulnerable²: sharp increases in COVID-19 caseloads will overwhelm health systems in countries already facing shortages of health workers and supplies. With millions of lives at stake, decisive action must be taken now to blunt the impact of the pandemic in countries likely to be hit the hardest. Their safety, and the world's, depends on it.³

Investment is needed at all levels of the health system and **Community Health Workers (CHWs) are poised to play a pivotal role in fighting the pandemic, especially in low-income countries with vulnerable health systems.** CHWs that are equipped, trained and supported as part of a well-functioning health system can help keep the pandemic in check.

Members of the [Community Health Impact Coalition](#) have developed and supported high-impact community health programs with governments and communities across the globe,

¹ WHO Coronavirus disease (COVID-2019) situation reports:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

²COVID-19 control in low-income settings and displaced populations: what can realistically be done?:

<https://www.lshtm.ac.uk/research/centres/health-humanitarian-crisis-centre/news/102976>

³Remembering America's Global Connections in the Time of Coronavirus:

<https://www.thinkglobalhealth.org/article/remembering-americas-global-connections-time-coronavirus>

through multiple outbreaks and epidemics. While the COVID-19 pandemic is a new and evolving situation, several operational questions must be answered to allow for rapid action. We have come together to identify insights from the best available expert guidance, as well as our [collective, evidence-based](#) implementation experience.

Priorities

The COVID-19 response must **build on existing platforms, infrastructure and relationships wherever possible**. Maximum leverage and minimum duplication will allow greater short term success and long-term sustainability.

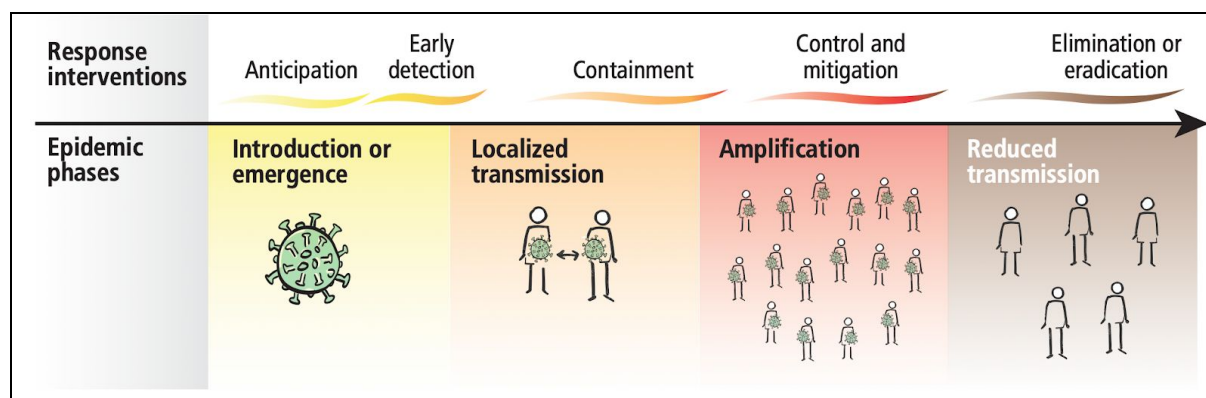
This means our primary focus in this moment must be to support Ministries of Health and regional authorities as they lead coordinated responses. More specifically, this means community health workers, and all frontline health workers, must be integrated into the *design* of the response, as well as its implementation.

With these cross-cutting themes in mind, immediate investment in quality community health systems will help achieve the following goals:

1. PROTECT healthcare workers
2. INTERRUPT the virus
3. MAINTAIN existing healthcare services while surging their capacity
4. SHIELD the most vulnerable from socioeconomic shocks

Achieving these goals will require targeted actions at different stages of the pandemic:

Epidemic phases and response interventions⁴



NOW	NEXT
Anticipation Early Detection Containment	Control Elimination
PROTECT health workers	
<ul style="list-style-type: none"> Coordinate with partners and invest to rapidly produce, deploy, and restock personal protective equipment (masks, gloves, gowns, and hand sanitizers) Ensure community health workers are included in PPE projections 	<ol style="list-style-type: none"> Work with governments to pay CHWs for supplemental hours
INTERRUPT the virus	
<ul style="list-style-type: none"> Standardize and endorse a staffing and readiness protocol for CHWs responding to COVID-19 Engage with governments to quantify training needs and invest to rapidly train existing community health teams to prevent, detect, and respond Conduct rapid analysis of the need for RDTs as a basis for near-simultaneous investment to produce 	<ul style="list-style-type: none"> Continue to invest in ongoing training for community health teams

