IOSR Journal of Economics and Finance (IOSR-JEF)
e-ISSN: 2321-5933, p-ISSN: 2321-5925, Volume 17, Issue 6 Ser. I (Nov. – Dec. 2026), PP 39-44
www.iosrjournals.org

Community Health Workers and Sustainable Development Goal 3 (SDG-3): Opportunities and Challenges

Jisha K K[1], Shifa A[2], Gopika B[3] & S Nehru[4]

Abstract
Community Health Workers (CHWs) are essential in the attainment of Sustainable Development Goals (SDG3) by serving as the main conduit between patients and the healthcare system. SDG3 prioritizes improving the health of mothers and children, preventing both infectious and non-infectious diseases, and achieving healthcare access for everyone. This study investigates the role of CHWs and the obstacles they encounter, as well as how these obstacles impact their ability to contribute to the achievement of SDG 3. We gather information from the existing literature that specifically addresses this subject. Our study reveals that community health practitioners face numerous social, economic, financial, psychological, and environmental obstacles. To maintain individuals' long-term motivation and dedication, it is crucial to comprehend these obstacles and offer institutional assistance to surmount them. The study's results necessitate prompt policy responses to support CHWs in attaining sustainable development goals.

Key Words: *Community health workers (CHWs), Sustainable development goal (SDG), Universal health coverage (UHC).*

Date of Submission: 02-11-2026 Date of Acceptance: 13-11-2026

I. Introduction

The project aims to address complex health issues through a complete participatory development paradigm, with the goal of achieving universal health coverage (Ozano et al., 2018). In order to address the healthcare requirements of all individuals, particularly those residing in rural regions, the presence of community health professionals is imperative. The World Health Report 2006: Working Together for Health revealed that there is a persistent deficit of adequately trained healthcare professionals, which is attributed to various factors. The proposal required a substantial investment of both time and money, apart from finding a sufficient number of skilled healthcare professionals.

Some of the developing countries are facing a severe shortage of qualified health professionals, and many of the healthcare workers who have undergone training as part of the intervention do not have a formal professional or tertiary education degree (Khan et al., 2020). People generally view them as auxiliary personnel, assisting doctors and nurses with specific tasks like immunization and promoting overall health (Saprii et al., 2015). They serve as the main point of contact for all health-related activities within the community. Research indicates that CHWs have the capacity to reduce the gap in health outcomes by enhancing the availability and accessibility of healthcare services (Olaniran et al., 2017). However, they encounter numerous obstacles in effectively carrying out their responsibilities and meeting their objectives. This paper examines the difficulties encountered by healthcare professionals and advocates for governmental interventions and the establishment of institutional support to accomplish sustainable development goals within the specified timeframe.

The article is organized into four sections. The initial section focuses on CHWs in a worldwide context, while the subsequent section addresses the duties and obligations of CHWs in relation to the attainment of SDG 3. The following section examines the primary challenges they face in fulfilling these responsibilities, and the final section comprises the conclusion and proposed remedies.

The Role of CHWs from a Global Perspective

CHWs serve as the fundamental support structure for the health delivery system worldwide. CHW, is a widely used term that encompasses over 30 different titles worldwide. In India, CHWs are referred to as ASHA,

[1] Associate Professor, Govt. Chittur College, Palakkad, Kerala, India
[2] Independent Researcher
[3] Research Scholar, The Gandhigram Rural Institute, Tamil Nadu, India
[4] Professor, The Gandhigram Rural Institute, Tamil Nadu, India

