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Annual Report  
2018

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Johns Hopkins University Affiliate



Saving lives. Improving health.  
Transforming futures.

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# Accelerating the Drive toward Primary Health Care and Universal Health Coverage

When Agnes Akou joined the community health club in her village in Côte d'Ivoire, she took a big step forward on **her journey to self-reliance**. The 47-year-old mother found a safe place where her HIV status carried no stigma, and supportive club members encouraged her to adhere to lifesaving HIV treatment and a healthy lifestyle.

In Lesotho, nurse Tsotleho Maramane chose to work at the all-male Khotla clinic in Maseru District to ensure that men like Moshoeshoe Letsie, a maintenance office worker, receive the comprehensive health care they need. And, for Medha Thokchom, a visit to a neighborhood wellness center in her native India offered relief from the persistent exhaustion she felt from her diabetes.

In the countries where we work, Jhpiego is at the forefront of helping ministries of health **deliver integrated, comprehensive and regular health care** to women and men like Agnes, Moshoeshoe and Medha. Our partnerships save lives, improve health and transform futures through the relentless pursuit of innovative, client-centered quality care delivered to the most vulnerable.

From Nairobi to Delhi, our achievements in 2018 have been among the most exciting to date. Advances in day-of-birth care through technology-driven platforms.

Expansion of oral pre-exposure prophylaxis, or PrEP, to reach vulnerable adolescents and others to work toward an AIDS-free generation. Data-driven improvements in health systems to create a strong workforce that can be deployed equitably and serve even the most remote communities.

Adolescents account for about 8 percent of the world's population. As future parents, health care workers and community leaders, they demand our attention. Working with adolescents to create programs that meet their unique needs establishes partnerships for the future. In Ghana, first-time moms set the bar high on taking control of their sexual and reproductive health to delay future pregnancy as part of a new, co-created initiative on adolescent health.

Across the globe, we are proud to collaborate with countries to elevate the education, training and performance of nurses, midwives and community health workers. Buoyed by new and expansive skills, they are ushering in an era of **wellness, disease prevention and person-centered care**—in essence, primary health care.

**Dynamic, client-focused and community-owned**, primary health care holds the promise of accelerating positive health outcomes for women and families, and lifting countries up as we **work to achieve universal health coverage**.

As impactful as our 2018 achievements have been, they reflect Jhpiego's value not only today but also in the years ahead, as our work will remain influential and sustainable.

In Côte d'Ivoire, Ghana, Lesotho and Nigeria, we innovated new models of **client-driven, gender-responsive care that use technology** to accelerate progress. Mozambique and Tanzania embraced new, Jhpiego-designed digital platforms **to increase HIV testing, track results daily and identify HIV-positive individuals** to monitor treatment.

Health systems from Liberia to Myanmar are stronger because of our work, their health care providers more prepared to **withstand the next crisis**, manmade or natural.

With generous support from the US Agency for International Development (USAID), the US President's Emergency Fund for AIDS Relief (PEPFAR), and corporate and foundation donors, countries partnering with Jhpiego are making progress, not promises.

Individuals, families and communities are at the center of our work. Recognizing that they play a central role in solving their own challenges and fostering healthy, resilient and self-reliant communities, we engage them to proactively shape health care services to meet their needs.

India launched an ambitious network of wellness centers to enroll citizens in the practice of good health across their life span. Ethiopia has improved access to basic surgical care so no woman dies for lack of cesarean delivery. Tanzania vaccinated girls against the human papillomavirus. Botswana is blazing a new path on **woman-centered care with self-collection of vaginal samples to screen for cervical cancer and save lives.**



Jhpiego/Uganda

These are just a few examples of Jhpiego's commitment to **promote health, prevent disease and deliver quality, people-centered curative services** from home to hospital, village to city. Our work is powered by the knowledge that primary health care is inextricably linked **to meeting the Sustainable Development Goals and achieving universal health coverage.** Community champions are well prepared to expand their work nationally, invest in health and lead in the years ahead.

You make this all possible through your commitment to women and families. 2018 saw real advances and the power to enact change for a healthier future. Together, with foresight and daring, we look toward the day when women and families are healthy and thriving—no matter where they live.

Leslie Mancuso, PhD, RN, FAAN  
President and Chief Executive Officer

# Our Impact

Saving lives. Improving health. Transforming futures.



