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cover: Karen Kasumausk/Jhpiego
We are grateful for the continued generosity and commitment of our donors and sponsors.
A year of intrepid action.

Grounded in evidence, intrepid in approach, resolute in action. That’s how Jhpiego prevented the needless deaths of women and families in 2016.

Our teams have been bold in instilling country self-reliance, relentless in fostering a culture of innovation, focused on building a skilled global health workforce and committed to producing high-quality services to save lives. Alongside a constellation of partners—governments, donors, professional associations, foundations, corporations and more—Jhpiego reached more than 13 million people with life-sustaining care and treatment that are revolutionizing health care in the 40-plus countries where we work.

Jhpiego knows that the ultimate measures of our work are healthy, independent families and robust health systems dedicated to the communities they serve. I am proud of what we have accomplished toward these goals in 2016.

Through the leadership of health ministries on three continents and with our support, 2.1 million women gave birth with a skilled provider at their side; 2.5 million women chose a family planning method for the first time; 2.3 million men and women were counseled and tested for HIV; 4.4 million were treated for malaria; 1.3 million pregnant women received preventive malaria medication; and 527,000 men received comprehensive HIV prevention services including voluntary medical circumcision.

That makes 2016 a standout in our 44-year history. A year of impact.

When I reflect on the year, I am inspired by the determination of a pregnant woman in Kenya to protect her unborn child from the devastating effects of malaria; the nurse in Ghana who refused to give up on an unresponsive newborn and successfully resuscitated the baby; a team of midwives in Indonesia who tirelessly practiced emergency drills to expertly manage a complication at birth and safely deliver a mother and baby; and a health official in Myanmar who recognized the gap in hands-on skills among midwives in his country and acted to ensure that they have the best education and training.

While Jhpiego is having substantial impact and working at the global level to improve the lives
of millions of people around the world, we know that each intervention is a personal story and makes the difference for someone’s mother, daughter, husband, father or son.

As a trusted global leader in improving maternal health, Jhpiego is committed to building healthy families and resilient communities. To that end, we have been steadfast in pursuing the toughest health challenges with an array of practical, innovative, low-cost solutions based on the best scientific evidence.

Our experts, partnering with their in-country colleagues, have dared to be audacious in devising new strategies to increase women’s ability in Guinea, Uganda and India to safely plan their families, immediately following the birth of a child. We are disrupting the status quo to improve access to essential surgical care in Ethiopia and Madagascar and to find and treat those most at risk for HIV in Tanzania and Kenya who are living in the shadows. Health professionals from Mozambique to Myanmar are now using data to deploy health workers equitably to ensure that no community is left behind—an exciting step forward.

We are so fortunate to work with colleagues who understand our values and commitment to excellence as countries grow healthier and more prosperous. And, when confronted by skeptics, Jhpiego’s champions of care—nurses and community health workers, midwives and doctors—are unflinching in their advocacy and resolve to do what’s best for a woman, a family, a community.

2016 has been an unforgettable year of advancing a standard of care that exceeds the highest expectations. I am proud of what Jhpiego, our partners and generous donors have accomplished and I am emboldened to act by what I know we are capable of achieving, together. We know that lasting impact is not a destination, but rather a continuous journey. And every step on that journey is driven by our conviction that where women and families live should not determine if they live.

Leslie Mancuso, PhD, RN, FAAN
President and Chief Executive Officer
Jhpiego achievements 2016.

Global Reach

Number of people who live in communities supported by Jhpiego

1 billion

42 countries

228 provinces

1,572 districts

25,067 facilities

Number of health care providers trained:

59,497

Total number of programs:

155

Maternal, Newborn & Child Health: 48 programs.

<table>
<thead>
<tr>
<th>Year</th>
<th>Deliveries with a skilled birth attendant (SBA)</th>
</tr>
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<tbody>
<tr>
<td>2011</td>
<td>2,521,102</td>
</tr>
<tr>
<td>2016</td>
<td>2,103,844</td>
</tr>
</tbody>
</table>

23,761 newborns in 9 countries resuscitated.
Cervical Cancer Prevention & Treatment: 4 programs.
Number of women screened for cervical cancer: 35,941

HIV/AIDS Prevention & Treatment: 33 programs.
- 2011: 959,950
- 2016: 2,338,210
  Individuals who received testing and counseling (T&C) services for HIV

Malaria Prevention & Treatment: 14 programs.
Number of women who received 2 doses of intermittent preventive treatment for malaria: 1,075,108

Family Planning & Reproductive Health: 35 programs.
- 2011: 349,947
- 2016: 2,502,528
  First-time users of Family Planning

Number of VMMCs
- 2011: 180,052
- 2016: 546,171
Maternal and newborn health.

