



2017 ANNUAL IMPACT REPORT





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MISSION

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

Letter from the Co-CEOs

No one should die from preventable or treatable illness, no matter where they live. It is this core belief that led to PIVOT's founding, working in partnership with Madagascar's government to build a model health district that demonstrates how public healthcare systems throughout the country can be strengthened to serve everyone. This year, while we delivered and expanded routine services to our communities in Ifanadiana District, our teams responded to the world's worst outbreak of plague in the past half century, underscoring that we cannot settle for anything less than *Health for All*.

Bubonic plague occurs seasonally in Madagascar and is transmitted by rodents and fleas. In 2017, the country's capital was invaded by pneumonic plague – the most fatal form that spreads person-to-person and kills within 48 hours without treatment – and it spread like wildfire. Our board member, Dr. Paul Farmer, warned that without aggressive case-finding and advocacy, this would become another Ebola story, given that Madagascar is one of the poorest countries in the world with among the weakest health systems. Ultimately, this plague outbreak was a test of our founding principles, and we now see our response has shaped a new narrative for PIVOT, and for resilient health systems in Madagascar.

With our communities and the Ministry, we mobilized. Working together, we responded to the crisis, with people as young as 16 volunteering to carry lifesaving medicines and guide PIVOT-Ministry teams as they trekked days by foot and motorbike to the far corners of Ifanadiana District. We treated patients, sensitized communities, led mass cleanings of communal spaces, and supported roadside symptom checkpoints. In the capital, we loaned our ambulance, drivers, and paramedics to help control the worst of the outbreak. All the while, we continued to do what we do best: provide core services and improve the long-term capacity of the entire district health system. All but one of the suspected plague cases in Ifanadiana District survived, showing that even the remotest health systems can be resilient to the world's most feared scourges. It is also a reminder that we still have work to do to reach everyone.

Health system strengthening (HSS) is the difference between a controlled outbreak and broader devastation. Plague – just like malaria, pneumonia, tuberculosis and most diseases in Madagascar – need not be a death sentence. 2018 will mark the 40th anniversary of the Alma-Ata Declaration that identified primary care as the key to the *Health for All* goal, and yet five million children worldwide still die annually from preventable and treatable illnesses. The 2017 plague epidemic should serve as another wake-up call to put HSS at the center of our common agenda.

With our experiences in Madagascar and with peer organizations across the globe, we resolve to do the work, lead the science, and build the movement it will take to realize *Health for All*. PIVOT is proving that it is possible here, and so we know that it is possible everywhere. The pages of PIVOT's 2017 Annual Impact Report are full of what it looks like to usher health system transformation into a place as beautiful and fragile as rural Madagascar. We are proud of our dedicated team's accomplishments this year and of their work in the future. We thank you for making room in your heart for these vital communities, and look forward to walking this path with you for years to come.

In solidarity,


TARA LOYD
Co-Chief Executive Officer


MATT BONDS
Co-Founder and
Co-Chief Executive Officer





- **PIVOT begins work** with 20 staff supporting 4 health centers and the district hospital. Our one ambulance transports its first patient to care.
- **First cohort study** data surveys over 8,000 people, providing a **true baseline to measure impact**



In just a year and a half, PIVOT's work is **recognized at the national level** with an invitation to serve as one of two NGOs on the **Global Fund Country Coordinating Mechanism**. This marks the beginning of a partnership to advise policy and direct resources in the country.



- **100,000th patient consultation** at a PIVOT-supported health facility
- Study shows PIVOT-supported facilities have **achieved and sustained tripled utilization rates** since the removal of user fees



- Operating across all of Ifanadiana District with a **population of 203,000**
- **Full intervention** in process in **six communes**
- Ministry of Health formally **recognizes PIVOT as a leading partner**

BEFORE PIVOT

- **1 in 14** women in Ifanadiana District die in childbirth
- **1 in 7** children in Ifanadiana District die before age five
- Lowest spending on health care in the world at **\$14 per capita**

START OF 2014

END OF 2014

- Year one accomplishments include:
- Establishment of **first model health center**
- **Removal of user fees** for a population of over 65,000 people
- **Launch of joint program with Ministry of Health** to staff all district facilities to norms

FALL 2015

SUMMER 2016

- First follow-up data from household survey shows remarkable results:
- **18% annual decline in neonatal mortality**
- **8.5% annual decline in under-five mortality**
- **10% annual decline in maternal mortality**
- These are among the most rigorously evaluated population-level health improvements in the world.

SPRING 2017

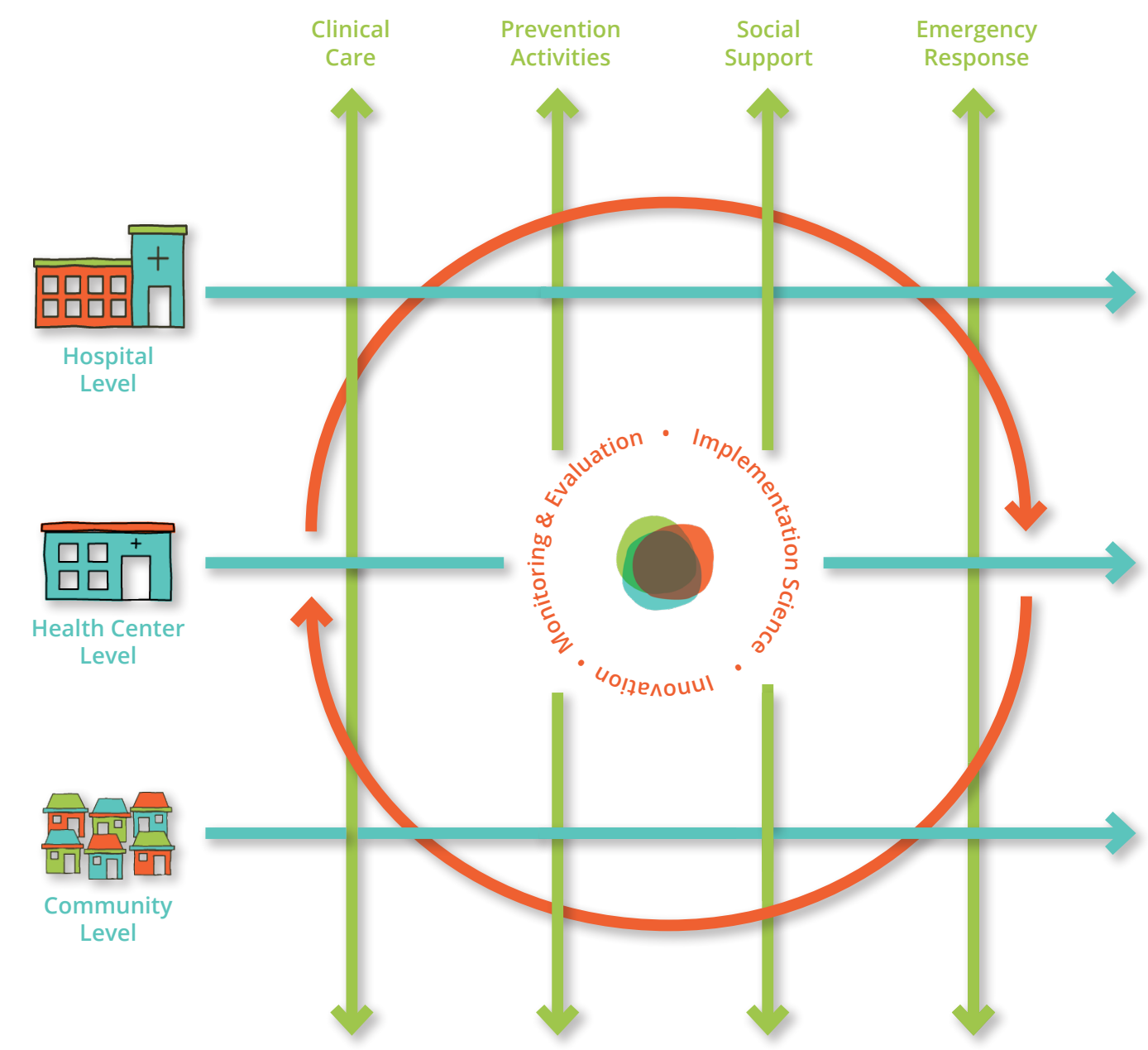
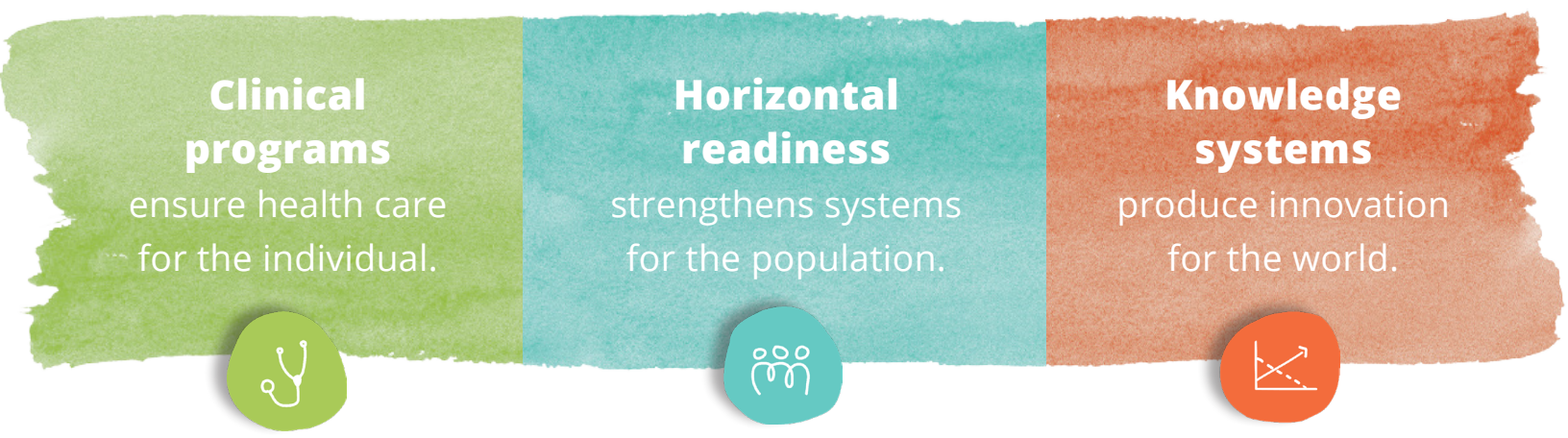
SUMMER-FALL 2017

