



ANNUAL REPORT:
2015





CHAI BY THE NUMBERS

SINCE CHAI'S INCEPTION, OUR PROGRAMS HAVE **HELPED MORE THAN 11.8 MILLION PEOPLE IN MORE THAN 70 COUNTRIES** HAVE ACCESS TO CHAI-NEGOTIATED PRICES FOR HIV/AIDS MEDICINES, SAVING THE GLOBAL HEALTH COMMUNITY BILLIONS OF DOLLARS

10.5 MILLION LONG-ACTING REVERSIBLE CONTRACEPTIVES WERE DISTRIBUTED TO THE WORLD'S LOWEST INCOME COUNTRIES IN 2015, A **130 PERCENT INCREASE** OVER 2013 WHEN CHAI'S PROGRAM BEGAN

TO DATE, APPROXIMATELY **138,000 DEATHS PER YEAR HAVE BEEN AVERTED** IN CHAI'S FOCAL COUNTRIES BY NEW VACCINE INTRODUCTIONS SUPPORTED BY CHAI

13.7 MILLION VIALS OF INJECTABLE ARTESUNATE, THE WORLD HEALTH ORGANIZATION-RECOMMENDED FIRST-LINE TREATMENT FOR SEVERE MALARIA, WERE ORDERED FOR CHAI FOCAL COUNTRIES IN 2015, ALLOWING OVER **2.1 MILLION SEVERE MALARIA PATIENTS TO BE TREATED WITH THE BEST AVAILABLE MEDICINE** AND **AVERTING 52,000 DEATHS** COMPARED TO PREVIOUSLY USED TREATMENTS

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MESSAGE FROM OUR LEADERSHIP TEAM

The Clinton Health Access Initiative, Inc. (CHAI) is a mission-driven organization working with partner governments to save lives and reduce the burden of disease. This annual report summarized progress that CHAI made in 2015 toward achieving our mission.

CHAI was founded with a goal of saving the lives of people suffering from AIDS by assisting governments to scale up care and treatment. Today, over 17 million people are in treatment up from only a few hundred thousand when CHAI was founded in 2002. Most of these people can now live normal, productive lives when they otherwise would have died. Their families have them in their lives instead of grieving their deaths. While many governments and organizations contributed to this success, most involved with this global effort would agree that CHAI has played an important role.

We have recently embarked on a campaign called “test smart and treat right” to further scale up AIDS care and treatment to 10 million more people who need it over the next five years by expanding testing programs in a focused way and improving the affordability and availability of viral load tests and new more efficacious drugs to treat AIDS.

During 2015, CHAI accelerated activities we have launched over the past several years to help accomplish goals as ambitious and important as the successful scale-up of AIDS care and treatment. We are working to eliminate malaria in many countries that have been plagued by the disease for centuries in Southern Africa, Southeast Asia, and Central America and the Caribbean, and to reduce mortality from the disease in high prevalence areas in West, Central, and East Africa. We are assisting governments to access lower priced vaccines and to improve the cold chain distribution systems for these vaccines to ensure that effective vaccines reach as many children as possible. We are collaborating with governments in Africa to expand the number of well-trained healthcare professionals. We are helping to reduce deaths due to diarrhea in children. We are working to provide better diagnosis and treatment for tuberculosis. We are empowering women and saving lives by increasing the affordability and availability of long-acting reversible contraceptives. We are demonstrating success in reducing maternal and newborn mortality by over 50 percent in several states in Northern Nigeria and are expanding our efforts to reduce maternal and infant mortality to other countries. We are assisting governments to develop more sustainable health financing systems and to use financial resources at their disposal more effectively. We continue to work with the Governments of Sierra Leone and Liberia, helping them to rebuild their healthcare systems after the devastation caused by the Ebola epidemic. In 2015, we initiated new programs to address the devastating impact of Hepatitis C, to reduce mortality due to pneumonia, and to combat cancer in Africa with an initial focus on cervical and breast cancers.

From a business point of view, CHAI had a successful year in 2015. We grew our revenues for the fifth year in a row and met our targets to earn a small surplus that we can use for emergencies. But CHAI is not a business defined by our growth or financial success. We are defined by our mission and values.

Every human life is sacred. Every child, whether born into a wealthy family in the United States or Europe or a poor family in Africa or Asia, deserves a chance to fulfill his or her potential free from debilitating disease or premature death. A good quality health system is essential to any nation wishing to lift its people from poverty.

These are the beliefs that motivate CHAI and its people.

— The CHAI Leadership Team



DIARRHEA AND DEHYDRATION MONITORING CHART
KENYA

OUR VALUES:

CHAI OPERATES WITH A SET OF CORE VALUES THAT ARE FUNDAMENTAL TO OUR WORK.

We work in cooperation with and at the service of partner governments.

We believe that to make programs sustainable and scalable, we need to strengthen national health systems by working with ministries of health. As we work closely with our partner governments, we aim to build capacity so that our role is eventually unnecessary and programs are completely transitioned to the leadership of local partners.

We are frugal.

We feel that the donor money we raise should go as much as possible to saving lives directly rather than to compensating ourselves excessively, to elaborate expenses, or to high overheads.

We are a mission-driven organization.

We want people to work with us because they believe in our mission of saving lives, reducing the burden of disease, and strengthening health systems. CHAI employee satisfaction comes primarily from the fact that we collectively succeed in advancing our mission.

We operate with humility.

We do not actively publicize our work, independent of the publicity that our government partners request. We try to foster a culture of respect for the people we serve and for our local government partners.

We work with urgency.

People are dying unnecessarily from AIDS, malaria, tuberculosis, and other treatable diseases and the world often responds too slowly. We understand that the faster we act, the more lives can be saved.

We have an entrepreneurial and action-oriented culture.

We hire knowledgeable individuals and give them wide latitude to conceive of and execute programs. Some of our greatest accomplishments, large and small, were not planned centrally. We are willing to take risks and to attempt to achieve goals that are substantial, challenging, and uncertain. We believe that the successes made possible by our risk-taking more than outweigh the failures.

We operate based on trust and transparency.

We expect employees and partners to make ethical decisions, to work hard, and to manage their own work. We try to minimize internal bureaucracy by not overburdening our people with too many managerial constraints.

We recognize that our staff is our greatest asset.

Primarily, the talent and hard work of the exceptional individuals who work for CHAI drive our successes. We strive to support and protect our well-performing staff to grow and to thrive within the organization and to enable them to have a major impact in fulfilling the mission that inspires them to work at CHAI.

We foster diversity and inclusion.

As an inclusive workplace, we promote and integrate the principles of fairness, respect, equality, and dignity into CHAI's culture. We take a firm stance against discrimination and harassment and foster an environment where people with a multiplicity of personal characteristics, including race, color, religion, sex or gender (including gender identity and gender expression), sexual orientation, ethnicity, national origin, age, disability, HIV status, political or interest group affiliation, genetic information, veteran status, marital status, parental or pregnancy status or any other characteristic, are embraced wholeheartedly and are valued for the perspective they bring to achieving our mission.



OUR HISTORY:

SELECT ACHIEVEMENTS

2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014

CHAI was founded in 2002 with a transformational goal: help save the lives of millions of people living with HIV/AIDS in the developing world by dramatically scaling up antiretroviral treatment. CHAI helped develop and implement national plans with governments in Africa and the Caribbean to test people for AIDS, procure drugs, accredit facilities, set up supply chains, train health workers, and establish laboratories that led to over 800,000 people being treated in these countries alone within five years.

In 2003, CHAI negotiated to lower prices for first-line HIV drugs by over 60 percent and enabled over 60 countries to access these lowered prices.

In 2004, CHAI negotiated 50-90 percent reductions in the price of CD4 tests and other tests used for AIDS patients worldwide. Coupled with CHAI's technical support, these price reductions enabled the nationwide scale-up of CD4 testing in over 40 countries.

Starting in 2004 and 2005, CHAI led a global effort to scale up treatment for children with AIDS in 34 countries. Working with UNITAID, which was formed under the leadership of the French Government and with CHAI's assistance, prices of first-line pediatric AIDS drugs were reduced from over US\$600 per child per year to around US\$60 per child per year.

From 2004 to 2006, CHAI assisted the Governments of China and India to scale up HIV/AIDS care and treatment. These efforts helped stem the growth of HIV/AIDS in these countries before the disease took on mammoth proportions.

From 2005 to 2008, CHAI assisted governments in Southeast Asia to scale up care and treatment programs for AIDS, including in remote areas such as in Papua New Guinea and Papua Indonesia, which have the highest AIDS rates in Asia and are among the most remote places on earth.

2011 2010 2009 2008 2007

Since 2011, CHAI has been pioneering strategies to roll out new vaccines more quickly and effectively. Working with the Bill & Melinda Gates Foundation, CHAI negotiated a landmark deal to lower the price of the Rotavirus vaccine by 67 percent, saving the global community over US\$800 million, and negotiated a 50 percent reduction in the price of Pentavalent vaccine, saving the global community an estimated US\$160 million.

Since 2011, CHAI has helped the Government of Rwanda to implement a human resources for health program designed to transform the health system in Rwanda to be self-sustaining in seven years' time. To accomplish this, CHAI brought together a consortium of top American universities to enable Rwandese medical education professionals to be educated to world-class standards.

Beginning in 2010, CHAI has worked to scale up access to rapid diagnostic tests for malaria in places where malaria cases are treated but where diagnosis is not currently available.

Beginning in 2009, CHAI assisted the Government of South Africa, the nation with the highest HIV burden in the world, with the largest scale-up of HIV care and treatment ever attempted, from 800,000 people in 2009 to over 3.2 million people today. CHAI helped negotiate agreements to lower HIV and tuberculosis drug prices that have saved the Government over US\$1 billion and provided critical support to increase the number of facilities providing treatment ten-fold and scaling up testing.

From 2008 to 2011, CHAI helped reduce mother-to-child-transmission of HIV by 40 percent in high-burden areas of six countries through a focus on increasing demand for services at the community level and improving service delivery.

In 2007, CHAI expanded its initial focus on HIV to apply its competencies towards improving the affordability and availability of effective drugs for malaria.

2012 2013 2014

In 2012, CHAI negotiated an agreement to lower the price of long-acting reversible contraceptives from US\$18 to US\$8.50 per implant and is now accelerating the rollout of these products. This effort has saved the lives of over 45,000 women, prevented over 200,000 children from being stillborn, and has empowered women to protect themselves against unwanted pregnancies. The agreement has saved donors over US\$400 million.

Since 2012, CHAI has assisted the Government of Zambia to educate a large group of community health assistants who are being deployed in villages throughout the country to bring quality first-line health care to rural areas.

In 2013, CHAI began a program to scale up access to and usage of zinc and ORS, the recommended treatment for diarrhea, in India, Kenya, Nigeria, and Uganda by decreasing price, building demand, and increasing availability in both the public and private sectors.

In 2014, with support from CHAI, UNITAID, and other global partners, more than 1 million HIV diagnostic tests for infants were performed globally, an increase from only 80,000 tests in 2007.

In 2014 and 2015, CHAI led case management, training, and logistics facets of the Ebola response in Liberia and served as a link between the international emergency response and the Government of Liberia. As the response grew in size and scope, CHAI played an essential role liaising with and coordinating partners to streamline activities and ensure they aligned with governmental goals.

