



Annual Report
2016



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Letter from the Chairman of the Board



At the beginning of 2016, our organization had the opportunity to reintroduce itself to the world as Vital Strategies. We set out with conviction that the combined skills and dedication of our legacy organizations, World Lung Foundation and The Union North America, would become a powerful agent to improve global health with the resources to achieve much more than we ever could have separately. Our new vision: a world where everyone is protected by a strong public health system.

It gives me great pleasure to share that our first year has led to significant strides toward that end. We continued to drive progress in issues we have long fought for – as a leader in combatting the global tobacco epidemic, as an innovator in advancing critical clinical trials to multi-drug resistant tuberculosis, and as a model-builder for maternal health that is making childbirth safer in rural Tanzania. At the same time, our wider mandate has given us the opportunity to take on more of the world's most urgent public health issues.

Road injuries are a leading global killer and we are now working in 10 cities to make roads safer for pedestrians and drivers alike. We're also working in countries with high rates of obesity to reduce the consumption of sugar-sweetened beverages and junk food. As a principle partner in the Bloomberg Philanthropies Data for Health Initiative, we are taking on a deadly knowledge gap in 20 countries, assisting governments in understanding their true health picture and, with the development of civil registration and vital statistics efforts, ensuring that people are properly counted.

At its heart, Vital Strategies solves problems. We value speed, attention to detail, evidence-based decision-making, and an appreciation of the considerable scale and scope of action needed to solve health problems. We've built Vital Strategies on the strong foundation of our legacy organizations, and we hope that our vision shines through in this report as we reflect on some of our key achievements in 2016.

When I think of all we have done in a single year, I can only look to the future with optimism. We are improving the quality of life in many places around the world, and moving ever closer to our dream of a world where everyone is protected by a strong public health system.

We are proud to share more details of our success in this year's report. We invite you to engage in conversation with us on Facebook and Twitter, and on our website, vitalstrategies.org.

Thank you for your ongoing support and interest.

Sincerely,

A handwritten signature in black ink, appearing to read 'Louis James De Viel Castel'. The signature is stylized and written in a cursive-like font.

Louis James De Viel Castel

Letter from the President & CEO, Vital Strategies



In April I had the privilege of standing with Board Chair Louis James de Viel Castel and global health champion Michael Bloomberg in New York to celebrate the formal launch of Vital Strategies. It was a transformative moment, but what the crowd of valued government and civil society partners, staff, journalists and philanthropists could not see was the year-long effort that had preceded it, and the unseen, ongoing work that goes into preparing our organization for its next stage of growth.

Like the public health systems we seek to improve around the world, Vital Strategies must always act with speed and agility to drive measurable improvements in peoples' health. We work with urgency because we feel deeply that lives are at stake, and in 2016 we were driven to achieve incredible and rapid results – advancing clinical trials in several countries under difficult conditions, starting a new global health initiative in mere months, and mounting health campaigns for hundreds of millions, to name a few. Behind each achievement is our expert and driven staff, and an invisible backbone of intricate processes, careful organization, detail orientation, and systems design that make this quick and efficient progress possible.

Our aspiration in forming Vital Strategies was to face the world's leading health challenges and build strong systems to address them. The astounding growth we've experienced in such a short time is a testament to the demand for an organization with this mandate. We've added new programs, deepened existing ones, widened our global footprint and almost doubled our staff. In response, our Executive Team has focused on managing this growth to ensure that the speed and quality we have become known for continues.

Looking back, 2016 is a year that every supporter of Vital Strategies should be proud of. Not just the achievements that grace the pages of newspapers and research journals, but the underlying work which has allowed us to build an organization that not only supports life-saving initiatives across the globe, but also attracts leading talent and provides a collaborative environment where staff members are happy and proud to work. We've built a strong foundation and I am confident we have the right team in place to continue to advance our critical mission.

Sincerely,

A handwritten signature in black ink that reads "José Luis Castro". The signature is written in a cursive, flowing style.

José Luis Castro



Our Vision





WE ENVISION
A WORLD WHERE
EVERY PERSON
IS PROTECTED BY
A STRONG PUBLIC
HEALTH SYSTEM.

Our Story

IN 2003, IN NEW DELHI, INDIA,
A GROUP OF FRIENDS SAT TOGETHER IN A CAFÉ
PONDERING A PROFOUND QUESTION—

“ How can we bring the best of
public health practices to bear
on human suffering and prevent
needless death and disease
around the world? ”

They considered that millions die each year from entirely preventable causes because of a lack of commitment to implement proven protections and because of slow and inefficient processes in executing them. Too often they saw life-saving drugs stuck on loading docks, critical data sitting unexamined, and proven health policies moribund on the public agenda.

Recognizing an unacceptable human toll, the friends determined they would start a new organization to address this needless suffering, one driven by the vision that every person deserves to be -and can be- protected by a strong public health system. The organization they created would ground its work in scientific evidence, best practice approaches, partnership, and would act with the speed that befits the urgency of having lives on the line.

Our work began in 2004 in our predecessor organizations, World Lung Foundation (WLF), and The Union's North America office (UNA).

With The Union's nearly 100 year-old history and its global network dedicated to combating tuberculosis and lung disease, our origins are steeped in the tradition of tackling pressing issues, such as tobacco use in low-resource countries, through innovative public health approaches. When WLF and UNA came together in 2016 and launched Vital Strategies, we had already begun to apply our unique approach and values to topics beyond lung health, branching into emerging issues such as the growing epidemic of non-communicable disease. Our new name only made it official – declaring we are driven to strategically address the world's most challenging public health problems.

A year on and Vital Strategies is a growing organization that is becoming known for partnering with governments to rapidly design and implement public health initiatives that bridge the gap between public health needs and solutions, especially in low- and middle-income countries.

Core Values

Our work rests on an imperative to translate knowledge into implementation; to act on what works.



URGENCY

We act decisively and with speed, because rapid implementation means more lives saved. People suffer in the gap between knowing and doing.



QUALITY

We aspire to have our programs serve as global leaders in quality, resting on evidence of best practice.



MULTIDISCIPLINARY APPROACH

We design solutions that draw from different competencies such as epidemiology, communication, and management – because intractable health problems require complex and integrated solutions.



PARTNERSHIP

We work hand-in-hand with local leadership from government, civil society, and affected populations because that drives long-term ownership, accountability and sustainability.



A Clinical Trial That Could Revolutionize TB Treatment

Tragically, every year, and with too little attention, close to 2 million people die of tuberculosis (TB), the highest mortality rate for any infectious disease. Yet TB is largely a curable and preventable disease.

While progress has been made in global TB control, multidrug-resistant TB (MDR-TB) has emerged as a major public health concern. Today, one in five cases of TB are resistant to at least one major anti-TB drug. The clinical trial called STREAM is evaluating shorter, more tolerable treatment regimens for MDR-TB in countries around the world in an effort to improve outcomes and make treatment easier for patients.

Recognizing that the night sweats and a persistent cough he was having were symptoms of TB, a man named Kwanele (name changed at patient's request) sought care at a health facility in Durban, South Africa, and was diagnosed with MDR-TB. Shortly after, Kwanele became the 100th patient enrolled in Stage 2 of the STREAM clinical trial.

STREAM is evaluating new regimens for MDR-TB that aim to make treatment more tolerable by reducing the duration from a grueling 20- to 24-months to as short as six to nine months, as well as eliminating painful injections.