While a 45 percent reduction in maternal death has occurred since 1990, complications during pregnancy and childbirth continue to kill more than 300,000 women annually in the developing world. The vast majority of these deaths are preventable through known techniques and interventions. To achieve substantial reduction in maternal deaths, we must reach the women living along the “last mile”—those most difficult to reach. We must maintain and expand efforts to strengthen health systems, while steadfastly increasing the numbers of well-trained health care providers.

Even more sobering, the loss of newborns far exceeds maternal deaths—more than 3.3 million babies die within the first 4 weeks of life. We know that the risk of injury or death to mother and child significantly decreases when a skilled provider is present to help a woman give birth.

Jhpiego leads the global maternal health effort by working from Afghanistan to Zambia to prepare midwives, nurses and doctors to skillfully manage complications that arise during pregnancy or childbirth. In 2016, 2.1 million births were assisted by a skilled nurse or midwife through Jhpiego support. Whether in Abidjan or Jakarta, Karachi or Maputo, a health care provider who knows the danger signs—and has the skills to respond appropriately—means the difference between life and death for a woman and her baby.

And when a hospital is several hours away by donkey cart or on foot over mountain roads, the presence of a skilled midwife or nurse at the local health center is even more imperative.
When Guljamal arrived at a small health clinic in the village of Chobash, Afghanistan, she was in shock and bleeding. Bundled in a blanket, she had given birth at home just hours before without a skilled health care provider by her side. The midwife on duty at the clinic, Sabera, recognized that this mother of five could be suffering from postpartum hemorrhage, a leading cause of death among Afghan mothers, which has kept the country’s maternal mortality rate among the highest in the world. Sabera examined Guljamal closely, looking for the potential causes of the excessive bleeding, just as she had learned during a comprehensive skills course led by Jhpiego on the prevention, detection and management of severe bleeding after birth.

Sabera discovered that the mother’s placenta had not been fully expelled. She administered the drug oxytocin to the woman to contract the uterus and delicately removed the remaining bits of placenta. Guljamal recovered fully the next morning and was referred to a local hospital for a possible transfusion because she had lost so much blood. Midwife Sabera attributed her success in saving this mother to the Jhpiego training she had received on managing complications at birth.

“That [training] has enabled me to save Guljamal and many other lives. This is a time of real happiness for me!” she said.
Throughout its 44-year history, Jhpiego has dedicated its resources and expertise in women’s reproductive health to building a highly skilled and competent global health workforce. Our commitment to ensuring that women and families receive quality health services relies on sharing the latest in evidence-based practices and emerging technologies to strengthen and sustain the gains in maternal health outcomes achieved over the past 20 years.

In continuation of that commitment, Jhpiego introduced a new learning approach in health facilities in Uganda and Ghana, with tremendous results in reducing newborn deaths and stillbirths and postpartum hemorrhage in women. Branded as “low-dose, high-frequency (LDHF),” the approach turns traditional classroom training on its head by bringing skill-building directly to facilities where care is provided and establishing a culture of on-the-job learning. LDHF prioritizes practice over theory and features delivery of short lessons and interactive simulations that are reinforced over time to optimize learning.

Mentoring, peer-led practice and follow-up refreshers that support clinical decision-making are hallmarks of LDHF. The approach results in greater retention of knowledge among nurses and midwives. In Ugandan health facilities where health care providers embraced LDHF, there was an astounding 62 percent reduction in newborn deaths.

### Low-Dose, High-Frequency Learning Approach in Uganda Yields Results

<table>
<thead>
<tr>
<th>Condition</th>
<th>Reduction</th>
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<tbody>
<tr>
<td>Newborn death</td>
<td>↓ 62%</td>
</tr>
<tr>
<td>Stillbirths</td>
<td>↓ 34%</td>
</tr>
<tr>
<td>Bleeding after birth</td>
<td>↓ 17%</td>
</tr>
<tr>
<td>Retained placenta</td>
<td>↓ 47%</td>
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</table>
Indonesian hospitals supported by EMAS held drills to practice delivering timely and safe services for pregnant women who arrive with a potential complication.
Throughout the developing world, postpartum hemorrhage, or severe bleeding after birth, is among the leading causes of maternal deaths. Another threat to a woman’s survival is a pregnancy-related hypertensive condition known as pre-eclampsia. When left untreated, pre-eclampsia can develop into the more severe condition of eclampsia, which can result in the death of both mother and baby.

