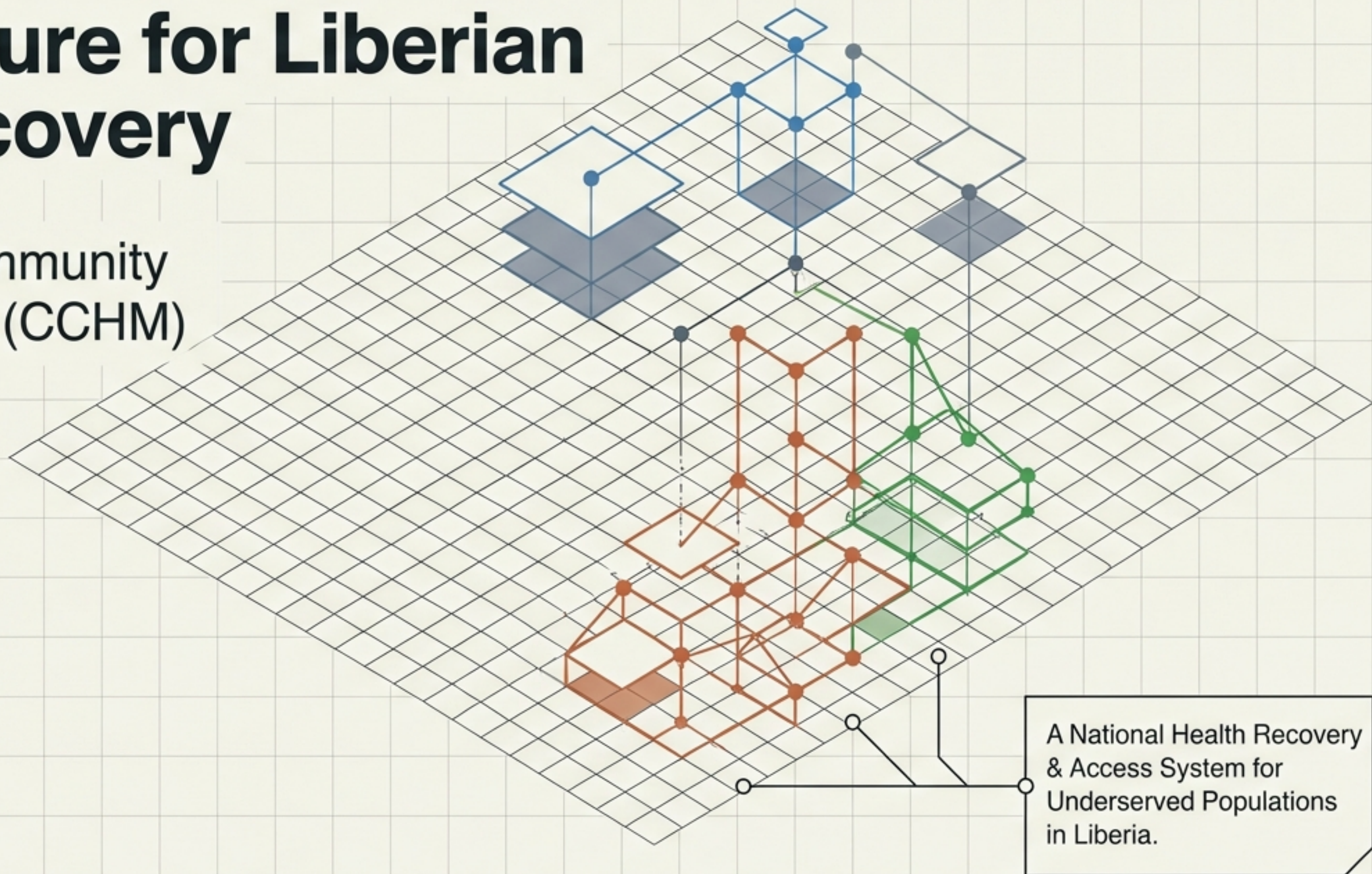
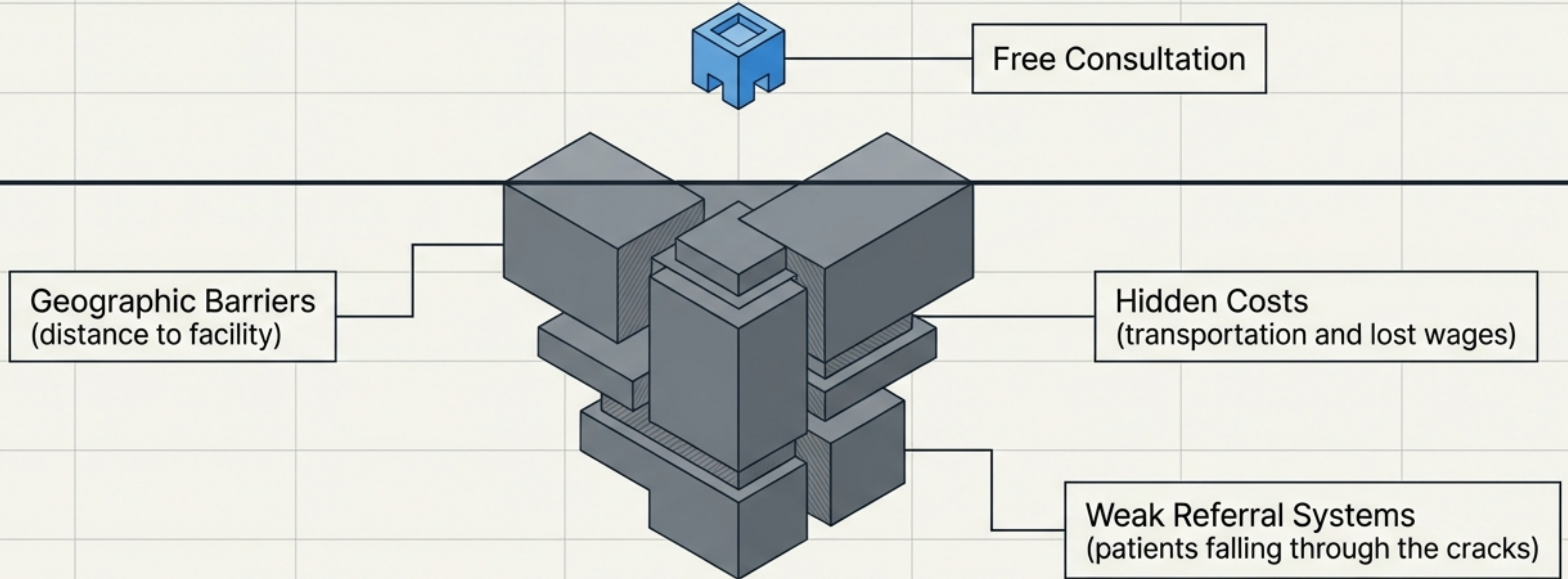