The concept behind STREAM is that patients like Kwanele are more likely to be able to complete more tolerable regimens; therefore, MDR-TB outcomes will improve. A staff member at King Dinuzulu Hospital in Durban explained the significant hardships of standard treatment regimens this way: "If we want to eradicate MDR-TB, we must decrease side effects of the treatment so patients can adhere and give patients fewer – if any – injections. The associated hearing loss and kidney failure often make treatment adherence impossible."

The first Stage of the clinical trial started in July 2012 in one country – South Africa – with additional sites later added in Mongolia, Vietnam, and Ethiopia. Stage 2 of the trial, which evaluates shorter regimens and regimens without injections,

STREAM is evaluating new regimens for MDR-TB that aim to make treatment more tolerable by reducing the duration from a grueling 20- to 24-months to as short as six to nine months, as well as eliminating painful injections.



“We always say to the patients that you will be part of something that will make a difference, not just for you, but also for the world.”

Nonkqubela Bantubani, Study Coordinator at King Dinuzulu Hospital



1.5+ million

people die each year of tuberculosis - a curable and preventable disease.

began in April 2016. Stage 2 aims to recruit a total of approximately 1,000 patients from Mongolia, Ethiopia, South Africa, and four additional countries.

As the clinical trial expands into new countries and sites, the work becomes more challenging. The quality of clinical care and evidence must be maintained as new sites are added, sometimes in locations without robust health systems. A complex supply chain must be managed to ensure that drugs are delivered uninterrupted for thousands of days. The highest ethical standards must always be met to protect patients like Kwanele.

Kwanele's experience highlights the importance of clinical care issues to STREAM participants. He recently told STREAM staff that he "benefited from the informed consent process," and likes the fact that he always sees the same staff members. Fortunately, Kwanele's family members have all screened negative for TB, but he said he would encourage them to join the trial if necessary.

The trial brings together a diverse team of experts, including scientists, doctors, nurses, microbiologists, technicians, statisticians, data managers, community experts, drivers, hospital attendants, and many others.

The trial's lead pharmacists and their colleagues at STREAM sites play a key role in the trial, overseeing all aspects of trial drugs and supplies.

"My objective is to make study drugs available at the site in good condition and to make sure there are no stock outs that could lead to interruption of patients' therapy," says Daniel Legese, one of the pharmacists in Addis Ababa. Lead pharmacists in New York also build capacity at sites through onsite and virtual trainings that cover clinical practice guidelines and the fundamentals of managing supply chains.

Nonkqubela Bantubani, Study Coordinator at King Dinuzulu Hospital, says being part of a clinical trial is critically important. "We always say to the patients that you will be part of something that will make a difference not just for you, but also for the world."

STREAM 2 would not be possible without the unique collaboration of USAID, Janssen Pharmaceuticals, The Union, and Vital Strategies. Other key partners include the Medical Research Council Clinical Trials Unit at University College London, Institute of Tropical Medicine in Belgium, the Liverpool School of Tropical Medicine, and trial sites around the world, all of whom are collaborating to implement STREAM.



Verbal Autopsies Bring Life-Saving Insight to Ghana

2.8 billion people – 40% of the world – will be born and likely die without any official record of their existence. Without this data, many countries rely on “best guess” methods to guide health resource allocation and policy decisions.

As part of the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies works in 20 countries to strengthen civil registration and vital statistics systems.

In Ghana, nearly 70 percent of deaths occur at home, particularly in rural areas.

While Ghana has a very capable Health Service, particularly in urban areas, births and deaths often slip through the cracks undocumented, leaving no record of millions of human lives. With the help of Vital Strategies, the country is in the early stages of a critical modernization that will not only count these lives, but also help to reduce preventable deaths.

In May and June, as part of Ghana’s participation in the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies began supporting the government to demonstrate the feasibility of a “verbal autopsy” program starting in the country’s Northeastern Bongo District. If it proves cost-effective and easy to implement, the government plans to spread the system to other rural areas in the country, with the ultimate goal of national implementation.

Verbal autopsy—a community-based method of collecting cause-of-death data from family members or other close associates of people who die at home—provides a better picture of causes of mortality in countries where large numbers of deaths occur outside of hospitals. Verbal autopsy should be a critical component of official recordkeeping that is lacking for nearly 3 billion of the world’s people whose births and deaths go unrecorded.



2.8 billion

40% of the world - 2.8 billion people -
will likely die without any official record
of their existence.

In October 2016, a technical working group was formed that brought together leaders of Ghana's large Ministry of Health and Health Services, the Civil Registrar, the National Statistical Service, and many community leaders from Bongo. At the meeting, the group laid out a plan for the verbal autopsy program strategy and set up expert support to help guide the process. By raising awareness among community health-workers-in-training about the merits of the program, the data produced through verbal autopsies will save lives. Gathering data never before available and mapping patterns in causes of death across Ghana will give national health systems the means to better see the health problems that exist—a first step to reducing preventable deaths.

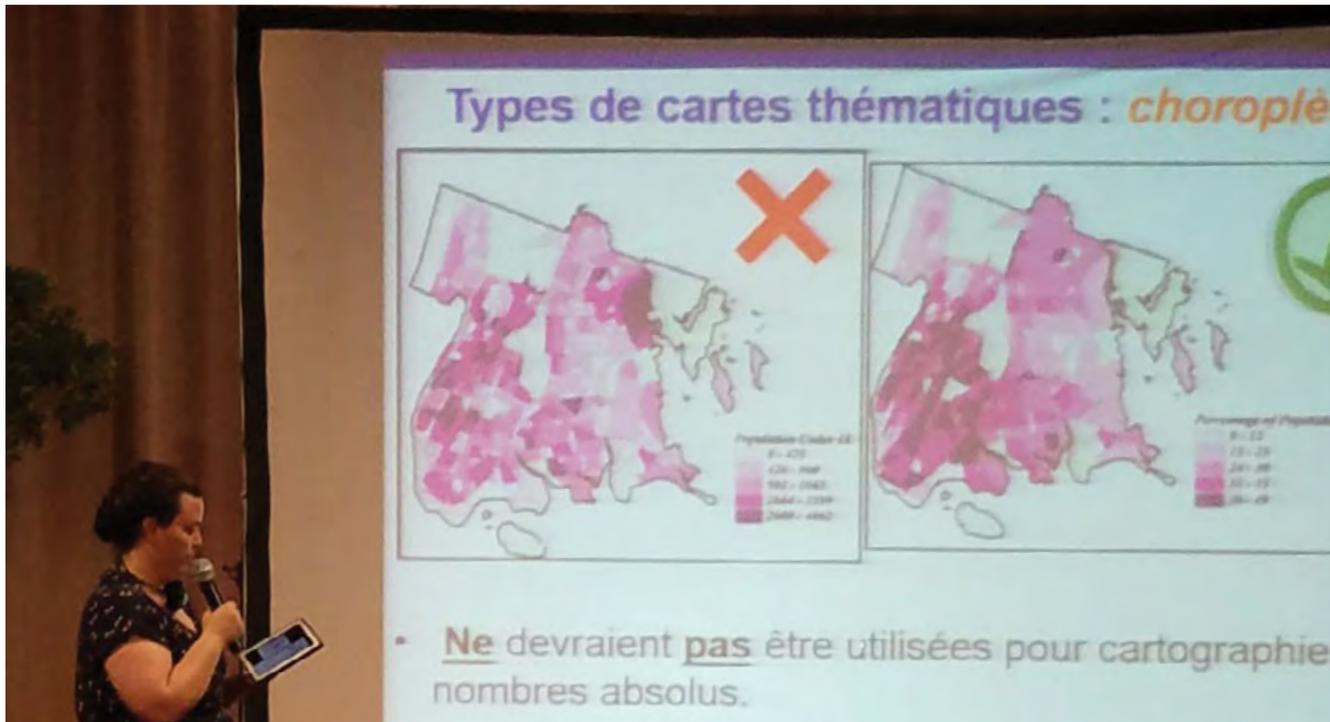
By early 2017 Bongo had one community-based interviewer in place for each of its districts, and began collecting mortality data using verbal autopsy. All interviewers received tablet computers equipped with the World Health Organization's Verbal Autopsy Questionnaire, which they administer during a visit to the family of the deceased.