In Indonesia, Jhpiego worked with hospitals across the country, ensuring that pregnant women received appropriate care for each of these life-threatening conditions. The Expanding Maternal and Newborn Survival (EMAS) program also targeted women at risk for premature birth and promoted the use of a drug that helps mature the lungs of the unborn.

Through this innovative, health systems strengthening program:

- **100 percent** of the women giving birth in participating hospitals received a uterotonic, a drug that contracts the uterus to prevent or stop excessive bleeding during labor;
- **97 percent** of women with pre-eclampsia/eclampsia were given the proper drug to address the condition; and
- **91 percent** of mothers who gave birth early had received prenatal corticosteroids to help develop the unborn baby’s lungs.

**REDUCED MORTALITY**

In **38** EMAS-supported hospitals, reductions in case fatality rates or the proportion of people dying from a specific cause, were observed.

- For PE/E the case fatality rate decreased from **1.7 to 1.3**.
- Among PPH, the case fatality rate decreased from **3.1 to 2.2**.
- The very early newborn death rate decreased from **5.7 to 2.8** per 1,000 live births.
Decreasing preventable deaths among mothers and newborns requires communities and health systems to address the reasons women don’t access or receive care in a timely way. When they go into labor, many women delay leaving home to travel to a health facility. Once they make the decision to leave, lack of transportation or poor roads can pose additional delays. Upon arrival at a health facility, a pregnant woman may not be seen quickly enough by providers, leading to a further delay in receiving appropriate services. The EMAS program set out to improve the delay women face at the health facility by establishing a referral system and network to get them to the right facility quickly and receive the right care promptly.

At least 100 health facilities designated referral mentors, employed an innovative, computerized referral exchange system and developed job aids for small, non-participating facilities to plan for timely care.

This referral exchange system, known as SijariEMAS, was able to reduce delays through improved communication between local health centers and hospitals, resulting in patients getting to the right facility to receive lifesaving services. The network was such a success that 29 of the 30 districts participating in the EMAS program have committed to carrying on this important work. Impressed by the outcomes, 15 additional districts also plan to adopt the referral system.

SijariEMAS

EMAS developed an innovative, computerized referral exchange system—Sistem Informasi Jejaring Rujukan Maternal dan Neonatal (SijariEMAS)—to improve communication between puskesmas and hospitals, reducing delays in seeking care, referring patients, and providing care.

44 districts (including 15 replication districts) have already committed to and/or identified funding to sustain SijariEMAS.

Over 1,400 facilities and 40,000 individual providers have been linked with SijariEMAS, and over 211,000 EMAS-supported hospitals referral cases have been managed using SijariEMAS.
To keep women informed and vigilant about risks during pregnancy, Jhpiego partnered with the GE Foundation to develop a text messaging system that communicates information about key risk factors and danger signs in pregnancy, along with reminders to seek prenatal care and visit a health center.

Known as SMSBunda, the initiative has been wildly popular, enrolling more than 300,000 pregnant women and sending over 16 million text messages. From an initial 10 districts, the project grew to 284. At the end of our engagement, 14 district health offices and two provincial offices committed to buying into the SMS service from the Indonesian company now managing it.

Moreover, SMSBunda has had a profound impact. A 2016 evaluation of the service found participants had greater knowledge of risks and danger signs during pregnancy, following birth and for newborns than non-users.
More than 10,000 nurses and midwives in Ethiopia, Ghana, India and Liberia graduated in 2016 from schools supported by Jhpiego.
Jhpiego worked with the Ethiopian government to expand and strengthen the health workforce and create a new human resources management system.
Helping babies breathe and preventing infection in newborns.

Jhpiego’s mission to end preventable deaths of mothers and babies doesn’t begin and end with pregnancy and childbirth. It carries through those first 2 years of life to ensure that children not only have a healthy start, but also grow and thrive to reach their fifth birthday and beyond.

The Maternal and Child Survival Program (MCSP), led by Jhpiego, is the U.S. government’s flagship program to keep mothers, newborns and children alive and healthy. Among the lifesaving interventions shared through MCSP’s global work are techniques to resuscitate a newborn who isn’t breathing. In nine countries, more than 23,000 babies who weren’t breathing or crying at birth were successfully resuscitated with MCSP’s support.

