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COMMUNITY AND PUBLIC HEALTH NURSES AS DRIVERS OF UNIVERSAL HEALTH COVERAGE: ROLES, CONTRIBUTIONS, CHALLENGES AND STRATEGIES FOR STRENGTHENING PRIMARY CARE

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Abstract

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Background: Universal Health Coverage (UHC) requires that everyone can obtain quality essential services without financial hardship. Nurses form the largest share of the health workforce, yet the specific contribution of community and public health nurses (CHNs/PHNs) to UHC is rarely synthesised.

Aim: To review the concept of UHC and the roles, contributions, challenges and enabling strategies of CHNs/PHNs in advancing it.

Methods: Narrative review of peer-reviewed literature and WHO documents (2021–2026) from Africa, Asia, the Pacific, Europe and Australia.

Findings: CHNs/PHNs deliver health promotion, prevention, primary care, surveillance, advocacy and care coordination, extending coverage to underserved groups. Their impact is limited by under-funding, workforce shortages, weak infrastructure, sociocultural barriers and limited professional development. Promising responses include workforce investment, continuous training, sustainable financing, supportive policy, digital health, community partnerships and multisectoral collaboration.

Conclusion: UHC cannot be achieved without a well-supported community nursing workforce. Quantitative evidence on nurse-led impact and standardised competency frameworks are priority research needs.

Keywords: universal health coverage; community health nursing; public health nursing; primary health care; health workforce; health equity

Introduction

Community and Public Health Nurses as Drivers of Universal Health Coverage: Roles, Contributions, Challenges and Strategies for Strengthening Primary Care. UHC means that all people receive the promotive, preventive, curative, rehabilitative and palliative services they need, at sufficient quality, without financial hardship (World Health Organization [WHO], 2024). It anchors Sustainable Development Goal 3 and is a recognised route to health equity (Ranabhat et al., 2023; Endalamaw et al., 2022). Progress remains uneven, especially in sub-Saharan Africa, where out-of-pocket payment, low insurance coverage and weak systems persist (Barasa et al., 2021; Ifeagwu et al., 2021; WHO & World Bank, 2023). The Declaration of Astana re-affirmed primary health care (PHC) as the cornerstone of UHC (WHO & UNICEF, 2018), and high-quality care, not coverage alone, is needed to improve outcomes (Kruk et al., 2018).

Nurses are the largest professional group in health systems, and global workforce distribution threatens the "universal" in UHC (Boniol et al., 2022; Haakenstad et al., 2022; WHO, 2020). CHNs/PHNs work where communities live, providing education, immunisation, maternal and child care and chronic disease management, and addressing social determinants of health (Khumalo & Brown, 2022; Rombaoa et al., 2025; Subiyanto & Susilo, 2024). Community-based approaches improve service use among underserved populations (Alici & Emiroğlu, 2021; Obi et al., 2024; Effiong et al., 2023). Yet they face workforce shortages, poor remuneration, weak infrastructure and, in Nigeria, inequitable personnel distribution and limited policy support (Chen et al., 2023; Cerf, 2021; Bashar et al., 2025; Moosa, 2023).

This review therefore;

1. explains UHC
2. describes CHN/PHN roles
3. examines their contributions
4. identifies challenges and
5. examines solutions.

Methodology

This paper adopted a narrative literature review approach to examine the roles, contributions, challenges and strategies related to community and public health nurses (CHNs/PHNs) in advancing universal health coverage (UHC). Relevant peer-reviewed articles, policy documents, books and health reports were reviewed, with emphasis on recent literature from 2021 to 2026 while retaining key earlier sources where relevant. The literature was thematically synthesised around nurses' contributions to primary healthcare and UHC, challenges affecting their practice, and strategies for strengthening their role. Evidence from Nigeria and other low- and middle-income countries was considered alongside international literature to provide a broader perspective.

Conceptual Background

Universal Health Coverage

UHC has three dimensions: service coverage (the range of services across the life course), population coverage (including marginalised groups) and financial protection (cost coverage) (Asamani et al., 2025; Boniol et al., 2022; Ifeagwu et al., 2021). Its policy lineage runs from "Health for All" through the Millennium Development Goals to the SDGs (Ranabhat et al., 2023). Measurement relies on tracer indicators, but palliation, rehabilitation and quality are still under-assessed (Endalamaw et al., 2022; Yanful et al., 2023), and indicator frameworks tailored to specific services, such as eye health, show how monitoring can be made actionable (McCormick et al., 2022). Equity gaps also occur in high-income systems, for example among culturally and linguistically diverse groups in Australia (Khatri & Assefa, 2022).

