CLINTON
HEALTH ACCESS
INITIATIVE

Annual Report 2024

Contents

Staff Spotlights

Front cover: A mother and child visit Pademangan District Health Center in North Jakarta, Indonesia, to undergo screening for HIV, syphilis, and hepatitis B. Photo: Arifin Fino.

Dr. Neil Buddy Shah
CHAI CEO

Message from the CEO

When we launched our 2024-2028 strategy, we set out to tackle persistent global health challenges through four strategic objectives: scaling proven solutions, accelerating innovation, extending the value of health spending, and strengthening health systems. As this report demonstrates, that strategy is delivering real results for the people who need it most—with measurable improvements in mortality and morbidity outcomes and strengthened health systems that touch millions of lives.

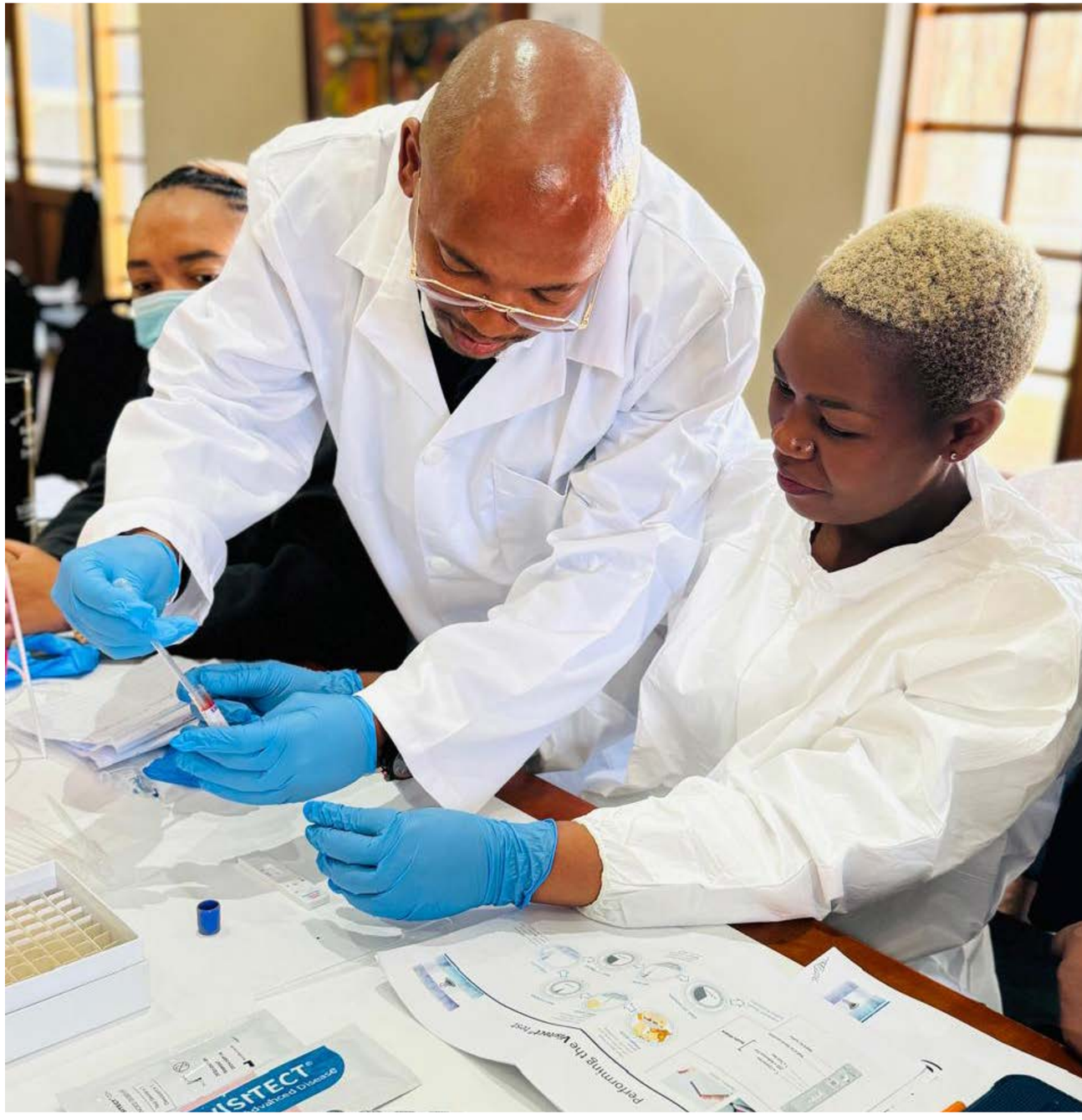
We've made remarkable progress: a 600 percent increase in breast cancer treatment for Ethiopian women between 2019 and 2024 (page 32); prevention of 50,000 stillbirths and miscarriages through expanded HIV and syphilis dual testing for pregnant women (page 49); 76,000 lives saved through better diarrhea treatment using ORS and zinc (page 41); and a dramatic increase in treating severe malnutrition in a Lao PDR pilot province—from 10 percent to 97 percent of diagnosed children within a year—paving the way for national scale-up. (page 43).

Yet even as we celebrate these wins, we know the global health landscape has shifted dramatically. The funding crisis that has gripped our sector over the last year has forced difficult conversations about priorities, sustainability, and the future of development assistance. Where once the global health community could rely on stable international support, we now face stagnant or declining resources precisely when needs are expanding.

This new reality demands we think differently about how we achieve our mission. The next era of global health will look markedly different—but I believe we have an unprecedented opportunity to make it better. This is a disruptive moment that gives us not just the space, but the obligation to think bigger and differently. At CHAI, we're already putting that vision into practice as we work directly with ministries of health to mitigate the immediate effects of funding cuts while building more resilient health systems.

We're also living through a period of tremendous innovation. Historically, what gets developed for high-income countries takes more than a decade to reach low- and middle-income countries. CHAI's legacy is accelerating that timeline and helping countries leapfrog traditional development pathways. Now, we're harnessing the transformative power of AI and other emerging technologies to accelerate the process even further. For example, on page 24, read about how we're pioneering the use of portable US$11 x-ray devices paired with AI-driven analysis to provide expert-level tuberculosis diagnosis in places without radiologists.

The impact stories in this report prove that even in times of constraint, transformative progress is possible. When we combine proven interventions with innovative approaches, when we leverage every dollar for maximum impact, and when we build systems that can adapt and grow—we can still achieve our vision: a world where everyone has the opportunity to live a healthy and fulfilling life.



Health workers in hospitals across Lesotho were provided refresher training on testing for and management of Advanced HIV Disease and cryptococcal meningitis. Photo: CHAI.

About CHAI

The Clinton Health Access Initiative (CHAI) is a global health organization that operates at the nexus of government, business, and health. Our approach hinges on our trusted relationships with governments to drive change across entire health systems.

Community coordinator explaining TB symptoms to a patient in Ladakh, India. Photo: Sujata Khanna/WJCF.

Our vision is a world in which everyone is able to live a healthy and fulfilling life.

Our mission: To save lives and improve health outcomes in low- and middle-income countries by enabling the government and private sector to strengthen and sustain quality health systems.

Our values: We are a mission-driven organization. We work in cooperation with and at the service of government partners. We have an entrepreneurial and action-oriented culture, which fosters diversity, equity, and inclusion. We operate with urgency, trust, transparency, frugality, and humility. We recognize our staff is our greatest asset.

Where we work

CHAI works with governments and partners to prevent and treat deadly infectious and non-communicable diseases, accelerate the rollout of lifesaving vaccines, reduce maternal, infant, and child mortality, make assistive technology available to those who need it, and strengthen health systems.

