



2021 IMPACT REPORT



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

AS WE ENTER YEAR NINE...

A NOTE FROM OUR BOARD CHAIR

Dear Pivot Community,

In Madagascar there is a proverb that reads, “Ataovy toy ny dian-tanalahy, tsinjavina ny eo aloha, jerena ny ao aoriana,” which means “Like the chameleon, keep one eye on the future and one on the past.” It is with that sentiment that I welcome you to Pivot’s 2021 Impact Report.

With an eye towards the past, I am amazed by what Pivot has accomplished in eight years.

I think back to the challenges we faced in 2014: pharmacies without medicines, beds without mattresses, and – most alarmingly – health centers without patients. But what struck me most was the resolute determination of our small team of Malagasy and expatriate staff to overcome these obstacles. Critically, they understood Pivot wanted to save lives on a daily basis AND build systems to change things for the long-haul in the region and beyond.

Today, that small team has grown to 247 people (96% of whom are Malagasy), and our programs cover every level of care, from remote community health posts to health centers to the district hospital. Thanks to the quality of our data, Pivot’s impact is clear: more than 800,000 patient visits supported, a 19% drop in under-5 mortality, and a facility-based delivery rate that is rising 1.5 times faster where Pivot works than in the rest of the district. We completed our fourth collection of longitudinal cohort data for impact evaluation, which included dried blood spot samples that will enable a first-of-its-kind measure of COVID-19 seroprevalence in a remote population of sub-Saharan Africa. In July, Ifanadiana was named by the government as a pilot district for universal health coverage (UHC) in Madagascar with the aim of codifying a model that is truly replicable across the entire country. Each of these milestones represents a huge step forward for our health and science strategies.

Everything we’ve accomplished in the past year was impacted by the ongoing global pandemic. Pivot’s COVID-19 response this year included establishing the only molecular diagnostic lab outside of the capital, coordinating the distribution of over 2 million pieces of PPE to 40,000 community health workers across the entire country through a partnership with the COVID-19 Action Fund for Africa, and driving COVID-19 vaccination campaigns in the district. All the while, we continued to ensure health centers implemented proper protocols and that prevention messages were spread, with our teams refusing to allow the pandemic to compromise our established caliber of care.

Like the chameleon, I enter our ninth year with an eye to the future.

Over the next year we are planning to expand at an unprecedented scale for Pivot. First, we are committed to reaching every last person in Ifanadiana District, which – with an incredibly dispersed rural population and an extremely limited road system – is no easy task. We’re most of the way there but the last part will be the hardest. We will use the 20,000 kilometers of geocoded footpath data to maximize efficiency in overcoming geographic barriers, expand community health services to reach the people farthest from facilities, rehabilitate the health centers we have not yet reached to ready them for provision of dignified care, and broaden our patient referral network to increase access to services from the community level all the way to the capital.

Walking hand-in-hand with the new Ministry of Public Health administration, we aim to expand cost-effective approaches designed to bring high-quality, accessible healthcare from 200,000 people to, ultimately, 28 million. We will start by expanding services to two additional districts, where we expect to reach approximately one million people once replication roll-out is complete. Our expanded footprint will generate data and lessons of implementation intended to inform the government’s 2024-2028 national healthcare planning cycle.

Our staff and board members (in Madagascar and around the globe) are characterized by a shared willingness to attack complex problems and relentlessly search for solutions. Together with our growing network of partners and your support, I am confident we will meet the challenges that lay ahead and bring lasting change to Madagascar.

Onward together,



Robin Herrnstein
Pivot Co-Founder & Board Chair

*“Ataovy toy ny dian-tanalahy,
tsinjavina ny eo aloha jerena
ny ao aoriana.”*

**“Like the chameleon,
keep one eye on the future
and one on the past.”**

Malagasy Proverb

IFANADIANA DISTRICT

Total Population: 187,571

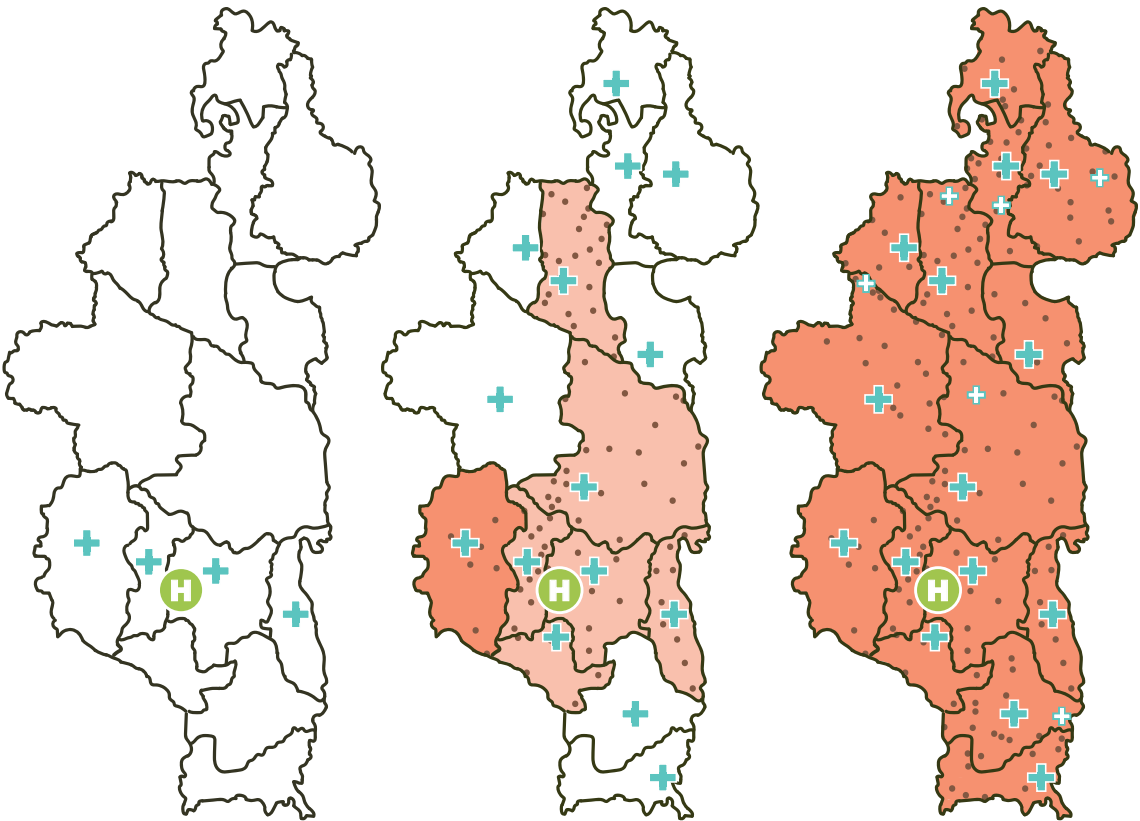
WHERE WE'VE BEEN AND WHERE WE'RE HEADED

When Pivot began in 2014, we knew it would be crucial to operate at a scale relevant to Madagascar's national government. With an invitation from the Ministry of Public Health (MOPH), we set out to transform one district-level health system into a replicable model for the country. The five years that followed were focused on refining our approach to ensure accessible, quality care for all.

In 2019, in view of the improvements in access to care and quality of services in Pivot's intervention area, the MOPH designated Ifanadiana as one of the districts to pilot UHC for the country and invited Pivot to co-design the strategy. In the two years since, we've further refined and expanded our model in collaboration with the MOPH to address some of the greatest barriers to care.

In 2021, our co-designed UHC strategy formally launched across the district, eliminating financial barriers to care for an additional 75,000 residents.

This is a critical moment in the history of our partnership with the MOPH. With an abundance of evidence to support our model, and plans for replicating it in additional districts, this is our opportunity to implement the methods tested and lessons learned during our first eight years in new settings. While Ifanadiana District will forever remain our homebase and testing ground for innovative solutions, we are ready to take this step forward, continue honing our model, and – ultimately – improve healthcare across all of Madagascar.



	2014	2021	By 2023
HOSPITAL CATCHMENT	187,185 (100%)	187,571 (100%)	100% of the district population will have access to health services at all levels of care, with no out-of-pocket fees. This will include enhanced community health, dignified facility-based primary and secondary care, and a patient referral network, including transport to overcome geographic barriers within and beyond the district.
HEALTH CENTER CATCHMENT	51,203 (27%)	157,197 (83%)	
COMMUNITY HEALTH CATCHMENT	0	82,224 (44%)	
<i>– which includes –</i>			
PROACTIVE CARE CATCHMENT	0	12,287 (7%)	

>810,000 PATIENT VISITS
SUPPORTED SINCE 2014

LEADING BY EXAMPLE

With **93% of our Madagascar-based staff vaccinated**, Pivot is supporting the Ministry of Public Health to ensure that the Ifanadiana District population is informed about the safety and importance of vaccination.

