Our Approach: The Three Pillars

PUBLIC HEALTH INTELLIGENCE
CRVS and Data Impact in Brazil

STRATEGIC COMMUNICATION
Tobacco Control in India

INSTITUTIONAL STRENGTHENING
Partnership for Healthy Cities in Addis Ababa

Our Strategic Opportunities

NCDs: The Epidemic of Our Time
Environments Shape the Health of the Public
Cities Are a Special Focus of Our Work

Global Reach

Staff-Supported Published Research

Letter from the Chairman of the Board

Letter from the President and CEO

Our Vision

Our Mission

2017 by the Numbers

Our Work

Financials

Board of Trustees

Management

Credits

Acknowledgments
2017 marked an inflection point for Vital Strategies:

We have earned our place as a leading global public health organization.

Vital Strategies’ new three-year strategic plan details how we will intentionally move towards our vision of a world where people are protected by a strong public health system.

We aspire to have even greater impact. With evidence as our cornerstone, we seek opportunities to drive great gains in health around the world by focusing on proven solutions. Three key areas of focus, in addition to our other programmatic work, are prevention of noncommunicable diseases, improving urban health and tackling environmental health problems.

Our organization has much to be proud of. Our vision for public health has a solid strategic roadmap, and we will continue to make sure that we have the commitment and the resources to achieve our goals.

This progress is made possible by ongoing support and interest from partners and friends, and I am proud to share the details of our successes in this year’s report.

I hope you will continue to follow the developments of this extraordinary organization on Facebook and Twitter, and on our website, vitalstrategies.org.

Thank you.

LOUIS JAMES DE VIEL CASTEL

LETTER FROM THE PRESIDENT AND CEO

When we launched our newly named organization, Vital Strategies, in 2016, we built on a decade of focused work towards an even more ambitious vision: a world where everyone is protected by a strong public health system. We saw that our organization had the ability to make a difference across a wider range of critical public health challenges, and we are determined to direct our resources, talent and commitment to take on big problems that impact people’s lives in countries and major cities around the world.

Toward that end, we made significant strides in 2017. Notably, Dr. Tom Frieden joined us after his eight-year tenure as Director of the U.S. Centers for Disease Control, and together, we launched Resolve to Save Lives, a $225-million-dollar, five-year initiative that aims to prevent epidemics and save 100 million people from dying of heart disease. We are honored that Bloomberg Philanthropies, the Bill & Melinda Gates Foundation and the Chan Zuckerberg Initiative saw fit to back Tom’s vision and this groundbreaking effort. Devex called it one of the year’s 10 most important moments in global health.

We also launched the Partnership for Healthy Cities, an alliance of 54 cities that have committed to addressing the drivers of noncommunicable diseases like cancer and diabetes. In every area of the world, we’re supporting mayors and local leadership to build healthier futures for more than 215 million urban residents.

We began an effort to address environmental causes of poor health. Poor air quality alone accounts for more than 7 million deaths a year, and yet too often policy decisions that could improve our environment are made without proper consideration of public health impact. We’re engaging with governments to better understand these links and arming public health professionals to influence decision-makers.

Through these newer initiatives and our ongoing efforts in tobacco control, obesity prevention, road safety, tuberculosis treatment research and more, we continue to make lifesaving progress. Our work has also yielded recognition. Leading global news outlets like The New York Times, The Guardian, The Wall Street Journal, The Financial Times and the BBC have covered our work routinely. We have also earned coverage in news outlets in scores of countries and have reached tens of millions through social media.

These achievements have been matched by staff growth of almost 79 percent within a single year, with our team now totaling more than 400. We have opened or are in the process of establishing international offices in Dar es Salaam, New Delhi, Paris, São Paulo and Singapore.

I am deeply grateful for the hard work of our staff who have made this meteoric growth and these tremendous accomplishments possible.

I often quote my grandfather, who told me that the reward for a job well done is more work. This has been our reward in 2017, and one that I know we at Vital Strategies welcome. The astounding growth and the phenomenal achievements of 2017 are just the beginning of even greater things to come.

