medic

2024 Annual Report

A year of innovation, collaboration, and extraordinary transformation

A Message to our Community

A new reality is upon us: international cooperation and foreign aid are undergoing a major geopolitical shift. In times of change, **we see opportunity**—a chance to reimagine how we serve communities together.

We are inspired to **chart a new path forward**: one that decentralizes power, democratizes technology, and places the future of global digital health in the hands of those who live with the benefits—and challenges—of their decisions.

There is increasing recognition that **dignity blooms when communities, governments, and individuals have the power** to shape their own future. The historically dominant model of global health innovation—where a single organization determines approaches, technologies, or products—is evolving in real time.

Since COVID-19, we've seen rapid advances in how care is delivered, with reach, quality, and affordability expanding. **Digital transformation in healthcare is accelerating.** Digital determinants of health—including digital literacy, accessibility, and data security—are emerging, redefining access, equity, and a person's ability to get, and stay, healthy.

Medic has been honored to steward the Community Health Toolkit's (CHT) development, leading to tremendous reach and impact and addressing these determinants. Today, more than **170,000 health workers across 21 countries use CHT-powered apps** and have delivered over 170 million moments of digitally supported care. Behind each of these numbers is a person whose life has been touched, a family supported, and a community strengthened.

But this is just the beginning.

Technology like the CHT doesn't just replace paper-based systems; it restores dignity by revealing the critical care delivered daily by dedicated health workers and connecting marginalized communities to vital services. It also advances **professional CHWs**—accelerating fair compensation through digital payments, strengthening skills via eLearning, commodity management through supply chain interoperability, and supportive supervision with direct digital communication.

This is the extraordinary power of digital transformation, when grassroots wisdom meets innovative vision.

Despite tremendous success, we've learned that **what got us here won't take us further**. The demand for the CHT is growing rapidly, requiring a global ecosystem of support beyond what one organization alone can provide.

That's why, in 2025, Medic will shift its focus from mainly stewarding the CHT's core software to **cultivating an open and intentional community**—realizing our vision of localized ownership, leadership, and co-development.

We will **strengthen the capacity of all our partners**—especially local organizations and governments—on the leading edge of community health digital transformation, inviting them to share their successes and inspire their peers to follow in their footsteps.

Through collective action, the CHT's impact will extend farther than ever. It will become a space of extraordinary innovation, where diverse minds come together to spark ideas, challenge one another, and solve problems.

By 2030, Medic and the CHT Community will collaboratively equip and support more than **500,000 CHWs, expanding community-based care to 250 million people**. This is a critical step towards unlocking universal health coverage for the half of the world's population currently lacking access to essential health services.

We are excited to embark on this journey and welcome you as our co-creator and equal partner. Together, we will write the next chapter of global health transformation as **one community, united in purpose**. Thank you for joining us.

In solidarity,

Raffi Krikorian
Board Chair

Dykki Settle
Interim CEO

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2024 Impact

10 M

all-time households registered

170.8 K

all-time users

174.7 M

all-time caring activities

UHC tracer services

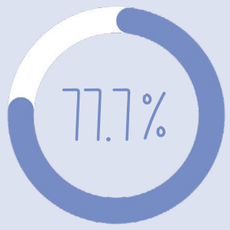
Unlocking high-quality, near-real-time data, the Community Health Toolkit (CHT) supports partners and governments to deliver first-class, timely, and equitable care. With digital enhancements and trustworthy data, partners can make evidence-based program improvements, allocate resources confidently, and provide CHWs with supportive supervision as they deliver critical care.

The CHT covers essential health services that are key to achieving universal health coverage (UHC). In 2024, community health workers used CHT apps to deliver **56.8 million moments of care**. That means:

Identifying children's immunization status to mitigate under-immunized and zero-dose children:

721,219

under-two assessments



of children under two fully immunized

Caring for new mothers and children:

635,778

postnatal care assessments

399,931

pregnancy registrations

223,656

delivery registrations
(90.3% facility-based deliveries)

6,155,196

under-five (U5) assessments

5,493,483

malnutrition screenings

Supporting women's reproductive health:

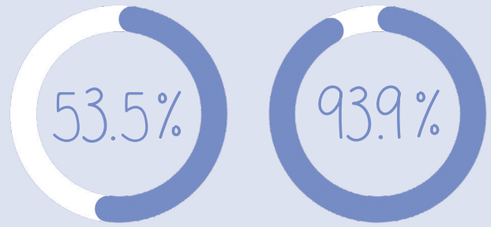
959,929

family planning counseling sessions

Preventing the spread of infectious diseases through safe hygiene practices:

