A man and a woman are standing outdoors in front of a building with a yellow wall and a dark doorway. The woman, on the left, is wearing a blue and white patterned headscarf and a matching patterned dress, and is holding a black bag. The man, on the right, is wearing a colorful plaid shirt and dark pants, and has his arms crossed. A white and blue motorcycle is parked behind them. The background shows a building with a yellow wall and a dark doorway, and some wooden poles.

# CLOSING THE DISTANCE

LAST MILE HEALTH'S  
FY24–FY28 STRATEGIC PLAN

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# THE CHALLENGE



Community health worker Workinesh Getachew with a young patient in Oromia Region, Ethiopia.

Nearly nine million people around the world die each year from preventable causes, simply because of where they live.<sup>1</sup> This inequity—shaped by global systems designed by those who hold power and privilege—is especially acute in rural and remote communities, where an estimated two billion people live beyond the reach of the health system.

**But we can close the distance when we invest in those closest to the community—community health workers—and the systems that enable their success.** Deep in Liberia’s rainforest, community health worker Laura Gbee goes door to door to bring essential services like malaria treatment and malnutrition screenings to her neighbors. Across the continent, community health worker Workinesh Getachew conducts home visits and staffs a local health post in Ethiopia’s Oromia



Community health worker Laura Gbee in Rivercess County, Liberia.

region. Laura and Workinesh are both trained, equipped, and employed through national government-led programs, working to ensure primary care is within reach for patients.

<sup>1</sup> Kruk, M., Gage, A., Joseph, N. et. al. (2018). Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. *The Lancet*, 392. [https://doi.org/10.1016/S0140-6736\(18\)31668-4](https://doi.org/10.1016/S0140-6736(18)31668-4)

# THE OPPORTUNITY

Studies have consistently shown that professional community health workers like Laura and Wor-kinesh reduce child mortality, improve maternal health outcomes, and provide essential surveillance and response during disease outbreaks. They are also highly cost-effective, with up to a 10:1 return on investment.<sup>2</sup>

The opportunity now is to scale this proven, life-saving intervention to reach more patients living in last mile communities in Africa. This starts with **investing in community health workers as a professional cadre of health workers**. To maximize their potential, they need to be **skilled, supervised, salaried, and supplied** by a well-functioning community health system operating at national **scale** and integrated into broader public **systems** via data and financing (we call these the “Six Ss”). Under these circumstances, community health workers can improve the accessibility and availability of primary healthcare for rural and remote communities,<sup>3</sup> prevent epidemics from becoming pandemics, and even maintain healthcare delivery among significant social and economic disruption.<sup>4</sup>

**This is the moment to invest in a critical path forward for exemplar community health systems.**

In the last decade, global support and momentum for community health systems has grown substantially. While the Ebola epidemic and the COVID-19 pandemic widened longstanding health inequities,



Community health workers review pre-testing materials in Dowa District, Malawi.

they also shined a spotlight on the critical role of community health workers in treatment, testing, and vaccine rollout. The robust evidence base on community health workers has led prominent institutions like the World Health Organization and the African Union to publish guidelines on community health systems and commitments to support them. And a growing number of countries, particularly in Africa, have begun to adopt community health policies in line with these guidelines. **As we emerge from the COVID-19 pandemic, we have a critical opportunity to build on this momentum and invest in quality community health systems that are capable of saving millions of lives every year.**

2 Masis, L., Gichaga, A., Zerayacob, T. et al. (2021). Community health workers at the dawn of a new era: 4. Programme financing. *Health Research Policy and Systems*, 19, 107. <https://doi.org/10.1186/s12961-021-00751-9>

3 World Health Organization. (2018). WHO guideline on health policy and system support to optimize community health work programmes. Switzerland: WHO. <https://www.who.int/publications/i/item/9789241550369>

4 Ballard, M., Johnson, A., Mwanza, I. et. al. (2022). Community Health Workers in Pandemics: Evidence and Investment Implications. *Global Health: Science and Practice*, 10, 2. <https://doi.org/10.9745%2FGHSP-D-21-00648>



# OUR APPROACH

**Last Mile Health is uniquely positioned to expand primary healthcare by scaling quality community health programs in partnership with national governments and the international community.**

In 2016, we began working with the government of Liberia to develop, implement, and finance the groundbreaking National Community Health Assistant Program. Today, we provide services tailored to the needs of multiple government partners, guided by our three-part [Theory of Change](#):

- **Strengthen:** Advocate for and build strong community health systems,
- **Upskill:** Train and grow the community health workforce, and
- **Deliver:** Directly demonstrate effective community-based primary care.

**To realize our mission to save lives in the world's most remote communities, we aim to catalyze a critical mass of exemplar community health systems through direct accompaniment to country governments and through regional and global advocacy.**

First, we partner with governments to design, scale, strengthen, and sustain exemplar community health systems. Such systems are committed to realizing the Six Ss; are led by the public sector and financed with sustainable, long-term funding sources; and prioritize gender mainstreaming and social inclusion. We look at each country through the lens of the Six Ss—the essential building blocks of exemplar community health systems—and selectively apply efforts to Strengthen, Upskill, and Deliver services to advance the Ss that are most relevant and ripe for change along a progression pathway. Government-led community health systems are best equipped to realize sustainability and durability, resulting in higher-quality healthcare and health outcomes over time for all people served—especially those living in rural and remote communities.

Second, we advocate for stronger community health funding, practice, and policy mechanisms to influence health systems outside of our direct footprint. We collaborate with practitioners, norming institutions, and funders to implement, finance, and promote quality community health systems across Africa. We bring a unique breadth of expertise to these upstream advocacy efforts, leveraging lessons learned and evidence from building and sustaining health systems and the delivery of quality care to rural and remote communities.



At the Boogeezay Health Center in Liberia, new mom Naomi holds her son Nelson after he receives a round of vaccinations.

## OUR FIVE-YEAR STRATEGY:

# CLOSING THE DISTANCE

**Over the next five years (July 2023–June 2028), Last Mile Health will deepen our impact in four to six community health systems and influence community health financing—all in service of ensuring that more people can equitably access quality healthcare.**



A community health worker conducts a mid-upper arm circumference (MUAC) screening in Sidama Region, Ethiopia.

Our vision is to deepen work with the governments of Ethiopia, Liberia, Malawi, and Sierra Leone (with the potential to scale to one to two additional countries in Africa) to improve community health systems. In parallel, we will influence community health funding, practice, and policy across Africa to improve how up to \$2 billion in sustainable funding is invested in community health.

To maximize Last Mile Health's impact on reducing mortality and morbidity, we will prioritize addressing the most pressing health issues facing rural and remote communities in Africa. We will maintain and elevate our existing focus on five primary health issues: reproductive, maternal, newborn, and child health (RMNCH); malaria; immunization; nutrition; and disease surveillance. We will also grow Last Mile Health's expertise in HIV and noncommunicable diseases.



This plan will build on key accomplishments of our *Within Reach* strategy (July 2019–June 2023) while making ambitious new strides toward our mission and vision:

- In *Within Reach*, we focused on rapidly growing Last Mile Health’s country-level and global programs. Looking ahead, our central ambition is to **drive measurable progress toward exemplar community health systems that are government-led, supported by public-private partnerships, and accountable to the communities they serve**. Last Mile Health’s role will evolve to include an increased focus on capacity-building for government leaders and institutions, even as we continue to scale programs within our country portfolio.
- *Within Reach* prioritized ambitious scale. *Closing the Distance* will focus on increasing the **depth, breadth, and durability of Last Mile Health’s programs** and investing in our evidence base so we can most effectively measure and drive the lasting systemic impact we seek.
- We undertook new global influence efforts in *Within Reach* while also operating country-level programs. Our next step is to **increase alignment between Last Mile Health’s country-level accompaniment and our regional influence efforts**, such that their combined impact on improving community health



Community health worker Jerome Gardiner wears personal protective equipment in Grand Bassa County, Liberia.

outcomes across Africa becomes greater than the sum of its parts.