Sincerely,

JOSE LUIS CASTRO

President and CEO
Our Vision

We envision a world where everyone is protected by a strong public health system.
Our Mission

We build programs to improve public health around the world. We support governments in tackling the leading causes of illness and death—such as tobacco, cardiovascular disease, obesity, environmental pollution—primarily in low- and middle-income countries.
**ANNUAL BUDGET**

$121.4M

**GROWING CAPACITY**

79%

37

**NEW PARTNERSHIPS AND INITIATIVES, EXPANDED IMPACT**

$225 million commitment for Resolve to Save Lives initiative

The Partnership for Healthy Cities launches with 54 cities

46 strategic communication campaigns in 15 countries for tobacco control, road safety, obesity prevention

Helped win passage of a soda tax in South Africa and a tobacco tax in India

Released preliminary results from Stage 1 of the USAID-funded STREAM randomized clinical trial

Helped secure a scalable model of civil registration and vital statistics (CRVS), attracting $1 million in domestic funds in Bangladesh

Pushed for more than $5 million in government funding of media campaigns

Awarded $2 million through a new partnership on a project in the USAID flagship Maternal and Newborn Health Project

**EXPANDING PROGRAMS**

Expanding reach into 73 countries

**FLOURISHING REPUTATION**

533,748 Engaged on Facebook (cumulative daily total)

49,349 Visitors to website

Appearing in 400+ global and national media outlets including:

- The Washington Post
- The Wall Street Journal
- The New York Times
- Reuters
- Forbes
- Newsweek
- The Guardian
- CNN
- The Financial Times
- NPR
- Devex
- The Economist
- U.S. News and World Report

**NEW AREAS OF WORK**

- Partnership for Healthy Cities
- Environmental Health
- Cardiovascular Health
- Epidemic Preparedness

*All values are in U.S. dollars, unless otherwise indicated.*
Our distinctive approach bridges the gap between public health needs and their solutions, with a focus on rapid, large-scale impact.

**Our Approach**

- **Public Health Intelligence**
  Strengthening the collection and use of data to inform government action.

- **Strategic Communication and Advocacy**
  Mounting campaigns that use storytelling and rigorous research to influence policies and behavior.

- **Institutional Strengthening**
  Building government expertise, especially for policy development, legal analysis and regulatory enforcement.
CRVS and Data Impact in Brazil

Brazil boasts well-developed systems to gather and report health data, including civil registration and vital statistics (CRVS) but efforts to disseminate and use that knowledge had been lagging. Through apps, workshops and hands-on training, Vital Strategies has helped Brazil increase accuracy in data collection and analysis and create databases that health care professionals, journalists and public health workers can use.

Our work supporting Brazil’s Ministry of Health to better analyze data helped the ministry make progress against a pervasive public health issue in Brazil: violence against women. Poor understanding of the issue by journalists means that media tends to cover sensational cases rather than report on causes and effects. Better data has allowed the ministry to encourage and empower journalists to provide more context. At a training for journalists and ministry communicators, Dr. Fatima Marinho, director of noncommunicable diseases and health promotion for the Brazilian Ministry of Health, presented data about violence against women and introduced an interactive dashboard that allows the public to explore the ministry’s database and develop their own analyses. The impact was immediate.

The national TV show “Good Morning Brazil” used the database in a report. A newspaper in São Paulo called the ministry to clarify an analysis. After the ministry published a report linking cases of sexual violence to femicide and pregnancy among minors, a senate committee consulted the ministry, derailing efforts to dismantle surveillance of violence against women.

“We used our data for advocacy,” Dr. Marinho said. “In the end, we succeeded in protecting surveillance of violence against women.”

More broadly, Vital Strategies’ Data for Health team partnered with Brazil to elevate how data is used to strengthen the country’s health policies and programs. While the Ministry of Health already produced a thorough annual report on health issues, Saúde Brasil, the government had historically outsourced the research.

