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Creating impact together.

#Community Health Workers matter in our **journey to 2030**

# From Alignment to Action: Strengthening Africa's Community Health Workforce

**Community Health Workforce Program Convening Report**

**February 26-27, 2026**
**Addis Ababa, Ethiopia**

# Community Health Workforce Program Convening at a glance

**2** Days
of collaboration

**6+** Country
Perspectives shared

**3**
High-impact breakouts

**30+**
Sessions and Engagements

**1**
Financing & Sustainability plan
for co-creation

**2**
High-level roundtables

**1** Common Implementation Guidance
endorsed

**30/60/90**
Day
Action Plan activated

**7**
Agreed Pillars

**10+**
High-level speakers

**100+**
Participants

**21+**
Countries

**4**
Languages

**4**
Major thematic tracks

- Implementation frameworks
- Digital innovation & AI
- Financing & sustainability
- Policy & systems strengthening

# Acknowledgements

## A convening of governments, implementing partners, and development partners – united around one shared goal: Strengthening Africa's community health workforce.

The Mastercard Foundation extends its sincere appreciation to all participants who contributed to the success of the Community Health Workforce Program convening in Addis Ababa, Ethiopia from February 26 -27, 2026 under the theme: "Strengthening Africa's Community Health Workforce: Alignment, Implementation, and Sustainability." We are grateful to the government representatives from 21 partner countries whose leadership and commitment to strengthening national community health systems continue to drive this agenda forward. Your engagement and willingness to align around shared priorities are critical to achieving sustainable, country-led impact.

We acknowledge the valuable contributions of implementing partners, including the United Nations Children's Fund (UNICEF), Amref Health Africa, International Federation of Red Cross and Red Crescent Societies (IFRC), Management Sciences for Health (MSH), Global Health System Solutions (GHSS) and The Joint United Nations Program on HIV/AIDS (UNAIDS), whose technical expertise and on-the-ground experience are essential to translating strategy into effective delivery. We also thank our funding and bilateral partners, including the World Bank, the President's Emergency Plan For AIDS Relief (PEPFAR), the Global Financing Facility (GFF), the Mohamed Bin Zayed Foundation, the Gates Foundation, the Johnson & Johnson Foundation, and the Children's Investment Fund Foundation (CIFF) for their continued partnership and commitment to advancing coordinated investment in community health.

Special recognition is extended to the community health workers and young people who participated and shared their lived experiences. Your voices grounded the discussions in the realities of service delivery and reminded us of the human impact at the centre of this work. Finally, we acknowledge the Government of Ethiopia as the host of the convening in Addis Ababa, and for its leadership in advancing community health through its Health Extension Program (HEP), which continues to serve as a model for the continent. Together, your collective contributions are shaping a more coordinated, effective, and sustainable path forward for Africa's community health workforce.

# Content Overview

# Foreword

Africa stands at a pivotal moment. By 2030, the continent will be home to the world's largest and fastest-growing youth population, even as it faces a projected shortage of 6.1 million health workers. This presents a clear opportunity to create dignified and fulfilling work for millions of young Africans, while simultaneously strengthening primary health care systems and community resilience.

This work is anchored in the Foundation's Young Africa Works strategy, which aims to enable 30 million young Africans, particularly young women, to access dignified and fulfilling work by 2030. Across the continent, the Foundation is supporting scalable approaches that connect education, skills development,

The Community Health Workforce Program convening, held in Addis Ababa, Ethiopia from February 26 - 27, 2026, brought together over 100 participants from 21 partner countries, including government leaders, implementing partners, multilateral organizations, funders, young people, and community health workers (CHWs). Together, participants advanced a shared vision to expand dignified and fulfilling work opportunities through stronger, more resilient community health systems.

The community health workforce represents one of the most immediate and scalable pathways to deliver on this ambition. The Foundation is supporting an effort to enable 600,000 community health workers to access dignified employment across 21 countries, contributing to a broader continental ambition of up to two million community health workers by 2030. At the same time, these investments are strengthening primary health care systems by expanding access, improving prevention, and reinforcing early detection and response.

A clear message from Addis Ababa is that impact at this scale will require a shift - from fragmented efforts to coordinated, government-led implementation. The validation of a Common Implementation Guidance and a Financing and Sustainability Roadmap provides a foundation for consistent, high-quality delivery across countries, while allowing for adaptation to local contexts.

Sustained progress will depend on government ownership. The community health workforce must be fully integrated into national health systems, supported by domestic financing, and embedded within workforce strategies. Partners and funders must align behind these priorities, moving toward more coordinated, transparent, and country-led approaches. The emergence of a Community Health Workforce Donors Coalition (CHWDC) is a key step in this direction.

The Foundation will continue to play a catalytic role - convening partners, strengthening alignment, and supporting countries to translate commitments into measurable results.

The path forward is clear. Investing in the community health workforce is an investment in stronger health systems, in economic opportunity, and in Africa's future. The focus now must be on delivery - with urgency, discipline, and accountability.

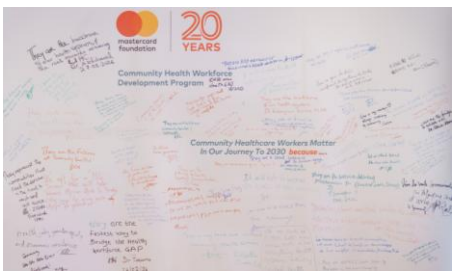
**Dr. John N. Nkengasong**
**Executive Director, Higher Education, Collaboratives and Strategic Initiatives (HECSI), Mastercard Foundation**

# Convening highlights in pictures











# Executive Summary

**The Mastercard Foundation brought leaders from 21 African countries together with implementing partners, and development partners in Addis Ababa, Ethiopia, in February 2026 for its inaugural Community Health Workforce Program Convening. This gathering marked a pivotal step in advancing the CHW agenda - from fragmented efforts toward coordinated, government-led delivery - and in establishing a shared foundation for scaling Africa's community health workforce. This report serves both as an accountability and alignment tool for governments and partners, as well as a reference document to guide post-convening action.**

## Two Deliverables - Co-created

A **Common Implementation Guidance** document grounded in World Health Organization (WHO) and Africa Union frameworks, outlining **seven agreed implementation pillars** for the professionalization of CHW programs.

