



HEALTH 2 GO

Progress Report through December 31, 2025

Finalized March 1, 2026

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castapebble

ENSIGN GLOBAL
UNIVERSITY

U CENTER FOR BUSINESS,
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THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS



Health 2 Go Program Overview

Health 2 Go (H2Go) is a community-based primary healthcare program that focuses on improving the health of communities. While the traditional model of healthcare requires people to go to facilities to access basic services, H2Go employs the approach of bringing the health system to the doorsteps of families. The program is designed to overcome obstacles that cause similar programs to fail and to support countries in reaching United Nations' Sustainable Development Goals (SDGs). Specifically, H2Go aims to contribute to SDG targets 3.2, which seeks to reduce child mortality, and 3.8, which aims to achieve universal health coverage.

Health 2 Go delivers the health system to communities:

- Builds community capacity through education and health promotion
- Manages basic illnesses in communities
- Bridges the gap between health system and communities
- Connects complicated illnesses to health facilities

Health 2 Go Mechanisms include:








- Appropriate use of the healthcare system
- Community Health Workers known as Community Based Agents (CBAs)
- World Health Organization (WHO)/UNICEF Integrated Community Case Management of Childhood Illness (iCCM)
- Children under age 5 → mothers → families → communities

Health 2 Go overcomes common challenges of community-based programs:

COMMON CHALLENGES

- Insufficient training
- Inconsistent access to equipment, medicines, and supplies
- Limited supervision structure
- Disengaged communities
- Disconnected from formal health system
- Poor emphasis on prevention
- Ineffective consumer branding

HEALTH 2 GO SOLUTIONS

-  Ongoing high-quality training
-  Consistent provision of durable equipment, medicines, and supplies
-  Regular supportive supervision
-  Continual community engagement
-  Clear integration into formal health system
-  Prevention, health promotion, and early treatment emphasized
-  Effective consumer branding

H2Go is currently implemented in two geographically diverse areas in Ghana. The overarching goals, which we are actively pursuing, are for H2Go to be scalable to a level that allows for country-wide implementation and to be able to adapt and expand this program to other countries.

Health 2 Go: Wawase CHPS Zone Pilot

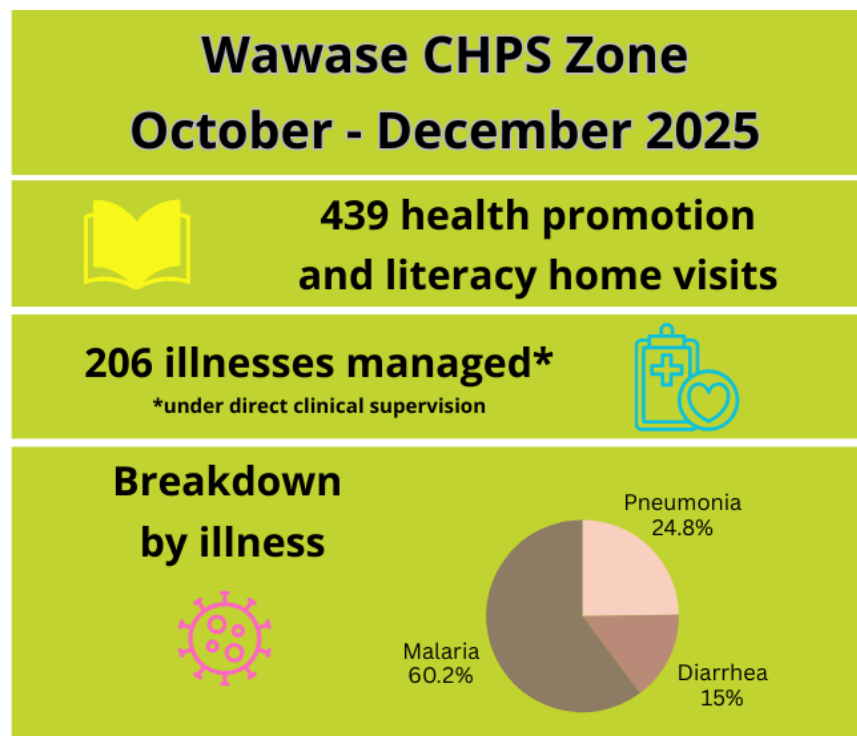
Implementation Overview

H2Go launched in six (6) small communities in the Wawase CHPS (Community-based Health Planning Services) zone in the Kpong Sub-District of the Lower Manya Krobo District in the Eastern Region of Ghana on October 24, 2016. Approximately 1,500 people in these communities are being served by 10 H2Go CBAs. A list and map of these communities is listed on page 8.

