Our 2030 Strategy
A Vision to Reach Universal Health Coverage
Our vision of a world where each person has the health care needed to thrive aligns with the promise of Universal Health Coverage (UHC)—that all people have access to the essential health services they need, when and where they need them, without incurring financial hardship. However, UHC remains unattainable as long as the hardest-to-reach communities face persistent barriers to accessing primary health care (PHC), which can provide up to 90% of the care most people will need in their lifetime.1

In recent decades, low- and middle-income countries (LMICs) have significantly improved health outcomes among women, children and adolescents—important indicators for overall sector performance. However, inequity persists, and the pace of progress is too slow. The World Health Organization (WHO) estimates that half of the world’s population still lacks access to essential health services. In Africa, 52 percent or 615 million people2 remain without access. Based on VillageReach’s work with the governments of the Democratic Republic of Congo, Malawi and Mozambique to strengthen health systems over the past two decades, we know firsthand that this is especially true among poor, marginalized and hard-to-reach communities who face the highest rates of preventable illnesses and deaths.3 VillageReach strives to close this gap in pursuit of our mission to transform health care delivery to reach everyone.

Over the past few years, the world has witnessed just how fragile hard-won progress can be. To achieve UHC by 2030, we must collectively scale up and sustain smart practices that increase access while accelerating the pace of innovation through collaboration between governments and the private sector. And where outcomes are the lowest, we must augment the one-size-fits-all approaches deployed in many countries with solutions that factor in and respond to the needs and preferences of the hardest-to-reach. The COVID pandemic, increasing economic disparity and the widespread impacts of climate change amplify stark inequities in access and highlight the need for urgent and deliberate shifts in the design and delivery of health care— for all.

By 2030, nearly 200 countries commit to achieving Universal Health Coverage as a vital foundation for improving the health and wellbeing of populations around the globe.

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Reducing inequities in access to essential health services and achieving UHC relies on our collective ability to design health care solutions that overcome barriers that under-reached communities face today. VillageReach believes that when community insights—the analyzed needs, preferences and feedback of a population—are integrated at a systems level and routinely acted upon, we can improve understanding of the obstacles people face and the design and delivery of their care, leading to increased availability, access and improved health outcomes for these populations. As a result, VillageReach is shifting its strategic focus to developing responsive health care solutions that center community insights in the design and delivery of products and services for the under-reached.

Currently, most primary health care systems in the countries where we work still center around a health facility or a health care provider rather than the needs and preferences of the people they serve. Many local governments are missing the systems to capture routine data needed to design fit-for-purpose PHC systems or make informed decisions. Without the necessary data or processes, health systems cannot adequately prepare or respond quickly to changing needs, individual emergencies and wide-scale disasters or outbreaks.

Disruption is inevitable, with the far-reaching effects of climate change alone impacting disease profiles and transmission, transportation and supply chains, and the safety and wellbeing of communities globally. Local innovators throughout Africa are bringing exciting new tools, technologies and low-cost innovations to the market that have the potential to save lives. Yet these innovations may not increase accessibility among the under-reached in sustainable ways unless they are intentionally designed to be responsive and withstand disruption. The urgency for more responsive—and resilient—health care delivery solutions has never been more evident.

**Under-reached communities** include people without access to culturally appropriate, gender-responsive, conveniently located, respectful, safe, affordable and relevant care from their health systems. Our focus will remain on the under-reached and where health outcomes are the lowest, starting with women, adolescents and children.
Many of VillageReach’s current solutions and programs incorporate elements of responsive design. As we develop new solutions and champion responsive PHC, we will focus our execution in those areas where our technical expertise is the strongest—supply chain innovations that get medicines, vaccines and equipment to people; tech-enabled primary health care; public and private sector engagement around sustained financing of innovation; health information systems that illuminate who is and is not accessing PHC; and collaboration and support of health workers serving under-reached communities.

Our contribution is only part of what’s needed to achieve UHC: our work will complement like-minded partners and governments that focus on aspects of the health system where we do not have expertise. With public and private sector partners, including local innovators, we will demonstrate how these solutions and programs work together to create a truly responsive health system with extended reach and improved outcomes.

With many still living beyond the reach of health services, our 2030 goal is to reduce inequities in access to quality PHC among the most under-reached communities in Africa as a critical determinant of UHC. To advance this goal, we must accelerate the pace of change by further developing, replicating and scaling new and existing responsive solutions in our areas of strength—supply chains, digitally-enabled PHC, data systems, building the health workforce and sustainable financing for innovation—while building a sustainable future for them within health systems.