Building the Connective Infrastructure for Liberian Health Recovery

The CEPRES Community Health Movement (CCHM)



The Paradox of "Free Healthcare" Leaves Millions Disconnected



Eliminating consultation fees does not eliminate the systemic friction preventing access to care.

Geographic and Economic Isolation Strands Four Core Populations

Rural Communities

Blocked by physical terrain and immense travel distances.

Urban Poor

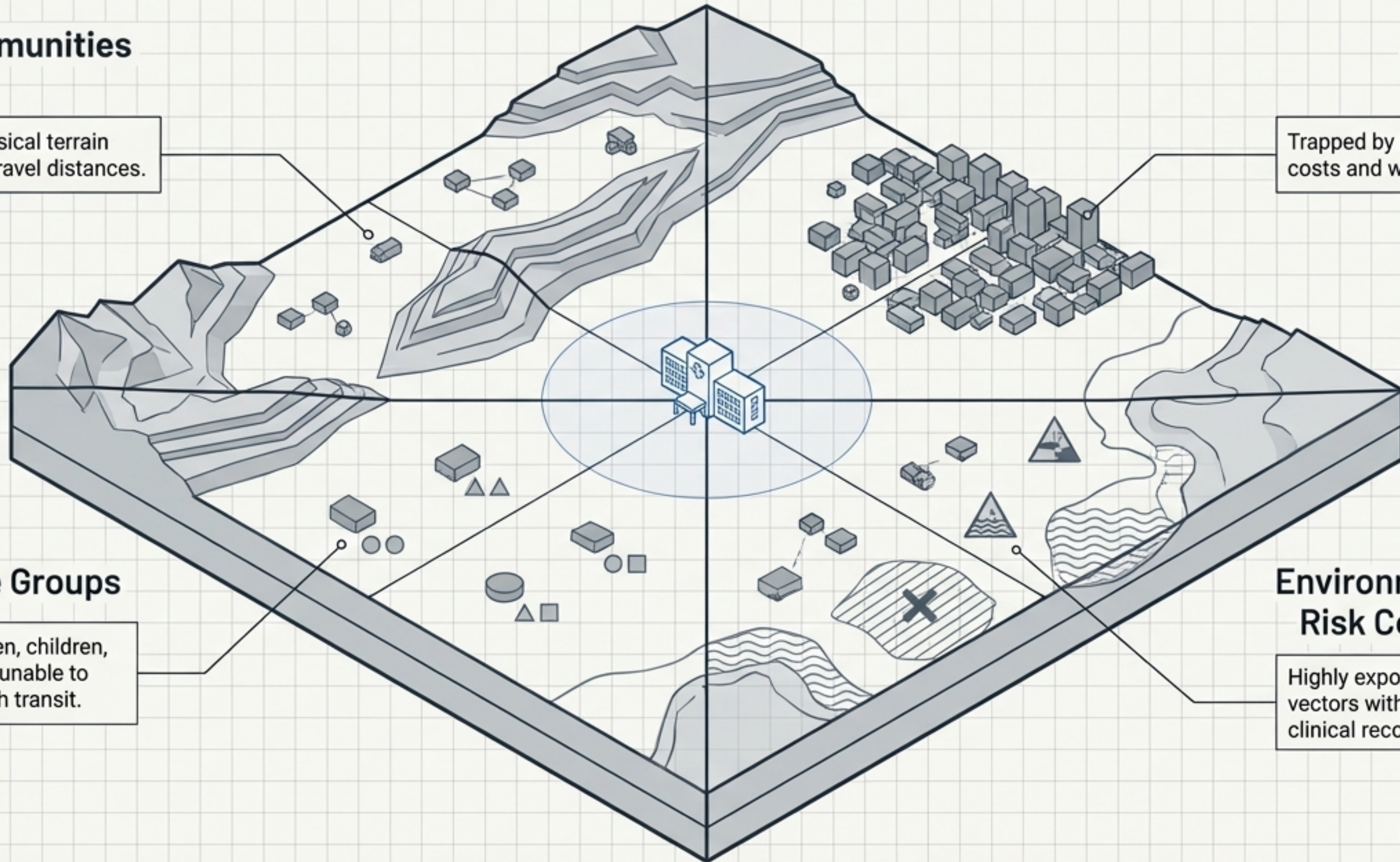
Trapped by hidden economic costs and wage-loss fears.

