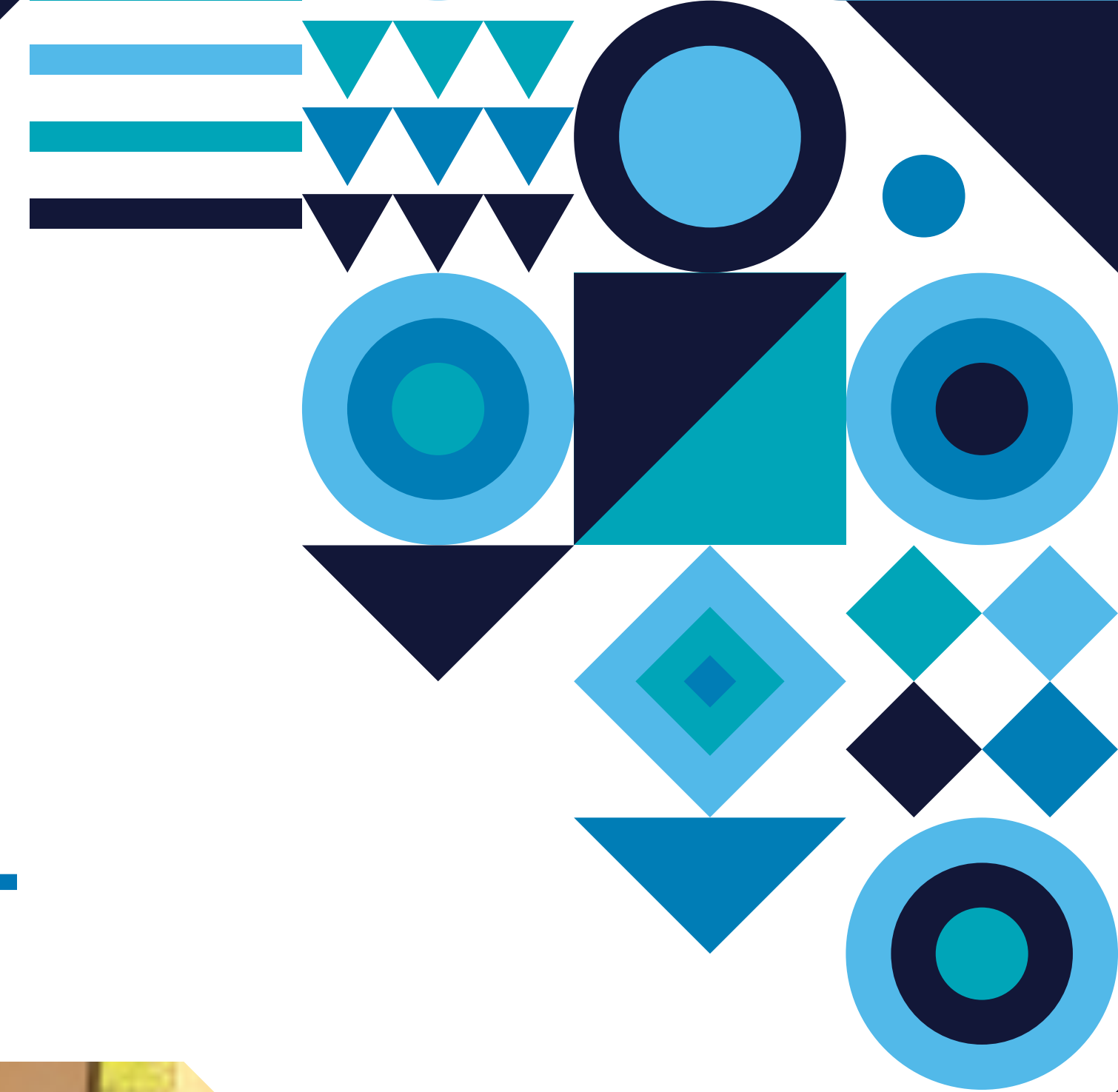


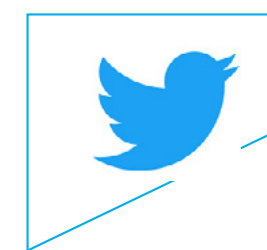


# 2020

## IMPACT REPORT



**Financing Alliance**  
for Health



# Leadership Reflections and Executive Summary

**“Systems thinking is a discipline for seeing wholes. It is a framework for seeing interrelationships rather than things, for seeing patterns of change rather than static snapshots” Peter Senge**

Friends,  
2020 was an unprecedented year. The pandemic forged the importance of systems thinking in many ways: what started as a health crisis quickly snow balled into a social and economic crisis. We realized that vulnerability anywhere was vulnerability everywhere: geographically and across sectors.

**Adapting: “The art of life is a constant readjustment to our surroundings” – Kakuzo Okakura**

In light of the COVID-19 pandemic, given the pivotal role of frontline health workers, FAH supported COVID response efforts at a global, continental and country level. Globally, [we highlighted the valuable role CHWs could play in COVID response](#), based on their contributions in other pandemics. At a continental level, we provided the Africa CDC with SSA community health financing primary data, from our comparative costing database, to inform their 100,000 CHWs plan under the PACT Initiative: we continue to contribute through their CHW technical working group. We contributed our analysis to estimating [PPE needs for CHWs in SSA](#) which guided the [COVID-19 Action Fund for Africa](#) in committing and delivering >57 Million PPEs across >20 countries. Our [10:1 return on investment for community health workers](#) was also quoted in McKinsey & Company's [article](#) that proposed 5 big ideas to safeguard lives in the COVID-19 crisis and prepare for the future. From our global headquarters in Kenya, we were honoured to serve as a think tank member for the Office of the President on its “Building Back Stronger: Transforming the Kenyan Economy Post COVID-19” initiative where community workers in the social sector were prioritized to advance job creation, rural development and empowerment for women and youth. We also jointly advocated for legislation in Kenya to recognize the role of CHWs in pandemic response and management and for maintaining essential health services.

**Keeping the faith: “A difficult time can be more readily endured if we retain the conviction that our existence holds a purpose...” John Maxwell**

The Financing Alliance for Health (FAH) was set up to help materialize the potential of community health by addressing its related financing questions. The mandate is to move the conversation beyond simply increasing dollar amounts in silos, to using the full tools of financing and identify the appropriate type and mix of sustainable financing options, as part of an integrated approach to primary healthcare at the community level. In order to do that, the FAH works with governments (both Ministries of Finance and Health) at the country level, from our African headquarters, with an embedded team in the local context that we serve in.

The COVID-19 pandemic has exposed gaps in already fragile community health systems in Africa and worldwide. Building on this increased attention and need, a consortium of organisations, championed by H.E. Ellen Johnson Sirleaf are working together to review and develop innovative financing solutions that can unlock significantly greater resources for many governments to support building community health systems for now and the future. This consortium and 100+ global experts, have co-developed 3 big financing ideas for community health systems in Africa, optimizing on different sources and mechanisms of funding as well as current opportunities.

The front runner idea is the African Frontline First (AFF). The AFF is a US\$3 Billion performance based and co-financed funding mechanisms that catalyzes a new level of investment for ~10 African countries over 7-10 years, to significantly scale up robust, high functioning community health systems. We will finalize design refinement and deploy AFF in 2021.

We continued our multi-year country support to Zambia and Zimbabwe and expanded to Kenya.

In Zambia, we supported the finalization of the costed strategy and investment case for Zambia's community health program

in addition to supporting the Global Fund and the Global Financing Facility investment preparation/ application process. We will continue to support resource mobilization in 2021.

In Zimbabwe, we supported the development of the 2020-2025 National Community Health Strategy, community health package and investment case in addition to supporting the Global Fund and the Global Financing Facility investment preparation/application process. We will continue to support resource mobilization in 2021.

In Kenya, we co-facilitated a multi-stakeholder workshop to review the previous community health strategy and identify strategic objectives and initiatives for the development of Kenya's Community Health Strategy 2020-2024 while also supporting the Global Fund application process.

We complemented our in-country capability building with an [online course](#), developed in collaboration with the Community Health Academy, that had reached ~775 learners across ~85 countries globally, since going live in October 2020.

**Growing deep roots: “The building is only as tall as the foundation is strong enough to build on” Anonymous**

In line with our Growth for Impact Strategy (2019 - 2022), strengthening our institutional capacity is key. In 2020, FAH transitioned out of fiscal sponsorship to it's own 501c3 registered in the US and legal entity in Kenya. We continued to grow the team, strengthening our operations, fundraising and partnership capabilities.

Committed to continuous growth: In 2021, FAH recommits to being a system change agent and leader on community health financing. We plan to continue our work with our current countries, expand into francophone countries, as we also continue

and accelerate our advocacy to change the status quo of community health financing. Building the resilience of our health systems will be a critical global health security, essential health services, social and economic agenda. This system challenge requires new solutions. African Frontline First (AFF), one of the big financing ideas we developed with partners, is positioned to be a key part of this solution set. Realizing AFF will be a key priority for us in this year, as we expand into Togo and begin to engage the sub-national level governments in Kenya.

As we celebrate FAH's 4th anniversary, we thank you all for your partnership, and we look forward to “leaving no one behind” through our ongoing collaboration.

May we build back bigger, better and stronger in 2021!

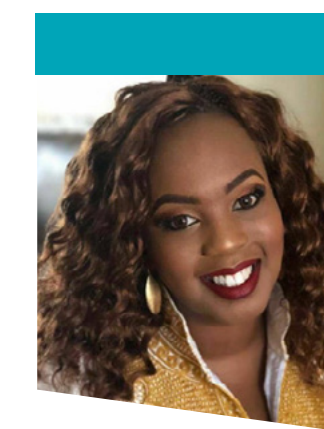
**Asante sana! Tuonane, majaliwa!**



**Nan Chen**  
Board Co-Chair



**Phyllis Heydt**  
Board Co-Chair



**Angela Gichaga**  
CEO

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# Organizational Overview

<b>Our vision:</b> Focusing financing to improve health for all.	<b>Our Mission:</b> We partner with governments on all steps of financing to strengthen and sustain community health systems; leveraging primary healthcare to attain universal health coverage.
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**Who we are:** The FAH is a partnership that works with governments on financing strategies for primary and community health systems that operate at scale and are financially sustainable over time.

We partner long-term with Ministries of Health and Ministries of Finance teams to develop different and changing financing sources. This will empower/enable them to be the lead steward in their local health systems to reach the scale and sustainability that we all know is needed.

We are a partnership with diverse global partners from both the development and finance industry, and with a full-time team based in Nairobi. This allows us to both ground our work in the local context while leveraging global best practice and trends.

We act as a bridge between the world of health and finance.

**Our values:**

- Respect and trust are the basis of our relationships
- We challenge and disrupt the status quo for impact
- We are curious, passionate and effective in our approach
- We are driven to support the well-being of communities

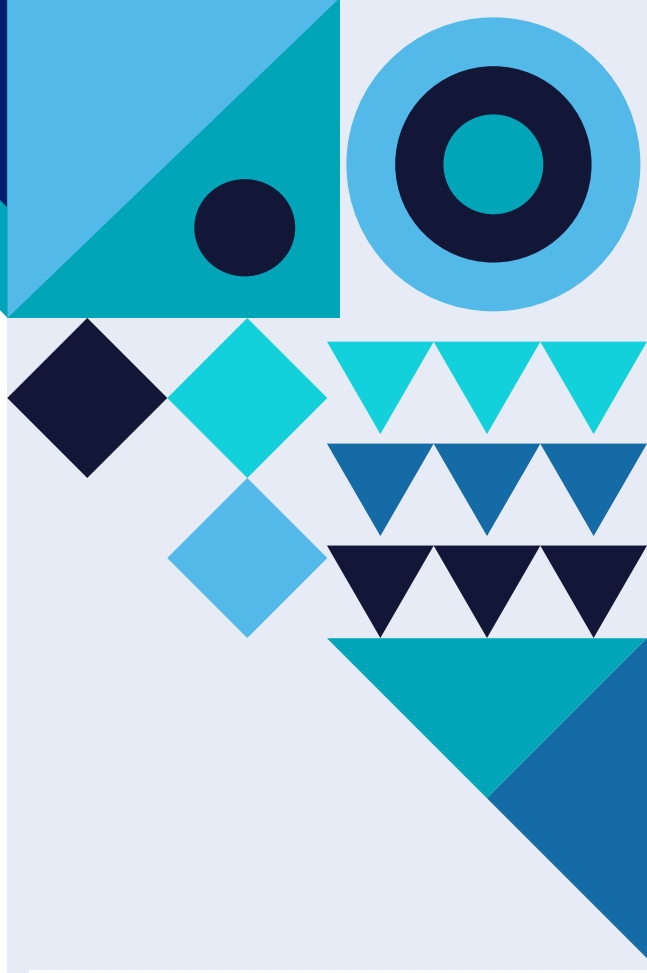
**Our value proposition:** Our value proposition and contribution to the Community Health is our focus and work on financing. Given that, we measure our organizations impact in terms of financing, within the next 5 years our goal is to focus \$1bn financing annually towards community health.

