Top Women, Children, and Infant's Health Proposals

April 2020

LEVER FOR CHANGE

About Lever for Change and the Bold Solutions Network

Lever for Change is a John D. and Catherine T. MacArthur Foundation affiliate, whose mission is to unlock significant philanthropic capital and accelerate social change around the world's biggest challenges. Building off of the success of *100&Change*, MacArthur's breakthrough competition for a single $100 million grant to help solve one of the world's most critical social challenges, Lever for Change helps philanthropists source rigorously evaluated, high-impact philanthropic opportunities and connects nonprofits and problem solvers to significant amounts of philanthropic capital. Lever for Change does this through managing customized competitions for philanthropists or by matching them with solutions in its Bold Solutions Network, a searchable online database of the top, vetted proposals from all of its competitions. For participating organizations, the Bold Solutions Network offers ongoing learning and networking opportunities to strengthen the impact of their work, raise their visibility, and increase their potential to secure increased funding.

About This Collection

Lever for Change is excited to present an opportunity to fund the top women, children, and infant's health proposals from the second round of *100&Change*. Each proposal was assessed using four criteria: impactful, evidence-based, feasible, and durable, and was rigorously evaluated, undergoing MacArthur's initial administrative review, a Peer-to-Peer review, an evaluation by an external panel of judges, and a technical review by specialists whose expertise was matched to the project. The organizations featured in this collection are among *100&Change's* Top100 which are the highest-scoring proposals selected out of more than 750 vetted applications submitted from over 85 countries. This collection of top proposals provides donors with an innovative approach to finding and funding effective organizations working to enhance women, children, and infant's health.

Navigating this Collection

Proposals in this collection are organized by location of current work. Click on the page numbers listed next to each location featured on the Table of Contents to jump to a proposal listing page which features all the projects in the selected location. Once on the proposal listing page, below is a summary of ways to engage with the projects:

Top applicants submitted 2-page factsheets to summarize their projects and promote their work. Under each project listed on the proposal listing pages, you can click on the page numbers to jump directly to the selected 2-page factsheet.

Additionally, organizations submitted 90-second videos to describe their projects. You can view each video by clicking on the "project video" link under each proposal, or you can watch a playlist of all the project videos by clicking the link at the top of the Table of Contents page.

To view a summary of information that was captured during the application process, you can visit the project's Bold Solutions Network online profile page, which is also linked under each project on the proposal listing pages.

Next Steps

These organizations are ready to solve critical problems and are seeking resources to make it happen. Donors who are interested in providing significant financial support to Bold Solutions Network proposals should contact Dana Rice, Vice President of Philanthropy, at ddrice@leverforchange.macfound.org.

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Women, Children, and Infant's Health

To view a video playlistof the proposals in the order that they appear in this booklet, please **click here.**

Please note, proposal order is alphabetical by organization; not reflective of ranking.

Location of Work — Pages

US Proposals

Women, Children, and Infant's Health

To view a video playlistof the proposals in the order that they appear in this booklet, please **click here.**

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Boston Children's Hospital

Eradicating the Roots of Addiction through Prevention and Early Intervention

View factsheet on pages 4-5

Bold Solutions Network Online Profile Page

Project Video

Green & Healthy Homes Initiative

Healthy Homes for Equitable Opportunities: Ending Lead's Toxic Legacy

View factsheet on pages 6-7

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Project Video

National Council for Behavioral Health

Improving the Mental Health of Young People in America

View factsheet on pages 8-9

Bold Solutions Network Online Profile Page

Project Video

Washington University

Ending U.S. Child Abuse and Neglect: Launching a National Strategy

View factsheet on pages 10-11

Bold Solutions Network Online Profile Page

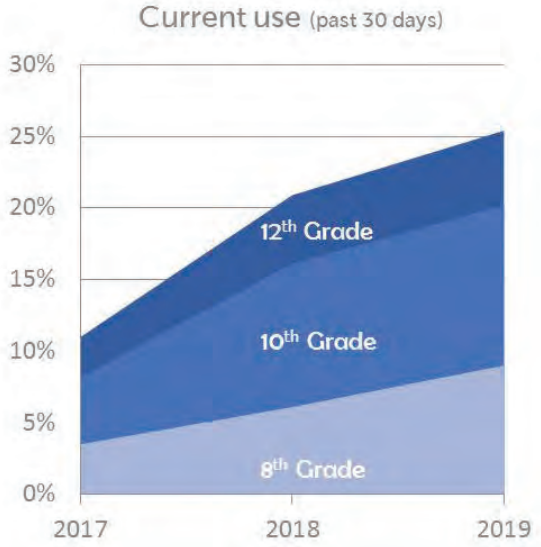
Project Video

Pediatric addiction medicine: Seizing the opportunity

The vaping epidemic has brought national attention to a long-simmering crisis. Teen substance use problems are common and can lead to addiction. Yet there is little focus on prevention and early intervention during adolescence, while the brain is still very malleable and future addiction can be avoided. Health care providers who care for youth are not trained in addiction medicine, and addiction medicine physicians are not trained in pediatrics. Consequently, providers often overlook or misinterpret warning signs of addiction in youth and rarely intervene.

Help is on the way. At **Boston Children's Adolescent Substance Use and Addiction Program (ASAP)**, we seek to eliminate addiction through prevention and early intervention. ASAP has developed an effective model to prevent and treat substance use disorders in youth. In partnership with the American College of Academic Addiction Medicine and the American Academy of Addiction Psychiatry, we can train the next generation of physicians in pediatric addiction medicine, grow clinical programs and expand capacity. In doing so, we can reach youth and provide them access to professional advice, guidance and treatment. We can save and improve lives and prevent future epidemics. But our model is not yet widely available. You can help change that.

Trends in nicotine vaping



Miech R, Johnston L, O'Malley PM, Bachman JG, Patrick ME. Trends in Adolescent vaping, 2017-2019. N Engl J Med 2019; 381:1490-1491

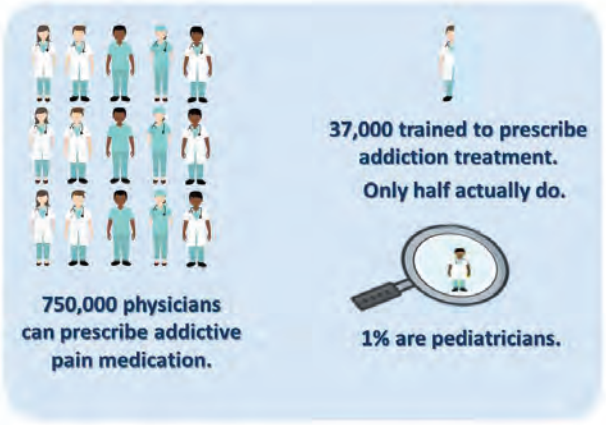
"We need this program (ASAP) like we need the air we breathe."

–pediatrician in response to youth vaping

Life-changing impact

"She has had several fairly substantial traumas in the past year, and while we watched with apprehension, she had all the skills in place to get through each situation without setbacks. We are very proud and very grateful." —an ASAP parent

The workforce challenge



Disseminating the ASAP model across the United States and addressing gaps in the workforce will help youth avoid future addiction and limit future epidemics.

A sound investment

The health, social and economic costs of addiction in the United States exceed that of any other disease. The existing model is designed to address chronic, often treatment-resistant problems in adulthood. Targeting youth saves lives and money.

Each $1 spent saves $18 in later costs.

Investment	Impact
$1 million	Create 2 new pediatric-focused addiction medicine fellowship training programs at children's hospitals
$5 million	Establish dedicated pediatric substance use disorder clinical programs at 5 academic medical centers
$10 million	Establish dedicated pediatric substance use disorder clinical programs at 15 academic medical centers

The chart illustrates various philanthropic opportunities.

Your philanthropic partnership can make a tremendous difference in preventing and treating youth with substance use disorder. We are happy to discuss how to scale your gift to achieve maximum impact.

Boston Children's Adolescent Substance Use and Addiction Program provides national leadership in the identification, diagnosis and treatment of substance use problems and disorders in children and adolescents.

To learn more, please contact: http://www.childrenshospital.org/asap | ASAP@childrens.harvard.edu

Published: February 2020

HEALTHY HOMES FOR EQUITABLE OPPORTUNITIES

Ending the Toxic Legacy of Lead

THE CHALLENGE

For far too long, our society has tolerated the fact that the children of Baltimore are impaired by the toxic legacy of lead, an issue that's entirely preventable and unacceptable. These children live in the oldest, most deteriorating housing stock in Baltimore where lead paint is most prevalent. The Green and Healthy Homes Initiative (GHHI) seeks to bolster Baltimore's future by deploying a deep investment to transform Baltimore's housing, eliminate lead poisoning in five years, and improve academic, health, and economic outcomes for children. The end of lead's toxic legacy is in sight. Philanthropic investment will accelerate our progress toward this entirely preventable issue and demonstrate the case for the application of the GHHI Baltimore Model on a national scale.

The primary barrier to addressing this issue in the home is financial - at around $13,000 per home, ensuring that a home is safe from lead hazards is cost-prohibitive for many Americans. For Baltimore to become a city where no child experiences lead poisoning, public, philanthropic, and private investment should be leveraged to support evidence-based prevention programs. Catalytic investment to address lead will reduce barriers for additional investment to addressing the whole home - from energy efficiency and weatherization to trip and fall hazards to asthma triggers. It will also lead to broad economic and social benefits in the community, such as workforce development, economic mobility, wealth retention, and anti-displacement.[1]

LEAD'S IMPACT ON CHILDREN

Baltimore, MD

Over 700 children in Baltimore were diagnosed with elevated blood lead levels in 2018, and this number is a modest estimate, given that about 72% of children under age 6 in Baltimore were not tested in 2018. [2] Many cases are likely unreported. In Maryland, prevented losses to lifetime earnings from elevated BLLs from 1994 - 2015 is at least **$44.5B**[3]

Across the Nation

7x
more likely to drop out of school [4]

$1.02M
reduced lifetime earnings [5] [6]

6x
more likely to be involved in criminal justice system [7] [8]

Every $1 invested in lead paint hazard control results in a return of **$17 - $221**[9]

THE OPPORTUNITY

GHHI is leading the movement to prevent lead poisoning, address environmental justice, and alleviate demand for affordable housing around the US. GHHI works in over 60 cities and 30 states. Since 2010 and in partnership with the US Housing and Urban Development, GHHI has fostered the production of **597,000** green and healthy home units across the country. The State of Maryland and GHHI are working together to invest Medicaid funds in healthy housing. We played an integral role in achieving the **99% reduction** [10] of childhood lead poisoning cases in Baltimore since 1993. Philanthropic investment will allow for GHHI to apply our Baltimore Model - a model that aligns funding, services, and partners, braids resources, and coordinates service delivery with partners (assessors, auditors, evaluators, crew, and educators) - to the remaining 6,500 homes in Baltimore.

Specifically, GHHI will address lead in paint, water, and soil in 76 Baltimore homes for **$1M**, where an estimated 456 people will be impacted; 384 homes for **$5M**, where an estimated 2,304 people will be impacted, and 769 homes for **$10M**, where an estimated 4,614 people will be impacted. The first phase of work involves stakeholder engagement and workforce incubation; the second phase involves housing service delivery, data collection and ongoing process improvement; and the third phase involves evaluation and reporting. Following the intervention, the residents are provided with a detailed maintenance plan and one to two home visits. Moreover, GHHI will collect data measuring and reporting impact on the following: school attendance, performance and graduation rates, skilled jobs created, economic value created, work attendance, housing stability, and housing displacement.

Looking for more information? Visit **www.ghhi.org.**

IMPACT ON CITY OF BALTIMORE & FUTURE GENERATIONS

By implementing comprehensive home interventions, the benefits will extend beyond the family and into the neighborhoods, the City of Baltimore, and our nation.

Home Interventions

- Reduce lead hazards
- Improve indoor air quality
- Improve health outcomes
- Increase weatherized units
- Reduce health care utilization

Education

- Reduce missed school days
- Reduce reading disabilities
- Increase graduation rates

Economic Mobility

- Reduce burden on family
- Reduce missed work days
- Reduce energy bills
- Reduce maintenance and utility costs
- Increase inter-generational wealth transfer

Workforce Development

- Train and employ Baltimore's own
- Subsidize training, equipment, and other barriers for new contractors
- Create new businesses

Phase	Objective	Time Frame	Description
1	• Stakeholder Engagement • Workforce Development	Months 1 - 20	Recruit Baltimore residents, housing service providers, and contractors for comprehensive housing assessment and intervention training, and provide access to the housing workforce incubator resources to remove barriers to entering the housing workforce (operating costs, insurance, materials) to 19 crews of 4-5 contractors. Engage neighborhood and community leaders and groups in resource deployment and service delivery decision-making. Develop and refine evaluation plan. Begin providing comprehensive housing interventions.
2	• Housing Service Delivery • Data Collection • Ongoing Process Improvement	Months 20 - 40	Continue to deploy resources to assess 1,308 housing units per year (6,538 units over the investment period) for lead, health and safety hazards, and energy inefficiencies. Complete housing interventions to remediate hazards and improve energy efficiency at an average cost of $13,000 per home. Gather data from consumers, community members, and partners for continuous process improvement and impact measurement.
3	• Evaluation • Reporting	Months 40 - 60	Reach housing intervention goal of 6,538 housing units. Analyze health, housing, and academic data to measure outcomes associated with health, safety, and energy interventions in housing. Measure and report primary, secondary, and tertiary impact metrics, including school attendance, performance and graduation rates, skilled jobs created, business created, work attendance, housing stability, and housing displacement.

SCALE MODEL NATIONALLY

Currently, **535,000 children** are reported to experience lead poisoning across the US, and many cases are unreported, given the lack universal testing.[11] GHHI will demonstrate that even a city with historically high lead paint exposure rates may transform into a city with a housing stock that is lead free and receive economic and social gains in the process. The story of Baltimore's transition will also inspire cities, states, policy makers, and other organizations to partner with GHHI in applying the Baltimore Model and promoting workforce development among the under- and unemployed. Philanthropic support will allow GHHI to accelerate the application of the Baltimore Model across the nation and result in truly transformative change.

