



Community health worker Laura Mhango conducts a patient visit in Salima District, Malawi.

Dear partners,

On July 1, Last Mile Health launched a new five-year strategic plan, [Closing the Distance](#). At this moment of transition, there is cause for hope. Alongside ministries of health, funding and technical partners, and the community health workers whose daily work puts our mission into practice, here is the progress we've helped enact in the past four years—and why we must stay the course to catalyze lasting change:

- We launched new government partnerships in Ethiopia, Malawi, and Sierra Leone.
- We marked 15 years of partnership in Liberia, where we worked with the Ministry of Health to scale the National Community Health Program. Today, community health workers treat 45% of all reported malaria cases in children under five.
- Across these countries, 12,000+ community and frontline health workers provide more than 12 million people with essential primary healthcare.

And this quarter, we marked significant milestones:

- In Ethiopia, the Ministry of Health [formally adopted the blended learning approach](#) for the training of all 40,000 community health workers



Community health supervisor Eunice Feekpeh, community health worker Hannah Lincoln, and Chief Program Officer James Nardella.

following the success of a [pilot program](#).

- After playing a key role in the [Monrovia Call to Action](#), the Liberian government published a new [national community health policy](#).
- In Malawi, alongside exciting progress on the [integrated Community Health Information System](#), the government launched a new national community health framework.
- With Sierra Leone's Ministry of Health, we disseminated [Exemplars in Global Health research findings](#), a key progress point in strengthening the national community health worker program.



Community health worker candidates take part in training in Gbere Junction, Sierra Leone.

We should be proud of these milestones: they represent real progress toward the development and strengthening of four exemplary community health systems, which means better training and support for community health workers—and improved access to care for patients in the poorest, the most vulnerable, and the most remote communities. And we must recognize that these accomplishments are not the product of the past quarter: they are the product of years of patient accompaniment. We must remain committed to our vision: a health worker within reach of everyone, everywhere. **Long-term investment is what we need to get this work done.**

At Last Mile Health, we are committed to walking alongside our government partners to the last mile. To support transformative systems change in the countries where we work, we must be partners who stay. We measure progress across decades, not quarters, as we work to design policies that work—and then to turn paper to practice.

We are on the right path. We used to enter rooms trying to make the argument on why community health workers matter. Now, we're being asked, "How do you do that? What does a community health worker program look like when it's high quality, when it's at national scale—and can you help?" We see momentum in the energy around [Africa Frontline First](#) as well as in the milestones we marked this quarter. We see it globally in the lead-up to the UN General Assembly and High-Level Meetings around the call to accelerate our path towards universal health coverage. We can't achieve this without investing in community health workers.



Using her tablet, a community health worker conducts a patient visit in Sidama Region, Ethiopia.

At the heart of it, too often where you were born determines whether you receive healthcare. The only way to close the distance is by investing in community health workers and the systems that support them. This is how we can ensure a child in Liberia receives a quick diagnosis and effective treatment for malaria. It's how we can ensure a community health worker in Ethiopia has dynamic training to recognize complications in a mother's pregnancy and refer her to a facility. It's how we can ensure health leaders identify and respond to outbreaks thanks to real-time reporting at the community level. It's how we can ensure governments can look to exemplary community health systems we have partnered to develop and sustain—and build their own programs. **It's how we can ensure everyone, everywhere can access quality primary care.**

This is the future we know is possible. Together, with patience and purpose, we can achieve it.

In partnership,

James Nardella, Chief Program Officer

GLOBAL NEWS

Last Mile Health speaks at #WHA76. At the 76th World Health Assembly, we advocated for the power of community health workers to drive health for all. CEO Lisha McCormick and Senior Director of Communications Siobhan Kelley spoke on panels to advocate for paid, professionalized community health workers as a driver toward achieving universal health coverage.

COUNTRY NEWS

Ethiopia's Ministry of Health formally adopted the blended learning approach for community health worker training. Following a successful pilot program with Last Mile Health, the Ministry will scale this effective and affordable approach to its cadre of 40,000 community health workers. "A digitalized blended learning approach has been a proven approach in order to provide effective, efficient, and quality training," says Israel Ataro, Lead Executive Officer for Community Engagement and Primary Health Care.



Community health workers refer to their tablets at a facility in Sidama Region, Ethiopia.

Liberia publishes its new community health policy. "This is an exciting next step for the national program, moving us closer to a resilient community health system that expands access to universal health coverage and protects against future disease outbreaks," says Minister of Health Dr. Wilhemina Jallah.



Community health services supervisor Pillar Nufepolu (right) with community health workers at the CHW Symposium in Liberia.

In Sierra Leone, the Ministry of Health and Sanitation and Last Mile Health nationally disseminated key new research.

The Exemplars in Global Health research results will guide improvements in Sierra Leone's national community health worker program. "It's important for us to learn from the data and use it to make decisions," explained Elizabeth Musa, National Coordinator of the Ministry's CHW Hub.

Meet a community health supervisor changing health outcomes in Liberia.

"I want to work to bring more attention to community health because it's really changing the lives of our people," says Pillar Nufepolu, who works in Grand Bassa County.

LAST MILE HEALTH NEWS

We concluded our *Within Reach* strategic plan. Over four years, we partnered with four ministries of health to support more than 12,000 community and frontline health workers in delivering essential primary care to more than 12 million people.

We launched our new strategic plan, *Closing the Distance*. In the next five years, we will deepen our impact in community health systems and influence community health financing—all in service of ensuring that more people can equitably access quality health-care.

KEY PERFORMANCE INDICATORS

AS OF JUNE 30, 2023

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

STRENGTHEN



12,185

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

4,223 Ethiopia
4,900 Liberia
2,482 Malawi
580 Sierra Leone



12.2 million +

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

7,678,556 Ethiopia
1,004,580 Liberia
3,334,803 Malawi
195,887 Sierra Leone

DELIVER



1,061,186*

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

687,275 malaria treatments
224, 566 in LMH supported counties
462,709 in all other counties

221,005 pneumonia treatments
116,713 in LMH supported counties
104,292 in all other counties

152,906 diarrhea treatments
90,590 in LMH supported counties
62,316 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



3,447

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



45,027

Learners who have ever accessed course content for health systems leaders

* All Deliver data is cumulative from July 1, 2016 to June 30, 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).