

Accelerating community health worker programmes: a key priority of the Global Health Initiatives for the operationalisation of the Lusaka Agenda in Africa

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INTRODUCTION

Community health workers (CHWs) are the lowest-level health cadre who serve at the community level to promote health and prevent and control diseases, particularly in underserved hard-to-reach populations. CHWs are an essential component of care and the first point of contact with the primary healthcare (PHC) systems that bridge the community with the higher levels of the health system. CHWs have played crucial roles in strengthening PHC and responding to public health emergencies (PHEs) in Africa.^{1 2} However, CHW programmes have been affected by multipronged programme and operational challenges, mainly emanating from poor governance and coordination systems, a lack of sustainable funding and siloed and fragmented approaches of various stakeholders.^{3 4} There is a dire need to harmonise efforts and coordination mechanisms to ensure the scalability and sustainability of CHW programmes in Africa. According to the WHO data, there were about 1 million CHWs in Africa, just half of the number required to meet the African Heads of State and Government target of 2 million CHWs in Africa.⁵ This reality underscores the need for concerted and coordinated efforts from all the stakeholders involved with the design and implementation of CHW programmes, working together as one team, around one plan with one budget and one monitoring and evaluation framework.

The Global Health Initiatives (GHIs)—Lusaka Agenda for strengthening CHW programmes

CHWs have contributed in extraordinary ways to the programme and operational

SUMMARY

- ⇒ Community health workers (CHWs) are the critical elements of vibrant primary healthcare (PHC) services.
- ⇒ CHWs have played crucial roles in strengthening PHC and responding to public health emergencies in Africa.
- ⇒ The CHW programme faces significant challenges due to poor governance and coordination, lack of sustainable funding, and fragmented, siloed stakeholder approaches.
- ⇒ The Lusaka Agenda represents a strategic opportunity to harmonize stakeholder efforts and resources to ensure the scalability, impact, and sustainability of Africa's CHW programmes.

successes of the GHIs (Global Fund, PEPFAR [U.S. President's Emergency Plan for AIDS Relief], World Bank and GAVI [Global Alliance for Vaccines and Immunisation]), which were established to mobilise resources and disburse funds to address global public health challenges in low- and middle-income countries.^{6 7} These programmes have, however, worked in silos, limiting the effective use of the financial and technical resources available to Africa. In addition, in view of the changes in global health needs, financing and governance mechanisms, reshaping the current global health ecosystem is critical to building a more robust and resilient health system that can cope with emerging public health threats while simultaneously enhancing access to essential healthcare services for everyone to achieve universal health coverage (UHC).⁸

In response, funders, governments, global health organisations, civil society and the research and learning community



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recommended five strategic shifts for the GHIs termed as the 'Lusaka Agenda'. The agenda proposes that the GHIs should—(1) make a stronger contribution to PHC by effectively strengthening systems for health; (2) strengthen joint approaches for achieving equity in health outcomes; (3) play a catalytic role towards sustainable, domestically-financed health services and public health functions; (4) achieve strategic and operational coherence and (5) coordinate approaches to products, research and development, and regional manufacturing to address market and policy failures in global health. To realise these strategic shifts, GHIs need a more inclusive and transparent governance system, monitoring the impacts of the initiatives and closely working with government systems to achieve the goals.⁸

The strategic shifts outlined in the Lusaka Agenda represent a critical opportunity to align the programme and operational efforts of the GHIs to optimise the impact and viability of CHW programmes in Africa. This orientation is essential because CHW programmes, when well designed, implemented and monitored, can play a transformative role in strengthening healthcare delivery systems across the continent. A key aspect of this opportunity is the potential for alignment and harmonisation. Currently, many CHW programmes across Africa operate in silos, with varying packages of services, levels of support, training and integration into national health systems. The Lusaka Agenda emphasises the need for a more unified approach, where resources, knowledge and best practices are shared across borders, leading to more consistent and effective CHW programmes. By aligning efforts under a common framework, the GHI can help standardise CHW training, support and integration into healthcare systems, making these programmes more robust and sustainable.

While the Lusaka Agenda presents a bold vision for transforming Africa's health systems, including the CHWs programme, through unified planning and country ownership, several critiques emerged, highlighting its potential limitations that must be addressed. There is concern that fragmented donor ecosystems and competing GHIs may undermine the agenda's coherence, despite its 'one plan, one budget' approach. Power imbalances persist, with donors often retaining disproportionate influence over funding and strategic priorities. Operationalising the agenda requires significant technical capacity, which may be uneven across countries. Additionally, the accountability framework is still evolving, raising questions about transparency and enforcement. Financial sustainability remains uncertain, as domestic resource mobilisation varies widely, and civil society engagement has been limited, risking exclusion of grassroots perspectives.