H2Go Wawase CHPS Zone Recent Activities

Among approximately 200 children under age 5 during the quarter October 2025 – December 2025:

- 206 illnesses managed in the community by H2Go CBAs
 - 124 malaria; 31 diarrhea; 51 pneumonia/Acute Respiratory Illness (ARI)
- 4 referrals were made to health facilities for serious and life-threatening illnesses
- 439 home visits



The most recent refresher training occurred on November 11-12, 2025. The training was held at Ensign Global University in Kpong, Ghana, and was attended by a total of 30 participants. Participants included Ghana Health Service personnel trained as H2Go facilitators/managers and supervisors, H2Go Wawase CBAs, and H2Go team members, including Professor Stephen Manortey, PhD, MSc (Statistics) - Ghana country H2Go Principal Investigator (PI), and Moselle Brown, PA, MPH - Ghana Health2Go Project Coordinator.

Health 2 Go Barekese Sub-District

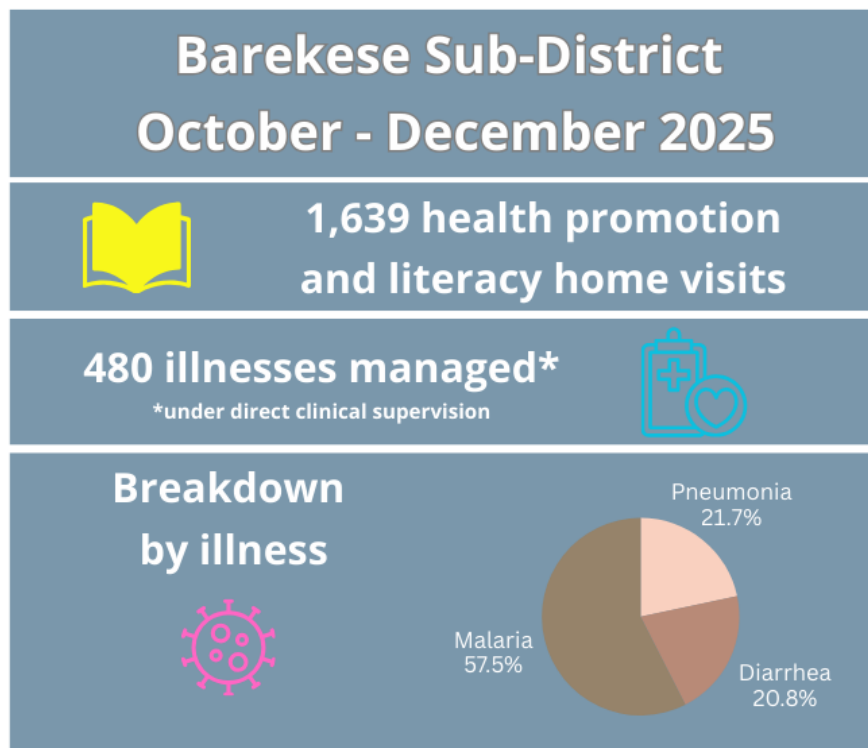
Implementation Overview

The expansion of H2Go into the Barekese Sub-District, a larger demonstration project called the Barekuma Community Collaborative Development Program (BCCDP) follows the success of the Kpong Pilot, launched in May 2018. Approximately 20,000 people in 20 rural communities in the Atwima Nwabiagya North District near Kumasi in the Ashanti Region are being served by 30 H2Go CBAs. A list and map of these communities is listed on page 8.

H2Go Barekese Sub-District Recent Activities

Among approximately 2,200 children under age 5 during the quarter October 2025 – December 2025:

- 480 illnesses managed in the community by H2Go CBAs
 - 276 malaria; 100 diarrhea; 104 pneumonia/Acute Respiratory Illness (ARI)
- 38 referrals were made to health facilities for serious and life-threatening illnesses
- 1,639 home visits



The most recent refresher training occurred on December 11-12, 2025. The training was held at the Atwima Nwabiagya North Health Directorate in Kumasi, Ghana. Participants included Ghana Health Service personnel trained as H2Go facilitators/managers and supervisors, H2Go Barekese Sub-District CBAs, and H2Go team members, including Gideon Acheampong, MPH, BSc, and Moselle Brown, PA, MPH - Ghana Health2Go Project Coordinators.

