



2025 IMPACT REPORT

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Dear Pivot community,

The past year tested the global health community. In Madagascar, it began with the withdrawal of international aid and ended with a major political transition – events that placed **additional strain on an already under-resourced national health system.**

Throughout the year, Pivot continued to deliver lifesaving care – and to adapt. Marking two years into our regional expansion, we conducted a rigorous strategic review to examine what is required to expand responsibly in this new environment – what remains viable, what requires adaptation, and how to scale sustainably without compromising quality.

The conclusion was clear: our model remains profoundly relevant. **While national systems faced acute strain, Pivot-supported districts held firm.** We expanded financial protection, strengthened health infrastructure, and deployed 1,612 fully trained and equipped Community Health Workers (CHWs) to deliver last-mile care across Ifanadiana and Nosy Varika districts.

The strength of our model is no coincidence – it is intentional and proven. This year, the publication of our ten-year impact study in [PLOS Medicine](#) provided proof that district-wide health system strengthening works: **child mortality has dropped by 31% and access to care has more than doubled.**

In a year of profound transition, **we deepened our role as a technical partner to the Ministry of Public Health (MoPH),** supporting evidence-based decision-making nationally. We are now better positioned than ever to support the government in shaping the future of public health in Madagascar.

Through it all, we remained anchored in our mission to **save lives, transform health systems, and catalyze global change** – not only because it is who we are, but because the evidence demands it.

As you will see in the pages of this report, your support enables us to turn proof into practice. During a historically challenging year, your steady partnership ensured that we could do more than simply endure – allowing us instead to deepen our impact. On behalf of the Pivot team and the communities we serve, **thank you for continuing on this journey with us.**

With heartfelt appreciation,

Laura Cordier
Executive Director

REIMAGINING HEALTH SYSTEMS IN RURAL MADAGASCAR

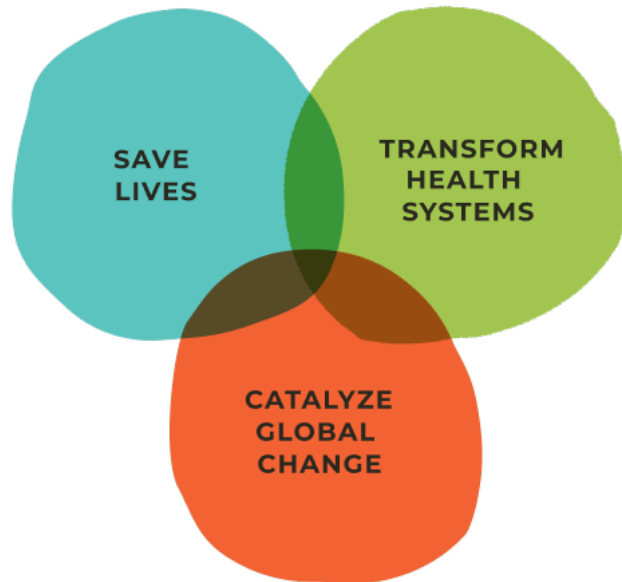
Pivot's model was forged in the complexity and constraints of rural Madagascar – where the urgency of the need demands innovative, durable solutions.

By solving healthcare challenges in one of the world's most demanding environments, we're proving that high quality care can be delivered anywhere.

Backed by a rigorous cycle of science-informed delivery and the power of strategic partnerships, we strengthen health systems that communities can rely on while generating the evidence to support solutions at scale.

What works in rural Madagascar can help reshape how health systems are built everywhere. We aren't just transforming a region – we are building a blueprint for the future of global health equity.

Our approach is driven by our mission to save lives, transform health systems, and catalyze global change:



LIFE-SAVING HEALTHCARE DELIVERY

- Prioritizing proximity to patients
- Adapting to each community we serve
- Ensuring quality across the continuum of care

HEALTH SYSTEM TRANSFORMATION

- Informing public health policy at all levels
- Designing for population-level impact
- Cultivating partnerships with fellow health actors

CATALYTIC SCIENCE AND INNOVATION

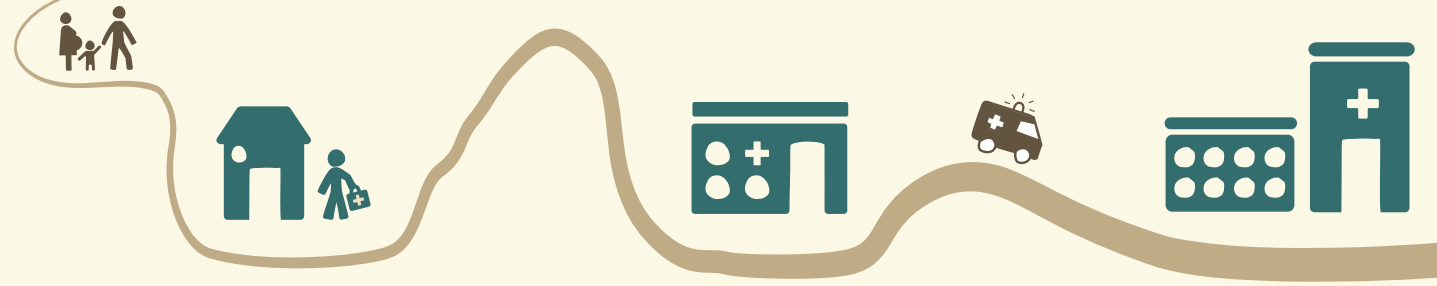
- Building unprecedented data systems
- Generating a model for health equity
- Revolutionizing research in global health



SUPPORTING PATIENTS ACROSS AN INTEGRATED CONTINUUM OF CARE



Our model is designed to bridge the gaps that commonly disrupt the patient healthcare journey, especially for remote communities.



Community Health

>1,600 CHWs

We ensure frontline CHWs are trained, equipped, and continuously supported, so that families can access essential care close to home when they need it most.

Primary Care

33 Health Centers

We support rural primary healthcare facilities, ensuring sufficient staffing, adequate infrastructure, and quality care, with a focus on children <5 and pregnant women.

Referral Hospitals

2 District + 1 Regional

We strengthen public hospitals to serve as reliable centers of clinical excellence, ensuring patients with severe illness or complications receive high-quality, specialized care.



THE BLUEPRINT FOR SCALE

A decade of evidence shows that comprehensive health system strengthening works – and illustrates how Pivot is positioning this model to drive national change



A DECADE OF EVIDENCE

Proof the Model Works

In 2025, Pivot reached an organizational and scientific milestone with the publication of our landmark 10-year impact evaluation in *PLOS Medicine*.

The study offers rare population-level evidence that integrated, district-wide **health systems strengthening can reduce mortality, increase utilization, and improve equity** – even in rural, low-resource settings.



