



Reaching the Last Mile

A Journey to the Heart of Liberia

by Silvia Bastante

The Republic of Liberia is a country on the West African coast. It is bordered by Sierra Leone, Guinea, Ivory Coast and the Atlantic Ocean. While its name should evoke mental images of tropical rainforests and coastal plains, it is unfortunately better known for its long-running civil war which ended only 15 years ago, and the devastating Ebola epidemic that hit the country in 2014



When I recently met a group of friends for drinks in Zurich, I told them that I was going to Liberia the following week. One of them almost spilled her drink exclaiming “*But why would you go there?*” While the West African country should evoke mental images of tropical rainforests and coastal plains, it is unfortunately better known for its long-running civil war which ended only 15 years ago, and gruesome stories from the Ebola epidemic that hit the country in 2014. It is also one of the poorest countries in the world with a staggering mortality rate for both mothers – one death per hundred births – and children, of which one in seven die before reaching their first birthday. “*Aren’t you scared?*” she asked me. No, on the contrary, I was excited to visit a country where we were supporting some direly needed work in healthcare.

What I discovered there was a country of incredibly resilient women and men, of welcoming and warm people and magnificent nature. I also re-discovered the simplicity of bucket showers, having no internet and choosing between being too hot under a mosquito net or risking a bite. I had the privilege of being part of a group of philanthropists, visiting work led by Liberia’s Ministry of Health and a non-profit organization, *Last Mile Health*, which



All people
deserve access
to lifesaving
healthcare.

Last Mile Health

aims to provide effective primary healthcare in rural areas of Liberia. For many of the 1.2 million living in remote areas, it may be the first time they experience professional healthcare.

While in some parts of the country, if you are lucky, the next health clinic may only be a few kilometres away, this still translates into a torturous journey, involving walking for hours, hoping that the footpath has not yet been overtaken by the tropical rainforest, nor the precarious bridge washed away by the rains.



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And doing so while carrying a sick 3-year old child in your arms and possibly one or two more infants you can’t leave at home alone, is not just a simple trip to the doctor. And just imagine if the walk is instead a day or more.

Together with our local partners we visited Rivercess County. From the capital Monrovia it is reachable after a 10-hour car ride on a very bumpy road. Once there, you need to take a canoe for about an hour up a river, followed by a motorbike ride and an hour’s walk in the dense rainforest. While this seemed almost endless to me, the journey was considered “small small” by our Liberian colleagues. Once we reached our destination Sandtown, with a population of 70, we meet Cynthia, the health worker. She is waiting for us together with members of her community. While Cynthia looks very young herself, I soon discover that she has three kids of her own, the eldest being 11 years old. After the warm welcome greetings, we hear from the Town Chief, from an elder, and finally from Cyn-

thia herself who says, “*I am happy because our children are not suffering. I feel happy when I see them playing and growing up in front of me.*”

Despite great progress in many other areas of the world, millions of children in Sub-Saharan Africa still die each year. About 75% of these deaths occur due to limited access to timely treatment for pneumonia, diarrhoea, and malaria. Health workers like Cynthia and her colleagues across Liberia check children for signs of illnesses such as those and malnutrition, provide diagnosis and treatment, and promote vaccines, healthy pregnancies, and family planning. They teach elementary health practices from basic hygiene to avoiding mosquitoes. They can also refer serious cases early to the nearest health facility. To give us a better insight into her daily work, Cynthia brings us her medicine box and demonstrates how a simple malaria test is done, under the observant eye

of her whole community. Most of her neighbours are subsistence farmers and have not gone to work their fields that morning to be present during our visit. The cultural aspects of healthcare are crucially important



ing health system and crucially help in the case of epidemics. The communities which had a *Last Mile Health* supported health worker like Cynthia did not see a single death from Ebola during the epidemic. And it was evidence of impact like this that encouraged us to support their work.

Only a decade ago Liberia had 47 different community health worker programs, all of which operated independently and most on a volunteer basis. Now, a government-led unified national program, where community health workers are supervised, equipped with supplies, and get paid for their work, is making primary healthcare available across the entire country. The country is pioneering an approach that, if successful, could be a model for other countries.

Back in Sandtown, the Town Chief tells us how since Cynthia started her work, the kids are much healthier. “If our children grow up healthy, they will have good things to provide to this community and to the country,” he says. However, one of the issues is that this community does not yet have access to enough safe and clean water. They take water from the river and purify it with a filter donated by

a non-profit some time ago. Looking at one of the bucket filters, I am doubtful it still works. So the children get better thanks to the health worker, and then some get sick again from the polluted water.

On many trips I have taken, there is that one child that captures your heart, such as the little girl that has held my hand since the moment I arrived. She makes me wonder, what if I could offer her the same that I am offering my own children? ... And of course, among the philanthropists who came with me on this visit we could have easily pitched in and provide the funding for some clean water solution for this town. But there are thousands of towns like it and helping just one is not a sustainable approach and does little to address the underlying systemic problems. We need to identify and fund efforts that can achieve the scale of an entire country or region.

This is what we are doing at *Co-Impact*. We support systemic efforts where there is already evidence of impact and a coalition of credible actors who are poised to impact millions of people’s lives. In the case of Liberia, the Ministry of Health is already committed to deploying and paying 4,000 community health workers to serve 1.2 million people, and over the next five years, will take full ownership of the implemen-

tation of the entire program.

In Liberia, it is often down to cruel chance that if you are born in a place like Sandtown you will live to see your 5th birthday due to treatment for malaria from Cynthia, whereas if you are born in a similar town just a few kilometres away you will not get access to malaria treatment because there was no health worker in your community. As I heard from the Ministry official in charge of the program “*Within the same county, some have access to healthcare and others don’t. That is unjust. We want to serve every single Liberian.*”

Having worked for many years for international organizations, non-profits, in strategy consulting and as a philanthropy advisor, I am convinced that philanthropy needs more combined efforts to reach millions in a sustainable way. I’ve known *Last Mile Health* for many years, and I knew that despite having won many awards for doing excellent work, their leadership spent an inordinate amount of time fundraising to ensure they could operate the following year. Most philanthropic giving in the world remains relatively small and fragmented, generally



less than 1 million dollars and mostly given on a one-year funding horizon. How can one attempt to support a national health program with small amounts of restricted yearly funding?

At *Co-Impact* I work with a growing group of philanthropists and foundations to actively promote more collaboration in this space and more focus on truly significant and sustainable improvements in the areas of health, education and economic opportunity in low- and middle-income countries

around the world. The final question I received over drinks that night with my friends: “Why do you do it?” Because I would love to tell my children that my work has contributed in some small part to a world that is slightly more just. H EDITION

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