



10

YEARS

OF

LAST
MILE
HEALTH



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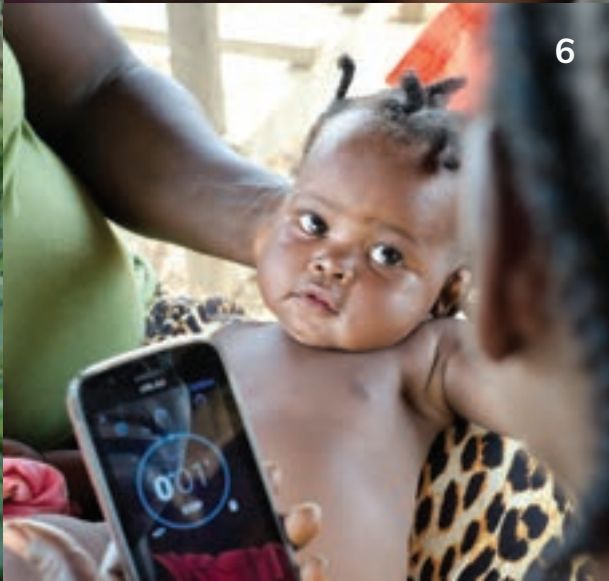
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4



5



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Photo Captions: **1** A boat sits ready to carry Last Mile Health staff up the Cestos River to supervise and restock CHWs. **2** From left to right: veteran staff members Nimley Shilue, Ben Grant, and Ben Dargbe. **3** Veteran staff member Laurie Toe reviews patient records at Martha Tubman Memorial Hospital in Zwedru. **4** CHW James George takes a mid upper-arm circumference (MUAC) measurement to screen a child for malnutrition. **5** Veteran staff member Markson Farley travels on foot to remote communities in Konobo to provide CHWs with a restock of medical supplies. **6** CHW Musu Johnson uses her mHealth tool to count a patient's respiratory rate.

Ten Years of **LAST MILE HEALTH**

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Liberia's National CHA Program

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A NOTE ON ACRONYM USE

Under Liberia's National Community Health Assistant (CHA) Program, professional community health workers (CHWs) are called CHAs. Every CHA reports to a trained nurse, Physician's Assistant, or midwife called a Community Health Services Supervisor (CHSS), who is based at the nearest clinic or hospital. For the purpose of this report, we will refer to CHAs using the universal term CHW and to CHSSs as clinical supervisors.

34 FINANCIAL **STATEMENTS**



Our story started in Liberia
in 2007. Our vision is global:

**a health
worker for
everyone,
everywhere,
every day.**

Ten Years of VISION



Vicky, a 17 month-old patient from a remote gold mining community in Rivercess County received treatment from her CHW for malaria two weeks before this photo was taken. Thanks to early diagnosis and treatment, she fully recovered.

Dear friends,

For ten years, your support has enabled Last Mile Health to redefine what's possible in providing lifesaving healthcare to the world's most remote communities.

When we were first getting started, you supported us to hire, train, and equip CHWs and nurses to establish the country's first rural, community-based HIV treatment program. After just three years, the Ministry of Health invited us to scale our model to government clinics across the country.

When we extended our vision even further, you walked alongside us. With your support, we pioneered a CHW model that transformed access to care in a region that had until then been considered too hard to reach. CHWs and their clinical supervisors in Konobo District saved countless lives and proved that it's possible to deliver high quality healthcare at the last mile.

Then the Ebola outbreak struck and posed our greatest challenge yet, but we were determined to continue serving our patients. Your generosity enabled us to train and equip CHWs and health facility staff to stop the spread of Ebola and continue safely providing lifesaving routine care.

A tragedy of profound scope, the Ebola epidemic underscored the need for stronger health systems that reach even the world's most remote communities. Empowered by your tireless advocacy, we responded to this need by supporting the Government of Liberia to design and launch a nationwide CHW program to serve all 1.2 million people living at Liberia's last mile.

Over the past year, your support has enabled us to assist the Ministry of Health and a coalition of partners to train and deploy more than 2,900 CHWs and 350 clinical supervisors across 14 of Liberia's 15 counties. As we write this letter, thousands of heroic women and men across Liberia are providing lifesaving healthcare to communities that just a few months ago were beyond the reach of the health system. And we're just getting started.

There are still 400 million people worldwide who lack access to healthcare, and we know this does not have to be the case. Through your advocacy and partnership, we have demonstrated that no community is too difficult to reach. We look forward to our next ten years of working together to ensure that everyone, everywhere can realize their right to health.

In Solidarity,

Raj Panjabi
Co-Founder and CEO

Katherine Collins
Board Chair

Ten Years of Advocacy

HIV EQUITY INITIATIVE

Last Mile Health was founded in 2007 by a group of local health workers and global health professionals under the name Tiyatien Health, which means “justice in health” in a local dialect. Fourteen years of civil war had decimated Liberia’s health systems, but our co-founders saw an opportunity to transform health outcomes through the power of clinicians and CHWs working together. Inspired by the growing movement for health equity, our strategy was focused on leveraging home-based care and clinical services to bridge the gap in access to treatment for people living with HIV/AIDS in post-war rural Liberia.

December 2006

Clinicians at Martha Tubman Memorial Hospital in Zwedru, accompanied by Raj Panjabi who was volunteering as a medical student, begin to diagnose patients with HIV/AIDS. Only physicians are authorized by the Ministry of Health to oversee HIV therapy in Liberia, but there are too few doctors to care for the growing volume of patients in rural areas. The group presents this challenge to Liberia’s Minister of Health in the form of essays documenting their patients’ stories. They make the case that mid-level clinicians can be effectively trained to prescribe and manage HIV treatment and that CHWs can provide vital support through home-based care.



Co-founders Weafus Quitoe, Alphonso Mouwon, and Raj Panjabi (not pictured: Amisha Raja, Marcus Kudee, and Peter Luckow)

February 2007

In response to this call to action, the Ministry of Health and Last Mile Health launch Liberia’s first rural, community-based HIV treatment program at a clinic at Martha Tubman Memorial Hospital. An initial cohort of 17 CHWs are trained to accompany patients through treatment.

Martha Tubman
Memorial Hospital



5,746

Patient Visits

FOR

710

Patients living
with HIV/AIDS

2010-2014

Last Mile Health partners with the Government of Liberia and the Global Fund to Fight AIDS, Tuberculosis, and Malaria to replicate our HIV treatment model in 19 public clinics across 12 of Liberia's 15 counties.

95 CHWs

PROVIDED

120,000

Home-based care visits to patients living with HIV/AIDS

Co-founder Alphonso G. Mouwon with the original Tiyatien Health sign.



August 2008

CHWs are trained to provide mental health services and care for patients with epilepsy.



