



2016 ANNUAL
IMPACT REPORT





In partnership with communities in resource-poor areas, PIVOT's mission is to combine accessible and comprehensive health care services with rigorous scientific research to save lives and break cycles of poverty and disease.

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Letter from the Co-Chief Executive Officers

Five years ago, we first encountered a health crisis in Madagascar that was being neglected by the global community. In Ifanadiana District, where PIVOT now works, 1 in 14 women died in childbirth, and 1 in 6 children died before their 5th birthday, typically from diseases like malaria, pneumonia, and diarrhea. Why do such death rates persist in the 21st century when the apparent causes are both known and simple to treat? There is a "Know-Do" gap because seemingly simple solutions require complex delivery systems that must align at the point of care and work for all patients.

Three years ago, we founded PIVOT with the premise that failed health systems are not inevitable. We set forth to partner with Madagascar's government and local communities to create a model district rooted in strengthening delivery systems, guided by strong existing policies, and to produce evidence to fill the "Know-Do" gap. We believed that, if done right, this could scale across the country while launching a new era of science aligned with the needs of the poor.

This year, we are humbled and proud to report that, thanks to our staff, partners, and supporters, the foundation for this model system has been laid and the first set of population-based results are in: utilization rates of health facilities have quadrupled, while deliveries in health facilities have doubled. In two years, neonatal and under-five mortality declined by 36% and 19%, respectively. Our data systems are informing national policies (such as Universal Health Coverage), tracking costs to assess affordability at scale, and attracting some of the greatest scientists in the world. The government of Madagascar has recognized PIVOT as a top nongovernmental partner in the country.

While there remains so much more work to do, we hope that you see from these pages the improbable progress that has already been made.

Thank you for your support,



MATT BONDS
Co-Founder and
Co-Chief Executive Officer



TARA LOYD
Co-Chief Executive Officer

Urgent Need Extraordinary Opportunity

Madagascar is among of the poorest countries in the world, with one of the weakest health systems. Despite the availability of medicines and technologies for treatment of common diseases at the national level, too many people are dying unnecessarily due to lack of integrated healthcare delivery systems at the point of care.

Through partnerships with academic institutions and the recently-elected Madagascar government, PIVOT is becoming the leading non-governmental partner for establishing an evidence-based model health system. This new model is transforming health conditions in a way that is both equitable and scalable throughout the country.

PIVOT



24 million

Country
population

\$420

Annual household
income (USD)

203,474

Ifanadiana District
population

\$14

Per capita spending
on healthcare (USD)



Population living in
extreme poverty



Chronic
Malnutrition



Deforestation

Before PIVOT arrived in Ifanadiana District:

1 in 6

Under-5
mortality

1 in 14

Maternal
mortality

Major Impacts

During our first two years, the likelihood that a mother will deliver at a health facility and that a sick child will be treated has doubled. This increased health access has contributed to a **36% decrease in neonatal mortality** and a **19% decrease in under-five mortality**.

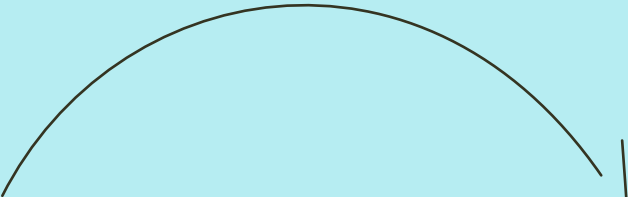
80,000+
patients treated



Our Approach

We are creating an **evidence-based model health district** in partnership with the Ministry of Health that can be scaled throughout Madagascar.

*Guided by existing policies, the model includes the integration of **clinical programs**, **strengthened systems**, and **data and research**...*



...which are implemented across all levels of the health system:



As of the end of 2016, PIVOT had begun the **transformation of the District Hospital**, established **four model health centers**, and constructed **twenty community health posts**.





Malnutrition

Malnutrition is one of the **biggest underlying causes of death in childhood**, and Madagascar has one of the highest rates of childhood malnutrition in the world. We are **spearheading the implementation of a national program** in the district to combat malnutrition through **screening, treatment, and prevention** of severe acute and moderate acute malnutrition across all levels of the health system.