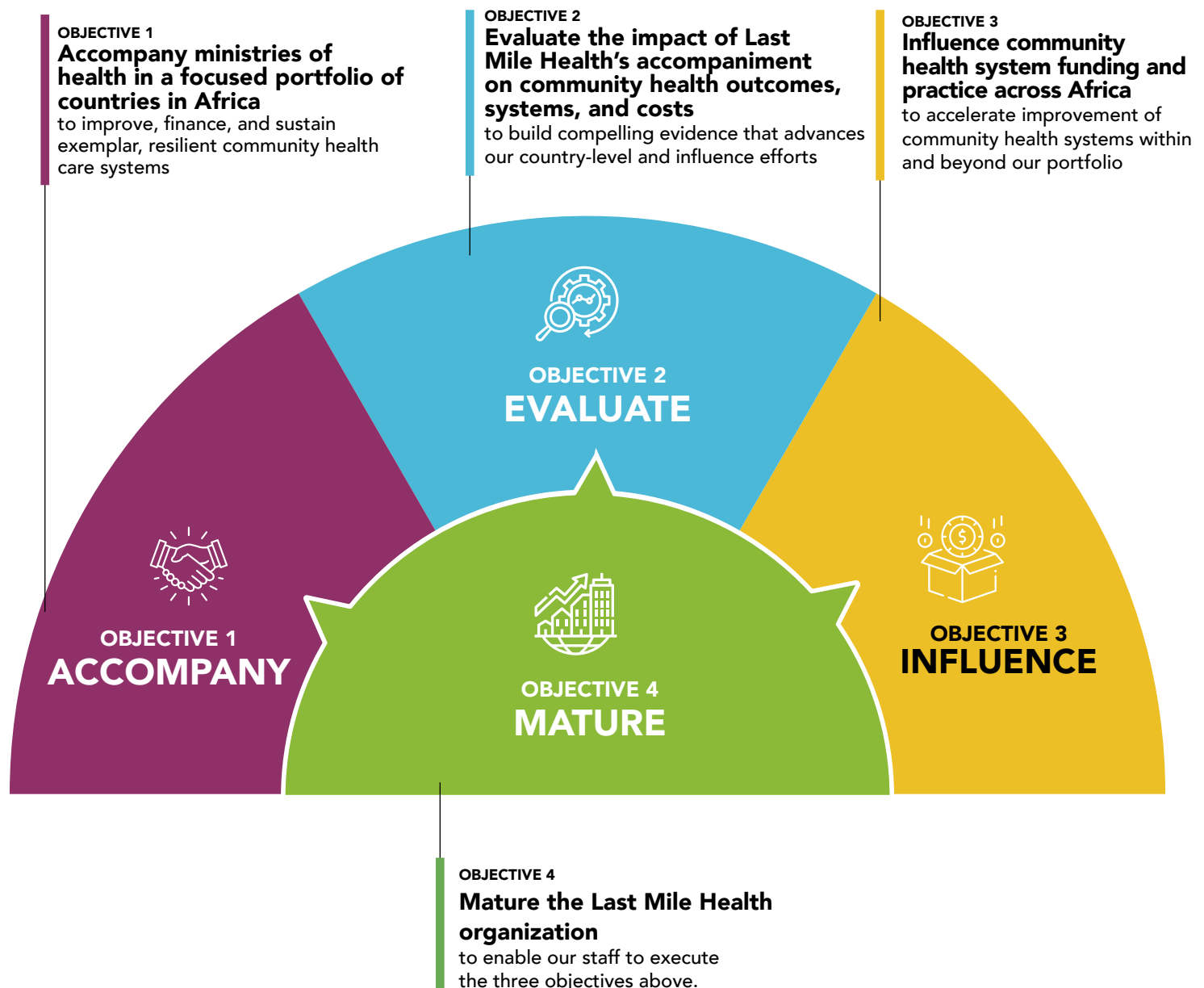
- During *Within Reach*, we increased our focus on diversity, equity, and inclusion (DEI) and increased African and female leadership within Last Mile Health (from 17% to 39% and from 42% to 61% respectively from 2019 to 2022). We also recognize we still have far to go to fully live our values of equity and inclusion. Looking forward, we will continue prioritizing these vital internal efforts while also further **integrating a gender mainstreaming and social inclusion perspective into all external programs and initiatives** to consider how our efforts impact all people and their intersecting identities in rural and remote communities.



Preparation for a community health worker training in Koinadugu District, Sierra Leone.

# OUR FOUR STRATEGIC OBJECTIVES

Last Mile Health will advance four mutually reinforcing strategic objectives to achieve these goals:







Community health worker Janjay (left) and nurse Theresa (right) meet during a supervision visit in Rivercess County, Liberia.

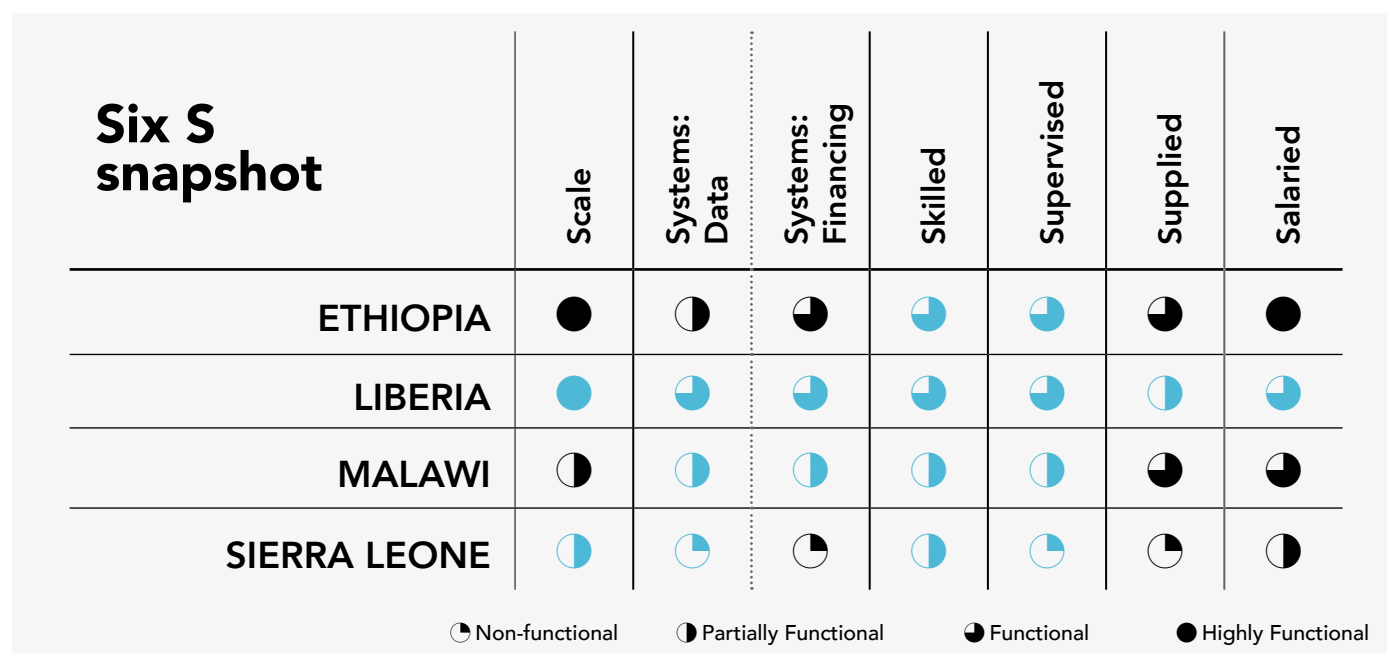
## OBJECTIVE 1

# Accompany ministries of health in a focused portfolio of countries in Africa

Advancing government partnerships in Last Mile Health’s existing portfolio—Ethiopia, Liberia, Malawi, and Sierra Leone—will be critical to improving community health systems and outcomes over the next five years. These four countries share national commitments to community health, interest in improving the Six Ss, and opportunities for Last Mile Health to play a meaningful role in the community health system. In each country, we will continue to target interventions to fill gaps in the Six Ss (see the Six Ss progression snapshot below) and tailor our accompaniment to the needs of the Ministry of Health,

