



# Health for All Begins with Community

2026–2028 Strategy

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# The Challenge

In Migori County, Kenya, community health worker Maureen has devoted her life to bringing care to her community. For years, she carried heavy paper registers everywhere, taking notes of every visit with a mother, newborn, and child in her neighborhood — notes that would take hours to transcribe and days, or even weeks, to reach the facility. When a mother missed an antenatal visit, Maureen often found out too late, after complications had already set in. She had no way of knowing who needed her most.

Today, Maureen's notebook is gone. A smartphone guides her daily visits, flags high-risk mothers and sends referrals to the nearest facility, enabling her to deliver life-saving, timely care. Her supervisor sees and supports her work in real time. Most importantly, no one falls through the cracks. Maureen and her community are among the world's lucky few.

Over 4 billion people lack access to basic, quality care. The barriers are well known: distant facilities, workforce shortages, fragile supply chains, and fragmented health systems, resulting in millions of needless deaths each year. **Healthcare remains a privilege of geography.**

This is unacceptable. Changing the status quo requires a bold reimagining of how care is delivered. Four million community health workers (CHWs) already bring care to the doorstep. When equipped with the right tools, training, and support, they can truly deliver the transformative impact their communities deserve. **Meeting this moment demands systems strengthening at unprecedented scale and pace, and an intentional shift in who has the power to shape health systems.**

Digital innovation can unlock this transformation. The evidence is clear: when paired with the right infrastructure, investment, and partnerships, **digital tools make health systems more efficient, responsive, and connected** — linking

patients, CHWs, and clinics in ways that save lives. The WHO estimates that investing just \$0.24 per patient per year in digital health technology could save two million lives in the next decade.<sup>1</sup>

Yet most digital health solutions fall short. Expensive, proprietary, and rigid, they are impossible to scale where needed most. National health systems are often locked into costly contracts, dependent on foreign expertise, and unable to adapt technology themselves. Meanwhile, those who know their communities best — health workers like Maureen — have no say in shaping the tools they rely on.

Without a fundamentally different approach at the intersection of health and technology, we risk dysfunction rather than transformation. **The need, and the opportunity, have never been greater.**

<sup>1</sup> <https://iris.who.int/items/fc014c26-6e20-4e3d-91a6-65431006e446>

# Our Approach

For fifteen years, Medic has worked alongside CHWs, implementers, and governments to design and scale human-centered digital tools, powered by the open-source [Community Health Toolkit \(CHT\)](#), to improve care delivery at the last mile.

Since the launch of our [2023-2025 strategic plan](#):

The CHT's reach has grown an extraordinary **+340%**  
now supporting **182,676** health workers.

Today, the CHT is integral to health systems across **24** countries,  
delivering essential care to an estimated **90M** people.



When we began our journey in 2010, the idea that an open-source digital tool on a low-cost device could meet CHW needs in places with limited connectivity, electricity, and digital literacy — let alone reach national scale and be truly community-driven — seemed unachievable. Yet, through deep collaboration across contexts, **we've solved unique problems that few others could and proven that it works.**

From our first pilot in Malawi, exploring how simple SMS technology in the hands of a few CHWs could make their jobs easier, we've expanded to community health infrastructure across entire countries, driving care for millions of people. Today, eight governments across Africa and Asia rely on the CHT to power their national community health systems. Built on open technology, owned by the government, and strengthened by a community of practice, these systems are proof that our model is transforming how care is delivered.

