

Assessing the Impact of Community Health Workforce on the Efficiency and Accessibility of Healthcare Delivery

Abstract

The role of Community Health Workers (CHWs) in improving healthcare delivery, particularly in low- and middle-income countries (LMICs), has garnered increased attention due to their ability to bridge the gap between formal health systems and underserved communities. This study assesses the impact of CHWs on healthcare accessibility, efficiency, and quality. CHWs have been instrumental in expanding healthcare access, especially in rural and remote areas, by providing primary care, maternal and child health services, and chronic disease management. Additionally, CHWs enhance health system efficiency by alleviating the burden on overworked health professionals, enabling them to focus on more specialized care. However, challenges remain regarding the sustainability of CHW programs, including inadequate training, compensation, and integration into formal healthcare systems, which can affect the quality of care. Addressing these challenges through sustained investment, political support, and better integration is critical for maximizing the potential of CHWs to transform healthcare delivery, reduce health disparities, and promote health equity.

Keywords: *accessibility, community health workers, efficiency, health equity, quality of care*

Introduction

The delivery of healthcare services, particularly in low- and middle-income countries (LMICs), is increasingly being shaped by the contributions of community health workers (CHWs). CHWs are a key pillar in global health systems, providing essential services at the grassroots level, especially in underserved and remote areas where healthcare infrastructure is often weak or inaccessible [1]. In recent years, the need to strengthen healthcare delivery has led to a renewed focus on community-based approaches, with the community health workforce at the forefront of

these efforts. CHWs act as bridges between formal healthcare systems and communities, providing primary healthcare services, health education, and promoting preventive health measures. Their integration into healthcare systems is viewed as a potential solution to the longstanding challenges of health workforce shortages, high patient loads, and disparities in healthcare access [2].

CHWs are typically members of the communities they serve, which enables them to provide culturally appropriate healthcare and foster trust between healthcare providers and patients. Their roles vary widely but generally include health promotion, disease prevention, community-based diagnosis and treatment, maternal and child health services, and chronic disease management[3]. By delivering services at the household level and facilitating referrals to formal healthcare facilities, CHWs play a critical role in making healthcare more accessible, especially for marginalized populations who may face barriers such as distance, cost, or social stigma.

The recognition of CHWs as a crucial part of the healthcare workforce is not new. Programs like Brazil's Community Health Agent Program and Ethiopia's Health Extension Program have long demonstrated the effectiveness of CHWs in improving primary healthcare outcomes [4]. However, as healthcare challenges evolve, the role of CHWs must also adapt. The question remains: to what extent can community health workforce enhance the efficiency and accessibility of healthcare delivery in a way that is sustainable, scalable, and impactful?

Impact on Accessibility

One of the most significant contributions of CHWs is their ability to expand healthcare access to populations that are otherwise marginalized or excluded from the formal healthcare system. In many rural and remote areas, distance to healthcare facilities is a major barrier to seeking care, especially for women, children, and the elderly [5]. CHWs mitigate this issue by providing care directly in the communities where people live, thus overcoming geographic barriers. In sub-Saharan Africa, where maternal mortality rates remain among the highest in the world, CHWs have played a critical role in promoting safe childbirth practices and reducing maternal deaths. Studies from countries like Rwanda and Uganda have shown that CHWs, trained to provide antenatal care, assist in deliveries, and recognize complications early, have significantly

increased the number of women who receive skilled care during pregnancy and childbirth [6][7]. The accessibility of CHWs has been particularly important for women in rural areas who might otherwise have to travel long distances to access a clinic, a journey that is both financially and logistically burdensome. In addition to maternal health, CHWs have made significant strides in improving child health outcomes. The Integrated Community Case Management (iCCM) strategy, widely implemented in countries such as Malawi, Uganda, and Ethiopia, empowers CHWs to diagnose and treat common childhood illnesses, such as malaria, diarrhea, and pneumonia. By decentralizing healthcare and bringing services closer to communities, iCCM has reduced child mortality rates and alleviated the burden on overstretched health facilities[8].