- **Expansion of health center and community programs** to serve a population of nearly 83,000
- Supports government to **successfully contain one of the worst plague outbreaks** in modern history

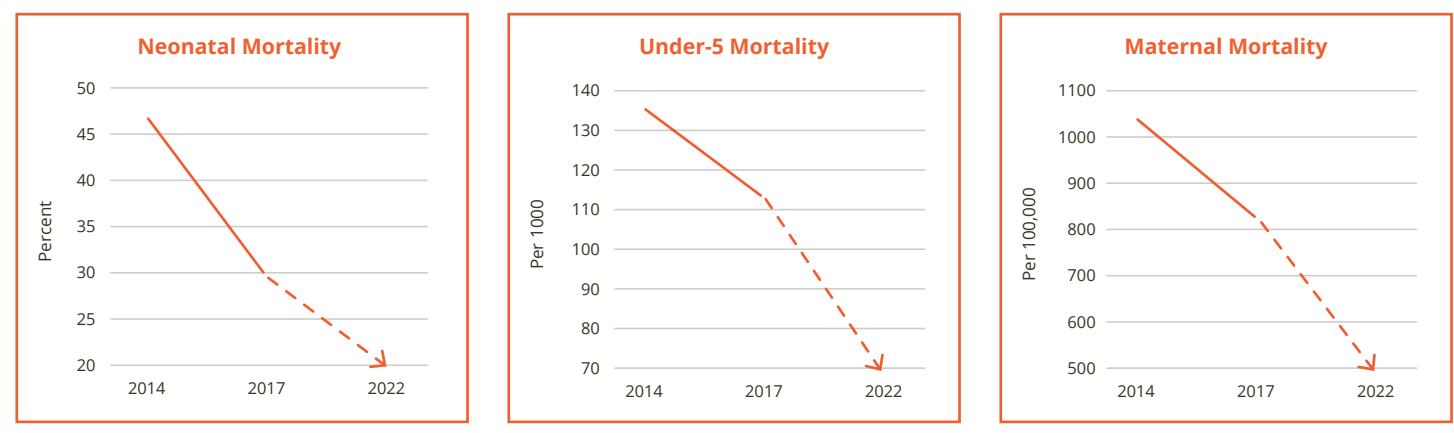
END OF 2017



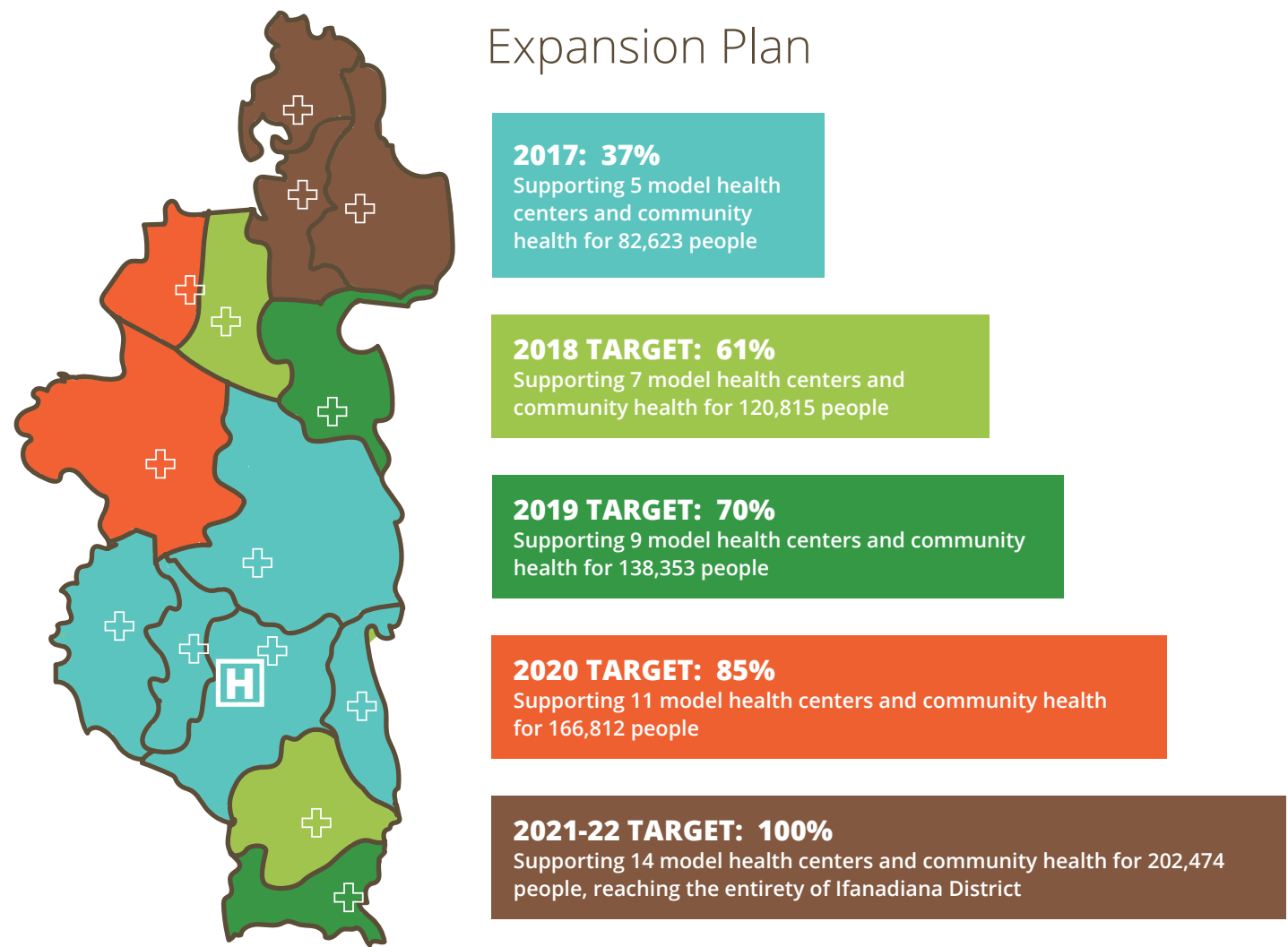
BUILDING A MODEL HEALTH SYSTEM



Results in Our Catchment Area



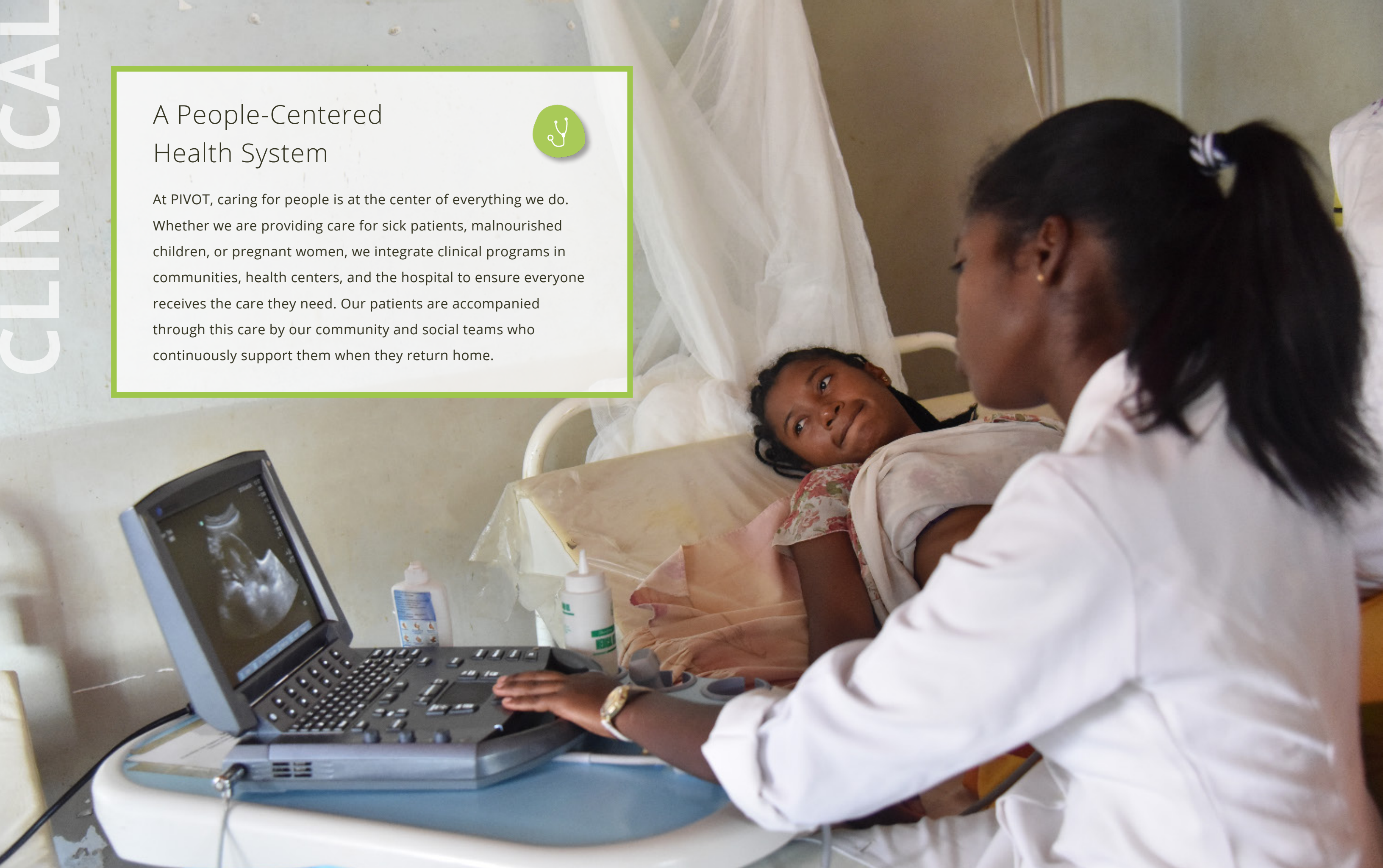
A government district is the most self-contained administrative unit in Madagascar for managing and scaling up health systems. We are partnering with the government to create an evidence-based model health district based on the integration of: **1) “vertical” clinical programs, 2) “horizontal” system readiness, and 3) knowledge systems**, implemented across all levels of the health system. This comprehensive approach is the key for countries like Madagascar to ensure lasting, effective health systems that reach all people.



A People-Centered Health System



At PIVOT, caring for people is at the center of everything we do. Whether we are providing care for sick patients, malnourished children, or pregnant women, we integrate clinical programs in communities, health centers, and the hospital to ensure everyone receives the care they need. Our patients are accompanied through this care by our community and social teams who continuously support them when they return home.



“Disease prevents children from going to school and adults from going to work, so one of the most basic ways to improve lives is to create stronger, more accessible health systems. In doing that, PIVOT has become a new source of hope for Malagasy people, who are able to recover and return to their lives happier and healthier than before.”