MATERNAL AND NEWBORN HEALTH

Over 250,000 women and over 2 million newborns die each year during delivery or within the week after childbirth, while another 2.5 million babies are reported as stillborn. The majority of these deaths are caused by a handful of conditions from which death is largely preventable. CHAI has developed a comprehensive strategy to dramatically reduce maternal and neonatal mortality. This approach focuses on the 24 to 48 hours around birth by implementing proven interventions and systems to achieve early identification of complications, prompt and effective clinical management of delivery, and timely referral when necessary. The approach addresses critical gaps and creates linkages through the entire health system, from the community level to the hospitals.



MOTHER AND CHILD SURVEYED ABOUT CHILD HEALTH CHALLENGES
ETHIOPIA

MIDWIFE MENTORING IN ETHIOPIA

Increasing skilled deliveries by experienced midwives is an integral part of the effort to increase health worker capacity to provide basic emergency obstetric and neonatal care. In 2015, CHAI partnered with the Federal Ministry of Health, and, with support from the RMNCH Trust Fund, began the rollout of an institutionalized midwife mentoring program in 278 health centers located in 100 hard-to-reach districts of Ethiopia. Institutional delivery, antenatal care, and postnatal care increased throughout the course of 2015 by 42 percent, 61 percent, and 38 percent, respectively, in those sites supported by the mentoring program. By building the capacity of midwives working at the primary health care units, CHAI's maternal and neonatal program in Ethiopia is supporting the government to address a significant skills gap. Improving the quality of services not only serves to improve health outcomes at health facilities, but also builds confidence in the care at health facilities amongst the communities the sites serve, thus helping draw more people to sites for care.

ADDRESSING NEONATAL ASPHYXIA IN MALAWI

In addition to strengthening clinical skills of birth attendants, CHAI works to ensure that health facilities have the equipment they need to deliver high-quality care. In 2015, with UNICEF support through the RMNCH

Trust Fund, CHAI assisted the Government of Malawi to procure and distribute 1,772 sets of neonatal resuscitation equipment (including bags, masks, and suction) to 525 health facilities to prevent newborn asphyxia, which causes 662,000 newborn deaths annually. This effort will effectively close the neonatal resuscitation equipment gap for at least two years in Malawi.

PREVENTING POST-PARTUM HEMORRHAGE DEATHS WITH THE NASG

The non-pneumatic anti-shock garment (NASG) is highly effective in saving the lives of women suffering from postpartum hemorrhage. This compression garment can be used to control bleeding, reverse shock, and temporarily save lives of patients by allowing time for transport to a health facility. Access to this innovative product was increased through a CHAI-brokered agreement, with the support of the Norwegian Ministry of Foreign Affairs. In 2015, CHAI supported the introduction of the NASG in Malawi including the procurement and distribution of 222 NASGs to 23 hospitals, training institutions, and partner organizations. In Ethiopia, CHAI distributed the NASG and provided related training for health professionals in 1,066 health facilities. Assessments have shown a reduction of maternal deaths from hemorrhagic shock from baseline of 14 percent in 2013 to 2.7 percent in 2015 in the health facilities where the NASG has been distributed in Ethiopia.

NIGERIA: A COMPREHENSIVE APPROACH

In Nigeria each year, close to 300,000 mothers and newborns die from complications of pregnancy and childbirth. Nigeria represents the greatest maternal and neonatal mortality burden in Africa and one of the largest in the world: of all the women who die of childbirth globally, 14 percent are Nigerian. Within the country, regional disparities mean that northern states experience significantly higher maternal and neonatal death rates. In these areas, only 38 percent of births are delivered by a skilled provider.

Beginning in July 2014, CHAI initiated a program funded by the Norwegian Ministry of Foreign Affairs to support state and local governments to deploy CHAI's comprehensive approach to reduce maternal and newborn deaths in Northern Nigeria, focusing on Kaduna, Kano, and Katsina, three of the states with the highest mortality rates in Nigeria. The program covered a total population of more than 10 million people.

Due to the large proportion of births occurring at home, CHAI's approach included targeting the quality of services available to home births, while recognizing this as an interim solution as facilities are gradually equipped and demand for facility deliveries increases. CHAI incorporated community-level birth attendants into the formal health system to ensure they are equipped with the skills, equipment, and drugs necessary to act as effective "first responders" to identify risks, treat where possible, stabilize, and refer.



MOTHER AND CHILD ATTENDING CHILD HEALTH EDUCATION SESSION IN KANO STATE
NIGERIA

Through the program, facility-based Skilled Birth Attendants were prepared to minimize opportunities for complications, recognize early warning signs, treat complications when they occur, and stabilize patients for emergency referral and transport to the nearest hospital for specialized care. In addition to the immediate impact of saving lives, this training increases interaction with and builds trust in the formal health system—further increasing demand for antenatal care visits and facility deliveries in the longer term.

Along with strengthening the clinical skills of birth attendants, the program worked to ensure that hospitals and their staff were equipped and skilled enough to deliver Comprehensive Emergency Obstetric and Newborn Care in order to treat all complications referred from lower levels of care. To ensure timely and prompt referral to the right level of care, emergency transport and communications systems were established, and birth attendants and their communities were informed of their availability and contacts.

Observed impact since the start of the program has been significant. Within one year of implementation, CHAI observed a 69 percent decline in maternal mortality and a 61 percent decline in neonatal deaths, while stillbirths declined by 56 percent over the same period. Beyond 2015, CHAI and partners aim to expand the program and further decrease maternal and neonatal deaths in Nigeria and beyond.



APPLICATION OF NON-PNEUMATIC ANTI-SHOCK GARMENT (NASG)
NIGERIA

ESSENTIAL MEDICINES FOR DIARRHEA AND PNEUMONIA

Diarrhea is the second leading killer of children worldwide, responsible for over 600,000 deaths each year. A highly effective treatment—zinc and oral rehydration salts (ORS)—is affordable and available, but too few children are receiving the full recommended treatment. In 2015, CHAI worked at the global and national levels in India, Kenya, Nigeria, and Uganda to catalyze scale-up of zinc and ORS by building demand, ensuring supply availability, creating an enabling environment, and leveraging resources to ensure children do not continue to die of this preventable condition.



CHILD DRINKING ORAL REHYDRATION SALT (ORS) MIXTURE
UGANDA

In 2015, coverage of ORS increased from an average of 33 percent at the start of the program in 2011/2012 to an average of 50 percent across focal geographies, while zinc coverage increased from an average of less than 3 percent to 20 percent. By the end of 2015, over 20 new products (including co-packs of zinc and ORS) were introduced to local markets in Nigeria, Kenya, and Uganda. The increased competition helped to reduce the retail price to consumers an average of 30 percent across these markets.

INDIA

In India, with support from IKEA Foundation and the Bill & Melinda Gates Foundation, average ORS coverage has increased from 28 percent to 48 percent and zinc coverage from less than 1 percent to 19 percent across CHAI's three focal states of Gujarat, Madhya Pradesh, and Uttar Pradesh from baseline in 2007-2008 to midline in 2015. The program has created a self-sustaining last-mile distribution channel that expands the reach to rural village populations of less than 20,000, where the majority of caregivers seek care for diarrhea. In the public sector, CHAI facilitated the introduction of improved taste-masked and dispersible products and supported the associated forecasting and procurement. In the private sector in 2015, availability of ORS and zinc were significantly higher among rural medical providers, retailers, and drugstores reached with CHAI's

direct distribution intervention. In Gujarat, ORS and zinc availability were 75 percent and 54 percent, respectively, in direct distribution areas compared to 52 percent and 23 percent in light-touch areas. In Uttar Pradesh, ORS and zinc availability were 50 percent and 29 percent, respectively, compared to 39 percent and 7 percent in light-touch areas.

KENYA

In Kenya, with support from IKEA Foundation, ORS coverage has increased from 39 percent to 54 percent, and zinc coverage from 0 percent to 8 percent from baseline in 2008 to midline in 2014. CHAI developed and helped the Ministry of Health launch a new integrated management of childhood illness mobile application to support improved provider practices and adherence to Ministry of Health protocols. By the end of 2015, the application had been downloaded more than 1,700 times. The broader comprehensive integrated management of childhood illness program was expanded from 11 counties in 2014 to 20 counties in 2015, reaching 54 percent of total diarrhea burden nationally. A new zinc and ORS co-pack to the Kenyan market from Lab & Allied was introduced in 2015, bringing the total number of local manufacturers for co-packs to three in the country. CHAI's efforts to facilitate increased competition have helped reduce retail prices to as low as Ksh 40/US\$0.40 per pack.



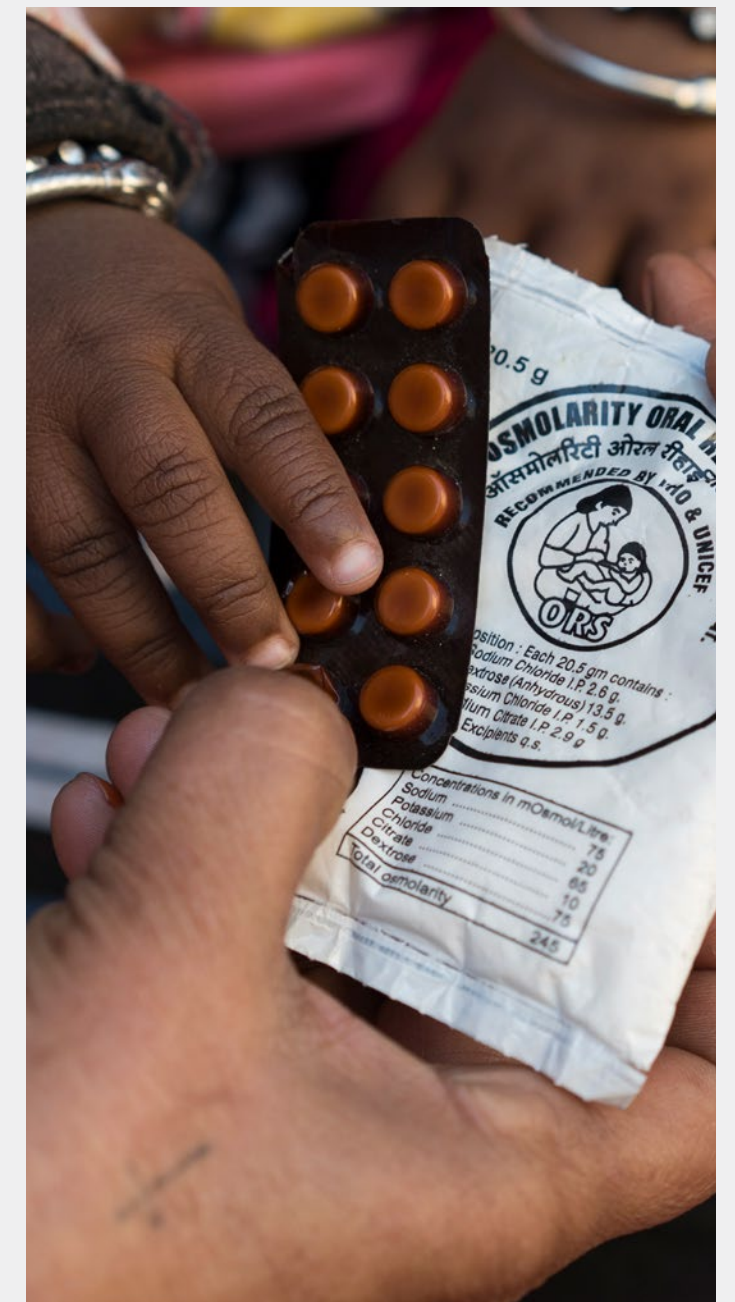
DIARRHEA EDUCATION SESSION
UGANDA

NIGERIA

In Nigeria, with support from the Norwegian Ministry of Foreign Affairs and Global Affairs Canada, ORS coverage has increased from 34 percent to 52 percent, and zinc from 5 percent to 23 percent in the eight focal states where CHAI works from baseline in 2013-2014 to midline in 2015. In the public sector, state governments have procured significant quantities of diarrhea treatment which has helped to improve product availability at public facilities from baseline for ORS (from 27 percent to 61 percent), zinc (from 9 percent to 46 percent), and zinc and ORS co-pack (from 6 percent to 46 percent). Provider prescription rates have also increased from 44 percent in January 2014 to 75 percent in December 2015. In the private sector, there has been a 3.5-fold increase in the availability of ORS and zinc in private outlets during the same time period. CHAI helped to launch a new three-year program funded by the Bill & Melinda Gates Foundation in October 2015 to increase access to and use of diarrhea and pneumonia commodities in three states in Nigeria (Kano, Kaduna, and Niger), building on the existing program.

