REACH
Health
made
possible

ANNUAL REPORT
2022/23

Reach harnesses
existing technologies to
improve healthcare and
create social impact.

REACHDIGITALHEALTH.ORG

┌REACH

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Johannesburg

The Heritage, 16 Baker
Street, Rosebank,
Johannesburg, South
Africa.

Cape Town

Roamwork, 2nd Floor,
The Harrington, 50
Harrington St, District
Six, Cape Town,
South Africa.

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50 Smits Road, Dunkeld,
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Message from
the CEO

Debbie Rogers
CEO, Executive Director

> ❝ We're focused on expanding our footprint and reach. Our experience, learning and success in maternal and child health will be a catalyst to enter new markets using MomConnect Africa as an approach. The COVID-19 pandemic played a huge role in our growth and development.

> ❝ We are privileged and grateful to have a dedicated and knowledgeable group of people committed to helping our organisation reach its fullest potential internally and externally.

Dear Partners

I am pleased to present Reach Digital Health's annual report for our financial year of March 2022 - February 2023. which showcases our work towards making personal, uninterrupted healthcare available to citizens in low to middle-income countries.

As the world started to adapt to the new normal of a world where COVID-19 was here to stay, we emerged from what had been an incredible but exhausting phase in the business. In 2020, we had rapidly responded to the pandemic and in the following two years, in collaboration with partners like the Skoll Foundation, 11 national health departments and the World Health Organization, we successfully connected health systems with people and communities in over 200 countries and territories. We learned an incredible amount during this time and witnessed a maturing of the digital health landscape and our own approach that would likely have taken a decade had it not been for the impact of COVID-19.

And so we entered this financial year with an ambitious strategy that aimed to harness the incredible learnings we had built up over the past 16 years and develop a new, more mature and polished organsation that was poised to take advantage of the new world we found ourselves in.

Knowing that we were headed for a marathon rather a sprint in achieving our vision, we decided to centre our strategy on people and connections, both internally and externally,

Internally we took a long look at our culture and team and decided that our best bet for sustainable growth was to ensure that our incredible team of talented and dedicated professionals was able to thrive in this new era of work. This, along with the introduction of tenure sabbaticals and improved gender-neutral parental care policies, made an incredible difference to everyone and we saw marked improvement in multiple measures of well-being and work satisfaction across the board. Truely a life-changing move for us all!

At the same time we were able to expand our board and team to accelerate our impact. Chuck Slaughter, founder of Living Goods and Director of the Horace W Goldsmith Foundation, and Smisha Agarwal, Director of the Center for Global Digital Health Innovation and Assistant Professor at Johns Hopkins Bloomberg School of Public Health, joined Gustav Praekelt, Johanna Kollar, Mark Rayner and Thobekile Finger on our board and provided immense support and guidance.

Reach, previously known as Praekelt.org, has been working towards this vision for over 16 years, and we continue to build our experience in scaling digital health programs for faster and more cost-effective implementations across various health domains.

We're focused on expanding our footprint and reach. Our experience, learning and success in maternal and child health will be a catalyst to enter new markets using MomConnect as an approach. The COVID-19 pandemic played a huge role in our growth and development. It escalated what was previously a conservative expansion plan, and in collaboration with partners we successfully connected health systems with people and communities in over 200 countries and territories.

Equipped with these achievements and a stronger and more capable team, we used 2023 to operationalise our expansion strategy and establish our footprint in Cote d'Ivoire, Mozambique, Rwanda, Zanzibar and Zambia. We're currently at various stages of implementation, having established the groundwork in Mozambique and Zanzibar strategic partnerships - critical to the success of our programs and reach.

We are privileged and grateful to have a dedicated and knowledgeable group of people committed to helping our organisation reach its fullest potential internally and externally. Our stakeholders continue to make us stronger.

Our Board of Directors have always provided excellent guidance and support. In the past year, we welcomed Chuck Slaughter to the Board. Chuck is the Founder of Living Goods and Director of the Horace W Goldsmith Foundation. He previously participated in funding projects for Reach, and his background in health technology brings valuable insights to our work.

We also welcomed an additional 17 members to the team, expanding both our capacity and capability and preparing us for the years ahead. We also welcomed Smisha Agarwal to the Board. Smisha is Director of the Center for Global Digital Health Innovation and Assistant Professor at Johns Hopkins Bloomberg School of Public Health. Her work intersects with primary and digital health care and is grounded in evidence-driven research. We look forward to learning from her experience and relating this value to our output.

Sadly our close friend and advisor Robert Fabricant has stepped down after serving more than ten years with the organisation. It has been a privilege to have worked with Robert and to have been able to leverage his excellent guidance over the years and in the recent re-branding. We will continue to appreciate his support and the passion he's left us with.

Internally, we started the new year with an ambitious goal - appointing 17 new or replacement hires while reducing our team churn. We've hit the mark on our target to increase our team while improving diversity within the organisation; staff in designated race groups increased from 47% to 51.7%, and 56.7% of the organisation is female.

We have also achieved a reduced staff turnover rate, from 31% to 11% (far exceeding our target of 15%). We attribute this to several factors, including improved benefits (4-day work week and tenure sabbaticals), better recruitment processes resulting in candidates being a better fit, and improved onboarding, which helped new candidates to settle in more easily.

Last year we introduced a 4-day week after a 6-month trial which allowed us to iron-out a few challenges, including how to better manage weeks that include public holidays. We expereinced increase team satisfaction and an improvement of our eNPS score from 23 to 51. We've made this a permanent benefit, and we're proud to be one of the first South African companies to confirm a 4-day work week. We're excited to see the long-term impact this benefit has on our team.

