

Report of PHM Health Systems Circle Thematic Webinar on CHWs

Title of the Webinar: The Struggles of Community Health Workers (CHWs) at the Covid Frontline: Essential but Unrecognised

Date: 20th July 2021, **Time:** 11 AM UTC – 1 PM UTC

Participants: Members of PHM, Researchers and activists from other organisations

Video link to Webinar: <https://youtu.be/K6CHtDXF3og>

Video link for the presentation of CHW from Brazil with Spanish subtitles-
https://www.youtube.com/watch?v=dsU9c05n_pY

PHM has six thematic groups (1) Health Systems (2) Trade and Health (3) Food and Nutrition (4) Environment and Health (5) Gender Justice and Health (6) Migration, Displaced Persons, War and Health to support the “Health for All” campaign. The thematic group on “Health Systems” organised a webinar to bring together public health practitioners, especially CHWs from different parts world, to share their thoughts, experiences, challenges and demands of Community Health Workers in the backdrop of Covid 19. The objective of this webinar was to understand and highlight the immense challenges faced by the CHWs and to put together a set of recommendations for policy advocacy that could improve their safety and working conditions.

Before this webinar meeting, the global secretariat of PHM had circulated a background note (Box 1) and programme schedule (Annexure 1) to set the tone and context of the meeting.

Box-1 Concept Note

CHWs have been on the frontline in educating their communities about COVID-19: how to prevent it, how to manage the illness, and why vaccinations are safe and important public health interventions. Many governments - and indeed even global agencies like the WHO - have described them as healthcare heroes. Nevertheless, these heroes continue to be treated poorly. CHWs' working conditions have not improved during the COVID-19 pandemic. Despite their services being needed more than ever, their contracts remain informal or short-term, they generally do not have access to employer-provided PPE, and their payments continue to be low and erratic. Like other "essential workers" in low-wage and insecure employment, CHWs have struggled to secure childcare services -something that has been needed during lockdowns where schools have closed and children are home, but parents in essential services continue working. In many countries, CHWs have had to work under circumstances characterised by high levels of militarisation, that have been aimed at policing lockdown regulations but also at stamping down popular protests that have emerged in opposition to the high levels of socioeconomic insecurity resulting from the pandemic and its management. In this webinar CHWs from across the world report on the past year: how their health care work has changed, how their working conditions have been affected, how their wellbeing has been affected, and also what strategies they have been using to organise for better employment conditions now that governments are relying on their labour more than ever!

The webinar had participants from various parts of the world including India, South Africa, Malawi, the Philippines, Australia and Brazil. The meeting started with a welcome address by Lauren Paremoer (PHM, South Africa) and was followed by a talk by **Prof Helen Schneider (University of Western Cape)**, who was the moderator for the webinar, setting the context for the meeting. She emphasized the fact that this webinar was giving primacy to the voices of CHWs. She mentioned, “In contrast to many of the conversations on CHW programmes happening across the globe this meeting is refreshingly different in presenting the perspectives and voices of community health workers themselves – their issues, challenges and struggles for recognition – many of which have intensified during the COVID pandemic”. Prof Schneider explained the conduct of the webinar; the first part was for brief presentations by CHWs, the second part for questions and discussions and the third part was dedicated towards the way forward. Before concluding and inviting the first speaker, Prof Schneider explained the diversity that was embedded under the umbrella “community health worker” and defined the role of CHWs as an important interface between the health systems and community. Prof Schneider also pointed out the continued challenges faced by the CHWs and the lack of apathy by the health systems all over.