"I got the vaccine so that, if I catch COVID-19, it will be easier to treat. This is what I tell patients, too."

– Clara
Community Health Worker



"As a nurse, I have a lot of contact with patients. I wanted to get vaccinated to protect myself and others."

– Alex
Referral Nurse



"I'd already suffered from COVID-19, so when vaccines arrived in Madagascar, I didn't hesitate."

– Noro
Social Work Manager



"I got vaccinated to protect myself, protect those around me, protect the organization I work for and above all to protect my country."

– Alex
Ambulance Driver



"I'm vaccinated to protect myself and my loved ones. I want to be a model for those who are hesitant to do it."

– Lova
Hospital Lab Manager



What makes Pivot-supported health workers different?

They care for people they'll never meet.

DRIVEN BY VALUES, GUIDED BY SCIENCE

Research always begins with a question.

Our research has always been about how to ensure equitable access to high-quality healthcare for all. But that was only the starting point. Today, we're answering questions that we couldn't have imagined when we began work in 2014. This is why we collect data at multiple scales and engage scientists and practitioners across disciplines: it offers new insights on how programs address complex determinants of health to improve health systems design at all levels.

Health systems transformation is complex.

We don't accept the complexity of health systems as an excuse for not addressing persistent, fatal health inequity. Curiosity, rigor, and a commitment to health as a human right have given rise to our diverse research team, equipped to tackle the seemingly intractable problems that too often lead to inaction. With a moral commitment to basic human rights, Pivot's Science team embraces complexity as an opportunity to learn, share, and chart new ways of doing science.

Science is a tool of human compassion.

With Ifanadiana District as a model system and a testing ground for integrating care delivery and research, we are generating some of the most rigorous health systems research and analysis in the world. **The goal of Pivot scientists is not to do science – it is to improve health outcomes.**

"I don't want to be satisfied with what I already know. I always want to learn and deepen what I know, and to have notions of what I do not yet know."

– Dr. Rado Rakotonanahary
Research Manager

PRIMARY RESEARCH DOMAINS:

Population-Level
Impact Evaluation

Geography and
Community Health

COVID-19 and
Molecular Diagnostics

Eco-Epidemiology
and Surveillance

Operational
Research for UHC

Capacity-Building

PARTNER SPOTLIGHT



Since 2017, Pivot's collaboration with the [Institut de Recherche pour le Développement](#) (IRD) has been helping advance our research agenda to inform and strengthen local health programs. The partnership is led by Dr. Andres Garchitorena, Pivot's Madagascar-based Associate Scientific Director and an IRD-appointed researcher. Our partnership is centered around three primary domains: **impact evaluation**, **health geography**, and **disease ecology**.

Through surveys conducted across the same 1,600 households ($\pm 8,000$ individuals) every two years, we are able to **collect and analyze key population-level information to determine the evolution of healthcare access, mortality, and inequalities in the district over time**. The process enables us to measure the true impact of Pivot's interventions, comparing outcomes with those of areas that Pivot has not yet reached. IRD provided support for the 3rd (2018) and 4th (2021) rounds of data collection carried out by the Institut National de la Statistique de Madagascar.

(MORE ON THIS STUDY)

Since IRD's 2018-2019 support of our initiative to map over 100,000 buildings and 20,000 kilometers of footpaths in Ifanadiana District, **the resulting data have helped us understand the evolution of geographic access to care in the district with an unprecedented level of detail**. Together with remote sensing analyses carried out in collaboration with IRD researchers, our geographical data provide the basis for multiple ongoing research projects on geographic accessibility to all levels of care. The unique and rigorous methods made possible by our partnership have garnered the attention of international organizations such as USAID, who has funded a new project to apply this same fine-scale geographic mapping and modeling to achieve a broader understanding of health system accessibility in additional regions of Madagascar.

IRD has also played an integral role in our disease ecology research – an increasingly crucial area of Pivot Science's core work. Most recently, research to improve malaria surveillance and modeling in Ifanadiana District used **innovative methods to enable forecasting and nowcasting of malaria dynamics** at very fine spatial scales.

Additionally, IRD has emerged as one of the leading institutions of the global Preventing Zoonotic Disease Emergence (PREZODE) initiative, which aims to develop and promote One Health approaches to preventing the emergence of zoonotic diseases such as COVID-19. Pivot is participating in the PREZODE pilot project, set to launch in 2022, with the goal of **developing a deeper understanding of, and ability to anticipate, zoonotic spillover risk in Madagascar**.

MOVING THE NEEDLE

The collection and analysis of longitudinal cohort data has been foundational to Pivot's impact evaluation strategy since the very beginning.

In 2014, the **first round of survey results established a true baseline** of the district population's health and socioeconomic conditions, allowing us to compare changes in outcomes over time, within and outside of Pivot's initial catchment area.

These metrics on impact, which are collected and analyzed every two years, provide a uniquely robust data landscape that informs our clinical and scientific agendas. In December 2020, the Pivot team's four-year impact analysis was published in [BMJ Global Health](#).

The study revealed that **healthcare coverage (i.e., a sick person reaching a health service provider) for children under 5 increased and the mortality rates decreased – at faster rates in Pivot's catchment area than in the rest of the district**.

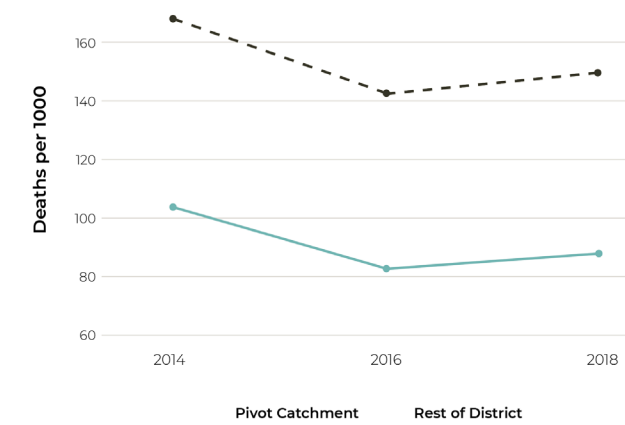
Equally important, it also revealed new challenges to explore: "economic inequalities in most coverage indicators were reduced, while geographical inequalities worsened in nearly half of the indicators." Pivot's work is bolstering the health system to meet the needs of the economically vulnerable, and those who live far from health facilities require more attention.

In 2021, the **fourth round of cohort surveys included the collection of dried blood spots** for the first time. Introducing serologic biomarkers will deepen our understanding of the epidemiology of many diseases and provide critical insights on dynamics of COVID-19 in one of the most remote corners of the world. We will have the results for COVID-19 seroprevalence in early 2022.

Garchitorena, A., et al. (2020). [District-level health system strengthening for universal health coverage: evidence from a longitudinal cohort study in rural Madagascar, 2014-2018](#). *BMJ Global Health*; 5:e003647.

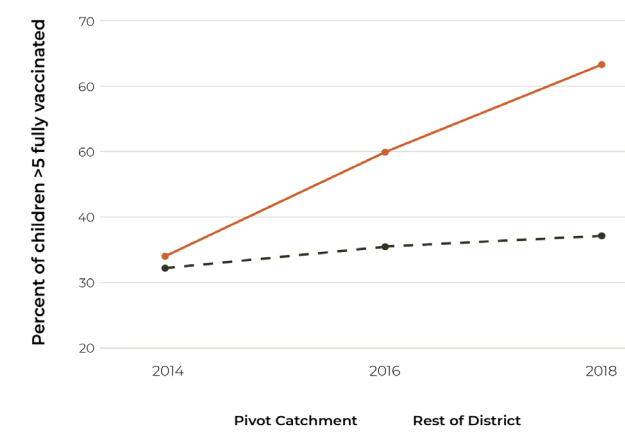
UNDER-5 MORTALITY

decreased by 19%, maintaining an overall death rate that is half that of the rest of the district



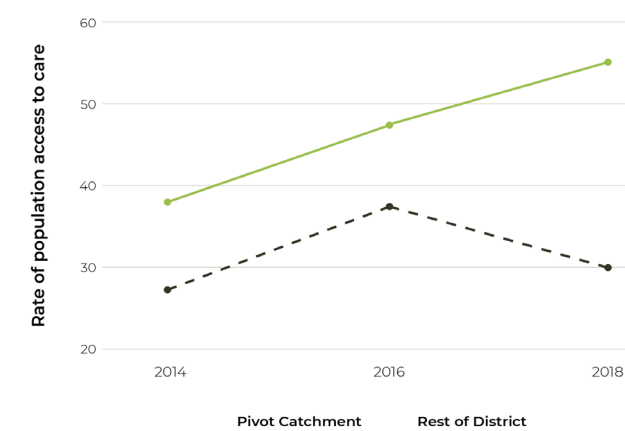
VACCINATION COVERAGE

increased at a rate 5.7x faster compared to the rest of the district



HEALTH SYSTEM READINESS

a composite metric that measures key service and supply availability, readiness improved by 16% in Pivot-supported facilities vs. 8% in the rest of the district



DISTANCE CAN BE FATAL, BUT DATA CAN SAVE LIVES

WE'RE MAPPING SOLUTIONS



In 2020, we featured the work of Dr. Felana Ihantamalala, postdoctoral researcher at Pivot and Harvard Medical School, who led an [award-winning study](#) on geographic accessibility modeling. Using innovative methods to improve the modeling of healthcare access, her team's participatory process included the mapping of over 100,000 buildings and 20,000 kilometers of footpaths in Ifanadiana District. The results culminated in an online platform called [LALANA](#) (meaning "path" in Malagasy) that, akin to Google Maps, can estimate the travel time between any two points in the district, even accounting for complex factors, such as weather or terrain.

