

The role of community health workers in medicine management

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Abstract- Health Extension Workers (HEWs) are frontline public health care providers who are often trusted members of and/or have a close understanding of the community being served. In Ethiopia HEWs promote four areas of the health sector: Disease Prevention and Control, Family Health, Hygiene and Environmental Sanitation, Health Education and Communication. On the other hand to address strong community demands for basic curative care, HEWs are trained to provide first aid, treat malaria, intestinal parasites, immunizations and injectable contraceptives. This review is prepared to describe the types of community health care services as well as distribution of vaccines and pharmaceuticals health extension workers are engaged in. Various literatures were reviewed using Google as a search engine. On-line databases such as Google, Google Scholar, Pub Med reports and training modules and reports from Federal Ministry of Health were accessed. Community health workers, the role of CHWs in medicines management, health extension workers, Ethiopia were the search terms and phrases used. The final search strategies included using a combination of keywords/phrases using community health workers as the target population. Synonymous terms for community health workers such as community health advocate, community health advisers, community health promoter, and frontline health worker were also used. The search for potentially eligible documents included a review of international and state documents published from 1998 to 2015. Grey literature available from on-line sources were also included in this literature review. Literatures written in Amharic and English language were included. Any duplicates were removed. Resulting articles were selected in such a way that first selection was made by screening the abstracts of articles; Second, full articles were read to make a final selection. Weighing scale, growth monitoring chart, ORS, Anti-helminthic, oral contraceptives, Iron/ foliate, antibiotics for case management, insecticides treated bed nets, malaria drugs, and rapid diagnostic test materials, vaccines such as : BCG, DPT1, DPT2, DPT3, OPV1, OPV2, OPV3 and measles are medicines and pharmaceuticals managed by HEWs to the community through home based service. Moreover they promote adherence to TB drugs and ARTs. In Ethiopia HEWs are providing both preventive and curative medicines and pharmaceuticals such as insecticide treated bed nets, malaria drugs,

and rapid diagnostic test materials, vaccines, antibiotics to households and maintain their supply chain management. It is recommended to perform further study on knowledge attitude and practice of HEWs towards medicines managed for the betterment of the health care system.

1. Introduction

Community health workers (CHWs) are frontline public health workers who are trusted members of and/or have a close understanding of the community served. This trusting relationship enables CHWs to serve as a link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. CHWs are uniquely qualified as connectors to the community because they generally live in the communities where they work and understand the social context of community members' lives¹.

Drugs, in particular essential drugs, according to the primary health care strategy as defined by WHO, are important elements

of primary health care and should be available at the various levels of primary health care at the lowest feasible cost. In many countries, to attain such an objective, drugs are provided by the CHWs. The involvement of the CHWs in drug provision has two important aspects. On the one hand, the goal of making essential drugs available at the lowest feasible cost to the population at the peripheral level can be met in this way. On the other hand, the CHWs' involvement in drug provision may result in strengthening their position in the community^{2,3}.

In addition, CHWs also describe (give report) to health care providers and administrators about the community's health needs and the cultural relevancy of interventions by helping these providers and the managers of health care systems to build their cultural competence and strengthen communication skills. Using their unique position, skills, and an expanded knowledge

base, CHWs can help reduce system costs for health care by linking patients to community resources and helping patients avoid unnecessary hospitalizations and other forms of more expensive care as they help improve outcomes for community members⁴.

The delivery of medication to clients by CHWs is a way of improving access to treatment. CHWs across a broader range of CCM (Community Case Management) conditions (namely diarrhea, malaria, pneumonia, nutrition, and newborn care) within government CCM programs in sub-Saharan Africa. RDT (Rapid Diagnosis and Treatment) for malaria, Artemesin based combination therapy, antibiotics, ORS, vaccines are drugs commonly handled by community health workers in Ethiopia^{5,6}.

CHWs can play a crucial role in broadening access and coverage of health services in remote areas and can undertake actions that lead to improved health outcome. To be successful on a large scale, CHW programs need careful planning, secure funding and active government leadership and community support^{7,8}.

The aim of the review is to describe the role of community health workers in medicine management and identify the types of drugs that are handled by CHWs in Ethiopia.