2011

Existing CHWs mobilize to respond to an influx of 180,000 refugees who entered Liberia's Grand Gedeh County fleeing political crisis in neighboring Ivory Coast. CHWs and medical staff provide treatment for people living with HIV/AIDS and mental health services to survivors of trauma and violence.



Ten Years of **TRANSFORMAT**

Health Worker Spotlight: Theo Neewrayson

Theo Neewrayson, now a Community Engagement Assistant with Last Mile Health in Konobo District, was among the initial group of 17 CHWs trained into our HIV treatment program in Zwedru in 2007. Born in rural Grand Gedeh County, Theo fled to neighboring Ivory Coast with his family during Liberia's civil wars. He lived there as a refugee before returning to Liberia as a high school student, but his experience in Ivory Coast would remain with him and influence his future career.

“When the war came, we all fled to Ivory Coast. I was in Ivory Coast when my mother got sick and she died because there was no care or treatment available. She [just had a cough], and later on she died.”

When he returned to Liberia with his siblings in 1999, Theo was determined to complete high school and find ways to serve

his community. Unable to afford rent while paying his own tuition, he lived with a friend in Zwedru and focused on his studies. In 2003, he signed on to a government-supported program to become a community health volunteer and spent free time engaging in health promotion activities in his community.

Then in 2007, just as Theo was preparing to graduate from high school, Last Mile Health recruited him to serve amongst our inaugural cohort of CHWs. In his new role, Theo met with patients in their homes to deliver their medications, provide psychosocial support, and address any challenges that were interfering with their treatment. Having a source of accompaniment and hope from CHWs like Theo transformed outcomes for more than 700 people living with HIV who otherwise would have faced immense barriers to treatment.

When we expanded our CHW program to Konobo District in 2012, Theo was transferred there and promoted to serve as a Program Assistant and later as a peer supervisor for new CHWs. In these roles, Theo lent his depth of experience caring for HIV patients to building an integrated CHW program that rapidly expanded access to care for thousands of women and children in Konobo's remote communities.

ION

“The time I [started working for Last Mile Health], I didn’t have my own place; I was just renting. But now I have my own house where my children and my family are living. When I look back... I see this as progress that’s been made in my life.”

Just as his work transformed the lives of countless patients, becoming a CHW brought about a sea change in Theo's own life and the life of his family. When he returned to Liberia after living for many years as a refugee, Theo had to rebuild his life from the ground up. Thanks to the reliable income he's earned over the years, he's since been able to provide his family with the security and comfort of a home of their own. At the same time, his career continues to grow as he gains new professional skills as a Community Engagement Assistant. Reflecting on the past decade, Theo says he's proud of the ripple effect of his early impact as our work and his career both continue to grow.

Theo delivers supplies to CHWs in Konobo District.



“When you save someone’s life, it’s worth more than any money.”

Ten Years of Growth

GOING TO KONOBO

Running our HIV treatment program out of a government referral hospital in a large rural town, we realized early on that there was a significant unmet need for healthcare amongst remote communities that were too far away to access the hospital's services. Our early work helped us see the potential for CHWs to overcome seemingly impossible barriers in access to care, so we decided to push our model even further. In 2012, we worked together with the Ministry of Health to start a CHW program in Konobo District, one of the most remote districts in Grand Gedeh County.



CHW Stanley prepares an oral rehydration solution for a child with dehydration.

2012

Last Mile Health establishes a CHW program in Konobo District. A baseline survey of the district's remote communities found the following:

28.6

— YEARS —

Average age
at death

46%

of women who had
given birth had lost
a child under five

4.7

— HOURS —

Average walking
distance to clinic

— ONLY —

7%

of children with
pneumonia accessed
formal treatment



Staff review a CHW's medicine box in Rivercess County.

2015

The Ministry of Health invites Last Mile Health to begin replicating the Konobo CHW model across all of Rivercess County as a pilot for nationwide scale.

2013

Last Mile Health partners with Cellcom Telecommunications (now Orange) and the Government of Liberia to establish Konobo District's first sustainable cellular tower to expedite emergency referrals for patients requiring transfer to the county hospital.



Community leaders break ground on the new maternal waiting home.

September 2016

Last Mile Health and the Ministry of Health complete construction of a maternal waiting home adjacent to Konobo Health Center. The home provides a safe and comfortable place for expectant mothers from remote communities to stay during the final weeks of their pregnancy so they have access to safe, facility-based delivery.



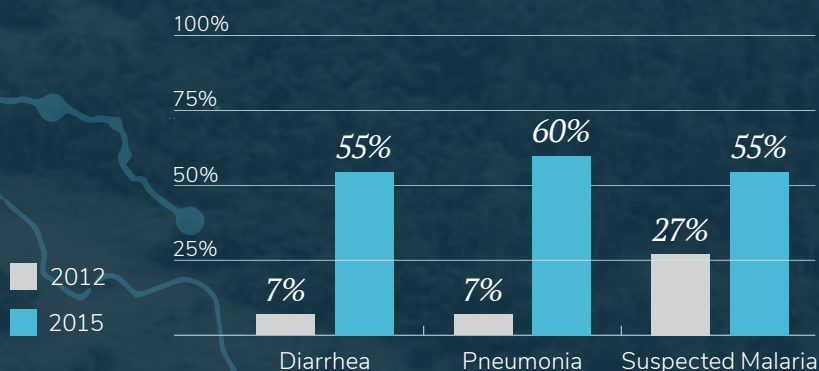
CHW Zarkpa screens a child for malnutrition.

February 2017

Research on the impact of Last Mile Health's demonstration project in Konobo are published in the Bulletin of the World Health Organization.

Since we first launched our CHW program in Konobo with the Ministry of Health in 2012, we've observed significant increases in access to care from qualified providers for children and pregnant women.

Percentage of children under five in Konobo District who received treatment for diarrhea, pneumonia, or fever (suspected malaria) from a formal provider (2012-2015)



In 2012, only 56 percent of women in Konobo gave birth in a health facility. Today, that figure is nearly 100 percent. Safe, facility-based delivery ensures that mothers and newborns have access to lifesaving care.

2012 2015

We trained clinicians
in infection prevention
and control protocol

across **38**
HEALTH
FACILITIES

in southeastern Liberia,
_____ and _____
we partnered with
Direct Relief to distribute

22
TONS



of Personal Protective
Equipment (PPE) including
gloves, goggles, & gowns.



EBOLA RESPONSE (2014-2015)

On December 26th, 2013 an 18 month-old child from a remote community in the Guinean rainforest fell ill and died tragically of cholera-like symptoms. Within weeks, several of his family members had succumbed to the same fate. But by the time local public health authorities were first notified almost a month later, what would become the largest Ebola epidemic in recorded history was already underway. Having started as a local outbreak in a remote community, Ebola quickly overwhelmed the region's fragile health systems and went on to claim the lives of more than 11,300 people across Guinea, Liberia, and Sierra Leone.