Community and public health nursing

CHN/PHN combines clinical skill with public health principles to assess, plan, implement and evaluate population-focused programmes (Chaturvedi, 2025; Kainrath et al., 2025). Practice is guided by equity, social justice, cultural competence and community participation (Parry, 2022; Sharifikia et al., 2026).

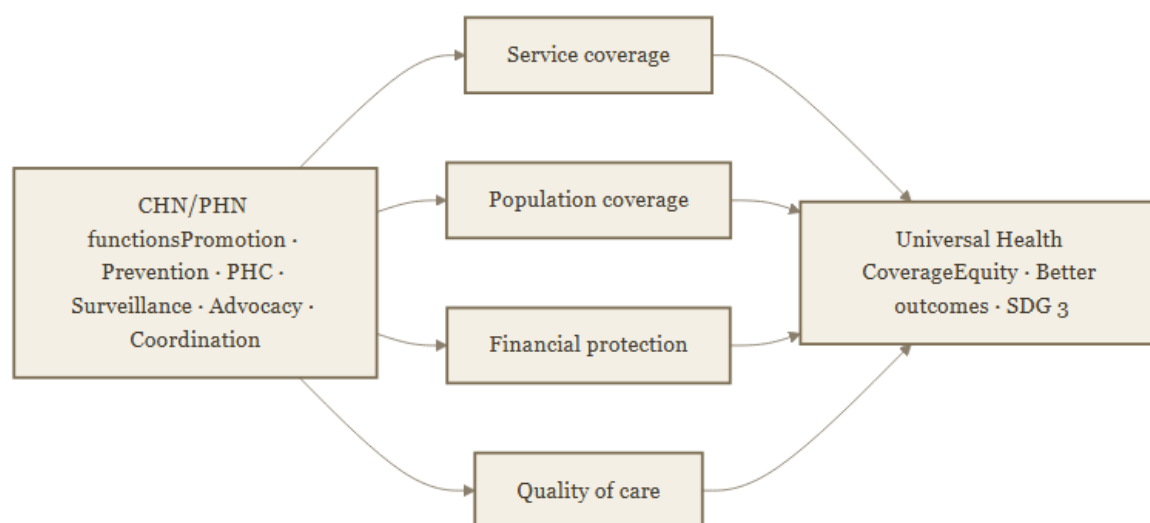


Figure 1. Conceptual framework linking CHN/PHN functions to the dimensions of UHC (authors' synthesis).

Roles of CHNs/PHNs in Achieving UHC

Health promotion and education: Nurses play an important role in health promotion by educating individuals and families about hygiene, nutrition, family planning and other healthy behaviours, thereby improving health literacy and encouraging people to take greater responsibility for their health (Subiyanto & Susilo, 2024; Parry, 2022; Omrani, 2026). Because nurses often have regular contact with individuals and families, they are well placed to identify misconceptions early and provide health information that is relevant to people's everyday circumstances. Evidence from rural Nigeria similarly shows that community health nurses view health promotion as an important part of their primary healthcare role, although their ability to perform this role can be affected by operational challenges (2024).

Disease prevention and control: Nurses contribute to disease prevention through immunisation, screening for hypertension and diabetes, health education and control of communicable diseases (Gao & Liu, 2025; Rombaoa et al., 2025). Their preventive role is particularly important because early identification of health problems can reduce complications and the need for more expensive hospital-based care. Community-based health workers and nurses also provide an important link between households and formal health services, strengthening prevention and early response within communities (Ngongo et al., 2024).

Primary care provision: Antenatal, postnatal and child health services, together with the treatment of minor

illnesses, form an important part of community-level healthcare coverage (Effiong et al., 2023; Pandey & Vyas, 2025). By providing these services close to where people live, nurses can reduce unnecessary travel and make essential care more accessible to underserved populations. This community-facing role is consistent with the wider UHC agenda, which depends on strong PHC systems capable of providing continuous and comprehensive care (International Council of Nurses, 2024).

Advocacy and policy implementation: Nurses represent the interests of patients and vulnerable groups and contribute to the implementation and, increasingly, the planning of health policies (Sharifikia et al., 2026; Touzami et al., 2025). Their direct experience with patients and communities gives them practical knowledge that can help ensure that health policies reflect real service-delivery needs. Strengthening nursing leadership is therefore important for translating policy priorities into effective PHC practice and advancing UHC (International Council of Nurses, 2024).