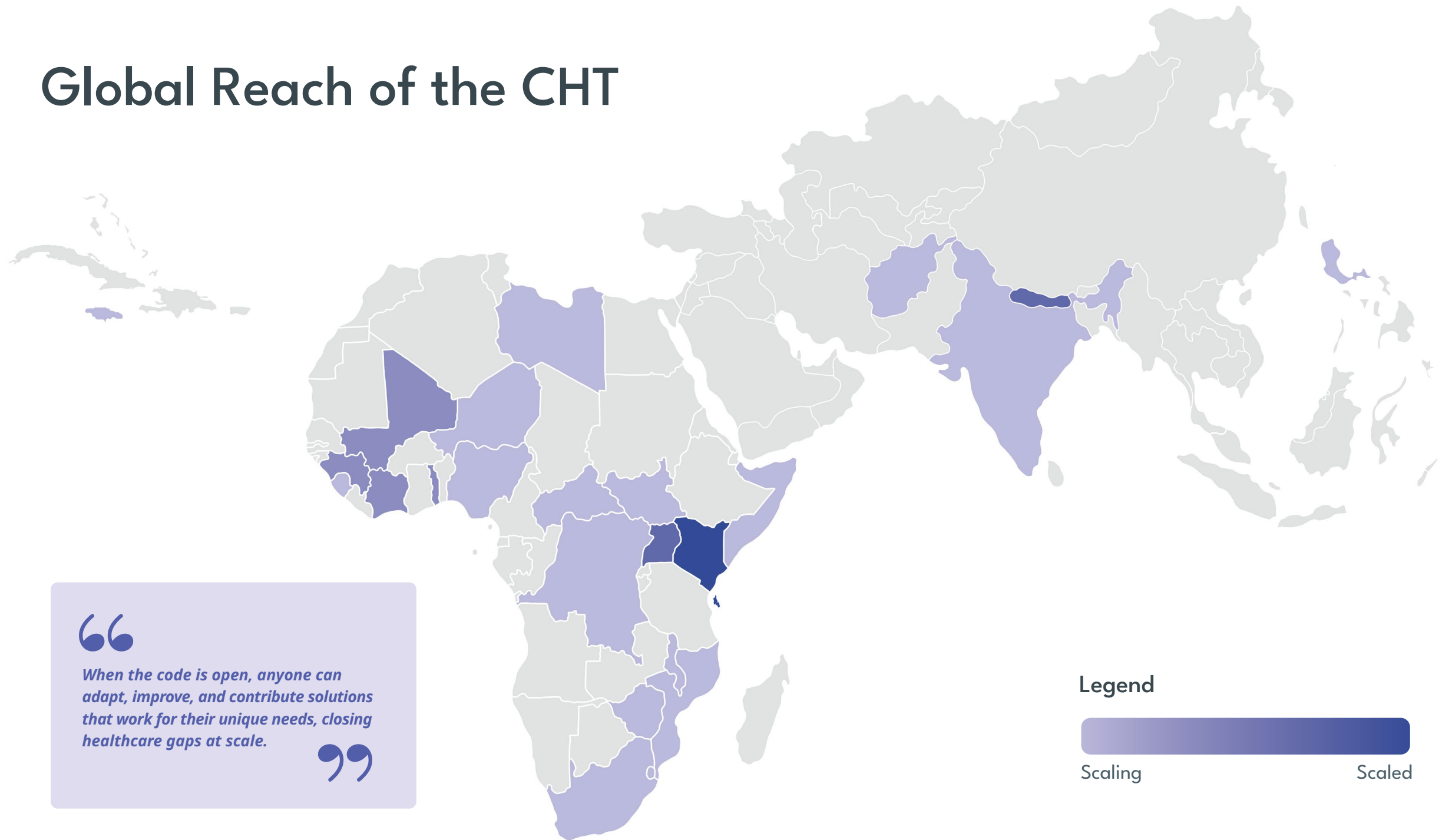


## CHT at a Glance

Medic created the CHT, an open-source platform and set of resources to build tailored digital tools for community health. Free to use, customize, and scale, the CHT provides adopters full ownership of their systems, avoiding expensive licensing fees and vendor contracts. **The CHT is rooted in Medic's open-source ethos: when the code is open, anyone can adapt, improve, and contribute solutions that work for their unique needs, closing healthcare gaps at scale.**

From Asia to Africa, the Middle East to the Caribbean, the CHT connects underserved communities to vital services, adapting to local contexts and languages. CHT-powered applications transform household-level care delivered by CHWs across maternal and child health, HIV, Malaria, TB, and noncommunicable diseases like cancer and diabetes. This means pregnant women are monitored before, during, and after delivery; children are immunized fully and on time; and health leaders can identify and address disease outbreaks in advance. With the CHT, partners have increased facility-based births in Malawi by 22%, reduced child mortality by 63% in Mali, and helped 94% of CHWs in Nepal's Pregnancy Tracking and Registration Program feel more confident to deliver care.