MCSP’s efforts reflect Jhpiego’s innovative work in emergency obstetric and newborn care. Nurses and midwives learn up-to-date skills in helping babies breathe and practice on true-to-life models that simulate the experience of resuscitating a baby.

Also, as a part of Jhpiego’s prevention work, health care providers in Pakistan, Nigeria and Afghanistan began using chlorhexidine, an antiseptic gel to prevent umbilical cord infection. A strategy to introduce and expand use of chlorhexidine for cord care across Pakistan was a first for the country. The infection prevention practice is not only offered in larger health facilities, but is also used by midwives in small health centers and delivered to mothers at home by lay health workers. In Afghanistan, community health workers explain to families the urgency of replacing unproven traditional remedies for cord care with chlorhexidine to keep their babies healthy.

MCSP’s advocacy in Nigeria led to chlorhexidine being added to the country’s list of essential medicines as part of the government’s ongoing efforts to reduce life-threatening infections among newborns. To this end, midwives in local health centers and community health workers are encouraging new mothers to use the topical treatment at home.
“Before midwives would panic when babies didn’t breathe. Now they know how to manage this…which is reducing neonatal deaths.”

– Midwife Joana Boake, Ghana
Cervical cancer is preventable and treatable if caught early. Yet an estimated 250,000 women are still dying from this disease annually. Most of these women are dying because they live in Côte d’Ivoire, Tanzania, India and other low-resource countries that lack the laboratories and infrastructure required for a Pap test. What’s readily available to women in Minneapolis and Madrid can’t be had in the rural towns and remote villages across Africa and in parts of Asia. Cervical cancer is caused by the human papillomavirus, or HPV, a common sexually transmitted infection. The advent of the HPV vaccine gives health care providers the means to immunize young girls against this cancer-causing virus.

As a leader in women’s health, Jhpiego is investing its resources to advance breakthroughs in cervical cancer prevention that capitalize on the latest science and practice. We are working with the government of Botswana on a research study that focuses on the feasibility and acceptability of women taking their own sample for HPV testing. The results of this HPV test would determine if a woman has one of the high-risk types of the virus and would need further evaluation and treatment to prevent cervical cancer. This self-collection platform would give health officials in low-resource settings the opportunity to reach more women (since the test can be done in the privacy of one’s home), and focus their scant resources and health care providers’ time on women most at risk for the disease.
What is malaria?

- Malaria is an illness presenting with fever accompanied by joint pains, sweating, chills, vomiting, convulsions (FIV).
- Malaria is caused by a parasite transmitted by mosquitoes infected with the parasite.
Malaria prevention and treatment.

Although malaria is preventable and treatable, an estimated 429,000 people died from the disease in 2015, according to data from the World Health Organization. Pregnant women are particularly vulnerable, and developing malaria during pregnancy can lead to low birthweight for newborns and even stillbirths. In some cases, malaria can be fatal for the mother.

Although great strides have been made in the past decade to increase the number of women who receive medication to prevent malaria in pregnancy, the coverage rate of intermittent preventive treatment (IPT) in pregnancy remains about 30 percent in 20 African countries.

Through partnerships with governments and corporations, Jhpiego has been on the frontlines to reduce malaria in pregnancy by bringing care close to where women live. Whether in Kenya or Nepal, community health workers are keeping track of pregnant women and encouraging them to attend prenatal care appointments to receive preventive malaria treatment. Through these efforts, Jhpiego supported programs in 14 countries and reached more than 1.3 million pregnant women with the required doses of IPT.*

<table>
<thead>
<tr>
<th>Malaria in Pregnancy</th>
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<tr>
<td>1,351,608 women received anti-malarials in pregnancy</td>
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<tr>
<td>910 deaths averted</td>
</tr>
<tr>
<td>76,479 years lost due to ill health, disability or early death averted</td>
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* Includes 2015 data from Bukina Faso
Our work has ranged from providing technical assistance for the prevention, diagnosis and case management of malaria in Burkina Faso, with a focus on expectant mothers and children under 5, to helping the government of Nepal eliminate malaria permanently.

**Nepal has accomplished what many other countries in the developing world can only aspire to—reducing by more than half the number of confirmed cases of the often fatal disease in just 6 years.** MCSP has been working closely with Nepal’s Ministry of Health to build the technical and management capacity of its national malaria elimination program.

One of the game-changers in Nepal’s efforts has been the use of mobile technology to notify district malaria teams of any malaria case detected in the community. Quick notification allows for speedy diagnosis, testing and treatment, reducing the risk of a greater outbreak.
Dil Maya Majhi was 8 months pregnant when she contracted malaria. Nepal’s use of an SMS alert system led to the young mother receiving treatment and she gave birth to a healthy baby boy.
Family planning.

