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ORIGINAL RESEARCH

Altruism or Exploitation? Rethinking the Ethics of Unpaid Lay Community Health Workers in Sub- Saharan Africa. The Case of Zambia

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Abstract *Introduction* While there is a global consensus that Lay Community Health Workers (CHWs) should be formally remunerated for their time and effort, they remain unsalaried in most Sub-Saharan African countries, including Zambia. Does this constitute exploitation? To answer this question, we conducted a qualitative study in Lusaka province of Zambia where we interviewed Lay CHWs attached to government healthcare facilities. We juxtaposed the Sub-Saharan African Communitarian (*Ubuntu*) ethical system and Western ethics to discuss the findings. *Study Methods* We conducted qualitative interviews with thirty-five Lay Community Health Workers in three districts of Lusaka province in Zambia. We adapted the Braun and Clarke (2006) six-step framework of thematic analysis and NVivo computer software to analyse data. *Study Findings* Lay CHWs were motivated by both the intrinsic *Ubuntu* altruism and economic benefits as they provided community health services in their respective localities. Although they complained about low and inconsistent stipends, as well as a lack of equipment, that did not stop them from serving their communities because of their intrinsic *Ubuntu* motivation to care for others. *Conclusion* Our study found no evidence that paying Lay CHWs undermined their intrinsic *Ubuntu* motivation to aid other people, as they continued to serve their communities whether they received stipends or not. It is also our considered view that Lay CHWs are exploited due to their vulnerable positionality, and to avoid that, they should be formally remunerated in line with the WHO recommendation.

Keywords Exploitation · Altruism · Ethics · Community Health Workers · Sub-Saharan Africa

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Introduction and Background Information

Lay Community Health Workers (CHWs) constitute a significant healthcare workforce in many Sub-Saharan African countries, where nearly 80 per cent of the population relies on their services (Idriss-Wheeler, et al. 2024). Zambia is among the countries that heavily depend on lay Community Health Workers to deliver essential healthcare services in the communities, as the country experiences shortages of professional Health Workers (Mhlongo, et al. 2020). Lay Community Health Workers are lay individuals trained to provide basic health services in their local communities (Ballard, et al. 2021), and in Zambia,

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they are estimated to be as many as one hundred thousand (Ministry of Health 2019). They engage in a wide range of activities, including linking people to relevant healthcare services, holding health awareness activities, conducting home visits, acting as intermediaries between the community and health centres, and helping to manage and support patients in their communities (Mhlongo et al. 2020).

In Zambia, lay Community Health Workers are typically unemployed women with low education (Woldie, et al. 2018). Although they are at the forefront of fighting the HIV epidemic in their respective communities, they do not receive formal salaries but are sometimes paid stipends depending on the availability of resources (Zulu and Perry 2021). Although the Community-Based Volunteers (CBVs) Incentive Guidelines state that CBVs "shall be paid a minimum of Seven Hundred and Fifty (750) Zambian Kwacha (GBP~22) monthly as volunteer allowance, this allowance is conditional on the availability of resources" (Ministry of Health No Date). However, although they do not receive formal salaries for their work, this does not stop them from continuing to serve their communities. Some studies have attributed this intrinsic motivation to support their communities to the *Ubuntu* ethics, which is a predominant ethical system among the Bantu people found in Zambia and across Sub-Saharan Africa (Dzimiri, et al. 2019; Madziva and Chinouya, 2017; Mlotshwa, et al. 2015; Topp, et al. 2015; Swartz 2013). This has raised a debate on whether lay Community Health Workers should be paid a formal salary or not, whether formal payments would motivate them or destroy their intrinsic *Ubuntu* motivation to support their communities, and whether failure to pay them a formal salary constitutes exploitation.

Given this backdrop, we conducted a qualitative study (Cresswell 2013) to explore the fundamental motivation for Lay CHWs to continue serving their communities despite not being formally remunerated for their work. We interviewed Lay Community Health Workers in Lusaka province of Zambia between September 2022 and February 2023. We adapted the thematic analysis framework following Braun and Clarke (2006) six-step framework to analyse our data, and utilized NVivo Release 1.7.2 (1560) computer software to automate our analytical process. We then discussed the findings through the prism of the *Ubuntu* ethics, which is the predominant ethical system in Sub-Saharan Africa and Zambia, while making references to western ethics.

