VILLAGE REACH®

Our 2030 Strategy

A Vision to Reach Universal Health Coverage

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CASE FOR CHANGE

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Our vision — where **each person has the health care needed to thrive** — aligns with the promise of universal health coverage (UHC) by 2030: that all people have access to the essential health services they need, when and where they need them, without financial hardship. Primary health care (PHC) can provide up to 90% of the care most people need in their lifetime[1] and address the persistent barriers communities face in accessing care. This can help close the gap for under-reached communities[2] and support progress toward UHC.

Despite notable gains in health outcomes for women, children and adolescents in low- and middle-income countries (LMICs), inequities remain deeply entrenched and progress is insufficient to meet global health and development goals. The World Health Organization (WHO) estimates that half the world's population still lacks access to essential health services. In Africa, 52% of the population, or 615 million people, remains without access[2].

After 25 years of partnering with governments, we know this gap is greatest among marginalized and under-reached communities, which face the highest rates of preventable illness and death[3]. VillageReach works to close this gap in pursuit of our mission: **to transform health care delivery to reach everyone.**

Recent changes in global health underscore how fragile hard-won progress can be. Shifting donor priorities have led to a sharp decline in official development assistance (ODA) for health. Meanwhile, an urgent push for country-led health financing and sovereignty is reshaping how LMIC governments plan, finance and deliver health care. These changes are occurring as the Global Health Architecture is being rethought. Power, financing and decision-making are shifting from external donors to locally led, accountable institutions that can sustainably manage health priorities. These shifts present challenges and opportunities for VillageReach.

As governments work to sustain and strengthen health systems, VillageReach will remain a trusted adviser, helping governments navigate change while ensuring that the needs of under-reached communities remain a priority. Building on our proven sustainability approach, we will continue to support governments, partners and other stakeholders to prioritize and scale proven interventions by moving away from one-size-fits-all approaches toward cost-effective, community-responsive programs that advance country-led health systems in the context of health sovereignty. The COVID-19 pandemic, growing economic inequality, the widespread effects of climate change, reductions in official development assistance (ODA) and tightening financial conditions in LMICs are amplifying inequities in access and highlighting the need for an urgent shift in the design and delivery of health care for all.

1. Behera BK, Prasad R, Shyambhavee. Primary health-care goal and principles. Healthcare Strategies and Planning for Social Inclusion and Development. 2022:221–39. doi: 10.1016/B978-0-323-90446-9.00008-3. Epub 2021 Nov 19. PMCID: PMC8607883.
2. Africa Health Agenda International Conference (AHAIC) Commission. Executive summary: the state of universal health coverage in Africa. Amref Health Africa; 2021. Accessed June 11, 2026. https://ahaic.org/download/executive-summary-the-state-of-universal-health-coverage-in-africa/
3. World Health Organization. (2007). People-Centered Health Care: A policy framework. https://apps.who.int/iris/bitstream/handle/10665/206971/9789290613176_eng.pdf

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RESPONSIVE SYSTEMS TO ACHIEVE UHC

