



# HEALTHY ENTREPRENEURS

How Healthy Entrepreneurs made community health financially sustainable at scale



# SCALE BREAKTHROUGH

Supporting 67,000  
Community Health  
Entrepreneurs to reach  
up to 50 million people  
by 2030

Across Sub-Saharan Africa, more than 600 million people live in rural areas where access to reliable primary healthcare remains limited. Community Health Workers (CHWs) exist to fill that gap, but most are unpaid or underpaid, operating within chronically underfunded health systems which don't deliver sufficient services and products to rural areas.

Healthy Entrepreneurs designed their operating model to strengthen the CHW system. They do so by supporting CHWs to take on an expanded role as Community Health Entrepreneurs (CHEs), earning income through a broader range of quality-assured products and services that complement government provision.

To make this possible, Healthy Entrepreneurs built an integrated last-mile healthcare supply chain that gives CHEs the tools, products, and support needed to serve their communities more effectively.

The model now supports **20,000+** Community Health Entrepreneurs, collectively serving over **18 million** people across **7 countries**.

**How did Healthy Entrepreneurs build a model that strengthens national community health systems, and sustains itself in the process?**

**94%**

of households report improved health, and are twice as likely to use modern contraceptives

**60%+**

reduction of out-of-pocket expenses compared to visiting a health clinic

**57–70%**

increase in CHW incomes within two years, with CHWs spending significantly more time on community health work

**80%**

retention of CHWs in the program after 8 years

# THE PROBLEM (1/2)

Sub-Saharan Africa hosts approximately 16% of the world's population,<sup>1</sup> yet bears at least 23% of the global disease burden and accounts for less than 4% of the health workforce.<sup>2</sup>

**Healthcare is expensive:** Healthy Entrepreneurs found that families spend roughly 15% of household income on healthcare, with more than half going to transport to clinics rather than treatment. In addition, limited health knowledge reduces timely care-seeking, while inconsistent service quality undermines trust.

## **Existing community healthcare infrastructure is not working**

More than 90% of common health issues can be managed at community level, and the primary mechanism for delivering this care already exists: CHWs. CHWs are local frontline providers linked to public health facilities, who conduct household visits and provide basic preventive and curative services.

- 
1. World Bank (2024) Poverty, Prosperity, and Planet Report 2024: Pathways out of the Polycrisis. [Available here.](#)
  2. World Health Organization Regional Office for Africa (2024) A decade review of the health workforce in the WHO African Region, 2013–2022: implications for aligning investments to accelerate progress towards universal health coverage. [Available here.](#)

# THE PROBLEM (2/2)

However, three structural failures have historically constrained the performance and effectiveness of CHWs:

## 1. Incentive and financing failure

Only 13% of CHWs in Sub-Saharan Africa receive some form of payment<sup>3</sup>, since most programs depend on donor funding that is rarely sustained. Without reliable income, CHWs end up prioritizing other livelihoods, weakening motivation and undermining continuity of care.

## 2. Supply failure

CHWs struggle to access affordable, quality medicines to provide to their patients. This is due to limited availability of stock in public systems and high costs of products in private markets, which can also often be substandard or counterfeit. This means low-income households tend to pay the highest price for poor-quality medicines.

## 3. Support and supervision failure

Infrequent refresher training, weak supervision, and gaps in operational support constrain CHW effectiveness. In addition, many lack equipment and reliable systems for monitoring, reporting, and referral.

### **Together, these three failures drive chronic attrition.**

Research in rural Kenya found nearly half of trained volunteer CHWs had dropped out within seven years.<sup>4</sup>

In 2012, Healthy Entrepreneurs identified the core gap: the infrastructure, the demand, and the workforce existed; **what was missing was a viable and sustainable operating model.**

3. Taylor, C., Griffiths, F. and Lilford, R. (2017) 'Affordability of comprehensive community health worker programmes in rural sub-Saharan Africa', *BMJ Global Health*, 2(3), e000391. Available at: [doi:10.1136/bmjgh-2017-000391](https://doi.org/10.1136/bmjgh-2017-000391)

4. Ngugi, A. K., Nyaga, L. W., Lakhani, A., Agoi, F., Hanselman, M., Lugogo, G., & Mehta, K. M. (2018). Prevalence, incidence and predictors of volunteer community health worker attrition in Kwale County, Kenya. *BMJ global health*, 3(4), e000750. <https://doi.org/10.1136/bmjgh-2018-000750>

# THE RESPONSE

## (1/2)

Healthy Entrepreneurs responded by building a last-mile service delivery model that **supports CHWs to take on an expanded role as Community Health Entrepreneurs (CHEs)**, complementing and extending what national health systems already provide.

