PIVOT

2024

IMPACT REPORT

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Dear Pivot Community,

As we reflect on 2024, we celebrate not only the achievements of the past year but also a significant milestone in Pivot's journey: **our 10-year anniversary**. Over the last decade, we have seen profound changes in the communities we serve and the systems we've worked to strengthen.

Since Pivot's founding, we have remained steadfast in our mission to deliver accessible, quality healthcare to the most underserved populations. The progress we've made this year is a direct reflection of the vision and dedication that have guided us from the very beginning: combining scientific rigor and collaboration with communities to drive progress, identify programmatic priorities, and generate lessons that inform policy in Madagascar and beyond.

This year, we marked a significant milestone with the **expansion of our community health program**, bringing us closer to implementing Madagascar's national health strategy across the Vatovavy Region. We also **launched our refined social protection strategy in Ifanadiana and Nosy Varika districts**, eliminating financial barriers to care for 264,000 people in the region. With integrated mobile technology for enhanced data collection, we are generating insights that will improve care-seeking behaviors and support our continued advocacy for Universal Health Coverage at scale.

Following our regional baseline in 2023, we have dedicated this year to analyzing this data and reflecting on the past decade - seeing the impact we have had on access, equity, and quality of care, and establishing priorities for the future. True to our identity, we are **presenting critical new impact data reflecting 10 years of work**, as well as making the case to continue to change and evolve the way global health research is done.

As we enter our second decade, we are more focused than ever on scaling our impact. Our ambitions are clear: to deepen our partnerships with the Malagasy government and continue to innovate solutions for healthcare delivery, ensuring no one is left behind.

We are building on the countless lessons learned through our decade of experience, and with your continued support, we're confident that the next ten years will bring even greater impact. In this spirit of gratitude, reflection, and anticipation, I want to thank each of you - our partners, donors, health workers, and the communities we serve - for being an essential part of our story.

Together, we've moved closer to the realization of health as a human right, and together, we will continue to **save lives, transform health systems, and catalyze global change.**

With heartfelt appreciation,

Laura Cordier
Executive Director

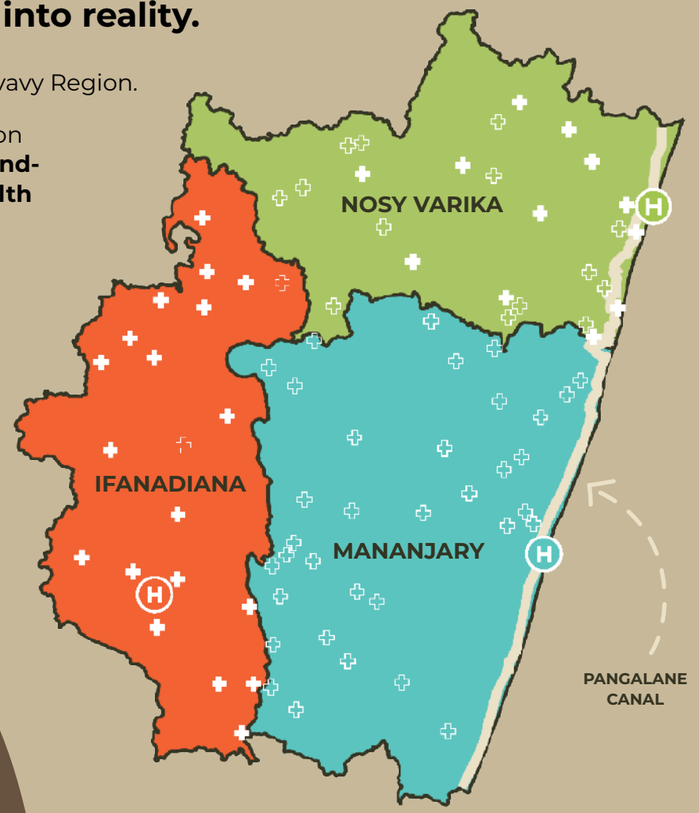
EXPANDING TO SERVE VATOVAVY REGION

This year, we turned vision into reality.

In 2024, Pivot launched work across Vatovavy Region.

Two years after the government's invitation to replicate our work, **we are working hand-in-hand with the Ministry of Public Health (MoPH) to roll out our most impactful interventions**.

With each step forward, we're advancing health care equity for Madagascar's poorest, most remote communities, and generating lessons to inform healthcare policy at scale.



"As governor of Vatovavy, I'm proud to have Pivot, a great partner to the Ministry of Health, in my region."

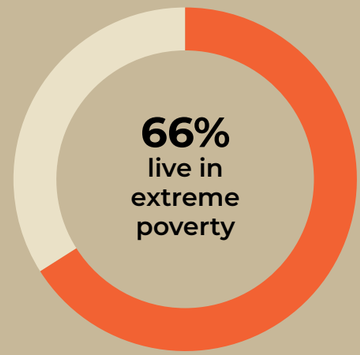
Maurice Lucien Randriarison
Governor of Vatovavy Region

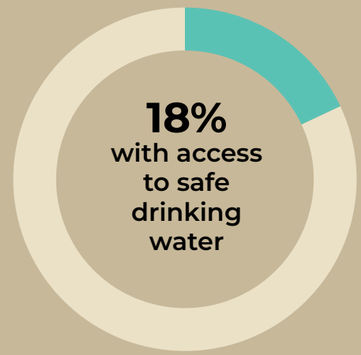
Establishing a True Regional Baseline

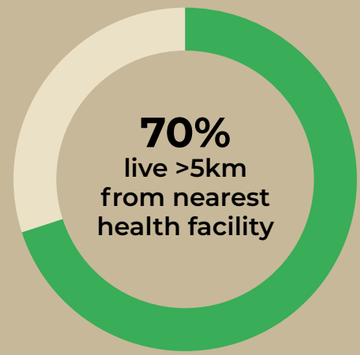
With our sights set on expansion, Pivot administered a survey to 5,000 households across Vatovavy designed to establish a regional baseline measuring population health, care-seeking behaviors, and socioeconomic conditions.

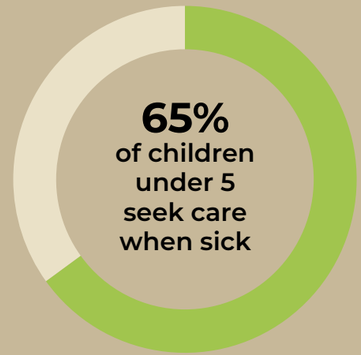
These data inform our teams in the process of program design and target-setting, and will serve as a **critical tool for demonstrating the impact of our interventions over time**.

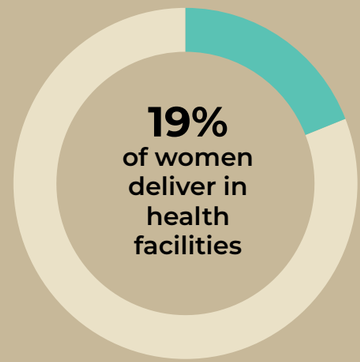
In 2024, our analysis of regional baseline data illuminated **priority areas for support in Vatovavy**:

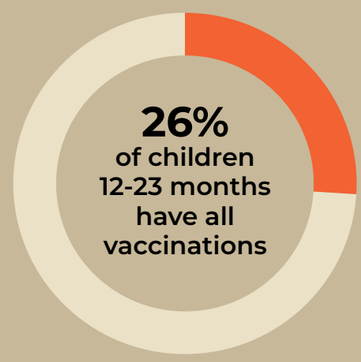












"Vatovavy is home to vibrant and diverse communities, rich in natural and cultural resources.