Our commitment to making health possible can never be a quick fix. Global health has historically focused on treating infectious diseases, leading to a sick-care rather than a healthcare approach to public health. A people-centred approach holistically addresses a person's health journey and promotes healthy behaviours and access to clinical services and preventive measures. Digital health promotion empowers individuals to improve their self-care and overcome barriers to improve health. Additionally, a systems-level approach addresses health workers and provides administrators with the data and insights they need to affect systemic change.

We're using this as our blueprint to contribute towards universal health coverage. With your support and expertise, we're making the change required to achieve this and create social impact.

Sincerely,

Debbie Rogers
CEO of Reach

Board of directors:
FY24

Board of Directors:

- Gustav Praekelt (Chairman)
- Johanna Kollar
- Mark Rayner
- Thobekile Finger
- Chuck Slaughter
- Smisha Agarwal
- Debbie Rogers (CEO, Executive Director)

Reach board members with the Reach team

Back (from left to right): Natasha Mahlangu, Helen Graham, Daniel Futureman, Debbie Rogers (CEO & Executive Director), Gustav Praekelt (Chairman and Non-Executive Director), Keith Mangam and Cindy Davidson.
Front (from left to right): Catherine Maurel-Sieberhagen, Carlos Yerena, Milton Madanda, Smisha Agarwal (Non-Executive Director), Thobekile Finger (Non-Executive Director) and Chuck Slaughter (Non-Executive Director).

About
us

Our approach to healthcare delivery is unique in that we build people's agency towards optimising their health and well-being. We provide personalised information and connect citizens to the health system by providing relevant information and improving their awareness of available health services. We also take a systems-level approach that integrates technology into existing national health information and service infrastructure - empowering healthcare workers (with support and information) and healthcare providers (with data and evidence), driving long-term change and sustainability. Finally, we build a foundation of enduring local partnerships and local capacity to implement and scale our strategies.

Our
history

2009
- **Young Africa Live Launch** Engages young people in groundbreaking interactive discussions around safe sex, love and relationships.
- Expands to Kenya and Tanzania and reaches 1.9 million users who generate 92 million comments on the platform.
- **askMama launch** Collaboration with Mobile Alliance for Maternal Action (MAMA) on maternal and child health with a stage-based mobile messaging system for pregnant women and mothers.
- The **askMAMA** project reaches over 780,000 pregnant women and mothers.

2015
- **HelloMama** askMama is rebranded HelloMama and expanded to Nigeria with the addition of delivering interactive voice response.

2017
- **WhatsApp** is integrated into the MomConnect system, capitalising on South Africa's fast-rising smartphone ownership and access to Internet Protocol messaging. Engagement with the MomConnect help desk increases 10-fold with the addition of WhatsApp as a channel.

2022
- **The Young Africa Live** project is resurrected on WhatsApp and launches under South Africa's National Department of Health's B-wise brand.

2007
- Established as **Praekelt Foundation (2007)**

2008
- **Project Masiluleke** Uses Please Call Me messaging to promote the national HIV Helpline and ultimately drives 1.8 million calls to the service (2008-2010).
- **TextAlert Launch** Helps retain HIV-positive patients on their treatment. Impact Loss to follow-up dropped from 27% to 4%.

2014
- **MomConnect launch** askMAMA's success makes it possible for the South African National Department of Health to launch the nationally scaled service, MomConnect, rapidly.

2016
- **Partnership with UNICEF** Successful adaptation of MomConnect into FamilyConnect for Uganda. The programme also addresses the country's unique culture and health system and aims to increase positive maternal and infant care practices within the family unit.
- **NurseConnect** is launched in South Africa, providing well-being resources and access to clinical info, up-to-date protocols and learning opportunities for nurses working in maternal and child health.

2020
- **COVID-19** leads to an unprecedented surge in demand for digital solutions to provide information, track infections and support virtual services to reduce and slow the transmission of the virus.
- Within two weeks of the virus being detected in South Africa, Reach launches the National Department of Health's COVID-19 response on WhatsApp.
- The solution is soon adopted by the World Health Organization and ten other government departments, reaching 40 million people across over 200 countries and territories in 21 languages.

2023
- **Reach Digital Health** The organisation emerges as Reach Digital Health with a new strategy, new direction and continued passion for impact and sustainability.
- **The Skoll Foundation** announces Reach as one of five 2023 Skoll Awardees recognising how Reach builds two-way, digital, client-centred communications into the suite of primary healthcare services that governments deliver to their citizens—bringing access to information, health services, and other resources to those underserved and unreached. Reach emerges as the only African Awardee in the 2023 cohort.

Our approach

Over the past 16 years, we have gained valuable experience in developing health solutions for different markets and domains. We have learned that replicating success requires more than just technology. Our approach involves capacity building, evidence, implementation, content, and technology platforms to create and sustain a personalised digital health system.

Capacity building
Ensuring local ownership and guiding sustainability

Evidence
Fit-for-purpose measurement frameworks to assess impact

Implementation
Using our expertise to effectively roll out solutions and launch at scale

Content
Content repositories covering key health domains

Platform
Tried and tested technology stacks and features

Our successful maternal health intervention, based on the learnings from MomConnect South Africa, is now being implemented across Africa. MomConnect South Africa has achieved impressive results, with over 4.5 million users registered and a 95% adoption rate in South African public health clinics. It has positively impacted antenatal care visits, breastfeeding rates, family planning uptake, and birth outcomes, including prevention of mother-to-child transmission (PMTCT) adherence in HIV+ mothers. We have aligned our outcomes to WHO's improving maternal and newborn health and survival and reducing stillbirth targets and incorporating these into our theory of change framework.

From a technological standpoint, we strive to provide customised and personalised experiences. In collaboration with the Elton John AIDS Foundation, we introduced the Young Africa Live (YAL) chatbot in South Africa (branded B-wise). YAL is a user-friendly chatbot that seamlessly integrates into existing healthcare systems, enabling young people to access physical healthcare resources, facilities, and practitioners through social media platforms. It assists them in comprehending and enhancing their sexual and mental health, relationships, identity, and sexual orientation.