Child mortality declined by 31% while rates elsewhere in Madagascar stayed flat or worsened



Utilization more than doubled across all levels of the district health system

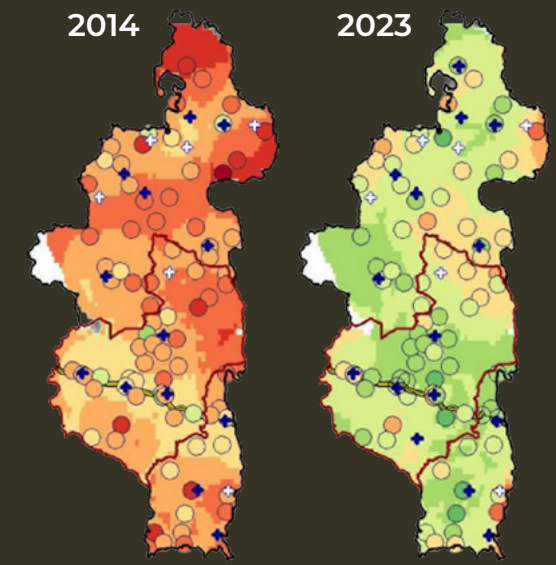
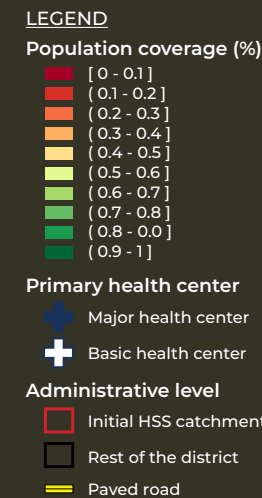


Facility births increased by 40% while national facility delivery rates remained largely stagnant



Equity metrics improved showing that the poorest, farthest patients are no longer left behind

OVER 10 YEARS, IFANADIANA SAW A 2X INCREASE IN CARE-SEEKING FOR CHILDREN < 5



Spatial analysis over time shows a more than two-fold increase in care-seeking for children with fever, cough or diarrhea. These improvements are seen across Ifanadiana District, even in remote corners far from health centers and the paved road.

METHODOLOGY SPOTLIGHT

Pivot followed a cohort of 1,600 households across Ifanadiana District for 10 years, producing rigorous measurements of a complex, real-world health systems intervention.



Representative sample
We survey households directly, capturing people often “invisible” to traditional health systems.



Quasi-experimental design
As programs expanded, our 2014 baseline has allowed us to compare supported areas vs. those not yet reached, isolating the model’s impact with high statistical confidence.



Standardized rigor
We used the same sampling and survey methods as Madagascar’s Demographic and Health Survey, ensuring comparability with national data and global standards.

“This is the blueprint for a future where accessible, high-quality care is not an exception, but a standard across Madagascar.”

– Professor Luc Samison, MD

Pivot Board Member, Chair of the Global Fund Country Coordinating Mechanism for Madagascar, and Director of the Center for Infectious Disease Charles Mérieux

PEOPLE • PLACES • PROGRAMS
Pivot's Expanding Footprint

OUR ONGOING JOURNEY TO FULL REGIONAL COVERAGE:

- 2021** --- Pivot Board approved regional expansion
- 2022** --- Laid groundwork for operational launch, co-designing strategy with the MoPH
- 2023**
- 2024** --- Staff deployed to new districts, initial wave of user-fee removal at select primary health centers in Nosy Varika
- 2025** --- Launch of district-wide community health program in Nosy Varika & hospital support in Nosy Varika and Mananjary

In 2025, we expanded and deepened our geographic and programmatic footprint, bringing lifesaving care to more people in more places.

Today 540,000 people in Ifanadiana and Nosy Varika have access to a strengthened health system – from their CHW, to local primary care facilities, to district and regional referral hospitals.

When regional expansion is complete, that number will grow to nearly 900,000 people across Vatovavy Region.

As we expand, we are focusing our resources where the need is greatest: children <5 and pregnant women.

Population with access to strengthened healthcare services:

540,507

Covering
62%
of Vatovavy Region



Pivot HQ

Ranomafana, Ifanadiana District



DISTRICT BY DISTRICT

Building a Model Regional Health System

Pivot's expansion across Vatovavy is deliberately sequenced, allowing us to strengthen and adapt our model as we move from one district to the next.



Ifanadiana: The Proven Foundation

Stewarding a mature district health system where Pivot can test and pilot new solutions within a fully strengthened system

In 2025, we completed the final steps to bring Ifanadiana's health system fully online:

- Expanded **community health** from partial to full coverage
- Established **solar power** at health centers lacking reliable electricity
- Completed the network of **Maternal Waiting Homes**, ensuring every facility can host expectant mothers from remote communities

641
Community Health Workers

21/21
Primary Care Facilities

1
District Referral Hospital

218K
population covered by user fee removal



The Mananjary District team!



Nosy Varika: The Adapted Model in Practice

Implementing a streamlined model intervention, developed with MoPH partners, to strengthen all levels of care

In 2025, we significantly accelerated implementation of the adapted model in Nosy Varika:

- Trained, equipped, and **deployed CHWs** covering the entire district
- Launched **financial protection** for children <5 and pregnant women at Nosy Varika District Hospital
- Completed first wave of hospital **infrastructure renovations**

971
Community Health Workers

12/26
Primary Care Facilities

1
District Referral Hospital

55K
population covered by user fee removal



Mananjary: The Next Phase of Expansion

Strengthening the regional hospital, referral systems, and MoPH partnerships in preparation for future implementation

In 2025, we deepened partnerships with regional health authorities, working closely to lay the groundwork for expansion:

- Strengthened the regional referral system** by introducing an ambulance boat linking Nosy Varika to Mananjary, improving access to emergency care
- Launched financial protection** for children <5 and pregnant women at Mananjary Regional Hospital

NAVIGATING TRANSITION

National Leadership in a Time of Change

This year, a period of major transition created an opportunity to strengthen community health coordination – and Pivot stepped up.

In early 2025, Madagascar's health sector entered a period of uncertainty. The withdrawal of USAID – long the country's largest bilateral health donor – created both financial gaps and a leadership vacuum across several areas of the health system.

Recognizing the stakes, Pivot stepped up to convene partners, strengthen coordination and ensure that community health took center stage as a critical national priority.

Working closely with partners like UNICEF and the World Bank, Pivot helped rally the sector around **a shared agenda: recognizing community health workers as a foundational pillar of Madagascar's health system.**

Pivot Community Health Supervisor Eldine speaks with CHW Maria during a field supervision

“When USAID withdrew, many of us feared for the future of community health in Madagascar.

But we came together and were able to turn that difficult moment into new momentum in the struggle to recognize the value of CHWs as the essential health workers they are.”

– Ando Randrianandrasana
Pivot Director of Partnerships

Ando co-leads a community health working group meeting with national partners

Shaping National Health Policy

In recognition of our growing technical role, **the MoPH appointed Pivot and UNICEF as co-chairs of the National Community Health Working Group**, a forum that serves as the government's primary platform for guiding national community health policy and coordination among partners.

The working group's current priorities include:

- 1 Strengthening CHW compensation policy**
Advancing discussions around fair and sustainable remuneration for the national CHW workforce
- 2 Harmonizing implementation**
Promoting consistent implementation of the National Community Health Framework and collaborating with the MoPH to refine policies as new evidence emerges
- 3 Establishing a national CHW list**
A government-owned database to coordinate partner support, track training, and reduce fragmentation

Through this work, Pivot is collaborating with the MoPH and fellow technical partners to build a more coherent national framework toward the **professionalization of Community Health Workers**

COSTING THE MODEL

The Economics of Scale

What would it cost to implement Pivot's model across Madagascar?

