2023-2028 STRATEGY REFRESH

Progress and Adaptation · January 2026

WHY THIS UPDATE, AND WHY NOW

Pivot's 2023-2028 Strategic Plan set a clear ambition: take a decade of learnings from Ifanadiana District and responsibly replicate our impact across the entire Vatovavy Region, generating the evidence needed to inform national health system transformation in Madagascar.

Two years later, that ambition remains intact – but the world around us has changed:

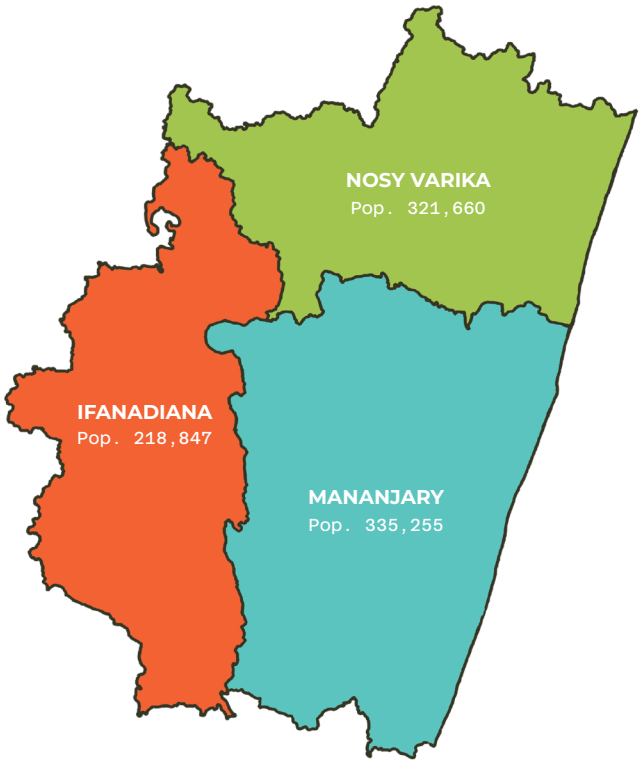
- USAID's withdrawal and decreasing ODA funds globally have left major gaps in community health and primary care funding that are unlikely to be filled in the near term.
- Madagascar has undergone a major political transition.

In this time, Pivot has also changed. Now in year two of regional expansion, our team has a much deeper appreciation of operational realities in our new districts. In 2025, Pivot's 10-year impact study was published in ***PLOS Medicine***, demonstrating that district-wide health systems strengthening can reduce child mortality at population scale.

This evidence, generated in close partnership with Madagascar's Ministry of Public Health (MoPH), reinforces both the urgency and the promise of the model.

In response, Pivot's Board and executive leadership undertook a rigorous strategic review in 2025 to reassess what responsible scale should look like in this new environment: what remains viable, what requires adaptation, and how best to sequence expansion to protect quality and sustainability. This update is the culmination of that process.

This is not a new strategic plan, but a refinement – a transparent update to allow partners to see how we are adapting to a shifting landscape while staying grounded in evidence and focused on our ultimate purpose: saving lives, transforming health systems, and catalyzing global change.



