

Building Strong and Sustainable Community Health Systems in a Challenging Time for Global Health

Results and Impact of the Africa Frontline First Catalytic Fund and Project BIRCH

In a period marked by profound disruption in global health, a set of catalytic investments have improved the working conditions of over 106,000 community health workers across Africa, who together serve over 76 million people. These investments, led by the Global Fund from 2023-2025, have strengthened national systems, protected essential services, and demonstrated what is possible when financing and technical assistance are deployed with clear intent.



Health extension workers Fanose Hirreno and Aberu Birbirs from Koka Primary Health Centre at a homestead in Koka, Ethiopia.

The Global Fund/Brian Otieno

Funding disruptions, shifting priorities, and fiscal pressures have challenged the Global Fund partnership to confront a stark reality: the old ways of working are over.

If we are to do more with less, we must do more together. Meaningful collaboration across the Global Fund partnership remains the most effective way to accelerate progress against HIV, tuberculosis, and malaria, safeguard hard-won gains, and build resilient health systems capable of withstanding future disruptions.

A Powerful Model for Community Health Financing

One compelling example of this collaborative approach in action is a set of catalytic investments in community health across Africa. By combining private sector capital with targeted technical assistance, the Global Fund, Africa Frontline First and partners have supported countries to protect essential services, unlock system-wide efficiencies, and build sustainable community health programs.

One of the most cost-effective ways to strengthen the health system is to invest in community health workers. When properly trained, supervised, equipped, fairly compensated and integrated into national systems, community health workers expand access to care, strengthen disease prevention and response, and improve health outcomes – particularly for women and children. However, in many countries, community health programs have historically been fragmented, underfunded, and vulnerable to external shocks, thus preventing community health workers from achieving their full potential – to provide high-quality, consistent care to their communities.

To address this gap, the Global Fund established two complementary catalytic investments:

- **The Africa Frontline First Catalytic Fund** deployed **US\$97.6 million** across eight countries – Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Liberia, Mali, Senegal, and Zambia. This included US\$15 million from the Johnson & Johnson Foundation and US\$10 million from the Skoll Foundation, matched by the Global Fund. This funding has supported large-scale community health system reforms.
- **Project BIRCH** (Building Integrated Readiness for Community Health) mobilized nearly **US\$26.5 million in technical assistance**, including through Last Mile Health, supporting 22 countries¹ across Africa. Through Project BIRCH, countries have been able to cost and plan community health worker programs within national health strategies; coordinate across Global Fund grants and domestic financing; absorb and deploy funding more effectively; and adjust implementation in real-time when conditions change.

Together, the Africa Frontline First Catalytic Fund and Project BIRCH formed a coherent ecosystem: financing and technical assistance moving in lockstep.

Both initiatives set out to finance community health differently – by using catalytic capital to invest in nationally-led priorities, unlock scale and political commitment, while deploying technical assistance to ensure funds translate into lasting system change.

This work has been anchored in strong country leadership and supported by a broad ecosystem of partners, including ministries of health and technical partners such as the Africa Centres for Disease Control and Prevention, Africa Frontline First, Last Mile Health, the Clinton Health Access Initiative, Financing Alliance for Health, Integrate Health, Muso, Living Goods and iCHES.

The Global Fund, Africa Frontline First and partners have supported countries to protect essential services, unlock system-wide efficiencies and build sustainable community health programs.



Community health worker Barbra Mundulu sits with client Mailess Nyangu in Chongwe, Zambia.

The Global Fund/Jason Mulikita

¹ Burkina Faso, Cameroon, Chad, Congo, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Mauritania, Niger, Nigeria, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe

Measurable Impact Across Africa

After three years, the evidence is clear. Project BIRCH and the Africa Frontline First Catalytic Fund demonstrate that strategic technical assistance, paired with catalytic financing, can unlock the full value of health investments – even amid global uncertainty.