“The Ministry of Health would invite academics to draft chapters based on themes provided by the ministry,” said Dr. Marinho. “The academic would then explore the ministry’s database and develop chapters that the ministry would review and either accept or reject.” Because of its strengthened capacity to collect and analyze data, Brazil decided to bring the work in-house to better identify and focus on key priorities. To maintain the skills-building momentum, Vital Strategies supported hands-on workshops, with presentations on data analysis and one-on-one consultations with chapter-writing teams. Having seen the benefits of taking ownership of analyzing and communicating their own health data, the Ministry of Health is now encouraging the 27 state governments to produce their annual reports in-house as well.

Vital Strategies has also partnered with the Ministry of Health to improve the quality of the country’s cause-of-death data. Brazil has an advanced death registration system that accounts for about 95 percent of deaths nationwide, even in remote Amazon regions. However, in many cases, the causes of these deaths were not being recorded accurately.

The standard WHO form lists multiple levels for causes of death: immediate causes, intermediate causes and the underlying cause of death that set the other factors in motion. The underlying cause is the most useful for public policy and decision-making but is usually not the most obvious and requires specialized training to capture. For example, if an elderly woman with diabetes who was hospitalized with end-stage kidney disease catches and then dies of pneumonia in the hospital, a doctor might list pneumonia as the cause of death when the underlying cause of death was actually diabetes.

Through a series of workshops and a new iPhone app that has been downloaded 10,000 times, Vital Strategies is helping to promote more precise reporting on deaths. With the help of numerous consultants, doctors, pathologists, university professors and PhD students, Brazil’s physicians are beginning to reduce references to non-specific causes of death such as “sepsis” or “old age” or “heart stopped” to better represent reality—and to give policymakers information that they can use to build better public health systems to protect all Brazilians.
We used our data for advocacy. In the end, we succeeded in protecting surveillance of violence against women.

DR. FATIMA MARINHO
Director of Noncommunicable Diseases and Health Promotion for the Brazilian Ministry of Health

60 cities adopted a new protocol for recording cause of death

Up to 90% of deaths could have better certification of the cause of death
India has the second largest number of tobacco consumers in the world. Twenty-nine percent of adults in India—some 267 million people—use tobacco in some form. The tobacco industry heavily markets products, sponsoring positive events such as fashion shows and children’s spelling bees. Companies also diversify, selling biscuits, noodles, stationery, lifestyle products and perfumes, giving the impression that they’re good or benign.

“We, as public health people, know that it’s all a facade that they have created to confuse the policymakers and people at large,” said Dr. Pankaj Chaturvedi, a head and neck cancer surgeon at Tata Memorial Hospital in Mumbai, and one of the country’s leading voices in the fight against tobacco.

In 2016, India made a wide-ranging change to taxes across all consumer goods. As a result, tobacco prices dropped. Cheaper cigarettes, bidis and chewing tobacco products led to more consumption, essentially undercutting longstanding efforts to reduce tobacco use.

In response, working with prominent Indian doctors, Vital Strategies orchestrated a lively and strategic digital campaign to galvanize medical professionals, tobacco victims and civil society groups. This ultimately persuaded the government to tax all tobacco products at the highest rate under the tax overhaul.

“We were amazed at the involvement of physicians,” said Dr. Chaturvedi. “Many people started a Twitter account just to participate in this campaign.”

This movement is a part of a larger information war against tobacco being waged on several fronts in India with Vital Strategies’ support. Tactics include airing advertisements featuring young people with tobacco-related oral cancers; helping enact a rule that mandates tobacco warnings if tobacco products are depicted in a movie; mobilizing support for higher taxes; maintaining 85 percent or more coverage of graphic health warnings on tobacco packaging; and launching campaigns to address the dangers of secondhand smoke, especially to children.

Vital Strategies also partners with government agencies to use videos and testimonials to amplify the voices of people suffering from tobacco-related illnesses and their family members.

“We made videos according to Indian culture and Indian feelings, and it worked very well,” Dr. Chaturvedi said, adding that the most powerful advocates that he and his colleagues have found for tobacco control are not the doctors, but the people who have lost loved ones—parents who have lost a child, for instance, or a man who has lost his wife and the mother of his children.

This human face of tobacco use has contributed to a drop in tobacco consumption by six percent nationwide.

