

## Community health workers and tuberculosis services integration within primary health care: from adequate compensation to comprehensive, reliable support

We thank Madhukar Pai and colleagues for their timely Comment in *The Lancet Primary Care* on integrating tuberculosis services across sectors and for suggesting the importance of strengthening community health workers (CHWs) for effective tuberculosis treatment support and follow-up.<sup>1</sup> We would like to highlight four complementary considerations.

First, although Pai and colleagues rightly recognise the contribution of CHWs in community-based active case-finding, we wish to underscore the central and comprehensive role that CHWs play in community-based tuberculosis care. When sufficiently supported and equipped, CHWs conduct symptom screening, collect specimens, and ensure timely referral, thereby extending decentralised diagnostic services and strengthening primary health care-based tuberculosis pathways.

Second, greater precision is required in defining adequate compensation for CHWs. Substantial evidence suggests that CHW engagement depends on monetary and non-monetary compensation, including access to health and social protection services. The access to these services should be embedded within broader enabling conditions, including training, access to tools and equipment (such as personal protective equipment), occupational safety, supportive supervision, and health system co-ordination.<sup>2-4</sup> Despite high-level evidence and recommendations for system-wide standards for CHW compensation and support,

many CHWs continue to work on a voluntary basis. Applying best practices from CHW programming to tuberculosis care would help to frame adequate compensation as part of a coherent support package and shift the discussion from what is needed for tuberculosis response integration to why implementation fails and how effective implementation can be achieved across health systems.

Third, tuberculosis-related work is disproportionately concentrated among marginalised populations; involves complex referral pathways and long-term follow-up requiring repeated training and enhanced supervision; and exposes CHWs to infection risk.<sup>5</sup> These factors help to explain why CHWs might deprioritise tuberculosis-related work relative to other domains within vertical programme structures. For example, vaccination or maternal health-related services typically require less intensive support, pose lower occupational risk, and involve more straightforward tasks. Effective integration of tuberculosis into primary health care at the community level requires a clearer understanding of the specific constraints faced by CHWs in the tuberculosis response.

Finally, we believe that CHWs should not only be executors in primary health care-rooted tuberculosis care but also co-designers of these service structures. The perspectives of CHWs are crucial for integrating tuberculosis into routine work, and their experience with linking multiple, often vertical programmes uniquely positions them to bridge fragmented and siloed implementation efforts.

In summary, effective and sustained CHW engagement in the tuberculosis response requires co-creating policies with CHWs and providing comprehensive, reliable system support to address the specific challenges of tuberculosis work while establishing horizontally integrated CHW programming.

NM reports a Clinician Scientist Fellowship from the Berlin Institute of Health (2023–26) and project funding from the Else Kröner-Fresenius-Stiftung

(2024–27) to Charité supporting a public health research and action programme on community health workers in Madagascar. NM was also an unpaid board member of the not-for-profit organisation *Ärzte für Madagaskar e.V.* (2015–25). AN held a paid part-time student position with *Ärzte für Madagaskar e.V.* between 2022 and 2024. FYA and OGR declare no competing interests. ChatGPT was used for checking grammar and language. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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*Lancet Prim Care* 2026;  
**2: 100108**

Published Online February 5, 2026

<https://doi.org/10.1016/j.lanprc.2026.100108>

See [Comment](https://doi.org/10.1016/j.lanprc.2025.100056) <https://doi.org/10.1016/j.lanprc.2025.100056>