A **Financing and Sustainability Roadmap,** setting out a progressive transition toward 70 percent domestic government financing by 2030. Both were developed through live table workshops, with participant feedback integrated into the final documents.

## Key Takeaways

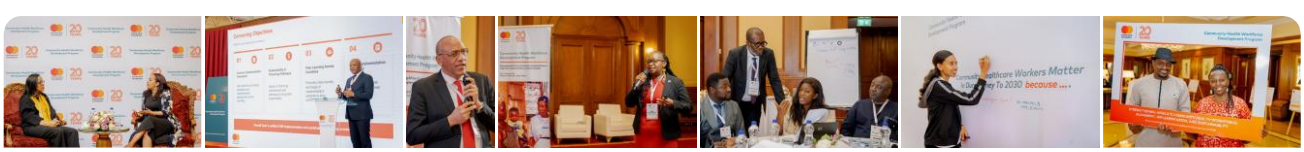
The convening emphasized deepening commitments to action, with **government leadership emerging as key to scaling and sustaining CHW programs.** Participants highlighted ongoing fragmentation across systems, the need for stronger coordination, and the importance of not just more funding, but using resources more effectively. There was also strong emphasis on strengthening the foundational systems needed to enable the impactful use of new technologies, alongside supporting community health workers with better working conditions, incentives, and career pathways to sustain impact at scale.

## A 30/60/90-Day Action Plan Activated

The convening concluded not with declarations, but with a **30/60/90-Day Action Plan to translate shared alignment into measurable progress**.

The Common Implementation Guidance and Financing and Sustainability Roadmap are currently being finalized with the plan for partners to integrate into program governance and coordination structures. Countries are now advancing the development of country-specific sustainability action plans, supported by cross-country communities of practice, with momentum continuing to build.

> *When we move together with purpose, we turn ambition into systems, and systems into lasting impact.*
>
> **Dr. John Nkengasong, Executive Director, HECSI, Mastercard Foundation.**



# Why This Convening – Why Now?

## The rationale behind gathering 100+ leaders in Addis Ababa – and what made this moment pivotal.

Africa is projected to become home to the world's largest and fastest-growing youth population. Millions of young people, especially young women, are unable to access dignified, stable work. Health systems are under strain; Africa's community health workforce faces a $3.65 billion financing gap, with 85 percent of countries still dependent on donors. The Community Health Workforce Program is a direct response. By professionalizing, financing, and integrating community health workers into national systems, countries can simultaneously:

- Enable dignified, purpose-driven employment at scale for young people, and
- Strengthen primary health care and health security.

The Mastercard Foundation's ambition to support 600,000 community health workers by 2030 represents not only an investment in health systems, but also a strategic contribution to workforce development and economic resilience, aligned with the Young Africa Works goal of enabling 30 million young people to access dignified and fulfilling work.

This convening was called to move from shared recognition of the challenge to shared accountability for delivery, aligning governments, partners, and funders around a common implementation guidance and sustainable financing pathways.

> *"CHW programs are currently underfunded and remain significantly dependent on external funding. Workforce stability requires financial stability."*
>
> **Peter Materu, Chief Program Officer, Mastercard Foundation.**

**2M+** CHWs continental ambition across Africa

**30M** Access to dignified work by 2030: Young Africa Works goal

**$3.65B**
Financing gap for CHW programs

**85%**
Countries remain donor-dependent for CHW programs

**600,000**
CHW work opportunities projected to be enabled by 2030

# The Continental Imperative

## Africa faces a dual crisis – a critical shortage in health workforce alongside rising youth unemployment – and the community health workforce represents one of the few scalable solutions capable of addressing both.

### The Problem

**Health Workforce Crisis**

- A projected shortfall of 6.1 million health workers across Africa by 2030.
- Approximately 1.04 million community health workers are currently deployed across 51 African Union Member States - only halfway toward the two million continental target by 2030.
- On average, just 51 percent of community health budgets are currently funded.
- Per capita CHW spending stands at approximately $4.77, compared to an estimated requirement of $6–13.
- Over 75 percent of countries are not on track to meet the 15 percent Abuja Declaration target by 2063.

### The Opportunity

**CHWs As a Pathway to Impact and Work Opportunities**

- With over 70 percent of Africa's population under the age of 30, creating quality work opportunities at scale remains a defining challenge.
- Supporting 600,000 community health workers by 2030 represents 600,000 dignified employment opportunities.
- Well-designed CHW programs simultaneously strengthen health systems and expand pathways to youth employment.
- Well supported community health workers have been shown to significantly reduce newborn mortality by up to 47 percent and maternal mortality by approximately 33 percent.

SOURCE: Africa CDC-UNICEF Survey 2024–25 | WHO Global Health Workforce Statistics | Mastercard Foundation CHW Program Data


# Leadership Perspectives

Insights from Mastercard Foundation leadership, Africa CDC, Ethiopia Minister of Health, WHO, UNICEF

*Six keynote addresses - Two days - One shared direction*

## Keynote Speakers: Highlights

**Sewit Ahderom**
President & CEO, Mastercard Foundation

**H.E. Dr. Mekdes Daba**
Minister of Health, Ethiopia

**Dr. Ngashi Ngongo**
Chief of Staff Africa CDC - on behalf of the Director General, Dr. Jean Kaseya

**George Laryea-Adjei**
Director of Global Programs, UNICEF

**Peter Materu**
Chief Program Officer, Mastercard Foundation

**Prof. Yakub Janabi**
WHO Regional Director for Africa

### SIX KEYNOTE SPEAKERS CONVERGED AROUND A POWERFUL AND URGENT MESSAGE

The debate over whether community health workers are essential has passed; the priority now is how to scale, professionalize, and sustainably finance them.

**Sewit Ahderom, President and CEO of the Mastercard Foundation** framed CHW work as a dual opportunity, arguing that "community health work can achieve two critical goals - it can help strengthen health systems, but it can also create the kind of respected and purposeful work that young people are asking for across the continent," while cautioning that sustainability "must be designed into the program architecture from the start."

**H.E. Dr. Mekdes Daba, Ethiopia's Minister of Health** reinforced the evidence base, noting that well-implemented CHW programs "can reduce newborn mortality by 47 percent and maternal mortality by a third," and that while every African country now has a community health plan, alignment remains the central challenge.