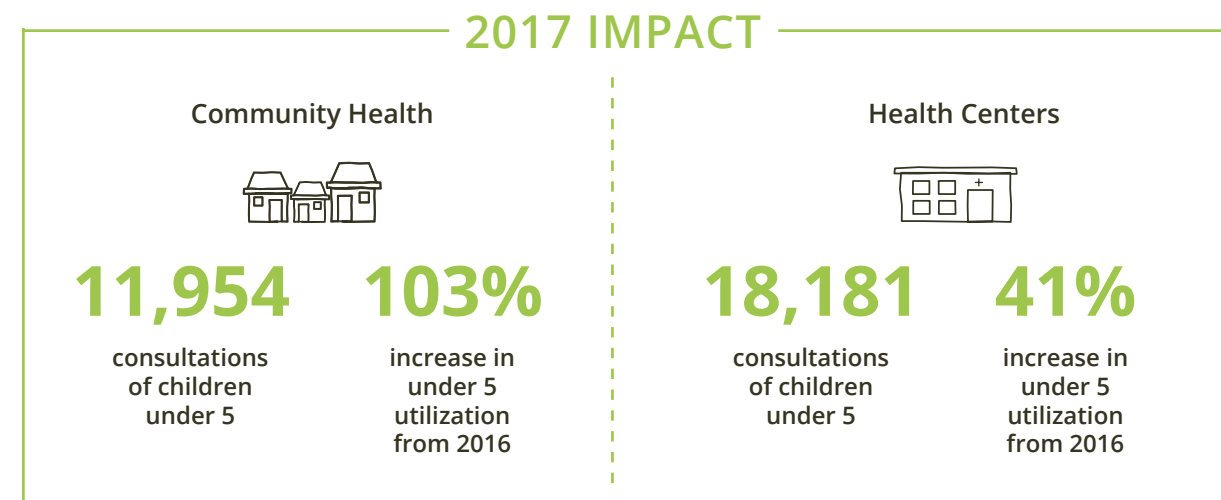
Faramalala Rabemananjara

PIVOT Social Work
Team Manager



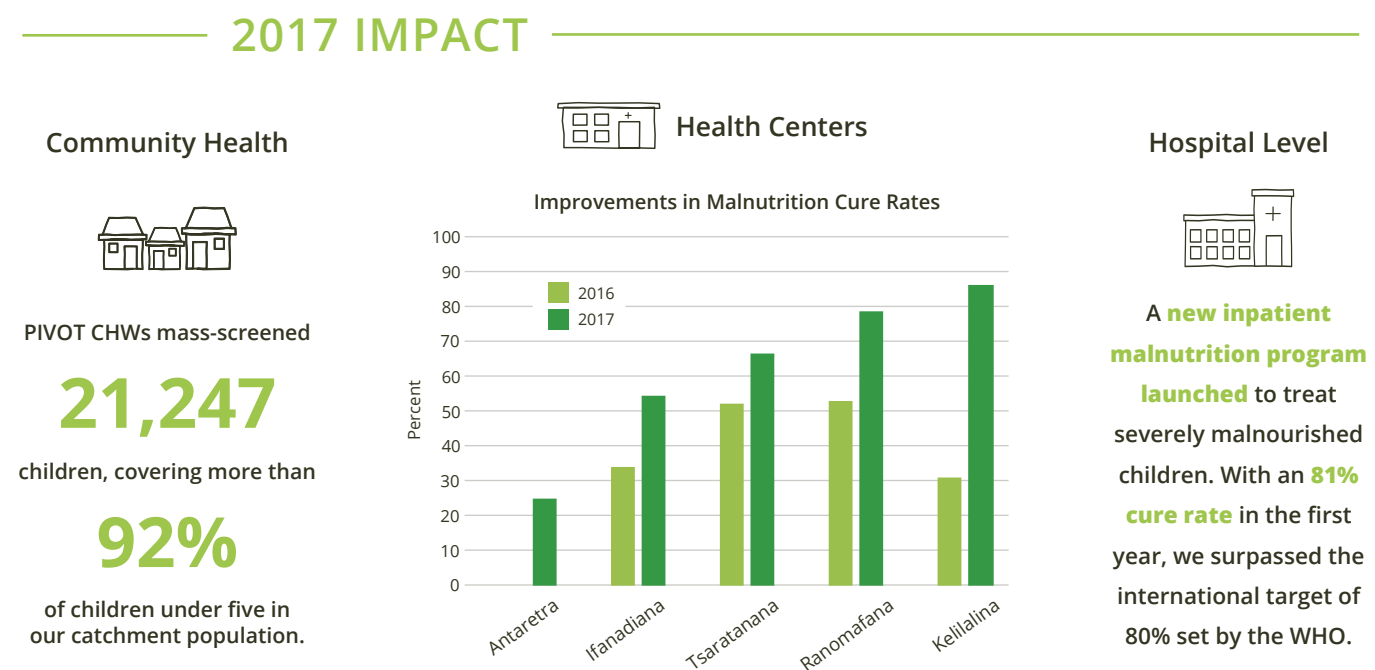
Child Health

Before PIVOT started in Ifanadiana District, 1 in 7 children in our district died before their fifth birthday from treatable diseases like malaria, pneumonia, and diarrhea. With primary care delivered in communities and health centers, we implement international protocols for the Integrated Management of Childhood Illness to diagnose and treat all children under five.



Malnutrition

Madagascar has one of the highest rates of malnutrition in the world; more than 50% of children in Ifanadiana District are chronically malnourished. We screen all children for malnutrition in the communities and at health centers, where we also provide treatment. This year, PIVOT launched an inpatient malnutrition program at the district hospital, enabling us to treat and cure the most severe cases.





Patient Accompaniment

PIVOT's team of ten social workers tirelessly advocates for patients and reduces social barriers to good health. We support patients and their families at all levels of care, providing meals, lodging, and supplies for those who travel long distances. For complicated cases where home life may affect a patient's ability to complete treatment, we visit them at home to provide support and resources, and even walk with them to care. In the broader community, we conduct community sensitization on key health behaviors such as vaccinations, hygiene, and illness prevention.

25,903

meals served to patients and accompanying family members during care experiences at PIVOT-supported health facilities

6,253

patients and accompanying family members received transport support to and from care

2,375

patients counseled in navigating care and health behavior change

903

support kits given to vulnerable patients and families, which include mosquito bed nets, toiletries, cooking equipment, and more

2017 IMPACT

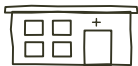


Maternal & Reproductive Health

When PIVOT began, the average woman in Ifanadiana District gave birth to 6 children and had a 1 in 14 chance of dying in child birth across her lifetime. Women now have access to contraceptives; dignified maternity wards that are equipped and staffed with doctors, nurses, and midwives they can trust; and ambulance transport to a hospital where surgeons can perform C-sections for obstructed labor.

2017 IMPACT

Health Centers



6,639

women received pregnancy-related care (delivery, CPN, postnatal care)

1,583

deliveries supported at the health center and hospital levels

Hospital Level



242

emergency obstetrical patients transported to and served at hospital