That will make a significant contribution to the annual \$2bn financing gap. Our work on focusing financing for primary and community health is also critical as we continue to support global efforts towards financing community health systems towards the attainment of Universal Health Coverage.

**Our Theory of Change**

Our theory of change is aligned to our goal of focusing financing to improve health for all

- Despite the 10:1 ROI on Community Health Workers (CHWs), few countries currently prioritize Community Health systems.
- Of these few, insufficient and inaccessible international and domestic funding has meant that many countries' community health programs remain fragmented, trapped in pilot and sub-scale phases, and not always delivering a maximum return on investment.
- The FAH has the distinct ability to draw on private sector knowledge of financial structuring and access to a variety of financing opportunities, to help countries design more efficient and effective systems.
- The FAH has the unique operational ability to draw on these resources to help countries transition from a reliance on donor support to more self-sufficient models that 'crowd in' new sources of financing as well as fully utilize government resources.



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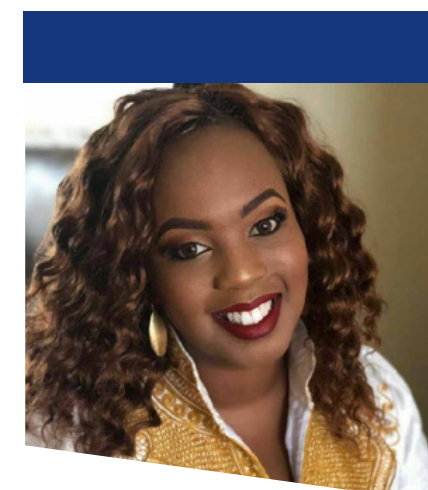
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FAH is an Africa based, African led and Africa focused community health financing technical expert, having supported 12+ countries since 2015



**Angela Gichaga**  
Chief Executive Officer



**Shayan Abdulrehman**  
Senior Costing and Investment Associate



**Nelly Wakaba**  
Country Engagement and Support Director



**Lizah Masis**  
Country Investment and Knowledge Director



**Joyce Kabiru**  
Costing and Investment Manager



**Angela Amondi**  
Operations Coordinator

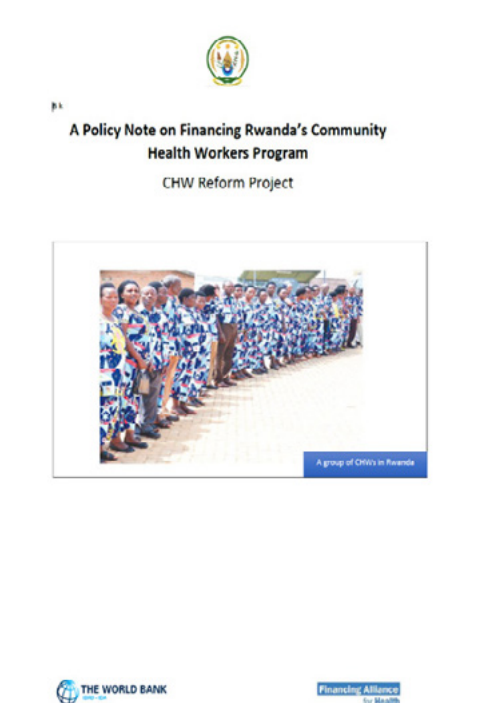


**Aziza Buka**  
Partnership & Resource mobilization Manager

Our work areas:

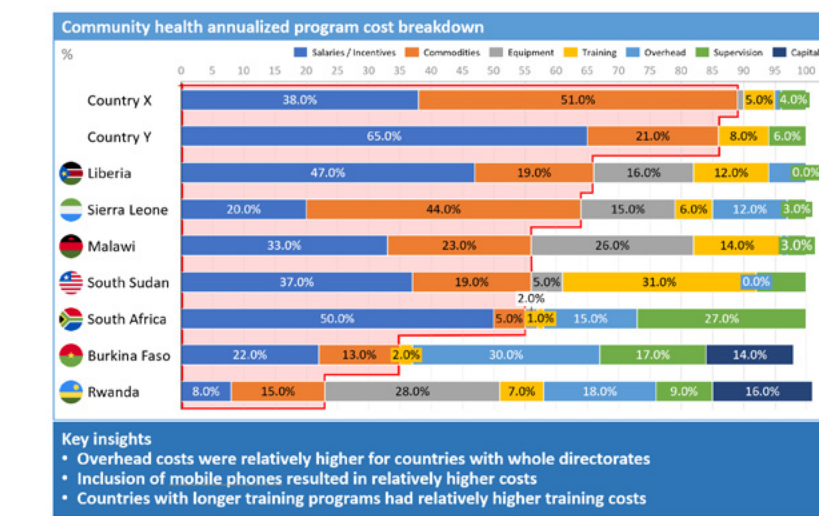
## Country government support

Long-term onsite technical & financing support on primary and community health



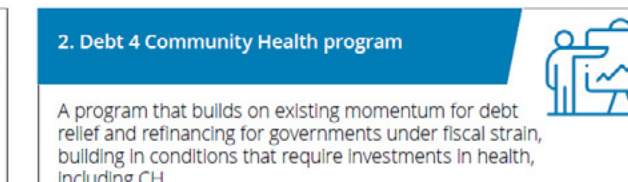
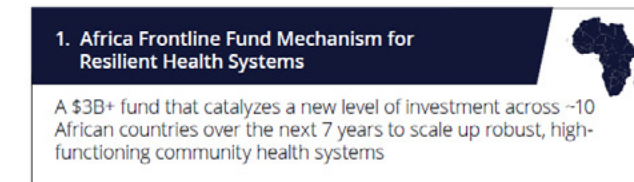
## Analytical toolkit

Develop and offer toolkits to support country costings, investment cases and financing pathways



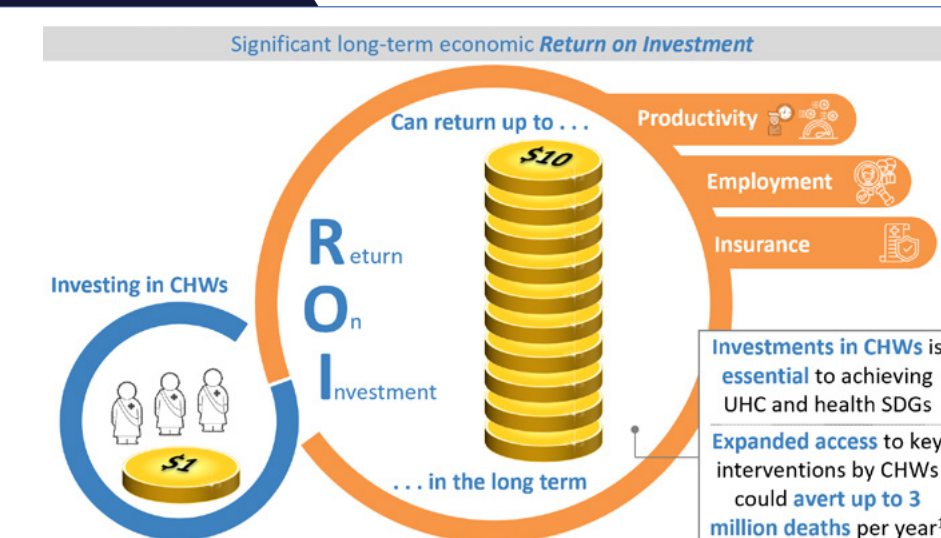
## Financing products/ modalities

Working with donors & financing industry to design, develop and deploy new / modified financial products



## Awareness and education

Communicate case for investment, build thought leadership and share capacity building material



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# COVID-19 response support

In light of the COVID-19 pandemic, FAH supported response efforts at a global level, continental level and in its headquarter country, Kenya

## Globally





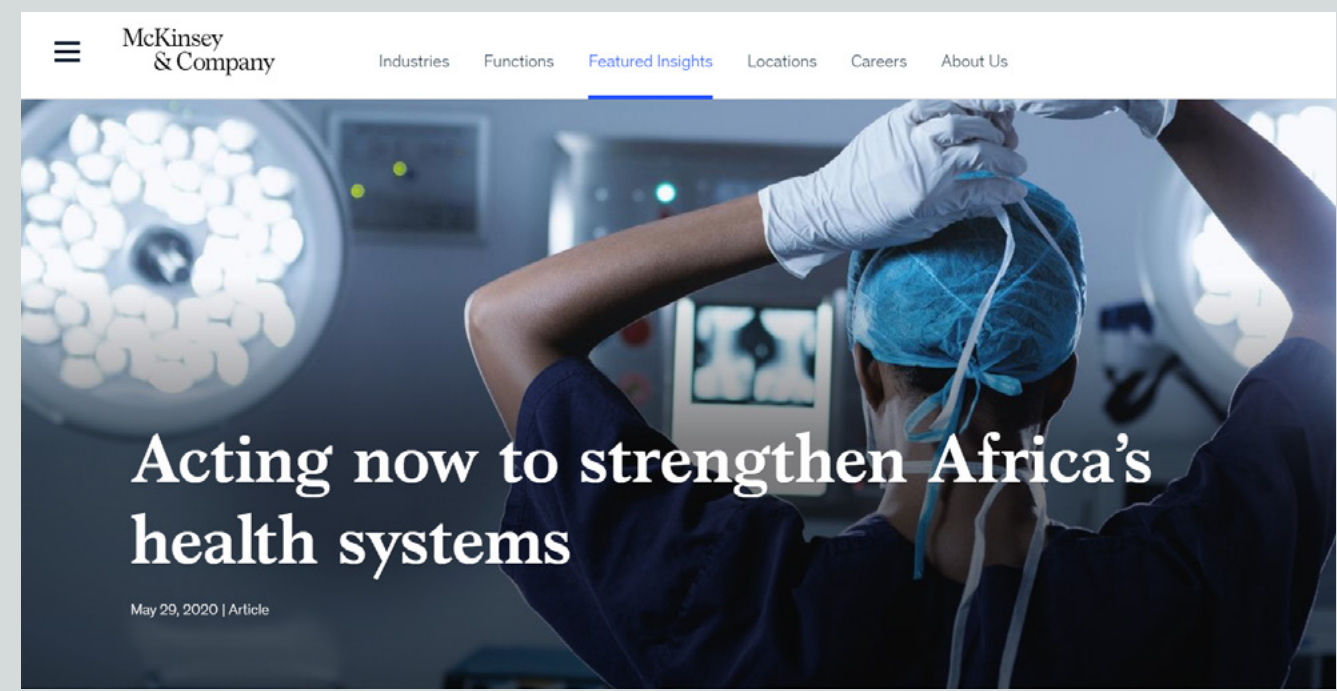
The FAH co-authored a blog post on Think Global Health on the importance of Community Health, particularly in times of crises such as the on-going COVID-19 pandemic. The article highlights that community health workers are indispensable especially in times of crisis and fortify health systems in many ways including helping to avert the spread of misinformation and dispelling myths that can antagonize crucial intervention efforts. Experiences of crises affecting nations in the global south, show how vital community health workers are in significantly reducing the number of casualties and the economic costs of pandemics. In light of this, investing in community health and closing the \$2billion dollar gap has never been more important. Read [more here](#).

## Africa

### FAH worked with CGD to cost PPE needs for Community Health Workers




FAH contributed to the analysis to quantify the personal protective equipment (PPE) needs for CHWs to safely support COVID-19 efforts in low - and - middle-income countries. The Centre conducted this analysis for Global Development and estimates that 448 million pieces of PPE are required annually. Further details of this pivotal analysis can be [found here](#).