Photo Credit: Homeline Media

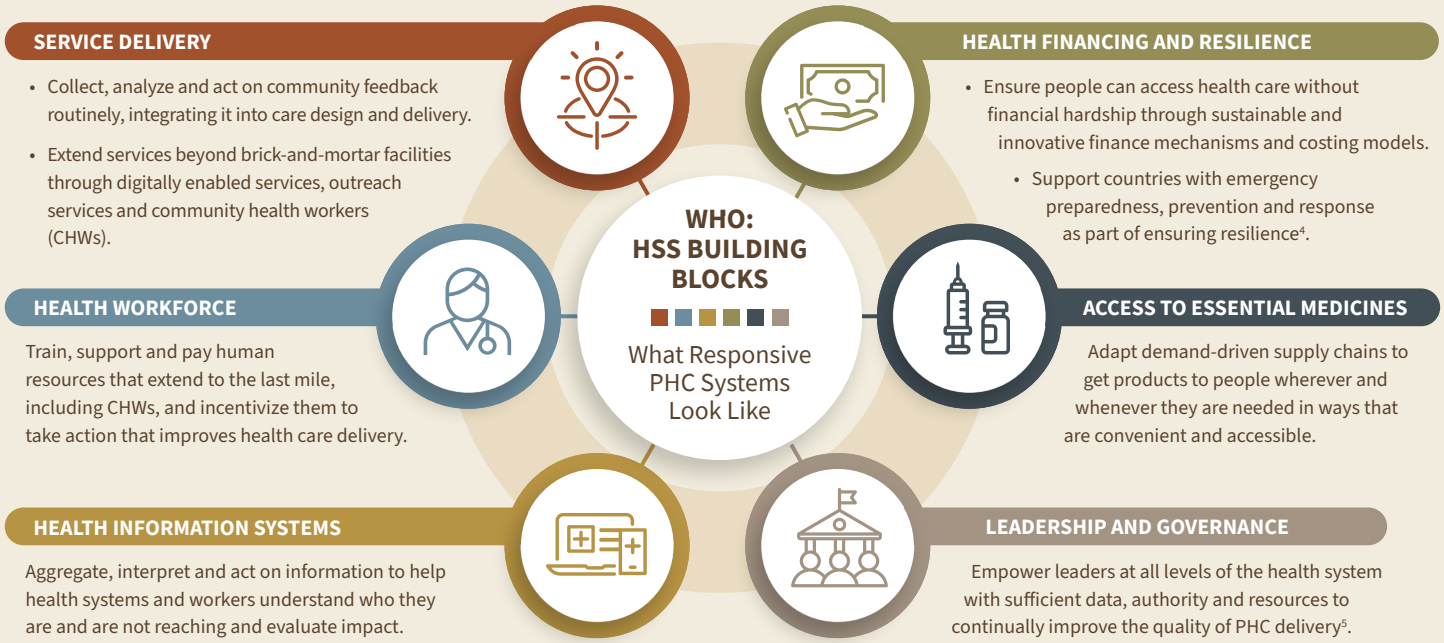
Reducing inequities requires designing health programs that remove barriers to access. When community insights — the needs, preferences and feedback of a population — are integrated and acted on, systems better address barriers while strengthening care design and delivery. This enables targeted services, more efficient resource use and improved access and outcomes.

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.*

Most PHC systems in Africa still center on facilities or providers rather than people. Many governments do not yet have efficient 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 prepare for or respond quickly to changing needs, individual emergencies or large-scale disasters and outbreaks. Disruption is inevitable, with the far-reaching effects of climate change alone affecting disease profiles, supply chains and the safety and well-being of communities globally. Therefore, the need for more responsive, resilient health systems is urgent; and these systems require innovative country-led approaches, efficient resource use and optimal domestic financing.

WHAT DO RESPONSIVE HEALTH SYSTEMS LOOK LIKE?

Responsive systems ensure health care services are available when and where they are needed, can adapt to changes in demand, are functional even during shocks and stresses and routinely factor in and respond to the needs and preferences of communities. Integrating responsive design into PHC systems will require investment, innovative financing and new programs and delivery mechanisms. Most importantly, it requires strategic partnerships among governments, public- and private-sector institutions, international norming bodies, funders, civil society organizations, communities and other implementers. With WHO's building blocks for health systems strengthening (HSS) as the foundation, responsive PHC systems must have the following attributes:



4 Note: VillageReach sees Health Financing and Resilience as cross-cutting enablers through all pillars.
5 Note: VillageReach sees Leadership and Governance as a critical cross-cutting enabler through all pillars.

VillageReach's current programs incorporate elements of responsive design. As we develop new programs and champion responsive PHC, we will focus our execution in areas where our technical expertise is strongest: innovations that increase people's access to medicines, vaccines and equipment; digitally enabled PHC; human resources for health; public- and private-sector engagement around sustained financing of health innovation; health information systems that illuminate who is and is not accessing PHC; advocacy to influence decision-making and policy shifts; and collaboration with 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 other aspects of the health system. With our partners, we will demonstrate how these programs work together to create a truly responsive health system with extended reach and improved outcomes.