The leadership role of the Africa Centres for Disease Control and Prevention (Africa CDC) for the CHW programmes in Africa

The CHW programmes are a shared responsibility of every stakeholder working in the health system to promote health and prevent and control diseases, to ensure UHC and emergency/humanitarian response for health security. The Africa CDC is well positioned to play a crucial role in coordinating and harmonising the efforts of various stakeholders to strengthen PHC and the continental plan for scaling up CHW programmes. Africa CDC is a continental autonomous health agency of the African Union (AU) established to support public health initiatives of Member States, and to strengthen the capacity of their health institutions to detect, prevent, control, and respond quickly and effectively to disease threats and outbreaks. Africa CDC conducts and supports science, policy, and data-driven interventions and programmes. It is committed to operationalising the call of the African Heads of State made at the 29th AU summit in July 2017 to recruit, train and deploy 2 million new CHWs in Africa.⁹

Given the substantial roles CHWs play in disease prevention and control, Africa CDC is advocating for political prioritisation and increased domestic investment in CHW programmes in Africa. In addition, available COVID-19 response, polio eradication and other similar programme funds can be reprogrammed to strengthen the CHW programmes in Africa. An example is the reprogramming of the US\$1.5 billion Mastercard Foundation funds through Africa CDC for the COVID-19 pandemic, recently reprogrammed to support CHW programmes in Africa after the announcement of COVID-19 as a PHE of International Concern.¹⁰ The COVID-19 Response Fund, converted into the African Epidemics Fund by the AU to strengthen the PHE response efforts, can also be leveraged to strengthen the CHW programmes in the Member States.¹¹ CHW-led programmes consistently demonstrate exceptional value—both economically and in terms of public health outcomes. Evidence shows that CHWs can deliver up to US\$10 in return for every US\$1 invested, particularly in areas such as maternal and child health, HIV care and chronic disease management.¹² According to the Africa CDC estimate, scaling up CHW programmes across the continent has the potential to save up to 151 million lives by 2030, primarily through reductions in neonatal and under-five mortality.⁹

Africa CDC can continue to play the role of harmonising funding from partners and organisations to support the CHW programmes in Africa. In addition, the Pandemic Fund, established to channel critical investments to strengthen pandemic prevention, preparedness and response capacities at national, regional and global levels, is another great opportunity for funding the CHW programmes.

The Africa CDC's call for a unified approach to CHW investments is one low-hanging fruit that can represent a significant shift in the way GHIs and governments collaborate. By

pooling resources and aligning strategies, GHIs and governments can create a more cohesive and effective response to healthcare challenges of the most vulnerable and hard-to-reach populations across the continent. Channelling funding towards CHWs offers unmatched value in terms of reach, equity and cost-effectiveness. This collaborative effort aims to demonstrate the power of working together to achieve common goals, such as the ambitious target of deploying 2million CHWs. The call addresses several prior calls for unified actions as exemplified by the Monrovia call for the adoption of a unified One Plan, One Budget and One Monitoring and Evaluation (M&E) framework in March 2023, call at the high-level ministerial event on CHWs during the World Health Assembly in May 2023, the Lusaka Agenda developed in 2024, and the AU summit of Heads of State and Governments in February 2024 which recommended that Africa CDC and AU develop an accountability framework to monitor progress on the Lusaka Agenda. Accordingly, the Heads of State and Government of AU Member States endorsed the establishment of a secretariat at Africa CDC to develop an accountability framework and coordinate its implementation.¹³

This one team, one plan, one budget and one M&E approach of the Lusaka Agenda has been demonstrated in the continental mpox outbreak response through the Incident Management Support Team under the leadership of Africa CDC and WHO, bringing together more than 28 partners. This has increased the efficiency of the response efforts, avoiding duplication and leveraging the expertise and experience of the partners.¹⁴

This integrated approach is not entirely new; it echoes long-standing calls for greater coordination and synergy in global health efforts, as outlined in frameworks like the Paris Declaration on Aid Effectiveness and the International Health Partnership.¹⁵ However, the current momentum around scaling up CHWs offers a unique opportunity to finally put these principles into practice on a large scale to achieve sustainable impact. By doing so, stakeholders can move beyond fragmented, project-based interventions and work towards sustainable, system-wide improvements in healthcare delivery. Moreover, this integrated approach has the potential to create a lasting impact by ensuring that CHW programmes are not only scaled up but also integrated into national health systems in a way that is sustainable and effective. This could lead to more consistent and long-term support for CHWs, better outcomes for communities, and a stronger, more resilient healthcare system across Africa. The support of the Boards of GHIs would provide the necessary political and strategic impetus to make this vision a reality. It would also signal a commitment to breaking down silos and fostering greater collaboration at the political, strategic and operational levels.

