TIME MATTERS.
Dear Friends,

In 2016, Muso Community Health Workers provided outreach and care through 1,093,001 home visits. For eight years, this legion of health providers has walked door to door in the blazing sun, finding and treating patients in their homes. Yirimadjo, where Muso began serving one hundred people over a decade ago, has grown to a sprawling area of over 150,000 people. And in these communities, the death of a child has become rare.

We want to make the change we’ve seen in Yirimadjo the story of our world, and in 2016 the Muso team began to expand toward that goal. We launched our second site, in rural Mali, and readied to open an additional seven sites. In 2017, we will serve nearly 300,000 people in peri-urban, rural, and remote rural Mali.

We learned many lessons from the launch of our first rural site, Tori, but by far the largest takeaway was: the model can thrive in dramatically different contexts. Bankass was chosen for its differences to Yirimadjo: geographic, linguistic, ethnic, and religious. And in Tori, we began to see the same change in health care we’ve witnessed in Yirimadjo happening before our eyes. Over 2016, the Muso team increased access to care in Tori tenfold, reaching a near-universal coverage steady state for Tori’s 25,000 people within two months of opening.

In December, the Muso team opened one of the world’s largest Randomized Controlled Trials of Community Health Workers. This trial will help us answer a crucial question: Can we save more lives when CHWs go searching for patients, door to door? The answer to this question could accelerate the global effort for universal health care at an urgent moment in our history.

As we work to build the evidence base to end the child mortality crisis and provide health care to some of the world’s most vulnerable people, our team affirms: health care is for everyone. The patients we serve are walking a hard road. And it’s one that may get harder in 2017. Our patients are poor, are brown-skinned, are Muslim, are women, are not born in the United States. But they do not have the luxury of despair. They are fighting for their right to health care, and we are honored to fight alongside them.

Let us strive to be stronger and braver than the challenges before us. Our patients are counting on us.

Thank you for walking with us on this path to a more just and equitable world.

Ari Johnson, CEO, and the Muso team

HEALTH CARE FOR ALL.
IT’S TIME.
HEALTH CAN’T WAIT

5,900,000
CHILDREN DIED IN 2015 BEFORE THEIR FIFTH BIRTHDAY

300,000
WOMEN DID NOT SURVIVE PREGNANCY OR CHILDBIRTH

CARE DELAYED IS JUSTICE DENIED

PROACTIVE CARE = EARLY CARE = LIVES SAVED
THE WAIT IS OVER

CURABLE DISEASES CANNOT KILL OUR PATIENTS IF WE DON’T ALLOW THESE ILLNESSES THE TIME TO PROGRESS.

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

PROACTIVE SEARCH
Community Health Workers and community members search for patients through door-to-door home visits, to connect them with care early. Dedicated supervisors provide 360° Supervision to support this process.

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, pneumonia, 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.

THE MUSO MODEL
HERE’S HOW WE REACH PATIENTS FASTER.
PROACTIVE CARE IN 2016

RAPID ACCESS

- **PERI-URBAN**: 96% within 72 hours
- **RURAL**: 83% within 72 hours

1,093,001 PROACTIVE HOME VISITS △ 317% FROM 2015

101,229 CLINIC VISITS △ 83% FROM 2015
MILESTONES SINCE 2008

HOME VISITS: 1,846,849
CLINIC VISITS: 246,852
of Malian women do not access family planning

13X higher maternal mortality rate in Mali than in the US

of Malian women do not access basic prenatal care during pregnancy

In 2015, Muso launched the Proactive Reproductive Health program, adapting our proactive approach to catalyze progress on women’s reproductive health. Through door-to-door proactive pregnancy testing, family planning services, and accompaniment, we’re working to reach women earlier with life-saving reproductive health services, and testing how well we’re doing. We are currently in the midst of both observational studies and a Randomized Controlled Trial to investigate the impact of this intervention.

**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, or oral contraceptive pills in the privacy of the home.

**REPRODUCTIVE HEALTH CAN’T WAIT**
OUR PATIENTS DESERVE FASTER CARE

DATA-DRIVEN
We measure everything we do. Our model has been developed over the course of a decade of research with research partners including the Malian Ministry of Health, Harvard Medical School, and the University of California San Francisco.