Literature Review

Plight of Lay Community Health Workers in Sub-Saharan Africa

Non-remuneration of Lay Community Health Workers remains a major challenge in the HIV response, especially in low-income countries of Sub-Saharan Africa (Ballard, et al. 2022). Lay Community Health Workers are often economically vulnerable, and engaging in community HIV programmes is seen as a possible source of income from stipends. A study that surveyed 874 unpaid lay Community Health Workers in Madagascar reported that 92 per cent were food insecure and 89 per cent had experienced a shock in food security in the previous year (Colvin, et al. 2021). Despite their economic vulnerability, Lay CHWs are not formally remunerated in many Sub-Saharan African Countries. A scoping review conducted by Ndu, et al. (2022), which analysed the experiences and challenges of Community Health Workers across Africa, reported that among the many challenges that they experienced were non-remuneration, and inadequate and inconsistent stipends. These financial challenges meant that Lay Community Health Workers were often unable to send their children to school or to provide their families with food and other basic needs. Ballard, et al. (2022) also reported that about 85 per cent of Lay Community Health Workers are not paid in Africa, and yet they address as high as 50 per cent disease burden in their communities. Furthermore, a study conducted in Malawi reported that Community Health Workers lacked financial incentives, supplies, and materials (Colvin, et al. 2021). This situation feeds into a long-standing debate about whether lay Community Health Workers should be recognised as formal, salaried workers or as unsalaried volunteers who support their communities out of goodwill and their intrinsic care for their people (Ormel, et al. 2019). Those who hold the former position argue that Lay Community Health Workers are also motivated by extrinsic economic benefits such as salaries or incentives (Agarwal, et al. 2021; Olaniran, et al. 2022) and therefore not paying them is unfair and exploitative (Colvin, et al. 2021).

On the other hand, those who argue that lay Community Health Workers in Sub-Saharan Africa should be regarded as unpaid volunteers contest that they are motivated by intrinsic *Ubuntu* altruism (Dzimiri, et al. 2019; Mlotshwa, et al. 2015; Topp, et al. 2015) and therefore paying them would destroy their natural altruism and affinity for social solidarity. A systematic review of datasets of qualitative studies in six countries reported that "motivation was negatively influenced by incentive-related "expectation gaps," including lower than expected financial incentives, later than expected payments, fewer than expected material incentives and job enablers, and unequally distributed incentives among groups of Community Health Workers" (Ormel, et al. 2019, 1). According to this study therefore, paying Lay CHWs undermines their intrinsic motivation to serve their communities.

To avoid the problem of labour exploitation, the World Health Organisation (WHO_has provided unequivocal guidance and support for the formal remuneration of Community Health Workers for their work and cautions against compensating them through performance-based incentives (World Health Organization 2018), which could potentially be exploitative. However, despite this guidance, lay Community Health Workers in many countries in Sub-Saharan Africa are not formally remunerated (except for South Africa and Ethiopia) (Ballard, et al. 2021) raising the question of possible exploitation.

The *Ubuntu* Ethical Framework

Ubuntu is a version of Sub-Saharan African communitarianism practiced among the Bantu-speaking people geographically located across Central and Southern Africa (Mwinsa, et al. 2025). *Ubuntu* fundamentally means "humanness" (Metz 2007) and is often explained using a maxim attributed to the Kenyan Theologian and Philosopher. *John Mbiti*, which says, "I am, because we are, and since we are, therefore I am" (Mbiti 1969, 108–109), meaning individual identity is determined by the people around us. At the core of *Ubuntu* is to explain what it means to be human. To be human or to attain *Ubuntu* personhood, one needs to espouse the principles of altruism, social solidarity, harmonious relationships, compassion, respect for human life, interdependence, humanness, and care (Atuire, et al. 2020). Because *Ubuntu* is a form of communitarianism, it places more weight on collective social goods such as public health over individual rights and interests (Cataldo, et al. 2015; Atuire, et al. 2020). This *Ubuntu* prescription of what it means to be human has implications for the conception of exploitation. Since all community members are expected to be altruistic and caring to one another, as one of the conditions to attain the status of personhood (or *Ubuntu*) (Ewuoso and Hall 2019), failure to formally remunerate Lay Community Health Workers would not necessarily be conceived as exploitation but rather as *Ubuntu* altruism or what it means to be human.