Nigeria has also been proactive in this area, CHWs have been instrumental in increasing access to healthcare in regions where formal health infrastructure is either insufficient or entirely absent. In states like Borno, Adamawa, and Yobe, where conflict and displacement have severely disrupted healthcare services, CHWs are often the only consistent source of medical assistance. Through programs such as the Maternal, Newborn and Child Health (MNCH) initiative, CHWs provide critical maternal and child health services, including home-based antenatal care, immunizations, and health education[9][10]. Their ability to deliver services directly to households, particularly in conflict zones and remote rural areas, has been pivotal in reducing maternal and child mortality. As seen in Borno state, where health facilities have been destroyed by insurgency, CHWs have filled the void, ensuring that pregnant women and children can still access essential healthcare. By working within communities and engaging local leaders, CHWs have expanded healthcare reach in regions where formal health services are otherwise inaccessible.

However, while CHWs have improved access to basic health services, challenges remain in ensuring that these services are consistently available and of high quality. A significant gap exists in terms of resources, training, and support for CHWs, which can limit their ability to provide comprehensive care. In many cases, CHWs are volunteers or poorly compensated, which can lead to high turnover rates and inconsistencies in service delivery [11]. To truly maximize their impact on healthcare accessibility, there is a need for greater investment in the training, remuneration, and integration of CHWs into formal health systems.

Impact on Efficiency

In addition to improving access to healthcare, CHWs have the potential to enhance the efficiency of healthcare delivery by relieving the burden on overworked healthcare professionals and facilities [12]. In many LMICs, where doctor-to-patient ratios are critically low, CHWs help to distribute the workload by managing less complex cases at the community level, thus allowing higher-level healthcare providers to focus on more specialized care. One of the most successful examples of this efficiency gain can be seen in Ethiopia's Health Extension Program, which deploys CHWs to provide preventive and primary healthcare services in rural areas. By addressing healthcare needs such as immunizations, hygiene education, and family planning at the community level, CHWs in Ethiopia have contributed to a significant reduction in the incidence of preventable diseases and improved the overall health of the population [13][14]. The ability of CHWs to conduct home visits and follow up with patients has also improved the continuity of care, which is critical in managing chronic diseases such as diabetes and hypertension, as well as ensuring adherence to treatment for infectious diseases like tuberculosis and HIV/AIDS.

Furthermore, CHWs have been instrumental in health surveillance and outbreak response, especially in resource-limited settings where formal health surveillance systems are weak. During the 2014 Ebola outbreak in West Africa, for example, CHWs played a critical role in identifying and isolating suspected cases, disseminating health information, and promoting safe burial practices. Their presence in the community enabled them to respond quickly and effectively, reducing the spread of the virus and supporting the broader public health response [15]. However, while CHWs contribute to health system efficiency, their integration into formal health systems is not without challenges. In many countries, CHWs operate in parallel to formal healthcare workers rather than being fully integrated into the health workforce. This can lead to duplication of efforts, gaps in care, and confusion among patients regarding where to seek services. To improve efficiency, it is essential to formalize the role of CHWs within the health system, ensuring that they are adequately trained, supported, and compensated. Additionally, clear referral pathways and communication channels between CHWs and higher-level healthcare providers are critical to ensuring that patients receive the appropriate level of care when needed.

Quality of Care

Interestingly, while the impact of CHWs on healthcare accessibility and efficiency is well-documented, there is ongoing debate regarding the quality of care provided by CHWs. One of the primary concerns is that CHWs, with their limited training, may not be equipped to provide the same standard of care as formally trained healthcare professionals [16][17]. This concern is particularly relevant in the context of more complex healthcare needs, such as the management of chronic diseases, mental health conditions, and the growing burden of non-communicable diseases in LMICs. Research suggests that the quality of care provided by CHWs varies widely, depending on the level of training, supervision, and resources available to them. In settings where CHWs receive comprehensive training and ongoing support, the quality of care can be comparable to that provided by formal healthcare workers, especially for primary healthcare services [18][19][20]. A case study of Brazil's Family Health Strategy, CHWs work closely with multidisciplinary teams, including doctors and nurses, and are regularly trained and supervised. This collaborative approach has proven critical in maintaining high standards of care and improving health outcomes, particularly in preventive health services [21].

