Table of Contents

Letter from the President & CEO ................................................................. 4
The Jhpiego Way ......................................................................................... 6
2015 Achievements .................................................................................. 8
Advocacy & Policy .................................................................................. 10
High-Quality Health Services ................................................................. 14
Technology & Innovation ...................................................................... 18
Equity & Scale-Up of Services ............................................................... 22
Human Resources for Health ................................................................. 26
Strategic Partnerships ............................................................................ 28
Community ............................................................................................ 30
Integration ............................................................................................. 32
**What a dynamic, impactful year 2015 has been!** Leading the US Agency for International Development’s flagship Maternal and Child Survival Program, a diverse consortium of organizations charged with improving the health of mothers and newborns in 24 countries. Partnering with the government of Ethiopia to develop a modern, efficient human resources for health system for the country. Strengthening nursing and midwifery education in Myanmar. Advancing the skills of health workers across West Africa to confront the next infectious disease epidemic. Expanding family planning services in the Philippines. Innovating ways to influence adolescents in Kenya to delay pregnancy. Reaching vulnerable Tanzanians with an array of HIV prevention and treatment services.

Those are just a few highlights of Jhpiego’s extraordinary work helping countries build strong, independent, efficient, and quality-driven health systems that save lives. Along with our partners in government, business, foundations, international nonprofits, and local communities, we share a commitment to sustainable achievements that countries can carry forward proudly and confidently so that women and families, no matter where they live, however remote or tough to reach, will receive the high-quality health care services they desire.

Jhpiego knows what it takes to strengthen health systems. Whether working in Afghanistan or Zimbabwe, we adapt our collective technical and program experience of over 42 years to a country’s needs, resources, and ambitions to end preventable deaths of mothers and newborns; expand access to family planning; increase cervical cancer screening and same-day treatment; prevent malaria in pregnant women and their unborn babies; provide HIV counseling, testing, and treatment for women, men, and children; and so much more.

Our approach has produced achievements we can all be proud of—a system in Mozambique to identify health workforce gaps and redeploy staff to meet urgent needs; a 400 percent increase in the number of health facilities in the Philippines offering a long-acting postpartum family planning method; distribution of a lifesaving drug to pregnant women in Guinea and Liberia to prevent severe bleeding after birth; expansion of the role of nurses in India to deliver high-quality family planning services; and provision of gender-sensitive health services in Afghanistan.
As a global health leader, Jhpiego is never satisfied with the status quo. That’s why in 2015, we seized the opportunity to launch several new initiatives that we believe will save tens of millions of lives. Jhpiego is highlighting the lack of basic surgical care in low- and middle-income countries and the ability of nurses to help fill that gap. Maternal sepsis is another neglected issue, a preventable cause of death that we began to address in 2015.

We also moved forward with our innovative projects to find a more efficient, accessible, and cheaper method of cryotherapy to treat precancerous lesions of the cervix and develop an electronic partograph to help midwives identify and respond to complications at birth.

2015 was indeed an extraordinary year—new partners and initiatives, intriguing challenges and opportunities, and innovative approaches and solutions to keep women and their families alive, healthy, and thriving. On behalf of Jhpiego, thank you to all of our partners, donors, colleagues, and friends who have made the past year such a resounding success.

Leslie D. Mancuso
Leslie D. Mancuso, PhD, RN, FAAN
President and CEO
The Jhpiego Way

Our mission
Preventing the needless deaths of women and families.

Our approach
Strengthening health systems and building a strong health workforce to deliver high-quality health services from home to health facility.

Our impact
Increasing access to primary health care services for the most vulnerable people wherever they live.
The Ebola crisis in West Africa taught Jhpiego and other leaders in the global health community that a strong, vital health system is essential to overcoming the most taxing, perilous health care issue. Ensuring a robust health system with the capacity to deliver high-quality health services requires a comprehensive approach that touches all aspects of a country’s health apparatus, from policymaking to engaging communities to take responsibility for their health. Jhpiego uses its experience and expertise to partner with governments and adapt our integrated approach to a country’s needs, resources, and ambitions, with the ultimate goal of saving lives.

In strengthening a health system, we work within established frameworks and prepare the groundwork for scaling up low-cost services and innovative solutions that can improve health outcomes for women, newborns, children, adolescents, and men.

Jhpiego incorporates activities in advocacy and policy; strengthening human resources for health (HRH), delivering high-quality services, building institutions, developing innovations, and using technology. We focus on equity, community engagement, and strategic partnerships.

