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Safety in Numbers

By Jeffrey D. Sachs

AIDS can kill by stigma even when lifesaving medical treatment is available. Until recently, an HIV-infected woman in Sauri, Kenya, was discouraged by her husband, also HIV-infected, from seeking medical care because of his fear of stigma. All too often, death quickly ensues in such cases. But not in this one. Husband and wife were saved by Mary Wasonga, a fellow villager recently trained to be a community health worker by the Millennium Village Project, which is helping more than 400,000 people in dozens of African communities fight extreme poverty, hunger and disease. Wasonga visited the couple and encouraged them to get home-based HIV testing and counseling, and then helped them enroll in a treatment program. Indeed, she and the 82 other community health workers in Sauri have helped thousands of villagers do the same.

These workers also attend to women in labor who need urgent transport to a delivery room, individuals too weakened by cholera to get to a clinic, children with malaria and many others. They do this with one year of on-the-job training that builds on at least some secondary education. That basic training is enough to save lives in vast numbers.

Across Africa, Asia and Latin America, programs are under way that are reminiscent of China's successful use of village-based health workers--the so-called barefoot doctors--a few decades ago, but today's workers have even better health-care tools. The mother of all community health efforts is India's National Rural Health Mission. Initiated by Prime Minister Manmohan Singh and spearheaded by the young, dynamic Minister of Health, Dr. Anbumani Ramadoss, the program has, in just over three years, mobilized more than half a million new community health workers, each known as an ASHA--short for "accredited social health activist," and the Hindi word for hope.

Technology companies and foundations are also joining the effort to support community health workers. Mobile-phone giant Ericsson is empowering these workers with phones and support systems for training, reporting vital statistics and calling ambulances, among other services. In India, Satyam Computer Services and other organizations have partnered with the state government of Andhra Pradesh to provide emergency-response coverage for 80 million people. The Gates Foundation is similarly stepping up its programs of mobile-phone-based health delivery.

In the coming years, community health workers can support a breakthrough in the decisive control of many devastating diseases. The rich world can help through expanded financial support for community health workers and training programs by its universities. And the U.S. can learn something from these programs: we too need to enlist more community workers to help our own poor and vulnerable gain access to a health-care system that far too often is remote and utterly bewildering.

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