PROACTIVE
Most healthcare in the world is passive. Doctors and CHWs wait for patients to come to them. But Muso knows health can’t wait, so we deploy health care providers door-to-door to proactively search for patients.

COMMUNITY-LED
Muso’s proactive health system taps the power of social networks, community leaders, and local women. Communities take the lead to create lasting change.

EFFICIENT
We estimate the Muso system will enable Ministries of Health to provide universal health coverage at a cost of $21 per person, well within the range of health spending in sub-Saharan Africa.

SCALABLE
Our proactive health system is designed for simplicity, so that our model can easily be rolled out at scale by Ministries of Health throughout the world.

JUSTICE-DRIVEN
Every person has the right to health care. Millions of people living in poverty die every year from diseases we know how to treat. Their deaths constitute one of the greatest injustices in our world today.

THESE VALUES GET US THERE.
WE TEST EVERYTHING WE DO

MUSO CONDUCTS RIGOROUS RESEARCH BECAUSE OUR PATIENTS DESERVE EVIDENCE-BASED HEALTH CARE SYSTEMS.

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. To learn more about the study and its limitations, visit www.musohealth.org/research.

Following the findings of our three-year study in Yirimadjo, Mali, Muso is now conducting five further studies, including a seven-year follow-on study to determine whether this 10x difference in child mortality has been sustained over time (see page 21 for more info).

CHILD MORTALITY RATES

<table>
<thead>
<tr>
<th></th>
<th>AT BASELINE (2008)</th>
<th>3 YEARS POST-INTERVENTION (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>15.5%</td>
<td>1.7%</td>
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"MUSO’S RESEARCH IS IMPORTANT FOR THE CHILDREN OF MALI AND OF THE WORLD."

DR. OGOBARA DOUMBO
PROFESSOR AND CHAIR
DEPARTMENT OF EPIDEMIOLOGY OF PARASITIC DISEASES
UNIVERSITY OF MALI
In 2014, Mali’s Ministry of Health announced a historic transformation of its health system: a national scale up of CHWs to remote rural areas of the country. Building on a decade of partnership, the Ministry asked Muso to help write the plan. Over the past two years, Muso has provided intensive technical support in creating the national plan, which has since mobilized over $100M in funding. In September 2015, the Malian Ministry of Health announced the opening of eight new operational research hubs with Muso, to guide and innovate on this national scale-up.

**335,000**
**PATIENT REACH BY MUSO**

**3.4M**
**PERSON IMPACT OF ROLL-OUT IN MALI**

**980M**
**PERSON IMPACT BY CHANGING GLOBAL CHW BEST PRACTICES**
The Harvard/UCSF study brought 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 investigators from University of California San Francisco, the London School of Hygiene and Tropical Medicine, the University of Bamako, 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.

TESTING PROACTIVE CARE:
AN RCT

The Harvard/UCSF study brought 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 investigators from University of California San Francisco, the London School of Hygiene and Tropical Medicine, the University of Bamako, 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.

3 YEARS
7 SITES
137 VILLAGE AND HAMLET CLUSTERS
98,000 PEOPLE

ABOUT THE RCT
Covers over 98,000 people in 137 village and hamlet clusters in rural Mali. Neighbouring villages and hamlets of less than 1 kilometre from each other are grouped into clusters. The 137 clusters are then randomized to receive a proactive CHW who conducts door-to-door case finding home visits, or a fixed CHW stationed at a health post.

PARTICIPANTS
A survey following 17,000 reproductive-aged women enrolled in the study and their under-five children over three years.

HYPOTHESIS
The study tests whether CHWs who proactively search for patients will increase early access to treatment and decrease child mortality compared to passive CHWs, which is Mali’s current model.

OUTCOMES
Primary Outcome: U5 mortality
Secondary Outcomes Include: % of children aged 0-59 months receiving effective treatment for malaria, diarrhea, or respiratory illness within 24 hours of their first symptom.
EXPANSION PARTNERS

THE MALIAN GOVERNMENT

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.