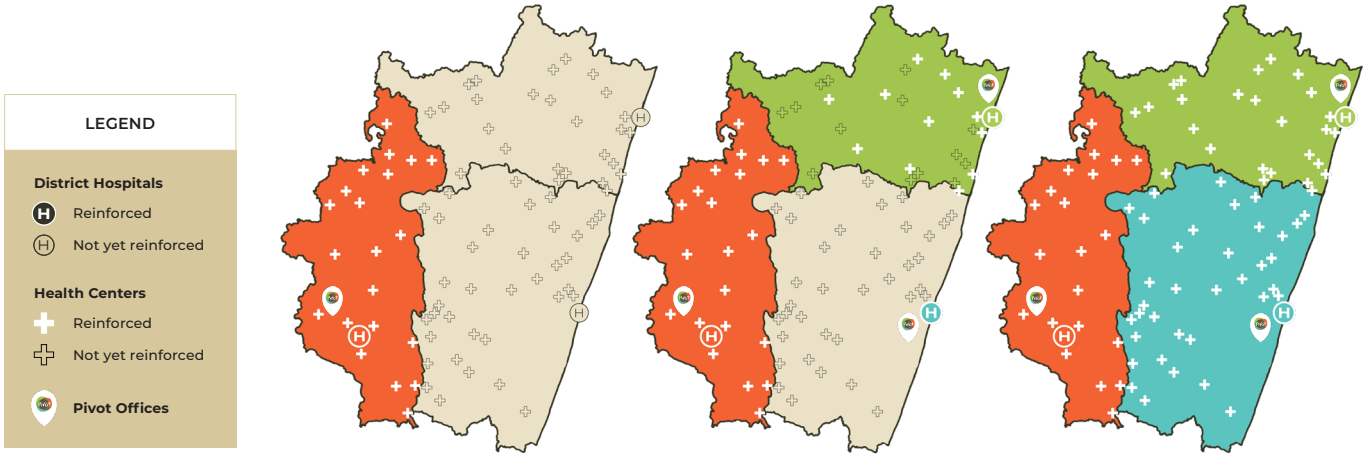
VATOVAVY REGION
Pop. 875,762

OUR ORGANIZATIONAL FOOTPRINT

Building a regional platform for impact and learning

Pivot's work in Vatovavy has evolved from a single-district model in Ifanadiana to an emerging regional platform for delivery and learning. The figure below shows how Pivot's geographic coverage has expanded since 2022 (the start of our current strategic cycle), where we are today, and what remains to reach full regional coverage.

Figure 1. Pivot's geographic coverage over time



	2022 *End of previous strategic period*	2025 *State at calendar year end*	GOAL STATE *Full regional coverage*
Number of people served:	**191,175**	**540,507**	**875,762**
% of regional population served:	*22%*	*62%*	*100%*
Target population (pregnant women + children under 5) covered by user fee removal:	**43,014**	**90,655**	**196,872**
% of target population covered:	*25%*	*46%*	*100%*
CHWs recruited, trained, equipped & deployed:	**175** *(Ifanadiana only)*	**1,614** *(across 2 districts)*	**2,505** *(across all 3 districts)*
Health facilities reinforced:	**21** health centers **1** referral hospital	**33** health centers **3** referral hospital *(1 in progress)*	**88** health centers **3** referral hospital

PROOF THE MODEL WORKS

A decade of population-level impact

In 2025, Pivot's 10-year impact study was published in ***PLOS Medicine***, offering 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 (neonatal, infant, and under-five) declined by over 31% in Pivot-supported areas**, while rates elsewhere stayed flat or worsened; access to care in Pivot-supported areas more than doubled.

Beyond validating impact, the study has also increased government demand for operational learning and policy-relevant evidence. It strengthens the case for replication – and reinforces the standards of rigor, measurement, and sequencing required to do so credibly.