In 2021, combining this wealth of geospatial and health system data, Dr. Andres Garchitorena, Associate Scientific Director, led a study entitled [Geographic barriers to achieving universal health coverage: evidence from rural Madagascar](#), which was published in [Health Policy and Planning](#).

The study found that the removal of user fees – a tenet of universal health coverage (UHC) adopted by Pivot from the start of work in 2014 – has led to increased utilization of health services among those living within 5 kilometers of Pivot-supported primary care facilities. However, patients living more than 5 kilometers from the nearest health center are accessing health services at approximately 1/6 the rate of those who live closer.

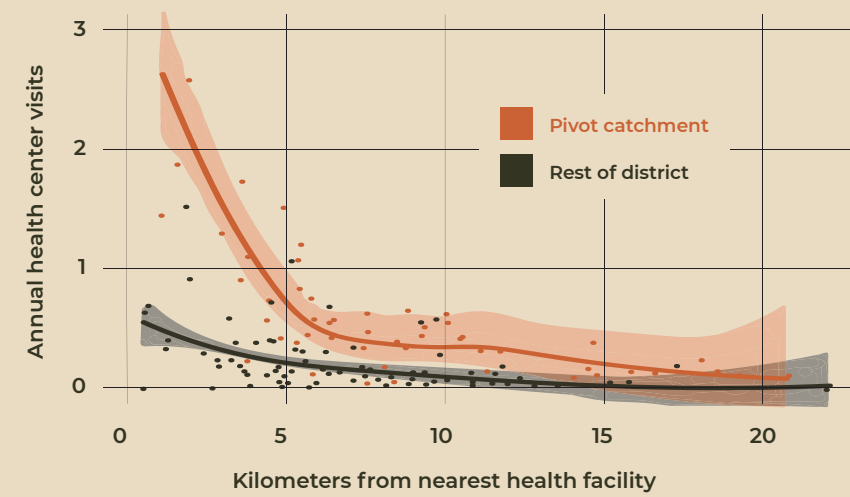
"We found that the geographic reach of facility-based primary care is quite limited, even after fees are removed at the point of service and quality of services are improved," explain Garchitorena, et al.

How can we improve UHC policy design to reach those at the last mile? And how do we capture their information? According to the study, "community health workers are the main source of health care delivery for children in remote populations, representing 90% of primary care visits for those living further than 15 kilometers from a health facility."

The study's outcomes have led to direct action, informing our strategy to strengthen the quality and accessibility of healthcare services at the community level through enhanced training and support to community health workers.

Above: Lines connect the origin of a patient to the public health care center they visited in Ifanadiana District, with line transparency inversely proportional to the number of visits.

To the right: Each dot represents the average per capita utilization rate for the population of one *fokontany* (village cluster) in Ifanadiana District, displaying a clear "distance decay" trend in population access to care.



Garchitorena, A., et al. (2021). [Geographic barriers to achieving universal health coverage: evidence from rural Madagascar](#). *Health Policy and Planning*, czab087.



Pivot Community Health Supervisor Adoré and Pivot-supported community health worker Clara review patient registries during one of their regular supervision visits.

PARTNER SPOTLIGHT

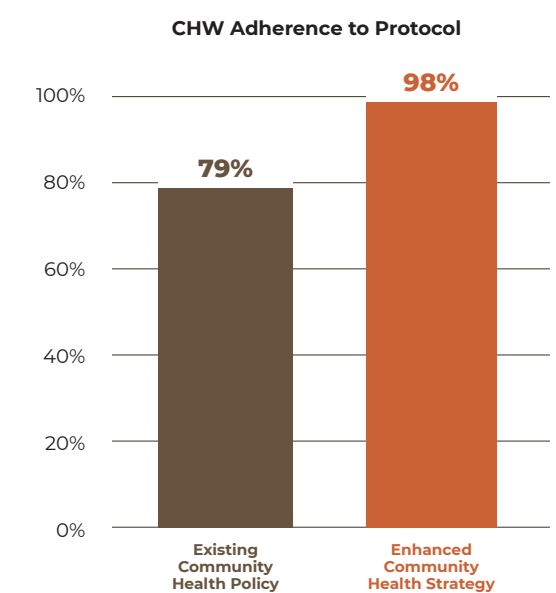


Pivot is a member of the Community Health Impact Coalition, which promotes key lessons that informed the World Health Organization's 2018 guidelines for professionalizing community health workers (CHWs) through training, compensation, equipment, and supervision.

In collaboration with [Ariadne Labs](#), Pivot is **developing new tools and protocols for data-informed CHW supervision, based on principles of human-centered design** and guided by international standards.

Through this partnership, Pivot aims to **further improve quality of care** and **close the gap in knowledge about how to best implement CHW supervision**. By developing, testing, and iteratively improving these new supervision guidelines, conducting focus groups with CHWs who receive enhanced supervision, and monitoring the initiative's impacts on quality of care and CHW motivation metrics, we aim to generate transferable lessons for optimizing community health programs in settings beyond Madagascar.

As evidence of the impact that enhanced CHW supervision can have on quality of care, the graph on the right shows a high rate of adherence to protocol where Pivot has been piloting an enhanced community health strategy, compared with communes implementing existing community health policy.



Razafinjato, B., et al. (2020). [Evaluation of a novel approach to community health care delivery in Ifanadiana District, Madagascar](#). *medRxiv*.



Rado leads a tour of the newly-outfitted RT-PCR laboratory during its inauguration in May.

TRANSFERRING KNOWLEDGE TO ACTION

“The central challenge in responding to COVID-19 is that it requires integrating complex health systems that incorporate prevention, testing, front line health care, and reliable data to inform policies and their implementation within a relevant timeframe. It requires that the population can rely on the health system, and decision-makers can rely on the data,” posits Dr. Rado Rakotonanahary and team in our recent publication in [Frontiers in Public Health](#).

In May 2021, Pivot partnered with the Ministry of Public Health and Centre ValBio to open the first moderate- to high-complexity RT-PCR testing laboratory outside of Madagascar’s capital city, in Ranomafana. Rado, above, led coordination of a year-long process to procure the necessary materials, develop protocols, and train personnel involved with lab operations.

Our role in bringing molecular testing capacity to southeastern Madagascar also represents a long-term commitment to ensure access to infectious disease diagnostics and surveillance in Ifanadiana District and beyond. We view the challenge of launching a state-of-the-art laboratory on the edge of a protected rainforest as an opportunity to learn – to answer today’s most pressing questions, and uncover new ones to explore – through the lenses of planetary health and global health equity.

Watch the national Malagasy news segment about the lab’s inauguration [here](#) and read more about Rado [here](#).

PUBLICATIONS

Studies authored by members of the Pivot Science team, published during FY21

Ihantamalala, F., Bonds, M., Randriamihaja, M., Rakotonirina, L., Herbreteau, V., Révillion, C., Rakotoarimanana, S., Cowley, G., Andritiana, T., Mayfield, A., Rich, M., Rakotonanahary, R., Finnegan, K., Ramarson, A., Razafinjato, B., Ramiandrisoa, B., Randrianambinina, A., Cordier, L., Garchitorena, A. (2021). **Geographic barriers to establishing a successful hospital referral system in rural Madagascar.** *BMJ Global Health*, 6:e007145.

Garchitorena, A., Ihantamalala, F., Révillion, C., Cordier, L., Randriamihaja, M., Razafinjato, B., Rafenoarivamalala, F., Finnegan, K., Andrianirinarison, J.C., Rakotonirina, J., Herbreteau, V., Bonds, M. (2021). **Geographic barriers to achieving universal health coverage: evidence from rural Madagascar.** *Health Policy and Planning*, czab087.