⁴ WHO Managing Epidemics - Key facts about major deadly diseases:
<https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf>

sufficient RDTs and supplies (including reagents and swabs) and deploy them in the countries on the brink of their own epidemic.	
MAINTAIN health services while surging their capacity	
<ul style="list-style-type: none"> ● Investment in the national supply chain to quantify demand and coordinate distribution of essential commodities and surge supplies (e.g. oxygen, fuel ventilators, and outdoor fever tents) ● Work with governments to ensure community health workers are designated as part of the essential workforce 	<ul style="list-style-type: none"> ● Investment to quantify the need for expanded or back-up coverage and undertake necessary CHW and CHW Supervisor recruitment
SHIELD the vulnerable	
<ul style="list-style-type: none"> ● Support immediate cash injections at the household level and the creation of neighbourhood plans to protect the most vulnerable ● Work with governments and funding partners to ensure that budgets for CHWs incorporate holistic support 	<ul style="list-style-type: none"> ● Issue a call for Multilaterals, Regional Development Banks and national governments to establish economic recovery initiatives ● Investment in surveillance of emerging disease hotspots, typically in LMICs

1. Protect health care workers

Community health teams will be key to interrupting the epidemic, maintaining existing health services while surging capacity, and shielding the vulnerable from socioeconomic shocks. Government COVID-19 responses need to be dynamic, based on both the phase of the outbreak they face and the systems constraints they are working to overcome. Professionalized, proactive community health workers are particularly well placed to build on the foundations of trust they have already established, and to communicate and implement new and rapidly evolving recommendations for prevention within their communities. **But to do this, they must be healthy and safe.**

In Lombardy, Italy, the infection rate is twelve times higher for health workers than for the general population.⁵ In India, community health workers are conducting contact tracing with neither masks nor hand sanitizer.⁶ When health workers contract COVID-19 it not only depletes morale, it also depletes our ability to fight the virus.

The need to keep frontline health workers safe is particularly relevant in the places already facing the worst health workforce shortages: Africa has 3% of the world's health workforce but nearly one quarter of the world's burden of disease.⁷ These shortages are even more pronounced in rural areas—which makes protecting community health workers not only a moral obligation but a strategic one as well.

Global shortages of PPE risk exacerbating existing inequalities, with high-income countries stockpiling supplies and hoarding global manufacturing capacity at the expense of others.

Community health workers must be included in COVID-19 personal protective equipment (PPE) quantification estimates. The following corrective action is needed now:

Now

- **Coordinate with partners and invest to rapidly produce, deploy, and restock personal protective equipment (masks, gloves, gowns, and hand sanitizers).** The World Health Organization's [COVID-19 Solidarity Response Fund](#) is working to ensure frontline health can keep safe and keep serving—this is a place to start. Responsive logistics systems already used for sample transport and last mile medicines distribution can track and deliver PPE to the community level, if supplies are adequate and communication systems exist to quickly identify gaps and needs.

⁵Prevent, Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19:

<http://lastmilehealth.org/wp-content/uploads/2020/03/Prevent-Detect-Respond-Rapidly-expanding-healthcare-teams-through-community-health-workers-in-the-fight-against-COVID-19.pdf>

⁶ India's First Line Of Defense Against The Coronavirus Is An Army Of 900,000 Women Without Masks Or Hand Sanitizer: <https://www.buzzfeednews.com/article/nishitajha/india-coronavirus-cases-ashas>

⁷ Will universal access to antiretroviral therapy ever be possible? The health care worker challenge: <https://www.ncbi.nlm.nih.gov/pubmed/21358879>

- **Ensure community health workers are included in [PPE projections](#).** Not all estimates take community health workers into account; corrective investment will likely be required. Data on CHW numbers, services, and distribution exist to inform these plans.

