



# Growing North Star

2017 - 2020 Strategic Outlook



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North Star Alliance  
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North Star Alliance has unique access to mobile workers via our innovative Blue Box clinics. With public and private partnerships, we invest in an international network of local operators, leveraging community impact.

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Foreword.

## Part of the evolution of every healthy organisation is a thorough assessment of purpose and direction.

At ten years old, North Star Alliance has matured into a multinational organisation and recognised pioneer in our field - and yet we feel like we are only just beginning. Stepping in as the new Executive Director in March 2016, and drawing upon my breadth of management experience across development organisations in Africa, my first project was to refine a way forward for North Star. Working together with the whole North Star team, this took shape as our new four-year strategic outlook.

Central to our organisation are our values. These remain as a constant, with People Matter, Integrity, Quality and Entrepreneurial Spirit running throughout our new strategic outlook and our operations.

Further integrating those values into our organisational culture, we tweaked our mission to include a broader audience of mobile populations, and developed a vision of a future where all people lead healthy lives. Our audacious goal remained the same: we want to be recognised as a leading and preferred healthcare provider and reach one million people in Africa by 2025.

With a goal to grow our organisation to the next level, we developed three main strategic goals: increasing access to healthcare, guaranteeing the quality of our services, and strengthening our data management and learnings. In addition, we set internal strategic goals to optimise our funding base, strengthen our governance, enhance our leadership, and maximise the engagement and overall alignment of our global team.

With a team of more than 200 people behind our new strategy, from our passionate clinical staff on the front line of health, through to our dedicated regional offices and under the leadership of our committed management team, our organisation is united in the implementation of our strategy. Together, we want to ensure the growth of North Star, and the increase of health services provided to those who need it most.

We share these with you as our colleague, partner and supporter along the road to bringing essential health services to hard-to-reach populations. To truly join us on this journey, we ask you to 'be us'; become part of our family, and join us on this exciting journey today.



**Ylse van der Schoot**  
Executive Director



## Our foundation

### Vision



We envision a world where all people lead healthy lives.

### Mission



We provide quality healthcare to mobile workers and the communities they interact with.

### Values



People Matter | Quality  
Integrity | Entrepreneurial Spirit.

## Our objectives

### Change the world

- Increase access to healthcare.
- Guarantee quality of services.
- Strengthen data management monitoring, evaluation and research.

### Change ourselves

- Optimise funding base.
- Enhance governance, leadership and team engagement.

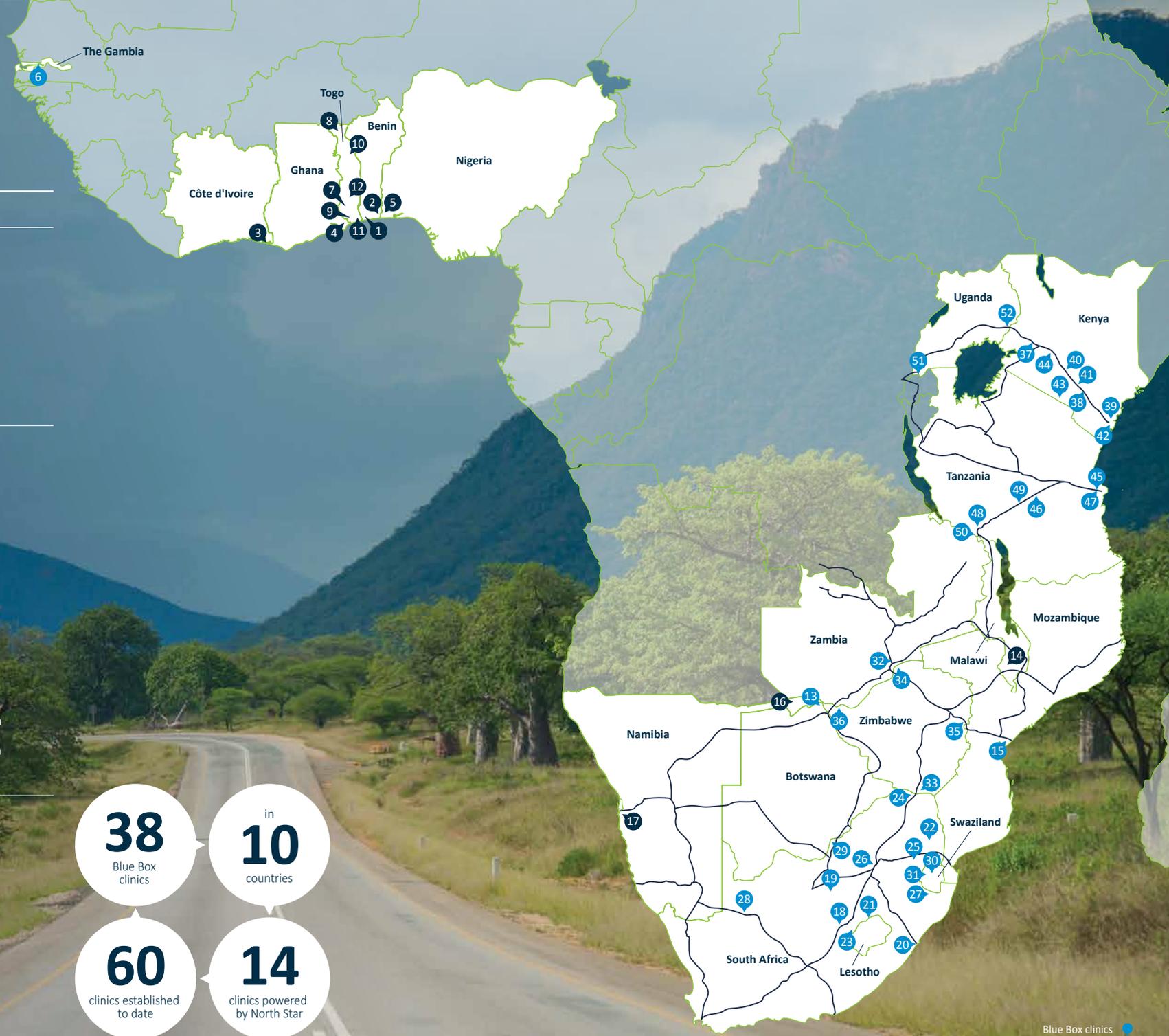
### Audacious goal

By 2025, North Star will be recognised as the leading and preferred healthcare provider for mobile workers and the communities they interact with, providing quality healthcare to 1,000,000 clients in Africa.

# visit US

Our network.

Region	Country	No.	Clinic	
West Africa	Benin	01	Hilla Condji*	
		02	Kraké Plage*	
	Côte d'Ivoire	03	Noé*	
	Ghana	04	Elubo*	
	Nigeria	05	Seme*	
	The Gambia	06	Farafenni	
	Togo	07	Agoè-Nyivé*	
		08	Dapaong*	
		09	Kodjoviakopé*	
		10	Pyá*	
		11	Sanvee Condji*	
		12	Tsévié*	
Southern Africa	Botswana	13	Kazangula	
	Malawi	14	Mwanza*	
	Mozambique	15	Inchope	
	Namibia	16	Katima Mulilo*	
	South Africa		17	Walvis Bay*
			18	Bloemfontein
			19	Bloemhof
			20	Cato Ridge
			21	Ficksburg
			22	Hoedspruit
			23	Ladybrand
			24	Musina
			25	Ngodwana
			26	Pomona
		27	Pongola	
		28	Upington	
	29	Kopfontein		
Swaziland	30	Matsapha		
	31	Ngwenya		
Zambia	32	Chirundu North		
Zimbabwe	33	Beitbridge		
	34	Chirundu South		
	35	Forbes		
	36	Victoria Falls		
East Africa	Kenya	37	Burnt Forest	
		38	Emali	
		39	Jomvu	
		40	Maai Mahiu	
		41	Mlolongo	
		42	Mombasa	
		43	Namanga	
		44	Salгаа	
		45	Kurasini	
		46	Ilula Mtua	
Tanzania	47	Dar es Salaam		
	48	Kwampemba		
	49	Tanangozi		
Uganda	50	Tunduma		
	51	Katuna		
	52	Malaba		



Blue Box clinics  
Other clinics  
Corridors

\* Clinics established by North Star Alliance, or using North Star's operational tools, operated by other service providers.