UGANDA

In Uganda, with support from The ELMA Foundation and Absolute Return for Kids, CHAI helped improve combined zinc/ORS treatment coverage. Combined coverage increased from less than 1 percent at baseline in 2011 to 13 percent at midline in 2014. In the private sector, there were significant increases in product availability from 59 percent in 2013 to 72 percent in 2015 for ORS and from 46 percent to 66 percent for zinc. Dispensing rates of correct diarrhea treatment by private healthcare providers have also increased between Q2 2014 and Q4 2015, from 36 percent to 58 percent for ORS and from 19 percent to 41 percent for zinc and ORS combined.



HEALTH WORKER HANDING ZINC
AND ORS TO MOTHER AND CHILD
INDIA

FAMILY PLANNING

By allowing women to safely delay, space, and limit pregnancies, family planning reduces death or injury to mothers and their babies and prevents unsafe abortions. However, millions of women of reproductive age in the developing world continue to have an unmet need. Global-level issues such as product price or availability, as well as local issues such as inadequate funding, lack of trained providers, stock outs, and cultural and social factors can limit women from accessing their contraceptive of choice. CHAI works in focal countries to increase the uptake of effective and long-acting contraceptives, such as implants and IUDs, which are over 99 percent effective and can prevent pregnancy for up to 12 years, but are often less accessible to women. CHAI's family planning work includes supporting service delivery and strengthening supply chains, with the broader goal of increasing reproductive choice for women in the context of limited resources and rapid timelines.



WOMEN IN HEALTH POST
MALAWI

ENSURING ADEQUATE SUPPLY

CHAI's work starts at the top of the supply chain to ensure adequate and appropriate volumes of long-acting reversible contraceptives arrive in country. In 2015, in partnership with the Bill & Melinda Gates Foundation, more than 10.5 million implants were distributed to the world's lowest income countries, a 39 percent increase over 2014, and a 130 percent increase over 2013. Average monthly consumption of implants in CHAI-supported countries grew by 215 percent from Q1 2013 to Q4 2015, as compared to 97 percent growth in other FP2020 countries during the same time period. The increase

in consumption over baseline translates to nearly 2.4 million additional women accessing contraceptive implants in CHAI-supported countries since the program's launch in 2013.

In 2015 in Tanzania, with CHAI's support for improved forecasting and supply chain management, the total number of implants consumed increased 52 percent from the previous year, from 449,145 in 2014 to 684,239 in 2015. In Cameroon, monthly implant consumption is now 10 times what it was in 2013 when CHAI's support for this program began. Work in both countries was supported by the Bill & Melinda Gates Foundation.



WOMAN WHO HAS JUST RECEIVED CONTRACEPTIVE IMPLANT
LIBERIA



MOTHER AND CHILD AT LOCAL DRUG STORE VISITED BY CHAI MEDICAL PROMOTER
UGANDA

OPTIMIZING SERVICE DELIVERY

By building government capacity to manage scale-up of long-acting reversible contraceptives and providing tools to improve efficiency and access, CHAI is working with support from the Bill & Melinda Gates Foundation to ensure these commodities are provided through national-scale, sustainable family planning programs that will serve women long after CHAI transitions out its support. In 2015 in Nigeria, CHAI developed the National Family Planning Dashboard for the Federal Ministry of Health (FMOH) to track consumption, stock outs, and training efforts for all family planning products nationwide. The FMOH and eight states are now actively using the tool to improve the efficiency of their resource allocation and to manage the performance of training investments. Average monthly implant consumption increased by 47 percent nationally over the course of 2015. In Tanzania, CHAI supported the transition from Implanon Classic to the improved product Implanon NXT. In 2015, this included successful advocacy for funds for Implanon NXT transition trainings ensuring that over 2,000 providers/trainers will be trained/refreshed. Even during the transition, implant consumption has continued to grow; in 2015 alone, average monthly consumption grew 43 percent. CHAI's Family Planning program successfully transitioned out of Zambia in 2015 as the Ministry of Health now has the tools and capacity to manage and track investments in human resources for family planning. The tools have continued to be used in CHAI's absence to track hundreds of long-acting reversible contraceptive-trained health workers so that trainings are better coordinated.

ENSURING ACCESS FOR ALL WOMEN

CHAI also helps to ensure that once supplies arrive in the proper quantities, they reach all women in need. In Liberia, average monthly consumption of implants increased 200 percent over the course of 2015, as CHAI supported the government to rebuild its health system following the Ebola epidemic, including resuming the Contraceptive Days Program, regular in-service long-acting reversible contraceptive training and commodity distribution. As a result, Liberia reached pre-epidemic levels of implant consumption by Q4 2015. This work was supported by the Segal Family Foundation. In Kenya, supported by the Bill & Melinda Gates Foundation, CHAI helped the government to design, pilot, and cost a new on-the-job training approach to update current implant service providers to insert Implanon NXT. The approach has been approved by the Ministry of Health for national use and is being modified for use in other countries. Average monthly implant uptake in Kenya has nearly tripled in the past three years, making implants the second most popular method of family planning in Kenya and helping to drive a rapid rise in contraceptive use over the past several years.

HIV

As part of the overall HIV strategy, CHAI aims to support countries to scale up proven prevention interventions alongside antiretroviral therapy. The global community has set ambitious goals to lay the foundation to end AIDS as a public health threat with the “90-90-90” treatment targets, which stipulate that by 2020, 90 percent of all people living with HIV know their HIV status, 90 percent of all people with an HIV diagnosis receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy achieve viral suppression. CHAI supports partner governments to reach these goals.



AWAITING PIMA TEST RESULTS
KENYA

PREVENTION

There has been commendable progress in recent years that has helped drive down six-week transmission rates, but 150,000 children are still infected with HIV each year according to UNAIDS estimates. CHAI supports planning, resourcing, and implementation of programs to prevent mother-to-child transmission of HIV and move toward achieving an AIDS-free generation.

In 2015, CHAI worked in 10 high-burden districts in the Center Region of Cameroon to strengthen the quality of prevention of mother-to-child transmission programs, as well as to further build and support adult and pediatric HIV care and treatment programs. Through the work in the region, nearly 90,000 pregnant women—95 percent—were tested and 7,311 HIV-positive pregnant women—85 percent—received antiretroviral therapy. Within CHAI’s project in Ukraine, all newborns born to HIV-positive clients who reached the age of 18 months in 2015 were HIV-negative. Over the duration of the program, with CHAI support in partnership with AIDS LIFE Association (Life Ball) and the Olena Pinchuk ANTI-AIDS Foundation, the mother-to-child HIV transmission rate was reduced to 0.9 percent among injection drug-using project clients compared to the national 7 percent mother-to-child transmission level among injection drug users across the country. In Papua New Guinea, funded by the Australian

Government, in 2015 CHAI’s prevention of mother-to-child transmission program supported HIV testing for pregnant women and health facility deliveries for HIV-positive women. From January to September of 2015, 93 percent of pregnant women were tested for HIV in all CHAI-supported provinces, up from 88 percent in 2013, and CHAI is supporting the treatment of those who tested positive.

Voluntary Medical Male Circumcision (VMMC) has been shown to reduce female-to-male transmission of HIV by up to 60 percent, a rate similar to some vaccines, leading to a much lower cost per infection averted than other HIV prevention interventions. 2015 marked a significant expansion of CHAI’s work in this area, with a multi-year, three-country grant from the Bill & Melinda Gates Foundation to support South Africa, Zimbabwe, and Zambia achieve each country’s VMMC scale-up goals. In 2015, nearly 1 million VMMCs were conducted in focal countries, ensuring the prevention of tens of thousands of HIV infections across Southern Africa. Beyond Africa, CHAI supported Tanah Papua, Indonesia to import the circumcision device PrePex and prepare circumcision sites and necessary medical staff members. This work was supported by the Australian Government. Tanah Papua is the first location outside Africa to consider VMMC as a potential measure of HIV prevention among the general population.

TESTING

Viral load has long been the standard of care in high-income settings to confirm that patients respond to their medications, enabling early and accurate diagnosis and treatment. Access to viral load testing has historically been limited in low- and middle-income countries primarily due to its high price, but given its superior testing confirmation, CHAI seeks to increase access in these settings. With support from the UK Department for International Development (DFID), in 2015 CHAI supported 20 governments at various stages of viral load implementation. This support included assistance to develop viral load testing guidelines, implementation strategies, and cost-effectiveness assessments of various scale-up approaches. In 2015, over 4 million viral load tests were procured under the Global Access Price program, a global multi-organization partnership with the goal of reducing viral load pricing and increasing access in developing countries, generating approximately US\$10.8 million in savings and improving the quality of HIV monitoring and care delivered to HIV-infected patients.

CHAI, with support from UNITAID, has worked since 2014 to ensure ongoing supply stability for optimized pediatric antiretroviral therapy and Early Infant Diagnosis (EID) commodities in 26 focal countries. Also with support from UNITAID, CHAI has engaged with ministries of health across seven focal countries to introduce new point-of-care EID technologies, which have the potential to dramatically improve linkage to treatment and save lives. With additional support from the ELMA Foundation, CHAI is supporting governments in four countries to address programmatic barriers to scale up EID coverage. In Cambodia, CHAI designed and began implementation of a new EID and viral load sample transportation system which is expected to save the government over US\$150,000 per year. In Cameroon, with

support from the Cameroon Baptist Convention Health Board, CHAI scaled up EID services in underserved regions, including the installation of 141 SMS printers through which over 5,300 EID test results—48 percent—of exposed infants were instantly transmitted to testing sites to enhance rapid initiation of infected children on treatment. In Mozambique, at the end of 2015, CHAI transitioned the procurement and supply of all pediatric antiretroviral therapies and EID diagnostics to the Ministry of Health, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the United States President’s Emergency Plan for AIDS Relief (PEPFAR). The program grew from 3,000 children on antiretroviral therapy in 2005 to 64,000 children on treatment and over 380,000 infants tested (EID) from 2007-2015. In Myanmar, in partnership with UNICEF, CHAI worked to scale up EID by implementing an EID mentorship program for health workers in 48 percent of all townships in Myanmar. As a result, EID uptake among exposed infants within two months of birth has increased from less than 10 percent in 2013 to 32 percent in 2015.

