FIVE-YEAR STRATEGIC PLAN (2023–2028)

Accelerating Impact:

Scaling Community-Led Innovation to Achieve Universal Health Coverage

INTEGRATE HEALTH

Executive Summary

Integrate Health (IH), known in French as Santé Intégrée (SI), exists to make quality primary healthcare accessible to all.

Founded in 2004 by a coalition of Togolese community actors and American Peace Corps volunteers, IH saves lives in the world's most underserved communities by integrating professional Community Health Workers (CHWs) into the public health system, transforming remote health settings into life-saving centers of excellence. For nearly 20 years, IH has been operating in remote communities in the Togolese Republic (Togo), demonstrating the effectiveness of integrated, community-based care through the organization's Integrated Primary Care Program (IPCP), which has been shown to deliver a 30% decrease in child mortality rates in communities.[1] Building upon these wins, IH has transformed community-led innovations into impact at national scale in Togo and is beginning to offer support in the Republic of Guinea (Guinea) through partnerships and collaboration with governments and local communities.

However, the path to truly sustainable impact and government adoption of quality primary healthcare services is not linear. Achieving IH's mission and vision will require an expanded scope, grounded in community-led innovation with a global focus on shaping a catalytic environment to enable progress. Grounded in strong organizational values, with a renewed commitment to advancing primary care for women, children under five, and adolescents in Francophone West Africa, IH is poised to deliver this change.

IH's new five-year Strategic Plan for 2023–2028, **Accelerating Impact: Scaling Community-Led Innovation to Achieve Universal Health Coverage**, will guide the next phase of its organizational evolution through four core strategic pillars:

1. Deliver innovation and demonstrate impact

2. Accompany national governments

3. Cultivate a global ecosystem supportive of community health

4. Build a strong and equitable organization

Building on 20 years of experience in community health and grounded in a strong set of organizational values, IH is ready to move into a new phase that will deliver exponential growth in our impact at the community, national, and global levels.

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1   https://publications.aap.org/pediatrics/article/148/3/e2020035493/181131/An-Integrated-Primary-Care-Initiative-for-Child

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INTEGRATE
HEALTH

Acronyms

ACDC	Africa Centers for Disease Control
CHIC	Community Health Impact Coalition
CHW	Community Health Worker
CR	Community Relays
DEI	Diversity, Equity, and Inclusion
HHR	Health Human Resources
HSS	Health System Strengthening
ICT	Information and Communication Technology
IH	Integrate Health
IPCP	Integrated Primary Care Program
MOH	Ministry of Health
NGO	Non-Governmental Organization
NHIS	National Health Information System
PHC	Primary Healthcare
PPR	Pandemic Preparedness and Response
PSN IBC	National Strategic Plan for Community-Based Intervention
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
TOC	Theory of Change
UHC	Universal Health Coverage
WHO	World Health Organization

External Context

The Challenge

According to the World Health Organization (WHO), effective primary healthcare (PHC) is the foundation of equitable and resilient health systems that deliver high-quality, safe, comprehensive, integrated, accessible, available, and affordable healthcare to everyone, everywhere. Yet, half of the global population still lacks access to essential health services.[2] Despite global momentum to tackle this challenge as part of the movement for Universal Health Coverage (UHC) and ample evidence for effective solutions, progress remains slow and uneven. Age, gender, and geography play a significant role in determining health outcomes. Progress toward UHC is particularly challenging in Francophone West Africa, where countries face the triple burden of geography, language, and less international funding.

Around the world, more than five million children under the age of five, including 2.3 million newborns, died in 2021. During that time, a child born in Sub-Saharan Africa (SSA) was ten times more likely to die in the first month of life than a child born in a high-income country.[3]

While global maternal mortality has been declining since 2000, rates remain alarmingly high in SSA. SSA alone accounts for more than 70% of global maternal deaths, the majority of which are preventable with access to basic PHC services.[4]

Every year, more than 100 million people are pushed into extreme poverty due to out-of-pocket health expenses. Approximately 97 million of those incurring catastrophic healthcare costs annually are in Africa.[5] Meanwhile, national health budgets are strained by a wide range of priorities, leaving limited fiscal space for PHC. Africa's financing gap for community health is currently estimated at US$4 billion.[6]

These challenges are particularly acute in Togo and Guinea. Togo has the 23rd highest maternal mortality rate (MMR) in the world, equal to 399/100,000 live births, and has an under-five mortality rate (U5MR) of 64/100,000 live births.[7] Guinea has the tenth highest MMR globally at 550/100,000 live births, and the 19th highest IMR of

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2   https://www.who.int/publications/i/item/9789240040618

3   https://data.unicef.org/resources/levels-and-trends-in-child-mortality/

4   https://data.unicef.org/topic/maternal-health/maternal-mortality/#:~:text=In%202020%2C%20sub%2DSaharan%20Africa,stalled%2C%20and%20has%20been%20uneven.

5   https://ahaic.org/download/executive-summary-the-state-of-universal-health-coverage-in-africa/

6   https://joinchic.org/resources/the-problem-a-dual-human-rights-issue/

7   https://data.worldbank.org/indicator/SH.DYN.MORT

48.32/100,000 live births.[8][9][10]

In Guinea, the Ebola crisis significantly impacted progress on immunization coverage amongst children under five. While 57% of children aged 12-23 months received DPT immunization in 2012, this figure decreased to 47% in 2016, post-Ebola, remaining unchanged since.[11] Similarly, BCG immunization coverage among one-year-olds dropped from 77% in 2012 to 72% in 2021.[12]

The solution to these challenges is not a mystery. Ample evidence suggests that integrated, community-based, cost-effective PHC delivered by skilled, supervised, and salaried Community Health Workers (CHWs) integrated into a strengthened public health system improves access to care; reduces maternal, newborn, and child mortality; and prevents disease outbreaks.[13] Integrated primary care delivered as part of a national community health strategy and supported by professionalized CHW programs has the potential to deliver quality, cost-effective healthcare and disease surveillance, producing a 10:1 return on investment.[14]

The Opportunity

Commitments and political will among national governments to advance community health are growing. The public sector, working together with trusted civil society partners, is poised for success in achieving quality, equitable, sustainable PHC. This work will require a multi-faceted approach, from the community level to the hallways of Ministries of Health (MOH) to the global sphere. The key to advancing progress will be simultaneously advancing the quality of healthcare for communities while also expanding equal access to affordable healthcare.

While the scale of the challenge looms large, the time for action is now. Global support for, and recognition of, the role of CHWs in advancing quality PHC has been growing over the last decade. The West African Ebola epidemic of 2014-2015 and the COVID-19 pandemic showed the world that gaps in healthcare systems anywhere pose serious cross-border threats everywhere. These pandemics also highlighted the critical need for strengthened community health delivery, in which CHWs integrated into strong primary care facilities can extend access to the people who need it most.

These global events and the resulting expanded support for PHC have been bolstered by evidence that skilled, supervised, salaried, and supplied CHWs deliver impact.[15]

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8   https://www.cia.gov/the-world-factbook/field/maternal-mortality-ratio/country-comparison/

9   https://www.cia.gov/the-world-factbook/field/infant-mortality-rate/country-comparison/

10   https://docs.google.com/document/d/1LmUrZjmQXz3LFnYzc_Pq36iTm1OXYQOE/edit

11   https://data.worldbank.org/indicator/SH.IMM.IDPT

12   https://apps.who.int/gho/data/view.main.80500?lang=en

13   https://pubmed.ncbi.nlm.nih.gov/30115074/

14   https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00751-9

15   https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00752-8

In the years since, there has been a growing movement advancing investment and support for PHC and the professionalization of CHWs. In 2018, the WHO published a new global guideline on health policy and system support to optimize CHW programs, calling for CHWs to be skilled, supervised, supplied, and salaried.[16] In 2019, the Community Health Impact Coalition (CHIC)—with Integrate Health (IH) among its founding members and CEO Jennifer Schechter on the Advisory Board—was created to collectively advocate for better design of community health systems.

This momentum is accelerating across Africa. Leading regional institutions, such as Africa Centers for Disease Control (ACDC), have amplified the call for greater recognition and remuneration of CHWs. In 2022, the Global Fund announced the launch of the Africa Frontline First Catalytic Fund to support CHWs and expand financing for community health across the continent.[17] In 2023, over 500 CHWs and representatives from governments, leading finance institutions, and non-governmental organizations (NGOs) gathered for the 3rd International CHW Symposium in Monrovia.[18]

As part of the 2020–2025 Roadmap, Togo is firmly committed to making UHC a reality in the country, relying heavily on the contribution of CHWs. It is in this context that during the month of August 2021, the Togolese government launched Wezou, a national support program for pregnant women and newborns delivered without financial barriers, realized thanks to the technical assistance of IH. In March 2023, a strategy for optimizing the practices of CHWs and Community Relays (CRs) in Togo was validated by the government, thus paving the way for the development of a pilot project to test the said strategy before scaling up its implementation in the coming years.