Bongo's project is a pilot that will help determine the costs of carrying out verbal autopsies nationwide, as well as document the interview experience to help prepare the program for expansion throughout Ghana. A second implementation district is already under consideration to compare reporting trends and costs in different parts of the country.

Vital Strategies has already seen great success supporting verbal autopsy work in Rwanda, Myanmar, and Bangladesh with plans for piloting an implementation in Tanzania. Those programs have produced valuable data on thousands of deaths. And we're just getting started. The new initiative in Ghana gives the country a chance to improve its national health data, and in turn, improve the overall health of its citizens.

Verbal Autopsies provide crucial insights to reduce early deaths.





Regional Public Health Observatory staff participating in technical workshop conducted by Vital Strategies in Rabat, Morocco.

Building Public Health Observatories in Morocco

Data and scientific evidence are the basis for sound public health policymaking and decisionmaking. However, a universal challenge for government public health agencies – which is more pronounced in low- and middle-income countries – is to fully use the data they collect to set priorities, develop policies, allocate resources, and evaluate progress.

As part of the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies is working with 20 ministries and departments of health around the world to help enhance their capacities and practices of data analysis, dissemination, and use.

The Ministry of Health in Morocco has initiated a program of decentralizing public health policymaking and program planning to its 12 regional health directorates. Via its participation in the Bloomberg Philanthropies Data for Health Initiative, the Ministry requested that Vital Strategies assist in designing and implementing “Public Health Observatories” in each regional health directorate. These Observatories will be responsible for providing data and data-driven guidance to regional leadership and to the central Ministry. Vital Strategies is helping create the terms of reference for the Observatories;

providing training on epidemiologic methods and other technical topics; and helping to develop tools and products such as data dashboards and health reports. The goal of this effort is to establish robust, highly trained units that will conduct epidemiologic analyses; integrate data from multiple sources; communicate information about the health of their populations to the public, to the medical community, and to government leaders; and translate data into specific recommendations for new public health policies and programs.

TOBACCO CONTROL

Powerful Campaigns Give Voice to Tobacco Victims in Indonesia

The scale of the global tobacco epidemic is staggering with over 1 billion adult smokers and hundreds of millions of children consuming trillions of cigarettes each year. Urgent action is needed to reverse this global epidemic that will kill as many as 1 billion people this century.

Vital Strategies is proud to be part of the Bloomberg Initiative to Reduce Tobacco Use, working with partners to create effective tobacco control media campaigns in more than 40 countries.

Robby was 26 years old when his doctor told him he had advanced laryngeal cancer. In time, the doctor said, he would not be able to breathe, speak or eat solid foods. The news was shocking, but the cause was clear: Robby had smoked his first cigarette in elementary school and continued the habit right up until the day of his diagnosis.

Tobacco use is especially high in Indonesia, one of the top five burdened countries in the world. More than 53.7 million adults smoke, according to the Tobacco Atlas, and 2.7 million children use tobacco every day. Tobacco is responsible for nearly 20 percent of deaths among men and eight percent of deaths among women in the country.

In 2014, working closely with the Ministry of Health, we produced two campaigns that powerfully drove home the dangers of smoking. The first, “Panjaitan” was timed to support new health warnings on cigarette packs that depicted the gruesome consequences of smoking. A year later, a second campaign featured a young woman named Ike. Ike didn’t smoke, but through her job in a restaurant was the victim of constant secondhand smoke, and had to undergo surgery to remove a tumor in her throat, rendering her voiceless.





Strategic communication can lift up unheard voices and spark new public understanding of health issues. Robby's tragic story, told by his grieving mother, became a call for action against tobacco for millions of Indonesians.

“Robby” isn’t a polished production but it speaks from the heart. In an emotional moment, Robby’s mother pleads: “Please don’t let there be any more Robbies.”



These campaigns encouraged Robby to seek medical treatment for his cancer—and to begin chronicling his struggles publicly. He posted a video of his first operation on Facebook, showing doctors cutting a hole in his throat so that he could breathe. People were moved by Robby’s story and his determination not only to beat cancer but also to help prevent other people from suffering his fate. The post went viral.

In 2016, Robby’s story helped launch #SuaraTanpaRokok (Voices Without Cigarettes), a social media campaign modeled on Brandon Stanton’s “Humans of New York” project that encourages people to tell their stories of hardship in their own words.

When Vital Strategies approached Robby to be the subject of a new ad campaign, he was enthusiastic—but Robby’s cancer took his life before he could personally make a public service announcement. After his death, his family was determined to use Robby’s story for positive change.



7 million+

people each year will die of tobacco-related illness, including almost 1 million from secondhand smoke.



Our team in Jakarta travelled to Samarinda to interview his parents and put together a documentary-style PSA combining their memories with home videos of Robby. “Robby” isn’t a polished production but it speaks from the heart. In an emotional moment, Robby’s mother pleads: “Please don’t let there be any more Robbies.”

Robby’s death catalyzed the online tobacco control community in Indonesia. His posthumous testimonial garnered a huge viewership of more than 500,000 views in one month and millions over time.

Additionally, in a victory for keeping anti-tobacco messages on the air waves, the Robby campaign also prompted Indonesia’s Ministry of Health to commit funding for additional campaigns.

Social media campaigns such as #SuaraTanpaRokok and stories like Robby’s are making an ever greater impact alongside traditional mass media, prompting increased government funding for tobacco control and keeping up the pressure for crucial policy changes such as tobacco pack warnings and taxes.



A busy intersection in Mumbai, recently modified for pedestrian and driver safety, following a month-long trial.

A Mother's Grief Catalyzes a Movement for Safer Roads

1.3 million people die on the road each year, a number that is destined to rise as more people move into urban areas and put pressure on city infrastructure. By 2030, traffic crashes are projected to be the seventh-leading global cause of death.

Vital Strategies is a leading partner in the \$250 million Bloomberg Philanthropies Initiative for Global Road Safety, coordinating activities in 10 cities around the world to improve infrastructure, create policies that promote safer road and vehicle conditions, and promote a comprehensive approach to preventing traffic deaths. Our three primary areas of focus are: working as a liaison with the Mayor's office in each participating city and managing a team of consultants embedded in city government agencies; helping strengthen cities' road safety data and surveillance systems; and providing strategic communication support to promote road safety discourse.

The global standard, proven strategy for road safety, is the "Safe System Approach," which deals with the multiple issues that make roads and streets unsafe, and all too often, deadly.