As Pivot deepens its role as a national technical partner to the MoPH, we are pushing ourselves to build new muscles. With growing policy engagement comes a new question: **How can the impact we have seen in Vatovavy be translated across rural Madagascar?**

In national policy discussions, the answer inevitably comes down to affordability.

To support these conversations, Pivot completed a **rigorous costing analysis of our model** for integrated district health system strengthening. The study compares the comprehensive system built in Ifanadiana with the streamlined model now operating in Nosy Varika.



By separating one-time investments from recurring costs, the analysis provides a realistic picture of what implementing this model could cost at national scale.

These numbers are helping the MoPH and its partners ground national discussions in credible financial data.

IFANADIANA MODEL

Ifanadiana District, since 2014



ONE-TIME INVESTMENT COSTS, PER CAPITA



RUNNING COSTS, PER CAPITA

CHW	\$1.26
Health center	\$2.69
Referral hospital	\$3.76

UPDATED MODEL

Nosy Varika District, since 2024



ONE-TIME INVESTMENT COSTS, PER CAPITA



RUNNING COSTS, PER CAPITA

CHW	\$1.18
Health center	\$1.76
Referral hospital	\$0.82

DELIVERING THE MODEL

Turning strategy into care that reaches patients – from community to hospital – by overcoming the geographic and financial barriers that drive inequity



FINANCIAL PROTECTION

Expanding the Reach of Equity

True health equity requires eliminating barriers at every stage of a patient's journey.

With 66% of families in Vatovavy living on less than \$2 a day, the cost of a single hospital visit can be a permanent barrier to care. In Nosy Varika, baseline data revealed that 75% of individuals surveyed cited cost as a primary reason for not seeking care.

User-fee removal does more than reduce the financial burden of care – it brings people into the health system. **Our 10-year impact evaluation provides the evidence: when barriers are removed, families choose care.** Pivot's financial protection model is designed to ensure the population's connection to the health system, and that access to quality care is never determined by a patient's ability to pay.



Redrawing the Map to Care

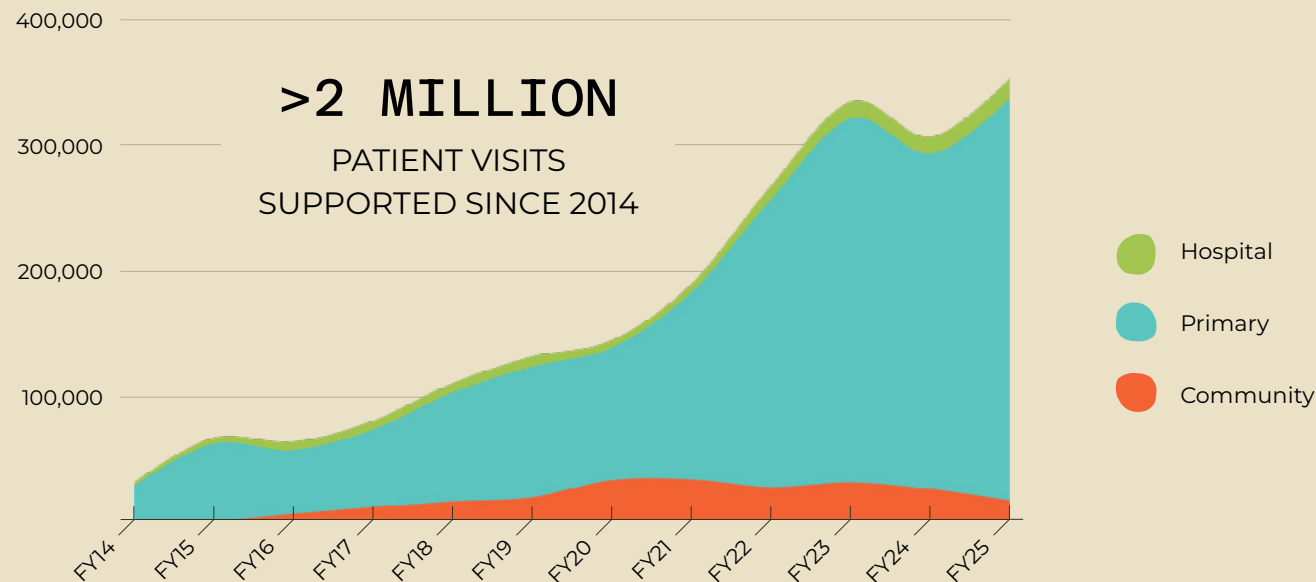
In Nosy Varika District, the “road” to the hospital is often a waterway. For communities cut off by riverine terrain and seasonal flooding, geographic isolation can be fatal. To meet this challenge, we introduced the Vatovavy Region's first dedicated ambulance boat.

Supported by clinical staff who are trained in water rescue, **this vessel transforms an intractable barrier into a lifeline.** It extends the reach of our referral network, ensuring that patients in critical need of hospital-level care can safely access it – now within a matter of hours rather than days.

The ambulance boat facilitated **241 emergency transfers** in 2025

“This ambulance boat is the first of its kind here, and is allowing us to reach communities that are otherwise very isolated. As the captain of the boat, I see how important this is to the parents and families of the patients we transport.”

– Babazy Raphael
Pivot Ambulance Boat Driver



Securing Access Across the Continuum of Care

In 2025, we achieved a definitive milestone in securing the region-wide continuum of care: the **launch of financial protection for children <5 and pregnant women at both Nosy Varika District Referral Hospital and Mananjary Regional Referral Hospital.** Now, across Vatovavy, the most vulnerable patients face zero cost barriers at the highest levels of public healthcare in the region.

COMMUNITY HEALTH

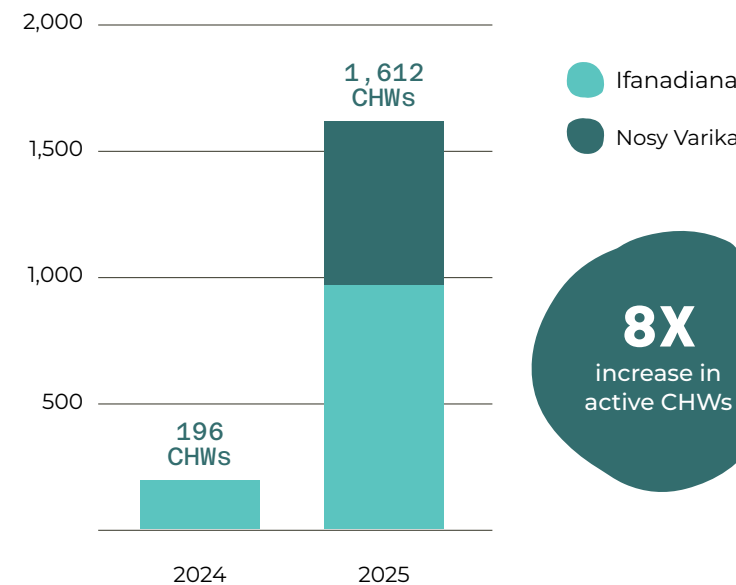
Maturing the Network

Deployment & Digital Transformation

In 2024, Pivot focused on laying the foundation – growing our CHW network from 196 to over 1,600 to serve every commune across Ifanadiana and Nosy Varika.

In 2025, the focus shifted to readiness: ensuring that every CHW in this rapidly expanded network was fully trained, equipped, supported, and ready to deliver high-quality care in their communities.