Raojaonarifara, E., Bonds, M., Miller, A.C., Ihantamalala, F., Cordier, L.F., Razafinjato, B., Rafenoarimalala, F.H., Finnegan, K.E., Rakotonanahary, R.J.L., Cowley, G., Ratsimbazafy, B., Razafimamonjy, F., Randriamanambintsoa, M., Raza-Fanomezananahary, E.M., Randrianambinina, A., Metcalf, C.J.E., Roche, B., Garchitorena, A. (2021). **Impact of health system strengthening on delivery strategies to improve child immunization coverage and inequalities in rural Madagascar.** *medRxiv*, 10.1101/2021.07.19.21260640.

Razafinjato, B., Rakotonirina L., Hutchings, M., Finnegan, K. (2021) **Application of the CHW AIM tool for high impact research: a case study from Madagascar.** *CHW Central*.

Rakotonanahary R.J.L., Andriambolamanana H., Razafinjato B., Raza-Fanomezananahary E.M., Ramanandraitsiory, V., Ralaivavikoa, F., Tsirinomen’ny Aina, A., Rahajatiana, L., Rakotonirina, L., Haruna, J., Cordier, L.F., Murray, M.B., Cowley, G., Jordan, G., Krasnow, M.A., Wright, P.C., Gillespie, T.R., Docherty, M., Loyd, T., Evans, M.V., Drake, J.M., Ngonghala, C.N., Rich, M.L., Popper, S.J., Miller, A.C., Ihantamalala, F.A., Randrianambinina, A., Ramiandrisoa, B., Rakotozafy, E., Rasolofomanana, A., Rakotozafy, G., Andriamahatana Vololoniaina, M.C., Andriamihaja, B., Garchitorena, A., Rakotonirina, J., Mayfield, A., Finnegan, K.E., Bonds, M. (2021). **Integrating Health Systems and Science to Respond to COVID-19 in a Model District of Rural Madagascar.** *Frontiers in Public Health*, 9:654299.

Evans, M.V., Bonds, M., Cordier, L.F., Drake, J.M., Ihantamalala, F.A., Haruna, J., Miller, A.C., Murdock, C.C., Randriamanambintsoa, M.M., Raza-Fanomezananahary, E.M., Razafinjato, B.R., Garchitorena, A. (2021). **Socio-demographic, not environmental, risk factors explain fine-scale spatial patterns of diarrhoeal disease in Ifanadiana, rural Madagascar.** *Proceedings of the Royal Society B*, 288: 20202501.

Miller, A.C., Bonds, M. (2021). **Building “Bridges” to Equity.** *American Journal of Public Health*.

Hyde, E., Bonds, M., Ihantamalala, F.A., Miller A.C., Cordier, L.F., Razafinjato, B., Andriambolamanana, H., Randriamanambintsoa, M., Barry, M., Andrianirinarison, J.C., Andriamananjara, M.N., Garchitorena, A. (2021). **Estimating the local spatio-temporal distribution of malaria from routine health information systems in areas of low health care access and reporting.** *International Journal of Health Geographics*, 20, 8.

Ballard, M., Westgate, C., Alban, R., Choudhury, N., Adamjee, R., Schwarz, R., Bishop, J., McLaughlin, M., Flood, D., Finnegan, K., Rogers, A. (2021). **Compensation models for community health workers: Comparison of legal frameworks across five countries.** *Journal of Global Health*, 11: 04010.

Arthur, R.F., Jones, J.H., Bonds, M.H., Ram, Y., and Feldman, M.W. (2021). **Adaptive social contact rates induce complex dynamics during epidemics.** *PLoS Computational Biology* 17(2):e1008639; 2021



“Ny fahasalamana
no voalohan-karena.”

“Health is the
first wealth.”

Malagasy Proverb



Mother and daughter arrive
at Ambohimanga du Sud
Health Center for health
consultations.

REACHING MORE CHILDREN WITH THE CARE THEY NEED

With **1 in 7 children dying before age five when Pivot began work in Ifanadiana District**, there was never a question that a comprehensive suite of pediatric services would be essential to our clinical strategy at every level of care. From the community level to health centers to the district hospital, **Pivot-supported health workers are equipped to provide comprehensive child health examinations**, which include screening for the most common pediatric health threats in Madagascar.

In 2021, the start of support to six additional communes included mass malnutrition screenings and revealed significant case rates in two of those communes, Marotoko and Androrangavola. In response, our clinical team accelerated plans for launching malnutrition services there, expanding treatment access to an additional 4,000 children under five years old.

With the **full malnutrition program now active in 9 of 15 health centers, and all of the district’s primary care clinicians having completed training on diagnosis and management of acute malnutrition**, we look forward to rolling out malnutrition care to the rest of the district’s primary care facilities in 2022.

Improving vaccination rates has been an area of success since the early days of Pivot’s implementation. In our catchment area, **we improved vaccine coverage from 38% to 64%, a rate 5.7x faster than the rest of the district**, between 2014 and 2018.

When an uptick in polio cases appeared in Madagascar this year, the MOPH launched a catch-up campaign to vaccinate those who did not receive vaccination at the recommended age, and the Pivot team mobilized to support. By coordinating logistics and ramping up sensitization efforts, the collaboration was a success, resulting in **100% polio vaccine coverage in the targeted areas**.

DURING 2021:

>68,000
comprehensive
health exams provided
to children under 5

>18,000
children under 5
with local access to
treatment for
acute malnutrition

>15,000
parental education
touchpoints on key child
health topics, including
the importance
of vaccination

Ventsia’s Journey to Healing

When community health worker Letelo visited Ventsia, age 3, and his mother Céline at their home in Vohimarina, he immediately referred the child to the health center, and accompanied the family on the 4-hour walk to access malnutrition treatment. When Ventsia’s condition did not improve, he was transferred to the hospital, where the clinical team diagnosed him with tuberculosis (TB), which had been severely compromising his ability to overcome malnutrition. After a month of intensive inpatient treatment, he was well enough to be discharged from the hospital and return to routine care for his ongoing case of TB. **“I am delighted with the treatment the doctors have given my son,” Céline remarked. “I see that he is getting more and more healed, which motivates me to continue bringing him to treatment.”**



SUPPORTING EVERY STAGE OF MOTHERHOOD

Maternal and reproductive health has always been one of Pivot’s foremost clinical priorities. When we began work in Ifanadiana District, the average woman could expect to experience 7 pregnancies in her lifetime, and faced a 1 in 14 chance of dying during childbirth.

Since 2014, our integrated efforts to improve these outcomes have led to a **16 percentage point increase in facility-based delivery rates in our catchment area, compared with a 10 percentage point increase in the rest of the district.**

In 2021, observing consistently low facility-based delivery rates led us to more deeply explore the root of the issue and identify strategies to motivate women to access care before, during, and after pregnancy.

A series of community dialogues and qualitative surveys were launched to amplify the voices of those most affected. The results signified a need to ramp up efforts to ensure that the population is aware of the maternal health services available at no cost.

The feedback also led to an upcoming collaboration with traditional Malagasy birth attendants, known as *matrones*, playing an active role in encouraging facility-based care. By formalizing a program to compensate matrones for accompanying women to their local health centers (planned to launch early next year), **we are bridging the gap between the tradition and safe delivery.**

DURING 2021:

2,530
women newly
enrolled in family
planning services

1,570
safe,
facility-based
deliveries

99%
survival among
women delivering
in Pivot-supported
facilities

We look forward to learning more regarding population-level maternal mortality following the analysis of data collected in 2021 for our longitudinal cohort study. Information from the study will help us identify additional approaches to improve women’s health in Madagascar.



Vitasoa’s Journey to Delivery

Vitasoa, age 20, lives about an hour’s walk from the nearest health center. When she gave birth to her first child, it was at her home in the village of Ambodipaiso. Though she delivered without complications, **she decided to be more proactive when she got pregnant with her second child**, and started by visiting Kelilalina Health Center to receive prenatal care. The midwives who cared for her over the course of her pregnancy encouraged her to consider delivering there in the health center.

So, when the time came, she opted to journey to the facility, accompanied by her grandmother. After a smooth labor and delivery attended by the health center’s midwives, Pivot’s social work team arrived with congratulations and a “newborn kit” containing health and hygiene essentials to support the wellbeing of mother and infant in their initial days after delivery.

Vitasoa confirmed that she was happy with her decision to deliver in a facility. **“I really liked giving birth in the health center. I received social support and, what’s more, I’m in good health.”**

Her grandmother affirmed the positive experience from her perspective as an *accompagnateur*, saying that the good health of both Vitasoa and her newborn are “proof” of the quality service they received at the health center.

Positive experiences like that of Vitasoa play a major part in building communal trust in the health system. Returning home to Ambodipaiso in good condition after giving birth to a healthy newborn means that Vitasoa and other like her are spreading awareness to her community about the quality of maternal healthcare services offered in Ifanadiana District.



