BEYOND THE WALLS
Dear friends,

Half of the people on the planet cannot get the health care they need. Over more than a decade, our patients have been teaching us why. Our patients show us that the path to care remains precarious: for the child whose family has to make the decision between dinner on the table and a few dollars’ worth of malaria drugs, for a disabled elder who cannot walk to the clinic and can’t afford a car, for a mother who hopes to receive family planning services, but doesn’t have someone to watch her children while she makes the two-hour journey to the clinic by foot— they cannot make it to the walls of a clinic or a hospital. Our patients taught us that we fail them when we wait behind the walls of our health care facilities: we have to reach beyond the walls.

While most health systems sit stationary, ready to treat the patients that reach them, Muso commits to reach patients where they are. With Proactive Care, the vast majority of patient visits happen in the home.

Community Health Workers (CHWs) visit patients in their homes and build trust with them. Proactive Care allows us to reach the patients who would not have otherwise made it inside the walls. In so doing, we march towards our goal of universal, quality health coverage.

As we break down the proverbial walls to our patients, we strengthen the quality of care in facilities, evacuating the sickest patients by motorbike ambulance to government primary care clinics, with expanded and redesigned infrastructure, equipment, and staffing. In doing so, we also reimagine together the future for health care systems in Mali, sub-Saharan Africa, and the world. In 2018, our government partners used new research we published together to change national policy. They announced a national scale-up of Muso’s 360° Supervision model, to provide every CHW with a dedicated supervisor who can support them to improve the speed, coverage, and quality of care they provide. This bold, evidence-based decision by the Malian government shows what is possible through partnership. We’ve committed in the coming year to provide intensive technical assistance to our government partners, to bring this new commitment from policy to action, and to make persistent, conscientious strides towards justice for our patients.

As we have gone beyond the walls, we have reimaged what a health system can be without barriers. In 2018, a study in BMJ Global Health found that communities served by Muso’s Proactive Care model achieved a child mortality rate of 7/1000, a rate lower than that of any country in sub-Saharan Africa. The study also documented a ten-fold increase in patient visits. The study’s findings bring home a clear message: Health for all is imminently possible. We can together build a world where no child dies from poverty, if we have the courage to go beyond the walls of what has previously been thought possible.

With gratitude,
Ari Johnson, CEO
HEALTH FOR ALL IS IMMINENTLY POSSIBLE.
A GLOBAL INJUSTICE
No one should die waiting for health care.

5,400,000 children died in 2017 before their fifth birthday.

1 in 41 women in poor countries die in pregnancy or childbirth over the course of their lifetime.
Patients face mutually reinforcing barriers to accessing care.

**Gender Inequality**

Women often do not have the power to make health care decisions independently.

Bringing care directly to women bypasses gendered family dynamics that often divert women of decision-making power.

**Distance & Travel**

The nearest clinic is often remote.

Treating patients in the home and deploying motorbike ambulances for emergency evacuations overcomes the challenges of distance.

**Direct Costs**

Patients cannot afford health care costs. User fees lead to delays in access to care and treatment and drive families newly into poverty.

Muso’s Proactive Care model removes all user fees from home to health center.

**Poor Infrastructure**

Insufficient infrastructure in health systems leads patients to seek treatment at home with unregulated drugs.

CHWs build a bridge between the community and the formal health system.

**Indirect Costs**

Indirect costs delay care access and treatment. These costs include lost work time, child care, and transportation.

Bringing Proactive Care into the home removes indirect cost barriers.

**Quality of Care**

Under-resourced health centers hamper patients’ quality, completeness, and timeliness of care.

Expanding, training, and equipping primary care clinic staff prepares them to improve quality.

**Mistrust in the System**

Patients do not trust the system.

CHWs are trusted members of the community, and building capacity at the facility level improves quality of care and reinforces trust.

Removing one barrier isn’t enough. That’s why Muso designed the Proactive Care model to address the barriers to care shared by our patients, following a qualitative barrier mapping study conducted by our team.1 Proactive Care is designed to overcome barriers by finding and treating patients where they live, improving health outcomes and getting to patients faster.

We design and deploy proactive health care systems that directly serve patients, provide universal health coverage, and stop maternal and child deaths.