At the same time, they face a particularly steep set of challenges when it comes to accessing essential healthcare services.

It is precisely in these challenges that my commitment lies."

Gilbert Ravonjisoa
Pivot Monitoring & Evaluation Officer

SAVING LIVES
WITH COMMUNITY-CENTERED CARE

Above all else, Pivot is committed to saving lives.

We provide care to the most vulnerable, accompanying the government and the population such that every individual can exercise their human right to health. As we expand, we are taking lessons learned from our first ten years in Ifanadiana District prioritizing our most impactful interventions.

>320K
patient visits supported
IN 2024

>1.7M
patient visits supported
SINCE 2014

Advancing Universal Health Coverage

This year marks a milestone in our journey towards Universal Health Coverage (UHC) in Madagascar with the expansion of our financial protection strategy, CARE 2.0.

First launched in our flagship district in November 2023, **CARE 2.0 offers coverage for 100% of Ifanadiana's population**. As of June 2024, Nosy Varika District is also providing free care for children under 5 and pregnant women.

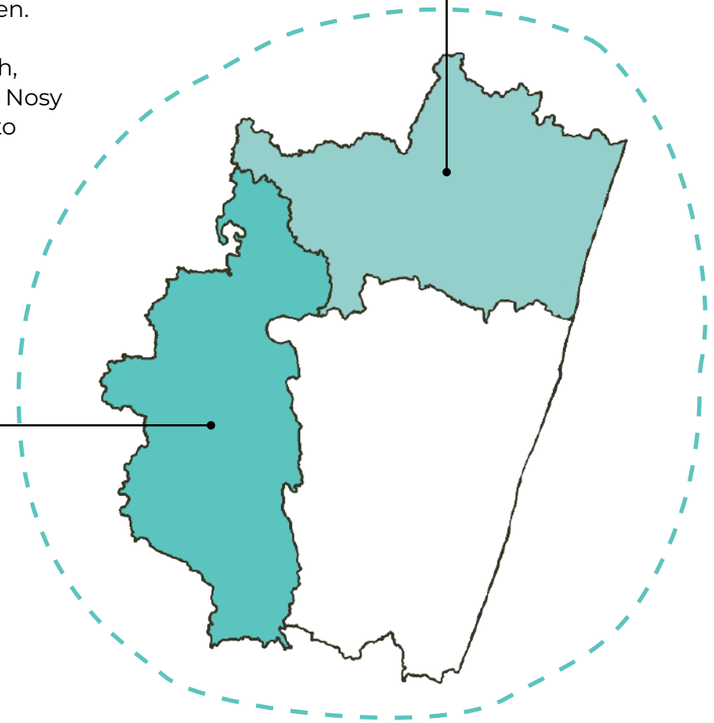
As part of our newly-refined approach, facility audits were conducted across Nosy Varika's primary healthcare facilities to ensure staff and systems readiness. Now, in close collaboration with the MoPH, we are **covering user fees for target populations in 11 of the Nosy Varika's 19 communes through CARE 2.0**.

NOSY VARIKA

54,661

children under 5 & pregnant women covered by CARE 2.0

78% of target population



IFANADIANA

212,210

people covered by CARE 2.0

100% of district population

Leveraging Mobile Technology

The **deployment of mobile technology** is a key component of our new strategy. At every CARE 2.0-enabled health center, staff are equipped with a digital system, the backbone of which is the CommCare app, which enables patient-level data collection to improve quality of care and gain rapid insight into patient utilization and intervention reach.

Now deployed in **33 health facilities across the region**, the system registers individuals, tracks visits, and collects key demographic and medical data, revolutionizing our capacity to understand patient care delivery trends and gaps. With this, we are able to develop a more responsive health system, better informed by patient needs.

As regional expansion continues, this initiative is setting the stage for further scaling of financial protection, supporting the evolution of healthcare financing mechanisms for Madagascar with the objective of full government ownership and, ultimately, national adoption.

43
financial protection agents deployed to facilities

114,468
child health consultations supported

10,866
pregnant women's visits supported

Over the past decade, Pivot's work has contributed to a 31% reduction in under-5 mortality in Ifanadiana District.

We're proud to be doing our part in the advancement of the 2030 Sustainable Development Goal to end preventable deaths of newborns and children under 5 years of age.

From prevention to treatment and follow-up, we support a **continuum of care for children under 5**, reaching them at their doorsteps and connecting them to primary care services aimed at addressing Madagascar's most pressing health challenges.

Exploring Unseen Barriers to Parents Seeking Care

appleseed

In Ifanadiana District, access to healthcare for children under 5 remains a critical challenge. Common illnesses such as cough, fever, and diarrhea affect most children between 3 and 5 times a year.

Despite proven success in improving child health outcomes, recent utilization trends show that children under 5 access care an average of 1.6 times per year.

This raises the question: what unseen barriers continue preventing parents from seeking care for their sick children?

In 2024, with support from Cartier Philanthropy, Pivot launched a **new partnership with Appleseed to better understand care-seeking behaviors** through qualitative research and leverage behavior change strategies to increase the utilization of community-based care.

It is core to Pivot's culture to constantly question how our approach can be improved. We are capitalizing on this opportunity to dig deeper into critical questions about how to address gaps in the health system that have the most influence on public trust and likelihood to access care.

"We want to challenge our current understandings and biases. This project has given us new, raw insights on parents' care-seeking journey. This will inform how we adapt our strategy to meet communities where they are."

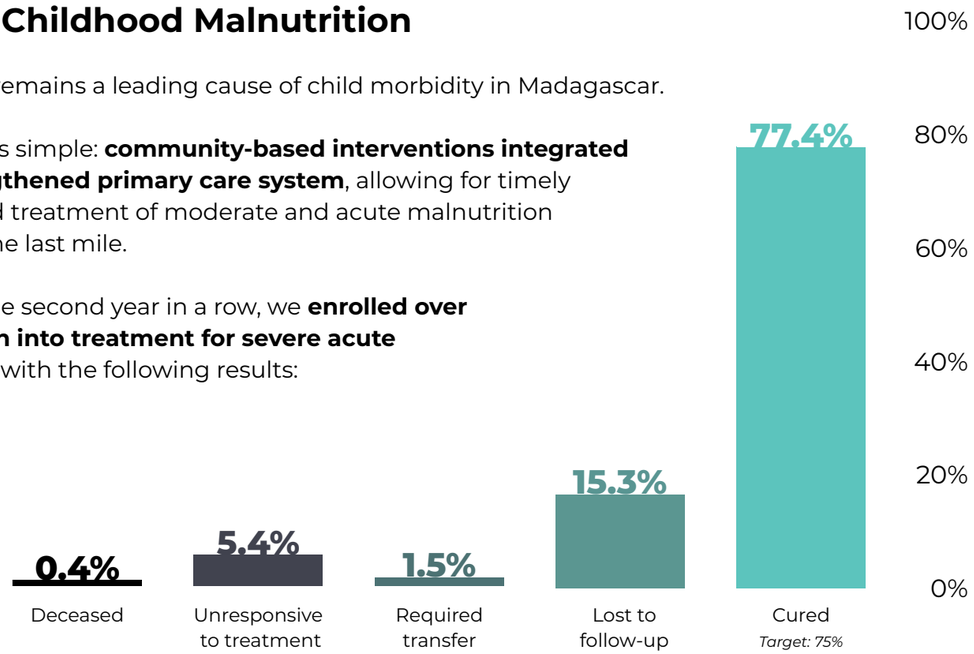
Sarah Barriault
National Director

Fighting Childhood Malnutrition

Malnutrition remains a leading cause of child morbidity in Madagascar.

