



In Ethiopia, Last Mile Health is the government's lead partner for driving innovative community health worker training. We're helping build the skills of a workforce that employs more than 40,000 women.

The need: Ethiopia is the second most populous country in Africa. Over the past two decades, the government has improved health outcomes for women and children and built a stronger health workforce. Still, significant gaps remain in access to essential maternal and newborn care and routine immunization, especially in rural areas. Ethiopia also faces a growing burden of infectious and non-communicable diseases.

Our focus: Our work in Ethiopia focuses on building community health workers' skills and strengthening government supervision systems. Together with the Ministry of Health, we're transforming the way tens of thousands of community health workers receive training. Our ultimate goal is to save lives by ensuring everyone at Ethiopia's last mile has access to quality primary care.

By the numbers

Our direct footprint: Last Mile Health has worked in Ethiopia since 2020. To date, we've directly supported **17,672** community and frontline health workers serving a population of more than **13.1 million** people.

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National program reach: Ethiopia has a total population of about 123.4 million people. Since 2004, the government has deployed more than **40,000 community health workers** nationwide.

Program background

The government of Ethiopia has long been a frontrunner in the community health movement. In 2004, they formalized a national community health program that now delivers lifesaving primary care to millions of people.

Last Mile Health began working in Ethiopia in 2020, when we were invited to support the government to develop a digital learning app for health workers responding to COVID-19. The app reached more than 21,000 learners, highlighting an opportunity to transform frontline health workers' training.

Since 2022, we've worked with the Ministry of Health to develop an innovative blended learning approach for community health worker training. This strategy improves knowledge and reduces costs by leveraging the best of both in-person and digital training methods. Our first training module covered the government's most urgent area of need: reproductive, maternal, neonatal, and child health.

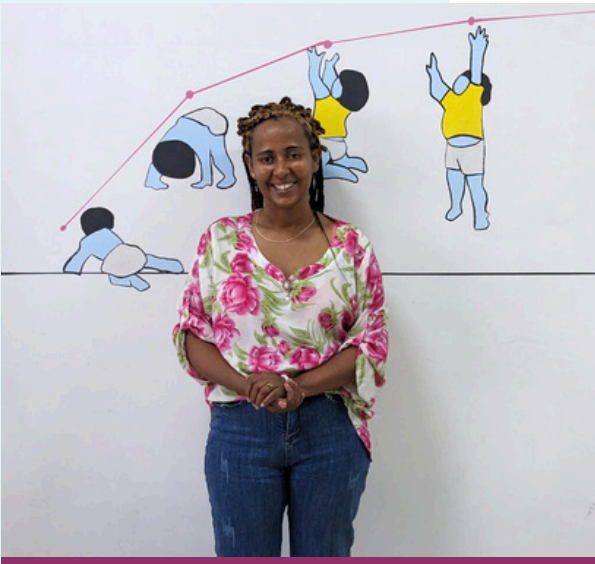
Background (continued)

This initial module improved on existing materials by featuring content in multiple local languages, interactive knowledge assessments, and improved gender sensitivity. The rollout was so effective in improving learning outcomes and reducing costs that the Ministry of Health [formally committed](#) to making blended learning part of the national training strategy, which Last Mile Health is helping to scale.

Current activities

Our work in Ethiopia focuses on scaling our blended learning training. Following the success of our initial module with the Ministry of Health (in reproductive, maternal, newborn, and child health), we adapted and launched additional modules in major communicable diseases and non-communicable diseases. The latter represents a significant milestone in the fight against Ethiopia's leading cause of death. In 2025, we launched three more modules, supporting the Ministry's formal adoption of the blended learning approach. We have now adapted all content modules to the blended learning format, and will continue to partner with the Ministry to scale the approach to the country's entire community health workforce.

Alongside blended learning, we collaborate with the Ministry to develop additional tools to equip community health workers to deliver quality care. In 2025, this has included piloting a new AI-assisted call center supporting community health workers to make sound clinical decisions.



Serkalem Getachew has served as a community health worker for 14 years. She delivers care in Legambo District in the Amhara Region.

Evidence

Across our pilot in 20 districts, blended learning reduced recurring training costs from \$605 per learner to just \$372. The approach also delivered [major improvements in learning](#). Nearly all trainees passed their post-test, and we received positive feedback from learners who appreciated the flexibility to study on their own time. "There is no way to compare this to our previous training," shared community health worker Serkalem Getachew. "It's simply better for us in every way."

An evaluation of the blended learning training is currently underway, aiming to assess the immediate and long-term effects of a blended learning approach in strengthening community health workers' capacity and performance. The findings will provide evidence-based insights to guide the expansion of blended learning within Ethiopia's Health Extension Program and enhance community health worker training programs.

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Community health workers are those most responsible for the health of our communities. **All patients start with us.**

- **Serkalem Getachew**
Community health worker
Amhara Region, Ethiopia

Blended learning training impact and reach:**90%**

passing rate
for post-training
assessments

16k

learners
have completed a
blended training module

Opportunity

For two decades, the government of Ethiopia has worked to establish community health workers as a cornerstone of primary healthcare delivery. By investing in our work around blended learning and other digital health innovations, funding partners can help incubate new solutions for upskilling community health workers, reducing costs, and improving quality of care.

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