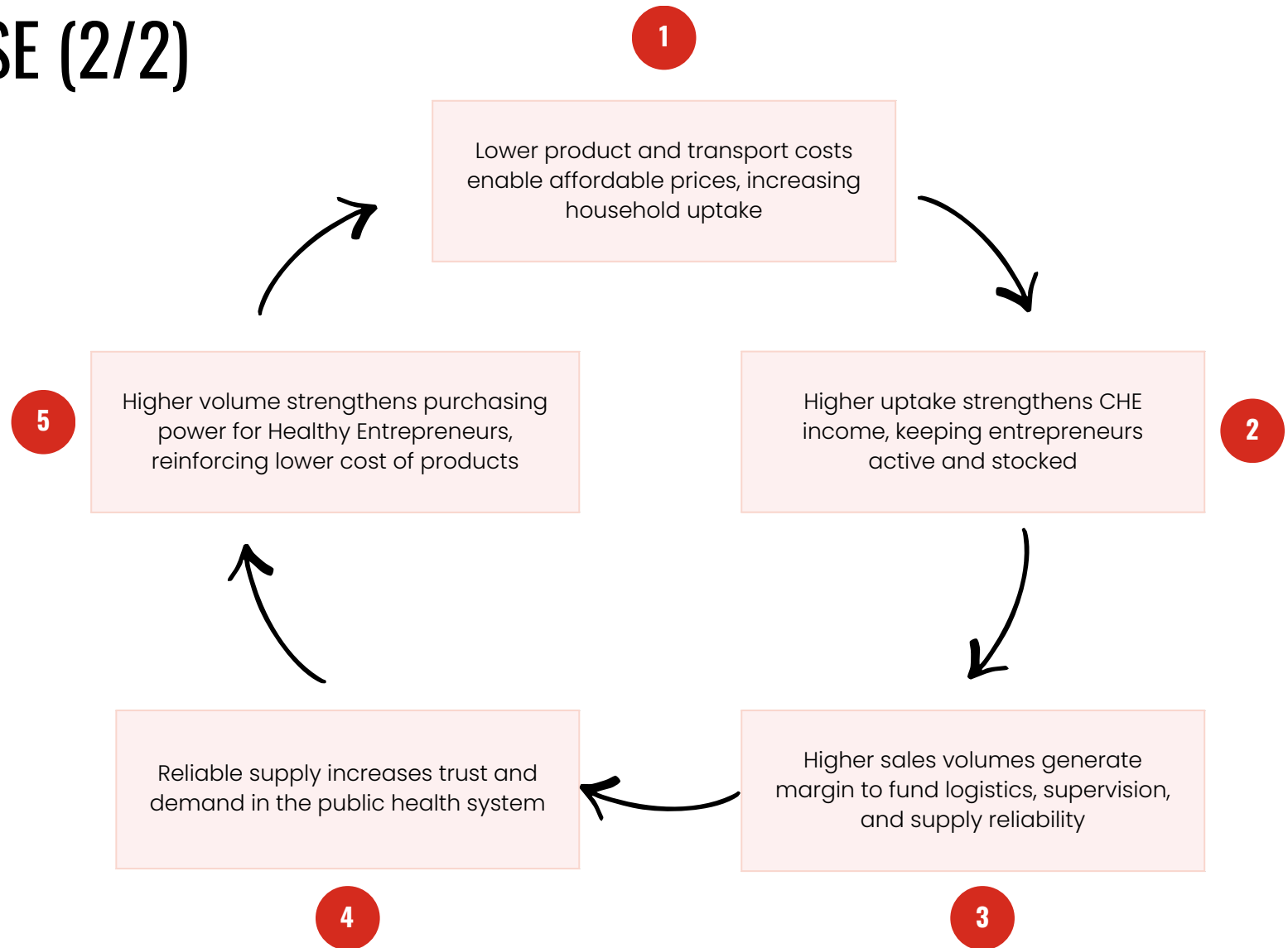
Healthy Entrepreneurs recruit, train and support CHEs to set up door-to-door franchise businesses, combining health education, counselling, and sales of essential products. The typical profile of a CHE is a mother over the age of 30 who has a CHW background.