Our solution is simple: **community-based interventions integrated with a strengthened primary care system**, allowing for timely detection and treatment of moderate and acute malnutrition for those at the last mile.

In 2024, for the second year in a row, we **enrolled over 1,000 children into treatment for severe acute malnutrition** with the following results:



Building Climate-Sensitive Strategies

In 2023, Ifanadiana District saw a sharp rise in child malnutrition in the aftermath of two devastating cyclone seasons. Forging a **new partnership with Stavros Niarchos Foundation**, Pivot was able to respond with support to the most severely affected communities and mitigate the effects of climate-induced malnutrition.

Expanding the breadth of our program, we **equipped CHWs to detect and treat moderate acute malnutrition (MAM)**.

This crisis highlights the intersection of climate change and child health, particularly its disproportionate impact on vulnerable communities.

As climate change poses increasing threats to food security and health outcomes, **this work emphasizes the urgent need for long-term, climate-sensitive health strategies** in Madagascar and other high-risk regions.

“Adding MAM capacity to our malnutrition program has been critical.

By enhancing MAM detection and case management, we’ve been able to remove hundreds of children from the vicious cycle of chronic malnutrition.”

Dr. Rindra Ralaivavikoa
Primary Care Field Manager

400
health workers trained in MAM detection & management and infant & young child feeding practices

>1,500
MAM patients identified and treated

49
community health sites equipped with essential tools and supplies for MAM treatment

Pivot envisions a world where no woman dies needlessly and every woman can exercise her right to dignified care.

At Pivot, women's health is more than a priority program - it's at the core of our mission to save lives and promote equity.

In Vatovavy Region, where maternal and reproductive health outcomes are the worst in Madagascar, we ensure women have access to the care they need throughout their reproductive years.

Through community outreach, quality facility care, and the removal of financial barriers, our programs are improving maternal health and helping women build healthier futures for themselves and their families.

In 2024, we saw Ifanadiana's best maternal health outcomes to date:

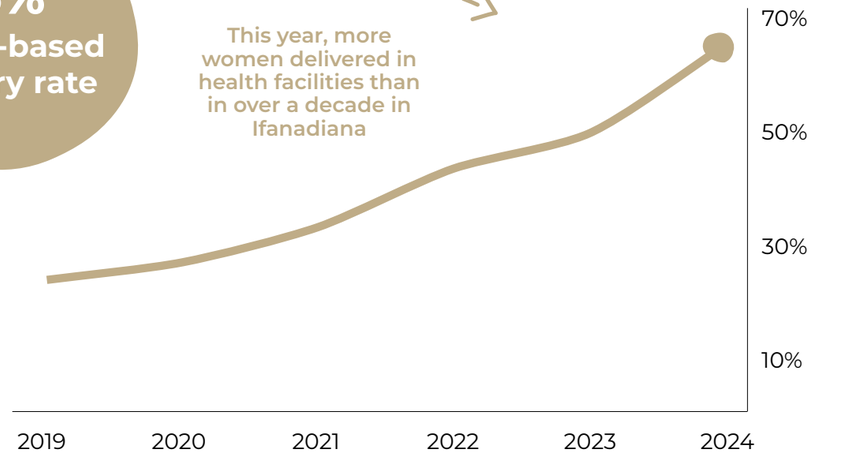
770
matrones engaged to accompany women to safe delivery

86%
4-prenatal care consultation completion rate

42%
of women who delivered at a health facility were accompanied by a matrone

99%
maternal survival rate among women delivering at facilities

65%
facility-based delivery rate



Providing SAFER Care for Women Everywhere

Our 2024 maternal health outcomes are a testament to Pivot's SAFER approach.

SAFER leverages **technology** and **patient-centered design** to empower every woman with choice across her healthcare lifespan. By connecting her to a network of caregivers and providers who are ready to respond to her needs, we're ensuring access to services across the **continuum of care**.

"We've already seen the transformative impact of the SAFER network on maternal health, and Pivot is now ready to scale this innovation to cover Vatovavy Region's one million people."

Dr. Mbolatiana Raza-Fanomezanjanahary
Nosy Varika District Field Coordinator

SOINS

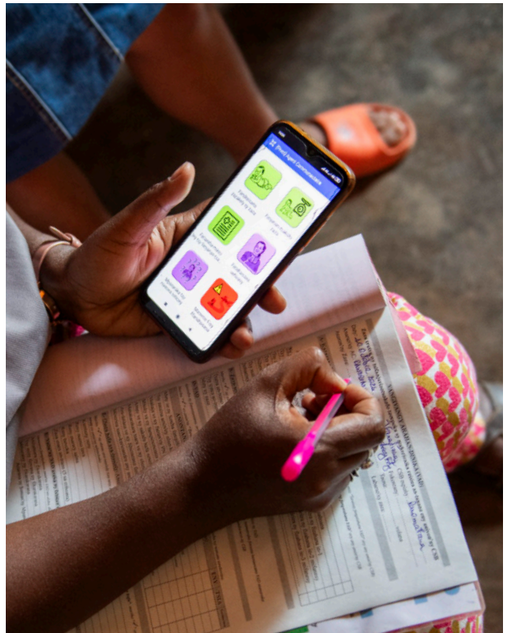
ACCESSIBLES POUR LES

FEMMES

ENCEINTES ET

REPRODUCTIVES

Accessible Care for Pregnant and Reproductive Women



Her Health, Her Safety, Her Future

Pivot firmly believes that a woman's safety and autonomy are integral to her overall health.

Following the launch of two Listening & Legal Counseling Centers in 2023, **Pivot's collaboration with the Ministry of Population & Solidarity continued in 2024 with the opening of a survivor housing center in Ifanadiana District.** This collaboration provides an exemplary case of the potential for multisectoral partnerships to effect meaningful change.

With space to accommodate six survivors at a time, the center offers secure housing, food, and sanitation facilities, and works closely with advocates to support survivors in navigating their circumstances. The center also facilitates group and individual counseling sessions to help survivors process their experiences, build resilience through mutual support, and challenge the normalized presence of gender-based violence in Madagascar.

