



Community Health Workers and Primary Health Care Strengthening in Nigeria: Challenges, Opportunities, and Implications

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Abstract

Community Health Workers (CHWs) are essential contributors to Primary Health Care (PHC) service delivery, particularly in low- and middle-income countries such as Nigeria. They bridge the gap between formal health facilities and communities by providing health education, disease prevention services, maternal and child health support, immunization assistance, and referral services. This article examines the role of community health workers in strengthening primary health care service delivery in Nigeria, with emphasis on their contributions, challenges, and implications for health system improvement. The discussion highlights how community health workers enhance access to healthcare, promote community participation, and improve health outcomes at the grassroots level. However, their effectiveness is constrained by inadequate training, poor remuneration, insufficient supervision, limited logistics, workforce shortages, and weak integration into the formal health system. The article concludes that strengthening community health workers programmes through improved policy support, capacity building, and adequate resource allocation is essential for achieving equitable and sustainable primary health care delivery in Nigeria.

Keywords: Community Health Workers, Primary Health Care, Health Service Delivery, Health Promotion.

Introduction

Primary Health Care (PHC) is the basic level of healthcare that provide essential health services to individuals and communities. Primary Health Care (PHC) is widely recognized as the foundation of effective and equitable health systems, focusing on essential health services that are accessible, affordable, and acceptable to individuals and communities. It emphasizes prevention, health promotion, and treatment of common conditions, rehabilitation, and community participation in health decision-making. Globally, primary health care is regarded as a key strategy for achieving Universal Health Coverage (UHC) and improving population health outcomes, particularly in low- and middle-income countries where health inequities remain a major concern (World Health Organization and United Nations Children's Fund, 2023). Despite global commitments to strengthening primary health care, many health systems in sub-Saharan Africa, including Nigeria, continue to face significant challenges. These include inadequate healthcare infrastructure, shortages of skilled health professionals, uneven distribution of health services, and

limited access to care in rural and underserved communities. These systemic constraints often result in poor health indicators, particularly in maternal and child health, communicable diseases, and preventable mortality (World Health Organization, 2021). Strengthening primary health care delivery therefore remains a critical priority for improving health outcomes and reducing disparities in healthcare access.

Community Health Workers (CHWs) have emerged as an essential component of primary health care systems, particularly in resource-constrained settings. They are community-based health personnel who are selected from the communities they serve and trained to provide basic preventive, promotive, and referral health services. According to the World Health Organization (2018), community health workers play a vital role in extending healthcare services to hard-to-reach populations, improving health education, and enhancing community participation in health programmes. Their close relationship with community members allows them to deliver culturally appropriate care and build trust between health systems

and populations. In Nigeria, community health workers form an integral part of the primary health care workforce, especially at the local government level where most primary healthcare services are delivered. They include Community Health Officers, Community Health Extension Workers, and Junior Community Health Extension Workers, who collectively support health promotion, immunization campaigns, maternal and child health services, environmental sanitation, disease surveillance, and referral services. Evidence suggests that community health workers contribute significantly to improving healthcare access and utilization, particularly among rural and underserved populations (Adepoju, Onafuye, Megbuwon, & Ogunseye, 2025). Similarly, Oseni et al. (2024) reported that community health workers play a crucial role in strengthening preventive health services and improving disease management at the community level. The contributions of community health workers have become increasingly important in addressing the burden of both communicable and non-communicable diseases in Nigeria. Through home visits, health education, and community mobilization, they promote healthy behaviours, increase uptake of maternal and child health services, and improve immunization coverage. Their role is particularly significant in reducing barriers to healthcare access such as distance, cost, and lack of awareness, thereby improving equity in health service delivery (Perry, Zulliger, & Rogers, 2014). However, despite their contributions, community health workers face several challenges that limit their effectiveness. These include inadequate training, poor remuneration, insufficient supervision, limited logistics, workforce shortages, and weak integration into formal health systems. These challenges reduce motivation, compromise service quality, and hinder the sustainability of community health workers programmes (World Health Organization, 2021; Adepoju et al., 2025). Addressing these constraints is essential for optimizing their role in PHC strengthening. Given the increasing global emphasis on strengthening PHC for the achievement of Universal Health Coverage, there is a need to critically examine the role of community



health workers in healthcare delivery. Understanding their contributions, challenges, and policy implications is essential for improving health system performance and achieving better population health outcomes. Therefore, this article explores the role of community health workers in strengthening primary health care service delivery in Nigeria, highlighting their contributions, challenges, opportunities, and implications for health system strengthening.