Next

- **Work with governments to pay CHWs for supplemental hours.** This is particularly relevant for part-time or currently unpaid CHWs and those without guaranteed paid sick leave. Where it is deemed feasible, equitable, and preferable by CHWs, mobile payments can be used. Given the risk posed by COVID-19 to frontline health workers and the disruption of their workflows, **money currently earmarked for performance-based incentives should be reallocated to cover routine salaries or stipends for all active health workers.**

Tracking Impact

- % of PPE supply needs met (masks, gloves, gowns, alcohol sanitizer)
- # of health workers infected
- % of CHW salaries paid on time

2. Interrupt the virus

Despite the suggestions of some world leaders, the virus cannot be “left to run its course.” This approach would be a death sentence for millions of vulnerable people.⁸ We must, instead, rapidly scale up testing and bring it as close as possible to peoples’ homes. As doctors in Italy have recently noted, western healthcare systems are predominantly hospital-centered, **but an epidemic requires a change toward community-centered care.**⁹ Luckily, in many LMICs, **community health systems are much more developed. Supporting community health teams to lead widespread testing, contact tracing, isolation, and quarantine will be key to slowing the spread of COVID-19.**

⁸ Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand: <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>

⁹ At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation: <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080>

Two diagnostic tests currently exist:

(1) **Polymerase Chain Reaction (PCR) tests:** This is the current, WHO-approved testing method which detects the genetic code of the novel coronavirus through a nasal swab, oral swab, or sputum. But it requires advanced laboratory capability that often does not exist in countries with limited preparedness and response resources. The inadequate PCR capacity will hinder our ability to halt the spread of the virus, as we've seen in the U.S.

(2) **Rapid diagnostic tests (RDTs):** These return results in 15 minutes and can be conducted outside the hospital, in the field.¹⁰ While these tests can miss cases in the early course of illness or identify cases that are no longer infectious, they are currently the best option we have.¹¹

While RDTs are simpler than PCR, the tests do not deliver or conduct themselves. Healthcare teams must be rapidly expanded, equipped and trained to deliver preventive, diagnostic, and management services for COVID-19. Community health workers will play several key roles:

Roles for Community Health Workers to INTERRUPT the COVID-19 Epidemic¹²

Prevent	<ul style="list-style-type: none">• Leverage evidence-based behavior change strategies and widely accessible mobile technologies to educate communities regarding signs, symptoms, and transmission routes. Lead skill building for personal preventive measures such as social distancing, hand hygiene, coughing/sneezing into elbows, and WASH interventions.• Organize hand hygiene stations in communities and health facilities & mobilise local residents to use them.¹³• Support, lead or reinforce community and facility-based infection prevention and control measures, such as construction of triage areas, use of personal protective equipment (e.g. face masks, gloves, gowns).
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¹⁰ Dr. KJ Seung Explains Rapid Testing for Coronavirus:

<https://www.pih.org/article/video-dr-kj-seung-explains-rapid-testing-coronavirus>

¹¹ Fast, portable tests come online to curb coronavirus pandemic:

<https://www.nature.com/articles/d41587-020-00010-2>

¹² Adapted from Prevent, Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19:

<http://lastmilehealth.org/wp-content/uploads/2020/03/Prevent-Detect-Respond-Rapidly-expanding-healthcare-teams-through-community-health-workers-in-the-fight-against-COVID-19.pdf>

¹³ Community Health Workers and Pandemic Preparedness: Current and Prospective Roles:

<https://www.frontiersin.org/articles/10.3389/fpubh.2019.00062/full>

Detect*	<ul style="list-style-type: none"> ● Follow protocols designed to ensure the physical safety and health of CHWs and, with supervision from nurses, identify signs and symptoms in community members, support safe collection in communities and health facilities of samples and rapid transport to laboratories for analysis, thus reducing risks of nosocomial transmission. ● Where available, conduct COVID-19 rapid tests.¹⁴ CHWs should only be tasked with responsibilities if they can be regularly supplied with the key materials necessary to conduct those tasks and protect themselves. ● Enter alerts into community events based surveillance systems.¹⁵
Respond	<ul style="list-style-type: none"> ● Communicate rapidly and effectively to residents in COVID-19 areas, including taking time needed to communicate health information in a tailored, context-specific, and relevant way¹⁶ while combating the spread of misinformation ● Support contact tracing, symptom reporting, and monitoring of contacts of COVID-19 patients to ensure access to testing and treatment for those who develop signs and symptoms.¹⁷

*Mobilizing CHWs to test, contact trace, and isolate cases is the strategy best placed to control the epidemic. In the absence of PPE and RDTs, however, CHWs should adopt an information provision strategy rather than a testing-focused strategy. Workflows should be modified to allow for the provision of patient care in a safe manner via phone or from a safe distance.

