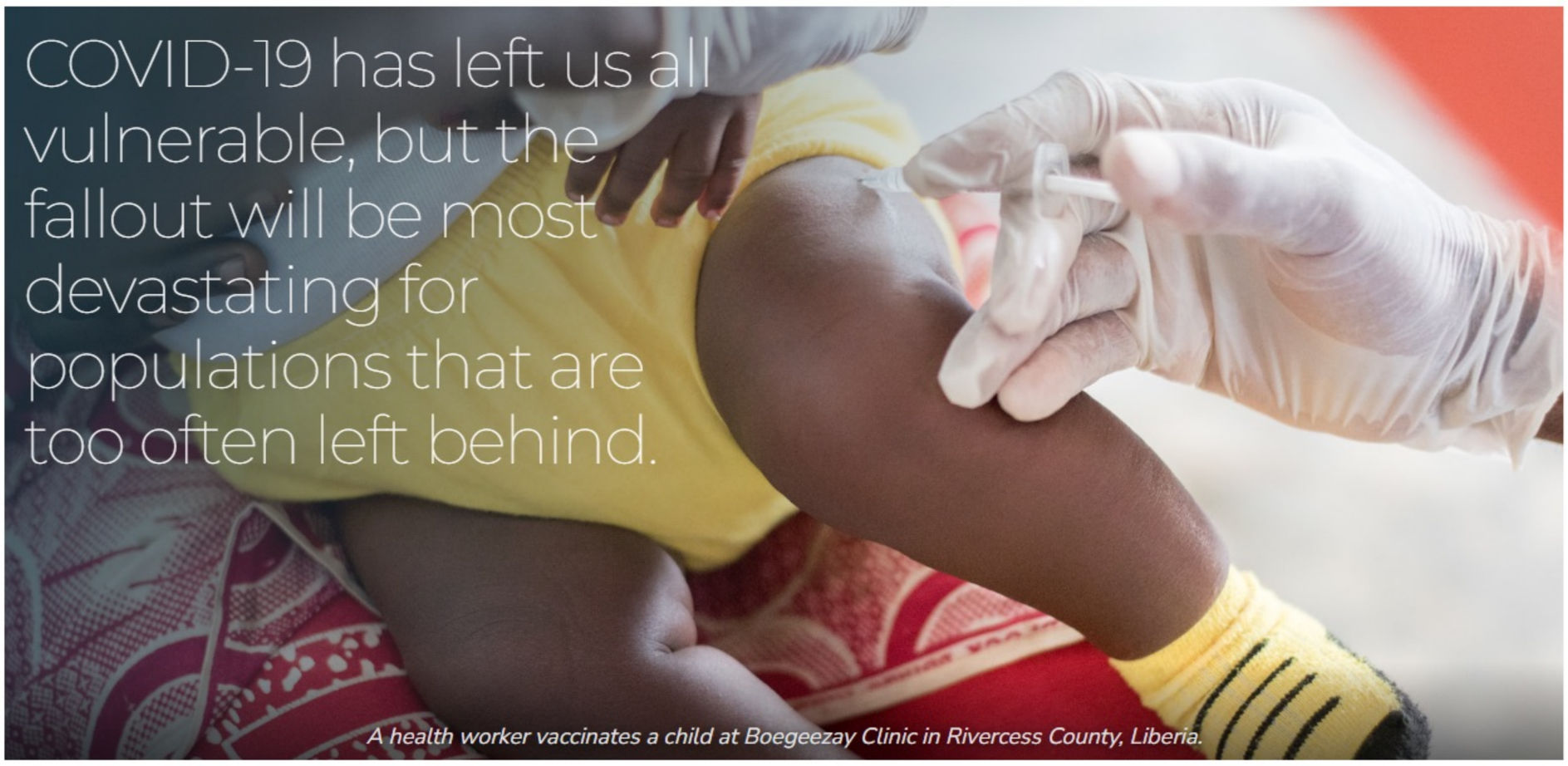


HEALTH FOR ALL MUST BE THE LEGACY OF COVID-19



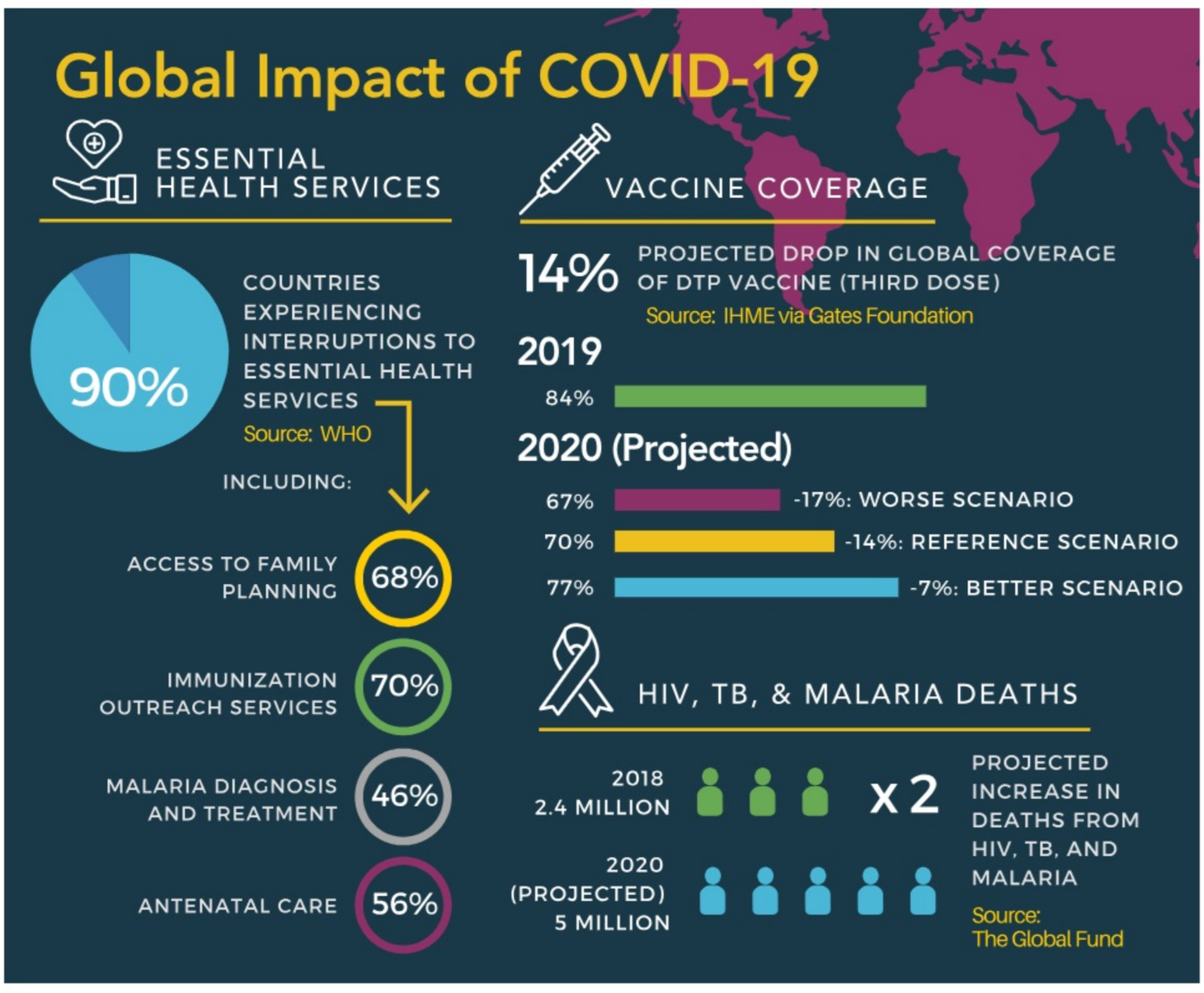
> When I was growing up as a child there was no clinic, there wasn't even a trained traditional midwife... but now things are changing. With [community health workers] that have a passion for the job, the community can be better.

Jerome Gardiner
Community Health Worker
Davis Town, Grand Bassa County, Liberia



A health worker vaccinates a child at Boegeezay Clinic in Rivercess County, Liberia.

COVID-19 further exacerbates inequities for countries already facing shortages of health workers and medical supplies. Ninety percent of countries are experiencing wide ranging interruptions to essential health services, with low and middle income countries hit hardest. In 2020 alone, health coverage has been set back nearly 25 years in 25 weeks. Experts estimate that deaths from HIV, tuberculosis, and malaria could double in the next year, and vaccine coverage could drop.



But crises like COVID-19 also present an opportunity to accelerate progress. **Around the globe, teams of community and frontline health workers are playing a critical role in controlling the spread of COVID-19, while ensuring that patients continue to receive life-saving health services.** And, long after the virus is contained, this critical workforce will remain to serve the daily health needs of their communities. When strong, community-based primary health systems are in place, they can become a robust first line of defense against everyday health threats and global emergencies. If we are able to meet the urgency of this moment with investment in community health workers as the foundation of a resilient health system, we can not only help control COVID-19, but rebuild for a future where everyone, everywhere is within reach of healthcare.