Vulnerable Groups

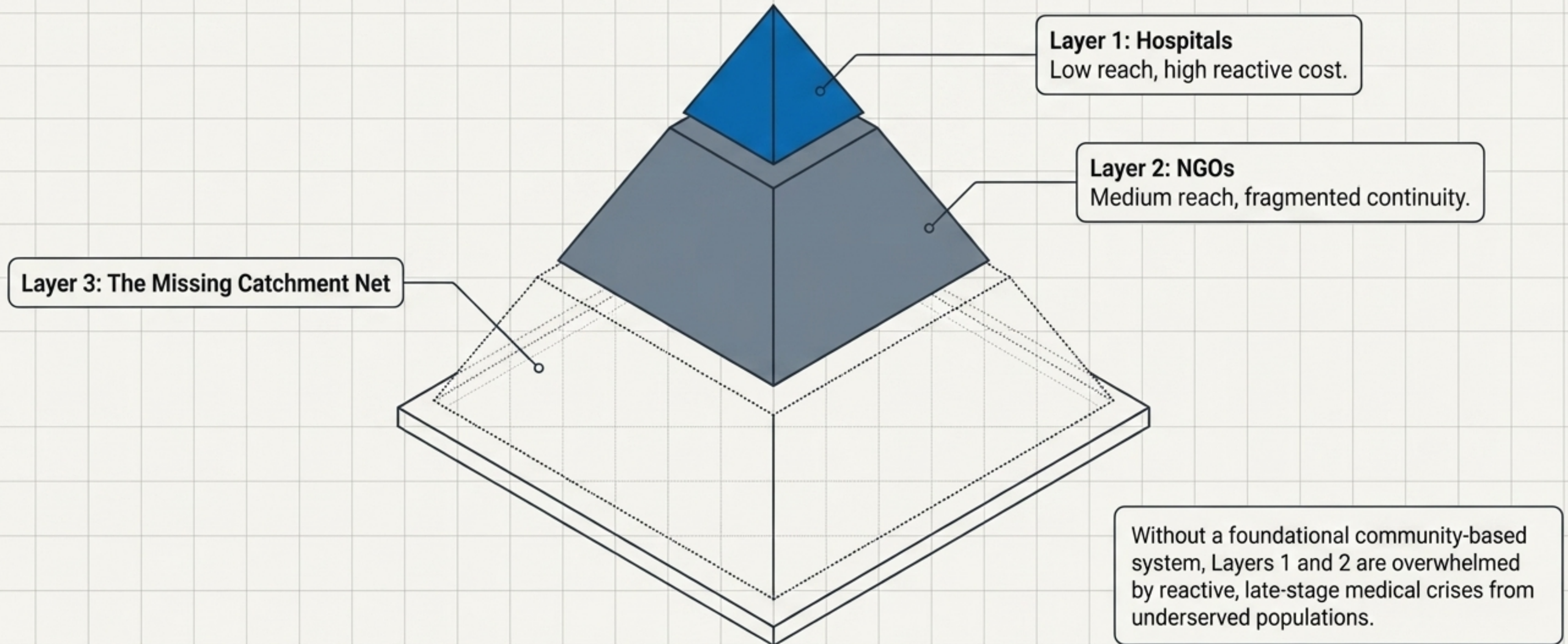
Pregnant women, children, and the elderly unable to undertake harsh transit.