We integrate scientific research that rigorously vets the impact of our strategies and teaches us how to improve.

We provide technical assistance to government and NGO partners to integrate our research findings and strategies.

Intensive technical assistance changes policy and practice.

PROACTIVE CARE
EMBEDDED RESEARCH
TECHNICAL ASSISTANCE
POLICY & PRACTICE CHANGE

IMPACT AT SCALE
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 life-saving 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.
IN 2018

1,034,954
CHW home visits for active case finding, diagnosis, treatment, and follow-up

123,137
Comprehensive and free clinic-based care visits

RAPID-ACCESS CARE
Percentage of children under five evaluated by CHWs by time of symptom onset

PERI-URBAN
- within 24 hours: 81%
- within 48 hours: 87%
- within 72 hours: 94%
- after 72 hours: 6%

RURAL
- within 24 hours: 64%
- within 48 hours: 75%
- within 72 hours: 86%
- after 72 hours: 14%

*Sprint speed is calculated as averages between passive and proactive CHWs. In order for our study team to remain unbiased, we are unable to disaggregate data between the passive and proactive arms of the ProCCM Trial, the Randomized Controlled Trial embedded in our rural care delivery. We therefore anticipate some indicators will be lower than they might be otherwise, as our seven RCT sites are comprised of half passive CHWs, who are not conducting proactive case detection.


PATIENT REACH

SINCE 2008

BY THE NUMBERS

9 SITES
381 CHWs
4,294,922 HOME VISITS
502,178 CLINIC VISITS
A GLOBAL MODEL

Over the past decade, Muso and our partners have built a health care system to reach every patient with the care they need, when they need it.

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.

SIMPLE
Proactive Care is a simple, straightforward model designed for successful government implementation at scale. Over a decade of rigorous testing, we have worked to design a streamlined intervention with simple, focused strategies that are easy to implement.

RESILIENT
The transformations in child survival and access to care that we have seen in Muso communities occurred in a setting of great adversity, during a period that included a coup d’état, Al Qaeda occupation of Mali’s north, and Mali’s Ebola outbreak.

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.

SCALABLE
Muso tests our intervention across different contexts to prepare the model for a range of geographic, cultural, and linguistic use cases. Through this process, we have built an adaptable health system model that can be adopted by global policymakers and implementers.

EFFICIENT
At $6–$13 per patient served, Muso’s Proactive Care model is designed for cost-effectiveness at scale. What we spend is well within spending commitments already made by governments in the region.
With more than 40 countries across the world committing to put Community Health Workers at the front lines of their health systems, the global community is in urgent need of evidence-based strategies to support these efforts. Muso is testing solutions to support these CHW-led initiatives, to identify what strategies work, what strategies do harm, and what strategies can accelerate the global effort for universal health care and child survival.

Muso has served as an operational research partner to the Malian Ministry of Health for the past decade. In 2015, the Ministry of Health and Muso committed to test Proactive Care at scale together, assessing the intervention as a national and global model for universal health care and child survival. The ProCCM Trial, our 2017-2020 Randomized Controlled Trial, builds from previous research findings to test one of Proactive Care’s core components: CHW active case finding home visits. The study follows nearly 100,000 people to answer a critical question: can Community Health Workers save more lives by searching for patients proactively?

Muso conducts rigorous research because our patients deserve evidence-based health care systems.

Muso’s studies don’t set out to prove the validity of our model, but to help us learn, to help us improve, to provide us with evidence to better serve communities.
When this seven-year study began, 1 in 7 children died before they could celebrate their fifth birthday. Seven years later, child deaths had become rare—only 1 in 142. In 2015, child mortality in these communities in Mali was down to 7 deaths per 1,000 live births, a rate comparable to the United States.

In 2018, BMJ Global Health published findings showing that after Muso’s Proactive Care health system launched, the number of patient visits in study communities increased ten-fold. As health coverage improved, these communities achieved and sustained a child mortality rate lower than that of any country in sub-Saharan Africa.

THE AREAS IN MALI WHERE MUSO HAS WORKED OVER THE PAST DECADE HAVE THE LOWEST RATES OF CHILD MORTALITY IN SUB-SAHARAN AFRICA.