MINISTÈRE DE LA POPULATION ET DES SOLIDARITÉS

447
survivors supported with safe lodging, legal counseling & social support

TRANSFORMING HEALTH SYSTEMS

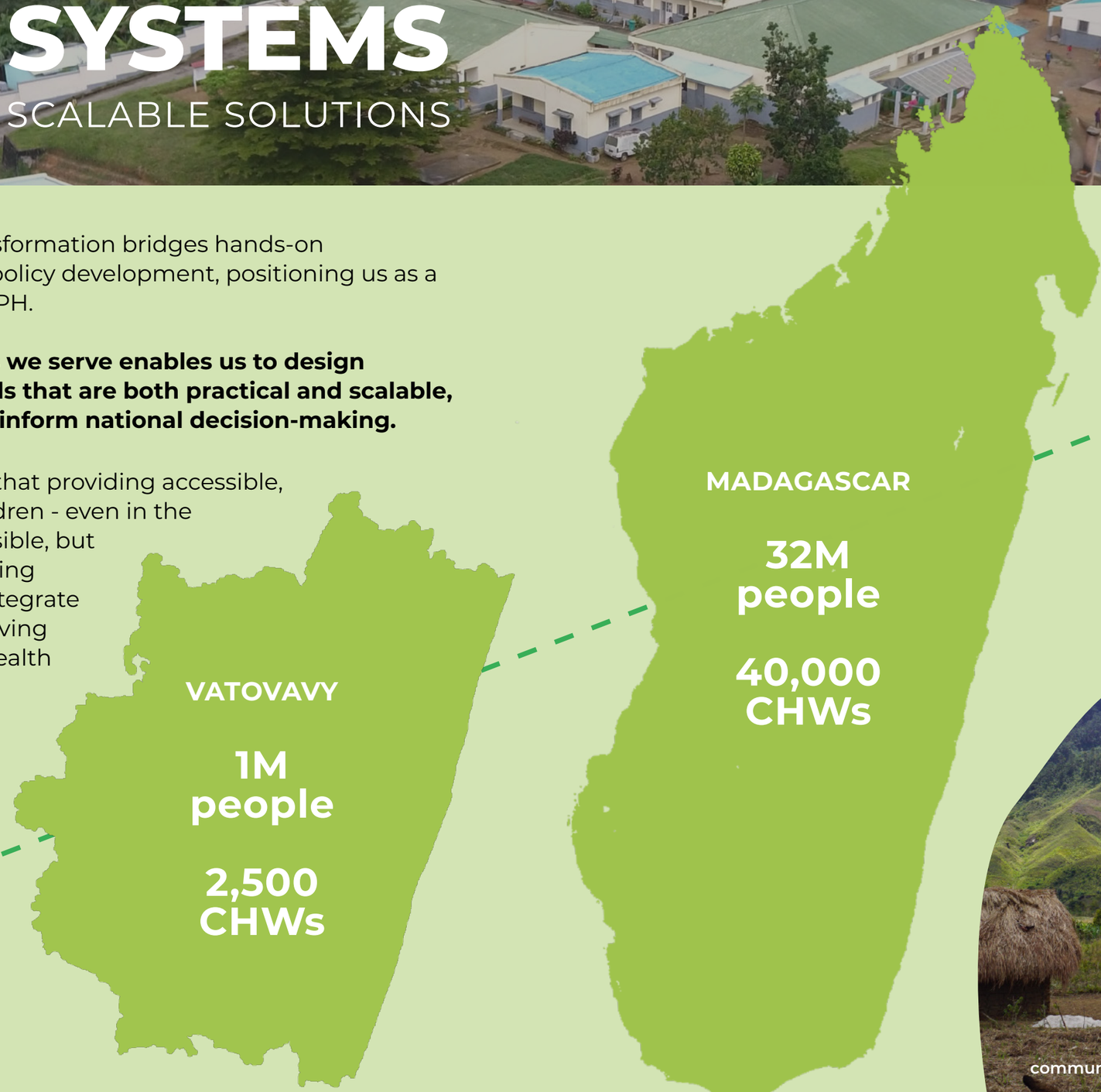
WITH SUSTAINABLE, SCALABLE SOLUTIONS

Ifanadiana District Hospital, supported by Pivot since 2014.

Pivot's approach to healthcare transformation bridges hands-on implementation with central-level policy development, positioning us as a trusted technical partner to the MoPH.

Our proximity to the communities we serve enables us to design context-specific healthcare models that are both practical and scalable, generating evidence of impact to inform national decision-making.

Through this work, Pivot is proving that providing accessible, life-saving care for women and children - even in the most remote areas - is not only possible, but cost-effective at scale. By collaborating with our government partners to integrate these insights into policy, we are driving system-level solutions to improve health outcomes across Madagascar.



PROXIMITY TO PATIENTS

NATIONAL POLICY & ADVOCACY

One of the 196 locally-built, Pivot-supported community health sites for last mile delivery of care.

Pivot is now supporting a network of >1,600 CHWs in Vatovavy Region.

2016 — supported basic community-level activities

2018 — implemented enhanced community health pilot, introducing proactive care, mobile technology, and CHW training, supervision, and compensation

2020 — informed national community health policy, participating in the development of Madagascar's new community health strategy

2022

2024

With the majority of Vatovavy Region's population living in extremely remote rural areas, building a network of professionalized CHWs is the key to overcoming geographic barriers to healthcare and reaching patients living at the last mile.

This year has been a true turning point for Pivot as an organization.

Through recruitment and training, we've **increased the number of CHWs we support eight fold** - a culmination of the inflection moment we've been preparing for over the past several years.

KEY 2024 ADVANCEMENTS:

WORKFORCE

791
new CHWs recruited across 2 districts

1,614
CHWs trained in new national guidelines

COMPENSATION

Launched:
643 CHWs in Ifanadiana
receiving pay since August 2024

Next Launch:
971 CHWs in Nosy Varika
to receive pay starting January 2025

PERFORMANCE

96%
adherence to protocol by CHWs

196
community sites for CHW consults

"Reaching out to the population - bringing care directly to them - is essential for ensuring that everyone receives life-saving, community-based services. By supporting CHWs to deliver care at the last mile, we can have a profound impact on saving lives and improving health outcomes.

Our approach addresses the cultural, financial, and geographical barriers that so often prevent people from accessing care. **This project is not just about providing immediate treatment - it's about scaling up the MoPH's vision for a more inclusive, sustainable healthcare system that truly serves every community.**"

Luc Rakotonirina
Deputy National Director

Why now?

Pivot's community health expansion is timely both in a global context as well as in Madagascar.

Our strategy is aligned with the government's vision for community health at scale, which includes an ambitious commitment to fill out the country's network of 40,000 professionalized CHWs.

Through regional implementation of integrated community care, we will provide a **pragmatic blueprint for replication and scale** as a tool to support the MoPH's national objectives.

Pivot is uniquely positioned to **link implementation and evidence with rigorous costing** to prove that it is possible and cost effective to scale community health activities. As we continue with regional rollout, we will work to produce an **investment case** for the government that is consistent with global evidence that community health investments have a 10:1 return.

Transitioning to Scale

Accelerating this effort, we **launched a new partnership with Grand Challenges Canada** (GCC) in August 2024.

With support from the Government of Canada, GCC is investing $745K CAD in **Transition-to-Scale funding** in Pivot's ECH expansion across Vatovavy Region over the next two years.

GCC funding will support our aim to increase Vatovavy's network of CHWs from 1,440 to more than 2,500, **covering 37,000 pregnant women and 150,000 children under five.**

Grand Challenges Canada
Grands Défis Canada

Bringing Care to Patients' Doorsteps

At the age of two, Patrick was diagnosed with extrapulmonary tuberculosis, which spread through his bones and spine. Living in the remote community of Ambodiara Sud, his family hesitated to seek medical care, assuming the long trip to the nearest health center would result in prohibitive costs. They initially turned to traditional treatments, but Patrick's condition worsened, affecting his ability to walk or stand.

When their **local CHW, Tsarasoa, visited their home as part of her proactive case-finding circuit**, she assessed Patrick's symptoms and encouraged his parents to bring him in for care, assuring them that they would incur no cost for his treatment.

In the twelve months that followed, they adhered to Patrick's treatment plan: his mother consistently brought him for check-ups, while Tsarasoa provided home visits to monitor his progress, always making sure to remind the family of upcoming appointments.