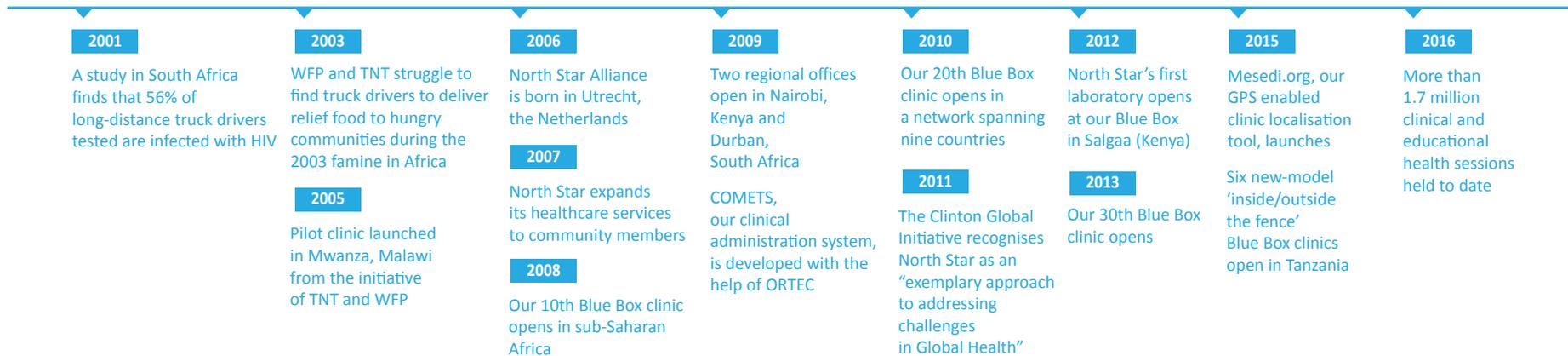
## Our history.

# From a small group of dedicated people, through to a multinational organisation and recognised pioneer in our field, we're proud of where we came from.

When TNT and UNWFP joined together in the early 2000's to form what was for that time a ground-breaking public-private-partnership, they exposed HIV's decimation of the transport industry. With more than 50% of truck drivers testing positive to HIV, there were simply not enough drivers to transport food to famine-stricken communities.

Acting on this finding, the cooperation launched a pilot clinic for truck drivers at a major truck stop in Mwanza, Malawi in 2005. While this clinic showed initial success, it was clear that to make a real impact there had to be scale. More clinics were needed, positioned to form a network along major transport corridors across the continent.

And so, North Star was born. In 2006 the organisation was officially formed and began to grow immediately. We quickly realised the intertwining nature of health for truck drivers, sex workers and the communities that they interact with, and adjusted our service package to ensure a more holistic approach to these key groups. We adopted a primary healthcare approach to overcome stigma attached to HIV clinics. We addressed the issues for mobile populations seeking continuity of care and developed award-winning software linking our networks of clinics across countries. And we never stopped learning, growing and evolving to lead the way in providing health to hard-to-reach populations.



Context.

While our founding purpose revealed the lack of health access for hard-to-reach communities, it also gave us a unique role to play in actively providing these groups with access to essential healthcare services.

HIV is not a thing of the past, nor is it our only health focus.

At a global level, the importance of health to all lives has been recognised in the United Nations' Sustainable Development Goals. Within their 2030 Agenda, goal three is specifically linked to our mission: to ensure healthy lives and promote well-being for all ages. Within this goal there are several specific agreed targets that we identify with and acknowledge that we can contribute towards achieving. From ending the epidemic of AIDS, tuberculosis, malaria and other communicable diseases, through to mental health, prevention and treatment of substance abuse, road safety, access to sexual and reproductive health services, access to essential healthcare services and improving opportunities for the health workforce, our mission is in line with the targets.

At the same time, UNAIDS' Fast-Track Strategy to see the end of the AIDS epidemic by 2030, demonstrates how a focus on increasing HIV testing and provision of ART can lead to universal viral suppression. Within this sphere, hard-to-reach populations have been identified as key populations, whose engagement is critical to a successful HIV response everywhere, and who are key to the epidemic and key to the response.

#### UN Sustainable Development Goal

**3: To ensure healthy lives and promote well-being for all ages.**



#### UNAIDS - Fast-Track Strategy

- By 2020, 90% of all people living with HIV will know their HIV status.
- By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