Lefetisoa, a 33-year-old father of two, was the victim of a mining accident that left him with a broken back and two broken legs. PIVOT's ambulance network transported him to Ifanadiana's District hospital, where he was quickly referred to higher levels of care outside the District. The PIVOT social team accompanied him every step of the way, helping him navigate his way through the system and managing his medical expenses. Though he initially expressed resistance to a surgery that would enable him to walk again, our team facilitated conversations with clinicians to help him better understand the procedure. He ultimately agreed to the operation, and has returned home to his family. In the photo above, PIVOT Social Team Manager Fara Rabemananjara makes a home visit to check on his progress, delivering a new set of crutches to enhance Lefetisoa's mobility.



Tuberculosis

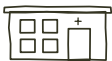
There are an estimated 500 new cases of tuberculosis annually in our district. Mid-2017, PIVOT treated 172 patients in the first 5 months. We are working to integrate screening, diagnosis, and treatment at every level of the health system to address the burden of tuberculosis district-wide.

2017 IMPACT



Hospital Level

- 431 tuberculosis tests performed by newly equipped hospital lab
- Facility staff trained to diagnose and treat TB



Health Centers

- Seven health centers capacitated as tuberculosis treatment centers with equipment and training



Community Health

- 42 CHWs trained to systematically screen “chronic coughers” suspected of TB
- All patients under treatment linked for accompaniment by community health workers



Emergency Response

Working in a fragile environment, we have learned that effective emergency response is a necessary component of a model public health system. In 2017, PIVOT worked with communities and government leaders to respond to plague, fire, and a cyclone.

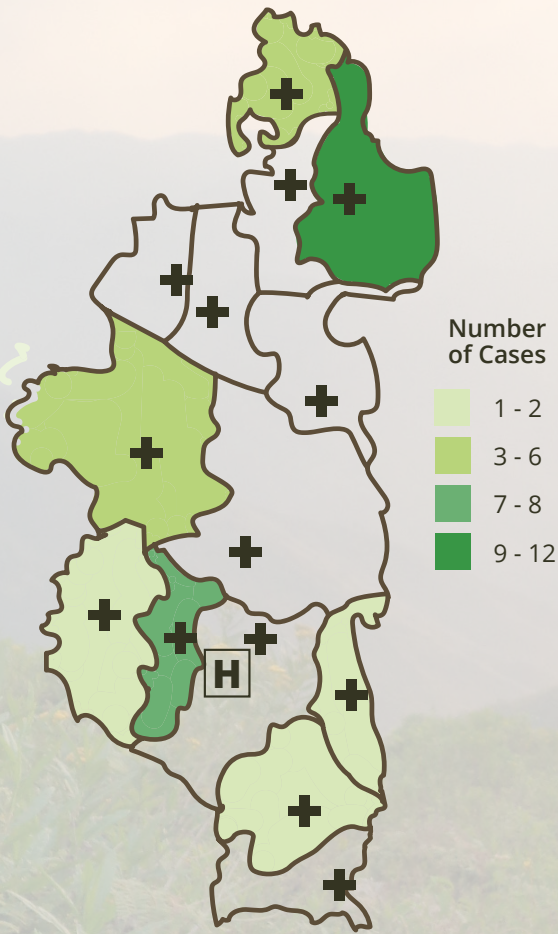
Response to Cyclone Enawo

In March, landslides and flooding following Cyclone Enawo killed one and displaced more than 400 people in Ifanadiana District. PIVOT launched an emergency medical team, coordinated health facilities, provided emergency supplies, and established temporary housing to ensure water and food for affected residents.

Response to Plague Epidemic

Throughout the fall, Madagascar experienced its worst outbreak of plague in more than 50 years, with more than 2,200 cases and 200 deaths nationwide. PIVOT joined the Ministry of Health in its response, supporting the control of the outbreak in Ifanadiana District and contributing to the national response at its epicenter in the capital of Antananarivo. PIVOT clinicians and their MoH counterparts traveled in person to diagnose and treat every suspected case of plague reported in our district. PIVOT teams conducted mass sensitization and set up road control sites to monitor travelers for symptoms. Of the 30 suspected cases of plague in the District, 29 recovered fully.

Suspected Cases of Plague in Ifanadiana District



Randria, a 16-year-old transporteur, was among the many who responded to 2017's plague crisis. Here, he carries life-saving medicines while guiding PIVOT-Ministry clinical teams on one of their days-long treks by foot and motor-bike to the furthest corners of Ifanadiana District.