After a year of dedicated care, Patrick was deemed cured and discharged from treatment.

Patrick's story is a powerful reminder of how CHWs like Tsarasoa are a critical pillar of the health system who ensure that **no child, no matter how remote their community, is left without access to life-saving healthcare.**

Transforming healthcare in Madagascar requires a multifaceted, systems-level approach.

In order to effect long-term change, we must address not only immediate health needs of the population, but also build the foundation for sustainable progress across the pillars of the public health system.

In 2024, our health system strengthening priorities included ensuring all facilities were staffed with a well-trained workforce, and addressing critical gaps in basic health equipment and infrastructure:

- **Distributed basic medical equipment** to all primary care centers across the three districts, filling gaps to ensure consistent access to essential healthcare delivery tools.
- Recognizing that infrastructure plays a crucial role in delivering quality care, we undertook the **complete rebuild of two health facilities**, creating dignified and functional spaces for patients and staff.
- **Improved biomedical lab capacity** at Ifanadiana District Hospital, enhancing local diagnostic capabilities and reducing reliance on external referrals.
- **Provided support to regional and district health offices** through the donation of vehicles, fleet maintenance funds, and IT equipment to improve movement, communication, and logistical coordination across the region.

Prioritizing Human Resources for Health

A resilient healthcare system is built on the strength of its workforce.

This year, we continued partnership with the MoPH to jointly recruit, train, and supervise health personnel. This year, we supported the onboarding and deployment of **73 new facility-based health personnel** to facilities across the region.

By aligning these efforts with national health workforce development goals, we're not only enhancing service capacity - we're also supporting the long-term retention of skilled personnel and the sustainability of the health system.

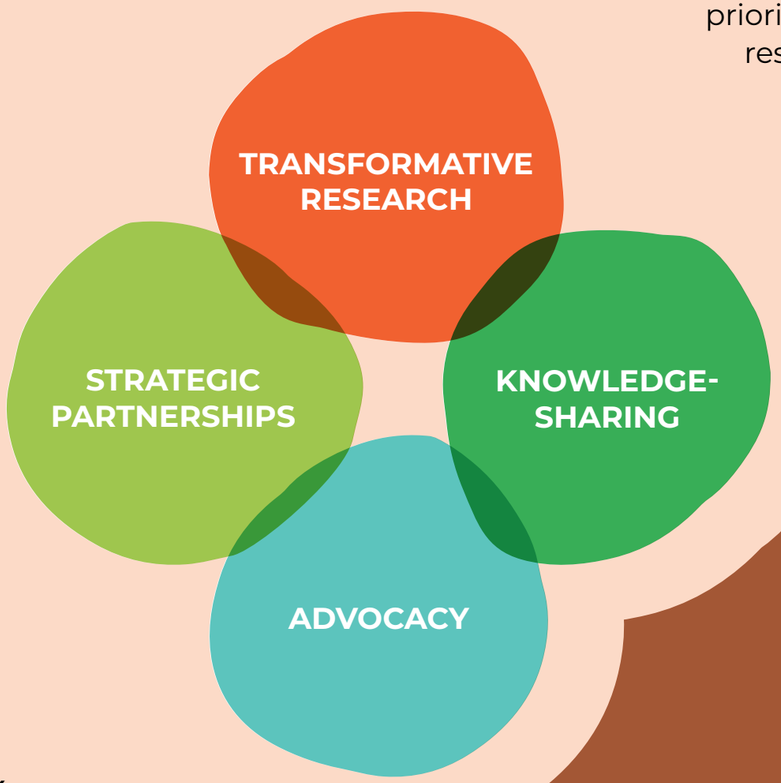
85%
(74 of 87)
of health centers in Vatovavy now meet staffing norms

CATALYZING GLOBAL CHANGE
WITH SCIENCE-DRIVEN ADVOCACY

Transformative impact begins with evidence-based innovation.

Pivot is at a moment of inflection - not only in expanding our geographic reach within Madagascar, but also in strengthening our ability to engage at national and international levels.

Our work is most impactful when connected to the broader global health community, which is why **our formula for catalytic change** prioritizes globally-relevant research combined with coalition-building and dissemination.



We are committed to advancing health equity, and insights generated by the Pivot Science network have the potential to **reshape global norms and funding priorities**, placing Madagascar at the heart of this movement.

This year, we pushed our boundaries and gained momentum on three major themes:

- Shifting the status quo through **participatory research**
- Sharing lessons on **climate resilience** from Madagascar
- Continuing global advocacy for the **professionalization of CHWs**

“Pivot’s research is driven by core values - embracing complexity, curiosity, and the pursuit of learning. Our research agenda continues to expand, while remaining rooted in the idea that science saves lives.”

Karen Finnegan, PhD
Managing Director of Pivot Science

Pivot is redefining how scientific inquiry is conducted.

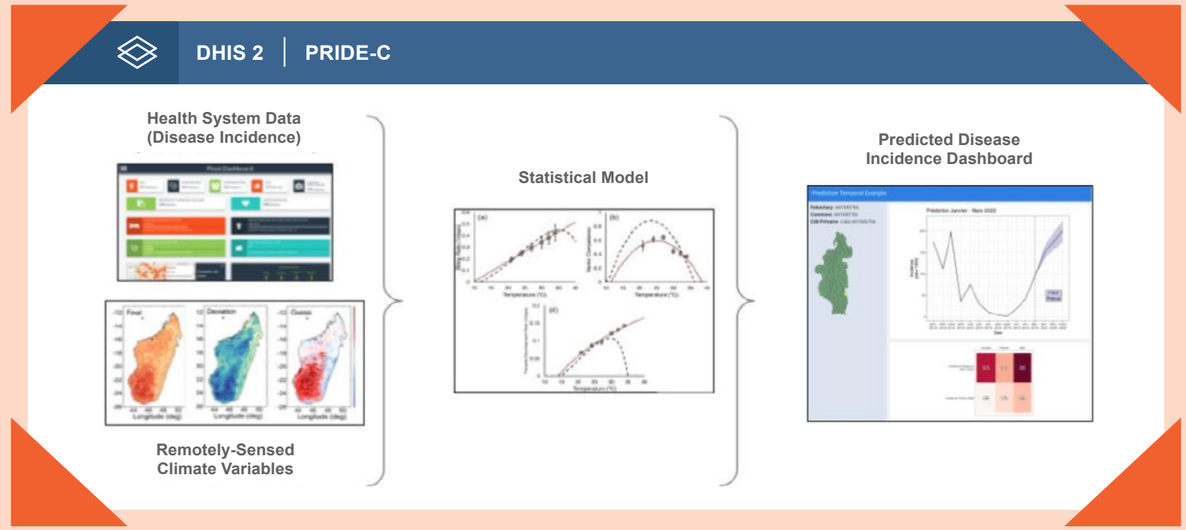
Transforming Disease Forecasting with Participatory, Community-Led Research

The Predicting Infectious Diseases via Environment and Climate (PRIDE-C) initiative launched in 2023 with support from Wellcome Trust.

The project uses participatory research methods and combines quantitative disease forecasting data with qualitative insights from health workers to develop **forecasting tools for climate-sensitive diseases**: malaria, diarrhea, and respiratory infections.

This collaborative process ensures the **models reflect real-world conditions, incorporating the lived experiences of those most impacted by these diseases**.