Study Methodology and Methods

This qualitative study (Potter and Hepburn 2005; Hopf 2004) was conducted in Lusaka Province of Zambia, between September 2022 and February 2023. We chose Lusaka Province as our study site because it has the highest HIV prevalence in the country at 14.4 per cent (Zambia Statistics Agency 2022). We collected data in healthcare facilities in Chongwe, Lusaka, and Kafue districts of Lusaka province using face-to-face interviews following a pre-designed semi-structured interview guide. We then adapted the Braun and Clarke (2006) framework of thematic analysis and utilized NVivo Release 1.7.2 (1560) computer software to code data and develop themes.

Sampling Technique

We applied criterion purposive sampling (Palinkas, et al. 2015) to select study participants. This technique enabled us to select suitable participants likely to provide deep and relevant information that met our study objectives (Campbell, et al. 2020). To ensure experience, we purposively selected participants who had spent a minimum of one year providing community health services within their localities. Furthermore, we purposively and conveniently sampled public healthcare facilities that were supported by Lay CHWs. We selected two (2) healthcare facilities in Lusaka, one (1) in Chongwe, and one (1) in Kafue districts, after confirming that they had Lay Community

Health Workers registered with them. Convenience was determined by how receptive healthcare facility managers were to our study.

Study Participants

We interviewed lay Community Health Workers trained in HIV services provision who had been actively serving in the HIV programme for a minimum period of one (1) year. We specifically focused on lay Community Health Workers supporting government healthcare facilities because HIV services in Zambia are predominantly provided through public health institutions.

Recruitment of Study Participants

We recruited Lay Community Health Workers through Facility Managers, Community Liaison Officers, and ART In-Charges at each healthcare facility. We first approached management at each selected healthcare facility with all the necessary approved documents to introduce the study and identify participants. In turn, the Facility Managers, in collaboration with the Community Liaison Officers (CLOs) and ART In-Charges, arranged introductory meetings involving lay Community Health Workers at each health facility. During the meetings, the Community Liaison Officers or the ART In-Charges introduced the Researcher to the lay Community Health Workers. The Researcher then explained the research details and the informed consent process for participating in the study to the members present. The Facility Managers, Community Liaison Officers, or ART In-Charges left the meetings immediately after introductions to avoid lay Community Health Workers feeling pressured to participate in the study. During the meetings, the Researcher distributed the information sheets and consent forms and explained these documents using either Nyanja or Bemba languages, as they were commonly spoken. The Researcher also explained the criteria for participating in the study. Members were asked to take the information sheets and consent forms to their homes so that they could read further and be able to make voluntary decisions about whether to participate in the study. If one decided to participate in the study, they were requested to bring a signed copy of the consent form to the Researcher at the healthcare facility. Most of the members made decisions immediately after the introductory meetings and returned signed consent forms to the Researcher, while others returned them later.

Ethical Considerations

Before going for fieldwork, we received ethical approvals from the Biomedical and Scientific Research Ethics Committee (BSREC) at the University of Warwick (Reference Number: BSREC 113/21-22), the Excellence in Research Ethics and Science (ERES) in Zambia (Reference Number: 2022-Aug-004), and the National Health Research Authority in Zambia (Reference Number: NHRA0000001/2/09/2022. We also sought and received written authorization from the Lusaka Provincial Health Office to conduct our study in government health facilities in the province. Before interviewing study participants, we provided them with information sheets detailing our research and those willing to participate were then given consent forms to sign.

Study Findings

A total of thirty-five lay Community Health Workers participated in the face-to-face semi-structured interviews (see the breakdown in Table 1). Interviews lasted between thirty (30) minutes and one hour and thirty minutes (1:30) and were held in safe spaces at local healthcare facilities where each study participant was affiliated.

Summary of Findings

Lay Community Health Workers (CHWs) expressed mixed feelings about their motivation and rewards for engaging in community health work. They also

Table 1 Summary of study participants by district and sex

	Lusaka District	Chongwe District	Kafue District
Females	12	3	7
Males	9	2	2
Total=35	**21**	**5**	**9**

presented self-conflicting statements about their job satisfaction as they indicated that they were happy, but at the same time unhappy about their work. They were happy and satisfied that they were saving lives in their communities. However, they were also unhappy with the incentives that they received from their work. Furthermore, some Lay Community Health Workers also felt that they were motivated by intrinsic altruism; or the desire to serve their communities and not by incentives, hence the reason why they continued serving even after rewards were discontinued.