## Family Planning Services

**2,787,655**  
women voluntarily initiated  
post-pregnancy family planning\*

In 2018, we averted  
**7 million**  
unintended pregnancies and  
**2.2 million**  
unsafe abortions and

saved an estimated  
**81,000**  
children and  
**9,000**  
women across  
12 countries†

\* Data from 2014 to 2018

† Estimates calculated using Impact 2, Marie Stopes International, 2016



## Malaria

**8,556,923**  
individuals received medicine to  
prevent malaria

**5,609,926**  
pregnant women received  
2 doses of intermittent  
preventive treatment,  
resulting in  
**3,768**  
deaths averted

**5,201,440**  
pregnant women received  
insecticide-treated bed  
nets, resulting in  
**12,709**  
deaths averted

Data from 2014 to 2018



## Maternal Health

**15,178,822**  
women delivered in a  
health facility

**211,109**  
babies not breathing/  
crying at birth successfully  
resuscitated at a health  
facility

Data from 2014 to 2018



## Gender

**565,432**  
people reached by a  
Jhpiego-supported  
gender-based violence  
intervention

**887,365**  
visits accompanied by  
male partners or parents  
to reproductive, maternal,  
newborn and child health  
services

Data from 2014 to 2018



### HIV/AIDS

**15,603,695**

individuals received HIV testing services and received their test results\*

**4,063,267**

men opted for voluntary medical male circumcision to help prevent HIV†

**179,177**

individuals newly enrolled on antiretroviral therapy‡

\* Data from 2009 to 2018  
† Data from 2009 to March 2019  
‡ Data from 2014 to 2018



As impactful as our 2018 achievements have been, they reflect Jhpiego's value not only today but also in the years ahead, as our work will remain influential and sustainable.

—Leslie Mancuso



### Health Workforce

**>900,000**

health care providers, community volunteers and others supporting health systems trained

Data from 2014 to March 2019



### Cervical Cancer Prevention and Treatment

**495,394**

women screened for cervical cancer

**74.3%**

of those found with pre-cancerous lesions were treated on the same day with cryotherapy

Data from 2014 to 2018

# Using Primary Health Care, Côte d'Ivoire Treats HIV as a Chronic Condition





**When Agnes Akou learned she was HIV-positive, she became so worried people would find out that she considered ending her life. It remained her secret as she sought treatment. “My three grown-up children do not know I am HIV-positive,” she confided during a support group meeting. “I can’t tell them.”**

Côte d’Ivoire has the highest prevalence of HIV in West Africa. HIV/AIDS is the leading cause of death among adult males and the second leading cause of death among women in Côte d’Ivoire. More than 500,000 people have been diagnosed with HIV, and stigma remains high, keeping many people from seeking treatment.

Although the Government of Côte d’Ivoire has made substantial progress in the past decade in taming the HIV epidemic, many people living with HIV still are not on antiretroviral therapy (ART). Moreover, there are high rates of clients dropping out of treatment and low adherence to ART.

To encourage patient acceptance and increase linkage to ART care, retention and adherence, PEPFAR, the US Centers for Disease Control and Prevention, and Jhpiego partnered with the Ministry of Health and Public Hygiene on **an integrated, comprehensive, client-focused primary health care project** in two regions in central and southwest Côte d’Ivoire.

**Co-designed by national and local stakeholders, and overseen by regional and district health management teams**, the Jhpiego-led integrated chronic care model project helped the Centre de Santé Urbain Confessionnel Hospital in Dimbokro and 43 other health facilities to restructure the way services were delivered. Instead of standalone HIV care and treatment outlets, these “health clubs” work to **integrate HIV as a chronic disease and offer services similar to those for other manageable diseases, such as diabetes, TB and hypertension**. To ensure that providers had the required skills, the project trained midwives and nurses in participating facilities to competently and confidently offer comprehensive services, a key pillar of primary health care delivery.



These nurses and midwives learned how best to deliver care for TB, hypertension and diabetes, including initiation of first-line ART regimens, monitoring of drug side effects, and referral of cases to physicians at higher-level facilities and support services.

The health clubs provide clients with essential information, medicine and services, allowing for a member-focused, strong, sustainable and community-owned approach.

To help Akou and other clients stay on their medicine and keep their health appointments, **the project recruited community health workers like Kouadio Konan to follow client progress and bring friendly HIV and chronic care services closer to people's homes.**

Konan, 48, oversees 92 clients in his village of Tano Akakro in Djangokro, where he organizes at least two health club meetings per month.

He also maintains a community register with details of his clients and their drugs, and counts remaining pills during home visits to check adherence. It was during a home visit that Konan noticed 65-year-old Loukou Kouamé wasn't taking his medicine regularly. His bottle of antiretroviral drugs was always full, his health worsening.

"I had lost hope. I had given up," said Kouamé, a member of a health club located at the health center in Djangokro. But Konan didn't give up on Kouamé. "Thanks to community health workers and the health club for helping me get my strength back, I am [now] doing well," said Kouamé, who feels well enough to support his family again.

For Akou, she is hopeful that one day she will be able to tell her three children, "I have HIV," and be accepted for who she is, just like patients with TB, hypertension and diabetes.

“ When I met the health club members the first time I was introduced and found out that some of the patients [in the club] were HIV-positive but doing well, I was very encouraged. I realized I was not alone, and that I can also be well, just like them.