2016 IMPACT

18,767

Children screened at the community level

9,331

Children screened at health centers

205

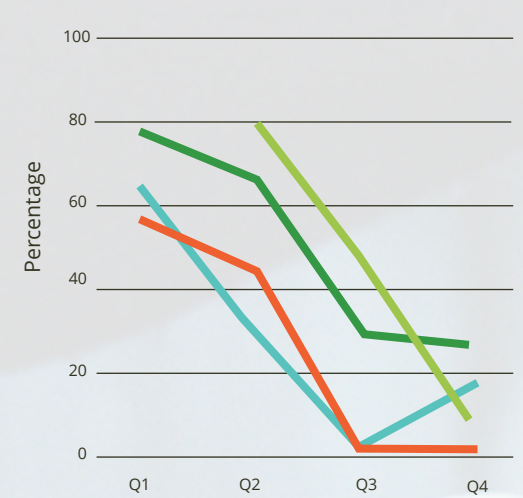
Children treated for severe acute malnutrition

498

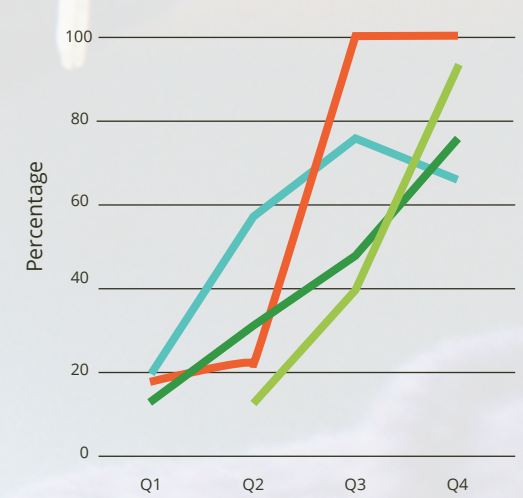
Children treated for moderate acute malnutrition

Across all four health centers, we observed **increased cure rates** and **decreased drop-out rates** in our severe acute malnutrition treatment program.

Program Drop-Out Rates



Program Cure Rates



Ranomafana Health Center Ifanadiana Health Center Kelilalina Health Center Tsaratanana Health Center

Community Health

We **train and equip** Community Health Workers (CHWs) who work on the front lines of care. They are responsible for **diagnosis and treatment** of illnesses among pregnant mothers and children under 5 (e.g., diarrhea, pneumonia, and malaria) and refer patients to higher levels of care when needed. CHW supervisors provide critical **oversight and mentoring** through monthly visits to ensure the highest standards of care.

2016 IMPACT

40

CHWs fully trained and equipped

5,902

Children treated by CHWs

Children under 5 in our community health program are now being seen at a rate of nearly **ten times** that of children in communities outside of that area.



Integrated Management of Childhood Illness

We implement national protocols for Integrated Management of Childhood Illness (IMCI) at the community and health center levels. IMCI is a **systematic approach** developed by UNICEF and WHO that guides health care providers in low resource settings to **diagnose and treat** illnesses and assess nutrition and vaccine status in **children under 5**, the age group that bears the highest burden of deaths from common childhood diseases.