In Malawi, with UNITAID funding, CHAI supported the Ministry of Health to introduce and begin a pilot for routine use of the Alere Q, a point-of-care EID technology. Early results of the pilot demonstrated that point-of-care EID facilitates same-day delivery of test results and potentially same-day initiation of antiretroviral therapy. This is a dramatic improvement to the status quo, where linkage to care for HIV-infected infants—a population in which disease progression is rapid—can take between 1-3 months. Similarly, in Mozambique, CHAI, in partnership with UNITAID and Flanders International Cooperation Agency, supported the first independent evaluation of the Alere Q point-of-care EID instrument in the country, with results showing that the sensitivity and specificity are comparable to laboratory-based tests. These results led to Mozambique being the first country to approve this technology for

an implementation pilot to assess impact of point-of-care EID. Point-of-care EID has the capacity to provide a definitive diagnosis at the point of care, which can enable HIV-infected infants to access treatment more quickly. This resulted in same-day “test and treat” for 98 pediatric HIV/AIDS patients at eight pilot sites in a five-month period during 2015. The opportunity to provide same-day “test and treat” services has never before been applied to an infant population in a resource-limited setting.

At the end of 2015, CHAI successfully completed a three-year transition of work to the Government of Jamaica and exited the country. This transition plan was developed in partnership with the National HIV

Program (NHP) to ensure that CHAI’s work aligned with and supported government priorities and would be led by the NHP. From 2004-2015, with support from the Mac AIDS Fund and the Elton John AIDS Foundation, CHAI focused on improving HIV patient retention including exceeding targets with a 29 percent increase in patient defaulters returning to care within three months at focal treatment sites, reducing new HIV infections (particularly among children) including achieving 90 percent linkage to treatment for HIV-positive patients in two focal hospitals and introducing nationwide technologies for EID, and improving resource allocation by working with the Ministry of Health to develop budgets for spending optimization on key HIV interventions.



HIV STAFF TRAINING
MYANMAR

TREATMENT

Despite significant progress since 2005, HIV treatment coverage for children still lags behind coverage rates for adults around the world. According to UNAIDS estimates, 110,000 children continue to die each year from AIDS-related causes and 1.8 million children are living with HIV. The overall objective of CHAI's pediatric HIV treatment scale-up work is to increase the number of HIV-positive infants and children accessing testing, care, and treatment, while aiming to achieve the "90-90-90" targets in the medium term and to eliminate pediatric HIV in the long term. In 2015, CHAI worked in 24 countries in Africa, Asia, Eastern Europe, and the Caribbean with a focus on scaling up access to effective treatment for all adults and children, driving uptake of proven prevention interventions, and creating the fiscal space to achieve these goals. Specifically, in five countries, with support from the ELMA Foundation as well as the Vodafone Foundation (Lesotho), CHAI is working with ministries of health and partners to aggressively pursue opportunities to accelerate pediatric case identification and initiation on antiretroviral therapy.

In 2015, CHAI supported ministries of health to develop and introduce child-friendly HIV policies and guidelines, train and mentor health workers in pediatric care and treatment, strengthen related drug quantification and distribution systems, and coordinate funding. In Vietnam, CHAI's work, in partnership with PEPFAR, GFATM, and the World Health Organization (WHO), helped ensure 86 percent of HIV-positive children were on antiretroviral therapy as of mid-2015, one of the highest coverage rates in the world. This represents an over 900 percent increase from the 9 percent of children on treatment in mid-2006 when CHAI was first established in Vietnam with funding from the Australian Government.

In Uganda in 2015, CHAI supported the Ministry of Health to develop the country's first pediatric HIV Testing and

Counseling training curriculum designed to increase identification and linkage to care of HIV-positive children. CHAI successfully coordinated and raised US\$6 million of additional funding from the ELMA Foundation for four implementing partners aimed at accelerating pediatric treatment in 19 priority districts in Uganda. In Zimbabwe, CHAI led the costing and coordination of the Accelerated Action Plan which helped the Ministry of Health quantify partner engagement and resources (US\$239 million over four years) for pediatric HIV activities in-country, as well as identify gaps in financing needed to reach the government's targets of 67 percent treatment coverage for HIV-positive children by 2018, and universal coverage by 2020. This work was supported by the ELMA Foundation.

In 2015, CHAI worked to assist countries as they implemented their HIV treatment strategies. In Mozambique, CHAI in partnership with UNICEF supported the Ministry of Health to roll out a screening program to identify lost-to-follow-up children who may be HIV-exposed or HIV-positive. In one province, 2,600 children were found and initiated on antiretroviral therapy during a seven-month period. In 2016, the program will be expanded to additional high-burden provinces. In Ukraine, CHAI worked with the Gromashevsky Institute of Epidemiology and Infectious Diseases to implement a HIV rapid testing external quality assurance program in regional HIV laboratories and for over 700 professionals across the country. This program's critical work applies dry tube spot method and ensures the correctness of HIV testing results. All program participants who had previously received incorrect test results in prior years obtained correct results in 2015. Improvement of testing quality leads to HIV-positive patients initiated on treatment sooner and less false-negative results which can lead to additional HIV infections. In Myanmar, with support from the Elton John AIDS Foundation and in partnership with the government, CHAI worked to develop and deploy a scalable model for access to antiretroviral

therapy among unreachable people who inject drugs and increased ART treatment from 9/148 (3 percent) in 2012-2013 to 692/1,250 (55 percent) in 2014-2015.

Countries often lack the data to accurately inform HIV policy decisions that can save lives as well as resources. CHAI works to connect decision-makers with high-quality evidence so they are able to make informed decisions and increase cost-effectiveness. In South Africa, in 2015 CHAI, supported by DFID, worked closely with the National Department of Health (NDOH) to create a web-based drug supplier performance monitoring tool, a national stock out prevention tool, and a debt monitoring tool. Through these tools, the NDOH can hold suppliers accountable for lead times and deliveries, monitor national stock out risks and take remedial action to prevent them from happening, and can quickly resolve payment issues. This system currently helps the NDOH track more than

US\$2 billion worth of tendered drugs and consumables. In Swaziland, CHAI has supported the Ministry of Health to implement MaxART Early Access to ART (antiretroviral therapy) for ALL (EAAA) since September 2014, with funding from the Dutch Postcode Lottery. In 2015, EAAA provided critical insight into government health system to identify barriers that will be used to inform decisions on how to implement the 2015 WHO guidance on management of HIV. In Zambia, supported by the ELMA Foundation, CHAI analyzed the implementation of pediatric provider-initiated testing, which showed that uptake varied greatly by facility type with uptake of less than 1 percent at high-volume, lower-level facilities and uptake of 76 percent at higher-level Centers of Excellence. The results and recommendations from this analysis were used to develop an initial model for scaling pediatric HIV testing and linkage to treatment at underutilized, but potentially high-yield entry points.



CHILD AT LOCAL DRUG STORE VISITED BY CHAI MEDICAL PROMOTER
UGANDA

TUBERCULOSIS

In 2014, the WHO estimated that 9 million people developed tuberculosis (TB) and 1.5 million died from the infection. TB is second only to HIV/AIDS in infectious disease mortality worldwide, and HIV/TB co-infection causes one quarter of all AIDS-related deaths. Millions of people infected with TB do not receive timely diagnosis and treatment, resulting in far too many deaths and new infections. CHAI works closely with ministries of health in high-burden countries to better understand critical areas of weakness in national TB programs and to find promising solutions to increase uptake of new drugs and diagnostics.



TECHNICIANS TESTING TB SAMPLES
INDIA

In Vietnam, TB remains a critical "Achilles heel" of HIV care and treatment, increasing mortality and undermining treatment effectiveness. To improve treatment outcomes and communications between HIV and TB facilities in Vietnam, CHAI developed Access to Care Information System (ACIS), an internet-based, SMS-delivered referral and treatment support tool that has increased patient referral success by 50 percent. In Ho Chi Minh City alone, 1,652 HIV patients had been referred from an HIV clinic to a TB clinic through ACIS with an 85 percent successful referral rate, and 562 TB patients have been referred to HIV clinics through ACIS with an 81 percent successful referral rate. ACIS is operational at over 350 TB and HIV facilities across 20 provinces in Vietnam with expansion to an additional 26 provinces planned for 2016. This work was funded by the Australian Government, the Bill & Melinda Gates Foundation, and DFID with support from the US Centers for Disease Control and Prevention and FHI 360.

In India, CHAI, with support from the Bill & Melinda Gates Foundation and DFID, coordinates the Initiative for Promoting Affordable and Quality TB Tests (IPAQT) program, which aims to bring quality diagnostics to the private sector. Undertaken in close partnership with the National TB Program, the Initiative is a key element of the Revised National TB Control Program's strategy to engage with the private sector. IPAQT partner labs tested over 146,000 TB samples on WHO-endorsed quality platforms in 2015, up from 75,000 samples in 2014, and over 22,000

positive TB cases diagnosed at IPAQT labs were notified to the National TB Program in 2015, up from 1,444 cases in 2014.

Although only 3.4 percent of estimated cases are believed to be drug-resistant strains of TB, these strains cause 15 percent of TB deaths, as most are not detected and treated appropriately. The spread of drug-resistant TB has proven to be very costly for TB programs, as funding is disproportionately allocated to drug-resistant TB. In certain areas of high prevalence, such as South Africa and India, over 40 percent of the total TB budget goes to drug-resistant TB. CHAI provides specific support to governments to improve their responses to drug-resistant TB. This work includes increasing access to molecular diagnostics which will enable more TB patients to be diagnosed and access life-saving treatment for drug-resistant TB. In South Africa, CHAI successfully supported the introduction of two new multidrug-resistant TB drugs—bedaquiline and linezolid—by assisting with forecasting, procurement, and tendering for treatment of patients with multidrug-resistant TB who cannot be treated with the standard regimen, as well as those with pre-extensively drug-resistant TB. The introduction of the new medicines for multidrug-resistant TB and pre-extensively drug-resistant TB has the potential to address a significant gap in treatment for these patients. The introduction of these medicines means that countless lives can be saved and the burden of diseases reduced, ultimately helping to curtail the spread of the disease.