“A group of tobacco victims are shutting down the industry that sold them cancer,” said Dr. Chaturvedi. “This is the voice of tobacco victims’ campaign. It is not the statistics, it is the individual story that moves the policymaker and law enforcer. Vital Strategies has uniquely contributed to transforming these stories of human suffering into social media, into public messaging—which has truly contributed to tobacco control in India.”

**Tobacco Control in India**

Effective public health is the work of government, and so by its very nature it is entangled in the difficult work of public policy. Health priorities, policies and investments vie with other priorities of government. Vital Strategies’ strategic communication and advocacy work encourages decision-makers to promote healthy policies and spurs individuals to adopt healthier behaviors.
It is not the statistics, it is the individual story that moves the policymaker and law enforcer.

DR. PANKAJ CHATURVEDI
Head and Neck Cancer Surgeon
Tata Memorial Hospital, Mumbai

267 million
people in India use tobacco

68%
of adults
noticed anti-smoking tobacco ads
With support from Vital Strategies and other partners, Addis Ababa has embarked on an ambitious strategy to reduce this unnecessary toll. Since 2015, the city has redesigned intersections, improved data collection, enhanced enforcement of traffic laws and mounted hard-hitting mass media campaigns aiming to reduce speeding and drink driving. In 2017, the city released its first road safety strategy, laying out a bold agenda through 2030.

Vital Strategies’ work in Addis Ababa, through our leadership in the Bloomberg Philanthropies Initiative for Global Road Safety (BIGRS), is emblematic of our focus on strengthening institutions. For lasting change, efforts to reduce road injury should be taken up by multiple, well-trained and coordinated arms of government.

“The coordination role of Vital Strategies has been very valuable for the city,” said Dr. Solomon Kidane, head of Addis Ababa Roads and Transport Bureau. “We consider Vital Strategies not as an NGO extending a hand, but as a local sister agency committed to the cause of the city’s road traffic safety.”

A top priority is improving safety for pedestrians, who represent 70 percent of road users and suffer 80 percent of fatalities. A study of 114 kilometers of main roads in the city by the International Road Assessment Programme (iRAP), another BIGRS partner, found that only 39 percent were safe for vehicle occupants and only 14 percent were safe for pedestrians. As a result, the city’s first road safety strategy is built around prioritizing the pedestrian “first, second and third,” Dr. Solomon said.

As the Addis Ababa Road Traffic Management Agency developed the strategy and accompanying implementation plan, Vital Strategies offered technical help on data management and strategic communication, in addition to ongoing coordination and helping the city create a Road Safety Council, chaired by the deputy mayor, to oversee achievements and address challenges.

“Key road safety agencies are getting capacity building trainings for staff and technical support, which is crucial for knowledge transfer and to institutionalize road safety efforts,” Dr. Solomon added.

The city’s focus on pedestrian safety expanded in 2017 under the Partnership for Healthy Cities, a program implemented by Vital Strategies that helps a network of 54 cities around the world share and adopt proven strategies for preventing noncommunicable diseases or injuries. Through the partnership, Addis Ababa launched a Safe Neighborhood Program in the Menelik Square neighborhood, which has heavy pedestrian activity and serves as a major public transport interchange. Based on data collected by experts and consultations with the community, the city will install traffic signs, markings and information signs, as well as amenities such as benches, trash bins and street lights. At the same time, police will step up enforcement to ensure that traffic laws are respected.

“The Partnership for Healthy Cities does not solely focus on a simple reduction of road traffic injuries,” Dr. Solomon said. “It also includes mobility elements that improve neighborhood accessibility and connectivity, which should encourage other positive results such as revitalized economic activities, healthier lifestyles and a cleaner environment.”

Road Safety in Ethiopia

Ethiopia has seen a remarkable economic expansion in recent years, with gross domestic product growing over 10 percent almost every year since 2008. This impressive growth and affluence means more cars: the number of registered vehicles in the capital city, Addis Ababa, has increased by 120 percent in just the past four years. Unfortunately, more cars has led to an increase in traffic crashes, injuries and deaths.
We consider Vital Strategies not as an NGO extending a hand, but as a local sister agency committed to the cause of the city’s road traffic safety.