Concept of Primary Health Care (PHC) Services

Primary Health Care (PHC) services form the basic level of healthcare delivery and serve as the first point of contact between individuals, families, communities, and the health system. They are designed to provide essential, accessible, affordable, and acceptable health services that address most of the common health needs of the population. Primary health care adopts a holistic approach that integrates health promotion, disease prevention, treatment of common conditions, and rehabilitation within the community setting (World Health Organization, 2021). The idea behind primary health care services is that healthcare should not be limited to treating diseases alone but should also focus on preventing illnesses and improving overall health and well-being. As highlighted by the World Health Organization (2018), primary health care services include key interventions such as immunization, maternal and child health care, family planning, nutrition services, environmental sanitation, health education, and management of minor illnesses. These services are provided close to where people live to reduce barriers such as distance, cost, and limited access to healthcare professionals. A central feature of primary health care services is community participation. This means that community members are actively involved in identifying their health needs, contributing to planning, and taking part in implementing health programmes. Such involvement promotes ownership, cultural relevance, and sustainability of health interventions while strengthening trust between health providers and the community (World Health Organization and United Nations Children's Fund, 2023). Equity is another key principle of primary health care services. It ensures that



healthcare is distributed fairly, with special attention to vulnerable groups such as rural populations, women, and children. This helps to reduce health inequalities and supports the achievement of Universal Health Coverage (World Health Organization, 2021).

Primary Health Care (PHC) services also encourage the use of appropriate technology, meaning simple, affordable, and scientifically effective methods that suit local conditions. In addition, primary health care promotes collaboration across sectors such as education, agriculture, water supply, and sanitation, recognizing that health is influenced by multiple social and environmental factors (World Health Organization and United Nations Children's Fund, 2023).

Concept of Community Health Workers (CHWs) in the Nigerian Health System

Community Health Workers (CHWs) constitute an integral part of Nigeria's healthcare system and play a vital role in the delivery of primary health care services. They serve as a bridge between healthcare facilities and communities, particularly in rural and underserved areas where access to healthcare services is often limited. Their contribution has become increasingly important in addressing healthcare workforce shortages, expanding service coverage, and improving access to essential health services across the country (World Health Organization [WHO], 2024). In Nigeria, community health workers include Community Health Officers (CHOs), Community Health Extension Workers (CHEWs), and Junior Community Health Extension Workers (JCHEWs), all of whom are trained to provide basic healthcare services at the community level. These health workers are regulated by the Community Health Practitioners Registration Board of Nigeria and are equipped with the knowledge and skills required to deliver preventive, promotive, curative, and rehabilitative healthcare services (Community Health Practitioners Registration Board of Nigeria [CHPRBN], 2023). Their training enables them to address common health concerns, educate community members on health-related issues, and facilitate access to appropriate healthcare services. A key contribution of community health workers in Nigeria is improving access to healthcare,

especially among populations that face geographical, economic, and social barriers to care. Through home visits, community mobilization, and outreach programmes, they bring essential health services closer to the people. Research has shown that community health workers contribute significantly to increased utilization of maternal and child health services, enhanced immunization uptake, and improved health awareness within communities (Ballard et al., 2023; Perry, Hodgins, & Crigler, 2021). Their close relationship with community members places them in a unique position to identify local health needs and promote appropriate health-seeking behaviours. In addition to improving healthcare access, community health workers play a crucial role in disease prevention and public health interventions. They support health education activities, participate in disease surveillance, promote environmental health practices, and assist in responding to disease outbreaks. Their presence within communities enables them to disseminate health information effectively and encourage community participation in public health programmes (WHO & UNICEF, 2023). This role is particularly important during health emergencies, where community health workers often support risk communication, case identification, and referral activities.

