LAST MILE HEALTH

Country profile:

LIBERIA

In **Liberia,** Last Mile Health is the government's longest-serving community health partner. For 10 years, we've worked together to launch, scale, and sustain Liberia's national community health program.

The need: Liberia is one of the poorest countries in the world, and nearly 30% of the population lives more than five kilometers from the nearest clinic or hospital. In these communities, sheer distance is often the biggest barrier to accessing care. Reaching a clinic can take several hours or more. Too often, the barrier of distance and cost leads to preventable deaths, especially for mothers and children.

Our focus: To close the health equity gap at Liberia's last mile, we worked with the Ministry of Health to develop a national community health worker program that brings care to patients' doorsteps. Now, we're working to expand its scope of services, improve quality of care, and increase government ownership for long-term sustainability.

By the numbers

Last Mile Health has worked in Liberia since 2007. We supported the government to launch its first national professional community health worker program in 2016. Today, we assist the government to support **5,406 community health workers** who serve a total population of more than **1.6 million** people. In addition to this work at the national level, we manage program implementation in Rivercess County.

Number of community health workers directly supported in 2026: **5,406**

Last updated September 2026

Program background

In 2007, Liberia was emerging from more than a decade of civil war when we set out to launch a public HIV treatment program in rural Grand Gedeh County. Together with the Ministry of Health and the Global Fund, we went on to scale that program to 19 public clinics across 12 of Liberia's 15 counties.

Through that early work, we learned it wasn't enough to make primary care accessible at clinics and hospitals. To reach those most in need, we also had to find a way to bring health services directly to Liberia's most remote communities.

In response to that need, we took our work to remote Konobo District in 2012. There, we established a community health worker program uniquely tailored to local needs. When Ebola overwhelmed Liberia's clinics and hospitals starting in 2014, this door-to-door model offered a critical tool for managing the outbreak and sustaining access to essential primary care.

Background (continued)
In 2016, in the wake of the Ebola outbreak, the Ministry of Health sought to make our work in Konobo District the norm across Liberia. At their invitation, we co-led the design and launch of a new program to deploy paid, professional community health workers nationally. In June 2024, the program reached full scale, bringing primary care to communities in every district in the country.

Our current work in Liberia

Strengthening the National Community Health Program

We partner with the Ministry of Health to sustain and improve the National Community Health Program, strengthening systems and monitoring and adapting programs to ensure community health workers are skilled, salaried, supplied, supervised, operating at national scale, and integrated into a well-functioning broader public health system. To do this, we:

- Partner with the Ministry to **scale the National Community Health Program** across all 15 counties by mobilizing and tracking resources
- Monitor implementation and design innovations that demonstrate how the program could be adapted to **enhance sustainability and improve health outcomes for women and children**
- Leverage learnings from pilots and direct implementation to **shape community health policy**

Community health worker Rebecca Wheh with her granddaughter, who has received all four doses of the malaria vaccine.

Fighting malaria, the leading cause of death for children under five

Malaria remains the leading cause of death for Liberian children under five, with rural infection rates reaching 19%. To combat this crisis, we have partnered with the Ministry of Health to integrate the malaria vaccine into routine childhood immunizations. Community health workers educate families about the vaccine, connect eligible infants to vaccinators, and follow up to ensure children receive all four doses.

Training on the malaria vaccine has been scaled nationally. **72% of eligible children have received all four doses,** powered by 500 supervisors and 4,500 health workers.

Connecting women to prenatal care and facility-based delivery through peer support groups

Despite progress in access to primary healthcare, rural and remote communities in Liberia face devastatingly high maternal and neonatal mortality rates. To address this urgent need, the Ministry of Health and Last Mile Health are piloting mother-to-mother peer support groups in Rivercess County. Led by community health workers, the groups **provide education on healthy practices** including seeking prenatal care and making a plan for delivery at a facility.

58 groups meet regularly in Rivercess County, establishing safe spaces where women discuss sensitive topics including birth preparedness, early danger signs, and family planning. Nearly **2,000 women** have become mother-to-mother peer support group members.

Last Mile Health offers partners an exceptional leverage opportunity to build on the achievements of a groundbreaking program, setting the course for **lasting systemic impact.**

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