Your support enabled us to assist the Government of Liberia to train and equip CHWs in Konobo and health facility staff across Liberia's southeastern region to respond to the epidemic and continue providing lifesaving routine health services to their patients while remaining safe from infection. We also trained hundreds of community mobilizers to prevent and contain the spread of Ebola, and we supported the Ministry of Health's nationwide response to the epidemic.

In September 2015, Last Mile Health and a coalition of public and private sector partners received the Clinton Global Citizen Award for Leadership in Humanitarian Response in recognition of efforts to contain the epidemic.

Ten Years of Primary Care

NATIONAL CHA PROGRAM

The Ebola epidemic highlighted the need for stronger health systems that leave no community behind. At the same time, it also highlighted the role that ordinary community members can play in transforming health outcomes by bringing lifesaving healthcare services – including infectious disease surveillance and treatment for common illnesses – to remote communities. In response, we set out to aid the Government of Liberia in designing a nationwide CHW program to ensure that every remote community in the country has access to lifesaving healthcare from a paid, professional CHW by 2021.

May 2015

Representatives of the Ministry of Health, Last Mile Health, and 50 partner entities gather to initiate the design of a nationwide CHW program.

December 2015

The Ministry of Health and partners validate the policy and strategic plan that will serve as the foundation for the National CHA Program.



September 2015

Job descriptions for CHWs and clinical supervisors are finalized.



July 2016

The Ministry of Health launches the National CHA Program.



October 2016

The Ministry of Health and partners approve final versions of the standardized curricula for CHWs and clinical supervisors.



August 2017

Last Mile Health begins direct implementation of the National CHA Program in Grand Bassa County.



November 2016

Supervisor trainings begin nationwide.



January 2017

Trainings for CHWs begin nationwide.

Health Worker Spotlight: Patience Suzar

Born and raised in Konobo District, Patience Suzar was one of ten trail-blazing CHWs that Last Mile Health recruited to launch our work in the district in 2012. Five years later, Patience continues to serve her community as a CHW, and her work has been a source of inspiration for the development of Liberia's National CHA Program.

“When [Last Mile Health] came here, we had no hospital and there was nobody treating anybody. If your child got sick, you had to walk to Zean Town to the clinic. Then if they said there was no treatment available, you’d have to go back [to Zwedru]. But sometimes before then you would lose the child.”

Patience recalls a profound transformation in her community since she started providing community-based care. With the support of her clinical supervisors, Patience learned to diagnose, treat, and refer patients for a host of potentially life-threatening conditions that until then would have required a long and

costly journey to the nearest clinic or hospital. Along the way, Patience also received mentorship from peer supervisors including Theo Neewrayson (featured on pages 8-9) who lent his experience as a CHW under our HIV program to ensure that Patience had the supplies and support she needed to provide the highest possible quality of care.

When the Ebola outbreak struck it caught much of Liberia unprepared. But thanks to the work of Patience and her fellow CHWs, Konobo was an exception. In concert with the Ministry of Health, Last Mile Health trained CHWs in Konobo and hundreds of other community mobilizers from across Grand Gedeh and Rivercess Counties to identify the symptoms of Ebola, report and isolate suspected cases, and educate their communities on prevention. Thanks to these measures, there was not a single case of Ebola reported in Konobo District.

Patience and her by then 50 CHW colleagues in Konobo also learned modified clinical care protocol that allowed them to continue safely providing routine care to their neighbors throughout the epidemic. At a time when many clinics and hospitals across Liberia shut their doors for lack of protective equipment and training on infection prevention and control, CHWs in Konobo treated more than 8,860 cases of malaria, diarrhea, or pneumonia in children under five. Their courageous commitment to “keep safe, keep serving” saved countless lives.

“There was a lady once whose child was sick. The child was seizing, so I rushed to her and quickly made the referral to the health facility...When they came back to the community, the lady gave thanks and said, ‘Thank you for saving my child’s life.’”

By proving their resilience and adaptability, Patience and her colleagues captured the attention of the Government of Liberia. As the Ebola epidemic came under control, the Ministry of Health invited Last Mile Health to play a lead role in designing a nationwide CHW program to ensure that every remote community in Liberia is linked to the public sector health system through the lifesaving services of a CHW like Patience.

“I love this of the job people’s li



work. My favorite part is that I get to save my lives in the community.”

Under the guidance of supervisor Theo Neewrayson (left), CHW Patience Suzar (center) conducts a routine household visit with her neighbor Dorothy during the Ebola epidemic. Before conducting the visit, Patience used modified clinical protocol to safely screen Dorothy for risk factors of potential exposure to the Ebola virus. Our CHWs conducted 11,000 such patient screenings throughout the epidemic.

NATIONAL COMMUNITY HEALTH ASSISTANT PROGRAM OVERVIEW

Liberia's National Community Health Assistant (CHA) Program will deploy a network of paid, professional CHWs to provide lifesaving primary healthcare services to all 1.2 million people who live more than an hour's walk from the nearest health facility.

Over the course of the past year, we have supported the Government of Liberia to recruit and train more than 2,900 CHWs and 350 clinical supervisors who now serve hundreds of thousands of people across 14 of Liberia's 15 counties. In each of these counties, the Ministry of Health's local County

Health Team receives funding and implementation assistance from one or more partner organizations including Last Mile Health.

As the lead technical advisor to the Government of Liberia for the National CHA Program, Last Mile Health supports the Ministry of Health to ensure the highest possible quality of program implementation across all counties. Driving toward the aim of full government ownership over the long term, we're supporting our government partners to ensure that the National CHA Program becomes a sustainable cornerstone of Liberia's public sector health system.

At the county level, Last Mile Health serves as the Ministry of Health's designated implementing partner in Grand Gedeh, Rivercess, and Grand Bassa Counties. In Grand Gedeh and Rivercess, Last Mile Health supports the Ministry of Health to manage a network of 430 CHWs and 47 clinical supervisors who serve 82,000 people across hundreds of remote communities. In August 2017, we launched operations in Grand Bassa County and are currently supporting the Ministry of Health to recruit and train a cohort of 100 new CHWs.

SCALING LIFESAVING HEALTH SERVICES NATIONWIDE

As of November 2017, the Government of Liberia and its partners have recruited and trained 350 clinical supervisors and more than 2,900 CHWs to provide lifesaving healthcare to their neighbors.