**Dr. Ngashi Ngongo, Africa CDC's Chief of Staff** delivered the continental mandate clearly: 1,042,000 community health workers already deployed across 51 AU Member States and a renewed commitment to reach two million by 2030.

**George Laryea-Adjei, UNICEF's Director of Global Programs** brought the structural critique, observing that "CHWs can have up to eight managers outside government" and demanding the same institutional coherence afforded other professionals.

**Peter Materu, Mastercard Foundation's Chief Program Officer** anchored accountability to outcomes rather than pledges, asserting that "our impact will not be measured by the size of commitments today - but by whether community health workers are on national payrolls three years from now."

**Prof. Yakub Janabi, WHO Regional Director for Africa** brought the convening full circle with a rallying call rooted in collective action: "When spider webs unite, they can tie a lion" - a fitting summation of a session that moved decisively from shared understanding to shared responsibility.


# Roundtable Discussions

Structured conversations among donors, country governments, and implementing partners

*Donor Roundtable · AI Panel Discussion · Country Government Panel · Youth Voices*

# Donor Roundtable: Coordinating for Sustainability

**A structured discussion, moderated by Dr. John Nkengasong, Executive Director, HECSI at the Mastercard Foundation, brought together four partners to examine fragmentation, ownership, and coordination in CHW programs.**

**Moderator**
**Dr. John Nkengasong**
*Executive Director HECSI,*
*Mastercard Foundation*

**SHARED CONVERGENCE**
**Effective coordination requires greater transparency, alignment, and shared accountability around government-led national plans.**

**Dr. Boniface Njenga**
*Deputy Director, Health Delivery and Systems, Africa,*
*Gates Foundation*

Fragmented Human Resource Information System (HRIS), payroll, and community data systems creates 'blind spots' - even within government systems.

> We know that AI can be used in various areas when it comes to community health workers from supervision to integrated models of communication in different places.

**Maud Juquois**
*Senior Economist Health,*
*World Bank / GFF*

Healthcare employment accounts for four to seven percent of total employment in Africa compared to approximately 20 percent in high-income countries: significant untapped potential.

> Without stable, predictable financing, the risk of attrition and fragmentation is quite high - and health impact is significantly reduced. CHW programs need sustainable financing to be efficient, not just to survive.

**Tej Nuthulaganti**
*Director,*
*Mohammed Bin Zayed Foundation for Humanity*

Government-first approach: align with national priorities before designing support - not the other way around.

> As philanthropists, we need to set our agendas aside and really sit down with governments to understand their priorities.

**Anthony Gitau**
Director Program Delivery and Impact, Africa and Middle East,
*Johnson & Johnson Foundation*

Budget lines at zero are still a strategic victory - they create the mechanism for future resource allocation.

> When government becomes motivated, they move much faster than any of us - and they drive resources we didn't even know existed. That is the Kenya story. That is what happens when government believes in the mission.

# Panel Discussion: AI & Digital Tools for CHW Systems

## A discussion on Responsible AI for Community Health: Governance, Data Protection, Human Accountability. Moderated by Walter Arinaitwe, Lead CHW Program, Mastercard Foundation

### 1 Côte d'Ivoire Context

**Dr. Françoise Kadja, Director of Community Health and Health Promotion, Ministry of Health**

Côte d'Ivoire is not yet positioned to deploy AI in community health and is intentionally prioritizing system maturity. Dr Kadja emphasized that AI should only be considered once digital systems are fully established, secure, and accepted by community health workers. Introducing AI prematurely, she cautioned risks increasing CHW workload and undermining trust in public institutions. Robust regulatory frameworks, strong data protection, and clear human accountability must be in place, ensuring that while **AI may support decision-making, responsibility remains firmly with people.**

### 2 UNICEF "Step-by-Step – Systems before AI"

**Dr. Abdoul Fadiga, Chief of Health, UNICEF**

Dr. Fadiga emphasized that AI must be introduced through a deliberate, government-led, step-by-step process. He identified three preconditions for community-level use: **fully digitalized data systems, strong digital literacy among community health workers, and clear national governance structures.** He underscored the importance of data protection and sovereignty, noting that health data must be stored securely, governed by national frameworks, and not used by
partners without explicit government approval. He cautioned that p**remature adoption could increase CHW workload and undermine accountability.**

### 3 3 AI Guardrails Agreed

**Human accountability first:** Establish clear frameworks from the national to the community level.
**Data protection is non-negotiable:** No partner use without alignment with government frameworks.
**Trust comes first:** Strengthen CHW-community relationships before introducing AI.

> *It's not whether AI is coming – but whether AI actually solves the challenges health systems face: workforce load, reporting burden, and low data utilization.*
>
> **Walter Arinaitwe, Lead Community Health Workforce Program, Southern Africa, Mastercard Foundation.**

**GOVERNANCE NOTE**
**Côte d'Ivoire is establishing a National Agency for AI Regulation guided by five governing principles: Transparency (explainable AI | Human Accountability | Data Protection | Financial Sustainability | Non-substitution of community health workers.**

**Moderator**
**Walter Arinaitwe**
Lead, Community Health Workforce Program, Southern Africa, Mastercard Foundation

**Panelist**
**Dr. Françoise Kadja**
Director of Community Health and Health Promotion, MoH, Côte d'Ivoire

**Panelist**
**Dr. Abdoul Fadiga**
Chief of Health, UNICEF


# Country Evidence

Six government delegations represented, demonstrating that government-led sustainability is already underway

# Country Panels: Sustainability and Professionalizing Community Health Workers

**Moderator: Dr. Githinji Gitahi, Chief Executive Officer, Amref Health Africa | Six Government Delegations | Sharing what works and what is needed.**


CAMEROON UGANDA ZAMBIA EGYPT MALI KENYA

## KEY HIGHLIGHTS FROM THE DISCUSSIONS

**Political will can be built - and once mobilized, it moves quickly**
Presidential agendas, cabinet memos, and disease outbreaks all showed that when political will is activated, it accelerates resource mobilization and implementation faster than any development partner program.

**Legal recognition is the only guarantee that survives elections**
Kenya's Primary Healthcare Act 2023 demonstrates that when CHW programs are anchored in law, they endure successive governments. Without legal embedding, each new administration can defund or reframe programs – true sustainability requires statutory protection.

**Domestic remuneration is progressing - but requires sustained advocacy**
Uganda, Kenya, and Zambia all showed trajectories toward government payroll. The common thread is consistent engagement with Ministries of Finance, using economic return-on-investment framing - not just health-based arguments.