—Agnes Akou  
*a member of the health club at the hospital in Dimbokro*

**Medha Thokchom had resigned herself to the exhaustion, pain and frequent urination associated with diabetes. The family could no longer afford the diabetes medicine her husband traveled far to buy. She barely left her bed in Kokchai Maklakai village in northeastern India. At 46, Medha feared she would never see her daughters marry.**

But a home visit by a primary health care team from the local Health and Wellness Center (HWC) brought technology-enabled health services to her door, a free supply of medicine and renewed hope for a pain-free future.

Thokchom is one of thousands benefiting from the Indian government's mammoth initiative to bring affordable, quality health care closer to the communities that most need it, with care no more than 30 minutes away. **Focused on "leaving no one behind," the HWCs represent an accelerated push toward achieving universal health coverage** through an expanded primary health care package of 12 services.

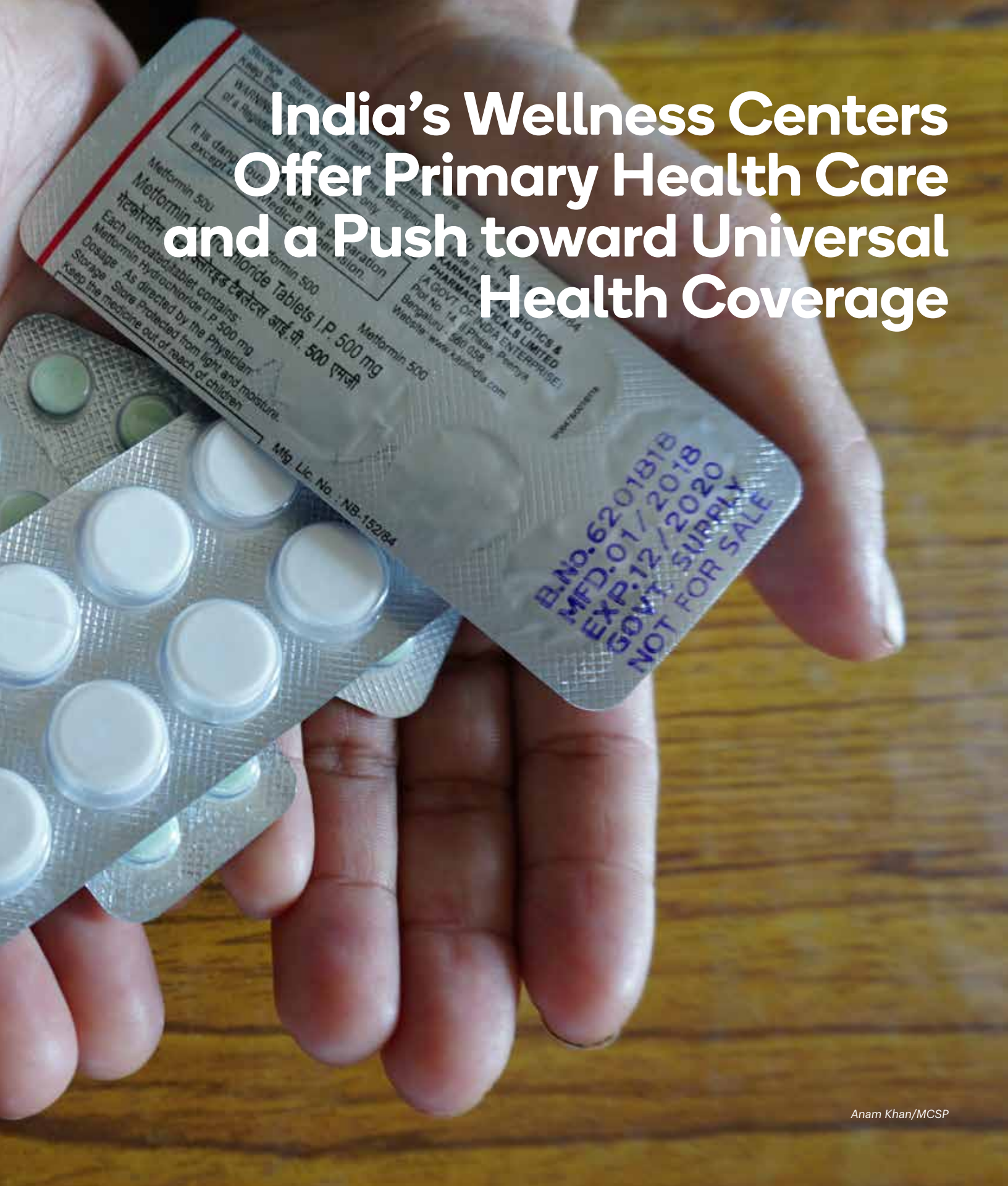
The new client-centered services cover family planning; communicable and noncommunicable diseases; ophthalmic, geriatric and palliative care; emergency medical care; and screening and basic management of mental health ailments. **The portfolio of services includes provision of free essential drugs and diagnostics.**



*Medha Thokchom from Kokchai Maklakai, Manipur  
Photo by Anam Khan/MCSP*



# India's Wellness Centers Offer Primary Health Care and a Push toward Universal Health Coverage



**Jhpiego has supported the establishment of 70 study centers, which have trained more than 2,200 midlevel health care providers like her.**

Jhpiego, as the lead agency for USAID's flagship Maternal and Child Survival Program (MCSP), is assisting Indian government officials in 12 states, including Thokchom's state of Manipur, to establish effective and efficient operations at the HWCs.