Health 2 Go Project Results Since Inception

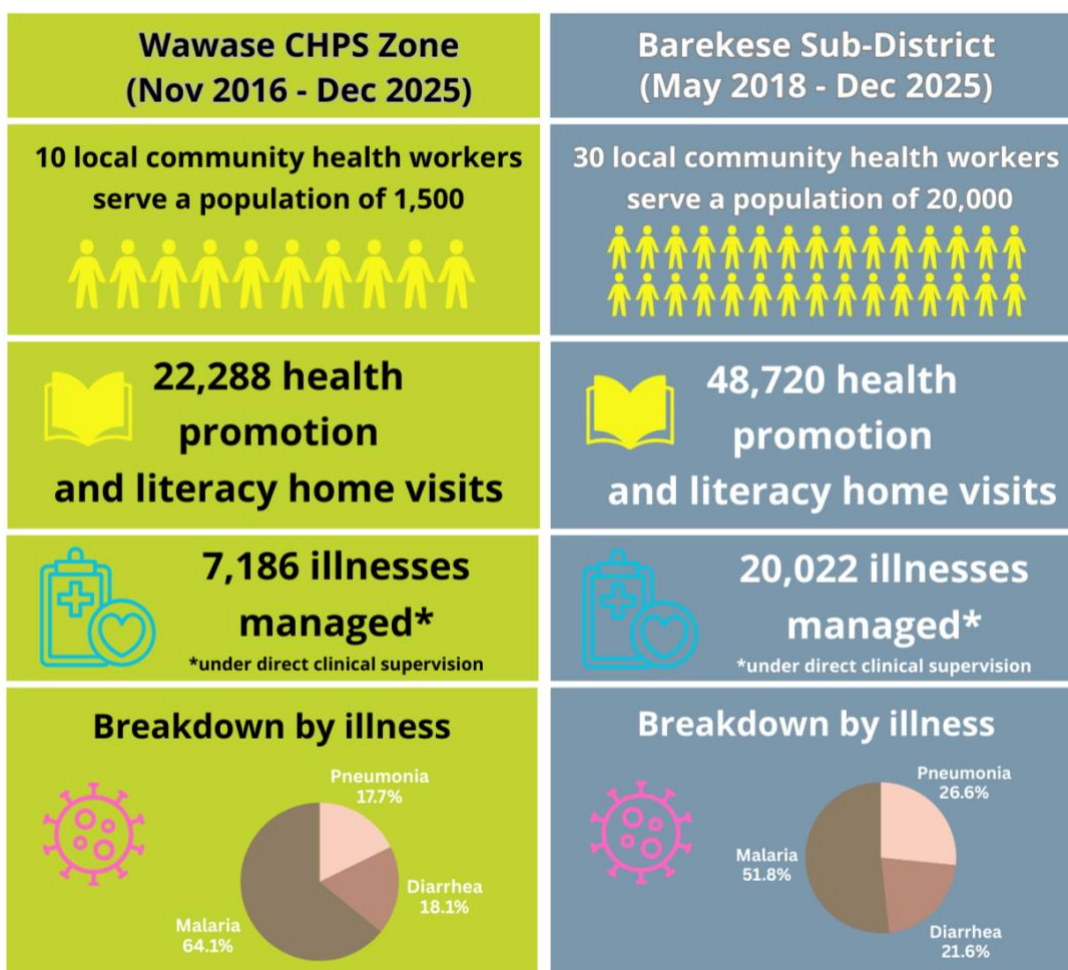
Results Overview

Wawase CHPS Zone: Among approximately 200 children under age 5, (November 2016 – December 2025):

- 7,186 illnesses managed; 4,609 malaria; 1,302 diarrhea; 1,275 pneumonia
- 216 referred to health facilities for serious and life-threatening illnesses
- 22,288 home visits