whereas in the Philippines, they are known as barangay health workers (BHW), in Bangladesh Shastha shebika and so on (Mishra et al., 2019). Many low- and middle-income nations, including Bangladesh, Brazil, Iran, India, Ethiopia, and others, have made CHWs a top priority and allocated significant resources to their development. As a result, these countries have shown positive advancements in health outcomes (Zulu et al., 2021). In 1994, Brazil implemented the Family Health Strategy (FHS) as a primary health policy framework. FHS conducts routine medical examinations for around 3500 inhabitants on a recurring basis (Kahn et al., 2019). In 2005, the National Rural Health Mission recruited a significant number of women as Accredited Social Health Activists (ASHAs), who now constitute a prominent workforce in India's community health initiatives. According to Saprii et al. (2015), the National Rural Health Mission anticipates that each ASHA will provide assistance to around 1000 individuals in their respective communities. The CHWs initiative in Cambodia is part of the Community Participation Policy for Health. Each CHWs is responsible for providing healthcare services to a population ranging from 10 to 50 individuals, based on the specific needs of the community (Ozano et al., 2018).

While the specific duties and responsibilities of CHWs may vary across nations, their main role generally involves engaging in initiatives to enhance public health, prevent illnesses, and tackle matters pertaining to maternal and child well-being. An eminent attribute of CHWs is their aptitude to engage the community in attaining their healthcare objectives. The community also embraces them, allowing them to provide healthcare services in a culturally congruent manner, leveraging their profound understanding of local norms. This approach facilitates the attainment of desired health outcomes without causing any discomfort to the local population. Community participation is not a substitute, but rather serves as a vital element of the overall healthcare delivery system.

Responsibilities of CHWs in attaining SDGs

Universal Health Care (UHC) is an essential element of SDG3, which seeks to guarantee healthcare access for every citizen. The High-Level Commission on Health, Employment, and Economic Growth proposes the utilization of a substantial number of community health practitioners to achieve this objective. Because they are more cost-effective, CHWs are generally easier to deploy than other health professionals. CHW's lower infrastructure requirements also make it possible. In other cases, the facilities require a significant financial commitment, which may make them difficult to access quickly, especially in countries with limited resources. The CHWs are associated with a multitude of responsibilities and commitments, most of which are directly relevant to the primary objectives of SDG 3.

One of the objectives of SDG 3 is to decrease the global maternal mortality rate to below 70 per million live births by 2030. CHWs have a crucial role in increasing awareness and actively working towards accomplishing this objective. Initially, they collect data on pregnant women from their social network, and they regularly observe and assist them throughout their pregnancy and postpartum phase. CHWs perform home visits to gather clients' weight and other vital data. In addition, they distribute supplementary meals, vitamin supplements, and immunizations. In addition, CHWs offer consistent monitoring to guarantee the welfare of their clients. Every pregnant woman is given personalized care, which is crucial, and delivering this kind of care to persons in rural areas would not be feasible without the assistance of CHWs. Hence, the involvement of community health experts is crucial in achieving the primary objective.

The second objective is to eradicate preventable deaths of infants and children under the age of 5, with all countries making efforts to reduce infant mortality to less than 12 per 1,000 births and under-5 mortality to less than 25 per 1,000 births by 2030. CHWs have a crucial role in reducing child mortality. They identify undernourished children and supply them with nutritional supplements. Additionally, they ensure that every child receives timely vaccinations. CHWs organize vaccination sites, inform each household, verify their compliance, and furnish parents with relevant medical guidance. CHWs willingly offer newborn care. The majority of research has shown that they have a keen interest in providing newborn care, including washing infants.

The third target is to achieve the complete eradication of AIDS, tuberculosis, malaria, and neglected tropical diseases, as well as combat hepatitis, waterborne infections, and other infectious diseases by the year 2030. The obligation of CHWs to mitigate the prevalence of both communicable and non-communicable diseases is highly valuable. They possess the ability to explore, identify, remedy, and provide solace to sufferers. Individuals rely on them to promote positive mindsets and actions, therefore diminishing the probability of sickness. Amidst the COVID-19 pandemic, the world has witnessed the exceptional commitment of CHWs in their voluntary capacities. They coordinated all the logistical aspects of the immunizations. Amidst the epidemic, when individuals are reluctant to venture outside their residences, CHWs interact with clients while strictly following safety rules, but offer little assistance.