These compassionate health professionals are ensuring that children like Emily (pictured at right) have access to lifesaving healthcare at the first sign of illness. If Emily falls sick, her mother no longer has to arrange travel to the nearest clinic. Instead, she can bring Emily to their local CHW, Dorcas, for diagnosis and treatment. Dorcas recently treated Emily for malaria and she recovered at home without need for referral.

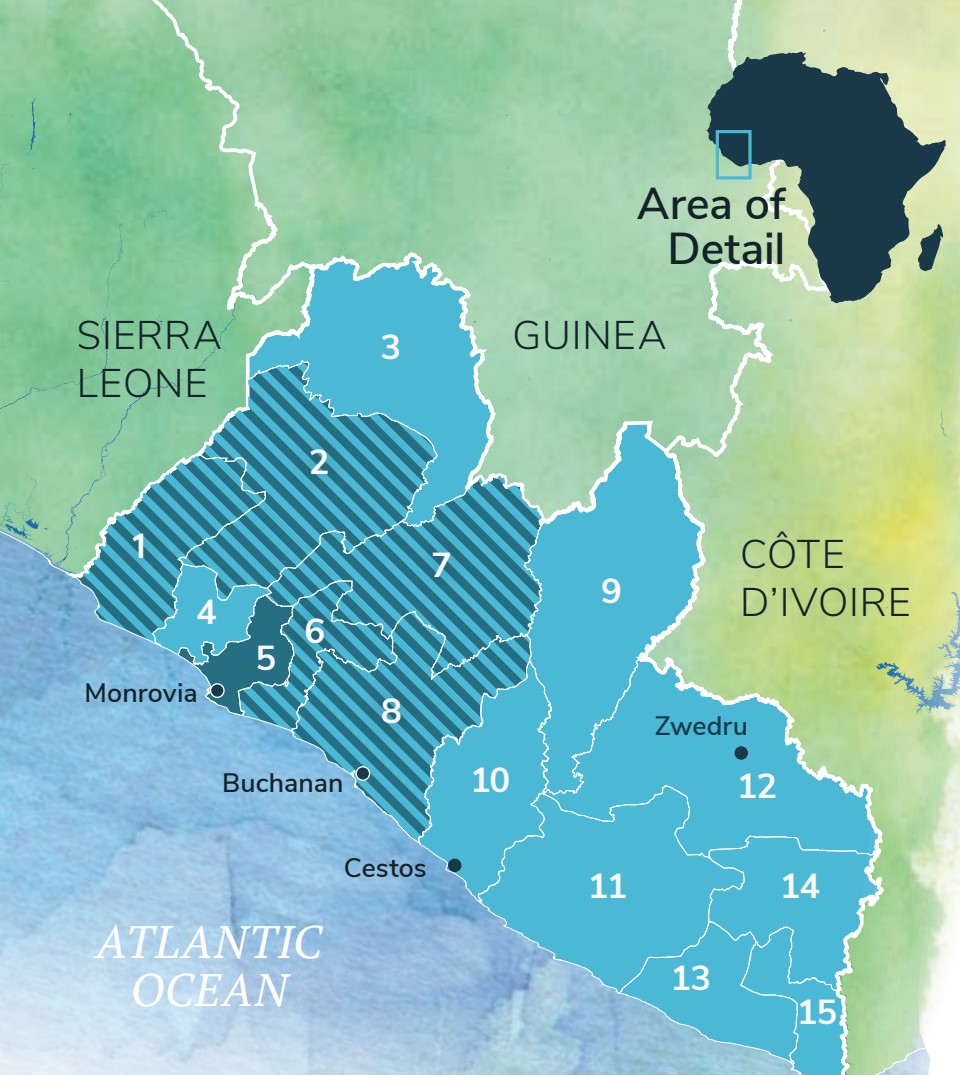
2,908 350
CHWs Clinical supervisors

From July 2017 to September 2017, CHWs across Liberia cared for thousands of patients at the last mile. The following data points provide a summary of the patient treatment data logged in the Ministry of Health's Community-Based Information System for this period:

50,000 Routine household visits	3,800 Pregnancy consultations
10,000 Cases of childhood illness treated	12,000 Malnutrition screenings



Patient Emily from Gboe District recently received care from her CHW for malaria



PROGRAM COVERAGE BY COUNTY

Current as of November 2017

1. **Grand Cape Mount:** Conseil Santé
2. **Gbarpolu:** Conseil Santé
3. **Lofa:** PACS & PLAN International
4. **Bomi:** PLAN International
5. **Montserrado:** None
6. **Margibi:** PLAN International
7. **Bong:** PACS
8. **Grand Bassa:** Last Mile Health
9. **Nimba:** PACS & PLAN International
10. **Rivercess:** Last Mile Health
11. **Sinoe:** Medical Teams International
12. **Grand Gedeh:** Last Mile Health and Grand Gedeh County Health Team
13. **Grand Kru:** Grand Kru County Health Team
14. **River Gee:** Samaritan's Purse
15. **Maryland:** Partners in Health



NATIONAL CHA PROGRAM MODEL

The National CHA Program follows a five-step model to deliver lifesaving health services to patients at the last mile.



RECRUIT

The Ministry of Health and its partners recruit CHW candidates from within the communities they will serve. To be eligible for service, candidates must be 18-50 years old, have at least a sixth grade education, and demonstrate basic literacy and numeracy skills. Preference is given to female candidates and applicants with health-related volunteer experience.



TRAIN

Once selected, CHWs undergo a series of four training sessions of approximately 60 hours each. After each session, CHWs return to their communities to practice their new skills and receive coaching from their clinical supervisor before matriculating to the next training.



EQUIP

CHWs are kept consistently stocked with the essential medications and supplies they need to deliver lifesaving healthcare. This includes rapid diagnostic tests for malaria; medications for treating diarrhea, malaria, and pneumonia in children; family planning commodities; and more.



MANAGE

All CHWs receive twice-monthly supervision and coaching from a trained nurse, Physician's Assistant, or midwife who is based at the nearest clinic. These clinical supervisors create a strong referral pathway between CHWs and the broader public sector health system.



PAY

In recognition of their lifesaving work, CHWs receive a monthly monetary incentive that is commensurate with the 20 hours of work they are expected to perform each week.

Daniel, a three year-old patient from a remote gold mining community in Rivercess County, received treatment for malaria from his CHW just a few hours before this photo was taken. Daniel woke up with a high fever, so his mother sent for CHW Yassah Flomo who diagnosed malaria and provided a first dose of treatment. Hours later, his condition had already vastly improved. Daniel made a full recovery.



SERVICE DELIVERY PACKAGE

The National CHA Program's service delivery package was informed by local and international best practices, including the success of the Ministry of Health and Last Mile Health's CHW demonstration project in Konobo District. The package of health services that CHWs provide includes the following four key components: ►



CHW Soko Sirleaf displays his community map.

