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Essential aid made fully visible: understanding the proCHW financing landscape analysing accessible donor data sources

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ABSTRACT

Introduction Community health workers (CHWs) play a critical role in extending healthcare services to underserved populations, especially in low-income and middle-income countries. Professional CHWs (proCHWs), who are salaried, skilled, supplied and supervised, are essential for achieving Universal Health Coverage and other global health goals. Despite the growing recognition of proCHWs, there is limited understanding of the global financing landscape for these workers. This study analyses the availability of data detailing the allocation of funding from major global development organisations for proCHWs.

Methods The study was conducted by the Community Health Impact Coalition (CHIC) using a two-stage approach. First, eight major global funders were selected through a consultative process with CHIC members, chosen based on their perceived influence, leadership in community health and scale of financial commitments. The second stage involved mapping and analysing the funding availability of these organisations through desk reviews, brief consultations and analysis of public funding databases. The transparency of proCHW-specific funding data was assessed using a classification system: 'yes' (full availability), 'partial' (moderate availability) and 'no' (low/no availability).

Results The analysis revealed a gap in accessible data required to quantify the funding for CHWs, particularly proCHWs, across the eight organisations. Only two organisations, The Global Fund and the President's Malaria Initiative, provided partial data visibility, while none fully disclosed specific funding amounts for proCHW programmes. Most organisations did not systematically track or report CHW investments, making it challenging to assess global funding flows.

Conclusions The study highlights gaps in the availability of data related to funding for proCHWs, hampering the ability to track and evaluate investments in proCHW programmes. The study recommends global funders improve the specificity of their data reporting and integrate proCHW indicators into standard reporting tools. Enhanced data reporting is essential for optimising investments in proCHW programmes and advancing global health equity.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Previous research has quantified financial investments in community health worker (CHW) programmes but lacks differentiation between programmes aligned with WHO guidelines (professional CHW, proCHW) and those that are not.

⇒ This study aims to fill this gap by examining funding specifically allocated to proCHW programmes by eight major funders including: Bill & Melinda Gates Foundation, The Global Fund to Fight AIDS, Tuberculosis and Malaria, The World Bank Group, The US Agency for International Development, The President's Malaria Initiative (PMI), the US President's Emergency Plan for AIDS Relief, UK Foreign, Commonwealth and Development Office (formerly UK Department for International Development) and the Government of Canada.

INTRODUCTION

Community health workers (CHWs) are crucial in extending essential healthcare services to communities, addressing health disparities, preventing, detecting and responding to pandemics and facilitating progress towards Universal Health Coverage for all.[1–5]

CHWs deliver a wide range of essential healthcare services, particularly in low-income and middle-income countries (LMICs), where health systems often face significant workforce shortages, constrained financial resources and barriers to healthcare access. Their roles range from carrying out health

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WHAT THIS STUDY ADDS

⇒ This study is the first to outline the availability of data describing proCHW funding across eight major funders.
⇒ Only two organisations (The Global Fund and the PMI) provided partial data visibility of funding for proCHWs, while none fully disclosed specific funding amounts for proCHW programmes.
⇒ This study reveals the challenges in assessing global funding flows for proCHWs, highlighting a lack of publicly available data specific to proCHW investments.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This study outlines the critical role of foreign aid in improving healthcare access for the world's most underserved patients.
⇒ It emphasises the need for improved specificity by funders of public data reporting on proCHW funding to better track and evaluate the effectiveness of investments.
⇒ We recommend: funders (1) improve their public data visibility and (2) integrate proCHW indicators into standard reporting tools.

promotion and prevention activities to administering vaccinations and treating illnesses.[6] Serving as the first point of care for vulnerable populations, CHWs also drive reductions in morbidity and mortality.[7 8] The potential return on investment for governments investing in CHWs is substantial, encompassing increased productivity, cost savings from preventing health crises,[9 10] continuity of care during pandemics[4] and the economic impact of enhanced and equitable employment.[11]