THIS SHOULD BE THE STORY OF OUR WORLD.
Since 2013, Muso has provided intensive technical assistance to Mali’s national plan for community health. In 2018, researchers at Muso, the Malian Ministry of Health, Medic Mobile, the University of Bamako, Harvard Medical School, and the University of California San Francisco completed a Randomized Controlled Trial to test the impact of the CHW Dashboard, used as part of our 360° Supervision model, on improving the quantity, quality, and speed of CHW care.

Published in the Journal of Global Health in 2018, the CHW Dashboard RCT showed that CHWs were more productive when they had supervision with the CHW Dashboard.” In both arms of the study, CHWs who received 360° Supervision from a dedicated supervisor significantly improved the quality, speed, and quantity of care they provided.

Muso’s government partners presented these study results to the national community health steering committee and proposed the adoption of dedicated 360° Supervision as national policy. On the strength of this evidence base, the Malian government decided to adopt Muso’s dedicated 360° Supervision strategy into its national plan.

FROM EVIDENCE TO NATIONAL POLICY

In 2018, the Malian government announced the national scale up of Muso’s 360° Supervision model.

Delivering health care for everyone, without delay, will take all of us. That’s why we co-founded and participate in the Community Health Impact Coalition (CHIC) with extraordinary partners from around the world—to drive forward together a new global standard of care for community health. CHIC’s member organizations collaborate to share best practices and jointly advocate for policy change in community health.

Through CHIC, we collaborated with UNICEF and USAID to produce an update to the Assessment and Improvement Matrix diagnostic tool to support CHW program design. This tool guides policymakers and practitioners on integrating high-impact, evidence-based strategies into their national community health systems, including each of the key elements of the Proactive Care approach Muso has tested over the past decade. We also served on the expert review group to support the development of the World Health Organization’s first-ever guidelines for Community Health Worker programs.
In 2018, Muso worked to diversify our revenue streams and prepare for further growth. We saw a revenue increase of 30% from the previous year, $1.1 million of this coming from government partners, and we expanded advocacy and research initiatives while providing quality health care for 330,000 people. Muso additionally increased our cash reserve to better protect our work against external shocks, and invested in team capacity to prepare for our growth in the coming years.

**Revenue & Support**

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**Expenses**

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**Liabilities & Net Assets**

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<th>2018</th>
<th>2017</th>
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<tr>
<td>TOTAL LIABILITIES</td>
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<td>TOTAL LIABILITIES AND NET ASSETS</td>
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**FINANCES**

**EXPENSES**

- Program 65%
- General and Admin 9%
- Fundraising 6%
- Corporate 7%
- Academic 1%
- Individual 20%
- Government 17%

**REVENUE**

- Foundation 60%
SUPPORTERS

$50,000-$99,999
The Asen Foundation
Bertha Centre for Social Innovation & Entrepreneurship, University of Cape Town
The Campbell Family Fund
The Crown Family Foundation Elmo Foundation
Albert and Diane Kaneb
Rob and Brooke O’Hanlon
Open Society Institute of West Africa
Salt Family Foundation
Anonymous Donors (2)

$1,000-$49,999
Ayeh Aylan
Samantha Barbee
Benjamin Bechtolmich and Caroline Scanlan
Jessica Beckerman
and Ani Johnson
Tori Bentley
Daniel Berman
The Brandeis School of San Francisco
Kathryn and Brian Brackney
Ann Marie Broutteau
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Nancy Feitsch-Kreimer and Seth Kreimer
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Calvin Withden
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Anonymous Donors (3)

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AmazonSmile Foundation
The Angen Foundation
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Zyck Baggett
Susan Balban-Garell
Samantha Barbee
Donna Barry
Abigail Bellows
Sanjit and Hope Biswas
Estar Bloom
Talya Bock
Kristine Bos
Elhai Braun and Ayoa Thompson
Rachel Braun
Whitney Braunsen Masulis
Kate and Gustavo Camargo
Joaquín Carbonell
Joan Cone
Michael Craig
Alison Davis
Linda Demoulemeester
Doris Fund
Jacqueline Edwards
Taylor Ellowitz and Elizabeth Ochs
Fabrengan Tzedakah Collective
Timothy Finley
Cybil Flora
Lucas Foglia
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