To deliver on this strategy, we must strengthen our organization’s capacity and mobilize resources to support allied institutions and collective action. In collaboration with diverse partners, VillageReach’s solutions and programs reached 70 million people in 2022 by making access to products and services more accessible and convenient to hard-to-reach populations. By 2030, we will serve more than 350 million people through national health systems in 15 countries, demonstrating how responsive PHC increases equity in health outcomes and the availability and access to quality health care among the most under-reached communities.

WHY VILLAGEREACH?
Over the last 23 years, VillageReach has worked hand-in-hand with governments, the private sector and communities to improve how medicines, vaccines, health information and services are delivered to the hardest-to-reach people. The health innovations we have partnered to develop, scale and sustain contribute to the building blocks of a responsive health care system in the Democratic Republic of Congo, Malawi and Mozambique.

Because we work at the last mile—the point at which health care is delivered—we have seen how incorporating insights from under-reached communities into the design and delivery of health care reduces inequities in access. Yet, we also see that more needs to be done to ensure that these insights drive the design, delivery and evaluation of primary health care systems of the future, and that health workers and managers have the tools to act on these insights.

This direct experience, paired with our track record of collaboration with partners and our commitment to continual learning and iteration, makes VillageReach a natural leader in defining and modeling responsive primary health care. Moreover, our years of support to governments delivering data-driven, people-centered health care to the last mile has positioned VillageReach to take on this challenge.

OUR UNIQUE APPROACH HAS BEEN INSTRUMENTAL TO OUR SUCCESS.
As a locally-driven organization, we start by learning what people need from their health care system. Applying their insights, we co-develop and evaluate solutions. We then collaborate with diverse partners to scale and replicate the solutions that have been shown to work. Finally, we transition solutions to government and partners and provide them with the financial and technical support they need to manage and sustain the solutions over time.

Our many years of refining this approach has shown that it works.
ORGANIZATIONAL PRIORITIES

To activate our 2030 Strategy, VillageReach will execute five organizational priorities. We will continually monitor, evaluate and report on our progress, and update these priorities as needed to maintain focus and momentum behind our responsive PHC agenda.

1. **Rapidly replicate and scale proven responsive primary health care solutions across geographies to accelerate the pace of progress.** We will use our unique ability to bridge public sector scaling power with private sector expertise and entrepreneurship to help governments scale and sustain impactful solutions in the countries where we work. We must also account for the repeated disruption of health care systems resulting from geopolitical conflict, climate change and other crises. These challenges underscore the need for more resilient approaches, emphasizing emergency preparedness and response, to ensure that systems are ready for shocks and stresses and communities have uninterrupted access to health care.

2. **Develop and test a new Community Insights to Action (CITA) framework and other responsive PHC models that routinely integrate and act on the needs and preferences of the under-reached.** Through strategic partnerships, we will define the critical components of responsive PHC models and generate evidence of their impact. VillageReach will build momentum behind our CITA framework to guide how we work with governments to engage communities and drive change toward responsive PHC systems that are more equitable and resilient. We will test the CITA framework and other emerging models within our existing work to generate evidence, determine what the models will cost and evaluate whether they are changing how services are designed and delivered and reducing inequity among the under-reached. We will actively share learnings and outcomes with peers and partners to enable education, knowledge sharing and policy change.

3. **Apply emerging responsive PHC models to the innovation, launch and evaluation of new and existing solutions and programs.** VillageReach will increase its organizational support to routinely leverage community insights and data to drive change in how health products and services are delivered at scale. We will start by focusing our attention on responsive supply chains, digitally-enabled primary health care and community health workforce support solutions. As we implement this work, we will strengthen the integration of climate data and gender-responsive measures into development of our solutions and programs to ensure alignment with our strategic outcomes. We will also engage local innovators to make sure promising innovations have a pathway to maximum impact for the most under-reached.

4. **Convene and mobilize coalitions of allies and champions to amplify and advocate for a shared responsive PHC agenda.** VillageReach will establish the case for policy, practice and systems shifts needed to achieve responsive PHC and build understanding and support for adopting these changes. We will also foster and strengthen partnerships with civil society, the private sector, political leaders and multilateral institutions to accelerate the transformative action needed for responsive PHC. We will begin in our focus countries, which include Côte d’Ivoire, the Democratic Republic of Congo, Kenya, Malawi, Mozambique and Tanzania.