HIGHLIGHTING KEY RESULTS

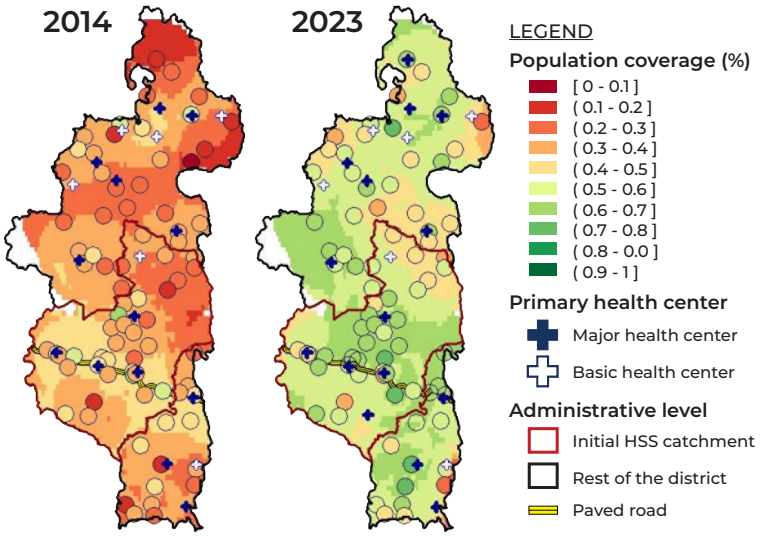
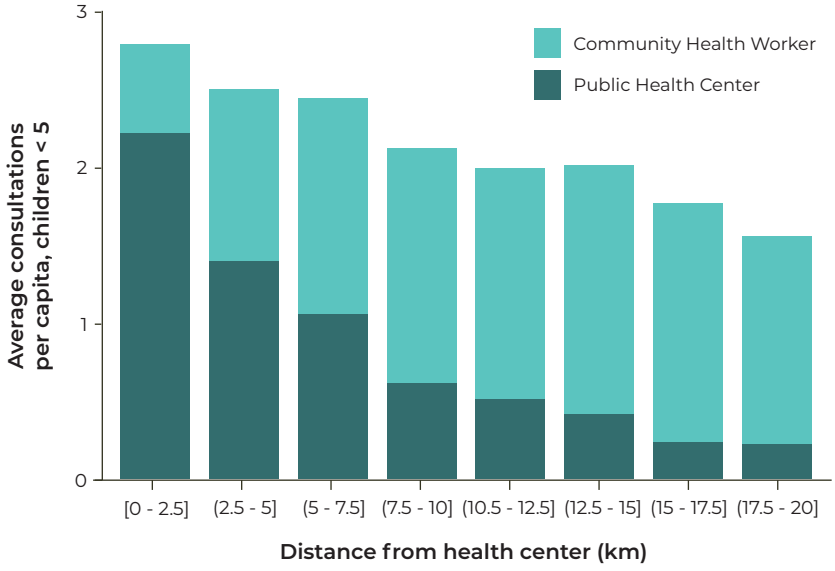


Figure 2: Over 2x increase in care-seeking for children under 5

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.

Figure 3: CHWs close the demographic equity gap

Detailed analysis of healthcare utilization data reveals the essential role of CHWs in removing geographic barriers to care. As we examine healthcare utilization broken out by CHW vs. health center, then additionally broken out by distance from the health center, we see the growing contribution of CHWs in remote communities.



OUR 2025 STRATEGIC REVIEW

Stress-testing our intervention model

In mid-2025, Pivot's executive leadership and Board undertook a comprehensive strategic review to rigorously test whether our regional expansion strategy remained viable in a rapidly shifting environment.

At the most fundamental level, we asked whether Pivot's core approach still made sense: given all the changes described, did we still believe that integrated district-wide health systems strengthening – anchored in community and primary care – was the most impactful place to invest limited resources?

Crucially, **the review reaffirmed the relevance of Pivot's model**. In a tightening funding environment, evidence continues to point to community and primary healthcare as among the most cost-effective and equity-enhancing investments, particularly when deliberately linked to functional referral systems, hospitals, and district management.

The review also reinforced that this work remains a government priority not only in principle, but in practice. Even amid the disruption following USAID's departure, the MoPH has continued to prioritize Pivot's regional expansion and accompanying implementation research, with the expectation that results from Vatovavy will inform future national policy and scale decisions. This included asking Pivot to co-chair the national community health working group - a unique opportunity to help shape the future of community health implementation.

The strategic question, therefore, was not whether to pursue this approach, but how to do so with greater rigor, realism, and durability.

WHAT WE LEARNED

The strategic review affirmed Pivot's core model while clarifying where adaptation is required. Five key insights now guide our path forward:

1. Completing one district end-to-end is essential to quality – and model integrity – at scale

District-wide systems strengthening only works when community health, primary care, hospitals, financial protection, digital tools, and data move together. Patchwork implementation undermines the unified intervention and limits population-level impact.