CONCLUSIONS

Synchronisation of resources for coordinated and concerted efforts of various national and international stakeholders to ensure the efficiency and sustainability

of the CHW programmes in Africa has never been more needed and crucial at a time when Africa is striving to achieve UHC while at the same time improving health security. A unified continental CHW acceleration strategy that involves comprehensive policy development, sufficient and harmonised funding, integrated training programmes to enhance the capacity of CHWs and a robust monitoring and accountability framework drawn by the government of AU Member States to maximise the potential benefits of these programmed and reprogrammed finances. To achieve this, the operationalisation of the Lusaka Agenda offers GHI a unique opportunity to come together as one team with pooled resources to facilitate the integration of CHW programmes into the national health systems, foster cross-sector collaboration and ensure consistent support for the programme's durability. The scale-up of CHWs towards the 2million target is a good place to start. Stakeholders, including governments, non-governmental organisations, international agencies and community leaders, must work together to streamline operations, eliminate redundancies and optimise resource allocation. Such a collaborative approach is essential to empower CHWs and maximise their impact on improving public health outcomes to realise our vision of a safer, healthier and prosperous Africa.

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REFERENCES

- 1 Bhaumik S, Moola S, Tyagi J, *et al*. Community health workers for pandemic response: a rapid evidence synthesis. *BMJ Glob Health* 2020;5:e002769.
- 2 le Roux KW, Almirol E, Rezvan PH, *et al*. Community health workers impact on maternal and child health outcomes in rural South Africa - a non-randomized two-group comparison study. *BMC Public Health* 2020;20:1404.
- 3 Assefa Y, Gelaw YA, Hill PS, *et al*. Community health extension program of Ethiopia, 2003-2018: successes and challenges toward universal coverage for primary healthcare services. *Global Health* 2019;15:24.
- 4 Salve S, Raven J, Das P, *et al*. Community health workers and Covid-19: Cross-country evidence on their roles, experiences,

- challenges and adaptive strategies. *PLOS Glob Public Health* 2023;3:e0001447.
- 5 World Health Organization. The global health observatory. n.d. Available: <https://www.who.int/data/gho/data/themes/health-workforce>
 - 6 Nkengasong J, Ruffner M, Bartee M, *et al*. Sustaining the HIV/AIDS response: PEPFAR's vision. *J Int AIDS Soc* 2023;26:e26192.
 - 7 The Global Fund. About the global fund. 2024. Available: <https://www.theglobalfund.org/en/about-the-global-fund/#:~:text=In>
 - 8 Future of Global Health Initiatives. The lusaka agenda: conclusions of the future of global health initiatives process. 2024. Available: <https://futureofghis.org/final-outputs/lusaka-agenda/>
 - 9 Africa CDC. Accelerating investment in community health workforce programs in Africa. 2023. Available: <https://africacdc.org/news-item/accelerating-investment-in-community-health-workforce-programs-in-africa/>
 - 10 Africa CDC. Africa CDC and mastercard foundation launch phase 2 of the saving lives and livelihoods (SLL) initiative to strengthen Africa's public health systems. 2023. Available: <https://africacdc.org/news-item/africa-cdc-and-mastercard-foundation-launch-phase-2-of-the-saving-lives-and-livelihoods-sll-initiative-to-strengthen-africas-public-health-systems/>
 - 11 Mahlet KH, Justice N, Justin M. From decision to action: the africa epidemics fund. Center for Global Development; 2024. Available: <https://www.cgdev.org/blog/decision-action-africa-epidemics-fund>
 - 12 Gillam P, Moncrieft MA, Pope H. Evaluation of the return on investment (ROI) of community health worker integration in the care of individuals.
 - 13 Africa ADC. Accountability framework to drive the lusaka agenda. 2025. Available: <https://africacdc.org/news-item/accountability-framework-to-drive-the-lusaka-agenda/>
 - 14 Ngongo N, Ndembu N, Fallah M, *et al*. Unified continental approach to mpox preparedness and response: A model for Africa's future outbreaks. *J Public Health Afr* 2025;16:877:877:.
 - 15 Lancet T. *International Health Partnership: A Welcome Initiative*. 370. The Lancet. Elsevier, 2007:801.