**Decentralization and community ownership strengthen retention and accountability**
Cameroon's transfer of CHW oversight to mayors, Mali's community management model from the 1900s, and Zambia's community-selected volunteers all show that when communities own programs, both accountability and retention improve.

**Digital tools strengthen government visibility and fiscal accountability**
Mali's fixed monthly digital payments, Kenya's 100,000 smartphones and Electronic Community Health Information System (eCHIS) rollout, and Uganda's monthly steering committees demonstrate how digital systems link payment, performance, and oversight - improving transparency and accountability.

# Uganda and Kenya: Government-led Models

## Two of Africa's most advanced models of CHW institutionalization - both demonstrating that political will is the decisive driver.

### UGANDA – Ending Fragmentation Through Policy Direction

**2022**
**Policy shift Government-led only programs**

**14,562**
**CHWs formalized through an MoU**

**95%**
**Framework in place**

Uganda's experience shows that **fragmentation can be reversed rapidly** when governments assert clear ownership. In 2022, Uganda made a decisive policy shift: only **government-led community health programs** would be recognized going forward. Partner-specific payment arrangements were discontinued, and all support was channeled through government-defined priorities.

Uganda introduced structured **monthly technical steering committees**, where partners account for investments, allowing government to retain visibility over financing, deployment, and performance. The country also redirected a portion of private health resources toward community health financing and committed to predictable remuneration for community health workers under government oversight.

**What this demonstrates:** Alignment is not primarily a technical problem – it is a policy decision. Once made, implementation can move quickly.

> "Partners must commit to the areas governments have directed - not where they decide individually."

**Panelist**
**Prof. Richard Kabanda**
Commissioner Health Services
Ministry of Health, Uganda.

### KENYA – Legal Integration as the Foundation for Scale

**$50M/yr**
**Government payroll**

**107,831**
**CHPs nationwide**

**2023**
**Year PHC ACT enacted**

Kenya's experience illustrates how **legal recognition combined with political leadership** can anchor community health programs beyond funding cycles and electoral transitions. Kenya moved deliberately to embed community health within its formal health system through the **Primary Health Care (PHC) Act of 2023,** providing statutory recognition to Community Health Promoters (CHPs) and supervisors as part of the health workforce.

This legal foundation enabled the establishment of an approximately **$50 million annual government payroll**, financed jointly by national and county governments. Critically, legal reform was paired with system-wide alignment. All partners are coordinated under the national **Community Health Units for Universal Health Coverage (CHU4UHC) platform**, ensuring one plan, one budget, and one accountability framework. Government investment in digital infrastructure, including the procurement of over 100,000 smartphones and rollout of the eCHIS, strengthened transparency, supervision, and payroll accountability.

**What this demonstrates:** Legal recognition is not symbolic; it unlocks domestic financing, partner alignment, and institutional continuity.

> "Community health is our President's agenda. When the presidency and all 47 county governments come together, $50 million per year is unlocked."

**Panelist**
**Dr. Maureen Kimani**
Head Division of Community Health Services.
Ministry of Health, Kenya.

# Zambia and Mali: Political Will and Community Ownership

## A cholera crisis that drove presidential recognition – alongside a three-decade model of community management.

### ZAMBIA – Crisis-Driven Political Will

**12,000+**
**Trained qualified Community-Based Volunteers (CBVs)**

**4,000**
**Community Health Assistants (CHAs) on payroll**

**2023**
**Cholera outbreak as a turning point**

Zambia's trajectory highlights **how public health emergencies can catalyze reform** when evidence reaches political leadership. During the 2023 cholera outbreak, CBVs served as the primary frontline response. Their effectiveness elevated community health to national attention, reaching Cabinet and Presidential levels. As a result, Zambia began drafting a cabinet memorandum to progressively transition CHW stipends onto government financing.

The country also moved to standardize service packages, align partner investments under a unified national plan, and learn directly from peer experiences - including adapting elements of Kenya's financing model to its context.

**What this demonstrates:** Crises create windows of political opportunity; preparedness and peer learning determine whether those moments translate into lasting reform.

> "The key game changer in our 2023 cholera outbreak was community volunteers. Recognition reached as high as our President. That is how the cabinet memo came to be."

**Panelist**
**Dr. Kalangwa Kalangwa**
Assistant Director, Health Promotion and Community Health (HPCH)
Ministry of Health, Zambia.

### MALI – Long-Standing Community Management with Digital Accountability

**1990**
**Year community model was established**

**40%**
**Remote CHWs who are already qualified nurses**

**25th**
**Date for digital payment to CHWs every month**

Mali offers a distinct sustainability pathway rooted in **decades of community ownership**. Since 1990, community associations have played a formal role in managing health services at the local level. In remote regions, a significant share of community health workers are already qualified nurses, requiring differentiated professionalization approaches rather than uniform models.

Mali has implemented **digital payment platforms**, ensuring monthly, predictable payments through health districts, with CHW performance reviewed annually. Community associations retain authority to replace consistently underperforming workers, strengthening downward accountability. At the national level, advocacy coalitions involving civil society, Ministries of Health, and Ministries of Finance are working toward establishing dedicated CHW budget lines.

**What this demonstrates:** Sustainability does not always begin with central payroll integration - community-managed models can deliver stability when institutionally recognized and financially supported.

> "When you go to Gao, Timbuktu, and Kidal, you do not find a CHW who is not qualified. What is the right profile for them? That is what we are working through."

**Panelist**
**Dr. Youssouf Coulibaly**
Director of Community Health
Ministry of Health, Mali.

# Egypt and Cameroon: Institutional Models at Different Stages

## Long running programs adapting to transitions and decentralization.

### EGYPT – Sustaining a Long-running National Program

**1995**
**Year CHW program established**

**2027**
**Year for civil service goal**

**60%**
**Rural population served by CHWs**

Egypt represents one of Africa's longest-running community health programs, operating since 1995. Community health workers form the backbone of primary healthcare delivery for rural populations, reaching approximately **60 percent of the population.**

The current challenge is generational. An ageing workforce requires renewal to sustain effectiveness. In response, Egypt has set a target to transition community health workers under 50 into the civil service by 2027, strengthening professional recognition, workforce continuity, and retention.

