Empowering Health Workers

2026-2027 PLAN

GOAL 3 FOUNDATION

EXECUTIVE SUMMARY

The problem: Lack of resources in hospital settings

Maternal and under-5 mortality remains high in low-resource hospitals with >50% of 5 million global pediatric deaths attributable to substandard care. Root causes are extreme staffing constraints and lack of adequate equipment leading to reactive care. Because deterioration is recognised late, treatments are more costly and time consuming forcing health workers into a vicious cycle of reactive care with increased workloads and inefficient use of scarce resources.

Our solution: Optimization of current resources through improved technology

GOAL 3 supports frontline health workers to shift from reactive to proactive care through the IMPALA system: a fit-for-context patient monitoring device combined with the IMPALA platform providing a central patient overview, a clinical support applications and data dashboards using robust infrastructure with a battery backup and local networks. IMPALA is provided with a service model to drive uptime, adoption, and continuous improvement.

Our progress: 45 Hospitals & 700 Monitors

GOAL 3 is active in 45 hospitals with 700 monitors+ in Malawi, Rwanda, Tanzania, Kenya and Zimbabwe; 85% have signed service contracts; scale-up plans are underway with national governments in Malawi and Rwanda. Another 25 hospitals are already funded to be installed in early 2026.

Our Evidence: 40-51% reduced mortality

In studied settings, IMPALA is associated with: (i) high user acceptance and willingness to continue. with 98% of healthworkers recommending IMPALA, (ii) self-reported time spent on monitoring reduced by 45% from 3.3. to 1.8 hrs (iii) 40-51% reduced paediatric mortality in Malawi (adjusted before–after), (iv) 26-47% reduced critical illness events, and (v) In a cost-effectiveness analysis IMPALA costed $2.90 per patient and let to $10,50 in cost savings in health expenditure and $28,50 cost-savings in societal costs compared to standard of care.

Scale up Ambition

Funding can accelerate national scale-up (Malawi/Rwanda), expand IMPALA into maternal care, and add triage/ICU/discharge workflows to increase impact per facility. GOAL 3 Foundation aims to raise €3.000.000 in 2026 and 2027 to reach 500.000 patients with improved care annually.

We believe this funding could be **catalytic** for our growth by allowing us to build enough of a track record and scale to the point that we qualify for funding by large governmental donors.

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THE PROBLEM

Each year 2,7 million African children die before the age of five, representing 58% of global under-five mortality.

More than half of these deaths are attributable due to substandard care. Children who reach the health system but do not receive the right care in time.

Similarly, 82% of pregnant women deliver in health facilities. However mortality remains high at 453 per 100.000 life-births causing 182.000 annual deaths. This represents a 70% of global maternal mortality and a 1 in 66 life-time risk for African women to die from pregnancy related complications.

The vast majority of these deaths are caused by acute conditions which, if recognized and managed in time, can be treated effectively at low costs.

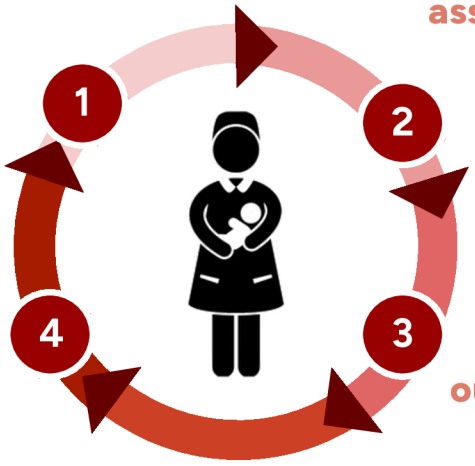
The challenge: a reactive cycle of care

Limited time due to staff shortages

Nurse to patient ratios **of 1:20 in HDU compared to WHO recommended 1:2**.

Poor monitoring and risk assessment; respond late to patient deterioration

Estimated that **40-70% of medical equipment is not functioning** or used within 2 years



Increased workload & decreased quality of care

Increased emergency care; poor patient outcomes; increased costs

Every hour delay mortality rate **rises by 10% in conditions** like sepsis

5

System/market failure. Procurement and financing are often fragmented and device-focused, rather than designed around sustained uptime and adoption. Even effective technologies struggle to scale because implementation and service models are under-designed relative to real constraints (staffing, connectivity, supply chains, and training capacity).