MALARIA

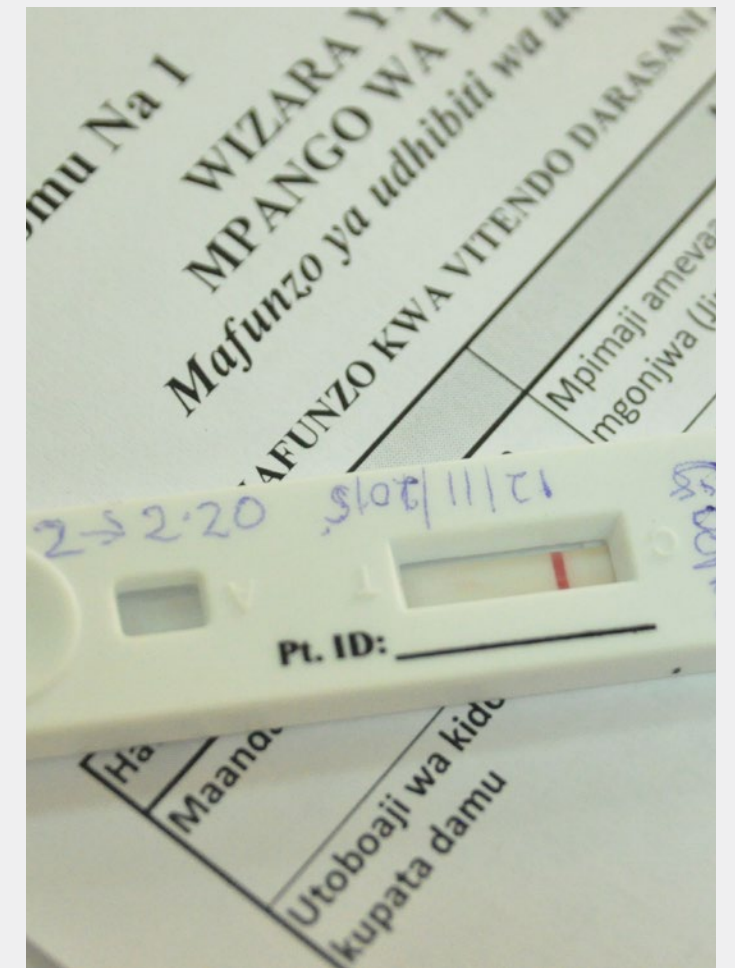
This year, it is estimated that people will become sick with malaria nearly 200 million times, and 600,000 of these people, mostly children in Africa, will die of it. This extraordinary disease burden demonstrates that there is still a critical need to advance malaria prevention and treatment efforts across the world. In countries with the highest malaria burdens, CHAI aims to immediately save lives by expanding access to high-quality malaria commodities for prevention, diagnosis, and treatment. In lower-burden or high-isolation contexts, CHAI aims to eliminate the transmission of malaria sustainably, thereby increasing the number of malaria-free areas around the world.



CHILD RECEIVING MALARIA TEST
ZAMBIA

TESTING

Presumptive treatment or clinical diagnosis of malaria in the absence of accurate diagnostic tests results in misdiagnoses of patients who do not have malaria, as well as overtreatment, wasted resources, and potential anti-malarial resistance. CHAI is working to increase access to diagnostic testing to improve malaria case management and increase intelligence about where and when transmission is happening. In East Africa, CHAI made substantial progress in accelerating the entry of low-cost, high-quality rapid diagnostic tests in the formal private sectors of Tanzania and Kenya. CHAI extended its price agreements with manufacturers and importers, and continued rolling out demand generation campaigns, leading to sales of 1.1 million rapid diagnostic tests in 2015. In Tanzania, innovative and interactive CHAI-designed trainings on the use of rapid diagnostic tests kicked off with 830 healthcare providers from 521 formal private facilities in eight regions, as part of a nationwide effort to scale up the use of low-cost, high-quality rapid diagnostic tests in the formal private sector. The trainings contributed to a large increase in sales of rapid diagnostic tests, with 200,000 tests sold in Q4 2015, compared to 145,000 in Q3 2015, the quarter prior to the training. CHAI's work is supported by DFID.



RAPID DIAGNOSTIC TEST
TANZANIA



WOMEN AND CHILDREN ATTENDING CHAI-LED DIARRHEA EDUCATION SESSION IN KANO STATE
NIGERIA

TREATMENT

Injectable artesunate has been clearly demonstrated to save more lives than other common treatments for severe malaria. In 2015, CHAI worked to support governments to scale up injectable artesunate as the first-line treatment for management of severe malaria cases. In 2015, 13.7 million vials of injectable artesunate were ordered for CHAI focal countries, allowing over 2.1 million severe malaria patients to be treated with the best available medicine and averting 52,000 deaths compared to previously used treatments.

In Kenya, CHAI supported the National Malaria Control Program to roll out continuing medical education for public sector healthcare workers on managing severe

malaria using injectable artesunate, reaching over 8,000 healthcare workers across 760 facilities in 33 counties. As a result, in 2015, 82 percent of malaria cases in public sector facilities were managed with injectable artesunate, up from 35 percent in 2014. Similarly, in Nigeria, CHAI supported the training of over 4,000 healthcare workers in 356 facilities to manage severe malaria cases with injectable artesunate, resulting in an increase in use of 54 percent, up from 16 percent in 2012. In 2015 in Uganda, CHAI supported the country's malaria control program to update the national malaria training curriculum, train over 2,000 health workers on severe malaria treatment, and mobilize resources through GFATM to meet 100 percent of the country's need for malaria interventions through 2017. This work is funded by DFID and UNITAID in collaboration with Medicines for Malaria Venture.

ELIMINATION

In some places, the most sustainable way to maintain the gains against malaria may be to eliminate transmission altogether. In countries with lower malaria burdens or high isolation from other endemic regions, CHAI is helping governments eliminate malaria by improving strategic and operational planning, strengthening surveillance systems, and identifying effective, context-adapted strategies for permanently ending malaria transmission. With funding from the Bill & Melinda Gates Foundation, CHAI is supporting malaria elimination activities across three regions: Southern Africa, the Greater Mekong, and Central America and Hispaniola.

SOUTHERN AFRICA

In 2015, CHAI worked across the region to help improve coordination of malaria elimination efforts. CHAI provided support to the governments and secretariat of a regional coordination mechanism, the Elimination 8, to develop a strategic plan and secure a grant from GFATM which resulted in US\$18 million of new resources for elimination efforts in Southern Africa. In addition, in July 2015, CHAI supported the creation of the Mozambique, South Africa, and Swaziland Malaria Elimination Partnership.

In Swaziland, which identified only 273 locally-acquired malaria cases during the 2014-2015 malaria season and is close to being the first country in mainland Sub-Saharan Africa to eliminate malaria, CHAI supported targeted interventions to continue to advance progress toward elimination. This work included the development

of an updated risk map used to prioritize localities for targeted coverage of indoor residual spraying and the rollout of two new drugs for the treatment of severe and uncomplicated malaria. In addition, CHAI was the lead partner supporting the national program to secure a GFATM grant that is funding comprehensive elimination activities.

In Zimbabwe, CHAI provided targeted management and technical support in Matabeleland South—a province aiming to eliminate malaria by 2017—by developing a provincial risk map that informed more accurate targeting of interventions. In collaboration with the University of Oslo, CHAI supported the design and rollout of a case-based surveillance system that has been adopted by the Ministry of Health. In addition, CHAI supported the National Malaria Control Program to conduct an operational assessment to guide scale-up of malaria elimination from the seven districts of Matabeleland South to an additional 13 low-burden districts. Nationally, CHAI supported the writing of the successful US\$59 million concept note to GFATM.

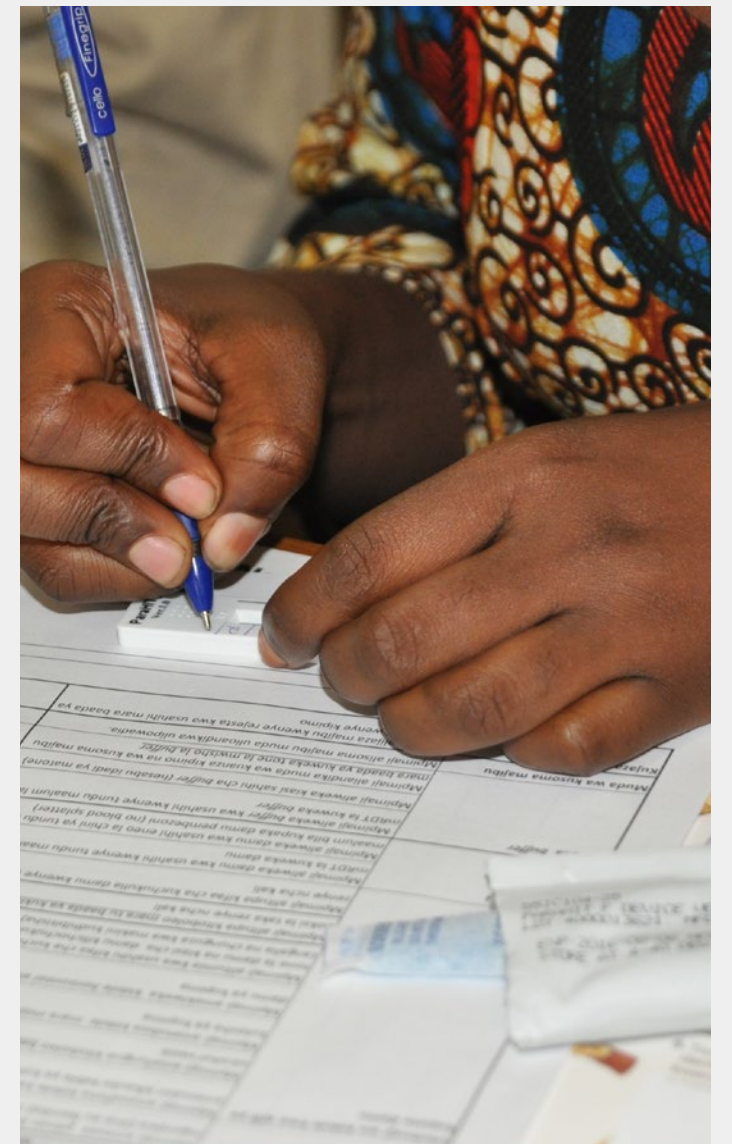
GREATER MEKONG

In the Greater Mekong, where countries have only recently reoriented their malaria programs from control to elimination, CHAI has worked with governments since November of 2014 to ensure they have a clear understanding of what is required for elimination and to help them develop evidence-based plans to get there. CHAI works to build data systems, support operational priorities, and coordinate partners to move toward

elimination. In 2015 in Myanmar, CHAI successfully piloted an electronic logistics management information system at the malaria, TB, and HIV storage facilities in the country, which will improve transparency and tracking of key commodities and increase access to quality diagnosis and treatment of malaria. CHAI is currently supporting expansion of the electronic logistics model to all warehouse sites nationally. In Lao PDR, CHAI supported the government to design a detailed national strategy for 2016-2020, including comprehensive microplanning of all activities and an assessment of the current funding gap.

CENTRAL AMERICA & HISPANIOLA

CHAI launched its support to national malaria programs in Central America and Haiti in mid-2014. Since then, CHAI has built strong relationships with governments in the region, landscaped and mapped the malaria situation and current response, and identified high-priority areas for intervention. CHAI and partners began work to eliminate malaria in Hispaniola by 2020 with a US\$30 million investment from the Bill & Melinda Gates Foundation. In Panama, CHAI formalized a new partnership among a group of key stakeholders who will collaborate on a coordinated malaria elimination effort in indigenous communities where the disease still remains a major burden. In Guatemala, CHAI supported the development of an elimination-focused National Strategic Plan for 2015-2020 and helped reprogram existing GFATM resources to elimination-oriented strategies, including substantial enhancement of surveillance systems.



**RAPID DIAGNOSTIC TEST
TANZANIA**

VACCINES

Public health gains due to vaccination have been tremendous, with national immunization programs now reaching 112 million infants each year and averting between 2 and 3 million deaths annually. Despite this success, 1.5 million children each year continue to die from vaccine-preventable diseases as immunization coverage stagnates and new vaccines introductions are delayed. Immunization programs face unprecedented challenges including overburdened vaccines delivery systems and high vaccine prices. CHAI works to achieve sustainable access to affordable and appropriate new and existing vaccines for low-income countries.