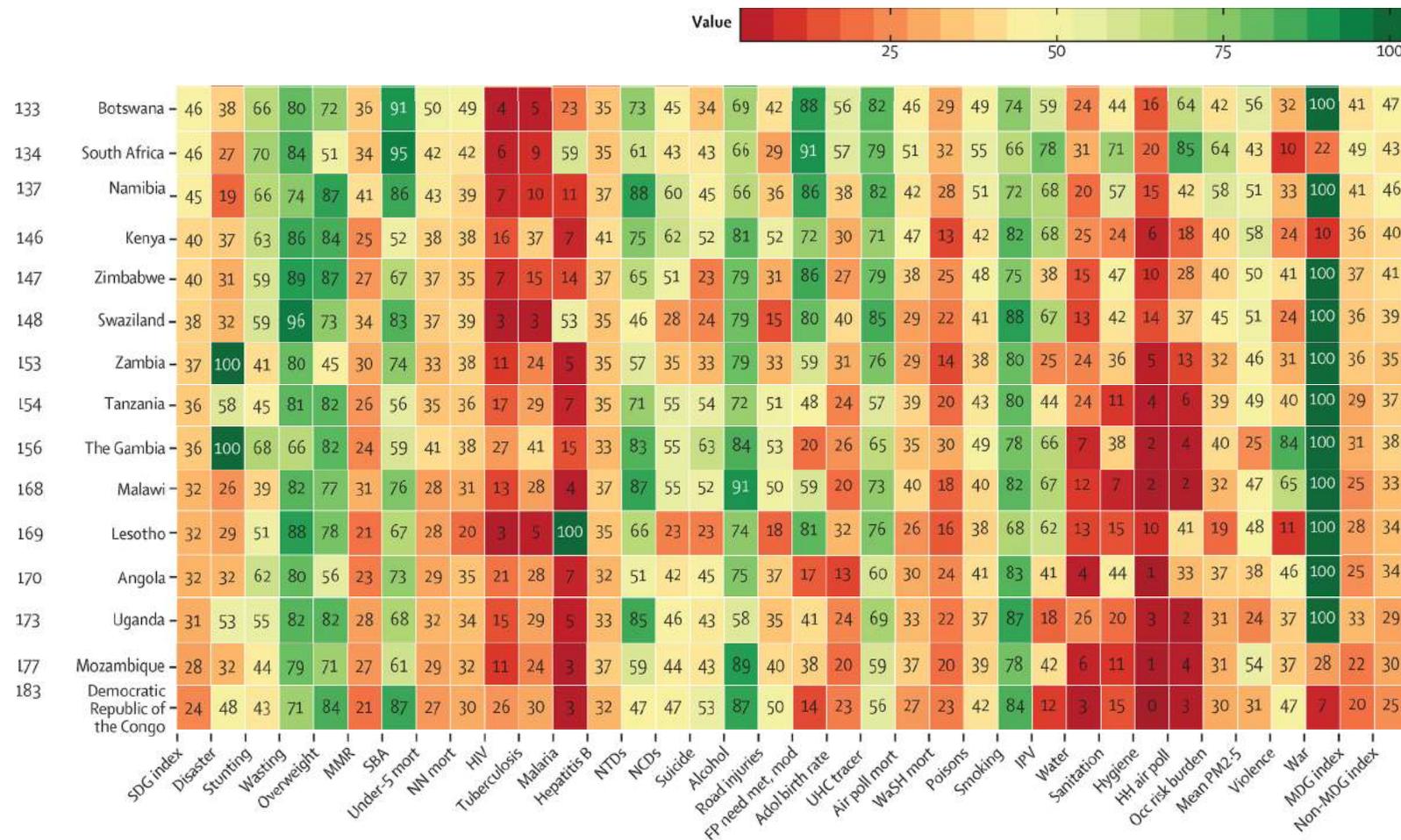


## Context.

Following the release of the UNAIDS Sustainable Development Goals (SDGs) the Global Burden of Disease (GBD) 2015 SDG Collaborators published in the Lancet in September 2016 a study including a table visualising the current position of 188 countries against the 33 health-related SDG indicators. Based on the Global Burden of Diseases, Injuries, and Risk Factors Study 2015, the table statistically estimates the performance of each of those countries over the period 1990-2015, giving an indicator between 0 (worst observed value between 1990 and 2015) to 100 (best observed).

For North Star, the indicators overweight, HIV, tuberculosis, malaria, hepatitis B, NCDs (non-communicable diseases), alcohol, road injuries, FP needs met (family planning needs met and modern contraception available) and IPV (intimate partner violence) are particularly interesting. These give us indicators as to where we need to put extra attention on our services, and demonstrate our relevance within these countries.

Below we share a selection from the GBD 2015 SDG Collaborators table, which includes countries within which we are active, along with countries with planned activities.



Defining health.

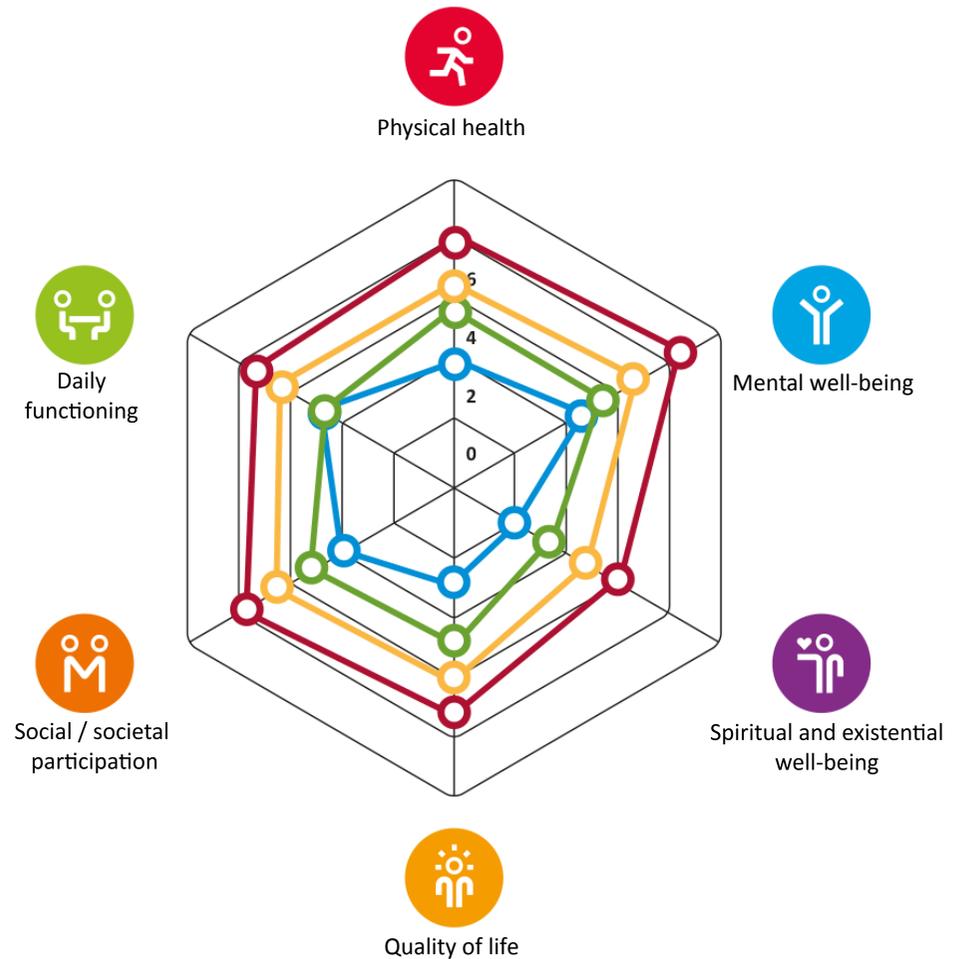
## Health is a big word and means many things to many people.

Respected academic M. Huber and colleagues assert in the British Medical Journal (2012) and Nederlands Tijdschrift Geneeskunde (2016) that health is not singularly associated with physical health, but rather is made up of six distinct dimensions.

This holistic definition includes physical health, mental well-being, spiritual and existential well-being, quality of life, social / societal participation and daily functioning within the six pillars of health.

For North Star Alliance, we recognise our role mostly as facilitators in providing access to health services to cater for people's physical, mental well-being and social / societal participation.

Healthcare is not only about treating people with a specific problem, but it is also about empowering people to take their own health into their own hands.



Our vision.

Equipped with the global community's plans for health and an agreed definition of what the term 'health' means to North Star, it was time to sharpen our vision.

To do this we asked ourselves: how do we picture the ideal world in the distant future? The answer was clear.



“We envision a world where  
all people lead healthy lives.”

As our vision, it is our guiding star - forever drawing us forward in a unified direction, a marker towards which all our work is consistently channelled.

Our mission and target groups.

## Following the global health agenda, an agreed definition of health and refined vision, we now asked ourselves: What do we do, for whom?

With our vision clear, our mission needed to follow. The expanded view of health, and our ten years of experience, drew our attention to the many other mobile population groups who are away from home for work, with similar health issues, risks, and a lack of access to primary healthcare. Together we agreed that while our mission should remain largely the same, we needed to apply the smallest of tweaks to expand our mission to include these groups and the way they interact with one another.

“We provide quality healthcare to mobile workers and the communities they interact with.”

### Target groups

As more and more people are crossing borders for work, recreation and safety, the risk of disease spreading from country to country and within countries, grows. In sub-Saharan Africa, studies have shown that people on the move, like truck drivers, play a pivotal role in the spread of disease, and their health is intertwined with that of sex workers and other people living in remote roadside communities.

These groups of people - truck drivers, male and female sex workers, mine workers, seasonal workers, and the communities seeking opportunity around the areas frequented by mobile workers - are included by UNAIDS in their 90:90:90 Strategy.