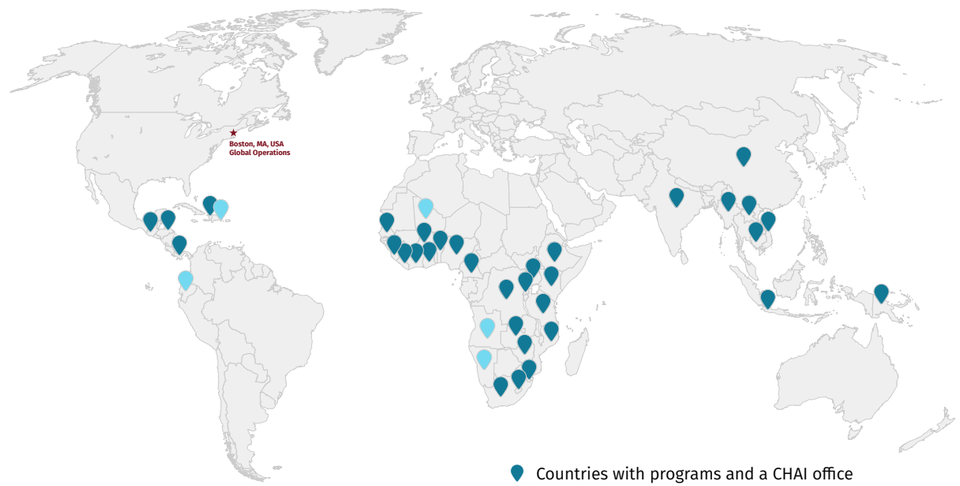
Our strategy is rooted in sustainability, which means governments lead the solutions and programs are designed to scale nationally with tactics that can be replicated in other countries. CHAI is deeply grounded in the countries we work, with 85 percent of employees based in program countries.

AT A GLANCE

39
countries where CHAI had programmatic engagement, 36 where CHAI operated out of an office location

125+
countries have access to CHAI-negotiated deals on medications, diagnostics, vaccines, and other health tools

85%
of CHAI staff are based in program countries



Our history

CHAI was founded in 2002 to help save the lives of millions of people living with HIV/AIDS in low- and middle-income countries. None of the milestones achieved over the past 20+ years would have been possible without the leadership of governments, communities with lived experience, support from our donors, and the partnership of global and local civil society organizations and multilaterals.

- **2002:** CHAI is founded.
- **2002-2003:** Introduced HIV drugs in low- and middle-income countries with CHAI's 60% price reduction. +60 countries in Africa and the Caribbean access treatment for the first time as a result of the deal.
- **2004:** Achieved up to 80% price reduction for CD4 and HIV VL.
- **2006:** Negotiated a 50% price reduction in HIV rapid tests.
- **2009:** Delivered US$1B savings for South African government with HIV and TB price cuts. Partnership dramatically scaled up clients accessing care and treatment as CHAI began expanding into new health areas beyond HIV.
- **2010:** Supported development of innovative subsidy mechanism to get almost 300M anti-malarials to patients. Increased access to best-in-class artemisinin combination therapy in eight countries.
- **2011:** Averted childhood deaths and saved US$950M with price deals for routine vaccines. Lowered price of rotavirus vaccine by 67% and pentavalent vaccine by 50%.
- **2012:** Created market for long-acting reversible contraceptive implants in low- and middle-income countries with 50% price cut.
- **2013:** Prevented 75K+ deaths with expansion of life-saving childhood diarrhea treatment of zinc and oral rehydration salts (ORS) in 5 high-burden partner countries.
- **2014:** Supported Liberia's Ebola rapid response to contain the epidemic. Led case management and health worker training, serving as critical link between international emergency response and Liberian government.
- **2014:** Landmark diagnostic access program accelerates scale-up of HIV viral load testing to help achieve new global goals.
- **2015:** Attained a 35% price reduction for HIV early infant diagnosis and launches a solutions-driven business model to rationalize existing CD4 networks with the most efficient instrumentation, tests, and terms to meet WHO testing targets.
- **2016:** Reduced maternal and newborn deaths by >35% in three Nigerian states with program focused on the 48 hours around delivery.
- **2016:** Created market for hepatitis C treatment in seven countries with 71-95% cost reduction for originator treatments. Significantly expanded access in 2023 for WHO-prequalified products with >90% reduction for HCV treatment from two generic suppliers and reduced price for hepatitis B treatment to under US$3/month.
- **2017:** Increased access to cancer medications, including chemotherapies, in six high-burden countries in Africa. Expanded program in 2019 across Africa and Asia with 20+ additional medications.
- **2017:** Introduced affordable single-pill DTG-based HIV regimen with landmark TLD deal, making best-in-class optimal medication available in low- and middle-income countries.
- **2017:** Paved way for millions in savings with launch of MedAccess credit facility for healthcare access deals. Leverages US$200M paid-in capital to negotiate agreements for medical innovations in low- and middle-income countries.
- **2018:** Brokered all-inclusive pricing for point-of-care molecular virology testing, representing a 30-40% price reduction
- **2018:** Reached US$12 transformative all-inclusive pricing agreement for HIV, hepatitis, and HPV while introducing the most advanced integrated diagnostic platform available
- **2019:** Negotiated expanded access agreements to include TB, Hepatitis, and HPV tests
- **2019:** Secured a >45% price reduction for thermal ablation devices for cervical cancer
- **2019:** More than doubled number of doctors per population with close of Rwanda's flagship health workforce program. More broadly, CHAI has significantly expanded trained health workforces in 16 countries and provided strategic and operational support to governments to mobilize over US$170M in resources to train and deploy health workers.
- **2020:** Achieved fastest-ever generic pediatric HIV drug approval and launch.
- **2020-2022:** Rapidly scaled COVID-19 pandemic response in partner countries with strategic and operational support. CHAI quickly secured and deployed donations of antigen test kits to 15+ high-burden countries, supported national oxygen strategies in 17 countries, and more.
- **2021:** CHAI achieves >30% price reduction for HIV/syphilis combination rapid tests
- **2022:** Partnered with governments to screen over 1M women in 10 countries for cervical cancer. More than 80% of women receive appropriate treatment across the program, with half of partner countries exceeding 90% treatment coverage among women who screened positive for pre-cancerous lesions.
- **2022:** Significantly expanded health insurance in Ethiopia. Scaled community-based health insurance coverage from 10M to 45M+ beneficiaries, including the most vulnerable who now receive fully subsidized coverage.
- **2023:** Over a decade of partnership, helped reduce malaria incidence by 98% across Cambodia, Lao PDR, and Vietnam, and set them on track to eliminate malaria in the next few years
- **2023:** Dramatically reduced cost of HIV treatment over 20 years. CHAI's pioneering work negotiating price reductions and generic licenses, together with critical efforts from partners like the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, reduced cost of HIV treatment from US$10,000 per person per year in the early 2000s to under US$45 in 2023
- **2024:** In partnership with PATH and the governments of Kenya and Tanzania, CHAI supported the launch and establishment of the Unitaid-funded regional oxygen manufacturing initiative in East Africa, which is expected to triple oxygen production in the region and reduce oxygen prices by up to 27%.

Infectious Diseases

For years, four infectious diseases—HIV, hepatitis, tuberculosis, and malaria—have driven the majority of illness and death in low- and middle-income countries. COVID-19 highlighted how quickly emerging infectious threats can overwhelm health infrastructure and disrupt essential services for these endemic diseases. CHAI has built on our foundational work in HIV to address these diseases while expanding our focus to pandemic preparedness, ensuring countries are better equipped to respond to future outbreaks. Central to this preparedness is strengthening access to medical oxygen—a critical intervention that proved essential during COVID-19 and remains vital for treating severe pneumonia, tuberculosis, and other respiratory conditions.

Workers log mosquito samples in Guna Yala Comarca, Panama. Photo: Lay Ling Him/CHAI.

Antimicrobial Resistance

Antimicrobial resistance—which occurs when infections caused by bacteria, viruses, fungi, or parasites become resistant to antibiotics—is one of the most significant global health threats today. When antibiotics become ineffective, infections become difficult or impossible to treat. This increases the risk of disease spread, severe illness, disability, and death. In 2019, antimicrobial resistance was directly responsible for 1.27 million deaths and contributed to an additional 4.95 million deaths.[1] This number is forecasted to rise to over 39 million deaths in total between 2025-2050.[2] Together with ministries of health and other partners, CHAI aims to improve access to appropriate antibiotics in low- and middle-income countries, promote responsible antibiotic use, improve diagnostic capabilities, and mitigate the spread of antimicrobial resistance.

People in low- and middle-income countries bear the highest burden of death from drug-resistant bacterial infections and face major gaps in accessing appropriate medication to treat them. Weak health systems, a lack of trained health workers, poverty, inadequate funding, geographic inequities, and counterfeit medicines contribute to—and exacerbate—these gaps.

In partnership with ministries of health and the global antimicrobial resistance community, CHAI aims to improve access to appropriate antibiotics in low- and middle-income countries, strengthen health systems, promote responsible antibiotic use, improve diagnostic capabilities to ensure equitable access to antibiotics, and mitigate the spread of antimicrobial resistance.