The vision articulated in Addis Ababa’s 2017-2030 road safety strategy is bold: a city free from road trauma. There is evidence that these Vital Strategies-supported initiatives are bringing the city closer to this goal. For example, drinking and driving appears to be declining. In a 2015 study, nearly 10 percent of drivers stopped at checkpoints in Addis Ababa tested above the legal alcohol limit; this dropped to 3 percent in a 2017 study. Vital Strategies helped the city mount a mass media campaign on the dangers of drinking and driving that likely contributed to the decline, in coordination with enhanced police enforcement.

“I personally would like to see the road safety program be institutionalized in the modus operandi of Addis Ababa agencies,” Dr. Solomon said. “I look forward to having planning, execution and monitoring of road safety be an automatic general and internal practice of all responsible institutions of the city.”

Of 114 kilometers of road in Addis Ababa, only

39% were safe for vehicle occupants and only

14% were safe for pedestrians.

“I look forward to having planning, execution and monitoring of road safety be an automatic general and internal practice of all responsible institutions of the city.”

DR. SOLOMON KIDANE
Head of Addis Ababa Roads and Transport Bureau
We take on big problems that affect people’s lives in countries and major cities around the world. We consult with governments and civil society to put in place protections that have been proven to save lives and have the potential to save millions more.

**Tobacco Control**

As a main partner in the Bloomberg Initiative to Reduce Tobacco Use, Vital Strategies supports the adoption of lifesaving policies around the globe. In 2017, we supported 36 media campaigns promoting stronger policies across 10 countries with high tobacco use rates including China, Brazil, India and Indonesia. Social media campaigns recruited more than 500,000 advocates globally who organized inspiring activities ranging from “die ins” in front of tobacco shops in shopping malls to doctors championing tobacco taxes. Since 2007, we have enabled 276 media campaigns in 41 countries around the globe.

**Cardiovascular Health**

Through the Resolve to Save Lives initiative, Vital Strategies is working to address the world’s leading killers—heart disease and stroke. The initiative aims to save 100 million lives by 2030 by improving the treatment of high blood pressure, eliminating artificial trans fat and reducing salt intake. Launched in September 2017, by year’s end the initiative had already made inroads in several countries including India, where we partnered with the government and WHO to launch the India Hypertension Management Initiative, a program that is now treating thousands of patients in Punjab. The India program is expected to expand to four additional states in 2018.

**Civil Registration and Vital Statistics**

Advances in epidemiology and technology mean that for the first time, counting every human life is possible. Vital Strategies is bringing these advances to 20 countries through the Data for Health Initiative, funded by Bloomberg Philanthropies and the Australian government’s Department of Foreign Affairs and Trade. Improvements to civil registration and vital statistics systems mean births and deaths can be registered even in remote areas. The result is much-needed data that informs government policies and grants individuals access to rights and social benefits ranging from voting to education.
ROAD SAFETY

Vital Strategies is working in 10 cities to reduce traffic fatalities and injuries through the Bloomberg Philanthropies Initiative for Global Road Safety. The pedestrian-centered focus of this initiative—prioritizing people instead of cars—also supports our vision of urban design that promotes physical activity. The 10 cities marked significant advances in 2017: four cities released their first-ever comprehensive road safety plans, and 12 mass media campaigns supported efforts to change risky road behaviors such as speeding and drink driving. Vital Strategies plays a critical coordination role among the initiative’s multiple global partners and helps bring increased coordination between disparate areas of government to align efforts in infrastructure, enforcement, communication and surveillance.