Now is our opportunity to double-down on our commitments to health for all by making investments that will shape our world for years to come. We believe the global community can emerge from this crisis stronger.



THE LEGACY OF COVID-19 CAN BE RESILIENT PRIMARY HEALTH SYSTEMS THAT PRIORITIZE ACCESS FOR ALL

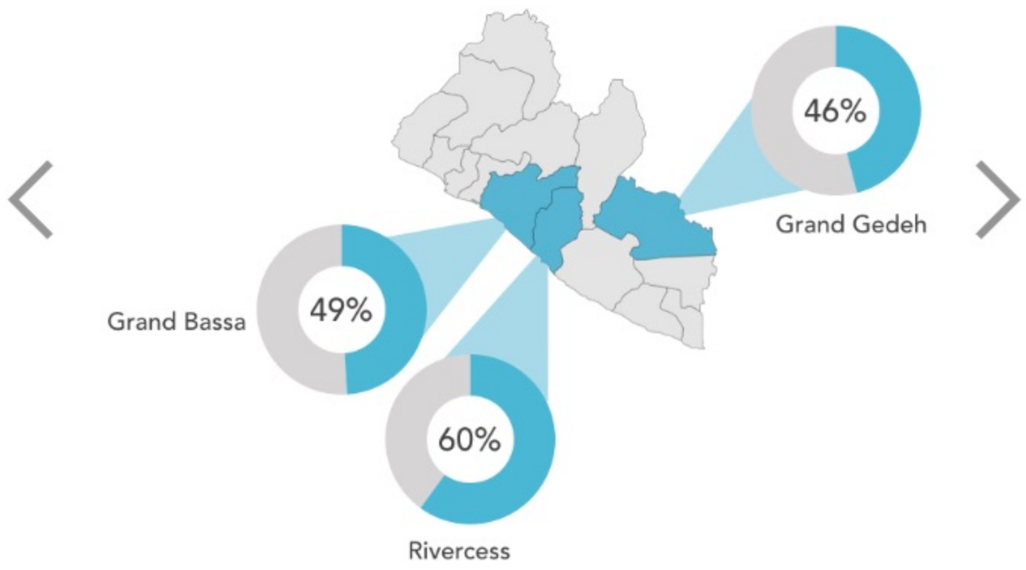
For rural and remote Liberians, community health workers like Jerome Gardiner are the first line of defense against COVID-19.

Though Jerome's formative years were marked by war, he was determined to complete high school and find ways to serve his community. In 2011, Jerome's neighbors nominated him as a community health volunteer to promote healthy behaviors in his community. Then, during the 2014-2015 Ebola epidemic, Jerome answered the call to serve when the Government of Liberia asked for support in educating communities, tracing contacts, and rapidly referring patients to care in remote and rural areas. In the wake of the epidemic, Liberia's Ministry of Health transitioned many community health volunteers like Jerome into paid, professionalized community health workers by training them to prevent, diagnose, and treat common health conditions.



Jerome is now employed as part of Liberia's National Community Health Assistant Program, where he is a critical part of the country's primary health system. Over the course of a few weeks, Jerome was trained in basic skills to to diagnose and treat preventable diseases—from treating children for malaria and pneumonia and screening kids for malnutrition, to ensuring mothers have a birth plan to deliver in the clinic, to delivering contraceptives and screening for diabetes and high blood pressure. Upon completing his training, he was equipped with medicine and supplies like a smartphone with video lessons on topics like assessing a child for malnutrition.

Community health workers like Jerome serve the daily health needs of their neighbors. When a parent is worried their child is suffering from an illness like pneumonia, Jerome comes to their home to provide care for the child on the spot. **With the nearest clinic more than five kilometers away, Jerome is able to team up with his supervisor and other frontline health workers to create a strong link to the public health system for patients who require additional care.** Before the introduction of the national program, Jerome's community didn't have a trained midwife and pregnant women rarely visited the health facility. Now, thanks to community health workers like Jerome, women are receiving high-quality antenatal care services and are safely delivering babies in the facility. After growing up watching his community struggle to access healthcare, Jerome is a testament to what's possible when clinicians, frontline, and community health workers work together to expand access to healthcare. In the future, Jerome hopes to continue serving his community by becoming a clinical supervisor.