This model addressed the three key failures of the existing CHW system.

CHW SYSTEM FAILURE	HOW HEALTHY ENTREPRENEURS ADDRESS IT
<p><b>Supply Failure</b></p>	<p>Healthy Entrepreneurs have built and manage their own end-to-end integrated supply chain. Quality essential medicines are centrally procured from vetted suppliers, warehoused, and distributed directly to CHEs. CHEs order stock through Healthy Entrepreneurs' digital system, and dispensing data is electronically tracked. Centralized purchasing increases buying power, reduces intermediary mark-ups, and stabilizes availability.</p>
<p><b>Incentive and Financing Failure</b></p>	<p>By purchasing medicines in bulk directly from manufacturers, Healthy Entrepreneurs can offer health products to CHEs at a low cost, which in turn allows CHEs to earn an average gross margin of approximately 35% on products and services offered, while still offering medicines at 10–15% below market prices. This allows CHEs to generate average monthly earnings of USD \$45, representing an increase of 70% (2024-2025 survey data).</p>
<p><b>Support and Supervision Failure</b></p>	<p>CHEs benefit from structured onboarding training, followed by refresher training and ongoing coaching supporting their journey towards increased income. To address gaps in clinical support, digital tools are integrated into service delivery. Electronic patient records and eDispensing systems record patients, treatments, and stock, and the telemedicine platform enables CHEs to access medical advice, expanding clinical support beyond basic treatment.</p>

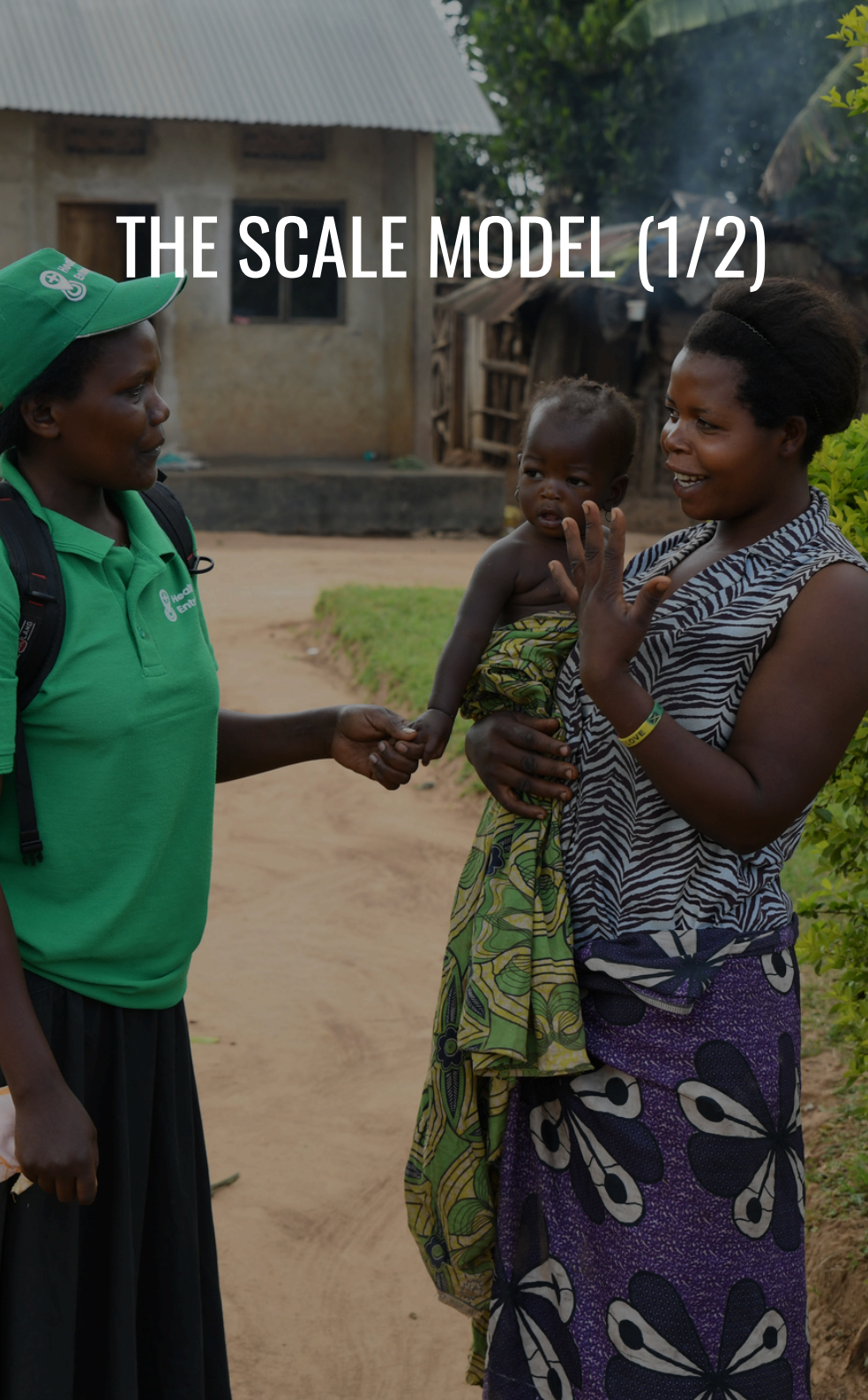
# THE RESPONSE (2/2)