2016 IMPACT

12,802

Children under 5 seen in health center outpatient clinics

42

CHWs trained in IMCI protocol district-wide

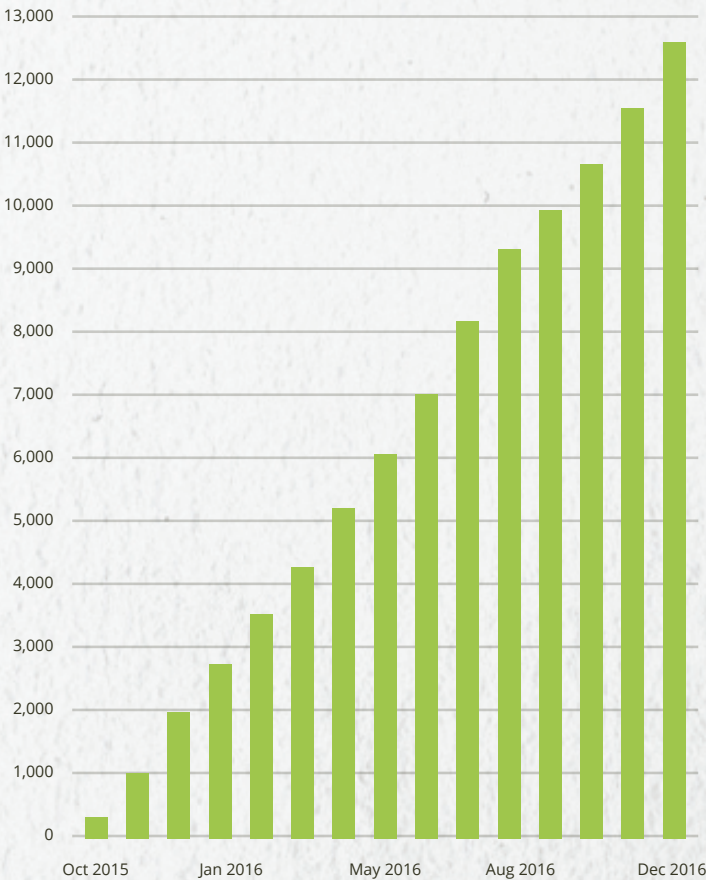
11

Heads of health centers trained in IMCI protocol

Trainings covered the triage system, antibiotic use, and dietary practices.

Prior to PIVOT's intervention, the IMCI protocol was not standard practice, whereas in 2016, an average of 86% of children were treated under the protocol.

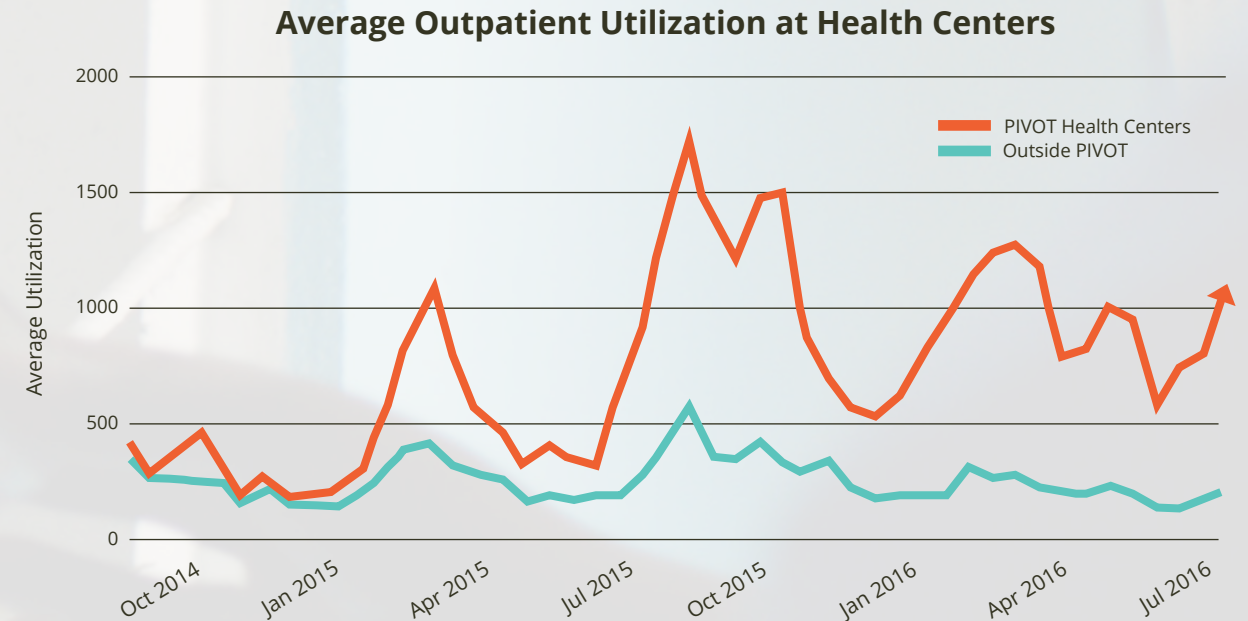
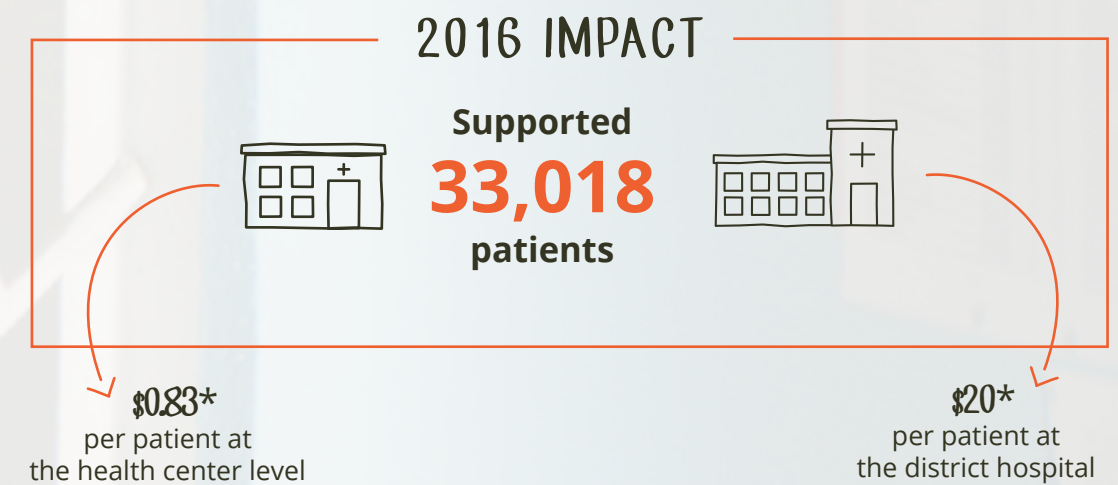
Total Consultations of Children Under 5 at Health Centers