Motivation to engage in Community Health Work

Lay Community Health Workers were motivated to support their communities by two key factors, which were; (*1) Economic/Employment Benefits*; "There are no jobs hahaha, I have tried applying there are no jobs, so as we are waiting for greener pastures, at least you are able to do something" (CHW29): "at the end of the month, they give us something (money) (CHW18). *2) Altruism-predisposition to support one's community*; "it's my passion … without money, with money, it's in me … I just enjoy what I do" (CHW18): "We are not joining this work because we want money. I think for us money is secondary it's not primary" (CHW02).

Challenges Experienced by Lay Community Health Workers

However, regardless of their motivation, all Lay Community Health Workers who participated in the study complained about *unfair distribution of resources, victimization, receiving little and inconsistent stipends, and lacking personal protective equipment and transport*.

Unfair Distribution of Resources and Victimization

Lay Community Health Workers felt that rewards were not fairly distributed because full-time health workers received high salaries despite them not going into the field; "those people we just give information to say, we have found this number of people you can now put into the computer, get a lot of money" (CHW16).

They attributed this unfair treatment to their lack of a voice within the healthcare system in Zambia. They claimed they could not express their challenges as they did not belong to any trade union like their counterparts the mainstream health workers who belong to unions like the Zambia Union of Nurses and Midwives Organisation (ZUNMO) and Resident Doctors Association of Zambia; "CHW may have no voice that speaks for them … they do not belong to any trade union … there is no one standing up for them, they are just volunteers, and everybody is looking down upon them" (CHW02).

Low and Inconsistent Stipends

Some lay Community Health Workers we interviewed worked for NGOs that supported the Ministry of Health, while others were directly engaged by the local healthcare facilities. Although the former received a higher stipend than the latter, both groups complained that stipends were low, as captured in the following quotations: "I am not happy I don't want to lie, the work we do is a lot but the money is too little" (CHW24). Another one shared that "it's not enough (money) because the work we do is very hard" (CHW16). Similarly, another participant complained that "we come here every day; we work here every day but at the end of the day we don't get anything (money) which is a challenge to us … we need money" (CHW09). One of them lobbied and said "they should consider us over our stipend, it is too small, the work that we do is too much" (CHW28).

We also found that Lay CHWs contracted by partner organizations such as NGOs continued serving their communities even after their formal contracts ended; "Other organizations come, we are looking for volunteers we want them to help us, we rush there so that they give us something" (CHW13). However, when their contracts ended with those NGOs, they reverted to serving their communities without a formal pay through government health facilities; "Sometimes you might be engaged by an NGO, sometimes you work for a year, if the contract ends that's the end, you start volunteering for free supporting your community" (CHW11).

Furthermore, although the Community-Based Volunteers Incentives policy (Ministry of Health, No Date) stipulates that each volunteer should be paid a minimum monthly allowance of seven hundred

and fifty Zambian Kwacha (ZMW 750) (GBP~22), among other benefits, our study found that there was no standardized amount of stipend paid to Lay Community Health Workers as some received as low as ZMW 50; "They give us something, sometimes even a ZMW 100 (GBP~3) or a ZMW 50 (GBP~1.6) according to how they have prepared" (CHW13). Another Lay CHW reported that; "so there is some motivation once in a while, when there is a programme, they remember you that this person helps us, then they give you something (money)" (CHW07): "Sometimes if there is a workshop, you participate in a workshop, that is when you can get something (little money) for soap" (CHW11).

Lack of Personal Protective Equipment (PPE)

Lay Community Health Workers reported that the lack of PPEs was a major problem that complicated their work. They shared that the problem was even worse in the rainy season as they lacked simple PPEs such as umbrellas, boots, and rainy coats;

> Sometimes you want to follow a client … maybe the rains come, you have no umbrellas, you have no gum boots, you will go just like that in the rains … Maybe you have gone to a client, and it finds you on the way, you will get soaked, and we even develop fevers. (CHW20)

Similarly, another Lay Community Health Worker shared that "in the rainy season we lack boots, umbrellas … We become discouraged to follow people because when rain starts, it finds you on the road, how are you going to follow the people" (CHW13).