We employ an array of approaches, strategies, and innovations to build stronger, more efficient health care systems that deliver a high standard of lifesaving, compassionate care to all people—systems that use a skilled health workforce dedicated to performing duties in the right way at the right time and partner with communities empowered by a collective responsibility to care for their people.

That’s Jhpiego’s vision for a sustainable health system.
2015 Achievements

Number of Programs in Key Intervention Areas

- HIV/AIDS Prevention & Treatment: 42
- Family Planning & Reproductive Health: 39
- Maternal, Newborn & Child Health: 35
- Gender: 32
- Malaria Prevention & Treatment: 8
- Cervical Cancer Prevention & Treatment: 5

1 BILLION
no. of people in districts where Jhpiego works

46,493
HEALTH CARE PROVIDERS TRAINED

348,108
VMMCs PERFORMED
Global Reach

42 Countries
266 Provinces
1,774 Districts
19,970 Facilities

1.5 million individuals received HIV testing and counseling and test results
86,012 women screened for cervical cancer
898,841 women received 2 doses of intermittent preventive treatment for malaria
1,339 new Jhpiego employees hired
Ensuring delivery of high-quality health care services often requires updating national guidelines and policies to effect the changes required to improve services and save lives. That may involve permitting health workers to take on new or expanded responsibilities; initiating cutting-edge interventions; establishing a regulatory system for a profession; and institutionalizing the rights of patients and duties of nurses, midwives, physicians, and other service providers. As a result of Jhpiego’s advocacy:

- **Liberia** authorized community distribution of misoprostol by traditional birth attendants to prevent postpartum hemorrhage, while **Guinea** included misoprostol in its national reproductive norms and procedures, paving the way for this lifesaving medication to reach women who give birth at home without a trained provider.

- **Rwanda** approved the introduction of chlorhexidine for newborn cord care and incorporated the intervention into its essential newborn care materials. Through the work of the Jhpiego-led Maternal and Child Survival Program (MCSP), the Ministry of Health added chlorhexidine to its list of essential medicines and proceeded with its procurement.

- **Pakistan** implemented a strategy on application of chlorhexidine for cord care to prevent umbilical cord infection.

- **Six countries** adopted guidelines for frontline health workers to identify and manage cases of gender-based violence.

- In **Nigeria**, the Federal Ministry of Health began implementing the National Task Shifting/Sharing Policy that Jhpiego helped to develop.

- **Sixteen countries in Africa** developed action plans to introduce, implement, and scale up postpartum family planning (PPFP) services, as part of the Chiang Mai Initiative, in an effort to foster expansion of PPFP in targeted countries.
The government of Mozambique recognized gender-based violence as a public health concern, ensuring financing of programs that have provided more than 6,000 women with treatment services for sexual assaults and violent attacks.
Indonesia incorporated approaches to strengthen patient referrals within the health system into its national guidelines. This establishes a legal framework for use of referral system standards and other patient referral strengthening approaches and to hold local governments accountable for funding and implementing maternal and newborn death audits.
The government of Pakistan renewed its efforts to ensure PPFP availability at the primary and secondary health care levels. For example, PPFP has been included in the Five Year Action Plan of the Department of Health. The Pakistan Nursing Council included PPFP and postabortion family planning in the curriculum for community midwifery education and the College of Physicians and Surgeons included PPFP in postgraduate medical education.

Ethiopia evaluated education institutions for health workers based on accreditation criteria as part of newly developed systems for human resource planning, performance, and management. In addition, the Ministry of Health created 1,200 new positions in HRH management.

In Angola, PPFP services—including use of the intrauterine contraceptive device immediately following childbirth—were introduced into 13 maternity clinics in two key provinces, Luanda and Huambo.

A safe surgery partnership with the GE Foundation debuted during the General Assembly of the United Nations; this is a multi-country effort to push for the provision of basic surgical care for five billion people worldwide who lack adequate access to these services.

Four county governments in Kenya incorporated family planning (FP) initiatives into their budgets, ensuring a sustained financing pathway for implementation of such programs.

A new, high-level initiative to identify preventable causes of maternal sepsis was unveiled at the Global Maternal and Newborn Conference in Mexico City.
Among the greatest incentives for women and families to routinely visit a health center—and receive the care and treatment they need—is the knowledge that they will receive high-quality health services and be treated with respect. High-quality services depend on setting evidence-based standards of care, ensuring adherence to those standards, building a skilled health workforce, and developing a system to deliver those services competently and humanely. When a health facility delivers high-quality services, communities invest their collective resources in supporting that center and ensuring that mothers, wives, and daughters reach it easily.