Pivot weighed partial implementation across Nosy Varika and Mananjary versus full end-to-end completion in one district first. Given the operational risk of fragmentation – and higher baseline need in Nosy Varika – we will complete Nosy Varika end-to-end before launching in Mananjary.

2. Responsible expansion requires explicit financial and operational thresholds – not opportunity alone

Full regional coverage is achievable, but only through disciplined pacing anchored to clear financial and operational gates. Major launch decisions – particularly initiation of activities in Mananjary – will be triggered by defined conditions: funding secured, staffing and supervision readiness, functioning end-to-end implementation in the preceding district, and sufficient capacity to maintain quality.

3. Scaling requires parallel investment in Pivot's organizational capacity

Scaling responsibly across districts requires more than strong program implementation. Pivot must also strengthen the internal systems and leadership capacity needed to deliver quality at scale, manage risk, and sustain long-term partnership with the government.

Four strategic enablers emerged as essential:

- **Human capital and leadership development:** management training, supervision systems, and HR capacity
- **Financial resilience and risk mitigation:** reserves and stabilization mechanisms to protect frontline delivery during shocks
- **Development capacity:** stronger fundraising systems and diversification in a constrained donor environment
- **Research, data & scientific innovation:** DHIS2 integration, real-time monitoring, research partnerships, ongoing population-level data collection and analysis

Together, these investments enable disciplined expansion while strengthening Pivot's ability to generate evidence and operational learning that can inform national implementation.

4. Financial protection must evolve – from universal fee removal to a realistic, government-aligned mechanism that protects the most vulnerable and informs national policy

Universal user-fee removal in Ifanadiana has been foundational, increasing outpatient consultations for all patients by 65% and maternal health consultations by 25% during our initial pilot (Garchitorena, et. al., 2017). At the same time, the strategic review clarified that long-term replication depends on evolving toward approaches that align more closely with government priorities and fiscal realities, while continuing to protect the most vulnerable.

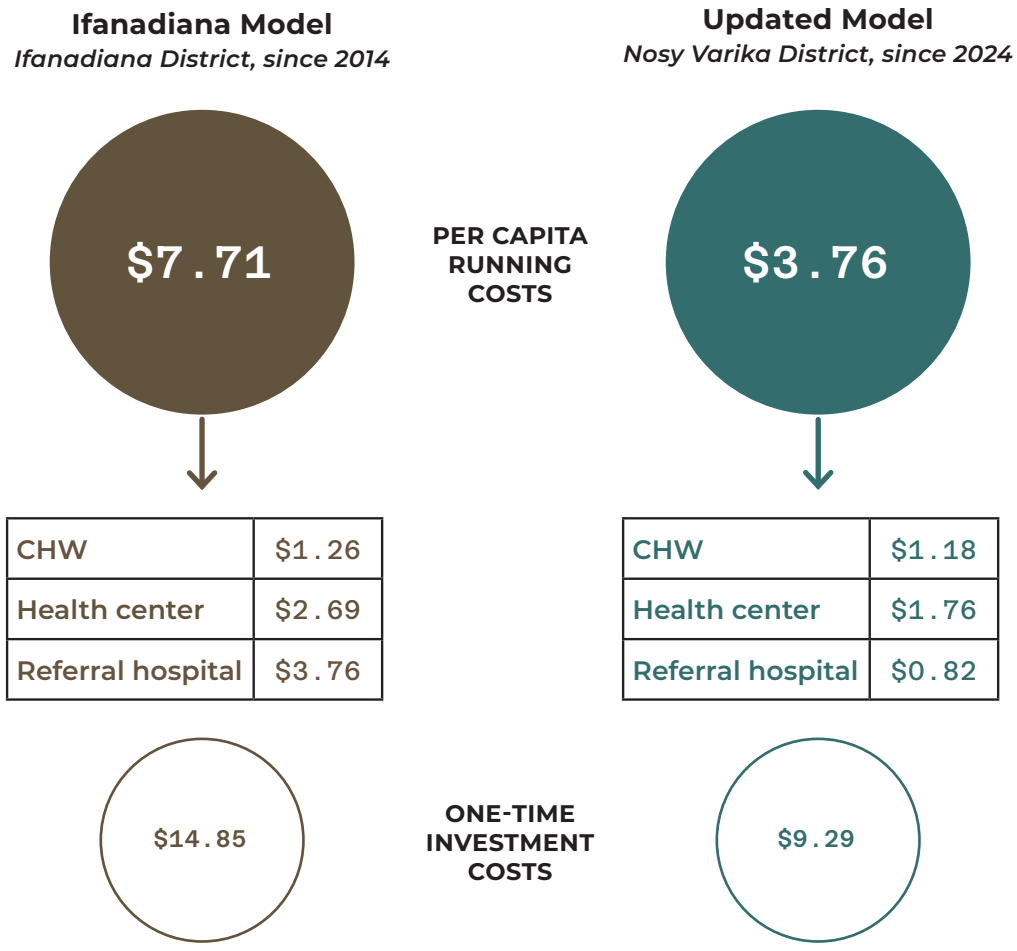
In partnership with the MoPH, Pivot will advance a structured learning agenda focused on testing alternative financial protection mechanisms and generating evidence on effectiveness, equity, and trust – insights that can inform more realistic options for financial protection at national scale.