partnering to address the most pressing health challenges by utilizing Last Mile Health’s Strengthen, Upskill, and Deliver capabilities.

The following graphic depicts the progression of the Six Ss in each of our portfolio countries. Each country’s context is unique and each health system sits at a different place along the maturity pathway for each of the Six Ss. In collaboration with ministries of health and partners, Last Mile Health identifies gaps in fully implementing the Six Ss that present opportunities for improvement and that we are uniquely positioned to address.



Based on the [Community Health Worker Assessment and Improvement Matrix \(CHW AIM\)](#). Information in [blue](#) indicates work that Last Mile Health is currently undertaking as of September 2022.

Across our country portfolio, we will maximize Last Mile Health's impact on primary healthcare—particularly RMNCH, malaria, immunization, nutrition, and disease surveillance—and work to protect gains in community health amid dynamic, and sometimes challenging, economic and political contexts. We will work to build the capacity of health leaders and institutions and to grow sustainable domestic financing for community health systems. We will also enhance collaboration with stakeholders beyond the public sector, including other NGOs and private-sector partners. We will take steps to grow community-led monitoring to pinpoint challenges and to improve service delivery and demand for essential health services by identifying data-driven solutions. Finally, we will ensure continuous quality improvement of Last Mile Health's programming by prioritizing interventions credibly linked to improvements in community health outcomes and by incorporating gender equity considerations into the design, implementation, and evaluation of all country programs.

Last Mile Health's country teams will lead the ambitious efforts detailed in their respective country strategies and outlined in Appendix 3. At the same time, we will ensure robust centralized support for Last Mile Health's portfolio of country work. Leveraging collective technical expertise, our global team

will support country-led strategies and decision-making by helping (1) define success metrics, (2) develop roadmaps with a clear understanding that Last Mile Health's role will need to evolve and recede over time, and (3) measure country progress against these success metrics and roadmaps. We will also facilitate peer learning and best practice sharing across our country teams, who often encounter similar opportunities and challenges across geographies.

To ensure the sustainability of programming as part of national health systems, we focus on strengthening operational management, financial durability, and affordability. Appendix 4 outlines the way that Last Mile Health defines these dimensions of sustainability.

Last Mile Health will manage and resource our country portfolio dynamically. We will review the effectiveness of all programs and initiatives at regular intervals to ensure they are making credible progress toward committed objectives and remain strategically aligned with our high-level goals. Last Mile Health will responsibly deprioritize and divest programs and initiatives across our organization that are not driving impact. We will also monitor emerging opportunities, with the longer-term potential to add initiatives in one to two new countries that strengthen Last Mile Health's portfolio of exemplar community health systems in Africa.



Community health worker Abraham Browne performs a malaria test for a patient in Grand Bassa District, Liberia.



## OBJECTIVE 2

# Evaluate the impact of Last Mile Health's accompaniment on community health outcomes, systems, and costs

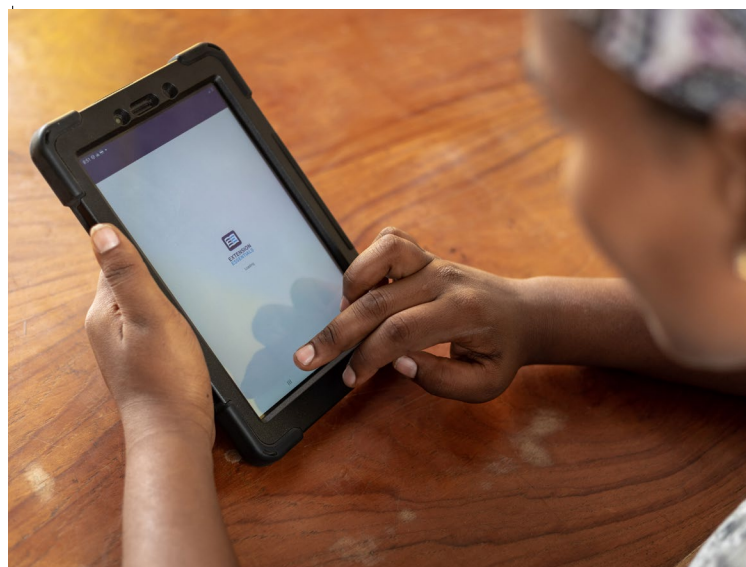
We plan to pursue three major evaluation-related bodies of work, each with distinct approaches, audiences, and intended impact. Collectively, they will help us pursue the country-level accompaniment described above, as well as influence efforts in Strategic Objective 3 below.

First, we will deepen evidence that Last Mile Health's Deliver, Upskill, and Strengthen efforts are achieving intended outcomes across the current country portfolio. Through internal operational research and evaluation activities, we will:

<b>STRENGTHEN</b>	Assess improvements in government-led community health systems and institutional capacity of government partners to implement, finance, and manage community health systems
<b>UPSKILL</b>	Measure improvements in the knowledge, skills, data utilization, and behavior of community health workers and health leaders
<b>DELIVER</b>	Evaluate impact of service delivery innovations on quality of healthcare delivery and equitable access to health services
<b>CROSS-CUTTING</b>	Analyze resource allocation and unit costs for each program component above

This evaluation effort will serve both internal and external audiences. Internally, Last Mile Health's program teams will use the information generated to ensure continuous quality improvement, as referenced earlier. Externally, our program evidence will demonstrate the value of Last Mile Health's accompaniment to government and community partners in our country portfolio and will encourage continued collaboration to bring community health system improvements to national scale.

Second, we will link Last Mile Health's efforts across all three levels of our Theory of Change to: (1) community health outcomes in core health issue areas



A community health worker uses the Health Extension Essentials application in Oromia Region, Ethiopia.

(RMNCH, malaria, immunization, nutrition, and disease surveillance), and (2) associated cost-effectiveness. Logic models, monitoring plans, and mixed-methods evaluations will lay the groundwork; we then anticipate undertaking third-party evaluations of both implementation and outcomes, using methods appropriate to the local context. Through these approaches, we will generate evidence aimed at persuading governments and donors, within our portfolio of countries and beyond, to more effectively provide inclusive community-based primary care.

Finally, we aim to generate insights on driving government adoption of systems change at national scale—informed by, but not limited to, the field of community health. By publishing relevant insights in social-sector literature, we hope to: (1) provide actionable guidance to NGOs working with the public sector across Africa, and (2) prove the impact potential of NGO-government collaboration on systems change to the philanthropic community.