FIGHTING INFECTIOUS DISEASE

TUBERCULOSIS

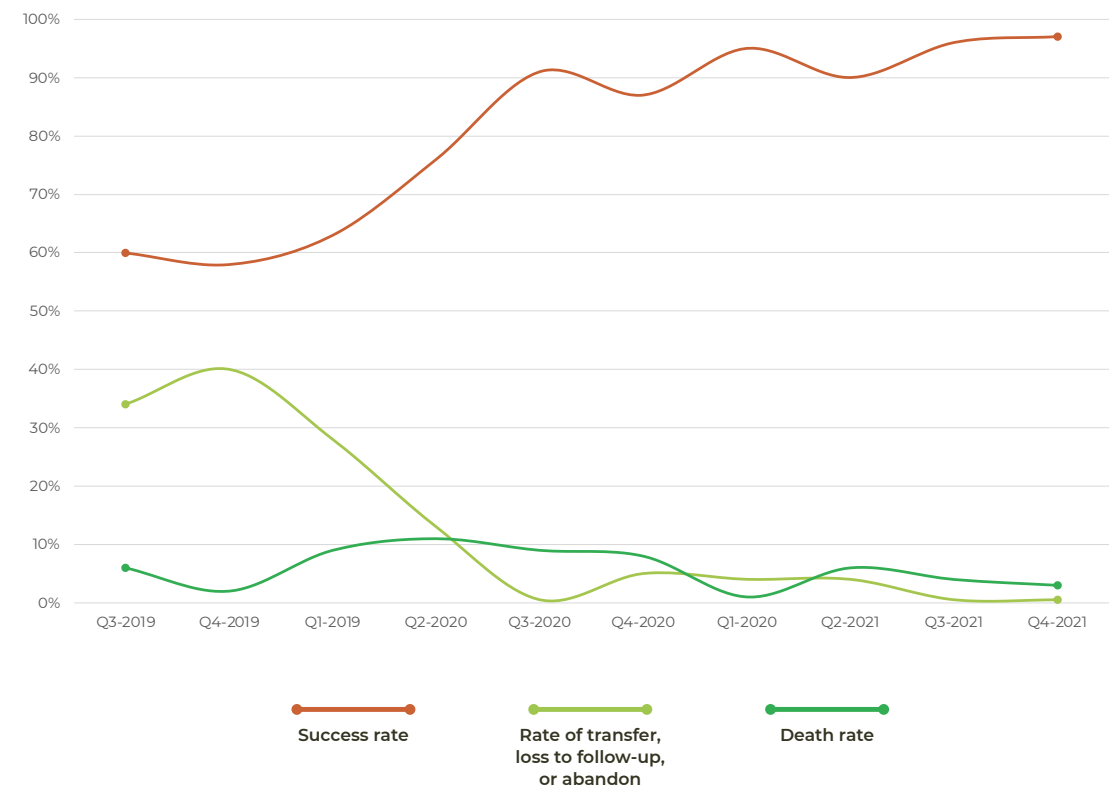
Tuberculosis (TB) is one of the biggest killers in Madagascar. **Prior to Pivot’s start in Ifanadiana District, the case fatality rate was an alarmingly high 17% among patients in TB treatment** (well-functioning TB treatment programs have a rate of <5%). In response, we launched support to the Ministry of Public Health’s TB control activities in 2017.

Over the course of 2021, we increased TB case identification and treatment capacity throughout the district by establishing sputum sample refrigeration and improving systems for transporting samples between facilities. This means that health centers in some of the most rural parts of Ifanadiana District are now able to send samples to the district hospital for testing without having to send the patients themselves.

As a result, **TB patients enrolled in treatment in Pivot’ catchment saw an average successful treatment rate of 94.5%**, a case fatality rate of 3.5%, and a loss to follow-up rate that dropped below 1% by the end of the year. This dramatic improvement is especially notable given geography alone, which creates immense challenges both in identifying TB cases in remote communities and in ensuring patients complete their full course of treatment over time.

Our experience, supported by data, has demonstrated that **the integration of community health and social support into the TB program is integral to reaching international target outcomes.**

TB Treatment Outcomes by Quarter



COVID-19

The COVID-19 experience worldwide is much like the everyday lived experience in settings such as Madagascar, reinforcing the urgency of focusing on health equity and strong health systems worldwide.

In April 2021, the government declared a second wave of COVID-19 in Madagascar. With a well-established triage and isolation system already in place and the recruitment of additional temporary clinical staff, the district hospital was prepared to save the lives of patients in acute respiratory distress without disrupting the availability of other lifesaving services.

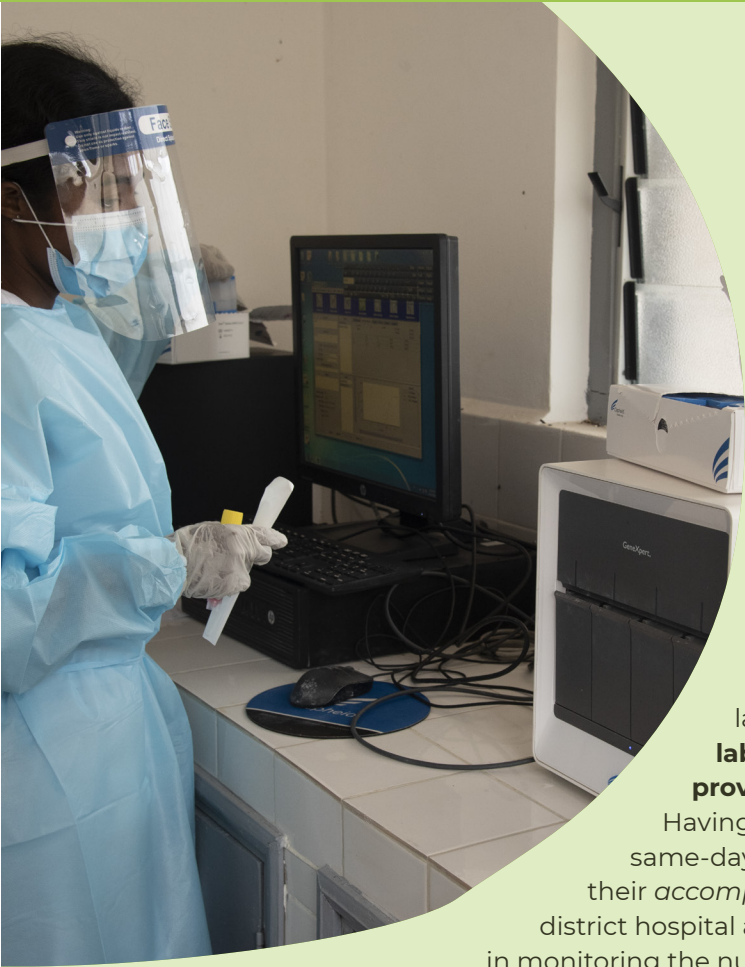
In addition to the unique diagnostic capacity established in the district by the opening of the RT-PCR lab in May (see page 16), **the hospital laboratory’s GeneXpert machine provides on-site testing capacity.**

Having the ability to provide same-day results to patients and their *accompagnateurs* at the district hospital aids significantly in monitoring the number of active cases in the district.

By May, COVID-19 vaccines began to arrive in Madagascar, and the then-Minister of Public Health, Prof. Jean Louis Rakotovoao was the first member of the government’s executive branch to receive his shot. In a setting where vaccine hesitancy is high, this was an important moment for the nation’s leadership to set an example and demonstrate the vaccine’s safety.

Following suit, the Pivot team volunteered to be among the first to receive their doses in Ifanadiana District. With **93% of Pivot staff now vaccinated**, the MOPH and Pivot teams are playing an essential role to reassure the population that vaccination is the most effective way to overcome the pandemic.

Above, laboratory technician Dinah Zafimbara conducts GeneXpert testing. To the right, Bénédicte Razafinjato, during her period as interim National Director, set an example as the first Pivot employee to receive her shot.



CARING FOR THE WHOLE PERSON

Social workers wear many hats, from serving as patient advocates and counselors, to making home visits. With their finger on the pulse of the communities we serve, Pivot social workers bring a crucial human-centered perspective to our clinical strategies, serving as liaisons between patients and the health system to ensure a dignified care experience.

In 2021, the social work team identified and acted on numerous opportunities to better serve patients, including:

- **launching social support services for patients with HIV**, including targeted facilitation of access to care, connection to psychological health services, and provision of food;
- **initiating a new program for addressing gender-based violence** in the region following a disturbing uptick in women presenting at the hospital after violent incidents, established a safe shelter for survivors of abuse and assault, and initiated trainings on how to identify signs of violence;
- **piloting a process for matching patients with volunteer accompagnateurs** to provide support during hospitalization (after observing more patients accessing care without family or community accompaniment, a common cultural practice, especially for patients traveling long distances to access public health services);
- **expanding the social work team in order to provide more psychological support to patients** in response to an increase in requests from clinicians; and
- **organizing mass awareness-raising campaigns** in collaboration with Pivot's sensitization team, to spread key public health information (ranging in topics from diabetes to COVID-19 prevention), via in-person gatherings and more than 20,000 radio emissions across the district.

