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The role of community health volunteers in improving access to primary health care – a systematic review



Community health volunteers: a new resource for health and inclusion?

In low- and middle-income countries (LMICs), community health worker (CHW) programmes continue to expand in response to severe restraints in human resources. A second cadre, often referred to as community health volunteers (CHVs) has also expanded but has received less attention. Unpaid CHVs play a key role in supporting primary health care (PHC) but the nature, functions and potential of this group need further examination. Broadly speaking, CHVs are:

- members of a community with little or no formal training as health workers, no accreditation or formal recognition, but nevertheless providing important health care services to their community
- not part of regular service delivery and not paid formally, though payments may be made informally and other non-financial incentives offered
- distinct from CHWs, though in some settings their roles overlap
- often multi-purpose workers (e.g. working within health as well as education and development), based in their communities, playing a crucial role in enabling access to PHC (e.g. health promotion, access to reproductive and maternal health services)
- catalysts for community ownership and engagement in health.

There is an urgent need for a nuanced understanding of CHVs' role in promoting collective responsibility for health and in the co-production of health care. To meet this need, a review of systematic reviews (an umbrella systematic review) was carried out in 2016.

The literature review

The review was conducted following a systematic search of the PUBMED, EMBASE, ProQuest, Campbell, DOPHER, Databases of Reviews of Effectiveness (DARE) and Cochrane Databases of Reviews (CDRs). It included articles published between 1 January 2000 and 15 August 2016. Only studies published in English were included. The review questions were:

- What are the roles adopted by community health volunteers (CHVs) in the health sectors of low- and middle-income countries (LMICs)?
- How do the different roles adopted by CHVs impact on access to and utilization of PHC services by community members?

The initial search yielded 248 records relevant to these questions. After removing duplicates (47 articles) we found 201 records subject to assessment based on our inclusion criteria. Finally, 21 records were critically appraised and all were included in this review.

Inclusion criteria

Participants/population

The umbrella review included systematic reviews of CHV programmes covering community volunteers (men and women) who live and work in rural and urban communities of LMICs and are involved in any kind of health activities targeted at improving access, utilization and community involvement in PHC services, but are not part of the health system. The review was limited to CHVs who are not paid regular salaries and who do not possess a formal professional certificate, as health professionals do. Articles published in English between 1 January 1990 (the start of the Global Health Initiatives to strengthen health systems at community level) and 31 December 2015 were considered for inclusion.

Interventions or exposures of interest

CHV programme

The phenomenon of interest considered was the role of CHVs in PHC.

Comparator(s)/control

For this review, a baseline of before the introduction of CHVs, or no CHV programme, or any health programme, being delivered by formally certified health professionals.

Key messages

- The literature review found CHVs to be cost effective, as long as effective supervision and monitoring are in place.
- CHVs with minimal training and education can significantly support PHC services in resource-limited settings.
- Barriers to CHV programmes include insufficient supervision, overwork, inefficient supply chains and lack of time and in some cases lack of community support.
- CHV models are likely to succeed if volunteers are respected and motivated individuals selected from their own community. Women should be encouraged to become involved as well as men.

Included studies

The review included peer reviewed systematic reviews of both qualitative and quantitative studies.

Context

Studies conducted in LMICs in health care institutions, in the community and at homes were considered.

Outcomes

- Primary outcomes: access to PHC services.
- Secondary outcomes: health care utilization, programme coverage (family planning coverage, immunization coverage), mortality rate, morbidity rate.

Data extraction

A prepared data extraction template was utilized to collect data from included studies. The data extracted included specific information on authors, title of the review, the definition of CHVs, the outcomes assessed, the roles of CHVs and the barriers and facilitators to the success of CHV programmes.

Methodological quality assessment

The JBI critical appraisal assessment checklist for systematic reviews was used to critically appraise the methodological quality of the retrieved systematic reviews.

CHVs: roles and effectiveness

CHVs were found to play an important role in numerous health programmes, including:

- HIV prevention and control
- malaria control
- immunization programmes
- mental health promotion
- tuberculosis control programmes
- Brucella treatment programmes
- reproductive health services
- maternal, neonatal and child health services.

CHVs were reported to contribute to community participation and increased access to and utilization of PHC services through community mobilization and education. CHVs were also involved in the provision of different disease treatments at the community level, along with psychological counselling and therapy services. The volunteers played a substantial role in the provision of immunization and the distribution of drugs. They visited the homes of residents and provided care for newborns, contributing to a reduction in neonatal mortalities. By providing emergency treatment for malaria and pneumonia, along with the detection of early symptoms of obstetric complications, they played a significant role in the reduction of mortality.

Three key characteristics of CHV activities were identified. First, they were found to be cost effective, as long as interventions are selected, supervised and monitored with care – though such effectiveness is context- or setting-specific. Second, CHV models can only succeed if they are sufficiently embraced by the communities in which they operate. Third, CHVs with minimal training and education can nevertheless significantly support access to and utilisation of PHC services in resource-limited settings.

CHV programmes were successful where:

- CHVs were recruited from/by their community
- consistent management and supervision were in place
- selection of CHVs was appropriate (respected and motivated volunteers)
- regular support and training were provided
- some form of remuneration, or transport support, were provided
- a sustainable supply chain was in place
- there was involvement and empowerment of women.

The literature review showed that CHVs play (and can continue to play) a crucial role in strengthening PHC provision among disadvantaged populations in LMICs. The potential of CHVs is significant, as they are both close to their communities and a valuable asset to underfunded local health systems.

Barriers to the implementation of the CHV programmes and their effectiveness include:

- selection of inappropriate tasks
- low or no payment
- lack of a clear definition of roles
- lack of clear career pathways for advancement
- poor support and supervision
- limited referral pathways
- poor follow-up of people served
- poor supply chain management.

At the community level, a lack of support and acceptance by some community members and CHVs' own families can also prove problematic.

Further reading

Woldie M, Feyissa GT, Admasu B, Hasen Kalkidan, Mitchell K, McKee M, Mayhew S, Balabanova D (in preparation 2017) The role of community (health) volunteers in promoting improved, responsive and equitable primary health care in LMICs, and strategies to support them: a review of systematic reviews (please contact mirkuzie@yahoo.com to request the paper).

PROSPERO 2016:CRD42016039361, http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42016039361

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