5. Understanding cost – not just impact – is essential for government scale

Demonstrating impact is insufficient if the financial roadmap for government adoption remains opaque. As part of the strategic review, Pivot completed a rigorous costing exercise, breaking out up-front, one-time investments from annual per capita running costs.

We compared Pivot's historical model in Ifanadiana – built through phased investment and universal fee removal – to the updated district-wide model now being deployed in Nosy Varika, with targeted user-fee removal for pregnant women and children under five. The analysis confirms that the adapted model is financially viable for continued expansion and provides a credible cost envelope for eventual government uptake – anchoring concrete discussions with the MoPH on realistic pathways to national scale. Pivot will continue to refine costing and revisit realistic national cost envelopes to ensure realism as domestic priorities and international financing conditions evolve.

Figure 4: Annual per capita costing of Pivot's iterated model



This figure compares Pivot's earlier model in Ifanadiana with the updated district-wide model in Nosy Varika, highlighting one-time investments versus ongoing costs and a recurring operating cost of **$3.76 per person per year**.

POSITIONING FOR NATIONAL SCALE

Pivot as partner of preference to the MoPH

Pivot's pathway to scale is through government partnership and public-sector delivery – not parallel systems or stand-alone projects. In today's constrained funding environment, durable impact depends on strengthening national systems, shaping implementation choices, and supporting government leadership under real-world constraints. The shifts in Madagascar's health financing landscape over the past year have underlined the urgency of this work.

Pivot is positioned to meet this moment for three reasons:

1. We generate implementation evidence that the government can use.

Pivot's decade of work in Ifanadiana and early experience in Nosy Varika provide a rare combination of population-level outcomes, operational learning, and integrated data systems. Vatovavy functions not only as a service delivery platform, but as an implementation laboratory – producing evidence that informs policy-relevant decisions beyond a single region.

2. We bring implementation reality to national policy discussions.

Following USAID's withdrawal, the MoPH has asked Pivot to step up further, including co-chairing the national community health working group and contributing directly to central-level discussions on how to make community health implementation more coherent, equitable, and sustainable. This reflects active government demand for partners like Pivot who can ground policy recommendations in real-world delivery experience. Pivot's work in Vatovavy provides a concrete evidence base – linking what works in practice to national decisions that shape community health policy across the country.

3. We build coalitions that can move national systems forward.

"Big Aid" has not disappeared, but it is evolving. Pivot is working alongside partners such as UNICEF and the World Bank to reduce fragmentation and translate shared priorities into workable delivery models. These coalitions are tackling nationally defining questions – from what it takes for community health to function at scale to which financial protection mechanisms are realistic within Madagascar's fiscal space.