A blended learning training on reproductive, maternal, and neonatal health takes place for community health workers in Sidama Region, Ethiopia.

### OBJECTIVE 3

## Influence community health system funding and practice across Africa

Building from our experience co-founding coalitions like the Community Health Impact Coalition and advancing national advocacy strategies in countries like Malawi, Last Mile Health will continue to draw on our deep country-level expertise, evidence base, and relationships to shape equitable funding flows, build political will, and inform practice standards for quality community health systems regionally. These efforts will accelerate progress toward exemplar community health systems within and beyond our current four-country portfolio.

First, we will work to influence the availability, durability, and effective deployment of funding for community health from multiple sources: bilateral and multilateral donors (e.g., Global Fund, Gavi, World Bank, and USAID), African governments, and large philanthropic funders (e.g., the Gates Foundation). Our leadership role as a founding member of the [Africa Frontline First \(AFF\)](#) initiative will be our primary influence pathway. AFF aims to catalyze \$2 billion in new investments for community health by 2030, enabling 200,000 new professionalized community health workers to expand healthcare access for 100 million people across 10 countries. Last Mile Health will use our expertise to help pool and align diverse AFF funding streams toward supporting national investment plans for community health, as well as to ensure national governments are able to sustain health and financing gains. AFF has already met its

initial fundraising goal of \$60 million and has secured critical buy-in from the African Union, giving us confidence in the initiative's impact potential.

In parallel, Last Mile Health will work in coalition with NGO peers and norming bodies to influence practice and policy in community health across Africa, thus ensuring additional funding for community health is used as effectively as possible. Our primary focus will be on advocating for change through major regional and international bodies that affect the countries of Africa, such as the World Health Organization and Africa CDC. We will codify and share replicable guidance with these institutions on the design, implementation, monitoring, and sustainable management of integrated national community health systems, informed by our country-level experience and implementation science research. As opportunities arise and when project-specific resources are made available, we may selectively provide light-touch advisory support for community health system implementation to local actors across AFF countries beyond our own portfolio. Last Mile Health will continue to share lessons learned with like-missioned NGOs on collaborating effectively with African governments. Through this work, we will continue to elevate the perspectives of rural and remote communities to influence regional public health policies, tools, and approaches.





Members of the Last Mile Health Liberia team in Monrovia.

## OBJECTIVE 4

# Mature the Last Mile Health organization

Continued investment in our internal capacity and organizational effectiveness will be vital to the successful execution of the three strategic objectives above. Last Mile Health will center an overarching commitment to distributing and localizing decision-making across our organization. We seek to ensure that the knowledge and wisdom of African leaders at Last Mile Health consistently drive program design and execution, complemented by effective and well-integrated support from our global teams.

To more effectively accompany Ministries of Health, we will continue to strengthen the technical expertise of our team, prioritizing our country team members. Our focus areas for technical expertise may evolve over time based on programmatic needs, but current priorities include:

- **Health financing:** Grow our internal capability to monitor community health financing flows across Africa, identify opportunities for influence, and shape new funding streams.
- **Digital health and technology:** Enhance technical talent and capabilities for (1) supporting government-led implementation of digital community-based health information systems (Strengthen), and (2) delivering digital blended learning for community health workers (Upskill).
- **Community engagement:** Strengthen expertise in integrating community-led monitoring into our programs, and build capacity to partner effectively with community-led organizations.

We believe the future of exemplar community health systems will demand expertise in these three competencies, which build on Last Mile Health's demonstrated expertise and will require additional investment over the strategic cycle.

To complement investments in technical expertise, we will reinforce cross-cutting business functions that support high-quality operations, primarily in our growing office in Accra, Ghana. To date, we have identified the need to enhance and better integrate our finance systems; strengthen capacity for sub-award management related to bilateral and multilateral aid; invest in human resources and professional development; bolster project and knowledge management to support the execution of Last Mile Health's programmatic activities on time and within budget; and improve logistics that strengthen core operational services and systems to enable programmatic execution.

Last Mile Health will approach organizational capacity-building with a focus on DEI, guided by our recently launched [DEI roadmap](#). We have identified five critical areas of work for immediate action, with the intent to revisit in later years:

- **DEI structural foundations:** Identify and allocate dedicated resources for DEI management; help leadership build stronger trust with staff; engage Board of Directors in DEI activities.



- **Distribution of power:** Refine recruitment and staff development processes with a DEI lens; launch and sustain a DEI training program for all staff; create a plan for measuring the impact of our DEI work.
- **Trust and accountability:** Strengthen DEI accountability mechanisms and communication approach; create dedicated spaces for staff dialogue; formalize alignment between DEI-focused groups across Last Mile Health; implement safeguarding strategy.
- **Cultural competency:** Enable equitable staff participation in and access to DEI initiatives; strengthen awareness and understanding of cultural differences across offices.
- **Behavioral norms:** Implement equity impact assessments across organizational projects; advance efforts to make our externally-facing programs more inclusive.

As we strengthen our organizational capacity, we will also ensure Last Mile Health has sufficient financial

resources to execute our ambitious strategy. Doing so will require us to evolve our funding model and strengthen our fundraising capabilities. Philanthropic funding will remain an important source of revenue, particularly to sustain our regional influence efforts and areas of research and development focused on program quality improvement. We will work hard to retain key existing philanthropic funders while attracting new donors, with a focus on ultra-high-net-worth individuals and/or donors with a track record of supporting evidence of impact and the field-building efforts required to enable improved health outcomes that are durable at scale. In parallel, we aim to selectively secure a growing amount of project-specific funding from bilateral and multilateral aid. To this end, we will grow internal expertise in proposal development, grants and sub-award management, and compliance. Last Mile Health will focus on building the capacity of each of our country teams to source and manage project-specific awards and philanthropic funding directly, and we will clarify guidelines and processes for sharing organization-wide revenue with our portfolio of country programs.

A community health worker smiles at the end of a blended learning training in Addis Ababa, Ethiopia.

