Goals and Strategies

FISCAL YEARS 2020–2023

VISION
A world where each person has the health care needed to thrive.

MISSION
VillageReach transforms health care delivery to reach everyone.

ORGANIZATIONAL VALUES
As individual employees and as partners, our values shape the way we approach our work and are integral to achieving impact.

- **Diversity and Inclusion**: Equitable participation across our staff and partners enhances our collective impact.
- **Innovation**: Creativity and fearless exploration foster lasting change.
- **Collaboration**: Strong partnerships built on trust are vital to our reach and impact.
- **Excellence**: Integrity, experience and continuous learning drive quality results.

Over the past two decades, extraordinary progress has been made to improve health in low- and middle-income countries (LMICs) throughout the world. Childhood mortality has decreased by 50%, maternal deaths have dropped by 45%, and most parts of the world have seen significant expansion in access to health services and coverage of evidence-based and life-saving services. The Sustainable Development Goals and the specific focus on universal health coverage (UHC) at a policy level provides an opportunity to continue this progress and ensure that no one is without the primary health care services they need.

Despite this incredible progress, inequities and gaps in coverage persist for those in the lowest income levels, marginalized populations, and other hard-to-reach populations.

Globally, 8.6 million people in LMICs die from poor quality health care or lack of access to health care – five times more than all global deaths from HIV/AIDS and three times more than all global deaths from diabetes.¹ According to the World Bank, paying out-of-pocket health expenses pushes 100 million people into poverty annually,² underlying the need for quality, affordable health care services.

Since our founding in Mozambique and Seattle in 2000, VillageReach has been an advocate for ensuring that quality health care reaches all communities, working with partners in sub-Saharan Africa to solve health care delivery challenges at the last mile — the lowest level of the health system where health care is provided.

**Today, our work increases the availability of quality health care for more than 35 million people across sub-Saharan Africa by increasing access to medicines and vaccines, improving the capacity of the health workforce and enabling better decision-making for patients, health workers and policy-makers.**

Through our work, VillageReach has developed and refined an approach of co-creating innovative solutions in the delivery of health products and services, integrating solutions with proven impact into the health system, and ensuring governments and their partners are prepared to sustain them over time. These solutions, and VillageReach’s approach, have changed the way that governments and their partners recognize and value the principle of “reaching the last mile” leading to increased resources going towards strengthening health care delivery in rural and remote communities.

As we enter our 20th year, VillageReach continues to build and scale solutions that transform how health care is delivered at the last mile. Building on the solutions we have developed to improve access to medicines and supplies, we will extend our approach to ensure that products and services move beyond the health facility, working with our partners to reach deeper into the community and build responsive, people-centered health systems. Our vision is a world where everyone has access to the quality health care needed to thrive. To reach this vision and truly improve and ensure equitable access for all communities, we need health systems that understand the unique desires, circumstances and behaviors of the people they serve.

Building the Primary Health Care System of the Future

Universal health coverage requires strong, effective primary health care systems. Health needs are shifting and increasingly complex due to changing disease burden, urbanization, migration and a growing youth population, placing additional pressures on fragile health systems. Recent climate-related disasters and disease outbreaks reveal the current fragility of primary health care systems. To combat these effects, we need health systems that are more flexible, more responsive and more resilient to shocks and changes.

“A strong primary health care platform with integrated community engagement within the health system is the backbone of universal health coverage.”

– Dr Tedros Adhanom Ghebreyesus, Director-General of WHO

As health needs change, so must the primary health care systems and the governments that manage them. In the past few years, social enterprises and private-sector solutions have begun to identify unique ways to meet the health needs of the poor. Coupled with steady growth in the economies of many LMICs, this means that people will have more choice in how and where to access health services. The primary health care system of the future will be increasingly technology-enabled and integrated, and more responsive to meet the individualized needs of every person. Governments will need to lead and embrace change to adapt to the needs of the populations they serve. Governments will also move from a provider of service to a regulator of a diverse public and private health care environment, while also integrating new service offerings that increase quality and efficiency. VillageReach is well positioned to help governments embrace the future of primary health care delivery and shape it to improve health outcomes for everyone.

Goals

- **We will accelerate the development of people-centered health systems** to reach the most under-served, resulting in improved access to quality health care for an additional 15 million people in sub-Saharan Africa.
- **We will be a global leader in radical collaboration** with governments and the private sector to scale and sustain equitable primary health care delivery solutions.
- **We will build a sustainable organization** that can execute with quality to achieve our programmatic goals.

3 Ghebreyesus TA. All roads lead to universal health coverage. The Lancet. 2017; 5 (9): PE839-E840.
When VillageReach started our work, governments had very little data to track locations, identify gaps and ultimately determine where health products needed to be distributed and what services were required. Consequently, the delivery of medicine and vaccines to rural communities was erratic, leading to unreliable supplies and low service levels, particularly in the most under-served and difficult-to-reach communities.