CHWs fully trained & active in their communities



KEY 2025 ADVANCEMENTS

SKILLED:

CHWs completed training and passed written and practical competency evaluations before beginning service. Supervisor coaching and structured monthly learning sessions now reinforce their skills.

SUPPLIED:

CHWs received an initial stock of medications and supplies after training, and now resupply through monthly meetings at their primary health center. Pivot works with the MoPH to keep supply chains functioning reliably.

SALARIED:

Pivot established a reliable and timely compensation system for all 1,612 CHWs in our network – an unprecedented achievement at this scale within Madagascar.

SUPERVISED:

Pivot launched a new peer supervision model, empowering experienced CHWs to mentor their colleagues, strengthening quality while avoiding the need to create a costly additional supervisory cadre.

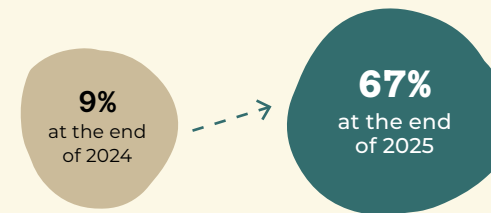
The 5TH “S”

SMART DIGITAL TOOLS:

Digital tools now act as a crosscutting enabler for Pivot’s community health programming.

In 2025, we deployed a mobile health application to all eligible CHWs, migrating the CHW network from paper registries to the CommCare application, which also includes an embedded supervision module. These tools support real-time clinical decision-making while digitizing patient records and strengthening health data systems.

% of CHWS equipped with smartphones & trained on CommCare



THE GRIT REQUIRED FOR DIGITAL TRANSFORMATION

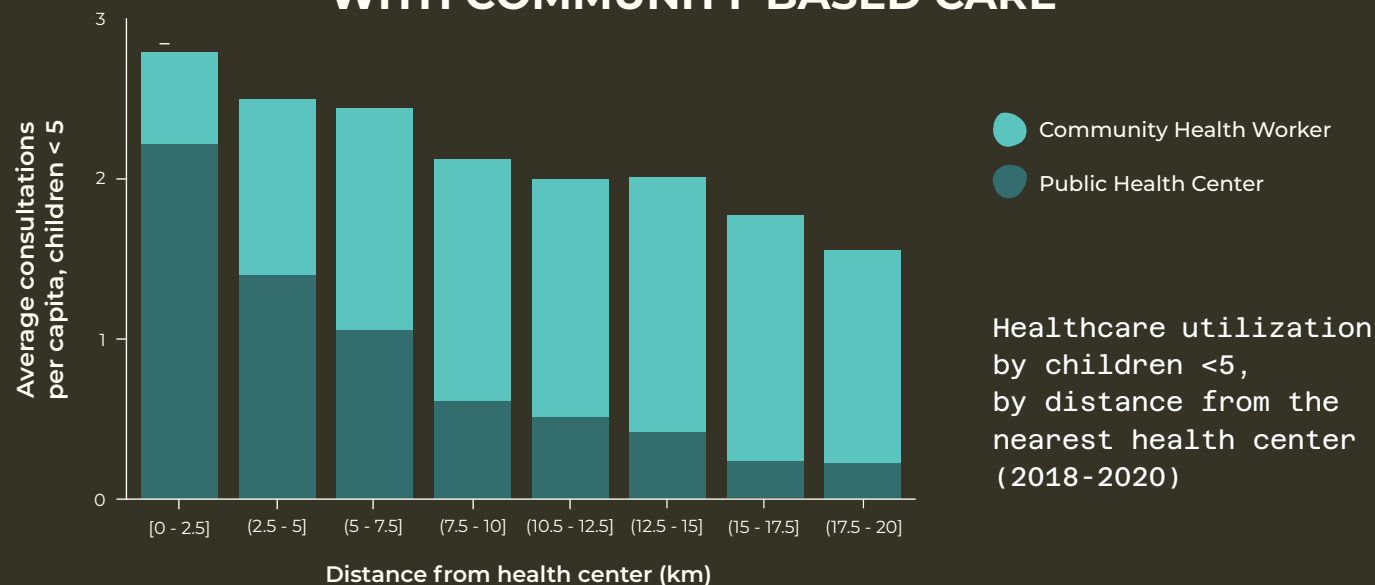
Digitizing a rural workforce is an immense operational lift.

Over the past year, Pivot teams coordinated multiple waves of training in remote sites – often without electricity – to support CHWs as they learned to use a digital application for the first time. From mentoring first-time smartphone users to troubleshooting hardware in the field, the effort involved was enormous.

This milestone highlights both the strength of our teams and the level of investment necessary to scale digital community health systems in ultra-remote settings.



CLOSING THE GEOGRAPHIC EQUITY GAP WITH COMMUNITY-BASED CARE



Early in our work in Ifanadiana, removing user fees dramatically increased care utilization – but mostly for families living within 5 kilometers of a health center. For those farther away, distance remained a major barrier – the journey to care, often 20 kilometers (12.5 miles) or more, can mean up to eight hours of walking across steep, rugged terrain, sometimes through flooded paths, while carrying a sick child.

In response, Pivot adapted its strategy to prioritize full integration of community health. The results are clear: as distance from the health center increases, visits to the facility decline, and visits to CHWs rise – almost in parallel.

The more remote a community is, the more essential the role of a CHW becomes. CHWs are now providing the majority of care for sick children <5 in the communities farthest from health facilities in both Ifanadiana and Nosy Varika districts.

This year, CHWs in Nosy Varika provided

15,269
consultations
for sick
children <5

following the first full deployment of CHWs across the district – a 56% increase over 2024.



CHRISTINA'S STORY

The crucial role of CHWs on the journey to recovery

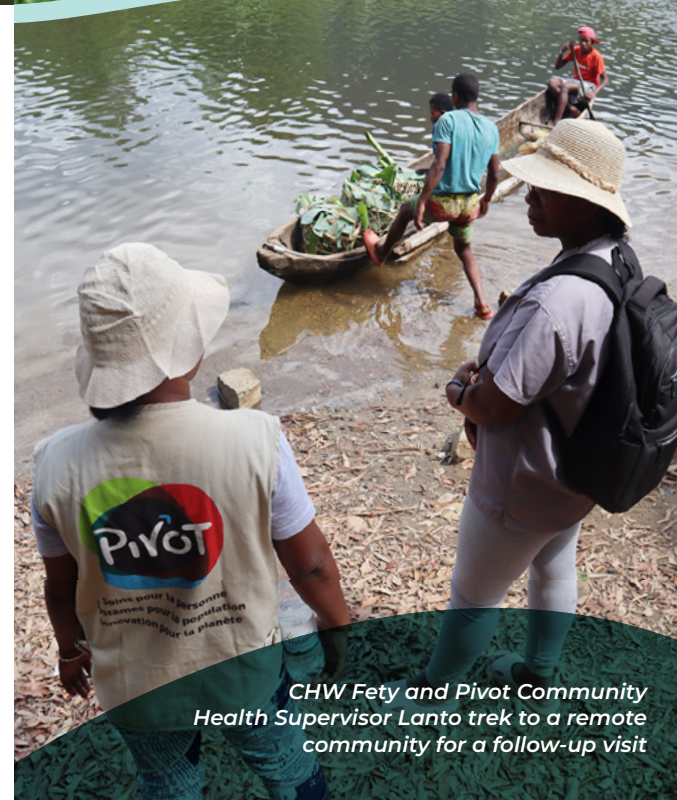
When 2-year-old Christina began to lose weight, her mother brought her to the local community health site. Their CHW immediately identified the warning signs of malnourishment and issued a referral to the primary health center, where Christina was enrolled in a treatment program for severe acute malnutrition.