While evidence suggesting that CHWs are an essential part of first-class health systems continues to accumulate,[12] such results can only be expected if CHWs are set up for success. This includes fair pay, reliable equipment, ongoing training and supervision and other health systems support. It also includes CHWs' integration into data systems, commodity supply chains and national policies and strategies.[13 14] While CHWs are referred to by many different names across the world, the model in which they are salaried, skilled, supplied and supervised is referred to as the professional CHW (proCHW) model.[15]

While just a few years ago the notion of proCHWs was debated, it is now the emerging consensus. Following the third International Community Health Workforce Symposium in Liberia, the 2023 Monrovia Call to Action, adopted by more than 700 delegates, states: "Protected, paid, trained, supervised, and supplied CHWs must be the rule and not the exception".[16] Yet, despite this landmark statement, proCHWs still remain the exception, not the norm. For example, CHWs are out of stock of key medicines or supplies one third of the time,[17] 86% of CHWs in Africa are unsalaried,[18] and only 40 countries have accredited and salaried national CHW programmes at the time of this analysis.[19]

Global guidelines and funding play an important role in creating the enabling environment for more countries to adopt proCHW policy. Yet, despite the passage of landmark guidance, most notably the WHO Guideline on CHWs in 2018,[13] progress on dedicated funding for proCHWs is lagging. Although global development financing prior to 2025 included unprecedented levels of investment in health,[20] only a small percentage was directed toward CHWs. For example, the total development assistance targeting CHW projects from 2007 to 2017 was just 2.5% of the total development assistance for health—and even this is likely to be an overestimate.[21]

Disaggregation is also critical as the landscape of CHW programmes being implemented globally varies dramatically. For example, programmes range from fully proCHW workforces integrated into national health systems in line with WHO guidelines,[13] to short-term engagement of inconsistently supported volunteers for ad hoc campaigns. Previous efforts to quantify financial investments into CHW programmes have provided an important baseline understanding[11 13] but do not differentiate between investments made in CHWs supported in line with WHO guidelines and those that are not (ie, proCHW vs non-proCHW).

Amid the changing political and foreign aid landscape which emerged in early 2025, in which proCHWs have the potential to serve as a critical and cost-effective tool to strengthen global health security and pandemic preparedness,[22] there is an urgent need to better understand how much investment has been made in these programmes, from which sources, and how money has been used. Although investment from individual national governments has formed an increasing percentage of community health investment in recent years, foreign donors still contributed 60% of the financial resources for CHW programmes in sub-Saharan Africa prior to 2025.[10]

This study aims to quantify the funding allocated to proCHW programmes by eight major global development organisations, as well as to map and analyse the availability of data related to their funding of proCHWs.

METHODS

This analysis was conducted by the Community Health Impact Coalition (CHIC). CHIC is a field catalyst made up of CHWs and dozens of aligned global health organisations in 60 countries, across five WHO regions who together conduct research, advocacy and organising.[23]

The study was conducted in two stages. The first stage involved selecting the global development organisations for analysis, while the second stage focused on mapping and analysing the available funding data of each organisation.

Stage 1: selecting global development organisations

A consultative process was conducted in which members of the CHIC network were asked to shortlist organisations involved in CHW funding. The selection criteria were based on the organisations' perceived influence in the field, leadership in community health and the scale of their financial commitments. This process led to the identification of six key organisations: the Bill &

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Melinda Gates Foundation (BMGF), The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the US Agency for International Development (USAID), the President's Malaria Initiative (PMI), the US President's Emergency Plan for AIDS Relief (PEPFAR) and The World Bank Group.

While we acknowledge that three of the organisations—USAID, PEPFAR and PMI—are US government agencies, we have classified them as distinct entities for the purpose of this analysis due to their differing mandates, funding sources and reporting requirements. It is important to note that the selection of these entities and the analysis shared in this report were completed prior to the 2025 US executive orders on foreign aid. The intent of this research is to improve healthcare access for the most underserved patients worldwide, an ethical and security imperative for which foreign aid is critical.

To ensure a comprehensive list of the leading funders of CHW programmes, we also reviewed a list of funding organisations identified in a previous formal scoping review.[24] This additional review led to the inclusion of two more organisations: the UK Foreign, Commonwealth and Development Office (FCDO, formerly the UK Department for International Development (DFID)) and the Government of Canada.