PRIDE-C



By involving local stakeholders in the design and development of these tools, the project ensures that the models are both scientifically rigorous and locally relevant.

PRIDE-C is reshaping how health systems can proactively address climate-driven health challenges. The data generated are shared in an accessible dashboard, and provide new insights into how environmental factors influence disease spread at a community level. This enables responsive, data-driven decision-making at every level - from community health workers to government health officials.

Built upon open-source platforms, PRIDE-C tools are freely available and adaptable, enabling use in Madagascar and in other countries facing similar climate-health challenges.

As PRIDE-C progresses over its five-year timeline, its methodology is poised to set a **new standard for integrating participatory research with cutting-edge technology**, offering valuable lessons to the global community for building more responsive and resilient health systems.

wellcome

“While these methods require more time and rigor, they ensure that the solutions are impactful as well as sustainable over the long term.”

Michelle Evans, PhD
Pivot Research Scientist &
PRIDE-C Principal Investigator

The future of community health relies on collective action today.

Advancing the proCHW Movement

Pivot partners with the communities of Vatovavy Region to conduct research on community health program design and implementation. Our research findings help shape community health around the globe.

Highlights from 2024:

- **GLOBAL ADVOCACY:** Three members of our Executive Team **co-authored a commentary in *The Lancet* in collaboration with co-authors from the Community Health Impact Coalition (CHIC) advocating for the professionalization of CHWs** as a crucial step towards achieving Universal Health Coverage. This impactful piece provides a clear roadmap for ministers to achieve this goal within a single term.
- **PARTICIPATORY RESEARCH:** Pivot has established a multi-disciplinary working group in Madagascar to engage CHWs, health system leaders, and scientists in **developing a unified community health research agenda**. This is an intentional step toward including CHWs and health providers in research, beyond being the subject matter.

"It is an honor and an important responsibility to share the realities of my work and elevate the voices of my fellow Community Health Workers with people from around the world."

Fety Randrianarivelo
Community Health Worker

COMMUNITY HEALTH IMPACT COALITION

A global win for health equity.

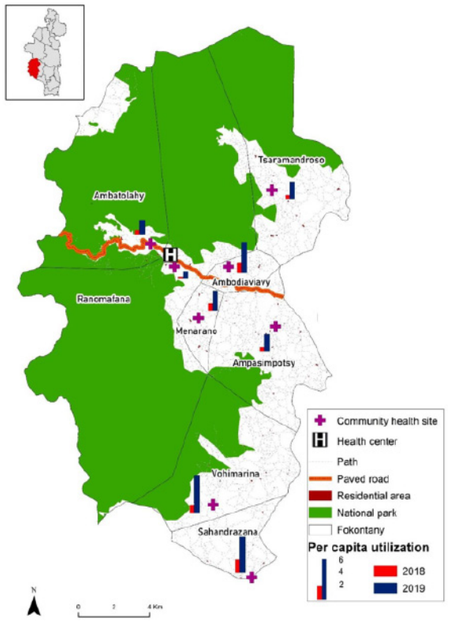
As a proud member of CHIC, **Pivot celebrates CHIC's CEO Dr. Madeleine Ballard, who received the 2024 Roux Prize on behalf of the coalition**.

This prestigious award from the Institute for Health Metrics and Evaluation acknowledges CHIC's contributions to advancing **CHW professionalization**, impacting millions through research and advocacy to inform public health policies globally.

Pivot is honored to be part of this coalition alongside peers with a shared vision for the formal recognition of CHWs' vital role in advancing global health access and equity.

Generating Evidence for Optimal Community Health Design

In 2024, Pivot researchers led studies that contribute key insights to inform Madagascar's enhanced community health strategy:



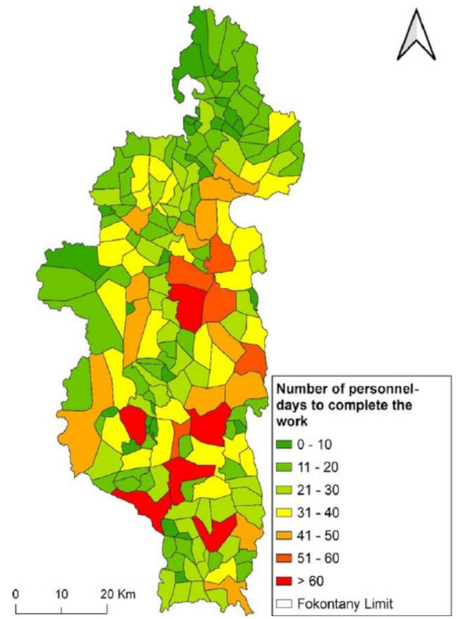
Evaluation of a novel approach to community health care delivery in Ifanadiana District

Our evaluation of a pilot of the enhanced community health model in Ifanadiana District showed promising results. Implemented in partnership with the MoPH, the model integrated stationary and proactive household care, professionalized the CHW workforce, and improved supervision. **Over 18 months, sick child visits increased by 269%**, and the quality of care provided by CHWs significantly improved, with 85% of visits adhering to the integrated community case management (iCCM) protocol, compared to 58% in comparison communes. These insights have been instrumental in shaping Madagascar's new national policy for community-level care, which is now at the core of Pivot's strategy for regional rollout.

← Per capita utilization increased in all fokontany with the implementation of enhanced community health, especially in more remote communities.

Participatory mapping and route optimization to inform community healthcare delivery

Pivot's recent study explores how combining OpenStreetMap mapping and route optimization algorithms can enhance the efficiency of community health program delivery, **ensuring that CHWs reach every household in need**. We developed a tool to optimize the routes that health workers travel to deliver key interventions like mass sensitization campaigns and proactive community health care. This tool reduces the time and resources required for door-to-door services, with a dashboard that visualizes optimal routes and resource needs to aid health workers in activity planning. Aligned with WHO guidelines, this innovation leverages data to improve last-mile delivery, making a lasting impact in remote, underserved areas.



Spatial distribution of personnel days needed → per fokontany to deliver a community health intervention in Ifanadiana District.

Elevating lessons from Madagascar lights pathways to global change.

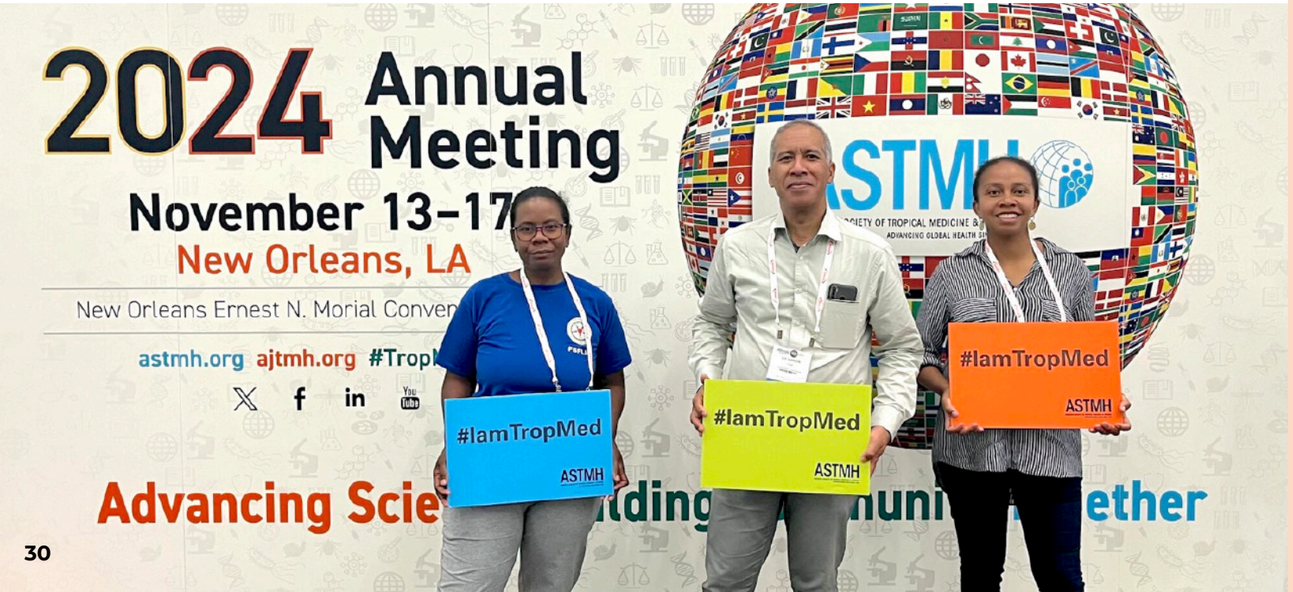
Sharing Experience-Based Strategies for Climate Resilience

