HEALTH 2 GO

HEALTH 2 GO PROGRESS REPORT

Q2 April through June 2026

Finalized July 31, 2026

Report prepared and reviewed by Lydgia Jarvis, BS and Stephen Alder, PhD, MBA

castapebble

ENSIGN GLOBAL UNIVERSITY

CENTER FOR BUSINESS, HEALTH, AND PROSPERITY
THE UNIVERSITY OF UTAH

GHANA HEALTH SERVICE
Your Health-Our Concern

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 visit facilities in order 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 have caused similar programs to fail and to support countries in reaching the 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.

H2Go is currently implemented in two geographically diverse areas in Ghana – the Wawase CHPS Zone and the Barekese Sub-District. The long-term goals for H2Go are country-wide implementation within Ghana, and the ability to adapt the program for expansion into other countries.

Health 2 Go Goals

- Build -capacity through education and health promotion
- Manage basic illnesses in communities
- Bridge the gap between the health system and communities
- Refer complicated illnesses to health facilities

Health 2 Go Mechanisms

- Integration with the broader healthcare system
- Community Health Workers known as Community-Based Agents (CBAs)
- World Health Organization (WHO)/UNICEF Integrated Community Case Management of Childhood Illness
- Building from children through age 5 to mothers to families to communities

Health 2 Go Solutions to Common Challenges

COMMON CHALLENGES	HEALTH 2 GO SOLUTIONS
• Insufficient training	Ongoing high-quality training
• Inconsistent access to equipment, medicines, and supplies	Consistent provision of durable equipment, medicines, and supplies
• Limited supervision structure	Regular supportive supervision
• Disengaged communities	Continual community engagement
• Disconnected from formal health system	Clear integration into formal health system
• Poor emphasis on prevention	Prevention, health promotion, and early treatment emphasized
• Ineffective consumer branding	Effective consumer branding

Health 2 Go: Wawase CHPS Zone Pilot

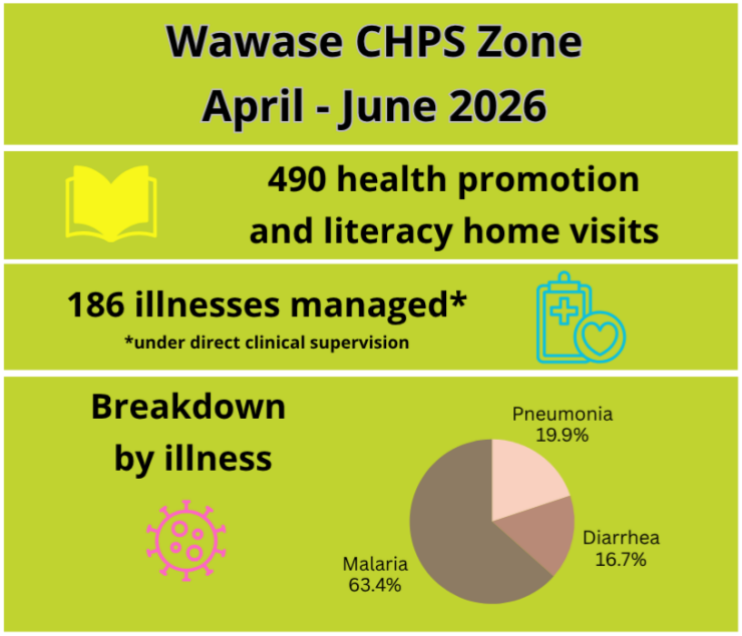
Implementation Overview

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

H2Go Wawase CHPS Zone Recent Activities

Health Indicators: April – June 2026
Among approximately 200 children age 5 and under:

- 490 health promotion and literacy home visits took place
- 186 illnesses were managed in the community by H2Go CBAs:
    - 118 malaria
    - 31 diarrhea
    - 37 pneumonia/acute respiratory illness (ARI)
- 0 referrals were made to health facilities for serious and life-threatening illnesses



Community-Based Agent (CBA) Training
The most recent CBA competency refresher training occurred on April 24, 2026. The training was held at Ensign Global University in Kpong, Ghana, and was attended by a total of 26 participants. Participants included Ghana Health Service personnel trained as H2Go facilitators/managers and supervisors, H2Go Wawase CBAs, Dr. James Avoka, District Director for the Lower Manya Krobo Region, and H2Go team members, including Professor Stephen Manortey, PhD, MSc (Statistics), H2Go Principal Investigator (PI), Moselle Brown, PA, MPH, Ghana H2Go Project Coordinator, and Gideon Acheampong, MPH, BSc, Ghana H2Go Project Assistant Coordinator.

