# One term to transform: universal health coverage through professional community health workers

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With a shortage of 43 million health workers and half the global population without adequate access to essential health services, now is the moment for boldness that can reshape health care for generations.[1,2] Currently, millions of experienced and trusted community health workers (CHWs) operate outside formal systems with most unsupervised, unequipped, and undertrained; this situation limits their impact and harms their wellbeing.[3] CHWs provide door-to-door care, link people to facilities, and offer social support.[4] Integrating professional CHWs (proCHWs) into health systems is a transformative strategy for achieving universal health-care provision, and government ministers can realise such integration within a single term.

Unlike proCHWs, who are salaried, skilled, supervised, and supplied, CHWs are underfunded and undervalued. Historical policies limiting wage growth have left 86% of CHWs in Africa unsalaried, while CHWs worldwide frequently work in undignified and dangerous conditions and face supply shortages more often than staff in health facilities.[3,5–7] CHWs are often treated like amateurs, and so their performance suffers and communities pay the price for a collective failure to act on proven solutions.

For decades, proCHWs have shown their ability to save lives, enhance resilience, and support healthy economies. The case for proCHWs is compelling: it is a big idea that is cost-effective and feasible enough to transform health systems worldwide.[8] ProCHWs have great impacts, substantially improving health outcomes and equitable access at scale. ProCHWs effectively address reproductive, maternal, neonatal, and child health needs, and infectious and non-communicable diseases.[9] They consistently reduce deaths among newborn babies and children younger than 5 years and have achieved reductions in mortality rates in low-income and middle-income countries that are comparable to those in high-income countries.[10–12] If CHWs were scaled up in countries with the highest burdens of disease, it is estimated that nearly 47% of deaths among children younger than 5 years could be averted annually.[13] ProCHWs perform best where they are needed most, providing crucial care in hard-to-reach communities with inadequate health facilities where they can help improve access to care.[14] ProCHWs ensure continuity of essential health services during pandemics, provide emergency preparedness and response to climate-health challenges, and reduce mortality among children younger than 5 years in conflict-affected areas.[15–17]

Beyond the health and access benefits, integrating proCHWs into health systems is cost-effective.[18–20] CHW-led services reduce costs for patients and health-care systems, drive economic growth through improved health and increased employment, and ultimately generate returns of up to US$10 for every $1 invested.[21] The affordability of proCHWs increases as countries move closer to meeting the Abuja Declaration target for health spending.[22,23] Bilateral and multilateral partners can substantially enhance government efforts by aligning financial commitments with national proCHW policies and committing to transparency and coordination for greater impact.

Importantly, integrating CHWs into existing health systems is also straightforward. The proCHW Policy Dashboard, the largest open-access public resource on national CHW policies, shows that over 40 countries across every WHO region have established a salaried and accredited proCHW workforce.[24] Heads of state and health ministers from the remaining 60 dashboard countries can

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confidently join them, using proven global frameworks from WHO and partners for design, implementation, and cost planning.[25–27] Successful case studies show that such reforms are feasible and achievable within a single ministerial term: for example, former Minister of Health Tedros Adhanom Ghebreyesus in Ethiopia during the 2000s; former Minister of Health Bernice Dahn, building on the legacy of Minister Walter Gwenigale, in Liberia during the 2010s; and Minister of Health Kevin Bernard in Belize and Minister of Health Dr Robert Lucien Jean Claude Kargougou in Burkina Faso in 2024.[28,29] Although all policy reform faces challenges (eg, nomenclature, interprofessional conflicts, and remuneration), integration is achievable. Key recommendations from a cross-country synthesis of successful case studies emphasised the need to cultivate political will through government-led coalitions, harness data for innovation and adaptation, secure community support, and invest in programme foundations (eg, salaries, skills, supervision, and supplies), not just the services CHWs deliver.[28] This process is no more complicated than what governments already manage; the distribution of countries with proCHW national policy aligns more with political will than with gross domestic product per capita.[24]

Now is the time to seize this opportunity; proCHWs are key to the UHC2030 commitment and beyond.[30] In the face of economic downturns, political instability, climate change, armed conflict, and pandemic risks, investing in proCHWs is a strategic decision. The polycrisis demands action, not retreat, and although immediate challenges might seem daunting, the evidence is clear: proCHWs deliver high-impact, cost-effective results, even in the toughest times.

Government ministers can start now by committing to a clear policy shift towards proCHWs, building on the community health delivery already in place. In addition to connecting with the more than 40 ministers who have gone before, step-by-step guidance on this process is available, featuring country case studies (eg, Liberia and Ethiopia) and insights on designing and optimising CHW programmes; engaging key multisectoral stakeholders, including CHW associations; setting up dedicated budget lines for CHW remuneration, training, and support; and addressing common implementation challenges at scale.[31,32]

With the right political leadership, proCHWs can be implemented nationally in years rather than decades. Ministers can both commit and execute by establishing a sustainable, national proCHW model that will bolster universal health coverage and strengthen health systems for generations to come. One term to transform is both urgent and possible—the time to act is now.

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