FAH's analysis and expert insight was quoted in McKinsey and Company's article that proposed five big ideas to safeguard lives in the COVID-19 crisis and prepare for the future. Read more on the [article here](#)

### Africa CDC data provision



The FAH responded to Africa CDC's request to provide community health financing and costing data for sub-Saharan Africa. Given FAH's extensive multi-country and multi-year primary costing data available in our comparative costing database, this was crucial to support Africa CDC's concept note to mobilize resources for the Partnership to Accelerate COVID-19 testing (PACT) initiative.

### Africa CDC Technical Working Group

The FAH was invited to join Africa CDC's CHW technical working group. The TWG is led by member states and would provide technical and operational inputs that will guide CHW program implementation across Africa. FAH is also a member of the Finance and Sustainability sub-committee of the TWG that works towards harmonization and integration of the CHW activities and national programmes as a mechanism for health system strengthening.



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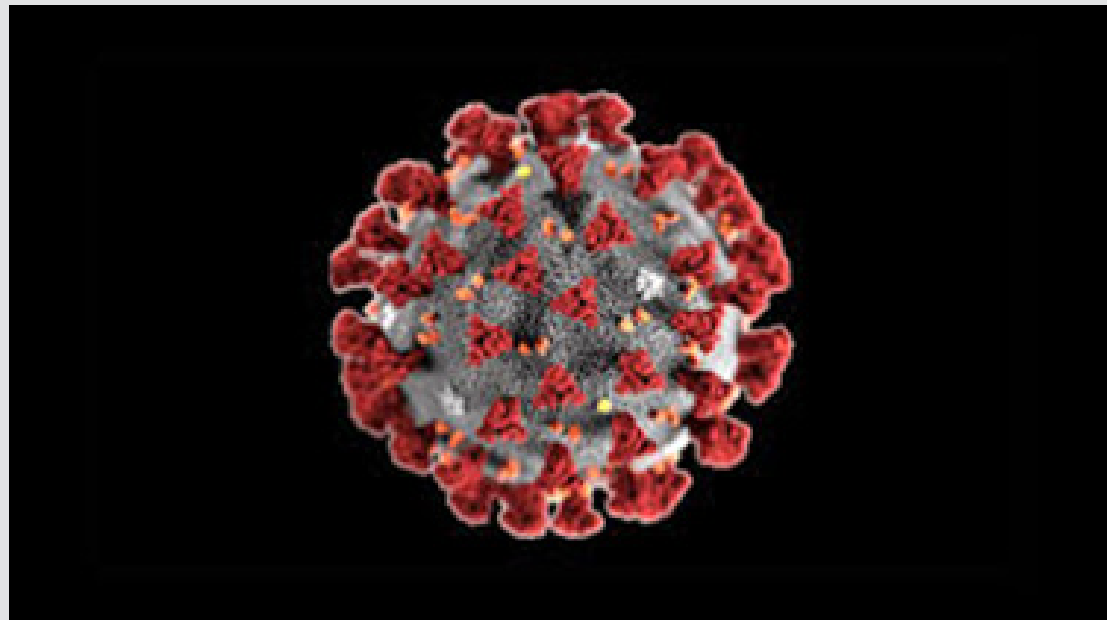
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# COVID-19 response support

## Kenya

### Support to the Office of the President in Kenya



The FAH was honoured to serve as a think tank member for the Office of the President, on its **“Building Back Stronger: Transforming the Kenyan Economy Post-COVID-19”** initiative. Among the proposals prioritized for Kenya’s economic recovery post-COVID-19, is the recruitment and up-skilling of community workers across the social sectors, including health, which has been proposed as an initiative to advance COVID response, universal health coverage, job creation, rural development, women and youth empowerment as well as for strengthening Kenya’s social services.

### FAH co-advocates for CHWs legislation in Kenya, for recognition in COVID response as well as day-to-day health services

A coalition of community health advocates listed below submitted their recommendations and proposals to the Kenyan Senate to include various provisions for increasing the support and recognition of Community Health Workers during and beyond times of global health crises. The bills to be amended include:

- The Community Health Services Bill (Senate Bill No.5 of 2020)
- The Pandemic Response and Management Bill (Senate Bill No.6 of 2020)

Members of the collaborative effort include:



The memorandum proposed the adoption of measures to strengthen community health strategy for COVID-19 with the following objectives:

- Leveraging an extensive network of community health workers in the management and control of COVID-19 disease
- Scaling up training of CHWs to expand access to COVID-19 services in the community including early detection, contact tracing, social and psychological support
- Increasing financing for health at the community level and greater investment by the county
- County governments leading the implementation of this strategy as health is now a devolved function
- Shielding the most vulnerable from socioeconomic shocks

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# 2020 Impact at a glance

## Country engagement:

**Zimbabwe:** Supported the development of the 2020 -2025 costed National Community Health Strategy, Community Health package and investment case.



**Zambia:** Supported finalization of the costed Community Health Strategy and development of the investment case.

**Kenya:** Co-facilitated a multi-stakeholder workshop to review the previous CH strategy for the development of the 2020-2025 CH strategy.

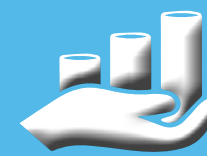
## Analytical tools:

Refined and updated the community health comparative costing database, a database that aggregates and compares costs for running national community health programs in several African countries



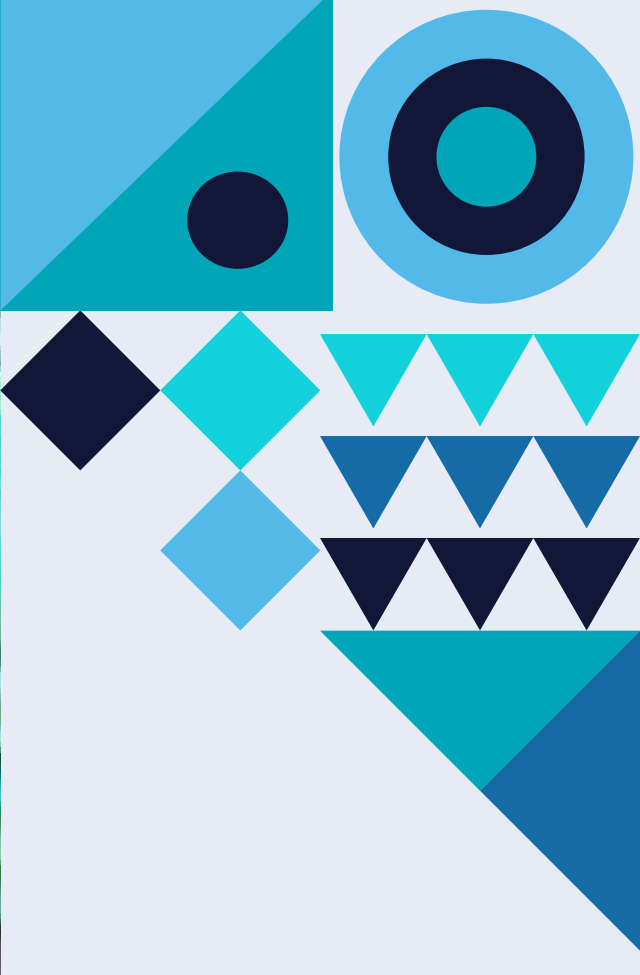
## Financing products and modalities:

Conceptualised 3 big ideas to close the \$2bn community health funding gap in Sub-Saharan Africa. A consortium of organisations, championed by H.E. Ellen Johnson Sirleaf, are working together to leverage the COVID momentum to rapidly develop the thinking on what could unlock significantly greater resources.



## Awareness and Education:

Launched the Financing Community Health Programs for Scale and Sustainability course series online community health financing curriculum in collaboration with the Community Health Academy. The course will equip leaders with skills they need to advocate for more funding for their community health systems.



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To learn more about our government support, our financing solutions, our partnerships and advocacy work, [Click here](#) and subscribe to our detailed quarterly newsletters.

# Country engagement at a glance

Since inception, we have had different levels of engagement across 12 countries

<p><b>Rwanda</b> </p> <ul style="list-style-type: none"> <li>Supporting the CHW reform programme to improve the human capital, performance management and financial sustainability</li> </ul>	<p><b>Zambia</b> </p> <ul style="list-style-type: none"> <li>Costing, financial gap analysis, resource mapping &amp; ROI of the operational plan (OP) of the new CH strategy</li> </ul>	<p><b>Zimbabwe</b> </p> <ul style="list-style-type: none"> <li>Development of a community health strategy and comprehensive community health package (CCHP),</li> <li>Costing, financial gap analysis, resource mapping &amp; ROI of the operational plan (OP) of the new CH strategy</li> </ul>	<p><b>Kenya</b> </p> <ul style="list-style-type: none"> <li>Co-development of the draft Community Health strategy and implementation plan</li> <li>Support on the Global Fund application</li> <li>Support to 3 counties (sub national level) in development of costed community health strategies and investment cases</li> </ul>	<p><b>Haiti</b> </p> <ul style="list-style-type: none"> <li>Situational analysis and feasibility assessment for potential future engagement</li> </ul>	<p><b>Burkina Faso</b> </p> <ul style="list-style-type: none"> <li>Situational analysis and feasibility assessment for potential future engagement</li> </ul>
<p><b>Uganda</b> </p> <ul style="list-style-type: none"> <li>Domestic resource mapping and mobilization for CHEW programme</li> <li>CHEW investment plan and advocacy pack</li> <li>Exploration of an innovative financing instrument</li> </ul>	<p><b>Sierra Leone</b> </p> <ul style="list-style-type: none"> <li>Costing of the Community Health strategy</li> <li>Support in mobilizing US\$7.5 million grant</li> <li>Strengthening stakeholder engagement within MoH &amp; with partners</li> <li>Engagement of MOF for domestic resource allocation</li> <li>Capacity building on PFM</li> </ul>	<p><b>Liberia</b> </p> <p>In partnership with LMH</p> <ul style="list-style-type: none"> <li>Co-development of investment case</li> <li>Ongoing resource mobilization</li> </ul>	<p><b>South Africa</b> </p> <ul style="list-style-type: none"> <li>Continued thought leadership on the Ward Based Outreach Teams (WBOT), including interpretation of investment case and disbursement mechanisms to provinces</li> </ul>	<p><b>Malawi</b> </p> <ul style="list-style-type: none"> <li>Support in the exploration of PPP structures for funding the health posts, through our co-developed PPP playbook</li> <li>Domestic resource mobilization from MoF</li> </ul>	<p><b>Togo</b> </p> <ul style="list-style-type: none"> <li>Comparative costing database across 8 different country programmes including the IH model in Northern Togo</li> <li>In collaboration with IH, support on the Presidential priority of elimination of user fees for primary health care services, particularly on maternal and child health services, so as to increase access and utilization of primary health care services</li> </ul>