Global resources available to support country health systems also lacked the data from health care providers and the communities they served, which would have helped to design global financing policies or practices that addressed local needs and requirements. This approach allowed products and services to reach some people, but left behind a large number of people who could not access services due to limited availability, geographic barriers, or a mismatch between the products and services available and the actual needs of the community.

Our First Focus: Health Facilities And Health Workers

VillageReach has spent the last two decades getting feedback from health workers at the last mile and using that to develop solutions that improve the availability of health services. By using data and feedback from health workers to shine a light on the performance of the system in rural health facilities, we have been able to help governments and their partners design and scale solutions that increase the availability of products and services in remote areas. This increase in the availability of products and services has subsequently increased the number of people who are accessing quality health care.
As the data and information available from the last mile increase, we see changes in policy and practice at the national and global levels, which in turn drive more appropriate products and services through the health care system.

Yet despite these improvements, there is a persistent gap in who has access to quality health care and who does not. While our work to date has helped governments create a more consistent level of availability of products and services at the last mile, it has been insufficient at increasing the demand for and access to quality health care for the hardest-to-reach populations. As VillageReach has started to reach more deeply into the community to understand why some people have access to health care while others do not, we have come to an important conclusion:

The solutions to increase the availability and accessibility of quality health care for hard-to-reach populations are different from those that have achieved the progress we see today.

Our Next Focus: People-Centered Health Systems

A shift toward people-centered primary health care systems is necessary to overcome persistent barriers to care — now and in the future. To reach the segments of the population who are currently at risk of being left behind, the health system must shift to better incorporate people’s needs and preferences into the design and delivery of services. If people’s needs are not central to the health system, products and services are based on the convenience of the health care provider or the facility, rather than a targeted approach based on people’s needs.

By building a deeper understanding of the unique needs of those who are not accessing health care services, VillageReach can help drive changes throughout the system. This increased data, information and feedback creates a virtuous cycle in the health system. From improving how care is delivered at the facility and community levels, to improving where products and services are available, to driving national and global decisions about priorities, financing and delivery — illuminating and amplifying the voice of the community will result in a more equitable system that is more equipped to reach all people.
VillageReach’s Approach

VillageReach always has had a bias toward rapid and transformational change and an even bigger bias toward long-term, sustained impact at scale. The confluence of the global commitment to UHC with the need to counteract increasing inequity requires us to act with urgency.

Governments in LMICs are balancing multiple priorities and demands, with limited budgets. They want to invest in high-impact changes that will help them reach more people with quality health care services, but they also want to be sure of the impact and the implications before they start changing their systems to implement a new approach.

VillageReach’s role is to help minimize risk by collaborating with governments and their partners to develop solutions, evaluate those solutions and help to define the critical path to scale.

We can help demonstrate the demand or need for a solution, define what it takes to implement those changes and illuminate costs and trade-offs. These are critical steps on the pathway to absorption and scale of transformative solutions.

A shift towards people-centered health systems will happen over time and the speed of that change depends on the health system in each country. VillageReach will accelerate this shift towards people-centered health systems by first making products and services more accessible and convenient and by ensuring that user needs and preferences are central in the design of those solutions.

For VillageReach, accelerating the development of people-centered health systems means focusing on solutions that are:

- Developed in partnership with both the people who use the health care system and those who provide the services.
- Convenient to access so that services are available where and when people need them.
- Designed to meet the needs of under-reached groups such as adolescents or communities disconnected from the health system.
- Organized around the health needs and expectations of people rather than diseases.
- Responsive and flexible to meet changing needs.

Our approach is additive, bringing together the needs of the health system with the needs of those who receive health services.

<table>
<thead>
<tr>
<th>HEALTH SYSTEMS-CENTERED</th>
<th>PEOPLE-CENTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding health worker needs and preferences</td>
<td>Understanding user wants, needs and preferences</td>
</tr>
<tr>
<td>Routine services available at facilities</td>
<td>Services are responsive with more options for user convenience</td>
</tr>
<tr>
<td>Services structured around health service or management preferences</td>
<td>A focus on services designed around user preferences, not diseases or verticals</td>
</tr>
</tbody>
</table>
VillageReach will not do this alone. We strongly believe that collective action is the only way to create lasting change. We aim to set the standard for radical collaboration with our government partners, the private sector, donors and other implementers. We will strengthen existing partnerships and seek new ones required to enable and accelerate systems-level changes.

We recognize that merely developing solutions is not sufficient; we need to see those changes sustained. Even proven solutions have failed to develop and scale in a way that allows governments to embrace, afford and manage the solutions. VillageReach addresses this by collaborating with government from the beginning to build a defined scale path into solution design, development and implementation. This approach systematically addresses the governance, management, cost and partnerships needed to drive solutions to scale.