7,135,977

households surveyed for basic sanitation



had access to handwashing

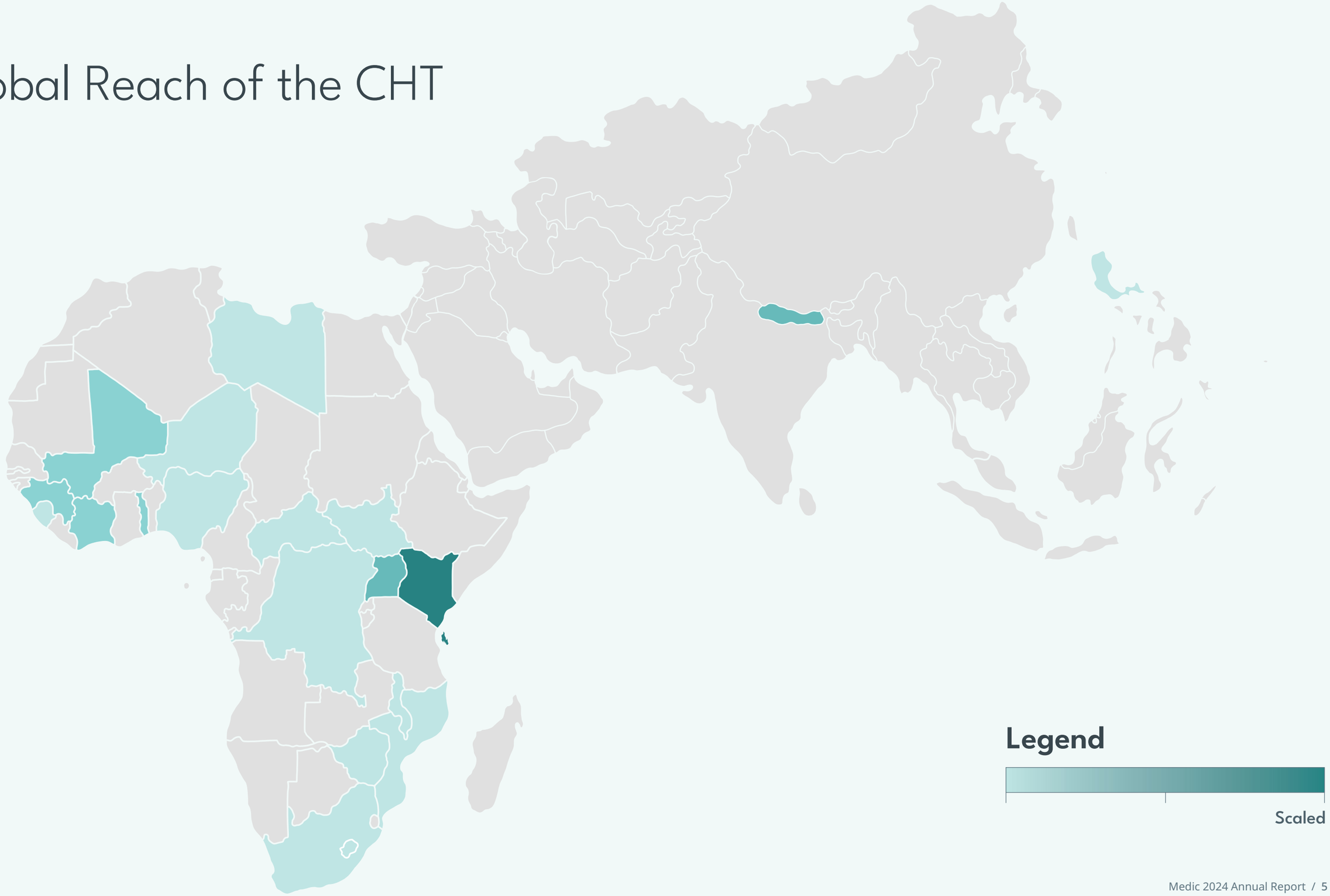
had a functional latrine

Diagnosing and treating non communicable diseases:

697,792

patients with diabetes and/or hypertension

Global Reach of the CHT



Legend

Scaled

Steward

Enable the Community Health Toolkit (CHT) to be the leading fully open-source community health platform

What does a “service workflow improvement” look like?

In 2024, a few tangible examples included: new instructions for measuring blood pressure, improved questions to enhance under-five assessments, and app hierarchy updates so CHW supervisors can view multiple catchment areas simultaneously.
Our team’s deeply human-centered approach ensures that an electronic Community Health Information System (eCHIS) continuously improves to meet healthcare delivery needs.

In 2024, Medic made significant strides in stewarding a global community of health actors to shape the Community Health Toolkit (CHT) into a highly accessible and scalable digital public good (DPG). Rooted in the global community's needs, the CHT now covers 11 critical Universal Health Coverage tracer services, including immunization, child and maternal health, and hypertension. Beyond expanding service coverage, we also advanced the long-term scalability, sustainability, and local ownership of the CHT through five key approaches:

Enabling reliable performance and scale

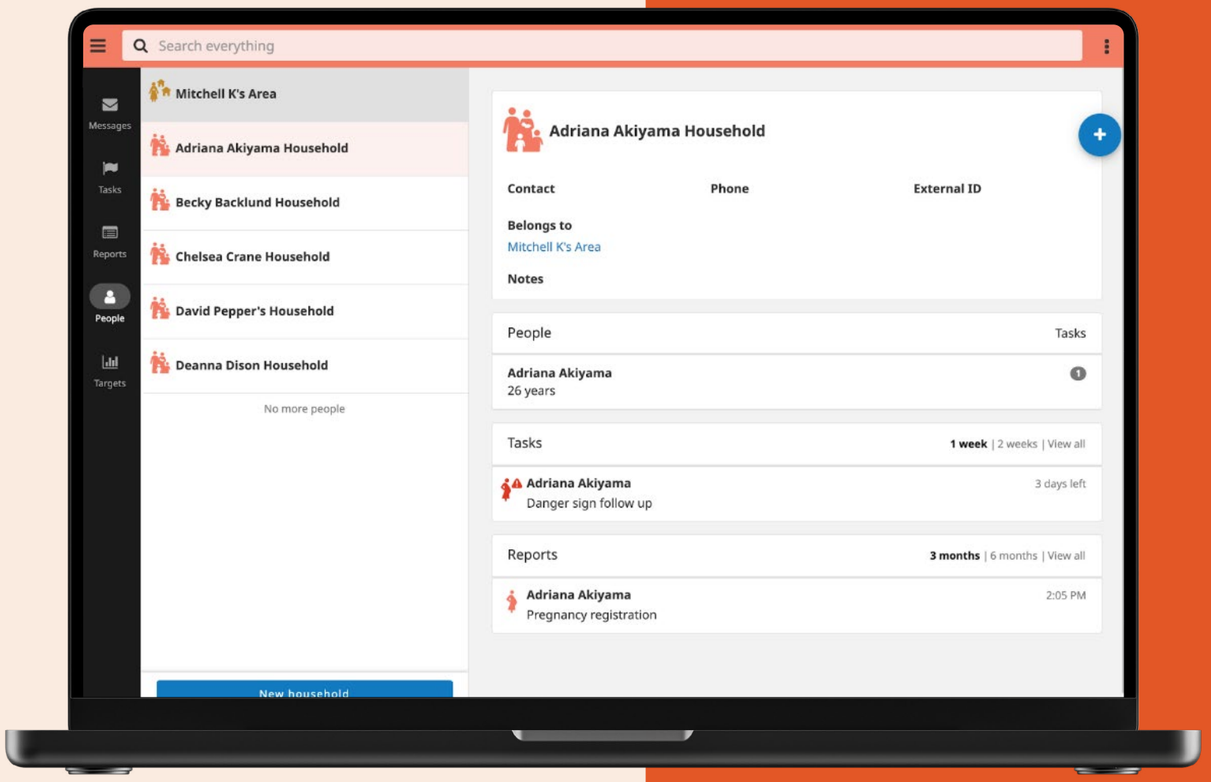
To foster local ownership for the global CHT community and unlock increased scale for six Ministries of Health, we focused on ensuring the reliable performance of CHT implementations. Through 10 new releases of the CHT, we improved the user interface and experience, tailored new features to the community's needs, promptly fixed bugs and technical issues, and strengthened the security of the CHT. The releases included 9 UI/UX changes, 24 features, 46 improvements, 2 security fixes, 1 performance update, 60 bug fixes, and 101 technical improvements!

We increased the robustness of the testing suite, empowering the community to confidently upgrade the CHT with seamless integration and performance. This, in turn, expanded the CHT's reach and impact, creating a 48.6% increase in moments of care and growing the user base from 75,241 to 170,776 health workers.