**MCSP's catalytic support has helped unlock local funding to make improvements,** ranging from road repairs en route to an HWC to use of point-of-care diagnostics.

When the health team visited Thokchom at her hut, Vidyarani Asam performed a simple prick test and, using a glucometer, found the woman's blood glucose to be dangerously high. The provider escorted Thokchom to the nearby HWC, just steps from her home. A teleconsultation with a medical officer led to a prescription, which Thokchom filled at the onsite pharmacy, free of cost.

Asam is among a new cadre of health care providers being prepared to run HWCs in India. Jhpiego has supported the establishment of 70 study centers, which have trained more than 2,200 midlevel health care providers like her.

The ultimate goal of India's Ayushman Bharat initiative is to bring affordable, high-quality care closer to the communities and people who most need it. Thokchom represents its impact. The drug she received from the HWC, along with a locally curated diet chart and an exercise regimen, is helping control her diabetes and in turn uplifting the spirit of her entire family.

**Thokchom's transformation shows the power of primary health care and the impact** it can have on an individual, family, community and country. **India is witnessing this transformation every day.**

“ To know that my illness is lifelong and I can get a free supply of medication for the rest of my life and that too so close to my home is very comforting. I have just begun to feel happy again.

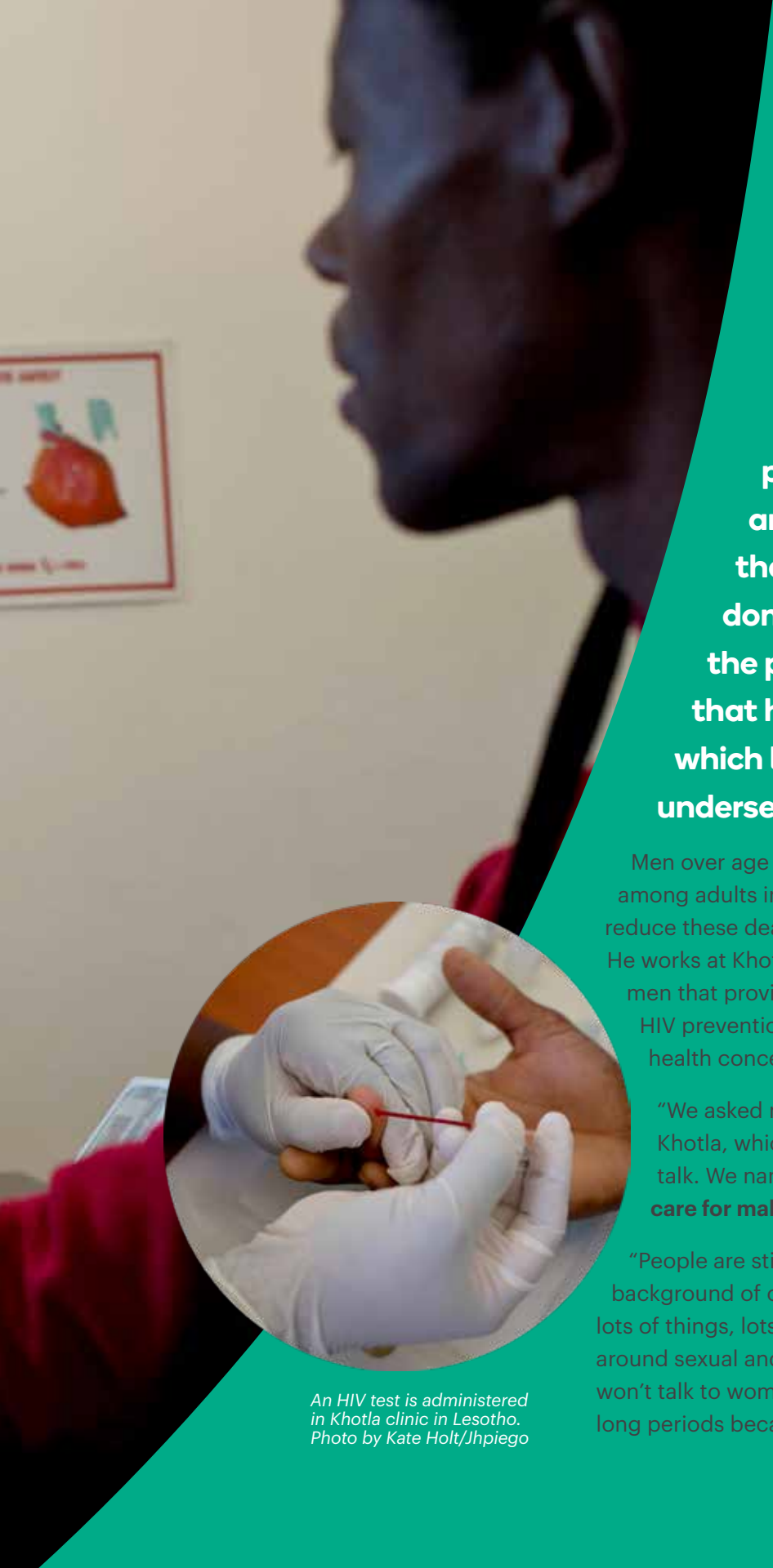
—Medha Thokchom



# A Gathering of Men— Changing Attitudes about Men’s Health in Lesotho







**Tsotleho Maramane became a nurse because of HIV. Lesotho has the second highest HIV prevalence rate in the world, and Maramane wants to change that. He chose nursing, a female-dominated profession, because of the prevailing attitude in Lesotho that health centers are for women—which left too many Basotho men underserved, sick and dying.**

Men over age 15 account for the majority of AIDS deaths among adults in Lesotho. Maramane is determined to help reduce these deaths and **improve health outcomes for men**. He works at Khotla, a health clinic established exclusively for men that provides a safe, welcoming place for them to seek HIV prevention and treatment services, and addresses other health concerns and conditions.

“We asked men to name the clinic, and they called it Khotla, which is a traditional place where men gather to talk. We named it this so it has **a focus on comprehensive care for males**,” said Maramane.

“People are still dying of AIDS here. Given the strong cultural background of our people, men are very secretive. They hide lots of things, lots of health issues that concern them, especially around sexual and reproductive health,” he continued. “They won’t talk to women at all. They also don’t want to queue for long periods because it means they are not working.”



*An HIV test is administered in Khotla clinic in Lesotho. Photo by Kate Holt/Jhpiego*