Access extension: Home visits, mobile clinics and community outreach help reduce geographical, financial and social barriers to healthcare (Khumalo & Brown, 2022; Alici & Emiroğlu, 2021). These approaches are especially valuable for rural and underserved populations who may otherwise delay care because of distance, transport difficulties or limited resources. In Nigeria, community-based programmes such as the CHIPS programme are designed to bring essential PHC services closer to

households through home visits and outreach activities (NPHCDA, 2025).

Surveillance and data: Nurses monitor health trends, identify and report suspected outbreaks and contribute information that supports planning and resource allocation (Caponnetto et al., 2024; Sharkiya, 2023). Reliable information from frontline workers is particularly important because it allows health authorities to identify emerging problems and respond before they become larger public-health threats. Their role in surveillance and emergency response has become even more visible during pandemics and other public-health emergencies.

Care coordination. Nurses support continuity of care through referral, follow-up and collaboration with other health professionals, linking community services with higher levels of care (Rombaoa et al., 2025; Sheppard-LeMoine et al., 2021). Good coordination helps prevent patients from becoming lost between different levels of the health system and can improve continuity, safety and patient experience. This coordinating function is consistent with the role of nurses as a bridge between people, services and health systems within PHC (International Council of Nurses, 2024).

Contributions of Nurses to UHC: Evidence Synthesis

Cost-effective access and equity: Prevention-oriented community nursing can reduce unnecessary reliance on costly tertiary services by addressing health needs earlier and closer to where people live (Ali et al., 2025; Parry, 2022). This is particularly relevant to UHC because improving access should not only increase service availability but also reduce inequalities in who can obtain appropriate care. Well-organised community services have also been associated with improved patient satisfaction, treatment adherence and reduced readmissions among people living with chronic conditions (Caponnetto et al., 2024). The wider evidence supports investment in nurses and other community-based health workers as an important component of strengthening PHC and UHC.

People-centred care: Effective nurse–patient communication, respect for patients' rights and attention to individual needs can increase satisfaction and encourage appropriate use of health services (Kwame & Petrucka, 2022). When patients feel listened to and respected, they are more likely to trust health workers and participate actively in decisions about their care. People-centred nursing is therefore not simply a matter of communication but an important

part of making PHC responsive to the needs of the communities it serves.

Leadership and governance: Nurses and midwives constitute a major proportion of the health workforce, and nursing leadership in policy and decision-making forums can support progress towards UHC (Rumsey et al., 2022). Their involvement in governance is important because decisions about staffing, service delivery and resource allocation directly affect the quality and accessibility of frontline care. PHC systems across different countries also demonstrate the importance of community engagement and multisectoral governance, with nurses and other frontline workers playing important implementation roles (Rai et al., 2024). Recent evidence from Africa further shows that strengthening the health workforce remains essential to achieving UHC because workforce shortages continue to limit service capacity.

Context-specific evidence: In Nigeria, community-based approaches can strengthen PHC use and address misinformation (Effiong et al., 2023); in Ghana, community-based health planning has expanded access to services (Awoonor-Williams et al., 2022); and in the Philippines, public health nurses perform diverse primary care functions despite workload constraints (Rombaoa et al., 2025). These examples show that the contribution of nurses is strongly influenced by the organisation of the health system, available resources and the needs of the population being served. Reviews of best practices therefore continue to emphasise workforce capacity, community participation and locally appropriate approaches to PHC delivery (Koochpayehzadeh et al., 2021; Khatri et al., 2024).

Challenges

Funding and resources. Inadequate financing can limit the availability of medicines, equipment, transport and other resources needed for effective community services (Darrudi et al., 2022; Moosa, 2023). When resources are insufficient, nurses may spend more time managing immediate shortages and less time providing preventive and outreach services. Weak financial incentives for community-level workers can further affect motivation and retention (Oladeji et al., 2024). Persistent underinvestment in Africa's health workforce continues to constrain progress towards UHC.

Workforce shortages: Shortages increase workloads and may leave nurses with little time for prevention, health education and community outreach (Boniol et al., 2022; Chen et al., 2023). Heavy workloads can also contribute to fatigue and burnout, making it

difficult for existing staff to provide the comprehensive and continuous care expected from PHC. Africa continues to face substantial community health workforce gaps, although expanding full-time employment and better workforce planning could reduce the shortage (Asamani et al., 2025; Cerf, 2021). Recent modelling similarly shows that the African Region requires substantial additional health workers to meet population needs by 2030.