Beyond the reach of traditional health systems, and away from home for long periods of time, these population groups are more vulnerable to illness and more likely to take health risks. Playing a key role in transmitting disease between communities and across borders, and with their mobility impacting their ability to access health services, we thought: if they can't get to healthcare, then healthcare needs to get to them.

Our “Blue Box” approach to healthcare breaks down the social barriers of traditional health clinics, providing key populations with primary healthcare services from Roadside Wellness Centres or Blue Boxes. Located at ‘hotspots’ like border posts, transit towns or ports where large numbers of trucks stop, load and offload, and where sex work and informal trades flourish, our Blue Boxes are open at flexible hours, tailored to the hours of our core target populations.

Our values.

North Star's values form such an integral part of our organisational culture and identity that we refer to them as our DNA.

Identified by our own team at cross-regional workshops in 2013, the values are woven into our performance management system and are proudly displayed in every office and clinic across the organisation as a visual prompt to incorporate them into our daily activities.

# PEOPLE MATTER

**Value 1/4** We treat everyone with respect and dignity, we build relationships, and we believe in our peers and colleagues.

# INTEGRITY

**Value 2/4** We embrace transparency and accountability, we are people of our word, and we are committed to high ethical standards.

# QUALITY

**Value 3/4** We consistently strive to deliver high quality service to our clients, and we adhere to the highest set of quality standards.

# ENTREPRENEURIAL SPIRIT

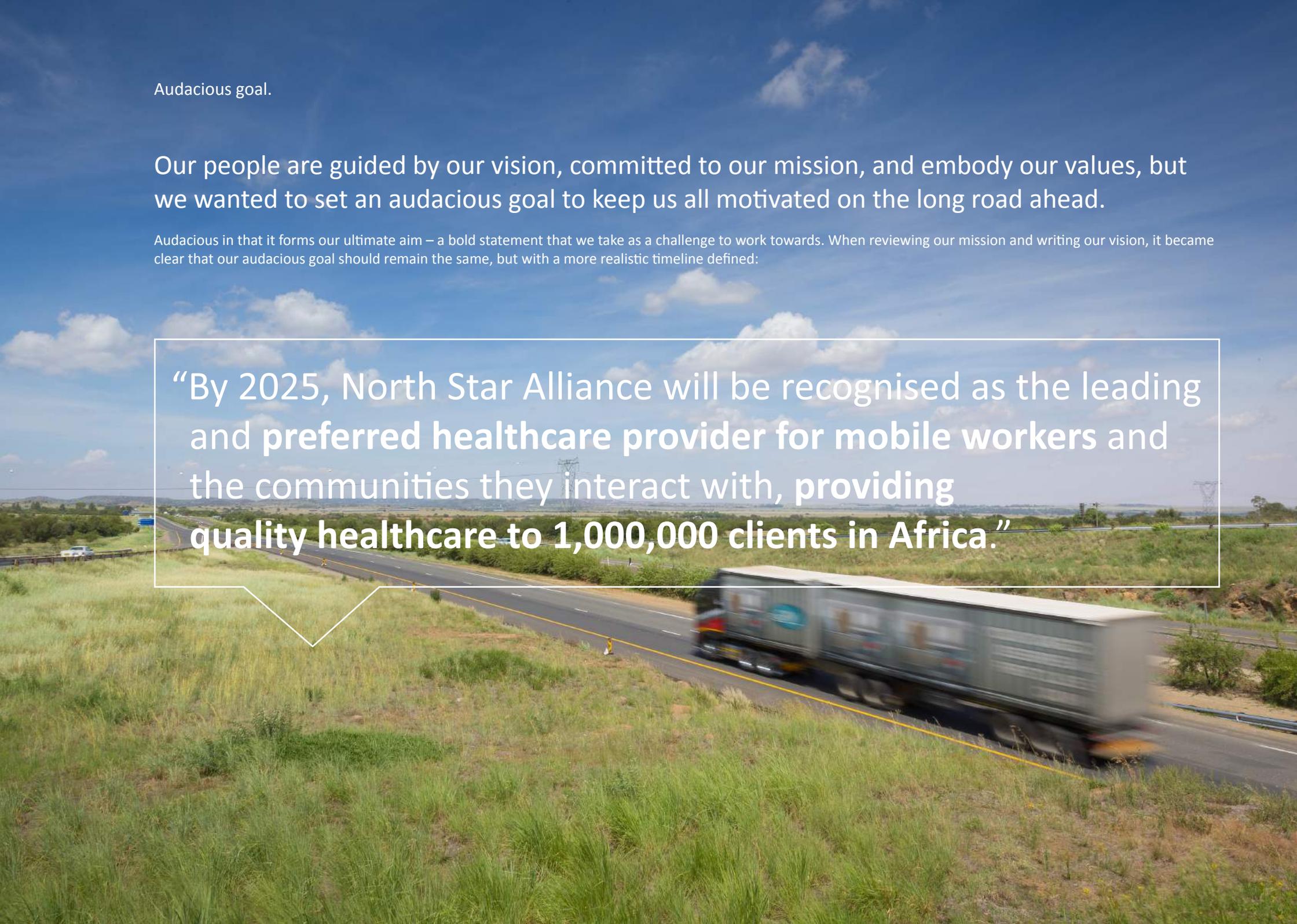
**Value 4/4** We make the best out of our situation, we explore and embrace new ideas, and we are committed to innovation.

Audacious goal.

Our people are guided by our vision, committed to our mission, and embody our values, but we wanted to set an audacious goal to keep us all motivated on the long road ahead.

Audacious in that it forms our ultimate aim – a bold statement that we take as a challenge to work towards. When reviewing our mission and writing our vision, it became clear that our audacious goal should remain the same, but with a more realistic timeline defined:

“By 2025, North Star Alliance will be recognised as the leading and preferred healthcare provider for mobile workers and the communities they interact with, providing quality healthcare to 1,000,000 clients in Africa.”



Strategic objectives.

## With our internal compass set and our organisation - across all levels - supporting the direction of our future, we needed a strategy to help us get there.

Our new four-year strategic outlook is focused on growth and split across internal and external objectives.

We set three main objectives that we consider essential for our growth and development, and set two additional objectives to strengthen our foundation. Each objective has a corresponding series of targets and indicators.



As our driving five objectives for a dynamic and growing North Star Alliance, our way forward, the ‘how’ for our objectives, is written into every page - from service approach to monitoring outcomes through key figures and unique qualities.

At the core of our organisation’s mission, and as our first objective, increasing access to healthcare is embedded in nearly all that we do. You will see this outlined in our pages on primary healthcare, HIV, STI testing and treatment, behavioural change communication, as well as within our truck driver and sex worker programmes.

For our quality and data, we have unpacked where we have come from and outlined the way forward to meet our goals. Regarding our funding base we aim to attract more partners to fund our ambitions, to balance diversification throughout sectors and to keep healthy reserves. Within this next phase of organisational growth we will focus on the principles and practices of good governance and excellent leadership. And key to the success of the organisation, and in particular this strategy, is the assurance of team engagement and alignment which will get much attention through linking and learning, development programmes and management performance systems.

While we structure our plan for growth upon these five objectives, the nature of North Star’s DNA - our values of People Matter, Integrity, Quality and Entrepreneurial Spirit - mean that we are always looking for opportunities to charter the unknown waters. Should the right opportunity present itself, at the right time, and in the right direction for our organisation, we are willing and nimble enough to pursue it as we work towards realising our vision of health for all.



Primary healthcare.