DATA IMPACT

Our Data Impact Program, which is part of the Bloomberg Philanthropies Data for Health Initiative, helps governments translate data into public health action, resulting in more effective policies and investments. We help governments improve their use of data; developing robust systems of key indicator monitoring to provide better data for decision makers; establishing new institutional units in ministries of health for advanced data analysis and policy development; and building capacity for data use among government staff—from data analysts to communication staff to ministry leadership. The program works in 18 countries on over 60 projects. To date it has trained almost 1,000 people from ministries of health, other ministries and public health institutions. It has also trained journalists, enabling them to improve the way they use data in their reporting. A key area of technical support is the Data to Policy Program, which provides mentoring for health ministry staff in techniques needed to develop data-driven, evidence-based policies. Through this program, government analysts have successfully provided specific recommendations to their leadership on issues ranging from malaria control to immunizations, road safety and tobacco control.

EPIDEMIC PREVENTION

The Ebola epidemic in West Africa in 2014-15 opened the world’s eyes to critical gaps in the ability to prevent, identify and adequately address deadly infectious disease threats. Launched in November 2017, Resolve to Prevent Epidemics helps governments transparently assess their ability to respond to epidemics and then take action to bolster their readiness. Led by some of the world’s leading experts, the team focuses on four key areas: implementing and strengthening disease tracking systems, supporting laboratory networks, developing and supporting “disease detectives,” and developing rapid response teams to prevent unchecked outbreaks. In just the first two months, the team participated in epidemic preparedness missions in South Africa, Indonesia and Democratic Republic of Congo—a swift start toward the goal of making sure that countries can find, stop and prevent health threats before they get out of control.

RESEARCH

The Vital Strategies Research Division participates in research focused on key public health challenges. With The Union, the division is implementing the STREAM clinical trial—the first large-scale, multi-country clinical trial to evaluate standardized shortened regimens for multidrug-resistant tuberculosis (MDR-TB) and the first phase III trial to test the effectiveness and safety of bedaquiline within a shortened regimen. The division also implements and builds capacity for operational research, with programs underway in the Philippines and Peru. In late 2017, STREAM released results from Stage 1, which suggested that, under trial conditions, efficacy of the nine-month study regimen is very close to the longer, 20- to 24-month regimen, and that the shorter regimen can reduce costs to the health system and patients. Thereafter, The World Health Organization re-issued its conditional recommendation in favor of the standardized shorter treatment regimen, stating: “We appreciate the significant work done by the [STREAM] study investigators to generate randomised controlled clinical trial evidence for the shorter regimen. Having evidence-based policies is key to improving care for patients affected by the global public health crisis of MDR-TB.”
MA TERNAL HEAL TH

A proven model of task-sharing—training health workers in procedures usually performed only by doctors—can bring lifesaving emergency obstetric care to underserved rural locations. It is critical for women to give birth in health facilities where they can access this skilled care. Our program in Tanzania, now called Thamini Uhai (Value Life) focuses its efforts in Kigoma, a western part of the country with a high rate of maternal death. In just a few years, the project has helped to increase the number of women who give birth in health facilities to an impressive 60 percent, up from 47 percent just two years before. In 2017, Thamini Uhai also launched a groundbreaking birth companionship initiative that encourages and supports women giving birth in nine public health clinics by inviting female companions to stay with laboring mothers during childbirth—a benefit that had not previously been allowed.

OBESITY PREVENTION

Obesity is one of the world’s fastest growing public health problems. Through our work with mass media, we support advocacy campaigns that drive policy change and build public support for proven strategies such as taxation on sugary drinks and junk food, clear front-of-pack labelling, restricting marketing to kids and promoting healthier food policies in the public sector, especially schools. In 2017, our work grew to include five countries—Mexico, Brazil, Jamaica, Colombia and South Africa. A successful effort in Mexico to tax sugary drinks has already shown a reduction in consumption. In South Africa, after intensive advocacy and communication efforts with local partners, we helped secure the passage of a new sugary drinks tax, a significant step forward in fighting obesity.

PARTNERSHIP FOR HEALTHY CITIES

Cities are engines for global health. Noncommunicable diseases (NCDs) and injuries cause nearly 80 percent of deaths globally. Cities are uniquely positioned to reverse this growing trend by linking local action with global policy. Vital Strategies recruited 54 cities around the world, ranging from San Francisco to São Paulo to Shanghai, to join a prestigious global network committed to fighting NCDs and injuries. The 18-month Partnership for Healthy Cities, launched in May 2017, was spurred by the World Health Organization’s appointment of Michael R. Bloomberg as WHO Global Ambassador for NCDs. Each city has committed to implementing one of 10 evidence-based policy interventions focused on prevention, ranging from making cities safer for cyclists to improving the food sold in public places. For example, Jakarta and Rio de Janeiro are restricting tobacco advertising and promotion, and six cities in Latin America are developing policies to limit the availability and advertising of sugary drinks and processed or high-sodium foods.