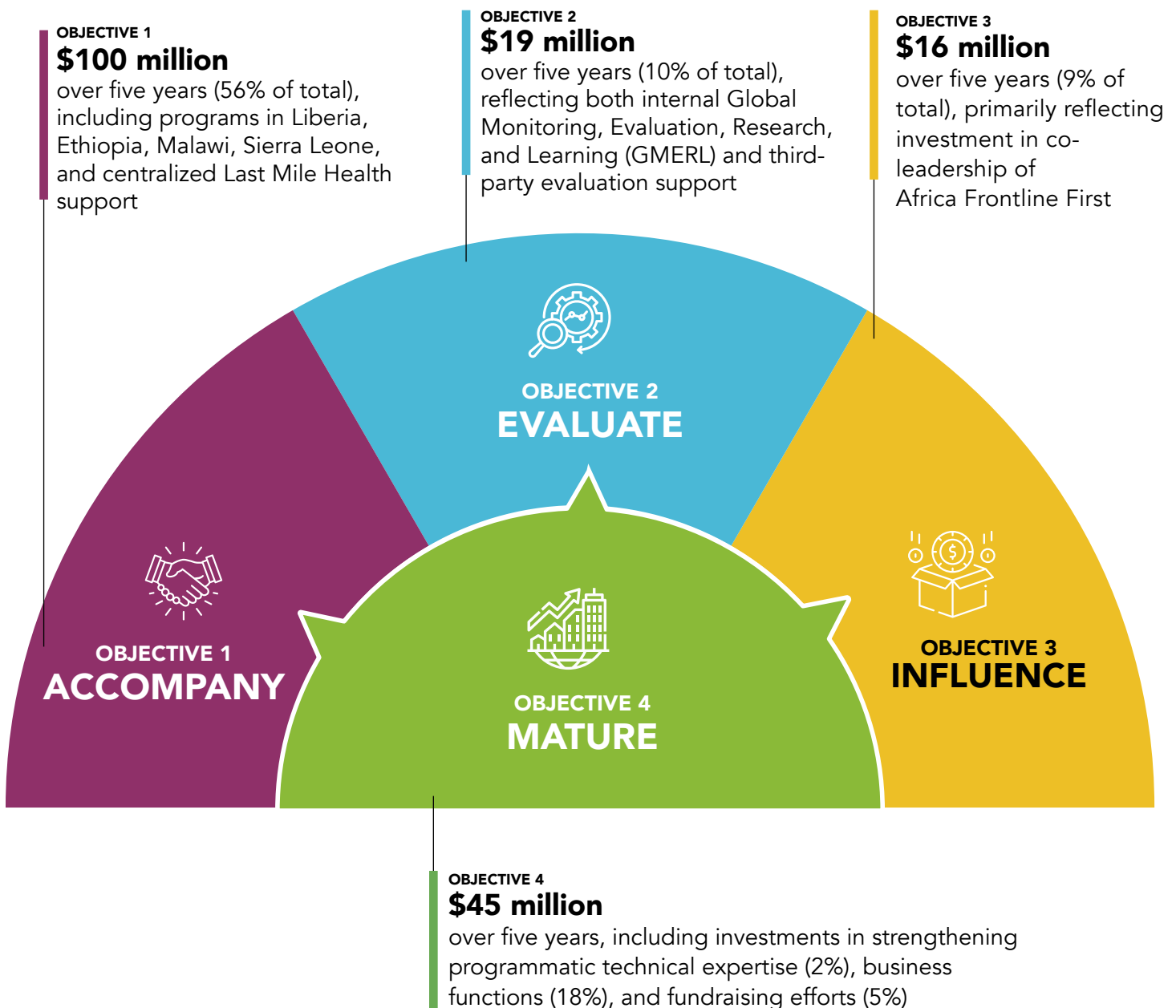




# RESOURCING PLAN

We estimate executing this strategy will require approximately **\$30-39 million per year**, totaling \$180 million over five years. We anticipate that Last Mile Health's costs will be allocated across strategic objectives as follows.

We anticipate that these costs will be covered by a combination of revenue from philanthropic funders, bilateral and multilateral grants, and domestic funding from countries in Last Mile Health's portfolio. We expect the revenue mix to vary by country based on alignment of funding availability and disease priorities with our country projects.



# LOOKING AHEAD



Community health workers and community members cross a log bridge in Grand Bassa County, Liberia.

The path to global health equity requires persistent effort, sustained resources, and deep partnerships. The COVID-19 pandemic reaffirmed that this work is paramount and that the health of any one of us is tied to the health of all of us. Alongside our partners, we are committed to the long journey toward a more just world where **all** people can lead healthy lives, regardless of where they are born.

In the coming years, we will build on our 15-year track record improving community health systems in partnership with governments. We know the path to progress is uneven. To navigate the challenges ahead, we will draw on the breadth of our expertise—from community health outcomes to national health systems to international funding flows—and the power of our partnerships with governments, communities, donors, and implementers.

All of this will be done in service to those who need access to care: patients like 17-month-old Samuel in Nyanee District, Liberia, who was recently battling a bout of malaria, a leading cause of death for children under five in Africa. Instead of undertaking a daunting two-day journey on foot and by boat to access



Marie Gboto with her son Samuel in Rivercess County, Liberia.

care, Samuel's mother was able to turn to her neighbor, community health worker Laura Gbee, to test and treat Samuel's malaria right in their home.

We have the opportunity to close the distance to the last mile and bring essential healthcare to millions of families like Samuel's. To do so, we must invest not just in community health workers, but in the systems that enable their success. Together, we can put a health worker within reach of everyone, everywhere.



# ACKNOWLEDGEMENTS

We express our gratitude to the following individuals for their input into the *Closing the Distance* strategic plan, alongside our Last Mile Health team and partners for their enduring commitment to the vision of a health worker within reach of everyone, everywhere. This strategy wouldn't be possible without the Last Mile Health staff, health workers, and community members who provided input and shared their lived experience. Thank you.

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Nicolas Zevallos

Thanks to Tewodros Emiru for the photos from Ethiopia included in this strategy.

## APPENDIX 1:

# Glossary of Terms

**Accompany:** In the context of Strategic Objective 1, encompasses Last Mile Health's partnership with country governments to design and scale public sector-led community health systems. In each country, we will tailor our accompaniment to the needs of the Ministry of Health and other health leaders, partnering to address the most pressing health challenges by utilizing Last Mile Health's Deliver, Upskill, and Strengthen capabilities.

**Breadth:** One measure of impact for Last Mile Health programs, focused on the scale or reach of impact (e.g., number of community health workers trained or number of community members accessing community-based primary care).

**Community-based primary care:** The provision of any or all of the components of primary healthcare at the community level by community health workers.

**Community health worker:** An individual providing primary healthcare within the community where she or he resides. Last Mile Health's programs do not seek to scale a single proprietary community health worker model. Rather, we seek to build replicable national models that support the full health workforce involved in bringing healthcare within reach of everyone. Evidence indicates that to be successful, community health workers must be adequately skilled, supervised, salaried, and supplied as part of a public health system operating at national scale and integrated into national data and financing systems.

**Frontline health worker:** The clinical and non-clinical health workers who supervise community health workers, as well as the nurses and non-physician clinicians who support the clinics and health posts to which community health workers refer patients.

**Community health system:** Programs and policies that guide teams of community and frontline health workers and health leaders to deliver quality primary health services directly in communities. They encompass service delivery, medical supply chain, human

resource needs, health information systems, financial resources, community engagement and accountability, and governance of community-based primary care.

**Depth:** One measure of impact for Last Mile Health programs, focused on the magnitude or quality of impact on key outcomes such as community health worker skill development or increase in community-level vaccination rates.

**Durability:** In reference to a community health system, implies that policies and programming are resilient and lasting more than 10 years, with the ability to resist political regime changes and economic downturns.

**Evaluate:** In the context of Strategic Objective 2, encompasses a range of efforts to measure the impact of Last Mile Health's country programs and contribute to the global evidence base on community health. These efforts include research, measurement, and monitoring, as well as third-party impact and cost-effectiveness evaluation.

**Exemplar or quality community health system:**

A community health system that is committed to realizing the Six Ss; is led by the public sector and financed with sustainable, long-term funding sources (domestic and/or aid); and achieves gender mainstreaming and social inclusion.

**Gender mainstreaming:** The integration of a gender perspective into the preparation, design, implementation, monitoring, and evaluation of policies and programs, with a view to promoting equality between all gender identities and combating discrimination (UNICEF).

**Government:** Last Mile Health sees the Ministry of Health as our primary government partner, with a focus on equipping the Ministry of Health to advocate to other branches of government. Last Mile Health will also engage directly with the Ministry of Finance or legislature to advance country-specific community health priorities in some instances.



## GLOSSARY, CONT.

**Health leader:** An individual responsible for planning, designing, and managing aspects of a community health system. Health leaders include strategy leaders (individuals involved in steering the planning and design of national community health systems), implementing leaders (individuals responsible for the implementation and management of large-scale community health programs), and future leaders (pre-service learners who will have the opportunity to shape the future of health systems where they work).