## With limited access to healthcare for hard-to-reach populations, it is not only HIV that needs attention.

Primary healthcare, like headaches, cold and flu, through to malaria and tuberculosis, are the cornerstone of our health services provided at each and every Blue Box clinic, and it is these services that often open up the door of trust between our clinicians and clients, increasing the chance of a client being open to HIV testing, and taking on board lifestyle advice for long-term health results. The addition of Blue Box laboratories increases the efficiency and efficacy of diagnoses by our clinicians, and strengthens the health services available to remote communities.

Over the past ten years we have refined our primary healthcare package and will continue to do so to meet the changing needs of our target populations. We realise that non-communicable diseases are increasingly prevalent in our target groups, like diabetes, high blood pressure and obesity which requires additional and sometimes unique services. We recognise that we can't do all of this alone, so we will grow our relationships with specialists and partner health organisations to strengthen our referral system.

Over the next few years we will also include more specialised services around the fields of vision, hearing and other emerging health needs.

HIV.

AIDS decimation of the truck driver industry was the battle we were founded to fight, and despite leaps and bounds in the field of HIV, it remains at the forefront of health in many of the countries we work in.

From risky behaviour or work industry increasing the risk of contraction, through to unknown status, lack of access to antiretroviral therapy (ART), and the major health issues associated with stopping ART, the need is great within our target populations. Across our organisation, we work together with a variety of local and global partners to provide the highest level of prevention, testing, treatment and care of HIV.

For many of our clients, the initial test is the most difficult. Just like anyone they have their fears, their hopes, and this test will give them an answer to a very intimidating question: am I HIV positive? Getting to this testing stage relies on the strong interpersonal skills of our outreach team and peer educators, and the warm and non-judgmental approach of our clinical staff. In line with the UNAIDS Fast-Track Strategy we would like to increase the percentage of clients being tested for HIV, helping them to know their status. We will also put effort in the integration of HIV testing with STI and tuberculosis screening.

Clients who test negative to HIV and are amongst high-risk groups are recommended to begin to use pre-exposure prophylaxis treatment (PrEP), which provides a 92-99% effective prevention against HIV contraction through the use of a daily oral pill. Currently we are offering PrEP services from six of our Blue Box clinics in South Africa and aim to have more offering PrEP services.

Clients who test positive to HIV are offered ARVs in our Blue Box clinics or referred to a close-by institution to commence ARV treatment, in line with the second goal of the UNAIDS Fast-Track Strategy. We will emphasise the follow-up of those referred clients to ensure their health needs are being met. Currently eleven of our clinics are equipped to offer ARVs. Over the coming years we would like to extend these services across our network and we will closely monitor and research whether clients using ARVs are adhering to their medication in order to suppress their viral loads, forming the third goal of UNAIDS Fast-Track Strategy.



STI testing and treatment.

People are attracted to move to informal communities surrounding “hotspots” as they search for economic opportunity.

Whether selling food, or offering services like tailoring or sex work, the drive is the same: to provide for their families. For sex workers and their clients, this can lead to a prevalence of sexually transmitted infections (STIs) through the financial advantage of having unsafe sex.

To address the issues surrounding STIs for our target groups, our clinics use a combined approach of peer educators, outreach workers, behavioural change communication sessions and clinical visits.

North Star’s peer educators work to build relationships of trust and respect with their fellow sex workers, and provide advice on safe sexual and reproductive health and rights, and at the same time share ideas on how to encourage clients to wear a condom, or for the sex workers themselves to wear condoms. Our behavioural change communication sessions work through posters of various STIs and discuss in an open and safe environment the risks and long-term effects of these infections, as well as how to avoid them and potential treatment. Ultimately, our clinicians test and treat STIs, using the opportunity to repeat messages of safe sexual practices, and build a relationship of non-judgement with our clients.





Behavioural change communication.

## We recognised early on that testing and treatment was not all that our clients required.

To make a lasting impact we needed to provide education on healthy life choices, and encourage our clients to build these into their daily behaviour patterns.

Our well-trained outreach teams actively engage with truck drivers, sex workers, and groups of community members around our clinics, discussing controversial health issues and opening up conversations where they can dispel myths and plant seeds of interest. Inviting them into a casual group setting, we run behavioural change sessions at our Blue Box clinics on issues like safe sexual behaviour, STIs, HIV, stress, alcohol and drug use, and many more subjects that are relevant to our target groups.

This provides a safe and friendly environment where basic education can take place, and our groups can feel able to ask questions and learn together.

Truck driver programmes.

From our origins we have worked directly with the truck driver community, and over the past ten years we have built up a strong knowledge base and targeted approach to enhance the health and safety services available for this population group.

Each year, for the past four years, our organisation has performed the State of the Road surveys, surveying 600 truck drivers and collecting interviews to shed light on the health wants and needs of truck drivers, ensuring that our services remain effective and relevant.

Our Star Driver truck driver loyalty programme is being piloted to increase the general health of truck drivers, at the same time as giving them education, road safety support and lifestyle advice. Focused on truck-driver centric health needs, like vision, hearing and blood pressure, as well as lifestyle indicators like stress, drugs and alcohol, along with industry-specific road safety modules, the programme rewards consistent health check-ups and the referral of colleagues.

Together with the Wits Reproductive Health and HIV Institute and the Amsterdam Institute for Global Health and Development, funded by the Dutch government, we are studying the impacts of non-communicable diseases, following the health of 500 truck drivers.

With truck drivers on the move and needing fast and localised access to health services, our health mapping tool, Mesedi, directs users to their closest health clinic for their chosen area of need. Truck drivers can search on a location, service provider, or service type to find their closest provider, and directions are clearly shared for ease of access.



Sex worker programmes.

Over time we have built strong relationships with sex workers at all of our clinics, and at a regional or national level play a role in advocating on their behalf for access to sexual and reproductive health and rights.

In Southern Africa we work together with SOA Aids on the programme Hands Off!, which aims to decrease violence and other human rights abuses against sex workers in South Africa, Zimbabwe, Mozambique, Namibia and Botswana. Through on-the-ground research and effective communications tools, we work to empower sex workers and reduce violence against them, as well as HIV contraction as a result of violence, through prevention, care and support services.

Our work with the Bridging the Gaps programme in East Africa addresses the barriers faced by the sex worker community, related to their sexual and reproductive health and rights. An organic development from our Balozi Project, the program seeks to build and train a network of community health workers made up of respected representatives from local target groups. We work with community champions to facilitate community development, advocate for strengthening of services and sex worker rights, deliver services that are inclusive, rights-based and gender sensitive, and foster global and in-country processes and partnerships that reinforce results. Over time this has grown to include the development of a standardised curriculum to train outreach workers.



Our quality.

## Alongside the need to increase access to healthcare, to make a real impact in the lives of mobile workers and the communities they interact with, it is clear that quality is a key ingredient.

Our goal to guarantee the quality of our services is so important that it forms the second of our strategic objectives. A necessary complexity of our field of work is this careful balance. We rely on positive relationships with multiple Ministries of Health and other governmental bodies in order to implement our work. Within each country that we are active we abide by that country's medical protocols. In addition, we incorporate the international recommendations from the World Health Organisation (WHO) into our service provision. To make this as easy as possible, we are redeveloping our Standard Operating Procedures (SOPs) to best practice, with a plan for annual updates to be applied across our network.

Our SOPs will be based on WHO and national protocols. Country-specific standard drug lists will be formed and reviewed regularly. Protocols will be developed to reconcile between disease patterns, stock ordering, management and provision of medication, helping us to be proactive in our approach, and learn from our work on the frontline. Taking this a step further, we will develop an effective stock management system which, when implemented, should prevent any stock-outs.