Community Health Workers (CHWs) also contribute substantially to maternal, newborn, and child health services. They provide health education to pregnant women, encourage attendance at antenatal and postnatal clinics, promote childhood immunization, support family planning initiatives, and monitor child growth and development. Such interventions have been associated with improvements in maternal and child health outcomes, particularly in underserved communities where access to healthcare services remains limited (WHO, 2024). Despite their significant contributions, CHWs continue to encounter several challenges, including inadequate funding, limited training opportunities, poor remuneration, insufficient logistics, and weak integration into the broader health system. These constraints can affect their motivation, performance, and overall effectiveness in delivering community-based healthcare services (Ajisegiri et al., 2023). Nevertheless, they remain indispensable to Nigeria's efforts

to strengthen Primary Health Care and improve healthcare delivery at the grassroots level.

Relationship between Community Health Workers (CHWs) and Primary Health Care (PHC) Strengthening in Nigeria

The relationship between Community Health Workers (CHWs) and the strengthening of Primary Health Care (PHC) in Nigeria is fundamental, as community health workers represent a key link between the formal health system and community populations. Primary Health Care (PHC) is a holistic, people-focused approach to healthcare that prioritizes equity, accessibility, community involvement, and the delivery of essential promotive, preventive, curative, and rehabilitative services (World Health Organization, 2024). Within this system, community health workers function as frontline providers who help translate primary health care principles into practical services at the community level, particularly in rural and underserved areas where access to healthcare facilities is limited (World Health Organization & United Nations Children's Fund, 2023). Community Health Workers (CHWs) contribute to primary health care strengthening by enhancing access to healthcare services. In Nigeria, where there are shortages of health professionals and uneven distribution of health facilities, community health workers help overcome barriers such as distance, cost, and limited awareness through home visits, outreach programmes, and community engagement activities. Research indicates that community health worker-led interventions significantly increase access to essential healthcare services, especially in maternal and child health, thereby improving service coverage and promoting equity (Perry, Hodgins, & Crigler, 2021). In addition, community health workers play an important role in health promotion and disease prevention, which are central to primary health care. They educate community members on hygiene, nutrition, immunization, family planning, and the prevention of both communicable and non-communicable diseases. Their continuous interaction with households enhances health knowledge and encourages timely health-seeking behaviour, which helps reduce



preventable illnesses and improves overall community well-being (World Health Organization & United Nations Children's Fund, 2023).

Community Health Workers (CHWs) also support Primary Health Care (PHC) through disease surveillance and early identification of health threats. Being close to the community enables them to detect unusual health conditions early and report them to relevant health authorities. This strengthens the PHC system by improving early warning capacity, enhancing outbreak response, and increasing health system resilience. Furthermore, community health workers promote community participation, which is a core principle of PHC. By acting as a bridge between communities and health facilities, they foster communication, trust, and collaboration. This encourages community ownership of health programmes and increases the utilization of available health services, thereby reinforcing primary health care delivery (Perry, Hodgins, & Crigler, 2021).

Role of Community Health Workers (CHWs) in Primary Health Care (PHC) Service Delivery

Health workers are fundamental to the functioning of primary health care systems, as they provide the human resources through which essential health services are delivered at the community level. They include physicians, nurses, midwives, community health officers, community health extension workers, and other allied health professionals who collectively deliver promotive, preventive, curative, and rehabilitative services. Strong primary care workforce capacity is consistently associated with improved health outcomes, increased service coverage, and reduced health inequalities (Kruk et al., 2018). A major role of health workers in primary health care is health promotion and disease prevention. They provide education on hygiene, nutrition, reproductive health, immunization, environmental sanitation, and lifestyle modification. Evidence from primary care systems shows that continuous patient education and community outreach significantly improve preventive service uptake and reduce the burden of avoidable diseases (Starfield, 2011; Bitton et al., 2019).