In recent years, the government of Guinea has undertaken reforms to strengthen the health system and improve health coverage in order to ensure the well-being of the Guinean population. In 2017, a National Community Health Policy was adopted. This policy emphasizes the financing of community health services, which must be covered mainly by the budget of local authorities supplied by grants from the central state, as well as by technical and financial partners. For the Guinean government, adequate and regular remuneration of CHWs and CRs is essential to guarantee their loyalty and the achievement of UHC results.

Despite this groundswell of support, there remains significant gaps between rhetoric and impact. Sustainable impact at scale can only be achieved through meaningful support for PHC and the adoption of integrated, professionalized CHW programs by national governments. Accompanying the public sector to deliver this change, particularly in countries with limited resources and less attention from the global health community, will be critical to translating community-led impact and global advocacy into sustainable, systemic change that will save lives and transform primary care for everyone, everywhere.

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16   https://www.who.int/publications/i/item/9789241550369

17   https://www.theglobalfund.org/en/news/2022/2022-08-08-catalytic-investment-to-improve-community-health-care-for-millions-across-africa/

18   https://chwsymposiumliberia2023.org/

Global Frameworks for Action

The global health ecosystem, including multilateral institutions, governments, development financing institutions, civil society organizations, private sector actors, and advocates, has come together around a range of movements and frameworks to align individual efforts and allow for collective action toward ambitious goals.

Launched in 2015, the Sustainable Development Goals (SDGs) aim to bring the global community together to build a greener, fairer, better world by 2030.[19] SDGs 3, 5, 13, and 17 are at the core of IH's mission, vision, and theory of change.

SDG 3.8 specifically calls for the global community to achieve UHC, including financial risk protection; access to quality essential healthcare services; and access to safe, effective, quality and affordable essential medicines and vaccines for all. SDG 5 calls for gender equality and the empowerment of women and girls. SDG 5.6 defines the global objective of achieving universal access to reproductive health and rights for women, highlighting how the global health agenda and the movement for gender equality are deeply intertwined. SDG 13 highlights the need to "take urgent action to combat climate change and its impacts." SDG 17 highlights the need for partnership and collaboration to achieve these ambitious objectives.

The global pandemics of the last decade, such as the West African Ebola Crisis of 2014–2015 and COVID-19, highlighted the interconnected nature of health, security, and economic interests around the world and resulted in a significant increased focus on Global Health Security (GHS) and Pandemic Preparedness and Response (PPR), which has become the unifying framework for coordinated global health action and a rationale for expanding budgets to prevent future pandemics. Both the GHS and PPR agendas require strengthening Health Human Resources (HHR), one of the six key health systems building blocks and part of the primary healthcare (PHC) agenda.

About Integrate Health

Mission and Vision

Integrate Health exists to make quality primary healthcare accessible to all. The orga-

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19   https://www.globalgoals.org/goals/

nization envisions a world where everyone, everywhere has access to quality health-care without financial constraints.

With nearly 20 years of experience, IH saves lives in the world's most underserved communities by integrating professional CHWs into a strengthened public health system. This powerful combination transforms lower-performing public health centers into life-saving centers of excellence. In Togo, IH has demonstrated the effectiveness of a community-based health system-strengthening program called the Integrated Primary Care Program (IPCP), with published results showing a 30% decrease in under-five child mortality rates in communities where this approach has been implemented over a period of six years.[20] This figure demonstrates a doubling of impact, compared to the 14% national reduction estimated over the same period.[21]

Approach

Community-Driven Innovation

IH's approach is grounded in the organization's community roots. Founded in Togo in 2004 as a community-owned, collaborative endeavor to deliver HIV care and reduce maternal and child mortality, IH has grown into a leading care provider thanks to the impact of its IPCP, developed and implemented in communities across the Bassar, Dankpen, Kéran, Binah, and Kozah districts in the Kara region of Togo.

The IPCP focuses on four key elements: (i) professional CHWs, (ii) clinical capacity-building through nurse and midwife peer-to-peer coaching, (iii) effective supply chain and infrastructure management, and (iv) user fee removal through subsidized point-of-care fees for pregnant women and children under five. IH also uses innovative data systems to monitor progress and evaluate impact, enabling the organization to report observed increases in healthcare coverage, health service utilization, and improved quality of service delivery attributable to its IPCP.

Community Health Workers

Trained, equipped, supervised and salaried Community Health Workers expand the reach of the healthcare system to patients' front door.

Clinical Capacity-Building

Mentored nurses and midwives in public health centers provide patients with high-quality healthcare.

Supply-chain Infrastructure

Trained pharmacists ensure patients have the medicines and health products they need when they need them.

User-Fee Removal

Removed point-of-care fees for pregnant women and children under five so even the poorest can access healthcare.

Partner to Government

Through a longstanding partnership with

20   https://publications.aap.org/pediatrics/article/148/3/e2020035493/181131/An-Integrated-Primary-Care-Initiative-for-Child

21   https://publications.aap.org/pediatrics/article/148/3/e2020035493/181131/An-Integrated-Primary-Care-Initiative-for-Child?autologincheck=redirected

Togo's Ministry of Health (MOH), IH has supported the strengthening of national UHC and CHW policies and practices. IH's 2020–2023 Strategic Plan, "Laying the Foundation for Universal Health Coverage in Togo," created a roadmap for the organization to impact three key levers of change necessary to drive community health system reform at the national level: (1) strong implementation, (2) effective policy, and (3) sustainable financing flowing through government.

Today, Togo's National Strategic Plan for Community-Based Intervention (PSN IBC) 2021–2025[22], the country's "Roadmap 2025," and the national maternal health Wezou program are aligned with IH's programmatic principles for quality community healthcare delivery.

Expanding Our Reach

To date, IH's strategy has been sharply focused on delivering care, advancing effective policy, and strengthening community health financing in Togo. During its presence in Togo, IH has successfully expanded the reach of its IPCP, moving from population coverage of 30,000 to 120,000. IH will continue to scale its IPCP through government-led implementation in Togo, while expanding its operations to a second country and increasingly stepping up to play a leadership role in the global sphere.

In 2021, the MOH of Guinea invited IH to expand its activities into the country, partnering to fill critical gaps in community health system implementation and advance the government's commitment to UHC. In close collaboration with the MOH, IH is working to pilot the IPCP model in Guinea, integrating CHWs and CRs with improved care in public health centers and bringing crucial health services to a population of over 100,000 in the five rural communes of the Kouroussa district (Babila, Banfélé, Douako, Kiniéro, and Kansereya) with lowest health indicators. IH's objective is to demonstrate a viable approach for the Guinean government to strengthen the implementation of its community health strategy.

At the global level, IH has increased its engagement in key global networks that have the potential to amplify its impact, including The Alliance for Gender Equality and UHC and the WHO Civil Society Commission. In 2019, IH joined forces with a group of peer organizations who share values and commitment to advancing evidence-based best practice in community health, including Amani Global Works, Last Mile Health, Muso, Partners in Health, and Possible to form CHIC. As a CHIC co-founder and member of the Coalition›s Advisory Board, IH plays a key leadership role in advancing the global movement for professionalized CHWs and translating the organization's community-led innovations, expertise, and impact in Togo into global progress.

Values

Integrate Health's Values

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22   Plan strategique national des interventions à base communautaire (PSN IBC) 2021–2025

- **Efficacy**—IH strives for the greatest impact in everything it does because that is what its patients deserve.

- **Empowerment**—IH sets high expectations and gives people the tools they need to achieve success.

- **Transparency**—IH provides complete access to information and works hard to identify and address its weaknesses.

- **Commitment**—IH is fearless and unwavering in working towards its ambitious goals.

- **Respect**—IH considers its teams', employees', and patients' feelings, wishes, rights, and traditions.

- **Collaboration**—IH has never, and will never, go at it alone. Guided by its patients and alongside partner governments, IH works to transform the way healthcare is delivered.

Integrate Health's commitment to Diversity, Equity and Inclusion is enshrined in our Culture Code, included later in this plan.

Founding and History

IH was co-founded in 2004 by a community-based association of individuals living with HIV/AIDS, known as the Association Espoir pour Demain (AED-Lidaw), and a group of committed US Peace Corps volunteers, to address the critical need for HIV/AIDS care and treatment in northern Togo. Integrate Health co-founders, CEO Jennifer Schechter, Senior Advisor Kevin Fiori, Togo Country Director Christophe Gbeleou, and Togo Operations Director Elise Warga, have been collaborating since day one to advance IH's mission and vision. Over nearly two decades, IH's scope of impact has grown from a laser focus on delivering life-saving antiretroviral treatment (ART) to a small community, to a global organization partnering with national governments to achieve sustainable programmatic scale of effective PHC.

Unique Value Proposition

IH is committed to achieving global transformational change through collaboration with governments, communities, and global peer organizations. Together, we can achieve maximum impact. Our organization brings unique experience and perspective to these collaborations, as well as a proven track record, driven by our organizational identity, purpose, and positioning to achieve progress. So what makes IH unique?

Primarily Women-Led, Community-Driven, and Committed to Diversity, Equity, and Inclusion

From day one, IH's commitment to gender equity—seen at every level of our organization from the CEO and 70% female Board of Directors to the staff and CHWs who lead the team—and community-leadership have been core to achieving the organization's mission. As IH continues to grow its footprint in Guinea and beyond, the organization remains committed to ensuring that community members and leaders are at the center of operations and strategy. IH believes that solutions to global health challenges will be inspired and led by communities.