A significant challenge for city governments is that there is not one single issue that drives traffic crashes and the associated health impacts. People who die from road crashes are not all victims of the same problem. Drinking and driving often leads to crashes, injuries, and deaths, as do speeding, poorly designed roads, motorcyclists riding without helmets, inadequate walkways for pedestrians, and several other factors. The global standard, proven strategy for road safety, which has been implemented successfully in Europe, Australia, and North America, is the "Safe System Approach," which deals with the multiple issues that make roads and streets unsafe, and all too often, deadly. This approach is the basis of our work with the cities in this initiative.

In 2016, Vital Strategies took this approach to Addis Ababa, Ethiopia's capital and one of the 10 cities participating in the initiative. Over the course of a year, we launched a coordinated campaign against drinking and driving, creating an emotional video that depicts a mother's grief over the loss of her daughter, wearing her sash in the traditional Ethiopian style of mourning.



90%

killed in road crashes each year are from low- and middle-income countries.



We work to make roads safer because no one should lose a life to a preventable crash.



The ad was just one component of a broad effort that has helped save lives and strengthen oversight by government and law enforcement. With our support, Addis Ababa increased police presence on the streets, improved data collection to better understand the causes of its road deaths, and engaged journalists and news media to refocus attention from the gory details of road crashes to awareness about their preventable causes. Our efforts will help Addis Ababa to expand their work and monitor road safety progress for years to come.

To date, Vital Strategies has brought on surveillance coordinators for road safety in five cities. Our team provides hands-on guidance to help cities enhance the collection of data related to road crashes, injuries, and deaths, and the use of this data for policymaking and planning.

In the past year, we have also created communication teams across the cities to provide on-the-ground support. We have launched eight social marketing campaigns in Addis Ababa, Bogota, Bangkok, and Bandung to warn drivers and pedestrians of major risk factors in road deaths, and have more campaigns being readied in all 10 participating cities.

No one should lose a life to a preventable traffic crash. Vital Strategies supports the creation of sustainable systems within our partner cities that will save lives for years to come.



Gaseosa de 600 ml,

13 CUCHARADITAS DE
AZÚCAR



Dos vasos de gaseosa de 350 ml,

15 CUCHARADITAS DE
AZÚCAR



A Supreme Court Decision on Sugar Campaigns Protects Consumers

Two billion people in the world are overweight or obese, including 42 million children under the age of five. Obesity and poor diet are major drivers of non-communicable diseases (NCDs) like cancer, heart disease and Type 2 diabetes.

Vital Strategies works closely with partners in Brazil, Colombia, Mexico, and South Africa to mount impactful media campaigns that push policy changes. These campaigns create a sense of urgency among the public and key opinion leaders, and grow knowledge and shift attitudes about the health hazards posed by sugary drinks and processed foods.

The “Cuida tu Vida” campaign was designed to reach 24 million Colombians (more than half the population) over a period of three months. At the launch event, Educar’s Director Esperanza Cerón expressed his hope “that those exposed to the campaign will take its message to heart and replace sugary drinks in their diet with water, milk, or unsweetened tea instead.”

More than half of all Colombians – including 17 percent of the country’s children – are overweight or obese, and health problems related to a high-sugar diet are on the rise. Colombia has seen drastic increases in Type 2 diabetes, heart disease, and certain types of cancer, not to mention the social burdens that come with managing a population stricken by these chronic diseases.

Vital Strategies provides support to Colombia and many other countries to push back against the industries whose products pose severe risks to public health, and to ensure that people around the world have access to healthy food. One important component is mobilizing consumers, through strategic communication and media campaigns, toward personal and social action.

In August of 2016, Colombia launched “*Cuida tu Vida, Tomalo En Serio*” (“Take care of your life, take it seriously”). With support from Vital Strategies, two Colombian health advocacy groups—Educar Consumidores and Alianza por la Salud Alimentaria—created the multimedia campaign, which urged citizens to protect their health by cutting back on sugary drinks. The ads ran on Colombian television and radio stations, in newspapers, and on websites. It was the first time the country had ever taken action to combat its epidemic of NCDs.

Colombia’s campaign builds on a highly successful Vital Strategies-supported project in Mexico, which helped garner support for policy changes that lead to a watershed moment: the implementation of the world’s first national soda

“We need to raise awareness of the impact of sugary drinks on health, because it is estimated that nearly 5,000 people in Colombia die from diseases associated with the consumption of sweetened beverages every year.”

Martha Sandoval, Economist and Researcher at Educar Consumidores



\$2 trillion

The global cost
of obesity.

tax. Four years later, Mexico has seen a 10 percent reduction in sales of sugar-sweetened drinks—with even better results in low-income neighborhoods.

The ambitious “*Cuida tu Vida*” campaign was designed to reach 24 million Colombians (more than half the population) over a period of three months. At the launch event, Educar’s Director Esperanza Cerón expressed her hope “that those exposed to the campaign will take its message to heart and replace sugary drinks in their diet with water, milk or unsweetened tea instead.”

Colombia’s campaign never reached its goal – just weeks after the campaign’s launch, Colombia’s largest beverage company, Postobón, filed a formal complaint with the government Superintendency of Industry and Commerce (SIC). After intense industry lobbying, “*Cuida tu Vida*” was censored by SIC and abruptly halted.

Advocates and public health leaders were chastened but not surprised. Decades of industry marketing messages had made sugary drinks a diet staple in Colombia, as in many other countries. An ad like “*Cuida tu Vida*” showing the harm of consuming high-sugar beverages might influence Postobón’s customers and affect its bottom line—just as it has in Mexico.

Plans for a prohibitive tax on sugary drinks were off the table, at least temporarily. But Colombia’s Supreme Court agreed to hear a legal challenge to the censorship decision. In April 2017, the Court issued a landmark ruling ordering the SIC to lift the ban and stated that consumers “are not passive users but deliberating citizens, who...have the right to demand, receive and impart information and ideas about the risks to their health.”

The victory has been encouraging. Martha Sandoval, an economist and researcher at *Educar Consumidores*, said: “We really need to raise awareness of the impact of sugary drinks on health, because it is estimated that nearly 5,000 people in Colombia die from diseases associated with the consumption of sweetened beverages every year.”

Vital Strategies continues to work with partners in Colombia and many other countries on new anti-obesity campaigns for 2017. We will only intensify these efforts in the face of industry opposition.

ENVIRONMENTAL HEALTH

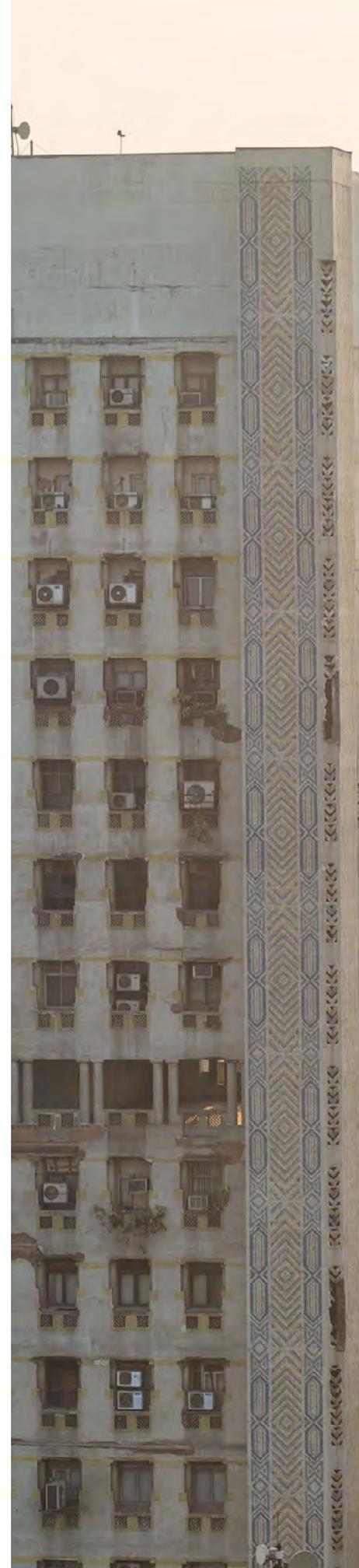
Protecting People and the Planet

As recent reports show, climate change is progressing faster and more catastrophically than feared just a few years ago. The challenges of air pollution, safe drinking water, sanitation, housing, transportation and food security will only intensify with a changing global landscape and ongoing population growth, particularly in urban areas.