Environmentally At-Risk Communities

Highly exposed to localized vectors with zero immediate clinical recourse.



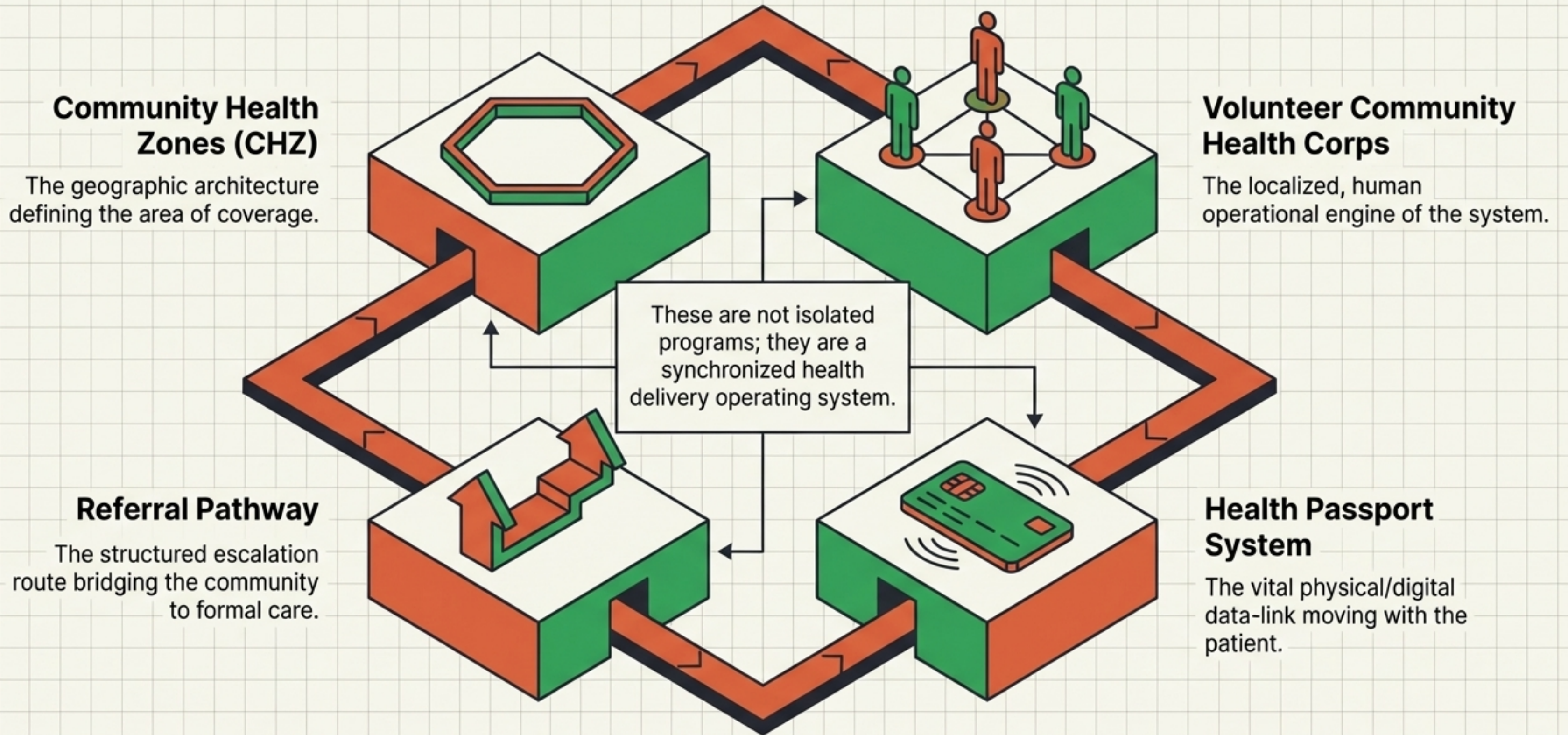
The Missing Base in Liberia's Healthcare Architecture



Designing Layer 3 as a Fundamentally Distinct System

	Layer 1: Hospitals	Layer 2: NGOs	Layer 3: CCHM
Proximity to Patient	Distant / Centralized	Variable / Programmatic	Embedded in Household
Focus Model	Highly Reactive	Targeted Intervention	Proactive & Continuous
Cost to Patient	High Hidden Costs	Variable	Near-Zero Friction
Delivery Mechanism	Clinical Staff	Project Teams	Community-Powered System

Four Interlocking Mechanisms Power the CCHM Architecture



The Community Health Zone Integrates Individual and Environmental Care

A single-environment protection map in a single Community Health Zone (CHZ)



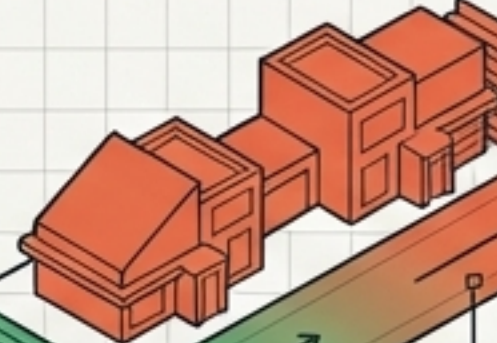
CCHM recognizes that human health cannot be stabilized in a hazardous environment. The Corps simultaneously tracks patient biometric data and environmental risk factors to prevent disease at the source.