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# Zambia

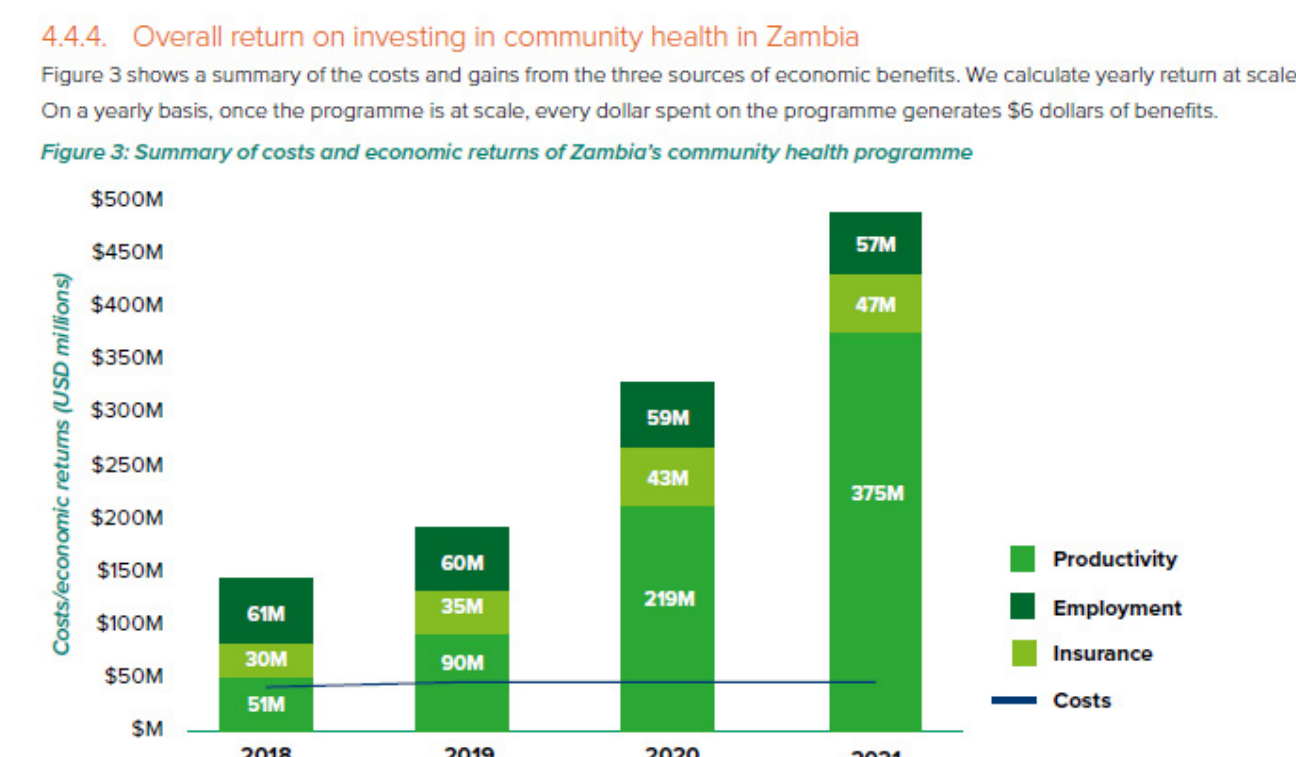
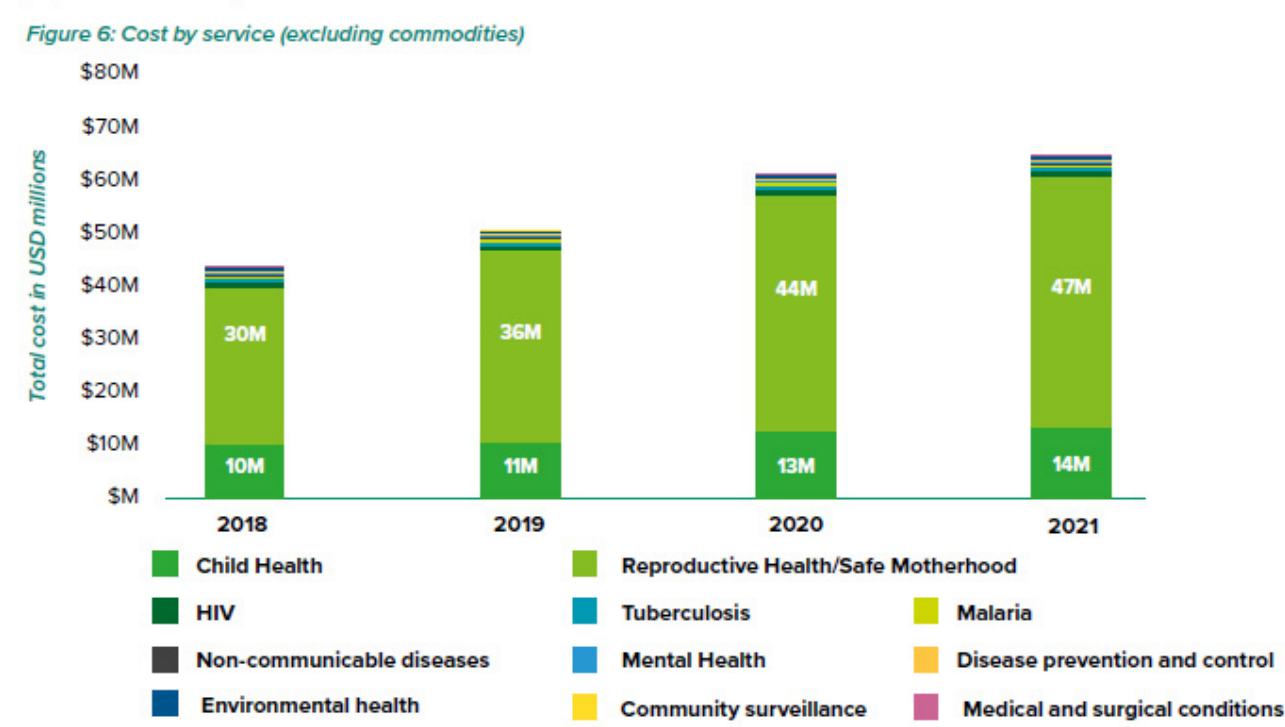
FAH supported the Global Fund and the Global Financing Facility investment preparation/ application process

2,500 trained CHAs  
2,140 of whom are paid

40,000 CHVs

Supported the finalization of the costed strategy and implementation plan and as a result the Zambian government is now in the process of institutionalizing 2,500 trained CHAs, 2,140 of whom are paid.

Supported the completion of the foundational analytical costing work and investment case for Zambia's community health program.



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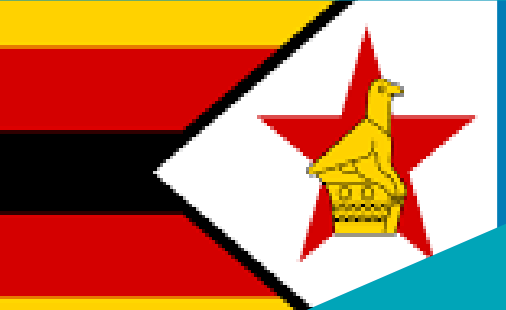
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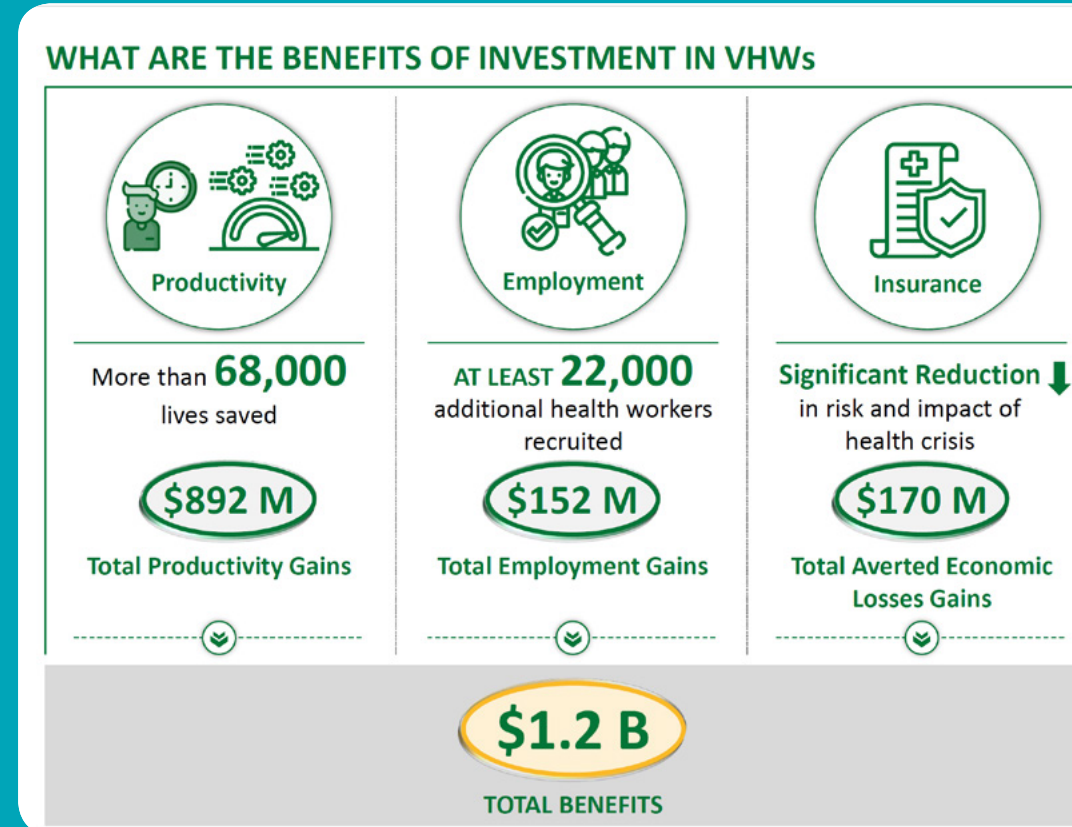


# Zimbabwe

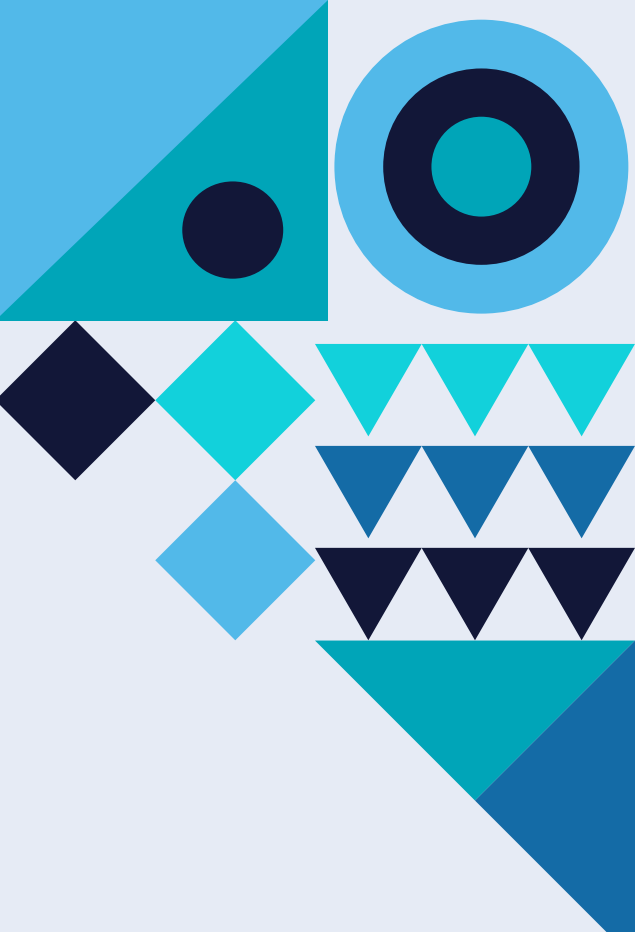
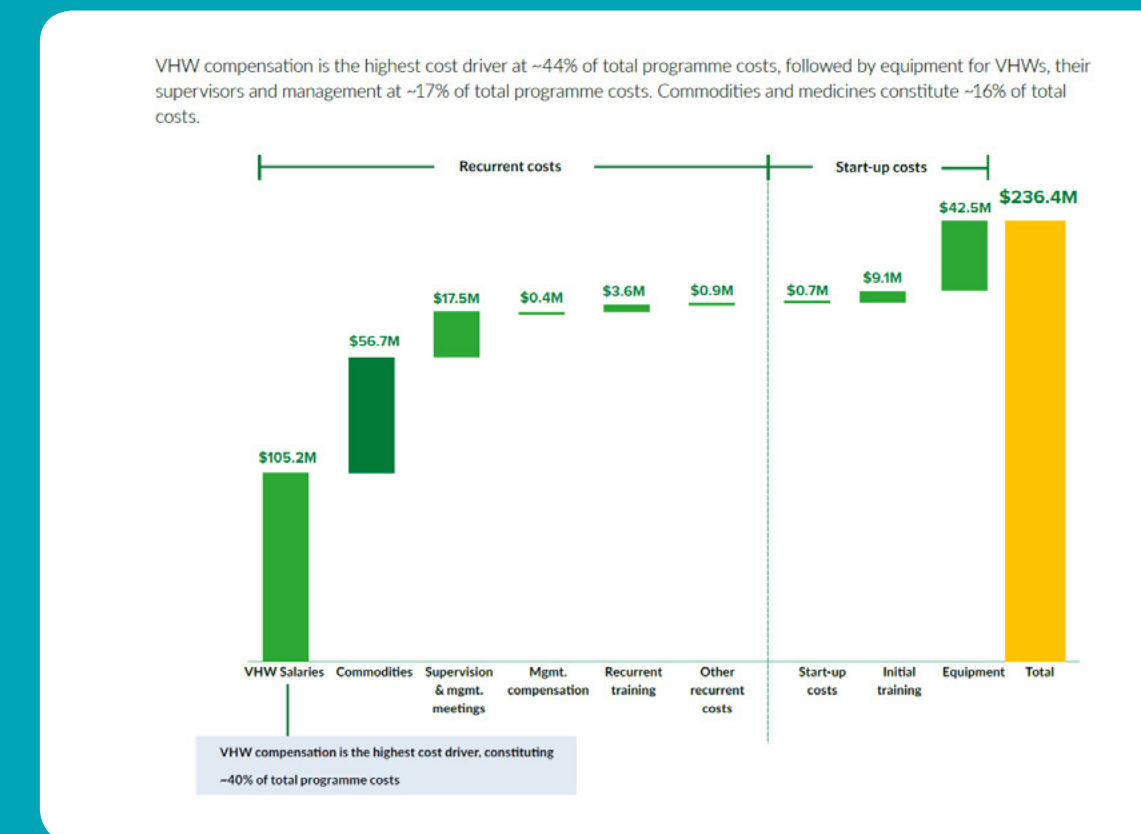
Supported the development of the 2020-2025 National Community Health Strategy and draft investment case, which has now been submitted for government approval.