IH stands in solidarity with community members, activists, grassroots organizations, friends, and family who are fighting for justice. The organization is committed to dismantling systems of power that perpetuate racism, gender discrimination, neo-colonialism, classism, or any other perpetuation of inequality, and to rebuilding systems that diffuse power, promote collectivity, and contribute to the betterment of all. As the global community strives to "decolonize global health," IH has doubled down on its own efforts to advance diversity, equity, and inclusion (DEI) by engaging in proactive reflection and internal action to operationalize the organization's values as an anti-racist, anti-sexist, anti-neocolonial, pro-justice, and pro-equity organization through the definition of a culture code and an ongoing check-list of actions.

Integrate Health's Culture Code

At Integrate Health, we believe that by working closely with governments and communities, better quality primary health care can be made available to all.

We know that millions of people, mostly women and children, face health disparities and die from preventable and treatable diseases, and we believe that the systems must be transformed through collective action.

At Integrate Health, we aspire to be an organization that serves people who need quality, equitable, accessible, and effective healthcare.

In order to build this organization, we must ensure that we advocate for an internal environment that is respectful and inclusive of all people who work with us.

We believe there is power in the integration of peoples, genders, ethnicities, classes, religions, and nationalities working together to carry out our mission of making quality primary healthcare accessible to all. This collaboration of diverse voices is at the heart of who we are internally and who we strive to be externally.

We build this organization by recognizing that we are not saviors and that we do not have all the answers or solutions to the problems. We must be humble, transparent, and committed in our efforts to transform the international development sector. We believe our role is to provide the tools that can help the people we serve make the best health decisions to improve their lives. We believe that the people closest to the problems are also closest to the solutions: hence the involvement of women and Community Health Workers who are at the forefront of our efforts.

Leaders recognize their important roles in leading and promoting a diverse, equitable, and inclusive culture within Integrate Health. This means that leaders agree to use their positions to be active agents of change to combat all forms of racism, discrimination, harassment, microaggressions, and retaliation. IH leaders acknowledge that the international development system in which Integrate Health operates has inherent inequalities that have prioritized Western values, people, and ideas over the needs of the communities that we serve, and this must change. IH leadership commits to a reimagined development space where colonial thinking is outdated and where inclusivity is promoted and celebrated.

Leadership is committed to being honest and transparent about the diversity, equity, and inclusion process within the organization.
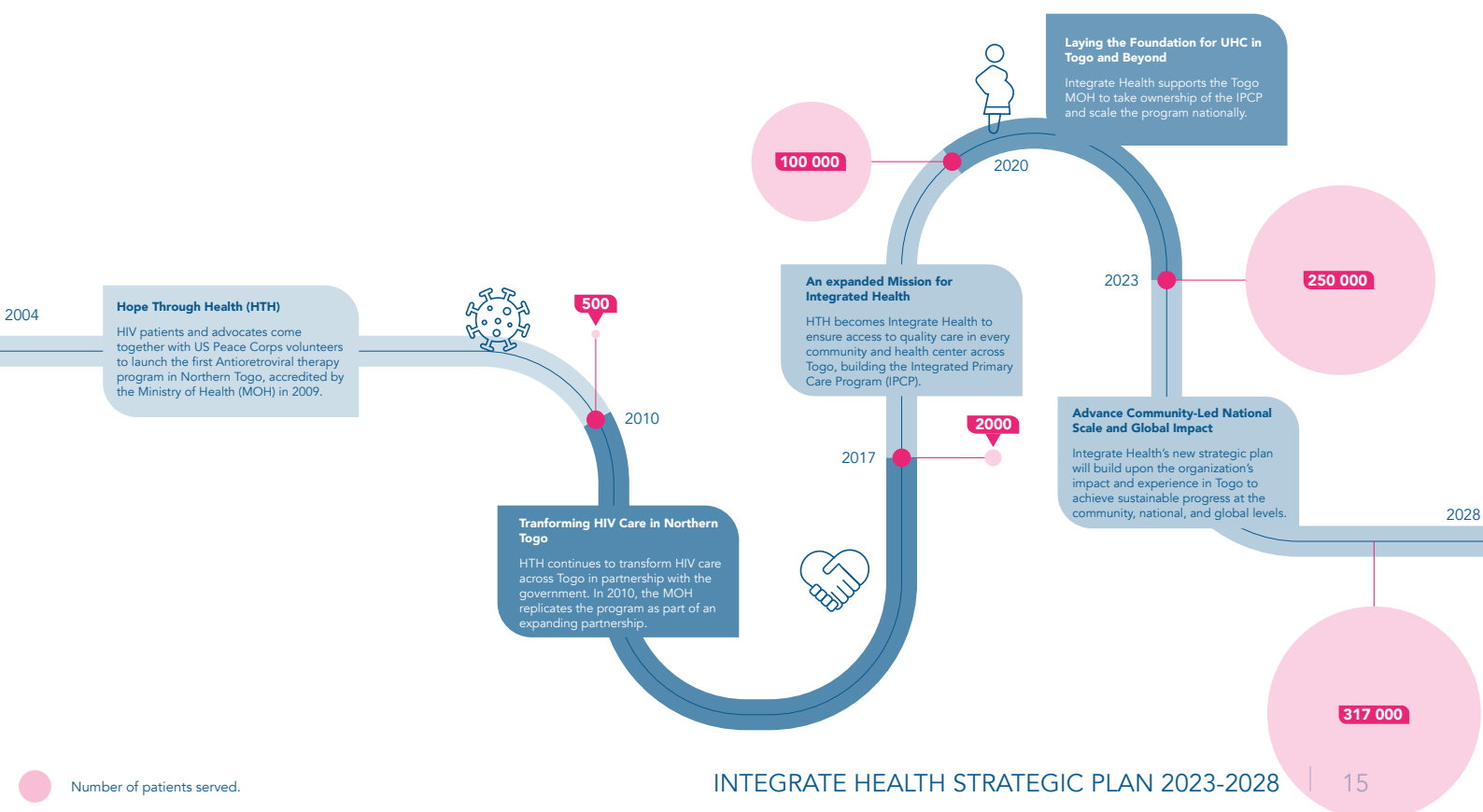
Focused on Francophone West Africa

IH is committed to advancing progress in countries left off the map by international organizations and development funders. Although global movements for UHC, PHC, and CHWs are beginning to bolster increased financing for community health, countries such as Togo and Guinea remain under-invested. While some countries in SSA are home to a crowded and growing field of NGOs providing support and technical assistance to MOHs, Francophone countries in Africa are often deprioritized. In countries facing some of the most challenging burdens of disease in the region, governments have limited budgets, capacity, and technical support.

These circumstances make these settings particularly challenging places to advance progress, but they also present the opportunity to achieve outsized impact. Building on IH's experience supporting the government of Togo to advance a national community health program and on our burgeoning partnership with the MOH of Guinea, IH is doubling down on its commitment to Francophone West Africa and is well equipped to transform existing national commitments and momentum to advance PHC reforms, as well as governments' openness to partnership with innovators such as IH, into accelerated action.

Poised to Accelerate Progress

IH's operational strength and impact in Togo have paved the way for the organization's expanding mandate. At each phase of IH's history, the organization's leadership team has set ambitious goals to disrupt the status quo, achieve impact, and save lives (see Figure 1).

Figure 1. Integrate Health's Evolution of Impact

Hope Through Health (HTH)
HIV patients and advocates come together with US Peace Corps volunteers to launch the first Antioretroviral therapy program in Northern Togo, accredited by the Ministry of Health (MOH) in 2009.

2004

500

2010

Tranforming HIV Care in Northern Togo
HTH continues to transform HIV care across Togo in partnership with the government. In 2010, the MOH replicates the program as part of an expanding partnership.

An expanded Mission for Integrated Health
HTH becomes Integrate Health to ensure access to quality care in every community and health center across Togo, building the Integrated Primary Care Program (IPCP).

2017

2000

Laying the Foundation for UHC in Togo and Beyond
Integrate Health supports the Togo MOH to take ownership of the IPCP and scale the program nationally.

100 000

2020

2023

250 000

Advance Community-Led National Scale and Global Impact
Integrate Health's new strategic plan will build upon the organization's impact and experience in Togo to achieve sustainable progress at the community, national, and global levels.

2028

317 000

Number of patients served.

Building on 20 years of experience advancing progress, grounded in a strong set of organizational values, IH is ready to move into a new phase that will deliver exponential growth in our impact at the community, national, and global levels.

Integrate Health's Strategy (2023–2028)

Overview

Building on our rich experience and the opportunity to expand IH's impact, our organization has developed an ambitious roadmap to guide the next five years of our journey. Grounded in IH's community ownership, with an expanded mandate to advance progress toward strong community health systems across Francophone West Africa, IH's Strategic Plan for 2023–2028 is built upon the following pillars:

1. Deliver innovations and demonstrate impact

2. Accompany national governments

3. Cultivate a catalytic global ecosystem for community health

4. Build a strong and equitable organization

It is grounded in a robust, evidence-based Theory of Change (TOC) and a structured strategic planning process. The strategic planning process was carried out in three phases, including extensive global, national, and local partner and stakeholder consultations,[23] a staff survey, and a series of internal staff and leadership workshops. This participatory process was supported by an internal commission consisting of IH staff members from all levels of the organization, including a CHW representative, who supported each stage of the strategy development process.