Infrastructure and working conditions: Poor facilities, inadequate transport and weak communication systems can hinder home visits, outreach and emergency response; in Myanmar, nurses have also reported role conflict, limited career progression and unsafe working conditions (May et al., 2021; Langat et al., 2025). Such conditions can reduce both the quality of care nurses are able to provide and their willingness to remain in underserved areas. Strengthening working environments, career opportunities and professional support is therefore important for retaining a stable community nursing workforce (WHO, 2017).

Sociocultural barriers: Traditional beliefs, gender norms and low health literacy can influence whether individuals accept health advice and use available services (Khatri & Assefa, 2022; Touzami et al., 2025). Nurses therefore need to understand local beliefs and social structures rather than assuming that information alone will change health behaviour. Community participation and culturally responsive communication can help build trust and make PHC services more acceptable to different population groups.

Training and policy gaps: Limited professional development, uneven public-health competencies and interruptions in policy support can weaken nurses' ability to respond effectively to changing community health needs (Kainrath et al., 2025; Senadheera et al., 2025; Sharifikia et al., 2026). Continuous professional development is particularly important as nurses' roles increasingly extend beyond clinical care into prevention, digital health, surveillance and community leadership. Evidence from WHO also highlights education, regulation, career opportunities and supportive management as important areas for strengthening community health nursing.

Strategies for Strengthening the CHN/PHN Contribution

Workforce: Recruitment, retention and equitable rural–urban deployment should be strengthened in line with the WHO Global Strategy on Human Resources for Health (WHO, 2016; Karan et al., 2023). Workforce planning should consider population need rather than

simply distributing available staff, so that rural and underserved communities are not consistently left with fewer health professionals. This is particularly important in Africa, where health-worker shortages remain a major constraint on UHC.

Capacity building: Continuous professional development and clear competency frameworks should be provided to ensure that nurses have the knowledge and skills required for modern PHC practice (Gao & Liu, 2025; Kainrath et al., 2025). Training should be practical and linked to the actual challenges nurses encounter in their communities, including health promotion, chronic disease prevention, digital health and emergency preparedness.

Financing: Public investment in PHC should be increased and sustainable health-insurance mechanisms strengthened. In Nigeria, the Basic Health Care Provision Fund under the National Health Act (Federal Republic of Nigeria, 2014) requires adequate and sustained financing, together with greater public awareness of its benefits (Odinenu & Anago, 2025; Bashar et al., 2025). Adequate financing is essential if nurses are to have the medicines, equipment, transport and support needed to translate their skills into effective community-level services. Nigeria's recent PHC reforms and expansion of insurance coverage demonstrate continued movement towards broader financial and service coverage, although implementation remains important.

Policy: Clear PHC frameworks should define responsibilities, establish accountability and provide mechanisms for monitoring performance (Darrudi et al., 2022; Awoonor-Williams et al., 2022). Policies are more likely to produce sustainable results when frontline nurses and communities are involved in their development and implementation. Nigeria's recent national strategy for nursing and midwifery similarly emphasises training, deployment and performance as part of strengthening the workforce for UHC.

Digital health: Telemedicine, mobile health applications and electronic records can extend access, improve communication and support more efficient service delivery, provided that financing, digital literacy and equity are considered (WHO, 2023; Omrani, 2026; Odinenu & Anago, 2025). Digital tools should complement rather than replace human interaction, particularly for patients who have limited digital access or require personal support.

Community engagement: Community- and facility-led collaboration can increase PHC use by building trust

and ensuring that services reflect local needs (Obi et al., 2024; Effiong et al., 2023). Meaningful community participation also allows nurses to understand local priorities and identify barriers that may not be visible

from within health facilities. Evidence from across Africa reinforces the importance of trusted community-based services and local participation in advancing UHC and strengthening PHC.