Due to the multiple parallel supply chains in many countries, extensive coordination is needed to mobilize private and public sector channels to distribute tests and the supplies needed to supportively manage COVID-19 cases to highest need areas. This is particularly true as many existing Logistics Working Groups do not currently include community-level supply chains in their planning. Since supply is unlikely to meet demand, these efforts need to be informed by triage protocols and data-driven models taking into account delivery capacity, morbidity and mortality risk, and risk of COVID-19 spread.

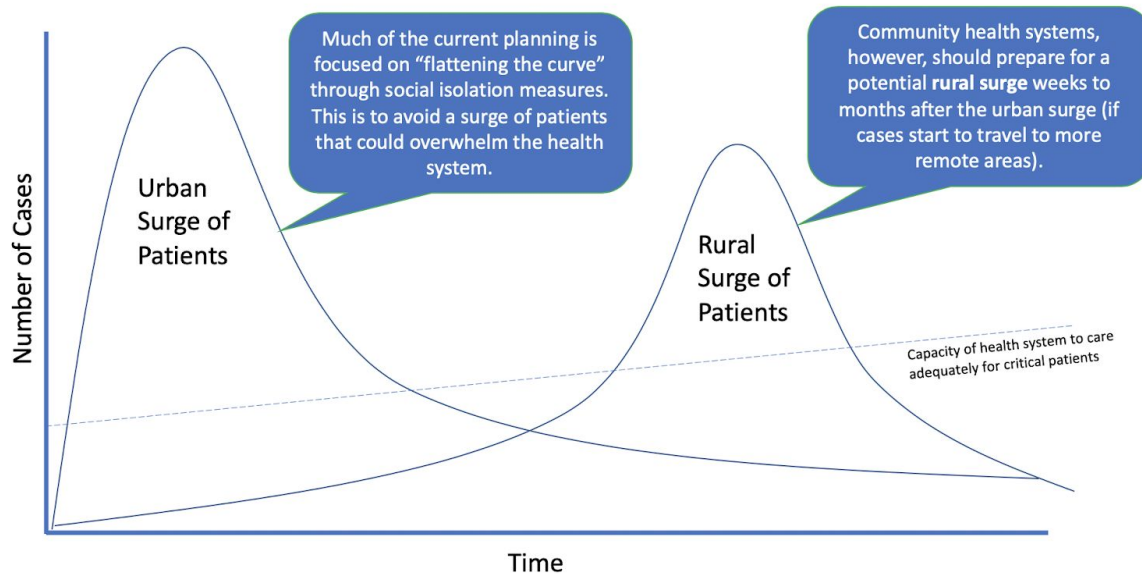
¹⁴ Demo of CHT COVID-19 Rapid Diagnostic Test App for Community Health Workers & Testing, Contact Tracing, and Community Management:
https://www.pih.org/sites/default/files/2020-03/PIH_Guide_COVID_Part_I_Testing_Tracing_and_Community_Management.pdf

¹⁵ Community Health Workers and Pandemic Preparedness: Current and Prospective Roles:
<https://www.frontiersin.org/articles/10.3389/fpubh.2019.00062/full>

¹⁶ The first mile: community experience of outbreak control during an Ebola outbreak in Luwero District, Uganda:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754807/>

¹⁷ The first mile: community experience of outbreak control during an Ebola outbreak in Luwero District, Uganda:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754807/>

Timing of Potential Spread in Vulnerable Areas, from Urban to Rural



Now

- **Standardize and endorse a staffing and readiness protocol for CHWs responding to COVID-19.** We currently have a draft protocol and need political support and backing to get it widely adopted.
- **Engage with governments to quantify training needs and invest to rapidly train existing community health teams** to prevent, detect, and respond. This includes expanding community-event based surveillance modules to incorporate COVID-19 and using mHealth and e-learning tools to accelerate uptake and **provide accreditation**.¹⁸ It is imperative that CHWs demonstrate mastery of infection control skills before implementing them in the field to keep CHWs safe and control the epidemic. Existing digital technologies can support training reinforcement, practice, point-of-care test procedures and clinical guidance, and remote supervision.

