

Reaching into the Community: Health Workers and Population Growth

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Expectant mother at a health center near Gao, Mali (Photo by Trevor Snapp)

Now that the Earth's population is seven billion and growing every day – women in Mali, for example, have an average of [6.4 children](#) – how do we help ensure that people will have access to lifesaving health care?

The [WHO](#) breaks it down like this: 2.3 doctors, nurses, and midwives per 1,000 people is the minimum needed to provide essential health services. So it follows that as the population increases, the world needs even more health workers to achieve the minimum threshold. One way to address this is by scaling up training and deployment of health workers, and this is certainly vital. At the same time, paying attention to the rate of population growth is key.

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Fertility rates remain high in many places, particularly in rural areas. “In most countries in Africa the lowest levels of contraceptive use and the highest unmet need [for family planning] are in rural areas,” says Scott Radloff, director of USAID’s Office of Population and Reproductive Health. “Women and families often live long distances from the nearest health facility, so strategies that extend information and services to the community level are the ones that have proven largely successful. These same strategies often make sense in peri-urban areas as well, where there are similar barriers to accessing information and services.”

What’s working?

Radloff highlights achievements in Ethiopia and Malawi. “Both have had sizeable increases in contraceptive use, largely in rural areas, and both are countries that have established new cadres of health workers that reach into communities. In Ethiopia they’re called health extension workers and they’re complemented by community health workers.” The contraceptive prevalence rate among rural women doubled from 11% in 2005 to 23% in 2010, according to the Ethiopia Demographic and Health Survey.



Health workers in Ethiopia (Photo by Christopher Wilson)



Mothers at the Saint Bakhita Health Centre in Yei, South Sudan
(Photo by Trevor Snapp)

“In Malawi,” Radloff continues, “they’re called health surveillance assistants.” They provide integrated services including community case management for child health and malaria; services for maternal and neonatal health; and administration of injectable contraception in addition to oral pills and condoms and referral for other methods. The modern contraceptive prevalence rate climbed from 28% in 2004 to 42% in 2010, according to the Malawi Demographic and Health Survey.

An integrated approach

“The community-based approach has been successful in a number of countries,” he points out, “due largely to increases in health workers that reach into the community.” What’s more, he adds, “these successes have not been limited to family planning and increased contraceptive use – this community approach has been successful in improving maternal and child health

indicators as well. Often these community efforts are integrated and provide an integrated package of services that includes family planning.”

Health workers and family planning

As Radloff notes, bringing services to rural areas is crucial and calls for such measures as “introducing a new cadre of workers at the community level or finding innovative ways of reaching out beyond the facilities into the community.” Within the context of the health workforce shortage, creative deployment of workers who provide integrated services at the community level appears to be a smart strategy for addressing the unmet need for family planning and improving other health indicators. A new CapacityPlus technical brief, [Population growth and the global health workforce crisis](#), supports this view and urges countries to combine efforts to meet men’s and women’s family planning needs with a simultaneous investment in the health workforce. “Doing so,” says lead author Sara Pacqué-Margolis, “would go a long way toward reducing the number of people worldwide with no access to essential health services.”

The technical brief is available in [English](#) and [French](#).

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