Nurses and midwives—men and women alike—account for half of the health care workforce globally, and in low- and middle-income countries, they provide an estimated 80 percent of primary health care services. That’s a **powerful incubator** for universal health coverage, and Lesotho, with Jhpiego’s support, offers **a model for reaching a traditionally underserved population.**

Opened in 2016 by the Ministry of Health’s Scott Hospital in partnership with Jhpiego, the **Khotla clinic has become a beacon of client-centered, accessible care for men.** In 18,000-plus client visits, Khotla health workers have treated patients for more than 50 acute and chronic conditions, including providing ART for men living with HIV. The clinic’s success is evident in its high retention of clients, said Maramane.

The health ministry, which now operates the clinic with support from USAID and Jhpiego, sees the potential in male-only clinics to promote **consumer-driven health services that can deliver a range of information, medicine and care that promote self-reliance.** The **government** plans other such facilities around the country.

Moshoeshoe Letsie, a maintenance office worker at a local high school, became a client at the Khotla clinic 2 years ago, receiving his antiretroviral medicine there instead of at the nearby Scott Hospital. Routine tests by clinic staff showed his viral load was high, indicating that he wasn’t taking his medicine routinely. Clinic nurses counseled Letsie on the correct management of his medicine. The health care providers closely monitored him and, the following year, noted possible symptoms of TB. They tested Letsie for the infectious disease, which is prevalent in people living with HIV, diagnosed him and began treatment immediately.

**In 18,000-plus client visits, Khotla health workers have treated patients for more than 50 acute and chronic conditions, including providing ART for men living with HIV.**

“ I wanted to become a nurse because I saw the health challenges facing our country. We needed more health workers in Lesotho, especially more men who can understand other men better. Currently, 80 percent of [the] health sector is female, so we need more men.

–Tsoleho Maramane

“The best part about this clinic,” said Letsie, “is the fact that services are provided by males. They understand our illness, and we are able to reveal everything concerning our different health issues.”

Not only was Letsie cured of TB, he also became diligent about monitoring his health. He attends scheduled visits at the clinic and refills his medicine promptly. And he took advantage of the clinic’s voluntary medical male circumcision services. “I’m very happy with the services at the male clinic,” said Letsie. “I am able to adhere to my medication now because I feel free to come to the clinic anytime I need to.”

After watching her husband transform into a responsible health consumer, Letsie’s wife decided to be screened and tested for HIV. She too is now on antiretroviral drugs.