On the other hand, in contexts where CHWs operate in isolation, with limited training and resources, the quality of care may be compromised. Studies have shown that CHWs who lack adequate supervision are more likely to make diagnostic errors, provide incorrect treatments, or fail to adhere to clinical protocols [18]. This is especially problematic in the management of diseases that require regular monitoring, such as HIV or tuberculosis, where lapses in care can have serious consequences for patients. To address concerns about quality, it is essential to invest in robust training programs that equip CHWs with the knowledge and skills needed to provide safe and effective care. Additionally, regular supervision, performance monitoring, and opportunities for career advancement are crucial in maintaining the motivation and performance of CHWs. By building strong support systems and ensuring that CHWs are integrated into multidisciplinary healthcare teams, it is possible to balance the goals of accessibility and efficiency with the need for high-quality care.

Community Health Workers and Health Equity

The integration of CHWs into healthcare systems has been particularly impactful in addressing health disparities and promoting equity. CHWs are often seen as champions of health equity, as they are embedded within the communities they serve and have a deep understanding of the

social, cultural, and economic factors that influence health behaviors and outcomes. In India, through the Accredited Social Health Activists (ASHA) program, CHWs have played a critical role in improving maternal and child health outcomes in rural areas. ASHAs provide health education, promote immunization, and assist with antenatal care, contributing to significant reductions in maternal and infant mortality in these communities [22]. By engaging with women directly in their homes, ASHAs have been able to overcome barriers related to gender norms, transportation, and financial constraints, which often prevent rural women from accessing healthcare.

Similarly, in indigenous communities in Latin America, CHWs have been instrumental in promoting culturally appropriate healthcare services and bridging the gap between traditional healing practices and formal medical care. By working within the cultural frameworks of the communities they serve, CHWs have fostered trust and improved health outcomes among populations that have historically been marginalized by the healthcare system [23][24]. In Nigeria, CHWs have emerged as vital contributors to advancing health equity, particularly in underserved regions like northern Nigeria, where healthcare infrastructure remains severely limited especially in conservative communities where cultural norms may restrict women's access to formal healthcare services [25]. By engaging female CHWs from within these communities, health initiatives have successfully navigated cultural challenges, leading to increased utilization of essential services like antenatal care and family planning. Additionally, in conflict-affected areas of the northeast, CHWs have provided critical care to internally displaced persons, ensuring that even the most vulnerable populations receive necessary healthcare.

However, the extent to which CHWs can promote health equity is often constrained by broader systemic issues, such as inadequate funding, political instability, and inequities in the distribution of healthcare resources. In many cases, CHWs operate in under-resourced settings with limited access to the tools and supplies they need to provide effective care. Addressing these systemic barriers is essential for ensuring that CHWs can fulfill their potential as agents of health equity.

Challenges and the Way Forward

While CHWs have demonstrated their value in improving healthcare access, efficiency, and equity, several challenges must be addressed to ensure their long-term sustainability and effectiveness. One of the most pressing issues is the lack of consistent funding and remuneration

for CHWs. In many countries, CHWs are volunteers or receive minimal compensation, which can lead to high turnover rates and undermine the continuity of care [26]. To build a resilient community health workforce, it is essential to provide fair compensation and create career pathways that allow CHWs to advance within the healthcare system.

Another key challenge is the need for better integration of CHWs into formal healthcare systems. In many cases, CHWs operate in isolation, with limited communication and coordination with higher-level healthcare providers [27]. This can lead to fragmented care and gaps in service delivery. Strengthening the linkages between CHWs and the formal healthcare system, through clear referral pathways, regular supervision, and integration into multidisciplinary teams, is crucial for improving the quality and continuity of care.

Lastly, the success of CHW programs depends on strong political and institutional support [28]. Governments, policymakers, and international organizations must commit to investing in the training, supervision, and support of CHWs to ensure that they are equipped to meet the evolving health needs of the populations they serve.