WHAT GOAL 3 DOES

GOAL 3 delivers a bundled intervention combining **product + service + delivery model:**

IMPALA product. Fit-for-context patient monitoring and an offline-first clinical support system that provides a multi-patient overview and supports structured monitoring workflows.

Service model. Training and onboarding (including local champions), uptime and maintenance support, adoption support, and data-driven quality improvement dashboards. The service layer is designed to maintain performance in routine conditions—not only in pilots.

Delivery model. Implementation in partnership with hospitals, governments, and NGOs, leveraging existing health system structures for operations, training, and scale-up.

Hybrid financing model. To overcome affordability barriers and market failure, third parties fund upfront CAPEX (equipment and initial deployment), while local providers/governments pay recurring service fees to sustain operations. Over time, recurring revenue plus volume is intended to improve cost-to-serve efficiency and strengthen local sustainability.

THEORY OF CHANGE

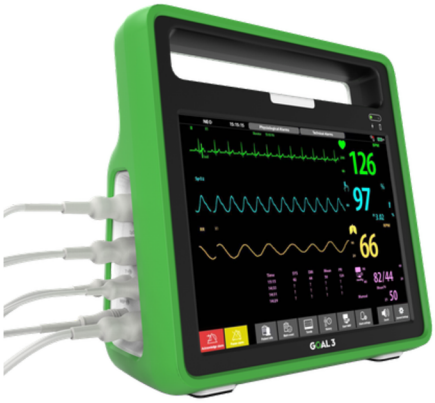
GOAL 3 FOUNDATION

IMPALA SOLUTION

A 3 part ward-level monitoring and clinical support solution

01. IMPALA PATIENT MONITOR

Designed for low-resource settings



DESIGN AWARD 2024

Ensure patients are always monitored, regardless of external conditions

- 10 hour battery life, resilient against power fluctuations
- Durable casing to protect it from UV-light and impacts
- Heat resistant up to 45 degrees
- Dust and insect resistant

Reduce alarm fatigue with a decrease in unnecessary alarms by up to 54%

- 5 pediatric alarm thresholds and 1 for adults
- Integrated automated PEWS score

02. IMPALA PLATFORM

Clear visibility. Confident decisions. Better care over time.

2A. Central patient overview

Faster Triage: With >90% health workers reporting improved efficiency

- Color system stratifies patients according to risk
- Patient avatars make it easy to see exactly what is wrong with the patient
- Continues to work without power due to on- premise server with a 24hr battery life

2B. Clinical support application

Know the full patient story (not just snapshots)

- Patient History for up to 7 days
- Log clinical interventions on the patient
- Built in PEWS automated scoring
- Spot Checking *(expected July 26)*

2C. Data dashboards and insights

Improve patient care over time

- Monitor usage and uptime
- Number of patients monitored
- Top indications
- Discharge outcomes
- Length of stay

03. IMPALA CARE

Maintenance made simple

- 75$ credit for consumables/monitor
- Installation and implementation support
- Remote troubleshooting

Upgrade staff skills

- E-learning (monitor use + clinical)
- Staff onboarding tools
- IMPALA WhatsApp community

GOAL 3 FOUNDATION

OUR IMPACT

JANUARY 2024 - DEC 2025

81.000 Patients
with Improved Care Annually

29
Hospitals

1,215-2,025
Estimated Annual Lives Saved

402
IMPALA's

1026
Health Workers Trained

OUR EVIDENCE TO DATE

27-51%
REDUCTION IN MORTALITY

Effects (compared to standard of care)

- In pediatric care mortality reduced by 40-51%. Additionally there are 29-32% less critical events leading to a total of 59% reduced Disability Adjusted Life Years
- In neonatal care mortality was reduced by 20-27% over 12 months in separates studies in Tanzania and Rwanda

REDUCING
HEALTH EXPENDITURE TO HEALTH FACILITIES AND PATIENTS

Costs per patient (compared to standard of care)