As we continue to work in partnership with the MOPH to achieve UHC, we are piloting an additional layer of social support. By stationing a full-time social worker at 3 of the district's primary care facilities, we aim to demonstrate how expanded access to social support services can help ensure continuity of care, especially for our most vulnerable patients.

DURING 2021:

9,003
patient
transports
reimbursed

747
psycho-social
sessions
provided

5,255
kits of
essential goods
distributed



On World AIDS Day, Pivot's sensitization and infectious disease teams collaborated to launch awareness-raising activities about HIV/AIDS prevention, offering free screenings to the population, and engaging young people in discussions about safe sex. Here, **Pivot sensitization team member Victor speaks with a community member about access to testing.**



One of our social work team's primary focuses is identifying vulnerable patients. In Ifanadiana District, that includes mothers and newborns, and families with malnourished children, all of whom receive "kits" containing essential goods. Here, **Pivot social worker Felana delivers a newborn kit** containing clothing, blankets, and hygiene supplies to support mother and child in their initial days following delivery.



Contributing to the fight against COVID-19, Pivot staff made continuous rounds to high-traffic areas such as local marketplaces and schools to disseminate key public health information about preventing the spread of disease. Here, **sensitization team member Hery Zo delivers a lesson to school children** about how they can help keep themselves and their loved ones protected.

When programs addressing complex problems are supported by rigorous data and science, **good things happen.**

ENHANCING COMMUNITY HEALTH

In Madagascar, community health workers (CHWs) provide essential health services for sick children and pregnant women on the frontlines of their communities. They are not only healthcare providers, but *accompagnateurs*, advocates, and our first and best source for information about the health of rural communities.

In March 2021, **CHWs in Ifanadiana District started using the mobile application CommCare, designed to facilitate their daily work and report health information in real time.** The launch of CommCare in Ifanadiana District represents a partnership with Dimagi, a technology company which supports electronic data collection in many developing countries, and ACCESS, a USAID-funded program implemented in Madagascar by Management Sciences for Health.

Historically, CHWs have recorded information on paper forms, aggregated into a summary of their activities and submitted on a monthly basis. The CommCare app allows CHWs to instead store and access patient information from a smartphone – **a total game-changer for both data quality and quality of care in Ifanadiana District.**

The app automatically generates monthly activity reports from the data entered. It also guides the delivery of routine care for child health exams, malnutrition and TB screenings, family planning services, pregnancy monitoring, and more. With care protocols embedded in the application, CHWs are prompted to ensure that no diagnosis or treatment steps are overlooked, and automatically sends reminders about patients requiring follow up visits by the CHW.

Together, we are strengthening the foundation of the public health system in Madagascar, **ensuring greater efficiency and accuracy in our pursuit of addressing the needs of patients at the last mile.**

DURING 2021:

80
community
health posts
supported

175
community
health workers
(CHWs)
supported

>32,000
child health
consults provided
by CHWs

Community health worker
Fety demonstrates how the
CommCare application can be
used to manage patient data.



DELIVERING PRIMARY CARE AT THE LAST MILE

The physical spaces in which people access health services are foundational to dignified patient care. As a key element of our strategy to achieve universal health coverage (UHC) in Ifanadiana District, **the rehabilitation of 6 additional remote primary care facilities in 2021 marked an expansion of unprecedented scope for Pivot.**

These facilities are located beyond routes passable by car, which means materials have to be transported by tractor or on foot. Though local COVID-19 travel restrictions and global supply chain bottlenecks complicated these challenges even further, the six renovations were completed ahead of the July UHC launch, with these health centers ready to receive more patients in a dignified manner.

The logistical challenges faced by the Pivot infrastructure team during the process were significant, requiring adaptation of operations to manage multiple complicated projects simultaneously. **This generated important lessons that we will carry with us as we carry forth future expansion.**

Ambiabe Health Center



Ampasinambo Health Center



READYING THE HEALTH SYSTEM

Quality Infrastructure

Available Medicines

Trained Personnel

Infection Control

Diagnostic Capacity

Essential Equipment



In addition to shoring up rural health center infrastructure, the 2021 renovation process included the **installation of solar power at 8 of the district's remote health centers.** Bringing electricity to these rural facilities is a huge step forward. This is a game-changer for the patient experience; particularly for pregnant women, whose motivation to give birth at health facilities has been low in part due to the lack of electricity.



Pivot and the MOPH **jointly recruited 37 new clinical personnel to bring staffing to (or beyond) government norms** at these newly-supported health centers. This includes at least one additional midwife or nurse at each of the 15 primary care facilities. The new role of "UHC Agent" is also being implemented at each health center. UHC agents are charged with welcoming and orienting patients to facilities, and ensuring that facility operations are aligned with UHC policy.



Thanks to the DAK Foundation, **two of the most distant health centers in Ifanadiana District are now equipped with ultrasound machines.** Each a 2-3 day walk from the nearest paved road, Ambohimanga du Sud and Maroharatra Health Centers serve more than 21,000 people in some of the most remote parts of the district. By building diagnostic capacity here, it will be feasible for patients to access a new mode of lifesaving care for the first time.

SUPPORTING THE DISTRICT HOSPITAL



As Ifanadiana’s central hub for specialized care, the district hospital serves the entire district population.

Following a year of major infrastructure updates to the hospital campus in 2020 (pictured on the left), **2021 hospital work was all about expanding the services offered, building diagnostic capacity, and strengthening our network of referral centers for tertiary care.**

With an increasing capacity to identify patients’ needs for services only offered beyond the district level (e.g., chemotherapy), we are ensuring that every patient gets access to the best possible care available in Madagascar.

DURING 2021:



Hospital physician Dr. Haingo checks the X-ray of a child with a suspected case of tuberculosis.

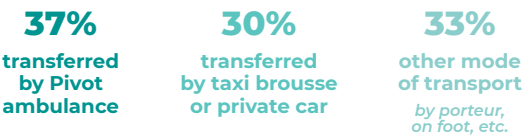
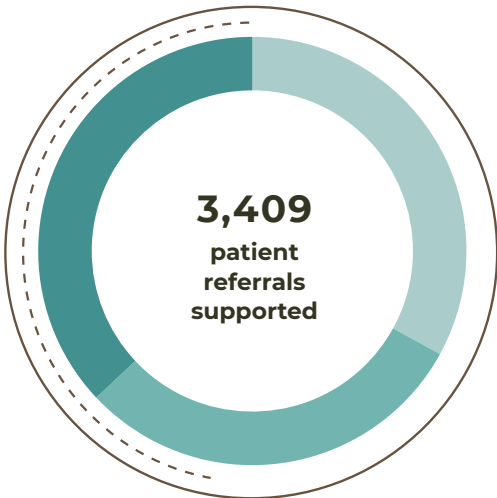


EXPANDING OUR NETWORK OF CARE

Distance can be fatal – particularly in a highly rural setting like Ifanadiana District, where the population is geographically dispersed across mountainous rainforest. For Pivot’s patient referral team, nothing is more vital than finding creative solutions to overcome this challenge. With thousands of miles of footpaths between health facilities and patients, an ambulance can only do so much beyond the paved road.

In 2021, **Malagasy tradition inspired a newly formalized initiative called the “human ambulance”** referral. Designed to maximize efficiency and minimize the burden on community members who are frequently called upon to carry patients to care, Pivot is working in tandem with community leaders to recruit paid *porteurs*. Traveling in teams and rotating shifts, these groups traverse the terrain with the patient until they’ve reached the nearest health center or ambulance meet-up point on the main road.

DURING 2021:



“Injustice anywhere is a threat to justice everywhere.”

The Rev. Dr. Martin Luther King, Jr.



PPE for All

The [Community Health Impact Coalition \(CHIC\)](#) exists to make professionalized community health workers (CHWs) a norm worldwide. Around the world, CHWs are the first line of response in the COVID-19 pandemic – conducting case identification, contact tracing, referrals to higher levels of care, and treatment follow-up. As an essential part of the public health system, they deserve and require adequate protection to ensure not only their own safety, but also that of their patients and communities.

In 2021, through CHIC, we partnered with the [COVID-19 Action Fund for Africa \(CAF-Africa\)](#) to procure and distribute PPE for all CHWs in Madagascar, marking the first such national opportunity. The reception of 1.6 million masks, 1 million gloves, and 33,000 face shields brought representatives of Pivot, the Ministry of Public Health, and other government officials together in the nation’s capital to mark the occasion (pictured above).