IH's five-year strategic plan seeks to position the organization to take on new challeng-

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23   Consultations included semi-structured interviews and focus groups with global donors, technical partners, international experts, local community village chiefs, traditional practitioners, CHWs, and regional and national government representatives, as well as IH leadership, staff, and members of the Advisory Board.

es as a leader and knowledge broker in community health at the global level and augment its capacity to act as a trusted technical partner to governments, while enhancing access to quality primary healthcare services for more people at the community level.

The following sections of the strategy detail the TOC and its various components, including the four key strategic pillars, associated strategic objectives, expected outcomes, and anticipated impact, as well as key assumptions and enabling factors underpinning the TOC. The strategy concludes by outlining anticipated risks and mitigation strategies.

Scope of Impact—What's New in This Strategy?

Over the next five years, IH seeks to support broadened access to national, government-owned, quality PHC, underpinned by community needs, and supported by a catalytic global ecosystem. To do so, IH will continue to test innovative approaches to augment the reach and impact of its IPCP, while building on its expertise and lessons learned to date through expanded operations focused on a clear mandate, which will allow the organization to deliver outsized impact. IH's scope will expand: (i) demographically, (ii) geographically, and (iii) programmatically.

Who?

IH will expand the provision of community-based PHC services beyond children under the age of five years, women of childbearing age, and people living with HIV to also include adolescents. Expansion to this demographic group is grounded in the fact that youth represent the fastest growing population group in SSA, with 70% of the population in this region under the age of 30.[24] A focus on this demographic group not only represents a significant expansion of IH's IPCP across the life course, but also acts as a significant catalyst for growth in the region by empowering young people to lead social and economic development grounded in good health.

Where?

IH will maintain a sharp geographical focus on and deep organizational commitment to Francophone West Africa, taking into account population needs, countries' visibility, and the region's voice in global forums. IH's geographic focus represents a strategic decision to avoid overcrowding in community healthcare delivery, which may occur in other countries with higher levels of global visibility, donor attention, and bilateral and multilateral aid.

In Togo, IH will continue to enhance and deliver its IPCP program while providing targeted technical assistance to the government to strengthen national community health policies, financing, and program alignment. Leveraging its lessons learned in

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24   United Nations (2022). Young people's potential, the key to Africa's sustainable development. Accessible at: <https://www.un.org/ohrlls/news/young-people%E2%80%99s-potential-key-africa%E2%80%99s-sustainable-development>

Togo, IH will lead operational expansion to Guinea and will remain open to invitations to support a third country in Francophone West Africa by 2028, pending strategic alignment and financing availability.

What?

At the community level, IH will act as a service provider, focusing on piloting and testing new primary healthcare innovations, measuring their impact, and documenting and sharing best practices for dissemination. In this way, IH sites serve as "innovation hubs" or "learning labs" for governments, supporting community-based, person-centered PHC strengthening. Through this work, IH will build on the existing public primary healthcare system and continuum of care pathways.

At national levels, IH will play a key role as a technical partner to governments. In line with national health priorities, strategies, and policies, including those related to achieving UHC and national HSS, IH will accompany governments by sharing its technical expertise, evidence, best practices, and data to build capacity as well as test and identify sustainable health financing mechanisms for community health.

At a global level, IH will act as an advocate, enhancing the visibility of population and community health needs in global forums and policy dialogues as a means of drawing increased political attention and prioritization to, as well as resource mobilization for, community-based PHC in Francophone West Africa.

Across community, national, and global spheres, IH will play a role as a knowledge broker and strategic partnership builder, grounded in its local expertise and impact achieved to date and leveraging membership and active participation in existing networks and coalitions.

As a knowledge broker, IH will facilitate the bidirectional flow of information, best practices, and evidence across local, national, and global levels, ensuring global and national discussions are underpinned by local needs and knowledge, while using best practices and data generated across IH-supported sites to strengthen policies, practices, and operations impacting community health.

As a strategic partner to government, IH will build on the organization's strategic and technical expertise to elevate community health priorities with leading global health donors and in relevant fora. This will enable IH to support government priorities and expand national opportunities to advance community health-strengthening agendas, within the context of current fiscal limitations.

In these roles, IH will seek to strengthen the global ecosystem to support PHC across its countries and in Francophone West Africa as a whole. It will also increase the relevance of its work, and of PHC and the importance of focusing on Francophone West Africa more broadly, relative to broader global public health political priorities such as HSS, GHS, PPR, and UHC. In addition, IH will focus on the integration of issues relevant to achieving the SDGs, including gender equity, climate justice, community ownership, and information and communication technology (ICT).

Theory of Change

IH's expanded scope, refined mandate, and commitment to a systems approach to ultimately advancing sustainable, government-owned PHC programs is represented in its TOC. Driven by a sharp focus on impact and beneficiary accountability, IH's TOC builds on its unique organizational value add, expertise, and accomplishments to date. Grounded in IH's mission to make quality primary healthcare accessible to all and its aspiration to move towards a world where everyone everywhere has access to quality healthcare without financial hardship, IH's TOC provides an impact-driven framework for conceptualizing, planning, and implementing its strategic objectives and operational activities over the next five years, while accounting for important changing global trends and beneficiary needs.

The TOC is composed of various components necessary to drive the organization's mission and vision forward, including four strategic pillars, associated strategic objectives and expected outcomes, and their anticipated resulting impact across four levels of influence. The TOC also accounts for the impact of three prioritized cross-cutting themes namely community ownership; gender and climate change; and technology, innovation, and communication, each of which is expected to impact the organization's strategic direction and ability to deliver on impact across its four strategic pillars. Figure 2 below provides a pictorial representation of IH's TOC. Each of its components is delineated in specific detail in the following sections.

Figure 2. Integrate Health's Theory of Change 2023–2028 (see Apendix 1

Integrate Health's Strategic Pillars

IH's TOC is composed of four strategic pillars, operating across four levels of influence: community, national, global, and organizational.

Strategic Pillar 1: Deliver Innovation and Demonstrate Impact

The first strategic pillar, Deliver innovation and demonstrate impact, focuses on direct action at the community level. It seeks to generate an innovative community health approach that demonstrates transformative impact, grounded in community needs. This strategic pillar includes two strategic objectives and associated expected outcomes.

Objectives	Outcomes	Impact
Introduce innovations in primary healthcare in Togo, Guinea, and a third country by 2028	Hardest to reach communities benefit from quality primary healthcare in three countries	An innovative community health approach demonstrating impact
Promote research and a learning culture to support continuous improvement and demonstrate program impact	A solid evidence base demonstrating the impact of the IPCP model in three countries	

The first strategic objective focuses on testing innovative approaches to community-based PHC through IH's innovation lab sites to inform and strengthen the implementation of PHC in Togo and Guinea, as well as in a third country by 2028. Activities associated with this strategic objective will enable access to affordable, quality primary healthcare for some of the hardest-to-reach populations across these three countries.

The second objective focuses on promoting research and a culture of learning in order to support continuous improvement in healthcare delivery and demonstrate impact of the innovative approaches tested. Together, activities supporting the implementation of this strategic objective will generate a solid base of evidence to demonstrate the impact of the IPCP model and of new innovations in PHC delivery, across IH's three countries of operation. Promoting innovative approaches and retaining direct implementation innovation sites affords IH and governments real-time "labs" in which to introduce and test new innovations. These sites also inform IH of the practical realities and challenges that are inherent in implementing new policies and practices. This direct experience gives IH credibility and informs its national accompaniment and global advocacy efforts.

Strategic Pillar 2: Accompany National Governments

The second strategic pillar, Accompany national governments, focuses on direct influence at the national level. Recognizing that governments hold the mandate to ensure population-level health and provide the pathway to national scale, IH seeks to advance the adoption and innovation of evidence-based best practices that will lead to sustainable government-led community-based PHC delivered across IH's three countries of operation, grounded in national priorities and accounting for limited domestic resources. This strategic pillar includes three strategic objectives and associated expected outcomes.

Objectives	Outcomes	Impact
Provide capacity-building support to governments to achieve national health goals	Evidence-based national community health policies and strategies are adopted and implemented	Sustainable government-led community health programs across three countries
Provide technical assistance to governments for cost and impact assessment to ensure sustainable health financing	Adequate primary healthcare financing including at community level, through national health budgets	
Play a leading role in stakeholder coalitions to strengthen political support and advocacy	Collective national advocacy efforts support CHW professionalization	

Acknowledging the stark gap between governments' stated national health outcomes and current progress, especially in the countries where IH works, the first strategic objective focuses on providing capacity-building of governments in order to achieve national health goals. Capacity-building can be conceptualized as the process of developing and strengthening the skills, processes, and resources[25] that governments require to strengthen primary healthcare and achieve UHC. This includes strengthening public health sector capacity across all six health system building blocks: service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership and governance.[26] IH will work closely with partner governments to build capacity, grounded in country-specific needs and tied to the strengthening of PHC policies and practices. Activities associated with this strategic objective will support the formulation, adoption, and implementation of national community health policies and strategies grounded in evidence-based best practices.

