



A health worker with an infant during routine vaccinations at Boegeezay Health Center in Rivercess County, Liberia.

Dear partners,

Last month, the Government of Liberia hosted the [3rd International Community Health Workers Symposium](#). Over 700 delegates from 46 countries joined us in Monrovia, including ministers of health and senior leaders from WHO, USAID, the Global Fund, the World Bank, and UNICEF.

I began my career as a nurse and later became a nurse-midwife, and though my career has taken me far—from working in the hospital, at the Ministry of Health, and with NGOs like Last Mile Health, where I am now the Liberia Country Director—"nurse-midwife" will always be my most important title. Over my 40-year career, I have seen that working with the community is the way forward. This is why the symposium was so important to me—it was wonderful to be part of this moment, and to see the world talking about the community health workforce.

One of the Symposium's most powerful moments was when Liberia's Minister of Health, Dr. Wilhemina Jallah, introduced the [Monrovia Call to Action](#), urging for global investment in community health workers to achieve universal health coverage. It recognizes that community health workers provide primary care, improve health outcomes and save



Liberia Country Director Marion Subah, Malawi Country Director Dalitso Baloyi, and Chief Program Officer James Nardella.

lives, and have a 10-to-1 return on investment. It calls on leaders to institutionalize and professionalize community health workers—getting them skilled, salaried, supervised, and supplied, and getting them to work in functioning systems they can rely on for support at a national scale. These are things we have been advocating for at Last Mile Health for a long time, and to see that leaders are paying attention on a global level—this is a huge lift. For us in Liberia, it was even more outstanding: Dr. Jallah announced the [new ten-year community health policy](#) and Vice President Jewel Taylor announced that the Minister of Finance and the President have decided to approve \$1.8 million to put community health services



Community health worker Mary N. Wiah shares her work at a booth during the Symposium.

supervisors on the payroll. We have been advocating for this for years.

These were big moments. But the most important thing about the Symposium was community health workers themselves. For the first time at a global event, we had community health workers present on every panel. One of them, Margaret Odero from Kenya, gave us a parable: “You cannot shave my head without me present!”, meaning, **“You cannot do anything about me without me.”** She talked about the importance of listening to their voices—giving them a say.

At the Symposium, we heard about the wonderful things that have been happening for community health, but we need to recognize that this brings us to new challenges. Fair pay is only the start—how can we give community health workers a career path? Another challenge is sustainability. In the words of Precious George, a community health worker from Liberia, **“How do we keep the program going? There will always be new babies being born.”** We need sustained domestic and international funding and political championship, alongside continued sharing of technical lessons learned and best practices that strengthen quality.

Another big issue is gender equity. In Liberia, women are marginalized in rural communities. It’s the men you see making decisions, but often women are on the front lines of accessing and delivering healthcare for families. Women trust women to advise them on topics like family planning and healthy pregnancy—but as confirmed by the [gender assessment](#) last year, only 17% of Liberia’s community health assistants are female. This gender gap means women are less likely to seek care as patients, and less likely to have opportunities for economic empowerment as providers. We have much work to do together before we reach gender parity in the community health workforce—and at Last Mile Health, we’re committed to keeping up our work alongside ministries of health to recruit, train, and fairly compensate more female health workers.



The Last Mile Health team at the Symposium.

Thinking about the progress and the challenges, and the growing momentum to invest in the community health workforce at this moment, we are looking toward the High-Level Meeting on Universal Health Coverage in September. We can’t achieve universal health coverage without prioritizing the last mile *first*, and investing in the workforce that goes as far as it takes to provide them health care. It has become a major priority for us at Last Mile Health in Liberia: whatever we do, wherever we go, our motivation is for the community. Because of what happened last month in Monrovia, this call to action—this can’t be ignored any more. **Everywhere we go, we want to keep the emphasis on community health. We need to keep at it. We won’t let the opportunity pass.**

Peace,

Marion Subah, Liberia Country Director

GLOBAL NEWS

Responding to Cyclone Freddy and the cholera outbreak in Malawi: As communities face the devastating impact of dual health crises, community health workers are responding to urgent needs while maintaining routine primary care services. Here's what four community health workers on the front lines of the response effort need in order to continue providing uninterrupted primary care.

