NEW RESEARCH FROM THE COALITION:
COMMON CHW PAYMENT MODELS DO NOT REFLECT WHO RECOMMENDATIONS FOR PAY

Community Health Workers (CHWs)—people trained to provide basic health services to their neighbors—have long served as a trusted source of primary healthcare in communities around the world. The World Health Organization strongly recommends remunerating practicing CHWs with a financial package commensurate with the job demands, complexity, number of hours, training and roles undertaken. Yet a huge chasm exists between global guidelines and reality on the ground.

New research from the Community Health Impact Coalition, facilitated by TrustLaw looks at compensation models for CHWs in five countries that represent possible archetypes for CHW compensation:
- Brazil (public)
- Ghana (volunteer-based)
- Nigeria (private)
- Rwanda (cooperatives with performance based incentives),
- South Africa (hybrid public/private).

Legal teams in each country undertook a review of the regulatory framework governing CHW compensation using a standardized questionnaire. The research concluded that many common CHW payment models do not reflect WHO recommendations for pay, emphasizing the need for reform.

While a strong legal framework does not necessarily translate into high-quality implementation of compensation practices, it is the first necessary step. Certain approaches to CHW compensation—particularly public-sector or models with public sector wage floors—best institutionalize recommended CHW protections. Political will and long-term financing remain challenges; removing ecosystem barriers—such as multilateral and bilateral restrictions on the payment of salaries—can help governments institutionalize CHW payment.

CHECK OUT THE FULL STUDY AND LEARN MORE AT WWW.CHWIMPACT.ORG/PAYCHWS

Community Health Impact Coalition

---

1. TrustLaw is the Thomson Reuters Foundation’s global pro bono legal programme. The law firms involved in this project were Udo Udoma & Belo-Osagie (Nigeria), Demarest Advogados (Brazil), Reindorf Chambers (Ghana), Bytelex Advocates (Rwanda), and Bowmans (South Africa).