Facilitated a successful validation workshop that resulted in the approval of the national community health strategy and community health package. This new strategy establishes a single cadre of CHWs streamlining the previously existing 77 cadres, thus improving service delivery and increasing efficiencies.

FAH supported the Global Fund and the Global Financing Facility investment preparation/application process



<b>Vision</b> Attaining the highest possible level of health and quality of life for all Zimbabweans		<b>Zimbabwe Community Health Strategy 2020 – 2025</b>		<b>Mission</b> To ensure equitable access to quality, integrated community health services that respond to local health needs across the life course through meaningful community participation			
<b>Context</b>	<b>Strengths</b> <ul style="list-style-type: none"> <li>Large CHW workforce exists</li> <li>Programme funding is available</li> <li>Governance structures exist at national and grassroots levels</li> </ul>	<b>Weaknesses</b> <ul style="list-style-type: none"> <li>Inadequate coordination of stakeholders and activities</li> <li>Services are fragmented</li> <li>Inadequate supervision of CHWs</li> <li>Regular stock outs</li> <li>Parallel reporting structures</li> </ul>	<b>Opportunities</b> <ul style="list-style-type: none"> <li>Deliver an integrated services package</li> <li>Increase funding for supplies</li> <li>Integrate data system and harmonize tools</li> <li>Revise supervision model and equip supervisors</li> </ul>	<b>Threats</b> <ul style="list-style-type: none"> <li>Utilization of unsustainable funding models</li> <li>Retention of multiple community health cadres in support groups</li> <li>Delays in adoption and institutionalization of the strategy and package</li> </ul>			
<b>Principles</b>	<ul style="list-style-type: none"> <li>Equity of Services – Provide health access to all</li> <li>Essential Quality Services – Provide services to the highest standards</li> <li>Integration – Provide a seamless and responsive continuum of community health services across the life course</li> <li>Transparency and accountability – Ensure bi-directional transparency and accountability in resource management and programme delivery across government, partners and communities</li> <li>Ownership and participation – Foster community engagement so they can articulate their health issues</li> </ul>						
<b>Goal</b>	To contribute to improving the health status of all the people, especially women and children, through scaling-up community-based interventions and other health promotion initiatives						
<b>Objectives</b>	<b>1. Community Engagement</b> Provide increased community ownership and participation Invest in community-led approaches that empower Refine roles of local community structures based on revised community health structure	<b>2. Community Health Service Delivery</b> Deliver the service package Integrate community health delivery at the point of care Institutionalize community health services into the larger health system Regularly review the service package to ensure it continues to meet communities needs	<b>3. Human Resources for Community Health</b> Contextualise coverage reports Refine VHW selection criteria Train, certify and equip qualified VHWs Provide supervision through teams: clinic team, peer supervisor and integrated VHW cadre Develop the VHW incentive package	<b>4. Community Health Supply Chain Mgmt.</b> Integrate community health supply chains into the national distribution system Improve planning and coordination Adopt the use of technology for direct stock management Increase funding towards community health supplies	<b>5. Management Information Systems</b> Develop an integrated data system Leverage e-health technology Harmonize data collection tools Train VHWs, supervisors on data management Design feedback mechanisms for VHWs Conduct M&E Document innovations around CH systems	<b>6. Governance, Leadership and Coordination</b> Institutionalize community health governance structures Strengthen coordination of community health management within MDHCC and across partners Create cross-sectoral linkages	<b>7. Financing</b> Increase financing for community health in line with the goals of the national health financing strategy
<b>Enabling partnerships</b>	<ul style="list-style-type: none"> <li>Community health workers</li> <li>Health Center Committees</li> </ul>	<ul style="list-style-type: none"> <li>MDHCC</li> <li>Statutory boards</li> </ul>	<ul style="list-style-type: none"> <li>Traditional leaders</li> <li>Political leaders</li> </ul>	<ul style="list-style-type: none"> <li>Funding partners</li> <li>Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>Other line ministries</li> <li>Religious leaders</li> </ul>		



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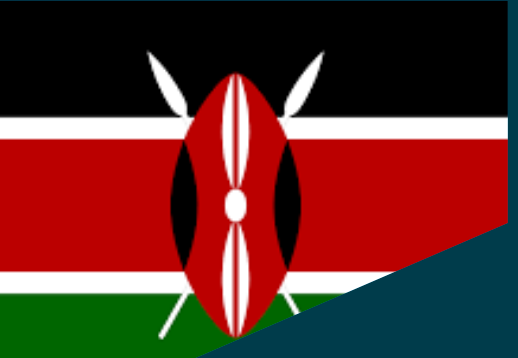
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# Kenya



Co-facilitated a multi-stakeholder workshop to review the previous Community Health Strategy and identify strategic objectives and initiatives for the development of Kenya's Community Health Strategy 2020-2025 and also supported the Global Fund application process.



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# Our cross-country comparative community health costing database provides financing insights for sub Saharan Africa

**Comparative costing database:** We refined and updated the community health comparative costing database, a database that aggregates and compares costs for running national community health programs in several African countries.

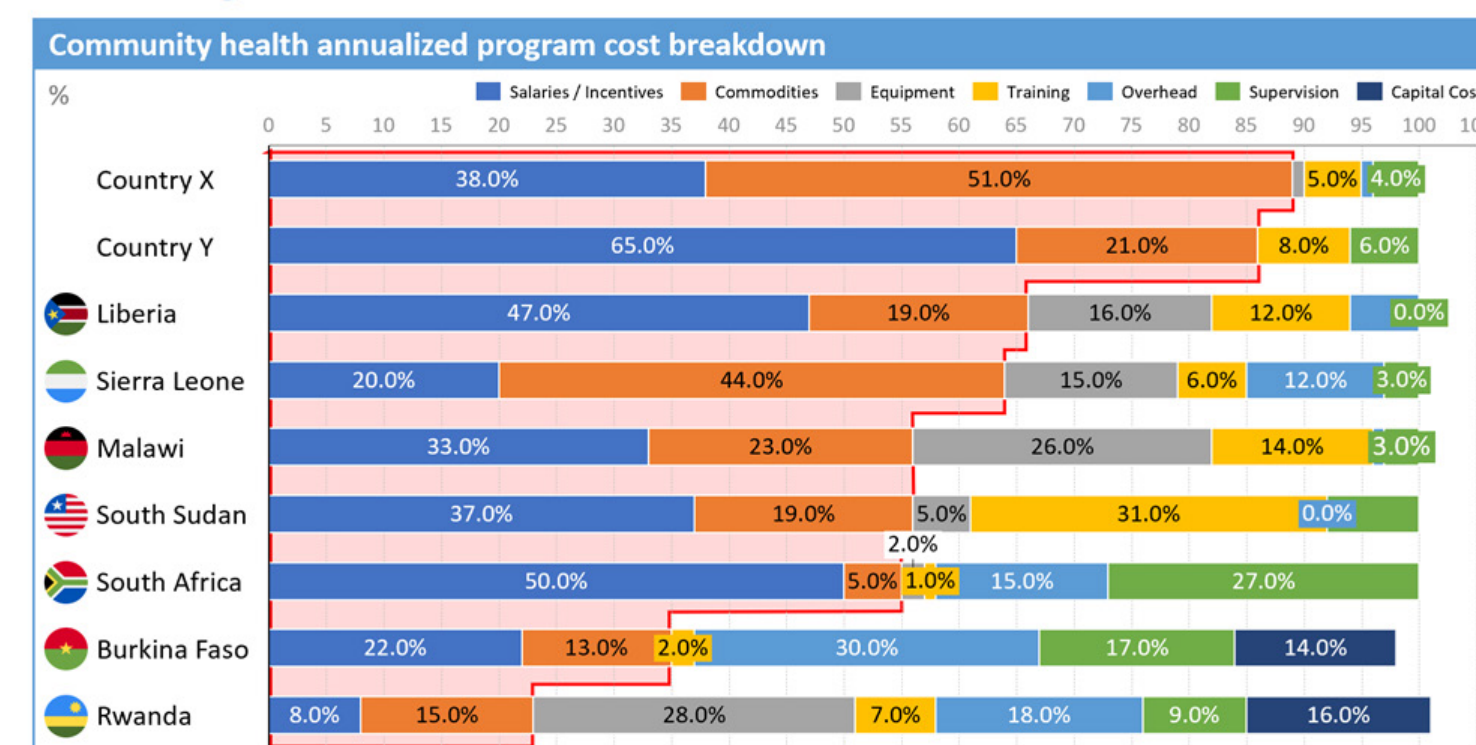
The goal of the database is to close the knowledge gap on how costs compare across different programs, enabling governments and other stakeholders to benchmark and set expectations on cost of running CH programs.

## These countries also have varying designs for their community health programs

	Liberia	Sierra Leone	Malawi	Country X	Rwanda	Country Y	South Sudan	South Africa	Burkina Faso
Target population coverage for CH services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urban	✓	✓	✓	✓	✓	✓	✗	✓	✓
% pop. covered	100	100	100	100	100	100	83	100	100
CHW comp. models & attrition rates									
Salaried	✓	✓	✓	✓	✗	✗	✓	✓	✓
Semi-comp.	✓	✗	✓	✓	✓	✓	✗	✗	✗
Volunteer	✗	✗	✓	✓	✗	✓	✗	✗	✗
Sal (\$ pm)	70	20-25	134.5	20-25	n/a	n/a	7.20	208	34.5
Target # of CHWs	4,268	15,000	14,910	5,000	n/a	n/a	28,755	95,962	13,500
CHW Attrition	5%	5%	3%	<1%	n/a	n/a	7.5%	n/a	3.5%