Reducing Total Cost of Ownership

Maximizing the CHT’s cost-effectiveness is central to ensuring it remains scalable, sustainable, and locally-owned for the long term.

In 2024, we calculated monthly hosting costs at around USD 0.10 per active user, paving the way for comprehensive TCO calculations incorporating data centers, hardware, app development, training, and interoperability.



COMMUNITY HEALTH
TOOLKIT

> *The new user interface has improved the learnability of CHT and made it easy for CHWs to navigate through the app. The replacement of the bottom action bar with the floating action button (FAB) has made it easy for users to perform multiple actions.*

Geoffrey Ocan
Senior Public Health Officer
Medical Teams International

Advancing interoperability

Digital community health systems built with the CHT thrive when part of an interconnected ecosystem.

In 2024, we elevated our commitment to interoperability even further. Beyond complying with the industry-standard Fast Healthcare Interoperability Resources (FHIR), we actively championed them, proudly co-organizing the inaugural Open Digital Health Summit in Nairobi. This landmark event—hosted by **Kenya's Ministry of Health, KeHIA**, and **HELINA**—explored the transformative power of open standards, technologies, architecture, and content in building globally interoperable and sustainable health systems.

We organized a squad of eight partners to advance interoperability between the CHT and DHIS2, the leading global good for health indicator reporting. We partnered with Kenya's Ministry of Health to develop an integration between the CHT and a national client registry to support seamless linking of household data across systems. With **SunyaEK** in Nepal, we deployed and interoperated the CHT and OpenMRS—the leading open source global good for medical records—reducing the cost and time of care and ensuring its continuity for ANC and PNC.

Optimizing the user experience

We don't start with technology; we start with people. In 2024, we focused on ensuring that community health workers are highly engaged and satisfied with the CHT's performance.

We released features that make it easier to understand where they're experiencing slowness while using their app. Kenya's Ministry of Health granted us access to performance data from 12 million records and 13,000 health workers, enabling us to identify slow and seldom-used pages and, in turn, support long-term user engagement.

We recognize that supportive CHW supervision and empowered health workers establish a pathway to better patient health outcomes. We enabled supervisors to access all the data they require from one login and facilitated the needs of CHWs across multiple catchment areas.

We also reimagined remote learning for thousands of users by introducing in-app training cards—a highly customizable, offline-first solution that, in one instance, saw a 95% success rate and cut estimated costs by USD 480,000.

Building technical capacity

We research, develop, and advocate for innovative and effective technical solutions and champion quality data to inform decisions.

Last year, we built Technology Radars to keep the CHT at the forefront of new technologies, techniques, and industry improvements and support implementers and contributors in making informed technical decisions.

We developed CHT Sync, which leverages multiple technologies to achieve data synchronization and visualization in near real-time, deploying it at a national scale in Kenya to support administrators with up-to-date, reliable data dashboards.

We facilitated training on Kubernetes, equipping Ministry technical staff with an industry-standard deployment platform for managing the complexity and uptime of running multiple instances of the CHT on large-scale systems.

We expanded our documentation and resources to empower system administrators and developers to independently manage deployments, and initiated technical working sessions to collaboratively identify solutions to issues and improve the experience of building CHT apps.

CHT Community

Powering collective action and community collaboration

In 2024, the Community Health Toolkit (CHT) community of practice grew to **37 organizations**, flourishing as a dynamic, collaborative hub driving solutions and innovation across global health systems.

Enhanced resources and learning

We improved the CHT documentation to improve the findability of pages and make it easy for community members to contribute. A Site Reliability Engineering course was added to the CHT Academy to equip developers and system administrators with the knowledge and skills required to self-host and maintain the CHT. We updated our website with more explicit guidance and tools for building with the CHT and supported governance and accountability structures, forming community squads to identify challenges and co-developing solutions.

The CHT's thorough documentation and supportive forum enabled **C-SHARP** to self-onboard to the CHT, design, and build an app. It supports CHWs and supervisors in delivering community health services and collecting health and demographic surveillance data across two sites in Western Cape province in South Africa.

These efforts democratize access to the CHT, equipping users to adopt, adapt, and enhance their deployments independently.

Critical contributions

Key community contributions to the CHT platform in 2024 included updates to a countdown timer feature from **Living Goods**—improving data accuracy during breathing assessments—and a significant fix contributed by **Western Cape Government's Department of Health and Wellness**, as well as date calculation functionalities. Individual community members supported by investigating and disclosing CHT security vulnerabilities, which were subsequently fixed, and refining the CHT sidebar menu. Coupled with contributions from **Datharm**, **C-SHARP**, and **Kenya's Ministry of Health**, these efforts underscore the community's collaborative approach, which continuously enriches the CHT.

Implementation highlights

Several impactful projects deployed in 2024 demonstrated the versatility of the CHT. **Safari Doctors'** CHT-powered app guides young leaders in delivering healthcare to some of Kenya's most remote, insecure, and underserved regions. **Community Based Chronic Care Lesotho (ComBaCaL)** is working with the Ministry of Health on an innovative research project that supports 113 CHWs in diagnosing and managing chronic diseases like type 2 diabetes and hypertension in hard-to-reach areas.

Guild Digital designed and built a refugee-setting, CHT-based supervisor reference app for the **UNHCR** in Uganda in 2022. It has since been deployed to nine refugee camps, training over 1,600 Village Health Teams to deliver CHT-powered community health services.

Meanwhile, the **Digital Health Applied Research Center (DHARC)** team continued to build on their knowledge of the CHT since first repurposing a Medic-developed COVID-19 tracker app for a 2022 study. In 2024, they leveraged the CHT to design and build clinical decision-support algorithms. These support healthcare workers in Kisumu and Kalifi counties to diagnose and treat conditions such as malaria, pneumonia, typhoid, tuberculosis, COVID-19, diarrheal disease and malnutrition. To improve data access and near real-time synchronization, DHARC deployed CHT Sync, and upgraded to the most recent CHT version to take advantage of the latest form updates and performance improvements.

In October, the **International Committee of the Red Cross (ICRC)** selected the CHT framework to run the global version of ALgorithm for the MANAgement of CHildhood illness (ALMANACH), an electronic clinical decision support app that guides healthcare workers to diagnose and treat children under five in conflict-affected countries.

Medic collaborated with ICRC to add Arabic translations to CHT v4.16, with the ICRC team funding the translation work and supporting testing.