**Key Principles of Our Approach**

- We start by **learning** what people need from the health care system, building solutions that start at the last mile.
- We **develop and evaluate** solutions in a small set of core countries in sub-Saharan Africa where we have deep experience, relationships and a commitment to long-term presence. We align solutions with government priorities, plans and policies.
- We work with government, partners and the private sector to **scale** proven solutions in an efficient and sustainable way and **transition our support** for these solutions.
- We accompany our partners as they **sustain** and manage the solutions over time.
- We use our work in core and partner countries to **replicate** proven solutions, develop an evidence base and **advocate** for global change.

**Programmatic Strategies for FY20-23**

- Develop, implement and evaluate high-impact solutions that improve the availability and accessibility of primary health care services for the under-reached.
- Create the enabling environment needed to absorb and sustain innovative solutions.
- Influence global dialogue by using evidence and engaging in coalitions to drive attention to the benefits and costs of people-centered primary health care solutions that reach everyone.
- Create strategic partnerships to encourage the replication of proven solutions to additional geographies to expand reach and impact.
Measuring Our Success – Programmatic Strategies

Our impact comes from the individual solutions that we develop, scale and transition. We will measure the collective impact of these solutions by measuring their impact on:

- Improving the availability of medicines and services when and where people need them.
- Improving government, private sector and technical partners’ ability to absorb new solutions.
- Seeding replication of the solutions in new geographies.

We will annually review the number of people reached by each solution, disaggregating these numbers where possible to monitor who is reached by our solutions. In addition, we will track the health of our portfolio by monitoring the number of people-centered solutions, their movement through the stages of our approach (learn, develop and evaluate, scale and replicate, transition) and the generation of quality evidence on cost and impact. For solutions in transition, we will monitor the impact of the solution post-transition with the goal of achieving sustained impact at scale through others for at least three solutions. Lastly, we will measure our progress against a defined advocacy strategy and monitor how our evidence base influences country, regional and global agendas.

Organizational Growth and Stability

_VillageReach’s ability to meet its programmatic goals and strategy depends on a diverse, curious and nimble global team united by a commitment to our mission and to working across disciplines and technical areas to create systemic change._ We know that engaged employees who feel personally supported at VillageReach are the reason we are able to develop and implement innovative, high-impact solutions that improve the delivery of primary health care.

To achieve this impact and create lasting change, VillageReach will continue to increase its team of experts with a wide range of backgrounds, including supply chain and logistics, human-centered design, digital health technologies, data analytics, health workforce development, private sector engagement, systems thinking, policy, advocacy and financing, change management, and communications.

Our success is also contingent on our ability to build diverse funding partnerships that provide the flexibility and resources to invest in the most impactful solutions. With our expertise in scaling health system innovations that impact the last mile, VillageReach has grown quickly while being increasingly selective in the types of work and funding we pursue. We will build on our broad portfolio of mission-relevant solutions with many different funders and partners. We also will invest in the tools and systems that increase our operational efficiency, support our staff and increase our ability to monitor our impact.

During our previous strategy period, VillageReach added staff in seven countries. This growth has allowed us to increase diversity, develop new partnerships and drive change at scale in multiple geographies. We will maintain a nimble organizational structure and geographical presence that facilitates having measurable impact at a country level, while demonstrating the
replicability of our solutions through partnership. We will maintain a small set of core countries in sub-Saharan Africa to invest in understanding user needs, maintain deep relationships with governments, and develop, implement and scale innovations. We will then selectively identify partner countries where we can work with value-aligned partners and governments to replicate proven solutions to increase our reach and impact. We will be selective about our growth in both core and partner countries.

Measuring Our Success – Organizational Strategies

To measure our progress towards our organizational strategies, we will assess our progress in the following areas:

✓ Maintaining a high level of employee engagement, as measured by regular assessment of measures of growth mindset and belonging.
✓ Maintaining sufficient technical expertise in both core programmatic technical areas as well in finance and operations across all offices, with a strong focus on our Africa offices.
✓ Increasing our operating reserve by at least 50% to increase our financial stability.
✓ Creating a flexible pool of resources for investing in new solutions.
✓ Maintaining an appropriate organizational size to support our programmatic goals and strategies.
✓ Increasing operational efficiency through successful system and process improvements.

The Time to Act

Now is the time to quicken the pace and help change the trajectory to one that will allow the global community to meet its bold and ambitious goals of universal health coverage. In support of this, we will collaborate on people-centered, scalable solutions that achieve equity in health service delivery for all. We will align scarce resources across a broader set of needs to improve health outcomes. We will accelerate progress by focusing on the why of who is being left behind, designing health care delivery solutions that respond.

“It is time to renew our global commitment . . . and reinvent primary healthcare in a way that accelerates progress towards universal health coverage . . . We have the tools and the global leadership to make it happen, and we must seize the opportunity with both hands.”

– Dr. Agnes Binagwaho, Vice Chancellor of the University of Global Health Equity and Dr. Tedros Adhanom Ghebreyesus, Director General of WHO

villagereach.org