ENVIRONMENTAL HEALTH

The challenges of outdoor and household air pollution, safe drinking water and transportation will intensify with climate change and global population growth, particularly in urban areas. We provide expertise and consultative services to address the global burden of environmental risks and harms. In 2017, Vital Strategies worked to elevate the profile of air pollution in the global lung health community and worked to plan a global air pollution training and advocacy strategy through our Clinicians for Clean Air coalition. In India, Ghana and Ethiopia, we evaluated how to accelerate the conversion from solid to clean fuels for household cooking and heating. And in Indonesia and elsewhere, we are helping to develop civil society champions to promote the adoption of clean air policies.

MATERNAL HEALTH

A proven model of task-sharing—training health workers in procedures usually performed only by doctors—can bring lifesaving emergency obstetric care to underserved rural locations. It is critical for women to give birth in health facilities where they can access this skilled care. Our program in Tanzania, now called Thamini Uhai (Value Life) focuses its efforts in Kigoma, a western part of the country with a high rate of maternal death. In just a few years, the project has helped to increase the number of women who give birth in health facilities to an impressive 60 percent, up from 47 percent just two years before. In 2017, Thamini Uhai also launched a groundbreaking birth companionship initiative that encourages and supports women giving birth in nine public health clinics by inviting female companions to stay with laboring mothers during childbirth—a benefit that had not previously been allowed.
With a mission to make rapid progress against the global and local burden of preventable death and disease, Vital Strategies must focus on the most urgent issues. Guided by data and our deep understanding of global public health, we see three key opportunities for the future—domains of work where the need is great, but solutions have yet to be found or shared widely. These domains are noncommunicable disease prevention, environmental health and urban health.

Globally, noncommunicable diseases (NCDs) such as cancer, diabetes and lung disease account for 70 percent of deaths, including 15 million deaths of people ages 30 to 69 annually. In low- and middle-income countries this NCD burden accounts for more than 80 percent of deaths.

Vital Strategies tackles NCDs at the city, country and global level. Across 54 cities, we are partnering with mayors to implement policies proven to prevent illness and death. This includes a wide range of actions, such as smoke-free laws to reduce exposure to secondhand smoke and efforts by cities to become more walkable and bikeable. On the national level, Vital Strategies works with dozens of governments from China to Brazil, helping them enact policies that strive to reduce the drivers of NCDs, including tobacco use, air pollution, alcohol use, road traffic crashes and consumption of trans fat and salt.

We create reports such as “Fool Me Twice,” which exposes how the alcohol and unhealthy food industries follow the tactics of the tobacco industry, to call attention to the need to regulate unhealthy commodities. Vital Strategies also participates in global health meetings where priorities, policies and guidelines are developed, weighing in on such critical initiatives as WHO’s Best Buys, side events at forums such as the World Health Assembly and WHO’s Global Platform on Air Quality and Health.
Environmental factors account for more than 25 percent of all noncommunicable disease deaths globally. An estimated 6.5 million people die from exposure to air pollution each year, and nearly 3 million die from exposure to indoor air pollution from cooking and heating fuel. Children worldwide continue to be exposed to dangerous levels of lead and other toxic agents, creating impacts on cognitive and social development that affect multiple generations. These tolls are expected to rise in many countries where emissions from rapid growth in power generation, heavy industry, motorized transport and land clearing have outpaced control measures. Vital Strategies works with governments to ensure that public health consequences are fully considered in crafting policies and investments affecting air quality, physical activity and social equity.