When community health workers like Jerome are trained and supported to bring primary health services to the doorsteps of people living far from care, they can improve health outcomes and save lives. In Grand Bassa County, where Jerome is one of the 252 community health workers serving over 45,000* people, **coverage of treatment for childhood illness like pneumonia, malaria, and diarrheal disease increased** in districts implementing the National Community Health Assistant Program compared to districts that were not. **In communities served by the national program in Liberia, community health workers now treat 45 percent of all reported malaria cases for children under five.**

The Ebola epidemic propelled Liberia to extend the reach of its health system. As countries respond to COVID-19, investments in expanding access to primary healthcare through community health workers could help them defeat the virus, while also laying the foundation for a robust health system that is prepared to respond to future global health emergencies.

COVID-19 has reinforced what we have always known to be true: the best emergency response system is a primary health system that can be surged in times of crisis.

Though the novel coronavirus is unparalleled, past emergencies—from the West African Ebola epidemic to the everyday crises of preventable disease—have taught us to look beyond immediate solutions and to transform systems for the long term. Over the past 13 years, our team at Last Mile Health learned that the following lessons are central to building and sustaining primary health systems that can surge during crises, while protecting the hardest-to-reach communities.



In remote and rural communities where reaching a hospital or clinic can be an arduous journey, community health workers are a crucial part of an everyday health system that reaches the most vulnerable. Recruited directly from the community they serve, community health workers can be among the first to raise the alarm for an outbreak while also ensuring their neighbors have the information and care they deserve to stay safe and healthy.



During Liberia's Ebola epidemic, a lack of confidence in the safety of health facilities kept many people from seeking routine care. But expanding the healthcare team proved to play a crucial part in meeting patients where they were: in their homes. Community health workers across Liberia teamed up with doctors and nurses to educate their communities, actively track cases and contacts, and quickly refer sick patients to the health facility. Due to established trust with their neighbors, many were able to keep essential health services going. **While Liberia experienced a three-times decrease in facility-based delivery nationally during the Ebola outbreak, in Konobo District, where paid and supervised community health workers were providing services, the facility-based delivery rate remained high, dropping a mere three percent.**

This same community-driven strategy remains critical.

Much like they did during the Ebola outbreak, community health workers are now fully engaged in the fight against COVID-19. Earlier this year, Liberia Ministry of Health employees like Comfort King-Gbaie stepped up to rapidly train community and frontline health workers like Jerome to recognize the signs and symptoms of COVID-19, encourage social distancing, hand washing, and mask use, and refer any suspected cases for treatment. Comfort and her colleagues also partnered with community-based clinics to establish infection prevention and control procedures and adapt physical distancing and no-touch protocols so that health workers can stay safe while continuing to administer the package of essential, life-saving health services.





Click to view images of Last Mile Health supported COVID-19 trainings.

Now, every community health worker deployed as part of Liberia's national program is trained to respond to COVID-19—and in partnership with doctors, nurses, and frontline health workers, they are critical to containing the virus while keeping essential health services going. **Early evidence from Liberia's National Community Health Assistant Program indicates that community health worker service provision has held steady since the onset of COVID-19,** with only marginal decreases in facility-based delivery rates in areas served by the program.

When we invest in local residents as community health workers trained to identify threats, they can stop outbreaks of disease before they start. But it's not enough to just have health workers in place—they need to be supported.

As part of interdisciplinary teams of midwives, nurses, and doctors, community health workers are an important part of a well-functioning primary health system. When strong community health systems are in place, countries can rapidly deploy community health teams to prevent, detect, and respond to a crisis. But to effectively mobilize this workforce during times of crisis, they need to be supported—and that includes being entitled to the same protections as other health providers.

Appropriately trained and adequately resourced community health workers who are supported with supplies, supervision, and payment are vital to ensuring equitable access to care. With this critical workforce stepping up around the globe to support the COVID-19 response, we need to invest in the systems and support networks that empower community health workers to continue delivering the highest possible quality of healthcare—which includes ensuring they have the personal protective equipment to keep safe and keep serving their communities.



