



Annual Report

Fiscal Year 2025

Vision

A future where distance is not a barrier to good health — and every community, no matter how remote, is within reach of quality healthcare.

Mission

To close the gap between rural communities and quality healthcare across sub-Saharan Africa, by building technology-enhanced health systems that are designed for the people who need them most.



What Do We Do?

We partner with African governments to design and deliver healthcare solutions that close the gap between rural communities and quality care through technology, innovation, and sustainable models built to last.

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Distance is not a diagnosis

Geography is one of the most powerful predictors of health outcomes – but it doesn't have to be. Rural communities deserve the same quality of care as anyone else.

The math is simple: sub-Saharan Africa has just 1.3 health workers per 1,000 people – against the 4.5 the WHO identifies as the bare minimum – and the overwhelming majority of those workers are in cities, not villages. No conventional strategy can build enough clinics or train enough doctors, fast enough, to close a gap this vast. The rural communities that need care the most are the ones the traditional system was never designed to reach.

That's exactly why innovation isn't optional. Digital health tools, telemedicine, and community-based care models can leapfrog expensive and impractical infrastructure. Across sub-Saharan Africa, a child born in a rural village is far more likely to die before their fifth birthday than one born in a city – not because of their diagnosis, but because of their address.

At Touch Health, we exist to change that. **Distance is not a diagnosis.**



A Legacy of Health Impact

For over two decades, Touch Health has proven that even the most difficult health access challenges can be solved through partnership, innovation, and systems-level thinking.



27% Decrease In Maternal Mortality

in regions using m-mama for emergency transportation in Tanzania.



180,000+ Pregnant Women And Newborns

transported using the m-mama emergency transportation system in Tanzania and Lesotho.



Over 33,000 Healthcare Workers Deployed

across South Africa, Mozambique, Guinea-Bissau, Nigeria, and Tanzania.



I can think of no program or project that I have visited anywhere in the world... that is as exciting and as cost-effective as m-mama. It's extraordinary.

Samantha Power
Administrator of USAID

Touch Health co-created and implemented the m-mama program with the Vodafone Foundation in Tanzania and Lesotho from 2013 through 2024.