These catalytic investments have delivered measurable results. From 2023 to 2025, this funding directly supported over **106,000 community health workers** with the training, supplies, supervision and salaries needed to provide care to 76 million people. These investments have directly supported more community health workers, across more countries, than any other partnership for community health.

Project BIRCH has **strengthened core community health systems**, from planning and supervision to payment, data and supply chains.

- **13 countries** conduct regular government-led reviews of community health investments to identify priorities and plan for future improvements.
- **14 countries** have completed resource-mapping exercises to track where investments are going and close any gaps.
- **5 countries** have developed or updated national community health strategies (with three more underway).

Crucially, countries are beginning to shift toward increasing **domestic financing**:

- In Kenya, **107,000 community health promoters** are now paid through the government payroll.
- In Guinea, 10 municipalities are piloting locally financed community health workers' salaries.
- In Uganda, a dedicated national budget line for community health workers has been established.
- In countries like Zambia, national legal frameworks and harmonized pay scales for community health workers are now in place.

These are early but important signals of a broader transition – from externally funded programs to country-owned, country-financed systems.

What Makes This Model Different

This model represents something rare in global health – a partnership between a multilateral funder and private sector partners working as a single system rather than as parallel actors.

The Global Fund provided scale and a grant platform that turned private catalytic capital into lasting government commitments. Private partners contributed flexibility and risk appetite for long-term systems investments, while Africa Frontline First supplied the technical expertise and trusted relationships needed to translate the combined financing into implementable country plans and shared learning across countries. The investment was intentionally structured around:

- **Ecosystem-driven collaboration:** Partners contributed complementary strengths, aligned by shared goals, rather than by funding or operating alone.
- **Focus on systems maturity:** Governance, planning, financial visibility and accountability were treated as the foundations that make scaled community health systems possible – and not as secondary considerations.
- **Regional leadership:** Anchored by the Africa Centres for Disease Control and Prevention, this work advances a continent-led agenda rather than externally driven programs.

The result is a powerful proof of concept: Meaningful, sustained collaboration can transform how community health systems are financed and governed – well beyond a single funding cycle.

A Foundation for the Future

The Africa Frontline First Catalytic Fund and Project BIRCH have helped move community health from fragmented initiatives to durable, country-led platforms. These platforms now form the foundation of resilient, community-centered health care across Africa.

The country stories that follow illustrate what this transformation looks like in practice – and what is possible when collaboration, financing and technical expertise are aligned with purpose.

Ethiopia

How the Global Fund Supported “Blended” Learning at Scale

Ethiopia’s Health Extension Program is one of the largest and most respected community health systems in the world, with more than 40,000 professional community health workers delivering care across the country. However, maintaining consistent, high-quality in-service training at this scale was a growing challenge. Biannual trainings relied on centralized, in-person sessions that were costly, time-intensive, and disruptive to service delivery. Learning materials were largely paper-based and rarely revisited, contributing to learning loss and uneven quality of care.

To address these challenges, Ethiopia’s Ministry of Health partnered with Last Mile Health to pilot a “blended” learning model – with support from the Global Fund’s Project BIRCH. BIRCH financing enabled the Ministry to test a digitally enabled training approach that combined limited in-person sessions with tablet-based digital learning, including tailored multimedia content in local languages.

The pilot dramatically reduced training costs – from US\$605 to US\$372 per learner – while improving knowledge and skills assessment outcomes. Community health workers reported higher engagement and greater accessibility, particularly due to training in local languages.

Based on this evidence, the Ministry formally adopted blended learning for the entire community health workforce in June 2023.

With BIRCH support, blended learning was incorporated into Ethiopia’s most recent Global Fund grant, unlocking sustainable financing for national scale-up. During grant implementation, BIRCH resources supported continuous professional development accreditation of modules, built facilitator and IT capacity, and helped maintain training quality through supervision tools.

By December 2025, over 22,700 community health workers across 12 regions had completed blended learning modules, including Ethiopia’s first nationwide community health worker training on noncommunicable diseases. The 39% cost reduction achieved with Global Fund support strengthens domestic ownership and offers a scalable model for countries seeking to sustain high-quality community health programs in a constrained funding environment.