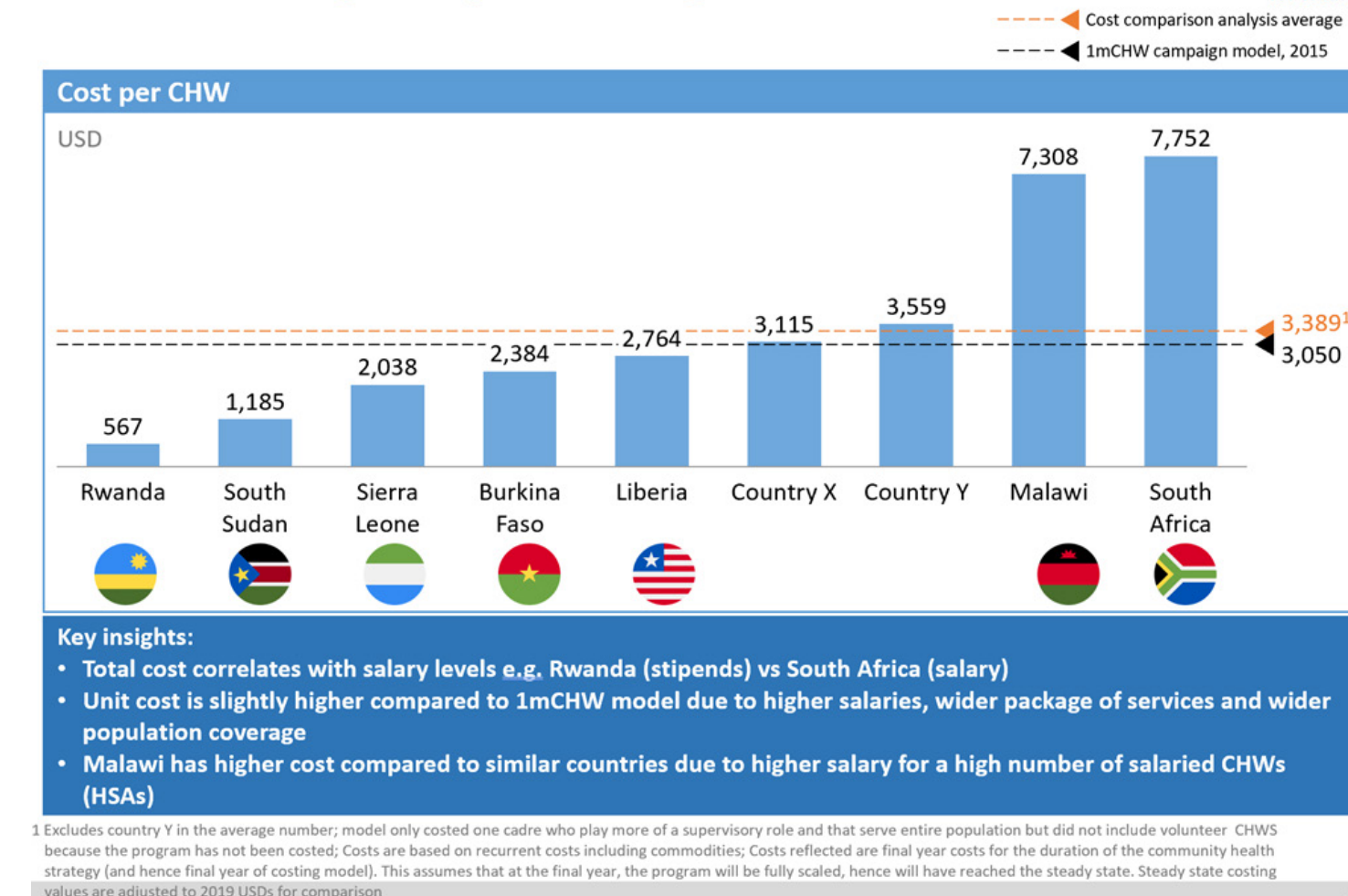
- Key insights:**
- Almost all countries include rural and urban communities, in line with commitment to UHC by many governments
  - Compensation models are still very mixed

## Commodities and salaries/incentives were the main cost drivers accounting for between 50-90% of costs



- Key insights:**
- Overhead costs were relatively higher for countries with whole directorates
  - Inclusion of mobile phones resulted in relatively higher costs
  - Countries with longer training programs had relatively higher training costs

## The annual average cost per CHW ranged from \$550 – \$7,800



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# Our big ideas to close the community health funding gap in sub Saharan Africa

The FAH team keeps working towards bringing down the community health funding gap to zero. COVID-19 has laid bare the vital importance of robust community health systems to many African leaders and global health donors; however, there remains a \$2bn+ gap for community health in Sub Saharan Africa.

A consortium of organisations, championed by **H.E. Ellen Johnson Sirleaf**, are working together to garner the momentum of this moment to rapidly develop the thinking on what could unlock significantly greater resources.

The FAH and other partners have been tasked to harness the insights and ideas in the ecosystem and focus them towards ambitious, innovative and practical funding/ financing solutions. After extensive consultations with 100+ leading industry players, the FAH has conceptualized three big ideas that could bridge the \$2bn+ community health funding gap:

**Financing Alliance**  
for Health



Hosted by WHO Ambassador for Global Strategy

**LAST  
MILE  
HEALTH**

## 1. Africa Frontline First: a financing initiative for integrated and resilient community health systems (AFF)



A \$3B+ fund that catalyzes a new level of investment across ~10 African countries over the next 7 years to scale up robust, high-functioning community health systems

## 2. Debt 4 Community Health program



A program that builds on existing momentum for debt relief and refinancing for governments under fiscal strain, building in conditions that require investments in health, including CH

## 3. Community health for you – incubator



An incubation and market-shaping effort to enable the launching and scaling up innovative business models in CH that can capture OOP health expenditures

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# FAH continues to contribute to the body of community health knowledge through global databases, advocacy and capacity building 1/2



- **CHF Knowledge hub.** The FAH in partnership with CHW Central, facilitated the creation of an online community health financing knowledge hub which is now live and can be found [here](#).
- The platform serves as an online repository of country case studies, capacity building materials, white papers and other materials relevant to enhancing community health practice. The hub is accessible to practitioners, program managers, CHWs, governments and policy makers to broaden the CHW community's knowledge.

• **WHO – UNICEF Lancet Commission.** The FAH was represented in the Lancet Commission on “ a future for the world’s children?” . In collaboration with the Commission Co-Chairs and the other Commissioners, a strong case was made to continue investing in children, their health and well being.

• Key message highlight:

“For every dollar invested in health in low income countries there is a benefit of around \$10 for many interventions, and up to \$20 for some. For example, investments in reducing child marriage result in \$6.9 in benefit, whereas investments in adolescent education in low-income countries reap \$11 benefit for each dollar invested. Each dollar invested in health in lower-middle income countries brings \$20 of benefit. Analysis shows there is a financing gap of \$195 per person in low-income countries preventing progress on the SDGs.”

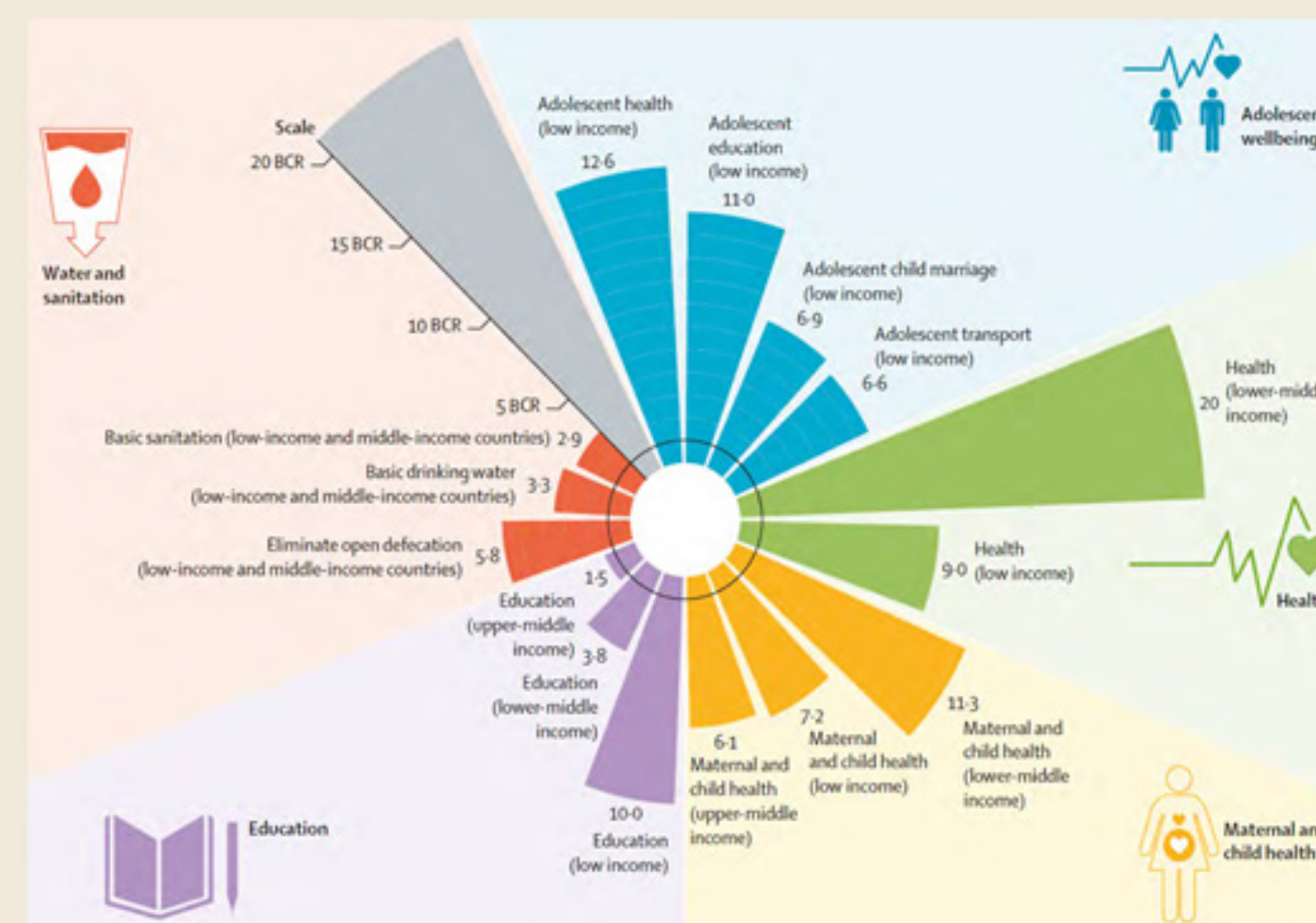
A future for the world's children



## The Commission

This Commission is a science-led, multi-disciplinary international collaboration, aiming for *transformational change*.