Letsie’s experience underscores the benefits of the Khotla clinic in addressing men’s needs. In addition to HIV prevention and treatment services and TB screening, testing and treatment, the clinic offers sexual and reproductive health services, and management of noncommunicable diseases, such as hypertension, diabetes, asthma and psychiatric illnesses.

“Men are very reluctant to come for screening. Men only come when they are critically ill,” said Maramane. “So many only find they have HIV when it is very late. That is why this clinic is very important. Men’s uptake of HIV treatment is much less than for women.”

For those who cannot reach the clinic in the outskirts of Maseru, Khotla’s mobile units travel to communities and provide ART to men where they live. They park at construction sites and greet men as they leave work, another example of the clinic’s focus on **client-centered care**.

Maramane believes the Khotla approach is a model for providing primary health care services to men. “Male clinics are the way forward,” he said.



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Kate Holt/Jhpiego

# Mapping Primary Health Care Where Jhpiego Works

Jhpiego works with countries, communities and civic leaders to deliver primary health care services to families in their homes and nearby facilities. Community health workers, supported by nurses and midwives, offer basic health education and preventive medicine, and connect families to health facilities for care.

It's all about ensuring continuum of care, allowing more and more women and families to manage their health.



Kate Holt/Jhpiego



Monique Jaques/Jhpiego

## Bringing Care Closer to Women Where They Live

In communities from **South Sudan to Nepal**, trained health volunteers deliver the **lifesaving drug misoprostol** to women who cannot reach a health facility in time to give birth. New mothers take the medicine immediately after their baby is born to **prevent postpartum hemorrhage**, a leading cause of maternal deaths.

Health workers in **Tanzania** are distributing antiretroviral drugs at community centers in remote areas so people who are HIV-positive can maintain their treatment and remain healthy. Health care providers **visit schools to immunize adolescents** against the human papillomavirus, which causes cervical cancer.



Kate Holt/Jhpiego

## Preventing HIV in Adolescents

**Lesotho and Kenya** are intensifying HIV prevention efforts by **advancing oral pre-exposure prophylaxis**, known as PrEP, among vulnerable adolescents, sex workers and men at high risk of exposure to HIV. The Technical Support to Enhance HIV/AIDS Prevention and Opportunities in Nursing Education project, called TSEPO, or “hope” in Sesotho, in Lesotho and Jilinde in Kenya are breaking down barriers to care.



Karen Kasmauski/Jhpiego

## Gel Used to Prevent Infection

Community health workers from **Nigeria to Pakistan** teach new mothers to **prevent infection** in their newborns by **applying an antiseptic gel** to their babies' umbilical cord.



Jhpiego Mozambique

## Data-Enhanced Health

In **Mozambique**, efforts to follow up with HIV clients to ensure that they consistently take lifesaving medicine have been enhanced by a Jhpiego-designed, Web-based platform. **PISAUDE integrates health services data to support real-time decision-making.** The platform helps community counselors to perform health screening and HIV counseling and testing through mobile phones. The readily available data identify areas of concern where linkage to treatment is low. That information enables counselors to target groups and, through GPS mapping, locate them quickly. Linkage to treatment increased from 33 to 66 percent in just 1 month.



Kare! Prinsloo/Jhpiego

## Malaria Prevention at Home and the Health Facility

To reduce malaria-related deaths and illness among pregnant women and their newborns, **Democratic Republic of the Congo, Madagascar, Mozambique and Nigeria** are conducting a new initiative to deliver intermittent preventive treatment of malaria in pregnancy to pregnant women in hard-to-reach communities and increase use of antimalarial drugs during antenatal care.