We aim to strengthen collaboration with early-stage product developers to design products that are appropriate for low- and middle-income countries and effective in fighting antibiotic resistance. CHAI also works with governments to highlight the threat of antimicrobial resistance and assist in developing strategies to combat it. Finally, we work with governments, donors, and partners to tackle the issues around access to basic antibiotics, specifically those on the World Health Organization (WHO) AwaRe list[3].

PARTNER COUNTRIES

Cambodia • Côte d'Ivoire • Ethiopia • Ghana • India • Kenya • South Africa • Vietnam • Zimbabwe

KEY PARTNERS & DONORS

The Global Antimicrobial Resistance Innovation Fund • United States Agency for International Development

Research and market intelligence

In 2024, CHAI partnered with the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) to evaluate clinical needs and address market barriers for diagnostic, preventive, and therapeutic interventions targeting gonorrhea in low- and middle-income countries. Leveraging insights from CHAI's previous sexually transmitted infection work, CHAI and CARB-X conducted initial market assessments focused on the drug-resistant N. gonorrhoeae pathogen. This intelligence will be used to guide and develop portfolio companies focused on diagnostics, preventives, and therapeutics. The partnership aims to identify implementation hurdles, develop a clear understanding of which antimicrobial resistance solutions to prioritize, and cultivate sustainable markets in low- and middle-income countries.

Bridging global gaps in equitable antibiotic access

CHAI's ongoing partnership with the Global Antibiotic Research and Development Partnership (GARDP) and SHIONOGI exemplifies

an innovative model for bridging global gaps in equitable access to antibiotics. Launched in June 2022, the partnership aims to improve access to cefiderocol, an antibiotic used to treat hospital-based, gram-negative bacterial infections, particularly in cases where other antibiotics are ineffective. The project operates across 135 countries, including those facing the highest burden of antimicrobial resistance.

Specifically, CHAI is facilitating the technology transfer between SHIONOGI and Orchid Pharmaceuticals to allow Orchid to develop a generic cefiderocol formulation for low- and middle-income countries

Additionally, in **Ethiopia** and **Kenya**, CHAI partnered with GARDP to engage government and local stakeholders in initiating market-shaping activities and stimulating future demand for cefiderocol.

Diagnostics and antimicrobial stewardship

Diagnostics are a powerful tool in the fight against antimicrobial resistance, as they identify the pathogen and the appropriate antibiotic used to treat it. In 2024, CHAI served as a technical partner on the United States Agency for International Development (USAID)-funded Antimicrobial Resistance Access and Stewardship Initiative (AMRASI) project, which explored the feasibility of a market-based approach to improve access to urgently needed, quality-assured diagnostics and antimicrobials. Notably, CHAI developed a treatment guide for health workers to manage respiratory infections in patients with fever at clinics and hospitals across low- and middle-income countries. Based on initial evidence, CHAI identified potential diagnostic solutions tailored to different healthcare settings, which will support accurate diagnosis and guide appropriate antibiotic use.

Hepatitis C screening training for healthcare workers in Kampong Chhnang, Cambodia. Photo: Soksamphoas Im.

Hepatitis

Viral hepatitis B and C affect more than 350 million people globally and are the leading causes of liver cancer and liver failure. Over 1.3 million people worldwide die from liver diseases every year.[4] Despite the availability of highly effective and inexpensive interventions—including a cure for hepatitis C and a vaccine to prevent hepatitis B—many people still lack access to these life-saving tools. By building simple, cost-effective test-and-treat models and integrating them into existing health systems, CHAI supports governments in their efforts to eliminate hepatitis C and prevent vertical transmission of hepatitis B.

Since 2016, CHAI has supported ministries of health across eight countries to screen 49.6 million people and treat over 590,00 patients for hepatitis B and C. In 2024 alone, CHAI helped screen 13.2 million individuals and initiated treatment for 97,000 patients, preventing further disease progression.

In 2024, CHAI's efforts focused on scaling integrated services for the triple elimination of vertical transmission (infections passed from mother to child) of human immunodeficiency virus (HIV), syphilis, and hepatitis B (HBV), developing innovative service models for target populations, and equipping health systems with policy and financing reforms to improve the quality and consistency of hepatitis care.

Rwanda: Eliminating vertical transmission is possible

Globally, vertical transmission remains the leading cause of new hepatitis B infections, accounting for a significant proportion of the 1.2 million new infections annually.[5] In the World Health Organization African Region, where 63 percent of new infections occur, the situation is particularly dire: Only 18 percent of newborns receive the hepatitis B birth dose vaccination, largely due to resource and funding constraints.[6]

By integrating hepatitis services into routine antenatal care and newborn immunization platforms, CHAI is helping countries close this gap.

In **Rwanda**, CHAI helped screen 91 percent of pregnant women accessing antenatal care for hepatitis B, with at least 85 percent of women

PARTNER COUNTRIES

Cambodia • India • Indonesia • Myanmar • Nigeria • Rwanda • Uganda • Vietnam

KEY PARTNERS & DONORS

Canton of Geneva • The Foreign, Commonwealth & Development Office • The Global Fund to Fight AIDS, Tuberculosis and Malaria • The Hepatitis Fund

PROGRAM HIGHLIGHTS

49.6M

Since 2016, CHAI has helped screen over 49.6M people for hepatitis B and C across eight countries, with 13.2M screened in 2024 alone.

10,000

Over 10,000 newborns in Rwanda received the hepatitis B birth dose for the first time in 2024, marking a major step toward universal birth dose coverage.

590,000

Over the past nine years, CHAI's support has enabled more than 590,000 patients to receive treatment for hepatitis B and C.

with high viral loads receiving timely antiviral treatment. Additionally, CHAI helped the government of **Rwanda** to vaccinate 90 percent of newborns born to hepatitis B-positive women within 24 hours of birth and trained 1,012 healthcare workers across more than 500 facilities.

With funding from Gavi, the Vaccine Alliance's Vaccine Introduction Grant, CHAI is supporting **Rwanda**'s transition to universal hepatitis B birth dose vaccination. CHAI additionally supported the governments of **Ethiopia** and **Uganda** to secure Gavi funding to introduce the vaccine in their countries. This funding will continue to sustainably prevent vertical transmission across sub-Saharan Africa.

Advancing triple elimination

In Nasarawa, **Nigeria**, CHAI partnered with a tertiary facility to cut the time required from screening to prophylaxis initiation from four weeks to under two hours, enabling rapid prophylaxis initiation for 82 percent of identified infections—paving the way for a stronger triple elimination response. We also secured a donation of combination triple tests to pilot integrated antenatal screening for HIV, syphilis, and hepatitis B across seven states in 2025.

In Madhya Pradesh, **India**, CHAI affiliate the William J. Clinton Foundation, or WJCF, supported the local government to improve triple elimination services. In West Bengal, WJCF launched a four-district pilot informed by a comprehensive gap assessment to scale triple elimination. Leveraging key learnings from the pilot—including the importance of establishing detailed standard operating procedures, job aids, and service decentralization—WJCF helped ensure sustained impact across **India**.

Reaching high-risk and underserved populations

Key populations, including people who inject drugs, experience complex barriers to accessing care. As part of our Integrated Service Delivery for High-Risk Groups program, WJCF worked to strengthen provider capacity and integrate hepatitis care into broader health services in **India** between April and December 2024—enabling improved access to care for those most at risk.

WJCF expanded its Project Sampark initiative, which aims to strengthen referral and treatment linkage pathways for hepatitis-positive blood donors. The program, which now includes 14 additional districts across Madhya Pradesh, has successfully improved early detection and linkage to care for hepatitis B and C patients.