Activating the Proactive Service Delivery Continuum



1. Prevention

Broadest reach. Corps neutralizes environmental hazards and provides community-wide health education.



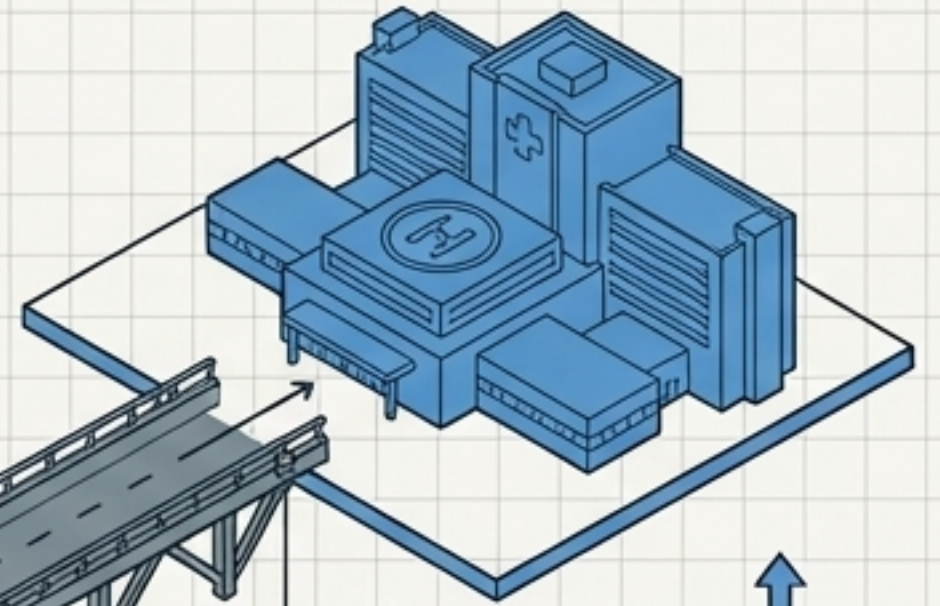
2. Basic Care

Symptom identification and immediate non-clinical household interventions.



3. Stabilization

Securing the patient's vitals prior to initiating a formal transit protocol.



4. Referral

Structured handover to Layer 1 Hospital facilities, eliminating systemic drop-off.

The Health Passport Eliminates Data Fragmentation Across Tiers



The Passport carries critical, standardized health history, directly circumventing the weak referral mechanisms that normally plague free healthcare systems.

Data continuity ensures that a patient referred from a rural zone arrives at Layer 1 with actionable, accurate medical context.

Neutralizing Environmental Risk Factors at the Source



By managing these three environmental triggers, Layer 3 dramatically reduces the volume of preventable disease cases before they require clinical intervention.

The Unit Economics of Proactive Systemic Catchment

Proactive Investment

Reactive Burden



Annual per capita micro-cost. Fully funds the Volunteer Corps, Health Passports, and ongoing Environmental Monitoring.