With that context, Prof Schneider invited the first speaker, **Ms Surekha from India**. Ms Surekha is the General Secretary of the ASHA Workers Union, Haryana and a member of the All-India Coordination Committee of ASHA Workers. In her presentation, Ms Surekha presented the increased challenges faced by ASHAs due to the pandemic of Covid 19. ASHAs were CHWs of the government-run community health worker programme in India. Ms Surekha started her presentation by explaining briefly the ASHA programme to the larger audience. She listed the roles and responsibilities of the ASHA worker (in normal times). She pointed out the fact that there had been an increase in the workload over time however the incentives had remained stagnant without any increase and the demands of ASHAs for fixed honorarium, better incentives, and permanent jobs had not been addressed. Ms Surekha went on to add how the ASHA cadre who were already underpaid and overworked suddenly had to face an overwhelming workload with the outbreak of Covid 19. During the first wave, the ASHAs were at the forefront of implementing all the government measures in fighting and managing Covid 19. They were involved in a range of activities that included enforcing the lockdown by helping the local administration with details of incoming and outgoing members of the local community, contact tracing, helping the administration in quarantining households, creating containment zones wherever there had been a breakout and serving the population with Covid related knowledge dissemination, supplying medicines to affected households and helping affected patients to get transported to medical care facilities. Some of these actions of the ASHAs were seen like them in close allegiance and cohorts with the administration in policing and quarantining affected households and communities. Since households/communities under quarantines were stigmatised and ostracised by the rest of the community, there was considerable anger and discontent against ASHAs. There were many instances of ASHAs being physically and verbally attacked. Meanwhile, ASHAs themselves were overworked during the first phase and they had to work without any protective gear. They had to fight for hand sanitisers, masks and PPEs and whenever they were provided with these items it was always in short supply. The ASHAs had to spend more than five hours every day for Covid related work but they were not compensated monetarily. Also, the ASHAs had to do copious amounts of paperwork for the administration with their surveys and compiling daily updates. Many ASHAs were themselves affected by Covid and some of them died due to Covid. The ASHAs neither got insurance coverage nor any compensation to their families from the government. When ex-gratia compensation was

announced, the families of the deceased ASHAs could not claim the amount because this entailed showing post-mortem medical certificates with the cause of death as Covid 19. However, the overwhelmed district health systems did not do post-mortems in most cases and in cases where they did, Covid 19 was not mentioned as the cause of death rather the co-morbidity was mentioned and that denied the families from receiving the compensation. Ms Surekha then moved on to the current scenario, the second wave of Covid 19. She mentioned a whole range of challenges related to the currently ongoing mass vaccination programme where once again the CHWs play an important role in mobilising the community for vaccinations. Ms Surekha completed her presentation highlighting the enormous challenges, especially the physical, emotional and financial constraints, faced by the ASHAs in the face of the Covid 19 outbreak. Prof Schneider thanked Ms Surekha for highlighting the challenges of ASHAs in India especially without sufficient protection for themselves against the pandemic. She also pondered over the difficult situation that the CHWs had to face being co-opted by the government administration to implement coercive lockdown measures and consequently facing the violent brunt for the same from sections of the community.

She then invited **Mr Dickson Namsima, a well-respected senior CHW from Malawi** for his presentation on the issues and challenges faced by CHWs during Covid and efforts to mitigate the problems. In his presentation, he talked about the role of CHWs in Malawi during normal times and how things have drastically changed since April 2020 with the advent of Covid 19. He talked about the difficult role of CHWs travelling around to educate members of the community on social distancing, hand washing and face masks and then when the disease spread, they were involved in contact tracing, providing medicines and counselling the families on social distancing and quarantining. The CHWs were not provided with adequate protective gear such as PPE during their work endangering their lives. He mentioned some of the mobilisations that CHWs did in putting forth their grievances to the government. While some of their issues were addressed, it was still far from adequate as there was inadequate material and monetary support by the government administration. Similarly, on the issue of vaccinations, the CHWs in Malawi had to fight with the government to get the CHWs vaccinated first as done elsewhere for all essential health workers. He deplored that many CHWs had to trudge on difficult terrains on foot without vehicular support and with no communications support to reach out to patients. Mr Dickson mentioned that the CHWs employed by non-governmental organisations were slightly better off compared to the government CHWs. He also talked about the hardships faced by the CHWs in the sanitisation efforts of public spaces especially the schools so that children could get back to school. Mr Dickson also expressed his frustration on the lack of support from the community in fighting Covid 19, especially in adhering to Covid 19 appropriate behaviour. He strongly felt that without community support, efforts and adherence to Covid appropriate behaviour, the awareness work done by CHWs would not fructify. He ended his presentation by emphasizing the overall government apathy to the working conditions and safety of CHWs. Prof Schneider thanked Mr Dickson for presenting the challenges faced by the CHWs of Malawi, which represents one of the oldest CHW programmes in the African continent. This was followed by a video presentation from Brazil. The video presentation was introduced by Mr Matheus Falcao who mentioned the importance of CHWs as an essential cog in realising the health rights and the aspirations of the Alma-Ata declaration. He introduced Ms Catia Calage- Community Health Agent from Brazil whose recorded video was played at the webinar.