Conclusion

The community health workforce plays an important role in expanding healthcare access, improving the efficiency of healthcare delivery, and promoting health equity, particularly in underserved and marginalized communities. While the impact of CHWs has been overwhelmingly positive, significant challenges remain in terms of quality, sustainability, and integration into formal healthcare systems. Addressing these challenges will require sustained investment, political commitment, and innovative strategies to ensure that CHWs can continue to contribute to the resilience and effectiveness of healthcare systems, particularly in LMICs. With the right support, CHWs have the potential to transform healthcare delivery and improve health outcomes for millions of people worldwide.

UNDER PEER REVIEW

References

1. Pallas SW, Minhas D, Pérez-Escamilla R, Taylor L, Curry L, Bradley EH. Community Health Workers in Low- and Middle-Income Countries: What Do We Know About Scaling Up and Sustainability? *American Journal of Public Health*. 2013 Jul;103(7):e74–82.
2. Idriss-Wheeler D, Ilja Ormel, Assefa M, Rab F, Angelakis C, Yaya S, et al. Engaging Community Health Workers (CHWs) in Africa: Lessons from the Canadian Red Cross supported programs. *PLOS global public health*. 2024 Jan 18;4(1):e0002799–9.
3. Van Iseghem T, Jacobs I, Vanden Bossche D, Delobelle P, Willems S, Masquillier C, et al. The role of community health workers in primary healthcare in the WHO-EU region: a scoping review. *International Journal for Equity in Health* [Internet]. 2023 Jul 20;22(1):134. Available from: <https://rdcu.be/dkSSO>
4. Perry HB, Chowdhury M, Were M, LeBan K, Crigler L, Lewin S, et al. Community health workers at the dawn of a new era: 11. CHWs leading the way to “Health for All.” *Health Research Policy and Systems*. 2021 Oct;19(S3).
5. Berini CR, Bonilha HS, Simpson AN. Impact of community health workers on access to care for rural populations in the united states: A systematic review. *Journal of Community Health*. 2021 Nov 24;47(3).
6. Tengera O, Meharry P, Nkurunziza A, Rugema J, Babenko-Mould Y, Rulisa S, et al. Original Article Rwanda: A Qualitative Study. *Rwanda Journal of Medicine and Health Sciences* [Internet]. 2024 [cited 2024 May 24];7(1):101–15.
7. Gebremeskel AT, Omonaiye O, Yaya S. Multilevel determinants of community health workers for an effective maternal and child health programme in sub-Saharan Africa: a systematic review. *BMJ Global Health*. 2022 Apr;7(4):e008162.
8. Amouzou A, Hazel E, Shaw B, Miller NP, Tafesse M, Mekonnen Y, et al. Effects of the integrated Community Case Management of Childhood Illness Strategy on Child Mortality in Ethiopia: A Cluster Randomized Trial. *The American Journal of Tropical Medicine and Hygiene*. 2016 Mar 2;94(3):596–604.
9. Whidden C, Kayentao K, Koné N, Liu J, Traoré MB, Diakité D, et al. Effects of proactive vs fixed community health care delivery on child health and access to care: a cluster randomised trial secondary endpoint analysis: *Journal of global health*. *Journal of global health* [Internet]. 2023 Apr 21;13:04047.
10. Strengthening the healthcare system in north-east Nigeria - a priority for WHO [Internet]. WHO | Regional Office for Africa. Available from: <https://www.afro.who.int/news/strengthening-healthcare-system-north-east-nigeria-priority-who>
11. Johnson LJ, Schopp LH, Waggie F, Frantz JM. Challenges experienced by community health workers and their motivation to attend a self-management programme. *African Journal of Primary Health Care & Family Medicine*. 2022 Jan 12;14(1).
12. Hartzler AL, Tuzzio L, Hsu C, Wagner EH. Roles and Functions of Community Health Workers in Primary Care. *The Annals of Family Medicine*. 2018 May;16(3):240–5.