CHILD RECEIVING ORAL POLIO VACCINE
KENYA

UPTAKE OF NEW LIFE-SAVING VACCINES

Historically, there have been significant delays from the time new vaccines become available on the market to when they are available in low-income countries, which have the highest burdens of vaccine-preventable disease. CHAI supports national immunization programs along the new vaccine introduction value chain. CHAI works to accelerate the introduction of new vaccines with a focus on those that target the leading causes of child mortality, such as the Rotavirus vaccine, which protects against the most common cause of diarrhea, the Pneumococcal Conjugate Vaccine (PCV), which protects against *Streptococcus pneumoniae*, and the Pentavalent vaccine, which protects against five potentially deadly diseases: diphtheria, tetanus, pertussis, hepatitis B, and *Haemophilus influenzae* type B.

Approximately 138,000 deaths per year have been averted in CHAI's focal countries by new vaccine introductions supported by CHAI to date. In 2015 in Nigeria, with

funding from Bill & Melinda Gates Foundation, CHAI supported the introduction of PCV in 11 states to reach coverage of 97 percent by December 2015 and supported planning for introduction in 2016 in the remaining states. PCV introduction will save over 35,000 lives every year in Nigeria alone. With CHAI's support in Cameroon, the percentage of children receiving the recommended two doses of Rotavirus vaccine increased by 20 percent in 2015, compared to 2014. The coverage gap between Rota 2 and Penta 2 has dropped by 30.6 percent, falling from 42 percent in 2014 to 11.4 percent in 2015.

In addition, CHAI, in close collaboration with other Global Polio Eradication Initiative partners, is supporting governments with the critical steps to achieve polio eradication worldwide. Despite global supply shortages of Inactivated Polio Vaccine (IPV), CHAI supported four countries that are at the highest risk for polio—Nigeria, Cameroon, Kenya, and Ethiopia—to successfully introduce IPV in 2015, the first step towards global polio eradication. With CHAI support, IPV coverage reached 87 percent in Nigeria in December 2015, nine months after launch.

VACCINE AFFORDABILITY & AVAILABILITY

At the global markets level, CHAI, with support from the Bill & Melinda Gates Foundation, aims to address the primary barriers to accessing vaccines by securing continued supply and lowering vaccines prices through pricing agreements, facilitating market entry of low-cost emerging manufacturers to improve competition dynamics, and supporting governments to optimize vaccine financing, procurement, and payment systems to be able to access these lower prices.

In-country, CHAI supports governments to create stock management systems to ensure vaccines are available when and where they are needed most. In 2015, with funding from Global Affairs Canada, CHAI supported the National Primary Health Care Development Agency of Nigeria to increase stock availability of vaccines across Nigeria's local government areas from 34 percent in 2013 to 86 percent in February 2016. CHAI, alongside other partners, supported the government to develop and roll out at national scale a vaccines stock management dashboard to all states in 2015. CHAI supported Expanded Programs for Immunization in Ethiopia, Kenya, Tanzania, and Uganda to develop robust strategic multiyear and annual plans, quarterly reviews, new supportive supervision protocols, and feedback loops between national immunization programs and subnational entities. In Mozambique in 2015, with support from Global Affairs Canada, CHAI supported the adoption of a new integrated distribution system in three focal provinces that increased on-time vaccines deliveries from 40 percent to 98 percent, realized a cost savings of 60 percent over the previous model, and demonstrated improved vaccine safety.

VACCINE POTENCY & EFFECTIVE COVERAGE

As vaccines can be damaged by temperature excursions, improvements in vaccine cold chain systems are crucial to ensure access to safe and potent vaccines, increase routine

immunization coverage, and enable the introduction of new vaccines. CHAI aims to increase the affordability and availability of high-quality cold chain equipment and to accelerate the development and introduction of high-potential and high-quality new cold chain technologies that ensure adequate capacity and temperature control. CHAI also aims to support national immunization programs to put in place robust cold chain plans and management systems to ensure adequate capacity and temperature control in their vaccine cold chain.

Freezing would significantly reduce the efficacy of a number of critical vaccines including the PCV, human papillomavirus, IPV, and Pentavalent vaccines. These vaccines are among the highest impact and most expensive, meaning that this work will have a significant impact both on lives saved and in reducing financial losses from wasted vaccines due to freezing. In 2015, working with the WHO, Gavi, and other key stakeholders, CHAI established a “freeze protection” testing and grading system for all cold chain equipment in the WHO catalogue. This allows governments to easily identify and select cold chain equipment that dramatically reduces the risk of freezing of vaccines. In 2015, CHAI supported Gavi to design a new financing mechanism to target “Grade A” user-independent freeze protected products not requiring user intervention, thereby incentivizing all seven refrigerator manufacturers to move toward “Grade A” technology. Beginning in 2013, CHAI has also supported three of the seven manufacturers with intensive guidance on product development as well as pricing of “Grade A” products. Through this work, CHAI helped achieve a 20-30 percent (depending on volumes) price reduction agreement for a “Grade A” product in the highest-demand segment for solar-powered refrigerators, which has exerted downward price pressure on competitors’ products in that segment. CHAI also secured a 66 percent price reduction agreement for a customized remote temperature monitoring device for three years of usage in all Gavi countries.

CHAI, with funding from the ELMA Vaccines & Immunization Foundation, supported the Government of Ethiopia to roll out “FridgeTag” temperature monitoring devices to all vaccine storage sites in Ethiopia. These devices continuously monitor performance of the fridge, and enable users to detect and respond to high-risk temperature excursions. This intervention is particularly important given the results of a diagnostic that found vaccines were exposed to dangerous temperatures at a number of storage levels. Following CHAI’s work in this area, assessments show improved temperature control and performance in critical cold chain segments.

Since 2014, with the support of Global Affairs Canada, CHAI has supported Tanzania to roll out remote continuous temperature monitoring devices and associated management systems to the national vaccine store and all 27 regional vaccines stores in the country. Collectively, these sites store millions of dollars worth of vaccines, so preventing temperature damage is critical. At these sites, temperature excursions are now systematically detected, and over 90 percent of such events have been appropriately responded to as per the guidelines.



CHILD RECEIVING ROTAVIRUS VACCINE
TANZANIA

NUTRITION

In India and most countries in Sub-Saharan Africa, over 40 percent of children under 5 suffer from chronic malnutrition resulting in stunting, cognitive impairment, and immune deficiencies. Chronic malnutrition is the single greatest predictor of death in children under 5 globally. In partnership with the ELMA Foundation, the New Zealand Ministry of Foreign Affairs and Trade, and DFID, CHAI is undertaking a multi-country effort to rapidly reduce the incidence of chronic malnutrition in children under 5 by facilitating the establishment of local production and distribution systems for high-quality, affordable, nutrient-dense food.

In India, CHAI supported the Integrated Child Development Services program in partner states to improve the nutritional value of complementary foods and the supply chain to deliver these foods to children in need. Working in collaboration with the Department of the Women and Child Development and the National Institute of Nutrition, CHAI developed a micronutrient fortified recipe for take-home rations distributed through the Integrated Child Development Services program in the state of Andhra Pradesh. This improved take-home ration is now available statewide to approximately 3 million children and 2 million pregnant and lactating women.

In 2015, CHAI also worked with the Department of Women and Child Development in the Indian state of Madhya Pradesh to pilot a barcode-enabled inventory management system that will significantly improve supply chain management for complementary foods. In the coming year, CHAI, with support from IKEA Foundation, will begin to scale up this technology solution across a network of 450 warehouses and over 92,000 Anganwadi Centers where approximately 6 million children and 2 million pregnant and lactating women access complementary foods. This program will also specifically address the problem of anemia amongst approximately 7 million adolescent girls and young mothers.



MOTHER AND CHILD AT DIARRHEA EDUCATION SESSION
INDIA



MOTHER AND CHILD AT DIARRHEA EDUCATION SESSION
INDIA

HEALTH SYSTEMS STRENGTHENING

CHAI supports countries to address financial and systematic barriers to patients accessing quality essential health services. This includes working with governments to quantify resource needs and secure resources from donors and domestic sources to meet ambitious health targets with the goal of moving toward aid independence over time.



HEALTH WORKER ADMINISTERING PULSE OXIMETER
UGANDA

MARKET SHAPING

High prices and limited access to critical medicines and diagnostics prevents many patients from accessing life-saving treatment.

In April 2015, CHAI, with support from the Norwegian Ministry of Foreign Affairs and in partnership with the UN Commission on Life-Saving Commodities for Women and Children, the Safe Motherhood Program at the University of California, San Francisco, and the Blue Fuzion Group, secured a price reduction of the non-pneumonic anti-shock garment (NASG) from US\$65.80 to US\$41.55 for public sector purchasers in 51 countries. The NASG can be used to control bleeding during postpartum hemorrhage, giving women time to be transported to a health facility for life-saving care. CHAI also worked with the manufacturer to develop and test a more durable version of the garment, extending the life of the garment from 50 uses to 144 uses. The increased durability and lower garment price combine for a US\$0.30 per use price of the garment, a 75 percent reduction from what was previously available.

In July 2015, CHAI, in partnership with UNAIDS, PEPFAR, UNITAID, GFATM, and Roche Diagnostics, secured a 35 percent price reduction for HIV Early Infant Diagnostic technology from US\$12.86 per test to US\$9.40 per test. This deal will allow more infants to be tested for HIV, which in turn will save the lives of children who are able to be initiated on treatment sooner.

In November 2015, CHAI, in partnership with UNAIDS and UNITAID, secured three breakthrough agreements with the potential to increase access to state-of-the-art HIV treatment regimens for people living with HIV in low- and middle-income countries. CHAI's contribution was made possible by support from UNITAID and DFID.

- Working in partnership with Aurobindo Pharma Limited, CHAI helped ensure that generic dolutegravir (DTG), a WHO-recommended alternative first-line therapy for those intolerant of efavirenz, will now be available for US\$44 per patient per year.
- CHAI supported Mylan Laboratories to file for US FDA tentative approval for alternative first-line fixed-dose combination regimen, available for US\$99 per patient per year.
- In partnership with Janssen: Pharmaceutical Companies of Johnson & Johnson, CHAI facilitated the development and delivery of a heat-stable formulation of the HIV treatment regimen darunavir/ritonavir (DRV/r) to enhance availability in resource-poor settings. DRV/r has favorable resistance and tolerability compared to previous treatment options.

In December 2015, CHAI partnered with Becton Dickinson and UNITAID to deliver a complete new suite of CD4 testing solutions to expand and optimize CD4 networks to effectively meet aggressive new HIV testing targets while providing countries with cost savings.



HEALTHCARE WORKER
ETHIOPIA

LOCAL HEALTH SYSTEMS

To sustainably increase access to essential health services, governments will need to address financial barriers to access and strengthen service delivery systems. CHAI works to improve government coordination and management of available resources and increase transparency, equity, efficiency, and effectiveness in domestic and donor health spending. CHAI's goal is to support partner governments to create government-owned, sustainable, and, over time, domestically-financed health systems.

