



# Jhpiego at 50

## Looking Back, Moving Forward

2021 ANNUAL REPORT



50<sup>TH</sup>  
ANNIVERSARY





Jhpiego believes that when women are healthy, families and communities are strong. We won't rest until all women and their families—no matter where they live—can access the health care they need to pursue happy and productive lives.





## Table of Contents

Letter from the President and CEO	4
Jhpiego by the Numbers: Data that Transforms Services	6
A Half Century of Success: Jhpiego's Legacy of Transformational Care	9
Women's Health: Maternal Health, Family Planning, and Women's Cancers	9
Infectious Diseases: HIV and Malaria Prevention and Treatment	17
Strengthening Health Systems: Global Learning and Stronger Health Systems	23
Pandemic Preparedness and So Much More	27
Driving Impact through Technology, Data, and Design: Spotlight on India	31
Country Highlights	34
Funding	37
Thank You to Our Supporters	38

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## Letter from the President and CEO

# Celebrating a Golden Anniversary

**FIFTY YEARS!** I am thrilled and honored to celebrate Jhpiego's 50th anniversary with you—five decades of reimagining the delivery of health care to improve the lives of women, men, and families across 155 countries. A half century of innovations, progress, and lives saved.



Transformational change does not happen overnight. It's seen over decades, in the thriving health systems of countries such as Rwanda, the community delivery of antimalarial drugs to pregnant women in the Democratic Republic of the Congo, the efficacy of a daily pill to reduce the risk of acquiring HIV among the most vulnerable in Kenya, or the power of self-care to prevent thousands of women in Afghanistan and Nepal from bleeding to death after giving birth at home. The impact we have achieved together is extraordinary.



From the outset, Jhpiego believed in a world that ensures the most basic human right—health. Equitable, respectful, quality health care for all. We are committed to that vision and thankful for the governments and leaders who invited us on this journey and remain our trusted partners today.

A simple, guiding principle drives Jhpiego's work: where there are healthy women and families, there are healthy communities. We began as a small nonprofit (with an unpronounceable name!) with a clear mission: increase access to quality family planning services. In the decades since, our portfolio has evolved beyond family planning to include safe pregnancy and childbirth; preventing and treating women's cancers; combatting malaria, HIV, and TB; and expanding access to immunization and safe surgery.



One billion people now live in the communities we serve, and Jhpiego's work reaches women, men, adolescents, and children in mountain villages, coastal towns, and sprawling cities. Working collaboratively with local governments, Jhpiego partners with policymakers, professional associations, and civic groups to move a country's agenda forward. We've championed millions of health care providers worldwide, set the bar for a higher standard of health care in strengthened health systems, and secured healthier futures for women and families on four continents.

As public health needs shifted, we advanced our mission through education, innovation, and adaptation. Today, our focus is on primary health care in pursuit of universal health coverage. Eighty percent of people's health needs across their lifetime can be addressed with community-led, client-centered, primary health care. In confronting the first pandemic in this century, our global team helped prepare primary health care providers to meet the challenge of immunizing millions by sharing our expertise and responses to natural disasters, political instability, and other threats to global health security.

The nurses, midwives, physicians, and community health workers with whom we work have made possible our goal to "reach the unreachable." They prove that ordinary people can do extraordinary things, and that if we listen first to those who know their communities best, the result of our efforts—together—can be remarkable.

I'm thinking of Rujina Khatun, a midwife in Bangladesh who encouraged a frail, pregnant woman she met to come to her facility for antenatal care, eventually helping to deliver the woman's healthy baby girl and counseling her on family planning. Or the calm



assurance of nurse-midwife Christine Apio, from Uganda, who resuscitated triplets who weren't breathing at birth. Eulalia Francisco Mateo, one of the first women on her local health commission in Guatemala, compassionately describes her work helping women have safe pregnancies: "Just as I would like to be treated and cared for, so I treat the women in my community."

When the pandemic hit, these deep community roots, along with our close working relationships with ministries of health in 40-plus countries, proved transformational. Our expertise in education and training, infection prevention and control, systems strengthening, and use of technology allowed Jhpiego to deftly reimagine our work in the midst of lockdowns and surges. Engaging local partners and the private sector in supporting stronger health systems helped ensure that families received essential health care services despite the crisis.

Two decades of work in HIV prevention and treatment also informed our COVID-19 response and the vaccine rollout in 18 countries. These efforts included vaccine delivery to hard-hit communities in Baltimore to prevent the spread of COVID-19 and save lives in our own backyard.

Lasting change doesn't come from the outside; it must be led by communities and the local organizations they support. Our partnerships to foster community-led change have only grown stronger in the shared belief that a healthy, self-determined citizenry is best equipped to overcome today's challenges and embrace tomorrow's opportunities.

This golden anniversary, equity remains at the heart of all Jhpiego does. We continue to ask: How can lifesaving services reach everyone?

The answer, we believe, is by putting women, men, and their families at the center of their health care decisions. Supported by Jhpiego's transformative tools and interventions, Jhpiego-supported families offer the best hope for advancing healthy, resilient communities. It's their vision that can secure a future in which where a person lives no longer determines if they live.

Most sincerely,



Leslie Mancuso, PhD, RN, FAAN  
President and CEO





# Jhpiego by the Numbers

## Data that Transforms Services

Throughout our 50 years, Jhpiego has used data to inform our understanding of the work we do and guide our performance and impact, building the systems needed to facilitate the collection and use of these data. Beginning in the 1990s, we moved from counting the number of people we had trained globally to linking our training to its impact. Today we continue to focus on understanding the impact of our work and have strengthened our ability to use data to improve performance.

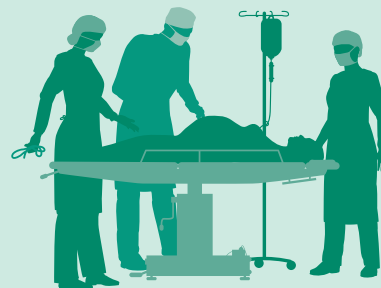
Jhpiego has invested in systems that allow teams to readily access data from anywhere in the world and to easily visualize those data. These tools support project staff to understand their performance and make adjustments to continuously strengthen our work. These approaches are used both by individual projects and by technical teams to guide the work that we do.

In parallel, Jhpiego's monitoring and evaluation team introduced tools to evaluate our work. Observation checklists were an innovative approach to measuring competency of trainees. These tools created the evidence base to determine, for example, the number of Norplant insertions trainees needed to perform to attain competency, and to show that model-based training allows trainees to attain competency in settings where not enough clients are available for practicums.

Along the way, Elizabeth Oliveras, director of monitoring, evaluation, research, and learning, points out, "Jhpiego has continued to grow its capacity to capture data through monitoring, evaluation, and research activities. This not only supports our own work, but also contributes to the evidence for global health practice."



## Reproductive Health



From 2015 to 2021

# 22,192,709

**Women delivered in a health facility**

2021: 2,046,257



From 2018 to 2021

# 9,782,176

**Pregnant women attended four antenatal care visits**

2021: 3,021,148

From 2012 to 2021

# 652,391

**Women were screened for cervical cancer for the first time.**

2021: 37,379



**42,242 tested positive and more than 25,000 chose to receive prompt treatment**



From 2012 to 2021

# 4,699,034

**Postpartum women made an informed decision to initiate a modern contraceptive method**

2021: 431,383





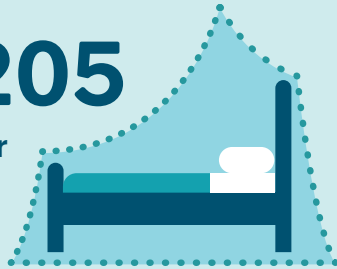
## Malaria

From 2014 to 2021

# 133,267,205

People tested positive for malaria and were treated

2021: 19,199,772



From 2015 to 2021

# 9,897,223

Pregnant women received preventive malaria treatment

2021: 2,310,972

From 2018 to 2021

# 8,197,955

Children received preventive malaria treatment during the peak transmission season

2021: 2,456,261



## HIV

Jhpiego projects from 2009 to 2021

# 21,924,139

People received HIV testing services to learn their status, newly identifying 608,713 people who are living with HIV and linking them to care and treatment.

In 2021, Jhpiego supported 243,762 people with antiretroviral treatment services. 96% of those clients on treatment are virally suppressed.



From 2017 to 2021

# 103,779

People accepted PrEP, an HIV prevention medication

2021: 24,726



From 2009 to 2021

# 5,409,459

Men were circumcised to lower their HIV risk

2021: 311,752



To ensure that women receive the care they deserve, Jhpiego prioritized respectful maternity care activities in more than 15 countries, from Afghanistan to Zambia.