# Global Reach of the CHT



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*When the code is open, anyone can adapt, improve, and contribute solutions that work for their unique needs, closing healthcare gaps at scale.*

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Legend



# Our Learnings

## What got us here is only the foundation.

The lesson from national expansion in Kenya is clear: scale doesn't come from one organization doing more. It comes from an entire ecosystem of local leaders, governments, and communities driving transformation, together. It's not just about an app. Technology alone does not save lives. **Infrastructure, legislative environment, and true local ownership** are all critical to ensuring that technology can create impact for years to come.

Governments must also be able to implement the CHT independently. Local technical expertise must grow so that every feature, fix, and innovation can emerge from within the communities that need them most. Amidst a rapidly changing political and aid landscape, open-source technology, supported by a thriving global community and rooted in local needs, is more critical than ever to ensure that healthcare is not a privilege, but a secured human right. **Medic's role must evolve into catalyzing a global community to unlock greater scale and transformation than we ever could alone.**



## CHT Community of Practice

The CHT Community of Practice (CoP) is a global network of 40+ organizations, including governments, implementers, software solutions providers, researchers, CHW networks, and peer digital public goods, united by one mission: using open technology to close the last mile of care.


Members don't just use the CHT — **they build it**. Over 90% of platform features come directly from community needs. This matters because **scalable innovation doesn't happen in isolation — it thrives in community**. A challenge solved in Kenya fuels progress in Mali. A breakthrough in Nepal informs work in Jamaica. This is how we move from siloed pilots to global transformation, unlocking collective and amplified impact.



# What Drives us Forward

**Our Mission:**  
We catalyze a global community building open-source technology to power last-mile care

**Our Vision:**  
Health for all — unlocked by technology, led by community



This is how real transformation takes root: strengthened health systems that, ultimately, save lives. Our work isn't just about building the best technology, it's about shifting technological sovereignty to where it belongs — so communities can innovate, test, scale, and sustain what works themselves. **As the only organization stewarding a global network around digital community health, Medic is proud to lead this transformation.**

Our theory of change is based on three core beliefs.

## Health For All:

### Begins with community

When we foster an open and active community of practice, we strengthen the bonds that spark collective innovation: solutions are shared freely, dependencies are reduced, and the platform meets diverse needs.

### Advances with innovative, open technology

When we harness the full potential of emerging technologies at the last mile, communities hold the power to drive more local innovations that inspire global transformations.

### Sustains with local autonomy

When ownership shifts to those on the frontlines of care, digital health systems are sustained, strengthened, and shaped by the communities they serve. This ensures solutions are homegrown, context-driven, and built to last.

# Our Three-Year Strategy

Over the next three years, Medic will build on the CHT's proven foundation — catalyzing a community of 75+ organizations to extend accessible technology to 350,000 CHWs delivering care to 175 million people.



## Objective 1:

### Drive platform excellence at scale through community

The CHT's strength lies in combining rigorous engineering with the collective expertise of its CoP. The platform must meet diverse needs across the world's most challenging conditions. As adoption accelerates, excellence isn't just about maintaining what works; it's about ensuring the CHT remains resilient alongside the community it serves.

Over the next three years we will:

#### Scale a world-class platform that evolves with the community.

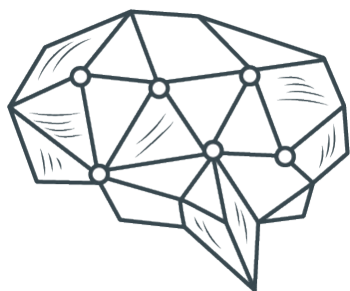
Every new national adoption, every new use case raises the bar for what the CHT must deliver. It is Medic's core responsibility as the technical anchor to ensure the platform is never a bottleneck. Through forward-looking architecture, disciplined engineering, robust security, and continuous performance optimization, we will ensure the CHT remains best-in-class — a trusted platform that grows stronger with every implementation, user, and innovation.

