MAKING THE PATH TOWARD UNIVERSAL HEALTH CARE

2019 ANNUAL REPORT
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Dear friends of Muso,

On the first day of 2019, before dawn, heavily armed men arrived in the village of Koulogon, and murdered 37 of our patients in their beds. Pays Dogon, the peaceful UNESCO World Heritage site where Muso’s rural sites lie, a vast expanse of millet fields and sandstone cliffs on the edge of the Sahara Desert, had become a conflict zone. Heartbroken, we asked our patients, our community partners, how can we help? They could have asked many things of us. They had seen their communities burned to the ground. They had seen their parents, their brothers, their daughters and sons murdered in front of them. They had seen their harvests burned. They faced the imminent possibility of famine. But they asked of us only one thing. One word: Stay.

With that one word, our patients articulated our most important act — to move in with them. To commit. At Muso, we promised: we will meet you with care, wherever you are, whenever you need us, no matter how difficult the journey. And with the arrival of the conflict, the stakes of meeting our patients with care became far greater. A child born in a conflict zone is two to four times more likely to die before her first birthday. Infant deaths in conflict zones — because they can’t get the care they need in times of conflict — outnumber all deaths from direct violence three to one. Nearly one in five children on earth lives in a conflict zone. So we said yes. We will be by your side with care, every day. To fulfill this promise to our patients, it took the courage, commitment, and love in action of hundreds of people. You committed with us, and it mattered. Our emergency response plan kept the primary care clinics we support open and caring for patients every day, reached patients through Community Health Worker home visits and mobile clinics, supported the mental health of trauma victims, and protected the safety of our health care providers on the front lines. In 2019, access to care could have ground to a halt for our patients in the conflict zone. Instead, because of our collective commitment, access rose.

At the same moment, our partners in the Malian government faced this dilemma at a massive scale. The security crisis had put Mali’s people in danger and put immense strain on the national budget. It was in the heat of this crisis that the Malian government made a courageous, surprising commitment. In February 2019, Mali’s President committed to a historic transformation of the country’s national health care system, an investment not just in public health outcomes, but in national stability: free care for pregnant patients, children, and elders, contraceptives without cost, upgraded clinics, and a Community Health Worker for every community, to be rolled out nationwide to Mali’s 19 million citizens over the next four years. Mali’s Minister of Health Michel Sidibé affirmed, “health care is our vector for peace.” The Malian government requested Muso’s technical support for its historic health system reform commitments, and we committed to this important endeavor alongside them.

Mali is not alone. Global leaders have set a deadline in the Sustainable Development Goals to deliver universal health care by 2030. Côte d’Ivoire, in its work to rebuild the nation of 24 million people after two civil wars, has also made bold commitments to center patients in national policy. In September 2019, we met with Ivorian Minister of Health Dr. Aouélé Aka, who underlined his vision: no child should die coming into the world, and no woman should die giving life. His vision is exemplified by Côte d’Ivoire’s new community health strategy — one that prioritizes the deployment of a national, standardized cadre of Community Health Workers to provide care to all. Minister Aka invited Muso to serve as a technical assistance partner in support of this national community health strategy and in October, we deployed a team to work full-time in Abidjan, Côte d’Ivoire, drawing on the proactive care strategies we have tested over the last 15 years. The path to universal health care is no highway we can turn onto. In the words of Spanish poet Antonio Machado, “you make the path by walking.” We will together pave the path to universal health care with acts of courage. Reaching further than we thought we could. Arriving beside our patients, right where we need to be. And when we arrive, we will make the decision, each day, to stay. Onward, in solidarity.

Ari Johnson, MD
CEO

5,300,000 CHILDREN under the age of 5 died in 2018.²

1 WOMAN IN 45 dies in pregnancy or childbirth in poor countries.³

100,000,000 PEOPLE pushed into poverty by health care fees.⁴


Those who live in poverty often receive health care late, or not at all, and face mutually reinforcing roadblocks to accessing the care they deserve.

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. Proactive Care is designed to overcome barriers by finding and treating patients where they live, improving health outcomes and getting to patients faster.

OUR SOLUTION: PROACTIVE CARE
Our Solution: Proactive Care

We design and deploy proactive health care systems that directly serve patients, provide universal health care, 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.