# A Half Century of Success: Jhpiego's Legacy of Transformational Care

## Women's Health

### Delivering on safe pregnancy and childbirth

For 50 years, Jhpiego has tackled the leading causes of maternal and newborn death with passion, evidence, and a belief that the health of a mother benefits not only the individual woman but also her child, family, community, and nation.

From the fundamental premise that the compassionate, respectful, and effective support of a skilled health care provider offers women the best chance for a healthy birth, to the commitment to empower women with self-care opportunities, our experts and experience have put women at the center of high-quality care and lifesaving initiatives.

We've championed early and regular antenatal care by skilled nurses and midwives, so complications such as pre-eclampsia can be recognized and managed before they become deadly. We advanced the ability of health care providers to confidently and competently prevent and manage complications during childbirth to save lives.

Jhpiego introduced distribution of misoprostol, a lifesaving medication to prevent bleeding after birth, by community health workers and taught pregnant women how to use it in case circumstances or geography required them to give birth at home. This low-cost, high-impact intervention, implemented in more than 20 countries, has saved the lives of countless women.

"I often say to providers around the world that the one person who will always be present at birth will be the woman herself," says Dr. Harshad Sanghvi, former Jhpiego vice president of technical innovations and chief medical officer, who led Jhpiego's early misoprostol work in Afghanistan, Indonesia, and Nepal.

Jhpiego introduced group antenatal care in Afghanistan, Benin, Ethiopia, India, Kenya, and Nigeria to improve the experience of care for women

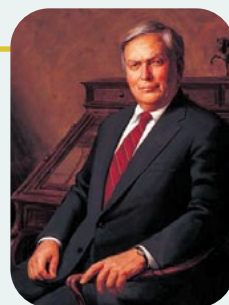
Technical and programmatic excellence, honed over 50 years, is the foundation for the future.



1972



In 1972, Dr. Theodore M. King—a leading obstetrician/gynecologist at Johns Hopkins University—received a grant to educate health providers from low- and middle-income countries on advancements in reproductive health technology. Through this work, he helped found the **Johns Hopkins Program for International Education in Gynecology and Obstetrics**, later known simply as Jhpiego, to provide quality health services around the world.



1974

### FIRST TRAINING SESSIONS ON FAMILY PLANNING

Holds first training sessions on family planning/reproductive health for doctors and nurses at U.S. training centers.







and promote shared care and learning as a means to improve health. This innovative model of care brings pregnant women together to support one another and has been demonstrated to encourage ongoing contact with the health system.

We are committed to helping to eliminate preventable deaths during childbirth over the next decade and improving women's experience of childbirth. To ensure that women receive the care they deserve, we've prioritized respectful maternity care activities in more than 15 countries, from Afghanistan to Zambia.

With our worldwide footprint and robust partnerships with local governments, the technical breadth and know-how to integrate maternal and newborn care with other lifesaving services, and decades of experience, Jhpiego efficiently drives lasting impact across countries.

The value of a strong and agile local workforce is evident in our COVID-19 response. From the pandemic's onset, our in-country teams have worked to ensure that mothers and newborns retain access to essential health services while helping to expand COVID-19 vaccine programs to include pregnant and breastfeeding women.

"Working together with local health systems and frontline providers to recover essential services lost due to COVID-19 is a major focus of our work right now and is likely to be for the next few years," says Lisa Noguchi, Jhpiego's director of maternal and newborn health.



1979

#### FIRST IN-COUNTRY TRAINING PROGRAMS BEGIN

Start of first in-country training programs in Tunisia, Brazil, Kenya, Nigeria, Thailand, and the Philippines.



1986

#### PIONEERS COMPETENCY-BASED TRAINING APPROACH

Champions method of learning that encourages mastery of a specific skill under specific circumstances.



1987

#### USE OF TRAINING TECHNOLOGY

Introduces computer-assisted instruction to simulate clinical situations.





## WHAT'S NEXT?

For more than 20 years, Jhpiego has led global maternal and newborn health awards funded by the U.S. Agency for International Development (USAID). We are applying the lessons we've learned in our leadership role to our current initiatives, which include:

- Through USAID's MOMENTUM Country and Global Leadership project, we're leading efforts to accelerate progress toward sustainable improvements in maternal and newborn health, including maternal mental health, and to engage the private sector in providing high-quality health care services in their communities.
- As secretariat for AlignMNH, funded by the Bill & Melinda Gates Foundation in collaboration with USAID, we are bringing together the global maternal and newborn health communities to more rapidly share knowledge and experiences and accelerate progress toward the Sustainable Development Goals, including through a biannual International Maternal Newborn Health Conference series.
- Through the Gates Foundation-funded Antenatal/Postnatal Research Collective, Jhpiego is studying new ways to deliver antenatal and postnatal services, with the goal of encouraging earlier entry into care, increasing continuity of care, and improving quality of care.

Ongoing innovations include harnessing data and using predictive analytics to improve decision-making. Since not all solutions work in all settings, we engage local communities to design interventions that best meet their needs—working toward a future in which all women and families, wherever they are, have access to the high-quality care they need.



“It was such a pleasure working with you and the team on this dynamic project ... we just really appreciated the expertise, flexibility, and dynamism that Jhpiego brought to this work.”

— Brienna Naughton  
Bill & Melinda Gates Foundation

1987

### REPRODUCTIVE HEALTH TRAINING

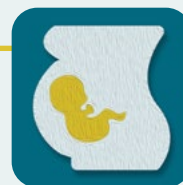
Begins first of three global Training in Reproductive Health Projects (continuing through 2004), funded by USAID.



1987

### CO-SPONSOR WITH WORLD HEALTH ORGANIZATION

Sponsors global meeting, “Reproductive Health Education and Technology” with World Health Organization.



1988

### FOCUS ON HEALTH CARE PROVIDERS

Increases emphasis on nurses/midwives and education of students in health professions.





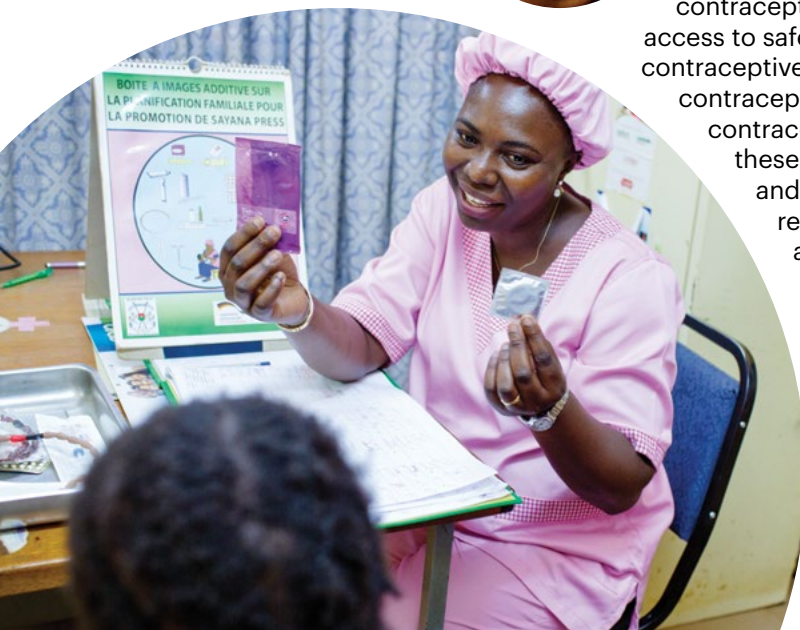


## Family planning: A half century of expanding access

Our history is rooted in increasing availability of contraception and family planning services across the world. In the 1970s, we earned a reputation as an innovative training and service-delivery partner for family planning when our work in laparoscopy helped voluntary surgical sterilization become safer, simpler, and less expensive.



This reputation was reinforced by our pioneering work in long-acting reversible contraception, including strategies to expand access to safe insertion and removal of intrauterine contraceptive devices (including postpartum) and contraceptive implants. To increase access to contraception, we worked to make sure that these methods could be provided by nurses and midwives. Through the years, our resolve to increase access has continued, as we pushed to have services delivered closer to where women live, even at home. For example, under an initiative in 2010 in rural Kenya, we trained volunteer community health workers to safely offer that country's most popular method—injectable contraceptives. We've built upon this work to include self-injection.