The second objective acknowledges the resource constraints present in the contexts where IH works and focuses on providing technical assistance to governments to

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25   https://www.un.org/en/academic-impact/capacity-building
26   https://extranet.who.int/nhptool/BuildingBlock.aspx

strengthen health financing, including resource mobilization, revenue raising, fund pooling, and resource (re)allocation.[27] Together, activities supporting the implementation of this strategic objective will enable effective and sustainable national PHC financing, including earmarked funds for community and primary health in national healthcare budgets, and will include cost and impact assessments.

Finally, the third strategic objective included under this pillar acknowledges that system change must be achieved through collective action underpinned by political will. This objective aims to position IH as a leader in national coalitions of partners and stakeholders working together to augment political awareness, understanding, and ownership relative to the pivotal role of CHW professionalization as a fundamental component of a functional primary healthcare system. Activities conducted under this strategic objective are expected to result in collective national advocacy efforts aimed at advancing the institutionalization of professional CHWs and providing adequate support to this section of the healthcare workforce.

Strategic Pillar 3: Cultivate a catalytic global ecosystem for community health

The third strategic pillar, Cultivate a catalytic global ecosystem for community health, focuses on indirect influence at the global level. It seeks to enhance global support and funding for community health in Francophone West Africa, drawing on IH's unique strengths and expertise. This strategic pillar includes two strategic objectives and associated expected outcomes.

Objectives	Outcomes	Impact
Disseminate evidence-based findings grounded in IH's approach and experience	Action for community health by donors and international actors is grounded in a solid evidence base	Increased global support and funding for community health
Play a leadership role in global coalitions and develop the partnerships necessary to advance policy and funding for community health	Strengthened policies and financing mechanisms for community health across IH's three countries of operation	

The first strategic objective focuses on sharing results based on IH's evidence-based approach and experiences. Activities associated with this strategic objective will ensure that global donors and actors are equipped to make evidence-informed decisions in the area of community health.

The second objective focuses on playing a leadership role in global coalitions to advance policy and funding for community health. Together, activities supporting the implementation of this strategic objective will support evidence-informed improvements in community health policy and financing across IH's three countries of operations.

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27   https://www.who.int/health-topics/health-financing#tab=tab_1

Strategic Pillar 4: Build a strong and equitable organization

IH's ability to deliver impact through its strategic objectives relies on core operational strength, a committed and supported team, and organizational commitment to values. IH is driven by impact and believes it can be best achieved through the integration of peoples of all genders, ethnicities, classes, religions, and nationalities working together through a collaboration of diverse voices being heard and treated equitably. At this critical moment when IH has the opportunity to expand its reach, it is more important than ever to ensure that the people and systems who will be delivering IH's strategy are respected, equipped, and meaningfully supported to meet this moment.

The fourth strategic pillar, Build a strong and equitable organization, focuses on improvements and changes at the organizational level. It seeks to ensure that IH values are exemplified across its strategy and that IH has the capacity, organizational culture, and necessary resources to achieve results.

Objectives	Outcomes	Impact
Strengthen structural, organizational, and operational capacities	A strong organization equipped to support a multi-country operation at scale	Integrate Health has the capacity, organizational culture, and necessary resources to achieve results.
Promote a culture of diversity, equity, and inclusion across all organizational levels	Organizational actions are aligned with IH's values	
Diversify and expand IH's funding sources	Sufficient and sustainable funding levels to implement IH's strategy	

This strategic pillar includes three strategic objectives and associated expected outcomes.

The first strategic objective focuses on strengthening the organization's structural, organizational, and operational capacities with the goal of supporting the expanded team and growing multi-country operations required to achieve IH's scale objectives. Building on IH's own experiences managing operational growth to date, as well as lessons learned from peer organizations that have transitioned from single-country operations to global entities, effective change management will be at the core of delivering this objective.

IH's success to date would not be possible without the organization's powerful and positive team culture, which places high value on respect and inclusion for every member of the team. The second objective focuses on continuing to promote a culture of diversity, equity, and inclusion across all levels of the organization, ensuring that practices are consistent with IH's stated values. This will be particularly important as IH expands to include team members across three countries of operation.

Finally, the third strategic objective included under this pillar aims to diversify and expand IH's funding sources. The organization's ability to deliver this strategy is contingent on financial security and a growing portfolio of partners committed to supporting IH's expanded scope. Activities conducted under this strategic objective are expected to result in sufficient funding levels to implement IH's five-year strategy during the 2023–2028 period and beyond.

Cross-Cutting Themes

The following thematic areas are central to IH's model and will be integrated across all four strategic pillars.

Community Ownership

Far too often in international development, strategies and solutions are developed as a "one size fits all," divorced from the communities they intend to serve and the challenges they aim to solve. IH flips that paradigm on its head.

Community voices drive IH's vision, mission, and activities. As IH expands its reach beyond the community level, maintaining the community leadership, which is the heart of the organization's identity and responsible for IH's impact, will be a core component of each new strategic pillar. For example, IH will foster space for close engagement and ongoing dialogue with local communities, partners, and actors, grounding organizational decisions in local needs, developing solutions fit to address the unique contextual challenges of the countries it works in, and elevating the voices of local communities across national and global stages.

Gender Equity and Climate Change

Gaps in equal representation of women and men continue to exist across the healthcare sector, from those working with patients on the ground to national health leadership and political representation. Gender-responsive budgeting also remains limited across countries, pivotal in the healthcare sector. Issues such as job loss, sexual harassment and abuse, and lack of autonomy over sexual and reproductive healthcare decisions also continue to disproportionately affect women. IH believes in the right of people everywhere to equal opportunities regardless of gender. Globally, 70% of the healthcare workforce is made up of women. Meanwhile women CHWs, particularly those in low- and middle-income countries, are less likely to receive remuneration than their male counterparts.

Climate change impacts such as rising CO_2 emissions and global temperatures are closely interlinked with social and environmental determinants of health, such as clean air, safe drinking water, sufficient food, and safe shelter.[28] According to WHO, climate change is expected to cause 250,000 additional deaths per year from malnutrition,

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28   https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

malaria, and diarrhea by 2050.[29] These challenges will disproportionately impact Francophone West Africa, which will both be one the hardest-hit regions in terms of thermal stress and the least equipped to respond due to weak health infrastructure. As such, gender equity and climate justice are inextricably linked to health.[30]

Addressing these dual challenges as part of every aspect of IH's strategic plan will be critical to achieving its mission. To accomplish this, IH will apply a gender and climate lens across all objectives at the community, national, and global levels to prevent, mitigate, and address these issues as parts of its programming. IH first applies a gender and climate lens to the organization, examining who is represented and meaningful participates in decision-making at all levels of our organization, and how we are measuring, mitigating, and offsetting our organization's carbon footprint. IH also applies a gender and climate lens to how we work, ensuring data is disaggregated by gender, policies are accounting for gender equity and climate impact, and partnerships leverage complimentary expertise. IH's focus on community health sits at the heart of the intersection of health, gender, and climate, working with communities and in geographies that are most disproportionately impacted by all three issues. This creates an opportunity for IH to have an outsized impact by integrating gender and climate into our health work.

Technology, Innovation, and Communication

The COVID-19 pandemic demonstrated the importance of digital technology, innovation, and communication in ensuring healthcare service continuity and its pivotal role in health system-strengthening and health emergency response. Moreover, digital technology, innovation, and communication represent important cornerstones to improving cost efficiency and healthcare service effectiveness in resource-limited settings. This may include connecting rural and remote communities to health education and services, delivering medicines and medical supplies to communities off-the-grid, supporting healthcare workforce capacitation, or ensuring data-driven healthcare delivery.

IH's experience shows that maintaining best practices in community health requires constant learning. As such, the organization strives to be continuously responsive and innovative in delivering the highest quality of care at the community level, and advancing proven models for impact at the national and global levels. Technology, such as mHealth applications, provides vital tools to enhance IH direct program delivery and create opportunities to strengthen national systems at scale. IH will leverage technology to facilitate the work of CHWs, CHW supervisors, and mentors; to improve data quality; and to support the government to improve the national health information system.

Technology can also enable monitoring, evaluation, research, and learning (MERL); drive innovation; and support meaningful communication. Effective utilization of ICT in the organization's internal operations will also be critical to improving internal and ex-

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29   https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

30   https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Climate%20change%20affects%20the%20social,malaria%2C%20diarrhoea%20and%20heat%20stress.

ternal communication and team collaboration. Further integrating ICT solutions in the monitoring and evaluation processes will facilitate data collection, validation, storage, analysis and visualization, and dissemination, and will increase the scale of the evaluations and ease implementation burdens. This will also allow IH to reduce costs and time, improve data validity, and build ownership and participation of staff members and partners.

To achieve these goals over the next five years, IH will need to ensure the development or selection of adequate software for administrative management within IH as well as establish an IT system and policy according to the organization's strategic objectives. This may include the development of a digitalized and centralized MERL system.