#### Expand a Community of Practice built on shared purpose.

A strong community is created through mutual goals and meaningful collaboration. We will deepen relationships across the CoP by creating spaces where active and prospective CHT implementers and users exchange lessons learned and support one another in overcoming common obstacles. Through regional hubs, annual convenings, peer-learning initiatives, and CHW networks, we will grow a community that is more connected, resilient, and invested in each other's success.

#### Accelerate community-driven development as the engine of adoption.

The quickest path to adoption and retention is technology shaped by the people who use it. We will catalyze multi-organization squads to co-create solutions that address urgent, real-world needs, ensuring every feature is rooted in the lived experience of implementers and CHWs. We will transition squad leadership to local champions who convene collaborative problem-solving in their own languages and contexts, making the community the driving force behind the CHT.



## Objective 2: Pioneer innovations for the last mile

The CHT has proven it can scale. Now we must ensure it stays at the frontier of what's possible. As technology rapidly evolves, so must the platform — becoming smarter, more connected, and more accessible to everyone who builds on it. We're exploring how AI can put the power to innovate directly in the hands of communities and developers alike, intelligent interoperability can weave the CHT into a broader ecosystem of open health technologies, and purposeful investments in the platform's architecture can harness whatever breakthroughs come next. **Our focus is to:**

### Harness AI to democratize innovation.

Today, adapting the CHT requires technical expertise that most communities don't have. By teaching AI models 15 years of CHT knowledge, we will build specialized agents that generate quality code in days rather than months, at a fraction of traditional R&D costs. The short-term vision: a program manager describes a new feature in plain language, and a multi-agent system rapidly builds it. The long-term vision: A CHW like Maureen instructs the system to reroute her home visits during the rainy season.

### Drive intelligent interoperability.

Health data is trapped in silos: community, facility, and national systems don't talk to each other. It takes an ecosystem of open technologies working seamlessly together to ensure data flows, improve care continuity, and strengthen health systems. Yet our experience shows that integrations require advanced technical capabilities, knowledge of health data standards, and significant time and resources. We will build an intelligent, standards-based interoperability layer that enables any health system or digital public good (DPG) to rapidly and easily plug in and exchange data with the CHT.

### Advance the CHT as an innovation-ready platform.

The CHT's open and customizable architecture is its superpower. As AI, interoperability, and new developer tools development accelerate, the platform must be ready to absorb innovations that don't yet exist. We will strengthen the CHT's modular architecture so new capabilities and extensions can be added by anyone without modifying the core codebase. And we will simplify configuration so that the barrier to building on the CHT continues to drop — for developers, implementers, and communities alike.



### Objective 3:

Enable local ownership for long-term sustainability

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*Medic Afya is the seed we're planting for long-term, locally rooted impact.*

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The CHT succeeds when local implementers and governments autonomously access, adapt, implement, and scale the technology, without reliance on Medic. Achieving lasting impact without creating dependency goes beyond training individuals. It demands strengthening institutional capacity so that Ministries of Health, academic institutions, and NGOs don't just use the tools but also contribute to their development, govern their evolution, and sustain their adoption. Our aim is for every CHT deployment to be locally maintained and evolved by the partners and governments it serves. **Over the coming years, we will:**