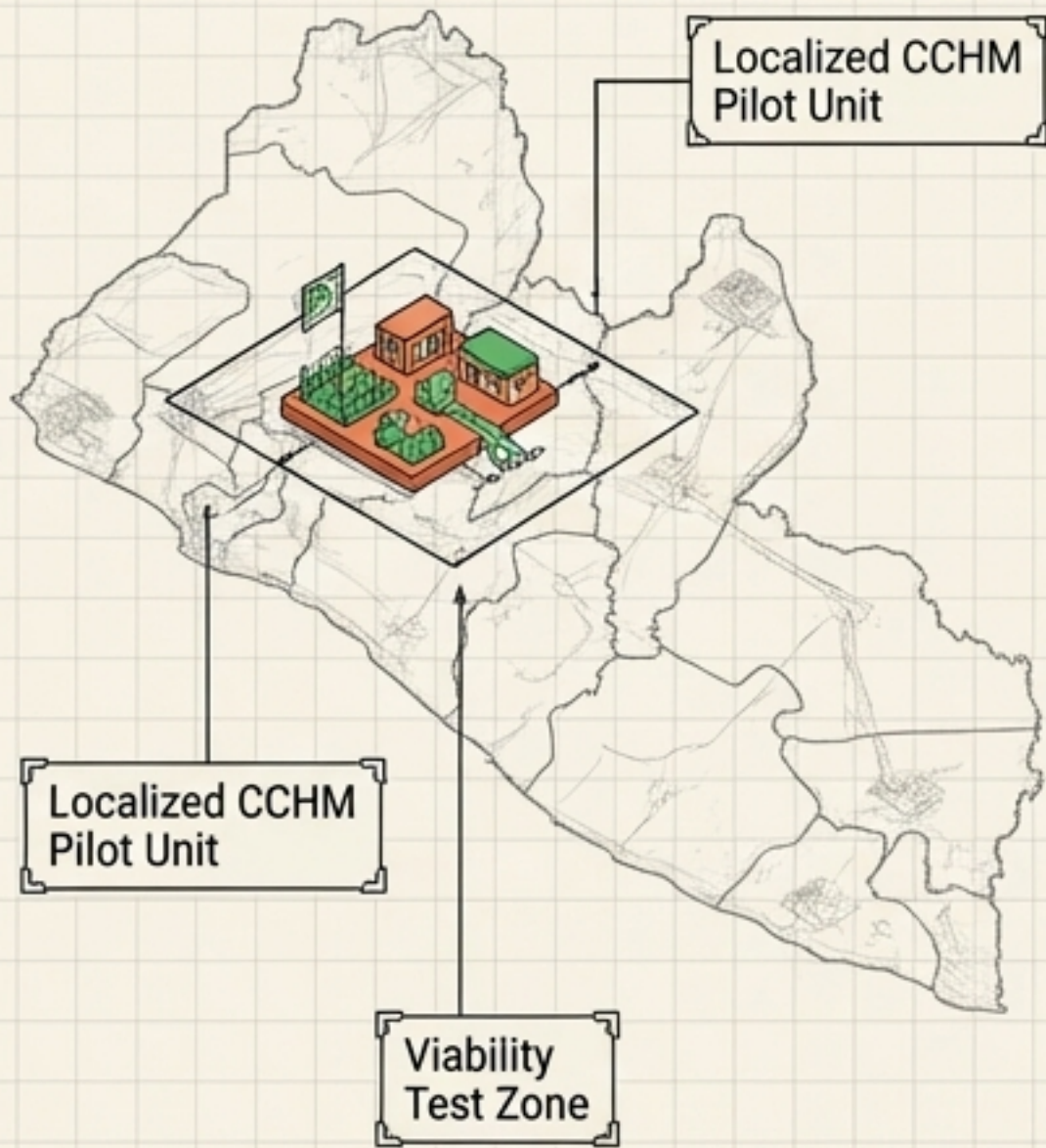
The compounding systemic cost of emergency clinical treatments, hazardous transport, and lost national economic output.

An annual investment of \$5-\$60 per capita in Layer 3 infrastructure prevents exponential downstream costs in Layer 1 emergency care.