Essential Medicines

We **remove financial barriers** to care by covering the costs of all essential medicines and supplies at **no cost to the patient**.



4X | Since this program was initiated, **patient utilization has quadrupled** at model health centers.

*Cost per patient calculated with data from January-December of 2016.

Recruitment and Training

Through joint recruitment with the Ministry of Health and training programs, PIVOT ensures all **20 health centers** and the **district hospital** are fully staffed at or above government norms.

2016 IMPACT

42

PIVOT-MoH
Joint Staff

50

PIVOT
Clinical Staff

85

PIVOT
Support Staff

Jointly recruited staff represent **58%** of total MoH medical staff in Ifanadiana District. **92%** of PIVOT staff are Malagasy.

100

CHWs trained in diagnosing and treating malnutrition district-wide

Over **800 individual trainings** by national and international experts in:

- Integrated Management of Child Illness (IMCI)
- Malnutrition
- Leadership
- Epidemiological research
- Emergency medicine
- Ultrasound

Infrastructure and Equipment

We ensure that health facilities are safe, accessible, and dignified places for receiving care.

2016 IMPACT

- Renovated and equipped **hospital laboratory** and **malnutrition ward**
- Constructed **new maternity facility** in Kelilalina
- Constructed and equipped **20 community health posts**



Ambulance Network

We manage Ifanadiana District's 24-hour ambulance referral network, which we launched in 2014.

2016 IMPACT

- Provided **3 ambulances** for country's only district-level ambulance system
- **2,177 patients** transported to care



Patient Accompaniment

Our social team accompanies patients and families, who often travel long distances to health facilities, and follows up with them after discharge.

2016 IMPACT

- **707 social kits** containing sheets, blankets, bed nets, and soap distributed to vulnerable patients
- **2,039 patients and family members** oriented to health facilities, taught disease prevention and hygiene

We collect data to inform health programs and produce lessons for replicating and scaling up the model. Our data platform supports routine **monitoring and evaluation** (M&E) on the health system intervention, **implementation research** to evaluate impacts and improve performance, and **scientific innovation** to make fundamental advances for diagnosing and treating disease.



Monitoring and Evaluation

The M&E system tracks **848 indicators** to measure all health system interventions, which are represented in **9 distinct dashboards** to improve real-time programmatic decisions. Some of the results are featured within each section of this report.