In the five years since Melinda Gates kicked off a global initiative to advance efforts to help women safely plan their families, more than 30 million women and youth worldwide have received contraceptives. The Family Planning 2020 (FP2020) initiative focuses on ensuring that women have access to FP services by assisting countries in meeting their FP goals. Preventing an unintended pregnancy and spacing births at least 3 years apart have a substantial impact on women’s health. Expanding access to FP services to address women’s unmet need for contraceptives is a key component of Jhpiego’s mission to improve the lives of women and their families.

Our commitment to FP2020 focuses on initiating and increasing access to postpartum family planning (PPFP)—the time immediately following a birth or loss of pregnancy in which a woman’s need for FP options is often underestimated. The education of health care providers in the skill of counseling women about the health benefits of PPFP and in offering services for a variety of methods gives women the opportunity to space their pregnancies and gain access to quality services to plan their families for the betterment of all. In just 2016 alone, Jhpiego’s support led to 2.2 million new FP users.

In 18 countries, 20,317,282 clients improved their ability to plan for their families to best care for their children.
Kenya and Indonesia, with the assistance of Jhpiego, are reinvigorating their post-pregnancy FP services through the PPFP Choices project. Health care providers offer women who have given birth a broad range of contraceptive services before they leave the hospital or health center. Skilled FP counselors can help women select a contraceptive method that’s right for them and their family.

The experience of India in reintroducing the postpartum intrauterine device (IUD), a long-acting but reversible FP method, offers the premier example of sustained growth in meeting women’s reproductive health needs. The high quality and availability of PPFP services supported by Jhpiego have generated an astounding response from women. So much so that the government has more than tripled its investment in PPFP since Jhpiego first began working with public health facilities on this maternal health initiative.

Afghanistan is another country where Jhpiego is working in innovative and culturally sensitive ways to address unmet FP needs. Women in Afghanistan have an average of five children and, in this tradition-bound society, husbands and mothers-in-law often are the decision-makers on how many children a family should have. In partnership with the government, an FP advocacy campaign was launched on
“Most of the mothers were concerned about the side effects of family planning because they did not have much information. But ... when we explained to them in detail and answered all their questions ... they accepted the methods. Our counseling had positive effects on them.”

– Midwife Zainab Alipoor, Kabul, Afghanistan

the benefits of healthy birth spacing. Roadside billboards were placed in populated areas with messages educating families on the health benefits of birth spacing for mom and baby, the risks of giving birth at a young age and the happiness related to use of an FP method.

In 700 health facilities across the country, the HEMAYAT project taught health care providers the approaches to counseling families on PPFP options and techniques for IUD insertion. In partnership with the Ministry of Public Health, the project collaborated with women’s groups, religious leaders, youth, private schools and university teachers to build understanding and increase acceptance of healthy birth spacing and long-acting methods.

In conjunction with the country’s national FP strategy, the health facilities supported through the HEMAYAT project began offering postpartum IUDs for the very first time, and more than 2,300 women have accepted this long-acting method.

Dr. Feruzuddin Feroz, Afghanistan’s Minister of Public Health, praised the effort at a national meeting of FP stakeholders: “These activities improved reproductive health indicators and reduced maternal and child mortality rates significantly.”
A focus on the future for youth.

When Garneth Sebial’s boyfriend told her she wouldn’t get pregnant, the 14-year-old believed him. With that assurance, she began having sex, and 3 years later, Garneth found herself out of school and nursing a newborn son.

In the south-central region of Mindanao, Philippines, where Garneth lives, one out of four 15- to 24-year-olds engages in premarital sex. Like so many of her peers, Garneth had no idea how to protect herself from unwanted pregnancy. Recognizing the reproductive health needs of sexually active adolescents, the government of the Philippines made it a priority to offer youth-friendly services so that teenagers could get the reproductive health information and help they need. **In partnership with schools and communities, the government is supporting teen centers through the Jhpiego-led MindanaoHealth project. More than 50,000 teens have benefited from these centers, where Jhpiego-trained nurses also offer pregnancy-related services including prenatal care, delivery and FP.**

“Everything that Mam Margie taught me about my reproductive health and my welfare as a young mother, I put in my heart and in my mind,” Garneth said, referring to the provider who counseled her on PPFP. “I am more careful now that I am more aware.”
HIV and infectious diseases.