5. **Strengthen and leverage VillageReach’s reputation, resources, systems and talent to hasten progress and advance the development and adoption of responsive PHC.** Within VillageReach, we will improve our organizational monitoring and reporting systems and invest in business capacity and practices that strengthen our operations. To attract, nurture and retain VillageReach staff, we will launch a new talent management and development program emphasizing career pathways, leadership and management training and succession planning. Advancing this ambitious agenda calls for diligent management of organizational risk and financial health. We aim to diversify our revenue model and attract non-traditional funding partners who align with our mission and can provide flexible resources to enable us and partner governments to develop, scale and transition the most effective solutions. Ramping up this way requires us to intensify communications and advocacy efforts while strengthening and leveraging our VillageReach brand and message to support responsive PHC.
**OUR OUTCOMES**

VillageReach will work tirelessly with governments and other partners throughout this strategy period to scale up and transition successful programs and solutions to reach more than 350 million people through health systems in 15 countries by 2030. To achieve our goal of reducing inequities in access to quality PHC, we will evaluate impact in three ways:

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| **1. Quality health care is available to the most under-reached in countries where we work.**  
In the countries where we work, health products and services are available when and where people need them. New service delivery points and mechanisms can better reach under-reached communities. | • The proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (SDG 3.b.3 & WHO PHC Indicator)  
• The full range of primary care health products and services are available at health facilities (Product Choice)  
• Products are available where and how typically under-reached communities prefer to access them  
• Services are designed with equity and the under-reached in mind  
  – Increased services and products are available through community health workers and outreach/mobile health services  
  – The hours, products and services available are aligned with the needs and preferences of under-reached communities  
  – Telemedicine access (WHO PHC Indicator) |
| **2. Quality healthcare is responsive to people’s needs and preferences.**  
People, especially those typically under-reached, are satisfied with the care they receive and feel that the system meets their needs. | • Community engagement in service planning and organization (WHO PHC Indicator)  
  – Feedback is regularly collected from communities for whom services were designed to see if the design meets their needs  
• Patient-reported experiences (WHO PHC Indicator)  
  – People, including traditionally under-reached people, are treated with dignity and respect during health system interactions.  
• People's perceptions of the health system and services (WHO PHC Indicator)  
  – People say they can get products and services when and where needed  
  – People feel they have adequate choices for when/where to receive products and services and which services and products they receive  
  – Improved trust in the health system, especially from typically under-reached communities |
| **3. People access the services they need.**  
Because health care is available and meets the needs of the under-reached, people obtain the services and products they want and need. | • Improved health care coverage of essential services (SDG 3.b.1), especially among under-reached groups such as women, adolescents and people living in rural areas  
• Increase in use of the health system by the under-reached  
  – A reduction in “zero dose” children  
  – Telehealth solutions are accessed by typically under-reached communities, including women, adolescents and those who don’t own phones  
  – Disaggregated data on healthcare coverage shows a reduction in disparities (e.g., vaccine rates equal across gender, geography, socioeconomic status, etc.)  
  – Disaggregated data on direct beneficiaries of VillageReach solutions show equitable utilization of those services |

Our metrics are aligned with global initiatives and targets, including the Sustainable Development Goals, the WHO Primary Health Care Framework and Indicators and the Primary Health Care Performance Initiative’s Vital Signs.
Our 2030 Strategy marks a critical period when innovation must overcome business-as-usual. Advancing our responsive PHC strategy requires us not only to generate models for collecting, analyzing and acting on insights from the under-reached but also to generate evidence that responsive models reduce inequities in access to health care among these communities.

As we test, refine and evaluate these models, we must actively monitor, measure and vet what we learn with peers and partners. We will deliberately convene stakeholders to engage in a global dialogue on responsive PHC and build a coalition of champions and advocates to drive collective change for achieving UHC. We remain committed to collaborating with governments on integrating and transitioning responsive models into their health systems, with the aid of secured financing that will enable them to sustain progress.

To advance this agenda, we need to diversify our business model and mobilize resources differently, including looking well beyond funding our own programs to catalyze investment in coalitions with the potential to drive innovative models of health financing and broader change.

VillageReach believes powerful innovation comes from a combination of deep local context and global perspective. We also believe what works in one context can offer valuable lessons for other countries. To achieve this, we will continue to operate as a locally-driven, globally-connected organization and partner. Our local leaders have established a strong reputation as reliable and innovative partners in co-developing breakthrough solutions that reach the last mile. We will continue to support that local leadership through our investment in a multinational team of skilled, resourced and empowered colleagues that strengthen our local and regional capacity to implement programs.

VillageReach’s center of gravity is in Africa, and in 2024, we will establish a regional hub in Nairobi, Kenya, to enable closer support for our countries of operations and increased linkage with regional partners. On the governance front, we will continue to actively diversify our Board of Directors to increase representation from African-based members and members of the African diaspora with active ties to the continent. We will also invest in business operations that streamline internal processes and systems to free our teams up to achieve more impact in the countries and communities where we work.

We recognize that our 2030 Strategy is ambitious. Our mission—to transform health care delivery to reach everyone—requires us to be bold in our aspirations and actions. We believe that responsive PHC enables more robust and resilient health systems that can extend the reach of health care to the last mile. Together with stakeholders, we can make significant strides toward achieving UHC and ensuring everyone, especially the under-reached, can access the health care they need to thrive.