Research

Governments and policy-makers often know what to do but not how to do it. Our implementation research program aims to fill this Know-Do gap, while providing a platform for scientific innovation. Our signature initiative is a **longitudinal cohort study** that provides unprecedented insights into the process of transforming health conditions for a district population.

2016 INNOVATION HIGHLIGHT

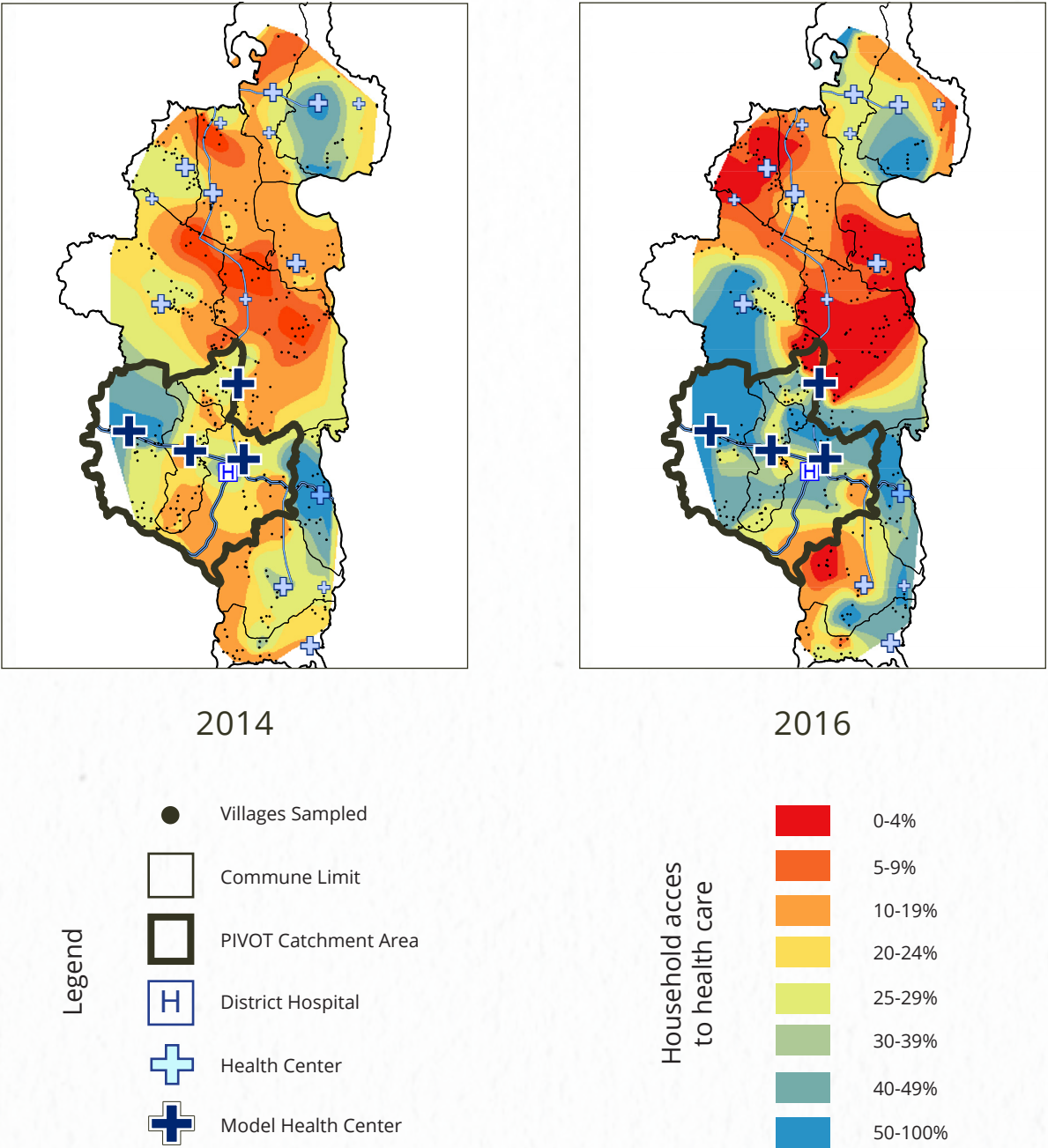


Left: Bioengineer and 2016 MacArthur 'Genius' Dr. Manu Prakash, who joined the PIVOT board in 2016, demonstrates his new ultra low-cost "paperfuge," which can provide the same functions as commercial centrifuges.^(1,2) **Right:** PIVOT-trained MoH community health worker tests the paperfuge in Ranomafana.