After two months of attending weekly check-ins at their health center, Christina was discharged from facility-level care – but her treatment wasn't over. She was sent back to her local CHW, who took over the management of her recovery, providing PlumpySup therapeutic food, counseling her mother on nutrition, and conducting regular home visits to track her progress.

Three months later, Christina successfully completed her treatment, fully recovered.

Her parents were clear: without the constant, local support of the CHW during those critical months of follow-up, they would not have been able to finish the long road to recovery.

Christina's story shows how CHWs serve as more than frontline providers – they are also the partners who ensure families cross the finish line of their healthcare journeys.



CHW Fety and Pivot Community Health Supervisor Lanto trek to a remote community for a follow-up visit

MATERNAL HEALTH

Bridging the Physical Gap

For a pregnant woman in rural Madagascar, the greatest barrier to a safe delivery is often the terrain itself.

Over the last decade, Pivot has worked to dismantle that barrier by integrating community trust with high-quality facility care.

Our response has been two-fold:

- 1 Investing in physical proximity**
Over the last three years, we established a **fully operational network of Maternal Waiting Homes at 15 health centers** in Ifanadiana District, providing women from the most remote villages with a place to stay close to care in the final weeks of pregnancy – so that when labor begins, a skilled clinician is only steps away.
- 2 Tapping existing networks of care**
In Ifanadiana, we are engaging an existing network of **733 Traditional Birth Attendants** to act as a bridge to the public health system and key partners to pregnant women – helping them create a birth plan and accompanying them on the journey to safe delivery.



2025 RESULTS
IN IFANADIANA

4,528
facility-based
deliveries

38%
of pregnant women
who delivered at a
health facility chose
to stay at a **Maternal
Waiting Home**
beforehand

42%
of facility births were
accompanied by a
**Traditional Birth
Attendant**



RESEARCH SPOTLIGHT

THE GEOGRAPHY OF ACCESS

Research published by Pivot in *BMC Pregnancy and Childbirth* helps explain both the progress we have achieved and the massive barriers that remain.

The study, led by Felana Ithantamalala, PhD, confirmed that travel time to the nearest health center is the strongest determinant of whether a woman delivers in a facility.

This evidence affirms that financial protection alone is insufficient to motivate care-seeking, and that our continued pursuit of solutions to bridge the geographic gap is critical.



RESILIENCE & INNOVATION

Building systems strong enough
to remain reliable through
disruption, powered by science,
data, and practical innovation



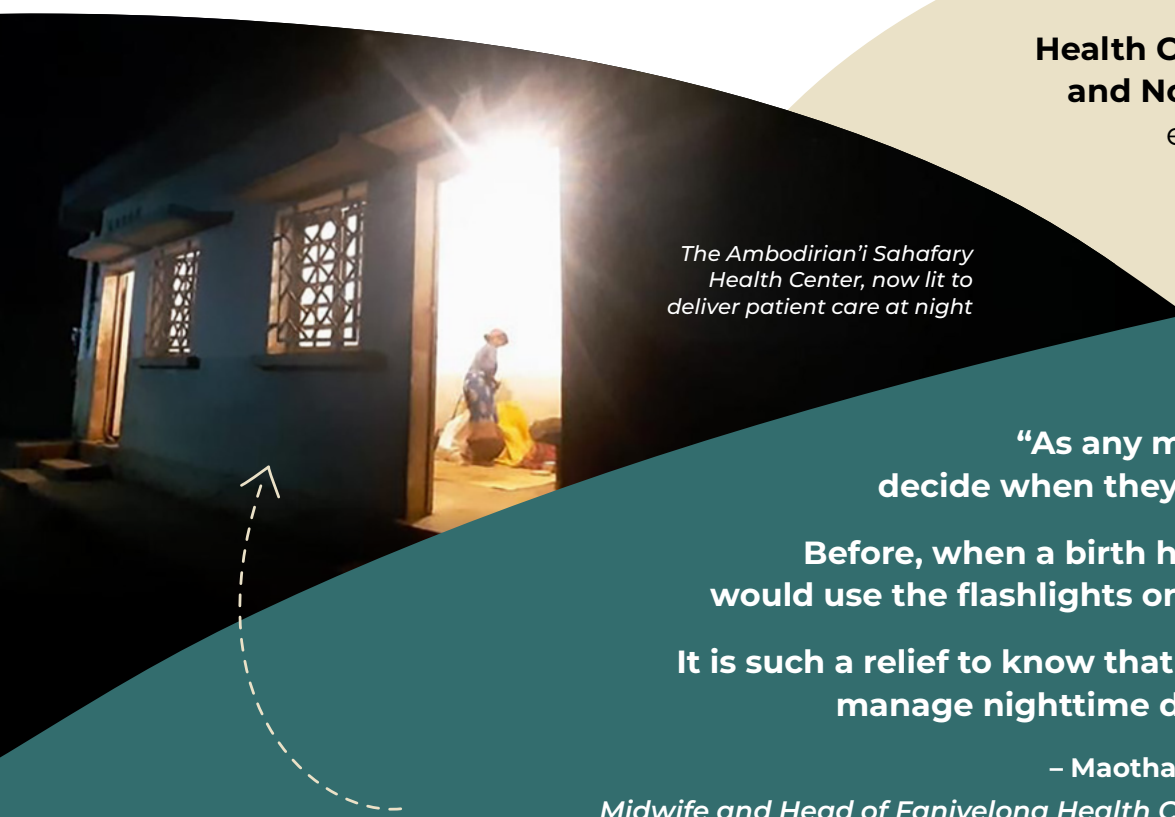
HEALTH CENTER SOLARIZATION

Reliable Power for Rural Care

Dependable electricity is critical to delivering safe and dignified care at the last mile.

In 2025, Pivot took a major step toward ensuring reliable power in health facilities that are subject to frequent outages. Through two concurrent initiatives, we installed solar systems in 9 health facilities as well as “solar suitcases” in maternity wards across 14 health centers.

Today, **all Level-2 Health Centers in Ifanadiana and Nosy Varika** have been equipped with a solar power system.



The Ambodirian'i Sahafary Health Center, now lit to deliver patient care at night

“As any midwife knows, babies decide when they are ready to be born.

Before, when a birth happened at night, we would use the flashlights on our phones for light.

It is such a relief to know that we no longer have to manage nighttime deliveries in the dark.”

– Maothaline Antonie Raharilalaina

Midwife and Head of Fanivelona Health Center, Nosy Varika District



The rural Ambahy Health Center, now fully equipped with industrial-grade solar panels



POWERING THE PARTNERSHIP

The solarization of these rural health centers was made possible by strategic partnerships with GivePower, who supported the installation of industrial-grade solar systems, and Alongside Hope, who provided WeCareSolar suitcases to light maternity wards.