A future for the world's children



## Benefit cost ratios

very high returns on every dollar invested

... across the lifespan & across generations

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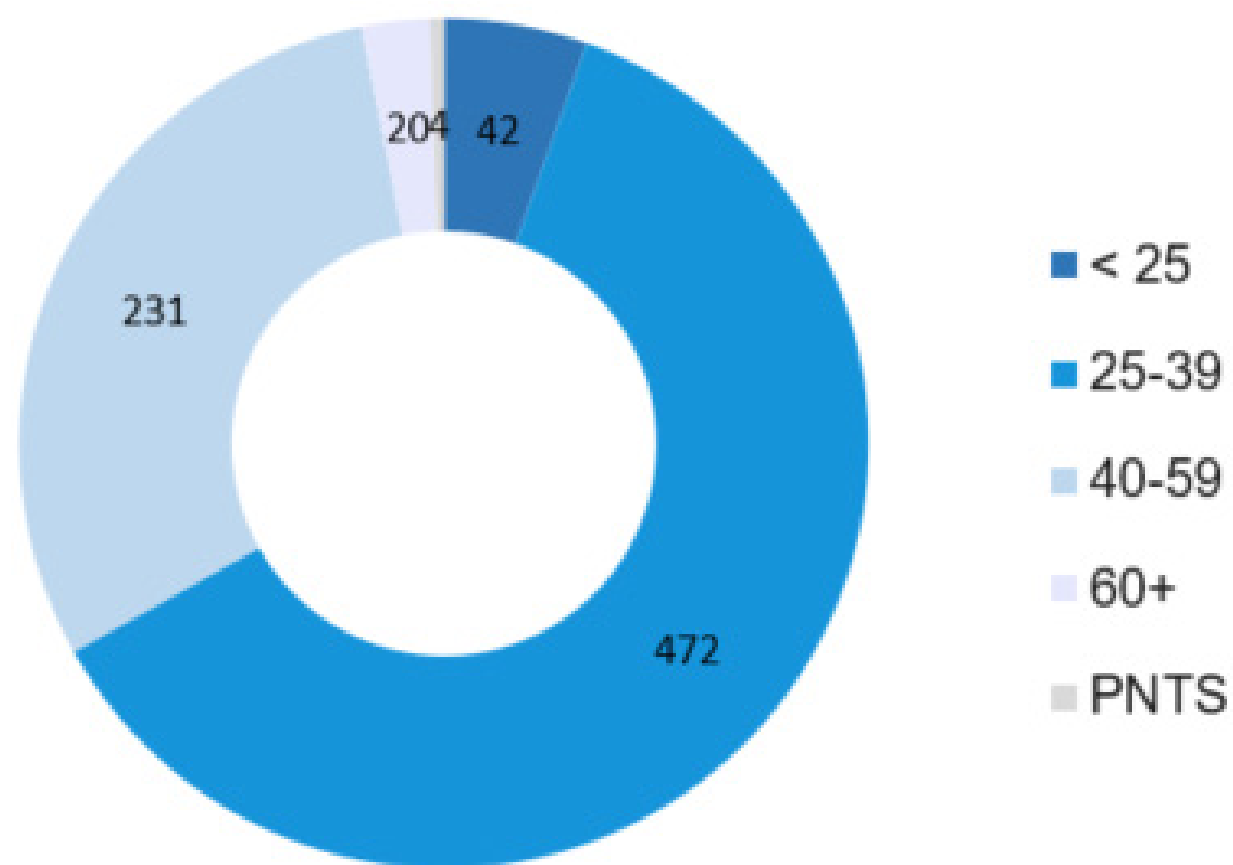
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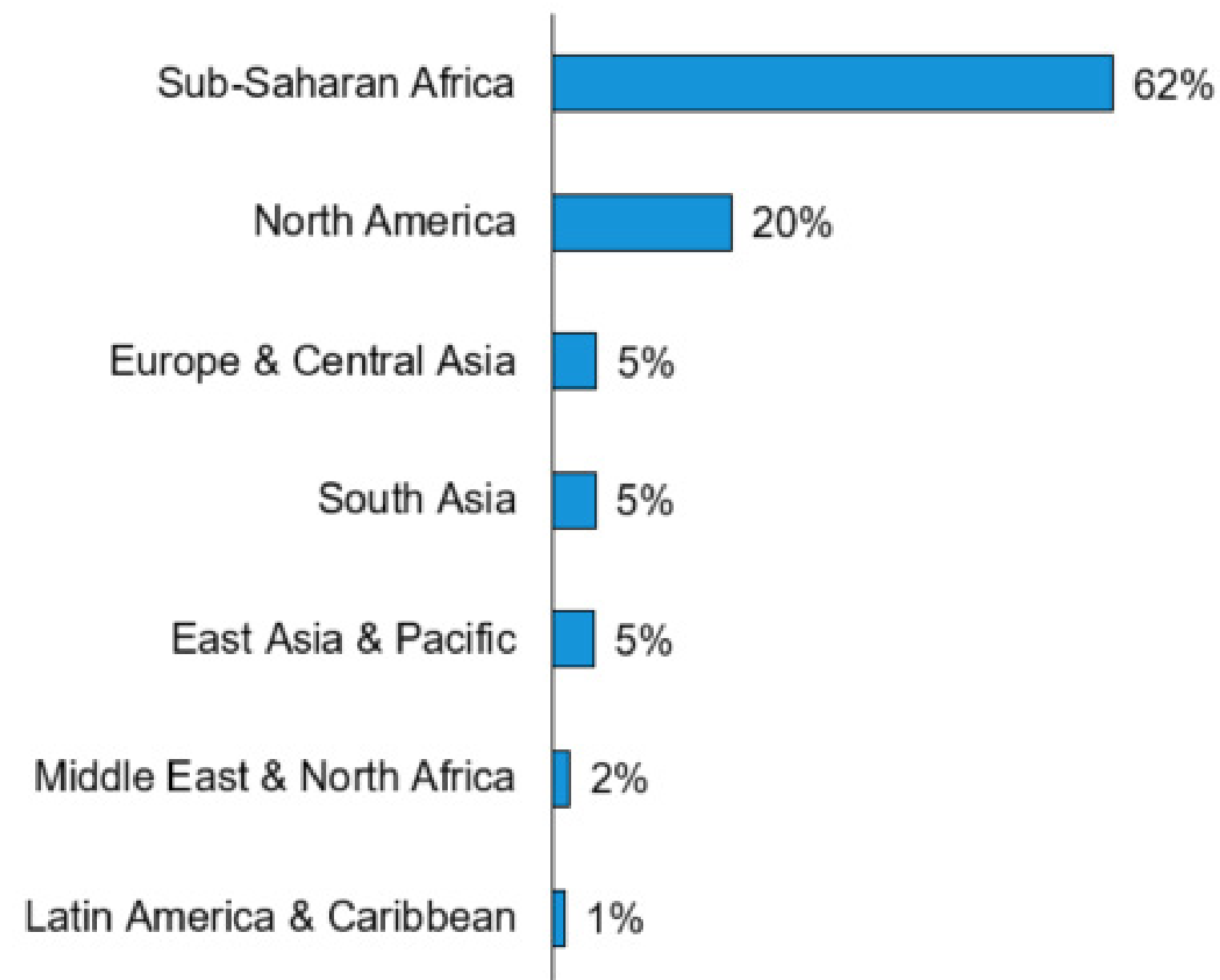
# FAH continues to contribute to the body of community health knowledge through global databases, advocacy and capacity building 2/2

FAH launched the Financing Community Health Programs for Scale and Sustainability course series in collaboration with Last Mile Health's Community Health Academy. The course will equip leaders with skills they need to advocate for more funding for their community health systems. As of December 2020, we had:

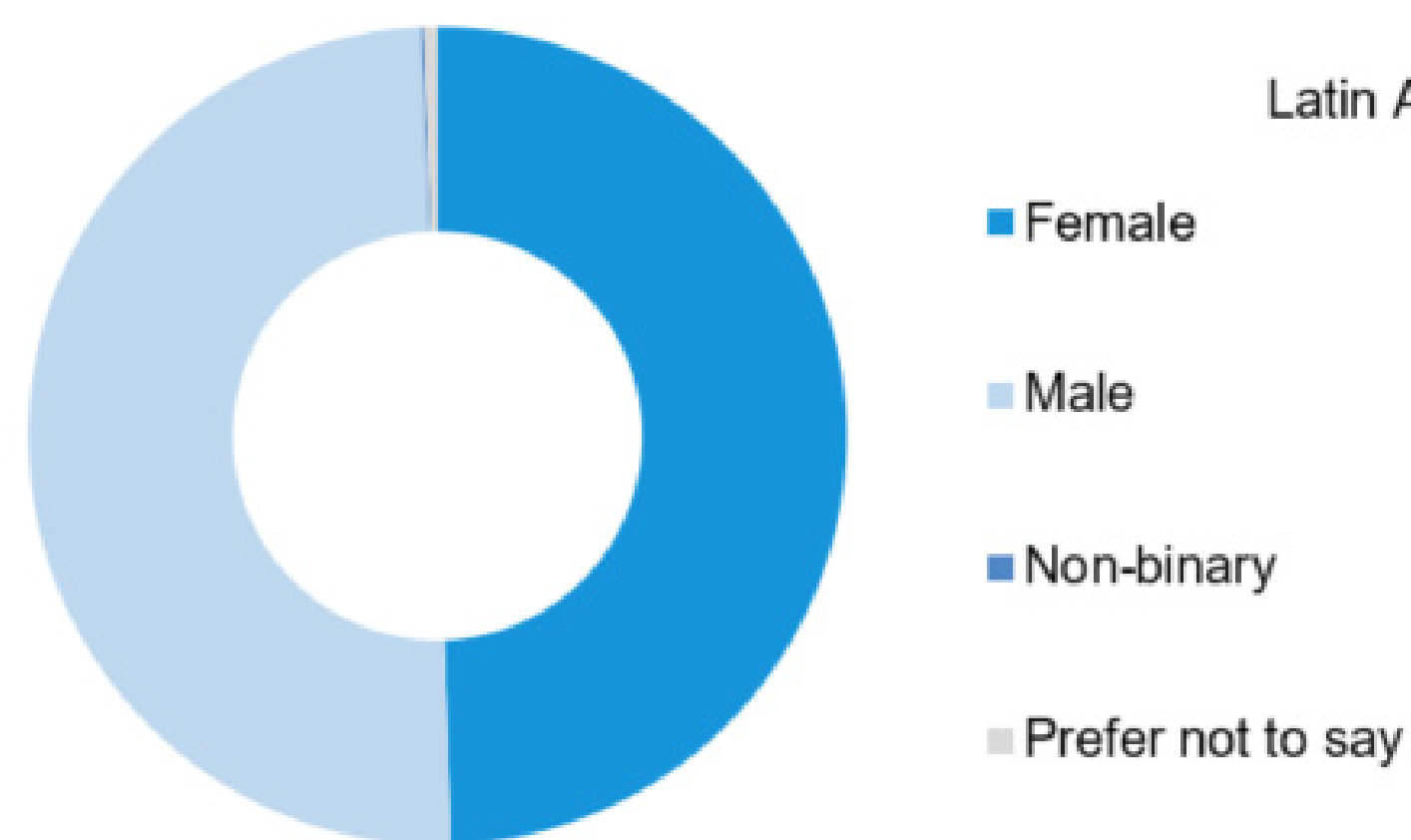
Registrants by Age Range (N=769)



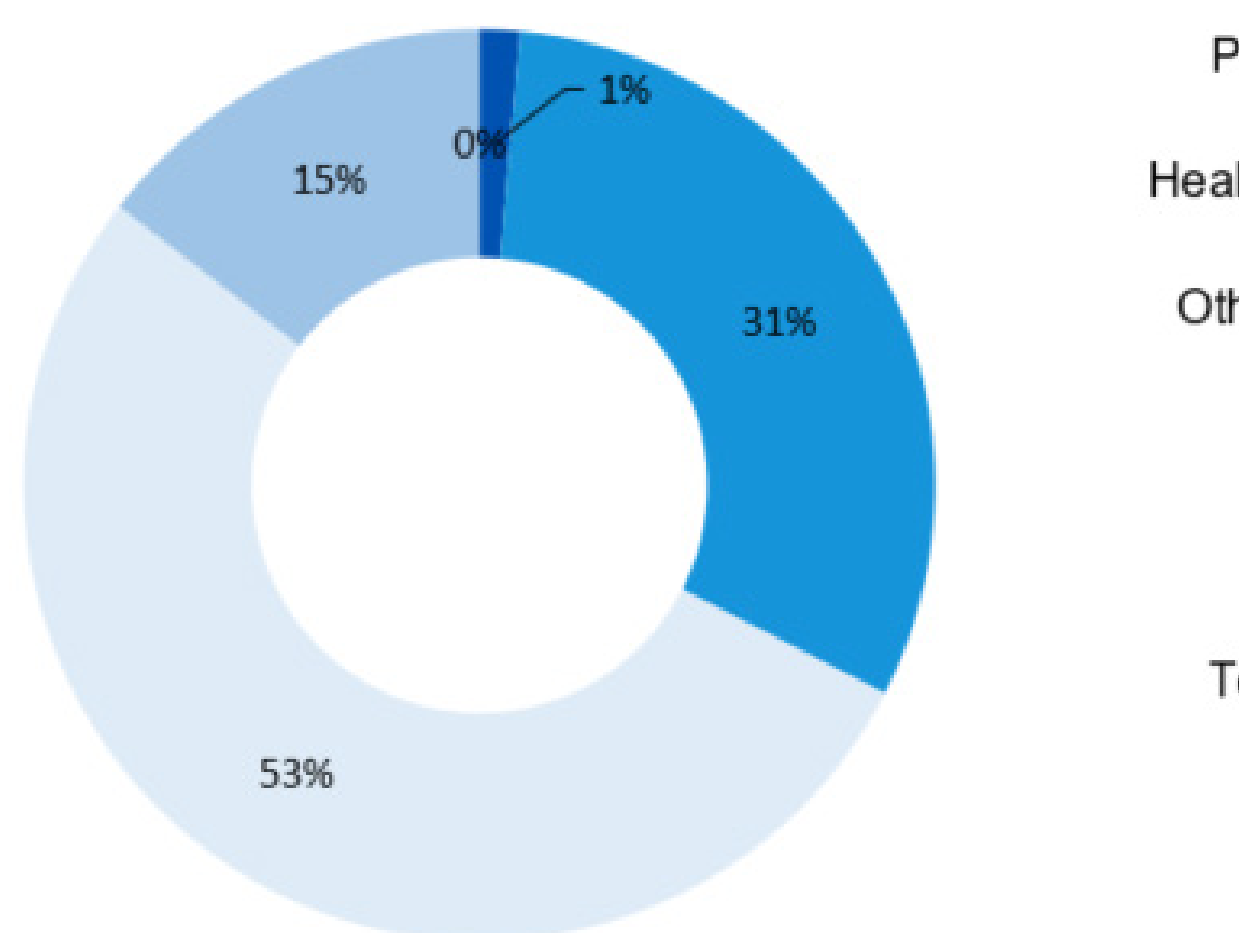
Registrants by Region (N=772)