A "Ready" Health System



In order to deliver effective clinical programs, strong health systems must be ready with infrastructure, personnel, supplies, and resources to respond to the needs of those it serves. PIVOT's readiness initiatives focus on ensuring and delivering these components at community, health center and hospital levels:



TRAINED PERSONNEL



STRONG DIAGNOSTIC CAPACITY



ESSENTIAL MEDICINES



NECESSARY EQUIPMENT



REGULATED INFECTION CONTROL



QUALITY INFRASTRUCTURE



ENSURED ACCESS



EFFICIENT DATA SYSTEMS



Impact at All Levels of the Health System



DISTRICT HOSPITAL

The hospital serves all 203,000 people in Ifanadiana as the district referral center for emergency treatment, specialized care, and surgery. With the Ministry of Health, we strengthen the facility readiness, support urgent cases, improve quality of care, and implement vertical programs. **We supported more than 6,700 patient hospital visits this year.**



HEALTH CENTERS

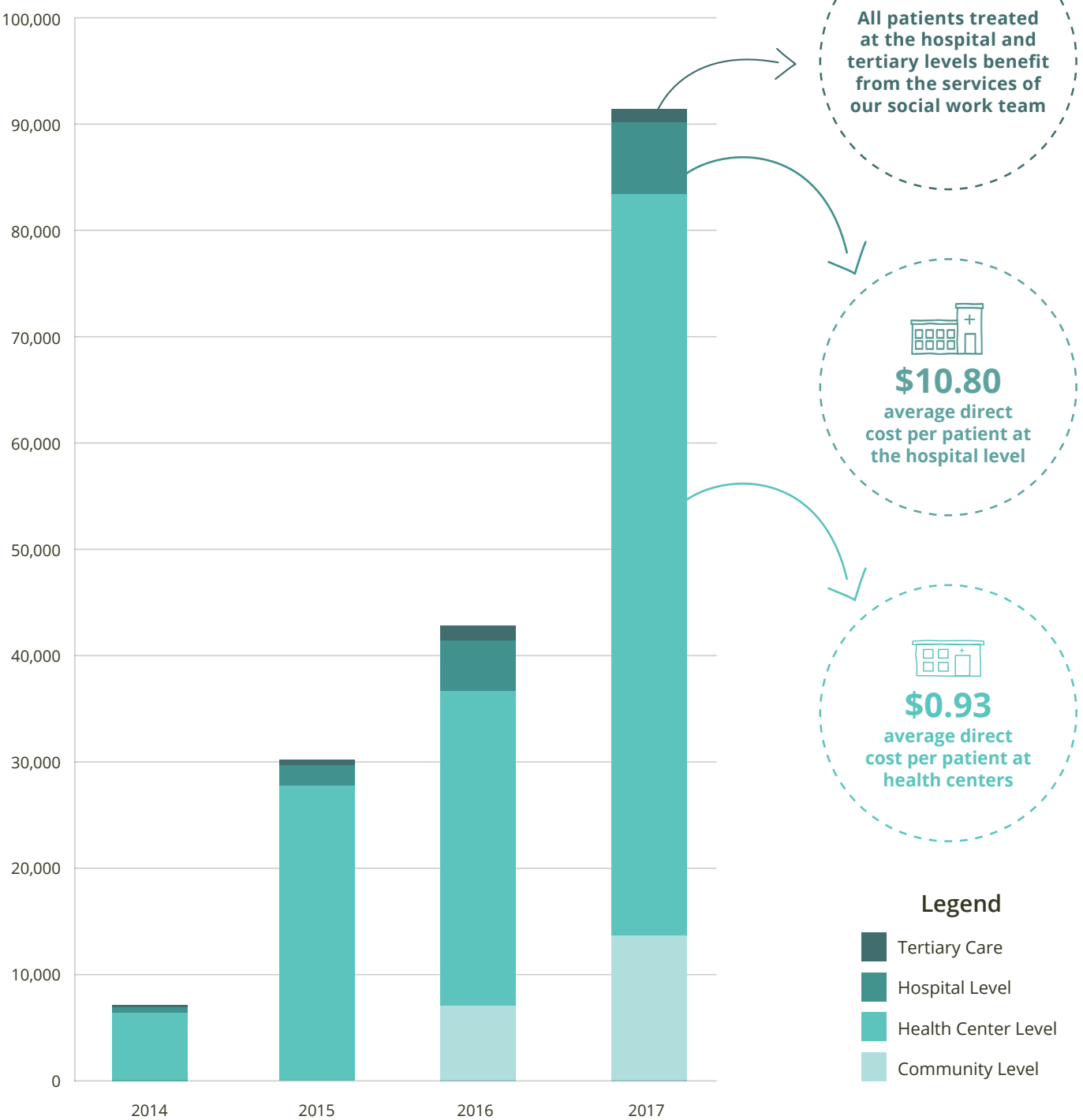
PIVOT provides support to all 20 health centers in Ifanadiana District to provide ensure access to essential medicines and trained personnel is available to the entire population. In addition to this district-wide support, we **expanded our comprehensive health center intervention to a fifth facility** in Antaretra commune this year. These model health centers now support a population of about 75,000. In 2017, **over 70,000 patients received care at these health centers where financial barriers were fully removed.**



COMMUNITIES

Community health is the front line of our intervention, extending the reach of the formal health system into remote communities who face challenges accessing care. We began 2017 with a program serving 26,549 people and had **expanded access to an additional 47,737 people** by November. Now, our network of 120 community health workers (CHWs) serves a population of 75,000 people. Over the course of the year, our CHW network **treated more than 14,000 patients** in their home communities.

Total Patient Visits Supported at All Levels of Care



“ Before PIVOT, the cost of accessing health care would often push a family into poverty. Now, people in Ifanadiana District have PIVOT here to remove that expense. It is a relief, and it is life-saving. ”

Luc Rakotonirina, Ambulance and Referral Team Manager



Ensured Access

PIVOT's referral team is made up of 12 paramedics and 8 ambulance drivers who are on call 24 hours a day, 7 days a week to transport patients in need of urgent care. In 2017, PIVOT replaced previous referral vehicles with two new ambulances for urgent cases.

1,860
total referrals

82,260 km
traveled by ambulances

2017 IMPACT

CASE SNAPSHOTS

3/4

of surgery
referrals were
for accident-
related trauma

1/2

of general
medicine
referrals were
for malaria

2/3

of OBGYN
referrals were
for cases of
obstructed labor



Essential Medicines

PIVOT fully covers the cost of patients' medicines, and removing this barrier to care has contributed to tripled utilization rates of the public health system. We procure, manage, and dispense these medicines sustainably using local supply systems, and work to ensure they are available at all facilities and in communities.



All PIVOT-supported health centers stock

56

essential medicines with an
average availability rate of

81%

(a **23% improvement** from 2016)

2017 IMPACT



Trained Personnel

Through recruitment and training, PIVOT supports our teams and Ministry partners to staff all 20 health centers and the district hospital and enable them to deliver high quality care.

89

PIVOT clinical and
programmatic staff

119

CHWs trained and
supervised to provide care

2017 IMPACT

**52% of total MoH clinical health
center staff in the district are
jointly recruited with PIVOT**

36 total training courses for providers at all levels

648 cumulative staff trained in child health,
malnutrition, tuberculosis, and more



Quality Infrastructure

Our model health system requires dignified and effective infrastructure. A major milestone of 2017 was the grand opening of a new maternal and child health ward at Kelilalina health center (shown on previous page), which the Minister of Health visited to inaugurate. At this facility, we saw a 142% increase in patients covered. At community level, we continued constructing community health posts for all CHWs in our catchment area. At the district hospital, we completed a full renovation of the district hospital laboratory, allowing for rapid diagnostics without requiring patients to travel long distances.