INFECTIOUS DISEASE PREVENTION AND SURVEILLANCE

Focus: Promoting community health and preventing the spread of infectious disease

- Household registration and community mapping
- Early identification and reporting of infectious disease “trigger events”
- Monthly household visits to record births, deaths, and population movements
- Promotion of health-seeking behavior, including Ebola prevention

REPRODUCTIVE, MATERNAL, AND NEONATAL HEALTH

Focus: Eliminating maternal and neonatal mortality and improving the health of pregnant women and newborns

- Birth-planning and referral for antenatal care and facility-based delivery
- Health education on prenatal nutrition, early exclusive breastfeeding, and more
- Early identification and referral for pregnancy complications and neonatal illness
- Home visits, health education, and support for newborn care
- Counseling on family planning methods
- Distribution of condoms and oral contraceptive pills



CHW Grace Dahn counsels a pregnant woman during a home visit



A CHW performs a Rapid Diagnostic Test (RDT) for malaria.

CHILD HEALTH

Focus: Eliminating under-five child mortality

- Monthly household visits to provide health education and promote timely vaccination
- Diagnosis, treatment, and follow-up for malaria, diarrhea, and pneumonia
- Identification and referral for signs of serious illness
- Malnutrition screening, nutrition counseling, and referral for severe malnutrition

ADULT HEALTH AND SPECIAL SERVICES

Focus: Increasing access to care and reducing stigma related to HIV/AIDS, tuberculosis (TB), select Neglected Tropical Diseases (NTDs), mental health conditions, and epilepsy

- Identification and referral for symptoms of priority diseases
- Community education on the prevention of HIV/AIDS, TB, and NTDs
- Home visits to support people living with HIV/AIDS, TB, and NTDs
- Provision of mental health services and basic first aid



CHW Oretha Menyon from Rivercess County.



Ten Years of IMPACT

2,908


Over the years, we've seen our impact grow from full-district coverage in Konobo, to full-county coverage in Rivercess, and now to nationwide scale.

71,439

Cases of malaria, diarrhea, or pneumonia in children under five treated by CHWs in Grand Gedeh and Rivercess since 2013

105,151

Routine household visits conducted by CHWs in Grand Gedeh and Rivercess since January 2016