Health workers also provide first-contact curative services by diagnosing and managing common illnesses such as malaria, respiratory infections, diarrhoeal diseases, and minor injuries. Strengthening primary care delivery improves early diagnosis, reduces complications, and decreases unnecessary referrals to secondary and tertiary facilities. Studies have shown that strong PHC systems are associated with better population health outcomes and improved system efficiency (Kruk et al., 2018; Bitton et al., 2019). In maternal, newborn, and child health services, health workers play a critical role in reducing mortality and improving survival outcomes. They provide antenatal care, skilled delivery support, postnatal care, and immunization services. The Lancet Global Health Commission emphasizes that expanding skilled health workforce coverage at the primary care level is one of the most cost-effective interventions for reducing maternal and child deaths in low-resource settings (Bhutta et al., 2014; WHO, 2023).

Health workers are also central to disease surveillance and outbreak response. They contribute to early detection, reporting, and containment of infectious diseases, as well as implementation of immunization and public health emergency responses. The COVID-19 pandemic further highlighted the importance of frontline health workers in maintaining essential health services and ensuring system resilience during health shocks (Kruk et al., 2018; WHO, 2023). Another important role is community engagement and participation. Health workers collaborate with community leaders and households to identify health needs, plan interventions, and implement community-based programmes. This participatory approach improves trust in health services and increases utilization of essential health interventions (Bitton et al., 2019). Health workers also strengthen referral systems by ensuring that patients requiring specialized care are appropriately transferred to higher levels of care. Effective referral coordination enhances continuity of care and improves survival outcomes, especially in emergency and chronic conditions.

Challenges Affecting Community Health Workers (CHWs)

Community Health Workers (CHWs) are essential to the delivery of Primary Health Care (PHC), particularly in low- and middle-income countries where they bridge gaps in access to essential health services. Despite their importance, community health workers face numerous constraints that limit their effectiveness, reduce service quality, and affect retention and performance within health systems. Recent evidence highlights that these challenges are multifaceted, spanning workload issues, training gaps, financial limitations, logistical barriers, and weak health system integration (Astale, et al., 2023).

1. High Workload and Task Overload

A major constraint affecting community health workers is excessive workload resulting from expanded job responsibilities and limited workforce coverage. Community Health Workers (CHWs) are frequently required to provide a wide range of services, including health education, maternal and child health support, immunization follow-up, disease surveillance, and community outreach. This role expansion often exceeds their training and capacity, leading to stress and reduced service quality. Recent systematic evidence shows that community health workers in low-resource settings commonly experience workload pressure due to task shifting and health workforce shortages (Astale et al., 2023). In Nigeria, informal delegation of clinical and public health tasks further increases community health workers burden, particularly in underserved rural communities (Ajisegiri et al., 2023).

2. Inadequate Training and Capacity Gaps

Inadequate training and limited opportunities for continuous professional development significantly affect community health workers performance. Many community health workers receive only basic initial training with insufficient refresher courses to update their skills in line with emerging health challenges such as non-communicable diseases, mental health needs, and outbreak response. Evidence suggests that weak training systems reduce confidence, accuracy, and consistency in service delivery

at the community level (Endalamaw et al., 2023). The lack of structured capacity-building programmes also contributes to variations in service quality and limits community health workers' ability to effectively implement evidence-based interventions (WHO & UNICEF, 2023).

3. Poor Remuneration and Lack of Incentives

Poor financial remuneration remains a critical constraint affecting community health workers globally. Many community health workers are either poorly paid, receive irregular stipends, or work on volunteer arrangements, which negatively impacts motivation and retention. A recent global review of community health workers programmes found that inadequate and inconsistent compensation is strongly associated with low job satisfaction and high attrition rates (Ballard et al., 2023). In addition, community health workers often incur out-of-pocket expenses during service delivery, such as transportation costs, further worsening their financial burden and reducing efficiency.