In interventions like MomConnect Africa and Young Africa Live, delivering an effective and personalised experience requires creating, editing, and translating content in multiple formats and platforms. To address this, we have developed a centralized content management system that allows us to have all content in one place and empowers content designers to tailor each piece to individual user needs.

As the complexity of content increases, we are exploring the use of Machine Learning to simplify and streamline the process of personalisation, reducing cognitive load and improving efficiency.

Reach utilises technological innovation and compassionate care to integrate user segmentation and tailor content. This approach enhances engagement, uncovers insights, and makes actions more effective. Through a refined Theory of Change based on the COM-B Model, we continuously evaluate and customise interventions to sustain behavior change and optimise healthcare journeys.

We take a personalised and persistent approach to meet the diverse needs of individuals, healthcare workers, and the healthcare system. By understanding behavioral barriers and tailoring interventions, we enhance engagement and promote persistence in desired behaviors. Through persistence-based personalisation, we identify the most engaging content and intervention techniques, measure impact, and deliver tailored interventions for maximum effectiveness.

Our theory of change evolves the Com-B behaviour model, continuously adapting to the specific needs of users at different moments in time and providing actionable insights when they are most needed.

ENAP-EPMM Shared Targets: (90/90/80/80)

Target 1 (global): 90% coverage of four or more antenatal care contacts

Target 3 (global): 80% early routine postnatal care (within 2 days)

Target 2 (global): 90% births attended by skilled birth attendants

Sub-national: 80% of districts with at least 70% ANC4, 80% BA, and 60% PNC coverage

1 WHO: Improving maternal and newborn health and survival and reducing stillbirth 2023 progress report.

Partnerships **and growth**

In FY23, we underwent a significant shift in the type of contracts and funding we secure, allowing us to invest more in impact-based approaches. Previously, we focused on project-level progress, but with increased institutional funding we developed a theory of change and adaptable measurements across all projects. The Elma Institutional Funding and a gift from Mackenzie Scott have enabled us to expand our work into new regions and refine our theory of change. We are also part of a community of social innovators, which has helped our re-branding efforts and facilitated collaboration with like-minded partners.

Our partnerships with implementing partners are crucial to expanding into new markets. We involve target populations and communities in designing and refining our solutions. Last year, we focused on engaging potential partners and strengthening relationships with current partners. The Skoll Foundation recognised us as one of their awardees, providing further institutional funding and validating our impact.

We have a unique opportunity to prioritize our work in Maternal and Child Health (MNCH) and enter new markets using the MomConnect Africa approach. Over the next three years, we anticipate a 30% year-on-year growth and plan to launch packaged MNCH services in Rwanda, Zanzibar, and Kenya. Our ultimate goal is to engage with governments and health ministries, deepening their understanding and support for our work without fragmenting their health systems. To achieve this, we will strengthen partnerships and stakeholder engagement, leveraging our expertise and ties with other organisations in the countries of interest.

At and individual level, we have evolved the COM-B Model to consider that **maintaining behaviour change** requires **ongoing** measurement, personalisation and adjustments.

FROM

Capability

Opportunity ↔ Behaviour range

Motivation

TO

Which factors are hindering the ability to persist?

Which interventions and content do we need to prioritise?

Capability

Motivation | Persistance in Behaviour | Opportunity

How must we personalize the intervention?
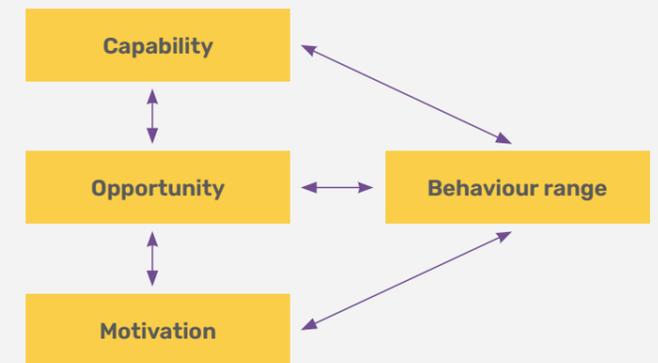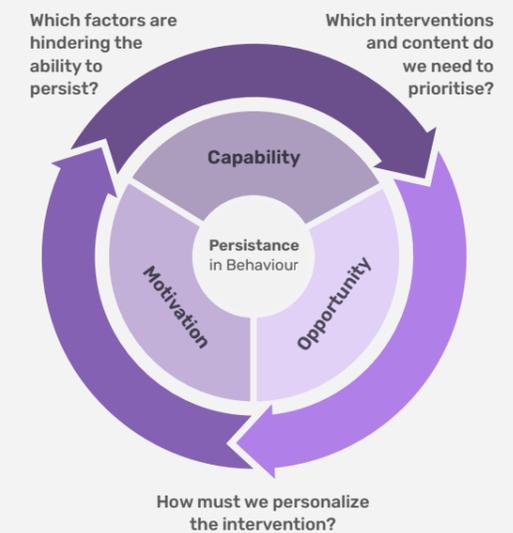
By investing in this approach we expect to reach a point where we can predict health outcomes and optimise individual health journeys

> The Elma Institutional Funding and a gift from Mackenzie Scott have enabled us to expand our work into new regions and refine our theory of change.

Our work

Current **projects**

AlôVida Plus

AlôVida Plus is a scalable and sustainable digital health solution that bolsters the capabilities of Mozambique's existing AlôVida service to improve health behaviour outcomes. Established by the Mozambique Ministry of Health ("MISAU"), AlôVida is a national hotline servicing the population of Mozambique in providing clarifications on health-related queries in Portuguese, English and eight national languages.