To move toward this goal, CHAI supports governments to quantify available resources and resource needs and to secure additional resources for their priorities. In 2015, this included work funded by DFID, the Embassy of Ireland, and the Swedish International Development Cooperation Agency across nine countries, where CHAI established mechanisms to develop well-substantiated budgets and/or continuously track expenditure and performance against programmatic targets. In Swaziland, with support from the Swedish International Development Cooperation Agency, CHAI supported the government to develop a more robust budget and to improve budget execution to 98 percent utilization, enabling the Ministry of Health to successfully negotiate with the Ministry of Finance for a 14 percent budget increase (the greatest among

ministries) for the following year. In Malawi, with support from the Swedish International Development Cooperation Agency and DFID, CHAI supported the government to map available domestic and donor resources on an annual basis through resource mapping, and to use this information to develop investment cases for allocation of resources to key activities, including US\$9 million for essential medicines from the Ministry of Finance, US\$17 million for infrastructure and medical equipment from a Joint Fund of pooled donor resources coordinated by the government, and US\$363 million for HIV, tuberculosis, and malaria from GFATM.

In South Africa and Ethiopia, CHAI is supporting the rollout of insurance reforms to protect patients from high payments at the point of service that discourage the poor and vulnerable from seeking services or drive them further into poverty. These reforms aim to sustainably raise and pool, or re-distribute, funds to ensure that people in need can access health services and governments can move toward aid independence over time. In South Africa, with support from the Swedish International Development Cooperation Agency, CHAI is supporting provinces and districts to identify opportunities to improve efficiencies in health spending which will inform the design and help ensure sustainability of the National Health Insurance (NHI) reform. CHAI is also assisting the

National Department of Health in the design and costing of the future benefit packages for NHI. In Ethiopia, also with support from the Swedish International Development Cooperation Agency, CHAI provided operational and strategic support to the Ethiopian Health Insurance Agency to help the Agency prepare for the launch of social health insurance for the formal sector and scale-up of community-based health insurance for the informal sector. This included designing and training staff on core processes for claims management and other functions. CHAI provided strategic support to leadership, including the provision of documented experiences from other countries to inform key decisions such as the mode of private sector engagement.

CHAI also supports health systems strengthening more broadly to address bottlenecks in service delivery, including strengthening supply chains, local health workforces, and local quality manufacturing. CHAI supports countries to enhance visibility and data-supported controls on supply chain systems. In India, with support from Mala G Gaonkar, MAC AIDS Fund, and AIDS LIFE Association (Life Ball), CHAI developed and deployed an Inventory Management System (IMS) in all National AIDS Control Organization facilities across the country to track distribution and supply chain of antiretroviral

therapies and HIV commodities. The system provides real-time visibility into flow of commodities and drugs from suppliers to State AIDS Control Societies to facilities until eventual dispensation to patients. This has facilitated accurate forecasting and procurement planning of antiretroviral therapies and other HIV commodities and delivered significant savings by ensuring rationalization of procurement. More than 6 million individual dispensations have been made using the system in 2015 and the data generated through IMS is being leveraged to enhance programmatic planning. In Lao PDR in 2015, with support from Mala G Gaonkar and GFATM, CHAI supported the Ministry of Health to rapidly scale up an innovative, integrated approach to supply chain strengthening customized management software called “mSupply.” Use of “mSupply” expanded five-fold in 2015 in all program hospitals in the country’s southern provinces. In less than two years, the project has reached nearly 15 percent of the country’s total district hospitals, and availability of critical medicines has exceeded 90 percent in all project facilities. Following the completion of this successful proof of concept at scale in 2015, the Ministry of Health plans to extend coverage to all provinces before the end of 2016, and plans to allocate government funding to complete the scale-up.



NURSE IN HEALTH POST
ZAMBIA

HEALTH WORKFORCE

Health workers are the backbone of any health delivery system, yet the WHO projects that there will be a shortage of 12.3 million health workers worldwide by 2035. Health workers are a fundamental component of CHAI's efforts to expand access to health care for those most in need. CHAI supports countries to build the long-term health profession education infrastructure and workforce management capacity necessary to train, deploy, and retain physicians, nurses, midwives, community health workers, and hospital managers. In 2015, CHAI actively supported the Governments of Ethiopia, Liberia, Malawi, Rwanda, Sierra Leone, Tanzania, and Zambia.

ZAMBIA

CHAI has been working with the Government of Zambia since 2008 to address critical health workforce challenges. In 2015, with support from DFID, CHAI continued to support the Government of Zambia to train and deploy paid Community Health Assistants (CHAs). Based at health posts and recruited by their communities, this valuable cadre of the health workers are trained for one year in primary healthcare and prevention and deployed at health posts located within their communities, making them familiar with the population's health needs and well-suited to provide the critical link to care in hard-to-reach rural areas. The first batch of 307 CHAs were deployed in August 2012, and in 2015, 768 new CHAs were deployed and put on government payroll. By the end of December 2015, there were a total of 1,080 CHAs working at 316 health posts across the country serving approximately 2.5 million people in the most remote areas of Zambia. With support from CHAI, the Government of Zambia aims to recruit, train, and deploy an additional 500 CHAs in 2016.

With support from the Swedish International Development Cooperation Agency, CHAI is supporting the Government of Zambia to develop and strengthen systems to train and enable an additional 2,633 new "mid-level" Skilled Birth Attendants (SBAs) to provide quality preventive and curative maternal and newborn health care. As part of this grant in 2015, CHAI began construction to build lecture theaters, skill labs, and lodging at three training institutions to increase capacity for new students. The program also strengthened government systems for supportive supervision and mentorship of SBAs post-graduation across provinces in 2015, and collected evidence to inform government policy decisions with regards to non-financial incentive strategies that can successfully retain more healthcare workers in rural postings.

SIERRA LEONE

In early 2015, with support from DFID, CHAI was invited by the Government of Sierra Leone to support the Ministry of Health and Sanitation (MoHS) as it works to recover from the Ebola outbreak, which has taken a tremendous toll on the country's already strained health workforce. CHAI assisted the MoHS to conduct a national health worker census, payroll verification, and rapid assessments of training institution capacity to help generate evidence on long-term health worker deficits. This work has helped to provide the government and partners with the evidence needed to plan a robust set of interventions to address the national health workforce crisis. In 2016, with support from CHAI and the WHO, the Government of Sierra Leone will launch a national human resources for health strategic planning process.



COMMUNITY HEALTH ASSISTANTS IN VILLAGE
ZAMBIA

2015 NEW PROGRAM WORK

HEPATITIS

In 2015, CHAI began work in viral hepatitis, the seventh highest cause of mortality in the world with approximately 1.4 million deaths per year and 80 percent of the global burden concentrated in low- and middle-income countries, predominately in Asia and Africa. CHAI's goal is to accelerate the launch of viral hepatitis programs using simplified treatment protocols that can rapidly avert mortality and decrease rates of severe and end-stage liver disease. In 2016, CHAI will support countries that have high viral hepatitis burdens and strong government commitment to design and launch programs for increasing access to screening and treatment; help countries to afford treatment by consolidating demand around key products and suppliers for medicines, rapid diagnostic tests, and viral load reagents; design low-cost programs and seek opportunities to leverage existing systems to minimize the additional cost of treating viral hepatitis; and help governments to build the business case to secure domestic or external financing for their programs.

PNEUMONIA

Diarrhea and pneumonia are the leading killers of children under 5 globally. Since 2012, CHAI has been working to catalyze scale-up of access to essential medicines, with a primary focus on zinc and ORS for diarrhea treatment. CHAI's efforts have been focused on four countries: India, Kenya, Nigeria, and Uganda. In addition, CHAI has worked to accelerate scale-up of essential medicines in 10 high-burden countries globally as co-chair of the global Diarrhea & Pneumonia Working Group.

In 2015, CHAI's Essential Medicines program expanded to incorporate pneumonia treatment in existing geographies, and to reach new geographies with combined diarrhea and pneumonia treatment efforts. In Ethiopia and Nigeria, with support from the Bill & Melinda Gates Foundation, CHAI has launched programs to increase access to and usage of diarrhea and pneumonia treatment commodities, including zinc and ORS, Amoxicillin DT, pulse oximetry, and oxygen treatment.

CANCER

The state of cancer treatment in Africa today looks similar to that of HIV in the early 2000s; it is characterized by late presentation, low access to treatment, and poor treatment outcomes. Delays in access to cancer treatment result in 80-90 percent of cases that are in an advanced stage at the time of arrival to treatment. Fewer than 5 percent of patients in need receive chemotherapy, and more than half of the countries in Africa have no radiotherapy. Among Sub-Saharan African countries that do have radiotherapy, most have a ratio of more than 5 million people to one machine. As a result, cancer in Sub-Saharan Africa is 1.5 times more lethal than in more developed countries and the cancer burden is growing. In 2012, there were an estimated 626,400 new cases of cancer and 447,700 deaths from cancer in Sub-Saharan Africa. Based on population aging alone, cancer incidence in Sub-Saharan Africa is projected to increase by 85 percent in the next 15 years.

To help address this growing problem, in 2015 CHAI established a partnership with the American Cancer Society and has begun work with the Governments of Nigeria and Ethiopia to develop end-to-end services for cervical and breast cancer, which account for 34,000 deaths each year in those countries. In 2016, CHAI and the American Cancer Society will seek to design and roll out effective screening programs, strengthen capacity at tertiary hospitals, and optimize the market for cancer drugs to expand access to quality treatment.

2015 NEW COUNTRY EXPANSION

SIERRA LEONE

In 2015, CHAI established a presence in Sierra Leone to assist the government to rebuild their health system in the aftermath of the Ebola epidemic. At the request of the Ministry of Health and Sanitation and with support from DFID, CHAI has been working in the areas of supply chain and human resources for health in order to help improve both the availability of essential drugs as well as skilled healthcare workers at all of Sierra Leone's public health facilities. CHAI looks forward to a continued partnership with the Government of Sierra Leone to better serve the country's 6 million citizens. The Ministry of Health and Sanitation is energetic and passionate, and the need for expanded and improved health services is great.

DEMOCRATIC REPUBLIC OF CONGO

In late 2015, after a brief hiatus and at the government's request, CHAI re-established a presence in the Democratic Republic of Congo (DRC). DRC's population of 80 million and serious health system challenges present an opportunity to save a significant number of lives as well as to contribute to many of the global goals that have been set forth in the public health space. CHAI's initial work in the DRC is funded by the United National Population Fund (UNFPA) to increase access to the most effective methods of contraception for girls and women by supporting the Ministry of Health to improve the availability of contraceptives. CHAI hopes to not only expand work in family planning services, but also to increase our partnership with the Ministry of Health to work in other health areas, helping to better serve the needs of the Congolese population.