Lack of Transport

During the interviews, Lay Community Health Workers lamented about how they covered long distances on foot because they did not have transport (vehicles) or their bicycles had broken down, "distance is a challenge, like where I come from, it is seven (7) kilometres from here. So sometimes if you have no bike, meaning you have to walk on foot" (CHW09). Another volunteer shared that "If you have no bicycle it's to walk on foot, it means you have to be early in the morning" (CHW 10).

Intrinsic Motivation to Support One's Community

Despite complaining about the above challenges, Lay Community Health Workers surprisingly did not leave their roles but continued supporting their respective communities. This was partly attributed to their strong altruistic feeling to support their communities and the view that it was their duty to care for their people; "I think I just have a helping heart, even if you don't get anything, it is still important that you help you community … so if there some little money that comes, it just comes as motivation to us. So, you don't give up" (CHW09); Another study participant reported that "If we look at the little amount (of money) that we are given, you can't say that you are happy … you just have to have a heart to work for the people" (CHW34).

Study Limitations

We acknowledge and declare that this study may have had some limitations. This study was only conducted in Lusaka province with thirty-five purposively selected Lay CHWs. Therefore, although we employed in-depth interviews, which provided rich and thick descriptions of their experiences, our findings cannot be statistically generalized to the whole country as the sample was small and non-probability by design. Non-probability sampling, such as purposive, is usually prone to biases. Since we relied on Facility in-charges and Community Liaison Officers to mobilize Lay CHWs, it was not possible to ensure that they were not biased when inviting potential study participants. In addition, we employed interviews, which fundamentally rely on self-reported information, a data collection method that is prone to recall biases. Although we probed study participants to ensure they provided coherent and correct information, we cannot claim that they were not biased in choosing which experiences to share with us. Furthermore, although this analysis was collaboratively conducted by three different researchers, we cannot claim to be completely objective since it involved making interpretations. Therefore, considering all these limitations, further large-scale research needs to be conducted that employs quantitative methods so that findings can be generalized to other parts of the country.

Discussion of Study Findings

Literature shows that Lay CHWs are motivated to support community HIV activities by both the intrinsic *Ubuntu* altruism (Dzimiri, et al. 2019; Mlotshwa, et al. 2015) (Topp, et al. 2015) and economic benefits that come with such activities (Agarwal, et al. 2021) (Olaniran, et al. 2022). This was exemplified by self-conflicting statements about their job satisfaction as they indicated they were as happy as much as they were unhappy with their work. They were happy and satisfied that they were saving lives in their communities. However, they were unhappy with the incentives that they received from their work. This conflicting situation feeds into a long-standing debate on whether Community Health Workers should be formally remunerated, whether doing so increases their motivation or destroys their intrinsic altruism, and whether failure to do so constitutes exploitation. Community Health Work is a contested role, especially in Sub-Saharan Africa, with some stakeholders arguing that lay Community Health Workers (CHWs) must receive formal remuneration while others disagree, arguing that it undermines their intrinsic motivations and altruism (Ormel, et al. 2019).

Globally, there is consensus that lay CHWs should be formally remunerated for their time and labour (WHO 2018), but in Zambia, this is not the case. Although the WHO "recommends remunerating lay CHWs for their work with a financial package commensurate with the job demands, complexity, number of hours, training and roles that they undertake" and "suggests not paying CHWs exclusively or predominantly according to performance-based incentives" (World Health Organization 2018, 47), the Zambian National Volunteer Policy seems to provide a contrary guidance. The policy is predicated on Kenneth Kaunda's *Ubuntu*-based humanist ideology. It thus aims at promoting a culture of volunteerism, with a primary motive of expressing one's humanitarian values by helping those who are less fortunate than themselves. One of the volunteer policy's guiding principles is *selflessness* which has been explained as "the choice to volunteer must be a decision of one's own desire to serve and not by duty in order to ensure that people do not seek personal gain or benefits as they participate in volunteerism" (Ministry of Community Development and Social Services, n.d., 16). Thus, some Lay CHWs may or may not receive any performance incentives for their service depending on the availability of resources. Furthermore, although the *Community-Based Volunteers (CBVs) Incentive Guidelines* state that CBVs shall receive a minimum of seven hundred and fifty (ZMW 750) Kwacha (GBP~22) allowance, with other benefits, this is conditional on the availability of resources as the same guidelines also state that "Ministry of Health may subject to the availability of funds, provide incentives to the CBV." The guideline also makes it very clear that the volunteers' contract is not legally binding as it states that "this agreement is entered into on a voluntary basis and in no way constitutes an employment contract" (Ministry of Health No Date, 10).