Jhpiego understands what’s required to produce and sustain high-quality health services that save lives. With our support:

**Mozambique** developed national standards for strengthening maternal and newborn care, including the prevention of HIV, malaria, and TB in pregnant women. More than 1,300 health workers and managers were trained in quality improvement and assurance approaches to facilitate adoption of the standards and achieve results. Through the US Agency for International Development’s Maternal and Child Health Integrated Program, led by Jhpiego, the maternal death ratio decreased by 57 percent at 102 maternity centers. In addition, 38 percent of all facilities enrolled in the Model Maternities Initiative met the standard of care in 80 percent of the designated areas, and 71 percent of facilities improved their performance by 50 percent.

**Uganda** embraced a “low-dose, high-frequency” training approach to strengthen clinical skills of health care providers while on the job, leading to nurses and midwives in 126 health facilities learning new skills in newborn resuscitation and management of birth complications.

**Kenya’s** Ministry of Health adopted Jhpiego’s signature Standards-Based Management and Recognition (SBM-R®) approach for health centers nationally to set standards for high-quality services to prevent transmission of HIV from mother to child and assess outcomes. In 2015, more than 100 sites that deliver HIV prevention services to pregnant women adopted the approach.
The Botswana Ministry of Health’s National Cervical Cancer Prevention Program incorporated a culture of “data for decision-making”—using service-level data to make informed decisions—to ensure high-quality services.

Through the Jhpiego-led Maternal and Child Survival Program, the Rwandan Ministry of Health developed Clinical Mentorship Guidelines and Community Mentorship Guidelines. Mentorship ensures that both knowledge and skills are retained. Assessment of progress on quality measures, completion of structured self-study, and competency assessment occur during monthly scheduled mentorship visits.

Bangladesh began facility reviews to assess and monitor deaths of mothers and newborns to assure proper family notification, while reviewing social and system factors contributing to these deaths.

Health care providers in Madagascar, supported by MCSP, used mobile technology to report quality-of-care data for easier tracking and review at health facilities.

Nigeria’s Federal Ministry of Health organized a series of stakeholder meetings on quality of care and clinical governance at national and state levels, leading to the development of a draft national framework on Quality of Care for Maternal and Newborn Care. The Ministry and other partners also integrated the Perinatal and Neonatal Death Audit into the Existing Maternal Death Surveillance Response System.
Three Births, Three Serious Complications, Three Lives Saved

Jakarta, Indonesia—Restiani was just 28 weeks pregnant when she went into labor and delivered a premature, underweight boy, Edgar.

Hamriani was much further along—38 weeks. She awoke one night with a throbbing headache and realized she was having contractions. At the health center, midwives quickly identified the warning signs for pre-eclampsia, a life-threatening hypertensive disorder.

Desi was 40 weeks pregnant and ready to have her baby. But after delivering her son, the placenta failed to follow, and Desi began bleeding heavily.

Three births. Three serious complications. Three opportunities to ensure that a pregnant woman survives childbirth.

These three women, fortunately, survived pregnancy and childbirth with the help of the Expanding Maternal and Neonatal Survival (EMAS) program, which was launched by the government of Indonesia through the support of the US Agency for International Development. EMAS works across the health system from village center to hospital to strengthen business practices, supervision, and oversight of health service providers and the skills of individual midwives.

The very same day that Hamriani arrived at her health center with pre-eclampsia, midwives there had just completed a skill-building session on addressing pregnancy-related high blood pressure and its impact on mother and child. With skills fresh on their minds, the midwives helped deliver a healthy baby.

For Desi, even those skills weren’t enough—she needed to be referred to the nearby public hospital. Through EMAS, an emergency text message-based referral system was in place, so the staff of the referral hospital were ready with the right blood type for transfusion, key supplies, and the necessary intervention to save Desi and her child.