Target 7 of SDG 3 aims to achieve universal availability of sexual and reproductive healthcare services, knowledge dissemination regarding family planning, and integrating families with national policies and programs by 2030. CHWs are responsible for disseminating health information on family planning. They disseminate condoms and contraceptive tablets. They conduct surveys. Surveys are conducted with every household to gain insight on sexual diseases, including AIDS, and there is a strong commitment to public education on these matters. CHWs, in addition to other established healthcare facilities, have a significant impact on accomplishing target 7.

Finally, the objective of target 8 is to get comprehensive and high-quality healthcare coverage, encompassing medications and vaccinations, that is accessible to all individuals at reasonable costs. CHWs can effectively overcome the spatial constraints of a heterogeneous population, particularly in poor and middle-income nations. In countries of this nature, a substantial portion of the population encounters challenges while attempting to access primary healthcare facilities. It has an impact on the provision of healthcare services to all individuals. Here, CHWs effectively fulfil this duty as advocates or champions. They possess an extensive influence within the community and offer inclusive health services to all individuals. By using this cost-effective strategy, individuals are provided with extensive education and training in personal healthcare services. Despite their inherent worth, they encounter numerous obstacles. On a large scale, it will influence the attainment of Sustainable Development Goal 3.

Major Confrontations of CHWs

To assess the sustainability of community health initiatives, it is necessary to understand and find solutions to the challenges faced by CHWs. These challenges have both inherent and external characteristics (Kok et.al,2015). The majority of CHWs are women, and it is widely considered that females possess greater levels of patience and nurturing ability, which enables them to effectively care for individuals who are ill. Reports, however, indicate that gender occasionally impedes the delivery of CHW services. In some areas, traditional family beliefs prohibit women from engaging in conversations with males from different families. Certain cultures have the belief that women who are unaccompanied outside, particularly at night, are not considered virtuous individuals. (Musoke et.al,2022) Within this particular framework, CHWs encounter challenges when it comes to effectively reaching out to clients and delivering their services. It is their duty to prioritize the importance of family planning and distribute contraceptive pills and condoms. Some men hesitated to receive this guidance from female CHWs due to concerns about being accused of flirtation in the absence of their spouse. Reports indicate that some men verbally abuse female CHWs when they discuss health-related topics, particularly those related to sex (Kok et.al,2015).

Many developing countries often regard CHWs as informal laborers with limited training. They do not have a standard job description available (Mishra et.al,2019). Their wage is insufficient, and they do not receive prompt incentives, retirements, or pensions. They lack opportunities for job advancement. There is a lack of a career development program and fewer opportunities for promotion. Due to the absence of retirement benefits, several older individuals encounter physical difficulties when fulfilling their duties and obligations. Insufficient supervision resulted in poor interpersonal relationships between them and their superiors (Asweto et.al,2016)

CHWs are characterized by their mobility as field workers. They are able to reach clients regardless of their geographical location and environmental circumstances. Occasionally, they experience a lack of safety and security when providing their services. To expand their service, they face transportation challenges. They do not have the funds to cover transportation expenses. It is mandatory for them to consistently go to the primary health center (PHC) to obtain their drugs prior to meeting their customers (Brunie et al,2014). Additionally, they are required to participate in training and supervisory sessions outside of their city. Their reduced compensation forces them to allocate a significant portion towards transportation expenses. In addition to that, their job is project-oriented and lacks a fixed schedule. Given this circumstance, CHWs are unable to identify alternative sources of revenue during their off-project periods.