A reinforcing economic loop sits at the core of the model



For **governments**, this enables higher CHW retention, more time invested in community health work and improved health outcomes.

# THE SCALE MODEL (1/2)



Healthy Entrepreneurs achieved scale by building a **central operating platform** that manages the systems, standards, and logistics behind a distributed network of CHEs.

1

## **Centralized control**

Healthy Entrepreneurs achieved scale by building a central operating platform that manages the systems, standards, and logistics behind a distributed network of CHEs.

2

## **Distributed Delivery in Geographical Clusters**

Healthy Entrepreneurs operate a distributed hub and route delivery model, in which CHEs are organized into geographic clusters. To ensure the viability of the model, Healthy Entrepreneurs prioritize the density of CHEs along existing delivery routes before expanding, and minimizes delivery frequencies.

# THE SCALE MODEL (2/2)

3

## Supply Chain as the Economic Engine

The integrated supply chain allows Healthy Entrepreneurs to retain an **average gross margin of 20–22%**.

At scale, this margin covers local management, logistics, supervision, and operational infrastructure. Reaching this point requires **patient capital**. Grant funding finances entry into new countries as a catalyst for building a sustainable delivery model, not a permanent subsidy. To date, this has been primarily provided by: bilateral aid agencies including the Dutch Ministry of Foreign Affairs, USAID, and Grand Challenges Canada; NGOs such as Amref and CARE; and foundations such as Philips Foundation and Bayer Foundation.

Once a country operation reaches sufficient scale, private investment takes over, as demonstrated by equity investment from Philips Impact Ventures and Madiro, complemented by a working capital facility from the Dutch Good Growth Fund.

Healthy Entrepreneurs estimates operational break-even at group level by 2028.

4

## Embedded within National Health Systems

Healthy Entrepreneurs have made integration with national health systems a deliberate part of their scale strategy. Instead of building a parallel delivery model, they work with Ministries of Health to formalise the role of CHEs within existing community health structures through MoUs. These agreements create alignment around how the model fits, functions, and grows within each system, covering aligned procedures, joined-up supervision, and integrated reporting mechanisms that connect CHE activity to national health data systems.

Healthy Entrepreneurs then intentionally adapt their integration strategy to the realities of each country context. In **Tanzania**, they helped secure the inclusion of Community Health Entrepreneurship in the national health strategy and training curriculum. In **Kenya**, they pursued national registration for the Healthy Entrepreneurs Telehealth Centre, enabling patients to access services through national insurance. In **Uganda**, the model supports the performance of the voluntary health team workers, complementing the national Community Health Extension Worker program.

# IMPACT (1/2)

## Healthy Entrepreneurs deliver impact on two levels:

1. Improving health and generating financial savings for households
2. Strengthening the livelihoods, performance and retention of CHEs

## IMPACT ON HOUSEHOLDS

*“My family health has improved especially that of my children because they do not usually fall sick during rainy season like they used to because our CHE taught me and my wife how to dress them and what tablets to give them when they are not feeling well.” – Male, 33 (60 Decibels study)*

Independent research by 60 Decibels in Uganda in 2024 found that, as a result of the presence of CHEs in their community:<sup>5</sup>

- 96% of households report better healthcare access
- 94% report improved household health

An independent evaluation by Erasmus School of Health Policy in rural West Uganda in 2019 found that households served by CHEs were twice as likely to be using a modern **contraceptive method**.<sup>6</sup>

A cost-effectiveness analysis by Philips in 2024 examined CHE-supported **chronic disease management**, and found that the CHE model was both **health-improving** and **cost-saving**.<sup>7</sup> For example, it found that the estimated number of strokes decreased by 30% under the CHE intervention.

