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Letters

Bridging the equity gap in maternal and child health: Lay health workers may help bridge equity gap in maternal and child health

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EDITOR—As Bhutta has noted,¹ ensuring that human resources in health services are appropriate remains a problem in many low and middle income countries. The renewed interest in community or lay health worker programmes is partly a result of this, and also of the growing understanding of the important roles that lay people can have in supporting treatment and care for people with HIV/AIDS, tuberculosis, and many other chronic illnesses.

To my knowledge, a recently completed Cochrane systematic review of the effects of lay health workers in primary and community health care is the first attempt to summarise the global evidence from randomised controlled trials on the effectiveness of such interventions.² Based on 43 trials, it shows that deployment of such workers shows promising benefits—for example, in promoting immunisation uptake and improving outcomes for acute respiratory infections and malaria—when compared with usual care. It also highlights a wide range of other health issues for which evidence of the effectiveness of lay health worker programmes is insufficient to justify recommendations for policy and practice.

Lay health workers could potentially contribute to reducing inequities in global maternal and child health, but further rigorous studies of their impacts, sustainability, and transferability, as well as the factors affecting the scaling up of such programmes, are needed urgently. We hope that this review will help to focus this research where it is most needed.

Footnotes

- Conflict of interests None declared

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