The Healthy Homes for Equitable Opportunities collaboration - an effort between GHHI, the City of Baltimore, the Health Justice Innovations, LLC, Johns Hopkins Centers for Civic Impact, Morgan State University, and the State of Maryland - will transform the housing stock of Baltimore.

2714 Hudson St. Baltimore, MD 21224 | 410-534-6447

Improving the Mental Health
of Young People in America

A 15-year-old who reaches for his mother's prescription opioids one too many times.

A 19-year-old who dies by suicide because she's tired of being lonely.

A 25-year-old who uses alcohol to escape depression.

These are our children, brothers and sisters, our friends and neighbors. And they are **slipping through the health care cracks** on a daily basis.

The Issue

More young Americans are struggling with mental health and addiction issues now than at any other point in history, yet they are the least likely to receive care. Left unaddressed, these issues will fast-track morbidity and early mortality, weaken communities and lead to intergenerational distress.

The Impact

Without sustainable solutions in place, the behavioral health issues of young people will continue to contribute to a host of compounding deficiencies, such as poor performance in school, minimizing higher-education opportunities; social isolation, exacerbating loneliness and suicide risk; and diminished job opportunities, leading to unemployment and homelessness.

1 in 6 U.S. youth aged 6-17 experience a **mental health disorder** each year.[1]

Suicide is the 2nd leading cause of death among **people aged 10-34** in the U.S.[2]

5.1 million young adults aged 18-25 battled a **substance use disorder** in 2017.[3]

The Opportunity

Building a healthier future for youth requires a multi-pronged approach. It involves giving communities tools for infrastructure growth; teaching schools and workplaces how to spot and address mental illness and addiction; reducing stigma and discrimination; enabling service providers to provide a full spectrum of care; and improving coordination between systems to remove unnecessary obstacles to treatment …

… this is where the **National Council for Behavioral Health** comes in.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

[1] https://www.nami.org/learn-more/mental-health-by-the-numbers
[2] https://www.nimh.nih.gov/health/statistics/suicide.shtml
[3] https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

Our Solutions

Since 1969, the **National Council for Behavioral Health** has been fighting to ensure that all Americans living with mental illnesses and addictions have access to comprehensive, high-quality care that affords every opportunity for recovery. With a network of 3,326 providers and a commanding voice on Capitol Hill, we can ensure that today's generation — and those to follow — can heal and thrive. Through a five-year plan grounded in evidence-based interventions, we seek to:

- Empower millions of young people to recognize, talk about and seek care for mental health and addiction through **Mental Health First Aid (MHFA)**, a training program with more than 2 million people trained and 18,000 instructors.[4] By scaling MHFA, we can increase mental health literacy, build support systems, and reduce stigma and discrimination.

- Expand our **Certified Community Behavioral Health Clinics (CCBHCs)** program, a nationally recognized model of care that significantly increases access to services and eliminates barriers to life-saving support.[5] By bringing CCBHCs to scale, we will lead the charge for coordinated, comprehensive care for young people in need.

Our Ask

Now is the time to bring our proven solutions to every community. Your generous contribution will help those most in need receive the care they expect and deserve:

- **$1 million**: Help us provide scholarships to MHFA instructors to cover the costs of blended learning, training manuals and local expenses, removing a major inhibitor to program expansion.

- **$5 million**: Help us build out our CCBHCs and MHFA evaluations — and lead a national campaign promoting the programs as family and community resources — to improve adolescent wellbeing.

- **$10 million**: Help us engage in a nationwide advocacy and public affairs campaign to pursue state and federal legislative action in support of MHFA and CCBHCs.

[4] https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/10/2018-MHFA-Research-Summary.pdf
[5] https://www.thenationalcouncil.org/wp-content/uploads/2017/11/National-CCBHC-survey-write-up-FINAL-11-28-17.pdf

*For a full view of our five-year plan, please contact **Mohini Venkatesh**, Vice President of Business & Strategy, at **MohiniV@TheNationalCouncil.org**.*

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

TheNationalCouncil.org

Washington University in St. Louis (Application #7915)

Ending U.S. Child Abuse and Neglect: Launching a National Strategy

February 2020

Imagine a world where every child is healthy, nurtured, and protected from harm. In this world, a quarter of all mental illness, crime, and lost productivity would be eliminated. Today, one in six U.S. children suffers from child maltreatment, but there are only fragmented arrays of services delivering disjointed responses to this silent epidemic.

The highest incidence and deleterious impact of child abuse occurs in the first two years of life, yet scientific evidence demonstrates that most child abuse can be predicted and prevented. We can no longer wait for a knock on the door by Child Protective Services, only to move the most severely abused children to the courts. To interrupt intergenerational cycles of child abuse and its consequences, the solution must start early in life—when the enduring impact of prevention is highest—and integrate proven methods of risk surveillance with evidence-based intervention.

Here we propose to accomplish this with a nationally scalable, sustainable deployment of existing health and social service resources that will connect families in need with effective preventive intervention. We will align the constellation of interventions required—but rarely attained—for families at risk.

- In-home nurse visitation
- Evidence-based parenting education
- Coordinated mental health services
- Reproductive health services for parents
- Access to effective court-based intervention in the setting of parental substance abuse
- Continuous needs- and risk-surveillance and response in the course of medical follow-up
- Resolution of critical material needs such as transportation and utilities
- A 2-1-1 crisis warmline
- Child development accounts

In Phases 1 & 2 we will hire and train 45 family-support specialists who will operate within the obstetric services of three health systems to implement screening, provide service coordination, and liaise with the community. We will reach 3,600 high-risk families, approximately 80 per specialist.

In Phase 3, each health system will implement the targeted prevention paradigm system-wide, according to the model established during Phases 1 & 2. We will establish information management protocols to support ongoing risk surveillance, service integration, and data linkage.

Outcomes from Phases 1 & 2 will be monitored by (a) comparing the progress of birth cohorts prior to and after system-wide implementation, (b) within-system comparison between subgroups of clients grouped by level of risk and service acquisition, and (c) serial ascertainment of the rates of child abuse within the respective populations according to official state records.

Staging Based on Funding Level

The National Institutes of Health awarded a $1.5 million grant to our team to conduct a feasibility study of this program, in which 125 high-risk families of newborns already have been enrolled.

For each additional $1 million investment, three dedicated case managers would be trained and fully engaged in executing the preventive intervention plan within a single health system, with close monitoring of the progress of the families to whom they are assigned.

A $5 million investment would enable this same complement of new personnel to be deployed within each of three health systems, with extensive analysis of cost savings, scalability, and ascertainment of training and sustainability requirements for a full scale deployment within each health system.

Beginning the End of Child Abuse

Child maltreatment is the most influential preventable cause of lifetime mental health impairment and accounts for an estimated one-fourth of the entire burden of mental health impairment, criminality, and lost productivity in the population. A staggering $125 billion lifetime cost is exacted for each yearly cohort of victims.

Led by John Constantino, MD, director of the William Greenleaf Eliot Division of Child & Adolescent Psychiatry at Washington University School of Medicine and psychiatrist-in-chief at St. Louis Children's Hospital, the project team includes individuals who are world leaders in developing and evaluating each component of our proposed preventive intervention model. Working in collaboration with three U.S. health care systems, we will stage the beginning of the end of child abuse.

Our Project Goals

1. To engage families of at-risk newborns to participate in a coordinated system of care to promote infant mental health and prevent child maltreatment.
2. To implement a coordinated developmentally and culturally appropriate response to the risk of child maltreatment and its consequences from time of birth.
3. To provide workforce development training for integrating child abuse prevention into health systems.
4. To refine the approach in an initial implementation phase and then deploy the intervention across the three participating health systems.

Africa Proposals

Women, Children, and Infant's Health

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Elizabeth Glaser Pediatric Aids Foundation

Not One More- Ensuring a Generation without HIV

View factsheet on pages 13-14

Bold Solutions Network Online Profile Page

Project Video

mothers2mothers

Ending Cervical Cancer in Africa- It's Possible

View factsheet on pages 15-16

Bold Solutions Network Online Profile Page

Project Video

Regents of the University of Michigan

Eliminating Preventable Maternal Mortality in Sub-Saharan Africa

View factsheet on pages 17-18

Bold Solutions Network Online Profile Page

Project Video

Photo: Eric Bond/EGPAF, 2018

Elizabeth Glaser
Pediatric AIDS
Foundation

Not One More – Ensuring a Generation Born without HIV

Not one infant should ever be born with HIV, yet every day, nearly 500 children are newly infected. Without treatment, 50% of these children will die by age two.

This is entirely preventable.

Since 1988, new pediatric HIV infections have dropped by 95% in the United States, and have decreased by 50% worldwide. But in recent years the priorities of the donor and global community have shifted. After dropping steadily over the last decade, recent reports indicate that rates of mother-to-child transmission of HIV across sub-Saharan African are creeping back up, jeopardizing progress in settings that once held the promise of eliminating pediatric AIDS.

In addition to devastating health impacts, the collateral consequences of a generation lost to HIV infection are profound, including social marginalization from stigma, reduced school enrollment and employment, increased poverty, and even negative effects on GDP growth. We can ensure that not one more baby is infected with HIV and set the world on the path to ending pediatric HIV.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is the recognized leader in efforts to eliminate pediatric HIV/AIDS and has played a central role in the decrease of new pediatric infections over the last two decades.

Today, EGPAF supports over 5,000 clinical sites and has reached over 30 million pregnant women with services to prevent mother-to-child HIV transmission. Our core values are grounded in our origins, a mother's fight to save her child from pediatric AIDS, and our mission remains laser focused on ending pediatric HIV.

Our project consists of three simple, cost effective, and well-tested strategies to prevent mother-to-child transmission of HIV:

- Test more mothers for HIV
- Treat mothers and children with lifesaving drugs
- And retain them on that treatment for life

www.pedaids.org

The problem is large, but we have a solution:

Access to Life-Saving Information: Ensure that women, their partners, and health workers are empowered with timely, accurate, and actionable information to increase both demand and quality of services.

Knowledge of Status is Power: Increase HIV testing and retesting for women and their partners throughout pregnancy, labor, and breastfeeding both at health facilities and at home.

Continuity of Care: Retain women and children in health services through the use of digital health technology and unique identifiers that track mother-baby pairs.

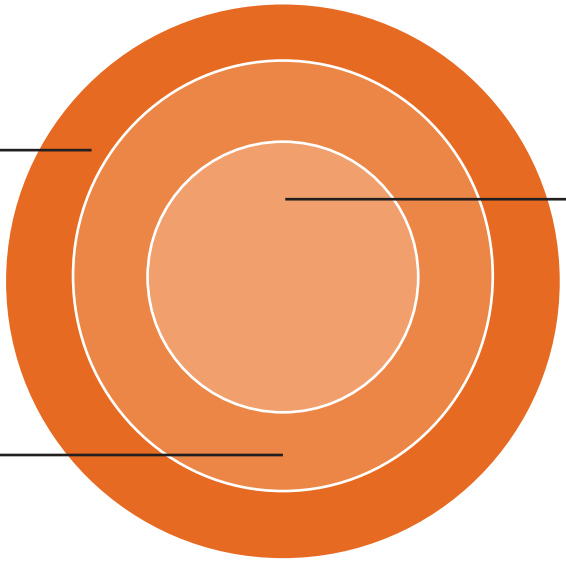
Sub-Saharan Africa is home to more than two-thirds of all people living with HIV globally, and just five countries make up half of the region's pediatric HIV infections. Even in countries where infection rates had been declining, a lack of sustained donor investment and funds has meant new infections are now on the rise.

Photo: Eric Bond/EGPAF, 2018

Through your support, the *Not One More Project* can help us end AIDS in children

$10 million:
Comprehensive systems change
that address the key determinants to ending pediatric HIV at global scale.

$5 million:
Nationally-scaled provision of essential prevention, testing, and treatment
services in countries hardest hit by the epidemic.



$1 million:
Support for mothers, babies, and their communities,
including counseling and treatment to ensure pregnant women stay healthy and prevent transmission of HIV to their babies.

We have the science, we have the medicine, we have the momentum.
Together we can end AIDS in children.

Join mothers2mothers to End Cervical Cancer in Africa

The Challenge

2 MIN

Every two minutes a woman dies of cervical cancer. Most of these deaths are in sub-Saharan Africa, where this is the **most common form of cancer.**

Cervical cancer is caused by the human papillomavirus (HPV), the **most common sexually transmitted infection.**

Women living with HIV are **five times more likely** to develop cervical cancer. Sub-Saharan Africa has the highest prevalence of HIV in the world.

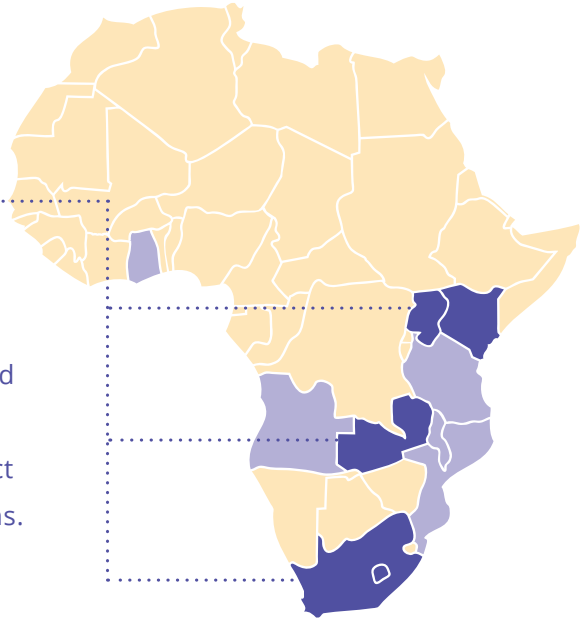
The HPV vaccine administered before sexual debut is the most effective primary prevention, yet only **1% of girls in low- and middle-income countries** are vaccinated.

Our Approach

mothers2mothers (m2m) is an Africa-based organization that unlocks the power of women to create healthy families and communities. We work to prevent new HIV infections and ensure people living with HIV remain healthy, while also tackling related health challenges, including cervical cancer, tuberculosis, and maternal mortality.