Ms Catia Calage was from Saint Cecilia, Porto Alegre, Brazil and had been working as a Community Health Activist (CHA) for eight years in the Basic Health Unit (a primary health care

facility equivalent in Brazil). In her presentation, she narrated the role of CHAs in Brazil. CHAs were considered as the community's eyes who were at the forefront of developing activities to promote health among communities and preventing health problems at the level of communities so that the health care facilities are not overloaded with patients. She highlighted some of the major activities of the CHAs such as their work on the promotion of basic sanitation, knowledge campaigns to promote better health, sensitizing the community on, LGBTQ, gender identities, pink October campaign to create awareness on prostate cancer and other community mobilisation activities at local levels where community needs were shared and discussed. The CHAs took up people's issues from the local level to the district and city councils for government attention and action.

The role of CHAs during the Covid 19 pandemic had been quite different. The CHAs who had been usually at the forefront of field action were now largely restricted to health care facilities. They were playing an important role in health care facilities: helping desk work in administration, supporting reception services by attending phone calls supporting covid patients and their households. They got involved in screening populations, doing contact tracing and assisting the system in conducting vaccination camps. Their workload had increased multi-fold during Covid 19 and they were amongst the few cadres who had worked through the pandemic but there were no commiserating benefits and that had affected the morale of the CHAs. Meanwhile, many CHAs got ill during the pandemic. There was also a huge emotional toll on the CHAs handling so many tragedies happening around them. However, the overall treatment of the CHAs by the SUS (Health system of Brazil) was one of total lack of apathy. This was surprising to the CHAs since they saw themselves as very much an important part of supporting the system. Despite such callousness, the CHAs believe things can be improved with continued struggles and community support. Ms Catia Calage finished her presentation with an inspiring quote, "sometimes we win, sometimes we learn", which she aptly summarized as the life of CHAs, learning and winning.

Acknowledging the deeply inimical and unfavourable political contexts in which workers are currently functioning in Brazil and many parts of the world, Prof Schneider invited **Mr Karl Briscoe who represented the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)** which had around 2500 members with 1000 being A&TSI Health Workers and Practitioners for his presentation "Lessons from the work of Australian Aboriginal Community Health Workers". Mr Briscoe started his presentation with a brief introduction about himself and about the work he had been involved in. He explained how the A&TSI health worker and practitioners in Australia were essentially Community Health Workers, largely belonging to the indigenous community, the first point of clinical and non-clinical contact for Indigenous people when accessing health care services. He highlighted their comprehensive training in primary health care including looking at the social and cultural determinants, health education and health promotion as well as providing primary health care management and treatment of health conditions. He emphasized the role of A&TSI Health Workers and Practitioners in ensuring the cultural safety of indigenous peoples when they access health care with greater sensitivity and intelligence that other mainstream health services didn't have.

The outbreak of Covid 19 was a big challenge for the vulnerable indigenous communities, especially the elderly population, given their higher risk with age-related health conditions compared to the rest of the population. The elders and elderly were repositories of the traditional knowledge holders of indigenous communities playing the role of universities and libraries to pass down their wisdom and expertise onto the next generations. The A&TSI Health Workers and Practitioners developed a

series of health resources and led special campaigns, with guidance and support from other community-based organisations, for catering to the indigenous populations and sensitising the larger health community to the vulnerability and the special needs of the indigenous population, especially the elderly ones.

Mr Briscoe highlighted the rise in racism that impacted indigenous communities from accessing and receiving healthcare. He explained how A&TSI Health Workers and Health Practitioners joined with other organizations to call for a national response to address these behaviours.