For more detailed information on the eight organisations and the rationale for their inclusion, please refer to table 1.

Stage 2: mapping and analysing funding transparency

To map and analyse the funding transparency of organisations involved in CHW and proCHW investments, a multifaceted approach was employed. This approach included:

Desk review and database consultation

A comprehensive desk review of each funder's website was conducted to gather publicly available data on proCHW investments prior to 2025. Additionally, the team collaborated with the Institute for Health Metrics and Evaluation at the University of Washington (IHME)[25] to ascertain information on community health spending from their funding database, using specific keywords (see online supplemental appendix 1).

Consultations for triangulation of findings

To supplement and validate findings from the desk review, consultations were conducted with representatives from eight global funding organisations: Financing Alliance for Health, Last Mile Health, PMI, PEPFAR, USAID, CHAI, the World Bank and IHME.

These consultations were fact-checking exercises designed to triangulate publicly available data on CHW financing. Participants were asked to:

- Verify funding data identified during the desk review.
- Clarify gaps or ambiguities in publicly reported financial information.
- Confirm whether funders systematically tracked proCHW investments.

The discussions were strictly technical and factual, focusing solely on validating information on CHW funding accessibility. No personal or opinion-based questions were asked. The consultations were conducted online via virtual calls or email exchanges, and participants were not compensated for their time. Detailed notes were taken to ensure accuracy in verification.

Aid Transparency Index and public documents

Spending assessments were conducted by consulting the Aid Transparency Index scores for 2023 and reviewing publicly available documents via each organisation's websites and reports.[26] To assess the visibility of funding data, a classification system with three categorical variables was developed: 'yes' (full accessibility), 'partial' (moderate accessibility) and 'no' (low/no accessibility). Detailed definitions for each variable are provided in table 2.

Patient and public involvement

Patients and the public were not involved in this research study; however, the findings of this research were shared directly with CHWs from the CHIC network.

RESULTS

For each of the eight organisations, we report on whether general funding data (and specifically community health funding) is publicly available, and whether funds allocated to CHWs (and specifically proCHWs) can be quantified based on public data.

Bill & Melinda Gates Foundation

BMGF maintains a public database on their website that details over 32 000 committed grants since 1994, excluding charitable contracts and programme-related investments. The database provides information such as the name of the grantee, the purpose of the grant, dates, committed amounts, location and the internal BMGF division and grant topic alignment. A simple search of the public database yielded 465 results for primary healthcare (PHC), 976 results for community health and only 46 results for CHWs.

While this demonstrates BMGF's commitment to transparency, the information provided is insufficient for a comprehensive understanding of their financing for CHWs, or even for community health and PHC, at a detailed or granular level.

There are no publicly available data or information on the specific dollar spend for CHW or proCHW funding.

Global Fund to Fight AIDS, Tuberculosis and Malaria

The GFATM results report on their website showed a US$583 million investment in CHWs over the 2021–2023 reporting period—more than double the investments made in the previous period.[27]

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Table 1 Profile of selected global development organisations and justification for inclusion in the funding transparency analysis