4. Inadequate Logistics, Infrastructure, and Supplies

Logistical and infrastructural limitations also significantly hinder community health workers effectiveness. These include lack of transportation, inadequate medical supplies, insufficient communication tools, and weak facility infrastructure. Community Health Workers (CHWs) working in rural and hard-to-reach areas are particularly affected, as poor road networks and limited transport options restrict their ability to conduct home visits and referrals. Systematic reviews show that inadequate logistics is one of the most commonly reported barriers to effective community health workers performance across multiple countries (Astale *et al.*, 2023). These constraints reduce service coverage and limit timely delivery of essential health interventions.

5. Weak Supervision and Poor Health System Integration

Weak supervision and limited integration into formal health systems further constrain community health workers effectiveness. Many community health workers operate



with minimal oversight, limited feedback, and weak coordination with health facilities. This reduces accountability and affects the quality of care provided. According to WHO and UNICEF (2023), supportive supervision and strong health system integration are essential for improving community health workers performance and ensuring sustainability of community health programmes. Additionally, poor linkage to health information systems limits data reporting and weakens disease surveillance and decision-making processes.

6. Community-Level Barriers and Trust Issues

Community acceptance and trust also influence community health workers effectiveness. In some settings, limited understanding of community health workers roles and cultural misconceptions reduce community cooperation. This can affect service uptake, especially for preventive and promotive health programmes. Strengthening community engagement has been identified as essential for improving utilization of community health workers services (Ozor et al., 2024).

Opportunities for strengthening Community Health Workers (CHWs) and Primary Health Care in Nigeria

The strengthening of Community Health Workers (CHWs) and Primary Health Care (PHC) in Nigeria is supported by several important opportunities that can enhance service delivery, improve population health outcomes, and expand access to essential healthcare services. Globally, community health workers are increasingly viewed as a vital workforce for achieving equitable and community-focused primary health care, especially in low- and middle-income countries where shortages of health professionals continue to limit service coverage (World Health Organization, 2024). One key opportunity is the increasing evidence supporting the effectiveness of community health workers in task-shifting and task-sharing within health systems. In Nigeria, studies have shown that community health workers already perform essential healthcare activities, particularly in the management of conditions such as hypertension and diabetes, often extending



beyond their formal job descriptions due to community needs (Ajisegiri et al., 2023). This presents an opportunity to formalize and strengthen these roles through structured policies that improve efficiency and reduce pressure on skilled health professionals. Another significant opportunity is the ongoing strengthening of primary health care systems through health reforms and emergency preparedness initiatives. Recent evidence suggests that improved primary health care systems enhance early disease detection, continuity of care, and community engagement during health emergencies in Nigeria and similar settings (Mearns et al., 2024). This creates a stronger platform for integrating community health workers into surveillance systems, routine service delivery, and emergency response activities. The adoption of digital health technologies also offers a promising opportunity for improving both community health worker performance and primary health care delivery. Tools such as mobile health applications and electronic reporting systems can enhance communication, supervision, data management, and referral processes. Recent findings indicate that digital integration within primary health care systems improves coordination, accountability, and responsiveness at the community level (Ozor, et al., 2024). Furthermore, international partnerships and donor support provide additional opportunities for strengthening community health workers programmes in Nigeria. Organizations such as the World Health Organization and UNICEF continue to contribute technical assistance, funding, and policy guidance that support training, supervision, and system strengthening initiatives. These collaborations help improve the quality and sustainability of community-based health services (World Health Organization & United Nations Children's Fund, 2023).

Another important opportunity is the expansion of Universal Health Coverage (UHC) initiatives, which aim to ensure that all individuals have access to essential health services without financial hardship. Community Health Workers (CHWs) play a crucial role in achieving Universal Health Coverage (UHC) by reaching underserved and rural populations. Evidence shows that

they significantly improve access to maternal and child health services and contribute to better health outcomes in resource-limited settings (Perry, Hodgins, & Crigler, 2021). Finally, community participation and engagement remain a strong opportunity for improving primary health outcomes. Community Health Workers (CHWs) act as trusted intermediaries between communities and health systems, strengthening communication, trust, and acceptance of health interventions. Recent studies highlight that effective community engagement improves service uptake and sustainability of primary health care interventions in Nigeria (Ozor et al., 2024).