We are proud to be protecting the country’s frontline workers, and grateful for CAF-Africa’s mobilization for the equitable distribution of PPE worldwide. As we look to build upon this national-scale progress for community health, we will continue to advocate for adoption of CHIC’s Community Health Worker Assessment & Improvement Matrix, endorsed by the WHO, at the national level to ensure that trained, supervised, and compensated CHWs are built into future national plans.

PARTNER
SPOTLIGHT

 Community Health Impact Coalition

COVID-19
ACTION
FUND FOR
AFRICA

AMPLIFYING OUR MESSAGE OF CHANGE

If there’s one thing Pivot knows to be true about global health, it’s that success for one organization is success for all. We are grateful to have a robust network of partners, peers, and coalitions committed to moving the needle on health equity together. With a deeply rooted belief in health as a human right and a commitment to social justice, **the collaborative work we participate in – to develop research, advocate for policy change, exchange lessons of implementation, and more – is how we amplify our message of change across the world.**



Climate change poses a threat not only to the environment, but to human health as well. Worldwide, the regions least culpable for harming the environment are often the most affected.

Madagascar is among the countries most vulnerable to the impacts of climate change due to its geographic location and chronic poverty. It is also one of the richest in biodiversity, with 90% of the species endemic to the island. It is no accident that Pivot’s work in Madagascar is within a district that is directly adjacent to the World Heritage-designated Ranomafana National Park.

In 2021, Pivot became one of four founding members of [Climate Accountability in Development](#), a new collective of organizations aiming to chart a path for climate accountability in the development sector. The coalition aims to build upon the awareness of global emissions reductions during the pandemic with a commitment to “come back better.”

Pivot’s carbon emissions baseline study revealed that we’re responsible for producing 578 CO2e (or the equivalent of the carbon emissions attributed to 136 average Americans). We strive to be excellent stewards of natural resources as we strengthen the health system and commit to reducing and mitigating our carbon footprint, with the goal of carbon neutrality by 2025.



The global consequences of COVID-19 have revealed the challenges of pandemic containment and health system response. These approaches do not include more basic upstream effects, such as preventing zoonotic spillover in the first place, which scientists believe caused 6 out of 7 pandemics of the past century.

Spillover events have accelerated in tandem with accelerating tropical deforestation, live wildlife trade, and livestock production. Preventing the next pandemic means addressing these kinds of human activities, which Harvard researchers recently calculated would require a \$20-30 billion annual investment worldwide — only 2% of the economic and mortality costs of COVID-19.

In 2021, Pivot joined forces with a new coalition, [Preventing Pandemics at the Source](#), which advocates for global leaders to invest in pandemic prevention.

Pivot’s experience as a boots-on-the-ground healthcare organization working in close proximity to a rainforest gives us a unique position to inform both how to detect and prevent spillover events. We look forward to contributing to the evidence that supports investing in these vital prevention efforts.

SHIFTING OUR CENTER OF GRAVITY



At the start of 2020, the Pivot team embarked on an essential journey to ensure that **those most proximate to the work are those who hold the most authority**. We believe this is crucial to mitigating inequities in the field of global health and doing our best work possible.

We started with the decision to shift the designation of “headquarters” from Boston to Ranomafana and closed our central US office (reducing our small US team from 9 to 3 people). The remaining staff worked to mindfully reframe the way we thought about roles across the organization: **those in Madagascar direct, those in the US support**.

Practically speaking, that has involved shifts of decision-making power, management of resources, and opportunities for professional development. Almost two years into this new dynamic, the Pivot Science team is publishing papers led by Malagasy researchers, and our clinical program teams are creating innovative and culturally relevant solutions to complex challenges.

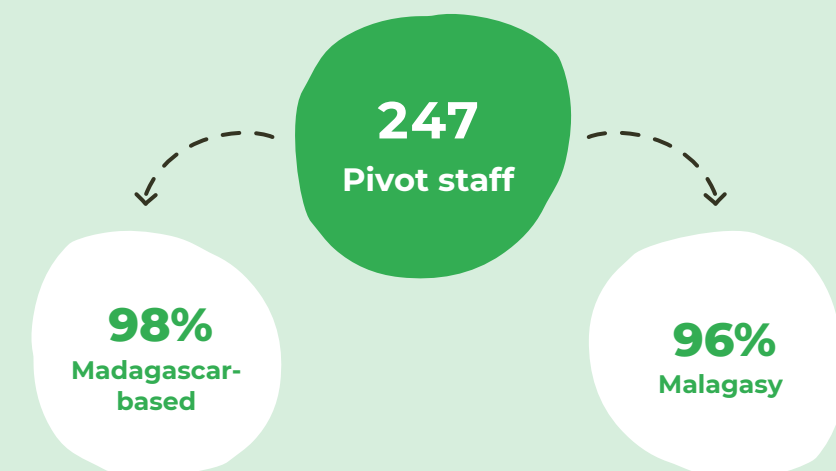
Where things stand at the end of 2021:

Once made up of four expatriates, **our Senior Management Team (SMT) is now a thriving cohort of 11 leaders, 8 of whom are Malagasy and 9 of whom are women**. Pivot is investing in their capacity and their vision for the future of Madagascar’s health system. In the coming year, the SMT will participate together in a six-month remote executive leadership course they co-designed at the University of Global Health Equity in Rwanda to further their collective leadership and management in global health delivery.

During 2021, **four new Malagasy members joined our Board of Directors**, joining founding Board Member Benjamin Andriamihaja to establish an expert cadre of proximate organizational leadership. **In September, the group traveled to Ranomafana with their family members – pictured on the left visiting a Pivot-supported community health post – to deepen relationships with the staff who are leading the work and (re)acquaint themselves with Pivot’s work in person**. With professional experience ranging from the former Dean of Faculty at Antananarivo’s School of Medicine, to current President of the Global Fund Country Coordinating Mechanism, a founding coordinator of Ranomafana National Park, and early Pivot staff members, we believe there is no better inaugural committee to provide Board-level leadership from within Madagascar.

“As a global health organization supported by many around the world, Pivot is serving as a recognized pioneer in Madagascar for the elevation of local leadership.”

Dr. Benjamin Andriamihaja
Founding Board Member & Senior Advisor



DEEPENING OUR COMMITMENT TO JUSTICE

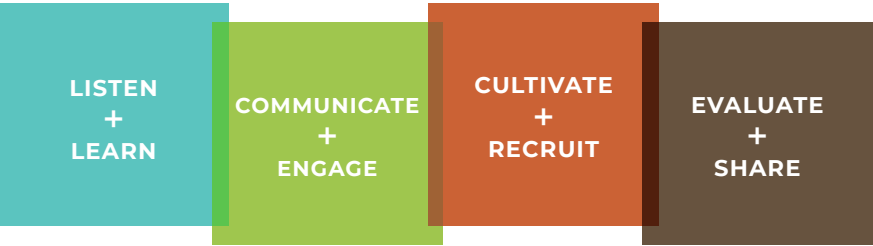
Racism and inequity anywhere, in any form, are counter to Pivot’s core values. We are deepening our fight for justice and commitment to diversity. We invite you to act with us.

Advocating for change on a global scale often requires identifying and addressing the need for local change. As a global health organization with a mission rooted in social justice and an ongoing commitment to elevating Malagasy leadership, we’ve seen this truth play out during our eight years of work in Madagascar.

It’s taken time for Pivot’s small US-based team to articulate the organizational imperative of addressing injustice in all places where we have a footprint, no matter how small. In the awakening of the United States’ shared consciousness around racial disparities during the last 18 months, one key truth could no longer be overlooked: everyone on our US team is white, and **it is our responsibility to leverage our privilege to foster a more racially diverse and inclusive work environment.**

The question of how to go about doing so was answered when **Dr. Demetrice “Dee” Jordan** was brought onto the Pivot Science team as a postdoctoral fellow specializing in health geography research. What none of us knew – until Matt Bonds, Pivot Co-founder and Scientific Director, got to know her through his role as her postdoctoral advisor – is that Dee also has a rich background in diversity, equity, and inclusion (DEI) work through her company Bella Academic Consulting, LLC. Thanks to funding from Kathy and Bob Burke, we were able to bring Dee on board in the additional capacity of our US team DEI consultant.

Over the course of 2021 Dee has led a critical journey, convening our group (including Pivot’s Board Chair) every two weeks to align and deepen our understanding of antiracism and functional allyship. As a result, we’ve formalized our commitment to DEI through an official social justice statement (above) and the following pillars:



With these pillars to guide our path, we are ready to turn words into action. The essential growth we’ve experienced as individuals during this journey has made it easier to identify the opportunities for growth for Pivot as an organization. As Dee so aptly puts it, “this work never ends.” The new initiatives that we plan to launch in the coming year won’t be an end point, but experiences to build from.