#### Launch Medic Afya.

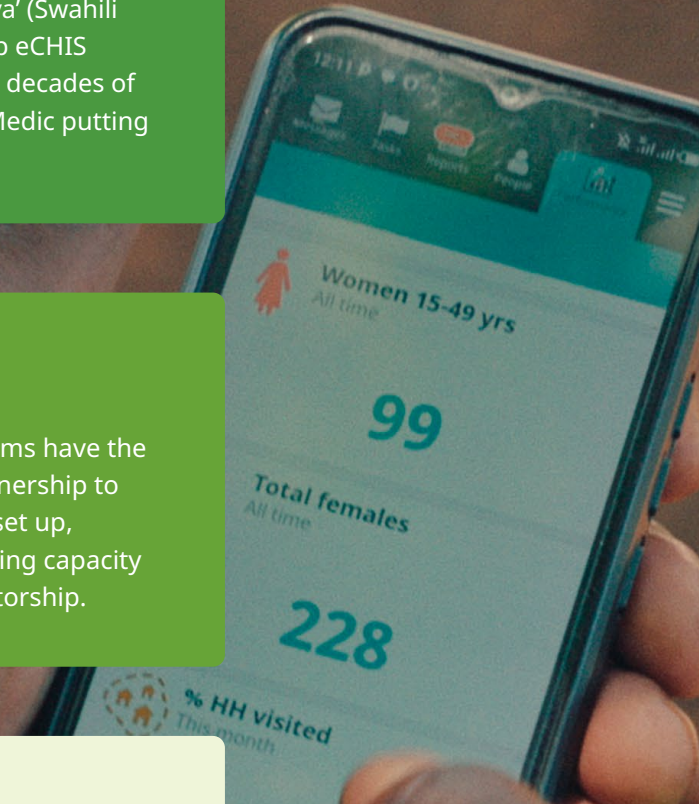
National digital health systems are most resilient when they are recognized as local goods — built, managed, and led by the people they serve. That's why, in 2026, we will launch Medic 'Afya' (Swahili for *health*) to anchor Africa's leadership in digital community health and support flagship eCHIS deployments across the continent. Governed by an independent Board and built on two decades of implementation experience, Medic Afya is more than an organizational transition. It is Medic putting its core conviction into practice.

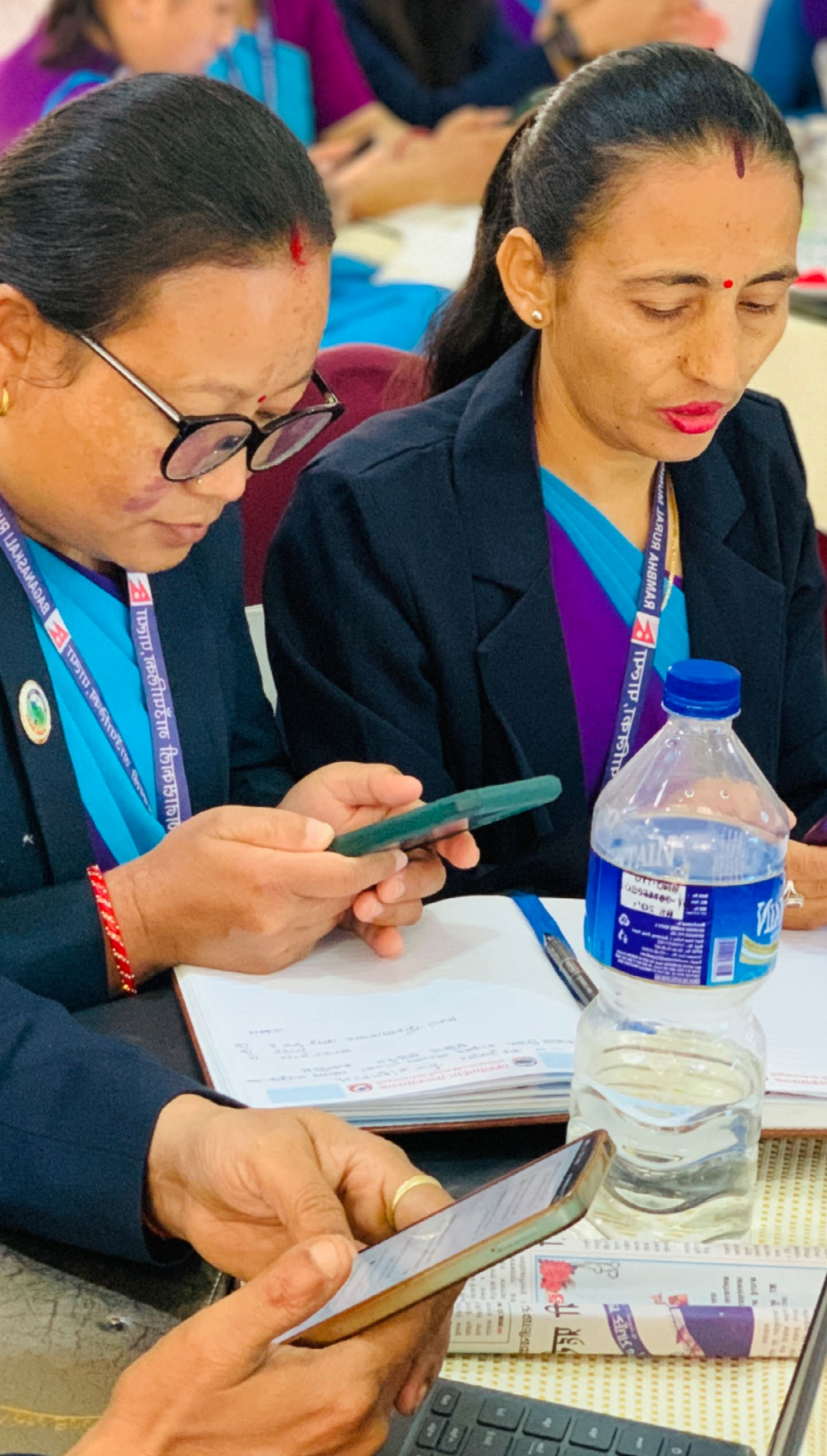
#### Lower barriers to ownership.