**Influence:** In the context of Strategic Objective 3, encompasses the set of activities Last Mile Health will pursue to shape community health funding, policy, and practice across Africa. Activities include advocacy, relationship and coalition building, policy analysis, political power mapping, and dissemination of evidence-informed perspectives and guidelines.

**Mature:** In the context of Strategic Objective 4, encompasses Last Mile Health's efforts to strengthen organizational capacity—people, skills, processes, and technology—to achieve our goals.

**Quality:** Last Mile Health defines quality, effective programs based on our Theory of Change. Programs are high-quality when they demonstrate improvements to a country's performance in the Six Ss or when they achieve demonstrable clinical quality in essential health services. For our regional influence work, we recognize that the support Last Mile Health

provides to the quality of systems or quality of care may be indirect. Our monitoring, research, and evaluation strategies for these initiatives are targeted to demonstrate the link between our activities and the dimensions of quality identified in our Theory of Change.

**Six Ss:** The six components required to enable community health workers to achieve greatest impact. Community health workers must be adequately skilled, supervised, salaried, and supplied as part of a public health system operating at national scale and integrated into national data and financing systems.

**Social inclusion:** The process of improving the terms on which individuals and groups take part in society—improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity (World Bank).

**Sustainability:** In reference to a community health system, sustainability implies that (1) operational management will be taken on by the public sector, (2) there is financial durability of operational costs through domestic and/or bilateral and multilateral funding, and (3) the national program is affordable and interventions are cost-effective.

## APPENDIX 2:

# Success Metrics

The following table provides overarching measures of success for our four strategic objectives. These are a set of organizational long-term outcomes that will guide all Last Mile Health programming and operations. Discrete short- and medium-term outcomes with corresponding indicators for these success measures are defined at the program level.

Last Mile Health's ultimate aim is to improve the health of patients living in remote, rural communities at a scale that ensures more quality care to more people. To this end, we will design programs with the aim of improving community health outcomes, with recognition that intermediate outcomes will often serve as a reasonable and credible proxy for direct measurement of community health outcomes, as validated by well-documented causal pathways and defined by country-specific monitoring and evaluation frameworks. Three to five of the highlighted disease areas (under "Accompany," below) will be prioritized in each Last Mile Health portfolio country, though the selected areas of focus will differ from country to country based on the burden of disease and unique profile of each country.

STRATEGIC OBJECTIVE	SUCCESS METRICS
<b>1: ACCOMPANY</b>	<p>Strengthened community health systems, as demonstrated through:</p> <ul style="list-style-type: none"> <li>• Improvements to policy, governance, and implementation guidance of national community health systems in four countries, especially improved gender equity, data systems, costed plans, and political will for community health</li> <li>• Increased availability and durability of funding in four countries mobilized from domestic governments, philanthropic, and aid organizations for efforts to supervise, salary, supply, and upskill community health workers at scale</li> <li>• Improvements to data availability and data use for decision-making by national and sub-national health systems leaders, community health supervisors, community health workers, and communities themselves</li> </ul> <p>Upskilled community health workforces, as demonstrated through:</p> <ul style="list-style-type: none"> <li>• Evidence that community health workers have acquired and are able to apply knowledge and skills in primary care delivery</li> <li>• Evidence that health system leaders have acquired and can apply skills to manage community health programs</li> </ul> <p>Delivery of effective community-based primary care, as demonstrated through:</p> <ul style="list-style-type: none"> <li>• More equitable access to health services for people living in remote and rural locations, especially women</li> <li>• Improvements in the quality of community-based primary care delivery, especially in: <ul style="list-style-type: none"> <li>• Family planning</li> <li>• Maternal and neonatal health</li> <li>• Malaria</li> <li>• Immunization</li> <li>• Nutrition</li> <li>• Disease surveillance</li> </ul> </li> </ul>
<b>2: EVALUATE</b>	<ul style="list-style-type: none"> <li>• Academic publications that demonstrate Last Mile Health's programmatic impact on: <ul style="list-style-type: none"> <li>• Family planning</li> <li>• Maternal and neonatal health</li> <li>• Malaria</li> <li>• Immunization</li> <li>• Nutrition</li> <li>• Disease surveillance</li> </ul> </li> <li>• Rigorous internal and external evaluations linking strengthened community health systems and community health worker skills to improved community-based primary care delivery</li> <li>• Financial analysis on the cost-effectiveness of increasing investment in community health worker programs and cost considerations of scaling quality community health systems</li> <li>• Operational research to document and share lessons learned on the mechanics of scaling impact through government accompaniment.</li> </ul>
<b>3: INFLUENCE</b>	<ul style="list-style-type: none"> <li>• Aid and philanthropic funding secured or optimized through AFF for community health systems across six to ten countries in Africa.</li> <li>• Documentation of Last Mile Health's influence on community health norms and policy with regional/global norming institutions affecting countries of Africa</li> </ul>
<b>4: MATURE</b>	<ul style="list-style-type: none"> <li>• Critical new hires in place for high-priority leadership and technical roles; number of global hires based in Africa and percent of women in leadership roles</li> <li>• Growth in total revenue secured to support ongoing Last Mile Health efforts, including philanthropic funding, program-specific domestic funding, and program-specific aid funding (bilateral and multilateral)</li> <li>• Number of projects with strong grant/sub-grant management delivered on time and at cost</li> <li>• Achievement of DEI roadmap deliverables</li> </ul>



## APPENDIX 3:

## Country-Specific Goals

The following table highlights core goals from each of our country-specific strategies. At the country level, our programs operate on a three-year planning cycle, and thus the goals shown below do not encompass the full scope of our potential impact through June 2028. Last Mile Health will build on these core objectives as we refresh country strategies during the next five years.

	KEY GOAL: STRENGTHEN	KEY GOAL: UPSKILL	KEY GOAL: DELIVER
<b>LIBERIA</b>	Partner with the Ministry of Health, donors, and stakeholders to <b>strengthen finance, data, supply chain, and management systems</b> for community health (6Ss: systems of financing and data)	Contribute to the <b>development of an effective system for upskilling the community health workforce</b> and support the development, digitization, and monitoring of quality education and training materials for effective programs to improve the knowledge, skills, and performance of community health workers and health leaders (6Ss: skilled; systems of data)	Demonstrate the <b>effectiveness of the National Community Health Assistant Program</b> in Rivercess, Grand Bassa, and Grand Gedeh counties (6Ss: skilled, supervised, supplied, salaried, scale)
<b>ETHIOPIA</b>	Strengthen the <b>frequency, consistency, and quality of supervision</b> in the Health Extension Program by helping establish and maintain a health center-led, district-supported model (6Ss: supervision)	Advance <b>innovations in in-service training (e.g., blended learning and use of technology)</b> to improve the knowledge, attitudes, and skills of Health Extension Workers and health leaders (6Ss: skilled)	Improve quality of care via <b>technology-supported systems of accountability</b> and processes for standard-setting, clinical decision-making, mentoring, referral linkages, and auditing (6Ss: supervision)
<b>MALAWI</b>	Support the Ministry of Health to design, develop, and deploy national <b>digital information systems</b> (6Ss: systems of data)  Build national and district capacity to understand, <b>coordinate, and mobilize financing and human resources</b> for community health service delivery (6Ss: systems of financing)  Collaborate with the Ministry of Health to design and implement <b>effective and systematic supervision systems</b> (6Ss: supervision)	Support development of <b>systems for effective in-service training and upskilling</b> , including frontline workers and managers (6Ss: skilled)	
<b>SIERRA LEONE</b>	Partner with the Ministry of Health to <b>strengthen monitoring and evaluation</b> of the National Community Health Worker Programme (6Ss: systems of data)  Accompany Community Health Worker Hub to manage an integrated program that uses data for adaptive management (6Ss: scale, systems of data)	Adapt and deliver <b>upskill programming for health system leaders</b> and frontline health workers to address identified gaps in community health system management and service delivery (6Ss: skilled)	

## APPENDIX 4:

# Programmatic Sustainability

To ensure the sustainability of programming as part of national health systems, we focus on strengthening operational management, financial durability, and affordability. The table below outlines the way that Last Mile Health defines these dimensions of sustainability.