2017 IMPACT

5,910

tests performed
in newly-renovated
hospital laboratory

21

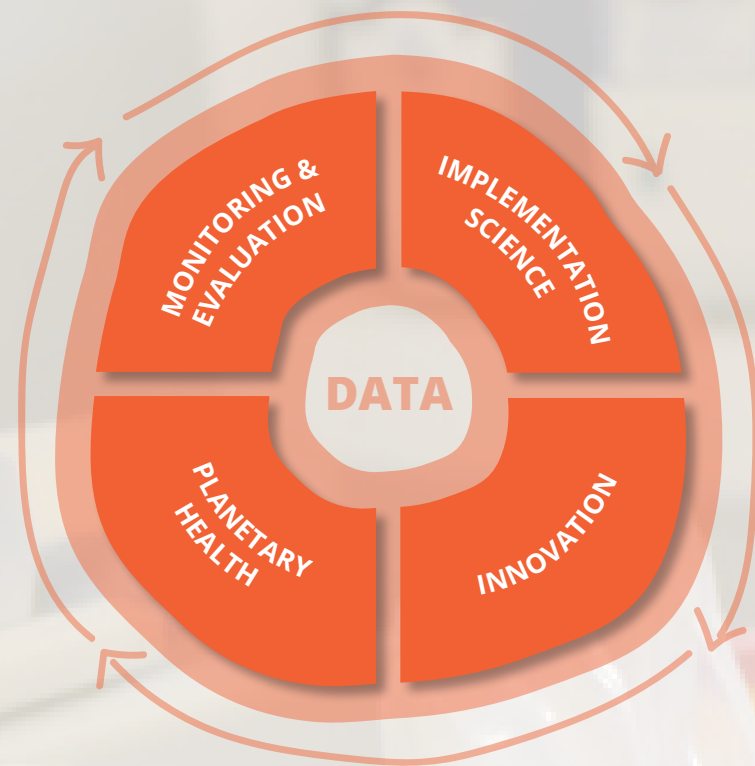
community health
posts built and
inaugurated



An Impact-Driven Health System

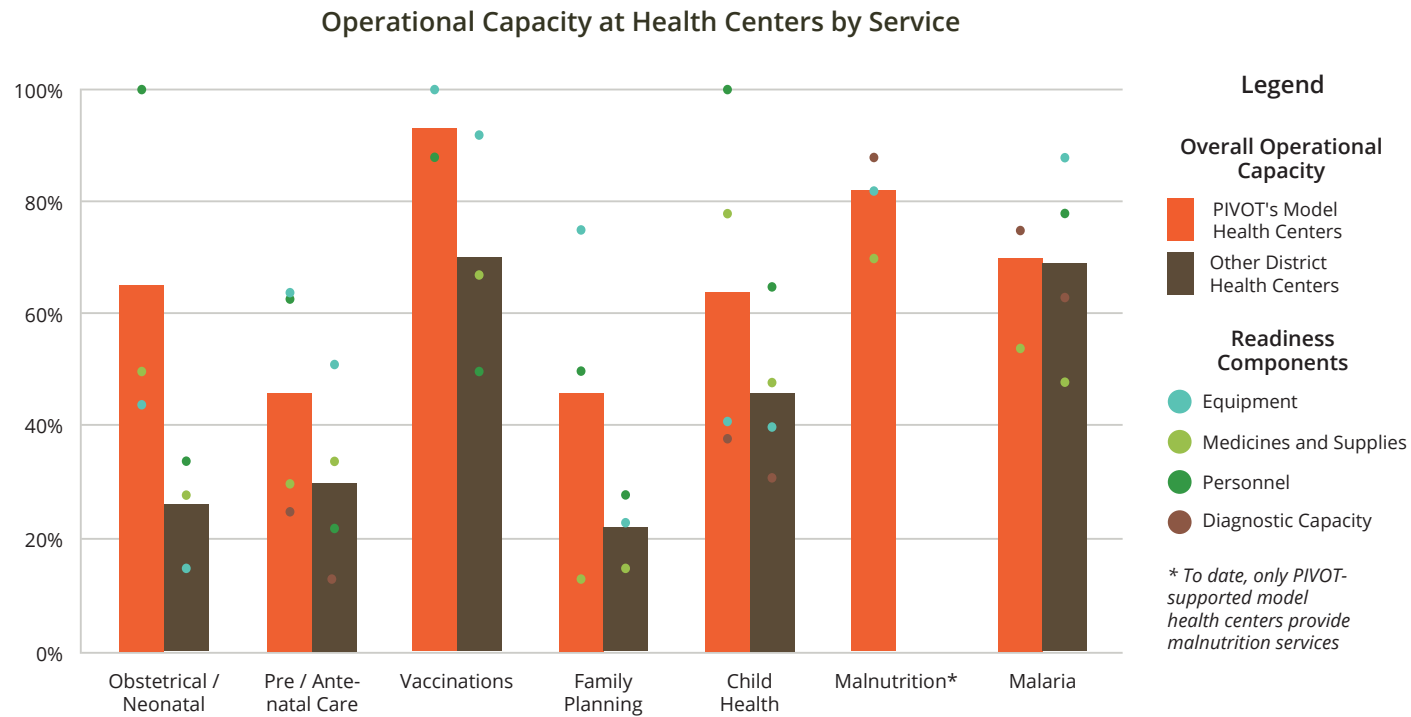


PIVOT's integrated data platform supports four knowledge domains to understand how to improve care delivery, strengthen health systems, and explore new frontiers in science and innovation. Routine **Monitoring & Evaluation** (M&E) provide information loops for improving performance and measuring impact. **Implementation science** investigates deeper questions of how strategies work and why. Together, these provide the foundation for scaling our model. Through **innovation**, we explore solutions for existing challenges and new questions. These integrated data systems provide a foundation for a new science of **planetary health**, based on the recognition that health systems interact with broader ecological systems of poverty and disease.



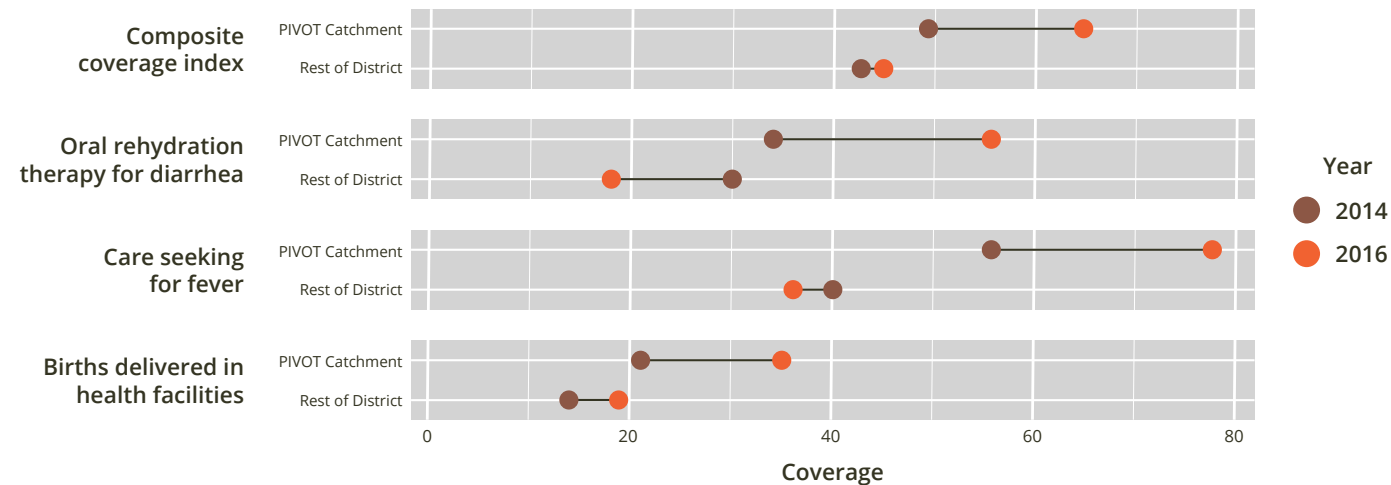
Data Tracks Health System's Evolving Capacity

PIVOT's M&E team completed an analysis of the readiness of district health centers district-wide, tracking the capacity of staff, equipment, and medications. Our analysis also examined how these components translated into facility capacity to provide specific services. We use these data and analyses to continuously monitor progress and tailor our future expansion plans.



Analysis Shows Significant Population Health Improvements

PIVOT's longitudinal cohort study of over 8,000 individuals is used to understand disease burden and rigorously evaluate impacts of our programs. Analysis of the data in 2017 demonstrates changes in key population-level outcomes of services in and outside of the PIVOT catchment area.