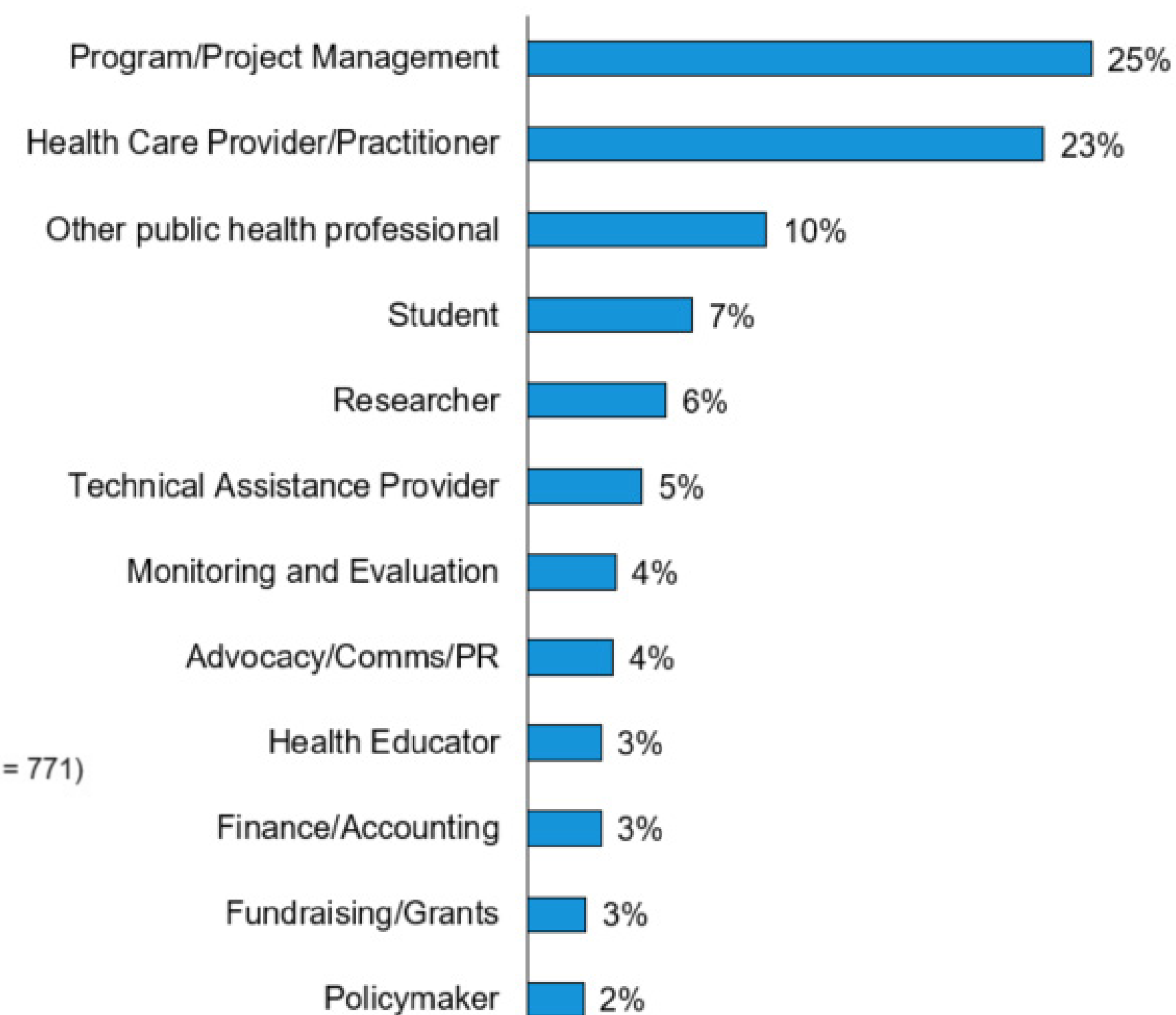
Registrants by Gender (N=770)



Registrants by Education (N=771)



Registrants by Profession (N=773)



## Enroll Today: Community Health Academy Health Financing Program



[Click here to register](#)

Learn how to secure and sustain investments in national community health programs through our health financing course series.

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# Communities at the Heart of UHC Campaign:

## Joint advocacy for CH systems reporting for UHC

### What is the campaign

The Communities at the Heart of Universal Health Coverage (UHC) is a multiyear global campaign working to leverage political commitments for UHC by promoting community health and its champions from the global to sub-national level, and to track in-country financial commitments to UHC and community health.

### Who are we

The FAH is part of the steering committee of this campaign together with other partner organizations. The campaign which started as a vision of only **6** organizations, has now grown its membership to **115** organizations that are elevating community health as part of the UHC agenda.

### Key 2020 achievements

Throughout 2020, the campaign worked to ensure that community health is a politically and financially supported priority at national levels and incorporated into long-term, government-led strategies. The campaign also published a Community Health and UHC two pager that highlighted the progress made by countries in 2020 despite COVID. Through the campaign we reach more than **30,000** leaders, advocates, implementers and key global stakeholders through strategic events, social media and knowledge-sharing newsletters. The campaign also hosted a number of events in 2020: **UHC 2030 CSEM hosted on July 8th: The Role of CHWs in Achieving UHC: What COVID-19 Taught Us**  
**UNGA Event hosted on September 23rd: COVID-19: Why Communities Should be the Focus to Reduce the Impact in Africa.**

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# Elevating country voices: Celebrating “Everyday Heroes”

As part of our role on elevating country voices on regional and global stages, we continue to identify champions of Community Health in countries where we work and bring their stories to the limelight in our “Celebrating Everyday Heroes” series. Our interaction with such frontline community health workers has helped to ground our work in the realities and lived experiences of these “Everyday Heroes”, their achievements and challenges faced.



Some of the outstanding community health champions from Makueni County in Kenya include:

- **Monica:** She was trained in 2014 by the county government. She now registers clients for antenatal care visits and ensures that they attend their clinic visits; conducts postnatal care visits where she promotes good nutrition for mothers and babies; ensures children are immunized; ensures children under-5 years old receive their vitamin A supplementation; ensures families are sleeping under bed nets amongst other activities. There are fewer sick children in her community following her deployment.
- **Monicah:** She commits 2 days, Mondays and Fridays, to household visits and serves approximately 28 households as a volunteer.
- **Dorothy:** She has contributed to the prevention of Covid-19 in her community by encouraging households to add a handwashing station at the entrance of their home, in addition to the one outside the latrine
- **Urbanus:** His work measuring blood sugar and blood pressure levels in his community has generated a lot of demand for these services at the local health center. His community health unit has a vibrant table banking scheme that allows members to take loans and from which members receive annual dividend payouts, keeping them motivated
- **Valentine:** She remains dedicated to her work despite having other competing priorities. She would value some form of token (stipend) to keep her and her team motivated in the work they do for their communities.

For a detailed review of the full article, [Click here!](#)

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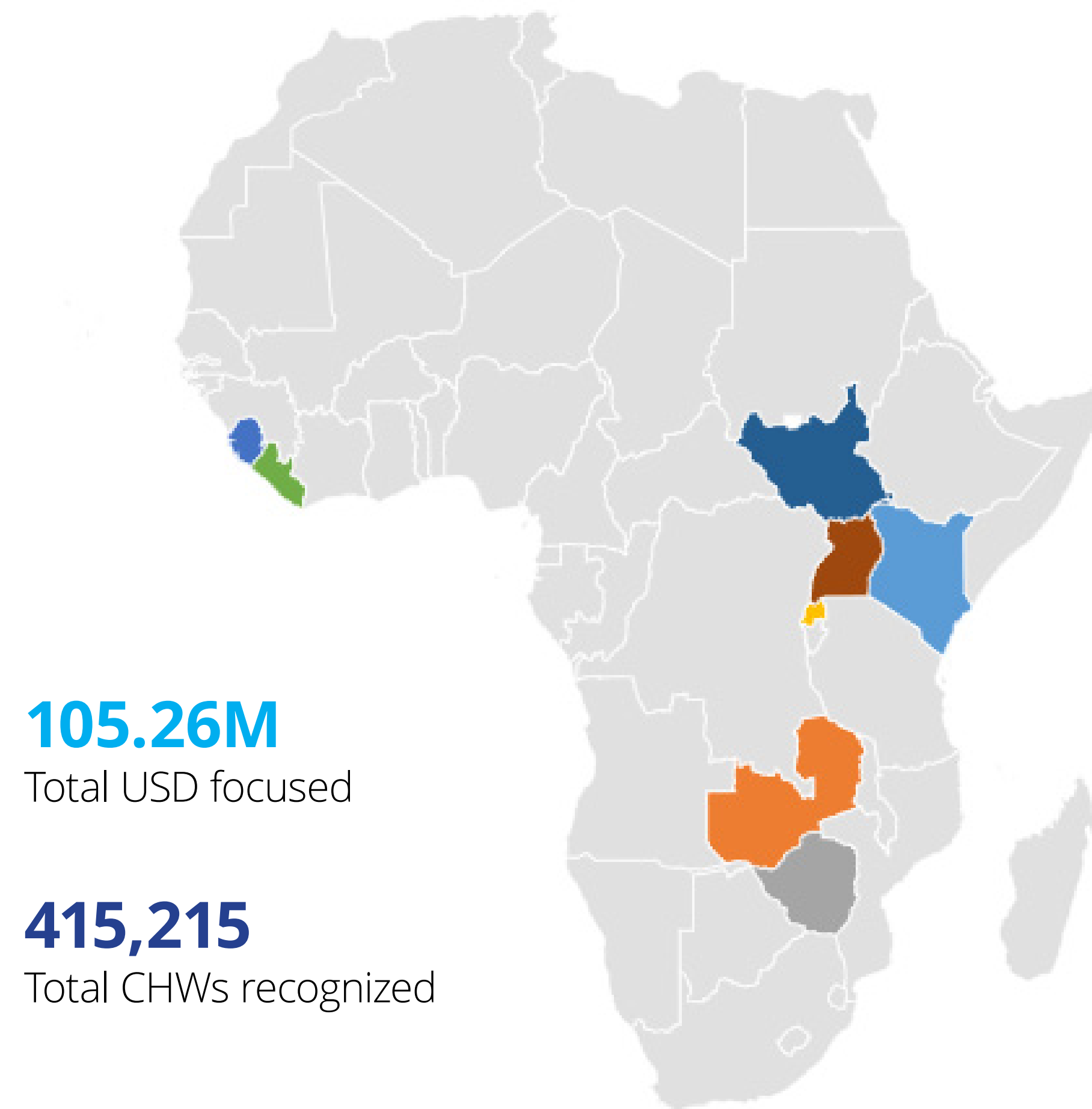
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# Impact Tracking

As part of an ecosystem of stakeholders, we continue to narrow the community health funding gap while increasing the number of recognized CHWs\*

To date, the FAH has directly and collaboratively supported 12 governments, mobilizing USD 105M+ towards community health and supported the recognition of 415,215 CHWs.

		Total USD Focused	Total CHWs recognized
Kenya		2.5M	80,790
Zambia		Ongoing	42,140
Zimbabwe		15.89M	17,400
Rwanda		10.09M	45,000
Sierra Leone		17.82M	13,644
Liberia		23.79M	8,311
South Sudan		15M	28,755
Uganda		2.17M	179,175
Other		18M	



\*recognized CHWs includes CHWs on payroll, CHWs on stipend and volunteer CHWs

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# Governance Transition

FAH has transitioned from a fiscal sponsorship arrangement to its own independent entity in the US and in Kenya.

FAH is now registered as a 501c3 in the state of Iowa and has set up a legal entity in Kenya which will continue to be its headquarters. We continue to operationalize both the US and Kenyan entity.

We are grateful to Capital for Good USA for the years of fiscal sponsorship.

This governance transition could not have been possible without the in kind legal support provided by the organizations that follow.



**LexMundi**  
Pro Bono Foundation

**SIDLEY**



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We could not have done this without support from our funding partners



The Horace W. Goldsmith  
Foundation



# From our smiling team, to yours, Asante sana! Onwards to 2021



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