He also mentioned a series of online webinars and information sessions on various topics such as cultural safety during the pandemic, socio-emotional wellbeing workshops and counselling by an indigenous psychologist that were provided to address the fear and anxiety of the indigenous health workers.

Mr Briscoe emphasized that strong social support, working closely and helping each other especially during trying times, and protecting the vulnerable had been an intrinsic part of indigenous traditions. He highlighted that respecting these traditions and creating a culturally sensitive platform to realise their knowledge, voicing their concerns and sharing their experience had been central to their success in managing Covid 19 amongst indigenous communities in Australia.

Prof Helen Schneider felt that Mr Briscoe's presentation brought some important aspects such as racism, cultural sensitivity and social networking in fighting the Covid pandemic. She then invited the two presenters, **Ms Kate Lappin (Regional Secretary, Asia Pacific Regional Office) & Ms Banaani Deka (CHW campaign coordinator, South Asia) from Public Services International (PSI) to present PSI's perspective on "Gender and care work: Campaign demands and advocacy on CHWs"**. In the course of Ms Kate Lappin's and Ms Banani Deka's presentation, they began by introducing Public Services International and their advocacy campaign for community health workers. They underscored the sad fact that the Global trade union movement itself had not recognised the travails of the community health workers. Ms Lappin felt part of the reason that the CHWs got marginalised even within movements was since most of the CHWs were women who didn't historically always had the most power within the union movement. She then described the current work of PSI with CHWS was in supporting them to be recognised as public health workers, decent wages and able to organise themselves to act collectively both in their interests but often in the interest of public health itself. They highlighted the present working conditions and struggles of community health workers. Their presentation included a slide that did a cross-national comparison on the status of CHWs. They did a historical trajectory that underscored that despite playing an important role in the health systems, the community health workers were not recognised as public health workers and were denied basic labour rights such as decent wages and grievance redressal mechanisms. They then described PSI's advocacy support work in the south Asia region and then linking it with other country campaigns towards regional collaboration and creating a global movement and demand for CHWs to receive their due recognition. They then described the pivotal role of CHWs during the Covid outbreak despite the fact they had been subjected to poor working conditions especially without the safety of PPEs, wage compensation and safety net. The presenters highlighted the need for recognising the occupational hazards faced by CHWs especially with pandemics like Covid where the CHWs are at the forefront of action especially now when WHO had declared this year as the year of health and care workers. They emphasized that the urgency was now more than ever for strong concerted campaigns with countries, with global multi-lateral organisations such as WHO and ILO, mainstream labour unions to recognise CHWs as public health workers, with decent working conditions, wages, dignity and safety net protection.

After the PSI presentation on CHWs, Prof Schneider invited presentations from the Philippines on “Challenges and demands of CHWs from the Philippines”. There were two **presentations/testimonies by two CHWs from the Philippines, Ms Amy Laviste and Ms Joann Saballegue**. The testimonies were introduced by Dr. Jamie Dasmariñas from the Council of Health and Development. She briefly described the work of the CHWs who were part of Caritas and the Diocese of Novaliches, a Catholic Church-based social welfare organisation that runs a parish-based health programme in the city of Quezon in Metro Manila. The programme is set up such that the health arm of the labour ministry of the Diocese works in close collaboration with its partner communities to helping and supporting the workers in the city, especially those who lost their jobs in the pandemic. The Philippines had one of the longest stringent lockdowns in response to Covid. She highlighted that the country had a weak health system and despite the adverse conditions the community health workers were the saving grace in the struggle against the Covid pandemic. With that brief, Dr Dasmariñas presented the recorded testimony videos of two CHWs. In the first testimony, Ms Laviste the challenges faced by the CHWs during the pandemic. She spoke of the breakdown of normal communication channels and how they improvised using online and telephonic communication to do training of workers, sensitisation of communities and dissemination of knowledge on Covid appropriate behaviour among the public. She described their struggle without access to proper PPEs and vaccines. She also deplored the conditions of workers who were struggling with the loss of jobs and wages due to lockdown. While she presented a case of better working conditions for the CHWs, she also reinforced the need for better health systems, less repressive and humane lockdown measures, wage compensation for jobless workers and risk allowances for CHWs working during the pandemic. In the second testimony by Ms Saballegue, she described the weak health system of the Philippines that was unprepared to handle the pandemic of Covid. She described the brutal lockdown and how that had led to the spiralling cost of basic items which hugely affected the working classes. She also narrated the systemic failures of the government in containing and managing the pandemic. She then described the huge challenges faced by the CHWs who were completely exposed to the pandemic without any safety precautions such as the PPEs. She strongly advocated for better working conditions for the CHWs, better investments in health systems, not discriminatory universal health care system, better social protection for labourers during these trying times and finally vaccines for all to develop herd immunity. She also highlighted the essence of compassion and solidarity as the key factors in their overall struggle for a better life for all.