The use of innovative technology facilitates communication. IH will place an emphasis on developing and advancing strong communication practices across the community, national, and global levels. This strategy will aim to systematically document best practices and lessons learned and share this information with partners to inform uptake and scale.

Assumptions and Enablers

IH's TOC is built upon a set of assumptions (the necessary conditions for change, or the underlying conditions or resources that need to exist for planned change to occur) and enablers (conditions or factors that need to be present to allow an organization's work to succeed). These must hold true in order for IH to deliver on its mission and achieve its intended impact.

Assumptions

- Political Will—The first assumption is that political will remains sufficiently strong in Togo in order for IH to continue delivering its IPCP model as well as in other countries where it will scale its activities (e.g., Guinea). Political will includes the national and regional governments' commitment and interest in partnering with IH to augment access to affordable, quality community health for children, adolescents, and women of childbearing age, including its willingness to uptake IH's technical expertise and to collaborate with the organization to further the implementation and achievement of relevant national health priorities. Political will also includes national governments' commitment to the professionalization of CHWs and the allocation of national health budget to support the implementation of community health programs.

- Organizational Resilience and Agility—A second assumption relates to IH's capacity to build and maintain organizational resilience. This concept refers to an organization's ability to anticipate, prepare for, respond to, and adapt to incremental change and sudden disruptions in order to survive, prosper, learn, and grow. This involves the capacity to rapidly assess risks and challenges, reorient the organization's strategic direction, and identify in real time what is working

and what is not. It requires a dynamic, innovative organizational culture and mindset, spearheaded by strong, adaptable, and foresightful leadership, united around common values, goals, and ethos. Importantly, it necessitates an organizational ability to reframe crises as opportunities, build upon a culture of trust and employee ownership and empowerment, communicate clearly and share knowledge, foster self-sufficient and accountable teams, and innovate from the bottom up. It also requires data-informed and agile decision-making processes designed to test, learn, and adjust in the face of complex challenges.

• Replicability, Adaptability, and Scalability—This Strategic Plan is built upon the assumption that IH's model can be replicated and scaled, in its entirety or through a combination of its components, across other settings and contexts (e.g., countries, communities, across urban and rural settings) in a manner that is both feasible and financially sustainable. It also assumes that IH's model can be adapted to the needs of populations beyond Togo and Guinea, as well as to the changing needs of communities within the districts in which IH currently operates, accounting for social, economic, and cultural specificities.

Enablers

There are two broad types of enablers: (i) internal enablers that need to exist within an organization for the TOC to work and are mostly within the organization's control, (ii) external enablers describing the context in which an organization works, usually beyond the organization's control. The subsequent sections outline relevant internal and external enablers and how these will be accounted for within the context of IH's five-year strategic plan (2023–2028).

Internal enablers

Internal enablers are directly relevant to IH's capacity to build a strong and equitable organization (strategic pillar 4) and achieve associated strategic objectives, namely (i) strengthening structural, organizational, and operational capacities and (ii) promoting a DEI culture across all levels of the organization. These enablers include clear decision-making structures; staff satisfaction and ownership; trusting relationships; and clear communication processes between IH teams, between the Global Support Staff, country staff, and CHWs, as well as between IH and local and national communities and partners.

Other relevant internal enablers include the hiring and retention of talent required to ensure the effective scaling of IH's operations and activities to additional countries (including equitable and fair remuneration and safe working conditions), the creation of learning and development opportunities and leadership pathways across all levels of the organization, the creation of adequate employee training and capacity-building programs, the integration of transformational DEI principles across its workforce, and the safeguarding of its workforce's mental health, safety, and wellbeing.

The strengthening of internal systems will also be critical to IH's future capacity to absorb new funding, particularly funds from major donors such as USAID, which have strict organizational requirements for grantees. The activities prioritized through Strategic Pillar 4, as well as those of the cross-cutting focus on ICT, will not only ensure

stronger organizational efficiency, but will also open doors for new financial opportunities and growth.

External enablers

External enablers affect IH's capacity, directly or indirectly, to achieve its organizational objectives across all four of its strategic pillars. These enablers include (i) sufficient organizational funding and (ii) building the required political will to enable IH to build the capacity to support the implementation of its strategy between 2023–2028 (and beyond), including to deliver on its strategic objectives, achieve its expected outcomes, and implement its planned activities. Both of these enablers are directly related to IH's capacity to build a strong and equitable organization (strategic pillar 4), and indirectly supports IH's ability to deliver innovations and demonstrate impact (strategic pillar 1), effectively accompany government (strategic pillar 2), and cultivate a catalytic global ecosystem for community health (strategic pillar 3). Mobilizing adequate resources may include mobilizing sufficient financial resources and diversifying IH's donor pool, as well as developing targeted, synergistic partnerships to leverage in-kind capacity or pool funding across local, national, and global partners. Building political will at country level may involve developing and implementing a robust advocacy and government engagement strategy, including political awareness campaigns, as well as building, leading, and participating in coalitions of like-minded actors.

Strategic partnerships will enable IH both to diversify its funding base while identifying areas where it can generate a complementary impact across sectors and to strengthen its healthcare service delivery capacity, directly impacting all of its strategic pillars. To date, IH's funding has been primarily cultivated through philanthropic sources. As the organization expands its scope and global leadership, there will be increased opportunity to explore collaborations with large donors committed to advancing PHC (e.g., USAID, Global Fund, Gavi, the Gates Foundation, etc.), as well as private sector actors with aligned interests. This could include partnerships with digital companies to support the adoption and mainstreaming of appropriate technologies to augment the efficacy of its internal processes and external service delivery activities, with pharmaceutical, medical device, and equipment companies to prevent medicines stock-outs and build a reliable supply chain, or with logistics companies to ensure efficient and timely delivery of medicines, medical devices, and information and communication technologies. Furthermore, as IH seeks to elevate the global and political impact of its research and innovations, partnerships with academic and think tanks could provide valuable expertise and visibility.

Monitoring and Mitigating Risks

Risk monitoring and mitigation is an important function to ensure that IH delivers on its strategic objectives and achieves its anticipated impact in order to achieve its overall mission. Four broad risk categories are relevant to IH: strategic, operational, financial, and environmental. While strategic, operational, and financial risks are largely within IH's control, environmental risks are not.

Strategic risks include issues associated with the organization's strategy, leadership's capacity to deliver on that strategy, and the strategy's overall feasibility. Operational risks occur when the organization's day-to-day activities threaten to impact its ability to deliver on its mission and strategic targets. These risks may include those associated with human resources (e.g., talent recruitment, management, and retention, workplace mental health and safety, leadership succession planning, organizational decision-making pathways, and management structures), equipment (e.g., diagnostics, medicines, health products stock-outs and faulty equipment, unreliable or unsafe means of transportation), and infrastructure (e.g., lack of medical facilities, electricity, or access to safe water).

Financial risks may include insufficient organizational funding, financial mismanagement and/or organizational corruption, and lack of financial transparency and regulatory compliance. Environmental risks include national political stability and governance, health security or climate change threats, conflict and/or war, or economic and social crises.

Factors both internal and external to the organization influence the likelihood and impact severity of these risks and IH's capacity to predict and mitigate them. While some internal and external factors may be within IH's sphere of influence (e.g., duration and quality of CHW training), others may not be (e.g., global economic crisis). Differing mitigation strategies will need to be adopted accordingly. The table in Appendix 3 outlines the main risk categories relevant to IH, distinct risks within each category, the locus of these risks (i.e., internal or external to IH), their sphere of influence (i.e., whether each risk is within IH's control) as well as associated risk mitigation strategies.

Financing Impact

IH aims to mobilize $80 million over five years to reach nearly one million people through this ambitious strategy. IH's annual operating budget will grow from $9 million to $19 million.

While subject to change, and with annual budgets contingent on Board approval, the FY24–28 budget accounts for the following projected growth:

- Support for Togo government community health pilot for FY24–25 in the Anié district, with possibility to scale full RSS-BC program in FY26,

- Begin exploration of a third country in FY25 and launch service delivery in FY27,

- Expansion to a second district in Guinea in FY26,

- Construction of Le Centre Vert starting in FY24 and continuing through FY25,

- Program expenditure to remain 85% of total expenditure, general and admin expenditure to remain at roughly 8%, and fundraising to remain at roughly 7%,

- Proportion of funds spent in West Africa to continue to increase.

IH will continue to diversify its funding base, while retaining a strong core of philanthropic partners, in order to position the organization for long-term success.