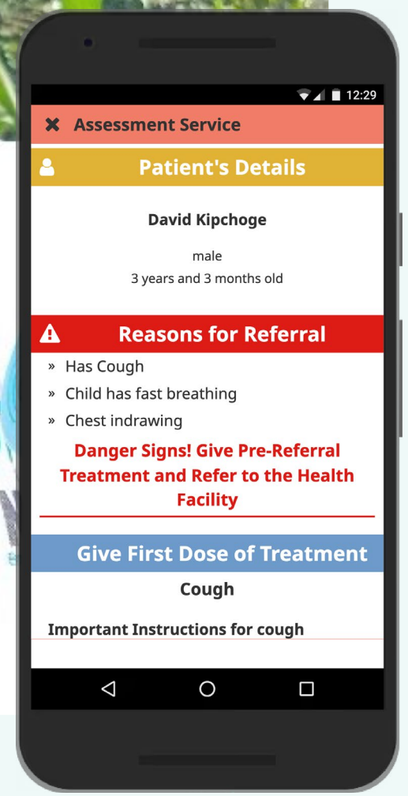
Through new resources, code contributions, and partnerships for implementation, the CHT Community is increasing its capacity and expanding its global reach. Together, we are driving transformative impact worldwide.

> *Adding right-to-left languages to the CHT is game-changing. The CHT is a widely-used platform supporting many emerging digital health systems. By removing the language barriers, it will now be available to even more countries, facilities, and health workers. We are so grateful to Medic for your support to make this possible.*

Melissa Harper
Program Manager, Digital Health
International Committee of the Red Cross

Accompany

Ensuring partners are well-supported to deploy, own, and scale the CHT on their path to universal health coverage.



John's Story

It takes a special person to dedicate 20 years of their life to their community. John Okewo Mwaga is one of those people.

As a lead Community Health Promoter (CHP), John is kept busy. While he looks after his family of eight, he also attends to 156 households in Kenya's Homa Bay County. For many families, John is their first and only point of care.

For John, the introduction of Kenya's national electronic Community Health Information System (eCHIS) has transformed how he—and 106,000 CHPs like him—deliver door-step care. It has not only replaced the heavy logbook he carried on house calls; it has built his confidence, enabled supportive supervision, and strengthened community trust in CHPs. The evidence is clear—these elements lead to improved, quicker, and more equitable care.

> *If I go to one of the households, all the services are listed in eCHIS. Everything that I should ask is there. The more you ask these questions from the system, the more that you are also learning. It makes the work so easy. And that is why I love this so much. eCHIS is the best.*

John Okewo Mwaga
Lead Community Health Promoter

Kenya

The year began alongside our key stakeholders—the **Ministry of Health** and CHU4UHC partners — identifying and strengthening priority areas such as leadership and governance, CHW capacity building, supervision and performance management, supply chain, health financing, and digital innovation in community health. While digitalization is critical to Kenya's vision, it accompanies CHP kits, training, stipends, and supervision, as well as coordinated investments and Primary Care Network set-up to strengthen the national system. This comprehensive approach professionalizes CHWs and advances progress toward health for all.

We then supported the Government in convening a stakeholders meeting to review the 2020-25 Digitisation Strategy, evaluate rollout progress, and hear feedback from management teams, users from all 47 counties, as well as private sector and civil society representatives. It informed future eCHIS enhancements and resulted in a budgeted roadmap for resource mobilisation. This unlocked new support from **USAID**, **Johnson & Johnson Foundation**, and philanthropic donors.

Under the Ministry's leadership, we helped define a three-year eCHIS roadmap, strengthen data quality and cybersecurity, institutionalize technical support at national and subnational levels, and enhance over 15 service workflows (integrating three new service areas for cancer, eye, and oral care) alongside partners including **Living Goods, Lwala, USAID,** and the **University of Nairobi**. These enhancements constituted eCHIS v3. To accelerate eCHIS implementation, Medic supported the Ministry in drafting a framework to guide technical contributors and convened the eCHIS Technical Working Group to review digitization progress.

> *I'm able to make key decisions on community programs in the country based on eCHIS. I can view the whole country from my house. We see CHPs working hard because they know that we can recognize and appreciate their efforts thanks to eCHIS. There's a lot of motivation. It has been an incentive to CHPs.*

John Wanyungu
Deputy Head of the Division of Community Health Services
Ministry of Health, Kenya

We provided technical assistance to revise the eCHIS user privacy policy, user management Standard Operating Procedures, and CHW registry system requirements, as well as upgraded eCHIS for all 47 counties. Importantly, we explored linkages with the Kenya National Health Information Exchange to facilitate data sharing across other systems—essential to advancing health across the continuum.

In June, eCHIS achieved national coverage across all 47 counties—equipping over 106,000 CHWs. Learnings from Kenya's trailblazing program are already benefiting other CHT deployments globally.

> *eCHIS was godsent to Nairobi County. We are saving close to USD 77,000 per quarter on printing tools. We are now utilizing the money to reimburse Community Health Promoters' stipends. With eCHIS, we can now sit at high tables to make important, timely, and data-driven decisions regarding health in the country.*

Judy W. Macharia
Acting Deputy Director, Community Health Services / HCHS, Public Health Sub-Sector Nairobi City County Government

> *This eCHIS is a game-changer. We have moved a notch higher in community health by having a digital platform where we can not only supervise, but can access every household. As the coordinator I'm able to see the data for my 600 Community Health Promoters, so I know which village to focus on. It's made my decision-making easy, not only for me and not only for now, but for now and for the future.*