You need more than good ideas, good science, and collaboration – if you want to do effective science in the field, you need a ground game. What PIVOT has put together in Madagascar is a combination of the necessary intellectual and infrastructural support required by folks from the outside to come in collaboratively, hit the ground running, and have a successful project.

Dr. Jeff Freeman

Senior Scientist, Disaster Health
at Johns Hopkins University
Applied Physics Laboratory

Piloting Innovative TB Diagnostics

PIVOT partnered with Johns Hopkins University and Institut Pasteur Madagascar on a novel, low-cost, point-of-care test using dried blood spots (DBS) to diagnose tuberculosis. Led by Jeff Freeman, the test combines a blood-based TB test developed at Stanford with a novel DBS collection kit developed at Johns Hopkins, and has achieved a sensitivity and specificity of 80% and 92%, respectively. By combining an improved TB test with a collection kit suitable for blood collection by anyone, anywhere, anytime, these efforts may eventually allow for large-scale tuberculosis screening at the community level.

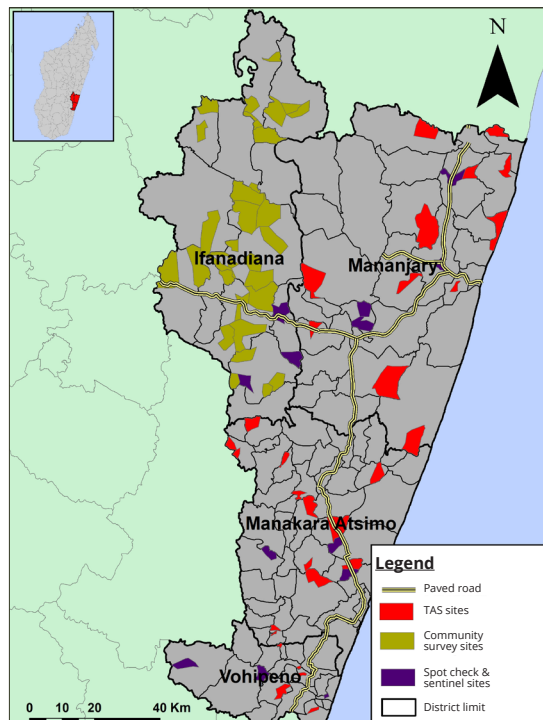
2017 HIGHLIGHT



Dr. Cassidy Rist (Virginia Tech) field testing dried blood spot collection kit prototypes in Bevoahazo, Madagascar, April 2017.



Study Points to Need for Improved Detection of Filariasis



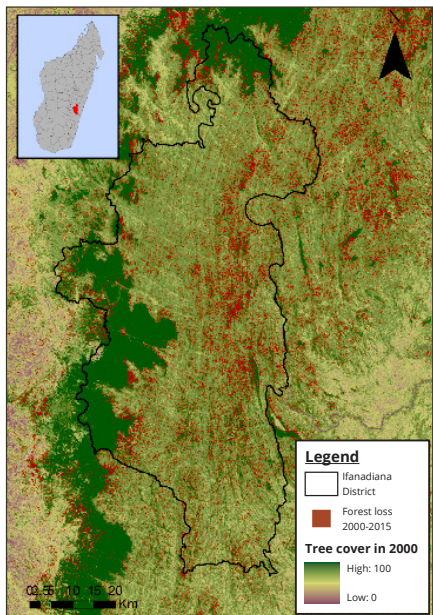
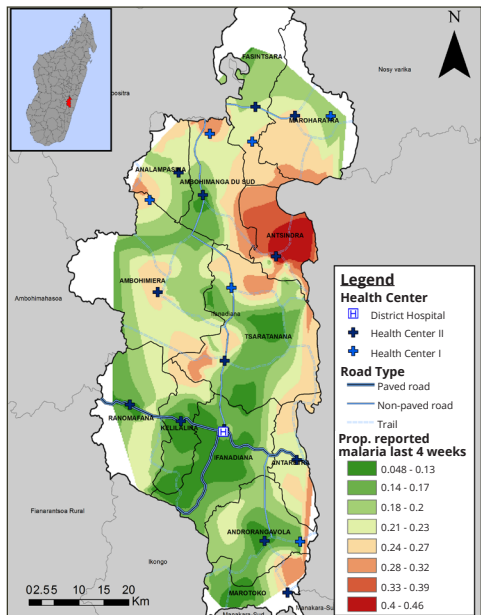
In partnership with the Ministry of Health, PIVOT supported a regional evaluation of lymphatic filariasis transmission in four health districts, including Ifanadiana. Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease treated in Madagascar through mass drug administration (MDA) in schools (as recommended by the WHO). While the region has made significant progress in disrupting transmission, PIVOT/MoH research shows the limitations of the international guidelines for treatment. Whereas assessment of school-based MDA showed no cases of lymphatic filariasis, further investigation at community and sentinel sites revealed much higher prevalence in adult populations not treated by MDA. These insights will lead not only to

improved disease surveillance and treatment in the region, but also to better evaluation surveys for lymphatic filariasis globally.



Exploring Relationships Between Health and Deforestation

Madagascar is a biodiversity hotspot with one of the highest rates of deforestation in the world, where the livelihoods of the poor are inextricably linked to the natural environment. PIVOT works in a particularly fragile piece of this ecosystem – Ifanadiana District – which includes the Ranomafana



National Park, a UNESCO World Heritage Site. With our partners at Centre ValBio, we have launched a research initiative to further explore the relationships between land use change and disease. The maps on the left show combined satellite and population data on forest cover and malaria prevalence.



Publications

Ngonghala, C. N., De Leo, G. A., Pascual, M. M., Keenan, D. C., Dobson, A. P., & Bonds, M. H. (2017). *General ecological models for human subsistence, health and poverty*. Nature Ecology & Evolution, 1(8), 1153.

Garchitorena, A., Miller, A. C., Cordier, L. F., Ramananjato, R., Rabeza, V. R., Murray, M., ... & Bonds, M. H. (2017). *In Madagascar, use of health care services increased when fees were removed: Lessons for universal health coverage*. Health Affairs, 36(8), 1443-1451.