Now, our expertise in family planning extends beyond training and service-delivery interventions. Global partners value Jhpiego—dedicated from the start to advancing FP2020, and now FP2030—for rigorous implementation research as well as advocacy and an aptitude for transforming systems and expanding method choice. With funding from the Gates Foundation and USAID, we have been at the center of envisioning mainstreaming of postpartum family planning and post-abortion family planning services and partnering with countries to reach their goals in these areas.

"Jhpiego's half century of work in expanding family planning access positions us to drive efforts to achieve the global goal of zero unmet need among women and girls," says Dr. Gathari Ndirangu Gichuhi, Jhpiego's director of family planning and reproductive health.

As a key partner in Advance Family Planning, we embraced a systematic approach to smart advocacy, revolutionizing our approach to family planning programming. This advocacy sought to accelerate policy and program objectives across West and East Africa, India, Pakistan, and the Philippines.

With support from the United Nations Population Fund and USAID's MOMENTUM Country and Global Leadership project, we are organizing coalitions of civil society groups to build their advocacy and accountability capacity across six countries.

1990

### SATELLITE LEARNING

Begins distance learning course via satellite in Jamaica.



1992

### ESTABLISHES GUIDELINES FOR PREVENTING INFECTIONS

Publishes global learning package on infection prevention.



1993

### OPENS FIRST FIELD OFFICE

Establishes first field office in Kenya.





Importantly, these coalitions advance country-owned and locally led goals and policies. In Zambia, for example, 25 diverse members from civil society and youth-led, faith-based, and community-based organizations with presence in 10 provinces have joined together.

Globally, Jhpiego aims to scale up postpartum family planning and expand the range of contraceptive methods available to clients at any point in time and place. “By working at subnational and district levels, we help unlock local resources not previously allocated to family planning but necessary to achieve global goals,” says Anne Pfitzer, a Jhpiego leader in family planning. One example is the Challenge Initiative, which Jhpiego leads in Kenya, Uganda, and Tanzania.

We have also helped scale up contraceptive implant services in several countries, notably leading an initiative for greater access to safe implant removal. Jhpiego has also been on the forefront of expanding access to the hormonal intrauterine device through the public health sector in Kenya and Zambia and will continue to partner with others to scale up to more countries.

Recent advocacy across West Africa that focused on self-injection—a game-changing method that puts the power of protection directly in women’s hands—paved the way for new work in Pakistan. There, Jhpiego leads research and advocacy efforts to scale up injectable contraceptives.

## WHAT’S NEXT?

*Jhpiego’s evolving reproductive health strategy will continue to emphasize integration of family planning services into immunization, gender and equity, primary health care, and other, non-health initiatives. We’re exploring ways to expand postpartum family planning in the private sector, increase access through unconventional channels, and use advanced analytics to design new programs.*

*In this era of self-care and individual rights, fertility awareness methods—including digital applications to track fertility and the lactational amenorrhea method—may make a comeback, Pfitzer predicts. “They’re not as highly effective but are entirely woman- and couple-controlled and not provider-dependent.”*

*As the clinical method mix expands, Jhpiego is committed to supporting health systems to offer as wide a range of contraceptive methods as feasible. Our bottom line is putting clients at the center of care, advancing gender equality, and empowering women and girls to decide what happens to their own bodies.*

“Jhpiego’s half century of work in expanding family planning access positions us to drive efforts to achieve the global goal of zero unmet need among women and girls.”

—Dr. Gathari Ndirangu Gichuhi



1993

### ESTABLISHES GUIDELINES ON FAMILY PLANNING

Publishes global learning packages on long-acting family planning methods.



1995

### CERVICAL CANCER RESEARCH

Begins research on cervical cancer prevention with the University of Zimbabwe.



1995

### BEGINS TO ADDRESS HIV/AIDS

Starts to tackle HIV/AIDS and integrate HIV/AIDS with family planning services.







## Women's cancers: Wisdom to advance progress

At 50 years young, we've acquired wisdom enough to celebrate failures as well as successes—especially those that sparked transformation and progress. A case in point: cervical cancer prevention.

Dr. Harshad Sanghvi initiated Jhpiego's earliest efforts in this area in the 1990s. He was motivated by his own experience as a clinician in Kenya, witnessing women suffer and die from a cancer that is both detectable and preventable. It's a slow-growing disease that ravages women, often between ages 35 and 44, when they are busy raising children, building careers, and caring for extended family.

Sanghvi and Jhpiego colleagues pioneered the single-visit approach. This approach includes a practical, clinically safe, and cost-effective alternative to the Pap test, which was unavailable to many women in low-resource settings. Collaborating on multiple studies that confirmed the safety and effectiveness of this screen-and-treat approach, Jhpiego introduced it to Thailand, Burkina Faso, Botswana, Kenya, and other countries across three continents.

Since the launch of the World Health Organization's cervical cancer elimination strategy in 2018, Jhpiego has adopted a multipronged approach to improve access to primary and secondary prevention services in low- and middle-income countries. As a part of this strategy, Jhpiego introduced newer technologies, including tests for human papillomavirus (HPV), which causes most cervical cancers, and thermal ablation for secondary prevention and HPV vaccines for adolescents as primary prevention.

"For the first time in the history of cervical cancer prevention efforts, we have a clear goalpost: that of the 90-70-90 targets for 2030. In pursuit of these targets, we need to flip the paradigm from programming based on usage (of services) to coverage-based programming. While retaining a focus on clients, programs should be oriented to achieve population-based coverage of screening services to help countries reach the targets for 2030," says Dr. Somesh Kumar, Jhpiego's senior director of new initiatives and innovations.

"Embedded in these 2030 targets is the role of both HPV vaccination and HPV-based screening services to protect the woman of today as well as the generations of tomorrow's girls. The good news is that we have the tools to do both so that we don't have to make a choice between the two. That is what WHO [the World Health Organization] recommends and that is what Jhpiego is helping countries do."



1996

### SETTING PERFORMANCE STANDARDS

Launches PROQUALI in Brazil, foundation of the Standards-Based Management and Recognition® (SBM-R®) approach to performance and quality improvement.



1996

### WORK IN MATERNAL HEALTH

Begins work in maternal health care, co-sponsors international meeting.



1998

### FIRST GLOBAL MATERNAL AND NEWBORN HEALTH PROGRAM

Begins first global maternal and newborn health program, funded by USAID; increases emphasis on community involvement.





Jhpiego partnered with Gavi, the Vaccine Alliance, to help introduce HPV vaccines in many countries in Asia and sub-Saharan Africa. We are currently working with the Gates Foundation to accelerate expanded access to HPV vaccines.

In partnership with Unitaid, we are now working in four high-burden countries—Burkina Faso, Côte d'Ivoire, Guatemala, and the Philippines—to provide HPV DNA screening for women, many of whom are among the most vulnerable to cervical cancer because they are living with HIV. We are also ramping up self-collection of specimens for HPV testing in Guatemala and the Philippines, leveraging the research study we conducted in Botswana. Our team also advocated for the introduction of the HPV vaccine in Pakistan and India and advised health officials on how to maintain services in Zambia, Liberia, Côte d'Ivoire, and Tanzania, where we had helped to introduce the vaccine.

Aligned with our support of WHO's cancer elimination strategy, Jhpiego has explored new ways to introduce breast cancer services into women's health programs and provide clinical breast exams and education on signs and symptoms of breast cancer, the second leading cancer killer of women in low- and middle-income countries.

## WHAT'S NEXT?

*Building on the bedrock of our technical excellence, Jhpiego's new women's cancer strategy focuses on advancing HPV screening, market-based solutions, the latest technologies, and new partnerships to rapidly expand access to lifesaving prevention and treatment services and products. To ensure equitable access to screening and early diagnostic services for both breast and cervical cancers, Jhpiego is testing artificial intelligence-based tools at the point of care to enable health care providers and physicians to offer screening and early diagnosis services closer to communities.*

*"Jhpiego has value to add not only by establishing new programs and introducing new tools and approaches," says Maura McCarthy, Jhpiego's senior technical advisor for women's cancers, "but also by convening global funders to reveal the big gaps that exist in women's cancer prevention and care."*



1999

### LAUNCH OF ALLIANCE FOR CERVICAL CANCER PREVENTION

Helps form Alliance for Cervical Cancer Prevention; receives Gates Foundation funding to expand cervical cancer program.



1999

### BEGINS WORK ON MALARIA

Begins work on malaria in pregnancy projects in Kenya and Burkina Faso.







“We have a whole arsenal of tools that we are using systematically against malaria, and we are seeing improvements in outcomes.”

– Dr. Gladys Tetteh  
Jhpiego’s director of malaria



## Infectious Diseases

### Integrating malaria care and treatment into women's health

Malaria, an ancient disease, is still one of the most serious global health problems, yet it is preventable and curable. Pregnant women and children under five are most at risk of dying from malaria, so we've concentrated our efforts on these populations.