- The IMPALA monitoring system costs 2.90$ per hospitalized patient
- IMPALA reduced direct medical ($-2 to $-13 net), direct non-medical, and indirect costs ($-12 to $-45 net) in 2 hospitals in Malawi

45%
REDUCTION IN MONITORING TIME

Healthcare worker Effects

- Time spent on monitoring reduced by 45% from 3.3 to 1.8 hours
- 92% of health workers report reduction in stress levels
- 98% of health workers would recommend IMPALA to others

IMPACT STORIES

Oscar

Nurse, Zomba Hospital, Malawi

While on duty in the Pediatric Ward, we received a 3-year-old child presenting with a Blantyre Coma Score of 3/5. The child had been treated for hypoglycemia and was diagnosed with severe malaria. Upon admission, the patient was transferred to the High Dependency Unit (HDU) for continuous monitoring using the IMPALA system.

A few hours later, while seated at the nurses' station, an emergency alert appeared on the patient overview dashboard, the child's heart rate was critically high, and oxygen saturation was dropping despite being on oxygen therapy.

We immediately rushed to assess the child. On the monitor, both ECG and SpO_2 waveforms appeared normal, but the Perfusion Index was alarmingly low (0.1). This guided us to assess for shock and anemia. Our assessment confirmed both: the child was in shock and had a hemoglobin level of 5 g/dl.

A quick and life-saving decision was made to initiate blood transfusion. Shortly after transfusion, the heart rate began to stabilize, and oxygen saturation improved significantly. By the next day, the child was fully alert (BCS 5/5), the feeding tube was removed, and the patient was almost ready for discharge, just kept for another 24 hours of observation.

"Thanks to the IMPALA continuous monitoring system, we detected deterioration early and acted immediately, saving a young life that could have been lost without real-time alerts."

Ellen

Nurse, Queen Elizabeth Central Hospital, Malawi

"While on duty in the pediatric ward, Ellen was moving between patients during a typically busy morning shift. Care was ongoing, and the team was managing multiple cases simultaneously.

During this time, an IMPALA alert was triggered. Ellen turned back to review the monitor. The pulse rate of a 2-month-old infant had risen sharply to 310 beats per minute.

Routine activity paused, and attention shifted immediately to the patient. The team gathered at the bedside, initiated assessment, and began urgent interventions. Care was escalated in response to the critical change in vital signs.

"It was that alarm that saved that baby"

2026-2027 STRATEGIC PLAN

OUR STRATEGIC PILLARS

Leverage Catalytic Counterfactual

We operate where market dynamics, public funding, and NGOs leave critical gaps in access to quality care. By funding catalytic entry points, we unlock scalable solutions like IMPALA and accelerate sustainable adoption. Each investment is guided by a counterfactual lens: without this funding, would patients be left without access?

Open Transparent Governance

Our approach is grounded in transparency, evidence, and accountability. We openly communicate impact, challenges, and learnings, enabling continuous improvement. Governance aligns with international NGO standards, with clear oversight and transparent alignment with GOAL 3 entities, ensuring both integrity and effective collaboration.

Professional Independence Long-term relations

We are building a professional, independent philanthropic organization with strong donor engagement, communication, and reporting. While leveraging GOAL 3's implementation capacity, we maintain independence in funding decisions and focus on long-term partnerships that deliver sustained, system-level impact.

OUR AMBITIONS

500.000 Patients with Improved Care Annually

2.000+
IMPALA's installed

6.000+
Estimated Annual Lives Saved

€3 million
Funds needed 2026-2027

The GOAL 3 Foundation set an ambitious target for 2026-2027 to improve the care structurally for over 500.000 patients annually. This translates to successfully funding and implementing over 2.000 IMPALA systems, leading to an estimated 6.000+ additional lives of patients saved yearly. To reach this ambitious target, €3.000.000 in funding is sought at current and future donors.

PROGRESS & FUNDING GAP

500 installed
150 more funded
1350 IMPALA's to go

To reach the 500.000 patients with improved care annually, the GOAL 3 Foundation has already installed over 500 monitors to date and funded 150 more for 2026-2027. This leaves a funding gap of 1350 IMPALA systems, accounting for ~€2.500.000 in funding sought for 2026-2027.