CHWs are encountering another critical issue regarding the stock updating or maintenance. They are required to provide specific medications, contraceptive tablets, condoms, nutritious grains, and other related items. However, they constantly face shortage of inventory. It affects the credibility of their job. In addition to the client's expectations, they did not receive uniforms or identity cards. Under these circumstances, it is very difficult for them to be available in field consistently (Bist et.al,2023). It is very important to Technological revolution makes it necessary to Digitization decreases the amount of work required in all areas. However, in the case of CHWs, the situation differs. Not every CHW possesses a fundamental understanding of digital knowledge. Their lack of education hinders their ability to get technical knowledge, resulting in a substantial investment of time to obtain it. In addition, in order to access information in digital format, individuals require a smartphone and access to the internet. Several members are experiencing difficulties with network coverage and electricity supply. In addition to that, it is necessary for them to routinely recharge their phones. It represents an additional financial strain for them (Bakibinga et.al,2020)

The scarcity of CHWs leads to the uneven distribution of their tasks. The absence of a fixed schedule for their responsibilities forces people to work additional hours. They are also employed for non-scheduled work, such as fieldwork on other government projects, which reduces the amount of time for their originally assigned duties. These issues have a negative impact on CHWs' work (Kurapati et.al,2022). Every worker necessitates both respect and recognition for their labor. Nevertheless, CHWs feel that they do not receive enough acknowledgment for their valuable services (Kahn et al., 2018). CHWs have been ranked at the lowest position in the hierarchy. Health programs rarely consider their requirements during planning and execution (Musoke et.al,2022).

The authorities should promptly address and implement necessary measures in response to the crucial role community health workers play in delivering healthcare services to women and newborns, especially in rural regions, and the difficulties they encounter. Ensure adequate infrastructure to support the efficient delivery of services. Equipping CHWs with communication equipment and transportation facilities could facilitate the attainment of their development objectives. At an individual level, guaranteeing enough compensation and acknowledgment can assure committed services from the CHWs and maintain their good morale. Implementing programs aimed at enhancing public knowledge regarding the pivotal role CHWs play has the potential to enhance the success of UHC and SDG ventures. Furthermore, these programs are essential, notwithstanding the reluctance of many individuals to engage in community health initiatives. Offering improved compensation and acknowledgment could incentivize a greater number of individuals to become community health workers, so aiding in the attainment of the UHC and SDG program objectives within the specified timeframe.

II. Conclusion

Understanding the duties and obligations of community health professionals is essential for achieving the objectives of Sustainable Development Goal 3. Community health professionals possess the capacity to effectively reach and provide health services to a greater number of people compared to various alternative organizational structures. However, community health professionals face numerous challenges. It is beneficial to fully understand all the challenges. This article analyses the main challenges they are encountering. If these challenges persist for a long time, it will negatively affect their performance and their ability to contribute to the attainment of SDG 3. It is beneficial to include CHWs in the process of creating their job descriptions and in the formulation of important health policies and practices. Ensure a fair distribution of the workload among each CHW and design a standardized schedule for their main duties and extra assignments. It is crucial to guarantee that CHWs receive compensation that aligns with established salary norms, receive timely rewards, have access to retirement plans and extra perks, and most significantly, promote public awareness about the importance of CHWs. With their profound comprehension of others' attitudes and psychological states towards a new initiative, coupled with their ability to fulfil their responsibilities to the maximum extent, they play a vital role in advancing progress towards the achievement of Sustainable Development Goal 3.

References

[1]. Asweto, C. O., Alzain, M. A., Andrea, S., Alexander, R., and Wang, W. Integration of community health workers into health systems in developing countries: Opportunities and challenges. *Family Medicine and Community Health* 4. no.1(2016): 37–45. https://doi.org/10.15212/fmch.2016.0102

[2]. Bakibinga, Pauline, Eva Kamande, Lyagamula Kisia, Milka Omuya, Dennis J. Matanda, and Catherine Kyobutungi. "Challenges and Prospects for Implementation of Community Health Volunteers' Digital Health Solutions in Kenya: A Qualitative Study." *BMC Health Services Research* 20, no. 1 (September 21, 2020). https://doi.org/10.1186/s12913-020-05711-7.

