



2025-2028

D-TREE'S STRATEGY FOR PEOPLE-CENTERED CARE FROM BETTER DECISIONS TO BETTER HEALTH

THE CASE FOR CHANGE

Global health has made historic gains - childhood survival is up, maternal deaths are down, and once-deadly diseases are now preventable and treatable. Yet many health systems remain overstretched and siloed - unable to deliver the high-quality, coordinated care people need. The result is deadly: people are left without the care they need, and critical decisions are made with too little guidance, too little data, and too little time.

Take Amira, a 32-week pregnant woman in Zanzibar. At a clinic, she's diagnosed with high blood pressure and given medication. Weeks later, a community health worker visits - but without access to her records, her headache is dismissed. The signs of preeclampsia were there, but no one could see the full picture to make an informed decision. Amira and her baby die - lost to a failure of coordination and care quality.

This isn't an isolated story. *The Lancet* estimates that every year, 8.6 million people die from causes attributed to healthcare; of these, 5 million die due to poor quality or uncoordinated care. When health workers lack guidance, when data is delayed or incomplete, and when individuals must navigate care alone - decisions are misinformed, and small gaps become fatal ones.

AT D-TREE, WE BELIEVE BETTER DECISIONS LEAD TO BETTER CARE. AND WE'VE BUILT OUR STRATEGY AROUND MAKING THAT POSSIBLE AT **EVERY LEVEL OF PRIMARY HEALTHCARE.**

This is the natural evolution of two decades of work at the intersection of health and technology. We're uniquely positioned to bridge the gaps between providers and systems, between individuals and care, and between innovation and national scale.

The need has never been greater. As global funding shifts and traditional models falter, countries need partners who can go beyond the pilot - and beyond siloed investments that focus on single components of the health system. We focus not only on making innovations work, but making them fit: fit across levels of care and within existing systems, and fit for national priorities, infrastructure realities, and long-term government stewardship. We're stepping up to meet this moment - not to fill gaps, but to reimagine healthcare journeys from the inside out.



OUR STRATEGY FOR PEOPLE-CENTERED CARE

D-tree's strategy is focused on one goal: building people-centered primary health systems that enable better decisions – and better care – for everyone. We partner with governments to strengthen how systems operate, how care is delivered, and how people are supported throughout their health journeys—leveraging technology not by replacing what exists, but by helping it work better. We co-develop tools, workflows, and digital infrastructure that enable health workers to provide high-quality and connected care, individuals to take informed action, and governments to lead with confidence. This strategy comes to life through three pillars – each designed to improve the quality, coordination, and accessibility of care.

PILLAR 1

Raising the Standard of Care Across Primary Healthcare

High-quality care shouldn't depend on where someone lives or who they see. Yet across many health systems, providers operate with limited guidance, inadequate training, poor data access, and little oversight – leading to poor clinical decisions, misdiagnoses, treatment delays, preventable harm, and mortality. **We focus on raising the standard of care – making quality consistent across providers, places, and time.** We embed decision-support tools, real-time data flows, and strong supervision – so providers can make faster, more accurate decisions that lead to safer care. Whether screening for severe malaria at home or managing postpartum care at a clinic, health workers follow national protocols and draw on patient histories. We also equip governments with dashboards, insights, and planning tools to guide provider performance, workforce investment, and policy.

PILLAR 2

Coordinating Care Journeys

Care doesn't happen in isolation – it's a journey across time, providers, and settings. For too many people, that journey breaks down: a person may visit a clinic, speak with a CHW, or seek help at a drug shop – yet records are siloed, referrals go untracked, and follow-up rarely happens. As a result, health workers are forced to make decisions without context, and critical moments are missed.

D-tree helps health systems work as one – connecting policies, platforms, and providers across all levels of primary healthcare to ensure care is continuous and informed.

We integrate digital records that follow patients from household to facility, and build referral systems to trigger follow-up. We strengthen government capacity to manage entire care pathways, ensuring that providers and planners alike have the information they need to make timely, data-driven decisions.

But true coordination is more than digital – it's cultural and operational. We work with governments to align workflows, supervision, and accountability—so every provider, at every level, plays their part in a coherent, connected system of care.





PILLAR 3

Driving Individual Agency Within Primary Healthcare

Central to a well-functioning health system are the people it serves. Yet individuals are often left to navigate care alone – without timely and accurate information, consistent support, or any idea of what to expect. While digital tools and AI offer new potential, they often fail to reach the people who need them most – and when misaligned with systems or realities, they can create confusion, not clarity.

We believe agency in healthcare is a fundamental right. When people have access to the right information at the right time, they are more likely to make informed decisions – seeking care earlier, following through on treatment, and advocating for better services. We work with partners to deliver trusted health information through mobile tools, reminders, and community outreach. We prioritize strategies that reach women, adolescents, and underserved communities – and help governments build feedback systems that amplify the voices of those most impacted, so their experiences can shape better policies and decisions.