WHERE WE WORK

★ BOSTON, MA, USA
GLOBAL OPERATIONS



MAP KEY:

- Countries with programs only
- Procurement Consortium Countries
- Program and Procurement Consortium Countries.
- Countries with offices, programs, and procurement consortium members

2015 PROGRAM COUNTRIES

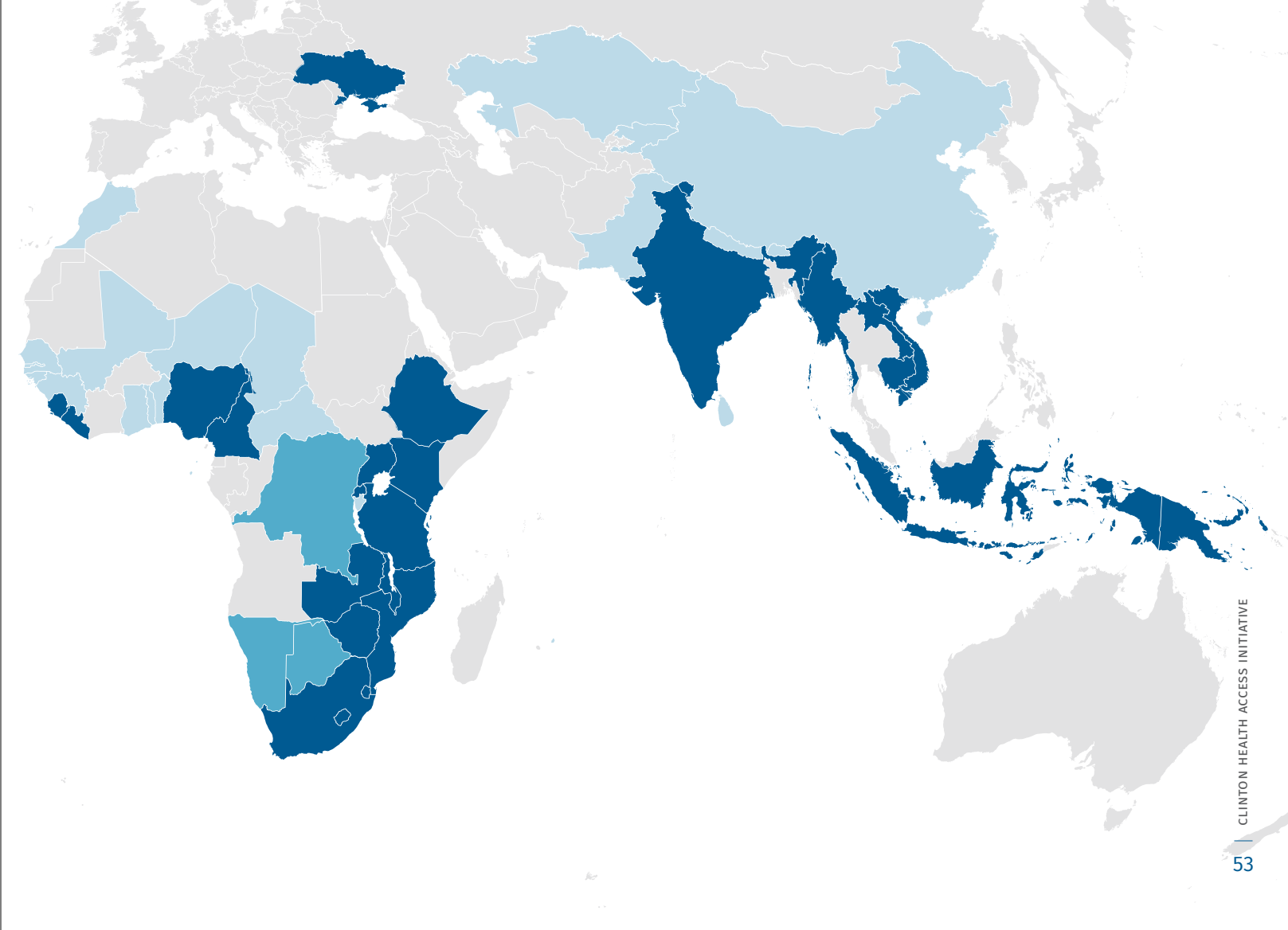
Countries where CHAI had programmatic engagement with the government in 2015.

Botswana	Malawi
Cambodia	Mozambique
Cameroon	Myanmar
Democratic Republic of Congo	Namibia
Dominican Republic	Nigeria
Costa Rica	Panama
Ethiopia	Papua New Guinea
Guatemala	Rwanda
Haiti	Sierra Leone
Honduras	South Africa
India	Swaziland
Indonesia	Tanzania
Jamaica	Uganda
Kenya	Ukraine
Lao PDR	Vietnam
Lesotho	Zambia
Liberia	Zimbabwe

2015 COUNTRY OFFICES

Countries where CHAI operated out of an office location in 2015.

Cambodia	Rwanda
Cameroon	Sierra Leone
Ethiopia	South Africa
Haiti	Swaziland
India	Tanzania
Indonesia	Uganda
Jamaica	Ukraine
Kenya	United States
Lao PDR	Vietnam
Lesotho	Zambia
Liberia	Zimbabwe
Malawi	
Mozambique	
Myanmar	
Nigeria	
Panama	
Papua New Guinea	



2015 PROCUREMENT CONSORTIUM MEMBER COUNTRIES

Procurement Consortium Member Countries have access to CHAI-negotiated price reductions for key high-quality medicines and diagnostics

Anguilla	Chad	Guatemala	Mozambique	St. Kitts & Nevis
Antigua & Barbuda	Chile	Guinea	Myanmar	St. Lucia
The Bahamas	China	Guinea-Bissau	Namibia	St. Vincent & the Grenadines
Barbados	Columbia	Honduras	Nepal	Suriname
Belize	Commonwealth of Dominica	India	Niger	Swaziland
Benin	Democratic Republic of Congo	Indonesia	Nigeria	Tanzania
Bhutan	Dominican Republic	Jamaica	Pakistan	Togo
Bolivia	Ecuador	Kazakhstan	Panama	Trinidad & Tobago
Botswana	El Salvador	Kenya	Papua New Guinea	Uganda
Brasil	Ethiopia	Kyrgyz Republic	Paraguay	Ukraine
British Virgin Islands	Gambia	Lao PDR	Rwanda	Vietnam
Burundi	Ghana	Lesotho	Sao Tome and Principe	Zambia
Cambodia	Grenada	Liberia	Senegal	Zimbabwe
Cameroon	Guatemala	Malawi	Sierra Leone	
Cape Verde	Guinea	Mali	South Africa	
Central African Republic	Guinea-Bissau	Mauritius	Sri Lanka	
		Montserrat		
		Morocco		

FINANCIALS

Clinton Health Access Initiative, Inc. and Subsidiaries
 Years Ended December 31, **2015, 2014, and 2013**
 Amounts in Thousands of Dollars (\$000's)

CONSOLIDATED STATEMENT OF ACTIVITIES

	2015	2014	2013
Total revenue	152,586	141,534	109,387
EXPENSES			
East Africa	24,328	24,197	16,306
Caribbean	387	347	1,281
Southeast Asia	11,988	14,407	13,220
Southern African Development Community	31,868	29,239	23,883
West Africa	30,251	20,004	11,869
India	6,150	7,672	5,286
Direct Country Team Expenses	104,972	95,865	71,846
Direct Global Team Expenses	\$31,853	30,790	25,235
In-Country Indirect Cost	\$1,900	1,553	1,418
Executive & Program Management	2,530	1,892	1,654
General and Administrative	9,861	7,891	6,606
Overhead	14,291	11,336	9,678
Finance System	633	760	448
Total expenses	151,749	138,751	107,207
Increase in net assets	838	2,783	2,180

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

	2015	2014	2013
ASSETS			
Cash and cash equivalents	9,913	10,403	10,524
Assets limited as to use	77,693	60,369	61,567
Accounts receivable	1,437	1,732	975
Contributions receivable	3,038	3,393	4,944
Grants receivable	1,926	7,641	4,387
Prepaid expenses	1,006	1,527	638
Property and equipment, net of accumulated depreciation	225	184	211
Total assets	95,238	85,249	83,246
LIABILITIES AND NET ASSETS			
Accounts payable	3,550	2,395	3,171
Accrued expenses	2,547	4,211	2,226
Deferred revenue	29,207	36,029	38,118
Obligations associated with assets held for commodities purchases	375	3,128	3,513
Total liabilities	35,679	45,763	47,028
Total net assets	59,559	39,487	36,219
Total liabilities and net assets	\$95,238	85,250	83,247



MOTHER AND CHILD ATTENDING CHAI-LED DIARRHEA EDUCATION SESSION IN KANO STATE
NIGERIA

ACKNOWLEDGEMENTS

CHAI'S 2015 WORK IS POSSIBLE THANKS TO A
COMMITTED NETWORK OF DONORS AND PARTNERS.

Absolute Return for Kids	Elton John AIDS Foundation	Magic Pebble Foundation	Robert Selander (The Selander Foundation)
African Leadership Academy	Embassy of Ireland	Mala G Gaonkar	Samantha Wagner
AIDS LIFE Association (Life Ball)	EPIC	Malaria No More	Save the Children
Alan Schwartz (Schwartz Family Foundation)	Gemma Yie	Maria Madison	Sean Herman
American Cancer Society, Inc.	Global Affairs Canada	Mark A Thomas	Segal Family Foundation
Anirvdh Sivaram	Global Alliance for TB Drug Development	Medical Products Supply Center, Lao PDR	Shayak Barman
The Australian Government	Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	Medicines for Malaria Venture (MMV)	STOP AIDS NOW!
Bill & Melinda Gates Foundation	Global Health Corps	National Health Laboratory Services, South Africa	Sundaram Hariharan
Brian Sketsky	Global Network of People Living with HIV	Network for Good	Swedish International Development Cooperation Agency (SIDA)
Cameroon Baptist Convention Health Board	Government of New Caledonia	New Zealand Ministry of Foreign Affairs and Trade (MFAT)	Tara Hickey
Cameroon Comite National de lutte contre le SIDA	Harry and Sandra Zimmerman	Norwegian Ministry of Foreign Affairs	Todd and Christine Fisher
CDC Foundation	Health Partners International	Oak Foundation	TRUiST on behalf of donors from workplace giving programs managed by TRUiST
Center for Global Development	Hewlett-Packard Company	Olena Pinchuk ANTI-AIDS Foundation	UK Department for International Development (DFID)
Centers for Disease Control and Prevention (CDC)	Hycienth Ahaneke	Pangaea Global AIDS Foundation	UNITAID
Chantelle Luk	IKEA Foundation	PATH Drug Solutions	United Nations Children's Fund (UNICEF)
Children's Investment Fund Foundation (CIFF)	Institute of Human Virology, Nigeria	Patrick Palmer	United Nations Foundation
Christine Coyle	International Institute for Impact Evaluation (3ie)	Raymond G. Chambers (MCJ) Amelior Foundation)	United Nations Office for Project Services (UNOPS)
Dale C Rosenbloom (CGLC Charitable Trust)	Jason D. Chow	Regents of the University of California, San Francisco Campus	University of Amsterdam
Damien Faure	Jeremy Knight	Results for Development Institute	University of Malawi, College of Medicine
ELMA Foundation	Joint United Nations Programme on HIV/AIDS (UNAIDS)	RMNCH Trust Fund (via UNICEF and WHO)	University of Manitoba
ELMA Vaccines and Immunization Foundation	Jyoti Jain		Vishal Amin
	Karl Johnson		Vitol Foundation
	Last Mile Health		Vodafone Foundation
	Lindsey Washburn		William Shutzer
	MAC AIDS Fund (MAF)		World Health Organization (WHO)

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GIRLS AT HANDWASHING EDUCATION SESSION
INDIA

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IMAGE, INSIDE BACK COVER:
HEALTHCARE WORKER WITH TRANSPORT BICYCLE, MALAWI



Clinton Health Access Initiative, Inc. (CHAI)
383 Dorchester Avenue, Suite 400
Boston, MA 02127 USA

+1 617 774 0110
info@clintonhealthaccess.org

For all press inquiries, please contact:
press@clintonhealthaccess.org

www.clintonhealthaccess.org