Restian’s premature son, Edgar, was taken into intensive care immediately after birth and stabilized. Midwives showed Restiani how to hold him skin-to-skin to transfer body warmth—an intervention called kangaroo mother care, which has been shown to increase a baby’s weight, prevent hypothermia, and create a bond between parents and their newborn. Every day, Restiani swaddled Edgar against her chest. Today, they’re both safe and healthy.
**Technology & Innovation**

Jhpiego was founded with the goal of sharing the best science, evidence-based practices, and technology with colleagues around the world to save the lives of women and families. In those early days, Jhpiego championed reproductive health breakthroughs and modern contraceptives. As Jhpiego’s work expanded into other intervention areas, our mission focused on building a skilled health workforce, strengthening health systems, and developing low-cost innovations to address pressing global health challenges. That commitment to innovation and ingenuity continues today through new technologies, use of mobile devices, and e-learning platforms, which are transforming global health practices. With support from Jhpiego:

More than 182,000 women in over 200 districts in Indonesia subscribed to SMSBunda, an instant messaging system that provides key health messages and was developed through a partnership with the GE Foundation. The subscriber base grew rapidly, reflecting its popularity among pregnant women and new mothers who receive helpful tips on safe pregnancy, childbirth, maternal and newborn danger signs, newborn care, nutrition, and family planning.

A real-time data monitoring system developed by Jhpiego’s Pakistan team tracked the activities of more than 1,000 community support groups across Sindh and Punjab provinces through smartphones and tablets. With these devices, supervisors report daily on the performance of their community support groups to identify the quality of information delivered to pregnant women and mothers and ways to address gaps in coverage and services.

A $10 million fund to encourage local innovators in Afghanistan and spur new solutions to health problems was established through the Helping Mothers and Children Thrive (HEMAYAT) project, funded by the US Agency for International Development.

Efforts are underway in Zambia to revamp health workforce training from costly off-site sessions to a blended learning approach that uses tablets to convey educational lessons and track providers’ progress.
DuPont signed a license and collaboration agreement to produce an enhanced personal protection suit that was developed by Jhpiego and Johns Hopkins University’s Center for Bioengineering Innovation and Design to protect health workers during outbreaks of infectious diseases.
To address a lack of learning materials in Ghana’s midwifery nursing schools, four e-Learning modules on exclusive breastfeeding, cord care, gender-based violence, and prevention of mother-to-child transmission of HIV were developed, packaged, and shared with schools. These modules will also be available on mobile devices to reach a wider student audience.

The Jhpiego-led Improving Malaria Care project in Burkina Faso advocated for the integration and streamlining of malaria-specific data reporting and management with the national health information and monitoring system. Collecting and analyzing key malaria data at the national level are critical to the fight against malaria.

In Pakistan, dispensers and vaccinators at primary and secondary health facilities were trained in family planning counseling and referral services both at the health facility and household levels. Tele-health operators working for the Punjab Government Health Line were also trained on family planning, PPFP, and postabortion family planning, introducing a new way to advocate and create demand for services and motivate potential clients.

In Madagascar, health care providers working in basic health centers supported by the Maternal and Child Survival Program used text messages to report data on quality-of-care indicators. The data are displayed through a web-based platform and printed for use in the facility, enabling health workers to assess and track where service improvements can be made.
The third most common direct cause of maternal mortality—peripartum infection and puerperal sepsis—accounts for 11 percent of maternal mortality worldwide. Yet, there has been little research or programming on maternal infection. Jhpiego aims to change that by rallying the global health community to think in a new way about evidence generation, innovative programs, and advocacy to prevent maternal sepsis.
Jhpiego believes that where a woman lives should not determine if she lives. Strategies to scale up health services nationally, coupled with a commitment to reach the most vulnerable and underserved populations are the foundation of that mission. Developing systems to deliver high-impact interventions safely and effectively, empowering community health workers to help prevent postpartum hemorrhage during home births, and providing a package of comprehensive HIV services to the most marginalized exemplify our mission to ensure that women and families have equitable access to high-quality health services.

Through commitment of government resources, Jhpiego’s maternal and newborn health program in Indonesia more than doubled its reach from an initial 30 districts to an additional 35, funded entirely by local government funds.

Nurses across India provided family planning counseling and, following the birth of a baby, access to long-acting contraceptives, including the postpartum intrauterine contraceptive device. Through technical assistance to the government of India, rapid scale-up of the postpartum intrauterine contraceptive device is underway in high-focus states.

Scale-up of integrated cervical and breast cancer prevention services in 134 outpatient clinics in all 11 provinces of Mozambique led to an increase in cervical cancer screening. Screenings through visual inspection using diluted acetic acid rose to almost 48 percent in September 2015 from 4 percent in 2011. By the end of the project, 76 percent of eligible women received cryotherapy treatment on the day they were screened.
“My vision for India is for all of mothers to have free access to family planning and the right to choose how many children they have.”
– Dr. Sharmeen Ahmed, one of more than 1,700 health care professionals trained in postpartum family planning methods with Jhpiego’s support

Photo by MCHIP/Kate Holt.
**Madagascar** developed a PPFP training curriculum, built capacity of national and regional trainers and health care providers in an effort to make PPFP, including postpartum intrauterine devices, more available to Malagasy women and families.