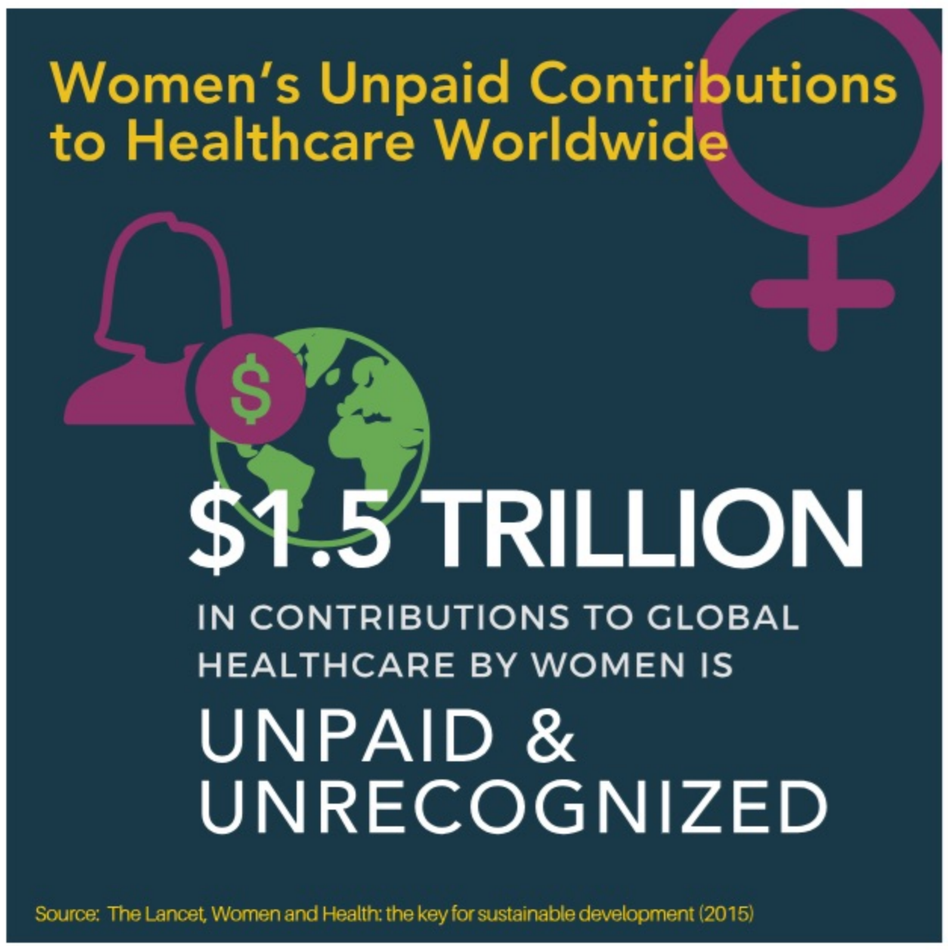
Click to view images of PPE procurement and distribution in Last Mile Health supported countries.



In Malawi, our Director of Programs, Ndasowa Chitule, worked with her colleagues to procure and distribute essential supplies and personal protective equipment to help safeguard community and frontline health workers responding to the virus. After our organization contributed over 900,000 pieces of personal protective equipment to Malawi's Ministry of Health, critical supplies like masks, gloves, and gowns were distributed to community and frontline health workers who work at health facilities in remote communities. Now, these health workers are equipped with the protection to continue health service delivery and safely participate in community COVID-19 contact tracing.

While a global shortage has made it difficult for all health workers to access personal protective equipment, the brunt has fallen on community health workers in low- and middle-income countries—who are often women. Worldwide more than 7 out of 10 healthcare workers are women, which means they are disproportionately affected by global shortages of personal protective equipment—while they are also increasingly underpaid for their work. Despite being critical members of the primary health team, the unpaid contributions of women in healthcare globally—including women serving as frontline and community health workers—totals $1.5 trillion dollars annually.

We depend on community health workers to put themselves on the frontlines of crises. Now, as this workforce prepares to go as far as it takes to control COVID-19, countries need to go as far as it takes to invest in them.