When it comes to our people, we recognise training and education is important. Our clinical staff will be assisted to build a portfolio of evidence adhering to a continuous medical education system. In addition, to ensure successful implementation of our SOPs, a new quality management system will be rolled out throughout the network, further improving the quality awareness and patient orientation of our people.

Ensuring that our quality is evident, and relevant, to our clients, we will work to measure the satisfaction of our clients with a combination of short frequent surveys and in-depth less-frequent assessments. With increased access to our services, and a focus on quality, the resulting positive feedback from our clients should increase numbers and rates of return to our clinics.



Our data.

Early on in our journey, we realised that fragmented government health systems, little to no health record coordination between countries, and community exclusion from conventional health-related outreach initiatives meant that our patients were unable to access consistent and quality healthcare.

To remove this barrier, we developed our award winning software, COMETS, in collaboration with Dutch consultancy firm, and longterm partner, ORTEC, in 2009.

Since then our organisation has scaled up rapidly, and with this our services and needs have evolved. While these have been largely incorporated into COMETS, we have reached a level where a reassessment of our data management is needed to ensure the optimisation of our service provision, data collection and reporting requirements.

During this reassessment process, we aim to develop a data-driven monitoring and evaluation (M&E) system that is responsive to the needs of hard-to-reach populations throughout our expanding clinical network. Promoting higher quality health services, more dynamic reporting and improved access to healthcare for target populations, our M&E system will be focused on three primary outcomes: the development of a data-driven health needs assessment based on local, national and international stakeholder input; the creation of faster, clearer and more customisable reporting tools and; the delivery of better-informed, cutting-edge health services to those who lack access and resources.

As a result of this, we expect that our organisation and our donors will benefit from increased transparency, efficient and tailored impact measurement, and key organisational decisions made from a foundation of strengthened data analysis. In addition, we will continue to collaborate with academic institutes, to ensure our practice remains innovative and at the forefront of mobile health helping to shape the global health agenda.

Providing effective reporting for regulators, partners and stakeholders, our data will serve as a powerful research tool that will help our partners in governments, NGOs and the private sector to make informed decisions about the most effective and innovative ways forward in health, ultimately leading to better access to and quality of health services within our ever-expanding network. Hard-to-reach mobile populations and the communities with whom they interact will benefit from our innovative data-driven initiative that ultimately strives to ensure greater quality and access to health services for mobile populations in Africa.

“With optimisation techniques you can achieve more with less or, so-to-say, much, much more with the same. We are proud to be partnered with North Star, and to support their work through the development of optimisation tools that enable more lives to be saved and more people to be reached with important health services across Africa.”

Lambert van der Bruggen  
Principal Consultant, ORTEC Consulting Group.

Our funding.

Like all non-governmental organisations, pursuing a secure funding future enables us to grow on our own terms.

Securing a funding base that allows our organisation to grow and fulfill our mission, whilst also meeting the business objectives of our donors, is the white elephant of the non-governmental world. We know it is out there, now we must go and find it.

For North Star, the first step towards this is optimising our funding base. Moving forward we plan on introducing structured account management across the organisation, at both regional and international levels. At the same time, we will implement a marketing and communications strategy focused on building our reputation, strengthening relationships with stakeholders and the general public, and identifying and developing opportunities for growth.

The result of our multi-prong approach will see North Star showcased as an attractive opportunity for donors from a range of sectors, ultimately leading to an increase in funding and reducing our reliance on a single source of funding.

At the same time, our finance team will work to keep a healthy reserve and manage our cash flow more effectively.

Together, this will give North Star the stable foundation that we need in order to expand and sustain our network of Blue Box clinics, and provide key populations with access to essential healthcare services.





Our team.

An essential part of our strategic outlook is enhancing governance, leadership and team engagement across our organisation.

We want to invest in our people, in their individual satisfaction, potential and success, because we know that this is tied directly with our organisation's performance. We can only do what we do with our people.

Governance is an area that we will be paying particularly close attention to. Because of our growth, we need to ensure that we have set up appropriate organisational structure and compliant legal structures in all of our operational countries, so we can move effectively from start-up style to mature business operations. As part of this, we will clarify the division of roles and responsibilities across our governing bodies and the reporting structure that supports our singular organisational approach.

Our management team and senior managers will lead this singularity, speaking with one voice and embodying our DNA values. Management communications will be clear, coherent and regular throughout our organisation, and will actively cultivate a healthy feedback model from bottom to top, and vice versa. These changes will strengthen our leadership, trust and transparency within the organisation, empowering our staff to grow and reach their full potential.

As part of this, a clear internal communications guideline will be developed with a cross-regional team, and implemented across the organisation, forming part of our induction programme and ultimately, our culture. Clear career development and succession plans will be established together with our HR teams, and we will regularly review our total compensation package to ensure that our packages are in line with aligned responsibilities and market position.

But the proof is in the pudding. Regular reviews of staff competencies and experience will ensure that we are delivering the services that we have promised.

Area of operations.

As we look to the future, we look to broaden our horizons while at the same time optimising our existing service delivery.

While our network is impressive, we know that we cover only a fraction of the major transport corridors across the African continent, and look to strategically plan the next African countries to grow into and the next corridors to follow. With a strong reliance on funding, working together with partners can encourage a particular direction or country to grow into, providing that our mission and overarching goals are being met.

We have become experts in establishing clinics for a variety of purposes; serving mobile workers at key hotspots, building clinics for local governments to take over, servicing staff at in-house corporate clinics, and assisting partners to establish and run clinics themselves. The first will remain our core business, while the latter two will be taken up only on demand corresponding with commercial fees. In addition to our clinics we have also established three laboratories, which are run on a fee-for-service basis. The lessons learnt from this model will serve our strategic thinking around funding our clinics in future.

Building successful public-private partnerships is where North Star excels, and through this we bring more people access to one of the most basic of human rights: health.



Key figures.

As we continue to grow and chart our journey forward, it is our ambition to assess our work and find ways to measure our impact.

Access of our services is currently measured using our COMETS data, but questions have been opened up around how will we measure our quality? These impact measurement processes will be further explored, debated and ultimately implemented to ensure we use best practice to measure our growth according to our mission.

At this moment, we have focused on defining key figures on three levels; our Blue Box clinical operations, our partners and our people. By monitoring the below figures, we believe our holistic approach will refine our quality, grow our impact and help us fulfil our mission.

#### Partners

- Number of partners
- Number of financial contributors
- Number of in-kind contributors
- Total revenue in EUR
- Partner experience

#### North Star People

- Number of staff
  - > Breakdown across region, office/Blue Box clinic and gender
- Number of staff training days
- Staff experience

#### Blue Box clinic operations

##### Clients

- Number of clients
  - > Breakdown across profession, age and gender
- Percentage of new clients
- Percentage of returned clients
- Client experience

##### Visits

- Number of visits
- Average number of visits per client
  - > Breakdown across profession, age and gender

##### Sessions

- Number of sessions
  - > Primary healthcare sessions
  - > HIV counselling and testing sessions
  - > STI sessions
  - > Malaria sessions
  - > Tuberculosis sessions
  - > Behavioural change communication sessions
  - > Each session type broken down across profession, age and gender

##### HCT

- Number of Blue Box clinics offering ART
- Number of Blue Box clinics offering PrEP
- Percentage of clients who know their status
- Percentage of clients diagnosed with HIV receiving ART
- Percentage of clients receiving ART who have viral suppression
- Number of clients on PrEP