Thanking the presenters from the Philippines, Prof Helen Schneider pointed to the fact how community health workers were the last resort in moments of crisis especially in the context of considerable social tension, violence, unfavourable wider political and health systems contexts and therefore acutely aware of their role as social agents of change. She then invited the next testimony by **Ms Noluthando "Ntosh" Ntobeza, CHW to share her experience working in South Africa**. In her presentation titled “Issues faced by CHWs during Covid, mobilization and advocacy for CHW safety and working conditions”, Ms Ntobeza talked about the many challenges she had faced including losing one of her co-workers along the way. Ms Ntobeza herself suffered from Covid infection and had not fully yet recovered. She spoke of the increased workload for the CHWs during the pandemic especially the door-to-door screening and this extra workload had not been compensated. She then mentioned that when they were doing household surveys for the vaccination programme, they could not adequately answer the queries of the community since they were so inadequately trained and informed about the vaccination programme. She then went on about the

lack of working conditions especially the lack of supply to PPEs with so much workload, she reinstated the point using her personal experience. She also added about the huge emotional toll that the pandemic and their work had taken on the CHWs. She ended her presentation by highlighting her concerns about the prevailing social tensions added to the pandemic wave in South Africa.

Prof Helen Schneider once again thanked all the presenters and mentioned that the presentations reinstated the fact that the community health workers and their work are the last recourse when everything else had failed. Prof Schneider opened the house for the discussion's session. She broadly outlined three sets of questions that arose out of the presentations. The first set of discussions pertained to the interface with the health system which translated into appropriate support and supplies. The next set was related to the interface with communities, the potential to mobilise with communities in addressing the challenges faced by CHWs and the final set referred to the various challenges the pandemic has posed and its impact on community health workers.

The discussions and suggestions largely reinforced the following gaps and challenges faced by the CHWs. Some of them are:

1. Inadequate financial compensation for the work of CHWs
2. Enormous workload during the pandemic
3. Unsafe working conditions with lack of access to PPEs and vaccines during Covid pandemic
4. Inadequate support system and poor enabling mechanisms. Lack of support to transport and communications, and poor supervisory support and grievance redressal systems
5. No financial protection and compensation when CHWs and their families fall victim to the Covid pandemic

These challenges were then placed within the overall context of:

1. Lack of recognition as public health workers
2. Lack of adequate investment in health systems
3. Privatisation and commercialisation of health services
4. Lack of pandemic preparedness and the CHWs facing much of the brunt in frontlines
5. Brutal lockdown measures that had exacerbated existing socio-economic inequities

The discussions repeatedly pointed out that the positive case testimony from Australia where CHWs working with the Aboriginal communities were better off because the communities were in charge of their health system. The presentation brought to fore the central role of communities in health care systems and the important aspect of cultural safety and sensitivity in grass-roots work.

During discussions, Ms Benani Deka from PSI passionately argued for the need to mobilise CHWs, form unions and collaborations and do advocacy campaigns across countries, regions, governments and multi-lateral organisations to recognise the work of CHWs, to recognise them as public health workers, to be able to organise themselves and to fight for their rights. These discussions were then followed by an invitation by Prof Schneider to **Dr Sulakshana Nandi (PHM) to talk about the way forward and the next steps.**