 Managed Networks*

435

CHWs fully-trained

47

Clinical supervisors fully-trained

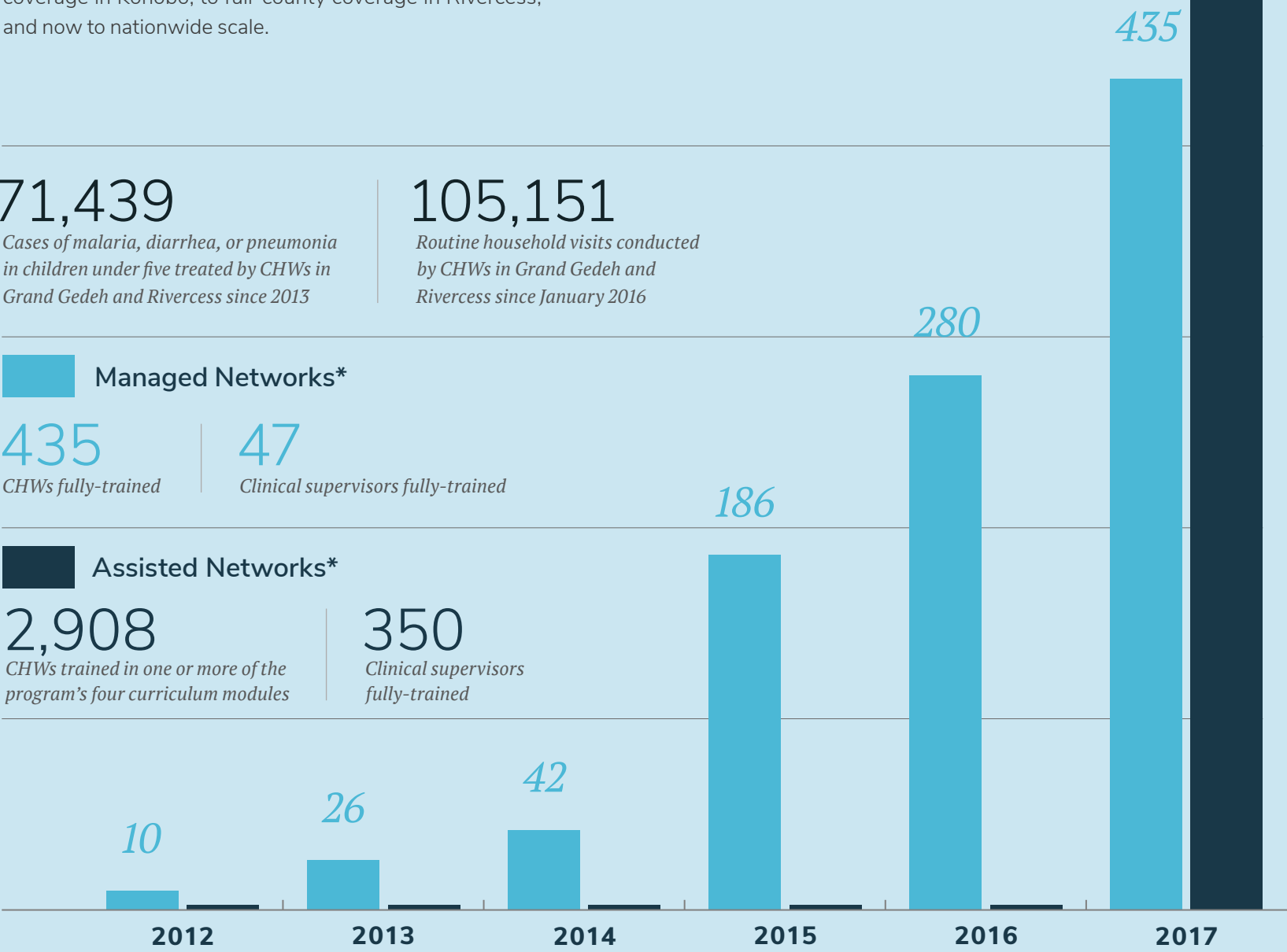
 Assisted Networks*

2,908

CHWs trained in one or more of the program's four curriculum modules

350

Clinical supervisors fully-trained



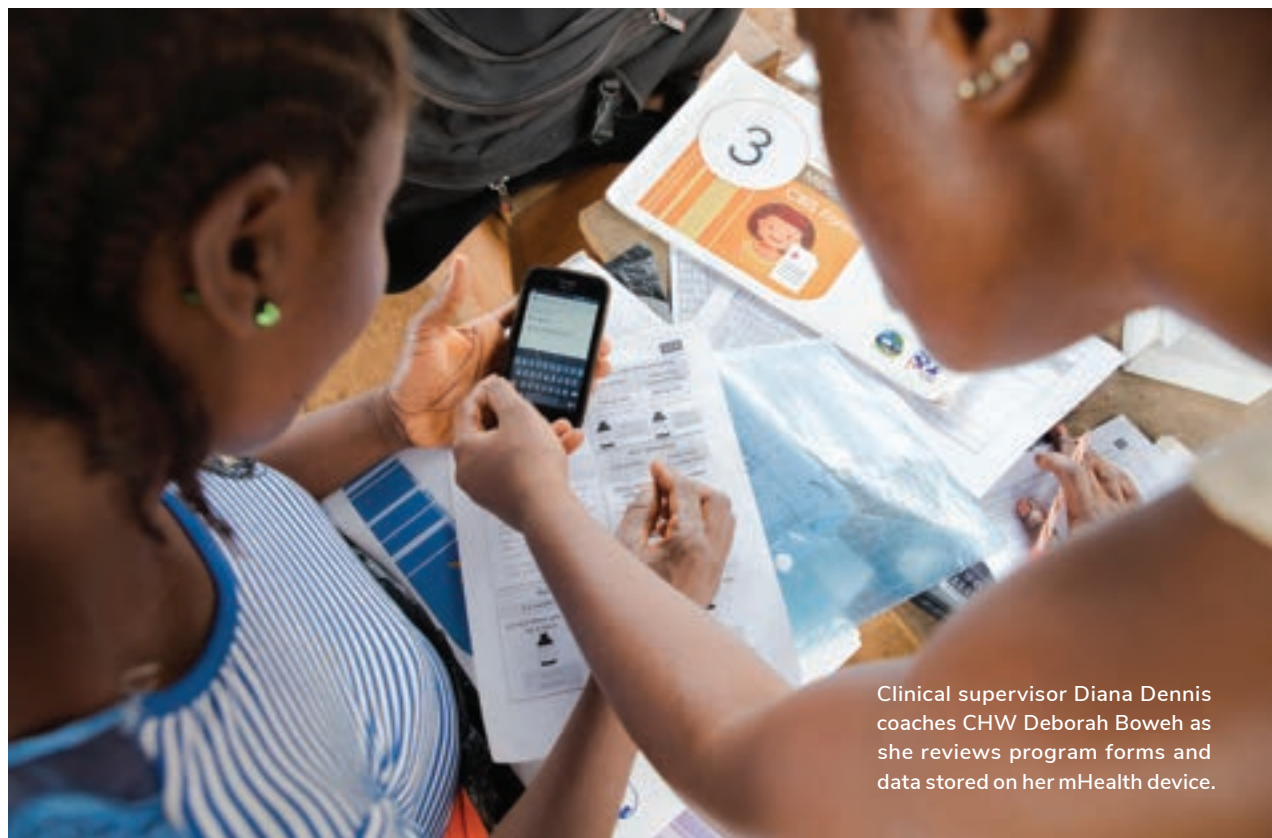
*Last Mile Health's managed networks include all CHWs and clinical supervisors deployed in the counties where we provide direct implementation support to the Ministry of Health's County Health Teams. This included Grand Gedeh and Rivercess Counties in 2017, and will include Grand Bassa County in 2018. Assisted networks include all CHWs and clinical supervisors deployed nationwide with support from the network of partners detailed on the map on page 19. Assisted networks benefit from the technical assistance and program coordination that Last Mile Health provides at the national level.

MEASURING IMPACT NATIONWIDE

Last Mile Health has supported the Liberia Ministry of Health to design a robust Community Based Information System (CBIS) to collect key programmatic data on the National CHA Program across all counties.

Over the past year, we worked with the Ministry of Health to finalize standardized data collection forms and procedures for the CBIS that are currently being rolled out across Liberia. These forms are designed to collect key information on the provision of patient services such as the number of routine household visits that a CHW conducts; the number of cases of childhood illness that they treat; the number of infectious disease trigger events they identify; and the number of patients they refer. Clinical supervisors collect this information from CHWs and submit monthly reports to the Ministry of Health for entry into a national database where it can be reviewed and analyzed.

In addition to providing a means to carefully track CHW performance and monitor the outputs of the National CHA Program, the CBIS also creates a robust, nationwide disease surveillance system that can be used to identify and respond to potential infectious disease risks. Furthermore, the CBIS is nested within the Ministry of Health's broader Health Management Information System (HMIS), which is used to track service delivery and monitor the burden of disease across the public sector health system. Thanks to this strategic configuration, the HMIS can now provide a holistic picture of health service delivery across Liberia, including those services that are administered by CHWs at the community level.



Clinical supervisor Diana Dennis coaches CHW Deborah Boweh as she reviews program forms and data stored on her mHealth device.

LEVERAGING DIGITAL TECHNOLOGY TO IMPROVE PATIENT CARE

When operational insights such as medication inventory and patient treatment data are buried in cumbersome paper forms, it's difficult for CHWs and their supervisors to make effective use of this information to improve the quality of care they provide to their patients. In response to the need for more actionable data, our Research, Monitoring, and Evaluation Team created an innovative mobile health (mHealth) platform that's tailored to the last mile.

Hosted on Android smartphones, our mHealth platform allows CHWs and their supervisors

to log information on patient interactions and supervision visits in real time in even Liberia's most remote communities. Since most of the communities we serve lack access to electricity and cellular networks, CHWs charge their mHealth devices using a solar panel and external battery pack and can log data on patient interactions, access reference materials, and use diagnostic tools in an offline app. Data is then transferred from CHW to supervisor and from supervisor to county hub via Bluetooth before being uploaded to an online database called Last Mile Data. This database is accessible to our staff and government partners and is used to identify trends and inform targeted improvements to CHW performance and program quality.

A person wearing a yellow shirt and a backpack is walking away from the camera on a dirt path through a dense, lush green forest. The path is narrow and surrounded by thick vegetation and large trees.

Ten Years of
INNOVATION

The Story of Gboe

For two years, Last Mile Health has worked with community members and the Ministry of Health to transform access to healthcare for people living in one of Liberia's most remote districts.

Located deep in the rainforest of Grand Gedeh County, Gboe District is a picture of remoteness. A two-hour drive down a narrow, unpaved road from the nearest community with cellular reception, Boe Geewon is the most accessible of the district's 12 communities. Chayee Town, Zammie, and Zarzar are another five to seven hours past Boe Geewon and can only be reached on foot. Until recently, the only option when a community member fell ill or got injured in one of these towns was to carry them in a hammock for up to two days to reach the nearest clinic in a neighboring district.

A few years ago, all of this changed.

