In September, the Malian Minister of Health announced a commitment with the Muso team to support the national scale up of Community Health Workers across Mali, an effort that could transform health care for more than three million of Mali’s poorest citizens. Together, we committed to launch eight operational research sites that will steer the national scale-up effort toward greater impact.

In 2015, our team got to work delivering on these historic commitments. Muso’s team provided lifesaving health care to 140,000 people. Our Community Health Workers cared for patients through 261,870 proactive home visits and connected 55,411 patients with free, clinic-based care. We grew our team and capacity across all departments, refining our systems in preparation for the ambitious years to come. We doubled our CHW team to 150, and refined training and management structures to provide all CHWs with in-depth supervisory support that tracks not just how many patients we reach, but how fast, and how well.

Poverty should never be a death sentence. In 2015, world leaders came together to articulate and commit to this vision. Now it’s time for us to deliver on it.
NOW WE HAVE EVERYTHING WE NEED TO SOLVE THIS CRISIS.

5,900,000
CHILDREN DIED LAST YEAR BEFORE THEIR FIFTH BIRTHDAY.

300,000
WOMEN DID NOT SURVIVE PREGNANCY OR CHILDBIRTH.

PROACTIVE CARE: THE MUSO MODEL

PROACTIVE SEARCH
Community Health Workers and community members search for patients through door-to-door home visits, to connect them with care early.

DOORSTEP CARE
CHWs provide a package of lifesaving health care services in the home. These include family planning, pregnancy testing, newborn screening, and treatment for children with malaria, diarrhea, and malnutrition.

RAPID-ACCESS CLINICS
Muso removes point-of-care fees, builds infrastructure, and trains staff, so that government clinics can provide universal, early access to care.
2015 IMPACT

94% PATIENTS REACHED BY CHWS WITHIN 72 HOURS

94% within 72 hours
81% within 48 hours
58% within 24 hours
6% after 72 hours

CUMULATIVE

Proactive CHW Home Visits
Clinic Visits

2015

55,411
145,624
760,939

CUMULATIVE

Proactive CHW Home Visits
Clinic Visits
RESEARCH

Muso conducts rigorous research because our patients deserve evidence-based health care systems that work. That is why we test everything we do.
No person should die because they can’t access care. Muso is testing global solutions to these global injustices—to identify what strategies work, what strategies do harm, and what strategies can accelerate the global effort for universal health care and child survival.

In 2013, the Muso model was put to the test in a study by Harvard, the University of California San Francisco, and the Malian Ministry of Health. The study team conducted a randomized household cross-sectional survey in Muso communities at baseline, 12, 24, and 36 months. The study measured the death rate of children under age five, before and then each year after the rollout of Muso’s proactive health-care system.


**DIFFERENCE IN CHILD MORTALITY RATES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Mortality Rate</th>
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<tr>
<td>2008</td>
<td>15.5%</td>
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<td>2011</td>
<td>1.7%</td>
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"WE’RE SEEING HISTORY BEING MADE. IT’S VERY MOVING, TO ME, TO SEE THE STEEPEST DECLINE IN [CHILD] MORTALITY DOCUMENTED ANYWHERE."

- DR. PAUL FARMER, CO-FOUNDER, PARTNERS IN HEALTH

Following the findings of our three-year study in Yirimadjo, Mali, Muso is now conducting a seven-year follow up study to determine whether this 10x difference in child mortality has been sustained over time.

The Harvard/UCSF study brought global attention to Muso’s Proactive Care health system as a global model for child survival, but it is important to note that the study had significant limitations. It was not designed to produce causal conclusions on the role of active case finding. That is why UCSF, the Malian Ministry of Health and Muso are together launching a large randomized controlled trial. The RCT will build from the first study’s findings by testing the impact of one of the model’s core components: CHW active case finding.
Women receive proactive door-to-door reproductive counselling and home pregnancy testing.

Muso has pioneered a proactive health care model that saves lives by reaching patients early, within hours of the moment they become sick. In 2015, Muso launched the Proactive Reproductive Health program, adapting our proactive approach to catalyze progress in women’s reproductive health.

**PROACTIVE REPRODUCTIVE CARE**

**MUSO’S REPRODUCTIVE CARE MODEL**

Women receive proactive door-to-door reproductive counselling and home pregnancy testing.

- Women who test positive for pregnancy begin prenatal care. CHWs connect them with a full course of prenatal care and facility-based birth.

- Women who test negative and do not wish to become pregnant immediately are connected with a menu of family planning services that same day.

- CHWs assess pregnant women proactively for danger signs and bring them in for care quickly. Women are counseled on family planning during prenatal and postpartum visits.