Since 2014, we’ve provided intensive technical support to help create the MoH’s national plan to scale up CHWs to remote rural communities nationwide. We’ve worked intensively with our Ministry colleagues to craft this plan, which will train and deploy nearly 6,000 CHWs. National CHW scale-up could transform health care for more than three million of Mali’s most vulnerable citizens.

Muso and the MoH have committed to testing 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. Our government partners will be closely tracking the results of our research to determine what additional innovations should be integrated into Mali’s national CHW protocols.

MASS DESIGN GROUP

As we expand into rural Mali, Muso has partnered with the global health architects of MASS Design Group to redesign and expand eight health centers in the Bankass district. MASS Design Group designs innovative health centers that promote health and dignity for the patients their creations serve.

MASS architects visited our rural sites to create an infrastructure needs assessment for our eight rural eight health centers based on 11 key axes of infrastructure quality. We then worked together to develop designs for expanding and improving these sites. Overlapping the MASS team’s analyses was how to transform government health centers into rapid access clinics, where all patients can get care they need quickly, with comfort, quality, and dignity.

MEDIC MOBILE

Muso partners with Medic Mobile, a leading nonprofit health technology company, to build tools designed to improve the impact of CHWs on maternal and child survival. Medic Mobile’s open-source software currently supports health workers serving more than eight million people across three continents.

Muso and Medic Mobile are together launching an Android mobile application for Muso’s CHW program, which provides task reminders, patient tracking, decision support, and real-time performance feedback. We have also co-created a CHW Performance Dashboard, which supports CHW performance by tracking three key indicators: quantity, speed, and quality of care. Supervisors can use these dashboards to provide each CHW with individualized feedback on how to improve their performance, and ultimately save more lives. These and future improved data and performance systems, built around the proactive monitoring element of Muso’s care model, could hold the key to not only better data, but also better outcomes for patients.

HOPE THROUGH HEALTH

Hope Through Health, one of Togo’s leading providers of high quality HIV/AIDS care, has partnered with the Togolese Ministry of Health to adapt Muso’s Proactive Care model to Togo and build a national model for maternal and child health in some of Togo’s poorest communities.

We are honored to partner with Hope Through Health to test the efficacy of the Proactive Care model in multiple sub-Saharan African settings. We look forward to sharing best practices and disseminating this joint evidence base across the international community.
**FINANCIAL REPORTS**

**REVENUE & SUPPORT**

- **Grants**: $4,049,285
- **Contributions**: $258,944
- **In-Kind Donations**: $48,642
- **Total**:

  **Revenue**: $4,356,871

**EXPENSES**

- **Program**: $3,609,958
- **Managerial/Admin**: $439,254
- **Fundraising**: $129,258
- **Total**:

  **Expenses**: $4,178,470

**STATEMENT OF FINANCIAL POSITION**

- **Assets**
  - Cash: $970,718
  - Pledges Receivable: $1,174,000
  - Prepaid Expenses: $61,013
  - Vehicles: $42,830
  - Total Assets: $2,248,561

- **Liabilities**
  - Accounts Payable: $197,606
  - Total Liabilities: $197,606

- **Net Assets**
  - Unrestricted Assets: $571,955
  - Temp. Restricted Net Assets: $1,479,000
  - Total Net Assets: $2,050,955

*Unaudited*

**YEAR OVER YEAR EXPENSES**

- 2006: $0
- 2007: $500,000
- 2008: $1,000,000
- 2009: $1,500,000
- 2010: $2,000,000
- 2011: $2,500,000
- 2012: $3,000,000
- 2013: $3,500,000
- 2014: $4,000,000
- 2015: $4,500,000
- 2016: $5,000,000

$0 - $5,000,000

- 2006 - 2016
ORGANIZATIONAL PARTNERS
The Asen Foundation
Atlassian
Bohemian Foundation
BTIG
The Campbell Family Fund
Child Relief International
David & Anita Keller Foundation
David Weekley Family Foundation
Deerfield Foundation
Draper Richards Kaplan Foundation
Elmo Foundation
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FirstGiving.com
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Impact Charitable Gift Fund
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