

Upskilling Critical for Sustainable Health Workforce

By Dr. Lola Dare and Crystal Lander

We recently attended the CORE Group’s 2019 Global Health Practitioner Conference in Nairobi, Kenya, which partly focused on identifying solutions to persistent community health workforce challenges. Our message was simple: while many African countries have successfully expanded the numbers of their community health workers (CHWs), and the World Health Organization (WHO) has developed guidelines for educating health professionals, there is almost a neglect of CHW incentives and career pathways.

Unless we change this and develop transformational guidelines for their education, we will not have the proper skills mix and a fit-for-purpose health workforce. CHWs need to see a future in what they do. Often, the training that they do receive is lost because many don’t want to stay in a job they see as a dead end.



CHWs, who serve the most remote and otherwise hard-to-reach communities, are far away from health facilities, supervision and referral. But they are far from something else—training to reach mid-career and professional levels. This can lead to a waste of human capital and financial resources, as well as missed opportunities to provide vital health services to communities. They also need ongoing performance management and supervision to improve their skills—mobile technology can facilitate that.

The WHO, which has produced guidelines on health policies and system support to optimize CHW programs, says that achieving the health targets in the Sustainable Development Goals (SDGs) will require dedicated investment in human resources for health. One SDG target aims to “substantially increase health financing, and the recruitment, development and training and retention of the health workforce in developing countries ...” Retention of CHWs needs to be a central part of this. We are not invested in retaining them as a valued member of the health workforce; we are only investing in quickly producing them. Without doing so, we miss opportunities to further Universal Health Coverage.

In Nigeria, each of the 36 states has a school of technology that educates CHWs and mid-level health workers. But there is no formal process for upskilling. Ondo State, in its goal to re-purpose its health workforce, retrained health assistants to other cadres, achieving a fit-for-purpose skills mix for primary care services without undue attrition. Nationally, while Nigeria has a pool of health workers, it has a huge gap between production, absorption and retirement.

As a result, there is a net loss of knowledge. If WHO provided guidelines for the education of CHWs we could create a career path for them.

Additionally, Nigeria has a strong labor bloc among its workforce, which has successfully pressured for better conditions and pay. Health workers must be promoted every three years, and as a result someone can become a director but only has the skills of a CHW because there has been no upskilling.

Ghana has addressed the issues by integrating CHWs into systems and service delivery. It has looked closely at the structure of the health care system, and within that structure there is supervision and referral for CHWs, as well as training to give CHWs some sense of professional progression. But this is largely an informal process and there are no approved guidelines. In addition, upskilling is largely for service delivery without focusing on all of the possibilities, including administrative, professional and academic career paths.

CHESTRAD is working with other stakeholders to establish the Adetokunbo Lucas African Academy of Public Health, based in Lagos. It would aim to have courses online and onsite that allow CHWs to pursue pathways to four professional institutions in the country that cover the administration, practice, professional and academic levels. In this way, we can create a fit-for-purpose health team that starts in the community, with supervision, and has opportunities to grow professionally to help us reach the SDGs and Universal Health Coverage.

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