Our Focus Areas

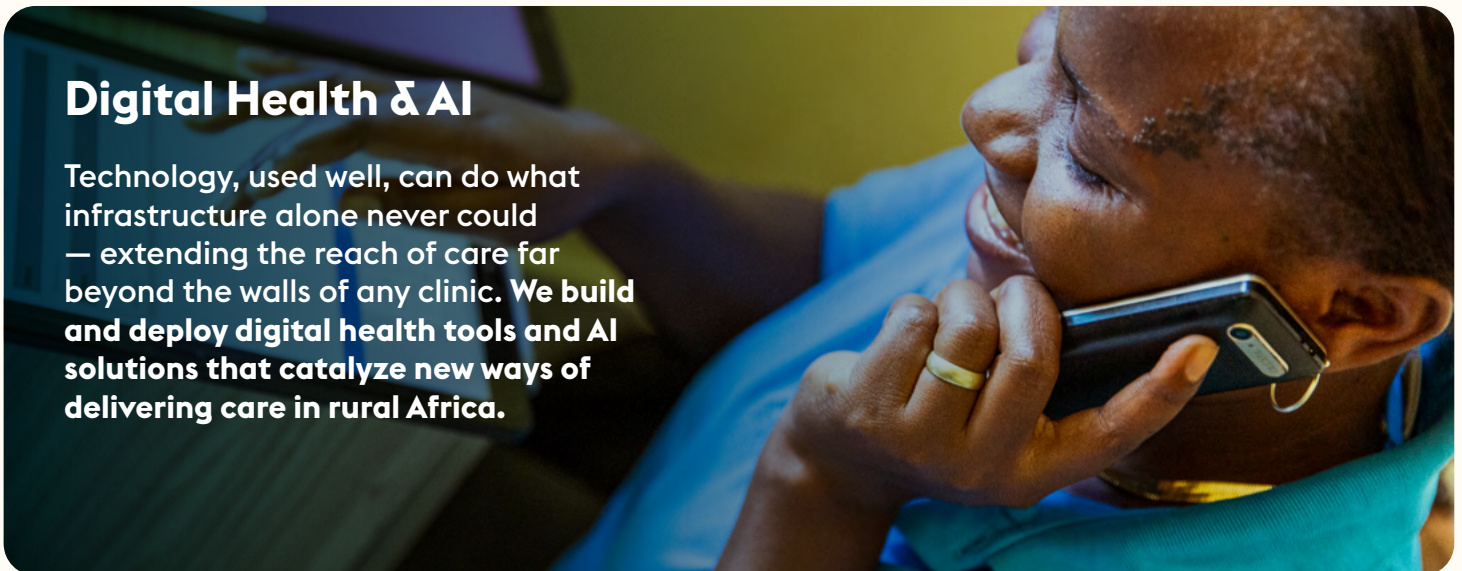
Maternal & Newborn Health

Maternal and newborn mortality in sub-Saharan Africa remains stubbornly high — not because the solutions don't exist, but because care is hours away or simply unavailable. Touch brings innovation to this space because we believe that training and equipment isn't enough. **We help governments build and sustain innovative new systems that bridge the gap.**



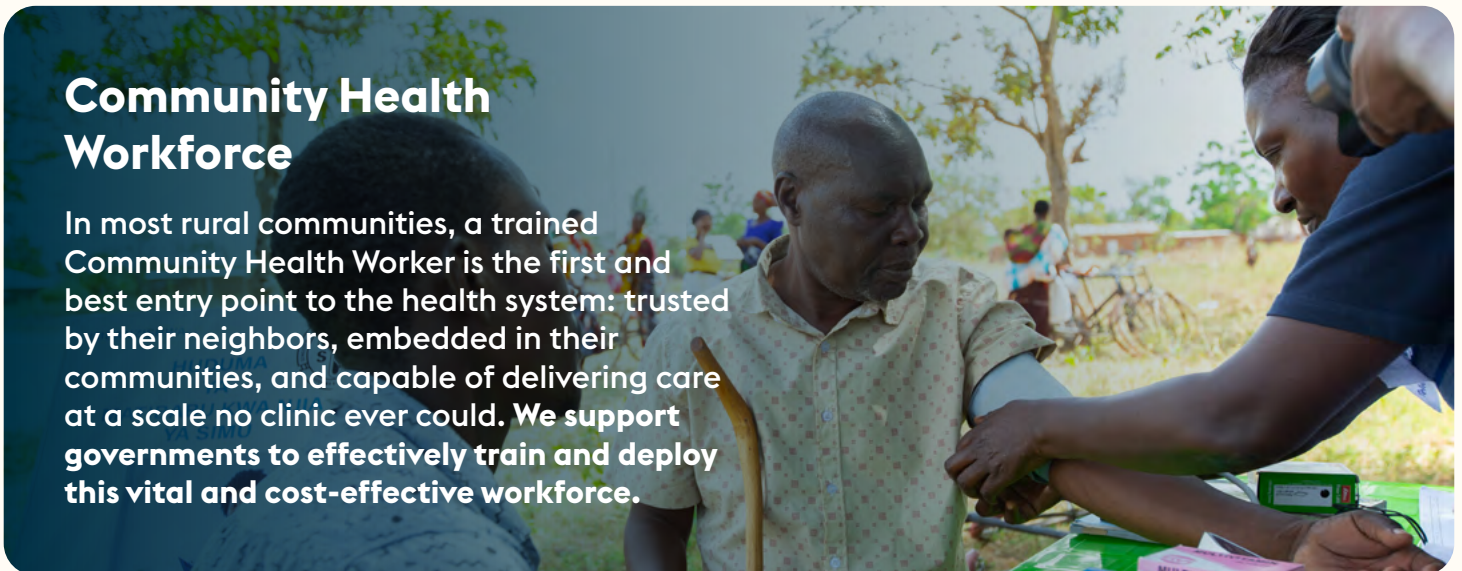
Digital Health & AI

Technology, used well, can do what infrastructure alone never could — extending the reach of care far beyond the walls of any clinic. **We build and deploy digital health tools and AI solutions that catalyze new ways of delivering care in rural Africa.**