To achieve our goal of ending cervical cancer in Africa, m2m will scale our proven peer-to-peer approach and enhance our services to include HPV prevention education and vaccination, and early identification of cervical cancer. To maximize impact, we have partnered with **Village Reach,** a non-governmental organization that has increased access to quality healthcare for over 35 million people in sub-Saharan Africa, working with governments to ensure that vaccines, medicines, and other essential health supplies reach underserved communities.

m2m will initially focus on reaching over 10 million adolescent girls and young women and adolescent boys and young men in five countries where we operate with some of the **highest rates of cervical cancer in the world:** Kenya, Lesotho, South Africa, Uganda, and Zambia.



Services will be delivered through m2m's tried and tested peer-based model that trains and employs women living with HIV as frontline health workers. These Peer Mentors support women, adolescents, and families to access vital health services and stay in care, while nurses will be deployed at health facilities to strengthen capacity and conduct mobile clinical outreaches, vaccinations, and HPV screening campaigns.

m2m also operates in: Angola, Ghana, Malawi, Mozambique, and Tanzania.

February 2020

Why mothers2mothers?

Retention in Care

m2m's proven ability to enrol and retain clients in care is critical to ensure that adolescents receive all of the doses of the HPV vaccine to be effective.

Proven Impact

Our model works. For example, m2m has achieved virtual elimination of mother-to-child transmission of HIV among our clients for the past five years.

Strong Partnerships

Partnerships are key to m2m's success. We have formal partnerships with the Ministries of Health in all project countries, and our partnership with Village Reach will increase our scale and impact even further.

Rooted in Local Realities

From the same community as their clients, m2m Peer Mentors have a deep understanding of the social and cultural challenges for mothers and children on the journey to good health.

Broad Reach

Since our founding in 2001, m2m has reached more than 11 million women and children under age two.

What could we achieve?

	$1 million	$5 million	$10 million
COUNTRY	Uganda	Uganda & Kenya	Uganda, Zambia, & Kenya
PROJECT PERIOD	18 Months	24 Months	36 Months
FOCUS	Prevention Education & Vaccination	Prevention Education, Vaccination, Clinical Care & Treatment	Prevention Education, Vaccination, Clinical Care & Treatment
PHASE 1	3 Months Development	3 Months Development	3 Months Development
PHASE 2	2 Months Start Up	2 Months Start Up	2 Months Start Up
PHASE 3	13 Months Implementation	19 Months Implementation	31 Months Implementation

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ELIMINATING PREVENTABLE MATERNAL MORTALITY IN SUB SAHARAN AFRICA

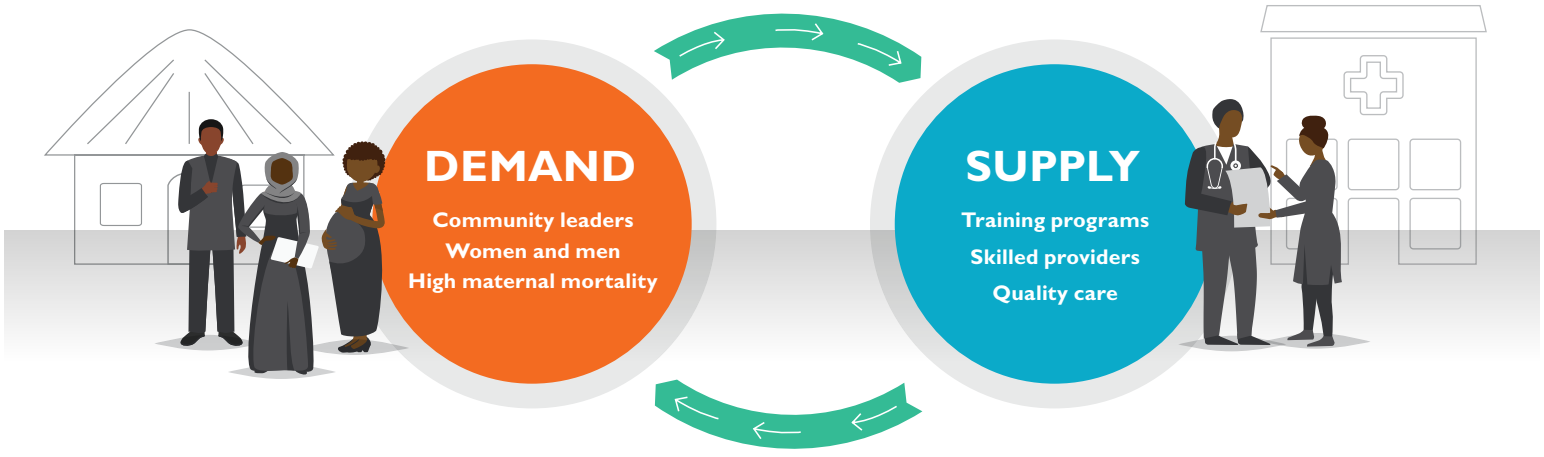
Women in sub-Saharan Africa are almost 100 times more likely to die from complications during pregnancy or childbirth than women in developed countries. Just because of where they live, their risk of death is 1 in 39 compared to 1 in 3,800. But while other health crises in Africa like AIDS, Ebola, malaria, poverty, and violence have rightly captured the world's attention and induced action, the lack of access to critical care for mothers has quietly devastated sub-Saharan communities.

The worst part? **Most maternal deaths in these countries could be prevented. The good news is: we have a plan for doing just that.**

Our consortium is highly experienced and uniquely positioned to provide a long term, sustainable and permanent solution by building in-country expertise that can replicate itself through the educational and capacity building institutions it will create.

We'll leverage our experience and expertise to build OB-GYN training programs throughout sub-Saharan Africa. Our consortium, led by the University of Michigan, pairs major U.S. university centers with 10 African universities and hospitals to build permanent, **high-impact post-graduate training programs** in obstetrics, gynecology, and midwifery. The resulting system of care integrates human resources, infrastructure, and technology to ensure **better outcomes for mothers and their children.**

We will combine obstetrics and midwifery with a core curriculum of open-source materials from the Global Library of Women's Medicine to create interdisciplinary training programs that combine evidence-based clinical and surgical care with team training, communication, certification, quality improvement, and policy work.



WITH $1 million*, WE CAN:

- Convene our partners
- Develop in-country implementation plans with universities, hospitals and governments
- Begin work on community inclusion with World Vision
- Strengthen the Global Library for Women's Medicine
- Establish the Civana networking platform
- Initiate pilot implementation projects in African sites

WITH $5 million*, WE CAN:

- Convene our partners
- Develop in-country implementation plans with universities, hospitals and governments
- Begin work on community inclusion with World Vision
- Strengthen the freely available Global Library for Women's Medicine
- Establish the Civana networking platform
- Initiate pilot implementation projects in African sites
- Strengthen the coordinating Hub

PLUS

- Choose 2-3 of the most ready sites to begin OB-GYN and midwife training programs
- Increase education care to pregnant women in sub-Saharan Africa

WITH $10 million*, WE CAN:

- Convene all our partners annually for 3-5 years
- Convene in-country and regional workshops for planning, implementation, and evaluation
- Support African OB-GYN and Midwife Faculty development
- Complete the OB-GYN, Midwifery and Community training component of the Global Library of Women's Medicine with wide dissemination
- Fully implement the Civana Networking platform, and invite unfunded partnerships to join
- Further fund promising sites in the full initiation of OB-GYN Midwifery and Community education, training and integration
- Expand World Vision's engagement with communities

**This project can be fully implemented at all sites with $100 million, as originally proposed to Macarthur 100&Change program.*

Strategic partnerships will help maximize our impact. World Vision is a global relief and development organization whose extensive networks will help us reach underserved communities. Civana, which creates collaboration tools for achieving the United Nations Sustainable Development Goals, will design an innovative networking and management platform to reach those beyond our 10 initial sites. The Global Library for Women's Medicine will provide free education materials to obstetricians, midwives, health workers, and communities. By providing appropriate care to women in urban and rural areas, we will reduce maternal mortality rates and ensure better outcomes for mothers, babies and families throughout sub-Saharan Africa. Our goal is to bring professional, high-caliber, modern obstetric care to women in the places where they live, therefore breaking down barriers every single day.

And there's more that sets our plan apart:

- Our ability to leverage existing colleges, medical schools, professional organizations, and ministries in-country allows us to implement solutions on day one.
- The University of Michigan has sustained partnerships in sub-Saharan Africa that span decades with proven results.
- Our model is equitable. Women in sub-Saharan Africa will receive care that is on par with care received by women in developed nations.
- The Ghana-Michigan program has helped create the systems that trained over 250 OB-GYNs that have stayed in the country.
- By combining human capacity and technology, we can do more to improve maternal and neonatal health than either would do alone and measure the outcomes.
- We will work in countries to build institutional change that is welcomed, wanted, and sustained by women, obstetricians, governments, and Ministries of Health.
- World Vision has established community networks and delivery platforms in over 40 poor countries in the most hard-to reach geographical areas and where the most vulnerable women and children live.

PARTNERS

University of Michigan · Civana · GLOWM The Global Library of Women's Medicine · World Vision

For more information contact Frank Anderson at **fwja@med.umich.edu** or **734.904.1852**.
Visit **1000obgyns.org** and **medium.com/@fjandersonmdmph**.

Asia Proposals

Women, Children, and Infant's Health

To view a video playlistof the proposals in the order that they appear in this booklet, please **click here.**

Please note, proposal order is alphabetical by organization; not reflective of ranking.

One Sky

Building Brighter Futures for Marginalized Children in Asia

View factsheet on pages 20-21

Bold Solutions Network Online Profile Page

Project Video

THE CHALLENGE

- Science has shown that nurturing care during the first 1000 days of a child's life is crucial for healthy development. Across Asia, **58 million children under five** are at risk of not reaching their full potential.
- As toxic stress from poverty and adversity in migration weakens a child's budding brain architecture, the lack of quality early childhood care and education (ECCE) further undermines that child's promising future.
- **Less than 1% of women** living in poverty have access to quality, affordable ECCE and are often forced to choose between leaving their children in substandard care settings while working or staying home to care for their children – perpetuating the cycle of poverty.

OUR STORY

is a global NGO whose mission is to teach communities and caregivers to provide nurturing responsive care and early education that unlocks the vast potential hidden in our world's most vulnerable young children. Founded in 1998 after a flawed social policy resulted in an entire generation of abandoned baby girls in China, OneSky began to train child welfare workers to bring family-like care to all children languishing inside Chinese orphanages.

By 2010, China's Ministry of Civil Affairs adopted our approach as the national standard for orphan care and invited us to train every child welfare worker in the country on how to deliver our evidence-based methodology to the children in their care. This groundbreaking partnership has reached over 30,000 caregivers in every one of China's 31 provinces this year.

Over the last 21 years, OneSky has trained **43,270 CAREGIVERS** to provide life-changing, responsive care for **209,907 CHILDREN** in **CHINA**, **VIETNAM**, and **MONGOLIA**.

OUR SOLUTION

OneSky is building local capacity in China, Vietnam, and Mongolia by hiring women and training them to train others to establish high-quality ECCE programs that empower marginalized children to thrive, breaking intergenerational cycles of poverty. We are transforming the quality of care for the most vulnerable: children left behind in high-poverty rural villages of China, migrant children of low-wage factory workers in Vietnam, and children in urban informal settlements like Mongolia's ger districts.

HIGH QUALITY ECCE PROGRAMS
providing nurturing learning environments and training caregivers in responsive care.

BLENDED LEARNING
through a mobile-friendly online community platform for learning and training.

TRAINING OF TRAINERS
to build capacity of caregivers and leaders in the ECCE workforce.

ROBUST MONITORING & EVALUATION
including digital data assessment tools.

STRATEGIC PARTNERSHIPS
with local organizations and government at all levels to shift ECCE norms and transform broken systems, improving the lives of vulnerable children at scale.

Unlocking the potential of our world's vulnerable children

In the first months of life, if children lack essential nurturing care and stimulation, they will fail to reach their full potential.

Through our programs, OneSky trains caregivers to provide at-risk children with high quality daily interactions.

At-risk children enter primary school on a level with their peers, securely attached, self-confident, and resilient, ready to succeed.

Better prepared, once-marginalized children can grow up positioned to enjoy opportunities that arise as society around them develops.

Seeing the impact of our programs, government and local partners change ECCE systems, thus building brighter futures for the next generations.

IMPACT AND EVIDENCE

- In 2018, a **three-year RCT** of our work in China was completed by the China Development Research Foundation and the Amsterdam Institute for International Development. The impact evaluation showed that **our programs had a statistically significant positive effect** on caregiver attitudes and child development outcomes.
- OneSky's model has been recognized as a **noteworthy practice** by the Asia-Pacific Regional Network for Early Childhood (ARNEC).
- OneSky is producing a **new landmark body of ECCE evidence** with Professor Aisha Yousafzai of the Harvard T.H. Chan School of Public Health through an impact evaluation of our work in Vietnam. The study will be the largest home-based childcare provider survey outside of the Global North and **the first in Asia to look at home-based childcare in industrial zones**.

A CALL FOR INVESTMENT

We believe in the **POWER OF PARTNERSHIPS** to benefit the most marginalized children across Asia.

$1M	Improve prospects for **vulnerable children left behind** by migrant worker parents through community center programs in **40 high-poverty rural villages** in China.
$5M	Upskill and digitally empower frontline ECCE caregivers through blended learning with an online platform suited for mobile, improving the quality of care for **over 100,000 marginalized children** in China, Vietnam, and Mongolia.
$10M	Train and certify the home-based childcare workforce in industrial zones, professionalizing an informal system to transform the care and education of **417,000 children of low-wage factory workers** in Vietnam.

We work towards a day when all vulnerable children are valued as a precious human resource.

Please join us as we train caregivers and scale up quality ECCE programs to ensure every marginalized child can reach her full potential, translating into a more robust and prosperous Asia for decades to come.

Find out more by visiting us at **www.onesky.org** or contact **info@onesky.org**.