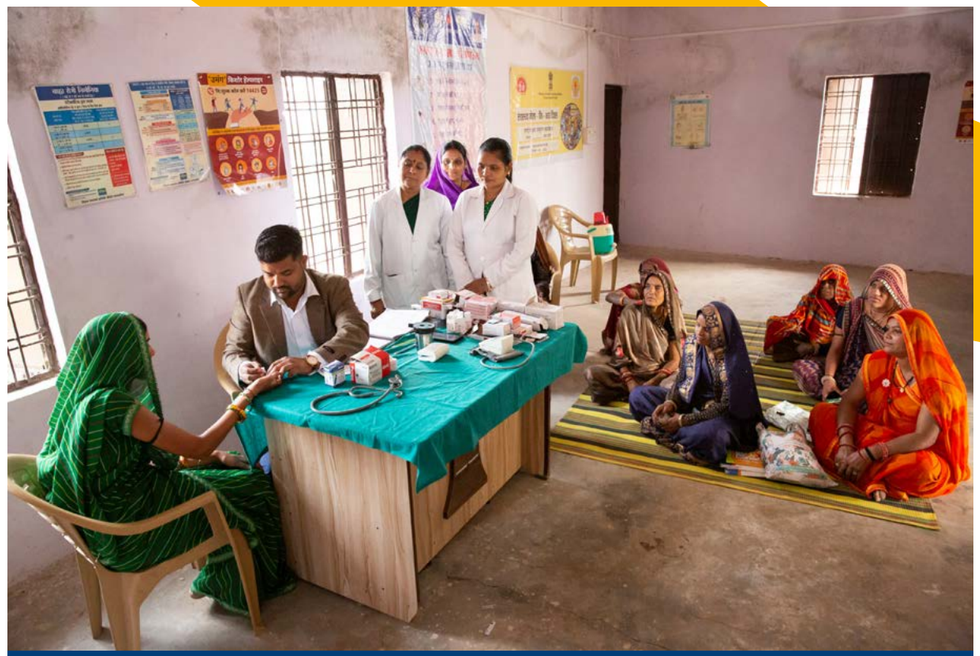
CHAI also supported the expansion of hepatitis C services into a new prison site in West Java, **Indonesia**, and documented key lessons learned to strengthen access to care for incarcerated populations, who are disproportionately affected.

Driving policy and financing reform

Policy and financing reform play a critical role in expanding equitable access to hepatitis services. In mid-2024, CHAI launched a program focused on updating national preventive vertical transmission policy guidelines in **Uganda**, while also supporting policy updates, diagnostic access, and national planning for the triple elimination of HIV, syphilis, and hepatitis B in **Nigeria**.

CHAI worked closely with the government of **Cambodia** to align the World Health Organization's hepatitis B recommendations with **Cambodia**'s clinical guidelines and ensure they reflect global best practices. We also advocated for the inclusion of hepatitis screening in the Health Equity Fund and National Social Security Fund, helping reduce out-of-pocket costs and expand access to care for informal sector workers and individuals facing extreme economic hardship.

In **Nigeria** and **Vietnam**, CHAI conducted landscape assessments to identify supply chain gaps in harm reduction efforts, which will help to inform future strategy and expenditure planning. Additionally, CHAI assisted the government of **Nigeria** in securing grant resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria to strengthen integrated services for people who inject drugs



Medical officer conducting hepatitis testing of pregnant women in Madhya Pradesh, India. Photo: Sujata Khanna/WJCF.

in four states. Implementation is expected to start in 2025.

Informing global strategies with evidence and data

CHAI continues to generate and share data to inform global and national hepatitis strategies through hepatitis-focused conferences, global health forums, and webinars. In 2024, CHAI's market reports helped inform the World Health Organization's Global Hepatitis Report, which strengthened global understanding of access barriers and market trends. CHAI also supported a hepatitis C retreatment study in **Rwanda**[7] and a risk factor analysis in Punjab, **India**, which will help guide screening strategies.[8]

Looking ahead

By mobilizing resources, building and maintaining healthy markets, and embedding simple, effective solutions into national health systems, CHAI remains committed to supporting countries in their efforts to sustainably eliminate hepatitis.

HIV/AIDS

In 2024, an estimated 40.8 million people were living with HIV, with nearly two-thirds in sub-Saharan Africa.[9] More than 1.3 million cases were newly acquired, and over 630,000 individuals died from HIV-related causes.[10] To advance epidemic control and end preventable deaths of adults and children living with HIV, CHAI introduces, scales, and improves the accessibility of optimal products for HIV prevention, testing, and treatment. CHAI partners with governments and communities to rapidly accelerate new product deployments and strengthen health systems to provide lifesaving HIV services, driven by the principle that people—no matter who they are or where they live—are at the center of the HIV response.

HIV infections have declined considerably over the past decade, in part due to combination HIV prevention options, including pre-exposure prophylaxis, and increased access to antiretroviral treatment. However, progress across regions and populations remains uneven. Using data to improve resource allocation and expanding access to pre-exposure prophylaxis and multipurpose prevention technologies—which are designed to prevent multiple sexual and reproductive health infections—provides an opportunity to narrow these gaps.

Transforming HIV prevention through long-acting injectables

Introducing and scaling affordable pre-exposure prophylaxis and multipurpose prevention technologies will be critical to rapidly reducing new HIV infections and addressing unmet prevention needs.

In partnership with Wits Reproductive Health and HIV Institute, and with Unitaid funding, CHAI is designing and executing market-shaping interventions to minimize the time between market entry of originator and generic long-acting products, including long-acting cabotegravir and lenacapavir. By dramatically simplifying the annual HIV prevention regimen, these injectable products have the potential to transform HIV prevention.

Further, CHAI is working with partner countries to plan for the introduction of injectable long-acting pre-exposure prophylaxis and multipurpose prevention technologies.

PARTNER COUNTRIES

Cambodia • Côte d'Ivoire • Democratic Republic of the Congo • Eswatini • Ethiopia • India • Kenya • Lao PDR • Lesotho • Malawi • Mozambique • Myanmar • Nigeria • South Africa • Tanzania • Uganda • Zambia • Zimbabwe

KEY PARTNERS & DONORS

Children's Investment Fund Foundation • ELMA Philanthropies • Elton John AIDS Foundation • The Foreign, Commonwealth & Development Office • Gates Foundation • MedAccess • Unitaid

PROGRAM HIGHLIGHTS

365 to 2

CHAI is working to accelerate the introduction of generic lenacapavir. This will simplify the annual HIV prevention regimen from 365 daily oral pre-exposure prophylaxis pills to just two biannual injections.

92%

92 percent of eligible adolescents in a six-state pilot in Nigeria were enrolled in integrated HIV and mental health treatment.

5

Five countries registered the US$1 Wondfo HIV self-test, which is 30 to 50 percent more affordable than other self-tests. This marked a critical step toward increasing access to HIV self-testing.

In **Malawi**, **Zambia**, and **Zimbabwe**, the Gates Foundation is supporting our efforts to implement data-driven, sustainable HIV prevention frameworks that are co-created with ministries of health, communities, and National AIDS Councils.

Advancing mental health and HIV service integration in Nigeria

Individuals who suffer from poor mental health are four to 10 times more likely to acquire HIV. Individuals living with HIV and poor mental health are also less likely to adhere to their HIV treatment regimen, which contributes to poor health outcomes. For adolescents and young people—who face greater incidences of HIV and mental health challenges compared to the general population—early intervention is critical. However, 90 percent of people are unable to access the services they need.

In partnership with the Nigerian National Mental Health Department and with support from the Elton John AIDS Foundation, CHAI is integrating mental health with HIV services for adolescents and young people living with or at risk of HIV.

In 2024, CHAI piloted a decentralized model for screening and treating depression, anxiety, and substance use disorders, which was integrated into existing HIV prevention and treatment programming. As part of the pilot, we trained 130 non-specialist cadres across six states—one from each geopolitical zone—to screen a total of 5,570 individuals for common mental health disorders and provide or refer for psychosocial and/or pharmacological treatment. The results revealed a high mental health burden among Nigerian adolescents and young people: 25 percent screened positive for depression, 15 percent for anxiety, 12 percent for both, 30 percent for alcohol or substance use disorders, and 10 percent for suicidal ideation. As a result of the intervention, 92 percent of eligible candidates were enrolled in treatment. Those with suicidal ideation were referred to specialists, and 67 percent of individuals testing HIV negative were initiated on pre-exposure prophylaxis.

With CHAI's support, **Nigeria** was one of the first countries to contextualize and nationally adopt the newest 3.0 edition of the World Health Organization (WHO) Mental Health Gap Action Programme, developing a national intervention guide to standardize training and high-quality service delivery for mental health. CHAI also launched the first National Mental Health Technical Working Group and placed ministry of health officers in 21 states to provide strategic guidance, coordinate activities, and monitor efforts at both national and subnational levels.

Driving sustainable HIV testing services in Malawi and beyond

With support from the Gates Foundation, CHAI successfully strengthened national HIV testing and service delivery by strengthening countries' national capacity to lead effective strategies, introduce lower-cost products to improve efficiency, and promote data-driven decision-making.