BUILDING BLOCKS OF PROGRAMMATIC SUSTAINABILITY	
<b>OPERATIONAL MANAGEMENT</b>	<p>Operational management is defined as public sector capacity to manage operational oversight of programs over time. This includes the ability to coordinate stakeholders, evaluate and refine policies, maintain systems of data and financing, monitor and enforce adherence to established standard operating procedures, and identify and address quality gaps to achieve strong performance.</p> <p>For example, Last Mile Health partnered with the Ethiopian Ministry of Health to demonstrate an innovative approach for refresher training of health extension workers, <a href="#">which has shown improvements in knowledge and skills</a>. As this approach is scaled nationally, operational management will be maintained by public institutions, including the regional health bureaus and continuing professional development centers.</p>
<b>FINANCIAL DURABILITY</b>	<p>Financial durability is defined as the availability and durability of financial resources, including earmarked domestic funds and increased alignment of bilateral and multilateral financing. This includes working with governments to ensure community health programs are costed, and to advocate for increased investment from domestic, regional, and global sources.</p> <p>For example, Last Mile Health co-founded Africa Frontline First, which aims to catalyze \$2 billion in new investments for community health by 2030, enabling 200,000 new professionalized community health workers to expand healthcare access for 100 million people across 10 countries.</p>
<b>AFFORDABILITY</b>	<p>Affordability is defined as a community health program that is designed and managed at a price point that is cost-effective at national scale, with interventions that are continuously monitored to control for cost by identifying implementation adjustments that may yield cost-efficiencies.</p> <p>For example, Last Mile Health collaborated with Liberia's Ministry of Health and the Grand Bassa County Health Team to evaluate the impact of the country's community health program and to assess its cost and cost-effectiveness compared to a modeled increase in health facility density to deliver last mile primary healthcare. Read more in the <a href="#">economic evaluation of the National Community Health Assistant Program in Liberia</a>.</p>



## APPENDIX 5:

# High-Level Areas for Prioritization and Deprioritization

Achieving our strategic objectives for the next five years will require Last Mile Health to focus and prioritize our resources on the most critical, high-impact work. Below we have identified areas for prioritization and deprioritization aligned with each strategic objective, along with cross-cutting themes.

STRATEGIC OBJECTIVE	LIKELY HIGH-LEVEL AREAS FOR CONTINUED LAST MILE HEALTH FOCUS AND PRIORITIZATION	CORRESPONDING HIGH-LEVEL AREAS FOR LAST MILE HEALTH DEPRIORITIZATION
<b>1. ACCOMPANY</b>	<ul style="list-style-type: none"> <li>Improving the depth and durability of our Deliver, Upskill, and Strengthen programming in the existing four-country portfolio</li> <li>Integrating new capabilities into Last Mile Health's programming that meet clear Ministry of Health needs, appeal to other country-level stakeholders (e.g., communities), and align with our Theory of Change</li> <li>Codifying our program expertise in core competency areas to enable us to deliver results, share knowledge with ministries of health, and strengthen country institutions</li> <li>Training and upskilling the community health workforce in collaboration with ministries of health</li> </ul>	<ul style="list-style-type: none"> <li>Pursuing rapid growth of Last Mile Health's footprint that prioritizes breadth over depth and durability of impact</li> <li>Investing in standalone technologies or gadgets that may not directly serve broader programming needs in Last Mile Health's four countries</li> <li>Providing ad-hoc, country-specific supports that are not consistently aligned with LMH's Theory of Change and strategic objectives (e.g., vaccine training for all cadres of health system workers in Uganda)</li> <li>Expanding our strategic focus to comprehensively strengthening facility-based primary healthcare systems in the country portfolio</li> </ul>
<b>2. EVALUATE</b>	<ul style="list-style-type: none"> <li>Strengthening the evidence base for our work by clarifying connections between all levels of our programmatic interventions and key outcomes (population health, community health system indicators, etc.) in pragmatic ways</li> </ul>	<ul style="list-style-type: none"> <li>Pursuing significant growth and concurrent programmatic changes without full clarity on program design and roles, which at times prevented strong monitoring and evaluation practices and impacted the quality of program performance</li> </ul>
<b>3. INFLUENCE</b>	<ul style="list-style-type: none"> <li>Investing in long-term relationships and coalitions that enable Last Mile Health to build its brand/reputation and exert influence on community health system funding and design across Africa</li> </ul>	<ul style="list-style-type: none"> <li>Offering ad-hoc products that lack clear demand from end users, unless they address a critical gap in the field (e.g., products that advance DEI capabilities for community health systems)</li> </ul>
<b>4. MATURE</b>	<ul style="list-style-type: none"> <li>Making targeted investments in Last Mile Health's organizational capabilities and resources, and continuing to evolve our funding model to enable high-quality execution</li> </ul>	<ul style="list-style-type: none"> <li>Pursuing additional significant revisions to Last Mile Health's operating model</li> </ul>
<b>CROSS-CUTTING</b>	<ul style="list-style-type: none"> <li>Identifying and planning for future opportunities to grow our impact beyond existing country portfolio via strategic partnerships</li> <li>Retaining some strategic flexibility to pursue new opportunities for country-level and regional impact as they emerge, supported by clear organizational processes for deciding whether to pursue such inbound opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Significantly adjusting our strategic direction based on the priorities and preferences of philanthropic funders</li> <li>Pursuing new opportunities that draw our staff capacity away from core strategic objectives</li> </ul>

## APPENDIX 6:

# Risks and Mitigation Strategies

Last Mile Health has identified the following potential risks to successful execution of our five-year strategy. For each risk, we have indicated our intended mitigation strategies. Last Mile Health's leadership will regularly review and update this list.