BIRCH financing enabled Ethiopia’s Ministry of Health to test a digitally enabled training approach that combined limited in-person sessions with tablet-based learning, multimedia content in local languages, and continuous assessment.

The Global Fund/Last Mile Health



During a home visit to a family in Ethiopia, a health extension worker uses a digital application on her tablet to share important health information.

The Global Fund/Last Mile Health

Liberia

Putting Every Community and Community Health Worker on the Map

Since its launch in 2016, Liberia's National Community Health Program has made significant progress, achieving nationwide scale by June 2024. However, important gaps remained – particularly due to incomplete data on where communities are located and what their specific health needs are. As a result, many people living in rural and remote areas were not captured in official records, limiting their access to health facilities and quality care.

In partnership with Liberia's Ministry of Health, Last Mile Health leveraged funding from the Global Fund's Project BIRCH to implement nationwide geospatial mapping. After aligning on data needs and training government and partner teams, field staff traveled by jeep, motorbike, boat and on foot to collect GPS coordinates and community-level data. Teams mapped communities, community health workers, health facilities, water sources, roads and network coverage – often in areas never before officially documented.

The mapping revealed underserved communities, uncovered previously undocumented settlements and clarified which areas were truly remote versus newly connected to health facilities. This data enabled the Ministry of Health to optimize community health worker distribution, reduce excessive travel burdens and direct investments where they will have the greatest impact.

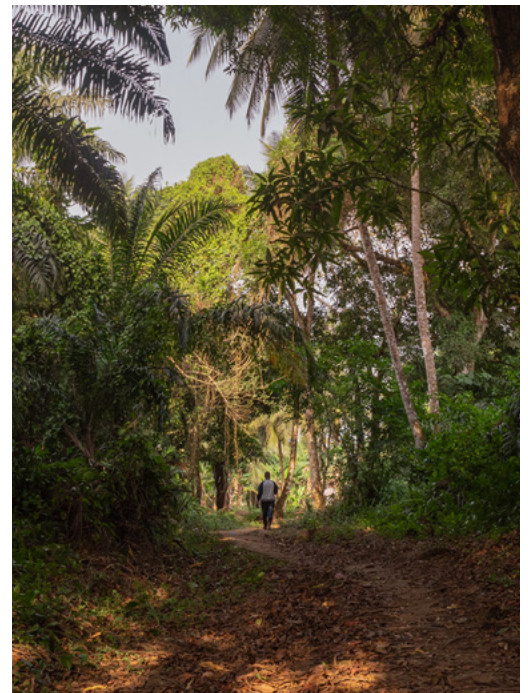
Beyond service delivery, the data strengthens preparedness by connecting isolated communities to the formal health system sooner. It also supports cross-sector advocacy – demonstrating how targeted infrastructure investments, such as road improvements, can reduce health system costs.

With mapping complete across all counties, the focus has shifted to sustainability. A government-owned, cloud-based national registry will serve as a single source of truth for Liberia's community health workforce – integrated into existing digital health systems and maintained in real time. By putting every community and community health worker on the map, Liberia is laying the foundation for more equitable care, smarter investments and stronger health security nationwide.



In Liberia, communities have improved access to health care thanks to a geospatial mapping exercise that has reinforced the reach and ranks of the community health workforce.

The Global Fund/Last Mile Health



A remote community in Liberia served by the National Community Health Program.

The Global Fund/Last Mile Health

Snapshot

Community Health Workforce Strengthening Across Countries, 2023-2025

Burkina Faso

Investments have focused on scale and reliability:

- Over 17,000 community health workers trained.
- 1,500 community health workers equipped.
- Nearly 80% paid on time and in full.

Attention to payment systems and supervision can rapidly strengthen community health worker performance and retention.