In **Malawi**, CHAI helped district ministry staff utilize health facility data to identify and fill gaps in HIV testing. In one district, staff identified inadequate HIV testing in antenatal care settings. As a result, the facility implemented interventions to address this gap and increased testing rates by 21 percent. In another major urban hospital, staff identified gaps in pediatric testing, HIV testing among patients with sexually transmitted infections, and syphilis testing in antenatal care. Through data-driven mentorship, the facility increased its testing coverage by 160 percent, 78 percent, and 15 percent, respectively.

Thanks to CHAI's support, ministries are now equipped with the skills and data to maximize impact with limited resources and continuously adapt to emerging challenges and opportunities.

Scaling access to the advanced HIV disease package of care in 13 countries

In **Lesotho**, an estimated 15 percent of people living with HIV have advanced HIV disease. Many of these individuals are either asymptomatic or mildly symptomatic, which makes detection difficult through symptom

screening alone. CD4 testing is, therefore, a critical entry point to the WHO package of care for advanced HIV disease.

CHAI, with support from the Gates Foundation, is working across 13 countries to help governments increase access to the advanced HIV disease package of care. This package is designed to identify affected patients earlier and prevent, screen, and treat opportunistic infections that contribute to HIV-related mortality.

In 2024, the number of target countries accessing the full advanced HIV disease screening package grew from five to nine, and access to the complete treatment package expanded to 10 countries.

CHAI supported the **Lesotho** Ministry of Health to increase CD4 testing to improve advanced HIV disease identification and pathways to treatment. We trained over 1,500 healthcare workers, broadened testing cadres, enhanced diagnostic efficiency, and addressed reporting challenges. Since introducing VISITECT, a point-of-care CD4 device, CD4 testing coverage rose from 25 percent to 100 percent in advanced HIV facilities between 2023 and 2024, which significantly improved advanced HIV disease identification and access to care.

CHAI also worked to increase access to critical diagnostics and treatment commodities for common opportunistic infections, including cryptococcal meningitis. Liposomal Amphotericin (L-AmB) is a lifesaving treatment for cryptococcal meningitis, but it can cause electrolyte disturbances. Therefore, serum electrolytes must be closely monitored during treatment to prevent kidney injury and hypokalemia. While **Lesotho** had an adequate supply of L-AmB, many facilities lacked the instruments needed to monitor serum electrolytes. To close this gap, CHAI worked with the **Lesotho** Ministry of Health to procure blood gas analyzer test cartridges, tackle uptake barriers, transition procurement to sustainable funding, and strengthen demand generation. As a result, serum electrolyte coverage rose from 11 percent to 84 percent between 2023 and 2024, which facilitated access to L-AmB for 580 patients.

Integrated and locally led approaches are critical to advancing HIV care progress. CHAI's efforts have led to sustainable growth in commodity access and demand, addressed challenges to uptake with targeted solutions, and ultimately, improved access to critical diagnostic pathways and treatment for people living with HIV and advanced HIV disease.

Malaria & Neglected Tropical Diseases

A growing toolbox is available to prevent and treat malaria and neglected tropical diseases (NTDs) effectively. However, high-quality information and systems are required to ensure those suffering from the burden of these diseases benefit from the tools available to prevent and treat them. To control and eliminate malaria and NTDs, CHAI partners with governments across Africa, the Americas, and Asia to enhance disease surveillance, data-driven planning, and evidence-based program management.

Locally driven solutions in Escuintla, Guatemala, result in 96 percent decrease in malaria cases since 2014

Just over a decade ago, the department of Escuintla, **Guatemala**, accounted for nearly one-third of all malaria cases in Central America. Its high rates of malaria are largely due to its tropical climate and expansive banana and sugarcane plantations, which are major drivers of transmission. Agricultural workers—who migrate seasonally—are at a particularly high risk of being infected by malaria. However, as a hard-to-reach population, they have been historically excluded from traditional surveillance and response efforts.

Despite Escuintla's robust network of community health workers, the department has long struggled to manage its growing malaria burden. Limited funding to tackle the disease exacerbates the issue, and the funding that does exist is often not appropriately targeted to the local context. To address this, CHAI partnered with the **Guatemala** Ministry of Health to identify data-driven, tailored approaches to maximize the impact of available funding.

In 2024, Escuintla leveraged CHAI's resources to better reach high-risk populations. This included expanding testing to schools and agribusinesses, investigating 100 percent of cases, and implementing vector control measures such as indoor residual spraying and bed nets.

CHAI's support, implemented hand-in-hand with local leadership, has transformed Escuintla's malaria landscape. Today, cases are

PARTNER COUNTRIES

Angola • Benin • Burkina Faso • Cambodia • Cameroon • Democratic Republic of Congo • Dominican Republic • Ethiopia • Guatemala • Haiti • Honduras • India • Kenya • Lao PDR • Mozambique • Myanmar • Namibia • Nigeria • Panama • Papua New Guinea • Rwanda • Senegal • Sierra Leone • Uganda • Vietnam • Zimbabwe

KEY PARTNERS & DONORS

Children's Investment Fund Foundation • Duke University • The Foreign, Commonwealth & Development Office • Gates Foundation • GiveWell • The Global Fund to Fight AIDS, Tuberculosis, and Malaria • Inter-American Development Bank • Open Philanthropy • Partners for Equity • Skip Foundation • United Nations Foundation • United Nations Office for Project Services • Wellcome Trust

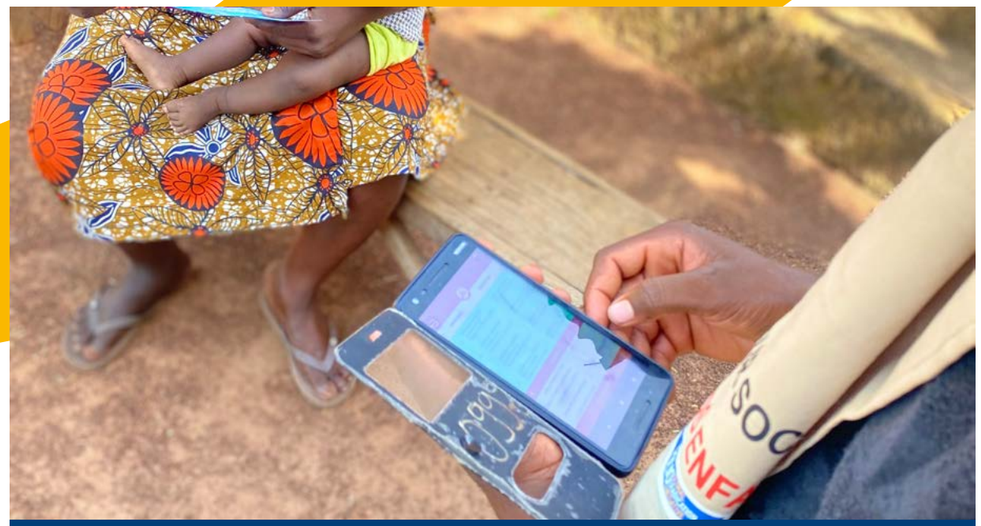
PROGRAM HIGHLIGHTS

25

As a result of CHAI's context-specific reduction approach, the department of Escuintla, Guatemala, reported 25 weeks with no malaria cases. The model now serves as a blueprint for other countries pursuing subnational elimination.

2,200+

In Cameroon, CHAI helped identify over 2,200 health facilities that were missing or misclassified in the national registry, which led to more accurate case reporting.



Health worker uses digital tools to track seasonal malaria chemoprevention for children in Benin. Photo: CHAI Benin.

down 96 percent—from 3,255 in 2014 to only 114 in 2024.

Our approach—integrating high-quality surveillance, locally-appropriate vector control, and targeted case management—has not only accelerated progress toward malaria elimination but also strengthened Escuintla's capacity to sustain its impact. By building the capacity of local actors while strategically expanding points of care, CHAI has helped foster a more prepared and resilient health system, laying the groundwork for Escuintla to better address malaria and other emerging threats like dengue.

In Cameroon, 1,400 missing health facilities were added to the national registry

In **Cameroon**, the national health facility list—an essential database for tracking resource allocation and effective health planning—had substantial holes. For example, many informally established health facilities over the past decade were never added to the national registry. Further, facility classification changes—like a district hospital transitioning to a specialty hospital category—were not always reflected in the registry. These discrepancies have led to misallocation of resources and service gaps.

In response, CHAI collaborated with **Cameroon**'s Department of Health Care Organization and Technology to conduct a large-scale health facility census in 2024. CHAI physically identified and geolocated over 7,600 health facilities. This included over 800 that had been misclassified in the national system, and 1,400 that were missing entirely.