Our work in malaria began in the early 2000s, building on our mandate in maternal and newborn health by integrating malaria in pregnancy services into antenatal care in Burkina Faso and Kenya. This initiative rapidly expanded across the continent and to Asia. Our efforts centered on supporting national malaria control and reproductive health programs to increase the number of pregnant women who received at least one dose of an antimalarial preventive therapy and an insecticide-treated bed net during their pregnancy.

Today, Jhpiego works in the community and at the national and global levels to strengthen health care services for people of all ages to prevent, diagnose, treat, and eliminate malaria. We participate in, and have held leadership positions in, Roll Back Malaria working groups and we partner with U.S. government agencies (U.S. President's Malaria Initiative), global agencies (WHO, Unitaid, and Global Fund to Fight AIDS, Tuberculosis and Malaria), and the private

sector (ExxonMobil and the Gates Foundation).

We support national malaria control programs to achieve effective malaria programming and implementation. This includes working with countries to overcome barriers to access, quality, and uptake of malaria services so that women and their families can benefit from WHO's evidence-based recommendations.

By partnering with countries, we maintain our long-standing global technical leadership in prevention and management of malaria in pregnancy. Our staff supports national efforts to ensure that all pregnant women receive comprehensive care, including antimalarial preventive therapy and an insecticide-treated net.

To further advance prevention efforts, we are leading an innovative, community-based approach that complements antenatal care and offers all eligible pregnant women more opportunities to protect themselves from malaria. This approach—currently implemented in the Democratic Republic of the Congo, Madagascar, Mozambique, and Nigeria—is dramatically increasing the number of pregnant women receiving antimalarial preventive therapy.



2000

#### GLOBAL MANUAL ON COMPLICATIONS DURING PREGNANCY

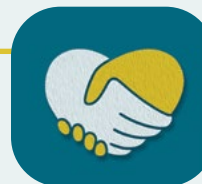
Develops global manual, in collaboration with WHO, "Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors."



2001

#### CO-FOUNDER OF WHO CONSORTIUM

Becomes founding member of WHO's Implementing Best Practices Consortium.



2001

#### HIV PROGRAM IN JAMAICA

Begins work in HIV voluntary counseling and testing through a USAID-funded project in Jamaica.





In Burkina Faso, Cameroon, Guinea, and Mali—in the Sahel region of Africa—we are supporting national seasonal malaria chemoprevention campaigns by giving children under five an antimalarial medicine during the rainy season, when transmission often spikes.

Jhpiego also collaborates with national malaria control programs to improve case management at facility and community levels by building the capacity of health workers to increase the percentage of people with suspected malaria who receive a parasitological test and appropriate treatment for confirmed uncomplicated and severe malaria cases.

And, we are working with countries to improve their ability to collect and analyze data and use it to make decisions. This includes surveillance and monitoring activities so countries can map cases, to know where the burden of malaria is, and to track down cases, which is especially important in countries working to eliminate malaria. Jhpiego also supports national malaria control programs' learning agendas through operational and implementation research.

## WHAT'S NEXT?

*We will continue collaborating with countries on prevention, surveillance, and case management as elimination efforts increase. In addition, we are leveraging data analytics, innovation, and market solutions to expand into new malaria program areas such as preventive treatment of malaria in infants. And, with the WHO's approval of the first malaria vaccine, we will ramp up efforts to build countries' vaccine infrastructure.*

*"We have a whole arsenal of tools that we are using systematically against malaria, and we are seeing improvements in outcomes," says Dr. Gladys Tetteh, Jhpiego's director of malaria, who as a young doctor in Ghana saw too many young children die from malaria. "I am proud to lead Jhpiego in joining the global effort to end malaria using a widened malaria-fighting arsenal."*



2001

### FUNDING FOR HIV PROGRAMS

Receives first funding from CDC for HIV/AIDS work.



2003

### PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV

Develops global learning package on preventing mother-to-child transmission of HIV with CDC, WHO, and university partners, enabling global scale-up.



2003

### MALE REPRODUCTIVE HEALTH

Begins work on male circumcision and male reproductive health project in Zambia.







## HIV: We're unrelentingly hopeful

Jhpiego began its work in HIV two decades ago. During this time Kelly Curran—Jhpiego's senior director for HIV and infectious diseases and project director of the Reaching Impact, Saturation, and Epidemic Control (RISE) project—has witnessed a shift from one decade to the next. "The story of HIV in the last 10 years is almost unrelentingly hopeful," she says. "It's about science getting applied at a scale large enough to change the course of the HIV pandemic."

Fundamentally, it's also a Jhpiego story, given our close alignment with the U.S. President's Emergency Plan for AIDS Relief, the largest commitment ever by any nation to address a single disease. We hold global leadership roles, not only as the most important partner for voluntary medical male circumcision (VMMC)—

an evidence-based biomedical HIV-prevention intervention that reduces female-to-male transmission by approximately 60% and thus disrupts HIV transmission—but also in the introduction of oral pre-exposure prophylaxis, known as PrEP.

Our deep experience in building a skilled, confident health workforce positioned us at the center of empowering nurses to initiate and manage antiretroviral therapy (ART)—a combination of HIV medicines which, when taken daily, can help people with HIV live longer, healthier lives. This success paved the way for PrEP services to also be led by nurses. "There was literally no question that nurses would be the main prescriber of PrEP," Curran says, adding that Jhpiego has been working hard to engage pregnant and breastfeeding women in PrEP to prevent HIV and keep them healthy.

The aim now is to make PrEP more widely available through pharmacies and e-pharmacies. And for those on ART, the priority is multi-month distribution to make it easier for stable clients to adhere to their treatment.

All this remarkable progress made toward HIV-epidemic control has provided valuable lessons and assets for the global COVID-19 response. "To some extent, HIV is the playbook for how to control an infectious disease pandemic," says Curran.



2003

### PUBLISHES GLOBAL MANUAL ON NEWBORN CARE

Develops global manual, in collaboration with WHO, "Managing Newborn Problems: A Guide for Doctors, Nurses, and Midwives."



2004

### SECOND GLOBAL MATERNAL AND NEWBORN HEALTH PROGRAM

Begins second global maternal and newborn health program (ACCESS Program), funded by USAID.



2008

### ESTABLISHES GUIDELINES ON MALE CIRCUMCISION

Develops global learning package on male circumcision with WHO and UNAIDS, which is endorsed by PEPFAR for scale-up.







As of September 2021, our colleagues served 23,320 adolescent girls and youth in six countries.

#### Highlights of Jhpiego's work include:

- South Africa's National Department of Health was one of a dozen national government agencies to partner with Jhpiego over the past decade to scale up VMMC in East and Southern Africa, where Jhpiego has supported the provision of VMMC to more than five million men and adolescent boys. Although heavily impacted by COVID-19, Jhpiego-supported and U.S. government-funded VMMC services reached 249,914 men and adolescents in eight southern and eastern African countries between October 2020 and September 2021.
- Success with VMMC led Jhpiego to take HIV-prevention efforts further. Supported by the Gates Foundation and the government of Kenya, and using evidence generated from PrEP research, we rolled out an innovative national prevention strategy through Kenyan health facilities and communities. Known as Jilinde, the project exceeded its target of 20,776 people on PrEP, contributing about a third of those currently on the prophylaxis in the country. Building on this work, Jhpiego played a key role in introducing and expanding PrEP in seven other African countries.
- Jhpiego continues to play an important role in reaching girls and young women with lifesaving HIV prevention and treatment services. As of September 2021, our colleagues served 23,320 adolescent girls and youth in six countries through programs supported by the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) initiative. Jhpiego's story is one of primary prevention, but since 2014, with a global mandate to treat all, our efforts have focused on finding people with undiagnosed HIV, putting them on treatment, and helping them adhere to it, so that they reduce their viral load and no longer transmit HIV.

2008

#### MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM (MCHIP)

Begins third global maternal, newborn, and child health program, funded by USAID.



2009

#### DEVELOPS RESOURCE FOR MALARIA PREVENTION

Publishes global malaria in pregnancy resource package (CD-ROM) in three languages.



2010

#### LAUNCH OF ACCELOVATE

Partners with JHU Center for Bioengineering Innovation and Design (CBID), Johns Hopkins Center for Global Health, and global health nonprofit Population Services International to provide solutions to address global health priorities through USAID-funded Accelovate.