Organisation	Justification for inclusion
Bill & Melinda Gates Foundation (BMGF)	The BMGF[46] is the largest private funder in global development, with an US$8.3 billion budget in 2023, granting it significant influence over global health agendas. In 2021–2022, the foundation implemented a new primary healthcare strategy, which encompasses its investments in community health initiatives.
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)[47]	Established in 2002, GFATM was designed to rapidly raise and disburse funding to combat HIV/AIDS, tuberculosis and malaria in LMICs.[47] Over the past 20 years, it has invested US$55.4 billion across 126 countries, reportedly saving 50 million lives and halving mortality rates from its three focus diseases. Following its seventh replenishment, US$12.9 billion was approved for disbursement in 2023–2025, including a US$900 million commitment to CHWs over the next 3 years.[28]
The World Bank Group[48]	The World Bank provides financial support to LMIC governments for economic development. It comprises the International Bank for Reconstruction and Development (IBRD), which provides financial and policy support, and the International Development Association (IDA), which offers low-interest to zero-interest financing for the world's poorest countries. Additionally, it hosts the Global Financing Facility (GFF), which focuses on strengthening health systems and community-based care, with an emphasis on women, children, and adolescents. In fiscal year 2023, it committed US$128.3 billion in loans, grants, equity investments and guarantees. A 2022 World Bank report on resilient health systems emphasised the need for professional, supervised and compensated CHWs, signalling increased support for proCHW policies.
The US Agency for International Development (USAID)[49]	USAID, the primary US agency overseeing non-military foreign aid and development, is one of the largest global funders, with a 2023 budget of US$29.4 billion. Of this, US$4.166 billion was allocated specifically to global health, including funding for PMI and PEPFAR. USAID has extensive experience supporting CHW-focused programmes and played a key role in developing the CHW-AIM (Community Health Worker Assessment and Improvement Matrix) framework, a tool designed to assess and strengthen CHW programme functionality.[50]
The President's Malaria Initiative (PMI)[51]	Launched in 2006 by USAID and the CDC, PMI focuses on reducing malaria-related morbidity and mortality through collaboration with National Malaria Control Programmes.[51] Its FY2023 budget was US$780 million.[52] In 2021–2022, PMI made key proCHW policy advancements, including incorporating CHW remuneration into its approved funding packages and conducting an internal analysis of national policies regarding CHW payment.[32]
US President's Emergency Plan for AIDS Relief (PEPFAR)[53]	Since 2003, PEPFAR has been a critical force in the global response to HIV/AIDS, investing over US$100 billion in epidemic control. In FY2023, its budget was US$6.9 billion.[54] In 2022, for the first time, its Global Country Operational Plan (COP) guidance emphasised professionalising and compensating CHWs. PEPFAR's 5-year strategy, particularly Pillar 3.2, prioritises the integration of professional CHWs into national health systems.[55]
UK Foreign, Commonwealth and Development Office (FCDO)[56] (formerly UK DFID)	From 1997 to 2020, the Department for International Development (DFID) oversaw the UK's overseas aid. In 2020, it merged with the Foreign and Commonwealth Office (FCO) to form the FCDO. In FY2024, FCDO disbursed £3.4 billion through various contracts, including £550 million for development.[57] In 2022, FCDO published a new 10-year strategy with a strong focus on global health. Between 2017 and 2023, FCDO (formerly DFID) funded 43 research and implementation studies related to CHWs.[58]
Government of Canada	Between 2017 and 2022, Global Affairs Canada (GAC),[59] the arm of the government responsible for international assistance, has disbursed more than $C10.4 billion (US$7.7 billion) on global health programming, including $C4.2 billion (US$3.1 billion) on the COVID-19 response. Under its new 10-year Commitment to Global Health & Rights,[60] GAC aims to raise annual global health funding to $C1.4 billion (US$1 billion). Canada's 2017 Feminist International Assistance Policy[61] prioritises programmes that integrate gender in healthcare, including initiatives empowering CHWs, most of whom are women. Two other Canadian entities contribute to global community health: the International Development Research Centre (IDRC),[62] which falls under the purview of Canada's Minister of International Development, and Grand Challenges Canada,[63]a private Crown Corporation primarily funded by Global Affairs Canada, with additional support from other governments and philanthropies. In 2022–2023, IDRC allocated $C182 million (US$134 million) for research, including $C39 million (US$29 million) for global health. Grand Challenges Canada received $C50 million (US$36 million), 67% from GAC and disbursed $C46 million, with $C38 million (US$28 million) for global health innovations. Canada, like the UK FCDO, funded 37 research and implementation studies on CHWs and was identified in a 2020 study as a top three donor for CHW programmes.[21]

CHWs, community health workers; LMIC, low-income and middle-income country; proCHWs, professional CHWs.