Vital Strategies provides technical capacity and consultative services to reduce the global burden of environmental risks and harms. We focus especially on interventions in cities, where we believe there is enormous opportunity to shape communities that promote public health and global environmental sustainability.

According to the WHO, nearly two thirds of the nearly 13 million annual deaths from environmental factors occur from non-communicable diseases (NCDs). For Vital Strategies, the implications are clear: we need to augment our NCD control efforts to reduce the presence of and exposures to leading environmental risks for NCDs. In 2016, Vital Strategies launched our Environmental Health division in order to elevate the role and activities of public health systems in solving these problems.

The rapid urbanization of the world's rising population offers both challenges and opportunities to influence the conditions of our environment. In order to slow the breakneck pace of climate change, cities will have to reduce energy use and carbon emissions, even as 2.5 billion more people join the urban population by 2050. Public health engagement can identify low carbon policies with the greatest immediate health benefits, assisting cities in reducing household and ambient air pollution and implementing city planning measures that reduce car dependency and promote physical activity as part of daily commutes.







23%

of all deaths are linked
to environmental causes.

The Vital Strategies Environmental Health Division is assessing how to promote clean household energy to replace pollutant-heavy solid fuel use for cooking, heating and lighting. We have traveled to conferences in Medellin and Quito for a meeting of the C40, the network of megacities committed to addressing climate change, and UN's Habitat III. We have also met with governments and civil society groups in Mumbai, Delhi, Jakarta, Colombo, Shanghai, and Singapore to develop partnerships and identify projects that improve air quality surveillance and accelerate clean fuel conversion.

Of particular concern is Southeast Asia, where air pollution is worsening because of the growing population, expanding energy use and extensive forest burning. As it travels across borders, this pollution also threatens neighboring countries. Vital Strategies will work to assess the health impacts of air pollution, increase public awareness of its harms and its potential solutions, and explore engagement with the finance sector to create development "impact bonds" that will incentivize sustainable practices in the palm oil industry, a major source of regional air pollution.

Through our affiliation with The Union, we have also begun working with associations of lung health clinicians to empower their members with the knowledge needed to become champions for policies and actions that lead to cleaner air and healthier environments in their home countries. These efforts come at a critical inflection point for the entire world—a moment when our efforts to avoid the worst consequences of climate change and other environmental threats can still make a difference. Now is the time to transform the way we live, both to improve human health and to help preserve our planet.



We must take urgent action to reduce the health impacts of climate change.





A mother and her new child, delivered at the Kibondo District Hospital, Kigoma.

Women in Remote Tanzania Benefit from Innovative Maternal Care

For almost 10 years, the Vital Strategies maternal health program in Tanzania has brought life-saving obstetric care to underserved rural locations. Childbirth in a well-functioning health facility is one of the most effective way to save mothers and newborns. But in too many places, maternity services are understaffed, underequipped and hard to reach, so many women give birth at home without skilled care, risking deadly consequences if a complication occurs.

Our Tanzania program has brought obstetric care closer to the women who need it by upgrading remote rural clinics and training non-physician health workers to provide quality childbirth care, including critical procedures such as cesarean section and blood transfusion.

These improvements, along with intensive communication activities, have helped bring more women to the clinics: Facility delivery in our flagship region, Kigoma, increased from 47% in 2014 to 60% in 2016. We're building a model that can be replicated elsewhere to improve maternal health and save the lives of more women and babies.

When Suzana Saimoni, 24, went into labor with her third child last November, she went to the nearby village dispensary to deliver. As the lowest level of care in the Tanzanian health system, dispensaries are equipped to manage uncomplicated births. But in Saimoni's case, complications set in after 10 hours of labor, and she and her baby were in need of critical help that wasn't available locally.

Distance and the cost of transportation are frequently cited as major barriers to timely obstetric care in rural Tanzania. Saimoni was fortunate to live in Kigoma region in western Tanzania, where Vital Strategies has been working with great success since 2008 to bring quality comprehensive emergency obstetric care to

In too many places, maternity services are understaffed, underequipped and hard to reach, so many women give birth at home without skilled care, risking deadly consequences if a complication occurs.

Women should have access to high-quality emergency obstetrics without having to travel to distant hospitals.



Assistant Medical Officer Dr. Mapigano and patients at the Kibondo District Hospital, Kigoma.



150,000

babies have been born
in facilities upgraded by
our program.

mid-level rural health centers through the Thamini Uhai (Value Life) program. When obstetric complications occur, women can now have access to high-level emergency obstetric care without having to travel to distant hospitals.

Despite the availability of improved care, the Thamini Uhai clinical team noted that too many women were arriving at the upgraded health centers too late to save them and their babies. So in 2015, Thamini Uhai worked with health providers, community leaders, and district officials to create a pilot referral project in the communities served by Nguruka Health Center, with funding from Svenska Postkod Stiftelsen (Swedish Postcode Foundation). By mid-2016, 11 villages had established local systems to ensure that women with obstetric complications could get the care they need without delay.

The system is based on three pillars: preparedness, communication, and transport. Trained community health workers meet with thousands of women and families through group meetings and home visits and during prenatal care to mobilize the communities to work together to establish the needed systems. Health providers at dispensaries are trained in basic emergency obstetric care to better identify and manage complications, and the Thamini Uhai expert clinical team follows up with support visits.

Saimoni might have died if her community's new referral system hadn't been in place. "The situation was dire," she said. "We had to get to the health center immediately and we had no money at all." The dispensary nurse recognized the signs of a complicated labor and called for the district ambulance using one of the mobile phones provided by the project to community leaders, transporters, and the dispensaries. Wireless phones installed

in the labor wards at Nguruka Health Center and at Maweni Regional Hospital in Kigoma town complete a prepaid closed user group that ensures free communication. By October 2016, nearly 400 calls had been made on the system—250 alerting health facilities about obstetric emergencies.

The only thing that didn't work well in Saimoni's case was transportation—at first. Although Thamini Uhai had successfully advocated for a routine supply of petrol for ambulances, the lone ambulance in Saimoni's district was out of fuel. Luckily, as part of the project, community leaders had pre-negotiated with local drivers to establish standard prices for emergency transport to health facilities. One of those drivers was quickly enlisted to drive Saimoni and her husband, Isaka Matheo, to Nguruka Health Center, about 30 minutes away. Now, each village has a list of at least five private drivers who can provide emergency transportation at an agreed-upon price.