DATA INTEROPERABILITY

Making the Invisible Visible

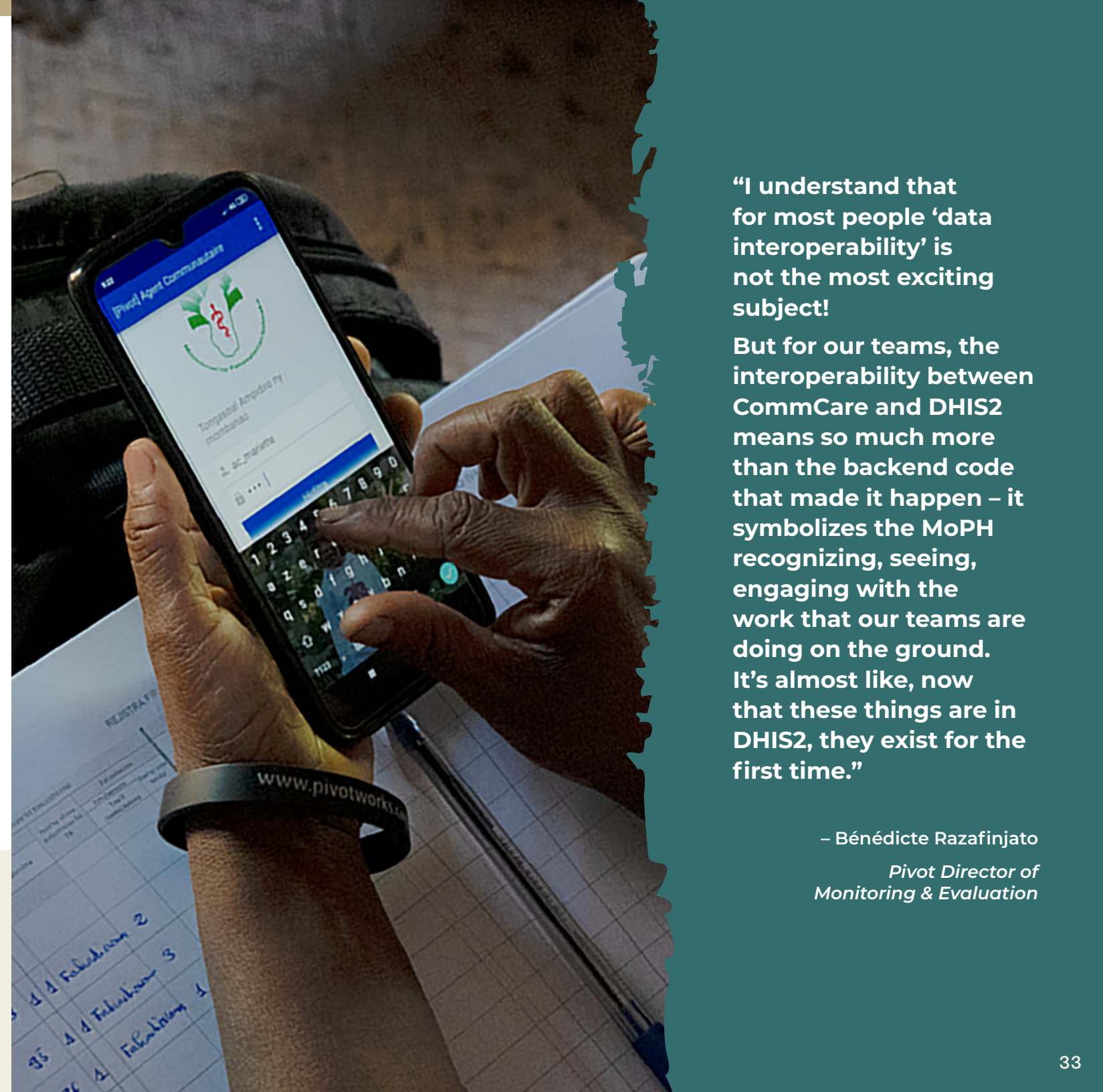
Integrating frontline community health data into national health information systems

Resilience requires visibility – **a health system cannot respond to a crisis it cannot see.**

In 2025, Pivot achieved a major milestone in partnership with the MoPH and fellow health actors: establishing full interoperability between CommCare – the mobile technology platform used by our network of CHWs – and DHIS2, Madagascar’s national health information system.

This means that, **for the first time, community-level data flows directly into the MoPH’s central database.** This integration transforms thousands of isolated encounters from the community into a coherent district, regional, and national picture – allowing the MoPH to track healthcare utilization in near real time.

In a year of rapid expansion, these investments ensured that access to timely community health data kept pace with programmatic growth – all while advancing national data sovereignty and strengthening the system’s capacity to respond under pressure.



“I understand that for most people ‘data interoperability’ is not the most exciting subject!

But for our teams, the interoperability between CommCare and DHIS2 means so much more than the backend code that made it happen – it symbolizes the MoPH recognizing, seeing, engaging with the work that our teams are doing on the ground. It’s almost like, now that these things are in DHIS2, they exist for the first time.”

– Bénédicte Razafinjato
Pivot Director of
Monitoring & Evaluation

INNOVATION

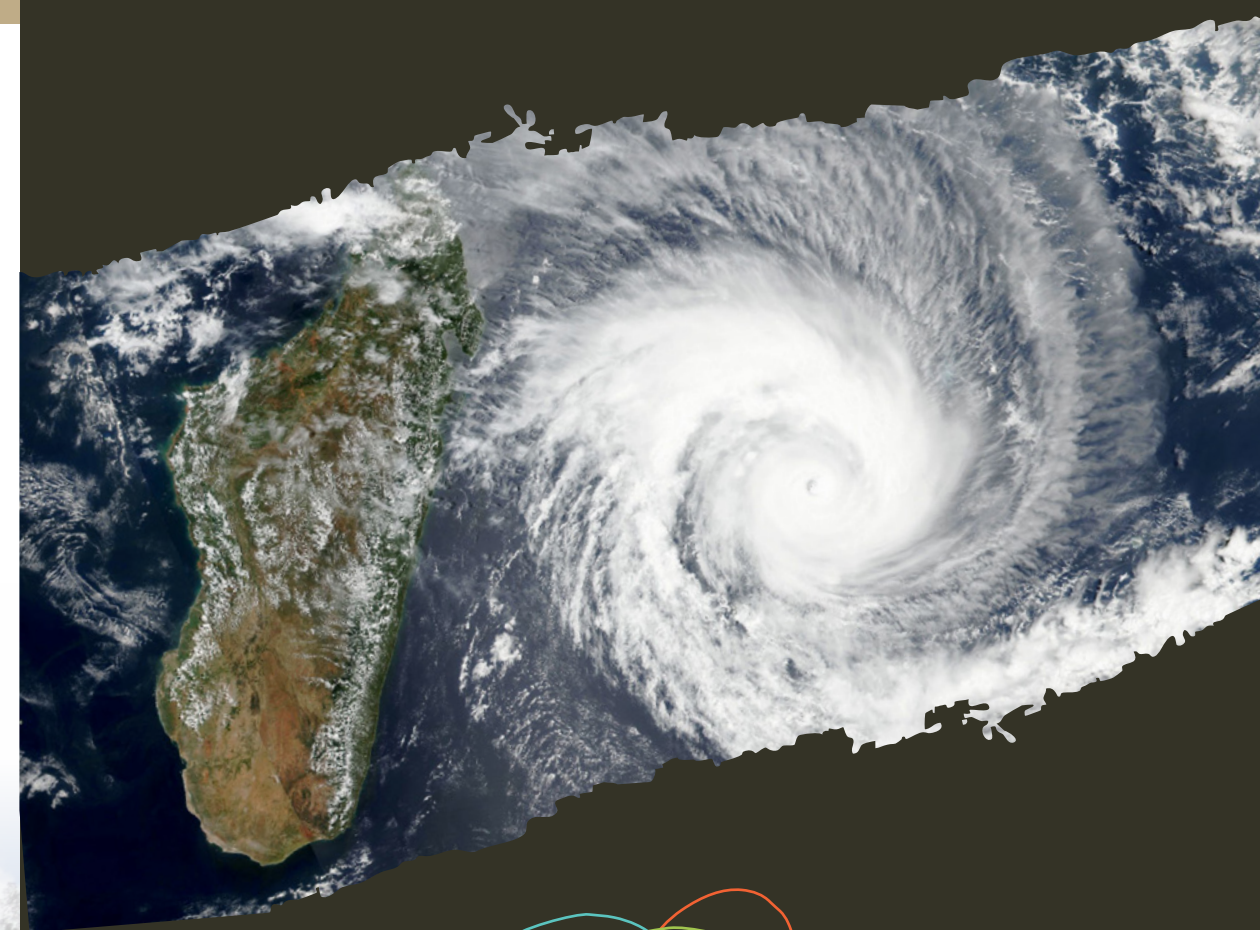
Working at the Nexus of Climate & Health