Figure 3. FY23–FY28 Budgets

Revenue and Gains

Revenue and Gains	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Total (FY24-28)
Grants	$10,017,765	$13,686,841	$13,356,254	$15,007,310	$17,720,546	$19,154,389	$78,925,340
Individual	$176,000	$200,00	$200,00	$200,00	$200,00	$200,00	$1,000,000
In-Kind	$0	$25,000	$25,000	$25,000	$25,000	$25,000	$125,000
Interest & other income/ translation loss	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000	$100,000
Total Revenue	$10,293,765	$14,011,841	$13,681,254	$15,332,254	$18,045,546	$19,479,389	$80,550,340

Operating Budget

Operating Budget	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Total (FY24-28)
Programs	$7,020,211	$9,824,030	$9,562,677	$12,213,694	$14,872,886	$16,061,963	$62,535,250
Togo	$6,244,895	$7,420,593	$6,311,337	$6,387,889	$6,604,262	$6,877,877	$33,601,958
Guinea	$775,316	$2,403,437	$3,101,340	$4,975,805	$5,268,624	$5,484,086	$21,233,292
Third country	$0	$0	$150,000	$850,000	$3,000,000	$3,700,000	$7,700,000
General & Administrative	$986,358	$893,910	$938,606	$1,032,466	$1,238,960	$1,362,856	$5,466,797
Fundraising	$697,939	$799,405	$839,375	$1,007,251	$1,208,701	$1,329,571	$5,184,303
Total	**$8,704,507**	**$11,517,346**	**$11,340,658**	**$14,253,411**	**$17,320,546**	**$18,754,389**	**$73,186,350**

Capital Budget

Capital Budget	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	Total (FY24-28)
Le Centre Vert Construction	$165,000	$1,769495	$1,615,596	$353,899	-	-	$3,903,990

Functional Allocation of Operating Budget

Functional Allocation of Operating Budget	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Programs	80.7%	85.3%	84.3%	85.7%	85.9%	85.6%
General & Administrative	11.3%	7.8%	8.3%	7.2%	7.2%	7.3%
Fundraising	8.0%	6.9%	7.4%	7.1%	7.0%	7.1%

Indicator of Operating Budget

Indicator of Operating Budget	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Patients direclty served	210,340	328,019	336,540	579,055	708,985	727,406
Total cost per patient directly served	$41	$35	$34	$25	$24	$26
Pateitns served by IH-supported govt programs	104,636	560,775	1,381,456	1,530,384	1,792,443	2,279,668

Appendix 1: Theory of Change

		Strategic Pillars	Objectives	Outcomes	Impact
Direct Action	Community	Deliver innovation and demonstrate impact	Introduce innovations in primary healthcare in Togo, Guinea, and a third country by 2028	Hardest to reach communities benefit from quality primary healthcare in three countries	An innovative community health approach demonstrating impact
			Promote research and a learning culture to support continuous improvement and demonstrate program impact	A solid evidence base demonstrating the impact of the IPCP model in three countries	
Direct Influence	National	Accompany national governments	Provide capacity-building support to governments to achieve national health goals	Evidence-based national community health policies and strategies are adopted and implemented	Sustainable government-led community health programs across three countries
			Provide technical assistance to governments for cost and impact assessment to ensure sustainable health financing	Adequate primary healthcare financing including at community level, through national health budgets	
			Play a leading role in stakeholder coalitions to strengthen political support and advocacy	Collective national advocacy efforts support CHW professionalization	
Indirect Influence	Global	Cultivate a catalytic global ecosystem for community health	Disseminate evidence-based findings grounded in IH's approach and experience	Action for community health by donors and international actors is grounded in a solid evidence base	Increased global support and funding for community health
			Play a leadership role in global coalitions and develop the partnerships necessary to advance policy and funding for community health	Strengthened policies and financing mechanisms for community health across IH's three countries of operation	
	Organizational	Build a strong and equitable organization	Strengthen structural, organizational, and operational capacities	A strong organization equipped to support a multi-country operation at scale	Integrate Health has the capacity, organizational culture, and necessary resources to achieve results.
			Promote a culture of diversity, equity, and inclusion across all organizational levels	Organizational actions are aligned with IH's values	
			Diversify and expand IH's funding sources	Sufficient and sustainable funding levels to implement IH's strategy	
Cross-cutting themes: 1. Community ownership, 2. Gender & Climate change, 3. Technology, innovation, and communication					

Appendix 2: Glossary of Terms and Concepts

Assumptions: The necessary conditions for change, or the underlying conditions or resources that need to exist for planned change to occur.

Diversity, Equity, and Inclusion: These terms represent three closely linked values held by many organizations that are working to be supportive of different groups of individuals, including people of different races, ethnicities, religions, abilities, genders, and sexual orientations. In the context of IH's Strategic Plan, this concept includes ensuring adequate representation of community members, CHWs, and beneficiaries of IH's programs within the organization's decision-making structures. Within this context, the term also implies proactive efforts to address power imbalances between the Global North and Global South.

Enablers: Conditions or factors that need to be present to allow an organization's work to succeed.

Global Ecosystem: In the context of this plan, the global ecosystem refers to the myriad of organizations, stakeholders, and funders involved in global health and development, whose actions, engagement, and support may influence IH.

Indicators: Quantitative and/or qualitative metrics that provide information to monitor performance, measure progress towards achieving targets, and determine accountability against a set of activities.

Outcome: A change that will occur upon the successful completion of activities associated with a strategic pillar within the Theory of Change

Strategic Pillars: Set of high-level objectives that define areas of focus, and related activities and outcomes, that will enable the organization to achieve its mission.

Sustainability: In the context of global health and this Strategic Plan, sustainability refers to the durability of a program, initiative, or service offering. The sustainability of a program is often influenced by the permanence of the provider and/or the availability of stable, long-term financing. A word with multiple possible meanings, sustainability is also utilized in other contexts to refer to societal goals related to ensuring the long-term health of the planet in relation to environmental degradation and climate change.

Theory of Change: A methodology or a criterion for planning, participation, adaptive management, and evaluation that is used in companies, philanthropy, not-for-profit, international development, research, and government sectors to promote social change.

Thermal Stress: An increase in temperature caused by climate change that is severe enough to cause unfavorable and even lethal conditions to aquatic organisms, their populations, community structure, or ecosystem.

Appendix 3: Risk Table

Risk	Sphere of Influence	Risk mitigation strategy
Strategic (External)		
IPCP model operating in parallel to national CHW program	Direct influence	Support the government to leapfrog into building a resilient, modern primary healthcare system, grounded in local lessons learned and global evidence
Lack of alignment between IH operations and national government policies and priorities	Direct control	Engage in annual strategic planning sessions with national and regional governments across countries of operation
Organizational (Internal)		
Dilution of IH's values as organization expands	Direct control	Develop systematic onboarding strategy and ongoing staff training processes
Staff turnover or burnout	Direct control	Implement a talent recruitment, management, and retention strategy, including clear learning and development pathways Establish (and raise awareness of) mechanisms to safeguard staff mental health, safety, and wellbeing (including clear recourse pathways in case of conflict or abuse)
Lack of leadership continuity	Direct control	Develop leadership succession planning strategy Implement staff learning and development plans as well as clear leadership pathways and capacity-building opportunities

Trading off organizational innovation for operational country expansion	Direct influence	Streamline innovation across all internal and external organizational processes
		Implement innovation checkpoints in leadership meetings and actively identify pathways to facilitate innovation
		Establish an innovation hub within IH to develop, test, and scale new ideas, approaches, and methodologies
Insufficient human resources to support expansion	Direct control	Develop and implement a talent recruitment, management, and retention plan
		Build talent management/HR expertise (e.g., by building internal capacity or hiring external expertise)
Ineffective communication mechanisms (between IH teams, IH and its stakeholders, and/or communities)	Direct control	Establish clear internal decision-making and communication procedures
		Implement regular forums and pathways for staff to provide insight into IH's strategic direction and to voice concerns to IH leadership
		Conduct annual staff survey and regular checkpoints to assess staff satisfaction and ownership
		Develop a comprehensive stakeholder management and partnership strategy
Medicines, diagnostics, and medical equipment stock-outs	Direct influence	Engage technical partners, government, and private sector to strengthen medical supply chain in countries of operation
		Partner with (global, regional, local) logistics companies to ensure the timely delivery of medicines, diagnostic tools, and medical equipment
Ineffective/deficient information and communication technology equipment and transportation (e.g., solar cell phone chargers, bicycles)	Direct influence	Partner with technology, telecommunications, and transportation/mobility companies and civil society organizations (including domestic and regional start-ups)

CHW personal safety concerns (incl. threats, coercion, ostracization, unsafe transportation)	Indirect influence	Establish mechanisms for abuse reporting and recourse Implement access to mental health and psychosocial support for CHWs
Lack of CHW training and capacity in conflict management and advanced health topics	Direct control	Implement a structured training and capacity-building program to strengthen CHWs' ability to respond to interpersonal conflict and engage on targeted advanced health topics (e.g., abortion, partial abortions)
Financial		
Donor fatigue/ Over-reliance on philanthropic capital	Indirect influence	Develop a comprehensive resource mobilization strategy focusing on funding diversification (types of donors and geographic location), including access to bilateral and multilateral funding mechanisms as well as public and private capital Build internal capacity or hire external expertise to identify innovative financing solutions (e.g., private sector partnerships, diversified funding portfolios)
External Environment		
Political, economic, or social instability	No control	Develop emergency preparedness and response plan, including relevant in-country staff training Implement emergency communication and coordination mechanisms
Human displacement and loss of property due to climate threats, war, or conflict	No control	Develop emergency preparedness and response plan, including relevant in-country staff training and disaster response coordination with technical partners Implement emergency communication and coordination mechanisms

Lack of political will or prioritization of community health in national healthcare budgets	Indirect influence	Develop and lead coalitions of champions to raise political awareness and enhance national and regional government leadership in community health Advocate for augmented funding for community health and PPR in global health forums, in partnership with like-minded organizations, bilateral, and multilateral aid donors
Health security crises	No control	Implement health security risk monitoring and mitigation mechanisms, working closely with multilateral, regional, and national partners across sectors Embed health system-strengthening efforts and capacity-building across IH's activities as related to government accompaniment and technical support Develop inter-sectoral partnerships to identify, manage, and mitigate health security threats across a broad array of issues (e.g., pandemics, health emergencies, environmental degradation, misuse of antimicrobials, rapid urbanization, etc.) Develop emergency preparedness and response plan, including relevant in-country staff training and pandemic response coordination with technical partners Implement emergency communication and coordination mechanisms

Appendix 4: Suggested Indicators

*IH may not always be able to measure indicators at the impact level, and these indicators may exceed what is feasible in the five-year strategy time frame; however, these indicators orient outcome indicators and are therefore important to articulate.