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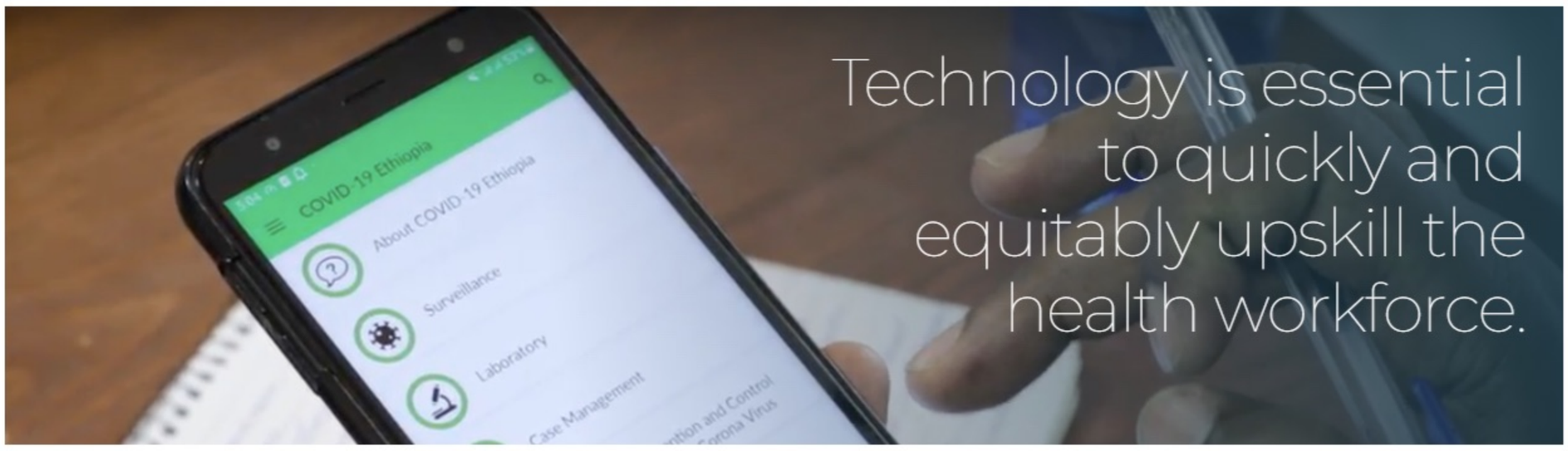