**What this demonstrates:** Longevity alone does not guarantee sustainability – workforce renewal and clear civil service pathways are critical for long-term resilience.

> "We need younger people. By 2027 we aim to have all community health workers under 50 in the civil service. The older workforce must transition. We need the next generation now."

**Panelist**
**Dr. Mervat Fouad**
Head of the Central Administration for Family Development.
Ministry of Health, Arab Republic of Egypt

### CAMEROON – Decentralization with High-level Political Oversight

**Political Goodwill**
**Prime Minister chairs Coordination Committee**

**10,250**
**of 25,000 CHWs targeted**

**40%**
**Decentralization completed**

Cameroon illustrated a model of **whole-of-government coordination combined with decentralization.**

A multi-sectoral coordination committee, chaired by the Prime Minister, oversees community health: that reflects strong political ownership. Cameroon has begun transferring community health workers to municipal authorities as part of broader decentralization reforms, with approximately 40 percent completed to date.

Two community health worker cadres operate with different training durations, aligned to varying service needs. While progress is evident, coverage gaps remain, and expansion to the full national target remains a priority.

**What this demonstrates:** Decentralization can support sustainability when anchored in strong central oversight and political leadership.

> "You can only transfer what you have. Help us reach 25,000 community health workers so that when we transfer the workforce to communities, we transfer the workforce in its entirety."

**Panelist**
**Dr. Idrisu Mbuih**
Sub-Director of Primary Health Care
Ministry of Health, Cameroon.

# Youth Voices from the CHW Convening

**Five young community health workers from Ethiopia attended, bringing frontline perspectives that influenced the conversation.**

### CHW Roles and Reach

- Maternal health, immunization, disease prevention, Water Sanitation and Hygiene (WASH).
- Delivered through health posts, home visits, and remote outreach.

### Community Trust

- High levels of community acceptance and strong rapport.
- Community health workers are seen as accessible, trusted sources of care and support.
- They serve as the closest link between the community and the health system.

### Key Challenges

- One community health worker serves 2,000+ households (vs. WHO recommendation of 300 to 500).
- Insufficient medicines, supplies, and operational budgets.
- Difficult terrain and limited transport access.

### Proposed Solutions

- Increase youth participation in community health workforce and expand operational budgets.
- Provide continuous training, including digital skills and clinical updates.
- Strengthen financial incentives through stipends and performance-based bonuses.
- Establish recognition systems, certification, and clear career pathways.
- Promote community health worker dignity through community awareness campaigns.
- Co-create solutions with community health and community leaders.

> I have worked for six years, experiencing both good and challenging times. We walk long distances. However, being in service to the community that faces many challenges is something one can be proud of. I have learned patience, and how to overcome challenges and never lose hope..
>
> – **Hayat Ahmed, CHW Afar.**

> In my five years of work as a health extension worker, I have loved the work I am doing and been in service to the underserved community.
>
> – **Abaynesh Asnake, CHW Wello.**

> Access to education and clear career pathways would strengthen retention and attract more young people to the sector. Additional support, including basic supplies and financial incentives, would further improve motivation.
>
> – **Geteneshe Gerager, CHW Kombolcha, Ansokia.**

# What the Convening Delivered

## A shared purpose among participants and clear, aligned outcomes for action.

### DELIVERABLE 1

**Common Implementation Guidance**

A co-created, country-grounded framework defining how the Mastercard Foundation will work with partner countries to deploy 600,000 community health workers in dignified, compensated work by 2030. Built on WHO and AU standards with country flexibility designed in from the start.

### DELIVERABLE 2

**Financing & Sustainability Roadmap**

A shared architecture for progressively transitioning CHW programs from donor dependency toward blended financing models with 2030 targets, three financing pillars, and collective accountability tools.



# Co-creating a Common Implementation Guidance

Seven co-created pillars for professionalizing CHW programs across partner countries

DELIVERABLE 1

# Common Implementation Guidance: What It Is

## Co-developed with partner countries, grounded in existing standards, and designed for flexibility

### What this guidance IS

- Recommended practices for how the Mastercard Foundation engages with partner countries on CHW deployment.
- Grounded in WHO Global CHW Curriculum Guide, AU frameworks, and national policies.
- Sets minimum non-negotiable standards with country-level adaptation built into every pillar.
- A living document that evolves through ongoing co-creation and feedback.
- Serves as an accountability framework for the Mastercard Foundation programs.

### What this guidance is NOT

- Not a replacement for national health strategies or existing government CHW frameworks.
- Not a continental directive; it operates within AU and Africa CDC coordination mechanisms.
- Not one-size-fits-all: country sovereignty and national context are explicitly preserved.
- Not owned by the Mastercard Foundation alone - it is co-created with and belongs to partner countries.
- Not static: it will evolve as programs scale and evidence grows.
- Not a bureaucratic compliance checklist.

DELIVERABLE 1

# Agreed Implementation Pillars

## Selected decisions from the co-creation workshops - minimum standards with built-in flexibility for country adaptation.

### 01 Recruitment and targeting

- Age 18-35 set as the standard, with flexibility where national policies require a broader or different cohort
- A 70 percent women target is mandatory and embedded structurally in program design, recruitment systems, and monitoring from the outset
- Supervisors must hold qualifications equal to or higher than community heath workers, ensuring credible mentorship, effective oversight, and professional trust

### 02 Training and professional development

- A 6- to 12-month training window, with competency standards determining completion rather than time elapsed; duration is adapted to country context
- A 60:40 practical-to-theory ratio, with digital tools integrated across both.
- At least one annual Continuing Professional Development (CPD) session linked to competency review.
- All curricula aligned with government standards and the WHO Global CHW Curriculum Guide. No parallel, partner-specific manuals permitted.

### 03 Compensation and incentives

- Compensation should ideally be fully government-funded, with partners supporting a progressive transition to domestic financing as a non-negotiable direction.
- Performance-based incentives are optional, and only appropriate where credible data and tracking systems are in place.
- Essential work tools (phones, kits, transport allowances) are mandatory program requirements and must not be classified as incentives

## Systems-level pillars ensuring quality, integration, accountability, and long-term sustainability.

### 04 Supervision and quality assurance

- A multi-level supervision system is maintained and adapted locally in frequency, aligned with the WHO Global CHW Curriculum Guide
- Digital supervision tools are used where possible to improve reach, consistency, and community-level data capture.
- Supervision is integrated within national health management information systems. No parallel systems; linked to national data platforms.