COMMUNITY HEALTH CASE STUDY

From Pivot practice to national policy – and back

Community-based care is foundational to a resilient health system in rural Madagascar, where thousands of miles of footpaths separate communities from the formal healthcare system.

In 2019, Pivot and the MoPH launched an Enhanced Community Health pilot in Ifanadiana District as a joint implementation and learning platform to generate operational evidence on what it takes for community health to deliver high-quality care at scale in a particularly remote context. Early results showed substantial improvements in both access and quality: a Pivot-led evaluation found that child health service utilization increased by more than 200% during the first 18 months of implementation, alongside measurable gains in care quality delivered by CHWs.

These findings helped inform national-level strategy discussions. In 2022, Pivot contributed to the MoPH-led process to update Madagascar's community health strategy, and several core operational elements piloted in Ifanadiana were reflected in the updated national framework now guiding community health implementation, including: strengthening CHW professionalization, increasing the number of CHWs per capita, constructing community health sites, leveraging mobile technology to improve quality of care and data collection, and deepening supervision systems.

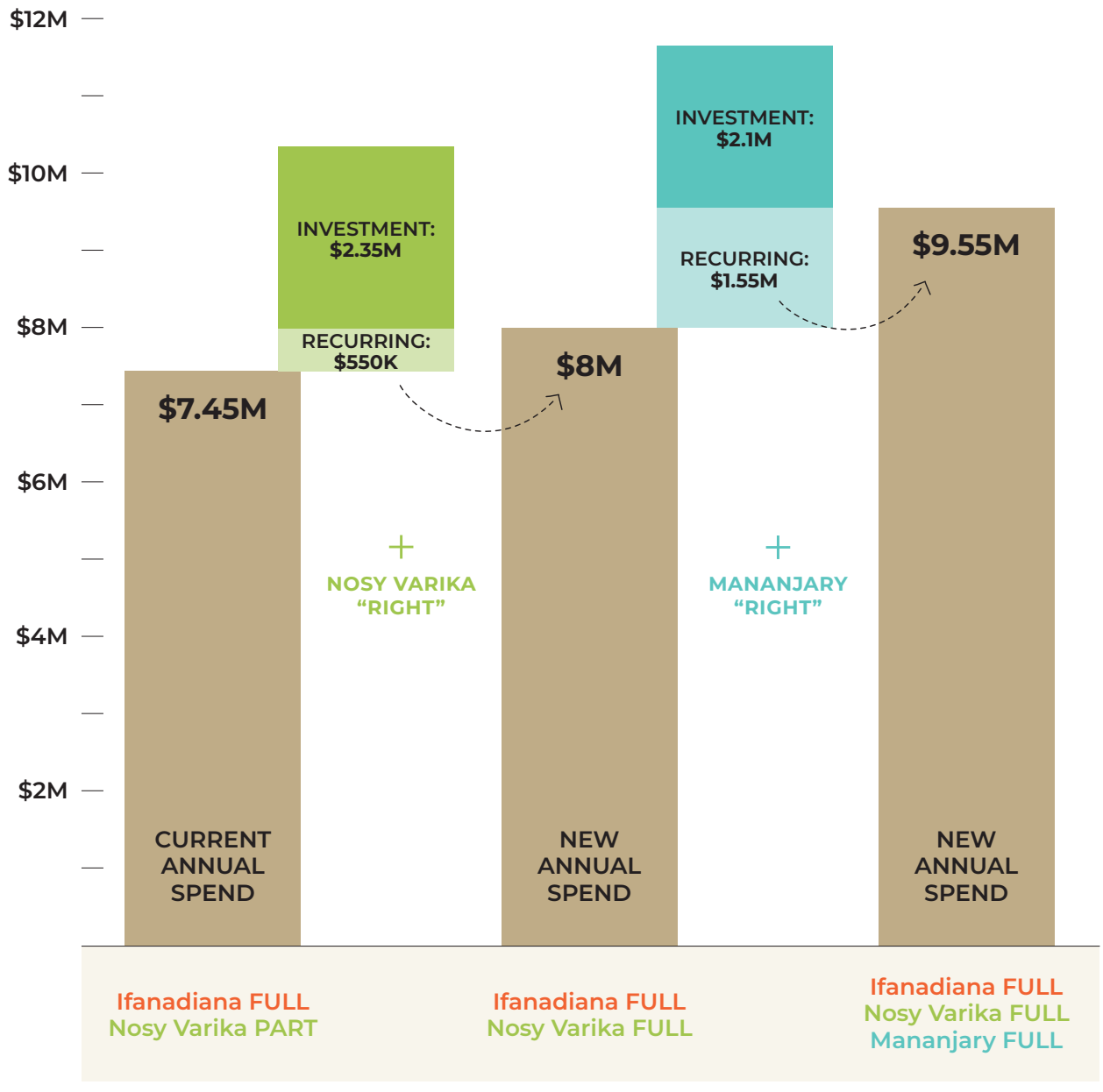
Pivot's regional rollout in Vatovavy is now aligned with this national strategy, and we continue to test new questions and generate evidence to inform the next phase of policy dialogue – reinforcing a virtuous practice-to-policy-to-practice cycle that strengthens government-led pathways to scale.