In Madagascar, climate change is not a distant threat – it is a daily reality shaping health, livelihoods, and access to care.

The country faces a compounding set of pressures. Gradual shifts in rainfall patterns and seasonal predictability disrupt agriculture and alter the spread of infectious disease. At the same time, extreme events – cyclones, floods, and wildfires – can devastate already fragile infrastructure overnight.

For communities also navigating poverty and geographic isolation, this creates a constant cycle of chronic stress punctuated by acute shocks.

Pivot designs its health system interventions with this reality in mind. By integrating climate data, strengthening infrastructure, and investing in science and surveillance, **we are building health systems that remain reliable even as the environment proves increasingly volatile.**



RESEARCH SPOTLIGHT

EVIDENCE FOR RESILIENCE

Following the widespread devastation of Cyclone Batsirai in 2022, Pivot researchers looked at its impact on the health system.

A study published in the [Annals of Global Health](#), led by Michelle Evans, PhD, found that despite severe infrastructure damage and washed-out roads and bridges, health system performance in Pivot-supported areas saw minimal disruption – and where declines occurred, indicators quickly rebounded.

These findings underscore a vital point for the future of global health: strong, resilient health systems are a climate change adaptation strategy.





PREventing
ZOonotic Disease
Emergence

ONE HEALTH

Frontline Disease Surveillance

Climate change is reshaping patterns of disease and human-animal interaction.

In this context, early detection is a critical component of health system resilience. In Madagascar's rural communities, early warning signals often appear far from laboratories or hospitals.

Through the global PREZODE initiative, Pivot is developing and piloting an approach that **equips Madagascar's CHWs to identify and report early signals of disease in their communities.**

Designed and developed by Pivot and integrated directly into CHWs' digital workflows, the One Health surveillance module enables community health workers to act as frontline sentinels. CHWs can now report potential "spillover signals" in real time – from unusual livestock deaths to clusters of unexplained human illness.

While disease surveillance itself is not new, this approach focuses on detecting early signals that traditional reporting systems often miss – compressing the timeline between the first signs of trouble and a coordinated response.

CHWs as Frontline Sentinels

What are CHWs looking for?

- Clusters of unexplained illness in a community
- Sudden unexplained, or grouped, deaths
- Multiple people exposed to a single potentially rabid or infected animal
- Unusual patterns (e.g., prolonged school absenteeism)
- Unexpected population movements between communities



CHW Maria makes a home visit



PREDICTIVE MODELING

From Data to Forecasting

Leveraging predictive intelligence to anticipate disease surges

Resilient health systems must do more than respond to outbreaks – they must anticipate them.

Through the PRIDE-C project, **Pivot combines health system, climate, and environmental data to forecast localized disease patterns.** Using an ensemble modeling approach, the system predicts fluctuations in malaria, diarrheal disease, and respiratory infections – three major drivers of childhood mortality in our setting.

These forecasts act as an early-warning system, helping primary health center leaders and MoPH district managers anticipate supply needs and prepare before cases rise.

In 2025, this work moved from research to operational deployment, reaching half of Ifanadiana District, with full district coverage planned for 2026. The PRIDE-C application is built on DHIS2, enabling integration into the national health information system and positioning it as a scalable tool for health system planning.

Crucially, this innovation has been built with the frontline. Through **participatory modeling**, community and district partners helped shape the algorithms that guide decision-making. By combining data science with the lived experience of health workers, Pivot is transforming years of clinical and environmental data into a predictive system designed by and for the frontline.

Pivot scientists collect field data to complement satellite imagery, helping track environmental drivers of disease

THE PRIDE-C APPROACH

Forecasting disease to strengthen community health systems

1

MEASURE

- Health system data streams from CHWs and primary health centers
- Climate and environmental data (11 remotely sensed variables)

3

INFORM

- Interactive dashboards co-designed with end users to explore forecasts and support planning
- Dashboards integrated into DHIS2 to enable real-time decision-making

2

FORECAST

- Participatory model development with frontline health workers
- Ensemble models generate localized disease predictions

4

ASSESS FOR SCALE

- Evaluate impact on health outcomes and health system performance
- Compare utilization, timeliness, quality, and disease burden across intervention and comparison areas

From Reaction to Anticipation

In a resource-limited system, **timing is everything.**

Traditionally, outbreaks and disease surges trigger a reactive scramble for medicines and supplies. By combining last-mile service delivery with embedded digital tools, advanced analytics, and close partnership with the MoPH, Pivot is helping shift the health system from reacting to crises to anticipating them.

Together, Pivot's innovations give health leaders at every level of the system earlier visibility and more time to act – ensuring that when the surge arrives, the system is already standing ready.



PRIDE-C

Predicting Infectious Diseases via Environment and Climate



POWERING THE WORK

The leaders, partners, and supporters behind Pivot's growing impact





DRIVING THE MODEL Our District Leads

Pivot's strategy is powered by the people leading it.

To support our regional expansion, we successfully decentralized our team structure in 2024, moving decision-making power closer to the frontlines.

Representing the culmination of this effort are our three District Coordinators – all experienced Malagasy physicians who bring clinical expertise, local insight, and a relentless focus on health equity to the work of strengthening health systems across Vatovavy.



Dr. Vero Irina Ramanandraitsiory

Ifanadiana District Coordinator

A pillar of the Pivot clinical team since 2016, Dr. Vero is a pediatrician by training, specializing in childhood malnutrition. After years of leadership in her role as attending physician at the Ifanadiana District Hospital, championing the standardization of clinical protocols, she now oversees implementation in our flagship district.

Her commitment to clinical excellence, mastery of system optimization, and deep alignment with Pivot's mission ensure that Ifanadiana remains a world-class testing ground for global health innovation and a model for national scale.