The Demand for AlôVida services increased due to the COVID-19 pandemic resulting in Gavi's Innovation for Uptake, Scale and Equity ("INFUSE") Program selecting VillageReach and Reach Digital Health to develop the AlôVida services further. The result will be a combination of the health hotline and messaging (Interactive Voice Recording - IVR - WhatsApp), service solution, presented as AlôVida Plus.

AlôVida Plus builds on existing systems and services, adapting them to add capabilities for MISAU to address government-prioritised health topics (starting with immunisation) through optimised demand generation through segmentation, delivery of tailored information, and disease surveillance tracking. It is in line with the multi-country vision to have an integrated global good solution that provides citizens and governments with multiple avenues of connecting.

As a key strategic implementation for Reach, AlôVida Plus is the start of our ambitions to bring a comprehensive maternal health solution to the people of Mozambique.

Alô Vida!

MomConnect

The success of our maternal and child health (MNCH) intervention, branded MomConnect in South Africa, informs the decision to make MNCH our strategic focus for technology and platform development, growth, and expansion into new markets. Reach will impact maternal and child health across the continent through MomConnect Africa.

Reach enables data-driven decision making and the organisation will extrapolate nine years of experience and data to strengthen this support for partners. Reach has partnered with Meta to study the impact of MomConnect across various delivery channels (i.e. SMS vs WhatsApp) and user journeys (different messaging models). Through the partnership, a randomised control trial is testing and validating the impact of the messaging channel and model of MomConnect across health outcomes such as antenatal visits, health knowledge and routine vaccination uptake. The rich results expected from the study will enable further adaptation and strengthening of Reach's maternal and child health intervention.

Our focus for MNCH has shifted towards sustainable development and empowering mothers (and their partners). Sustainability measures that have been implemented include omnichannel diversification across low-data usage channels such as WhatsApp to reduce operational costs. In 2024, MomConnect will return to SMS and USSD, in conjunction with WhatsApp, to ensure digital inclusion and maternal health equity by by providing access to MomConnect to those most in need - most in need - those without access to data, with poor digital literacy or those requiring translated content. Additional sustainability measures planned for 2024 include promoting self-registration (independent registrations) for mothers. Currently, mothers need the support of a healthcare worker and a facility code to register on MomConnect. By reducing this barrier, we can increase access to healthcare information for vulnerable women and children by enabling mothers to register, irrespective of their facility.

Reach has also made a strategic investment in MomConnect's natural language understandingto improve the quality of core features such as Ask-A-Question (AAQ) which uses natural language processing and machine learning to improve the matching of frequently asked questions (FAQs) to user requests and general support needs. As a result, the advancement of the existing AAQ technology will continue to support mothers in gaining timely access to the correct information and improved access to help desk support by increasing the self-service capacity of the end user. Today, mothers are provided with comprehensive and timeous support using an early automated triage system in the form of AAQ and urgency detection through automated help desk labelling using NLU.

> **"** Although the tool has demonstrated the ability to identify a pregnant mother at risk of hypertension - this is not enough. Future work on the platform will enhance the tool to ensure appropriate sensitivity rates and the measurement of behaviour change."

Early automated triage serves the dual purpose of providing benefits to pregnant and new mothers by getting rapid resolutions for their problems and reducing the workload on the NDOH help desk. Because MomConnect has more than 4 million registered users, the high volume of incoming questions must get answered timely and accurately. Integrating AAQ would ensure that common questions can be automatically addressed via FAQs, enabling help desk operators to utilise their limited capacity effectively.

> **"** Reach enables data-driven decision making, and the organisation will extrapolate nine years of experience and data to strengthen this support for partners.

In addition to urgency detection, Reach is developing a more robust measuring framework to increase detailed urgency detection that will reduce maternal, infant and child mortality in South Africa. With hypertension being the leading cause of maternal mortality in SA, Reach has created and piloted a focused screening tool to detect and appropriately support mothers at risk of hypertension in pregnancy. The pilot results indicated that over 50% of the screened mothers showed a high risk for hypertension, validating the importance of focused screening. Although the tool has demonstrated the ability to identify a pregnant mother at risk of hypertension, this is not enough. Future work on the platform will enhance the tool to ensure appropriate sensitivity rates and the measurement of behaviour change. Developments will include reducing the incidence of hypertension.

Soon Reach will determine if changing behaviour improves health outcomes. This determination will follow improving the stratification tool and incorporating rapid testing to develop more detailed urgency detection and extending this to other health conditions affecting pregnant women and mothers, in line with South Africa's quadruple disease burden.

Higher Health

During the COVID-19 pandemic 2020, Higher Health partnered with Reach Digital Health to deliver a COVID-19 symptom screening tool, HealthCheck, to students, staff and visitors at tertiary education facilities nationwide. The tool was introduced to facilitate COVID-19 screening requirements and entry into higher education institutions, and its usage declined significantly (up to 69.7%) when COVID-19 regulations eased in South Africa.