Kenya

Integration of community health into government systems is a defining feature:

- 107,000 community health promoters are supported with a stipend through the government payroll, a major step toward long-term sustainability.
- 7,800 new community health kits were procured to strengthen frontline service delivery.

Senegal

Strong coordination is improving service delivery at the community level:

- 15,000 community health workers receive supervision.
- 64 community-based organizations equipped to support community-level service delivery.

This has strengthened links between frontline workers and broader community systems.

Côte d'Ivoire

Community health investments are translating into strong service delivery outcomes:

- More than 8,000 community health workers are paid monthly.
- 6,000 community health workers equipped.
- Nearly 8,000 receive regular supervision.

Collectively, these community health workers have:

- Delivered over 550,000 malaria treatments.
- Reached 1.7 million people with malaria prevention services.

Stronger systems lead to improved population health outcomes.

Mali

System strengthening has improved routine service delivery:

- Over 80% of community health workers are supervised monthly and paid regularly, improving accountability, service quality and workforce stability.
- Monthly supervision by dedicated supervisors conducted using digital tools.

These improvements have led to:

- Earlier identification of challenges.
- Strengthened skills through continuous support.
- More consistent quality of care for communities.

Zambia

Zambia has achieved one of the most rapid and large-scale workforce expansions in the region.

- Growth from 295 to 11,600 paid community health workers who now receive regular monthly remuneration under national guidelines.
- Community health workers are firmly embedded in the national health workforce.

What's Next?

Progress achieved through these partnerships has created a strong foundation for a timely and more ambitious next phase. With the infrastructure already in place, accelerated health impact is possible. We must protect gains and improve performance and sustainability.

Countries are under growing pressure to improve health outcomes while working within constrained budgets. Community health is the backbone of primary health care, and countries are increasingly committed to integrating it as a core, sustainable component of national health systems.

The next catalytic initiative – **“Equitable, resilient, integrated community and health services for women and children”** – is designed for this moment.



Health extension worker Aberu Birbirsa visits Wagahayo Abera and her 5-month-old son, Yonathan Demise, at their home in Koka, Ethiopia.

The Global Fund/Brian Otieno

With commitments from partners including the Johnson & Johnson Foundation, Skoll Foundation, Rockefeller Foundation, Comic Relief UK, and other private sector partners, this initiative builds on existing gains and focuses on what makes impact sustainable:

- **Sustaining essential systems:** Maintaining coverage while strengthening the foundations that ensure long-term impact – health workers and community health systems, digital data and decision-making, and stronger financial governance – so countries can deliver quality care, track progress and plan sustainably over time.
- **Embedding sustainability:** Domestic co-financing is built into the design to support long-term national ownership.
- **Deepening integration:** Strengthening maternal, newborn, child, and adolescent health services, and integrating community health workers into national workforce planning, public financial management, and digital health systems as part of broader primary health care system strengthening.
- **Strengthening regional collaboration:** Expanding partnerships with the Africa Centres for Disease Control and Prevention and the World Health Organization African Region to support peer learning and track progress across the continent.

With support from private sector and philanthropic partners, the catalytic initiative aims to help a subset of countries deliver integrated services for women and girls – bringing together maternal, newborn, child, and adolescent health with HIV, TB and malaria services at primary health care level, aligned with national plans and government leadership. Complementary investments will support digital data systems and strengthen public financial management and health financing, reinforcing accountability, sustainability and service integration.

This is a strong opportunity for further investment. While important progress has been made, more support is still needed to build on these gains, strengthen community health systems and expand the reach of community health services. Continued and increased funding will be essential to fully realize the potential of these systems and achieve impact at scale.

About the Global Fund

The Global Fund is a worldwide partnership to defeat AIDS, TB and malaria and ensure a healthier, safer, more equitable future for all. We raise and invest up to US\$4 billion a year to fight the deadliest infectious diseases, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. We unite world leaders, communities, civil society, health workers and the private sector to find solutions that have the most impact, and we take them to scale worldwide. Since 2002, the Global Fund partnership has saved 70 million lives.