¹⁸ Prevent, Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19: <http://lastmilehealth.org/wp-content/uploads/2020/03/Prevent-Detect-Respond-Rapidly-expanding-healthcare-teams-through-community-health-workers-in-the-fight-against-COVID-19.pdf>

- **Conduct rapid analysis of the need for RDTs as a basis for near-simultaneous investment to produce sufficient RDTs and supplies (including reagents and swabs) and deploy them in the countries on the brink of their own epidemic.** This includes supporting governments to fast track product registration and importation approval for these tests, as well as coordinating distribution in-country without upstream bottlenecks.

Next

- **Continue to invest in ongoing training for community health teams:** COVID-19 training cannot be a “once-and-done” because case definitions, protocols, and social distancing policies will need to change frequently. Any CHW training system for COVID-19 needs to be continuous. Software supporting community-based care and guidance to patients can be updated based on central triage protocols. Consider multiple ways of sharing information and updates with CHWs (text messages, mobile applications, phone trees, 24-hr support phone number).

Tracking Impact

- # of rapid tests deployed
- # of stock outs reported
- # of community health workers trained to prevent, detect, respond
- # cases identified (suspect + confirmed/probable)
- # of cases outside established contact lists

3. Maintain existing health services while surging their capacity

During times of crisis, essential health services often decline - which can ultimately kill more people than the pandemic itself.¹⁹ One of the pandemic’s greatest dangers is interrupting care for other conditions, by overwhelming already under-resourced health systems. For example, during the Ebola epidemic, access to healthcare services fell by half, dramatically increasing

¹⁹ Effect of the Ebola-virus-disease epidemic on malaria case management in Guinea, 2014: a cross-sectional survey of health facilities <https://www.ncbi.nlm.nih.gov/pubmed/26116183>

deaths from malaria, HIV/AIDS, and tuberculosis.²⁰ The vulnerable bore the brunt of the pandemic: childhood immunizations were significantly reduced and, in some areas, the number of pregnant women delivering in health facilities decreased by more than 80 percent.²¹

In many countries today, however, health workforce availability remains less than 10% of what is estimated to be needed to deliver essential primary health care services.²² We must continue to provide and expand free, dignified, high-quality care for everyone, as part of governments' public health systems - **supporting community health teams will be key to ensuring this continuity of care.**²³

Roles for Community Health Workers to MAINTAIN and surge existing services²⁴

- Sustain routine primary healthcare services, e.g. vaccinations and integrated community case management of young children with malaria, pneumonia or diarrhoea.²⁵
- Co-design workflow modifications necessary to continue primary healthcare delivery while being responsive to changing pandemic conditions and patient and health worker safety
- Introduce safe means of requesting and accessing care, in the event of community-level COVID-19 spread
- Postpone non-essential services to alleviate capacity constraints on existing health workforce²⁶
- Monitor patients for clinical deterioration and support rapid referral of individuals who require hospitalization, reinforcing links between the health system and communities.
- Harness digital technology to receive requests for care, proactively check in with families, follow up with patients, assess symptoms, and establish care plans.
- Given that engaging CHWs to disseminate information and to promote uptake increases the value of investments in vaccination programs, support preparation of health systems

²⁰ Effects of Response to 2014–2015 Ebola Outbreak on Deaths from Malaria, HIV/AIDS, and Tuberculosis, West Africa: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766886/>

²¹ Effects of Response to 2014–2015 Ebola Outbreak on Deaths from Malaria, HIV/AIDS, and Tuberculosis, West Africa: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766886/>

²² Global Strategy on Human Resources for Health: Workforce 2030: <https://www.who.int/hrh/resources/globstrathrh-2030/en/>

²³ PIH's Emergency Coronavirus Response: <https://www.pih.org/article/pihs-emergency-coronavirus-response>