However, with more than 1.4 million users on the tool, there is an opportunity to adapt the service to support and meet needs in other critical areas beyond COVID-19. Reach is working with Higher Health to identify opportunities that would see them continue to provide critical health information to students across South African campuses by expanding the health topics currently on the service and including health interventions available across the various programmes with which Reach is involved.
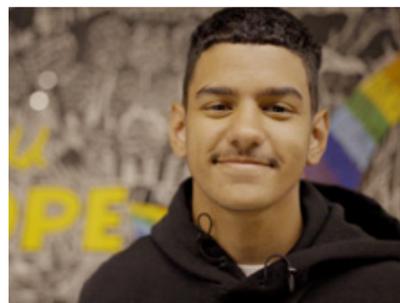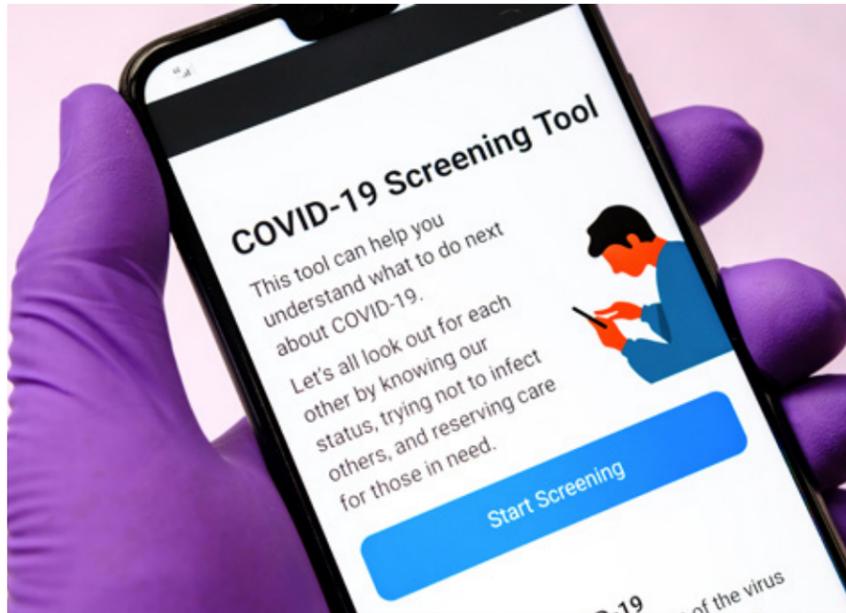
MenConnect

In South Africa, men living with HIV (MLHIV) receive fewer targeted HIV interventions than women and children. In addition, men are less likely to get tested for HIV and initiate treatment, with only 53% of MLHIV on treatment (64% for women) and 43% virally suppressed (58% for women). MLHIV's treatment adherence is also challenging, with men more likely than women to interrupt treatment and be lost to follow-up.

MenConnect, part of the MenStar Coalition, is a mobile-based service supporting MLHIV's journey to becoming virally suppressed (alongside their traditional clinic interventions). Through WhatsApp and USSD, The service provides highly personalised, behaviourally-informed messaging in English, SeSotho or Zulu relevant to each man's stage along the HIV journey, using WhatsApp or USSD. MenConnect users receive messages to increase their awareness, initiation and adherence to treatment and reminders about clinic visits and medication collection. A help desk operated by a male nurse is also available on the service, where men can ask questions about HIV.

MenConnect fits the profile for HIV interventions emphasised in the National Strategic Plan 2023–2028, which calls for innovative, evidence-based, people- and communities-centred interventions. Over 5,200 (May 2023 data) users have been recruited to MenConnect; 83.5% are currently on ARV treatment, and 39.7% are virally suppressed.
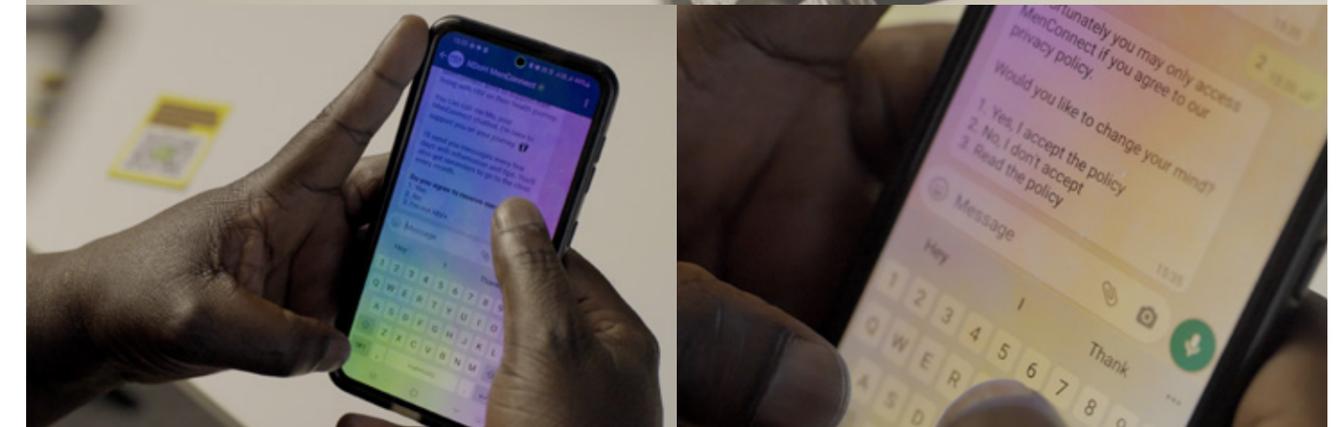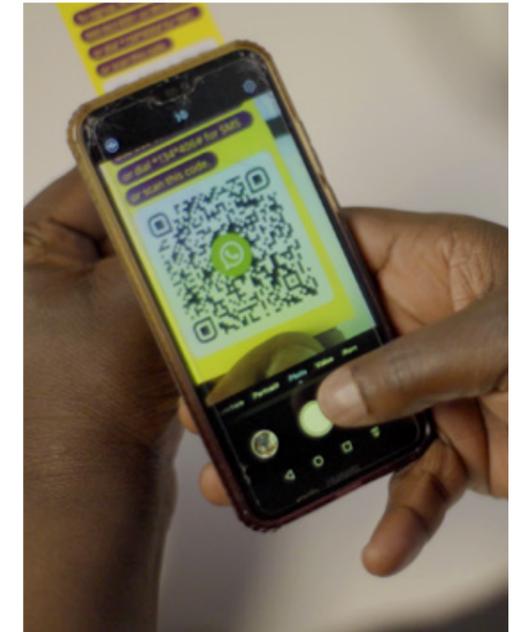
SafeSigns

The SafeSigns intervention, funded by the Wellspring Philanthropic Fund, aims to reduce intimate partner violence (IPV) by changing knowledge, attitudes and beliefs around relationships among adolescent girls and young women. SafeSigns was piloted as a WhatsApp-based chatbot branded ChattyCuz, in South Africa to evaluate its impact through a randomized control trial with 19,000 female participants. Reach originally built ChattyCuz to test the efficacy of various digital engagement methods on IPV. The pilot's results showed that 11.3% of girls exposed to a gamified version of ChattyCuz reported lower exposure to IPV - showing the impact of gamified components. As a result, SafeSigns is a gamified intervention.