13. Assefa Y, Gelaw YA, Hill PS, Taye BW, Van Damme W. Community health extension program of Ethiopia, 2003–2018: successes and challenges toward universal coverage for primary healthcare services. *Globalization and Health* [Internet]. 2019 Mar 26;15(1).
14. Bowser D, Kleinau E, Berchtold G, Kapaon D, Kasa L. Return on investments in the Health Extension Program in Ethiopia. *PLOS ONE* [Internet]. 2023 Nov 27;18(11):e0291958. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10681216/>
15. Perry HB, Dhillon RS, Liu A, Chitnis K, Panjabi R, Palazuelos D, et al. Community health worker programmes after the 2013–2016 Ebola outbreak. *Bulletin of the World Health Organization* [Internet]. 2016 Jun 2;94(7):551–3.
16. Lau D, Soucie J, Willits J, Scholle S, Kangovi S, Garfield C, et al. CRITICAL INPUTS FOR SUCCESSFUL COMMUNITY HEALTH WORKER PROGRAMS A White Paper November 2021 National Committee for Quality Assurance (NCQA)
17. Ahmed S, Chase LE, Wagnild J, Akhter N, Sturridge S, Clarke A, et al. Community health workers and health equity in low- and middle-income countries: systematic review and recommendations for policy and practice. *International Journal for Equity in Health*. 2022 Apr 11;21(1).
18. Bosch–Capblanch X, Marceau C. Training, supervision and quality of care in selected integrated community case management (iCCM) programmes: A scoping review of programmatic evidence. *Journal of Global Health*. 2014 Dec;4(2).
19. Ajisegiri WS, Abimbola S, Tesema AG, Odusanya OO, Peiris D, Joshi R. “We just have to help”: Community health workers’ informal task-shifting and task-sharing practices for hypertension and diabetes care in Nigeria. *Frontiers in Public Health*. 2023 Jan 26;11.
20. Nida S, Swasti A, Nidya Eka Putri, AyudinaLarasanti, Aldhea Ayu Widoyopi, Sumayyah R, et al. A systematic review of the types, workload, and supervision mechanism of community health workers: lessons learned for Indonesia. *BMC Primary Care*. 2024 Mar 11;25(1).
21. Brazil’s Family Health Strategy: Using Community Health Care Workers to Provide Primary Care | Commonwealth Fund [Internet]. Commonwealthfund.org.commonwealthfund; 2019. Available from: <https://www.commonwealthfund.org/publications/case-study/2016/dec/brazils-family-health-strategy-using-community-health-care-workers>
22. Agarwal S, Curtis SL, Angeles G, Speizer IS, Singh K, Thomas JC. The impact of India’s accredited social health activist (ASHA) program on the utilization of maternity services: a nationally representative longitudinal modelling study. *Human Resources for Health*. 2019 Aug 19;17(1).
23. Ahmed S, Chase LE, Wagnild J, Akhter N, Sturridge S, Clarke A, et al. Community health workers and health equity in low- and middle-income countries: systematic review and recommendations for policy and practice. *International Journal for Equity in Health*. 2022 Apr 11;21(1).
24. Conte KP, Gwynn J, Turner N, Koller C, Gillham KE. Making space for Aboriginal and Torres Strait Islander community health workers in health promotion. *Health Promotion International*. 2019 Jun 1;35(3).

25. Idriss-Wheeler D, Ilja Ormel, Assefa M, Rab F, Angelakis C, Yaya S, et al. Engaging Community Health Workers (CHWs) in Africa: Lessons from the Canadian Red Cross supported programs. *PLOS global public health*. 2024 Jan 18;4(1):e0002799–9.
26. Colvin CJ, Hodgins S, Perry HB. Community health workers at the dawn of a new era: 8. Incentives and remuneration. *Health Research Policy and Systems*. 2021 Oct;19(S3).
27. Olaniran A, Banke-Thomas A, Bar-Zeev S, Madaj B. Not knowing enough, not having enough, not feeling wanted: Challenges of community health workers providing maternal and newborn services in Africa and Asia. Tappis H, editor. *PLOS ONE*. 2022 Sep 9;17(9):e0274110.
28. Masis L, Gichaga A, Zerayacob T, Lu C, Perry HB. Community health workers at the dawn of a new era: 4. Programme financing. *Health Research Policy and Systems*. 2021 Oct;19(S3).