Therefore, contrary to the WHO recommendation, Lay Community Health Workers in Zambia receive performance-based incentives as and when resources are available. The nature of these incentives, especially those paid by the government, is that they are inconsistent and often below the minimum wage of ZMW 1,487 per month (GBP~44) (Government of Zambia 2023). Furthermore, despite the Zambian Community-Based Volunteer policy guidance on incentivizing of Lay CHWs, evidence collected by our study found that government healthcare facilities rarely paid these performance incentives.

Are Lay Community Health Workers Exploited or Not?

Well, the answer to this question depends on which ethical system and exploitation theory one applies. The official position of the Western and international bioethical frameworks is that lay CHWs should be formally remunerated for their labour (WHO 2018), and failure to do so is exploitation. Philosophers have theorized exploitation differently depending on their ideological beliefs. Ferguson (2018) posits that exploitation is fundamentally a "morally flawed" interaction where the exploiter takes unfair advantage of the exploited, and a transaction between A (exploiter) and B (exploited) is unfair if A (exploiter) gets more of a particular good, and B (exploited) less than either would have received if the good had been fairly distributed. This unfairness could be a function of the maldistribution of benefits in the interaction between the exploiter and the exploited or because of following an unfair distribution procedure, resulting in an unfair distribution of benefits,

or sometimes both. Taking unfair advantage can also sometimes result from abusing one's power to dominate the transaction, resulting in the exploitation of the less powerful party or the dominated (Ferguson 2018). Considering the empirical evidence we gathered in the field where Lay CHWs lacked PPEs and transport, felt oppressed, and received low and inconsistent stipends, it is reasonable to argue, under this formulation, that they are taken unfair advantage of or exploited by the healthcare system in Zambia, as the resources are not fairly distributed following a fair distribution procedure.

Furthermore, exploitation could also be *care-based,* which McKittrick-Sweitzer (2023) defines as taking unfair advantage of one's caring predisposition toward others or something. Five (5) conditions must be satisfied for an interaction to be classified as care exploitative; 1) A calls B to aid, 2) the call made by A is for B to aid in the flourishing of C because B has an intrinsic deposition to care about C, 3) A expects to disproportionately benefit from the call for B to aid C, 4) B will likely accept the call to aid C because they care about C, and 5) B answers A's call to aid C (McKittrick-Sweitzer 2023). In our case, A represents Healthcare Facilities or the Ministry of Health, which invite lay CHWs to volunteer and support their communities, and B stands for lay CHWs who intrinsically care about the health of their community members, and C stands for community members. Applying this formulation of exploitation, it is plausible to argue that the healthcare system in Zambia takes advantage of the intrinsic caring predisposition of Lay CHWs, and therefore, this may qualify as exploitation.

On the other hand, the *Ubuntu* ethical system may not necessarily consider the plight of Lay CHWs as exploitation. The principle of *altruism* is fundamental to *Bantu* life, and it is one of the basic requirements for one to attain personhood (Cataldo, et al. 2015) (Atuire, et al. 2020). Members of the community are expected to voluntarily aid other people who require support, and no formal payments are expected, although their altruism could be reciprocated by others. Therefore, in a classical *Ubuntu* morality, Lay CHWs should not expect formal rewards for the HIV services they provide in their respective communities, as it is a cultural requirement and prerequisite to being a good member of a *Bantu* community. Although some informal rewards of appreciation may be reciprocated to them by other community members, this should not be construed as payment for their altruism. Therefore, failure to formally pay Community Health Workers may not necessarily be construed as exploitation under the *Ubuntu* ethics because everyone is expected to aid other community members voluntarily. Therefore, although international bioethics construe failure to formally remunerate Lay Community Health Workers as exploitation, this is not necessarily the case under the *Ubuntu* ethical system, which expects members of the community to be altruistic to one another and to prioritize the needs of the community above their individual interests.

However, since research confirms that Lay CHWs are motivated by both economic and altruistic factors, and since our study found no evidence to suggest that formally remunerating Lay CHWs undermines their intrinsic *Ubuntu* motivation to serve their communities, we are of the considered view that they should be formally remunerated by the government. Doing so would improve their work attendance as they would no longer spend much of their time engaging in other economic and livelihood activities to support their families. This will in turn, result in improved well-being and enhanced health outcomes of the communities that they serve.