Implications for Strengthening Primary Health Care (PHC) Services

1. Improved Access to Health Services

Strengthening Primary Health Care (PHC) significantly improves access to essential health services, particularly for rural and underserved populations. Evidence shows that expanding primary health care infrastructure and community-based service delivery reduces geographical, financial, and structural barriers to care. For example, Endalamaw, Erku, and Khatri (2023) reported that well-functioning primary health care systems improve service reach and increase utilization of maternal, child, and preventive health services. Similarly, the World Health Organization (2024) emphasizes that integrated primary health care models enhance early health-seeking behaviour and improve continuity of care. In addition, Akinyemi et al. (2023) found that community-based delivery strategies significantly increase access to essential health interventions in low-resource settings.

2. Improved Quality and Safety of Care

Primary Health Care (PHC) strengthening contributes to improved quality and safety of care through better training, supervision, and standardized clinical protocols. Kruk et al. (2018) argue that high-quality primary care systems reduce preventable mortality by ensuring accurate diagnosis and appropriate treatment at the first point of contact. Recent evidence also shows that investments in workforce development and supportive supervision significantly reduce medical errors and improve patient outcomes (Alegre

et al., 2024). Furthermore, Kruk *et al.* (2022) highlight that quality improvement interventions such as digital decision-support tools and clinical guidelines strengthen adherence to best practices in primary care delivery.

3. Reduction of Health Inequalities

Another key implication of Primary Health Care (PHC) strengthening is the reduction of health inequalities across populations. The World Health Organization and United Nations Children's Fund (2023) explain that primary health care systems promote equity by prioritizing vulnerable groups such as women, children, rural populations, and low-income households. Victor *et al.* (2022) further demonstrate that strong primary health care systems reduce disparities in maternal and child health outcomes through improved service distribution. In addition, Oleribe *et al.* (2023) report that equitable primary health care financing mechanisms reduce out-of-pocket expenditure and improve access among disadvantaged populations.

4. Improved Maternal, Newborn, and Child Health Outcomes

Strengthening Primary Health Care (PHC) has a major impact on maternal and child health outcomes. The World Health Organization (2023) reports that expanding access to skilled health workers at primary care level improves antenatal care coverage, safe delivery, and postnatal follow-up services. United Nations International Children's Emergency Fund (2023) also emphasizes that community-based PHC interventions significantly reduce preventable maternal and neonatal deaths. Furthermore, Bhutta *et al.* (2021) show that integrated maternal health programmes at the primary level are among the most cost-effective strategies for improving child survival in low-resource settings.

5. Strengthened Disease Prevention and Health Promotion

PHC strengthening shifts health systems from curative-focused care to preventive and promotive health services. Endalamaw *et al.* (2023) found that integrated community health programmes improve health education, sanitation practices, and nutrition



behaviours, thereby reducing disease burden. Similarly, the World Health Organization (2024) highlights that primary health care - based health promotion interventions improve awareness and adoption of healthy lifestyles. Eze *et al.* (2023) also report that preventive primary health care strategies reduce both communicable and non-communicable diseases through early intervention at community level.

6. Improved Efficiency and Cost-Effectiveness

A strong Primary Health Care (PHC) system improves health system efficiency by managing most common health conditions at the primary level, thereby reducing unnecessary hospital referrals. Alegre *et al.* (2024) explain that primary health care investment leads to more cost-effective health outcomes compared to hospital-centered systems. The World Bank (2023) further notes that efficient primary health care systems optimize resource allocation and reduce overall healthcare expenditure. In addition, Kruk *et al.* (2022) emphasize that task-shifting strategies improve service delivery efficiency in resource-limited settings.