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Table 2 Transparency levels of the transparency of CHW funding data

	Yes (full accessibility)	Partial (moderate accessibility)	No (low/no accessibility)
Availability of general funding allocation data	Comprehensive information is publicly available about each grant or funding allocation.	General information about grants or funding is available, but not all details are provided in a public forum.	Limited or no information is publicly available regarding funding allocations.
Specificity of data (ie, Community health-related funding data)	Specific information about the allocation and utilisation of funds for the domain (eg, community health, CHWs, proCHWs) is fully available.	Key elements like grantee name, purpose, dates, amount and location are included, but specific details about CHW-related funding may be lacking. Searches yield results for related terms like PHC and community health, but CHW-specific information is limited or non-comprehensive.	Crucial details such as grantee, purpose, amount and specific programme alignment are missing or inaccessible. There is no specific data regarding funding for CHWs, community health, or PHC.
Quality of database	The data are easily accessible, searchable and regularly updated.	Data accessibility and searchability are moderate, but the comprehensiveness and/or regularity of updates may be lacking.	The database is either non-existent, not publicly accessible or significantly outdated.

CHW, community health worker; PHC, primary healthcare; proCHW, professional CHW.

GFATM projects a significant increase in CHW investments over the next 3 years, with an anticipated US$900 million in the Grant Cycle 7 round fueled by various initiatives including the Africa Frontline First Catalytic Fund (AFF-CF), the first-ever fund dedicated to the scale-up of proCHW programmes.[28]

While GFATM does not officially disaggregate spending on CHWs vs proCHWs, the AFF-CF is expected to mobilise US$100 million for proCHWs; this is just over 10% of the Global Fund's total commitment to CHWs over the next 3 years.[29]

World Bank Group

Investments made under the category of 'health' from the World Bank can be identified through an online data portal and public reporting; however, it is not possible to assess funding levels focused on more specific categorisation—such as community health or CHWs.[30]

There are no publicly available data or information on dollar spend for CHW or proCHW funding.

US Agency for International Development

Data related to general USAID financing can be accessed through various public reporting (eg, US Overseas Loans and Grants: Obligations and Loan Authorizations),[31] but there is no central database to enable a public search for funding amounts for community health or CHW programmes, and the information that is shared lacks the level of detail required to ascertain specific dollar amounts for CHW or proCHW funding.

President's Malaria Initiative

PMI reported an estimated US$33 million allocation in 2022 'to support approximately 100 000 CHWs through training and supervision, equipment, and, in some countries, payment'[32]; however, the level of details available on publicly facing resources is insufficient to disaggregate general CHW spending from proCHW spending.

President's Emergency Plan for AIDS Relief

Internally sourced data from the 2023 Financial Year PEPFAR Human Resources for Health Inventory provided total expenditure for CHWs. Over this period, PEPFAR invested over US$236 million in CHW compensation. It is important to note that in this context the term 'CHW' can encompass case workers, social workers, mother mentors and psychology assistants; however, there are no publicly available data or information on dollars spent for CHW or proCHW funding.

UK FCDO (formerly UK DFID)

The underlying data for overseas development assistance are publicly available from the UK FCDO website.[33] They record this data with country/sector/sector purpose/country/project titles/long descriptions via spreadsheets.

When the key search term "community health" was used as a filter in the project titles, 61 projects were identified with a total sum of approximately US$50 million. However, there are no publicly available data or information on dollar spend for CHW or proCHW funding.

Government of Canada

GAC reports its international assistance contributions through a project portal powered by the International Aid Transparency Initiative (IATI). Projects are searchable by sector category (eg, basic health, agriculture, education, industry, water and sanitation) and then by sector (eg, health personnel development, malaria control, reproductive healthcare). Amounts are reported both by allocation and expenditure and disaggregated by sector. However, sectors are not sufficiently detailed to determine relative contributions to community health or proCHWs. GAC's most recent report on its funded assistance projects emphasises the training and mobilisation of CHWs,[34] but not their payment. GAC cost directives specify that its grants cannot be used to pay the salaries of

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Table 3 Landscape analysis of funding data availability by major funding organisation