### 05 Integration within national health systems

- Community health workers are formally included in national Human Resources for Health (HRH) plans, recognized as part of the formal health workforce rather than a parallel system.
- A contextualized minimum supply package for community health workers is integrated into national supply chains, and not delivered through separate vertical structures.
- CHW programs are embedded in National Development Plans, ensuring alignment with both health system and broader national planning priorities.

### 06 Monitoring and learning

- Digital platforms are used for competency tracking and performance management, providing real-time data to inform supervision and program adaptation.
- Annual competency reviews are linked to CPD, with performance-based approaches applied only where credible data systems are in place.
- Communities of Practice (CoPs) are established across partner countries to enable peer learning, evidence sharing, and ongoing adaptation of guidance.

### 07 Financing and sustainability

- Progressive transition to domestic financing, targeting 70 percent funding by 2030; with donor share declining to 30 percent over time.
- Innovative financing to contribute five to 10 percent of CHW financing.
- Sustainability is non-negotiable and must be built in from the outset through policy alignment, domestic budgeting, and institutional embedding.







# Financing and Sustainability Roadmap

From shared understanding to shared responsibility

DELIVERABLE 2

# The Financing Landscape

**The evidence base that drove urgency - and framed every conversation about sustainability.**

**$4.77**
Per capita CHW spend vs $6-13 needed

**$3.65B**
Financing gap to reach 2M community health workers by 2030

**>75%**
Countries not on track to reach 15% Abuja Declaration target by 2063

**Donor Dependency – 51 AU Member States Surveyed.**

**85%**
**Of countries: rely on donors to fund >50% of CHW programs**

**Only 6* African countries currently fund >80% of CHW programs domestically**

**7.3%**
Average domestic health spend in 2020, well below 15% Abuja Declaration target.

**51%**
Of community health budgets currently funded across Africa.

**2M**
Continental CHW target by 2030 - requires coordinated action to achieve.

Typical funding split across African CHW Programs – 85% donor / 15% domestic
33% of countries: donors fund >80% of CHW programs
*Algeria, Egypt, South Africa, Namibia, Seychelles, Burkina Faso

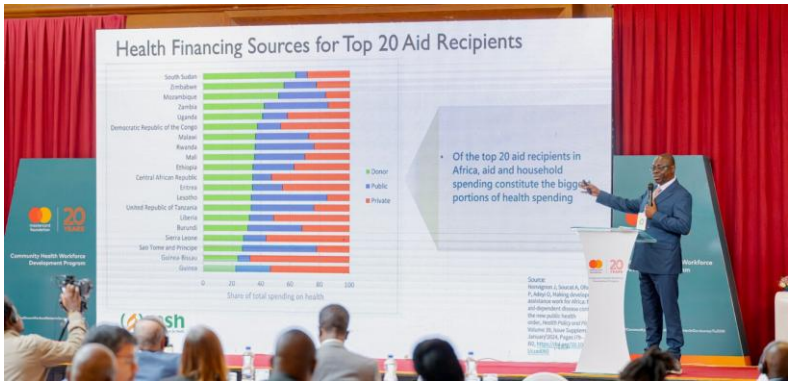
DELIVERABLE 2

# What Sustainability Means: A Shared Definition

**Multi-dimensional financial sustainability is essential, but not sufficient on its own.**

## WORKING DEFINITION

**Financial sustainability is realized when a country reliably finances its CHW workforce over time - predominantly through public domestic resources - within a policy and institutional environment that endures beyond any single funding cycle.**


### Institutional

CHW programs are formally embedded in national health strategies, Human Resources for Health (HRH) plans, and legal frameworks, ensuring continuity across political administrations. Legal recognition is the non-negotiable foundation.

### Workforce

Community health workers are trained, fairly compensated, retained, and supported to progress along clear career pathways. Success is measured not by deployment numbers, but by retention, professional growth, and the dignity of work for each individual.

### Service and Quality

Coverage and quality are maintained regardless of funding volatility - with full integration into national supply chains, monitoring and evaluation systems, and performance accountability frameworks at all levels.

### Cooperative and Sustainable Livelihoods

Self-sustaining livelihood activities contribute 15 - 20% of CHW income, operating within flexible, nationally appropriate legal frameworks and reducing reliance on any single funding source.

DELIVERABLE 2

# Three-Pillar Financing Framework

**A shared financing architecture to move CHW programs from donor dependence to sustainability.**

## PILLAR 1

### Government Integration and Domestic Financing

- Community health worker integrated into national HRH plans and the civil service.
- Budget lines established, even at zero, to create a basis for advocacy
- Return on Investment (ROI)-driven advocacy targeted at Ministries of Finance.

## PILLAR 2

### Donor Coordination and Transition Planning

- One plan, one budget, and one M&E framework across all donors.
- Sequenced investment aligned with government-led priorities.
- Structured 5- to10-year transition roadmaps with clear milestones.

## PILLAR 3

### Private Sector Engagement

- Public-private partnerships where fiscal space allows.
- Social impact bonds linked to CHW outcomes.
- Innovation and blended financing mechanisms.
- Complement - not replace - domestic financing.

**70%**
**Domestic financing target allocated to community heath workers by 2030**

**20-30%**
**Donor financing for community health workers**

**5-10%**
**Innovative financing to support community health worker financing**

# Turning Conversations into Insights

Transforming every conversation into valuable insights that inform better decisions.

# Key Insights from the Convening

## Five findings that will shape program design and coordination for years ahead.

### Government ownership is the only durable path

Every successful model shared one defining factor: government ownership. When governments fully back the mission, they move faster than any partner - and unlock resources that would otherwise remain untapped.

### Fragmentation is structural – and so must be the solution

Community health workers can be accountable to multiple managers outside government - a clear sign of structural fragmentation. The solution must be equally structural and sustained to address it effectively.

### Sustainability requires both increased funding and better efficiency

Increasing domestic funding matters - and so does value for money. Integration lowers the cost per outcome, so both levers must be pursued simultaneously and with equal intent.

### Commitments need timelines to become real

The 30/60/90-Day Action Plan converts alignment into accountability, with milestones that can be tracked, reported on and enforced.

### Co-creation builds ownership

Participants validated their voices in real time.
Co-creation is not just a value, but a strategy for institutional ownership that endures beyond any funding cycle.