5. 60 Decibels (2024) Healthy Entrepreneurs. [Available here](#).

6. Borst, R.A.J. et al. (2019) 'Reaching rural communities through "Healthy Entrepreneurs": a cross-sectional exploration of community health entrepreneurship's role in sexual and reproductive health', *Health Policy and Planning*, 34(9), pp. 676–683. [Available here](#)

7. Philips (2024) *Cost Effectiveness Analysis of Community Healthy Entrepreneurs (CHE)*. Amsterdam: Koninklijke Philips N.V.

# IMPACT (2/2)

## IMPACT ON CHES

An independent evaluation by the University of Oxford (2021–2023), based on a representative sample of 310 CHEs in Kenya, found substantial income gains after becoming a CHE.<sup>8</sup>

	Before becoming a CHE	Within 1-2 years of becoming a CHE	Increase
<b>Average monthly earnings</b>	KSh 2,700 (USD 21)	KSh 6,300 (USD 49)	<b>57%</b>

The most recent survey data collected by Healthy Entrepreneurs (2024–2025) shows even higher increases in income, with CHEs earning an average of KSh 5,800 per month (USD \$45) from their CHE business, a 70% increase.

In addition, Healthy Entrepreneurs achieved 80% retention after eight years in Uganda, reflecting the stability, support, and professional identity the model provides.

## LEVEL OF SCALE

The model now supports **20,000+ CHEs**, collectively serving over 18 million people across seven countries: Kenya, Uganda, Tanzania, Nigeria, DRC, Burkina Faso, and Ethiopia.

8. Ballerini, L. (forthcoming) *Key Results: Income and Health System Strengthening*. Oxford: University of Oxford.

# LESSON 01

## Design to strengthen public systems

In every country, Healthy Entrepreneurs begin with a core question: **how can this model strengthen, rather than duplicate, national health services?**

*'The beauty of our case is that we are actually solving a problem. If you don't solve a problem, it remains very difficult to work with government, but the moment you do, it becomes much easier, because in the end, government exists to deliver the kind of improved health outcomes that we are able to generate'- Joost van Engen, CEO*

Through MoUs, services are defined in relation to what governments already provide, **filling gaps without duplicating existing provision**. Where governments identify specific needs, they can also contract Healthy Entrepreneurs directly to deliver targeted interventions. During malaria season, for example, this has included promoting updated treatment guidelines, and distributing subsidized or free treatments on behalf of government.

This complementarity is possible because **Healthy Entrepreneurs built the model to be modular**. They can adapt components such as supply chain, telehealth, supervision, and product distribution to match public-system priorities in each context.

To determine how the model fits within a country's existing health system, Healthy Entrepreneurs run structured pilots before large-scale expansion. Through these pilots they:

- **Surface operational challenges**, allowing them to adapt the model before scaling
- **Build relationships and confidence with government stakeholders** by showing how the model works in practice
- Generate **context-specific** evidence that helps make the case for wider adoption

### Takeaway

Organizations that co-create with government, formalize their contribution through MoUs, and design services that complement rather than compete with existing provision are more likely to secure lasting institutional buy-in.

## LESSON 02

# Engineer resilience into the economic model

In 2024, a liquidity crisis across key markets stress-tested the Healthy Entrepreneurs model. Rural households and CHEs faced simultaneous financial pressure from rising costs of living, reduced agricultural yields, and deteriorating macroeconomic conditions. CHEs could no longer pre-finance stock, customers were lost, and revenue dropped 30-40%. The crisis exposed a structural vulnerability: **the model's scale depended directly on the financial capacity of its frontline entrepreneurs.**

### Takeaway

In volatile markets, resilience must be designed in. Models that anticipate disruption and build in the flexibility to absorb it are more likely to sustain impact when conditions change.