“Treatment as prevention is important, but people at risk of HIV shouldn’t have to depend on their sexual partners to be virally suppressed,” Curran says. “They should also be able to protect themselves. That’s why PrEP and male circumcision are still important.”

Much of our work in male circumcision paved the way for current efforts to engage men with HIV treatment services. As a result, we’ve emerged as a leader in effectively reaching men.

“The world has seen huge progress in treatment,” says Curran, who joined Jhpiego in 1998. “Mortality is down by more than half, and HIV infections are down by half in East and Southern Africa, despite a lot of variability regionally.”

During HIV’s peak years, there were more than two million AIDS deaths annually. Now, mortality has dropped to 750,000 a year.

## WHAT’S NEXT?

As one of the first international organizations to introduce and scale up oral PrEP, we are now preparing for injectable PrEP, which lasts for eight weeks, is easier to use than daily pills, and is more private—there are no suspicious-looking pills to deal with. The goal is for this new prevention intervention to attract more clients. To that end, Jhpiego is working on an implementation science project to pilot PrEP as self-care, using HIV self-testing and e-pharmacy PrEP delivery in Kenya, to reach high-risk individuals who aren’t well served by traditional health facilities.

“As somebody who’s worked in HIV for a long time, I can say it once seemed like a completely overwhelming, out-of-control problem,” says Curran. “All of our efforts were like a game of whack-a-mole, like putting a Band-Aid on a gaping wound.”

“We’re really in a different place now.”



“(Hosting) the 1st Virtual HIV update meeting, it was really a success with a lot of technical support from the Jhpiego team.”

— Dr. Francis Ssali, deputy executive director, Joint Clinical Research Centre, Uganda

2010

### GLOBAL MEETING ON TOP CAUSES OF MATERNAL DEATHS

Supported by USAID and implemented by Jhpiego, MCHIP holds a global conference on excessive bleeding after birth and pre-eclampsia/eclampsia, a hypertensive disease during pregnancy, in Ethiopia for African leaders across the continent.



2010

### PARTNERS WITH UNIVERSITY BIOENGINEERING PROGRAM

Partners with JHU Center for Bioengineering Innovation and Design (CBID), a unique collaboration with student engineers and faculty, to develop highly affordable technology to meet pressing global health needs.




2011

### PARTNERS WITH LAERDAL GLOBAL HEALTH

Jointly develops a training program, “Helping Mothers Survive,” for health workers to use a realistic training simulator, MamaNatalie, to teach lifesaving skills for mothers at the time of delivery.







“Strong health systems  
are central to equitable  
access to health care services  
and for a world prepared for  
global health threats.”

– Stacie Stender, director,  
*Enhancing Global Health Security*



## Strengthening Health Systems

### Building capacity of health workers through the digital age

Over the past 50 years, we've learned a lot about how health workers can improve their skills and knowledge and, ultimately, health outcomes for patients.

"We continue to evolve with the evidence," says Julia Bluestone, Jhpiego's team lead for health workforce. "We have worked to make sure our programs are evidence-based and impactful."

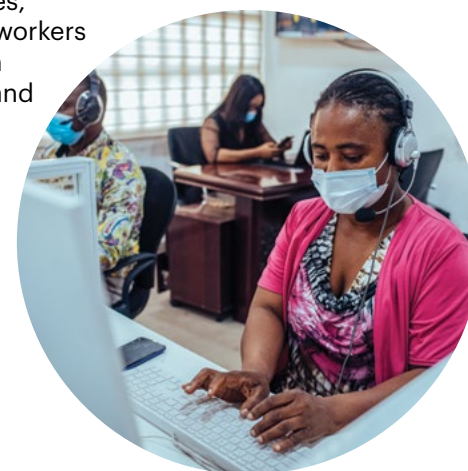
Jhpiego had its start five decades ago as the Johns Hopkins Program for International Education in Gynecology and Obstetrics. Our first training programs, in the early 1970s, flew doctors and nurses from low- and middle-income countries to the United States to be trained in family planning and reproductive health skills and then to return home to teach their peers.

To increase our impact, we shifted to helping countries establish their own national training systems, composed of locally based trainers and training sites. These programs used materials that emphasized competency-based learning techniques for pre-service education of students and in-service training of health care workers. We also supported onsite training and on-the-job supervision over less-effective classroom-based instruction.

Later, we helped countries integrate advancing technology into their programs—starting with satellites, CD-ROMs, and flash drives, and now the internet, mobile phones, and tablets. Today, we are pushing beyond traditional in-person training and supportive supervision systems toward virtual learning.

Based on our systematic review of in-service training for health workers, we prioritize blended learning to improve access to learning anytime, anywhere. Our training programs moved from offsite locations to health facilities. We deliver clinical content at the job site during short simulation-based learning activities, spaced over time to optimize learning. Health workers engage in ongoing practice sessions to sustain what they've learned. Countries across Africa and Asia use this approach to significantly improve health outcomes for mothers and newborns, persons living with HIV or in malaria-endemic countries, and many in other situations.

Today, our capacity-building efforts along with frontier technology, data analytics, and behavioral science are the four levers Jhpiego engages to accelerate clinical and program progress.



2011

#### CO-FOUNDER OF DAY OF BIRTH ALLIANCE

Works with CBID and not-for-profit medical device company Laerdal Global Health through integrated innovation and shared commitment to save the lives of mothers and babies before, during, and following the Day of Birth.



2012

#### RAISES AWARENESS ON CERVICAL CANCER

A Jhpiego-supported team of Johns Hopkins engineering students takes first prize in a national biomedical engineering competition with Cryopop, a low-cost medical device that uses dry ice for the treatment of cervical precancerous lesions.



2012

#### "SUCCESS IN SAVING MOTHERS" EVENT

Event in New York on "Success in Saving Mothers" focuses on ways to sustain progress in significantly reducing childbirth-related deaths worldwide.







Recognizing that training alone does not improve health worker performance, Jhpiego has created virtual learning networks to improve the quality of health services and team performance. Expert teams at high-level facilities and project hubs connect with providers at their workplace. These mentorship efforts focus on using client-outcome data to improve health workers' learning and performance.

This method has been used to develop innovative in-person and virtual mentorship programs for surgical teams in Tanzania to improve safe surgery outcomes.

## WHAT'S NEXT?

*We are scaling up our use of technology to support mobile-social learning, digital data collection, and information sharing. We recognize the power of behavior change and are expanding use of behavioral nudges or interventions to improve performance.*

*Looking ahead, we support investing in the use of mobile technology and devices to increase access to digital learning opportunities and social platforms. Health workers can benefit from digital professional networks by sharing experiences, exchanging knowledge, and finding support and connections.*

## Primary health care: Greater than the sum of its parts

Throughout our history, the core of Jhpiego's work has been to support the health workforce to provide client-centered, high-quality services. We set trends in the 1990s by delivering high-quality training and improving skills of health workers to help countries build a competent, confident health workforce. However, a skilled health workforce is just one piece of a strong health system.

"Strong, resilient health systems require more than competent health care providers," says Chantelle Allen, senior technical advisor for primary health care. "Health care workers need a supportive environment and systems that provide critical items, such as equipment, supplies, medicines, laboratory services, surveillance, data, and oversight. When we work with service providers and these systems, we can achieve better health care."

In response, Jhpiego evolved our strategies to work with countries to engage and support not only their health workers, but also their health system as a whole. By focusing on all levels of the health system—national, regional, district, health facility, and community—country partners can strengthen their systems and enable each level of health worker—community health workers, nurses, midwives, pharmacists, lab technicians, and physicians—to do what they do best: care for their clients.

2012

### MILESTONE FOR GLOBAL FLAGSHIP PROGRAM

USAID-funded flagship Maternal and Child Health Integrated Program (MCHIP), which is led by Jhpiego, achieves new heights by working in more than 40 countries.



2012

### MCHIP OPENS NEW PROGRAM IN SOUTH SUDAN

Through this program, Jhpiego/MCHIP educates community health workers in South Sudan to prevent postpartum hemorrhage, the leading cause of maternal deaths worldwide.



2014

### RECEIVES PRESTIGIOUS UNFPA AWARD

UNFPA presents Jhpiego with the 2014 United Nations Population Award in recognition of its outstanding contributions to addressing population issues and developing effective solutions.





A strong health system is critical to advance primary health care and vital for countries to provide inclusive, effective, and efficient health care and achieve universal health coverage for their people. We are doubling down on our efforts to strengthen systems to assist health ministries to increase the quality of, access to, and use of primary health care that is coordinated, continuous, comprehensive, client centered, and community owned.