SafeSigns is the first implementation toolkit from Reach that provides all the digital components and guidance needed for other implementing organisations to set up their chatbot intervention. Future implementing partners will receive comprehensive guidance and transcreation advice to adapt the language, pop-culture references and emergency services to different local settings – presenting a good opportunity for worldwide implementation and reaching more women needing support and safeguarding in the context of GBV and IPV.
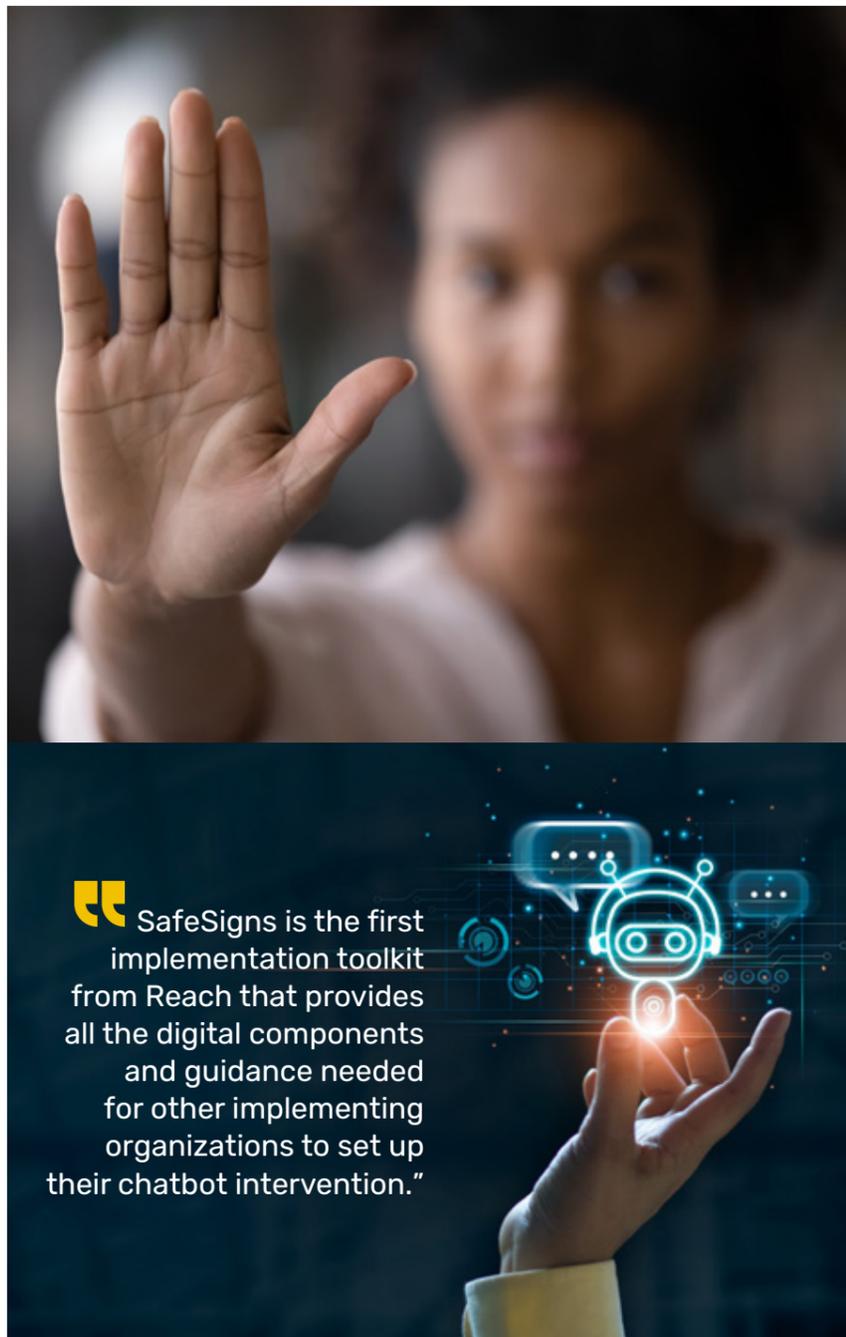
> SafeSigns is the first implementation toolkit from Reach that provides all the digital components and guidance needed for other implementing organizations to set up their chatbot intervention."

TBCheck

Although TB remains the number one cause of death in South Africa, various issues delay the diagnosis and management of active (and highly infectious) TB. These issues include co-infection with HIV/AIDS, stigma and limited access to TB testing, which requires access to a health facility.

The TBCheck tool, available on WhatsApp and USSD, screens for TB using an individual's symptoms and stratifies the disease accordingly - ensuring more people get tested. The tool launched during the pandemic when the suspicion of respiratory symptoms shifted to COVID-19 and not predominantly TB. Reach is now refocusing on TBCheck and partnering with media agents targeting at-risk groups (men and children) to increase their uptake and activity on the service.

Recently TBCheck underwent a recent API integration with the South African Department of Health's National Health Hotline to ensure that high-risk users are tested and treated. This integration enables high-risk users to have automated support (on WhatsApp and SMS) and personalised one-on-one follow-ups with the national helpdesk comprising operators and nurses. The service is also undergoing development improvement, which Reach will investigate through a randomized control trial (RCT) in late 2023. The trial will examine the effectiveness of different messaging incentives and behavioural nudge techniques designed by the Stellenbosch University Behavioral Science Department. Outcomes from the study will inform future content and design developments to improve targeted behaviour change and reduce TB incidence.