Unlocking the potential of our world's vulnerable children

MAR 20

India Proposals

Women, Children, and Infant's Health

To view a video playlistof the proposals in the order that they appear in this booklet, please **click here.**

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Johns Hopkins University

Innovative Solutions for Universal Childhood Immunization in India

View factsheet on pages 23-24

Bold Solutions Network Online Profile Page

Project Video

Johns Hopkins University

Zero TB Kids: Ending the Pediatric Tuberculosis Epidemic

View factsheet on pages 25-26

Bold Solutions Network Online Profile Page

Project Video

Piramal Swasthya Management and Research Institute

SARTHI: Sustainable Action to Redefine Tribal Health in India

View factsheet on pages 27-28

Bold Solutions Network Online Profile Page

Project Video

Innovative Solutions for Universal Childhood Immunization in India

Eradicating Vaccine Preventable Childhood Deaths

13.5 million
Infants globally do not receive any vaccine every year, with a third of these unimmunized children living in India

1.5 million
Childhood deaths per year can be prevented with vaccines

The Problem

Despite widespread vaccine availability in India through national health programs, millions of children in low-resource regions do not receive any immunizations. Key challenges include:

- Lack of reliable immunization records or linkage to positive identification
- Poor compliance and vaccine hesitancy from caregivers
- Limited ability to rapidly identify non-compliance
- Absence of reliable regional-level immunization data, to track vaccine inventory as well as predict at-risk communities and disease outbreaks
- Inability for real-time, transparent monitoring of interventions, hindering focused investments

How we got here...

Growing up in India, Sanjay Jain, MD and Ajay Jain, MD saw firsthand how children in their father's pediatric practice were impacted by the challenges of childhood immunizations. As avid computer programmers, they developed a software-based solution while in medical school. Over the last 5 years, they have partnered with on-ground organizations to build and implement this platform on a much larger scale.

Our Solution

We have developed and validated an innovative cloud-based platform which provides reliable immunization records linked to biometric and GPS data to promote and monitor vaccine compliance. By leveraging existing community resources, we will apply this technology in India to:

Achieve universal immunization for young children in low-resource regions

Monitor communities at risk for vaccine-preventable diseases using geospatial mapping and artificial intelligence

Provide an adaptable, culturally appropriate electronic immunization platform for all children

Our goal is to provide a reliable and scalable platform to protect children in low-resource regions from the burden of vaccine-preventable diseases

Our Team

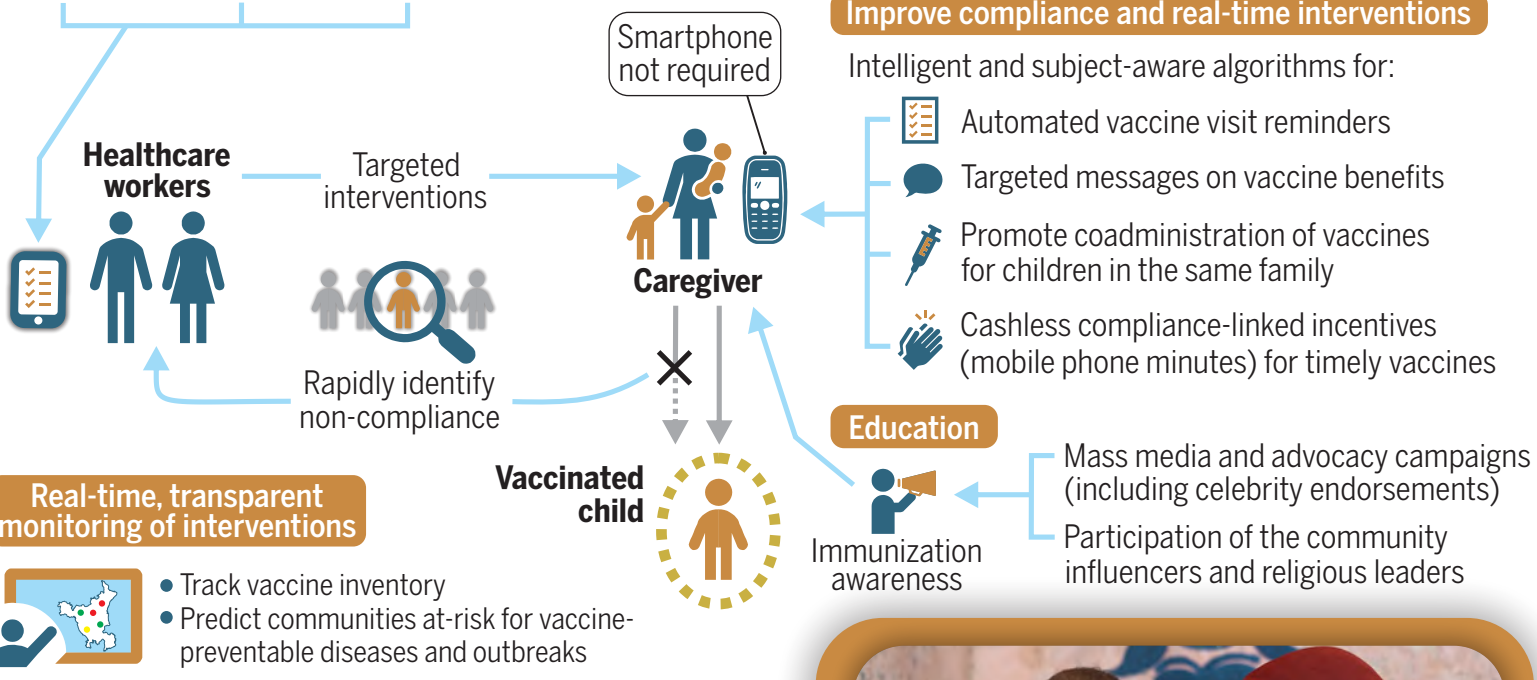
We are a multidisciplinary team of pediatricians, engineers and journalists from Johns Hopkins University, USA • St. Louis University, USA • Bal Umang Drishya Sanstha (BUDS), India • Royal Datamatics Pvt. Ltd. (RDPL), India • seedsimpact, India • Global Health Strategies, India

How does it work?

Our comprehensive platform has already benefited thousands of children in India (Pediatrics April 2018 and clinicaltrials.gov NCT03428776) by providing scalable, culturally appropriate solutions. Our evidence-based approach will empower existing government healthcare workers with state-of-the-art technologies to record and monitor vaccine delivery, while also incentivizing and educating caregivers to improve compliance and overcome vaccine hesitancy.

Reliable immunization records

Cloud-based · Biometrics · Geotagging



Real-time, transparent monitoring of interventions

- Track vaccine inventory
- Predict communities at-risk for vaccine-preventable diseases and outbreaks

Impact on Childhood Immunization

	$1 million	$5 million	$10 million
Invesment			
Number of children immunized	10,000	100,000	500,000
Villages	10	60	300

Immunizing a large number of children will lead to community immunity as well as promote a sustained culture of childhood immunizations

How will your funds be used?

We will provide tablets running our platform to healthcare workers who will be trained to use them, and can administer vaccines supplied from the Indian government. Funds will be used to provide compliance-linked mobile phone incentives and text / voice messages to the caregivers. Education and advocacy campaigns to promote childhood immunizations will also be provided.

The World Health Organization and the Indian Government are highly receptive to digital technology solutions for healthcare

This platform has been developed with support from:

Department of Biotechnology, Government of India · Bill & Melinda Gates foundation · National Institutes of Health

Impact and Sustainability

- Immunizations have an enormous positive financial impact and equalize social disparities
- High-quality electronic data enables real-time accurate monitoring and early-warning strategies
- Mobile-phone access is >90% even in resource-poor communities in India
- We will build upon existing resources by integrating our platform with the centralized Indian biometric program (Aadhaar) and the Digital India Portal
- Our platform can also be used in other developing countries and for other health conditions

Contact information: Sanjay K. Jain, MD
Johns Hopkins University
sjain5@jhmi.edu • 410-502-8241

ZERO TB KIDS

HELP US ELIMINATE TB IN KIDS

Johns Hopkins University

Tuberculosis is one of the top 10 killers worldwide, causing 1.5 million deaths per year, including 250,000 fatal cases in children. Although TB is preventable and curable, most treatment is passive: it's only when a child shows symptoms that a health care provider is contacted. We upended that ineffective model and developed a proactive approach that systematically tests children in schools and households, and treats them before they succumb to this infectious disease. **The results have been astounding.**

THE PROBLEM

EVERY YEAR...

250,000 Children die from TB

25,000 Children develop multidrug-resistant TB

1.5 MILLION TB cases detected in children & adolescents

10 MILLION TB cases detected globally

55% of TB in children is undiagnosed

90% of children with multidrug-resistant TB remain undiagnosed with no access to treatment

HOW WE ARE SOLVING IT

TESTING
children in schools and at home, children exposed to HIV infection, and pregnant women

TREATING
active cases, including drug resistant TB, and ensuring optimum adherence and treatment completion

PREVENTING
future cases by treating latent TB with novel short-course therapies

OUR METHOD FOR ELIMINATING TB IN CHILDREN

- TB preventive treatment
- Active case finding and treatment
- Reduction in adult TB cases under national program

UTILIZING COMMUNITY MOBILIZATION

- Stakeholder engagement
- Social media campaigns
- Traditional media campaigns
- Advocacy & support from community leaders

"This is a project that can eradicate TB. Children and youth are our future."

– His Holiness the 14th Dalai Lama
in a public service announcement about ZERO TB KIDS

WE'RE ATTACKING TB BEFORE IT CAN ATTACK KIDS

Our project originated in India, which has the highest burden of TB in the world. Local doctors approached Johns Hopkins researchers about this overwhelming problem and together they created a robust partnership that has been embraced by both government leaders and local residents. And it's a model that can work in communities around the world.

OUR NUMBERS

3
Years this project has been in place

10,000
Number of children screened

1,000
Number of children treated with preventive therapy

82%
Rate at which we have reduced TB in kids

WHAT THE FUTURE HOLDS

- Novel point-of-care technology for detection of latent TB infection in nearly any setting
- Ultra-short course child-friendly preventive regimens
- Operationalizing preventive-therapy strategy for children exposed to drug-resistant TB

Our successful model can be expanded to reach across India and around the world.

Here's what additional funding would mean for TB prevention and treatment in children:

$1 MILLION
- Cover 100,000 kids
- Detect and treat 100 active cases
- Preventive treatment for 20,000 children

$5 MILLION
- Cover 500,000 kids
- Detect and treat 500 active cases
- Preventive treatment for 100,000 children

$10 MILLION
- Cover 1,000,000 kids
- Detect and treat 1,000 active cases
- Preventive treatment for 200,000 children

"We have shown that tuberculosis incidence can be greatly reduced through the implementation of a comprehensive program. The model that we have with Zero TB Kids could be scaled up to schools across India, and it could be scaled up to monasteries across communities, in refugee populations, and in other vulnerable populations across the country as well as globally."

— Kunchok Dorjee,
Director, Zero TB Kids

Dr. Richard Chaisson
Director, Johns Hopkins Center for Tuberculosis Research
rchaiss@jhmi.edu | 410-955-1755 | ahealthierworld.jhu.edu/zero-tb

January 2020

SARTHI

Sustainable Action to Redefine Tribal Health in India

Transforming Healthcare by ending preventable maternal and child deaths in tribal regions of India

Challenges:

India is home to one-third of the world's tribal population (104 Million)

~32,000* maternal deaths

~900,000* infants deaths

One million under 5 children deaths

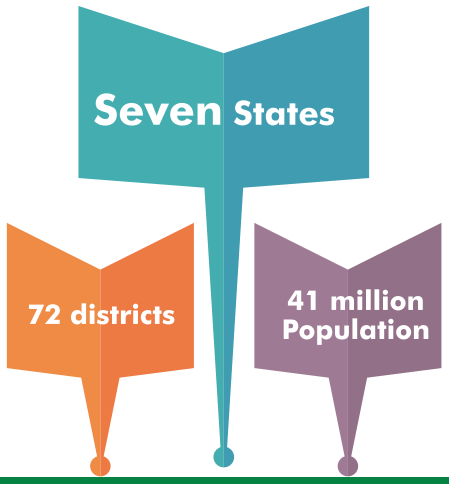
Risk of Mortality in tribals is **One and half to Two times** higher

84% shortfall of specialist doctors in tribal areas

*Annually in India

Solution

Tribal Health Transformation Model:



Optimise Utilisation: Demand Side

- Create Community engagement platform
- Engage community influencers, faith-based leaders, self help groups
- Address myths and misconceptions
- Use participatory learning and action for community ownership

Facilitate Implementation: Supply Side

- Setup Community nutrition hubs and nutrition gardens
- Recruit Special outreach teams for tough geographies
- Build technical and managerial capacities of health workforce
- Support strengthening public health infrastructure

Leverage Technology

- Setup Telemedicine Centres
- Introduce electronic health records
- Integrate a Clinical Decision Support System, to improve quality of healthcare service delivery
- Build advanced data analytics to track health outcomes
- Upgrade data management systems

piramalswasthya.org twitter.com/PiramalS twitter.com/ADTPIRAMAL

Impact so far:

Providing primary healthcare services across **900+ tribal habitations**

ZERO Maternal Deaths over the last three years

Institutional deliveries increased from **18.5% to 64.7%**

97.5% babies born with birth weight above 2500 gms

92.3% babies breastfed within one hour of birth

Health Systems Stregthening across **25 Aspirational Districts**

Antenatal care registrations increased by **18%**

Institutional deliveries increased by **11%**

Children with diarrhoea treated with Oral Rehydration Solution & Zinc increased by **15.7% & 19.1% respectively**

The transformation necessitate collective action, through meaningful partnerships between Governments, Philanthropists, NGOs, Academic Agencies, Researchers, Innovators and Policy-makers.

You can be a part of India's transformation story:

Establishment of Telemedicine specialist Hubs; Transforming Health Sub centres into Health and wellness centers (HW Centres); Aspirational district transformation (ADT) program to improve health and nutritional indicators; Setting up Nutrigardens

	1 million USD	5 million USD	10 million USD
Districts	TWO	FOUR	EIGHT
HW centres	12	24	48
ADT in blocks	20	40	80
Coverage	Two Million	Four Million	Eight Million

Estimated budget for a project period of one year for one million and three years for five and 10 Million

Piramal Swasthya

Piramal Swasthya is one of the largest not-for-profit organizations in India operating in the primary public healthcare space with a focus on maternal health, child health and non-communicable diseases. With over a decade-long experience in operating several healthcare innovation models at scale, addressing the primary healthcare needs of most underserved and marginalized populations across India. Currently we operate in 21 states with over 2600 employees (including 250 medical doctors). Through our interventions, we complement & supplement Government of India's efforts of achieving Universal Health Coverage. Piramal Swasthya is one of the five winners of 'USAID's Inclusive Health Access Award' presented on the sidelines of the 74th UNGA in New York for expanding access to affordable, accountable and reliable health services for poor and vulnerable groups in India.