Dr. Mbolatiana Raza-Fanomezanjanahary

Nosy Varika District Coordinator

Dr. Mbola brings a Master's in Public Health and a "frontline-first" perspective to Pivot's expansion efforts. She began her career in the public sector as the sole physician heading a remote primary care facility before joining Pivot in 2020 as a clinical manager, and eventually serving as the Deputy Director of Primary Care.

Since 2024, she has leveraged that vast clinical and administrative experience to oversee the replication of Pivot's refined model in Nosy Varika, ensuring an uncompromising standard of care across one of Madagascar's most challenging geographies.



Dr. Andritiana Tsirinomen'ny Aina Gella

Mananjary District Coordinator

A member of Pivot's field leadership team since 2016, Dr. Aina transitioned from private practice in Antananarivo to serve as an attending physician at Ifanadiana District Hospital, later providing leadership as our Deputy Director of Hospital Care.

Since 2024, he has been collaborating closely with the regional MoPH and hospital teams to lay the groundwork for expansion in Mananjary District, using his institutional knowledge and compassionate clinical philosophy to establish the foundational partnerships required for long-term regional impact.

Powered by Partnership

Pivot's work is made possible through deep partnerships with visionary institutional funders who share our commitment to building stronger health systems in Madagascar.



Mankasitraka amin'ny fiaraha-miasa!

Thank you for your partnership!



“With expansion of strengthened health-systems as the goal, the question to be studied now [...] is how – not whether – to effect this comprehensive change.

I can think of no group better placed to confront its next set of research for equity challenges than Pivot, no stronger foundation in the data than that intentionally developed by the Pivot team and its patient, committed supporters.”

– Dr. Carole Mitnick

Chair of the Department of Global Health and Social Medicine at Harvard Medical School

With Gratitude to Our Supporters

Pivot's donor community is exactly that – a community. From long-time partners to first-time supporters, each contribution strengthens our ability to deliver care, expand our reach, and continue building stronger health systems in Madagascar.

\$250,000+

Vincent Della Pietra and
Barbara Amonson
Herrnstein Family Foundation

\$100,000 – \$249,999

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Pam Hurst-Della Pietra
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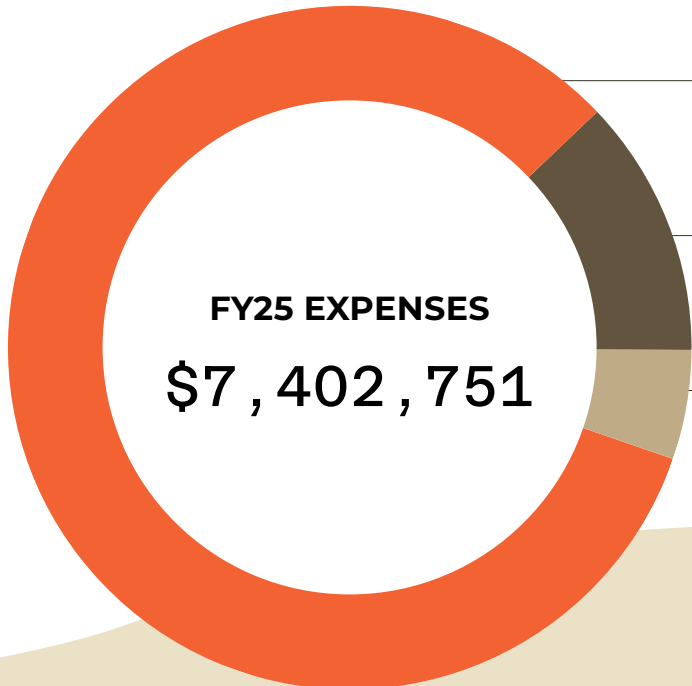
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Kevin Magill
Jane Winer
Lynn Kay Winters
Stuart Woody
Patricia Wright

Pivot was proud to have **100% Board giving** in FY2025.

FY25 Financial Summary



83%
PROGRAMS

12%
ADMINISTRATION

5%
FUNDRAISING

FY25 EXPENSES
\$7,402,751

EXPENSES

	FY25	FY24
Programs	\$6,115,161	\$5,939,509
Administration	\$904,683	\$807,068
Fundraising	\$382,907	\$253,395
TOTAL	\$7,402,751	\$6,999,972

Pivot actively manages its cash position to ensure sufficient liquidity for operations, while conservatively investing excess funds to maximize returns.

The organization maintains a Board-designated reserve target of 6 months; **at the close of FY25, Pivot held over 7 months of cash reserves.**

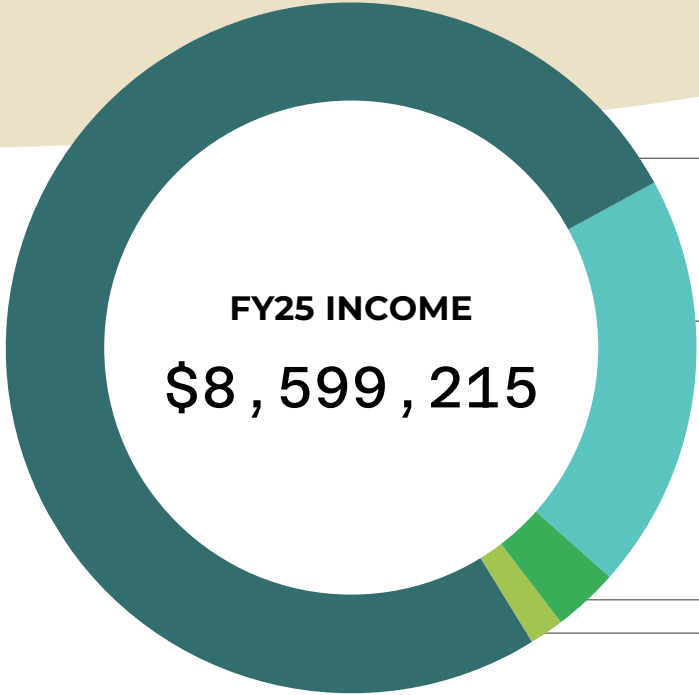
These reserves support near-term stability amid a volatile funding and operating environment, and remain essential – though not sufficient – for long-term sustainability, underscoring the continued need for fundraising.

INCOME

	FY25	FY24
Grants & gifts	\$8,460,718	\$8,189,879
<i>Foundations</i>	\$6,520,932	\$6,422,794
<i>Bi/multilaterals</i>	\$264,800	\$259,738
<i>Individuals</i>	\$1,674,987	\$1,507,345
In-kind	\$50,835	—
Other	\$87,662	\$77,605
TOTAL	\$8,599,215	\$8,267,483

In FY2025, **7% of our revenue was use-restricted, while 13% was time-restricted.**

This flexible funding allows Pivot to respond quickly to emerging needs, strengthen core systems, and sustain the long-term work required to transform health systems.



76%
FOUNDATIONS

19%
INDIVIDUALS

3%
BI/MULTILATERALS

2%
OTHER

FY25 INCOME
\$8,599,215

Access Pivot’s full FY25 audit report [here](#).



OUR GUIDING PRINCIPLE

Ny fahasalamana no voalohan-karena

Health is the first wealth
– Malagasy proverb



Madagascar HQ

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www.pivotworks.org

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Randolph, MA 02368