As the world confronts the effects of climate change, Madagascar is among the most vulnerable regions, placing an urgent need to build health system resilience.

At this year's American Society of Tropical Medicine and Hygiene conference, **Pivot Co-Founder and Associate Professor at Harvard Medical School Matthew Bonds joined Executive Director Laura Cordier in leading a symposium** on the critical question of building resilient health systems in an era of growing climate threats.

The panel included **leading experts working in Madagascar**, who discussed how integrated research can generate valuable, transferable lessons applicable to similar settings worldwide:

- **Dr. Onivelo Gabhy Andriamanantena** Chief of Staff of the Ministry of Public Health
- **Prof. Luc Samison** Director of the Centre d'Infectiologie Charles Mérieux
- **Fety Randrianarivelo** Community Health Worker from Ifanadiana District
- **Bénédicte Razafinjato** Pivot Director of Monitoring, Evaluation, Accountability & Learning



RECENT PUBLICATIONS

Ballard M, Dahn B, O'Donovan J, Jiménez A, Kawooya P, Raghavan M, Ganjian N, Johnson AD, Boxer C, Gray K, Palazuelos D, Berry-Moorcroft C, Aranda Z, Iberico MM, Cordier L, Mbewe D, Kiprotich Yegon E, Ernst J, DiStefano L, Traill T, Finnegan KE, Rakotonirina L, Hofmann R, Sano ED, Johnston JS, Ward V, Westgate C, Shanmugarasa T, Alban R, Mann D, Asmara-Petersen R, Keronyai P, Settle D, Aidam J, Obbuyi A, Oladeji O, Muyingo P, Cho K, Kok M. (2024). **One term to transform: universal health coverage through professional community health workers**. *The Lancet*. doi: 10.1016/S0140-6736(24) 02713-2.

Evans MV, Ihantamalala FA, Randriamihaja M, Herbreteau V, Révillion C, Catry T, Delaitre E, Bonds MH, Roche B, Mitsinjoniala E, Ralaivavikoa FA, Razafinjato B, Raobela O, Garchitorena A. (2024). **Increasing the resolution of malaria early warning systems for use by local health actors**. *medRxiv*. doi: 10.1101/2024.04.17.24305948.

Rajaonarifara E, Roche B, Chesnais CB, Rabenantoandro H, Evans M, Garchitorena A. (2024). **Heterogeneity in elimination efforts could increase the risk of resurgence of lymphatic filariasis in Madagascar**. *Infection, Genetics and Evolution*. doi: 10.1016/j.meegid.2024.105589.

Razafinjato B, Rakotonirina L, Benony Andriantahina J, Cordier LF, Andriamihaja R, Rasoarivao A, Andrianomenjanahary M, Marovavy L, Hanitriniaina F, Mayfield A, Palazuelos D, Ihantamalala F, Rakotonanahary RJL, Miller AC, Garchitorena A, McCarty MG, Bonds MH, Finnegan KE. (2024). **Evaluation of a novel approach to community health care delivery in Ifanadiana District, Madagascar**. *PLOS Global Public Health*. doi: 10.1371/journal.pgph.0002888.

Randriamihaja M, Ihantamalala FA, Rafenoarimalala FH, Finnegan KE, Rakotonirina L, Razafinjato B, Bonds MH, Evans MV, Garchitorena A. (2024). **Combining participatory mapping and route optimization algorithms to inform the delivery of community health interventions at the last mile**. *PLOS Digital Health*. doi: 10.1371/journal.pdig.0000621.

Garchitorena A, Rasoloharimanana LT, Rakotonanahary RJL, Evans MV, Miller AC, Finnegan KE, Cordier LF, Cowley G, Razafinjato B, Randriamanambintsoa M, Andrianambinina S, Popper S, Hotahiene R, Bonds MH, Schoenhals M. (2023). **Morbidity and mortality burden of COVID-19 in rural Madagascar: results from a longitudinal cohort and nested seroprevalence study**. *International Journal of Epidemiology*. doi: 10.1093/ije/dyad135.

Evans MV, Ihantamalala FA, Randriamihaja M, Aina AT, Bonds MH, Finnegan KE, Rakotonanahary RJL, Raza-Fanomezanjanahary M, Razafinjato B, Raobela O, Raholiarimanana SH, Randrianavalona TH, Garchitorena A. (2023). **Applying a zero-corrected, gravity model estimator reduces bias due to heterogeneity in healthcare utilization in community-scale, passive surveillance datasets of endemic diseases**. *Scientific Reports*. doi: 10.1038/s41598-023-48390-0.

SELECT PRESENTIONS

- Participated in the **first-ever CommCare Government Summit**, sharing lessons from the PRIDE-C initiative in application development for community- and facility-based care.
- Shared insights from Madagascar from Pivot's experience leveraging mobile technology in community health as part of a **seminar hosted by USAID MOMENTUM**.
- Presented at the **DHIS-2 Annual Conference** during the session on AI and Machine Learning, sharing our ground-up, participatory approach to building and validating statistical models.
- Attended the **Climate & Health in Africa Conference**, presenting on how resilient and adaptive health systems can mitigate the impact of climate change.
- Presented on local-scale malaria modeling at the **XIII Spanish Society of Tropical Medicine and International Health Conference**.

RESTRUCTURING FOR GROWTH

In 2023, with our sights set on regional expansion, Pivot engaged in a venture growth project with Rippleworks focused on reorganizing our team. Through this collaboration, our leadership, HR, and field teams **developed a strategy designed to optimize Pivot's human resources in the process of expansion** while maintaining our trajectory toward impact at scale.

Rolled out in 2024, our new organizational structure focuses on empowering **field teams** at the district level to oversee and implement activities that are tailored to the unique needs of each community. These teams ensure district offices run smoothly and have the flexibility to adapt to the specific challenges posed by local populations and geography.

In parallel, our **HQ team** - still based in Ranomafana - focuses on centralizing data and feedback from the field, using on-the-ground insights to continuously refine our strategy and improve program design.

This restructuring has been a crucial exercise in maintaining quality while scaling, allowing the team to **innovate solutions for workflow challenges and ensure a sustainable approach to growth**. It has also reinvigorated our staff, fostering a renewed sense of ownership and commitment to our mission.