We also understand more clearly than ever that strong primary health care systems are a key tenet of global health security, and universal health coverage and pandemic preparedness are two sides of the same coin. With new initiatives and new funding from long-standing partners, such as the U.S. Centers for Disease Control and Prevention (CDC) and USAID, Jhpiego is fortifying regional, country, and sub-national-level health systems to respond to the ongoing COVID-19 pandemic and prepare for other emerging infectious diseases and global health security threats.

“Local solutions, relationships, and coordination drive our efforts to strengthen health systems,” says Stacie Stender, project director of the CDC-funded Enhancing Global Health Security project and senior technical advisor for HIV and infectious diseases. “Over the last couple of years, the lesson has become abundantly clear that COVID-19 anywhere is COVID-19 everywhere.”

## WHAT'S NEXT?

*To realize more efficient, cost-effective, and higher-quality primary health care, Jhpiego is employing a dynamic combination of technology solutions, human-centered design, innovative service-delivery platforms, workforce interventions, and private sector partnerships. This looks different in different countries. For example, we joined with the Ministry of Health in Indonesia, through the SHARE project, to codesign and implement a new model for primary health care that optimizes technology for more efficient diagnosis of childhood diseases and other illnesses. In Kenya, we are working with the private sector to develop and demonstrate a virtual care model for the provision of PrEP, while in India we are supporting the state of Uttar Pradesh to improve the utilization of its telemedicine platform.*

*“Strong health systems are central to equitable access to health care services and for a world prepared for global health threats,” says Stender.*



2014

### RESPONDS TO EBOLA EPIDEMIC IN WEST AFRICA

Jhpiego supports the governments of Guinea and Liberia to fight Ebola, paving the way for subsequent work addressing emerging infectious diseases worldwide, such as the Zika virus and COVID-19.



2016

### STARTS ORAL PREP AGAINST HIV

Under the Jilinde project in Kenya, Jhpiego begins supporting oral pre-exposure prophylaxis for HIV—PrEP for short—for people at high risk of HIV infection.



2017

### RECEIVES FIRST-EVER CONTRACT FROM UNITAID

Unitaid awards Jhpiego the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project for community intermittent preventive treatment of malaria in pregnancy in four countries.





“On behalf of Mayor Scott and the residents of Baltimore City, I want to thank Jhpiego for its support and technical support lent to the City’s COVID-19 response efforts since June 2020. Your team’s knowledge and experience building disease investigation capacity helped inform our efforts related to COVID-19 contact tracing.”

— Dr. Letitia Dzirasa,  
Baltimore’s health commissioner



BALTIMORE  
CITY HEALTH  
DEPARTMENT



# Pandemic Preparedness and So Much More

With an increased focus on global health security, resilient health systems need to prepare for, predict, prevent, detect, and respond to infectious disease outbreaks. Since the start of the pandemic, Jhpiego has marshaled its experts and experience in infection prevention and control and other interventions to support countries' response to COVID-19. The focus has been on expanding diagnostic capability, strengthening health worker competencies in the care of clients, and equitably delivering lifesaving vaccinations. 2021 was no exception.

Our partnerships with 18 governments on three continents led to responsive policies and plans for vaccine delivery and national immunization campaigns designed to reach women, men, and families in their communities and at their doorsteps. With support from USAID, CDC, Gavi, the Gates Foundation, and local partners in South Africa and Baltimore, Maryland, tens of thousands of health workers and personnel received pandemic-preparedness training centered on robust infection prevention and control measures.

We helped strengthen information systems to better track who was being vaccinated with which vaccine and to report on adverse events. We coached community health volunteers and vaccinators to educate citizens about the COVID-19 vaccine to dispel myths and misconceptions about its efficacy and impact. Jhpiego-led efforts, through our partnership with a Kenyan technology start-up, applied artificial intelligence to social media listening to counter misinformation. A major contribution involved Jhpiego teams who pivoted from their work on HIV-related and other health programs to add vaccination to their services.



“On behalf of USAID, this is to express our gratitude for your leadership and coordination of last week’s Global Vax Launch. The success of the event is fully attributed to the great work and commitment of the Jhpiego team.”

— Justine Miremba, senior care and treatment advisor, U.S. Embassy Maseru, Lesotho

2020

## JOINS FIGHT AGAINST COVID-19 AT HOME AND ABROAD

Jhpiego supports government responses to COVID-19 worldwide; in Baltimore, where it’s headquartered, Jhpiego works with the City Health Department to support contact tracing and care coordination.



2020

## RECEIVES CDC AWARD FOR GLOBAL HEALTH SECURITY

Based on Jhpiego’s work in emerging infectious diseases including COVID-19, CDC gives Jhpiego a 5-year grant, called Enhancing Global Health Security, to support countries to improve prevention of avoidable epidemics.



2021

## REACHES 5 MILLION MEN WITH VMMC

More than 5 million men and youth across sub-Saharan Africa have reduced their lifetime risk of HIV infection by accessing Jhpiego-supported services for voluntary medical male circumcision, or VMMC.





“We at the MoPH [Ministry of Public Health] would like to take this opportunity to thank and appreciate the Jhpiego RISE project’s contribution to fight the COVID-19 pandemic in Afghanistan.”

— Dr. Abdul Qadir, general director for policy and planning, Ministry of Public Health, Afghanistan

Buoyed by this strategic support and a commitment to safety, ministries of health rolled out vaccine campaigns led by skilled, dedicated providers and offered enhanced monitoring and quality improvement measures. In Lesotho, South Africa, Liberia, and elsewhere, Jhpiego drew from previous on-the-ground experience and local partners to help scale up campaigns.

In Pakistan, our teams trained supervisors to monitor mass immunization centers that were vaccinating for the first time to ensure high-quality and rapid solutions to problems. The Jhpiego-led RISE program in India developed a model COVID-19 vaccination center to demonstrate high-quality services. In Baltimore, our home town, we shared our experience of community mobilization from our work around the world to help the city health department reach the most vulnerable and creatively counter rumors and misinformation.

The vaccine campaign in Zanzibar, the island territories aligned with Tanzania, exemplified Jhpiego’s ability to mobilize experience and experts for a successful outcome. Through USAID’s MOMENTUM Country and Global Leadership, Jhpiego assisted local health officials in advancing their COVID-19 response. Jhpiego drew on the project’s childhood immunization work and its partnership with the Johns Hopkins International Vaccine Access Center to rapidly scale up access to COVID-19 vaccinations.

Abdulhamid Ameer Saleh, immunization coordinator in Zanzibar’s Ministry of Health, explains: “Before Jhpiego support, we had vaccinated 49,000 people in both Unguja and Pemba isles in three months following the launch of the national COVID-19 vaccination campaign in June. When Jhpiego stepped in to work with us, in just one week of intensive outreach vaccination, we vaccinated 23,000 people—almost half the number of people we vaccinated in three months. We did all this in seven days.”

Saleh attributes the campaign’s effectiveness to Jhpiego’s preparedness training of health workers and an advocacy campaign among religious leaders, the media, and other influencers.

Health Officer Shemsa Juma Ramadhani describes what frontline health workers faced: “There were so many mixed messages out there. Some of the misleading information about COVID-19 came from leaders and



## 2022 AND BEYOND

For five decades, Jhpiego has brought an innovator’s mindset to global health, catalyzing new solutions to accelerate progress for women and families across the world. From Latin America, to Africa and Asia, and even here in our hometown of Baltimore, we’re using new technologies, big data, and respectful, culturally relevant efforts to improve health. Together, our impact will shape the next 50 years.





respected people in the community. People did not know who to trust. Some blatantly refused to observe the infection prevention and control measures—like washing of hands, social distancing—we had put in place at the health facility. We have never relented. We've kept going, doing our work, playing our role."