Multiple Regions

Women, Children, and Infant's Health

To view a video playlistof the proposals in the order that they appear in this booklet, please **click here.**

Please note, proposal order is alphabetical by organization; not reflective of ranking.

Arizona State University Foundation

Culturally-Appropriate and Effective Substance Abuse Prevention for all Youth

View factsheet on pages 31-32

Bold Solutions Network Online Profile Page

Project Video

Clinton Health Access Initiative

Breathing New Life: Transforming Access to Oxygen Therapy for Children

View factsheet on pages 37-38

Bold Solutions Network Online Profile Page

Project Video

Bill & Melinda Gates Institute for Population and Reproductive Health

The Challenge Initiative for Healthy Cities

View factsheet on pages 33-34

Bold Solutions Network Online Profile Page

Project Video

Futures Without Violence

Changing the Game for Girls: Sexual Violence Can Be Stopped

View factsheet on pages 39-40

Bold Solutions Network Online Profile Page

Project Video

Center for Global Women's Health Technology

Women-Inspired Strategies for Health (WISH): A Revolution against Cervical Cancer

View factsheet on pages 35-36

Bold Solutions Network Online Profile Page

Project Video

Miraclefeet

Mobilizing Children for Life: Scaling Treatment to End Neglected Disability

View factsheet on pages 41-42

Bold Solutions Network Online Profile Page

Project Video

Multiple Regions

Women, Children, and Infant's Health

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Nutrition International

Impacting Generations: The Transformative Power of Large Scale Food Fortification

View factsheet on pages 43-44

Bold Solutions Network Online Profile Page

Project Video

Task Force for Global Health

End Child Leprosy by 2030: Break Transmission and Eliminate Stigma

View factsheet on pages 49-50

Bold Solutions Network Online Profile Page

Project Video

Plan International

OpenCRVS, Ensuring All Lives Count by First Being Counted

View factsheet on pages 45-46

Bold Solutions Network Online Profile Page

Project Video

Save the Children

BASICS: Bold Action to Stop Infections in Clinical Settings

View factsheet on pages 47-48

Bold Solutions Network Online Profile Page

Project Video

Global Center for Applied Health Research
Arizona State University
https://globalappliedhealth.asu.edu/

keepin' it REAL:
A culturally-appropriate and effective substance abuse prevention program for all youth

Our Goal: To collaborate with communities throughout Sub-Sharan Africa to prevent youth substance abuse by strengthening capacity to culturally adapt, implement, and scale

Substance abuse is an **epidemic** affecting hundreds of millions of people around the world.

In 2016, over **10 million people died** from opioid overdose. Addiction is a complex problem that destroys families and burdens society.

Substance abuse is **especially dangerous for children** and youth because they often lack the social skills needed to resist offers of alcohol, tobacco and other drugs.

Evidence based substance abuse prevention programs work. The critical age to intervene is between 12 and 14, before most alcohol and drug use begins. Schools provide an ideal context for maximizing the scale and impact of prevention programs, with trained classroom teachers delivering them.

The Global Center for Applied Health Research at Arizona State University created and tested an adolescent **drug prevention program** based on scientific data and respect for local cultures.

keepin it REAL:

- Teaches life skills and refusal strategies most commonly used by youth: **REFUSE**, **EXPLAIN**, **AVOID**, and **LEAVE**.
- Follows a cultural adaptation approach, developing and testing a local version of the program in partnership with collaborators and youth in each country.
- Has **already benefitted thousands of middle school students** in the USA, Guatemala, Kenya, Mexico, Spain, and Uruguay.

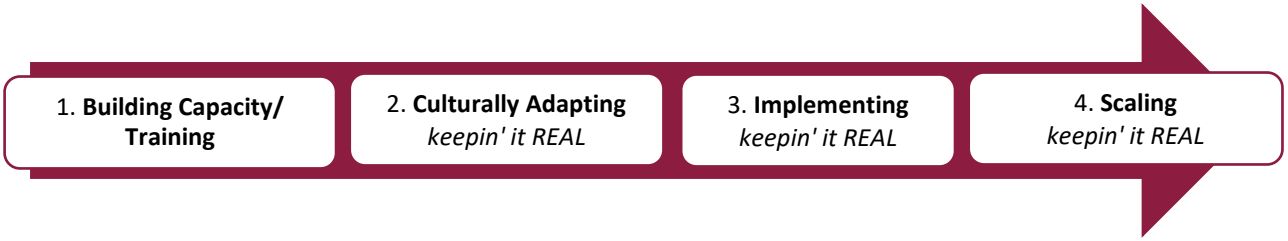
Our Center is soliciting support to expand our outreach into Sub-Saharan Africa where 41.6% of adolescents use substances like alcohol or drugs[1]. Our partners in Kenya, Nigeria, South Africa, Tanzania and Uganda have capacity to widely implement the prevention program. Unfortunately, the local communities do not have the financial resources to fully adapt, deliver and evaluate the prevention program.

1 Adebanke, Olawole-Isaac & Ogundipe, Oluwatomisin & Amoo, Emmanuel & Adeloye, Davies. (2018). Substance use among adolescents in sub-Saharan Africa: a systematic review and meta-analysis. South African Journal of Child Health. 12. 79. 10.7196/SAJCH.2018.v12i2b.1524.

The Solution

We will adapt, implement, and evaluate *keepin it REAL*, our scientifically proven, effective substance abuse prevention program with **youth ages 12-14**. This school-based intervention strategy will allow us to maximize our outreach to thousands of students currently without access to effective prevention programs.

Solution Model for *keepin' it REAL*



As a **result** of participating in our program, youth will:

a) Reduce alcohol, tobacco, marijuana, and inhalant use;
b) Abstain from opioid, cocaine, heroin, amphetamine, and prescription drug initiation; and
c) Increase the use of drug resistance strategies.

Long-term impacts will lead to overall reduced rates of substance abuse and addictions. The economic benefits of this program will exceed the costs of implementing and scaling our solution. The benefits are expected to be sustained at least **50 years** from receipt of our program. Participation is associated with benefits of **$16.98 for each dollar invested** (in 2013 US $).

With your support, we will extend keepin' it REAL to thousands of students in Sub-Saharan Africa by 2025.

Our priority countries include **Kenya, Nigeria, South Africa, Tanzania**, and **Uganda.**

$1M: Capacity Building, Cultural Adaptation, Implementation, Scaling for 1 country
$5M: Capacity Building, Cultural Adaptation, Implementation, Scaling for 5 countries
$10M: Capacity Building, Cultural Adaptation, Implementation, Scaling for 10 countries

2-03-2020

Providing Locally Owned Reproductive Health Solutions to the Rapidly Growing Urban Slums of Africa and Asia

Current UN projections show 70% of the world's population will be urban by 2050, with 90% of that urbanization in Africa and Asia. Global challenges such as urban poverty, gender inequity, maternal and child mortality, and climate change will only worsen if cities continue to grow at the same rate as they are today. **The Challenge Initiative for Healthy Cities** (TCIHC) provides cities in Africa and Asia with a bold approach to rapidly and sustainably scale high-impact family planning and adolescent and youth sexual and reproductive health (AYSRH) solutions for women and girls – both married and unmarried 15-24 year-olds –living in urban poverty.

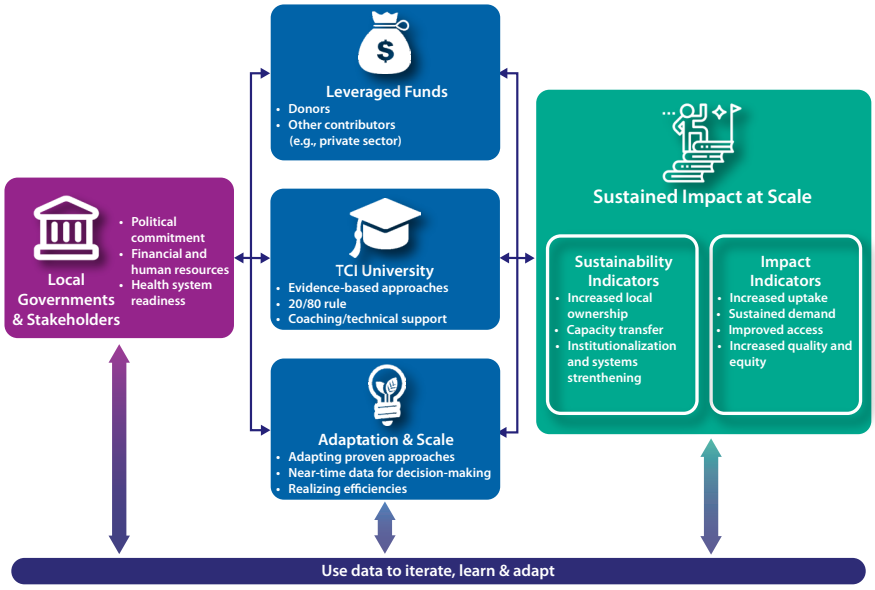
BACKGROUND: TCIHC was designed to build on the successful six-year Urban Reproductive Health Initiative (URHI), which was extensively evaluated and led to a substantial boost in the number of women accessing modern contraception in cities in Kenya, Nigeria, Senegal and India. TCIHC adapted and packaged URHI's best practices within an online platform called **TCI University** (TCI-U) so local governments and stakeholders – with technical coaching and some funding from TCIHC – can use their own resources to implement them for impact and sustainability at scale. TCIHC's platform is designed to deliver on four interlocking tenets – scale, impact, cost-efficiency and sustainability – because it believes scaling without impact is empty scale; impact at scale without increasing cost-efficiencies is not viable; and cost-efficient impact at scale that is not sustained will not produce lasting change.

TCIHC Guiding Principles.

HOW IT WORKS: TCIHC's demand-driven model lets cities self-select to participate while bringing their own political commitment, financial and human resources, and ideas to the table. This positions them to eventually own the family planning solutions they implement. In return, TCIHC offers access to its Challenge Fund and technical "coaching" so cities can successfully select, adapt and implement TCIHC's family planning solutions. After about three years of engagement, TCIHC moves cities towards self-reliance using its "graduation " process by scaling back its technical coaching and Challenge Fund contribution. Since TCIHC launched in 2016, **93 cities** have signed up, contributing significant cash resources to implement TCIHC's solutions in **10 countries** across four regional hubs (East Africa, Francophone West Africa, India and Nigeria), primarily in urban slum areas.

TCIHC is guided by a set of five guiding principles that are central to its success. The principles emphasize the demand-driven model, right-fitting high-impact solutions within the local context, using a "Lead, Assist, Observe" coaching model, and using near-time, real-time data for decision-making.

TCIHC's Theory of Change (right) shows how it envisions achieving sustained impact at scale. Local governments and



TCIHC's Theory of Change.

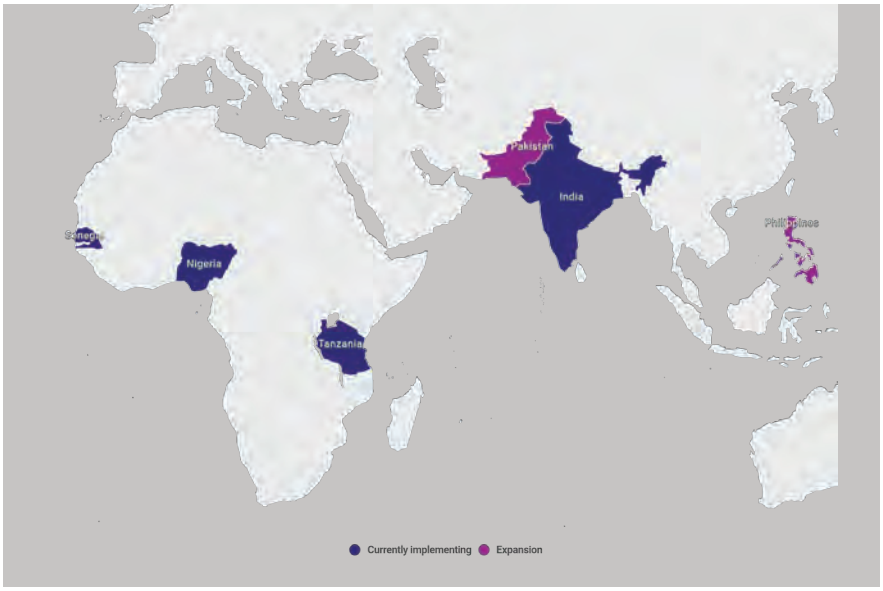
stakeholders self-select and lead implementation while committing their own political and financial resources. TCIHC, in turn, provides support from its Challenge Fund and access to TCI-U (online and face-to-face), as well as collaborates with local implementers to continuously adapt and scale the proven interventions. With TCIHC support, cities improve their ability to coordinate with partners and other investments in family planning to successfully implement their own programs, ultimately leading to the desired sustainable outcomes at scale. The use of data to iterate, learn and adapt underpins this Theory of Change. TCIHC has developed a learning agenda that envisions its platform as a global social good that will live beyond the life of the project and will be capable of working in health areas other than family planning and AYSRH. This assumption is being tested with the addition of maternal and neonatal health (MNH) and tuberculosis (TB) in India and primary health care in Nigeria.

TRACKING TCIHC'S PROGRESS: TCIHC collects and collates data from a variety of quantitative and qualitative data sources, including project record data, service statistics from local health management information systems (HMIS), local tracking surveys and interactive qualitative techniques such as the **Most Significant Change** approach. Key informant interviews and focus group discussions are conducted as needed. TCIHC analyzes and synthesizes the data from all its various sources to continually inform its stakeholders about what is going well as well as challenges that need to be addressed.

WHAT THE DATA SHOW: As of December 2019, data from local HMIS in 91 reporting cities show that TCIHC contributed to a 47% overall increase in annual family planning client volume compared to a baseline period prior to TCIHC implementation. This boost translates to nearly 700,000 more women benefiting from access to family planning methods and services in TCIHC cities.

THE TCIHC TEAM: The team is made up of some of the leading international and national NGOs working in global health, including the **Bill and Melinda Gates Institute for Population and Reproductive Health** (lead), **Population Services International** (India), **Jhpiego** (East Africa), **Johns Hopkins Center for Communication Programs** (Nigeria), **IntraHealth International** (Francophone West Africa). New partners include the **Zuellig Family Foundation** (Philippines) and the **International Youth Alliance for Family Planning** (youth). The platform has support from private donors, such as the Bill & Melinda Gates Foundation, Comic Relief and private philanthropists.