[3]. Bist, Rekha Rani, Kripalini Patel, Sudeshna Pradhan, Binod Kumar Patro, Sandeep Kumar Tripathy, Pavan Kumar Gollapalli, and Sunita Jena. "What They Know about Their Work, Barriers, and Challenges Faced by the Community Health Workers While Performing Their Multiple Roles: Mixed Method Study in India." *International Journal Of Community Medicine And Public Health* 10, no. 6 (May 31, 2023): 2228–33. https://doi.org/10.18203/2394-6040.ijcmph20231708.

[4]. Brownstein, J. Nell, Gail R. Hirsch, E. Lee Rosenthal, and Carl H. Rush. "Community Health Workers '101' for Primary Care Providers and Other Stakeholders in Health Care Systems." *Journal of Ambulatory Care Management* 34, no. 3 (July 2011): 210–20. https://doi.org/10.1097/jac.0b013e31821c645d.

[5]. Brunie, Aurélie, Patricia Wamala-Mucheri, Conrad Otterness, Angela Akol, Mario Chen, Leonard Bufumbo, and Mark Weaver. "Keeping Community Health Workers in Uganda Motivated: Key Challenges, Facilitators, and Preferred Program Inputs." *Global Health: Science and Practice* 2, no. 1 (January 29, 2014): 103–16. https://doi.org/10.9745/ghsp-d-13-00140.

[6]. Chung, Melvin Hsien, Helmy Hazmi, and Whye Lian Cheah. "Role Performance of Community Health Volunteers and Its Associated Factors in Kuching District, Sarawak." *Journal of Environmental and Public Health* 2017 (2017): 1–9. https://doi.org/10.1155/2017/9610928.

[7]. Dageid, Wenche, Olagoke Akintola, and Therese Sæberg. "Sustaining Motivation among Community Health Workers in AIDS Care in KwaZulu-Natal, South Africa: Challenges and Prospects." *Journal of Community Psychology* 44, no. 5 (June 17, 2016): 569–85. https://doi.org/10.1002/jcop.21787.

[8]. Glenton, Claire, Dena Javadi, and Henry B. Perry. "Community Health Workers at the Dawn of a New Era: 5. Roles and Tasks." *Health Research Policy and Systems* 19, no. S3 (October 2021). https://doi.org/10.1186/s12961-021-00748-4.

[9]. Grossman-Kahn, Rebecca, Julia Schoen, John William Mallett, Alexandra Brentani, Elizabeth Kaselitz, and Michele Heisler. "Challenges Facing Community Health Workers in Brazil's Family Health Strategy: A Qualitative Study." *The International Journal of Health Planning and Management* 33, no. 2 (September 21, 2017): 309–20. https://doi.org/10.1002/hpm.2456.

[10]. Hill, Jillian, Nasheeta Peer, Brian Oldenburg, and Andre Pascale Kengne. "Roles, Responsibilities and Characteristics of Lay Community Health Workers Involved in Diabetes Prevention Programmes: A Systematic Review." *PLOS ONE* 12, no. 12 (December 7, 2017). https://doi.org/10.1371/journal.pone.0189069.

[11]. Johnson, Levona J., Laura H. Schopp, Firdouza Waggie, and José M. Frantz. "Challenges Experienced by Community Health Workers and Their Motivation to Attend a Self-Management Programme." *African Journal of Primary Health Care & Family Medicine* 14, no. 1 (January 12, 2022). https://doi.org/10.4102/phcfm.v14i1.2911.

[12]. Jumanne, Kabula, Liliane Pasape, Irene R. Moshi, and Mwifadhi Mrisho. "Challenges Facing Community Health Workers in Promoting Maternal and Neonatal Health in Bagamoyo and Mkuranga Districts, Tanzania." *Ghana Medical Journal* 55, no. 2 (June 1, 2021): 118–27. https://doi.org/10.4314/gmj.v55i2.4.