##### Condoms

- Number of condoms distributed
  - > Breakdown across male and female condoms

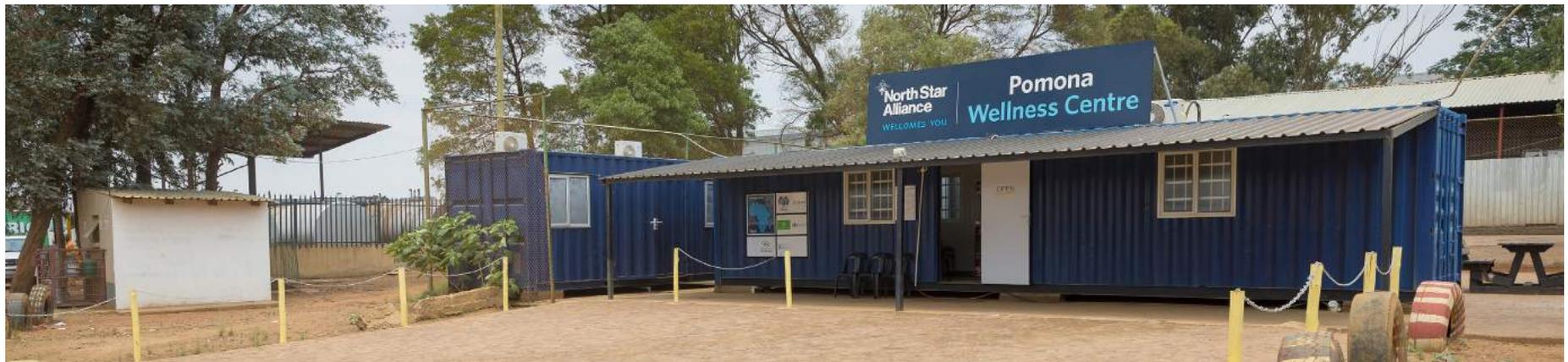
## Our Blue Boxes.

# Our model is responsive to our target populations and tailored to their health needs.

With a focus on mobile workers and the communities they interact with, the majority of our Blue Box clinics are placed in strategic locations along major transport corridors in sub-Saharan Africa. These are what we might consider hotspots for our population groups, places like border crossings, ports, and informal villages where large groups gather or spend the night. Each Blue Box clinic practices flexible opening hours that are tailored to meet the needs of local clients, often meaning opening hours stretching into the evening.

One of the most significant barriers to continuity of care is the mobility of our clients and their inability to access their health records across borders. Our clinical administration system provides access to patient data across our entire network and ensures absolute continuity of care for our clients. Our Blue Boxes offer a mix of prevention, treatment and referrals, and practice outreach and outpatient care to optimise our reach. The expanded healthcare package consists of:

- Primary healthcare, including malaria, tuberculosis, and emerging non-communicable diseases
- STI testing and treatment
- HIV counselling, testing, PrEP and ART
- Provision of free condoms
- Laboratory testing
- Referrals to partner healthcare providers
- Information on sexual and reproductive health and rights
- Star Driver loyalty programme for truck drivers
- Educational sessions
- Behavioural change communication sessions
- Outreach activities
- Training of peer educators



What makes us unique.

North Star Alliance stands out from our peers with four clear and unique differences:

## INNOVATIVE MODEL

Our innovative service delivery model with a wide-ranging, low-cost and scalable network of Blue Box clinics.

## UNIQUE ACCESS

Our unique access to a hard-to-reach group of clients; mobile workers like truck drivers, sex workers and the community members they interact with.

## ACTIVE PARTNERS

Our expansive network of active government, business and civil society partners.

## LOCAL EXPERTISE

Our international network of local operators. Employing and skilling up local staff, ensuring local expertise leverages community impact.

Organisational structure.

## North Star Alliance is an international organisation with Blue Box clinics spread across the African continent.

Our Management Team and Supervisory Board reflect this multiculturalism representing a range of nationalities and professional strengths, ensuring our organisation is run as efficiently as possible, while understanding varying cultural norms and sharing best practice.

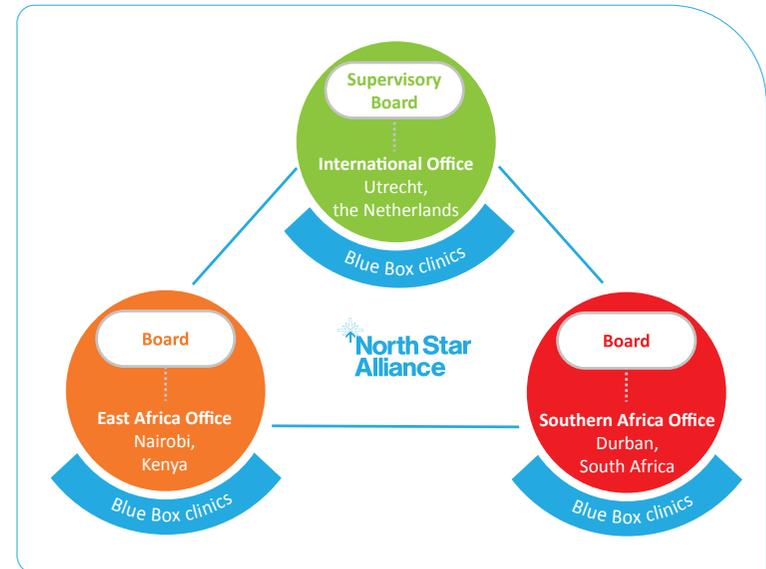
Overseeing the Management Team, our international Supervisory Board has a role to provide advice and approval on finances, strategy and annual plans. Operationally active within the organisation, our Management Team is led by our Executive Director, who is joined by our two local Regional Directors from East and Southern Africa.

On a Regional level, each Region is supported by a local Board, who provide input into the regional offices, offering their personal expertise and network for the purpose of regional growth.

On a clinical front, our network of Blue Box clinics and laboratories are split across three regions; West Africa is managed from our International Office in Utrecht, the Netherlands, East Africa from our Regional Office in Nairobi, Kenya, and Southern Africa from our Regional Office in Durban, South Africa.

The geographical split enables North Star to perform efficiently not only with a presence on the ground, but from a financial and local investment point of view. Our International Office in Utrecht is small and represents several nationalities.

The majority of our staff, currently including more than 200 people, are employed across Africa, cutting out expensive expat salaries, and instead investing in the local communities we work in through employment and training opportunities.



## Partnerships.

One of North Star's strengths is recognising our weakness: alone, we cannot change the face of public health in Africa. It is only together that we can make a difference.

Since our beginning we have worked with more than 300 partners across all levels of our organisation, from grassroots community support groups through to governments, corporates, fellow NGOs, academic institutions and family foundations. We specialise in forming unique Public Private Partnerships, bridging the gap and making space for better health opportunities for hard-to-reach populations.

Local governments support our health services by providing our clinics with medication and, in some cases, the support of community health nurses. The local Ministry of Health is active in ensuring our clinics are reaching national standards and have approval to operate, and our clinical teams often join their governmental peers in local community health task forces and workshop groups. Currently we work with multilateral agencies who fund the set up of new clinics across Southern Africa, which will be taken over by local governments after a certain period. In some cases, international governments wanting to spread their impact globally fund our operations through local partners.

“A truly effective HIV response required the engagement of both public and private sectors. North Star Alliance is a great example of a partnership that combines the best business practices with those of public health for maximum impact.”

Michel Sidibé  
Executive Director, UNAIDS.

“North Star have been one of our most amazing partners – professional, creative, dynamic and deeply immersed in the community they serve. I have learnt a fortune from their team, and they do transformative work that makes lives so much better.”