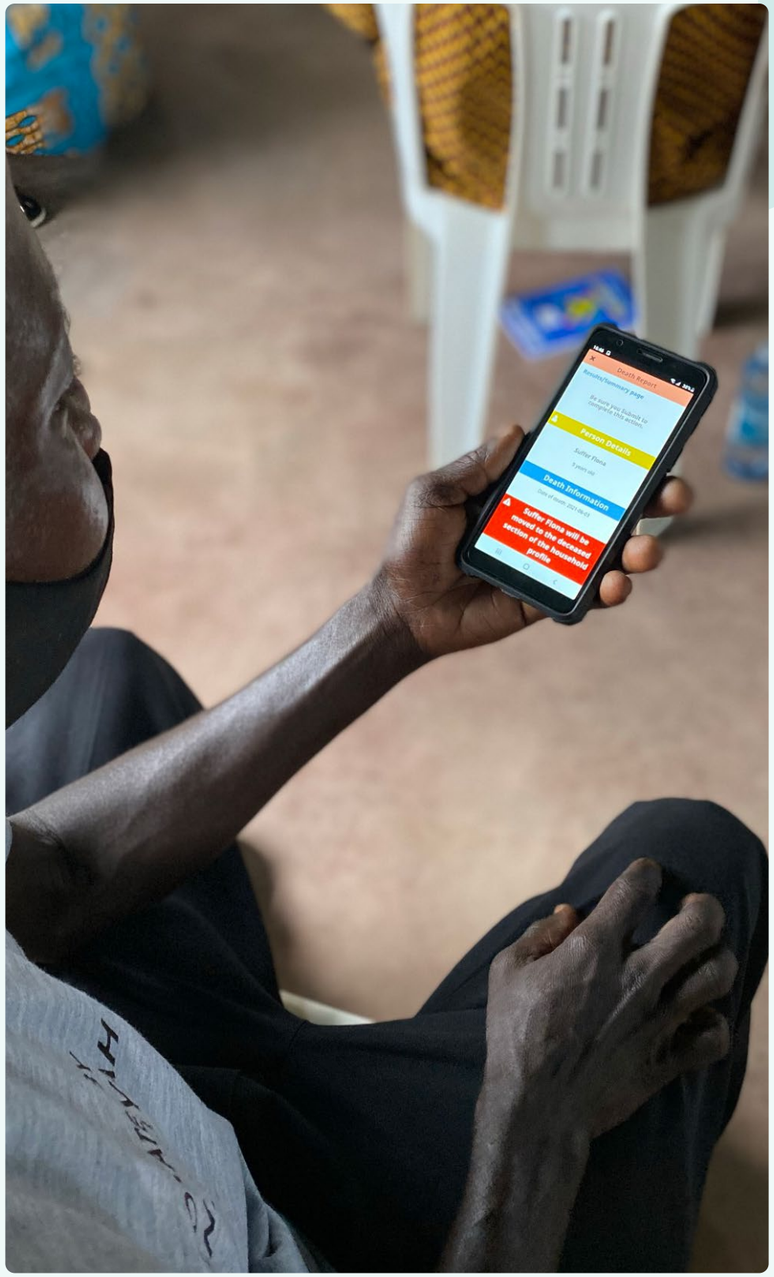
Susan Kivondo
Community Health Services Coordinator,
Makadara Sub-County Nairobi City County Government

> *Uganda has a large number of under-immunized children, and it is only through digital technologies like eCHIS that we are able to track them and get them immunized. Community health workers use eCHIS right from the villages to track these children and link them up to the facilities. We can also use the tool to store a huge amount of data and analyze it to enable planning, programming, and implementation. We believe that digital technologies are the way to go in improving the immunization system in Uganda.*

Dr. Jane Ruth Aceng Ocero
Minister of Health, Uganda

> *With a streamlined eCHIS in place, I believe we shall achieve an improved health service delivery within the communities, leading to [...] a healthy and productive population.*

Jebet Diana
Health Assistant / eCHIS VHT Sub-county Supervisor



Uganda

At the inaugural Uganda National Digital Health Conference in 2023, presenters discussed challenges such as fragmented health systems and a lack of interoperability.

Just one year later, however, 2024 conference attendees celebrated a national eCHIS that is interoperable, scaling, and digitally strengthening over 15,000 community health workers across 21 districts to provide data-driven, client-centered care.

Through the BIRCH project, in partnership with **Africa Frontline First, Living Goods**, **Ministry of Health** and funding from **the Global Fund**, we co-developed workflows for the recently commissioned Community Health Extension Worker (CHEW) cadre. These enhancements will support CHEWs in supervising CHWs—known in Uganda as Village Health Teams (VHTs)—and connect communities to health facilities for further care.

We supported the **Ministry of Health** in refining their dashboards, purging outdated data, and shifting from paper-based reporting to a fully digital system for all fully scaled-up districts to ensure long-term sustainability. These initiatives keep Uganda at the forefront of data utilization, innovating on the use of eCHIS for new approaches to geospatial analysis and mortality surveillance and leveraging national health data to drive targeted interventions and decision-making.

Additional efforts in 2024 included finalizing tuberculosis (TB) workflows and upgrading the user management tool, to streamline VHT and facility management. This paved the way for the introduction of Reimagining TB Care, an initiative from the **World Alliance for Lung and Intensive Care Medicine in Uganda (WALIMU)**, together with the country's **National Tuberculosis and Leprosy Control Programme**. It builds on eCHIS to address gaps in TB service delivery and enhance the capacity of CHWs to sensitize, screen, test, and link people with TB and other comorbidities to care.

These efforts received significant recognition, particularly by the Global Fund, who highlighted Uganda as having one of the **'best eCHIS implementations they had seen so far'**. As we finalize the Health Information and Digital Health Strategic Plan 2020/21–2024/25 alongside the Ministry, **Living Goods, BRAC, and Malaria Consortium**, these advancements underscore Uganda's leadership in digital solutions transforming community healthcare delivery.

Nepal

Faced with a high maternal mortality rate, in 2023, **Gandaki Province's Ministry of Health** approached Medic to request a unique solution.

In 2024, following multiple design sessions and stakeholder workshops and with the support of **Swiss Re Foundation**, we launched a hybrid program combining SMS notifications with the new CHT Android app to comprehensively monitor pregnant women. The SMS app sends reminders to health workers, as well as expectant mothers, so they don't miss critical antenatal and postnatal appointments. Facility-based Maternal and Newborn Health nurses use the Android app to register pregnancies and update patient information during visits, with the task function reminding them to follow up with mothers.

The impact exceeded expectations. **We onboarded 7,850 users—160% above target**—including 1,973 facility-based CHT users and 5,877 Female Community Health Volunteers (FCHVs) across 11 districts. In 2024, 22,150 health workers reached over 500,000 people. **This was the most significant user growth since the program launched over a decade ago.**

Our team hosted a hackathon alongside technical partners **SunyaEK** and **Tuki Logic** and other national experts to develop a solution to inconsistent or non-existent pregnancy registration at tertiary care facilities: OpenMRS interoperability.

We also integrated the CHT with the provincial Electronic Health Management Information System, streamlining maternal health data exchange, patient tracking, and record management.

Beyond Gandaki, we expanded to Bardiya, Rolpa, and Kapilvastu districts in Lumbini Province, shifting to a sustainable province-led and -funded model. In this new approach, the implementation is co-shared at a 90:10 ratio to the provincial government and Medic, respectively. It highlights the remarkable investment by the provincial and local governments to own and scale their digitally equipped health worker programs.