Another common barrier to timely obstetric care is that many families do not have the money to pay for private transport. To solve this problem, in early 2016 Thamini Uhai staff worked with the district social welfare officer and community leaders to help each of the 11 villages establish and manage emergency funds using small contributions solicited from community members. By October 2016, these emergency accounts had between US \$20-50, enough to pay for several rides.

The referral system is already making a tremendous impact, and Thamini Uhai is expanding it to the communities around two more health centers in 2017. This community-based approach to referrals may well become a model for helping save mothers and babies from preventable deaths in other parts of Tanzania and throughout the world.

NON-COMMUNICABLE DISEASE (NCD) PREVENTION

Global Action to Prevent Chronic Disease

Non-communicable diseases—including cancer, diabetes, heart, and lung diseases—are the leading cause of death and disability across the globe. NCDs are responsible for 70 percent of all deaths worldwide.

As part of our NCD prevention work, Vital Strategies was instrumental in helping to shape the health targets of the 2016 United Nations’ Global Goals, the UN’s guiding document for international development through 2030.

In 2016, the United Nations arrived at an important milestone: a new timeline and 17 specific goals for nations to reach with the aim of reducing poverty, disease, inequality, pollution and climate change. The 15-year plan sets ambitious targets that countries must strive to meet in order to improve the quality of life for all.

The goals are sweeping and often idealistic (“no poverty,” “zero hunger”), and developing nations will have considerable difficulty approaching these targets. But the UN Global Agenda can also serve as a lever to encourage countries to act definitively to enact policies that prevent NCDs, such as tobacco and obesity control.

These new Sustainable Development Goals, also known as Global Goals, were hammered out and crafted for unanimous agreement by 193 member states at the United Nations. Vital Strategies was there helping to create those goals, particularly advocating to ensure critical health targets were part of the agenda.





Billboards featuring victims of tobacco use are an essential part of a national, multi-channel campaign in Bangladesh.

Vital Strategies provides expertise and advocacy, from input into global policy to support for city-level prevention programs.



The opening session of the 2016 World Health Assembly in Geneva.

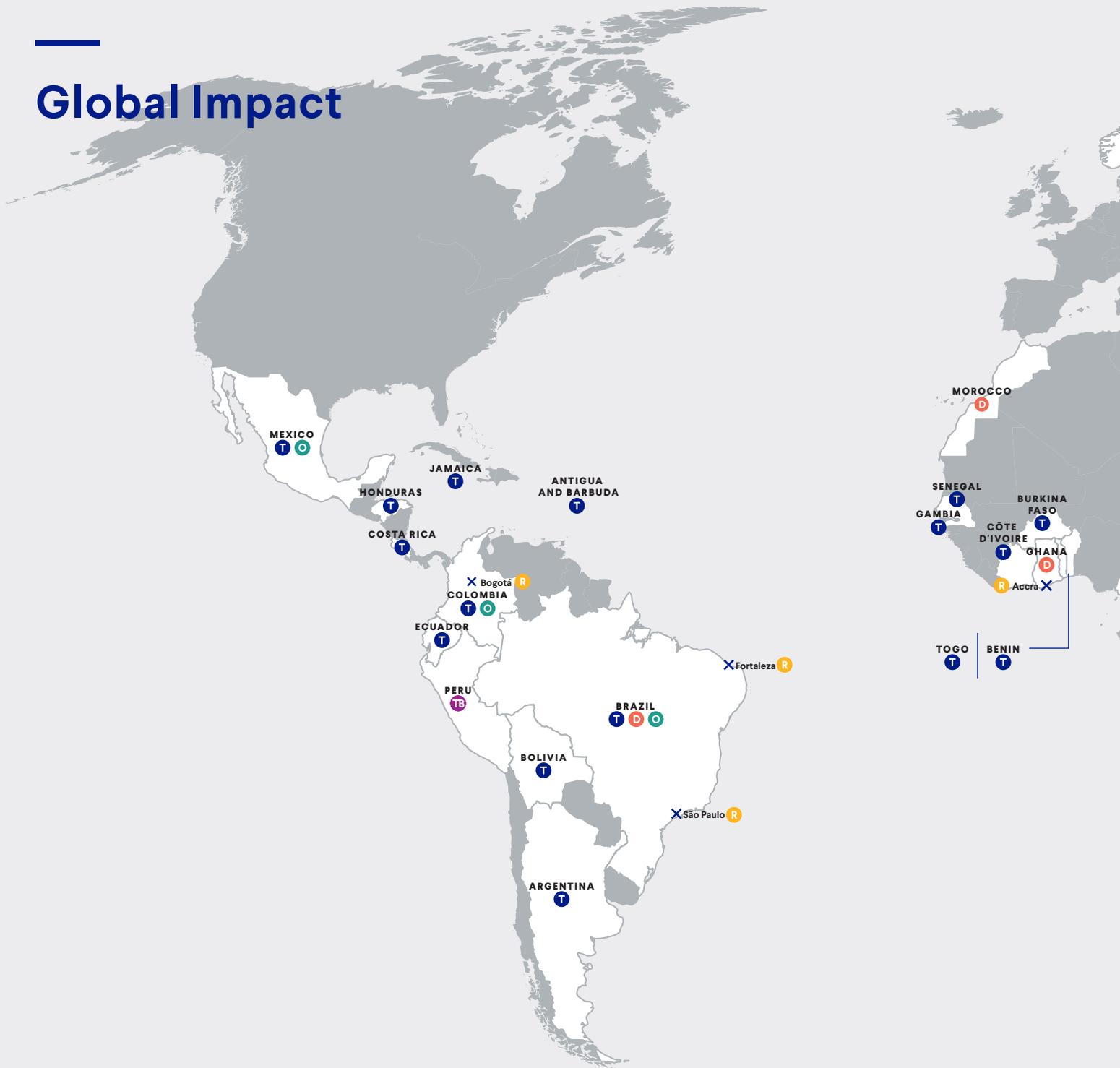
To do this we partnered with governments, the Non-Communicable Disease Alliance, the World Health Organization and the Framework Convention Alliance. We weighed in with comments on the floor and statements for the record as the Global Goals moved toward adoption. At times this meant late night meetings with government officials to explain our views, and being present at critical international meetings to encourage our agenda. As a result, we helped achieve the following successes:

- Ensured that Goal 3—Good Health and Well Being—included strong commitments, sound science and prevention measures in areas from road safety to tuberculosis.
- Made certain that tobacco control, in the form of implementation of a global tobacco treaty, was among the targets of the health goals.
- Pressed to see tobacco taxes included as a national funding mechanism for The Global Goals.
- Advocated strongly for language that cautions countries to limit their involvement with unhealthy food industries.
- Secured the inclusion of population-level media campaigns as a WHO critical strategy among cost-effective interventions for low- and middle-income countries.
- Ensured that public health prevention factors including tobacco use, unhealthy diets and poor air quality were included in the text of UN New Urban Agenda adopted in Quito.

Vital Strategies provides expertise and advocacy at all levels, from giving input into United Nations guidelines to supporting activities at the city level for tobacco, obesity, alcohol control and injury prevention.



Global Impact



60 Countries
10 Cities
7 Programs



TOBACCO CONTROL

Vital Strategies works internationally to grow and shape a global anti-tobacco agenda, and, as a main partner in the \$1 billion Bloomberg Initiative to Reduce Tobacco Use, we work to support the adoption of proven policies in more than 40 countries.