**Nigeria’s** Federal Ministry of Health adapted *Prevention and Control of Ebola Virus Disease in Health Care Facilities with Limited Resources*, a manual and policy guide developed jointly by Jhpiego and Johns Hopkins Medicine, and scaled up services to the states of Ebonyi, Kogi, Akwa Ibom, and Zamfara.

The government of Punjab in **Pakistan** scaled up PPFP across 36 districts.

**Mozambique** has performed more than 490,000 voluntary medical male circumcisions since 2009 in a comprehensive effort to prevent the spread of HIV. With support from Jhpiego, the Mozambique program reached 80 percent of men in high HIV prevalence areas, including Maputo City and the surrounding province and Gaza City, with this HIV prevention package of services. The US President’s Emergency Plan for AIDS Relief has singled out Jhpiego to praise this monumental effort.
Kenya enlisted community health workers in identifying children who are in need of immediate referrals to a health facility because of symptoms of malaria, diarrhea, and other childhood illnesses. Through the introduction of integrated community case management, more children can access lifesaving treatments for these illnesses.

Photo by Kate Holt.
The government of Mozambique developed a new, integrated, and robust Human Resources Information System for decision-making, which provides health worker information at central, provincial, district, and facility levels, based on geographic location and national payroll data. The data quality and coverage are over 90 percent and are used in planning, allocation, and management of the country’s HRH resources.

In Guinea, the Faculty of Medicine and the National Public Health School collaborated to integrate intensive infection prevention and control refresher courses for students at key points during their training to ensure optimum performance at their facilities.

Ethiopia inaugurated a comprehensive overhaul of its HRH system to improve management, policies, and practices at all levels of the health system. The government also created two new postgraduate programs in health economics and human resources, established a national licensing and credentialing exam, and strengthened national accreditation and quality assurance systems. In addition, the Ministry of Health created 1,300 new positions in HRH management.

Improving the health of women and families and achieving the ambitious Sustainable Development Goals launched in 2015—such as reducing maternal mortality and ending AIDS, TB, and malaria—are dependent on health workers being accessible, available, and capable of delivering high-quality health services. Education, training, deployment, retention, and performance are just a few of the many factors involved in building, strengthening, and managing a skilled health workforce. During the past year, Jhpiego has experienced great success in this area in the following countries:

Human Resources for Health
Strategic Partnerships

The value of partnerships in today’s global development arena cannot be underestimated because of the collective expertise they bring to bear in improving countries’ health and economic status. Jhpiego has a long history of working successfully with various kinds of partners, from governments of small countries to large foundations. Whether it is a multimillion dollar corporation or a county government with a desire for change, Jhpiego’s partners share a common goal—develop new ideas and approaches to advance the public’s health, leverage their impact, and save lives. Trust among partners promotes an atmosphere where ideas can be explored and risks can be taken to achieve improved health for women and families and stronger health systems. Through our partnerships this year:

In Ethiopia, Jhpiego partnered with the GE Foundation to begin exploring opportunities to expand access to safe, high-quality surgical care for those who need it—to treat complications as ubiquitous as broken bones to complications and as urgent as prolonged labor.

In Guinea, in response to the Ebola outbreak, Jhpiego’s portfolio of partners diversified to include organizations and institutions with the potential for exciting and continued engagement, such as Action Against Hunger, Doctors Without Borders, and the Alcoa Foundation.

The Ministry of Health in Myanmar rolled out a national strategy for basic emergency obstetric and newborn care and a complementary supportive supervision package as a result of a 3-year working relationship with Jhpiego to strengthen midwifery education in the country.
The government of India launched a national initiative for empowering health workers to deliver high-quality care during childbirth. As the lead technical program partner in high-focus states in the country, Jhpiego developed the program design, learning resource package, and other tools for the Dakshata program.

A strong partnership and working relationship with the Ministry of Public Health in Afghanistan resulted in an expansion of Jhpiego’s work from 23 provinces to all 34 provinces.