Reaching scale requires building for sustainability from the outset. Sustainable impact at scale is achieved by institutionalizing proven programs within government systems and leveraging domestic resources to complement external funding.

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OUR 2030 STRATEGY

Photo Credit: Defrontera

Our 2030 goal is to reduce inequities in access to quality PHC among the most under-reached communities. To achieve this goal, we will accelerate the development, replication and scale of responsive programs in core areas including supply chains, health financing and resilience, digitally enabled PHC, data systems and health workforce strengthening — while advocating for the prioritization of these interventions with governments to build sustainable health systems.

Delivering this strategy will require VillageReach to strengthen organizational capacity, mobilize resources and work alongside governments and partners to accelerate the adoption, scale and sustainability of responsive PHC solutions. Together, we have already demonstrated what is possible, reaching 155 million people in 2025 through improved access to health products and services for under-reached communities.

Building on this momentum, we aim to reach more than 350 million people by 2030 through national health systems, demonstrating that responsive PHC can reduce inequities, strengthen health system performance and ensure quality health care is available and accessible to those who need it most.

WHY VILLAGEREACH?

Over the past 25 years, VillageReach has worked with governments, partners, the private sector and communities to improve how medicines, vaccines, health information and services are delivered to people who are under-reached. The health innovations we have helped develop, scale and sustain contribute to the building blocks of responsive PHC in Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Kenya, Malawi, Mozambique, Nigeria, Tanzania and the United States.

Our unique approach has been instrumental to our success. VillageReach was founded in 2000 after severe flooding in Mozambique and it remains a locally driven organization with global connections. We start in-country by **learning** what people need from their health care system. Applying their insights, we **co-develop and evaluate** programs with governments from the outset to ensure they are impactful, scalable and financially sustainable. We then collaborate with diverse partners to **replicate and scale** proven models that improve access to quality health care for under-reached communities. Finally, we sustain programs by **institutionalizing** them in government, using our proven Sustaining Innovation Approach, (formerly called Transitioning Well). A core part of this sustainability approach is advocating for the prioritization of proven interventions in resource allocation from domestic sources to strengthen country ownership and long-term health system resilience. We have spent more than 25 years refining this approach and demonstrating that it works.

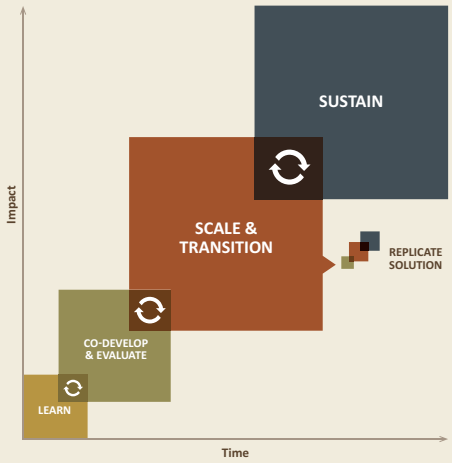
Our work at the last mile — the point at which health care is delivered — has shown us that incorporating insights from under-reached communities into the design and delivery of health care reduces inequities in access. Yet we also see that more needs to be done to ensure that these insights drive the design, delivery and evaluation of PHC 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 deep collaboration with partners and our commitment to continual learning and iteration, makes VillageReach a natural leader in defining and modeling responsive PHC. Twenty-five years of supporting governments to deliver data-driven, people-centered health care to the last mile has positioned VillageReach to take on this challenge.

OUR APPROACH

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 unique approach has been instrumental in our success.