Longitudinal Cohort Study

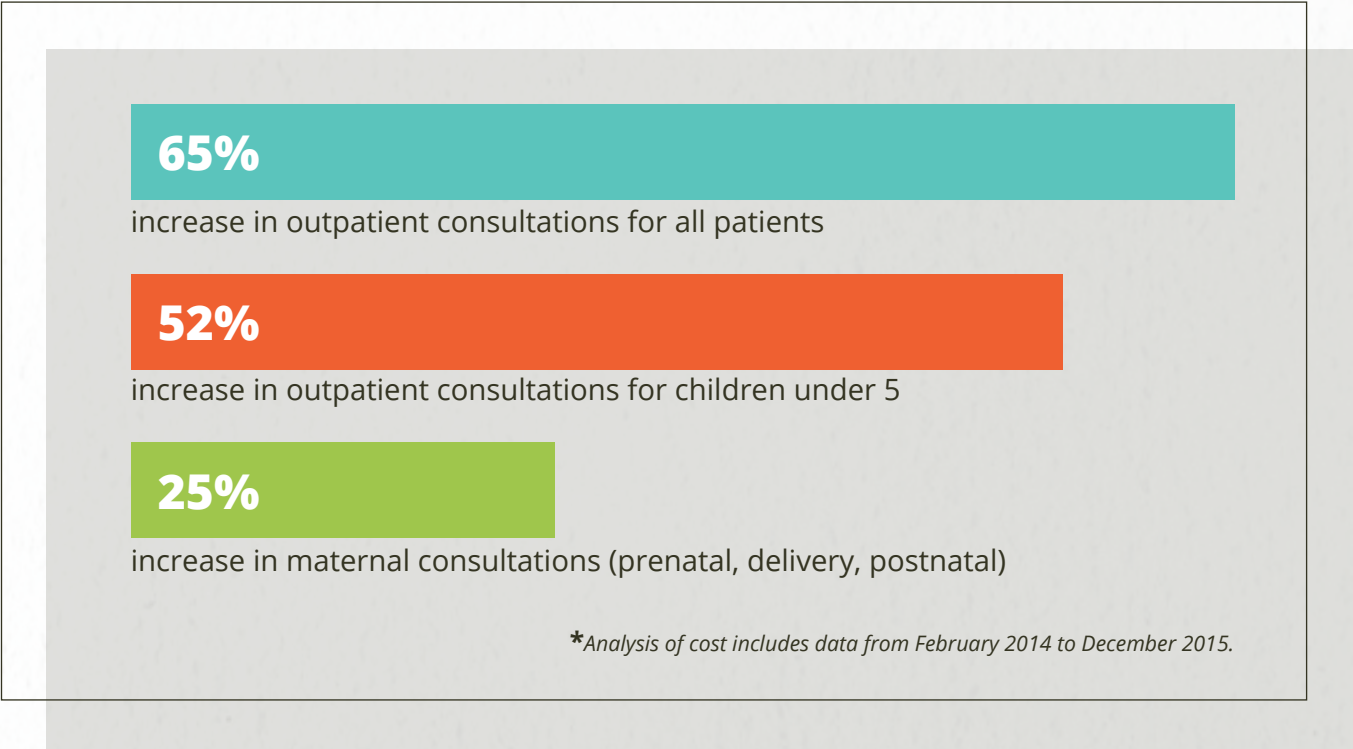
The second round of our longitudinal cohort study of a representative sample of 1,520 households (~8,000 individuals) was completed in 2016. The **population-level impacts** include some of the **most statistically rigorous** and independently verified evidence of changes in health care access and mortality rates within a government district.³

Proportion of Febrile Children that Received Treatment



Study on Universal Health Coverage

Research on universal coverage⁴ showed that removing financial barriers to care in the PIVOT catchment area costs **\$0.68* per patient at health centers** and **\$26* per patient at the hospital** with the following results:



References

1. Bhamia, MS. et al. "Hand-powered ultralow-cost paper centrifuge." *Nature Biomedical Engineering* 1 (2017): 0009.
2. "This 20-cent paper pinwheel could transform medicine in the developing world." *Science Magazine*, January 10, 2017. <http://bit.ly/2s4YyjL>
3. Garchitorena, A. et al. 2017. "Removing financial barriers for universal health coverage in a rural district of Madagascar," *Health Affairs* (in press).
4. Miller, AC. et al. 2017. "Baseline population health conditions ahead of a health system strengthening program in rural Madagascar." *Global Health Action Vol. 10, Iss. 1, 2017. DOI: 10.1080/16549716.2017.1329961. http://bit.ly/2st687F*

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PIVOT Country Director Dr. Mohammed Ali Ouenzar (left) and PIVOT Co-Founder and Board Chair Jim Herrnstein (right) celebrate the inauguration of newly-constructed maternity ward at Kelilalina Health Center.

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Partners In Health doctor and PIVOT clinical advisor Dr. Alishya Mayfield accompanies a patient during her rounds at the Ifana-diana District Hospital.

SUPPORTERS

We extend our sincere thanks to those who made gifts from July 1, 2015 through December 31, 2016.

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Expenses

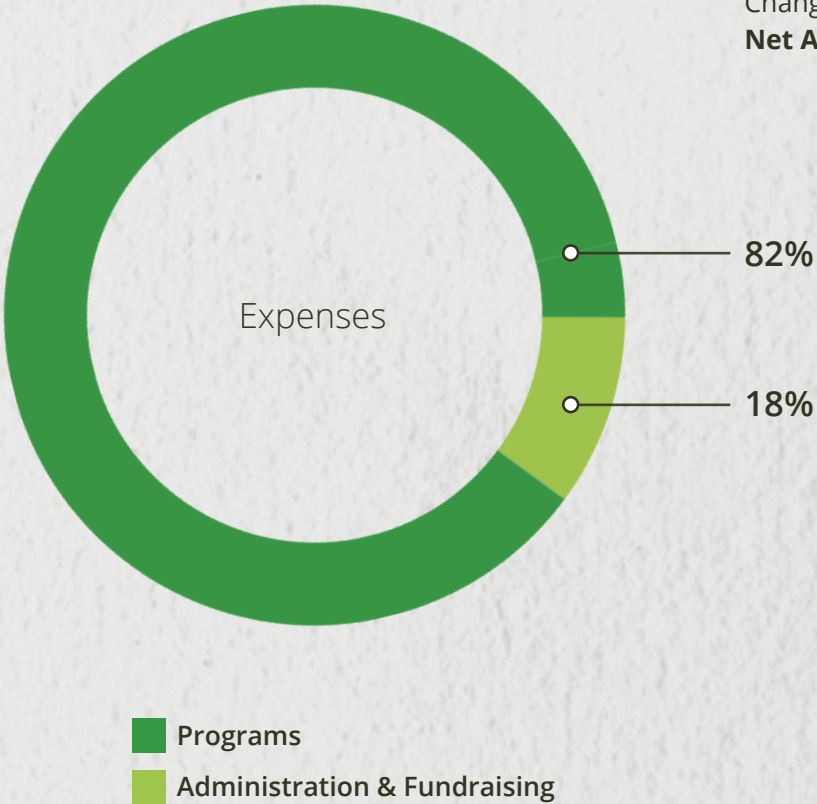
Programs:	
Madagascar	\$2,861,769
Research	\$267,347
Administration & Fundraising	\$682,501
Total	\$3,811,617

Revenue

Gifts & Grants	\$3,765,244
Contributed Services	\$7,510
Interest & Dividend Income	\$851
Total	\$3,773,605

Assets

Net Assets, Beginning of Year	\$1,784,018
Change in Net Assets	-\$8,667
Net Assets, End of Year	\$1,775,351



“ PIVOT’s identity is defined by the delicate balance between doing whatever we can right now for the sick and suffering we can reach, and doing what we can for those we have not yet reached, in space and time. ”

Jim Herrnstein

PIVOT Co-Founder
and Board Chair



Pivot

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