Health 2 Go Barekese Sub-District

Implementation Overview

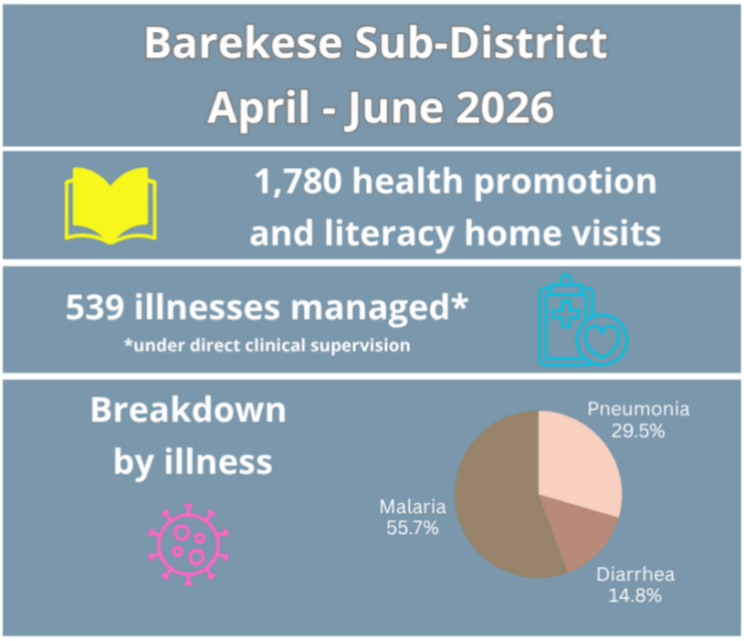
The expansion of H2Go in May 2018 into the Barekese Sub-District, a larger demonstration project called the Barekuma Community Collaborative Development Program (BCCDP), followed the success of the Kpong Pilot site. Approximately 20,000 people in 20 rural communities in the Atwima Nwabiagya North District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

H2Go Barekese Sub-District Recent Activities

Health Indicators: April – June 2026

Among approximately 2,200 children age 5 and under:

- 1,780 health promotion and literacy home visits took place
- 539 illnesses were managed in the community by H2Go CBAs:
    - 300 malaria
    - 80 diarrhea
    - 159 pneumonia/acute respiratory illness (ARI)
- 68 referrals were made to health facilities for serious and life-threatening illnesses



Community-Based Agent (CBA) Training

The most recent competency refresher training occurred on May 21-22, 2026. The training was held at the Atwima Nwabiagya North Health Directorate in Kumasi, Ghana, and was attended by a total of 42 participants. Participants included Ghana Health Service personnel trained as H2Go facilitators/managers and supervisors, H2Go Barekese Sub-District CBAs, Mr. Felix Delle, District Director, Mr. Dominic Osei Berima, Public Health Nurse, and H2Go team members Moselle Brown, PA, MPH, Ghana H2Go Project Coordinator and Gideon Acheampong, MPH, BSc, Ghana H2Go Project Assistant Coordinator.