Impact at Scale
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.

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.

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

To maximize Community Health Worker impact and solve for the core challenges CHWs face, Muso and our government partners designed and built 360° Supervision, a performance management system to support and evaluate a CHW from all angles.

A cadre of dedicated supervisors actively and regularly mentor CHWs for improved performance, including efficiency and quality of care.

1: GROUP SUPERVISION meetings.
2: SOLICITATION of patient feedback.
3: OBSERVATION of CHWs’ daily care delivery.
4: ONE-ON-ONE FEEDBACK for each CHW.

18 / Our Solution: Proactive Care

Muso’s integrated Proactive Reproductive Health package of care adapts our proactive approach to improve access to women’s reproductive health services. Our CHWs build trust with each patient through door-to-door proactive pregnancy testing, family planning services, and accompaniment, reaching women earlier with life-saving reproductive health services.

Muso’s Community Health Workers provide proactive diagnosis and treatment for children with malnutrition as part of their package of care. A child who tests positive for moderate acute malnutrition begins treatment immediately in the home, and receives proactive recovery support and follow-up from their dedicated CHW.

MALNUTRITION PREVENTION

REPRODUCTIVE HEALTH
CARE DELIVERY IN 2019

1,446,488
Community Health Worker home visits for active case finding, diagnosis, treatment, and follow-up.

143,110
Clinic visits for patients, with no fees.

350,000
Patients

381 CHWs

RAPID ACCESS TO CARE
Percentage of children under age 5 reached by CHWs:

within 24H - 90%

PERI-URBAN

48H 72H
94% 97%

RURAL*

within 24H - 63%

48H 72H
76% 87%

77% of patients reached within 24 hours in 2019

*Rural 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.

HOW FAR WE HAVE COME SINCE 2008

5,741,410
home visits

645,288
clinic visits

PATIENT REACH
PROGRESS ON THE PATH TO CARE FOR ALL
Mali grapples with persistently poor health indicators. 101 of every 1,000 children born in Mali will die before their fifth birthday. In 2019, the Malian government announced a national health system reform, now referred to as the Mali Action Plan, setting out courageous policies for the country’s 19 million people and sending an undeniable message: it is time to put an end to health injustice.

With Muso’s support, the Malian government committed to scale core strategies we have developed and tested together through our joint implementation research, including paid, professionalized CHWs deployed nationwide at the last mile and every mile, greater investment in primary care clinics, free contraceptives, and the removal of user fees for targeted groups.

Mali’s President affirmed his commitment to grow the country’s spending on health from 4% to 6% of the national budget by 2022 at the United Nations in September, signaling his commitment to domestic investment to ensure the reform’s success. Multilateral funders like Gavi, the Global Fund, and the World Bank have committed to supporting the initial phases of the national reform, and together with other partners committed to invest over $100 million in the country’s health system in alignment with reform priorities.

The Malian government requested Muso’s technical support to deliver on its historic commitments. We established a new partnership agreement with the Ministry of Health to reflect our new shared scope of work, and were invited to join the Management Unit within the government tasked with conducting the technical work needed to realize the goals of the health reform. We will accompany the government and its partners to make these policies real for patients in practice in the coming years.


"We often say that universal health coverage is a political choice. I am delighted to see that Mali is making that choice."

— DR. TEDROS ADHANOM GHEBREYESUS, DIRECTOR GENERAL, WORLD HEALTH ORGANIZATION
THE PILOT SCHEME IN THE YIRIMADIO DISTRICT, ON THE OUTSKIRTS OF BAMAKO, HAS SHOWN US THAT BRINGING HEALTH SERVICES CLOSER TO THE POPULATION IS A DECISIVE FACTOR IN ERADICATING EPIDEMICS... IT IS CRUCIAL THAT THE MOST VULNERABLE ARE PROTECTED AND OUR AMBITION NOW IS TO REPLICATE THIS MODEL NATIONWIDE.

IBRAHIM BOUBACAR KEÏTA, PRESIDENT OF THE REPUBLIC OF MALI
Muso conducts rigorous research because patients deserve evidence-based health care. Our learning teaches us how to improve, and is designed to accompany governments and their partners as they build health systems centering patients’ needs. As numerous countries, including Mali and Côte d’Ivoire, look to increase the effectiveness of their community and primary health care programs, Muso is committed to asking the questions governments need answered, and sharing what we learn.