In 2015, your support enabled us to recruit and train CHWs to provide lifesaving health services to every community in Gboe District. For the first time ever, children gained ready access to treatment for common illnesses and there was finally a robust disease surveillance network in place to identify the earliest signs of an infectious disease outbreak. But we didn't stop there.

We knew that CHW programs are most impactful when they connect patients with the broader public sector health system, but there was no clinic in Gboe for CHWs to refer complicated cases to. Where many considered Gboe too small or too remote to warrant investment, we saw an overwhelming need for lifesaving healthcare and we were determined to bridge the gap. With the support of generous partners like you, we committed to accompanying the people of Gboe and the Government of Liberia to open the district's first clinic.

Not long before we launched operations in the district, the people of Gboe had pooled together community funds and started construction on a building that they hoped could become a formal clinic. The local

youth committee framed the building with bamboo and other local materials and covered the structure with corrugated roofing material. It was an impressive start, but the building still needed structural improvements, staff, and supplies.

As we launched our CHW program in Gboe, we also began working with community leaders and the Ministry of Health's Grand Gedeh County Health Team (CHT) to set these upgrades in motion. In the meantime, we also worked with the CHT to send medical staff and supplies to Gboe for one week each month to run a temporary clinic out of the unfinished structure.

For two years, the people of Gboe worked diligently to complete construction. Meanwhile, Last Mile Health assisted with the transportation of building materials and the recruitment and training of local community members to serve as the clinic's registrar, nurse aide, pharmaceutical dispenser, vaccinator, and laboratory aide.

Amongst these new staff is Victoria Goah, who was one of the first CHWs we recruited in Gboe in 2015. In recognition of her outstanding skill and dedication, Victoria was



promoted to serve as the clinic's nurse aide. Through two months of training at Martha Tubman Memorial Hospital in Zwedru, Victoria learned to perform blood pressure screenings, register new patients, and support clinical staff with patient care.

Once Victoria and the clinic's other support staff completed training, the Ministry of Health recruited a talented nurse and registered midwife to serve as the facility's two full-time clinical staff. With the structure complete and the staff recruited and trained, the final hurdle was to deliver medical supplies to the clinic and officially launch operations.

After traveling for three days through the deep mud of rainy season roads, the launch



team finally arrived in Boe Geewon on September 6th, 2017. When they arrived, they found a town eager to celebrate the culmination of two years of advocacy, partnership, and determined innovation. In just its first month of operation, the Boe Geewon Community Clinic delivered five healthy babies and provided care to more than 400 patients for conditions ranging from malaria and upper-respiratory infections to life-threatening trauma injuries.

The launch of CHW programming and the establishment of a clinic in Gboe have demonstrated the magnitude of what we can achieve when we commit to innovating together with governments and local communities. We will continue to evaluate and refine our efforts in Gboe to glean valuable learning about how to design, build, and support health systems that enable people living in remote communities around the world to realize their right to health.



1 Community Engagement Officer Nimley Shilue walks to Zeagbeh in Gboe District to meet with the local CHW and the town's Community Health Committee. **2** Construction of the Boe Geewon Community Clinic was completed in September 2017. **3** Patients receive prescriptions from the clinic's pharmacy. **4** Nurse aide Victoria Goah, a former CHW from Gboe District, takes a patient's blood pressure at the Boe Geewon Community Clinic.

Ten Years of Health For All

OUR GLOBAL VISION

At Last Mile Health, the word 'ALL' is etched into our logo as a testament to our belief that all people, no matter where they live, deserve high quality healthcare. For the past ten years, we've worked with the Government of Liberia to demonstrate that CHWs and their clinical supervisors can transform health outcomes in communities that were once considered too difficult to serve. Recognizing that 400 million people worldwide still lack access to even the most basic health services, we're committed to drawing on our learning in Liberia to advocate globally for investment in CHW programming as a means of achieving health for ALL.



April 2016

- CEO Dr. Raj Panjabi is named to TIME Magazine's list of The 100 Most Influential People of 2016 in recognition of Last Mile Health's advocacy for health equity.
- Last Mile Health delivers an expert testimony at the U.S. Senate Foreign Relations Subcommittee on Africa and Global Health Policy arguing that investment in CHWs to serve remote communities makes health systems more resilient in the face of epidemics like Ebola.



June 2016

Last Mile Health receives funding through the United States Agency for International Development's (USAID) Integrating Community Health award. Through this award, Liberia joins a consortium of seven other countries working to inform USAID and UNICEF's global approach to community health programming.



March 2017

Last Mile Health and the Liberia Ministry of Health join delegations from 23 countries at the Institutionalizing Community Health Conference sponsored by UNICEF, USAID, and the Bill and Melinda Gates Foundation to share learning around global best practices in CHW programming.

Image Credit: NASA Earth Observatory image by Joshua Stevens, using Suomi NPP VIIRS data from Miguel Román, NASA's Goddard Space Flight Center

April 2017

- Last Mile Health is honored with the Skoll Award for Social Entrepreneurship and is named a Schwab Foundation Social Entrepreneur of the Year.
- CEO Dr. Raj Panjabi accepts the 2017 TED Prize and gives a TED Talk announcing our plans to launch an online learning platform called the Community Health Academy.

July 2017

- The President of Liberia recognizes CEO Dr. Raj Panjabi and Last Mile Health as a Distinguished Servant of the Republic of Liberia.
- Program Director and veteran staff member Ben Grant speaks at the launch of The Elders “Walk Together” campaign, a new initiative that aims to drive forward the global movement for Universal Health Coverage.



November 2017

Last Mile Health presents at the World Health Organization's Global Forum on Human Resources for Health to share learnings from the design and implementation of the National CHA Program.

Community Health Academy

In April 2017, Last Mile Health launched the Community Health Academy to reinvent the education of CHWs and the leaders who support them. Together with a global consortium of partners, the Community Health Academy will train, empower, and connect CHWs around the world to provide high quality, home-based care to millions of people who are beyond the reach of the nearest health facility. The Community Health Academy will also support countries to develop formal accreditation programs for CHWs that enable them to become recognized, empowered professionals like nurses and doctors.

Born out of Last Mile Health's 2017 TED Prize Wish, the Community Health Academy will support governments to train, evaluate, and certify CHWs through online continuing professional education for policymakers and health workers. In 2018, the Community Health Academy will launch its first open-access online course in partnership with HarvardX and edX. Tailored to policymakers and public health program managers, the course will provide insights and best practices for governments looking to design and launch evidence-based CHW programs.

The Community Health Academy will also directly support governments to scale nationwide CHW programs by providing customized, in-country technical assistance. Dedicated technical advisors will work directly with partner governments at the national and local levels to develop CHW program strategy, design customized suites of training resources drawn from the Community Health Academy's training library, and implement high quality training at nationwide scale.