Barekese Sub-District: Among approximately 2,200 children under age 5, (October 2018 – December 2025):

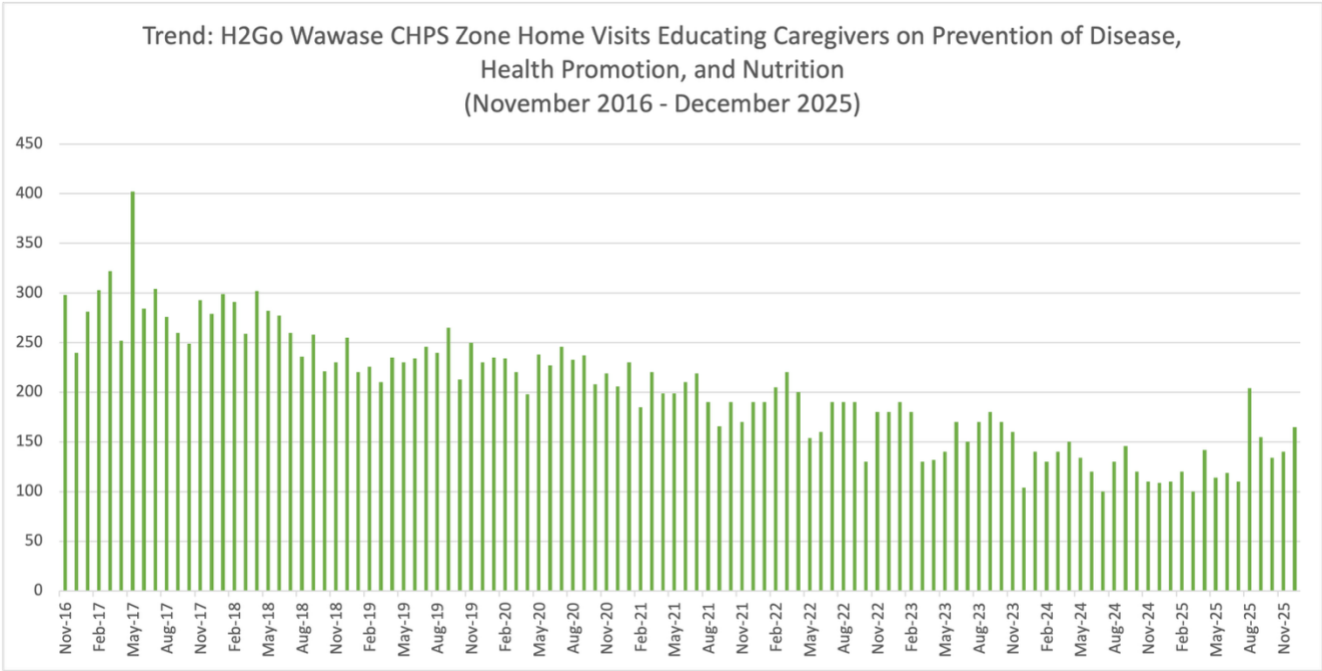
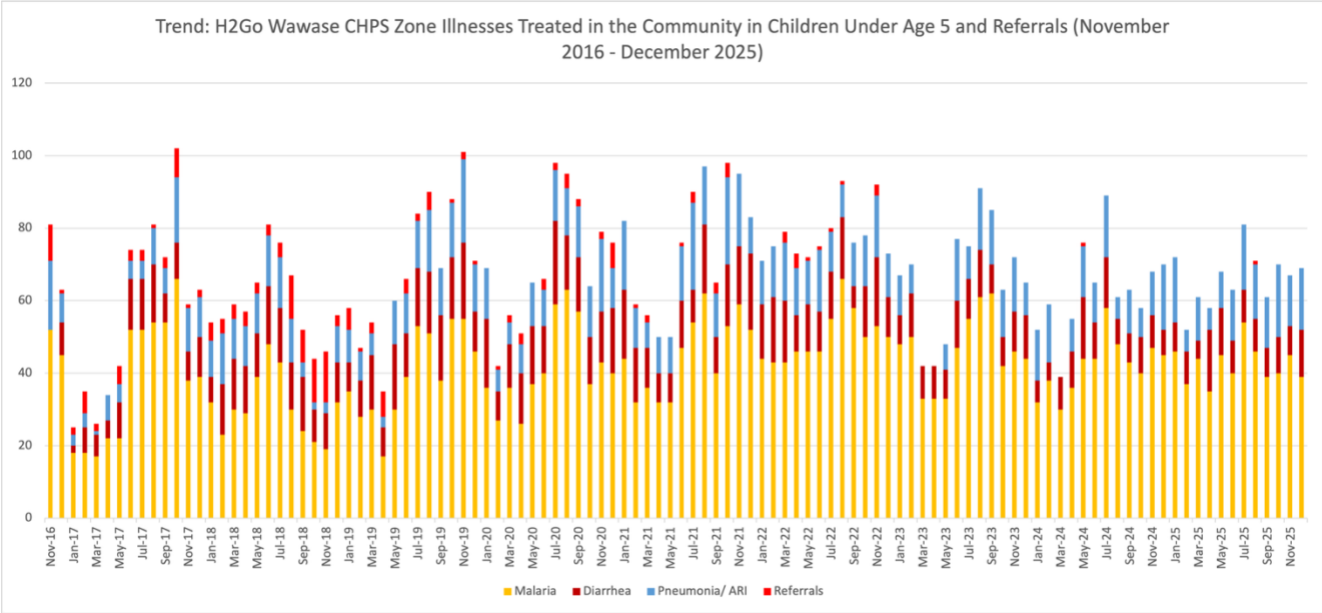
- 20,022 illnesses managed: 10,368 malaria; 4,332 diarrhea; 5,322 pneumonia
- 1,195 referred to health facilities for serious and life-threatening illnesses
- 48,720 home visits