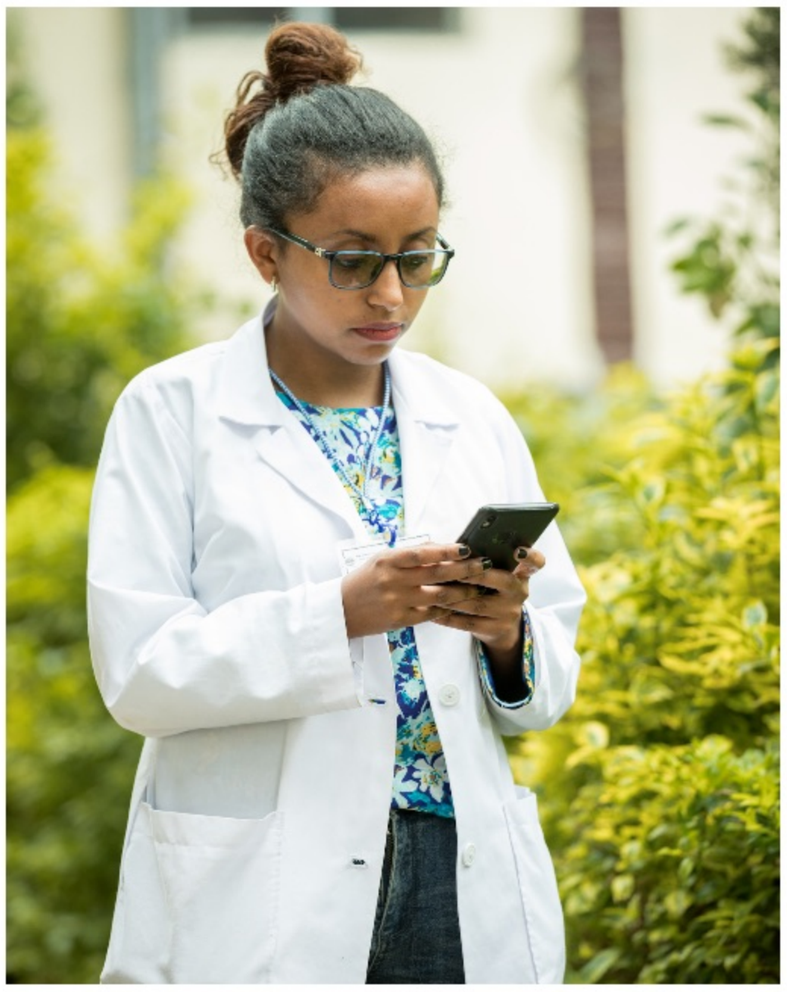
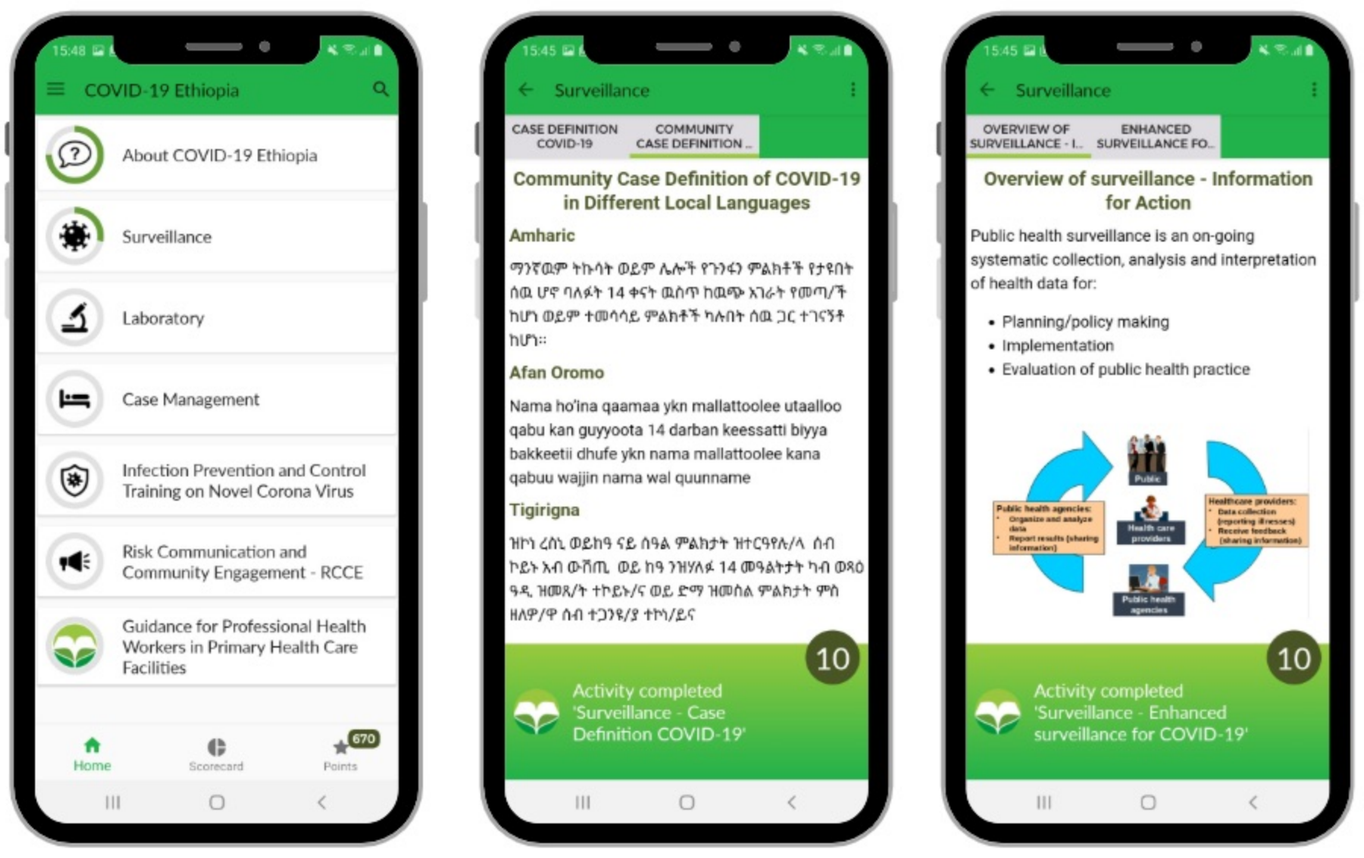