A Phased Architectural Blueprint for National Scale

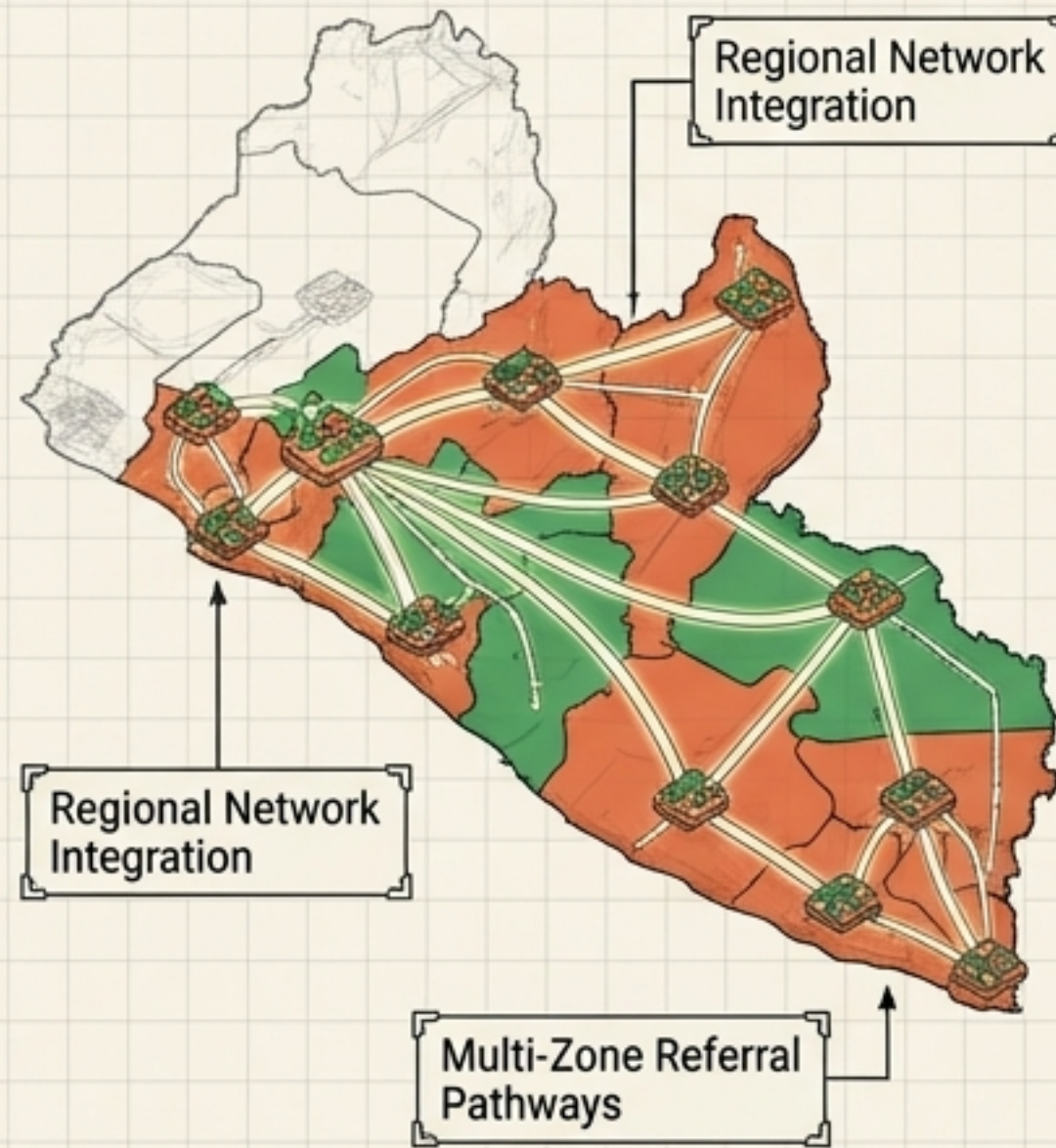
Phase 1: Pilot

Proving unit economics and operational viability in localized geography.