By categorizing and collecting key information on facilities, including the number of beds and available health personnel, CHAI significantly improved the quality of data, providing a substantially clearer picture of the health facility landscape in **Cameroon**. In partnership with local health officials, Bluesquare, and the **Cameroon** Ministry of Health, CHAI developed an interactive map and dashboard based on the new data to enable subnational staff to better direct resources and plan interventions. The government of **Cameroon** now plans to allocate more equipment and staff to facilities that were identified as under-resourced.

CHAI's census also revealed a likely underestimation of **Cameroon**'s malaria burden. This prompted our ongoing efforts to reassess case counts from previous years to include cases recorded within the 1,400 missing facilities that were likely not previously accounted for. CHAI continues to work with the Ministry of Health in **Cameroon** to establish regular reporting protocols and ensure that data from local health facilities is integrated into the national health information system.

By strategically investing in health data infrastructure, CHAI is accelerating **Cameroon**'s progress toward a strong, well-functioning health facility network that is well-prepared for future public health challenges.

On the road to NTD elimination, digital health solutions enable countries to treat more people and maximize resources

To achieve the World Health Organization's (WHO) 2030 NTD targets,[11] it is crucial for national programs to inform their decision-making with high-quality, timely data. This is particularly important for tackling the five high-burden NTDs that are controlled through preventive chemotherapy—lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths, and trachoma.

Unfortunately, mass drug administration campaigns aimed at controlling and eliminating NTDs face major data-related challenges, including poor planning, difficulty targeting the correct populations, and barriers to measuring coverage. In order to achieve campaign targets and maximize limited resources, dramatic improvements in the availability, quality, and use of NTD data are urgently needed.

In 2024, CHAI continued its partnership with seven countries—**Benin**, **Burkina Faso**, **Ethiopia**, **Kenya**, **Nigeria**, **Senegal**, and South Sudan[12]—to improve the use of NTD data. To achieve this, CHAI helped countries transition from paper-based systems toward real-time, data-driven decision-making. Digitization advancements like this aim to improve data processes and can ultimately lead to better treatment coverage, program efficiency, and national ownership.[13]

In **Benin**, CHAI's digitization efforts led to 84 percent national therapeutic coverage throughout their 2024 onchocerciasis campaign—a 10 percentage point increase from 2022.[14] The campaign reached over seven million people, over 432,500 of whom had initially been missed.

In Tofa, Kano State, **Nigeria**, health workers used geographic information system data to identify areas with low staff coverage and drug stock while rolling out their lymphatic filariasis campaign. This led to seven additional drug distributors being deployed in Langel ward, which helped achieve 80 percent therapeutic coverage—the highest in the country.

In **Burkina Faso**, CHAI helped digitize the lymphatic filariasis and onchocerciasis campaign, which led to more than 75 percent therapeutic coverage in 88 of the 89 participating health facilities. Integrating NTD indicators into national health information systems equipped healthcare workers with the ability to make informed adjustments, including increasing supervision in facilities where data indicated low coverage and treatment reluctance. By intervening with case management support, three in four instances of initial medication refusal were successfully resolved.

In **Kenya**, CHAI continued to strengthen and scale a national NTD database that consolidated both campaign and case management data. The database, which has now been adopted across 15 Kenyan counties where schistosomiasis and soil-transmitted helminths are endemic, led to the rapid redistribution of near-expiry praziquantel tablets.[15] This allowed 189,000 individuals across seven counties to be treated with medicine that might have otherwise been wasted.

CHAI's work illustrates how digital solutions can be leveraged to improve data quality and use, help countries scale-up treatment campaigns, and ultimately achieve NTD elimination targets.

Oxygen

Oxygen is a staple of modern medicine. However, while oxygen is widely available in high-income countries, lower-income countries often have inadequate infrastructure to produce or provide oxygen in health facilities. The oxygen access gap has long been a challenge in these countries, but the COVID-19 pandemic exposed—and compounded—the issue. Prior to the pandemic, CHAI worked across five countries to improve oxygen access to address childhood pneumonia. The lessons learned from that work shaped CHAI's approach to the COVID-19 response. In 2024, CHAI remained focused on adapting and expanding the oxygen systems built during the pandemic for the long-term.

The global oxygen crisis—bridging the gap

Medical oxygen is the only treatment for hypoxemia, a life-threatening condition affecting nearly one-quarter of sick newborns and more than one in six hospitalized children in low- and middle-income countries.[16] Yet most countries in sub-Saharan Africa—the region with the largest oxygen gap globally—have less than 10 percent of the oxygen volume needed. A 2021 study of 231 health facilities across sub-Saharan Africa found that less than half had consistent oxygen access,[17] and only 37.5 percent of hospitals had oxygen available more than a quarter of the time.[18] However, many countries that struggle with oxygen shortages are major producers of industrial oxygen, highlighting an opportunity to better align existing oxygen production capacity with medical needs.

In 2023, the World Health Assembly unanimously adopted the first resolution on oxygen access,[19] reflecting a growing recognition of its importance. A systematic review by CHAI found that improving oxygen systems can reduce in-hospital deaths from childhood pneumonia by nearly half and all-cause child deaths by a quarter.[20]

CHAI works with governments, donors, international organizations, civil society, and the private sector to drive improvements in oxygen access through five key pillars: 1) effective planning and strategies to manage oxygen systems, 2) improved clinical administration and technical management of oxygen, 3) affordable, efficient, and high-quality oxygen procurement and distribution systems, 4) improved data information systems and monitoring for oxygen access, and 5) increased sustainable financing for oxygen access.

PARTNER COUNTRIES

Cambodia • Cameroon • Democratic Republic of Congo • Ecuador • Eswatini • Ethiopia • Ghana • Guatemala • India • Indonesia • Kenya • Lao PDR • Lesotho • Liberia • Malawi • Mozambique • Namibia • Nigeria • Rwanda • Senegal • Sierra Leone • South Africa • Tanzania • Uganda • Zambia • Zimbabwe

KEY PARTNERS & DONORS

The ELMA Foundation • FHI 360 • Gates Foundation • The Leona M. & Harry B. Helmsley Charitable Trust • U.S Agency of International Development • Unitaid

PROGRAM HIGHLIGHTS

689

In Ethiopia and India, CHAI trained 689 clinicians in basic medical oxygen use, including oxygen administration, systems use, and maintenance.

8,000

In 2024, CHAI delivered over 8,000 oxygen cylinders to 91 health centers in Kampong Cham, Cambodia. The initiative saved over US$65,000 compared to private sector oxygen purchases.

CHAI partners and staff attend the groundbreaking event for a new oxygen production plant in Mombasa, Kenya. Photo: Ashbill Frames/CHAI.

Launch of a regional oxygen manufacturing hub in East Africa

In 2024, Unitaid launched the East African Program on Oxygen Access (EAPOA) with a US$22 million investment to support three Kenyan and Tanzanian oxygen manufacturers in establishing Africa's first regional oxygen production hub. The EAPOA project is developing a network of liquid oxygen production facilities, which are strategically positioned to ensure medical oxygen reaches underserved communities. New facilities in Mombasa and Nairobi, **Kenya**, as well as Dar es Salaam, **Tanzania**, will serve as key hubs for the production and distribution of liquid medical oxygen. These hubs will supply their home countries and neighboring nations, including **Malawi**, **Mozambique**, **Uganda**, and **Zambia**.

The program is expected to triple regional oxygen production and reduce oxygen prices by over 25 percent.

In **Tanzania** and **Kenya**, in close coordination with the partner oxygen manufacturers, CHAI facilitated local purchase orders for Air Separation Units, which are large industrial plants that produce medical-grade oxygen. In October 2024, CHAI and project partners held the official launch and groundbreaking ceremony for a new liquid oxygen production facility at Synergy Gases Ltd. in Mombasa, **Kenya**.

In **Tanzania**, CHAI completed baseline assessments in 18 high-volume regional hospitals, including public, faith-based, and private facilities. The findings have been shared with the Tanzanian Ministry of Health's technical team to identify the facilities that will receive direct support from the program.

From training thousands of healthcare workers to establishing Africa's first regional oxygen hub, the work that governments, CHAI, and partners completed in 2024 is creating the foundation for sustainable, life-saving oxygen access across the continent.

Facility staff install oxygen supplies at Kibuye Referral Hospital in Gitesi, Rwanda. Photo: Jean Bosco.