TB Indonesia

Indonesia's TB infection rates are among the highest in the world. Diagnosis and treatment targets must catch up to what is required to address this crisis. Johnson & Johnson has done extensive research into the challenges to identifying and treating TB, recognising that one of Indonesia's most significant barriers is a low case-finding rate - Case Detection Rate (CDR) of 32% in 2015 and 33% in 2016.

In particular, the household contacts of TB patients (index cases) are at the highest risk for TB infection. According to the country's National TB Program's investigation, around a quarter (25%) of household contacts were infected when the index case was diagnosed, although only 21% of the index cases completed contact tracing. There is a need to raise awareness of the fact that the investigation of index cases' contacts is a systematic, efficient, and effective strategy to look for new TB cases and should be conducted consistently not only for the benefit of identifying new TB cases but also to promote treatment success of index cases.

TB Indonesia ensures that index cases effectively contribute to early contact tracing activities with the support of empowerment through innovative mobile solutions. In addition, TB Indonesia will support adherence to TB treatment through knowledge, psychological support and ongoing reminders.

Virtual Mentor Mother

Mothers2Mothers (m2m) is one of the largest community health worker organisations, employing local women to promote improved health-seeking behaviour and access to health information in their communities. Due to the COVID-19 pandemic and Reach's help, M2M's peer-based Mentor Mothers program went virtual, resulting in one of Reach's fast-growing impactful platforms, with the browsable bots reaching nine countries in 27 languages in only six months. Today the platform has distributed 952,034 messages to date.

For Reach, the Virtual Mentor Mother is a case study on the organisation's ability to scale and reach the most vulnerable citizens rapidly. Now, three years after its launch, the platform runs independently of Reach. Reach successfully trained and handed over Virtual Mentor Mothers to m2m, who maintain and update the browsable chatbot - ensuring sustainability and long-term impact. As Reach seeks new implementation partners across Africa to scale different health domain interventions, the success of the Virtual Mentor Mother and its relationship with NGOs as implementing partners provides valuable learnings.
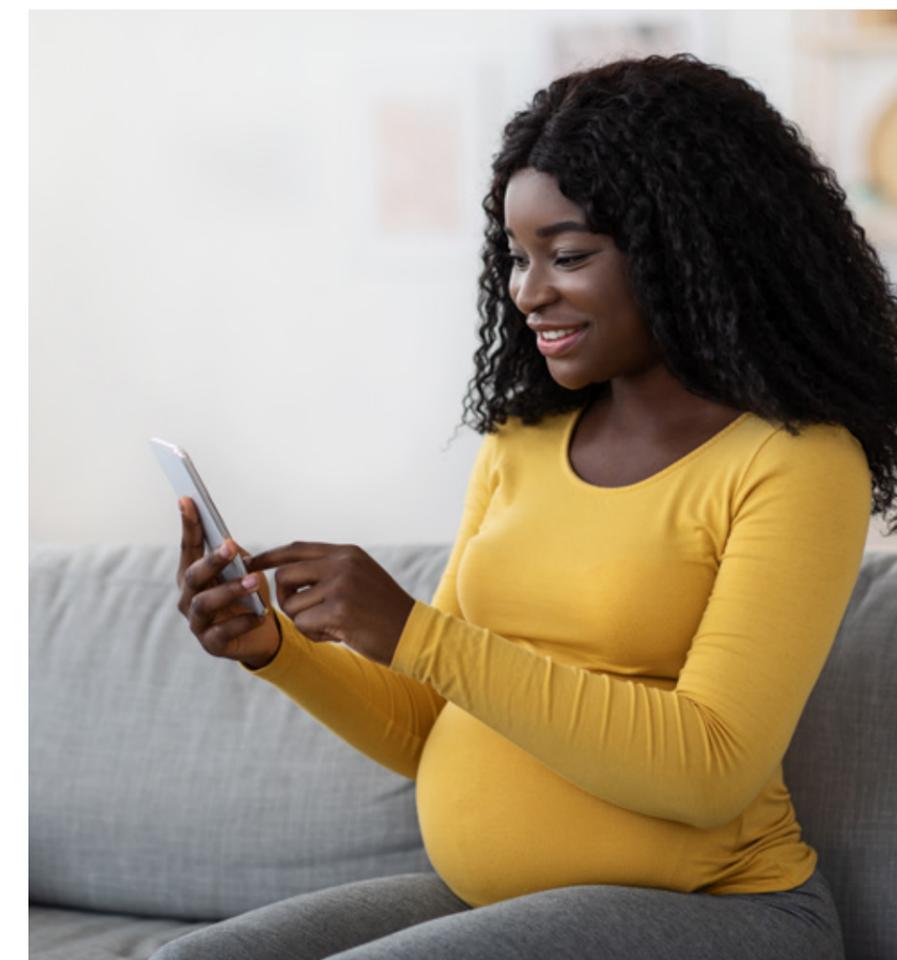
" For Reach, the Virtual Mentor Mother is a case study on the organisation's ability to scale and reach the most vulnerable citizens rapidly.

World Health Organization

Since 2020, Reach has been working with WHO and their global tech partners, such as Meta and Viber, to provide reliable health information across four key platforms; WhatsApp, Facebook Messenger, Free Basics and Viber. These platforms have been hugely popular and are a core of WHO's communications strategy. Several elements need development and maintenance to advance these platforms, from interventions that responded to the COVID-19 pandemic to responding to emerging health crises, addressing misinformation and encouraging people to live healthier lives.

WHO and Reach are committed to developing and maintaining gold-standard health communication services for WHO and also recognise that other NGOs and social impact organisations would benefit from examples and guides that could help them implement similar services for their specific needs. To enable this global knowledge sharing, we will develop a series of playbooks that will adhere to international flow interoperability standards and be freely available to other organisations through Turn.io's public playbook library.