Pivot stands for justice in all places where we have a presence, and we believe that our mission in Madagascar is only strengthened by our work to advance DEI in the US.



PARTNER SPOTLIGHT

Dr. Demetrice “Dee” Jordan has a dual PhD in Geography and Environmental Science and Policy from Michigan State University (MSU). While pursuing her degree, she founded the **Advancing Geography Through Diversity Program**, to address the persistent underrepresentation of people of color in geography doctoral programs.

As a postdoc, Dee co-created and co-instructed the first DEI-centered Responsible Conduct of Research course **Resilience and Inclusion in Academic Research** for Harvard Medical School postdocs. Dee is a Council Member of the American Geographical Society (AGS) and developed the **Celebrating Black Geographers** anthology hosted online by AGS. She also received the 2020 **Enhancing Diversity Award** by the American Association of Geographers.

Dee is an advocate for creating safe, supportive environments for students of color, and planned and led workshops developed to “engage students, faculty, and the broader MSU community in meaningful dialogues on microaggressions, privilege, cultural sensitivity and diversity.” With her expertise in social justice, her lived experience, and commitment to rights-based science, we are honored to have Dee as our guide.

PARTNERSHIPS

Entities that supported our work, financially or otherwise, during FY21



Pivot’s work has been possible thanks to the foundational support and ongoing collaboration of these three key partners.

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- Catholic Relief Services
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- Community Health Impact Coalition
- DAK Foundation
- Dimagi
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- Ministère de la Population, de la Protection Sociale, et de la Promotion de la Femme
- Ministère de la Santé Publique de Madagascar**
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gifts between October 1, 2020
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Susan Herrnstein
Louise Hutton and Lucy Thrush
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Oscar the Cat

IN YOUR HONOR
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Jim and Robin Herrnstein
Mathilde and Matthew Hutchings
Tara Loyd
Dr. Jessie Lucey
Ed Norton
Jeremy Ratcliff
“All of Pivot’s female leaders”
“Matt Bonds and his team”
“The new Malagasy board members”
“The Pivot team in Madagascar”
“The team who set up the RT-PCR
testing facility in Ranomafana”

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THANKS:

BOARD OF DIRECTORS

Benjamin Andriamihaja
Bob Hower
Brittany Powell
Edward Norton
Faramalala Rabemananjara
Jim Herrnstein
Lara Hall
Luc Samison
Manu Prakash
Mark Krasnow
Matt Bonds
Max Herrnstein
Michael Rich
Patricia Wright
Paul Farmer
Robin Herrnstien
Seheno Randriamanantena
Stephen Della Pietra
Tahiry Raveloson
Tara Loyd
Tyler Saltiel
Vincent Della Pietra

VOLUNTEER
CLINICAL ADVISORS

Adriane Levin
Alice Bukhman
Allison Navis
Archana Patel
Dayo Fadelu
Gene Kwan
Heather Brown
Jason Beste
Jason Frangos
Jeffrey Mendel
Lisa Bebell
Marla McKnight
Maurine Achebe
Natasha Archer
Neil Gupta
Ole-Petter Hamnvik
Suha Patel
Zahir Kanjee

FINANCIALS

EXPENSES

	FY21 (12mo)	FY20 (9mo)
Health Care Delivery Programs	\$5,269,080	\$2,686,617
Research	\$489,355	\$323,473
Administration & Fundraising	\$410,168	\$480,492
TOTAL	\$6,168,603	\$3,490,582

REVENUE

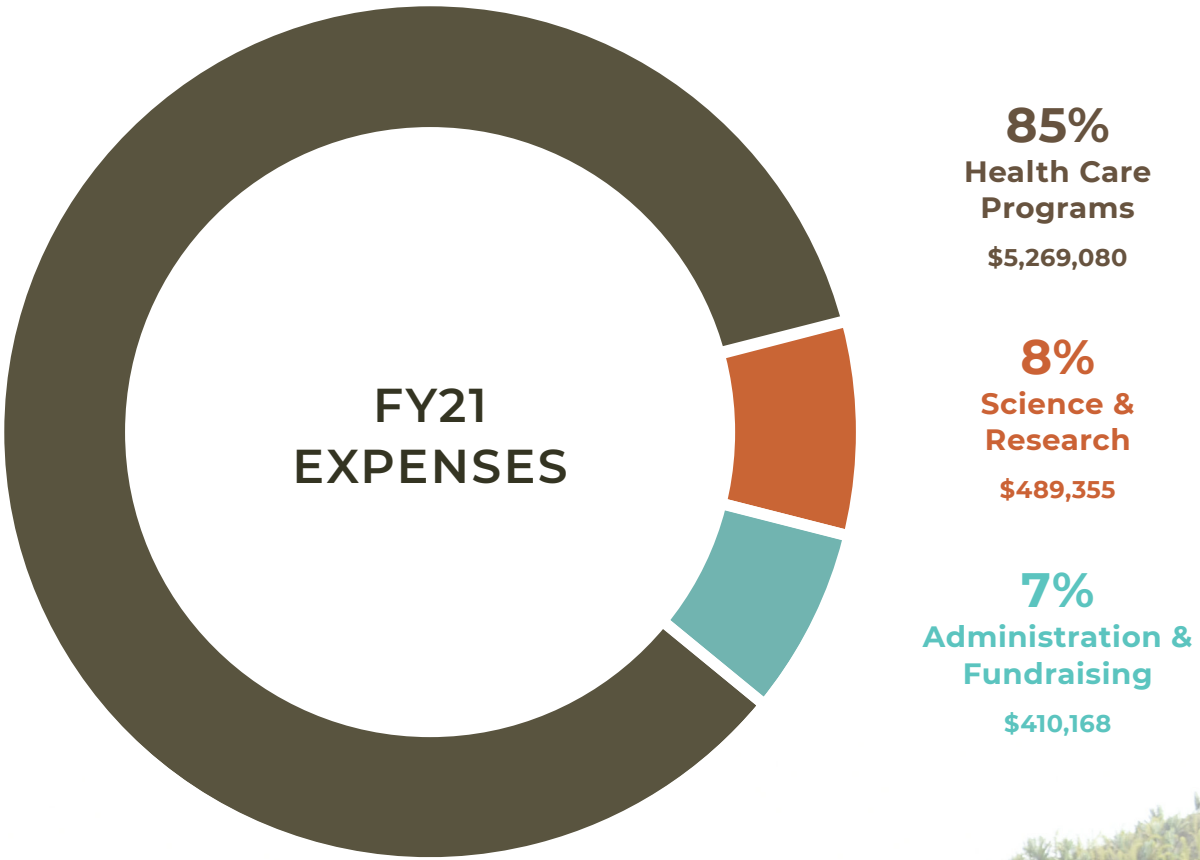
Grants & Contributions	\$6,624,531	\$4,028,355
<i>Foundations</i>	\$3,190,066	\$820,717
<i>Individuals</i>	\$3,434,465	\$3,207,638
In Kind	\$0	\$23,845
Interest & Dividends	\$1,372	\$2,493
TOTAL	\$6,625,903	\$4,054,693
NET REVENUE	\$457,300	\$564,111

ASSETS

Cash and Cash Equivalent	\$3,484,005	\$3,373,214
Pledges Receivable	\$657,863	\$222,771
Prepays & Other Current Assets	\$629,627	\$426,533
Fixed Assets, Net	\$452,798	\$379,085
Other Assets	\$2,862	\$2,919
TOTAL ASSETS	\$5,227,155	\$4,404,522

NET LIABILITIES & ASSETS

Accounts Payable	\$243,231	\$184,929
Accrued Expenses	\$332,900	\$187,177
Long Term Debt (PPP Loan)	\$0	\$107,572
TOTAL LIABILITIES	\$576,131	\$479,678
Net Assets, Unrestricted	\$4,103,938	\$3,496,401
Net Assets, Restricted	\$547,086	\$428,443
<i>Research Activities</i>	\$150,335	\$91,755
<i>Community Health</i>	\$279,722	\$232,233
<i>Construction</i>	\$4,378	\$74,043
<i>Infectious Disease</i>	\$77,059	\$0
<i>Staff Support & Development</i>	\$35,592	\$30,412
TOTAL NET ASSETS	\$4,651,024	\$3,924,844
TOTAL LIABILITIES & NET ASSETS	\$5,227,155	\$4,404,522



CELEBRATING THE **RIGHT TO HEALTH**

ZO HO AN'NY FAHASALAMANA



Community health workers from across Ifanadiana gather to celebrate the formal launch of universal health coverage throughout the district on July 22, 2021.

THANK YOU
MISAOTRA!
THANK YOU
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www.pivotworks.org

[@pivotmadagascar](https://www.instagram.com/pivotmadagascar)

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District d'Ifanadiana 312

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