[13]. Kok, Maryse C, Sumit S Kane, Olivia Tulloch, Hermen Ormel, Sally Theobald, Marjolein Dieleman, Miriam Taegtmeyer, Jacqueline EW Broerse, and Korrie AM de Koning. "How Does Context Influence Performance of Community Health Workers in Low- and Middle-Income Countries? Evidence from the Literature." *Health Research Policy and Systems* 13, no. 1 (March 7, 2015). https://doi.org/10.1186/s12961-015-0001-3.

[14]. Kurapati, Jyothi, and Anitha Chandanadur Thippaiah. "Contribution and Challenges of Community Health Workers in Achieving Sustainable Development Goals." *National Journal of Community Medicine* 13, no. 12 (December 31, 2022): 896–903. https://doi.org/10.55489/njcm.131220222525.

[15]. Majee, Wilson, Laura Schopp, Levona Johnson, Adaobi Anakwe, Anthea Rhoda, and Jose Frantz. "Emerging from the Shadows: Intrinsic and Extrinsic Factors Facing Community Health Workers in Western Cape, South Africa." *International Journal of Environmental Research and Public Health* 17, no. 9 (May 4, 2020): 3199. https://doi.org/10.3390/ijerph17093199.

[16]. Mallari, Eunice, Gideon Lasco, Don Jervis Sayman, Arianna Maever Amit, Dina Balabanova, Martin McKee, Jhaki Mendoza, et al. "Connecting Communities to Primary Care: A Qualitative Study on the Roles, Motivations and Lived Experiences of Community Health Workers in the Philippines." *BMC Health Services Research* 20, no. 1 (September 11, 2020). https://doi.org/10.1186/s12913-020-05699-0.

[17]. Mhlongo, Euphemia Mbali, Elizabeth Lutge, and Lateef Adepeju. "The Roles, Responsibilities and Perceptions of Community Health Workers and Ward-Based Primary Health Care Outreach Teams: A Scoping Review." *Global Health Action* 13, no. 1 (September 7, 2020): 1806526. https://doi.org/10.1080/16549716.2020.1806526.

[18]. Mishra, Shiva Raj, Charilaos Lygidakis, Dinesh Neupane, Bishal Gyawali, Jean Paul Uwizihiwe, Salim S Virani, Per Kallestrup, and J Jaime Miranda. "Combating Non-Communicable Diseases: Potentials and Challenges for Community Health Workers in a Digital Age, a Narrative Review of the Literature." *Health Policy and Planning* 34, no. 1 (January 18, 2019): 55–66. https://doi.org/10.1093/heapol/czy099.

[19]. Mukhopadhyay, Kuheli. "Sustainable development and health in india :progress and way forward." *Inclusive* 2. no 22 (2022):152-164.

[20]. Musoke, David, Mathew Nyashanu, Henry Bugembe, Grace Biyinzika Lubega, James O'Donovan, Abdullah Ali Halage, and Linda Gibson. "Contested Notions of Challenges Affecting Community Health Workers in Low- and Middle-Income Countries Informed by the Silences Framework." *Human Resources for Health* 20, no. 1 (January 6, 2022). https://doi.org/10.1186/s12960-021-00701-0.

[21]. Olaniran, Abimbola, Helen Smith, Regine Unkels, Sarah Bar-Zeev, and Nynke van den Broek. "Who Is a Community Health Worker? – A Systematic Review of Definitions." *Global Health Action* 10, no. 1 (January 2017): 1272223. https://doi.org/10.1080/16549716.2017.1272223.

[22]. Ozano, Kim, Padam Simkhada, Khem Thann, and Rose Khatri. "Improving Local Health through Community Health Workers in Cambodia: Challenges and Solutions." *Human Resources for Health* 16, no. 1 (January 6, 2018). https://doi.org/10.1186/s12960-017-0262-8.