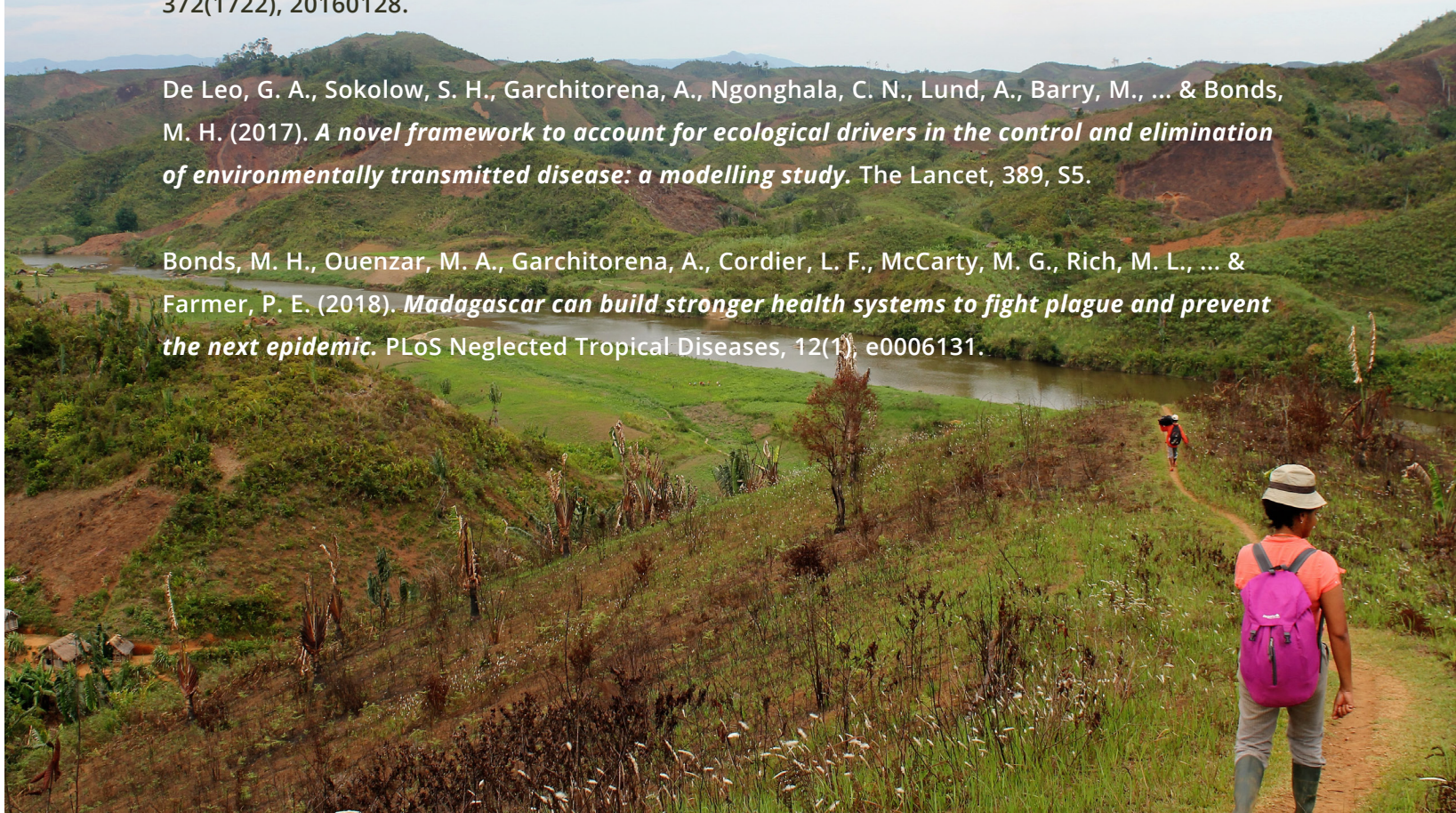
Miller, A. C., Ramananjato, R. H., Garchitorena, A., Rabeza, V. R., Gikic, D., Cripps, A., ... & Bonds, M. H. (2017). *Baseline population health conditions ahead of a health system strengthening program in rural Madagascar*. Global Health Action, 10(1), 1329961.

Bonds, M. H., Garchitorena, A., Cordier, L. F., Miller, A. C., McCarty, M. G., ... & Rich, M. L. 2017. *Advancing a Science for Sustaining Health: Establishing a Model Health District in Madagascar*. bioRxiv, 141549.

Garchitorena, A., Sokolow, S. H., Roche, B., Ngonghala, C. N., Jocque, M., Lund, A., ... & De Leo, G. A. (2017). *Disease ecology, health and the environment: a framework to account for ecological and socio-economic drivers in the control of neglected tropical diseases*. Phil. Trans. R. Soc. B, 372(1722), 20160128.

De Leo, G. A., Sokolow, S. H., Garchitorena, A., Ngonghala, C. N., Lund, A., Barry, M., ... & Bonds, M. H. (2017). *A novel framework to account for ecological drivers in the control and elimination of environmentally transmitted disease: a modelling study*. The Lancet, 389, S5.

Bonds, M. H., Ouenzar, M. A., Garchitorena, A., Cordier, L. F., McCarty, M. G., Rich, M. L., ... & Farmer, P. E. (2018). *Madagascar can build stronger health systems to fight plague and prevent the next epidemic*. PLoS Neglected Tropical Diseases, 12(1), e0006131.



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PIVOT is a model of partnership that we highly value and support. We encourage other partners to follow PIVOT's example in the delivery of Universal Health Coverage in our country.

Dr. Hery Harimanitra Andriamanjato
 Director of Partnerships, Ministry of Health

Supporters

We extend our sincere thanks to those who made gifts from January 1, 2017 through December 31, 2017.

\$100,000 and up:

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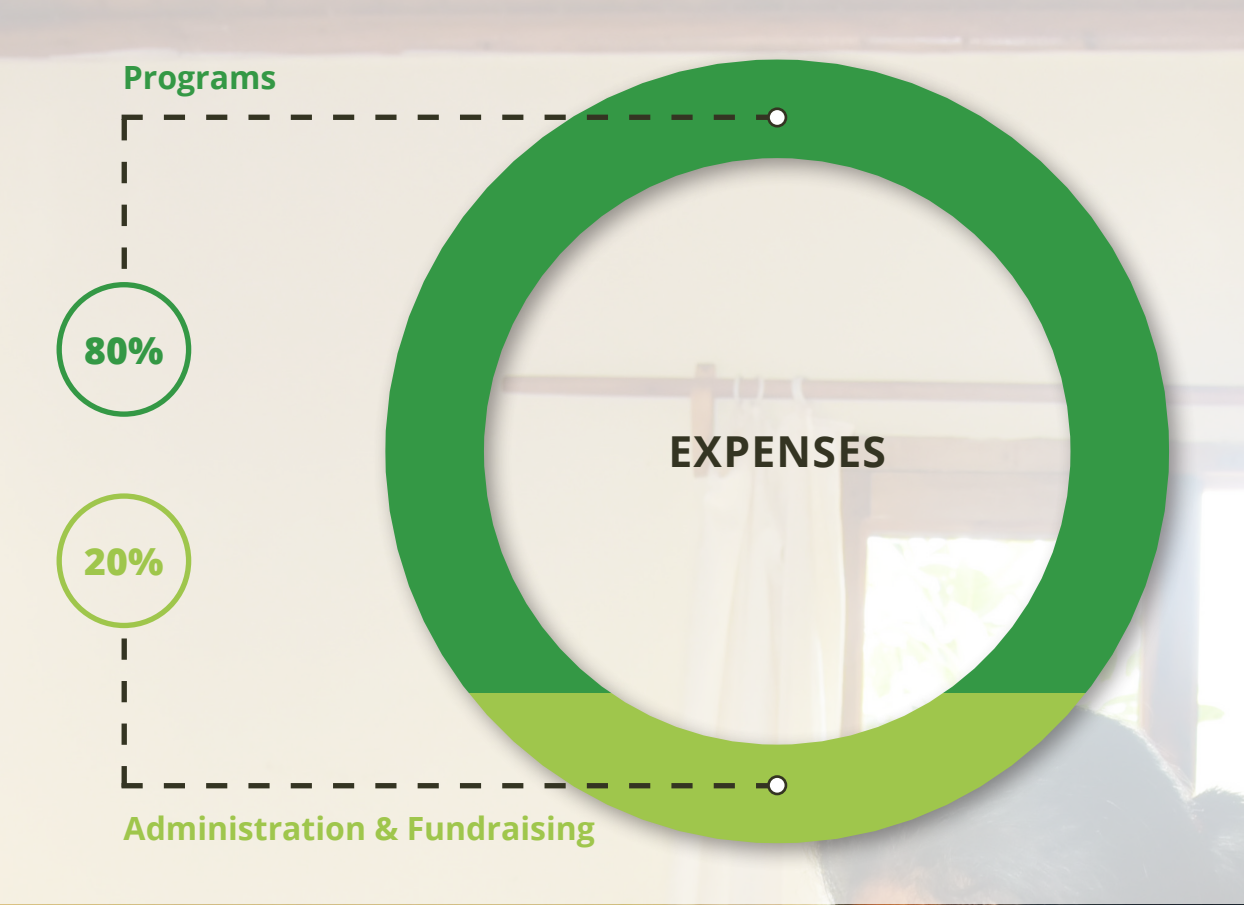
Programs:	
Madagascar	\$2,850,795
Research	\$89,956
Administration & Fundraising	\$723,917
Total	\$3,664,668

REVENUE

Gifts & Grants	\$3,793,640
Contributed Services	\$15,755
Interest & Dividend Income	\$2,102
Total	\$3,811,497

ASSETS

Net Assets, Beginning of Year	\$2,039,745
Increase in Net Assets	\$161,688
Net Assets, End of Year	\$2,201,433





//

I've seen many global health projects that do great work, but once the organization leaves, their systems dissolve and progress comes to a halt. PIVOT not only plans to stay, but to ensure the systems we support are built with our partners and are strong enough to thrive without us. If we can provide and sustain universal access to quality health here in Madagascar, the same can be done anywhere. We are here to prove that.

//

Dr. Mohammed Ali Ouenzar
PIVOT National Director

Pivot

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