> *I would like to express our heartfelt appreciation for Medic's efforts in supporting us to provide essential healthcare services in the hardest-to-reach communities. Their support in registering and tracking pregnancies is instrumental in ensuring 100% institutional deliveries to ultimately improve maternal and child health outcomes. Together, we are committed to building an effective, sustainable system that the government can fully own and integrate into our national health framework. Thank you for your dedication and partnership.*

Khim Bahadur Khadka, MPH
PhD Scholar / Director General
Provincial Health Directorate,
Gandaki Province

> *DISC-Mali helps coordinate the efforts of health workers, collects real-time data, enables decisions to be made, and strengthens the monitoring and evaluation system for community interventions. Everything the community health worker does is guided by the tool, and it's perfectly adapted to the needs of the community.*

Dr. Sali Tounkara
National Lead for Essential Community Care
Ministry of Health and Public Hygiene, Mali

> *All the benefits that the CHT brought to Muso-supported CHWs led the country to decide to scale it up. As of October 2024, almost all operational CHWs use the CHT, with deployment now reaching about 78%. Today, both CHWs and the wider health system are pleased with the arrival of the CHT in our country. It has truly transformed their work environment.*

Dr. Aissata Maïga
Principal Technical Coordinator
Muso

Mali

Our work in Mali centered on supporting CHT deployment scale-up and building the technical capacity of our key partners—including the **Ministry of Health** and **Muso**—in keeping with our calling to support locally-owned and locally-led digital health systems.

In addition to supporting 479 CHWs using Muso's own CHT-powered app, we built upon the important 2023 launch of DISC-Mali—the national CHT-powered eCHIS—monitoring and improving its functionality to support the Ministry to resource and scale it.

We finalized integrating all indicators with the national health information platform DHIS2, including the long-term monitoring of mothers and children. We also built a vital data dashboard with key activity metrics for all consortium partners, expanding critical, real-time data easily accessed by decision-makers at all levels.

At workshops with partners including **USAID Keneya Nieta, UNICEF,** and the **Accelerating Progress Toward Health Coverage Project (PACSU)**, we presented the results of CHW activities, including insights from regular monitoring. There, we took stock of collaborative accomplishments and jointly drew up a roadmap for 2024-2025 for full government ownership and maintenance of DISC-Mali.

By year-end 2024, DISC-Mali provided 4,584 users with guidance on 14 use cases, including care for mothers and children, malnutrition, and malaria. We initiated the design and co-development of event-based surveillance to enable early detection of public health threats. **UNICEF Mali** conducted an evaluation of the Ségou region implementation, concluding that **the tool positively impacts CHW efficiency and cost-effectiveness, recommending it for nationwide deployment.**

Hawa Koné, one of the CHWs in Ségou, is driven by a powerful mission: **"As long as I'm here, no child will die on my watch."** She regularly visits 132 households across four villages, providing care to new and expectant mothers and young children.

DISC-Mali helps her plan her rounds, sends her tasks and reminders for important follow-up appointments, and guides her through disease screening, diagnosis, and treatment. She believes the technology has strengthened her ability to serve families, helping her to urgently refer a severely malnourished child to the facility—and ultimately save their life.

"Digital tools make our tasks easier," she says. "I can do everything on my tablet. It guides you to give the right treatments. I've saved the lives of women and children."

Côte d'Ivoire

The CHT is the foundation for the national eCHIS, *SanteComCIV*. This milestone, achieved through collaboration between Medic, the **Ministry of Health**, **Muso**, and **Save the Children**, set the stage to reach over 11,000 CHWs by the end of 2026.

Alongside Muso, Medic played a critical role in designing and launching the Ministry app in six regions in October 2024. The app supports CHWs in assessing, diagnosing, treating, and referring cases of malnutrition, malaria, pneumonia, diarrhea, and maternal and child health. Supervisors use the app to monitor CHW performance, while tailored dashboards guide regions and districts in making data-driven decisions to improve health outcomes.

To strengthen implementation, Medic facilitated training of trainers workshops, building the capacity of Ministry trainers to guide others through the rollout and ensure long-term local ownership. The CHW Dedicated Supervision Pilot Project—inspired by Muso's model and the linchpin of professional CHWs—kicked off with Medic designing workflows for this innovative 360° supervision strategy.

These efforts culminated in a successful platform launch in August 2024, showcasing the power of partnerships to drive universal health coverage and improve health outcomes in communities across Cote d'Ivoire. As of end-2024, the CHT supports 1,853 users on *SanteComCIV* across 14 districts and an additional 183 users across two sites through Muso's app.

Togo

Guided by the **Ministry of Health**'s vision, Togo's groundbreaking digital health app was designed and built with the community health workers who use it.

This human-centered design process, supported by the **Global Fund**, took time, empathy, and many iterations. It has, however, been critical to the system's success—as encapsulated during a site visit our project team conducted to the capital Lomé in October 2024. All CHWs agreed that they preferred *SanteComTogo* to the previous solution, reporting that the app was user-friendly, streamlined their tasks, reminded them of household visits and, supported high-quality data collection.

We are further adapting the app's features to meet the country's community health needs, initiating workflows for community-based epidemiological surveillance and HIV, stock monitoring, and mental health. We also provided training and refreshers to local IT experts, and began conversations to integrate the app with DHIS2.

By year-end 2024, 1,946 CHWs engaged with and became experts in the app, reporting the real impact it was already having on the communities they serve.

This progress and national advancement has been informed and inspired by **Integrate Health**. Through their own CHT-based app, which they have continuously honed over the past five years and expanded to Guinea, they support 200 users. Together, we are strengthening Togo's community health system to help ensure care reaches those who need it.

> *Universal health coverage is a top priority for the government of Togo and community health workers are a powerful way to achieve this. We appreciate the support provided by Medic in the design of the new digital health system and for their continued commitment to developing technologies with and for community health workers.*

Dr. Abdoukarim Naba Mouchedou
Head of Community and Elderly Health
Ministry of Health, Togo