Future activities include the development of an emergency module across all WHO HealthAlert chatbot platforms (WhatsApp, Viber, Facebook Messenger, Free Basics) to enable WHO to react to emergencies quickly and provide critical information to citizens and displaced people around the world in times of crisis. Where available and approved by WHO, the platforms provide links to on-the-ground services where citizens can access in-person support or healthcare. This content will be delivered as targeted alerts relevant to their region, and citizens might opt for further information.

Young Africa Live

Socio-economic barriers prevent young people in developing countries from accessing adequate sexual and health-related information and services needed to live healthy, fulfilling lives. As a result, they have limited access or incorrect access to healthcare information, leading to unhealthy behaviours and poor access to health services, contributing to avoidable health concerns like unplanned pregnancies and the spread of HIV and other STIs.

The Young Africa Live (YAL) chatbot reaches young people, provides accurate advice, and enables access to health services at their fingertips. After successfully launching last year, YAL (branded B-wise in South Africa) has approximately 30,000 users who spend an average of 24 minutes per session engaging with the chatbot - affirming that young people are eager for information.

This year's focus for YAL is ensuring that information is relevant and measured for impact and that all content includes a range of health disciplines - including sexual reproductive health, mental health and violence and abuse.
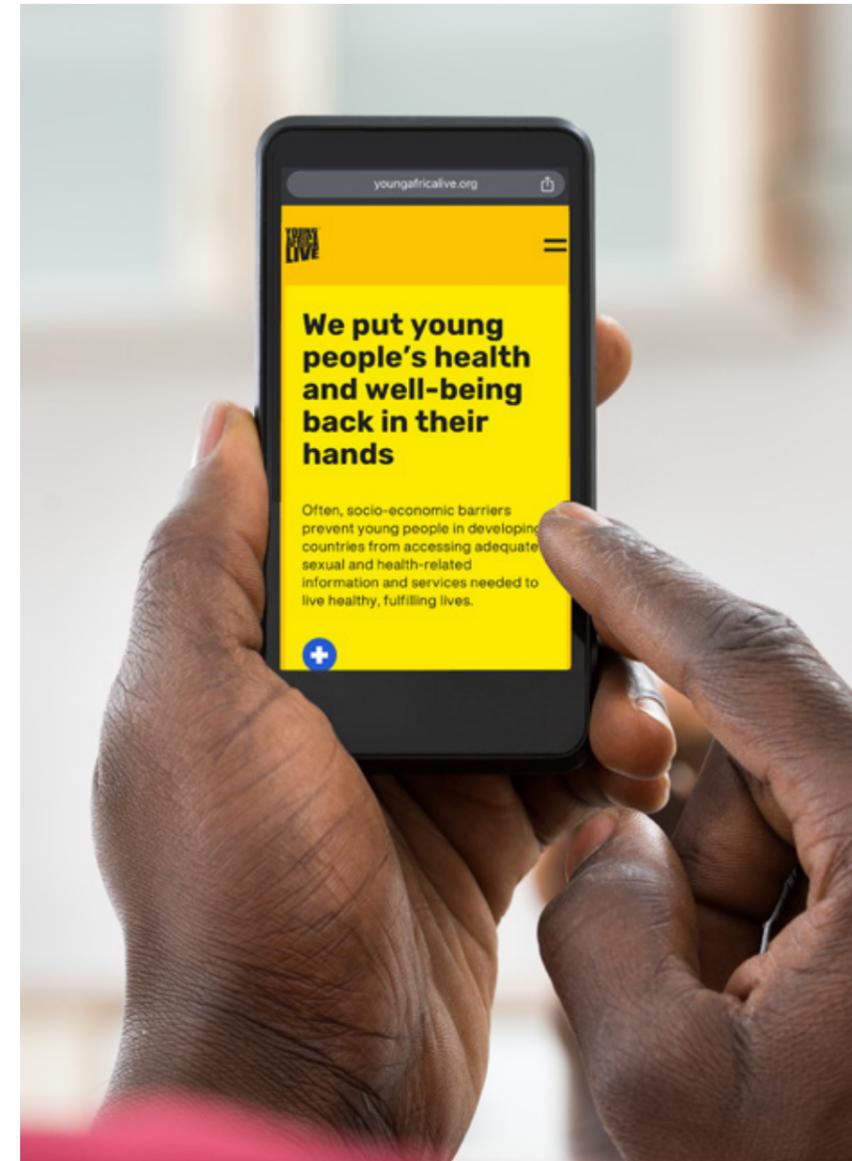
Our financials

Financial statement
year ended 28 Feb 2023 (ZAR)

Financial statement year ended 28 Feb 2023 (USD)

Revenue & expenses	2023	2022
Total revenue		
Restricted and unrestricted funding	R79,904,496.00	R61,396,799.70
Total direct costs	R20,584,202.00	R18,520,560.48
Total operating expenses	R58,454,056.79	R41,340,815.66
Net operating profit before tax	**R866,237.21**	**R1,535,423.56**

Financial statement year ended 28 Feb 2023 (USD)

Revenue & expenses	2023	2022
Total Revenue		
Restricted and Unrestricted Funding	$4,879,067.96	$4,151,518.00
Total Direct Costs	$1,256,896.99	$1,252,320.00
Total operating expenses	$3,569,277.45	$2,795,376.00
Net operating profit before tax	**$52,893.52**	**$103,822.00**

Link *Financial summary*

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Thank you

We want to express our deepest gratitude to our partners for their support in strengthening our collective ability to help provide universal health coverage these past years. This invaluable support has allowed us to expand health systems to the most vulnerable citizen, responding to various health needs from the womb and beyond.

Together, we make health possible.

REACH
Health made possible

Reach harnesses existing technologies to improve healthcaare and create social impact.

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