ORGANIZATIONAL PRIORITIES

Over the next five years, VillageReach will implement five organizational priorities to reduce inequities in access to quality PHC through responsive design and delivery:

1. Rapidly replicate and scale proven responsive PHC programs across geographies to accelerate the pace of progress. We will use our unique capacity to bridge public-sector scaling power with private-sector expertise and entrepreneurship to help governments scale and sustain impactful programs in the countries where we work. We will also plan for ongoing disruptions from geopolitical conflict, climate change and reduced financial support and investments from traditional donor countries. These challenges require 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. In this context, LMICs should take over the replication, scaling and sustaining of health programs. We will offer our Sustaining Innovation Approach, to support planning by governments, partners and regional institutions, while contextualizing our support for sustainable transitions during periods of uncertainty.

2. Develop and test responsive PHC models that help solve emerging problems preventing under-reached communities from accessing health care. VillageReach will test emerging models that advance PHC systems within new and existing work to generate evidence. We will support governments to assess their immediate challenges, determine what these new models will cost and evaluate whether they will be effective in reducing inequity among the under-reached. This will include collaboration with partners and governments to build health system resilience in the context of financial and other constraints. We will actively share learnings and outcomes with governments and partners to enable education, knowledge sharing and policy change.

3. Apply innovative and emerging responsive PHC models to new and existing programs. VillageReach believes that designing sustainable, responsive PHC for under-reached communities builds a better health system for everyone. For us, this means starting with women, children and adolescents. Often women's health is seen as a vertical issue and not a core function of PHC services, therefore VillageReach will elevate women's health as a strategic organizational priority.

To advance this agenda of designing systems for the under-reached and integrating women's health, VillageReach will increase its organizational support to routinely use community insights and data to drive improvements in how health products and services are delivered at scale. We will use approaches like Community Insights to Action (CITA), which provide governments with robust and routine feedback to strengthen service delivery and better respond to the needs and preferences of under-reached communities. Our focus will include women's health, responsive supply chains, digitally enabled PHC and community health workforce support programs, while leveraging other areas of expertise such as innovation, climate and health, gender-responsive care, private-sector engagement and immunization that align with our core areas of work and further position VillageReach as a trusted technical adviser to governments.

4. Convene strategic coalitions and regional partnerships to advance policy, financing and systems transformation for responsive PHC. VillageReach will establish a compelling case for the policy, practice and systems shifts required to advance responsive PHC while building support for their adoption. This includes advocating for innovative health financing and greater investment in proven interventions that can be replicated and scaled. Through the Regional Pivot Initiative, VillageReach will deepen its engagement with continental, regional and subregional institutions through structured partnerships that strengthen programmatic influence, policy engagement and political access. By working closely with Regional Economic Communities (RECs), regional bodies, civil society, the private sector and political leaders, VillageReach will position itself closer to the platforms that shape health priorities, financing and investment decisions across Africa. This effort will be underpinned by a deliberate focus on visibility and strategic communications to shape narratives, build political will and amplify evidence on proven approaches that advance responsive PHC. This approach will accelerate cross-country learning, amplify innovation and evidence and expand pathways for sustainable systems transformation and scale. Recognizing Africa's growing youth population as a critical force for change, VillageReach will also promote meaningful youth engagement as a driver of advocacy, innovation, accountability and long-term health systems transformation, ensuring young people have a stronger voice in shaping the continent's health agenda.

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5. Strengthen and leverage VillageReach's reputation, resources, systems and talent to hasten progress and advance the development and adoption of responsive PHC. VillageReach will improve organizational monitoring and reporting systems and invest in business capacity and practices that strengthen operations. To attract, nurture and retain high-quality staff, VillageReach will strengthen talent management and development, 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 nontraditional funders who align with our mission and can provide flexible resources to enable us and partner governments to develop, advocate, scale and transition the most effective programs.