Health 2 Go Project Results Since Inception

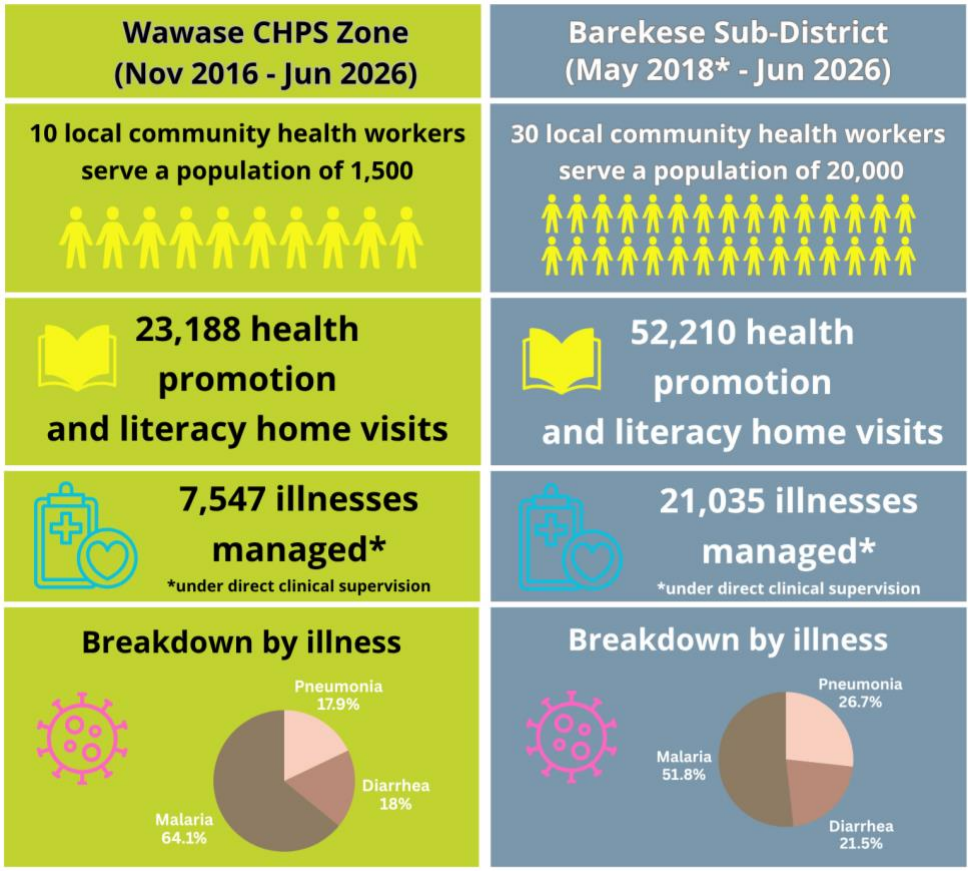
Results Overview

Wawase CHPS Zone: Among approximately 200 children age 5 and under from November 2016 to June 2026:

- 23,188 health promotion and literacy home visits have taken place
- 7,547 illnesses were managed:
    - 4,835 malaria
    - 1,359 diarrhea
    - 1,353 pneumonia/acute respiratory illness (ARI)
- 216 children were referred to health facilities for serious or life-threatening illnesses

Barekese Sub-District: Among approximately 2,200 children age 5 and under from October 2018 to June 2026:

- 52,210 health promotion and literacy home visits have taken place
- 21,035 illnesses were managed:
    - 10,892 malaria
    - 4,520 diarrhea
    - 5,623 pneumonia/acute respiratory illness (ARI)
- 1,304 children were referred to health facilities for serious or life-threatening illnesses



*CBAs did not have medicines until October 2018 but began conducting home visits in May 2018

Wawase CHPS Zone Trends to Date (November 2016 – June 2026)

Among approximately 200 children age 5 and under:

- 7,547 illnesses were managed in the community by H2Go Wawase CBAs:
  - 4,835 malaria
  - 1,359 diarrhea
  - 1,353 pneumonia/acute respiratory illness (ARI)
- 216 children were referred to health facilities for serious and life-threatening illnesses
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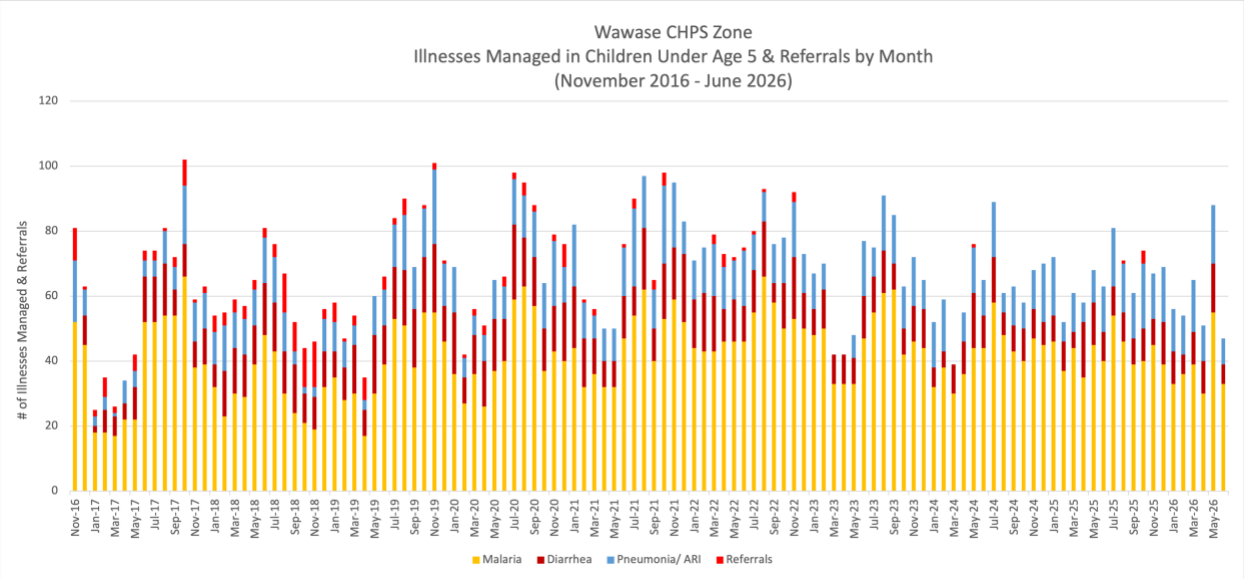