Muso has served as an operational research partner to the Malian Ministry of Health for more than a decade. Together, we conduct research to assess Proactive Care strategies. We share the findings from our joint research to advance global efforts for universal health care and child survival. On the heels of these results showing sustained child mortality reductions in Proactive Care communities, shown at right, the Malian government committed to scaling national health system strategies we’ve designed together. As the government redesigns its health system, it’s rolling out 360° Supervision, a performance management strategy we tested together. Our joint research found that the quantity, speed, and quality of CHW care improved following the implementation of this approach. The study’s findings guided the government’s decision to use this strategy nationally.

We continue testing the components of the Proactive Care model in order to resolve urgent questions to support the global community. 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. The study follows nearly 100,000 people to answer a critical question: can Community Health Workers save more lives by searching for patients proactively? Should the trial’s findings, expected in 2021, show that proactive case detection saves more lives, Muso will support government and implementing partners to adapt and adopt proactive case detection within Mali and beyond.

Before / After Proactive Care

Under 5 Child Mortality:

Deaths per 1,000 live births


National Estimates, UN
Urban Estimates, DHS Mali
Proactive Care Area Estimates

“THIS IS A PIONEERING AND PATH-BREAKING STUDY BECAUSE IT PROVIDES EVIDENCE THAT VERY LOW UNDER-FIVE MORTALITY RATES CAN BE ACHIEVED IN RESOURCE-CONSTRAINED SETTINGS. — DR. HENRY PERRY, SENIOR SCIENTIST, JOHNS HOPKINS UNIVERSITY”
To drive the quality of care provided in the new national community health plan, in 2019 the Malian government began to scale Muso’s dedicated supervision strategy for CHWs, 360° Supervision. We accompanied the government to adapt 360° Supervision for national uptake, source financing for its rollout, build an implementation plan, and recruit and train CHW Supervisors to support CHWs in five regions across the country. At the request of the government, we worked with our mHealth partners at Medic Mobile to develop a version of the Muso-Medic CHW Supervisor App for use by all CHW Supervisors nationally. Our team will continue to provide intensive technical support to the Malian government throughout the first years of implementation, to troubleshoot and monitor progress and drive improvements in efficiency, quality, and timeliness of care for more than two million patients nationally.
In 2017, Côte d’Ivoire underlined its commitment to public health with the launch of a new community health strategy, designed to align the country’s existing but fragmented cadre of Community Health Workers to provide a standardized, integrated package of services. The work of Côte d’Ivoire’s Department of Community Health has resulted in the identification, training, and support of more than 9,000 CHWs across all regions of the country. However, the success of this newly aligned strategy hinges on adequate performance management of these frontline health workers.

To reinforce the rollout of this national strategy, the Ivorian government requested that Muso provide intensive technical assistance focused on their most urgent need, dedicated CHW supervision. In September, we signed a year-long partnership agreement with Minister of Health Dr. Aouélé Aka. In October, Muso deployed a technical assistance team to the capital, Abidjan, to embed within the Department of Community Health and support the work of planning, costing, and operationalizing dedicated CHW supervision at national scale. Building on our shared commitment to evidence-based health care solutions, Muso commits to accompany the Ivorian government as it seeks to improve access to quality care for its 24 million residents.
Muso is a co-founding member of the Community Health Impact Coalition (CHIC), which exists to make professional CHWs a norm worldwide. CHIC’s fourteen member organizations, committed to radical collaboration, convene on a bi-weekly basis to align community health programming, research, and advocacy around eight key design principles for CHWs: that they are accredited, accessible, proactive, continuously trained, supervised, paid, linked to health systems, and supported by data.

Muso works with CHIC to accelerate the uptake of evidence-based community health strategies, in particular through joint advocacy tools like the CHW Assessment and Improvement Matrix (CHW AIM). The CHW AIM was jointly developed in 2018 by USAID, UNICEF, and CHIC, and serves as a tool for the design and evaluation of CHW programs across criteria including recruitment, remuneration, supervision, and data systems. Throughout 2019, CHIC mobilized support for this tool and generated stakeholder commitments for its use at global convenings from Bangladesh to Kenya to New York.