Juozas Cernius/Jhpiego

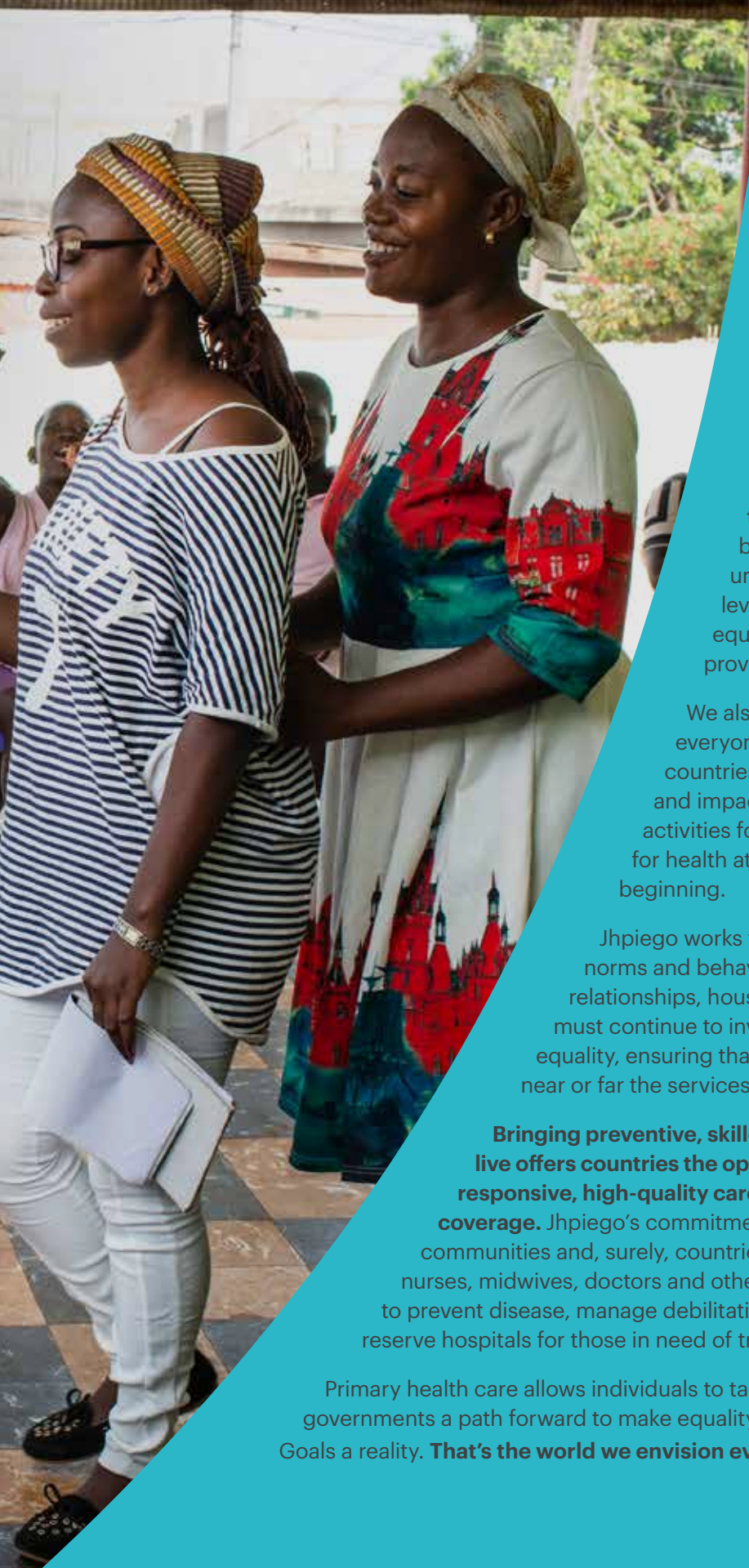
## An Easy-to-Use Injectable Contraceptive

To protect themselves from an unplanned pregnancy, women and young people in **Kenya** are using a new, innovative product, a **self-administered contraceptive** called subcutaneous depot-medroxyprogesterone acetate, or DMPA-SC for short. The women learn to monitor their health during pregnancy, and, after birth, mothers return with their babies to learn the skills needed to raise healthy, thriving children.

# Gender Equality at the Center of Transforming Health Care







We know that when women have the opportunity to participate in decisions over their health and household finances, they make decisions that benefit the health of their children and contribute to the welfare of their families. That is why, for more than 45 years, we have worked to put women at the center of health and development.

**Jhpiego has helped women claim their power through education, skills building and access to high-quality health services.** But we know barriers in health run deep, and gender inequality undermines the effectiveness of health care at every level. Health systems still have far to go to foster equity and allow women to thrive as powerful care providers and agents of their families' health.

We also know that harmful gender norms hurt everyone—men and women, old and young, across countries and cultures. Educating men on the importance and impact of gender equity and engaging them in activities for and with their spouses can lead to partnerships for health at the most intimate level of care. That is just the beginning.

Jhpiego works to institutionalize and scale gender-equitable norms and behaviors that facilitate healthy decisions in relationships, households, communities and health institutions. We must continue to invest in longer-term strategies to promote gender equality, ensuring that women have the agency to access care, however near or far the services.