Wawase CHPS Zone Trends to Date (November 2016 – December 2025)

Among approximately 200 children under age 5:

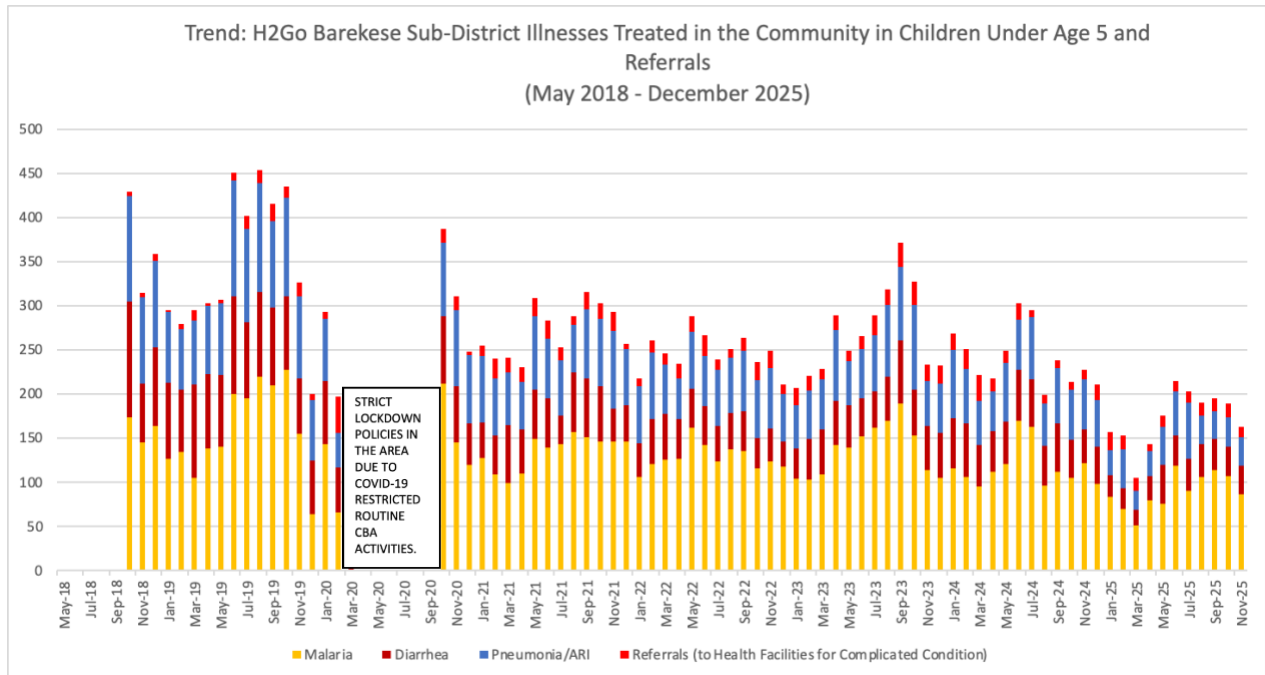
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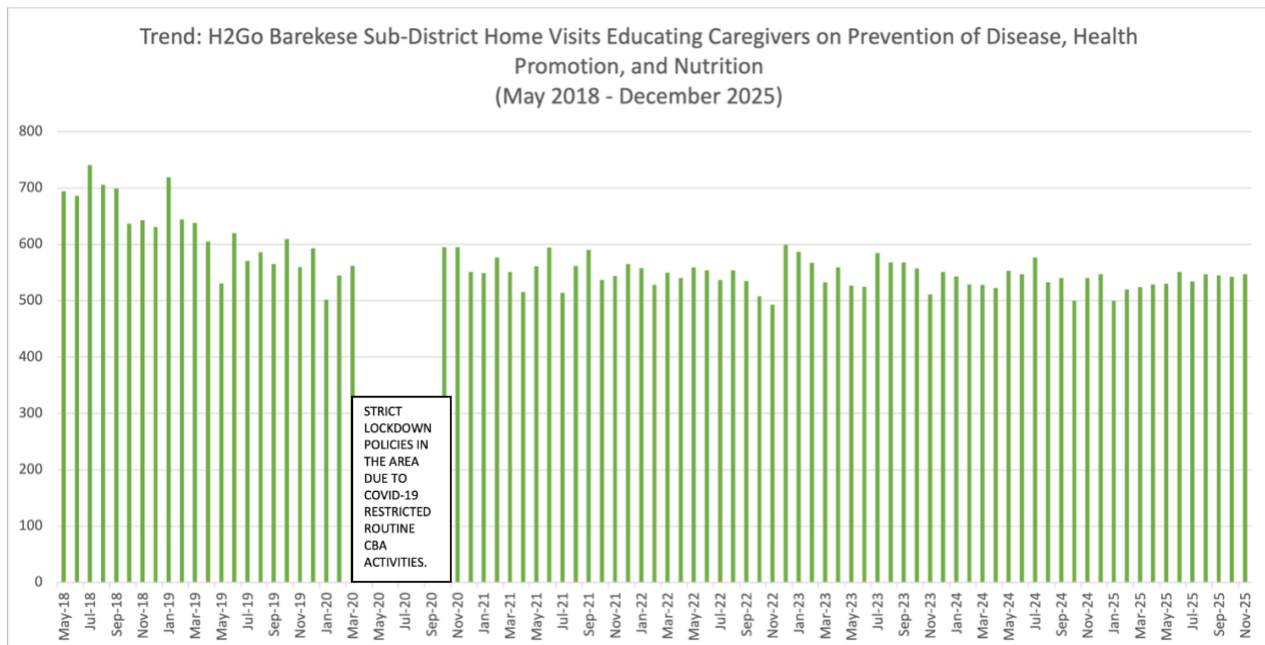
Barekese Sub-District Trends to Date (May 2018 – December 2025)

Among approximately 2,200 children under age 5:

- 20,022 illnesses managed in the community by H2Go Barekese CBAs
 - 10,368 malaria; 4,332 diarrhea; 5,322 pneumonia
- 1,195 referred to health facilities for serious and life-threatening illnesses
- 48,720 home visits



*CBAs did not have medicines until Oct. 2018, but began conducting home visits in May 2018



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Appendix 1

Figure 1: Wawase CHPS Zone Communities

Communities include:

1. Aplah
2. Abobeng
3. Wawase
4. Piengua
5. Obelemanya
6. Atotorsi



Figure 2: Barekese Sub-District Communities

Communities include:

1. Boahenkwa I
2. Boahenkwa II
3. Adegya
4. Worapong
5. Atramso
6. Sikayena
7. Achina
8. Atutuma
9. Kwame Marto
10. Ataase
11. Achiasse
12. Abira
13. Berekesse
14. Marban
15. Fufuo
16. Barekuma
17. Aninkroma
18. Kumi
19. Adankwame
20. Esaaso

