Towards primary healthcare improvement in Burundi: Time to invest in Community Health Workers.

Introduction

Primary healthcare (PHC) is widely recognized as a fundamental element of successful healthcare systems and serves as the cornerstone of Universal Health Coverage[1]. Community health is an integral part of primary health care and community health workers (CHWs) play a vital role in providing curative and preventive healthcare services in the community[2]. CHWs are therefore essential to ensuring global health security and play a crucial role in health equity. In Burundi, CHWs work voluntarily and there is no formalized employment model for them. They don't have monthly salaries like other healthcare professionals. CHW programs continue to face challenges in terms of adequate support; including financial ones. And, these factors serve to demotivate CHWs and affect therefore retention and the sustainability of community-based health programmes[3]. This commentary aims to inform policy intervention on the importance of investing in CHWs and highlights an innovative approach to investment in CHWs.

Opportunities and challenges to investing in community health workers

In March 2023, the 3rd International Community Health Workers Symposium held in Monrovia aimed to advance CHW Programs as essential to building resilient and equitable health systems to improve PHC [4]. The symposium recognized that to be fully effective, CHWs need to be trained, supervised and paid a decent wage and thus call countries to invest in country-led community health strategies, make professional CHWs the norm, integrate CHWs into human resource and health sector plans, galvanize political support and track progress of CHW programs[5].

Studies have shown that investing in professional CHWs can produce a 10 to 1 return on every dollar invested as a result of healthier populations and additional societal benefits including the empowerment of women and household income for paid CHWs[6]. In Indonesia, a study showed the cost-effectiveness of CHWs in stunting eradication. CHWs who are receiving monetary incentives are twice as likely to initiate home-based stunting education within their communities compared to CHWs who don't receive monetary incentives[7]. Billard et al[8], recognized that investing in CHWs through equipment, training, and remuneration can help prevent epidemics from turning into pandemics, and maintain the provision of healthcare in the event of major disruption.

Burundian CHWs get incentives through the performance-based financing approach (PBF)[9]. However, some reports argue that reliance on performance-based incentives alone does not provide CHWs with financial security and may ultimately hinder CHW rights[10]. Furthermore, to optimize the CHWs program, the 2018 WHO guideline suggests that CHWs should not be exclusively or primarily remunerated on the basis of performance-based incentives[11]. The Burundian government should consider financial rewards for CHWs as an integral part of overall health system planning. However, in its community health strategy, the Burundi government doesn't have a plan to pay CHWs[12]. Adding to the fact that some intermediate objectives to achieve Universal Health Coverage are not yet achieved, the question is whether

the country is ready to invest enough in primary healthcare through CHWs. For example, the government has not met the agreed target of allocating at least 15% of its annual budget to improve the health sector set in the 2001 Abuja declaration[13,14]. One of the reasons for the concern is the political leadership which prioritises other sectors than the heath sector in terms of budget allocation[15].

An entrepreneurial model to empower economically CHWs

Authors recognize the challenge for many countries to secure sustainable funding for community health programs, including remuneration for community health workers[16]. But considering the important role of CHWs in hard-to-reach areas where resources are limited and the worries of the shortage of human resources for the health sector which is projected to be 43 million health workers by 2030 including CHWs, countries such as Burundi should find other monetary motivations to complete the PBF incentives. [11,17] One of the solutions we propose in this commentary is the Community Health Entrepreneurship approach.

The community health entrepreneurship approach has been implemented by Healthy Entrepreneurs (HE), a Dutch social enterprise with a vision of basic healthcare for all, working with community health workers from rural zones through a social business model that transforms them into community Health Entrepreneurs (CHEs). HE involves rural CHWs in a social business model that allows them to improve access to health information, services, and products in their communities while generating income. They are trained in health promotion and entrepreneurship to provide health education and give access to affordable health products such as personal hygiene products, water filters, nutrition-fortified products, vitamins, and essential medicines (like paracetamol, worm medicines, and antimalaria pills). In addition, CHEs digitally manage their activities (health promotion and entrepreneurship) through solar-powered smartphones. Generated incomes served as a new financial motivation for those volunteer health workers. The model is currently active in 3 low- and middle-income countries (Uganda, Kenya, and Tanzania) and is being tested in Burundi, Burkina Faso, the Democratic Republic of Congo, and Nigeria.

Some authors have argued that social entrepreneurship can be most effective in reaching most at-risk individuals or communities that would be impossible to reach using social entrepreneurial tools, such as social marketing, conditional cash transfers, and microenterprise[18]. Earlier results of the HE model have been observed in Uganda. Robert A J et al[19] showed that CHEs positively affect the sexual and reproductive health status of communities in terms of knowledge of sexually transmitted infections and the use of modern contraceptive methods such as pills, implants, and injections. Indeed, his study showed that the use of modern contraceptive methods was higher among rural communities exposed to CHEs compared with communities covered by regular CHWs.

Burundi has a predominantly rural population (80%), with a geographical relief that makes hard access to healthcare, particularly for maternal and child health[20]. CHWs are therefore essential to overcome the inequality in healthcare provision due to geographical disparities. The profile of these CHWs is predominantly female, and studies have confirmed that female CHWs perform much better than male CHWs[12]. Nevertheless, considering the responsibilities

assigned to women in Burundian culture, they represent pillars indispensable to the economic development of their families and the country as a whole. Unable to pay them, the Burundi government can see such a model as an opportunity to make these women volunteers financially independent. This would also keep them motivated and make the community health worker system more sustainable and resilient.

Moreover, for a country where over 50% of children under age five suffer from chronic malnutrition, the model, via its community-based distribution network, offers an opportunity to provide health services and products to alleviate these concerns, while promoting the national economy[19,21,22]. This is also valid for other health problems facing the country such as population growth or the demographic transition with the growth of non-communicable diseases in rural areas.

In addition, In low-resource settings, studies have confirmed the improvement of primary healthcare, particularly in maternal and child health, HIV, tuberculosis and sexual and reproductive health when CHWs are equipped with mobile technology[23]. In north-western Burundi where antenatal care attendance is significantly low compared to the countrywide levels, Misago et al[24] tested a digital smartphone-based intervention enabling antenatal consultation reminders and follow-up via CHWs, nurses and midwives. Results showed that after two months, the approach allowed 80% of mothers to constantly attend antenatal care appointments with an increase of 200% from the baseline. Thus, for a country which is gradually committing to digitalize healthcare at the community level, particularly maternal and child health, the Healthy Entrepreneurs approach where CHWs are equipped with smartphones, could be a great opportunity to vulgarize Misago's intervention.

Although the model presents opportunities, it is more than essential to maintain a certain ethic to avoid any form of deviance. Indeed, any entrepreneurial model, whether social or capitalist, generates profit, whatever it may be. It is therefore mandatory to monitor the program to avoid turning community health workers into speculative traders.

Conclusion

Remuneration of CHWs is actually a point of debate in the literature. There is a growing consensus that community health workers should be paid. And, studies have confirmed the cost-effectiveness in preventing diseases when further investments are initiated in the CHWs system. The 2018 WHO Guideline strongly recommends remunerating CHWs for their work with a financial package regarding the job demands and complexity, number of hours, training, and roles that they undertake, and not paying community health workers exclusively or predominantly according to performance-based incentives. Even if paying CHWs seems to be difficult for the Burundi government which is already delaying achieving some UHC targets, some initiatives can be implemented to complete the performance-based incentivisation. The approach of social entrepreneurship among rural community health workers, a predominantly female workforce, can be one of the solutions to empower economically CHWs and improve PHC digitalization approach.

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