Community Health Workforce

In most rural communities, a trained Community Health Worker is the first and best entry point to the health system: trusted by their neighbors, embedded in their communities, and capable of delivering care at a scale no clinic ever could. **We support governments to effectively train and deploy this vital and cost-effective workforce.**



Featured Program: Newborn Survival

Ensuring a safe, strong start in life for every baby

Why Newborn Postnatal Care Matters

In Tanzania, the danger for a newborn does not end at birth — it often begins after the baby leaves the hospital and returns to the rural home. An estimated 48,000 newborns die every year in Tanzania and it is estimated the up to 25% of those deaths could be avoided with complete post-natal care and ongoing connectivity with a pediatrician. Yet in rural areas, most families never make it back to the care system. The cost of transport, time away from home, and a lack of knowledge about danger signs mean that a baby discharged from the hospital on a Monday can be in serious trouble by the weekend — with no one from the health system aware. For young mothers and rural families living far from a hospital, this gap between discharge and follow-up care is where lives are lost.



How It Works

Our solution is called “watotoCare” - a technology-enabled platform that connects every enrolled newborn to the care system through risk-based triage, transport and telehealth, and pre-scheduled pediatrician visits. At discharge, each baby is categorized as high, medium, or low risk and, from there, a network of trained community drivers and Community Health Workers (CHWs) delivers the appropriate level of support — ensuring that babies never leave the care of a doctor when it matters most.

Our Impact To-Date

watotoCare has been delivering care to newborns since 2024 and is growing from a single-hospital pilot to a 5-hospital network of care reaching over 25,000 newborns in the next two years. The early results have been:



6,367
newborns

triaged and enrolled across the full program.



96%

of watotoCare babies completed all four WHO-recommended postnatal visits,

versus 51.7% in the baseline group.



1,759

high- and medium-risk babies

enrolled in individualized tracking and follow-up.



100%

of watotoCare mothers

could recall at least three newborn danger signs at 10–11 months, compared to 40% without the program.



80%

decrease in hospital readmission

rates for neonatal complications.



“When I delivered my baby, I was so happy — but I was also scared, because he had a high fever. He needed oxygen, and the doctors needed to do more tests. We found out that he had malaria. I was saddened by my baby’s pain. But with watotoCare, they came and took care of him and brought him back to good health. I am so happy, and I love watotoCare services.”

— M., watotoCare mother,
Sengerema



Featured Program: Telehealth

Bringing Physician-Led Care to the Community

Why Telehealth Matters

In Tanzania, geography has long been one of the greatest barriers to good health. More than 70% of the population lives in rural areas, often 20 to 30 kilometers from the nearest doctor. For patients managing a chronic illness or following up after a diagnosis, that distance isn't just inconvenient – it can be life-changing. Many delay seeking care. Others don't go back at all. The cost of travel, time away from work and family, and long waits at distant facilities mean that for many families, the decision not to seek care feels like the only practical choice. This is where telehealth can make a life-saving difference.



We call our program
“SimuConsult” – Simu is
Swahili for phone call

How It Works

SimuConsult brings physician-led consultations directly into rural communities by pairing technology with trusted people. At the heart of the model is the Community Health Worker (CHW): a trained frontline worker who visits patients where they live and facilitates a virtual consultation with a hospital-based doctor in real time. The doctor assesses, diagnoses, and prescribes – all without the patient traveling.