Image Credit: Mike Femia/TED



One powerful feature of Liberia's National CHA Program that we hope to advocate for globally is the value of pairing CHWs with skilled clinical supervisors. Designing programs in this way ensures that CHWs have the mentorship and support they need to provide high quality community-based health services. Clinical supervisors also cultivate a supportive referral pathway for patients who require higher-level care from a clinic or hospital.

Health Worker Spotlight: Musa Kromah

Recognizing the key role that clinical supervisors play in optimizing CHW performance and strengthening referral pathways, the National CHA Program cultivates a workforce of skilled clinician leaders who are passionate about improving community health. Musa Kromah, based in Konobo District, is one of hundreds of newly-recruited clinical supervisors who are courageously leading the movement to make Liberia's health systems stronger, more resilient, and more equitable.

Born in Liberia's Bong County, Musa attended primary school in Guinea while living as a refugee during Liberia's civil wars. He returned after the wars to complete high school, and in 2016 he achieved his lifelong dream of becoming a nurse. When asked during a recent interview what motivated this career choice, Musa recounted the experience that sparked his passion for healthcare:

"In 1995 my mom was pregnant with my little brother and we lived in an area where it was really hard to access a health facility. She had a lot of problems with her pregnancy, but there was one [outstanding] nurse who treated her during her delivery. I looked at her work and said, 'This is my dream.' I knew I'd

have to pursue [nursing] one day because I wanted to save lives."

As chance would have it, Musa's first job after graduating from nursing school was in the Emergency Department at Martha Tubman Memorial Hospital in Grand Gedeh County; the hospital where Last Mile Health was founded in 2007. Working just down the road from our office, Musa learned about the National CHA Program and developed a keen interest.

Having witnessed the barriers his mother faced in accessing care when she was pregnant, Musa was eager to serve remote communities in the same way as the nurse who inspired his career more than two decades ago. When the Ministry of Health announced a vacancy for a clinical supervisor in Konobo District earlier this year, Musa eagerly applied. He was accepted and assigned to a region of large gold mining communities that are especially difficult to reach.

While he admits that the work is not easy, Musa says he's found it deeply inspiring and is grateful to be using his clinical skills to serve in an area of such great need.



"If our children [grow up] healthy, they will have good things to provide to this community, to the country, and to the world at large... I feel proud in doing this work no matter how difficult it is."

Ten Years of LEADERSHIP

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Our progress over the past ten years was made possible by the generous support of hundreds of partners like you who have lent their time, talents, resources, and compassion to the cause of healthcare for all.

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Patients wait in queue at the
Boe Geewon Community Clinic.



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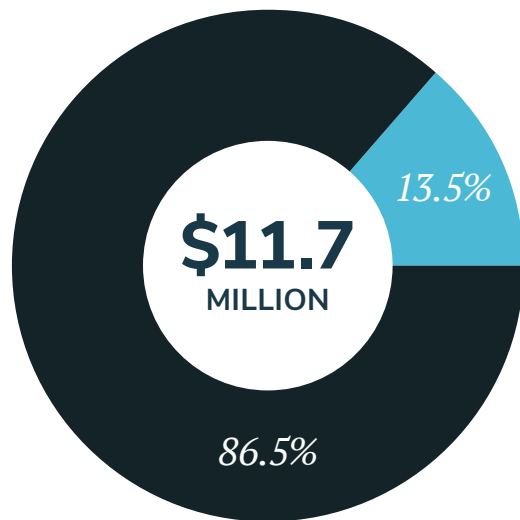
In Memoriam

Beatrice Forpoh – Beloved Last Mile Health staff member Beatrice Forpoh passed away on March 1st, 2017 leaving behind a loving family and countless admiring friends and colleagues. Beatrice will be remembered for her radiant positivity, her dedication to the health of our patients, and the indelible contributions she made to our Quality and Innovation Team. Through the generosity of our partners, we established the Beatrice Forpoh Memorial Fellowship in her memory to afford clinical staff an opportunity to pursue further education. Co-founder Alphonso G. Mouwon, who was among Last Mile Health's first cohort of CHWs in 2007, is the first recipient of the fellowship. Alphonso is pursuing a bachelor's degree in nursing from the Adventist University of West Africa.

Prince Waylee – We also remember the lifesaving work of CHW Prince Waylee of Konobo District who passed away on February 25th, 2017. Prince was amongst the CHWs in Konobo who together served to establish a new paradigm of what's possible in delivering healthcare to Liberia's last mile. Prince's heroic commitment to the betterment of his community will be felt by generations of Liberians to come through his lasting legacy on the National CHA Program.

Nancy Koppelman – An early advocate for our work and a cherished member of the Last Mile Health family, Nancy Koppelman passed away on May 26th, 2017. Nancy co-founded the Global Neighborhood Fund, which has generously supported Last Mile Health and other organizations in Liberia for more than seven years. She will be remembered as a loving friend and an outspoken advocate for social justice by the countless people whose lives were touched by her warm and generous spirit.

Financial STATEMENTS



REVENUE

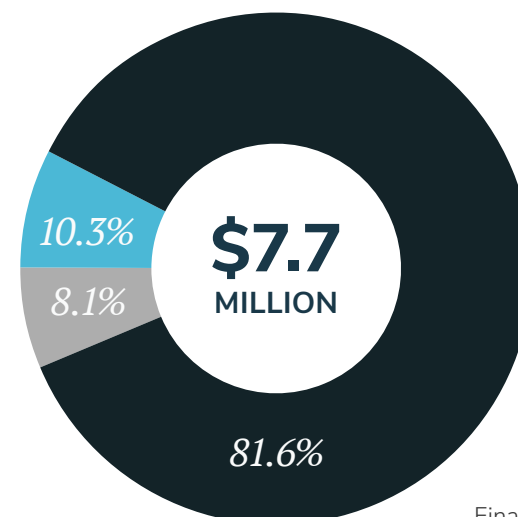
July 1, 2016-June 30, 2017

	Grant Revenue:	\$10,089,549
	Contributions:	\$1,570,524
Total:		\$11,660,073

EXPENSES

July 1, 2016-June 30, 2017

	Program:	\$6,268,212
	Administrative:	\$619,842
	Fundraising:	\$793,973
Total:		\$7,682,027



Financial statements are audited.

CHW Agnes Panman
from Gboe District.



Looking Forward

Inspired by the progress that your advocacy and partnership have made possible, we are more committed than ever before to the belief that no patient is too difficult to reach with lifesaving healthcare. As we look ahead to our next ten years, we hope you'll join us as we continue to strive toward a more just and equitable world where everyone, everywhere has access to lifesaving healthcare.



LAST MILE HEALTH

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