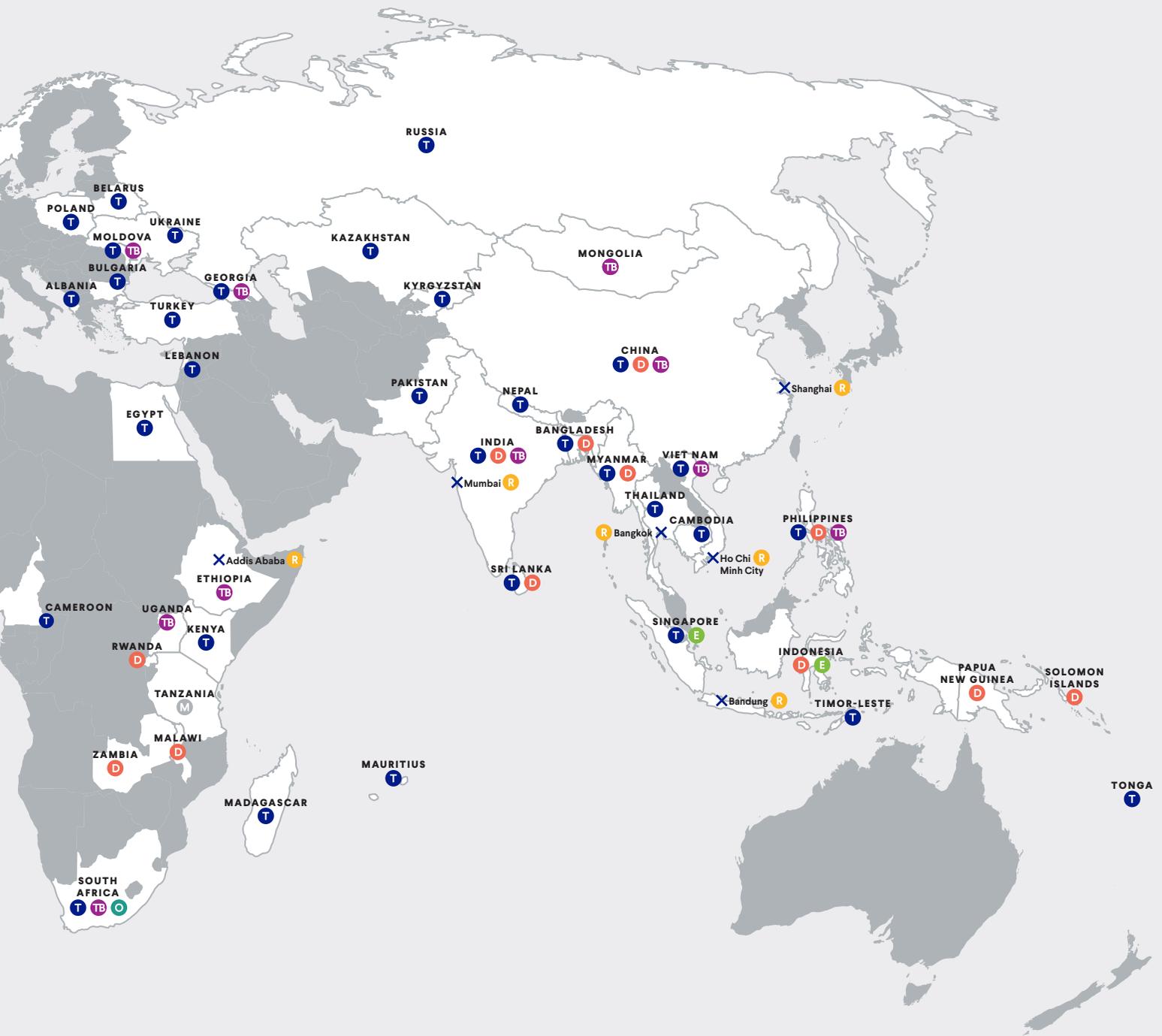
DATA FOR HEALTH

Funded by Bloomberg Philanthropies and the government of Australia, Vital Strategies' \$52.3M involvement includes providing technical assistance to improve civil registration/vital statistics systems and public health data use in 20 countries.



TUBERCULOSIS

Working with The Union and other global partners, we implement clinical trials to improve treatment regimens.



R

ROAD SAFETY

Vital Strategies is an implementing partner of the Bloomberg Initiative for Global Road Safety, which seeks to reduce traffic fatalities in 10 global cities. Our \$29.9 million mandate is to support the city governments in implementing best practices, strengthen road safety surveillance systems, and implement strategic communications programs.

E

ENVIRONMENTAL HEALTH

The challenges of outdoor and household air pollution, safe drinking water, sanitation, housing, transportation and food security will only intensify with climate change and ongoing population growth, particularly in urban areas. Vital Strategies provides technical capacity and consultative services to meet the global burden of environmental risks and harms.

O

OBESITY PREVENTION

Obesity is one of the world's fastest growing global public health problems. In Mexico, we used our expertise to support media campaigns that both drove behavior changes and built public support for a landmark soda tax that reduced consumption of this obesity driver. Now, we're leveraging our experiences in Mexico to help combat obesity in other countries around the world.

M

MATERNAL HEALTH

Vital Strategies brings life-saving emergency obstetric care to underserved rural locations through task-sharing. An almost decade-long program has proven this model works, decreasing maternal deaths by half while increasing by 50% the number of women who used supported maternal health facilities.

Scientific Publications, 2016

Vital Strategies works to advance the evidence of what works, a critical component to implementing world-class programs that improve both public health systems and the health of large populations. We work to disseminate our findings in ways that can help shape public health practice across many types of stakeholders and influencers such as policy makers, health advocates, journalists, and impacted populations. Peer-reviewed publications are an important channel to document the work of our expert team, establishing the science behind our programs and the efficacy of our work at some of the highest standards.

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Other Significant Reports and Publications

Gostin, L. O., Friedman, E. A., Buss, P., Chowdhury, M., Grover, A., Heywood, M., . . . Matsoso, P. (2016). The next WHO Director-General's highest priority: a Global Treaty on the Human Right to Health. *The Lancet Global Health*, 4(12), e890-e892.

Islam, S. (2016, Mar 21). The Truth About Tobacco. *Daily Star*. Retrieved from <http://www.thedailystar.net/op-ed/the-truth-about-tobacco-1196971>

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Financials

Statement of Financial Position December 31, 2016 (with comparative amounts at December 31, 2015)