²⁴ Adapted from: Prevent, Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19:

<http://lastmilehealth.org/wp-content/uploads/2020/03/Prevent-Detect-Respond-Rapidly-expanding-healthcare-teams-through-community-health-workers-in-the-fight-against-COVID-19.pdf>

²⁵ Community Health Workers and Pandemic Preparedness: Current and Prospective Roles: <https://www.frontiersin.org/articles/10.3389/fpubh.2019.00062/full>

²⁶ COVID-19 control in low-income settings and displaced populations: what can realistically be done?: <https://www.lshtm.ac.uk/research/centres/health-humanitarian-crises-centre/news/102976>

and communities for the eventual introduction of still-in-development COVID-19 vaccines and treatments, including outreach to high risk groups.²⁷

- Implement or support disinfection of high-risk surfaces in communities using appropriate infection prevention and control supplies and procedures.

Beyond immediate investments in the health workforce to adapt workflow while ensuring continuity of service, **investments in the national supply chain will be required to allow for new capabilities and surge capacity.** Current supply chains in many low-income countries are structured for predictable long-term demand, not rapidly-changing product requirements. Many countries lack end-to-end visibility into their supply chains, especially at the rural health facility and community levels. Managing routine service needs, while layering on the additional resources needed for PPE, test kits, and an increase in demand for the medicines and products needed to provide supportive treatment to reduce mortality²⁸ will strain even some of the stronger supply chains in low- and middle-income countries.

Moreover, until RDTs are available, testing logistics will require routine, scheduled sample transport networks, such as those already in place in many countries to support community-based HIV programs. These networks must be equipped for surge capacity to top up inventory of essential supplies or shift inventory between locations, as well as increased need for drivers and/or motorbikes to transport test samples.

A health-system-strengthening response to COVID-19 requires:

Now

- **Investment in the national supply chain to quantify demand and coordinate distribution of [essential commodities](#) and surge supplies** (e.g. oxygen, fuel ventilators, and outdoor fever tents).
- **Work with governments to ensure community health workers are designated as part of the essential workforce** to avoid interruption of essential and life saving care.

²⁷ Strengthening Primary Health Care through Community Health Workers: Investment Case and Financing Recommendations: <https://www.who.int/hrh/news/2015/CHW-Financing-FINAL-July-15-2015.pdf>

²⁸ Disease commodity package - Novel Coronavirus (nCoV): [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))

Next

- **Investment to quantify the need for expanded or back-up coverage and undertake necessary CHW and CHW Supervisor recruitment.** To enable CHWs to take on additional roles while ensuring continuity of care, staffing ratios will need to be adjusted. More frequent supportive supervision may also be needed, given how rapidly the pandemic evolves and how quickly protocols, procedures, and problems evolve with it. Frontline providers also face considerable vulnerability and stress, and will need more support from their supervisors during this period.

Tracking Impact

- # of interruptions to PHC services
- % of pregnant women delivering in health facilities
- # of assessments of children under 5

4. Shield the most vulnerable from socioeconomic shocks

COVID-19 will disproportionately affect the poor and vulnerable, worsening prevailing inequalities.²⁹ Strong social support is the secret sauce of effective outbreak control.³⁰ Many low-income countries, however, will simply not have the resources to cushion the pandemic's economic blow. **Community health workers can help by supporting their communities.**

Roles for Community Health Workers to SHIELD the vulnerable³¹

- Support self-isolation and monitor patients in the community while ensuring delivery of food, social, and medical support.

²⁹ Coronavirus Will Disproportionately Affect the Poor & Vulnerable:
<https://medium.com/build-health-international/coronavirus-will-disproportionately-affect-the-poor-vulnerable-76606f9a9eb2>

³⁰ Dr. Paul Farmer Urges "Merciful and Humane" COVID Responses:
<https://www.pih.org/article/globe-op-ed-dr-paul-farmer-urges-merciful-and-humane-covid-responses>

³¹ Adapted from Prevent, Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19:
<http://lastmilehealth.org/wp-content/uploads/2020/03/Prevent-Detect-Respond-Rapidly-expanding-healthcare-teams-through-community-health-workers-in-the-fight-against-COVID-19.pdf>

- **Combat misinformation, fear, and mistrust by acting as a bridge to the formal health system and national authorities. Inspire positive behavior change and collective action.**

One of the great challenges for vulnerable populations is that quarantine requires resources. The person who needs to “self-quarantine” needs a private space, the ability to stop working without putting their families at risk, access to food (without going to the market), the ability to eat separately, and soap, water, and hand sanitizer.