THE FINANCIAL PATH TO FULL REGIONAL COVERAGE

Expansion economics & fundraising

Pivot's strategic review clarified what it will take financially to complete regional expansion across Vatovavy and sustain delivery at scale. Figure 5 illustrates the total cost of reaching full regional coverage, distinguishing between one-time expansion investments and the recurring operating costs required to maintain a high-performing district health system over time.

Figure 5. Cost structure for reaching full regional coverage

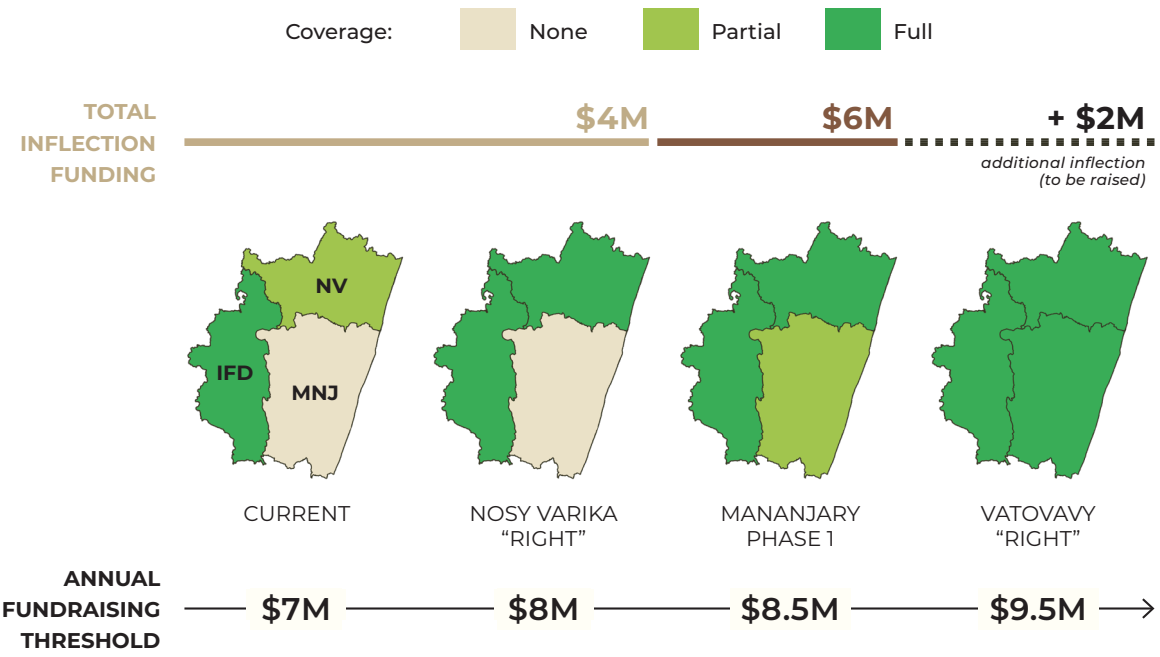


TWO CENTRAL TAKEAWAYS

First, completing regional expansion requires approximately $8 million in time-bound, one-off investments to absorb the upfront costs of scale – including infrastructure upgrades, workforce expansion, systems strengthening, and launch costs in new districts.

Second, as expansion is completed, Pivot's annual operating run rate will increase. Figure 5 above shows how **Pivot's annual budget is expected to grow from approximately $7.45 million today to ~$9.55 million** once full regional coverage is achieved, underscoring the need to build a fundraising engine capable of sustaining this higher run rate over time.

Figure 6. Leveraging inflection funding to achieve full regional coverage



The figure above depicts Pivot's shift from current coverage (full Ifanadiana, partial Nosy Varika) toward full regional coverage, and the incremental inflection funding required – above and beyond baseline fundraising – to finance expansion-related one-offs and reach full regional coverage.

The good news: Pivot has already secured $6 million of the $8 million required for these one-time expansion investments. Following the strategic review, Pivot developed a targeted inflection funding proposal and secured $6 million in unrestricted funding over three years (FY26–FY28) from an anonymous foundation. This catalytic investment enables Pivot to complete Nosy Varika end-to-end, strengthen critical systems (leadership, supervision, data, and operational infrastructure), and launch expansion in Mananjary on a disciplined timeline.

This inflection funding provides a critical foundation – but not the full solution. Pivot is now focused on closing the remaining ~$2 million inflection gap and growing annual fundraising to sustainably support a ~$9.55 million run rate as regional coverage is completed.

LOOKING AHEAD

Clarity, momentum & partnership

COMPLETING REGIONAL EXPANSION AND POSITIONING FOR THE NEXT STRATEGIC CYCLE