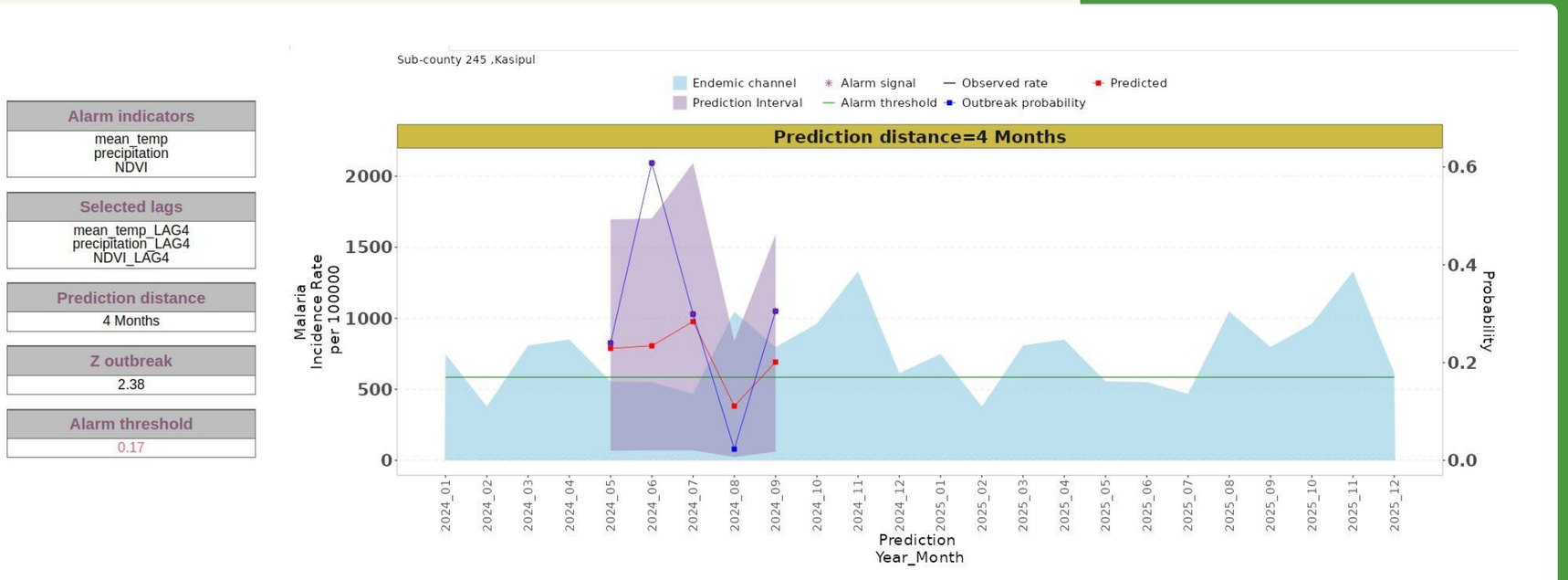
> *The SanteComTogo application will have a major positive impact on Togo's community health system. Once this pilot phase has been evaluated, we will work to expand the application nationwide. This tool is already improving the quality of care provided by CHWs, and taking us another step closer to providing access to healthcare for all.*

Daniel Mossiyamba
Health System Strengthening Specialist
The Global Fund, Togo

Innovate

Incubating new technologies and discoveries to improve health impact and reimagine health systems

In 2024, we began reimagining our approach to innovation. We are advancing a 'go far together' model in which the community drives and develops concepts and prototypes.



Ensuring just and timely compensation for CHWs

As an early member of **Community Health Impact Coalition** (**CHIC**), we firmly believe that community health workers (CHWs) must be skilled, supervised, salaried, and supplied to realize their full potential. Digital community health technologies like the CHT can accelerate all four dimensions to maximize support for professional CHWs.

With support from **Co-Develop**, we piloted a function within Kenya's eCHIS to automate digital payments for over 10,000 CHWs in Nairobi and Migori counties. The primary goal of the pilot was to learn, iterate, and present a proof-of-concept to automate stipend distribution for all of Kenya's community health workers. Since November, the system has supported fast, auditable, transparent, and performance-based monthly payments for Community Health Promoters. Learnings from the pilot phase have positioned us well for policy advocacy and national scaleup, leading to systemic improvements in the broader eCHIS ecosystem.

Rapid response: Addressing climate-related health emergencies

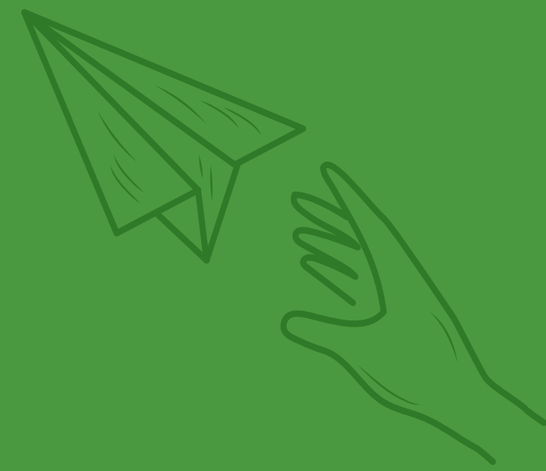
As climate-driven health crises increase, so does the urgent need for climate-resilient health systems. That was the motivation behind our climate initiative with Lwala. Together, we mapped out open-source weather datasets against malaria cases for two of Kenya's malaria-endemic counties, adapting WHO's Early Warning, Alert and Response System for climate-sensitive diseases to predict future malaria caseload and develop appropriate interventions.

In response to the severe floods in Kenya, we co-developed a digital flood status reporting tool within eCHIS alongside the **Ministry of Health** and the **CHU4UHC** coalition. The tool measured the impact of the flooding on different communities and their access to health services, informing the Ministry's emergency response planning.

Building confidence in data quality

Together with **Amref Health Africa** in Kenya, **Kenya Red Cross**, **Living Goods**, **CHAI**, and **Lwala**—among others—we partnered with **Kenya's Ministry of Health** to review and automate the community health data quality assurance (DQA) process. The DQA tool leverages open-source technology and human-centered design to enable real-time assessments of system accessibility, completeness, timeliness, and accuracy.

Initially piloted in Makueni and Kirinyaga counties, the system was iterated and scaled to eight other counties, providing key insights for improving health-care delivery. The tool rapidly yielded interesting results, revealing challenges, including knowledge gaps, shared device usage, and data entry errors, which will inform future system and data quality enhancements ready for countrywide rollout.



Advance

Driving systems-level change that translates evidence and best practices into policy

We advocate with digital and public health communities to ensure that electronic Community Health Information Systems (eCHISs) can thrive within strong regulatory frameworks and sustainable health systems. In 2024, a Delphi study completed alongside CHIC and Dimagi was published, including insights from experts across four WHO regions to establish consensus on key eCHIS features and interoperability priorities.

Our leadership took to global stages to advocate for world-class digital technology in the hands of professional community health workers (CHWs), from **Bayer Foundation's** two-day social innovation gathering to Nepal's Digital Health Symposium. At the **Clinton Global Initiative**, our CEO Dykki Settle pledged to transform the CHT into a community-owned and locally developed digital public good.

In parallel with the Skoll World Forum and World Health Assembly, we launched a film highlighting the exceptional story of lead CHW and eCHIS user Maureen and convened a panel discussion with the heads of **Living Goods**, **Lwala**, and **Muso**, who shared how our collaborative approach is revolutionizing care delivery across Africa and Asia.