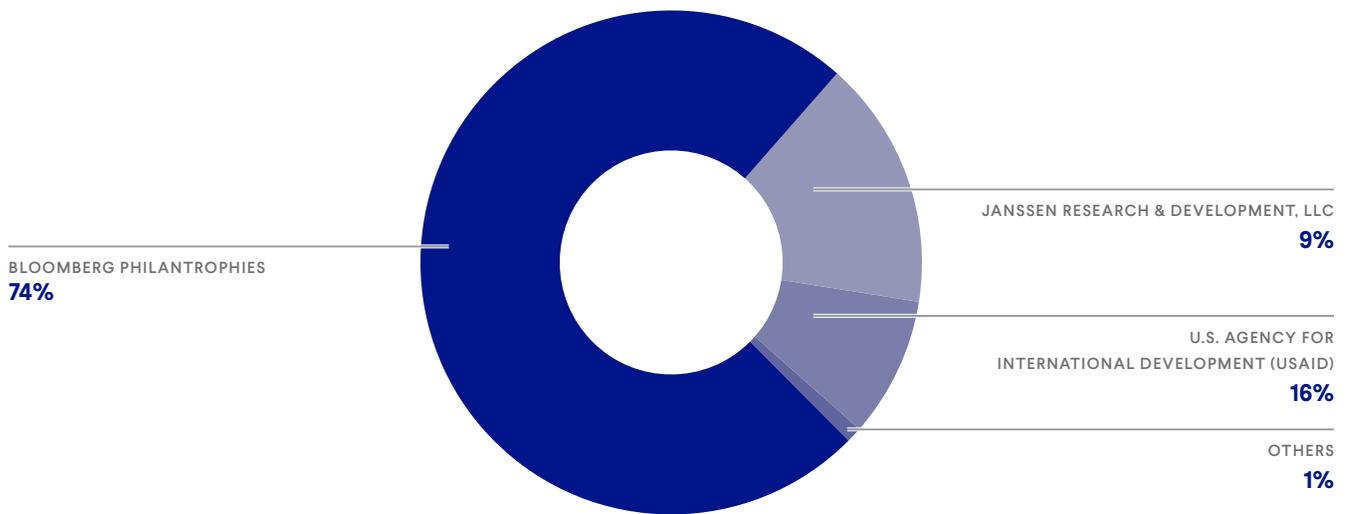
2016 revenue appears to be significantly lower than the 2015 revenue because two-year grant agreements for Years 2015-2016 were signed in 2015.

	2016	2015
ASSETS		
Cash	\$14,686,974	\$33,880,996
Cash held for others	271,006	140,767
Grants receivable, net	17,393,696	27,642,553
Other receivable	23,887	12,585
Prepaid expenses	166,870	4,800
Property and equipment, net	113,002	155,474
Total Assets	\$32,655,435	\$61,837,175
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable and accrued expenses	\$1,017,090	\$232,468
Cash held for others	271,006	140,767
Grants payable	5,758,017	6,467,088
Deferred rent	125,503	182,597
Due to Union Paris	456,916	258,297
Total Liabilities	\$7,628,532	\$7,281,217
NET ASSETS		
Unrestricted (deficit)	(\$4,972,885)	(\$6,961,678)
Temporarily restricted	29,999,788	61,517,636
Total Net Assets	\$25,026,903	\$54,555,958
Total Liabilities and Net Assets	\$32,655,435	\$61,837,175

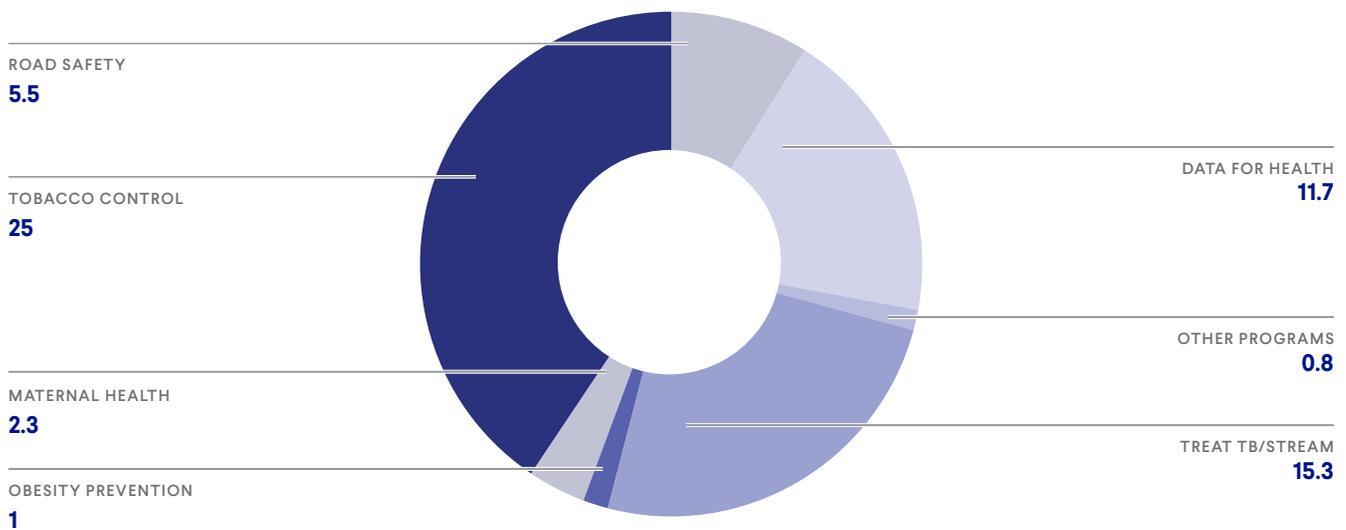
Statement of Activities
December 31, 2016 (with summarized totals for the year ended December 31, 2015)

	2016	2015
REVENUE AND SUPPORT		
Grants	\$20,337,885	\$85,401,565
Federal Grants	9,645,879	8,833,805
Contributions	483,098	1,137,420
IMDP course fee	243,700	178,872
Other income	33,355	65,410
Interest income	119,436	98,091
Total Revenue and Support	\$30,863,353	\$95,715,163
EXPENSES		
Program Services		
Research assistance	\$13,727,117	\$11,968,339
Public Health	41,864,621	36,342,092
Education	997,621	843,109
Total Program Services	\$56,589,359	\$49,153,540
Management and General	\$2,772,992	\$1,952,553
Fundraising	1,030,057	287,934
Total expenses	\$60,392,408	\$51,394,027
(Deficiency) Excess of Revenue and Support over Expenses Before Non Operating Activities	(\$29,529,055)	\$44,321,136
NON OPERATING ACTIVITIES		
Inherent contribution from WLF	-	\$85,481
Change in Net Assets (Deficit)	(\$29,529,055)	\$44,406,617
NET ASSETS (DEFICIT)		
Beginning of year	\$54,555,958	\$10,149,341
End of year	\$25,026,903	\$54,555,958

2016 (PERCENTAGE) REVENUE BY DONOR



2016 (\$, MILLIONS) REVENUE DISTRIBUTION PROJECTS



Management Responsibility for Financial Statements

The financial statements have been audited by the independent accounting firm PKF O'Connor Davies LLP. Audited financial statements comprise of financial position as of December 31, 2016, and related statements of activities, functional expenses and cash flow for the year then ended, and the related notes to the financial statements.

Auditors were given unrestricted access to all financial records and related data, including policies, procedures, employee records and minutes of all meetings of the Board of Trustees. Vital Strategies believes that all representations made to the auditors during the audit were valid and appropriate.

The report describes the financial position of Vital Strategies at the end of Fiscal Year 2016. The financial statements are in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Vital Strategies maintains a system of internal controls over its finances, which provides reasonable assurance to the management and to the Board of Trustees regarding the reliability of the financial information published. Relevant policy and procedure documents are in place and trainings are provided periodically. There are inherent limitations in the effectiveness of any system of internal control including the possibility of human error and the circumvention of controls. Accordingly, effective Internal control system can provide only reasonable assurance with financial statements preparation.

Vital Strategies Board of Trustees, Finance and Audit Committees (comprised of Board members) meet with the Vital Strategies senior management on a regular basis. The Finance Committee meets with senior management on a quarterly basis to review progress. This information is reviewed thoroughly and presented to the full Board at quarterly Board meetings.

Through the Audit committee, the Board of Trustees appoints the independent auditors to ensure audit is carried out independently.

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