A SMART INVESTMENT: An additional investment of $1-$10 million in TCIHC will provide the resources needed to expand into additional urban centers across six countries (India, Nigeria, Pakistan, The Philippines, Senegal, Tanzania) where urban poor women and girls report the greatest need for family planning. These six countries are among the highest in terms of numbers of unintended births, high unsatisfied demand for modern contraceptives and largest projected growth of urban centers.



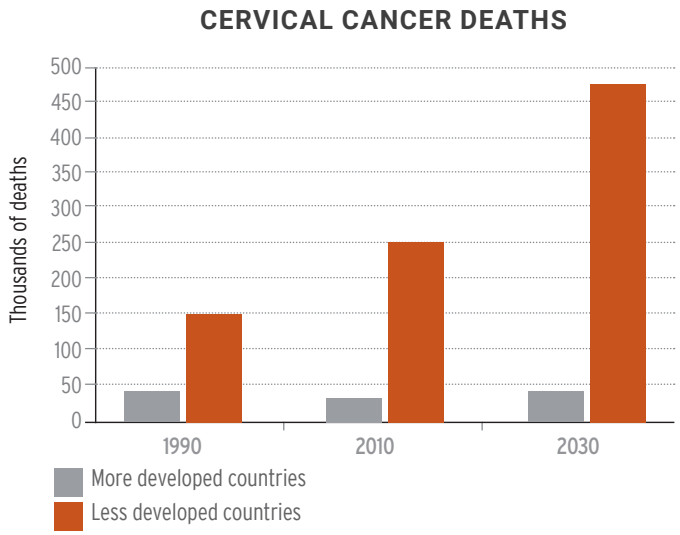
- For **$1 million**, TCIHC can expand to **one city** and reach **30,000 to 45,000 women and girls** with modern contraceptives over a three- to five-year period
- Investing **$5 million** in TCIHC leads to economies of scale, with expansion to **6-7 new cities**, reaching **160,000 to 250,000 women and girls** of reproductive age
- Economies of scale are greater with a **$10-million investment** as TCIHC can expand to **13-15 new cities** and reach **350,000 to 500,000 women and girls**

Women-Inspired Strategies for Health (WISH): A Revolution against Cervical Cancer

By 2030, the mortality rate from cervical cancer in developing countries will increase tenfold. At this rate, there will be more than 20 million cervical cancer cases by 2060, and future vaccination will only reduce the number of new cases by 10%. This trajectory must change.

Our women-inspired strategies for health (WISH) will empower women to be the agents of change in the revolution against cervical cancer and, in doing so, avert the unjustifiable deaths of tens of millions of mothers and daughters for whom vaccination is not an option.

Within ten years, our model will reach five million women in two epicenters, Peru and Kenya; reduce deaths by 50%; and catalyze a global women-led revolution against cervical cancer through our long-standing partnerships across Latin America, Africa and Asia.



Why have generations of women died from preventable causes?

Women are simply unable to access lifesaving solutions because of cultural, financial, political and geographical barriers. Global cervical cancer elimination requires a bridge between existing solutions and the vulnerable populations who desperately need them.

What is the WISH solution?

Instead of requiring women to make lengthy journeys for intimidating clinic and hospital procedures, WISH has created transformative lifesaving solutions that both give these women access to home- and community-based care and empower them to help each other avert the growing mortality from this completely preventable disease.

How does WISH make an impact?

For every 100 women screened, 98 complete care at home. A small percentage of those screened will have cervical disease, and we make early identification and treatment accessible at a health facility close to each woman's home. Our model significantly decreases stress and cost, removes barriers to lifesaving treatments, and prevents two cancers for every 100 women reached.

Duke UNIVERSITY

PUBLISHED FEBRUARY 2020

The WISH model empowers women with the knowledge, tools, and support to close the cervical cancer inequity gap, upend medical tradition and catalyze a new model of women-centered care.

The WISH model works in three ways.

Women-Inspired Technology

There is a chasm between where lifesaving solutions exist and where women live. WISH includes novel technologies designed for women's at-home use (HPV virus testing, Callascope) and clinical-based care (Pocket Colposcope, diagnostic software, Thermocoagulator).

Community Workforce Training

Current care options require expertise and training to implement. We teach women to begin the screening process themselves, and we train midwives and nurses to identify and treat disease before it advances to cancer.

Peer-to-Peer Learning

Many women are afraid, embarrassed, or unaware of the importance of early screening, identification and treatment. We facilitate women-to-women storytelling to break down the shame and stigma associated with sexual and reproductive issues.

Bridging solutions from hospitals to communities and into women's homes will dramatically increase screening and treatment rates. Our women-centered approach will spark a multiplier effect where women empower women to end deaths from cervical cancer.

A women-led team with collective experience in cervical cancer prevention, technology innovation and entrepreneurship and implementation at scale will lead the WISH revolution against cervical cancer. Collectively, we have global partnerships in more than ten countries across four continents.

Duke University, Universidad Peruana Cayetano Heredia, Pontificia Universidad Católica del Perú, Liga Contra el Cancer, Kisumu Medical and Education Trust, Innovations in Healthcare, Calla Health Foundation, Cure Medical LLC, Global Initiative Against HPV and Cervical Cancer, Union for International Cancer Control

How You Can Help

This revolution in treatment can save an entire generation of women from cervical cancer. With your support:

$1 Million

$1 million brings together all of the elements of the WISH model to achieve holistic impact. Each piece of our process is proven to work individually. Your support will help us implement the entire model to achieve maximal impact at our current locations in Peru and Kenya and **impact 10,000 women**.

$5 Million

$5 million allows us to test and verify the model in new locations in Peru and Kenya to demonstrate its scalability in new geographical regions. Increasing your support helps us identify more local partners in areas where this model is critically needed, enables infrastructure and process improvements to lower costs and **impacts 100,000 women**.

$10 Million

$10 million will double screening and treatment coverage and reduce cancer deaths by 50% in Peru and Kenya. Increasing your support will improve efficiencies with expansion to wider locations, catalyzing a path toward country level-scale and **impacting half a million women**.

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PUBLISHED FEBRUARY 2020

ELIMINATING HEPATITIS C: SAVING MILLIONS FROM THE 'SILENT KILLER'

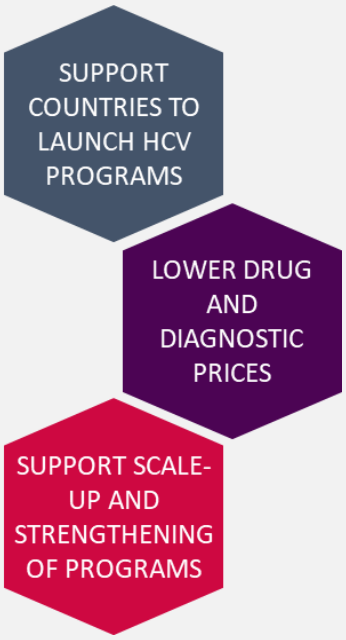
FEBRUARY 2020

HEPATITIS C, A DEADLY DISEASE

- Hepatitis C (HCV) is a blood-borne virus, known as the 'silent killer' due to the long period before people experience symptoms
- HCV is spread through blood-to-blood contact; people are at risk through unscreened blood transfusions, non-sterile injections and other unsafe practices involving blood-to-blood contact
- Left untreated, HCV infections can lead to liver cirrhosis, cancer and death
- 71 million people are living with HCV globally – twice as many as those living with HIV
- 80% of the global burden of HCV falls within low- and middle-income countries (LMICs)
- The World Health Organization has set a target for HCV elimination by 2030
- Once-daily oral medication is available and can cure an HCV infection in 12 weeks – at a cost of less than $80 per person

CHAI VISION FOR HCV ELIMINATION

- CHAI is committed to saving lives and reducing the burden of disease in LMICs by working hand-in-hand with governments to launch, scale and strengthen public health programs
- CHAI has nearly 20 years of demonstrated success of this approach across HIV, Malaria and other disease areas and is now leveraging this expertise to eliminate hepatitis by 2030
- For more information on CHAI, please visit our website
- **CHAI approach to public viral hepatitis programs**
  - CHAI is working with governments in 7 high HCV burden LMICs in Africa and Asia to **launch and scale-up** HCV diagnosis, treatment and prevention programs – curing >115,000 people since 2015
  - CHAI **market shaping efforts have yielded significant price reductions** for HCV commodities– bringing commodity prices down from >$2,500/per person to <$80/per person – enabling programs to scale with less
  - CHAI's success is grounded in **public health system strengthening** including budgeting and planning, clinical training for healthcare workers, monitoring and evaluation, and procurement strategy



COUNTRY EXAMPLE: HCV ELIMINATION IN RWANDA

PROGRAM PROGRESS FEB 2020

- TOTAL SCREENED: 1,500,000
- TOTAL CURED: 15,000
- REMAINING HCV CASES: 112,000

- RWANDA IS COMMITTED TO ELIMINATING HCV BY 2021, BECOMING THE FIRST COUNTRY IN SUB-SAHARAN AFRICA TO DO SO
- FUNDING THROUGH THE BOLD SOLUTIONS NETWORK WILL HELP RWANDA TO:
  - ACHIEVE ELIMINATION BY THE END OF 2021
  - DECENTRALIZE SERVICES BY INITIATING HCV MANAGEMENT BY NURSES STARTING 2020
  - LEAD THE WAY ON ELIMINATION IN LMIC SETTINGS; PROVIDING A MODEL FOR ELIMINATION THAT OTHER LMICs CAN FOLLOW

- Rwanda has successfully overcome the devastation wreaked upon the country during the 1994 genocide
- The rebirth of this nation has been remarkable, particularly in the health sector
- **In 2018, the Government of Rwanda became the first country in Sub-Saharan Africa to commit to HCV elimination and has achieved strong results thus far:**
  - ✓ 15,000 cured, including prisoners and people living with HIV
  - ✓ HCV care has rapidly been decentralised
  - ✓ Over 1,000 health care workers including specialists, general practitioners and nurses have been trained to manage hepatitis across the country
  - ✓ $700 reduction has been negotiated per treatment course of HCV drugs - now available for $60 per person, enabling 11 people to be cured for the price of 1
- For more information on Rwanda's journey to HCV elimination, please visit Rwanda's web-story
- To date, the HCV elimination effort has been supported by domestic and international funding, however, resource gaps remain
- To cure the remaining 112,000 HCV cases, Rwanda estimates that approximately $44M USD will be required. The government of Rwanda has committed to cover half of the required budget and the country has initiated local fundraising efforts, which have already resulted in more than $5M raised thus far
- With a $10 million investment, CHAI will provide commodity support and technical assistance directly to the Government of Rwanda to help it become the first country in Sub-Saharan Africa to eliminate HCV.

Changing the Game for Girls:

Sexual Violence Can Be Stopped

February 2020

What if we could stop sexual violence before it happens?

You may be surprised to know that we can.

Our rigorously tested program (tested via two randomized controlled trials) is proven to lower instances of sexual assault and relationship abuse among adolescents, by leveraging the powerful cultural influence of sports. We now have the evidence that shows how to prevent sexual violence before it happens.

Your Return-on-Investment:

We can quantify not only the total number of adolescents reached with your investment, but also the estimated number of instances of sexual assault and relationship violence your investment has prevented, and the associated cost savings to survivors and society (Please see page two). Preventing sexual violence today will have a profound effect for generations to come.

Why It Matters

Nearly 1 in 3 adolescent girls is sexually assaulted or abused. It is a global epidemic.

Approximately 9 in 10 rape survivors report that they were first assaulted during adolescence.

Sexual violence has a profound impact on a child's future, increasing her likelihood to drop out of school, and harming her long-term health and earning potential.

How the Program Works & Where

Futures Without Violence and its partner the International Center for Research on Women (ICRW) work with networks of youth sports clubs (both school-based and out of school) to embed the program into regular practices – with problem-solving activities and interactive learning tools to guide discussions on healthy relationships and how to prevent violence. This approach transforms the time young people spend playing sports into opportunities for life-altering change. Our evidence-based, award-winning model has been adapted in over 13 countries to-date (including Coaching Boys Into Men in the U.S. and Parivartan in India) and has reached over 200,000 young people worldwide. The model can be brought to any location around the world where sports plays a role in young people's lives. For our MacArthur 100&Change submission, we targeted India and the United States.

How Your Investment will Change Lives

With an investment at any of the following levels, Futures Without Violence and ICRW can bring this program to targeted locations in collaboration with an investment partner. This program is proven to prevent sexual violence, which in turn transforms lives by increasing girls' likelihood to stay in school, to earn more later in life, and for improved health. The below table outlines the reach and estimated impact of this project at three levels of investment. These models were developed by a team of researchers at the University of Pittsburgh based on the results of a randomized controlled trial and published research on the lifetime cost of rape for survivors in terms of medical costs, missed earnings and other expenses. (Please note: estimates vary based on project location.)

Investment Level	# of youth reached with support & mentorship	Estimated instances of relationship & sexual violence prevented	Estimated Cost Savings to Survivors and Society generated by your investment
$1 M	200,000	17,400	US $489 million
$5 M	1,000,000	87,000	US $2.4 billion
$10 M	2,000,000	174,000	US $4.8 billion

We have the evidence. We have the strategy. Our one missing piece? An investment partner. The ball is in your court……

We are ending a major cause of physical disability worldwide.

Over 2 million children are growing up with a severe disability that prevents them from walking to school, playing with friends, or enjoying simple moments of daily life without pain and difficulty.

This condition is caused by a common birth defect, known as clubfoot, which causes one or both feet to turn inwards and upwards. Although treatment for clubfoot is widely available at birth in the US, Europe, and other wealthy countries, only one in five children in low- and middle-income countries has access to the low-cost, nonsurgical solution—a series of casts that restore full mobility and functionality to the feet for life. Many of the 2 million children living with neglected clubfoot today—who could still be treated—will endure lifelong stigma, neglect, exclusion, and poverty because of their disability.

This is a solvable problem—95% of cases can be cured for an average cost of $500—yet it remains a systematically overlooked and underfunded global health crisis.