We also recognize that information alone isn't enough. Economic, social, and cultural barriers can still prevent people from seeking care. That's why we strengthen the system around them – to make care more responsive, more respectful, and more accessible when they do.

BUILDING ON TWO DECADES OF PROGRESS

We've spent two decades building health systems designed around people – helping individuals make informed decisions, equipping health workers to provide better care, and leading lasting change through work within over 16 countries.

Since 2022, we have reached 2.57 million people through our programming, positioning them to receive timely, coordinated care – supported by tools like mobile counseling, digital records, and referral tracking. We measure progress by what matters most:

BETTER QUALITY OF CARE

A 58% increase in the proportion of health workers delivering quality care.

STRONGER CONTINUITY OF CARE

96% of people referred for essential services receive timely care; 93% of newborns receive timely postnatal care.

MORE EFFICIENT CARE

Delivering essential services for just \$6.56–\$10.76 USD per person annually.

SCALING WHAT WORKS

We know our approach works: when countries lead, systems strengthen, innovations last and more people receive timely, high-quality care wherever they are, whenever they need it.

Scaling Through Deep Partnership

We've learned that deep, long-term partnership with governments is what drives sustained impact at scale. That's why we've refined our focus to four key geographies – Zanzibar, mainland Tanzania, Malawi, and Zambia – where we walk alongside government partners through every stage of a structured, four-phase model: from pilot, to demonstration, to scale, to full government-led ownership.

We start by identifying where better decisions can drive better outcomes, then co-develop digital solutions rooted in national priorities and local realities. These innovations are embedded within public systems to enable long-term scale and sustainability. Along the way, we provide technical assistance to equip individuals, health workers, and policymakers with the tools, information, and capacity they need to act – while supporting governments to institutionalize change through policies, partnerships, and system-wide reforms. To date, we've contributed to the development or refinement of 11 national policies, strategies, and frameworks, helping to ensure that our impact is not only scaled, but sustained.

In each of our focus countries, our model is translating into real systems change:

- In Zanzibar, we co-designed and implemented Jamii ni Afya, the national community health system now reaching every household across the islands. Led by the government and increasingly sustained with domestic financing, the platform enables over 2,000 CHWs to reach 1.6 million people across Zanzibar.
- In mainland Tanzania, we co-developed a continuum-of-care solution linking CHWs, facilities, and private drug dispensers – improving care timeliness and accuracy through integration with existing national digital infrastructure. In 2024 alone, over 800 health workers used the system to reach nearly 700,000 people.
- In Malawi, we partnered with the Ministry of Health to build the Integrated Community Health Information System and digital maternal, newborn and child health and family planning modules, now active in 10 health facilities serving over 12,000 patients.
- In Zambia, we are supporting the rollout of an integrated community health system, helping the Ministry of Health deploy digital CHW tools for improved service delivery and workforce management across more than 40,000 CHWs.

AS WE MOVE INTO THIS NEXT CHAPTER, WE ARE GUIDED BY A CLEAR NORTH STAR: THE NUMBER OF PEOPLE WHOSE HEALTHCARE JOURNEYS ARE IMPROVED – ENSURING THAT THEY ARE BETTER ABLE TO RECEIVE THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.



BY 2028, WE AIM TO IMPROVE THE HEALTHCARE JOURNEYS OF AT LEAST 2 MILLION PEOPLE ANNUALLY.

To bring our vision to life, we're focused on five priorities:

1

EXPAND FROM COMMUNITY INTO FACILITY AND DIRECT-TO-CLIENT CARE.

We're building on our legacy in community health to connect the entire primary health care journey-expanding digital tools into health facilities, designing client-facing services, and ensuring better decisions across settings, so no person or part of their care journey is left behind.

FOSTER AGILITY WITH RIGOR.

In a volatile world, we invest in agile teams, responsive processes, and iterative learning - ensuring our organization and the systems we support can adapt quickly while upholding high standards of quality, equity, and accountability.

3

GENERATE EVIDENCE TO SHAPE THE FUTURE.

We produce real-time insights, operational learning, cost affordability analysis and data that support national decision-making and contribute to the global evidence base for strengthened primary health care in the digital age.

5

DEEPEN OUR IMPACT IN EXISTING COUNTRIES.

Our trusted partnerships and in-country leadership enable us to provide technical assistance and support governments in scaling what works, strengthening care quality, and transitioning to domestic financing. We're committed to walking the full journey of digital health transformation - from early design to national ownership.

2

SECURE FLEXIBLE, LONG-TERM FUNDING.

Sustained transformation requires capital that can respond to shifting needs and local context - not just grant timelines. We seek catalytic investment to sustain innovation and help governments lead at scale.

4

Health isn't built in a single moment - it's shaped over time, through every decision and encounter. At D-tree, we help design systems that reflect that truth: where care is connected, data drives action, and governments lead bold, lasting change. Together with our partners, we're creating better healthcare journeys that support life, health, and dignity - every step of the way.