Also in 2019, CHIC took the first steps towards harmonizing key data indicators across all member organizations, working across twenty countries. Common data points on the quality, quantity, coverage, and speed of CHW care are now being tracked and used for cross-organizational quality improvement. Joint analyses like these will position CHIC to build internationally-relevant evidence and further influence global tools and guidelines.
TEAM, FINANCES, AND SUPPORTERS
To rise to meet the challenges on the global child mortality crisis, and to support our government partners as they actualize their bold visions for national health systems, Muso made significant internal capacity investments in 2019:

→ **2 NEW DEPARTMENTS**
   - We launched a Technical Assistance team and a Learning and Innovation team.

→ **TEAMMATES BASED IN 3 COUNTRIES**

→ **12-PERSON EXECUTIVE TEAM**
   - We made deep investments in our leadership, with key senior staff hired and promoted across most departments.

→ **OUR TEAM IS 79% WOMEN & 97% MALIAN**

→ **500+ MUSO TEAM MEMBERS**
   - Our team delivered health care on the front lines, conducted leading research, and shared best practices globally.

**BOARD OF DIRECTORS**

Rebekah Emanuel LLM, MBA, Chair
Aissata Sow Thiam PhD, Vice Chair
Samantha Barbee MBA
Ethan Johnson MBA
Annie Maxwell MPP
Jayson Morris
Joia Mukherjee MD, MPH
Katie Taylor
Sangeeta Tripathi MPP

**BY THE NUMBERS: A LOOK AT MUSO’S CAPACITY**

**TOGETHER, WE DIRECTLY SERVED 350,000 PATIENTS IN 2019.**

**WE SUPPORTED OUR GOVERNMENT PARTNERS IN MALI AND CÔTE D’IVOIRE AS THEY WORKED TO BUILD ACCESSIBLE HEALTH CARE SYSTEMS FOR THEIR 40 MILLION CITIZENS.**
## Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$6,508,945</td>
<td>$2,804,280</td>
<td>$3,704,665</td>
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<tr>
<td>Other Current Assets</td>
<td>$853,863</td>
<td>$114,505</td>
<td>$739,358</td>
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<tr>
<td>Non-Current Assets</td>
<td>$216,247</td>
<td>$86,114</td>
<td>$130,133</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$7,579,056</td>
<td>$3,004,899</td>
<td>$4,574,157</td>
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<tr>
<td><strong>Liabilities &amp; Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>$178,294</td>
<td>$369,179</td>
<td>-$190,885</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$178,294</td>
<td>$369,179</td>
<td>-$190,885</td>
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<td>Unrestricted Net Assets</td>
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<td>$2,065,134</td>
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<td>Temporarily Restricted</td>
<td>$2,923,861</td>
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<td><strong>Net Assets</strong></td>
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<td>$2,635,720</td>
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<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td>$7,579,056</td>
<td>$3,004,899</td>
<td>$4,574,157</td>
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</tbody>
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## Statement of Activity

<table>
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<th>2019</th>
<th>2018</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$9,122,041</strong></td>
<td><strong>$7,021,294</strong></td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
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<tr>
<td>Program Services</td>
<td><strong>$5,414,753</strong></td>
<td><strong>$5,352,776</strong></td>
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<tr>
<td>Supporting Services</td>
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<tr>
<td>General and Administrative</td>
<td><strong>$780,714</strong></td>
<td><strong>$622,163</strong></td>
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<tr>
<td>Fundraising</td>
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<td><strong>$342,018</strong></td>
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<td><strong>Total Expenditures</strong></td>
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<td><strong>$5,956,957</strong></td>
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<td><strong>Change in Net Assets</strong></td>
<td><strong>$2,412,313</strong></td>
<td><strong>$1,064,337</strong></td>
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</table>

In 2019, revenue increased 30% from 2018 to $9.1 million as our contributing partners, both existing and new, rallied to support unprecedented challenges and opportunities, from meeting our patients with care in the face of crisis to advising two governments serving more than 40 million people. The increase in revenue directly served an increased number of patients and built team capacity.