Training 7,000+ health workers and scaling proven models

Across our programs, CHAI trained over 7,000 health workers in 2024—from 689 clinicians and 726 master trainers in **Ethiopia** and **India** to 1,023 health workers in **Rwanda**. In **India**, the master trainers went on to train an additional 5,000 health workers across three states. Throughout the year, CHAI supported ministries of health to strengthen their countries' oxygen systems in **Cambodia**, **Ethiopia**, **India**, **Kenya**, **Lao PDR**, **Liberia**, **Nigeria**, **Rwanda**, and **Uganda**, where we aim to significantly reduce hypoxemia-related mortality—especially among marginalized groups—by 2026.

In **Cambodia**, we supported the expansion of the hub-and-spoke model in Kampong Cham, where central production sites (hubs) distribute oxygen to smaller facilities and remote locations (spokes), which ensures wider access. The model covers 91 health centers, has delivered over 8,000 oxygen cylinders, and saved the government over US$65,000 between May 2023 and April 2024—a blueprint now expanding to other provinces. We also revised the national Essential Medicines List to include High-Flow Nasal Cannula (HFNC), Continuous Positive Airway Pressure (CPAP), and Bilevel Positive Airway Pressure (BiPAP) equipment, as well as medical oxygen for primary and secondary care facilities.

In **Uganda**, our onsite mentorship visits and quality improvement initiatives improved pulse oximetry coverage for patients under five at outpatient departments by 22 percent.

Meeting Targets and Maintaining Epidemic Control (EpiC), led by FHI 360 and funded by PEPFAR and USAID, targets human immunodeficiency virus (HIV) and COVID-19. CHAI, alongside FHI 360 and partners Right to Care, Palladium, and Population Services International, continued to implement a combination of liquid oxygen market-shaping interventions and infrastructure improvements in the **Democratic Republic of Congo**, **Lesotho**, **Malawi**, **Mozambique**, **Namibia**, **South Africa**, **Eswatini**, **Tanzania**, and **Zambia**[21], which achieved demonstrable results in 2024. In **Malawi**, for example, EpiC procured 259 oxygen cylinders, 134 pressure regulators, 134 flow meters, and 134 humidifier bottles. In August, Levy Mwanawasa Teaching Hospital in **Zambia** received 15 tons of liquid medical oxygen, as part of six planned drops.

Pandemic Preparedness

The last four decades have witnessed the rise of SARS, H1N1, HIV/AIDS, MERS, COVID-19, and Ebola, coupled with worsening outbreaks of well-known epidemic-prone infectious diseases, including cholera and dengue. In sub-Saharan Africa alone, 1,800 public health emergencies were reported between 2001 and 2022. The frequency of these events is expected to increase, driven by population growth, climate change, migration, and their cascading effects on public health.[22]

Despite significant investments to mitigate the impact of COVID-19 on global health systems and economies, many countries remain alarmingly unprepared for future infectious disease epidemics and pandemics. Globally, the average country score on the Global Health Security Index is just 38.9 out of 100. Low- and middle-income countries, which are disproportionately vulnerable to disease outbreaks, averaged a score of 32/100.[23]

To address this gap, CHAI is partnering with the Pandemic Fund and the Ministry of Health in **Ethiopia**, **Rwanda**, and **South Africa** to support government-led pandemic preparedness and response efforts. Through a One Health approach meant to address threats shared by people, animals, and the environment, CHAI is focused on strengthening health workforces while simultaneously improving laboratory networks and surveillance systems. This approach will not only help governments to more effectively detect and respond to imminent public health threats but also minimize the impact of outbreaks while maintaining consistent essential health service delivery.

The urgency of this work is underscored by the devastating impact of the most recent pandemic. COVID-19 strained global health systems and markets, leading to nearly US$12.5 trillion in economic losses. The impact on human lives has been equally devastating—since 2020, COVID-19 has caused approximately seven million[24] confirmed and 18 million estimated deaths.[25]

In 2022, CHAI partnered with the Duke University Global Health Innovation Center and COVID Collaborative to launch a program to help low- and middle-income country governments improve access to newly developed oral antivirals for high-risk individuals. The program concluded implementation in 2024 and treated over 3,100 patients across eight countries.

This combined approach—preparing for future pandemics while learning from COVID-19—positions countries to better protect their populations when the next health emergency strikes.

Tuberculosis

In 2023, 10.8 million people fell ill and 1.25 million died from tuberculosis,[26] making it the world's deadliest infectious disease. Thirty countries in Asia and Africa account for 87 percent of the global tuberculosis burden. In 2024, CHAI built on our longstanding tuberculosis program with projects in China, India, Kenya, and South Africa to dramatically improve case finding using new diagnostic tools.

Generating evidence to scale new tuberculosis tools in countries

Tuberculosis is a highly infectious, yet preventable and curable disease. In recent years, research has made significant strides in developing new tools to screen for and diagnose tuberculosis. Tools include: ultraportable chest X-rays and AI-powered software that analyzes the X-ray image to identify potential tuberculosis cases even when specialists aren't available; oral-swab based near point-of-care molecular tests that can quickly and accurately provide diagnosis; and shorter, safer, and more affordable preventive treatments, such as 3HP (a short-course preventive treatment regimen), are also becoming increasingly available.

Despite these advancements, uptake has been slow. In 2023, only 48 percent of tuberculosis patients received molecular tests, and only 21 percent of people exposed to tuberculosis in their household received preventive treatment[27].

One major barrier for many national tuberculosis programs is a lack of information to understand, adopt, and implement new tools. For example, there is often a gap between the release of the World Health Organization (WHO) clinical guidelines and corresponding operational guidance, which can affect the pace of adoption in countries. Meanwhile, many countries need to validate these tools in local contexts before adopting them, but don't have the budget to fund the validation.

To address this, in 2024, CHAI mobilized funds from multiple donors to implement innovative service delivery models using these new tools. This approach is generating locally relevant evidence about the tools and tangibly demonstrating how their adoption can be fast-tracked on a national and global scale.

PARTNER COUNTRIES

Cambodia • Cameroon • China • Ghana • India • Kenya • Lao PDR • Mali • Nigeria • South Africa • Tanzania • Uganda • Vietnam • Zimbabwe

KEY PARTNERS & DONORS

The Foreign, Commonwealth & Development Office • Gates Foundation • GiveWell • The Global Fund to Fight AIDS, Tuberculosis and Malaria • Open Philanthropy TB Reach • Unitaid

PROGRAM HIGHLIGHTS

721,800

In India, WJCF screened 721,800 individuals across 33 districts, diagnosing 5,724 TB cases—33 percent asymptomatic.

2,000

India's national tuberculosis program is in the process of procuring over 2,000 ultraportable X-ray machines to aid tuberculosis screening. This milestone underscores the critical role that CHAI has played in informing national policy and demonstrating effective models to close gaps in tuberculosis detection.

In **India**'s Uttar Pradesh and Bihar region, CHAI's household contact program, funded by GiveWell, is protecting children under five from infection through a community-based targeted screening and preventive treatment, creating a replicable model for the rest of the country. The program supports existing health workers to screen households of recently diagnosed tuberculosis patients who live with family members under five and provide 3HP to eligible children. In partnership with local governments, CHAI will conduct a large-scale cluster randomized control trial to evaluate the program's impact.

In **China**, through Gates Foundation funding, CHAI's evaluation of AI-powered ultraportable X-rays and oral-swab molecular tests will provide an evidence base for the country's tuberculosis elimination strategy.

CHAI's integrated screening approach in both **India**, funded by the Global Fund, and **Kenya**, funded by the Gates Foundation and GSK, is demonstrating the effectiveness of using chest X-ray to detect tuberculosis, lung cancer, and other respiratory diseases simultaneously, maximizing health system efficiency and patient outcomes.

CHAI's work with **South Africa**'s regulatory authority, funded by the Gates Foundation, is establishing the approval pathway for next-generation screening tools, which has enabled the country to scale community-based mass tuberculosis screening using ultraportable X-rays.

India case study: From pilot to national policy

In **India**, where 43 percent of tuberculosis cases are asymptomatic,[28] CHAI has proved that community screening works at scale. Because so many cases are asymptomatic, if programs rely exclusively on symptoms and facility-based screening for diagnosis, almost half of the patients will be missed. To help identify asymptomatic cases early, community-based screening through chest X-rays and molecular tests is required. In **India**, the William J. Clinton Foundation is supporting the national tuberculosis program to adopt these tools in 33 districts across 11 states in the country. To maximize the reach of screenings, WJCF is helping run screening camps in communities, workplaces, and primary health facilities. The camps offer a variety of services besides tuberculosis screening, including blood glucose and anemia testing, blood pressure measurements, and body mass index checks.