7. Strengthened Community Participation and Trust

PHC strengthening enhances community participation in health planning and service delivery. The World Health Organization and United Nations International Children's Emergency Fund (2023) emphasize that community engagement improves accountability and increases trust in health systems. Oleribe *et al.* (2023) also report that participatory health governance improves acceptance of interventions such as immunization and family planning. Similarly, Aregbeshola *et al.* (2023) found that culturally responsive primary health care services increase community utilization of preventive health programmes.

8. Improved Health System Resilience

Strong PHC systems enhance resilience by improving preparedness and response to public health emergencies. The World Health Organization (2024) notes that primary health care platforms enable early disease detection, continuity of essential services, and



coordinated outbreak response. Kruk *et al.* (2022) further highlight that resilient primary health care systems reduce service disruption during pandemics. The Lancet Commission on high-quality health systems also emphasizes that countries with strong primary health care foundations performed better during the COVID-19 pandemic in maintaining essential health services.

Conclusion

Community Health Workers (CHWs) are essential to strengthening Primary Health Care (PHC) in Nigeria by improving access to basic health services, especially in underserved and rural communities. Their roles in health promotion, disease prevention, referrals, and community engagement help improve health outcomes and expand primary health care coverage. However, their effectiveness is limited by challenges such as inadequate funding, poor remuneration, weak supervision, and poor integration into the health system. Despite these constraints, ongoing health reforms, digital health innovations, and global health partnerships present important opportunities for improvement. Overall, strengthening CHWs is crucial for building a more effective, equitable, and sustainable PHC system in Nigeria and achieving Universal Health Coverage.

Recommendations

- i. The government is expected to improve primary health care by increasing financial support, upgrading health facilities, ensuring consistent supply of essential drugs and equipment, and providing regular training and supervision for health personnel.
- ii. The government should also formally incorporate Community Health Workers (CHWs) into the health system by ensuring fair compensation, clearly defined responsibilities, and adequate monitoring and support structures.
- iii. The government is further encouraged to strengthen referral mechanisms and implement health policies that promote accessible, efficient, and equitable delivery of primary health care services.
- iv. The community is expected to actively participate in health programmes, support primary health care initiatives, and

collaborate with health workers in identifying and addressing local health needs.

- v. The community should also adopt positive health behaviours by appropriately utilizing primary health care services, engaging in preventive health practices, and participating in health education activities.

References

- Adepoju, L. A., Onafuye, B. A., Megbuwon, T., & Ogunseye, O. O. (2025). The role of community health workers in enhancing rural primary healthcare and health outcomes in Nigeria, *Journal of Medicine and Health Research*. 10(1), 9–19.
<https://doi.org/10.56557/jomahr/2025/v10i19082>.
- Ajisehiri, W. S., Abimbola, S., Tesema, A. G., Odusanya, O. O., Peiris, D., & Joshi, R. (2023). “We just have to help”: Community health workers’ informal task-shifting and task-sharing practices hypertension and diabetes care in Nigeria, *Frontiers in Public Health*, 11, 1038062.
<https://doi.org/10.3389/fpubh.2023.1038062>.
- Alegre, J. C., Sharma, S., Cleghorn, F., & Avila, C. (2024). Strengthening primary health care in low- and middle-income countries: Post-pandemic reforms and implications. *Frontiers in Public Health*, 11, 1270510.
<https://doi.org/10.3389/fpubh.2023.1270510>.
- Aregbeshola, B. S., et al. (2023). Community participation and utilization of primary health care services in sub-Saharan Africa. *Biomed Central Primary Care*, 24(1), 115.
<https://doi.org/10.1186/s12875-023-02045-8>.
- Astale, T., Abebe, T., & Mitike, G. (2023). Workload and emerging challenges of community health workers in low- and middle-income countries, A mixed-methods systematic review. *Plos One*,

18(3), e0282717.
<https://doi.org/10.1371/journal.pone.0282717>.