Ownership only happens when hosting is affordable, operations are simple, and local teams have the confidence to run their systems on their own terms. We will reduce the total cost of ownership to make hosting sustainable. We will simplify deployment architecture so that teams can set up, maintain, and upgrade their systems with confidence. We will also strengthen self-hosting capacity across the community through hands-on support, clear documentation, and peer mentorship.

#### Build lasting local expertise.

Sustainable ownership requires more than handoffs; it requires local expertise, where governments and partners can find trusted, certified professionals to support design, implementation, and scaling activities. To achieve this, we will formalize certification programs that guide community members from beginner to expert, structured mentorship pathways that transfer knowledge, implementation guides that demystify technical complexity, and train-the-trainer programs that enable communities to strengthen capacity on their own.





## Where Scale Meets Community: Spotlights on Kenya and Nepal

### Kenya's eCHIS

What started with 900 CHWs in Migori County is now a national eCHIS at full scale, supporting 107,000 CHWs across all 47 counties in Kenya. With this new technology, CHWs have registered 8 million households, conducted 10 million child assessments, and caught nearly all fever cases within 72 hours. Before eCHIS, outreach was based on guesswork. Today, counties can target vaccinations specifically where they're needed most and save lives.

The foundation for this success is in the **power of collaboration**. As a founding member of Community Health Units for Universal Health Coverage (CHU4UHC), Medic joined forces with over 30 partners to transform Kenya's health system. Our collective advocacy resulted in political commitments and tangible gains for CHWs, including kits, stipends, and professional recognition. Kenya's achievements continue to inspire action worldwide.

### Interoperability in Nepal

Medic's work in Nepal began in 2012 with a simple maternal health SMS system for Female Community Health Volunteers (FCHVs). Today, CHT tools support 26,000 health workers as they deliver care to over 2.3 million people in Nepal.

Our focus ahead is on interoperability: Nepal's CHT-powered maternal health system is now linked with facility-based **OpenMRS**, an open electronic medical records platform, to strengthen linkages between communities and clinics, ensuring continuity of care so that no mother or child falls through the cracks. We will also pilot an integration with **openIMIS**, a digital public good for managing health insurance. This integration will build demand for social protection services, reduce out-of-pocket costs that often push families into poverty, and strengthen data-driven planning — laying a strong foundation for universal health coverage.