Conclusion

Our study found that Lay CHWs are motivated by both the intrinsic *Ubuntu* altruism and economic benefits to engage in HIV programmes in their communities, and we found no evidence to suggest that paying them undermines their intrinsic motivation to serve others. Despite Lay CHWs complaining about small and inconsistent stipends, they continued serving their communities because they were partly motivated by the need to care for their people. However, their vulnerable positionality and intrinsic predisposition to serve their communities make them prone to exploitation. To avoid this, it is imperative that their work is formalized and they are paid formal salaries.

Authors' contributions Conceptualization: Golden Lwando Mwinsa; Methodology: Golden Lwando Mwinsa, Frances Griffiths, and Benjamin Ferguson; Formal analysis and investigation: Golden Lwando Mwinsa, Frances Griffiths and Benjamin Ferguson; Writing—original draft preparation: Golden Lwando Mwinsa; Writing—review and editing: Golden Lwando

Mwinsa, Benjamin Ferguson and Frances Griffiths; Funding acquisition: Golden Lwando Mwinsa and Frances Griffiths; Supervision: Frances Griffiths and Benjamin Ferguson

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Availability of data and material Data can be made available upon request.

Declarations

Ethics approval and consent to participate This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Biomedical and Scientific Research Ethics Committee (BSREC) at the University of Warwick (Reference Number: BSREC 113/21-22), the Excellence in Research Ethics and Science (ERES) in Zambia (Reference Number: 2022-Aug-004), and the National Health Research Authority in Zambia (Reference Number: NHRA0000001/2/09/2022).

Consent for publication All authors agreed with the content, and all gave explicit consent to submit for publication.

Competing interests The authors have no competing interests to declare that are relevant to the content of this article.

References

Agarwal, S., T. Abuya, R. Kintu,et al. 2021. 2021. Understanding community health worker incentive preferences in Uganda using a discrete choice experiment. *Journal of Global Health* 11: 07005.

Atuire, C.A., C.M. Kong, and M. Dunn. 2020. Articulating the sources for an African normative framework of healthcare: Ghana as a case study. *Developing World Bioethics* 20(4): 216–227.

Ballard, M., M. Odera, S. Bhatt, B. Geoffrey, C. Westgate, and A. Johnson. 2022. Payment of community health workers. *The Lancet: Global Health* 10(9): E1242.

Ballard, M., Westgate, C., Alban, R., Choudhury, N., Adamjee, R.,Schwarz, R.,Bishop, J., McLaughlin, M., Flood, D., Finnegan, K., Rogers, A., Olsen, H., Johnson, A., Palazuelos, D., & Schechter, J. 2021. Compensation models for community health workers: comparison of legal frameworks across five countries. Journal of Global Health. 11,04010.1-10.

Braun, V., and V. Clarke. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.

Campbell, S., M. Greenwood, S. Prior, et al. 2020. Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing* 25(8): 652–661.

Cataldo, F., K. Kielmann, T. Kielmann, G. Mburu, and M. Musheke. 2015. "Deep down in their heart, they wish they could be given some incentives": A qualitative study on the changing roles and relations of care among home-based caregivers in Zambia. *BMC Health Services Research* 15(1): 36.

Colvin, C.J., S. Hodgins, and H.B. Perry. 2021. Community health workers at the dawn of a new era: 8. Incentives and remuneration. *Health Research Policy and Systems* 19(S3): 106.

Cresswell, J. 2013. *Qualitative inquiry & research design: Choosing among five approaches*. Sage Publications.

Dzimiri, C.T., P. Dzimiri, and K. Batisai. 2019. Fighting against HIV and AIDS within a resource constrained rural setting: A case study of the Ruvheneko Programme in Chirumhanzu, Zimbabwe. *Sahara J-Journal of Social Aspects of HIV-Aids* 16(1): 25–34.

Ewuoso, C., and S. Hall. 2019. Core aspects of *Ubuntu*: A systematic review. *South African Journal of Bioethics and Law* 12(2): 93–103.

Government of Zambia. 2023. The Employment Code—Minimum Wages and Conditions of Employment General Order, 2023. https://www.mlss.gov.zm/wp-content/uploads/2023/12/IS-NO.48-1.pdf. Accessed 23 Mar 2026.