A relationship built over three decades with the government of Nepal led to a strengthened National Health Training Center and the introduction of a competency-based training approach for health workers across the country.
Improving the health of women and families is a shared responsibility that extends beyond home and hospital. A community engaged in the health of its citizens has the power to effect change individually and collectively by promoting healthy behaviors and building strong local health networks. A pregnant woman often learns about the benefits of giving birth in a health facility from a neighbor or family member who is a community health worker. These volunteers deliver basic health information. They link women and families to health centers and skilled health care providers. Community-based health programs offer easy access to families in need of antenatal care, immunizations, or treatment for malaria and help to ensure that health services reach those most in need. Jhpiego’s work with a community focus included:

In two regions of Côte d’Ivoire, people living with HIV received services as part of a new, integrated care approach designed to screen and treat patients for a chronic, rather than infectious, disease and to ensure that individuals adhere to antiretroviral treatment and avoid gaps in or cessation of treatment. The new chronic care model provides hypertension, diabetes, and TB testing and treatment, family planning services for people living with HIV, and long-term follow-up care from community to hospital. The approach seeks to positively impact an individual’s response to treatment and access to services and supports “patient experts” and clubs for people with chronic diseases.

To expand access to family planning services in Kenya, the government inaugurated training in healthy birth spacing and family planning for community health volunteers. This important step provides these frontline workers with accurate and timely information about family planning, enabling them to speak knowledgeably with women who desire family planning options. Community health volunteers are an important link to health services and skilled providers who can counsel women and men on the best way to plan their families and the variety of contraceptive methods available to them.

In Punjab, Pakistan, the role of Lady Health Workers (LHWs) in demand generation and primary health care delivery was revitalized; more than 11,000 LHWs were trained. In another program, 3,902 LHWs were trained in running community support groups. More than 717,000 women participated in 56,143 support groups. LHWs referred 23,242 women to health facilities.
The Mindanao Health Project and partners engaged youth at an adolescent health forum to offer its ideas and pledge to live a healthy life.
Integration

Women and families in developing countries miss out on effective interventions for preventing and treating diseases because they don’t routinely seek out health services at their local facility. And, if a woman walks miles to reach a health facility, she may receive a diagnosis of her symptoms but learn that she has to return another day to be treated. Integration of health services offers women the opportunity to be seen and treated for a variety of health concerns in one visit or at least in the same place. For pregnant women, especially, an integrated service approach affords access to maternal health, HIV prevention, and malaria services. Integration of family planning and immunization services is another successful model. Jhpiego has advocated for an integrated service delivery model with local and regional health officials, as well as national leaders. Here are examples of integration from our 2015 achievements:

Through its leadership of the Maternal and Child Survival Program, Jhpiego developed an integrated training package for reproductive, maternal, newborn, and adolescent health care that uses the low-dose, high-frequency approach. This training method allows participants to view demonstrations, practice the skills, and receive follow-up mentoring and coaching support that encourages further practice of skills.

In Pakistan, family planning was integrated with existing maternal, newborn, and child health services in Jhpiego-supported facilities. Counseling began at antenatal care, postnatal care, and immunization counters. Labor rooms were equipped with long-acting contraceptives such as intrauterine contraceptive devices and implants. Sixty-two master trainers in comprehensive PPFP and postabortion family planning services trained Lady Health Visitors, who were linked to 700 Basic Health Units in Punjab and 300 doctors through the Centres of Excellence.
Photo by MCHIP/Ali Khurshid.
With an outstanding 2015 behind us—filled with tremendous achievements and key learning experiences—we are eager for the triumphs that 2016 will bring as our experts work with countries to identify gaps and missed opportunities in health services and strengthen health systems through a holistic understanding of the health sector.

Through these partnerships, we anticipate that a growing number of families will gain access to safe surgical care as health professionals in Africa and Asia drive progress to reach the five billion people worldwide who have no opportunity for surgery today.

We are hopeful that vulnerable Tanzanians will continue to emerge from the shadows to access a full complement of health services. In India, we’ll see health officials lead the charge in combating noncommunicable diseases while on the opposite side of the globe, an improvement in referral systems will help Haitians gain better access to health care. In Kenya, the introduction of oral pre-exposure prophylaxis will provide a new approach to HIV prevention. An expansion of immediate postpartum contraceptive options will empower women in Indonesia to better space their births for their own health and the health of their families.

Thank you for your boundless enthusiasm and support to deliver high-quality, sustainable health services and systems from Afghanistan to Zimbabwe, and everywhere in between.

We are grateful and look toward 2016 with a relentless passion for thriving families, communities, and countries.