Funder annual budget (2023)	Is general funding data publicly accessible?	Is community health-related funding data publicly accessible?	Is funding reported as allocation or expenditure?	Can CHW-specific funds be quantified based on public data?	Can proCHW-specific funds be quantified based on public data?
BMGF US$8.3B	Yes	Partially	Unknown	No	No
GFATM US$4.0B	Yes	Yes	Allocation	Yes	Partially
World Bank US$102B	Yes	No	Allocation	No	No
USAID US$60.4B	Yes	No	Expenditure	No	No
PMI US$780M	Yes	Yes	Allocation	Yes	No
PEPFAR US$6.9B	Yes	No	Expenditure	No	No
UK FCDO US$4.3B	Yes	Yes	Expenditure	No	No
Government of Canada US$6B	Yes	No	Unknown	No	No

BMGF, Bill & Melinda Gates Foundation; CHW, community health worker; FCDO, Foreign, Commonwealth and Development Office; GFATM, Global Fund to Fight AIDS, Tuberculosis and Malaria; PEPFAR, President's Emergency Plan for AIDS Relief; PMI, President's Malaria Initiative; proCHW, professional CHW; USAID, US Agency for International Development.

recipient country government staff,[35] which may exclude the remuneration of more formalised CHW cadres.

IDRC, as a Canadian public agency, reports funded activities to IATI. In addition, a portal on the IDRC website allows for searching funded projects by region and thematic funding stream.[36] Project entries include amount and duration, as well as a description of activities that allows for some assessment of focus on community health and CHWs. However, filtering for these terms does not yield meaningful results.

Since its launch in 2010, GAC's website reports that it has funded 162 innovations with a focus on CHW training.[37] Another search for innovations on the site using the terms 'community health worker' yields 829 results. However, this portal of funded innovations is not up to date and does not include amounts awarded. Annual reports from GAC report overall spending by specific funding stream (eg, Stars in Global Health and Transition to Scale) but do not disaggregate further.

As such, there are no publicly available data or information on dollar spend for CHW or proCHW funding from the Government of Canada entities.

Table 3 summarises the availability of CHW funding data for the eight organisations included in this analysis.

IHME database results

Additionally, 3766 database records were reviewed from IHME across 6 of the 8 funders selected for analysis to determine the relevance of the data. Almost half of the records (49%) had insufficient information to determine if CHWs were part of the project, and only GFATM explicitly mentioned CHWs in the project description for over >50% of projects (see table 4). This reinforces the conclusion that funders do not systematically track or report CHW investments.

DISCUSSION

International development assistance for health is indispensable contributing to a healthier, more secure and prosperous world.[38 39] CHWs represent one of the best investments in healthcare system strengthening based on rate of return.[40 41] Eight major global funders make their funding data publicly accessible, offering benefits such as increased accountability, efficiency, collaboration and sustainability. The analysis revealed a gap, however, in accessible data required to quantify the funding specific to proCHWs. While the Global Fund and the PMI provided partial data visibility, no organisation fully detailed specific funding for proCHW programmes and most entities did not systematically track or report investments as focused on CHWs or proCHWs.

Improved visibility and specificity of community health-related data would confer significant advantages: it would help invested partners to better understand and track global donor investment in CHW programmes, including the proportion of funding going to proCHW programmes that adhere to WHO best practices.[13] Additionally, it would allow for a more accurate estimation of the global funding gap for community health. Both are essential to enable governments and donors to increase

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Table 4 ProCHW funding database results by major funding organisations

Organisation	Total records	CHWs not explicitly mentioned but likely part of project	Exclude—insufficient information to determine if CHWs are part of this project	CHWs explicitly mentioned in project description
USAID	1000	336	522	142
PMI	75	75	0	0
PEPFAR	270	27	243	0
GFATM	165	33	12	120
The World Bank	71	12	59	0
BMGF	1912	717	889	306
Total	3493	1200	1725	568
Per cent	100.00%	34.4%	49.4%	16.3%

BMGF, Bill & Melinda Gates Foundation; CHWs, community health workers; GFATM, Global Fund to Fight AIDS, Tuberculosis and Malaria; PEPFAR, President's Emergency Plan for AIDS Relief; PMI, President's Malaria Initiative; ProCHW, professional CHW; USAID, US Agency for International Development.

support for high-quality interventions that optimise resource allocation in global health.