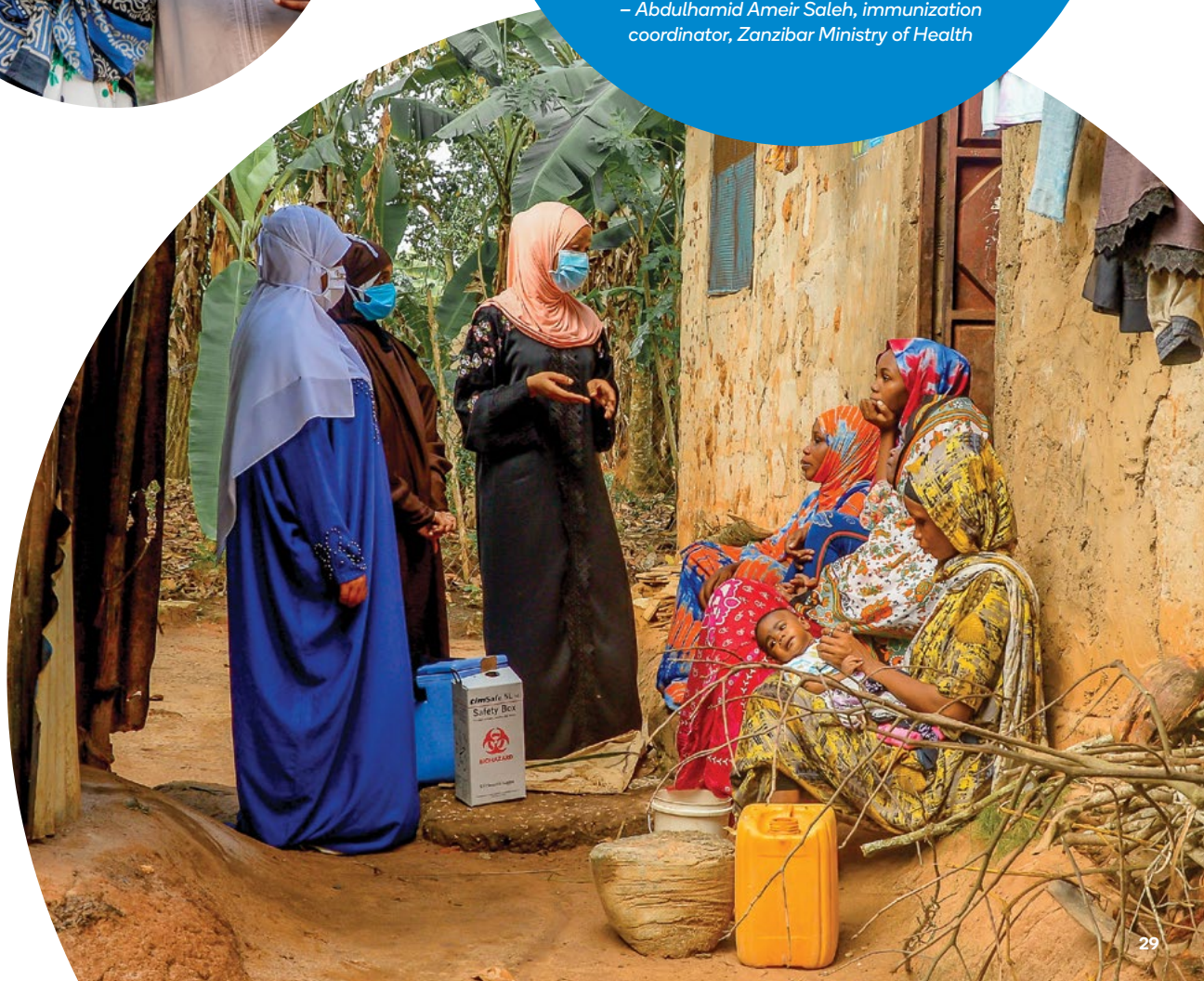
Immunization Coordinator Saleh shares the situation in the Pemba islands. "Before rolling out the Jhpiego-supported outreach programs, Pemba isles were performing poorly, with less than 10,000 (out of the 49,000) vaccinated against COVID-19," he says. "We had the vaccine. The problem was the trust. People were hesitant. Things started to work when religious leaders, politicians, and the media returned to the community with new messaging and reassurance."

"The third critical component Jhpiego helped us introduce was taking services to the community through outreach campaigns," Saleh says. "Initially, we only provided COVID-19 vaccinations at health facilities. With [MOMENTUM Country and Global Leadership] support, we took services to where people are. In the streets. By bringing services to doorsteps, we made it easier for people to make decisions, especially those who wanted to but were hesitant to walk the distance to health facilities."




"The Jhpiego support was a massive lift. By mid-December 2021, 138,250 people had received COVID-19 vaccinations in Zanzibar. Our target is to reach a coverage of 40% [about 200,000 people vaccinated against COVID-19] by the end of the year. And reach 80% of the population by the end of next year."

— Abdulhamid Ameir Saleh, immunization coordinator, Zanzibar Ministry of Health







Jhpiego's cross-cutting technology accelerates access to and improves health services to provide quality care for women, from the early days of their pregnancy through the safe birth of their children and beyond.



# Driving Impact through Technology, Data, and Design: Spotlight on India

A lot of attention has been paid to the drive to use technology to accelerate access to and improve health services, the push to marshal data for change, and the emphasis on human-centered design. Jhpiego's cross-cutting accelerators include all these as well as a reimagined system to prepare and train the health workforce in the digital age. In India, Jhpiego is capitalizing on smart technology and real-time data to advance a continuum of care for pregnant women. It's but one example of transformative approaches to improve delivery of care for new mothers and their babies.

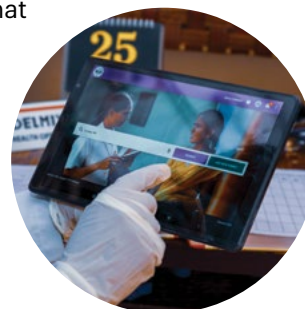
## Frontier technology in rural India improves pregnancy care

In the mountain villages of northwestern Rajasthan, the health of pregnant women and women who've recently delivered can be tracked through an app and a unique identification number. These two simple pieces of technology provide Nurse Sumitra Kumari Bhamawat and her colleagues in the Gogunda community health center with the information they need to provide quality care for women, from the early days of their pregnancy through the safe birth of their children and beyond.

Critical information for decision-making appears on an Android tablet in the labor ward of this health center, where as many as 100 women give birth monthly. The app, called "Prasav [Delivery] Watch," keeps a close watch on women in labor, flashing a red light if something is amiss. It's the future of maternal health care in overburdened, understaffed rural health facilities such as this one. For Jhpiego, the future is now.

Supported by the Rajasthan government, Prasav Watch is the outcome of a successful Jhpiego-led program, Alliance for Saving Mothers and Newborns, that first tested this tablet-based monitoring and decision-support tool in labor rooms. The results were significant. Use of e-partographs—a graph of vital observations (for example, cervical dilatation, mother's pulse, blood pressure, temperature, and fetal heart rate) that presents an overview of the mother and her fetus during labor that can identify problems and allow for early interventions—rose from 30% to 70% within 18 months. Stillbirths during or just before onset of labor fell from 8.36 to 6.05 per 1,000 births.

The work in Rajasthan, honed over a decade, is among the frontier technology solutions advanced by Jhpiego to strengthen, enhance, and accelerate delivery of quality care from Ghana to the Philippines. For example, in Nigeria, Jhpiego developed a tool to predict an HIV client's adherence to treatment; to help prevent interruptions, clients are provided with tailored HIV care and services. In Indonesia, data from a four-year Post Pregnancy Family Planning Choices study was used to develop a predictive model for the uptake of family planning methods during the postpartum period.







**“The fact that a global health organization like Jhpiego is led by a nurse is, in itself, very motivational for the nursing fraternity in India. Ever since we signed our first Memorandum of Understanding (MoU), the Indian Nursing Council and Jhpiego have collaborated on various pathbreaking projects. Together, we established the very first state-of-the-art simulation center which now provides skill building and professional development opportunities for nursing students from across India and abroad. I owe a lot to Jhpiego and especially want to thank Dr. Leslie Mancuso for her continuous support.”**

*– Dileep Kumar,  
nurse and president,  
Indian Nursing Council*

“In my 18 years as a nurse, I could never imagine that I would see so much progress in services to moms and babies,” says Nurse Sumitra, commenting on the impact of Prasav Watch on her duties.

“Earlier record keeping was not so systematized. After Jhpiego trained us on using the app, we record the mother’s vitals every half an hour. This helps us chart all her parameters and even catch life-threatening conditions in time. Referrals have reduced. Even if we do need to refer a woman, Prasav Watch alerts the referral site about the incoming client and transmits all her records before her arrival. This reduces delays at a time when each minute is precious.”

In India, frontier technology is being used to establish better coordination across the continuum of maternity care, so that every mother’s and child’s information is comprehensively available to a health worker at every stage—from pregnancy to childbirth and beyond. For this, Jhpiego, along with its partners, is designing a replicable and scalable digital platform as part of a project



called Antenatal Risk Stratification–Intelligent Continuum of Care (ARS-iCoC).

Auxiliary nurse midwives conducting antenatal care are given smartphones with an app to enter the woman’s history and vitals. Each woman gets a 16-digit unique ID number, which she provides to labor room staff, such as Nurse Sumitra. With that number, Nurse Sumitra can pull up her complete antenatal history into the Prasav Watch app. “Earlier, we needed to ask many questions to the mother. This saves us a lot of time, which we use in attending to other laboring mothers,” said Nurse Sumitra.