Accountability fails when ownership is unclear

**30/60/90 days** Accountability milestones agreed to convert alignment into action

**2030** Target year to reach 600,000 CHWs deployed and supported

# What the Convening Proved

## Evidence from the room that sustainability is achievable. It is not aspirational - it is already happening.

**Dignified work requires government commitment**
EVIDENCE: **Kenya:** $50M/yr allocated to government payroll. **Uganda:** A 2022 policy shift that ended fragmentation in CHW support. **Zambia:** The 2023 cholera outbreak prompted presidential recognition and a cabinet memo within months.

**Co-created guidance builds ownership that top-down mandates cannot**
EVIDENCE: Convening feedback was integrated through a structured **co-creation process**, with participants validating their inputs in real time. **Trust** - built through genuine listening - emerged as the most durable foundation for program success. Co-creation is not just a value; it is a strategy for building ownership that endures beyond donor funding.

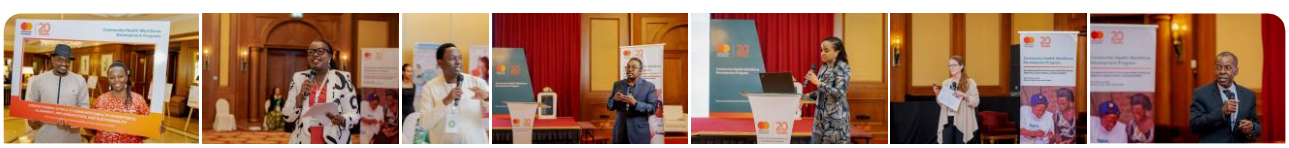
**Digital infrastructure is a force multiplier - not an optional extra**
EVIDENCE: **Kenya:** 100,000 government-procured smartphones distributed to support community health workers. **Mali:** Monthly digital payments disbursed on the 25th. **Gates Foundation**: AI tools actively deployed for supervision, routing, and quality improvement.

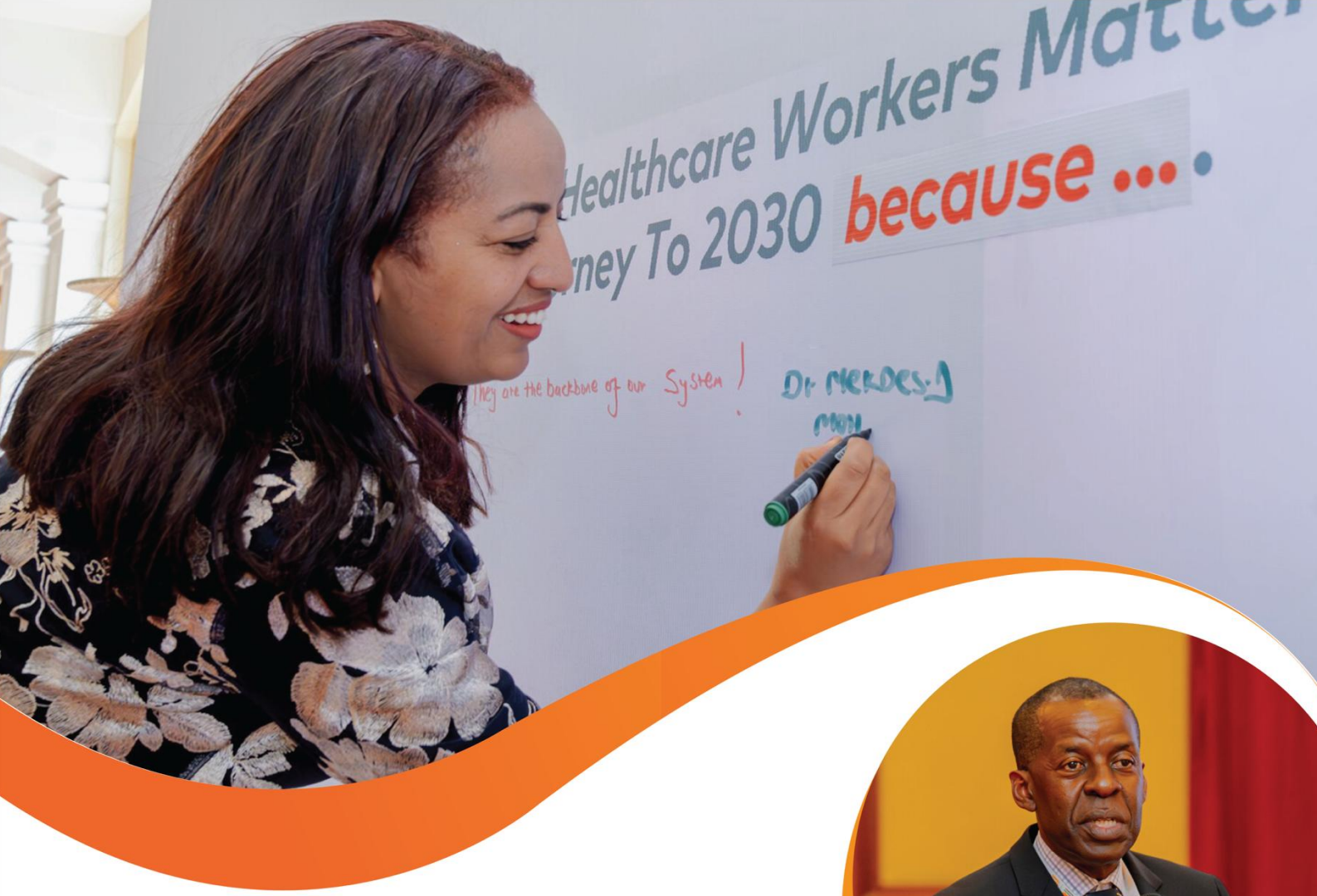
**Budget lines - even at zero - are a strategic victory**
EVIDENCE: Establishing a CHW budget line - even at zero - signals political intent and creates a platform for future advocacy. This was confirmed as a key lever by all six country delegations and all four donors.

**100%** Co-creation delivers full buy-in

**$50M** Kenya's annual government-funded CHW payroll demonstrates that when governments are motivated, they can move quickly.