We featured prominently at two pivotal health tech conferences—the first Global Digital Health Forum held in Nairobi and the inaugural Open Digital Health Summit—convening panels and workshops on the opportunities related to open standards, technologies, architectures, and content.

We partnered with **Transform Health** to expand the use of digital technology and increase data governance.

We also shared our expertise in developing a commodity workflow in the CHT with **VillageReach**. We contributed to their guidance on supply chain digital tools for CHWs, while our Chief Programs Officer appeared on their *Supply Chain Now* podcast to discuss how digital supply chain tools can empower CHWs.

> *As a movement for professional CHWs, we have driven a sea-change in international guidance and huge momentum in international funding. How? Through collective action on guidelines, funding and policy. The result? CHWs who are accredited, salaried and integrated into health systems in 40 countries and counting!*

Dr. Madeleine Ballard
Chief Executive Officer
Community Health Impact Coalition

2024 was the first year of implementation of nationwide reforms in community health in Kenya. Key among these was the digitization of 100,000+ CHWs. Medic played a key role in ensuring the availability and uptime of eCHIS to the CHWs, including those supported by Lwala. Digitized CHWs save lives and we are glad to have a technology partner in CHU4UHC that makes this possible.

Julius Mbeya
Co-CEO, Lwala Community Alliance
Chair, CHU4UHC

In 2024, partnering with Medic, we equipped CHWs to deliver life-saving care to more families. To ensure universal quality healthcare, we must continue investing in CHWs, advancing the electronic Community Health Information System, and forging collaborations that drive lasting impact.

Emilie Chambert
CEO
Living Goods

Partners

Coalitions for Impact

- Africa Frontline First
- Community Health Impact Coalition (CHIC)
- Community Health Units For Universal Health Coverage (CHU4UHC)
- Digital Public Goods Alliance
- FastForward
- Intelligent Community Health Systems
- Innovations in Healthcare
- Million Lives Collective
- OpenHIE
- Transform Health
- Unlock Aid

Funders

- Anonymous (2)
- Amazon Web Services, Inc. (AWS)
- Bayer Foundation
- Bohemian Foundation
- Crown Family Philanthropies
- Dovetail Impact Foundation
- The ELMA Foundation
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Gates Foundation
- Global Impact (Co-Develop)
- The Greater Houston Community Foundation
- Johnson & Johnson Foundation
- Merrill Schneider Foundation
- The Ray & Tye Noorda Foundation
- The Sall Family Foundation
- Schwab Charitable Fund
- Silicon Valley Community Foundation
- The Skoll Foundation
- Swiss Re Foundation
- Twilio.org
- United States Agency for International Development (USAID)

Ecosystem Partners

- Amref Health Africa
- Andela
- BeeHyv Solutions
- BRAC
- Brink Innovation
- Catholic Medical Mission Board (CMMB)
- Centre de Recherche et d'Expertise pour le Développement Local (CREDEL)
- Community-Based Chronic Care Lesotho (ComBaCal)
- Country Health Information Systems and Data Use (CHISU) Program
- DataKind
- Datharm
- D-tree International
- East Bali Poverty Project
- ENAI Africa
- Guild Digital Foundation
- HealthIT
- HealthRight International
- Ilara Health
- Integrate Health
- IntelliSOFT Consulting LTD
- International Care Ministries (ICM) Philippines
- International Committee of the Red Cross (ICRC)
- International Training and Education Center for Health (I-TECH)
- Jhpiego
- John Snow Inc. (JSI)
- Jomo Kenyatta University Of Agriculture and Technology (JKUAT)
- Kathmandu University School of Medical Science (KUSMS)
- Kenya Health Informatics Association (KeHIA)
- Last Mile Health
- Living Goods
- Lwala Community Alliance
- Malaria Consortium
- Médecins Sans Frontières (MSF)
- Ministry of Health, Public Hygiene, and Universal Health Coverage, Côte d'Ivoire
- Ministry of Health, Kenya
- Ministry of Health and Public Hygiene, Mali
- Ministry of Health, Public Hygiene and Universal Access to Healthcare, Togo
- Ministry of Health, Uganda
- Ministry of Health, Zanzibar
- Muso
- Nursing and Social Security Division, Ministry of Health and Population, Nepal
- Ona
- Open Medical Records System (OpenMRS)
- Palladium Kenya
- Partners In Health (PIH)
- Posh IT
- Rural Health Collaborative
- Safari Doctors
- Search Study Team
- Sentinel Digital Technologies
- Smart Health Global
- Ssollinc
- Swiss TPH
- SunyaEk
- Totohealth
- Tuki Logic
- UNICEF
- University Research Co. (URC)
- University of Washington
- Visortech Solutions
- Village Health Works
- World Alliance for Lung and Intensive Care Medicine in Uganda (WALIMU)
- Western Cape Department of Health and Wellness

Board of Directors

- Raffi Krikorian (Chair)
- Robin Bruce
- Brittany Hume Charm
- Wambui Kinya
- Josh Nesbit
- Amy Norris
- Dykki Settle

Financials

Preliminary

Balance Sheet (USD)

As of December 31, 2024

Assets	
Current Assets:	
Cash	1,431,399
Contracts Receivable	139,298
Pledges Receivable	3,535,000
Prepaid Expenses and Other Current Assets	190,876
Inventory	0
Total Current Assets	5,296,573
Property & Equipment, Net	48,219
Deferred Tax Asset	34,398
Total Assets	**5,379,190**
Liabilities and Net Assets	
Current Liabilities:	
Accounts Payable and Accrued Expenses	169,851
Accrued Benefits	200,801
Accrued Taxes	95,957
Deferred Revenue	87,856
Total Liabilities	**554,464**
Net Assets:	
Without Donor Restrictions	21,720
With Donor Restrictions	
Time Restrictions	3,135,000
Purpose Restrictions	1,668,006
Total Net Assets with Donor Restrictions	4,803,006
Total Net Assets	**4,824,726**
Total Liabilities & Net Assets	**5,379,190**

Statement of Activities (USD)

As of December 31, 2024

Support and Revenue:	
Grants and Contributions	7,718,439
Contract Revenue	524,628
Other Income	27,188
Total Revenues and Support From Operations	**8,270,254**
Expenses	
Program Services	7,519,387
Management and General	1,191,361
Fundraising	531,019
Total Expenses	**9,241,768**
Total Change in Net Assets From Operations	**(971,513)**
Nonoperating Activity:	
Tax Benefit (Nepal)	(27,794)
Total Changes in Net Assets	**(999,307)**

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