# Measuring Impact

Medic is directly accountable for **stewarding the best product and Community of Practice (CoP)** through platform quality, cost-efficiency, accessible innovation, self-sustaining adoption, and technological excellence. We provide tools, resources, and know-how so our partners can adopt and implement the technology and support health workers in delivering quality care. These elements enable high-quality implementations and trustworthy data, increased technical skills and capacity, and mechanisms to track CHW performance, health system integration, and local sustainability.

Partners own their program and health outcomes, while Medic ensures the platform enables their success. We measure impact in two ways: through direct metrics under Medic's control, and through the scale, reach, and outcomes achieved by our partners and powered by Medic and the CHT.

## Medic's Direct Metrics

by 2028

Objective	Strategies	Metrics
 <p><b>Drive platform excellence through community</b></p>	<p><b>Scale a world-class platform that evolves with the community</b></p> <p><b>Expand a CoP built on shared purpose</b></p> <p><b>Accelerate community-driven development as the engine of adoption</b></p>	<p><b>Partner retention:</b> % of orgs actively using the CHT YoY (100%)</p> <p><b>Growth and reach:</b> # of org in the community (from 47 →75)</p> <p><b>Collaborative development:</b> YoY increase in # of active community squads</p>
 <p><b>Pioneer innovations for the last mile</b></p>	<p><b>Harness AI to democratize innovation</b></p> <p><b>Drive intelligent interoperability</b></p> <p><b>Advance the CHT as an innovation-ready platform</b></p>	<p><b>Development accessibility:</b> Average time from community request to release: 50% reduction in time to develop functionality</p> <p><b>Integration speed:</b> Interoperability layer built for fast, standards-based integration (under 1 month to integrate)</p> <p><b>Configurability:</b> Non-technical users easily and independently configure the CHT</p>
 <p><b>Enable local ownership for long-term sustainability</b></p>	<p><b>Launch Medic Afya</b></p> <p><b>Lower barriers to ownership</b></p> <p><b>Build lasting local expertise</b></p>	<p><b>Operational independence:</b> Medic Afya operates with independent leadership, revenue, and program management — no critical dependencies on Medic</p> <p><b>Total cost of ownership:</b> Reduction in average hosting costs (50%)</p> <p><b>Implementation independence:</b> New CHT implementations initiated and led without Medic involvement (100%)</p>



## Impact Powered by Medic and the CHT

by 2028

Metric	What this unlocks
20% increase in CHW tasks completed within recommended timeframes across reporting deployments (in line with universal health coverage metrics from WHO)	<b>Behavior change</b> More CHWs completing tasks on time to drive timely, high-quality care
33 countries with active CHT deployments	<b>Scale and reach</b> More geographies where CHT is adopted
350K health workers using CHT	<b>Scale and reach</b> More CHWs in more geographies equipped to deliver high-quality care
100% of national CHT deployments sustained year-on-year	<b>Sustained adoption</b> At-scale deployments becoming permanent national infrastructure
350M additional caring activities delivered from 2026–2028	<b>Lives saved</b> Care reaching last-mile communities consistently

# Our Endgame

After 15 years of pioneering last-mile technology, we see more opportunity than ever before. The future of community health depends not just on technological innovations, but on our willingness to collaborate across boundaries, never losing sight of the humans these systems serve.

**By 2028**, we aim to catalyze a community of 75+ organizations to equip **350,000 CHWs** with context-adapted tools to deliver care to **175 million people**. Each CHW is a lifeline for hundreds of families, bringing care to those who need it most.

Yet, we know the full picture: up to nine million CHWs are needed to truly reach everyone currently without access to basic care. No single organization can close that gap. But cutting-edge, open-source technology, powered by a thriving global community, sustained by the people it serves? That can.



Our endgame is a world where community-driven digital health is the norm, not the exception. Where any government can adopt and own proven digital tools without dependency. Where local innovators shape the technology that shapes their health systems. Where the Community Health Toolkit — and whatever evolves from it — is community-governed in perpetuity.

**We're not just imagining a different future for global health. We're building it, together.**



2026 – 2028

## Strategic Plan

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Health for All Begins with Community



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