LAST MILE HEALTH

Globally, we remain unprepared for the next pandemic.

Community health workers are key to changing this.

Six years after the COVID-19 pandemic took hold, the Independent Panel for Pandemic Preparedness and Response asserts, "If a new pathogen emerged today, the world remains largely unprepared for it."

Amid the second-largest recorded outbreak of Ebola, we can't afford to ignore the threat of emerging disease threats—and both COVID-19 and the 2014-2016 Ebola epidemic in West Africa offer insights that can equip us to prevent, prepare for, and respond to future pandemics. A growing body of research demonstrates that professional community health workers are key to these efforts: when integrated into strong primary health systems, they can help prevent epidemics from becoming pandemics and maintain healthcare delivery amid disruption. **As we look toward this year's United Nations High-Level Meeting on Pandemic Prevention, Preparedness, and Response, we must ensure community health workers are named and included in the subsequent Political Declaration and the national and global strategies it will shape.**

> **I am a survivor of Ebola.** During outbreaks, it is important for people to receive treatment in their own community.
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> **Augustine Kargbo**
> Community health supervisor
> Tonkolili, Sierra Leone

Founded in Liberia in 2007, **Last Mile Health accompanied Liberia's Ministry of Health during the West African Ebola epidemic, training over 1,300 health workers and 38 health facilities to provide a continuum of Ebola-specific services including prevention, referral, and isolation.** In addition, we designed and provided training to health workers on no-touch Ebola screening procedures, community education, and active contact tracing. **Frontline health workers were able to "keep safe and keep serving," and in communities where professional community health workers were in place, routine medical services continued throughout the epidemic.** While Liberia experienced a threefold decrease in facility-based delivery nationally, in Konobo District, where paid and supervised community health workers were providing services, the facility-based delivery rate remained high, dropping by only three percent. This proven impact in responding to crisis while maintaining essential health services led to the launch of Liberia's National Community Health Program, which reached national scale in 2024.

We are changing people's mindset. Before, parents never understood the importance of vaccines. Malaria would kill a lot of children. But when community health workers started talking to people, things changed.

Rebecca Wheh
Community health worker
Tompoe Town, Liberia

Today, Last Mile Health partners with ministries of health in four countries (Ethiopia, Liberia, Malawi, and Sierra Leone), where we build, strengthen, scale and sustain national community health worker programs. In each of these countries, community health workers play a crucial role in preventing, preparing for, and responding to threats from emerging diseases like mpox to endemic diseases like malaria and cholera. Their track record offers valuable lessons in how governments can leverage a strong national community health workforce to prevent, prepare for, and respond to future pandemics—and how global norms can support them to do so.

Prevention: How community health workers help reduce the prevalence of malaria

In Liberia, malaria is a continuous endemic threat: it represents the leading cause of death for children under five. In rural and remote communities, professional community health workers are key to malaria prevention. As trusted members of their communities, they dispel myths and misconceptions, providing education about how the disease is contracted and what steps families can take to reduce risk (such as reducing standing water near homes, closing windows at dusk, and sleeping under long lasting insecticidal nets). They also manage malaria response at the community level: by 2019, **community health workers treated 45% of confirmed malaria cases for children under the age of five in Liberia.**

Now, community health workers are playing a key role as the new malaria vaccine is integrated into routine childhood immunizations: through education and outreach, they are spreading awareness of the vaccine and connecting families to vaccinators, as well as tracking children for follow-up to ensure they receive all doses.

As Sierra Leone rolls out the malaria vaccine this year, community health workers are playing a similar role in educating families and connecting them to vaccines. This approach is proven and replicable, and it's deeply relevant to pandemic and epidemic prevention: community health workers are trusted neighbors who can dispel myths via education on awareness and behavior change as well as support immunization, all at the community level.

Preparedness: How community health workers prepare communities to address mpox

After emerging from Ebola and COVID-19, Liberia's frontline health workers, Ministry of Health leaders, and partners had substantial experience to draw on in preparing for the next disease threat. When mpox emerged, they put these lessons into action. Already trained in disease surveillance and positioned in rural and remote contexts where zoonotic disease is most often transmitted, community health workers raised awareness of this new disease and its cause and symptoms. They have been central to disease surveillance as Liberia prepared for and encountered cases of mpox, especially in rural and remote contexts, where they are typically the only link to the formal health system. Since the emergence of mpox, community health workers have identified and addressed cases in remote communities in Rivercess County, where they diagnosed patients and alerted their supervisors to each new case. This has allowed the Ministry of Health and its partners to track mpox's prevalence and spread.