- CHWs can bring women to the health center for IUDs or implants, or provide condoms, Depo-Provera injections, and oral contraceptive pills in the privacy of the home.

**MATERNAL HEALTH IN MALI**

- **90%** of Malian women use no family planning measures or methods.
- **13X** higher maternal mortality rate in Mali than in the United States.
- **59%** of Malian women don’t access basic prenatal care during pregnancy.

**MATERI**

**90%**
**13X**
**59%**

of Malian women use no family planning measures or methods.

of Malian women don't access basic prenatal care during pregnancy.

higher maternal mortality rate in Mali than in the United States.
Muso has served the Malian Ministry of Health as an operational research partner for the past eight years. We work with the MoH to develop and test health care innovations that can save lives through earlier access to care.

In 2014, the MoH asked Muso to help write a national plan to scale up CHWs to every remote rural community in the country. Over the past two years, we worked intensively with our Ministry colleagues to craft this plan, which will train and deploy nearly 5,000 CHWs to the most remote villages in the country. Over the coming years, national CHW scale-up could transform health care for more than three million of Mali’s most vulnerable citizens.

Last September, the MoH and Muso made a commitment at Clinton Global Initiative to test Muso’s proactive care model at scale together in rural Mali, assessing the intervention as a national and global model for universal health care and child survival. The study will enable the MoH to determine whether Muso’s proactive approach should be integrated into Mali’s national CHW protocols.

Photo (from left): Chelsea Clinton, Minister Ousmane Koné, Ari Johnson; Photo Credit: Adam Schultz / Clinton Global Initiative
OF MUSO’S RESULTS, MALIAN MINISTER OF HEALTH OUSMANE KONÉ STATED: “I WANT TO SEE THIS IN EVERY PART OF THE COUNTRY.”

FINANCIAL REPORTS

Revenue & Support*

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<tr>
<th>Description</th>
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<td>Grants</td>
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<td>Contributions</td>
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Expenses*

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<td>Operating Costs</td>
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Assets*

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<td>Net Assets, End of Year</td>
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*Unaudited

REVENUE

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<th>Source</th>
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<tr>
<td>United States</td>
<td>94%</td>
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<tr>
<td>Mali</td>
<td>6%</td>
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EXPENSES

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<th>Category</th>
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<td>United States</td>
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<td>Mali</td>
<td>75%</td>
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ORGANIZATIONAL FUNDERS

AmazonSmile
Anonymous Foundation
Asim Foundation
The Benevity Community Impact Fund
The Campbell Family Fund
Child Relief International
Conservation, Food & Health Foundation
David Nathan Meyerson Foundation
Deerfield Foundation
Draper Richards Kaplan Foundation
Elmo Foundation
Fabrangen Tzedakah Collective
Goldman Sachs & Co.
Jasmine Social Investments
Jester Charitable Trust
Jewish Women’s Foundation of New York - Isha Koach
Merck Foundation
Mulago Foundation
National Institutes of Health
Peery Foundation
The Rotary Foundation
Sall Family Foundation
Sarnat-Hoffman Philanthropic Fund
Segal Family Foundation
Silicon Valley Social Venture Fund (SV2)
Shoklo Malaria Research Unit
TBJ Meyer Family Foundation
TripAdvisor

Vital Foundation
Watsi

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(Gifts over 1K)

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Benjamin Bechtolsheim
Toni Bentley
Kathryn and Brian Brandt
Benjamin Bregman
Rebekah Emanuel
Lucas Eglin
Linda and Michael Frieze
Ross Fulbin and Karen Merzenich
Robert and Mary Grace Heine
Emily Hurstak and Ryan Floyd
Ari Johnson and Jessica Beckerman
Ethan Johnson
Abert and Diane Kaneb
Lance Maxwell
Dana Mazo and Daniel Sharfman
Jermaine and Chantal McGill
Amy Pasternak
Mary Virginia Thur and Benjamin Rothermel
Andrew Young

SOLIDARITY CIRCLE
(Gifts up to 1K)

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Stella Arbus
Fatoumata Bish
Daniel and Nikki Ballarin

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Annalise and Gary Green
Reuven Greenvald
Anne Grossetete
John Hallett

ANNUAL EXPENSES

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TO MAKE HISTORY

IT’S TIME TO MAKE HISTORY

Peter Herscovitch
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Robert and Sarah Hyams
David and Alice Jacks Achtenberg
Trixy and Howard Jacobson
Valerie Jalufka
Ayah and George Johnson
Sylvia Johnson
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Kyle Solomon
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