Our Impact To-Date

SimuConsult has grown from a single pilot at Sengerema District Hospital into a program reaching communities across four regions of Tanzania's western Lake Zone.



2,700+
teleconsultations

delivered across more than 50 implementation sites.



7
hub hospitals

activated across 6 districts, with 20 CHWs trained as consultation facilitators.



102,000
people

now living within reach of SimuConsult services.



71%
discharge rate

patients whose needs are fully resolved at the community level.



95%
of telehealth patients report that their quality of life has improved now that they have SimuConsult.



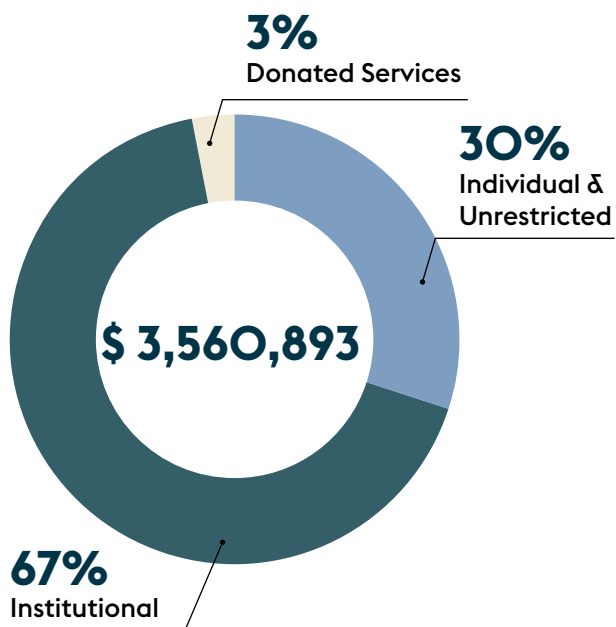
“I recommend this service because it is honestly very good. It has become an alternative to our traditional self-treatment methods. I find it more affordable than hospital services, and it also reduces the challenges of traveling long distances to seek care at health facilities.”

— G., Age 32



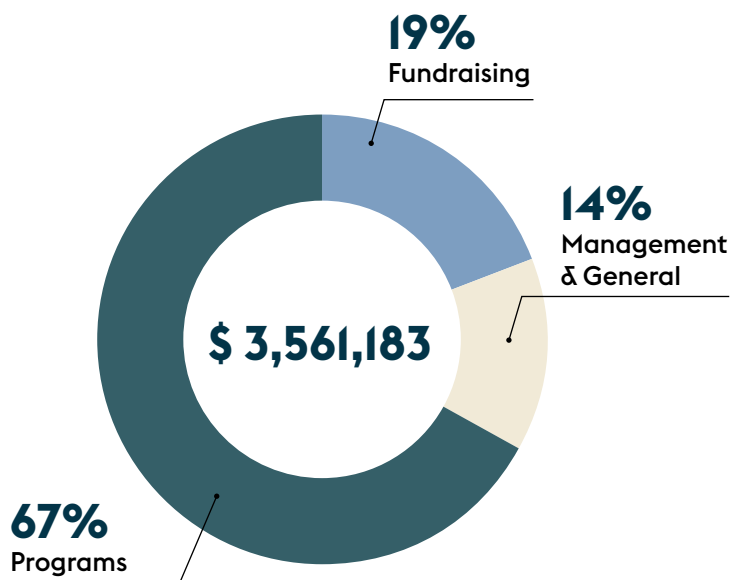
Financial Data

Revenue



Revenue	
Individual & Unrestricted	\$ 1,077,223
Institutional	\$ 2,395,822
Donated Services	\$ 87,849
TOTAL	\$ 3,560,893

Expense



Expense	
Programs	\$ 2,373,835
Management & General	\$ 504,250
Fundraising	\$ 683,098
TOTAL	\$ 3,561,183

Our Partners



Our Supporters

Gates Foundation



dak FOUNDATION





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