A well-trained national cadre of community health workers, fully integrated into the broader health system, is crucial to national and global preparedness for the next epidemic or pandemic. With this workforce in place—as well as strong systems for training, supervision, and connectivity to the health system—governments can identify new threats, respond as soon as they emerge, and track the spread of disease at the community and national level.

We are the direct link between the health system and the community. The community trusts community health workers, and this familiarity comes in handy during sensitization campaigns.

Rester Chitsonga
Community health worker
Salima District, Malawi

Response: Community health workers' roles in responding to cholera and COVID-19

Cholera is a regular threat in Malawi, particularly as climate change increases the frequency and severity of storms that cause flooding across the country. In 2023, Cyclone Freddy wiped out roads and damaged health facilities. Families in rural and remote areas were unable to travel to access healthcare—but community health workers were able to spread awareness about the risk of cholera and treat patients within their own communities. Through systems that were already in place, they maintained contact with supervisors and the larger health system, ensuring they could receive updates and share community-level information on new outbreaks. Critically, they were also able to maintain routine health services like maternal and child health care despite the disruptions of the cyclone.

This response effort offers lessons applicable in future climate-driven health crises as well as in epidemics and pandemics, where formal systems often break down due to excessive burden: **with community health workers in place, disease response and routine health services can continue to function even when systems are under strain.**

COVID-19 offers a global example of that strain—and in Ethiopia, the Ministry of Health worked with partners including Last Mile Health to mobilize a prompt response. Strong systems for training, including digital health innovations, made rapid response possible: in May 2020, just two months into the pandemic, the Ministry of Health and Last Mile Health launched the COVID-19 Ethiopia app, providing training and skills assessments for health professionals including community health workers. The app's success led to the development of a new blended learning approach that is now in use for all training topics for community health workers. By integrating digital learning sessions and resources alongside traditional in-person training, this approach cuts costs, drives learning gains, and makes integrating new topics efficient and effective. The country's nationally scaled community health program—with a workforce of more than 40,000—allows quick integration of new information and interventions. For example, Ethiopia's community health workers have now begun to screen for and treat non-communicable diseases after the introduction of a new training module.

This principle can be applied as new threats emerge: the Ministry of Health and partners can disseminate new information via systems that are already in place, and can reach the entire population via an already-scaled community health workforce that is integrated into the larger health system. Our newest intervention in Ethiopia—HEP Assist, which leverages AI trained in Ministry of Health treatment protocols to support community health workers in making clinical decisions—also offers clear potential in rapidly reaching a national workforce with new information during epidemics and pandemics.

To prevent, prepare for, and respond to future pandemics, community health workers are essential.

We must recognize their role and invest in the systems that support them.

Strong national community health programs are essential to preventing, preparing for, and responding to future pandemics. Professional community health workers are key to community education, disease surveillance, and response—and when programs are nationally scaled and integrated into the broader health system, they offer an effective and efficient avenue for transmitting information and linking people to treatment, both preventive and curative. **With a national community health workforce in place, governments don't have to build new systems when health threats emerge; instead, they can leverage this ideally positioned workforce, saving time, money, and lives.**

The evidence is already compelling in the case for community health workers as an integral component in epidemic and pandemic prevention, preparedness, and response. Their geographical location within rural and remote communities as well as the trust they share with their neighbors makes them uniquely qualified to break down misconceptions and share accurate information in the midst of crisis. To reach their enormous potential in pandemic prevention, preparation and response, it's essential community health workers are set up for success. They must be paid as professionals and supported with regular training, supervision, and supplies, and they must be fully integrated into strong national systems operating at scale. **These national systems need strong investment—both domestic and philanthropic—for long-term sustainability.**

A timely opportunity for action is to **name and recognize community health workers explicitly in the Political Declaration of the 2026 United Nations High-Level Meeting on Pandemic Prevention, Preparedness, and Response.** This includes ensuring the preparation, protection, and financing for community health workers as part of the health workforce. This recognition will lay the foundation for government buy-in and partner investment in community health workers to safeguard national and global health security. This is a collective challenge that requires collective action, and this is a prime opportunity to make progress together.

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