Photo Credit: Defronterra

OUR OUTCOMES

Photo Credit: Defronterra

VillageReach will work with governments and other partners to develop, scale and transition successful programs to reach 350 million people by 2030. We will know our work is having an impact when more people, especially the under-reached, access and use the PHC services they need and experience improved, equitable health outcomes. We will track our contributions to building responsive PHC systems for under-reached communities and measure progress through three outcomes[6]:

OUTCOME	METRICS INCLUDE:
1. Quality PHC is available to the under-reached. Health products and services are available when and where people need them and new service delivery points and delivery mechanisms are effectively connected with under-reached communities.	• Availability and affordability of essential medicines and health products at service delivery points serving under-reached communities (SDG 3.b.3 and the WHO PHC Measurement Framework). • Coverage of essential services among under-reached communities, including services delivered through community-based, outreach, mobile and telehealth models, with reductions in disparities across gender, age and socioeconomic status (SDG 3.8.1 and the WHO PHC Measurement Framework). • Immunization coverage among under-reached children, including measurable reductions in zero-dose and under-immunized children (SDG 3.b.1 and Immunization Agenda 2030).
2. PHC systems are resilient and sustainable. Health systems adapt to shocks and stresses and effectively respond to changes in demand.	• Continuity of essential PHC services and product availability for under-reached communities during and after disruptions. • Proven PHC interventions are institutionalized within government policies and budgets, with increased domestic financing and country ownership. • Health financing mechanisms help maintain access to PHC for under-reached communities, including reductions in catastrophic out-of-pocket expenditure (SDG 3.8.2 and the WHO PHC Measurement Framework).
3. Quality health care is responsive to people's needs and preferences. PHC services are routinely designed and delivered around the needs and preferences of under-reached communities.	• Governments have functional mechanisms to routinely collect, analyze and act on community feedback to improve PHC design and delivery (WHO PHC Measurement Framework). • Health systems use disaggregated data to identify and address gaps in coverage, enabling them to understand who is being reached and who is being left behind across gender, geography and socioeconomic groups. • Patients report that services are accessible, timely and respectful, with improved trust in the health system, especially among under-reached groups (WHO PHC Measurement Framework).

6. Our metrics are aligned with global initiatives and targets, including the Sustainable Development Goals, the WHO Primary Health Care Measurement Framework and Indicators and Gavi's Immunization Agenda 2030.

WHAT IT WILL TAKE

Photo Credit: Victor Useni

This refreshed strategy comes amid rapid change in global health, demanding that innovation replace the business-as-usual approach. Advancing this strategy requires us not only to embed emerging models for collecting, analyzing and acting on insights from under-reached communities into existing programs, but also to **generate evidence that responsive models reduce inequities** in access to health care among these communities.

Our collaborative model of working through **public- and private-sector partnerships** remains central to our approach. As we test, refine, evaluate and advocate for these models, we must **actively monitor, measure and vet what we learn with peers and partners**. We plan to intentionally convene regional stakeholders to engage in a global dialogue on responsive PHC within the Global Health Architecture reform as we **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, while at the same time supporting prioritization and resource allocation to ensure secure financing that will enable them to sustain progress.

To advance this agenda, we need to **diversify our business model and mobilize resources in new ways**, including advocating for increased domestic financing, catalytic philanthropic capital and investments in coalitions. This means going beyond funding our own programs to catalyzing investment in coalitions that have 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 that 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 programs that reach the last mile. We will continue to strengthen local leadership by investing in a skilled, empowered multinational team that enhances our local and regional capacity to deliver impact. We also believe that effective delivery depends on context and our regional pivot enhances the strength of countries working collaboratively, with lessons learned in one geography easily adapted to another country and/or community.

VillageReach's center of gravity is in Africa and in 2024, we established a **regional hub in Nairobi, Kenya**, to enable closer support for country 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 Africa-based members and members of the African diaspora with active ties to the continent. We will also invest in **business operations that streamline and automate internal processes and systems** enable our teams to achieve more impact in the countries and communities where we work.

This strategy is ambitious. Our mission — to transform health care delivery to reach everyone — requires us to be bold in our aspirations and actions and it requires audacious optimism. Adequately resourced responsive PHC enables more robust, responsive and resilient health systems that can extend the reach of health care to the last mile. Together with stakeholders, we can make significant progress toward UHC and ensure everyone, especially the under-reached, can access the health care they need to thrive.

Photo Credit: Wolff Mugos