



Community health workers Samuel Geezay and James George conduct patient visits in Rivercess County, Liberia.

Dear partners,

Last month, *New York Times* journalist Nick Kristof visited Liberia and Sierra Leone, investigating the impact of [USAID's abrupt termination](#) and gathering evidence on deaths resulting from this unprecedented funding disruption. He traveled with Last Mile Health's Brittney Varpilah and T. Ruston Yarnko to Bong County, one of four Liberian counties where USAID has provided the financial support for the implementation of the National Community Health Program. There, they met John Flomo, a community health worker who was one of over 5,000 paid professionals in Liberia when the national program was fully scaled in July 2024. Now, he's part of the 30% who are going without pay, supplies, or support due to the end of USAID—not only leaving patients at risk, but threatening the functioning of the overall health system.

"Flomo hasn't been paid in months but still wears his USAID vest and helps children survive malaria or malnutrition," Kristof writes. "Do we really mean to abandon dedicated health workers like Flomo who are struggling to help sick or starving children—kids as precious as our own?"

The end of USAID represents a major disruption



Community members outside a health post in Sierra Leone.

to health systems globally, and Last Mile Health is working every day alongside our government partners to minimize the harm to patients in the communities we serve. As we navigate this "new normal," we will assist government partners to prioritize what we know will be essential for sustaining the health improvements we've seen in the last two decades:

- Community health workers are the key to achieving universal health coverage. They save lives, even in resource-constrained contexts, and they are crucial for sustainable improvements in health outcomes.

- It's essential for African governments to own their national health programs—and this requires increased domestic financing.
- Integrated care is the future. Siloed, disease-specific programs are expensive and fail to meet the health needs of patients. Integrated primary care delivery is more cost-effective and beneficial for both patients and providers.

Our work to ensure integrated and inclusive healthcare, owned by governments and led by communities, is more relevant than ever. In countries where Last Mile Health works, here is how this work looks in action:

- We have been working with the Government of Liberia to advocate for additional financing from Gavi, the Global Fund, and others to cover gaps left by USAID, alongside efforts to map increased domestic financing to cover the country's primary healthcare workers' salaries.
- Alongside Ethiopia's Ministry of Health, we have leveraged technology to develop a more effective, cost-efficient approach to community health worker training via a blended learning approach. Now, the government has adopted this approach for all community health worker training, working to scale it to a workforce of more than 40,000, and has taken ownership of training on non-communicable diseases and major communicable diseases.
- In Malawi, we are working to shift HIV services like testing and treatment accompaniment—historically funded by PEPFAR, and now shuttered—to community health workers. This is possible because of the Government of Malawi's foresight to invest in community health workers and ensure they are on the government payroll.

The termination of USAID dramatically changes the landscape of foreign assistance and puts programs and lives at immediate risk. But this crisis must be a catalyst for collaboration. It's partners like you who play a critical role in shaping a future that ensures healthcare for all, not some, by supporting work to accelerate government ownership of primary health services.

This is a moment for bold action and investment that will equip governments to avoid the collapse of essential services and health systems—while working alongside technical partners to ensure those systems can be sustained in the long term.

Philanthropic partners are essential to realizing a “new normal” that is both durable and viable: government-owned health systems that make integrated services the norm and primary care a priority. It will be the individual donors and brave philanthropists who use this moment to invest in organizations actively working with governments and communities who salvage healthcare today while also shaping durable, integrated community health services for generations.

I hope you will join us, our government partners, and community and frontline health workers as we rise to respond to this crisis. **What we do today will impact healthcare in rural and remote communities for years to come.**

In partnership,

Lisha McCormick, CEO



A community health worker screens a child for malnutrition in Sidama, Ethiopia.

GLOBAL NEWS

At **Skoll World Forum**, we joined Community Health Impact Coalition in celebrating the 2025 Skoll Award and co-hosted a sold-out side event with Integrate Health on investing in women community health workers.

In **Stanford Social Innovation Review**, we co-authored an article on philanthropy's response to COVID-19 and how this "rehearsal" informs our response to USAID's end. The article has reached 10,000 views.

At **World Health Assembly**, Last Mile Health and Africa Frontline First speakers advocated for—and with—community health workers.

On **Community Health Impact Coalition's** podcast, Last Mile Health's Mallika Raghavan delves into leveraging data to improve primary health service quality and speed.

PROGRAM NEWS

Africa Frontline First analysis shows that up to 50% of community health programs are at risk due to USAID cuts—and makes the case that African governments can lead the future financing landscape.

Our new AI-assisted call center in **Ethiopia** provides tailored support to community health workers, no matter where they are.



A frontline health worker conducts an antenatal health visit in Machinga, Malawi.



Last Mile Health's Abraham Zerihun Megentta speaks at the Africa Health Agenda International Conference in Rwanda.

Geospatial mapping in **Liberia** and **Sierra Leone** is equipping our government partners to identify and address gaps in community health worker coverage.

In **Ethiopia**, Last Mile Health and the Ministry of Health have developed a first-of-its-kind training module that equips community health workers to address non-communicable diseases. Together, we're scaling it nationally.

Training in community-based maternal and child health prepares **Malawi's** community health workers to educate women on the benefits of facility delivery—and ensure they have the care they need to stay healthy.

With the Ministry of Health, we're leveraging new research to strengthen **Sierra Leone's** community health worker program.

HEALTH WORKER STORIES

In Liberia, community health supervisor **Martina Kanneh** breaks gender barriers as she rides her motorbike to conduct supervision visits in remote communities.

LOOKING AHEAD

Last Mile Health will be attending the **United Nations General Assembly** in September and the **International Conference on Primary Health Care** in October. Please reach out if you would like to connect at either event!

CUMULATIVE GLOBAL IMPACT

27,995

Number of community and frontline health workers ever supported by Last Mile Health and its government partners to provide quality community-based primary healthcare services

42.4 million

Population of the communities with improved access to quality community-based primary healthcare through Last Mile Health and its government partners

COUNTRY IMPACT



ETHIOPIA

Number of community and frontline health workers who have completed a blended learning training since 2021:

29,850

Percentage of community health workers and supervisors who have received a passing score on their post-training skills assessment this year:

87%



MALAWI

Number of community health workers who have been trained to use the integrated community-based information system (iCHIS) since 2021:

3,137

Percentage of trained community health workers who have entered data into iCHIS in the last quarter:

45%



LIBERIA

Total number of treatments delivered for malaria, diarrhea, and acute respiratory infection by community health workers to children under 5 years of age since 2016

562,611 in Last Mile Health counties
1,536,213 nationally

Number of routine home visits provided by community health workers nationally since 2016

2,424,042 in Last Mile Health counties
17,348,484 nationally

Percent of births that occurred in a health facility in Last Mile Health counties this year:

84%



SIERRA LEONE

Number of community health workers who received improved supervision through Last Mile Health designed intervention since 2024:

892



AFRICA FRONTLINE FIRST

Number of community and frontline health workers ever supported by Africa Frontline First and its government partners to provide quality community-based primary healthcare services:

400,000

Population of the communities with improved access to quality, community-based primary healthcare through Africa Frontline First and its government partners:

500 million

Total cumulative funding unlocked toward improved community health programs in Africa:

\$240 million



To learn more about our impact, visit our [website](#).