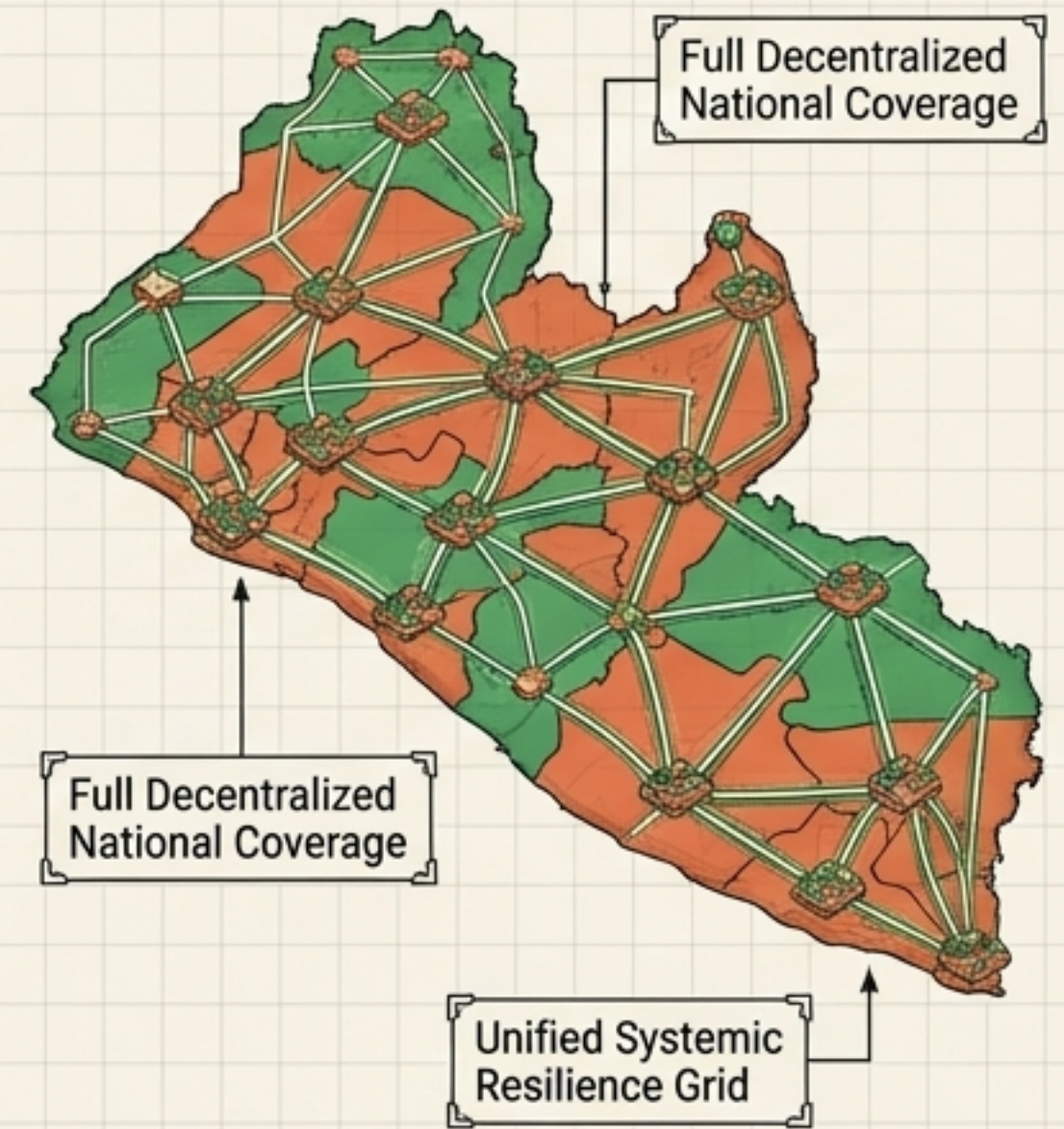
Phase 2: Expansion

Establishing regional supply chains and integrating multi-zone referral networks.

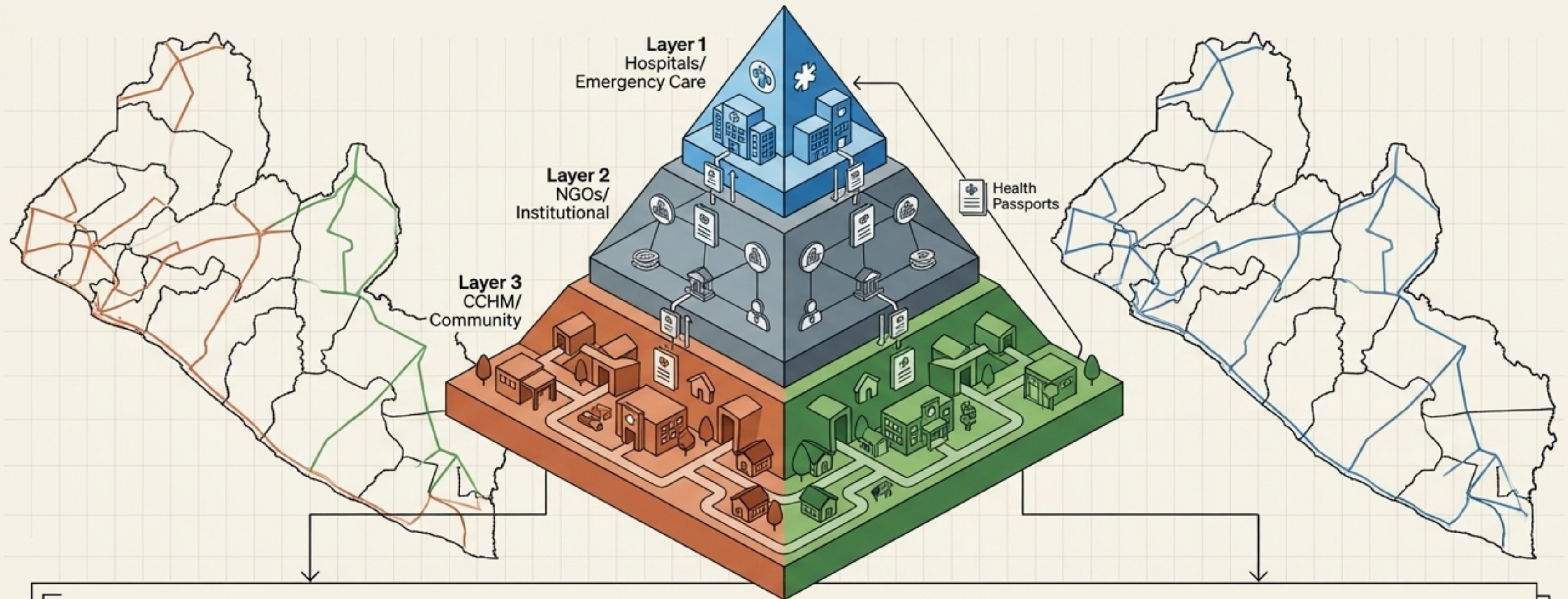


Phase 3: National Scale

Achieving full decentralized coverage and unified systemic resilience.



Systemic Resilience Through Community-Powered Decentralization



The CEPRES Community Health Movement provides the missing infrastructure to bridge Liberia's health gaps. By deploying scalable, low-cost access at the community level, we transform a fractured reactive system into a unified, proactive architecture.