Many of the communities we serve do not have those resources. Community members will need places to self-quarantine and have their core needs provided for during that time. Those places will need to be staffed and supported, and the frontline providers in those places will need training, supervision, equipment, resources, and protection. CHWs will be critical to supporting this component of the response.

Now

- **Support immediate cash injections at the household level** and the creation of neighbourhood plans to protect the most vulnerable. **Eliminate point-of-care user fees** for COVID testing, treatment, and care where these exist.
- **Work with governments and funding partners to ensure that budgets for CHWs incorporate holistic support**, including for food supplementation, access to clean water, and mental health and psychosocial support.

Next

- **Issue a call to Multilaterals, Regional Development Banks and national governments to establish economic recovery initiatives.** Outbreaks of infectious diseases such as Ebola, SARS, bird flu and now Covid-19 are on the rise.³² Stimulus packages must simultaneously help the transition to a carbon neutral economy and counteract the

³² Global rise in human infectious disease outbreaks:
<https://royalsocietypublishing.org/doi/full/10.1098/rsif.2014.0950>

unsustainable practices (e.g. land degradation) that are now sparking pandemics from novel zoonotic diseases linked to environmental change and human behaviour more frequently.^{33 34}

- **Investment in surveillance of emerging disease hotspots**, which are more concentrated in lower-latitude developing countries. Current emerging infectious disease surveillance and investigation is poorly allocated, with the majority of the globe's resources focused on places from where the next important emerging pathogen is least likely to originate.³⁵ WHO should consider CHWs as part of the communicable disease surveillance response team.

Tracking Impact

- % of households receiving immediate cash injections
- # of countries with funding secured for long-term economic recovery

Conclusion

National action plans for COVID-19 are highly interdependent systems. Failure to accompany, support, and align with national plans and protocols can cause chaos, confusion, and unintended system consequences. Well intentioned community health efforts that are not coordinated with the government could cause negative unintended consequences and precipitate health system collapse. **All efforts must build on existing platforms, infrastructure and relationships and support Ministries of Health and regional authorities as they lead coordinated responses.**

While investments in community health are a critical (and often under-appreciated) part of containing the pandemic, **isolated investments in CHWs for COVID-19 will not work.** CHW

³³ Global trends in emerging infectious diseases: <https://www.nature.com/articles/nature06536>

³⁴ 'Tip of the iceberg': is our destruction of nature responsible for Covid-19?:

https://www.theguardian.com/environment/2020/mar/18/tip-of-the-iceberg-is-our-destruction-of-nature-responsible-for-covid-19-aoe?utm_term=RWRpdG9yaWFsX0dyZWVuTGlnaHQzMjAwMzE4&utm_source=esp&utm_medium=Email&CMP=greenlight_email&utm_campaign=GreenLight%27

³⁵ Global trends in emerging infectious diseases: <https://www.nature.com/articles/nature06536>

rapid detection of new cases will improve patient survival but only if investments are made in hospital-based oxygen systems. CHW rapid detection of new cases and potential contacts could help interrupt transmission, but only if we invest in facilities to provide safe and effective isolation, quarantine, and care.

For any response to be effective we must mobilize essential 'stuff' to support community delivery systems:

- (1) appropriate personal protective equipment (PPE) for CHWs and frontline providers,
- (2) rapid test kits for use outside the clinic,
- (3) medicines and equipment for treatment at community and facility level, and;
- (4) digital tools for information sharing and communication, training on new responsibilities, COVID-19 surveillance, and decision support.

In times like this, we are reminded of the urgent need for universal health coverage worldwide. The investments in the [compensation, dedicated supervision, continuous training, and performance management](#) necessary for rapid community response in an epidemic are the same as those required to prevent the next pandemic. Strengthening high-quality healthcare delivery systems will save lives, not just during COVID-19, but always.

The Community Health Impact Coalition is
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