Enhanced data visibility and specificity would also foster collaboration and alignment between organisations, governments and other key stakeholders, improving coordination, avoiding duplication of efforts and ensuring resources are allocated where they are most needed. Ultimately, this would lead to more efficient use of funds and greater effectiveness in addressing community health challenges.

This lack of data visibility has important consequences. Existing research underscores the chronic underfunding of CHW programmes within global health financing. Between 2007 and 2017, only 2.5% of total development assistance for health was directed toward CHW projects, with just three donors (GFATM, the US Government and Canada) contributing over 80% of that funding.[34] Furthermore, CHW programmes remain severely underfunded relative to primary healthcare and overall health expenditures. In 10 African countries, governments and donors invest 7.7 times more in primary healthcare and 15.4 times more in total health spending than in CHW programmes.[34]

Without detailed data on funding allocations for proCHW versus non-proCHW programmes, it is difficult to monitor how financial resources support countries transitioning to proCHW models. Disaggregated data are essential for tracking the effectiveness of investments over time and providing tailored support to meet each country's unique needs.

It is incumbent on each of the eight funders included in this analysis to enhance the availability of data detailing their investments in community health. All funders can play a pivotal role in fostering accountability and collaboration By holding each other accountable and exchanging best practices for tracking and measuring the quality of CHW investments, funders can collectively drive improvements in the effectiveness and sustainability of community health programmes worldwide.

How to move towards a more open funding landscape

To address the need for improved funding data for community health, we suggest two opportunities:

Funders should address their specific data visibility issues and prioritise open access to detailed funding information

First, funders with limited data should prioritise enhancing their data and financial systems to enable detailed reporting on proCHW programmes over time. As a first step, implementing a keyword search function within their publicly accessible investment databases, specifically targeting CHW programmes, could be a simple yet effective measure. Data and financial systems should include the ability to differentiate between (a) investments in CHW programmes generally and those specifically geared towards proCHW programmes (b) whether funds are routed through governments, NGOs or other implementing partners and (c) the proportion of funds allocated directly to frontline activities, such as remuneration and supplies, compared with those supporting systems and overhead costs. Such a granular level of analysis can uncover potential bottlenecks, inefficiencies and opportunities for optimisation within the funding landscape.

Second, funders already tracking CHW investments internally should proactively make this data publicly available. This can be done by publishing detailed reports on funding allocations that specify the amounts disbursed, the recipients and the specific purposes of the funds, as well as establishing accessible online databases that allow stakeholders to track funding flows and monitor project progress in real time. This can build trust, promote accountability and enable more effective collaboration among all parties involved in community health initiatives.

Lastly, funders should strengthen, expand and make publicly visible their criteria for funding CHW programmes to ensure alignment with global best practices for proCHWs. This entails defining the requirements and standards that applicants must meet, the metrics by which applications will be evaluated, and the procedures for disbursing funds. It is crucial that these criteria are inclusive, taking into account

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the diverse and unique needs of different communities to ensure that funding opportunities are accessible to all. By openly communicating these guidelines and making them easily available, funders can ensure a fairer and more transparent funding process, enabling all stakeholders to understand and trust the mechanisms by which funding decisions are made.

Funders should integrate proCHW indicators into standard reporting tools

Global funders consistently report the details of their financing commitments to select global databases, such as the Organisation for Economic Co-operation and Development Common Reporting Standard and IHME.[25 42] However, current reporting requirements vary significantly and often lack granularity beyond broad health systems categories, making it challenging to extract CHW-specific data. It is therefore important that there is a shift towards more homogeneous and granular reporting. Funders can achieve this by developing and integrating standardised CHW indicators into existing health data frameworks through collaboration with stakeholders and global databases to ensure coordination and agreement across different organisations and countries. For example, the Global Fund grant cycle 7 Global Fund key performance indicator number five: system readiness for CHWs.[43] This work could also draw on existing data structures in countries, namely Health Management Information Systems and associated data collected by CHWs captured in community health information systems.[44]

Strengths and limitations

This study's strengths lie in its comprehensive scope, encompassing a wide range of global development organisations and a multifaceted methodological approach. By combining desk reviews, stakeholder consultations and database consultations, we were able to gather diverse data sources, increasing the depth and accuracy of our analysis. The collaborative nature of this study, conducted by CHIC, ensures a multistakeholder perspective, incorporating insights from CHWs and aligned global health organisations. This collaborative approach strengthens the relevance of our findings and grounds them in the practical realities of community health work.