By 2050, two-thirds of the world’s population will live in cities. This is why much of our work focuses on building strong public health systems that take into account the health impacts of the urban environment. Often cities develop housing, transportation, energy and infrastructure systems without considering the potential for public health harm or benefit. Strong, capable, well-funded urban public health systems can help drive progress, often moving faster and being more innovative than national governments. Vital Strategies is working with municipal governments in 73 countries to advance policies, augment local authority and promote inter-sectoral collaboration for sustainable urban futures.
### Statement of Financial Position
**December 31, 2017** (with comparative amounts at December 31, 2016)

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<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted (deficit)</td>
<td>($2,981,350)</td>
<td>($4,972,885)</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>125,341,228</td>
<td>29,998,788</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$122,359,878</td>
<td>$25,026,903</td>
</tr>
</tbody>
</table>

**Total Liabilities and Net Assets**

$128,787,354

### Statement of Activities
**December 31, 2017** (with summarized totals for the year ended December 31, 2016)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$163,382,060</td>
<td>$20,337,885</td>
</tr>
<tr>
<td>Federal grants</td>
<td>10,807,546</td>
<td>9,645,879</td>
</tr>
<tr>
<td>Contributions</td>
<td>791,906</td>
<td>483,098</td>
</tr>
<tr>
<td>IMDP course fees</td>
<td>-</td>
<td>243,700</td>
</tr>
<tr>
<td>Other income</td>
<td>9,791</td>
<td>33,355</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>$175,200,346</td>
<td>$30,863,353</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research assistance</td>
<td>$16,340,629</td>
<td>$10,727,107</td>
</tr>
<tr>
<td>Public health</td>
<td>53,868,319</td>
<td>41,804,627</td>
</tr>
<tr>
<td>Education</td>
<td>-</td>
<td>957,621</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>$69,208,948</td>
<td>$56,589,359</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and General</td>
<td>$7,743,300</td>
<td>$2,772,992</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$81,523</td>
<td>$1,030,057</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$77,867,371</td>
<td>$60,392,408</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Net Assets</td>
<td>$97,332,975</td>
<td>($29,529,055)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>$25,026,903</td>
<td>$14,555,958</td>
</tr>
<tr>
<td>End of year</td>
<td>$122,359,878</td>
<td>$25,026,903</td>
</tr>
</tbody>
</table>

**Total Liabilities and Net Assets**

$128,787,354

$33,466,906
Management Responsibility for Financial Statements

The financial statements have been audited by independent accounting firm PKF O’Connor Davies LLP. Audited financial statements consist of financial position as of December 31, 2017, 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 the 2017 fiscal year. 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 financial system which provides reasonable assurance to the management and to the Board of Trustees regarding reliability of the financial information published. Relevant policies and procedure documents are in place and trainings are provided to the team 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, an effective internal control system can provide only reasonable assurance with financial statements preparation.

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

The Board of Trustees through the Audit Committee appoints the independent auditors to ensure that the audit is carried out independently.
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Resolve to Save Lives

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Professor of Medicine, Epidemiology, and Environmental Health Sciences

Dean Schraufnagel
Professor of Medicine, University of Illinois at Chicago

Section of Pulmonary, Critical Care, Sleep and Allergy

Department of Medicine

Richard Shepro
Partner, Mayer Brown LLP

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Head of Human Resources

Mih Chowfla
Senior Vice President, Finance and Administration

Deborah Collins
Vice President, Global Operations

Richard Delaney
Deputy Director, Data Impact

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Interim Country Director, Brazil Office

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Vice President and Director, Civil Registration and Vital Statistics

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Frank G. Colella
Attorney at Law

Roslyn “Roz” Feder
Biopharmaceutical Business Development Consultant

Mark Foley
President, Pendo LLC

Samidh Guha
Partner, Jones Day

Masae Kawamura
Senior Director, Medical and Scientific Affairs, Immunology and Infectious Disease Franchise, Qiagen

Ram Koppaka
Associate Director for Adult Immunization, Immunization Services Division, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention

Bruce Mandell
President, Data-Mail, Inc.

TROA B O RD OF TRUSTEES

Renee Ridzon
Medical Officer, Centers for Disease Control (Kenya)

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