Dr Nandi briefly described PHM and its work. She talked about the thematic groups that were formed to inform and support the PHMs campaign. The health systems thematic group had organised this particular workshop to bring together CHWs and their unions from various countries to learn about their role in creating resilient health systems, and their experience and challenges, especially during Covid 19 pandemic. She outlined the vision and struggle of PHM in having universal and comprehensive health systems to achieve the goal of "Health for All". She informed that the PHM was acutely aware of the role of CHWs to attain universal and comprehensive health

systems, their hardships, struggles and challenges on the course. She pointed out how privatisation and commercialisation of health services were leading to the dismantling of the public sector which not only impacted the labour rights of health workers but pulled apart everything that had been democratically achieved and subsequently the health and well-being of the people. She underscored that the PHM was very much aware of the need for a long-term struggle, that could bring a change in the political power relations and equitable redistribution of resources towards greater social justice and equality. She then mentioned a partnership with the Global Health Justice Partnership (GHJP), an initiative of the Yale Law School and Yale School of Public Health, and a joint forthcoming paper that discusses some of the issues faced by CHWs. She hoped that the paper could bring some new sights in improving our understanding of CHWs.

Dr Nandi mentioned that the present webinar on CHWs was a rich exposition of the experiences and challenges faced by the CHWs and contribute to a position paper on the CHWs. She invited the CHWs and their unions represented in this webinar to help and contribute to developing the white paper. She also expressed the need to disseminate these nuanced understandings to a larger audience. She spoke of some of the plans for the dissemination. Finally, she mentioned about the tragic illegal arrest of Palestinian activist Comrade Shatha Odeh by Israeli occupying forces. She shared about the signature campaign that PHM had undertaken to persuade WHO's intervention to free Comrade Shatha Odeh and sought support for the campaign from the participants. After Dr Sulakshana Nandi's presentation, Prof Schneider invited the main presenters of the webinar for a takeaway message/ demand from each of them. All of them unanimously reiterated the need to recognise CHWs as public health workers and the demand for regularising their employment with proper wage compensation and safe working conditions. With these final takeaway messages, the webinar came to a close with a vote of thanks by Ms Deepika Joshi.

Annexure 1

Webinar schedule			
Date: 20th July 2021			
Time: 11 AM UTC – 1 PM UTC			
S. No.	Session	Speakers	Time
1	Welcome note	Lauren Paremoer- PHM	11 - 11:05am
2	Context setting	Helen Schneider, University of Western Cape- Moderator	11:05- 11:15am
3	How Covid-19 exacerbated challenges faced by ASHAs of the national government-run Community Health Worker programme	Surekha (India) General Secretary of the ASHA Workers Union, Haryana State President, Centre of Indian Trade Unions (CITU), Haryana, and member of the All India Coordination Committee of ASHA Workers	5-7 minutes
4	Issues faced by CHWs during Covid, mobilization and advocacy for CHW safety and working conditions	Dickson Namsima (Malawi) Senior CHW	5-7 minutes

5	Introduction to the video from Brazil	Matheus Falcao	1 minute
6	Community Health Agents in Brazil's Unified Health Systems (SUS)	Catia Calage- Community Health Agent from Brazil (<i>Recorded Video</i>)	5-7 minutes
7	Lessons from the work of Australian Aboriginal Community Health Workers	Karl Briscoe (Australia) CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)	7 minutes
8	Gender and care work: Campaign demands and advocacy on CHWs	Kate Lappin Regional Secretary for Asia Pacific Regional Office, PSI & Banaani Deka CHW campaign coordinator, PSI South Asia	10 minutes
9	Introduction to the 2 videos from the Philippines	Jamie Dasmarinas	1 minute
10	Challenges and demands of CHWs from the Philippines	Amy Laviste- CHW from Philippines (<i>Recorded Video</i>) & Joann Saballegue- CHW from Philippines (<i>Recorded Video</i>)	10 minutes
11	Issues faced by CHWs during Covid, mobilization and advocacy for CHW safety and working conditions	Noluthando "Ntosh" Ntobeza, CHW from South Africa	5-7 minutes
12	Q&A and discussion		12:10 - 12:40pm -
13	Call to action and next steps	Sulakshana- PHM	12:40 -12:45pm
14	Concluding remarks		12:45 pm onwards
15	Vote of thanks	Deepika – PHM	