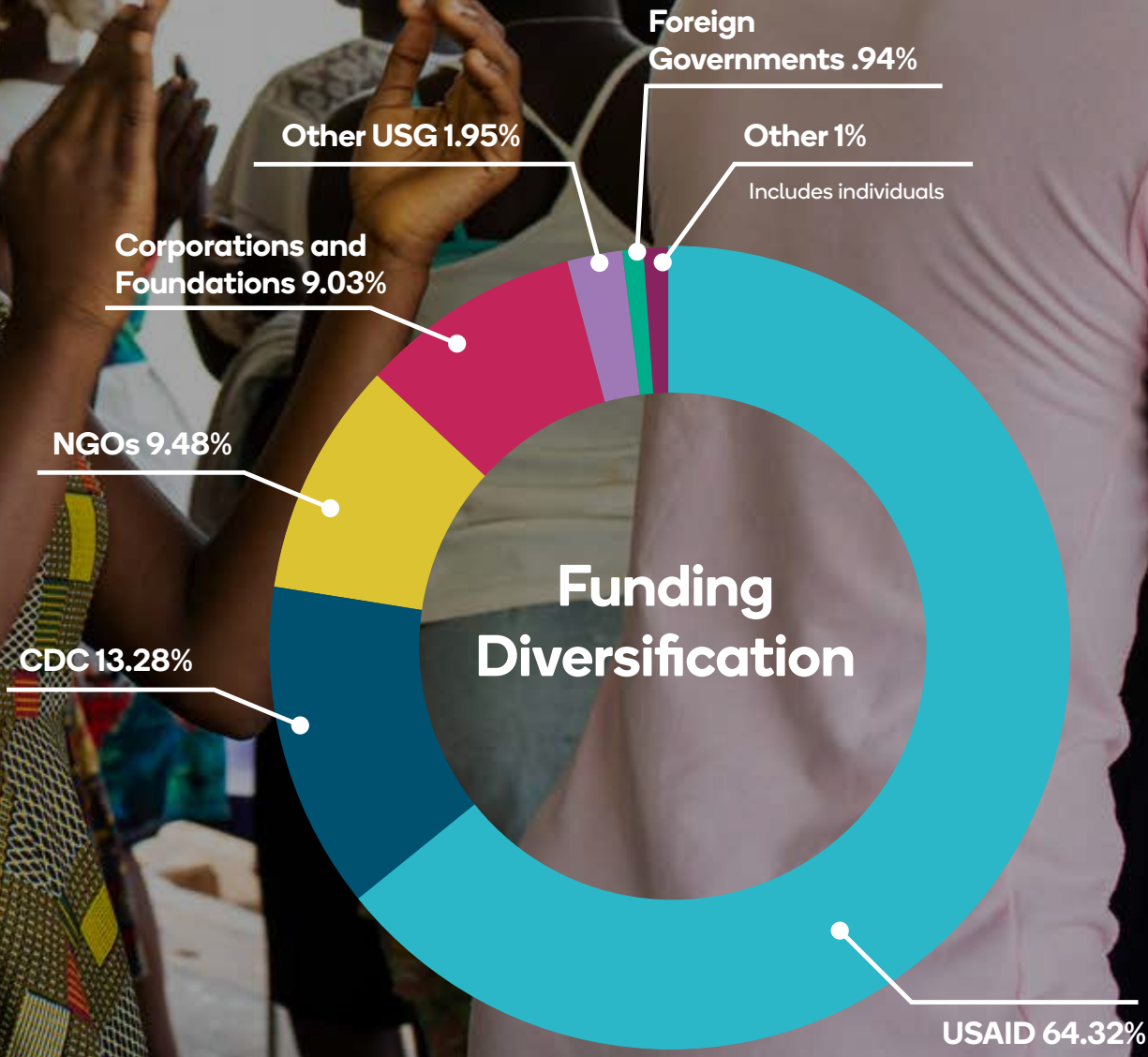
**Bringing preventive, skilled care closer to where women and families live offers countries the opportunity to reach every person with gender-responsive, high-quality care and treatment on the path to universal health coverage.** Jhpiego's commitment to go the last mile will lead to healthier families, communities and, surely, countries. Through community-based health workers, nurses, midwives, doctors and others, we can deliver high-quality health services to prevent disease, manage debilitating conditions, treat life-threatening illnesses and reserve hospitals for those in need of truly specialized care.

Primary health care allows individuals to take charge of their health and provides governments a path forward to make equality, health for all and the Sustainable Development Goals a reality. **That's the world we envision every day.**



**We are grateful for  
the continued generosity  
and commitment of our  
donors and partners.**

# Total funding in 2018 \$407,627,372





Highlights from...

# The Maternal and Child Survival Program

Five years ago, USAID's flagship MCSP set out on an ambitious effort to prevent the deaths of women and children in countries with the highest burden. A dozen organizations partnered with Jhpiego to provide quality, gender-responsive health care and strengthen health systems to deliver lifesaving services for women and children.

Countries have embraced new evidence-based policies and data for decision-making, invested local resources to scale up health services, budgeted for the highest impact, and planned and prepared for emerging health threats.

The results have been transformative. Investment through MCSP has improved health at every stage of life, from pre-pregnancy through birth, infancy, childhood and adolescence.

**Led by Jhpiego**, MCSP is a partnership with Save the Children Federation Inc., John Snow Inc., ICF, Results for Development Institute, PATH, CORE Group and PSI as lead partners, and Broad Branch Associates, the Johns Hopkins Bloomberg School of Public Health, Communications Initiative and Avenir Health as associate partners.

 [open for more information about MCSP](#)

**Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives.**

**Saving lives.  
Improving health.  
Transforming futures.**