With the strategic pathway clarified and inflection investments underway, Pivot is entering a phase focused on execution, while laying the groundwork for our next strategic cycle. The immediate priority is to finish Nosy Varika end-to-end and prepare to launch in Mananjary against clear operational and financial thresholds – while continuing to strengthen Vatovavy as a deliver-and-learn platform that sustains quality care today and generates the evidence the MoPH needs for tomorrow.

Completing Vatovavy is not an endpoint; it is the step required to position Pivot – and the MoPH – with a fully costed, operationally tested regional model that can credibly inform national pathways. This phase of work is intentionally designed to engage larger actors with national reach and financing power by anchoring their participation in a proven regional platform while laying the groundwork for future government uptake.

PARTNERING WITH PIVOT

Pivot is entering the next phase of our 2023–2028 strategy with clearer assumptions, stronger evidence, and a more disciplined pathway from regional delivery to national relevance. The work ahead will require sustained partnership and flexible support, enabling us to:

- safeguard uninterrupted care in a volatile funding landscape
- maintain scientific and operational rigor during expansion
- complete the regional platform needed to inform national pathways
- ensure that the gains documented in our 10-year impact study translate into durable, system-wide improvements for nearly 1 million people

As Pivot moves into this next phase, **existing partners** can support this work in three high-impact ways: increasing or extending commitments where possible; making strategic introductions to aligned funders and institutions; and helping amplify the evidence and lessons emerging from Vatovavy in the global community.

For **prospective partners**, Pivot offers a rare combination: proven population-level impact, an active government-backed expansion platform, and a disciplined strategy for translating implementation into national policy pathways. We welcome new partners who want to help close the remaining expansion gap and accelerate a model designed not just to deliver quality services, but to strengthen public health systems at scale.

Together, we are building Vatovavy as a regional reference model for government-led health system transformation in Madagascar, while translating this experience into evidence and implementation lessons that can inform public health systems globally.