Our primary limitation is the reliance on publicly available data and stakeholder consultations, which may not capture the complete picture of proCHW funding due to variations in data accessibility and reporting practices across organisations. Some organisations do not systematically track or report CHW investments, leading to potential underestimation of actual funding. In particular, the lack of standardised reporting for proCHW programmes hindered our ability to consistently disaggregate funding data, limiting the granularity of our findings. Additionally, the selection of organisations based on perceived influence and financial commitment introduces a potential selection bias, which may limit the generalisability of our results to other funders. Importantly, this study does not include finders like Australia AID and KOICA who are supporting CHWs in the Asia Pacific regions. Future research should aim to address these limitations by exploring alternative data sources, establishing standardised reporting mechanisms, and expanding the scope of analysis to include a wider range of funders. Lastly, the primary objective of our analysis was to assess international funding, and we did not extend our review to national-level financing. This decision was partly due to the opacity of national CHW funding structures and the challenge of obtaining reliable, standardised data across different contexts. However, our findings indicate that national CHW funding mechanisms warrant greater scrutiny in future research, particularly in light of the US government's recent decision to pause USAID funding, along with other federal bodies like PMI. While external funding has played a significant role in supporting CHW programmes, these developments highlight the importance of national governments and ministries strengthening domestic financing strategies.

Reflexivity statement

In exploring funding transparency from eight major funders of proCHW programmes in LMICs, we adhered to the consensus statement on equitable authorship in international research collaborations as outlined by Morton *et al*.[45] The following reflexivity statement is provided in that context.

This research was conducted by a multidisciplinary team of 20 researchers with diverse professional and personal backgrounds, including expertise in community health, global health financing, policy analysis and front-line programme implementation. The diversity within our team significantly enriched the research process by incorporating a wide range of perspectives on funding transparency for proCHWs. All members who contributed to the study design, implementation, analysis and writing of this paper have been included as coauthors.

We acknowledge that both the first and last authors are not from the Global South, where the majority of CHW programmes are located. This raises concerns about potential power imbalances in global health knowledge production and may limit the relevance and impact of our findings for the communities most affected. However, our team includes three coauthors based in Madagascar, Uganda and Rwanda, as well as two additional authors originally from the Global South who are currently employed in Global North countries. Moreover, this study was initiated and guided by the CHIC, a collective of thousands of CHWs and dozens of global health organisations spanning over 60 countries in five WHO regions. The research questions, data collection methods, and analysis were shaped by CHIC's commitment to understanding the drivers of impact and quality in CHW-delivered care globally.

Importantly, this work was also shared with CHWs to explore their opinions and solicit their feedback. Their insights were integral to refining our approach and ensuring the relevance of our findings to those most directly impacted by CHW programmes.

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CONCLUSIONS

The need for greater nuance in publicly available funding data is not merely about accounting for dollars; it is crucial for assessing genuine progress and effectiveness in the pursuit of global health equity. This analysis suggests the need for greater accessibility of funding data related to proCHW programmes provided by the major funders discussed in this analysis. Greater detail and accessibility of data could help improve estimates in the global funding gap for community health, improve resource accountability and partner coordination, and ensure only meaningful contributions to building resilient health systems are counted.

We recommend two ways forward: funders should (1) address their specific data accessibility issues and (2) integrate proCHW indicators into standard reporting tools.

Implementing these recommendations would require a collaborative effort from global health organisations, governments, civil society and other stakeholders. This collective approach would be essential in fostering a more transparent, harmonised, efficient and effective global health funding system for community health.

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