Honoring World Health Worker Week: Hear from community health workers in [Ethiopia](#), [Liberia](#), [Malawi](#), and [Sierra Leone](#) about what they need to provide care at the last mile.

Global convenings: This quarter, our team attended the 76th Commission on the Status of Women, the Africa Health Agenda International Conference, Skoll World Forum, and TED Conference. We're committed to using our seat at the table to share lessons learned, advocate for professionalized community health workers, and amplify the voices of those closest to the work.



Health workers equipped with tablets at Holeta Health Post in Oromia, Ethiopia.

Liberia hosts 3rd International Community Health Workers Symposium: In March, delegates from 46 countries convened in Monrovia to make the case for investment in community health worker programs for universal health coverage.



Health surveillance assistant Rhoda Ndojime (center) at Admarc Health Facility in Salima District, Malawi.

COUNTRY NEWS

Liberia: A new community health policy: The Liberia Ministry of Health has launched a new ten-year community health policy to strengthen service delivery, implement new data systems, and address the gender gap in the community health workforce.

Sierra Leone: What makes a successful community health worker? Community health workers can't succeed alone: it takes quality training, consistent supervision, and the support of a strong health system.

Liberia: Last Mile Health's three managed counties recognized for excellence: Rivercess, Grand Bassa, and Grand Gedeh Counties were recognized as Liberia's top performing counties in the implementation of the National Community Health Program.

LAST MILE HEALTH NEWS

Celebrating Board Chairs Brad Mak and Soji Adeyi: In February, Soji Adeyi began his tenure as chair of our Board of Directors. Hear from Soji and outgoing chair Brad Mak about past milestones and the work to come.

Welcoming Chief Technical Officer Divya Nair: We're excited to announce the arrival of new Chief Technical Officer Divya Nair. Here's why she calls this her "dream job" and what she hopes to achieve at Last Mile Health.

KEY PERFORMANCE INDICATORS

AS OF MARCH 31, 2023

For detailed information about our key performance indicators, visit our [Theory of Change](#) and the [impact](#) section of our website.

STRENGTHEN



9,959

Rural and remote community and frontline health workers receiving supervision, supplies, salary, skills, information systems, or digital tools in Last Mile Health-supported countries

3,014 Ethiopia
4,352 Liberia
2,013 Malawi
580 Sierra Leone



7.9 Million +

People served by community health workers that were supervised, skilled, supplied, or salaried in partnership between a Ministry and Last Mile Health

4,818,556 Ethiopia
883,803 Liberia
2,013,000 Malawi
195,887 Sierra Leone

DELIVER



1,021,010*

Treatments delivered to children under five by community health workers in Liberia

667,239 malaria treatments
210,774 in LMH supported counties
456,465 in all other counties

211,162 pneumonia treatments
109,044 in LMH supported counties
102,118 in all other counties

142,609 diarrhea treatments
84,451 in LMH supported counties
58,158 in all other counties



54% Grand Bassa County
74% Gboe-Ploe District
51% Konobo District
69% Rivercess County

Percentage of children under five in Last Mile Health supported counties receiving treatment by a formal provider for childhood illness**

UPSKILL



3,321

Learners who have completed and/or earned a certificate for health systems leadership courses



43,506

Learners who have ever accessed course content for health systems leaders

* All Deliver data is cumulative from July 1, 2016 to March 31, 2023; as of July 1, 2022 we are no longer including malnutrition screenings as part of the number of treatments delivered to children under five.

** As of 2022 for Grand Bassa County, 2021 for Rivercess county, and 2019 for Grand Gedeh county (Gboe-Ploe and Konobo districts).