2. Methods of Review

Various literatures were reviewed of using Google as a search engine. On-line databases such as Google, Google Scholar, Pub Med reports and training modules and reports from Federal Ministry of Health were accessed. Community health workers, the role of CHWs in medicines management, health extension workers, Ethiopia were the search terms and phrases used. The final search strategies included using a combination of keywords/phrases using community health workers as the target population. Synonymous terms for community health workers such as community health advocate, community health advisers, community health promoter, and frontline health worker were also used. The search for potentially eligible documents included a review of international and state documents published from 1998 to 2015. Grey literature available from on-line sources were also included in this literature review. Literatures written in Amharic and English language were included. Any duplicates were removed. Resulting articles were selected in such a way that first selection was made by screening the abstracts of articles; Second,

full articles were read to make a final selection.

3. The Role of Community Health Workers in Medicine Management in Ethiopia

In 2003, the Ethiopian Federal Ministry of Health (FMOH) launched a new health care plan, the “Accelerated Expansion of Primary Health Care Coverage,” through a comprehensive Health Extension Program (HEP). Recognizing the huge gap between need and health care services available, the FMOH has focused on “providing quality promotive, preventive, and selected curative health care services in an accessible and equitable manner to reach all segments of the population, with special attention to mothers and children. As a preventive health program, the HEP promotes four areas of care: Disease Prevention and Control, Family Health, Hygiene and Environmental Sanitation, and Health Education and Communication. On the other hand to address strong community demands for basic curative care, HEWs are trained to provide first aid, treat malaria, intestinal parasites, immunizations, injectable contraceptives and to refer cases to the

nearest health center when more complicated care is needed^{9, 10}.

CHWs are expected to work on providing the following medicines and their supply chain management.

Nutrition: Weighing scale, growth monitoring chart, ORS, Anti-helminthic, pictorial material for teaching.

Maternal, neonatal and child health: Iron/folate, family planning methods, growth monitoring charts, weighing scale, antibiotics for case management.

Malaria workers: insecticide treated bed nets, malaria drugs, and rapid diagnostic test materials, pictorial material for teaching.

Vaccines: BCG, DPT1, DPT2, DPT3, OPV1, OPV2, OPV3 and measles.

TB and HIV/AIDS: promote adherence on TB drugs, ART drugs for HIV/AIDS, condoms, pictorial material for teaching¹¹.

4. Success and Limitation of Community Health Workers in Ethiopia

Community health workers have been recognized for their success in reducing morbidity and averting mortality in mothers, newborns and children. These workers are most effective when supported by a clinically skilled health workforce, and deployed within the context of an appropriately financed primary health care system. However, they have proven crucial in settings where the overall primary health care system is weak. They also represent a strategic solution to address the growing realization that shortages of highly skilled health workers will not meet the growing demands of the rural population. And, they are a vital part of primary health systems that will last well into the post-Millennium Development Goals period for other health issues like non-communicable disease¹².

Issues such as the reliable provision of transport, drug supplies and equipment have been identified as weak part in CHW effectiveness. The result is not only that they cannot do their job properly, but also that their standing in communities is undermined. Failure to meet the expectations of these populations (with regard to supplies), destroys their image and credibility. If CHWs are used in programs that have drug treatment at their core, such

as TB DOTS or HAART, the situation becomes more critical but most programs include the need for supply of drugs and/or equipment, including transport. Ideally, supplies and equipment should be organized through district or regional dispensaries, and collected and delivered by CHWs. In cases where villages are very remote to the central health center, village dispensaries can be established to cater for the drug needs of the populations. The drug supplies and management could be improved at the program level through better quantification of drug needs and timely ordering of drugs taking into account the long and varied lengths of time needed to obtain drugs from different suppliers. The long lead times experienced with some suppliers would sometimes result in drug stock outs¹³.

5. Conclusion

Community health workers (CHWs) are frontline public health workers who build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such

as outreach, community education, informal counseling, social support, and advocacy. Community health workers perform a wide range of vital healthcare roles in their communities that are different according to a country's health issues. Community health workers have been recognized for their success in reducing morbidity and averting mortality in mothers, newborns and children. These workers are most effective when supported by a clinically skilled health workforce, and deployed within the context of an appropriately financed primary health care system. And, they are a vital part of primary health systems that will last well

into the post-Millennium Development Goals (MDGs) period for other health issues like non-communicable disease. Issues such as the reliable provision of transport, drug supplies and equipment have been identified as weak part in CHW effectiveness. The drug supplies and management could be improved at the program level through better quantification of drug needs and timely ordering of drugs taking into. In addition, CHWs should be trained on identifying minimum stock levels so that they can have timely ordering of drugs. Account the long and varied lengths of time needed to obtain drugs from different suppliers.

6. References

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