Through ARS-iCoC, Jhpiego is now developing predictive models to identify women at risk of complications during childbirth. Another innovation is using Internet of Things (IoT)—integrating point-of-care devices with the antenatal care and Prasav Watch applications via Bluetooth. For example, when a pregnant woman stands on a weighing scale, this IoT device will relay her weight right into the app, minimizing measurement biases and data inaccuracies. Integrated IoT devices will also be provided in labor rooms to measure blood pressure, uterine contractions, fetal heart rate, and pulse-oximetry.

Nurse Sumitra is excited about the technology at her fingertips. “I knew we would get opportunities to learn more, to gain new skills. But definitely did not envision digitization to help us function more efficiently. Never thought technology would help us save lives.”









# Country Highlights



## Burkina Faso

As part of strategic efforts to advance access to quality cancer-prevention services in Burkina Faso, the Minister of Health committed to offering HPV testing. In addition, busy private hospitals agreed to offer low-cost HPV testing to expand access to these lifesaving services for women. Coupled with key investments from the Unitaied-funded SUCCESS project, the drive to eliminate cervical cancer received critical support in Burkina Faso.

To maintain essential services, Jhpiego's Burkina Faso team increased the number of health districts providing malaria testing and treatment services for children; strengthened skills of health workers to provide quality family planning and post-abortion care services; and increased community distribution of family planning commodities, including self-injectables.



## Ghana

The government, supported by the USAID-funded RISE project, prioritized preparing health workers to manage critically ill patients hospitalized with COVID-19. Nearly 500 health workers across 30 health facilities participated in specialized training in the planning, use, and management of oxygen therapy. The project team used teleconferencing to continue skills building and mentorship of health care providers. In addition, four major hospitals received infrastructure support to improve the supply and delivery of oxygen, bolstering the care and treatment of COVID-19 patients. During this past year, Jhpiego also helped strengthen outpatient services for malaria prevention and treatment and antenatal care, which had been curtailed by the pandemic.



## Indonesia

With strategic support from MOMENTUM Country and Global Leadership, the government of Indonesia developed guidelines on the self-isolation of pregnant women and babies diagnosed with COVID-19. MOMENTUM Country and Global Leadership and its partner, MOMENTUM Private Healthcare Delivery, organized a series of webinars on this critically important topic for health workers and nongovernmental organizations. More than 1,000 people attended. The teams promoted the guidelines on talk shows and in media campaigns. MOMENTUM also produced an educational video on COVID-19 vaccination for pregnant women that was aired in health center waiting areas in 22 districts. More than 550 community health workers also received training on this information.





## Malawi

Building on its strong local partnerships and expertise in community education, Jhpiego's Malawi team focused their initial COVID-19 response on providing accurate and timely information about the virus through its networks and educating clients, providers, and vulnerable populations on effective infection prevention measures. Through the CDC-funded Gateway project, Jhpiego developed a COVID-19 contact tracing model to help prevent the spread of the virus and trained dozens of health workers on this approach. The Lilongwe District Health Office adopted the model, leading to early detection and management of cases. The Malawi team also worked simultaneously to prevent disruption in services for people living with HIV: peer educators and community health workers delivered supplies of medicines to clients, and nurses were reassigned from HIV prevention work to provide HIV treatment to clients and backstop COVID-19 health workers.



## Nigeria

Through the RISE project, Jhpiego's staff in Nigeria provided robust support to the government's COVID-19 prevention and treatment response. Teams in key states led comprehensive education and training sessions for health workers and deployed technology and artificial intelligence to counter misinformation campaigns and vaccine hesitancy. They also ensured that 100,000 people living with HIV continued to receive care and treatment during lockdowns. Strategic partnerships supported development of the national COVID-19 vaccine preparedness plan, dissemination of risk communication materials and protective equipment, and mentorship of health workers to properly carry out pandemic protocols. Through Jhpiego's work, women continued to receive maternal health services such as antenatal and postnatal care in 40 facilities through the Reducing the Indirect Causes of Maternal Morbidity and Mortality project, known as RICOM3.



“Your success on the OTZ [Operation Triple Zero] work is quite inspiring. Please reach out to your team and let them know that their work is being recognized and we appreciate the efforts to reach adolescents as a key component of achieving epidemic control.”

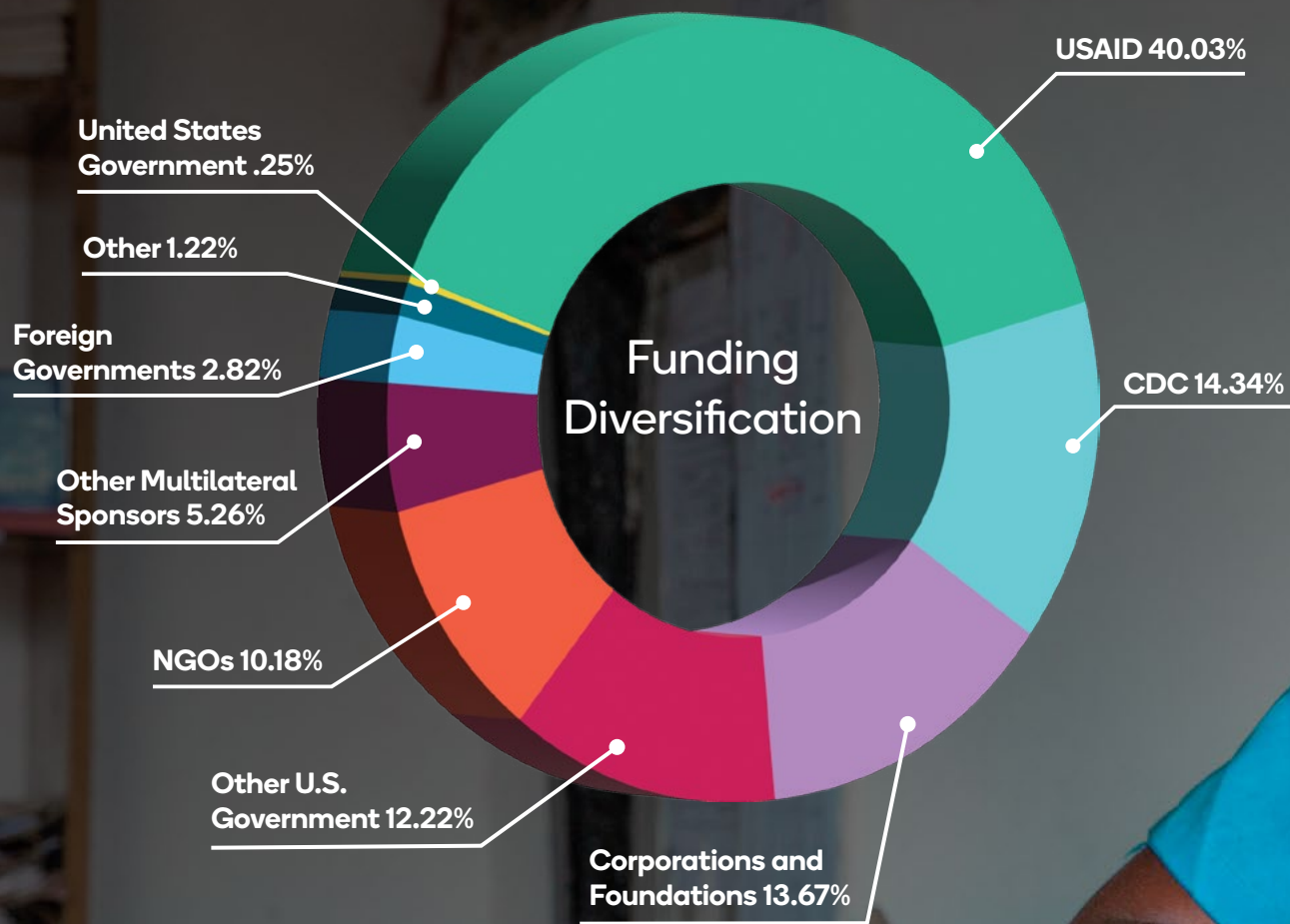
— Isa M. Iyortim, PhD, HIV medical prevention manager, USAID/Nigeria





# Total Funding in Fiscal Year 2021

\$251,132,950





# Thank You to Our Supporters

The following list of donors includes those who gave \$500 or more to Jhpiego in fiscal year 2021 (July 1, 2020 – June 30, 2021). Thank you for your dedication to our shared work — saving lives in some of the world’s most challenging areas for health.

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Arti Friedel  
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