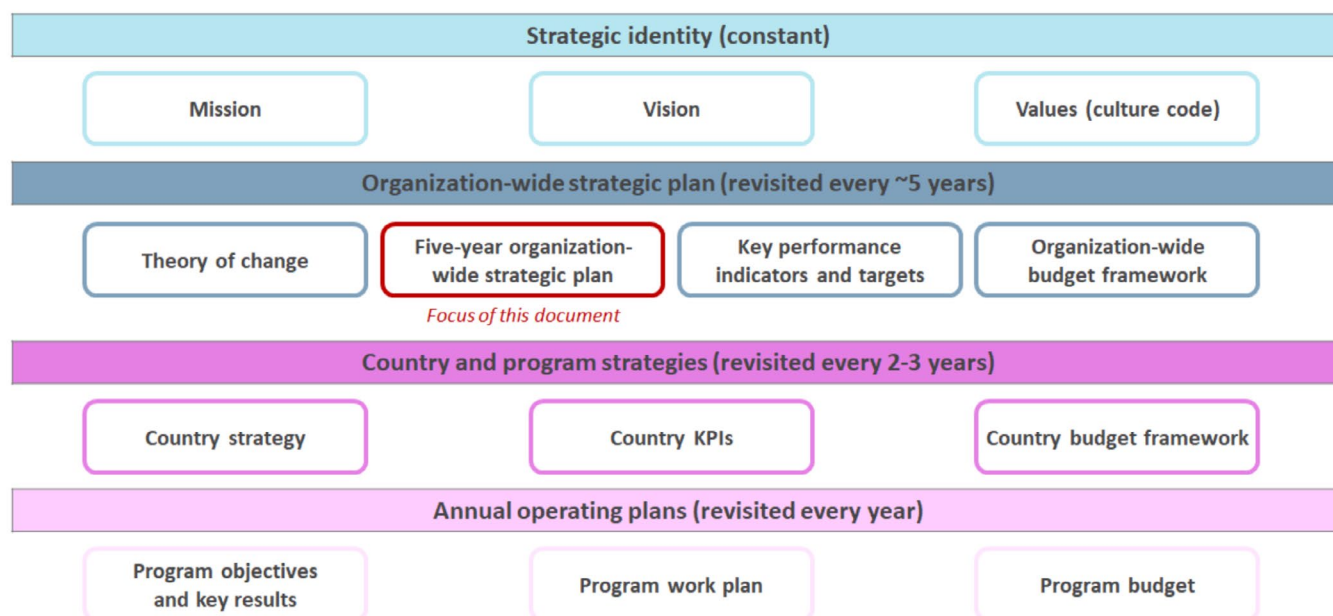
STRATEGIC OBJECTIVE	KEY RISKS	POTENTIAL MITIGATION STRATEGIES
<b>1. ACCOMPANY</b>	<ul style="list-style-type: none"> <li>Last Mile Health's ability to advance, finance, and sustain exemplar community health systems in the current country portfolio becomes significantly limited by factors beyond our control (e.g., change in government leadership, global economic downturn, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Partner to build strong and diverse government champions for country-level work with Last Mile Health</li> <li>Continue to explore a range of financing channels for country programs (national legislatures, pooled funding, etc.)</li> <li>Integrate community-led monitoring into country programs to engage civil society</li> <li>Re-evaluate progress in the country portfolio at the midpoint of this five-year plan and make programmatic adjustments as needed</li> </ul>
<b>2. EVALUATION</b>	<ul style="list-style-type: none"> <li>Evaluation results show that Last Mile Health's programs are not achieving intended outcomes, and/or cannot clearly define our contribution to the intended outcomes</li> <li>The evidence Last Mile Health produces is not sufficiently impactful because it does not meet the needs of decision-makers</li> </ul>	<ul style="list-style-type: none"> <li>Continue to invest in a robust monitoring, evaluation, research and learning approach that is co-designed with program teams and responsive to external stakeholder priorities</li> <li>Prioritize continuous quality improvement of Last Mile Health's programs, guided by ongoing operational research</li> </ul>
<b>3. INFLUENCE</b>	<ul style="list-style-type: none"> <li>Africa Frontline First does not meet its fundraising and impact goals for Phase 1 or Phase 2</li> <li>Pathways to exerting influence on community health practice and policy beyond Last Mile Health's country portfolio prove less viable than anticipated given our existing relationships and capabilities</li> </ul>	<ul style="list-style-type: none"> <li>Secure buy-in from a broad and diverse set of stakeholders to ensure robust ongoing support for AFF</li> <li>Identify emerging barriers to regional influence and invest in building the tools Last Mile Health will need to overcome them (e.g., additional evidence-building or relationship development)</li> </ul>
<b>4. MATURE</b>	<ul style="list-style-type: none"> <li>Last Mile Health's operating model does not fully meet our evolving needs, particularly in terms of effective collaboration between global leadership and country teams</li> <li>The pace of Last Mile Health's organizational maturation is slower than anticipated, as vacancies or turnover in critical roles affect progress</li> <li>LMH does not achieve the revenue goals needed to execute our strategy</li> </ul>	<ul style="list-style-type: none"> <li>Continue to advance operating model work, relying on external resources and supports as needed (e.g., to ensure DEI lens is embedded in the work)</li> <li>Prioritize key hires critical to Last Mile Health's organizational maturation</li> <li>Consider reducing the scope of activities articulated in this strategy if needed to reduce projected expenses</li> </ul>



## APPENDIX 7:

# Context of Five-Year Strategic Plan within Last Mile Health

Last Mile Health has created a five-year organization-wide strategic plan consistent with, and informed by, our strategic identity: mission, vision, and values. This strategic plan draws on country and program strategies, which we will likely continue to revisit every two to three years. Last Mile Health will also create annual operating plans that translate this high-level strategy into actionable guidance for all staff.



## APPENDIX 8:

# Within Reach Accomplishments and Lessons Learned

In 2019, Last Mile Health embarked on our four-year *Within Reach* strategy to expand patient care and advance the global movement for quality community healthcare. *Within Reach* has guided us to achieve a compelling set of accomplishments:

- **Expand country programs.** In Liberia, we expanded financial resources to sustain and increase health worker coverage from 7 to 15 counties (of 15 total) and improved quality by integrating family planning and immunization into community health worker services—all while maintaining access to care throughout the COVID-19 pandemic. We launched growing programs in Ethiopia, Malawi, and Sierra Leone, initially partnering with these governments to upskill community health workers and health leaders.
- **Advance global initiatives.** Last Mile Health contributed to WHO and Africa CDC guidance on community health workers and provided input to Global Fund and USAID strategies that prioritize professional community health workers. We co-led research on exemplar health systems with the Gates Foundation. We also launched the digital Community Health Academy to reach learners around the world with quality curricula; later, we integrated this offering into our country programs. Finally, Last Mile Health co-founded Africa Frontline First, a collaborative initiative focused on closing the community health funding gap across Africa.
- **Augment Last Mile Health capacity.** To support the growth of Last Mile Health's operating presence into our current four-country portfolio, we launched an office in Accra, Ghana. We also advanced our commitment to diversity, equity, and inclusion (DEI), increasing the proportion of African and female leaders across our organization (from 17% to 39% and from 42% to 61% respectively from 2019 to 2022). We have remained on track to meet our multi-year fundraising targets and maintain an operating reserve.

Implementing *Within Reach* also yielded an important set of lessons for Last Mile Health, which have informed development of our next strategic plan. Our lessons learned include:

- Focusing on holistic community health systems via the Six Ss, rather than just the number of community health workers deployed, is critical to ensuring delivery of quality community-based primary care. In turn, building the capacity of government leaders to implement, manage, and finance community health systems is key to their long-term institutionalization.
- Partnering with governments to advance quality community health systems is a long-term, and often non-linear, endeavor. The path forward, as well as the nature of Last Mile Health's tools and programming, will vary significantly across countries—and not all partnerships may have a long-term timeline. For example, Last Mile Health trialed new programming in Uganda during *Within Reach*, but ultimately chose not to pursue it further based on misalignment with our public sector engagement approach and the current country context.
- Last Mile Health can make meaningful progress toward increasing global funding for community health and informing policy and practice by (1) building relationships with norming institutions like the WHO and (2) co-leading coalitions such as Africa Frontline First, even as the pace at which global and regional influence opportunities develop is not always predictable. Conversely, tools and resources developed for a global audience, such as the Community Health Academy, may not yield intended outcomes if end users are not clearly defined and incentivized to use them.
- During a multi-year period of rapid growth, investment in Last Mile Health's organizational capacity did not consistently keep up with our strategic goals. The pace and ambition of *Within Reach* stretched many teams to their limits, at times compromising both quality of program delivery and our ability to live our DEI values. And while efforts to evolve our global operating model and funding model have made significant progress, both will require ongoing attention as we pursue our next strategic plan.