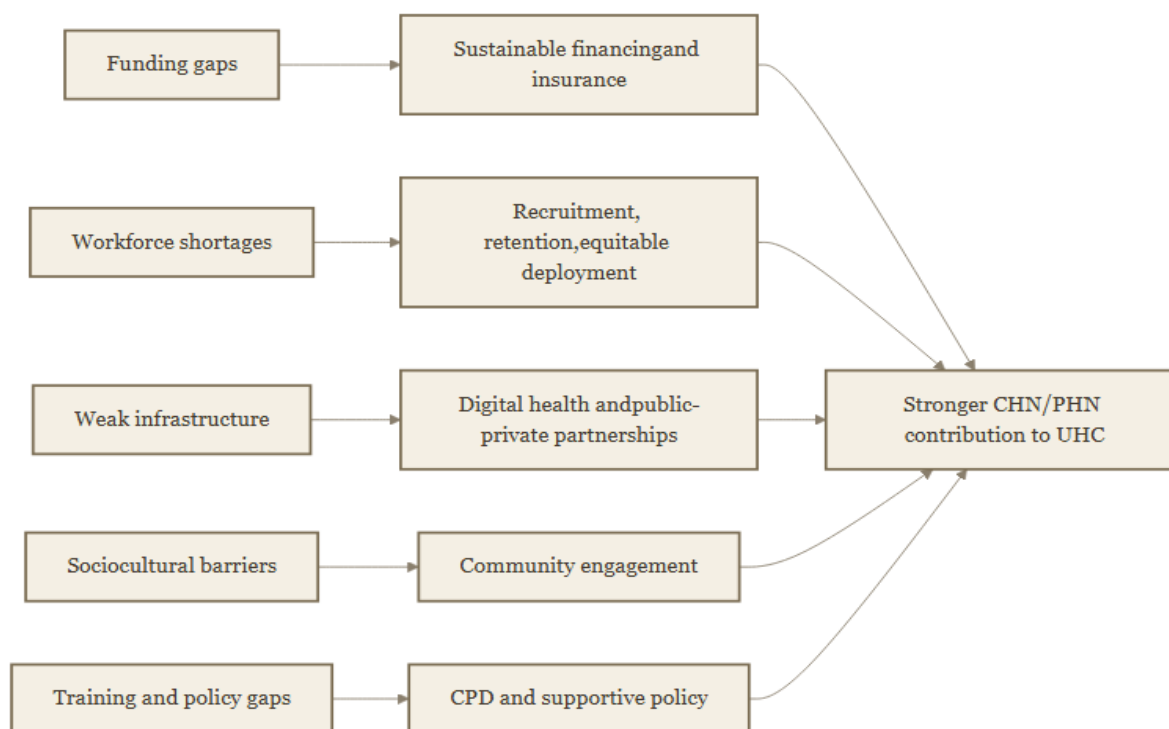


Figure 2. Mapping of key challenges to evidence-based strategies (authors' synthesis).

Knowledge Gaps

Evidence is largely descriptive or qualitative. Few longitudinal or experimental studies quantify nurse-led effects on service coverage, quality or financial protection; interactions among workforce, policy and sociocultural barriers are under-studied; sustainable staffing and skill-mix models are poorly defined; there is no standardised competency framework for CHN/PHN education aligned with UHC; evidence on integrating digital tools in underserved settings is limited; and culturally appropriate engagement strategies are insufficiently documented.

Community and public health nurses should take an active role in community outreach, immunisation, health promotion and chronic disease prevention and management. Their practice should also emphasise people-centred and culturally responsive care, recognising the different beliefs, needs and circumstances of the communities they serve.

Nursing education should prepare students for the broader responsibilities associated with universal health coverage (UHC). Curricula and continuing

professional development should therefore include health systems and policy, advocacy, data analysis, interprofessional collaboration and emergency preparedness. These competencies can help nurses respond more confidently to changing community health needs and contribute effectively to health-system improvement.

Nurses should be encouraged to participate in research that evaluates community health programmes and documents effective interventions. Research findings can provide useful evidence for improving practice, guiding policy decisions and advocating for the resources needed to strengthen community and primary healthcare services.

Recommendations

1. Governments and policymakers: increase PHC financing, protect nursing posts, and include chief nurses in policy forums.
2. Health systems: adopt equitable deployment, retention incentives and safe working conditions in rural areas.

3. Educators and regulators: develop standardised, UHC-aligned competency frameworks and continuing education.
4. Programmes: scale community partnerships and pilot telehealth with evaluation.
5. Researchers: conduct longitudinal and cost-effectiveness studies of nurse-led interventions, and use quality-sensitive UHC indicators.

Conclusion

Community and public health nurses (CHNs/PHNs) play a vital role in bringing essential healthcare closer to individuals, families and communities. By promoting health, preventing disease, providing primary care, coordinating services and advocating for vulnerable populations, they help improve access, quality and equity at the point where health systems meet the people they serve. However, their contribution to universal health coverage (UHC) is often limited by inadequate funding and resources, workforce shortages, poor infrastructure, sociocultural barriers and gaps in training and professional support. Sustaining and expanding the contribution of CHNs/PHNs therefore requires more than increasing the number of nurses. It calls for supportive policies, adequate and equitable financing, continuous professional development, appropriate use of technology and meaningful community participation. Strengthening these areas will enable nurses to respond more effectively to local health needs and contribute to a more accessible, equitable and people-centred health system. Overall, investing in community nursing is an important step towards achieving sustainable progress in primary healthcare and universal health coverage.

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