In this new era, Pivot is better-positioned than ever to continue delivering high-impact healthcare interventions and reach thousands more families with lifesaving care.

"This journey has been an exciting challenge and unique privilege to be able to take space and time as a team to think differently about our structure, and dream big about what it could look like as we scale. The process has not only been critical to expansion - it has also generated morale among our team, cultivating a renewed sense of ownership over the approach to achieving organization-wide priorities through the lens of human resources."

Eliane Solo Hery
Director of HR & Administration

rippleworks

Cultivating Leaders to Realize our Vision for the Future

In 2024, we **filled key leadership positions**, recognizing lived experience and field expertise as crucial qualities to drive our team into our next era of work.

– EXECUTIVE LEADERSHIP TEAM –

Laura Cordier, MSc
Executive Director

Sarah Barriault, JD, MPH
National Director

Luc Rakotonirina, RN
Deputy National Director

Bénédicte Razafinjato, MSc
Director of Monitoring, Evaluation, Accountability & Learning

Karen Finnegan, PhD
Managing Director of Pivot Science

Eliane Solo Hery, MA
Director of Human Resources & Administration

– WELCOMED IN 2024 –

Ando Randrianandrasana, RN
Director of Partnerships & Government Relations

Irène Rasoarimanana
Director of Operations

Charlotte Fraiberg, MSc
Chief Financial Officer

Key Partners

Our vision for change cannot be achieved alone. That's why Pivot actively cultivates a network of strategic partners, collaborators, and coalitions from across sectors with common objectives for tackling global challenges and driving lasting transformation.

Marking our 10th year included **celebrating a decade of collaboration with Madagascar's Ministry of Public Health**, who remains Pivot's primary partner in health system strengthening - from the local to the national level.

"Strategic, cross-sector partnerships are essential to strengthening Madagascar's public health system. Pivot is gaining recognition for our technical expertise at the national level, with invitations to key strategy and policy discussions.

As interest in collaboration grows, we aim to foster partnerships across sectors with actors who align with our objectives to achieve transformative, long-term impact."

Ando Randrianandrasana
Director of Partnerships & Government Relations

Misaotra betsaka! (Thank you!)

Our work wouldn't be possible without your incredible support.

$250,000 and up

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Vincent Della Pietra and Barbara Amonson
Dovetail Impact Foundation
Herrnstein Family Foundation
Mulago Foundation
Ray & Tye Noorda Foundation
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$100,000-$249,999

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Matt Kursch and Andrea Hoban

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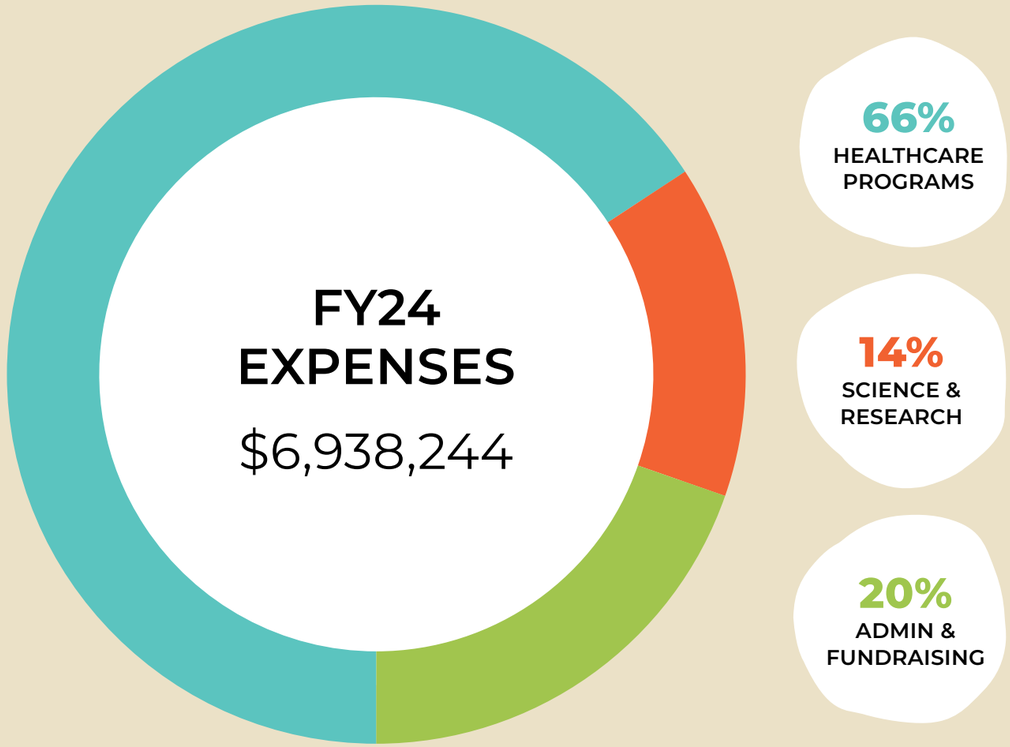
Pivot Board of Directors ***(listed here in green)*** for their many forms of support and unwavering dedication to our mission!

2024 FINANCIALS



EXPENSES	FY24	FY23
Healthcare Delivery Programs	$4,562,289	$6,102,487
Science & Research	$1,011,805	$593,287
Administration & Fundraising	$1,364,150	$970,026
TOTAL EXPENSES	**$6,938,244**	**$7,665,800**
REVENUE		
Grants & Contributions	$8,189,879	$6,504,517
Foundations	*$4,276,323*	*$2,979,903*
Multilaterals	*$259,738*	*$0*
Individuals	*$3,653,817*	*$3,524,614*
Other Income	$347,099	$53,444
TOTAL REVENUE	**$8,277,239**	**$6,557,961**
NET REVENUE	$1,338,995	-$1,107,839
ASSETS		
Cash and Cash Equivalent	$4,541,716	$4,406,480
Pledges Receivable	$1,422,431	$200,426
Prepaids & Other Current Assets	$446,637	$664,282
Fixed Assets, Net	$225,734	$238,210
Other Assets	$238,326	$7,565
TOTAL ASSETS	**$6,874,845**	**$5,516,962**
NET LIABILITIES & ASSETS		
Accounts Payable	$289,514	$426,643
Accrued Expenses	$498,413	$206,543
TOTAL LIABILITIES	**$787,928**	**$633,186**
Net Assets, Unrestricted	$5,290,163	$4,728,168
Net Assets, Restricted	$1,584,682	$155,608
Child Malnutrition	*$0*	*$63,077*
Community Health	*$125,550*	*$0*
Emergency Response	*$79,906*	*$79,906*
Infectious Disease	*$0*	*$2,793*
One Health	*$71,457*	*$0*
Maternal & Reproductive Health	*$64,005*	*$9,832*
Unrestricted receivable (time restriction)	*$1,243,764*	*$0*
TOTAL NET ASSETS	**$6,086,918**	**$4,883,776**
TOTAL LIABILITIES & NET ASSETS	**$6,874,846**	**$5,516,962**

IN LOVING MEMORY

NATACHA RAJAONA

Mandria am-piadanana, am-ponay mandrakizay
Rest in peace, you are forever in our hearts

Photo by Sara Hylton
whose thoughtful documentation of Pivot's work is featured throughout this report

Celebrating 10 Years of Impact

www.pivotworks.org

@pivotmadagascar

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