CATALYTIC PROJECTS

1. Platform Expansion & Integrated Care Pathways

Expanding the IMPALA platform with new clinical modules—such as maternal care, triage, and ICU workflows—to increase impact per site, strengthen care pathways, and align with major global health programs.

- Maternal care integration, 50 IMPALA's, €250k - 2026
- Health Center integration, 75 IMPALA's, €400k - 2027

2. Market Creation & New Geography Entry

Enabling entry into new countries through pilot deployments, partnerships, and evidence generation—creating early traction, unlocking demand, and laying the foundation for future government-led scale and sustainable financing.

- NICU project Nigeria, 150 IMPALA's, €300k - 2026
- County Scale-up Kenya, 75 IMPALA's, €150k - 2026

3. Government-Led Scale-Up in Active Markets

Accelerating national scale-up in countries with existing traction by funding deployments, strengthening government partnerships, and embedding sustainable financing models—unlocking system-wide adoption and creating replicable blueprints for scale.

- Scale-up Rwanda, 300 IMPALA's, €600k, co-funding available
- Scale-up Malawi, 450 IMPALA's, €900k, co-funding available

FUTURE PLANS

Improving the quality of care for 100 million patients by 2030

Expanding in **geographies**	Expanding in **interventions**	Growing to **sustainability**

GOAL 3 aims to improve the quality of care for 100 million patients by 2030. The Foundation supports this by funding catalytic projects that drive scale and system-level impact. Its focus is threefold: expanding into new geographies across Sub-Saharan Africa and beyond; advancing the IMPALA platform into areas such as maternal care and full-ward monitoring; and supporting health systems in transitioning toward sustainable financing models in partnership with governments and facilities.

END GAME

The GOAL 3 Foundation closes the financing gap that limits access to life-saving interventions such as the IMPALA platform. It acts as a catalyst—funding initial adoption, then transitioning to co-funding and pre-financing. The end goal is local ownership: health systems procuring and sustaining these solutions independently, embedded in budgets and no longer reliant on external donations.

GOVERNANCE

GOAL 3 Organization operates through two aligned entities: GOAL 3 Social Enterprise (delivery and product/service execution) and GOAL 3 Foundation (catalytic funding and public-benefit activities where markets fail). The structure is designed to combine mission discipline with operational execution and scalability.

Roles

Foundation

funds catalytic gaps, early deployments, research and innovation where additionality is high and traditional markets underperform.

Enterprise

Builds, deploys and services IMPALA. Clear accountability for support, and performance monitoring.

Jelle Schuitemaker, Director (a.i)

Engineer, entrepreneur, and board member working at the intersection of impact, technology, and healthcare. Co-founder of GOAL 3 and Supervisory Board member at Heifer Netherlands and BioPellets Energy, also involved in several initiatives around impact investing and social lending in both the Netherlands and Africa.

Roelof Konterman, Chairman

Experienced executive, board chair, and supervisory board member with a background in healthcare leadership, including roles at Achmea and Erasmus MC

Wouter Reuvers, Treasurer

Experienced accountant and financial professional, serving as a supervisory board member and strategic advisor in the healthcare sector.

Dr. Job Calis, Secretary

Dr. Job is a pediatric intensivist at the Emma Children's Hospital. He Has international experience as a (tropical) doctor, including serving as manager and head intensivist at the largest hospital in Malawi, and continues to work there regularly on research with AIGHD.

Niek Versteegde, Board Member

A General practitioner, tropical doctor, and founder of GOAL 3. Also a Board member of the Friends of Sengerema Foundation, which supports a rural mission hospital in Tanzania.

GOAL 3
FOUNDATION

THANK YOU

We believe that together we can improve the standard of care in places where it is most needed. Some of our valued partners include:

Founders Pledge · DONEER EFFECTIEF · The Life You Can Save · CONTRIBUTE FOUNDATION · Philips Foundation

Please do not hesitate to contact us directly through the channels below.

www.goal3/foundation.org

foundation@goal3.org

Algemeen Nut Beogende Instelling ANBI

The GOAL 3 Foundation holds ANBI status in the Netherlands, meaning your donation is tax-deductible for Dutch taxpayers.

RSIN: 864979976

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