Barker, P., Daelmans, B., Doubova, S. V., English, M., García-Elorrio, E., Guanais, F., & others. (2018). High-quality health systems in the Sustainable Development Goals era, Time for a Revolution. *The Lancet Global Health Commission*, 6(11), e1196–e1252.

[https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3).

Bhutta, Z. A., Das, J. K., Bahl, R., Lawn, J. E., Salam, R. A., Paul, V. K., Sankar, M. J., Blencowe, H., Rizvi, A., Chou, V. B., & Walker, N. (2014). Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *The Lancet*, 384(9940), 347–370.

[https://doi.org/10.1016/S0140-6736\(14\)60792-3](https://doi.org/10.1016/S0140-6736(14)60792-3).

Bitton, A., Ratcliffe, H. L., Veillard, J. H., Kress, D. H., Barkley, S., Kimball, M., Secci, F., Wong, E., Basu, L., Taylor, C., Bayona, J., Wang, H., Lagomarsino, G., & Hirschhorn, L. R. (2019). Primary health care as a foundation for strengthening health systems. *The Lancet Global Health*, 7(9), e1163–e1170.

[https://doi.org/10.1016/S2214-109X\(19\)30310-0](https://doi.org/10.1016/S2214-109X(19)30310-0).

Endalamaw, A., Erku, D., & Khatri, R. B. (2023). Strengthening primary health care systems: A scoping review of successes and gaps. *Archives of Public Health*, 81, 100.
<https://doi.org/10.1186/s13690-023-01116-0>

Eze, P., Uzochukwu, B., & Okeke, C. (2023). Health promotion interventions and non-communicable disease prevention in primary health care settings in Nigeria. *BMC Public Health*, 23, 1890.
<https://doi.org/10.1186/s12889-023-16890-2>.



Mearns, S. L., Kamateeka, M., Okwor, T., Abba, A., Obiekea, C., Danjuma, J., Haile, A. M., Damtew, D., Debalke, D., Kanu, J., Ngauja, R., Michaels-Strasser, S., Wailagala, A., Muruta, A., Dansan, A., Barrera-Cancedda, A. E., Kozikott, S., Landegger, J., Patel, L. N., & McClelland, A. (2025). Progress in epidemic-ready primary health care: Early pilot results from four African countries (Ethiopia, Nigeria, Sierra Leone and Uganda), December 2023–October 2024. *BMJ Global Health*, 10(9), e019249.

Nardella, J., Olsen, H., & others. (2023). Prioritising the role of community health workers in health system strengthening. *Human Resources for Health*, 21(1), 1–12.

Oleribe, O. O., Taylor-Robinson, S. D., & Abade, A. (2023). Equity in health care access in low- and middle-income countries: The role of primary health care. *BMC Health Services Research*, 23, 912.
<https://doi.org/10.1186/s12913-023-09876-4>.

Ozor, O., Ettiaba, E., & Onwujekwe, O. (2024). Strengthening community health systems in Nigeria, determinants of effective primary health care delivery, health research policy and system, 22, 124.

Starfield, B. (2011). The hidden benefit of primary care. *International Journal of Health Services*, 41(4), 707–717

United Nations Children's Fund. (2023). Maternal and newborn health: Global progress report.
<https://www.unicef.org>.

Victora, C. G., Wagstaff, A., Schellenberg, J. A., Gwatkin, D., Claeson, M., & Habicht, J. P. (2022). Applying an equity lens to child health and mortality: More of the same is not enough. *The Lancet*, 380(9842), 212–221. [https://doi.org/10.1016/S0140-6736\(22\)01449-0](https://doi.org/10.1016/S0140-6736(22)01449-0).

World Bank. (2023). Primary health care and health systems strengthening report.
<https://www.worldbank.org>.

World Health Organization. (2024). Primary health care implementation framework and global progress update.
<https://www.who.int>



World Health Organization, & United Nations Children's Fund. (2023). Operational framework for primary health care: Transforming vision into action.

<https://www.who.int/publications/i/item/9789240062478>