Jhpiego’s intrepid approach to reaching the most vulnerable people with quality health services that change lives is exemplified in the HIV prevention and treatment programs in Tanzania and Kenya. To date, successful scale-up of voluntary medical male circumcision programs in 11 countries has resulted in more than 2 million procedures. Providing the technical know-how and program strategies to serve hard-to-reach populations at risk for HIV is an area of Jhpiego’s expertise.

Whether an adolescent girl in Tanzania or a sex worker in Kenya, the focus is reaching women and men who are at highest risk of contracting the disease and who gain tremendous health benefits from HIV counseling, testing and treatment. As part of Jhpiego’s contributions to building an AIDS-free generation and reducing HIV deaths in eastern and southern Africa, the Sauti project in Tanzania and the Bridge to Scale project in Kenya reflect our commitment to countries to leave no one behind—regardless of sexual orientation or occupation.

UNAIDS has set the following targets to be achieved by 2020:

- **90 percent** of people living with HIV know their status;
- **90 percent** with the virus are on medication; and
- **90 percent** of those are virally suppressed.

Substantial gains have been made in reaching these targets. And there has been a notable reduction in the number of deaths—the most recent UNAIDS report shows a 42 percent decline in AIDS-related deaths in southern and eastern Africa.

But unfortunately, youth in Africa—especially female teenagers and girls—are not fully sharing in this progress. In high-prevalence areas, young women are at significant risk of HIV infection. UNAIDS data reflect this: Young women accounted for 59 percent of new HIV infections among people ages 15 to 24 in 2016. Key and vulnerable groups remain unreached and are at the edges of care.
Essential HIV counseling and testing provided to 2.3 million in 13 countries in 2016.
The Sauti project, in partnership with the government of Tanzania, focuses on those frequently overlooked and connects them to HIV counselors and a range of health services, setting them on a course to build healthy, productive lives. More than 20,000 young women and adolescents have received HIV counseling and testing services since 2015.

In Kenya, Bridge to Scale is the first large-scale effort to offer oral pre-exposure prophylaxis—a daily dose of an antiretroviral pill—to highly vulnerable individuals to reduce their chances of contracting the virus. Known as PrEP, this HIV prevention strategy is likened to the birth control pill as a daily prevention medication that is highly effective when taken as directed. The goal of the project is to reach 20,000 Kenyans, including adolescent girls, young women and sex workers, who face barriers to HIV prevention and treatment services because of stigma and social attitudes. The project is also conducting research to develop the evidence base to inform future expansion. In 2016, the project worked with national media to raise awareness and build demand for this daily prevention pill.
What’s ahead.

Progress is measured not only in what has been accomplished, but also in what remains to be done. Ensuring that women and families have access to essential surgical care, such as a cesarean delivery, repair of broken bones and cataract surgery, requires countries to challenge traditional service models and the global community to invest in stronger health systems. In Ethiopia, Tanzania and Madagascar, and in partnership with the GE Foundation, Jhpiego is building a 21st century surgical team and new operating ecosystem that ignite leaders, innovate care and increase access to basic surgical care for the 5 billion people who lack it.

In India, we are embarking on an ambitious effort to develop and introduce technological systems that will connect health care providers to up-to-date knowledge and data to improve the quality of care for mothers and newborns and save lives. This initiative partners with private health care facilities to reach 14 million people and set the example for quality care approaches in this populous country and the region.

Jhpiego is disrupting the routine practice of malaria prevention and treatment to reach more pregnant women where they live, in their villages and their homes. As part of a new initiative in four countries, our team and partners will generate the research to reform treatment policies, accelerate global progress and eliminate malaria among pregnant women.

The unique needs of girls and first-time mothers continue to inspire us to drive positive change, and develop programs and champions who deliver care where challenges are greatest.

The role and responsibility of nurses need attention to reach the global goals for a healthier, safer world. Nurses are on the frontlines of care; along with midwives, they deliver 90 percent of health services worldwide. And yet, nurses do not hold positions of leadership within health systems to effect necessary change. Nurses and their status in the community of health care professionals need greater recognition. Jhpiego is committed to giving nurses opportunities to build their management and leadership skills to become positive disrupters and harness the power of this essential group of providers.

We thank all of our partners for their trust and collaboration. We look forward to working together to accelerate high-quality, lifesaving care, strengthen health systems for optimum efficiency, and promote impact-driven champions of healthy families, thriving communities and productive countries.
Saving lives.
Improving health.
Transforming futures.