Investing in the training of community and frontline health workers is critical to creating strong health systems. Digital technology can help enable this workforce to provide better, more timely care by availing health workers with valuable information when and where they need it. Through the use of digital platforms, they can quickly triage and refer patients, access up-to-date information, and collect timely data needed to improve the quality of care. Technology-enabled learning and performance management systems can transform the performance of health workers by increasing their skillset and improving and expanding effective coverage of health services.



With consistent, reliable information on their smartphone, health workers like Dr. Kidist Hailegiorgis are better equipped to rapidly respond to outbreaks of COVID-19 within their communities. She now has access to the COVID-19 Ethiopia app, which was launched by Ethiopia's Federal Ministry of Health, the Ethiopian Public Health Institute, and the Community Health Academy to provide high-quality educational and training content on coronavirus.

As the Federal Ministry of Health's first smartphone-based digital learning platform for COVID-19, the app is supporting Ethiopia's health workforce to identify and treat patients with COVID-19. Across the country, more than 2,349 health sector professionals like Dr. Hailegiorgis have viewed modules on risk communication and community engagement, surveillance, case management, and infection prevention and control of COVID-19. With these modules at her fingertips, Dr. Hailegiorgis can reference and relay critical information on the COVID-19 response to her patients and community.



Community and frontline health workers need access to timely, accurate education and training materials to surge their capacity. By leveraging technology to upskill and sustain this essential workforce, we can build leaders at all levels of the health system.



DEFINING OUR COLLECTIVE FUTURE

The COVID-19 pandemic has reminded us of the urgent need for universal health coverage.

The best emergency system is a strong primary health system—powered by well-supported community and frontline health workers. Not only can these health workers respond quickly to crisis, but they can actively prevent the next one by expanding access to essential primary care.

But systems will change only if we make long-term investments to protect the vulnerable, ensure recovery, and prevent the next crisis. Now is the time for us to work together to build health systems that will save lives—for the current pandemic and beyond.

Though the future of COVID-19 is unknown, one thing remains certain: its legacy is ours to shape. We believe resilient primary health systems that include community health workers must be the legacy of COVID-19.

What do you want the world to learn from COVID-19?

> It is important now to invest in community health workers, looking at the current outbreak of global pandemic within Liberia and how it affects Liberia. It is also important in terms of training and motivation, so as to strengthen community health workers for current and future health crises.

Patience G. Synyenlentu
Community Health Services Supervisor
Boegeezay Health Center, Rivercess County, Liberia

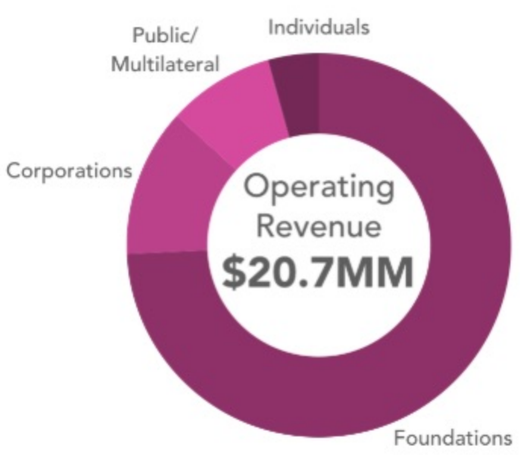
FINANCIAL SUMMARY

Our progress over the past year was made possible by the generous support of hundreds of partners like you who have invested in our shared vision of a health worker within reach of everyone, everywhere.

OUR PARTNERS

STATEMENT OF ACTIVITIES

REVENUE	Without Donor Restrictions	With Donor Restrictions	Total
Grant revenue	$11,593,585	$7,775,209	$19,368,794
Contributions	$1,017,665	$185,094	$1,202,759
Interest Income	$98,509	-	$98,509
Net gain on investments	$73,565	-	$73,565
Net assets released from restriction	$11,154,700	-$11,154,700	-
TOTAL REVENUE*	$23,938,024	-$3,194,397	$20,743,627
EXPENSES			
Program	$15,359,698	-	$15,359,698
General & Administrative	$3,437,535	-	$3,437,535
Fundraising	$1,168,514	-	$1,168,514
TOTAL EXPENSES	$19,965,747	-	$19,965,747



STATEMENT OF FINANCIAL POSITION

ASSETS	Total
Cash	$23,784,237
Investments	$2,591,968
Contributions receivable, net of long term	$3,156,129
Prepaid expenses and other current assets	$218,338
Property and equipment	$1,030,021
Less accumulated depreciation	-$869,809
Long-term contributions receivable	$800,000
Security deposit	$90,855
TOTAL ASSETS	$30,801,739
LIABILITIES AND NET ASSETS	
Liabilities	
Accounts payable	$847,382
Accrued payroll and vacation	$264,987
Accrued expenses and other current liabilities	$32,525
Deferred revenue	$3,675,000
TOTAL LIABILITIES	$4,819,894
Net Assets	
Without donor restrictions	$10,736,354
With donor restrictions	$15,245,491
TOTAL NET ASSETS	$25,981,845
TOTAL LIABILITIES AND NET ASSETS	**$30,801,739**



Fiscal Year 2020: July 1, 2019 to June 30, 2020.

Click here to view our most recent audited financial statements.

**Grand Bassa County, Liberia has an estimated population of 250,000, of this, the population within the districts served by the National Community Health Worker program is approximately 45,000.*