Evidence shows that clubfoot is completely treatable for a low cost, but a lack of awareness and shortage of investments from global health funders has perpetuated this unnecessary problem for many of the world's most vulnerable children. Clubfoot affects 1 in every 800 babies and is the most common birth defect in the US—above Down Syndrome and cleft lip—yet it has fallen through the cracks of global development, with no major donor funding the solution on a global scale. This absence of attention and urgency has compounded over time, and now millions of children are living with this debilitating condition. Millions more will grow up with its devastating consequences without additional investments.

While we cannot eradicate the birth defect, we can prevent the extreme disability it causes globally.

MiracleFeet is solving this problem by building local capacity within the existing public health infrastructure of each country where we work. We strengthen health systems to address barriers to treatment across the entire spectrum of care: mobilizing midwives and frontline health workers to identify and refer babies with clubfoot to a clinic for treatment, training healthcare providers in the orthopedic standard of care known as the Ponseti method, and collaborating with Ministries of Health and government agencies to incorporate all elements of our model into the public health system over time—ensuring national treatment systems will have the tools needed to sustainably address this problem for future generations.

MiracleFeet is mobilizing a global coalition to end this historically neglected issue.
MiracleFeet is the largest organization dedicated exclusively to clubfoot disability, and we are poised to take unprecedented action toward solving this problem for every child—forever. To support this vision, MiracleFeet established its own NGO in India—MiracleFeet India—dedicated to tackling the world's largest clubfoot population. MiracleFeet is also an engaged member of the Global Clubfoot Initiative (GCI), a 31-member clubfoot umbrella organization that provides essential medical credibility to MiracleFeet's programs and unites the global clubfoot community for long-term sustainability.

We have shown that this is possible, and our approach is working. MiracleFeet has successfully scaled its model to 26 countries across Africa, Asia, and Latin America. In many countries, we are already reaching over 60% of all children born with clubfoot each year—proof that we are inexpensively and effectively changing lives and the status quo. And, a 2018 external impact evaluation of MiracleFeet programs in India, Tanzania, and the Philippines validated our long-term impact on children's lives and local healthcare provider capacity. An astounding 98% of guardians said their child's quality of life improved as a result of treatment, and 94% of patients are always able to walk without difficulty. Treatment success rates were consistently high across every country studied, confirming MiracleFeet's model and the Ponseti method are both highly effective and inherently scalable across diverse contexts and geographies.

MiracleFeet innovations deliver a powerful treatment at scale. Our suite of innovative tools—funded by Google.org and designed in partnership with best-in-class industry and academic leaders at Stanford, Boston Children's Hospital, Dimagi and Suncast—faciliate our capacity to implement quality programs at scale: a $20 award-winning brace, worn at night to prevent relapse; a 3G-enabled data collection app for providers, which supports monitoring and evaluation; and an eLearning platform for training providers, built with the Royal College of Surgeons-accredited curriculum.

Together, this is a problem we can solve in our lifetimes.

The following opportunities to join our global movement will have transformative impact on MiracleFeet's programs—and vulnerable children's lives—over a 2-5-year period.

$1 million will build capacity for scale in Nigeria, the largest population in Africa, where 9,000+ babies are born with clubfoot every year. MiracleFeet's program in Nigeria is currently reaching 2% of babies who need treatment, and rising population and birth rates will only heighten the clubfoot burden in Nigeria over time. 864 million births in Nigeria are expected by 2100—over 1 million of them with clubfoot. Until a comprehensive system is established, the urgency and demand to identify and treat babies born with clubfoot in Nigeria will grow exponentially.

$5 million will accelerate our work to scale treatment systems throughout MiracleFeet's highest priority countries in Asia—India, Indonesia, Myanmar, and the Philippines—where 42,000 children are born with clubfoot every year. Investments will strengthen in-country infrastructure, bolster regional teams, increase local provider training and capacity building, and stimulate clinic and enrollment growth in these high-need countries, together representing 25% of the global clubfoot burden.

$10 million will be catalytic for systemic change throughout MiracleFeet's highest priority programs in India, Indonesia, Myanmar, the Philippines, Nigeria, Tanzania, and Uganda, where 56,000 children are born with clubfoot every year—comprising a third of the global burden of neglected clubfoot cases. A commitment at this level will not only support comprehensive systems to treat future generations of children born with clubfoot in these countries, but it will lay the groundwork for global scale and structural improvements in the broader clubfoot landscape. A joint effort between MiracleFeet entities will drive large-scale bottom-up implementation through local country partnerships, while GCI's commitment to advocacy and provider capacity, training, and mentorship will ensure our solution affects long-term global transformation.

A $500 TREATMENT
provides full, lasting mobility in 95% of cases

175,000 BABIES
are born with clubfoot every year

Fewer than
1 IN 5 HAVE ACCESS
to treatment globally

www.miraclefeet.org
February 2020

IMPACTING GENERATIONS:

THE TRANSFORMATIVE POWER OF LARGE-SCALE FOOD FORTIFICATION

A proven solution to reduce anaemia and birth defects in high-burden countries

Your investment could help entire populations have a chance to live healthy, productive lives.

Globally, over two billion people, especially women and children, are not getting the nutrition (vitamins/minerals) they need to survive and thrive. Having a poor diet or limited access to nutritious foods are key reasons why they may lack two of the most crucial micronutrients for human development: **iron** and **folic acid**. The impacts are devastating for individuals and families.

The opportunity

Food fortification is a **proven, sustainable, cost-effective** and **established** long-term solution to address micronutrient deficiencies. Staple foods such as wheat flour and rice are consumed by most of the global population consistently throughout the year and can be fortified with iron and folic acid without any effect to their taste, texture, or colour – and with a negligible cost to the consumer. This solution is inclusive [1], it reaches nearly the entire population, and it has been shown to work in many countries.

Yet, due to barriers such as under-prioritization by governments, limited consumer understanding of benefits, and the food fortification industry's lack of capacity as well as effective regulation and enforcement, food fortification is not currently happening where it's needed the most. As a result, we are missing the opportunity to prevent up to 90% of spina bifida/anencephaly cases and to significantly reduce the prevalence of anaemia. These barriers can be tactically addressed and overcome by engaging champions and stakeholders, establishing community buy-in and leadership, and providing technical support to government and producers.

Our solution

Our consortium proposes to support up to 16 countries and states with a high burden of micronutrient deficiencies to implement large-scale food fortification. This will reduce the prevalence of nutritional anaemia in women and children as well as the number of spina bifida/anencephaly-impacted pregnancies and of babies dying from incurable birth defects. This will also improve the nutritional status and quality of life of the wider population.

We will accomplish this by working with key enablers – government, food processors, medical care providers, patient organizations, and consumers – towards:

1. Improving legislation, policies and standards related to mandatory fortification
2. Increasing the availability of adequately fortified foods
3. Increasing the public's awareness and demand for fortified foods

[1] Large-scale food fortification reaches the vast majority of a country's population regardless of socio-economic status, race/ethnicity, religion, disability, color, gender, sexual orientation, or vulnerability.

THE SERIOUS IMPACTS OF MICRONUTRIENT DEFICIENCIES

Insufficient iron leads to:

- anaemia
- impaired cognitive and motor development
- fatigue and low productivity
- increased risk of death for a mother and her baby during pregnancy

Insufficient folic acid before and during the early stages of pregnancy can result in:

- birth defects like spina bifida/ anencephaly, resulting in still-births and under-five deaths and life-long disability

OUR CONSORTIUM

Partners

- Nutrition International
- Emory University Rollins School of Public Health
- Food Fortification Initiative
- International Federation for Spina Bifida and Hydrocephalus
- ReachAnother Foundation

Our expertise

The consortium brings together specialized expertise and two decades of experience in:

- Building alliances between governments, industry, and international agencies
- Monitoring and evaluation of fortification programs
- Training of workers involved in different phases of fortification activities
- Bringing food fortification projects to scale

FEBRUARY 2020

HOW YOU CAN HELP

BRIDGE THE GAP

US $5M

Make a difference in the near term. Scale or extend an existing program.

Possible countries include the **Philippines, Indonesia, Ethiopia, Egypt** and **India**.

MAKE A CATALYTIC INVESTMENT

US $10M

In a country with high needs, initiate a system change and set a permanent course towards sustainable large-scale fortification.

Possible countries include **Bangladesh, Senegal,** and **Nigeria.**

BY 2025, YOUR INVESTMENT COULD

REACH	AVERT	PREVENT
45M* PEOPLE	3M CASES OF ANAEMIA	10K CASES OF SPINA BIFIDA/ ANENCEPHALY

BY 2030, YOUR INVESTMENT COULD

REACH	AVERT	PREVENT
45M* PEOPLE	8M CASES OF ANAEMIA	30K CASES OF SPINA BIFIDA/ ANENCEPHALY

*Once fortification is implemented at scale, the number of people reached through consumption of staple foods remains the same; however, the public health impact increases continuously.

Note: All numbers in this section are averages.

FOR MORE INFORMATION

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NUTRITION INTERNATIONAL · Food Fortification Initiative · REACHANOTHER FOUNDATION · EMORY ROLLINS SCHOOL OF PUBLIC HEALTH · IFSBH INTERNATIONAL FEDERATION FOR SPINA BIFIDA AND HYDROCEPHALUS

PLAN INTERNATIONAL · jembi health systems · Vital Strategies · simprints every person counts · JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

The world is facing an identity crisis. **One in seven people have no official identification,** including 500 million children. They are **INVISIBLE** and uncounted.

If they don't legally exist, they cannot exercise their rights. Without a birth certificate, people struggle to legally access public services like health care, education, and protection from child marriage and child labor. Without a death certificate, family members cannot prove entitlements to inheritance and guardianship.

For people to count, they must first be counted.
That's what a civil registration and vital statistics (CRVS) system does, recording major life events like births, deaths and marriages. A quality CRVS system is critical to a country delivering services, raising revenues and making progress on more than half of the Sustainable Development Goals (SDGs).

Yet 100 countries do not have functioning CRVS systems.

Most CRVS systems are:

Inefficient

Manual, paper-based processes that gather poor quality data.

Unconnected

Unable to share data with other government systems such as national identification, health care and social protection systems.

Inaccessible

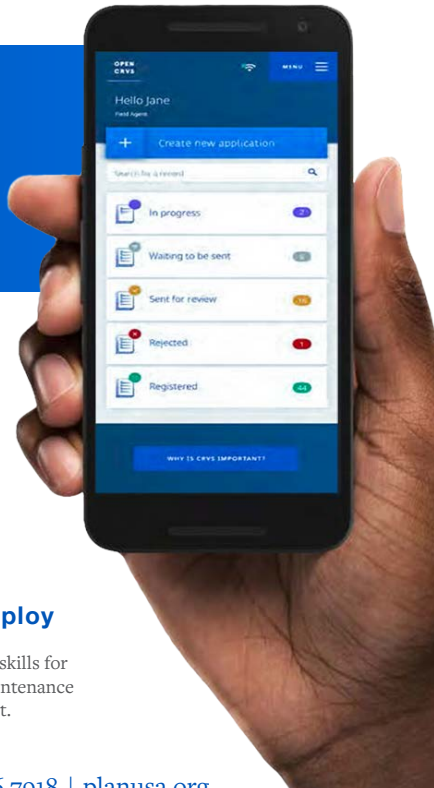
Cannot reach the most marginalized people, especially those living in rural and remote areas.

Expensive

Many registration services require significant time, money and travel costs to access.

A **bold** solution

With a holistic CRVS systems-strengthening model adapted for local needs, we can collaborate with governments to register every birth and death, and ensure that every individual on the planet is recognized, protected and provided for from birth.



The model is based on **OpenCRVS**, a universal, freely available software product for civil registration in low-resource settings. The technology is:

Accessible offline

Designed by and for the people it serves to be accessible even with network disruptions or limited infrastructure.

Open source and interoperable

Meaning freely available and easy to integrate with existing health and identification systems.

Enabled with clear and actionable data for governments

Using global best practice data protection, data encryption and a rights-based approach to limiting sensitive data use.

Easy to deploy

Requires minimal skills for customization, maintenance and support.

Plan International USA • 2300 N Street NW Suite 350 • Washington, DC 20037 • 800.556.7918 | planusa.org

The proposed model is more than just technology.

Based on decades of experience registering millions of children worldwide, Plan International and our partners understand that the long-term impact we seek only comes through an integrated program approach that drives demand for registration rights by:

- Informing, educating and empowering individuals to realize their right to be counted.
- Expanding grassroots and community-led campaigns for registration.
- Integrating into existing government programming and registries.
- Building the capacity of individuals across all levels of administration to provide high-quality civil registration services.
- Advancing national commitments to register every birth by 2030, and digitize public services.

We implement the model through a network of trusted agents like community health workers, local health clinicians and mobile birth registration units so that existing government structures are leveraged, services are easy and accessible, and the hardest-to-reach children and their families can be counted.

Why now?

Being recognized from birth is one of the first and most foundational rights a person has.

The global community has called out the significance of "providing every person with a legal identity, including birth registration" in SDG 16. The United Nations, World Bank and Center for Global Development have all recognized that if governments prioritize progress on this goal now, they can unlock new ways to achieve several other interrelated SDGs by 2030, such as eradicating poverty or ending preventable deaths of newborns.

And yet, this fundamental problem persists, particularly in low-resource settings around the world. This global problem needs a global solution.

It is possible…

for countries to address the world's identity crisis,
for nations to accelerate progress towards the SDGs,
for **everyone** to **count**.

But this **bold solution** requires **bold investment**.

Learn more at opencrvs.org or watch this video!

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In partnership with:

jembi health systems · Vital Strategies · simprints every person counts · Johns Hopkins Bloomberg School of Public Health

OPEN CRVS

The impact of your investment

With your help, we can make a transformational impact on the world's identity crisis.

Plan International and our partners — Vital Strategies, Jembi Health Systems, Simprints, and the Johns Hopkins Bloomberg School of Public Health — have spent decades working on universal civil registration around the world, and have deep relationships with governments and communities.

WITH $100 MILLION

we can register all births and deaths in Bangladesh and one other country at national scale, *directly impacting 7.5 million lives* over the next five years. This can unlock access to critical health services for millions of children, and would set an example for other countries to follow. Implementation would include birth and death registration, research on sustainability models and further scale-up, and exploring the future of civil registration through research and development activities.