[23]. Panday, Sarita, Paul Bissell, Edwin van Teijlingen, and Padam Simkhada. "The Contribution of Female Community Health Volunteers (Fchvs) to Maternity Care in Nepal: A Qualitative Study." *BMC Health Services Research* 17, no. 1 (September 4, 2017). https://doi.org/10.1186/s12913-017-2567-7.

[24]. Rachlis, Beth, Violet Naanyu, Juddy Wachira, Becky Genberg, Beatrice Koech, Regina Kamene, Jackie Akinyi, and Paula Braitstein. "Community Perceptions of Community Health Workers (Chws) and Their Roles in Management for HIV, Tuberculosis and Hypertension in Western Kenya." *PLOS ONE* 11, no. 2 (February 22, 2016). https://doi.org/10.1371/journal.pone.0149412.

[25]. Sabo, Samantha, Caitlin G. Allen, Katherine Sutkowi, and Ashley Wennerstrom. "Community Health Workers in the United States: Challenges in Identifying, Surveying, and Supporting the Workforce." *American Journal of Public Health* 107, no. 12 (December 2017): 1964–69. https://doi.org/10.2105/ajph.2017.304096.

[26]. Saprii, Lipekho, Esther Richards, Puni Kokho, and Sally Theobald. "Community Health Workers in Rural India: Analysing the Opportunities and Challenges Accredited Social Health Activists (Ashas) Face in Realising Their Multiple Roles." *Human Resources for Health* 13, no. 1 (December 2015). https://doi.org/10.1186/s12960-015-0094-3.

[27]. Spencer, M. S., K. E. Gunter, and G. Palmisano. "Community Health Workers and Their Value to Social Work." *Social Work* 55, no. 2 (April 1, 2010): 169–80. https://doi.org/10.1093/sw/55.2.169.

[28]. Stevenson, Michael C., Corina Norrbom, Mariana Savela, Yee Leng Xiong, Tou Fong Lee, Cecilia Garcia, Otis Winstead, Margarita Northrop, and Marie Sandy. "Community Health Workers in Time of Crisis: A Covid-19 Case Study." *Journal of Humanistic Psychology*, November 17, 2022, 002216782211327. https://doi.org/10.1177/00221678221132718.

[29]. Sunguya, Bruno F., Linda B. Mlunde, Rakesh Ayer, and Masamine Jimba. "Towards Eliminating Malaria in High Endemic Countries: The Roles of Community Health Workers and Related Cadres and Their Challenges in Integrated Community Case Management for Malaria: A Systematic Review." *Malaria Journal* 16, no. 1 (January 3, 2017). https://doi.org/10.1186/s12936-016-1667-x.

[30]. Terpstra, Jennifer, Karen J. Coleman, Gayle Simon, and Camille Nebeker. "The Role of Community Health Workers (Chws) in Health Promotion Research: Ethical Challenges and Practical Solutions." *Health Promotion Practice* 12, no. 1 (April 3, 2009): 86–93. https://doi.org/10.1177/1524839908330809.

[31]. Tshitangano, Takalani G., and Foluke C. Olaniyi. "Sustaining the National Health Insurance Scheme in South Africa: The Roles and Challenges of Community Health Workers." *The Open Public Health Journal* 11, no. 1 (November 26, 2018): 494–506. https://doi.org/10.2174/1874944501811010494.

[32]. Witmer, A, S D Seifer, L Finocchio, J Leslie, and E H O'Neil. "Community Health Workers: Integral Members of the Health Care Work Force." *American Journal of Public Health* 85, no. 8_Pt_1 (August 1995): 1055–58. https://doi.org/10.2105/ajph.85.8_pt_1.1055.

[33]. World Health Organization. What do we know about community health workers? A systematic review of existing reviews. 2020, World Health Organization. https://iris.who.int/handle/10665/340717.

[34]. Zulu, Joseph M., and Henry B. Perry. "Community Health Workers at the Dawn of a New Era." *Health Research Policy and Systems* 19, no. S3 (October 2021). https://doi.org/10.1186/s12961-021-00761-7.