Hopf, C. 2004. Qualitative interviews: An overview. *A companion to qualitative research*, 203(8): 100093.

Idriss-Wheeler, D., I. Ormel, M. Assefa, F. Rab, C. Angelakis, S. Yaya, and S. Sohani. 2024. Engaging community health workers (CHWs) in Africa: Lessons from the Canadian Red Cross supported programs. *PLOS Global Public Health* 4(1): e0002799.

Madziva, C., and M. Chinouya. 2017. "This word volunteer is killing us": Making sense of volunteering in social welfare provision for orphans and vulnerable children in rural Zimbabwe. *International Social Work* 60(5): 1126–1140.

Mhlongo, E.M., E. Lutge, and L. Adepeju. 2020. The roles, responsibilities and perceptions of community health workers and ward-based primary health care outreach teams: A scoping review. *Global Health Action* 13(1): 1–18

____. No Date. *Community based volunteers incentives guidelines*. Lusaka.

Mlotshwa, L., B. Harris, H. Schneider, and M. Moshabela. 2015. Exploring the perceptions and experiences of community health workers using role identity theory. *Global Health Action* 8(1): 28045.

Mwinsa, G.L., K. Kasoka, B. Ferguson, and F. Griffiths. 2025. International bioethics, *Ubuntu* and HIV testing in Sub-Saharan Africa: An evaluation of Zambia's HIV testing policy. *Journal of Medical Ethics*. doi.https://doi.org/10.1136/jme-2024-110043.

Ndu, M., E. Andoniou, S. McNally, F. Olea Popelka, M. Tippett, and E. Nouvet. 2022. The experiences and challenges of community health volunteers as agents for behaviour change programming in Africa: A scoping review. *Global Health Action* 15(1): 1–21.

Olaniran, A., B. Madaj, S. Bar-Zeev, A. Banke-Thomas, and N. van den Broek. 2022. Factors influencing motivation and job satisfaction of community health workers in Africa and Asia—A multi-country study. *International Journal of Health Planning and Management* 37(1): 112–132.

Ormel, H.,M. Kok, S. Kane, et al. 2019. Salaried and voluntary community health workers: Exploring how incentives and expectation gaps influence motivation. *Human Resources for Health* 17(1): 1–12.

Palinkas, L.A., S.M. Horwitz, C.A. Green, J.P. Wisdom, N. Duan, and K. Hoagwood. 2015. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research* 42: 533–544.

Potter, J., and A. Hepburn. 2005. Qualitative interviews in psychology: Problems and possibilities. *Qualitative research in Psychology* 2(4): 281–307.

Swartz, A. 2013. Legacy, legitimacy, and possibility: An exploration of community health worker experience across the generations in Khayelitsha, South Africa. *Medical Anthropology Quarterly* 27(2): 139–154.

Topp, S.M., J.E. Price, T. Nanyangwe-Moyo, D.M. Mulenga, M.L. Dennis, and M.M. Ngunga. 2015. Motivations for entering and remaining in volunteer service: Findings from a mixed-method survey among HIV caregivers in Zambia. *Human Resources for Health* 13(1): 72.

Woldie, M., G.T. Feyissa, B. Admasu, et al. 2018. Community health volunteers could help improve access to and use of essential health services by communities in LMICs: An umbrella review. *Health Policy Plan* 33(10): 1128–1143.

World Health Organization. 2018. *WHO guideline on health policy and system support to optimize community health worker programmes*. Geneva.

Zambia Statistics Agency. 2022. Zambia Population-based HIV/AIDs Impact Assessment (ZAMPHIA 2021). Lusaka.

Zulu, M.J. and H. Perry. 2021. Community health workers at the dawn of a new era. *Journal of Health Research Policy and Systems* 19(3): 1–7.

Ministry of Health. 2019. National Community Health Strategy-2019-2021. Lusaka

Mbiti, J.S. 1969. African religion and philosophy. 123

Ministry of Community Development and Social Services. n.d. National Volunteer Policy, Lusaka

Ferguson, B., (2018) Exploitation and Labor. In the Routledge companion to business ethics (pp 490-505)

McKittrick-Sweitzer, L., 2023. Care exploitation: Taking advantage of one's caring about another. Feminist Philosophy Quarterly, 9(3).