Healthy Entrepreneurs responded by redesigning their credit architecture to absorb liquidity shocks, resulting in a more resilient model:

- **Shorter repayment cycles**, replacing six-month credit terms with shorter, monthly repayment iterations aligned to delivery frequency, allowing faster adjustment to cash flow realities
- **Performance-linked credit expansion**, supported by collateral and guarantor structures to manage risk
- **Emergency Credit Facility** for CHEs facing hardship, to maintain operations during periods of acute financial stress
- **Structured business support** for CHEs, covering financial literacy, business planning, and income generation, helping CHEs effectively manage their finances. Survey data from 2024 showed a reported 70% increase in earnings compared to before joining the program
- **Consignments stock for trusted**, high-performing CHEs, reducing the upfront financial burden while enabling CHEs to expand their offering

The result was a more resilient model that protects income continuity and ensures stable supply chains, even during temporary liquidity shocks.

## LESSON 03

# Protect the economics of the model through selection discipline

Early expansion prioritized the volume of CHEs over selecting the best possible CHEs. The assumption was straightforward: more CHEs meant more coverage, more volume, and a stronger network. However Healthy Entrepreneurs realized this was not completely true, and in fact the model's financial viability depended not on the number of CHEs, but on their productivity.

Underperforming CHEs compressed margins across the network, weakened route economics, eroded community trust, and reduced impact. One poor performer didn't just hurt their own route, they degraded the economics of everyone around them. As a result, Healthy Entrepreneurs shifted from expansion-first to selection-first.

The new CHE selection process has three components:

- **On-the-job testing and probation.** Two-month trial contracts assess real-world performance before long-term commitment.
- **Peer-informed selection.** Existing CHEs help identify new recruits, drawing on their close understanding of what the role demands and who is likely to succeed in practice. This reflects a broader insight: the people closest to the work are often better judges of future performance than centralized screening alone.
- **More rigorous evaluation mechanisms.** Structured screening criteria, predictive models, and automation were introduced to improve selection accuracy.

### Takeaway

For models delivered through local actors, having high-performing people is essential. Expansion of a model that depends on underperformers can undermine the model rather than improve it, making selection discipline essential to sustainable scale.

# WHAT'S NEXT

After more than a decade building and refining the model, the question for Healthy Entrepreneurs is no longer whether community health entrepreneurship can work at scale, but how quickly they can reach the **next 50 million people**.

The conditions for scale are in place: 20,000+ Community Health Entrepreneurs operating across seven countries, serving 18 million people through fully digital, cashless systems; formal partnerships with governments at district and national levels; independent evidence demonstrating improvements in health outcomes, cost savings, and frontline income; and a standardized micro-franchise model ready to replicate.

## Vision for 2030

By 2030, Healthy Entrepreneurs aim to expand to **67,000 Community Health Entrepreneurs** across three countries, generating **USD \$1.5 billion** savings for up to **50 million people**.

An investment of **USD \$5.5–7 million** in catalytic capital would finance this next phase of density-driven expansion, enabling:

- Large-scale onboarding of new CHEs
- Deployment of telehealth and e-dispensing systems
- Development of new delivery routes and the logistics infrastructure to support them
- Technology as an operating backbone, deepening integration into national health systems and continuing investment in the digital infrastructure that enables scale

## Why now

This moment is particularly urgent. The contraction of donor funding for health in Africa is exposing the fragility of aid-dependent community health systems, and creating a rare opportunity to shift toward locally led, financially resilient, community-based models. As costs shift to governments, expectations around return on investment are rising and performance-linked remuneration is replacing stipend-based models.

## Beyond 2030

*"The long-term vision is that this model will actually be deployed in all 41 Sub-Saharan African countries. And it will not be Healthy Entrepreneurs that deploys those operations ourselves everywhere, because that's impossible. We want other organizations to copy the model and actually start implementing, because that's how we can actually help governments to sustain health systems."*

**- Joost van Engen, CEO**

---

# GET IN TOUCH

Want to explore a partnership  
with Healthy Entrepreneurs  
or learn more?



[joost@healthyentrepreneurs.com](mailto:joost@healthyentrepreneurs.com)



<https://www.healthyentrepreneurs.nl>



[Healthy Entrepreneurs](#)



Grand Challenges Canada®  
Grands Défis Canada

[grandchallenges.ca](http://grandchallenges.ca)



[springimpact.org](http://springimpact.org)

This case study was developed through a partnership  
between Grand Challenges Canada and Spring Impact.