Budget lines signal intent – even before funding






# From Alignment to Action

The 30/60/90 plan and the agreed commitments that make accountability real

*"These are not procedural documents. They are accountability tools."*
*- Dr.Peter Nsubuga, Senior Director, Health Workforce Initiatives, Mastercard Foundation*

# Agreed Commitments

**The full set of commitments forming the foundation for shared accountability.**

| Priority Action | Lead Actors | Output | Timeline |
|---|---|---|---|
| Finalize and disseminate the Common Implementation Guidance and Financing and Sustainability Roadmap. | Mastercard Foundation, Governments | Validated guidance and roadmap disseminated to all partners. | 0-30 days |
| Disseminate convening outcomes and align stakeholders at country level. | Governments, Implementing Partners | National alignment and partner engagement initiated. | |
| Establish/strengthen national coordination and accountability platforms. | Governments | Functional coordination, governance and monitoring structures in place. | 31-60 days |
| Align partner implementation and investments to government-led national plans. | Governments, Implementing Partners, Funders | Partner activities and financing streams aligned to national strategies. | |
| Initiate and strengthen engagement with Ministries of Finance on domestic financing pathways. | Governments, Funders | Financing transitions discussions and budget planning processes underway. | |
| Develop country-specific sustainability, financing and transition plans. | Governments, Partners, Funders | Draft sustainability and financing transition plans completed. | 61-90 days and beyond |
| Integrate community health workers into HRH strategies, policy frameworks and national sector plans. | Governments | Community health workers reflected within national workforce and health system planning. | |

**At the next meeting – we count results ...**

> *When we next meet, we will not be talking about frameworks. We will be counting results, showing how many community health workers have been trained and how many are in dignified work opportunities. That is the only measure that matters.*
>
> **— Dr. John Nkengasong, Mastercard Foundation | Closing Remarks**

**Accountability:**
**Progress will be tracked through national coordination mechanisms, cross-country Communities of Practice, and agreed monitoring frameworks.**

## What We Agreed and What Happens Next

**The convening moved beyond alignment to establish a shared set of commitments and a time-bound action plan. Participants agreed on a clear direction: to transition from fragmented, partner-driven approaches to coordinated, government-led implementation with sustainable financing pathways.**

### 01 Governments will:

- Lead CHW programs as part of national health systems, including integration into HRH strategies, national development strategies, and sector planning frameworks.
- Advance domestic financing pathways through strengthened engagement with Ministries of Finance, sustainable budget planning, and financing transition processes.
- Anchor CHW programs within policy, legal, governance, and accountability frameworks to strengthen continuity and long-term sustainability.
- Coordinate partners under nationally aligned structures and strengthen implementation alignment around one plan, one budget, and one monitoring framework.
- Lead dissemination and country-level alignment processes to support coordinated implementation of the Common Implementation Guidance and Financing and Sustainability Roadmap.

### 02 Implementing Partners will:

- Align fully with government-led strategies, national plans, and coordination structures, while avoiding parallel systems.
- Support operationalization of CHW programs through workforce planning, supervision, digital systems, costing, and implementation support.
- Contribute to shared monitoring, learning, accountability, and coordination platforms aligned to national frameworks.
- Support dissemination and country-level alignment processes to strengthen coordinated implementation across stakeholders.
- Facilitate transition toward sustainable, nationally owned systems through long-term capacity strengthening and implementation support.

### 03 Funders and Development Partners will:

- Align investments behind government priorities, coordinated national plans, and country-led implementation frameworks.
- Support structured financing transitions toward increased domestic contribution, sustainable budget planning, and long-term country ownership.
- Improve transparency, coordination, and visibility across funding streams to strengthen alignment and reduce fragmentation.
- Invest in system enablers - including governance, workforce systems, digital infrastructure, and monitoring frameworks - that strengthen long-term sustainability and resilience.
- Support dissemination and implementation of the Common Implementation Guidance and Financing and Sustainability Roadmap across partner ecosystems.

### 04 Shared Commitments Across All Participants:

- Government ownership is foundational to scale and long-term sustainability.
- Fragmentation must be addressed through stronger structural alignment and coordination.
- Financing transition is essential and requires clear, time-bound planning.
- Accountability must be measurable, transparent, and linked to defined milestones and timelines.

## Community Health Workers Matter in Our Journey to 2030 because...

**The convening included a message wall where participants shared a collective perspective on the value of community health workers in improving access, building trust, and strengthening service delivery.**

*They are bringing health care closer to the people as the trusted link between healthcare systems and the communities*

*They are the frontline service providers and responders.*

*They know how to reach their peers in acceptable ways to affect change in health outcomes.*

*Diseases start and end within the communities. Let's strive to build community systems that are responsive.*

*They represent the communities that need the services in hard-to - reach areas and lack access.*

*They are Africa's last line of defense in the ever-changing landscape of global health threats.*

*They determine whether universal health coverage and PHC becomes a reality.*

*They are critical to our community health livelihoods.*

*They are the health leaders of our world tomorrow*

*They are critical to our community health livelihoods.*

*A CHW is the bridge to achieving Universal Health Care (UHC)*

*They are the backbone of our health systems, & the road towards achieving UHC.*

*They are the greatest insurance for our economies.*

*No primary healthcare without community health workers.*

*They are the fulcrum of community health.*

*They are key in improving health outcomes and equity.*

*They bridge gaps and save lives in the villages beyond the tarmac*

*They are a smart investment.*

*They remain pivotal to delivery of community-based healthcare.*

*They affect future generations.*

*They are the last mile delivery mechanism for essential health.*

*They make sure the health system is responsive.*

*They are the gateway to health systems transformation.*

*They are the backbone of our system.*

*They are the health leaders of our world tomorrow*

*Hand in Hand with CHWs into 2030.*

*CHW Means Health*

*It will reinforce health Systems on the ground.*

*Let us stand behind the ones who knock*

*We opt for a nice Journey that will help advance African efforts to bridge CHW gaps by giving youth dignified job opportunities.*

*CHWs have driven PEPFAR's success in the fight against HIV/AIDS and will continue to be critical as the response fully transitions to country ownership.*

*The women youth through Young Africa Works is very timely as the voice of the people is important in the transformation.*

*Let us stand behind the ones who knock*

*We have to work together to strengthen health in our communities.*

*I believe CHWs can change the way of working in the community.*

mastercard foundation | 20 YEARS

Creating impact together.

# CHW Program Convening Report

Addis Ababa, Ethiopia

February 2026