WITH $10 MILLION

we can fully implement the proposed solution in 10 out of 64 districts across Bangladesh to register an estimated 360,000 births within 45 days of birth, and 110,000 deaths.

WITH $5 MILLION

we can register an estimated 144,000 births in four districts across Bangladesh.

WITH $1 MILLION

we can extend our current pilot program in two districts of Bangladesh.

All investment levels mentioned will improve our ability to integrate the OpenCRVS solution with health services, education services, and marriage registration, as well as provide unique identification of children.

Proposed partners, project implementation and impact estimates would be subject to the availability of funds.

CREATED: JANUARY 2020

BASICS:

BOLD ACTION TO STOP INFECTIONS IN CLINICAL SETTINGS

Save the Children. WaterAid. London School of Hygiene & Tropical Medicine. kinnos

AN URGENT AND GROWING CRISIS IN HEALTHCARE

Healthcare facilities are charged with saving lives and improving health. Yet each year, some 46 million people worldwide contract healthcare-associated infections (HAIs) from dirty instruments, health workers' unwashed hands and improperly cleaned surfaces and care environments.

The result is a global calamity: millions of deaths, debilitating illnesses, huge costs to families and national economies, and overburdened health systems. Mothers and newborns are at particular risk. Infection rates among newborns in developing countries are as much as 20 times higher than in high-income countries.[1] HAIs are responsible for up to 56% of all newborn deaths among hospital-born babies in low- and middle-income countries.[2] In addition, overuse of antibiotics in response to high rates of infection is contributing to an alarming rise in antimicrobial resistance.

Why Now?

- More women are using health facilities for care and childbirth – significant progress that also makes it more critical to deliver high-quality services.
- 17 million women give birth annually in facilities without clean water, sanitation and hygiene and infection prevention services.[3] Providing these basic services will help fulfill healthcare's premise of "do no harm."
- "Keeping healthcare clean" is on the World Health Organization's 2020 list of urgent global health challenges.

This is inherently a gender crisis. Women bear all childbirth-related risks; they also make up 70% of the frontline health workforce and are at risk from poor infection prevention control during their work.[4] In this International Year of the Nurse and the Midwife, 2020 is the optimal moment to invest in BASICS to empower them to improve care and avoid harm for their patients and themselves.

Photo: Save the Children

THE SOLUTION FOR CHANGE

Four best-in-class organizations have designed BASICS (Bold Action to Stop Infections in Clinical Settings) to support healthcare systems in low- and middle-income countries to institutionalize simple, low-cost, sustainable improvements in infection prevention. These improvements can dramatically cut the number of HAIs and save lives.

BASICS integrates proven but individual approaches into a practical, scalable, revolutionary solution. The partners – Save the Children, the London School of Hygiene and Tropical Medicine, WaterAid and Kinnos – are global leaders in maternal and newborn health, infection prevention, water, sanitation and hygiene (WASH) and capacity building.

Designed by technical experts and behavior scientists, BASICS catalyzes changes to healthcare so that all staff – from cleaners to midwives, nurses, doctors and managers – can and will make effective infection prevention practices part of their daily routine. BASICS embeds supply chain efficiencies, infrastructure improvement and monitoring and accountability processes within the health system. Coupled with training, mentoring and supervision of health workers, these interventions will deliver improved quality and efficiency of care.

The Burden of Drug-Resistant Infections

Antimicrobial-resistant infections kill some 700,000 people every year. Around 200,000 are newborn babies whose infections simply do not respond to drugs.[5]

BASICS can also help curb the growing threat of antimicrobial-resistant (AMR) infections by reducing the number of infections contracted and limiting the need for antibiotics – which fuels drug resistance. AMR infections are linked to the deaths of some 700,000 people worldwide every year. The burden falls heavily on low- and middle-income countries, where BASICS' deployment is planned, and where health systems are often unable to manage this burden.

[1] WHO (2016). The Burden of Healthcare-associated Infections Worldwide. World Health Organization
[2] Ibid.
[3] WHO & UNICEF (2019). WASH in Health Care Facilities: Global Baseline Report. Joint Monitoring Proramme
[4] Johnson & Johnson & Global Scan. Capacity Buildling of Frontline Health Workers. Sustainable Development Goal Leadership Series.
[5] WHO (2019). No Time to Wait: Securing the future from drug-resistant infections: Report to the Secretary-General of the United Nations

"A BASICS MODEL CAN BE INITIATED IN ONE HIGH-BURDEN COUNTRY WITH DONOR INVESTMENTS TO REDUCE HEALTHCARE-ASSOCIATED INFECTIONS IN PROJECT SITES BY AT LEAST 50%."


Photo: Karen Kasmauski/MCSP

STRATEGIC INVESTMENTS NEEDED FOR BASICS MODEL

BASICS is a finalist in the MacArthur Foundation's 100&Change competition and has a multi-country, multi-year implementation plan. It has been rigorously evaluated and highly scored by independent technical experts and peer organizations.

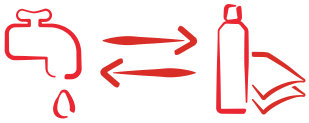
A BASICS model can be initiated in one high-burden country with donor investments to reduce HAIs in project sites by at least 50%. It will be introduced in infection-prone maternity and newborn wards, where nurses and midwives not only deliver treatment but supervise cleaning staff whose actions have a profound impact on infection prevention.

For $1 million, we can implement a model in up to five health facilities to demonstrate impact and cost savings at the facility level and advocate for domestic and donor investments in scaling up.

A $5 million investment will support BASICS demonstration sites to ensure safe, sustainable WASH services and build workforce capacity over four years. Master trainers will cascade training to nurses and midwives and establish a sustainable mentorship program. Through monitoring and evaluation, we will document savings in time, money, resources, antibiotics and patient stay times to leverage additional government investment in scaling the approach and realizing national targets. We will also measure expected quality of care improvements as reported by staff and patients.

A $10 million investment will double the scale of this work, providing a larger platform for generating evidence for national scale. BASICS partners will use the evidence to leverage funds for implementation in more high-burden countries, building BASICS' momentum for global reach.

Wash. Clean. Repeat!



- Research has proven that proper hand hygiene reduces infection risks by 50% and proper disinfection is associated with risk reductions up to 80%.
- Routine cleaning has been associated with a 33% reduction in microbial contamination and 27% infection reduction.

Aligning with a Global Movement

In 2019 all 194 UN member states supported a World Health Assembly resolution to improve water, sanitation and hygiene in healthcare facilities. Each member state also committed to drafting action plans.

For additional information, contact Soha Ellaithy, Senior Director, Strategic Foundation Partnerships, at **475.999.3337** or **sellaithy@savechildren.org**.

For more information on BASICS (Bold Action to Stop Infections in Clinical Settings) **savethechildren.org/basics4health**

twitter.com/BASICS_4_health

February 2020

BOLD PARTNERSHIP, BOLD SOLUTION

THE END FUND
Expert in program design and management, supporting the delivery of 230 million treatments (more than 58 million for onchocerciasis elimination) in 2019 alone.

WHO ESPEN
The World Health Organization Expanded Project for Elimination of Neglected Tropical Diseases, catalyzing disease elimination in Africa

THE TASK FORCE FOR GLOBAL HEALTH
Champion for research and coalition-building with globally endorsed results

UNIVERSITY OF CALIFORNIA, BERKELEY
Leader in technological innovation, including the mobile, point-of-care LoaScope used in this project

GIVING THE GREEN LIGHT TO THE ELIMINATION OF RIVER BLINDNESS.

River blindness is a parasitic disease that, left untreated, causes intolerable itching and the eventual loss of sight.

The good news? A medication called ivermectin can prevent this suffering and stop the transmission of river blindess, and is donated worldwide with the goal of eliminating the disease.

The bad news? In 10 Central African countries, treatment is on hold due to a co-infection, *Loa loa*, that can lead to severe adverse events, including coma and death, after ivermectin treatment.

The LoaScope is a mobile, point-of-care diagnostic that can both detect and quantify *Loa loa* in the blood.

Using the LoaScope, our evidence-based strategy overcomes the *Loa loa* roadblock, making ivermectin available to millions of people at risk of river blindness.

Our Solution:

MAP: Determine where *Loa loa* is prevalent (and where it isn't) to inform treatment strategies.

TEST: In *Loa loa* areas, leverage the LoaScope to determine whom to treat.

TREAT: Provide long-awaited ivermectin treatment to those with low or no *Loa loa* in their blood, giving others an alternative form of treatment.

100 MILLION

PEOPLE IN CENTRAL AFRICA HAVE GONE WITHOUT RIVER BLINDNESS TREATMENT DUE TO THE RISK OF SEVERE ADVERSE EVENTS FROM LOA LOA INFECTION.

WE CAN MAKE RIVER BLINDNESS HISTORY.

Two hundred million people in 10 Central African countries are at risk of river blindness, caused by the parasitic worm *Onchocerca volvulus*. The disease can be prevented with the anti-parasitic drug ivermectin, the development of which was recognized with the 2015 Nobel Prize in Physiology or Medicine. The Mectizan® Donation Program provides ivermectin free of charge to ministries of health.

However, half of the individuals at risk of river blindess in Central Africa have gone without ivermectin treatment. The reason for this neglect is another parasitic worm, *Loa loa*, which at high infection levels can lead to serious adverse events — including coma and death — following treatment with ivermectin. At present, river blindness elimination efforts are at a standstill in areas with suspected overlap of river blindness and *Loa loa*.

Now, there is a solution: testing patients for *Loa loa* and refraining from providing ivermectin to the few individuals with high infection levels. Proven safe and effective through pilots in Cameroon, this "test-and-not-treat" strategy leverages a novel mobile diagnostic called the LoaScope to assess individuals' level of *Loa loa* infection at the point of care.

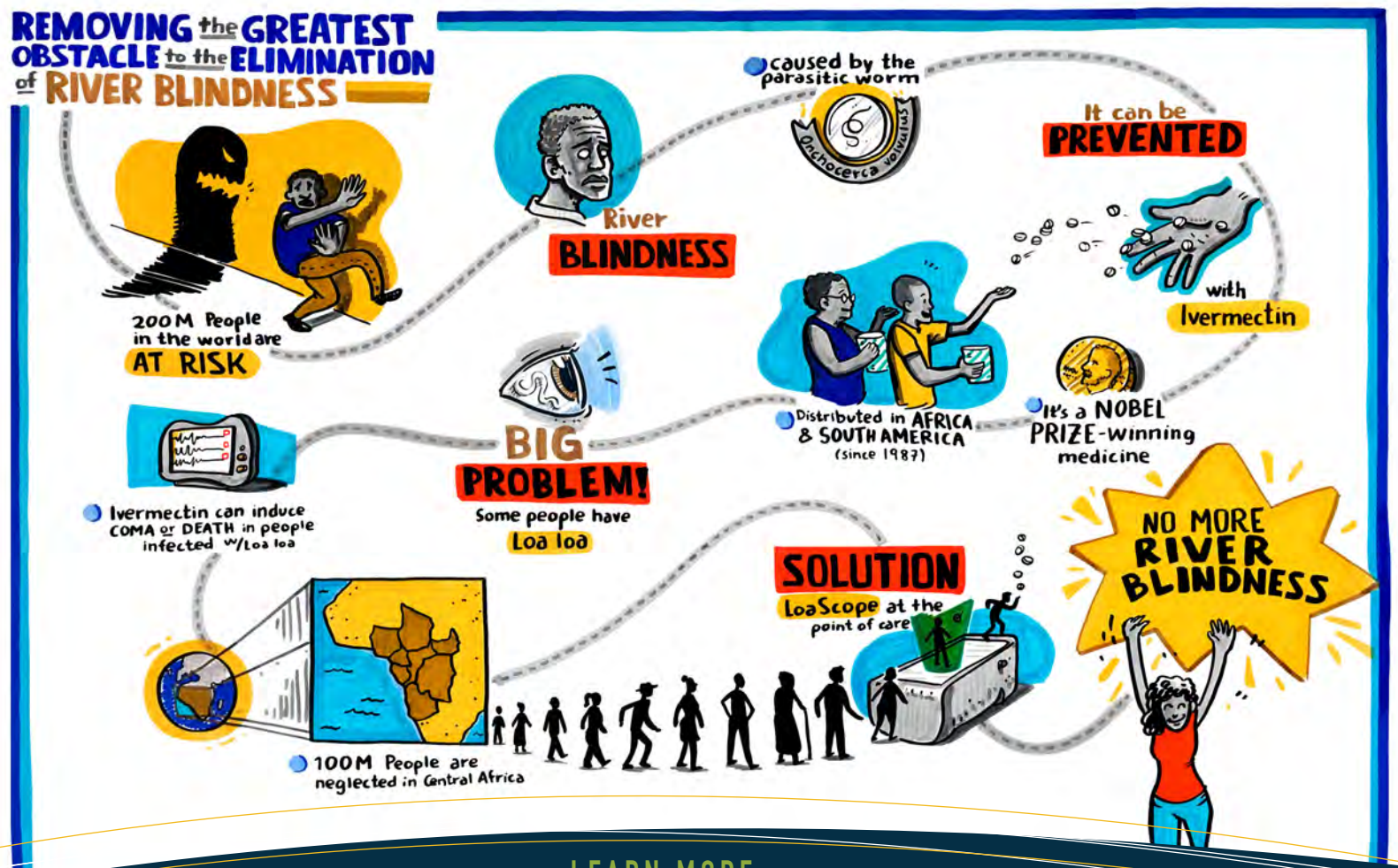
YOU CAN HELP.

- **WITH $1 MILLION. . .**
  You will facilitate the purchase of LoaScopes to conduct expanded mapping activities to determine where ivermectin treatment can be conducted safely, and where the test-and-not-treat strategy is necessary.

- **WITH $5 MILLION. . .**
  You will help to launch the test-and-not-treat strategy in a country.

- **WITH $10 MILLION. . .**
  You will support the launch of test-and-not-treat activities in multiple countries.

  Targeted countries include: Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, Nigeria, and South Sudan



LEARN MORE:

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LEVER FOR CHANGE

Visit www.Solutions.LeverforChange.org to explore more Bold Solutions. To learn more about Lever for Change or inquire about our services, please visit www.LeverforChange.org or contact us directly at info@leverforchange.org.