Francois Venter  
Deputy Executive Director, Wits RHI.

We work closely with our corporate partners across all different sizes to meet mutual business and CSR goals. Whether collaborating on an in-house clinical and road safety service for their transport team in Tanzania, building a sponsored clinic nearby corporately-owned service stations in South Africa, and Swaziland, hosting specialised secondee staff for project development and management, or using shared networks to grow our staff through educational and networking opportunities, our partnerships are individually tailored to reach agreed goals and targets.

With varying specialties and unique strengths across our different target groups and geographical locations, working together with peer NGOs gives the opportunity for North Star to share our knowledge and learn from marketleaders in key issues for our clients and important areas for our organisation's growth. Collaborating can in many cases mean 1+1=3, and when this means providing more health opportunities for our target groups, we are enthusiastic to make it work.

## Partnerships.

The nature of our target groups being both hard-to-reach and playing a key role in the spread of disease, teamed with our unique models of partnership and service delivery, make us an appealing partner for leading academic institutions carrying out important studies on health, the behaviour of clients and the role of NGOs.

In turn, this provides North Star with valuable insights into our models and our target groups, helping us to ensure optimisation of our organisation as we pursue our mission.

Family foundations and philanthropists from all over the world, with an interest in health, take great pride in sponsoring a clinic, laboratory, training event or country activity with North Star. With some partners we have been able to pursue innovations in our field, through piloting new programmes or service delivery models, or other. This not only enables us to strengthen our organisation's impact and approach, but also gives valuable insights into our target groups. Innovation, running through our veins as our Entrepreneurial Spirit value, is an important part of our future. Working together to find a project that fulfills mutual goals and interests, our partnerships often blossom into long-term relationships with an expanding support footprint.

While we work with many partners in many different ways, we keep a common goal: to finance our activities in such a way that we can continue to provide our target groups with affordable healthcare. Our partnerships finance projects, clinics and the core costs of our organisation, as well as contributing in-kind expertise.

“North Star Alliance's partnership ecosystems are unique in their diversity as they span geographies, sectors and industries to provide the best services to hard-to-reach populations.”

Aline Gatignon  
Assistant Professor of Management  
The Wharton School, University of Pennsylvania.

“North Star Alliance is a remarkable social enterprise that is creating widescale social change through its network of Roadside Wellness Centres. North Star has achieved success through cross-sector collaboration, working with regional governing bodies to influence health policy, building corporate partnerships to scale the clinics, and interacting with local hospitals to ensure consistent healthcare.”

David Aikman  
Head, Schwab Foundation for Social Entrepreneurship.



Join us.

## After ten years as a pioneer in mobile health in Africa, we're not quite ready to sit back and relax. We're just getting started.

North Star Alliance began as a pioneer in bringing health to mobile workers and the communities they interact with. Since opening our first clinic in Mwanza, Malawi, we have worked to grow our network, our services, our team and our impact. We have learned valuable lessons, shared our findings with peers, partners, governments and academic institutes, and continued to push forward.

North Star Alliance is looking forward to stepping up to the next level, implementing our new strategy to increase access to healthcare, guarantee the quality of our services, and strengthen data management, monitoring, evaluation and research.

While the future is bright, we are grounded in our approach. Realising our potential is inextricably linked with the support of our partners. Together, and only together, can we make a real impact on health in these communities.

Just like our approach to health, supporting North Star ranges from the essential health services through to essential innovations. From sponsoring a network of key clinics and laboratories, setting up new clinics, supporting the extension of our network into new countries, or a specific programme for our target groups, investing in a workshop or training curriculum for our passionate staff – all the way to funding our strategy on an institutional level – your support translates as a direct impact in the hundreds of thousands of lives we impact each year.

While we pursue innovation across all our activities, your investment is supported by our four clear, and unique, differences that set us apart. Our innovative model, unique access, active partners and local expertise ground our organisation with a solid foundation.

Together, we can be responsive to emerging health needs in Africa. Together, we can tackle innovative projects and find new ways to make a difference in the lives of mobile workers. Together, we can do something life changing; we can provide access to one of the most basic of human rights: health.

As our partner, our friend, our colleague, we encourage you to make a conscious choice to join our Alliance, and become part of our family, today.

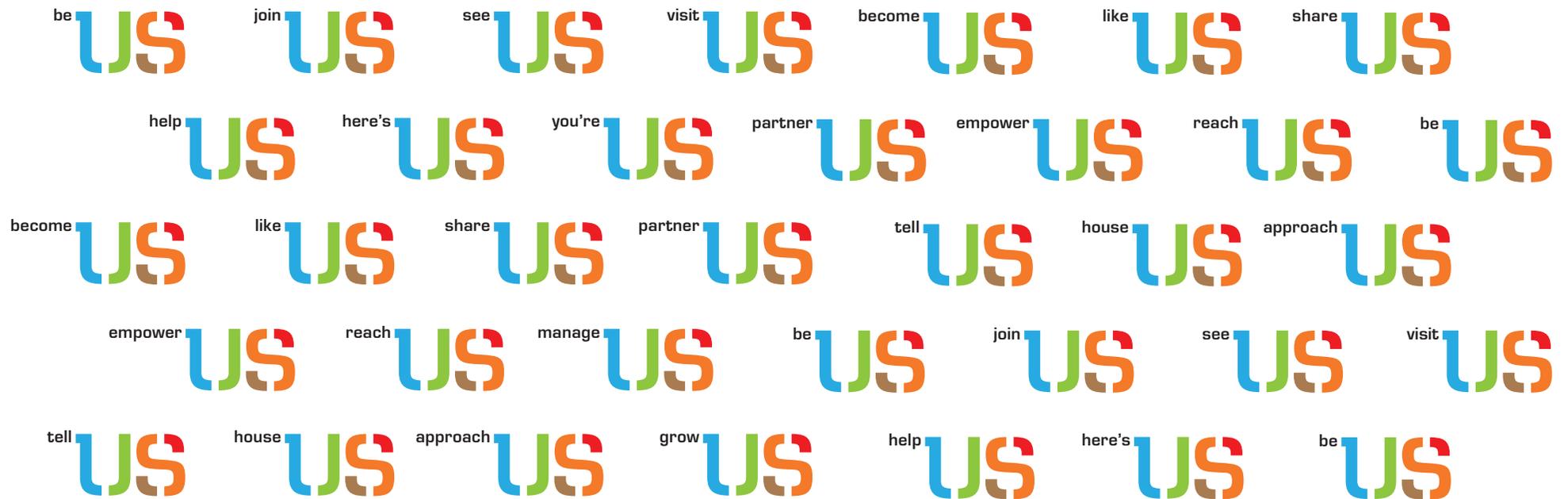
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**Join our Alliance.  
Become part of our family  
today.**



## Abbreviations.

AIDS	Acquired Immune Deficiency Syndrome	NCD	Non-communicable disease
ART	Antiretroviral therapy	NGO	Non-governmental organisation
ARV	Antiretroviral drugs	PHC	Primary healthcare
BCC	Behavioural change communication	PrEP	Pre-Exposure Prophylaxis
CSR	Corporate Social Responsibility	SDG	Sustainable development goal
EUR	EURO	STI	Sexually transmitted infection
FP	Family planning	TB	Tuberculosis
HCT	HIV counselling and testing	UN	United Nations
HIV	Human Immunodeficiency Virus	UNAIDS	United Nations programme on HIV/AIDS
IPV	Intimate partner violence	UNWFP	United Nations World Food Programme
M&E	Monitoring and evaluation	WHO	World Health Organisation







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