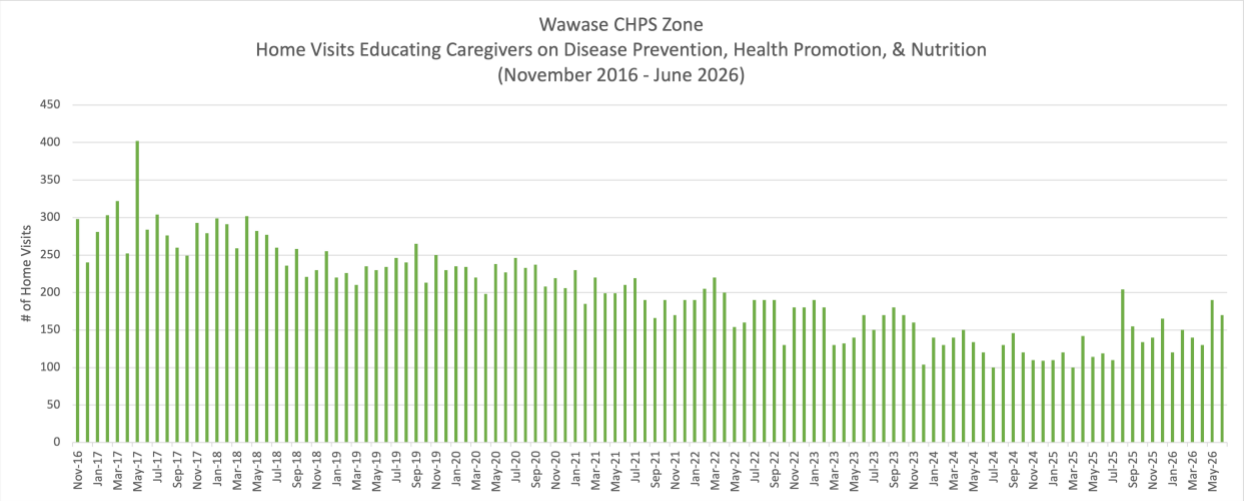

Barekese Sub-District Trends to Date (May 2018 – June 2026)*

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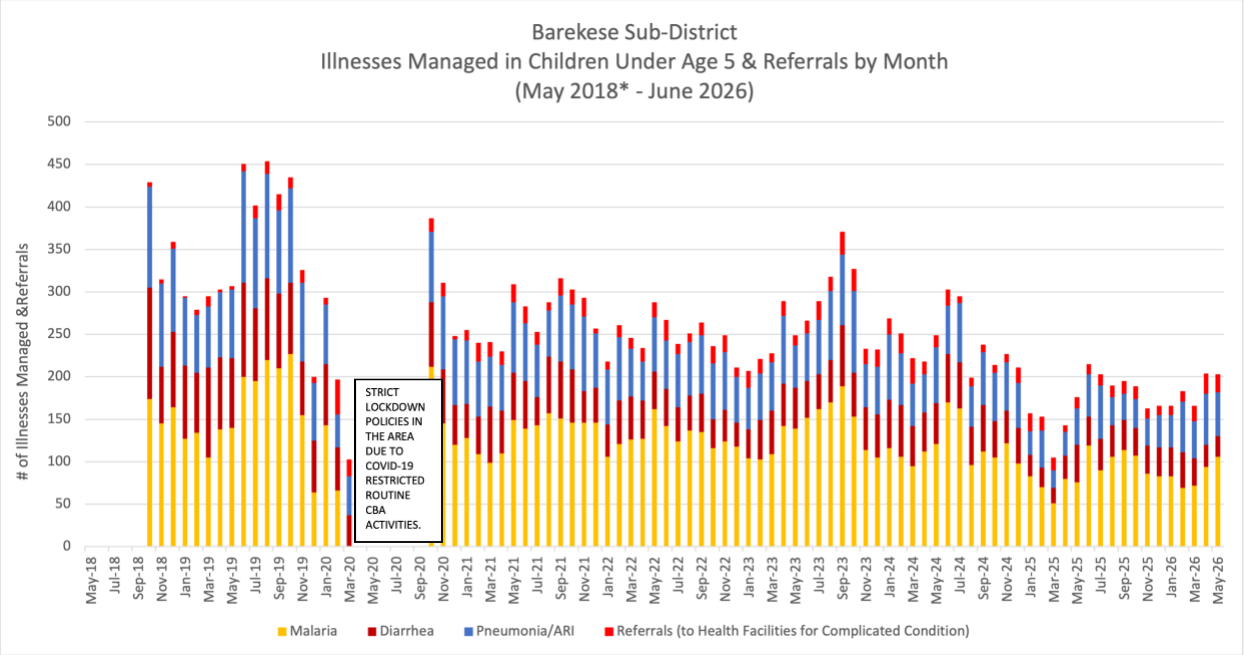

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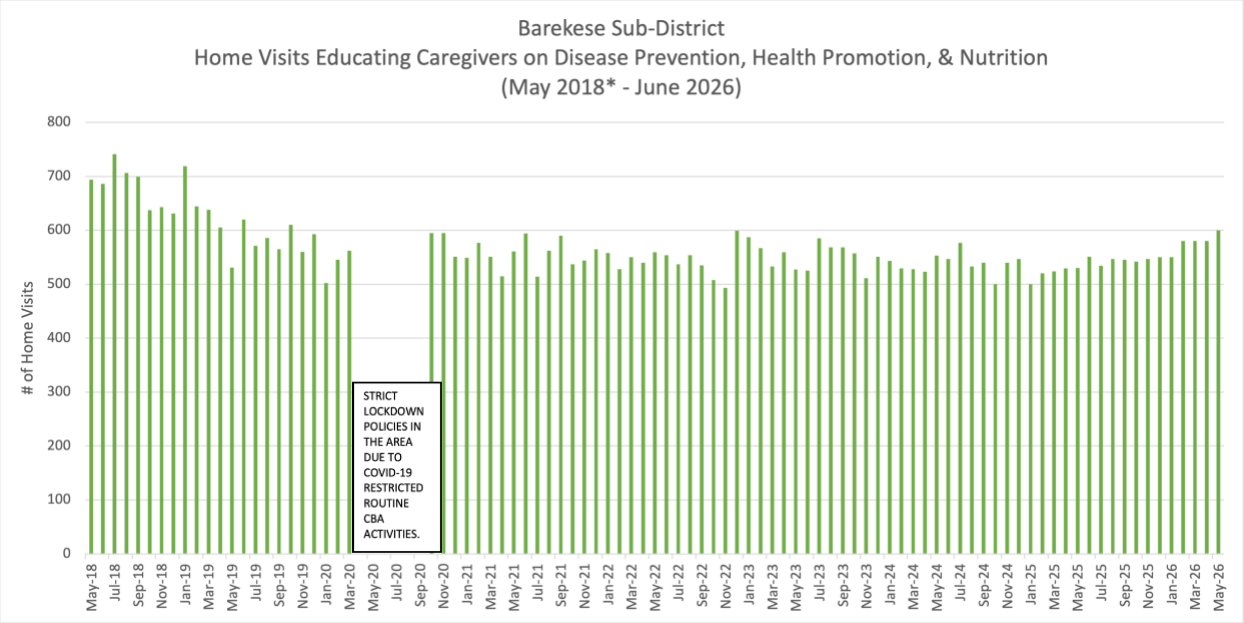

Figure 1: Wawase CHPS Zone Communities

Communities include:

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

Figure 2: Barekese Sub-District Communities

Communities include:

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