Objectives	Outcomes	Output and Outcome Indicators	Impact	Impact Indicators*
Strategic Pillar 1: Deliver innovation and demonstrate impact				
Introduce innovations in primary healthcare in Togo, Guinea, and a third country by 2028	Hardest-to-reach communities benefit from quality primary healthcare in three countries	1. Vaccination coverage rate (ICP-9) 2. Pediatric consultation rate (ICP-4) 3. Facility-based delivery rate (ICP-19) 4. Contraceptive coverage rate (ICP-16) 5. Facility-based quality improvement rate (TBD)	An innovative community health approach demonstrating impact	U5MR equal to or less than sustainable development goal target for LMICs MMR equal to or less than sustainable development goal target for LMICs
Promote research and a learning culture to support continuous improvement and demonstrate program impact	A solid evidence base demonstrating the impact of the IPCP model in three countries	6. # of academic papers published in peer-reviewed journals per year 7. # of initiatives undertaken to review or evaluate programs and document and share best practices or lessons learned 8. # of innovative digital solutions developed and implemented		
Strategic Pillar 2: Deliver innovation and demonstrate impact				

Provide capacity-building support to governments to achieve national health goals	Evidence-based national community health policies and strategies are adopted and implemented	9. # of decisions, official texts, or strategies implemented by government following IH capacity-building, advocacy, or support 10. # of activities implementing best practices documented and shared by IH with government or partners 11. # of indirect beneficiaries impacted by national CHW and/or PHC programs implemented by government following support by IH	Sustainable government-led community health programs across three countries	At least one new evidence-based community health policy adopted, funded, and implemented in Togo, Guinea, and a third country
Provide technical assistance to governments for cost and impact assessment to ensure sustainable health financing	Adequate primary healthcare financing including at community level, through national health budgets	12. Number of financing mechanisms adopted and implemented to support national financing of PHC (e.g., PPPs, national funds, etc.) per country per year 13. % increase in national health budget earmarked to implement and/or scale community health programs year over year per country 14. % increase in domestic resource mobilization to support the development and/or implementation of PHC per year per country		
Play a leading role in stakeholder coalitions to strengthen political support and advocacy	Collective national advocacy efforts support CHW professionalization	15. % increase in funds mobilized at national level to support CHW professionalization per year per country 16. # of net new memberships to national partner and/or stakeholder coalitions per year per country		
Strategic Pillar 3: Cultivate a catalytic global ecosystem for community health				

			Increased global support and funding for community health	% ODA directed toward community health (or PHC) increases in Togo, Guinea, and third country
Disseminate evidence-based findings grounded in IH's approach and experience	Action for community health by donors and international actors is grounded in a solid evidence base	17. # of IH presentations carried out at national, regional, or global conferences per year 18. # of IH publications/findings referenced in global guidelines, strategies, action plans, resolutions, statements, and/or political decisions		
Play a leadership role in global coalitions and develop the partnerships necessary to advance policy and funding for community health	Strengthened global policies and financing mechanisms for community health that can be applied across IH's three countries of operation	19. # of representatives from Togo, Guinea, and third country, including MOH and CHW, participating in global forums as a result of IH support/facilitation 20. # policy wins secured by coalitions in which IH participates 21. # of changes to policies or funding allocation improving conditions (guidance or funding) for community health in francophone West Africa		
Strategic Pillar 4: Build a strong and equitable organization				
Strengthen structural, organizational, and operational capacities	A strong organization equipped to support a multi-country operation at scale	22. Staff retention rate per country per year 23. % staff who achieve at least one professional development goal aligned to their team's needs	Integrate Health has the capacity, organizational culture, and necessary resources to achieve results	Impact indicators across pillars 1, 2 and 3 achieved within 5 years
Promote a culture of diversity, equity, and inclusion across all organizational levels	Organizational actions are aligned with IH's values	24. % annual change in internal assessment of DEI score, compared to baseline		
Diversify and expand IH's funding sources	Sufficient and sustainable funding levels to implement IH's strategy	25. % of total target funds secured to support FY 2023–20238 strategy 26. % increase in funding raised by country teams per year		

Appendix 5: FY24 Objectives and Key Results

Strategic Pillar	Objective	Key results to be achieved by the end of FY24
Deliver innovation and demonstrate impact	Introduce innovations in primary health-care in Togo, Guinea, and a third country by 2028	1.Meet or exceed targets for 75% of all KPIs for services provided to 205,000 people at 25 USPs in the Kara region
		2. Launch the RSS-BC program in Guinea and provide 112,000 people with healthcare in the district de Kouroussa
		3. Complete renovation of 7 USPs in Binah, 1 USP in Kouroussa, and ensure a maintenance plan developed and validated by the DRS in Togo.
		4. Ensure at least 90% availability of tracer medicines in 25 USPs in the Kara region
	Promote research and a learning culture to support continuous improvement and demonstrate program impact	1. Finalize analysis of Phase II study (2018-2023) and submit for publication
		2. Complete evaluations/reviews of the ambulance, prenatal lab & ultrasound programs
		3. Develop and implement M&E processes and evaluation plan for IPCP in Guinea

Accompany national governments	Provide capacity building support to governments to achieve national health goals	1. Support government pilot implementation of set of community health reforms (CHW optimization) with 260 CHWs in Anié district (pop 113k)
		2. Partner with government to design and implement an M&E framework for the government CHW optimization pilot
		3. Deliver policy briefs and presentations to MoH and PTF on ambulance, prenatal lab & ultrasound programs
		4. Support DESR to develop a new 2023-2027 strategy to strengthen quality assurance mechanisms at the community health level.
		5. Support governments of Togo and Guinea to reinforce vaccination and pandemic preparedness programs.
	Provide technical assistance to governments for cost and impact assessment to ensure sustainable health financing	1 Sign an MoU between SI and the Division of Planning to support the development of a pool of health financing experts
		2. Support the government in the development of a primary healthcare investment case
	Play a leading role in stakeholder coalitions to strengthen political support and advocacy	1. Organize a workshop with national stakeholders to disseminate Phase 2 research results
		2. Develop advocacy strategy to build political will for paying CHWs minimum wage and for removing user fees for children under 5
		3. Write and submit a proposal demonstrating the links between climate change and malaria and diarrhea in partnership with GIZ
Cultivate a catalytic global ecosystem for community health	Disseminate evidence-based findings grounded in IH's approach and experience	1. A dissemination plan for the Phase II study is developed and shared with IH staff, donors, and the community
		2. Create presentation materials and white papers on ambulance, prenatal labs and ultrasound programs and share externally
		3. Secure at least two speaking engagements at international conferences for Togo and Guinea MoHs and CHWs
	Play a leadership role in global coalitions and develop the partnerships necessary to advance policy and funding for community health	1. Proactively contribute to all CHIC, Global Health Council, Women in Global Health, and Climate Accountability in Development coalition meetings and documents in order to leverage IH's lessons learned and values

Build a strong and equitable organization	Strengthen structural, organizational, and operational capacities	1. Team OKRs set by Q1 and shared across the organization, graded, and teams achieve ~ 70% of targets by Q4
		2. Table of Contents for Finance, HR and Logistics SOPs is approved by COO and Country Directors. 75% of SOPs are completed and implemented across two countries and GST by June 30, 2024
		3. All staff members achieve at least one professional development goal aligned to their team's needs
		4. Needs assessment completed and ERP vendor selected by Jan 1, 2024
		5. Firm selected and Green Center construction started by June 30 2024
	Promote a culture of diversity, equity, and inclusion across all organizational levels	1. Equity Survey on CHW engagement completed and results shared with the SLT and DEI Council
		2. One CHW advocate identified and trained per district, advocates participate in quarterly board meetings, all-staff calls and donor presentations, and are compensated for additional efforts
		3. All staff complete DEI Principles Training on Gender Bias, Microaggressions, Racial Justice Education, Sexual Harassment, Inclusion and Sexual Orientation
	Diversify and expand IH's funding sources	1. Raise 100% of FY24 budget and 50% of FY25 budget by June 30 2024
		2. Country teams secure at least $250,000 of funding OR transfer $250,000 of recurring expenditure to government
		3. $4M raised for Green Center