Combining the services reduces the stigma often associated with tuberculosis screening. The screening camps also engage community health workers, who are trusted local health champions.

Through this program, WJCF screened over 721,000 individuals in over 9,500 camps in 2024, which led to the diagnosis of 5,724 tuberculosis cases—33 percent of which were asymptomatic. Another 120,000 individuals were diagnosed with non-tuberculosis chest abnormalities and were directed to appropriate health facilities for follow-up diagnosis and care.

WJCF also developed a radiology information system that captures the entire patient's journey from screening to diagnosis. The radiology information system, which is integrated with the X-ray system, ensures seamless data sharing while simplifying patient tracking and follow-up.

As a direct result of WJCF's efforts, **India**'s national tuberculosis program has decided to procure over 2,000 ultraportable X-ray machines over the next two years to scale-up community-based case finding. These machines will enable **India** to screen millions more people annually, potentially preventing thousands of tuberculosis deaths.

Impact Spotlights

MALARIA ELIMINATION

"In Laos, we solved a critical gender equity problem in malaria treatment. Previously, only men could receive radical cure treatment due to testing limitations. Working with the National Control Program since 2018, our team piloted new diagnostic tools and shifted national guidelines from qualitative to quantitative G6PD testing. The results were transformative: radical cure coverage for P. vivax patients jumped from just over 24 percent in 2019 to 93 percent in 2024, and now women can finally access the same life-saving treatment as men."

Vilayphone Phongchantha

Senior Program Manager, Malaria, Dengue, and EOC, Lao PDR

MENTAL HEALTH INTEGRATION

"Nigeria's shortage of mental health specialists meant adolescents living with or at-risk of HIV couldn't access critical mental health services. Leading CHAI's HIV-Mental health integration project since 2019, we adopted WHO's mhGAP 3.0 guidelines, positioning Nigeria among the first countries globally to implement this framework. We trained over 130 healthcare workers directly, with hundreds more reached through cascade training. The impact: over 6,500 adolescents screened and 264 clients receiving psychosocial support, while our digital solutions—including USSD codes for university students—scaled access without scaling costs."

Nere Otubu

Associate Director, HIV & TB - Access Program, Nigeria

HEALTH SYSTEMS

"Coming from a chemical engineering background, I joined CHAI Eswatini in 2023 to tackle critical health infrastructure challenges. My first project analyzed the medical oxygen supply ecosystem, and the data we gathered informed an oxygen sustainability plan and enabled construction of critical infrastructure. Moving to the health financing team, I used data-driven insights to improve central medical stores operations by increasing visibility into commodity availability and supplier performance. Now I'm developing renewable energy solutions for health facilities, working across three ministries to address rising electricity costs and direct resources toward facilities most affected by energy insecurity."

Thandolwethu Hlatshwayo

Associate, Solar Electrification, Eswatini

Non-communicable Diseases

Non-communicable diseases (NCDs) such as heart disease, cancer, chronic respiratory disease, and diabetes are now the leading cause of death globally. Most NCD deaths occur in low- and middle-income countries and are expected to rise significantly over the next decade—even while NCD deaths in high-income countries have been declining for years. CHAI works with governments and partners to increase access to essential medicines and basic health tools across the health system to ensure those in need receive testing and treatment.

A mother sits on a bed with her child at an Anganwadi Centre in Madhya Pradesh, India. Photo: Sujata Khanna.

Assistive Technology

Globally, more than one billion people[29] lack access to life-changing assistive technology—an umbrella term for products and services that enhance an individual's functioning, such as wheelchairs, hearing aids, eyeglasses, and cognitive aids—leading to lower quality of life and poorer health outcomes. In collaboration with governments, partners, and donors, CHAI is working to deliver assistive products at scale by improving their quality and affordability, while scaling cost-effective solutions globally.

Expanding access to assistive technology for children with disabilities to play, learn, and thrive across eight countries

Over 200 million children in low- and middle-income countries are living with disabilities.[30] Many of these disabilities remain unidentified, which prevents children from being able to access the resources they need to thrive.

Leaving children with disabilities out of development agendas drives discrimination, compounds marginalization, and devastates the well-being of millions of families. Children with disabilities should be identified early in life, and have access to early interventions that include appropriate, affordable, and quality assistive technology.

In 2024, CHAI worked with governments across eight countries to address gaps in disability identification and assistive technology access. We trained approximately 15,000 service providers on early developmental screening, supported the provision of assistive technology to children, and integrated innovative and inclusive models that will enable children with disabilities to learn through play in their everyday environments. We also helped strengthen policies to ensure these interventions can—and will—sustain long-term impact.

As a result, in 2024, approximately 650,000 children under the age of six were screened for developmental delays and disabilities, and more than 2,000 received assistive technology that will help them overcome barriers in education and daily life. A further 28,000 children with disabilities now have

PARTNER COUNTRIES

Cambodia • Democratic Republic of Congo • Ethiopia • Indonesia • Kenya • Lesotho • Liberia • Mozambique • Nigeria • Rwanda • Sierra Leone • South Africa • Uganda • Zambia • Zimbabwe

KEY PARTNERS & DONORS

ATscale, the Global Partnership for Assistive Technology • Australian Government Department of Foreign Affairs and Trade • EYElliance • Global Disability Innovation Hub • LEGO Foundation • Lever for Change • Livelihood Impact Fund • RestoringVision • Sightsavers • Special Olympics International • Vision Catalyst Fund

PROGRAM HIGHLIGHTS

650,000+

In 2024, CHAI screened more than 650,000 children age six for developmental disabilities across 10 countries.

150,000+

Over 150,000 people gain access to eyeglasses through innovative delivery models in Cambodia, Nigeria, and South Africa.

200

CHAI partnered with ATscale to consolidate market information and publish the first-ever Assistive Products Market report, which featured more than 170 suppliers and over 200 assistive products across 50 low- and middle-income countries.

better access to play opportunities within their communities, schools, and healthcare facilities.

Scaling access to eyeglasses

Globally, one billion people—the majority of whom live in low- and middle-income countries—need eyeglasses.[31] CHAI works with governments to expand access to vision care through cost-effective delivery models that promote first-time use, reduce prices, and increase the availability of affordable, quality glasses. CHAI also supports product and service delivery innovation to further lower costs and improve efficiency.

In 2024, we partnered with governments to expand access to eyeglasses for children and adults through school eye health programs and integrated service delivery.

In **Cambodia**, more than 100,000 children and 4,000 teachers were tested for poor vision through school-based screenings. This led to the provision of 3,000 eyeglasses, which improved both students' and teachers' ability to learn and engage in daily activities. CHAI also supported the government in establishing eight fully equipped vision centers within hospital facilities.

In **Uganda**, CHAI partnered with EYElliance and PEEK Vision to support the Ministries of Education and Health to conduct a rapid assessment of school eye health—a critical step toward developing a national school eye health program. Through this initiative, over 14,000 students were screened for vision problems. About four percent of those students were identified with vision impairment, and over 300 received eyeglasses on the spot. The assessment not only provided vital data for national planning but also directly improved the learning experience and future potential of affected students.

In **Nigeria**, CHAI is supporting the National Eye Health Program in implementing the Effective Spectacle Coverage Initiative **Nigeria**, a Presidential Initiative that will provide five million reading glasses to Nigerians over the age of 40 in the next five years. During its launch month in December 2024, approximately 12,000 pairs of glasses have been distributed across **Nigeria**'s Delta State, with 60 percent of recipients receiving their first-ever pair. In 2025, the initiative will expand to 10 additional states through primary health facilities, which will benefit millions of Nigerians' lives.

In **South Africa**, with the support of the OneSight EssilorLuxottica Foundation and Vision Catalyst Fund, CHAI received the first of four donation shipments totaling 100,000 reading glasses and 205,128 prescription lenses. The first shipment led to 21,000 uninsured individuals receiving eyeglasses across the Gauteng, KwaZulu-Natal, Limpopo, and Mpumalanga provinces, which account for 65 percent of the country's population.

In **Kenya**, CHAI partnered with the **Kenya** Society for the Blind and the OneSight EssilorLuxottica Foundation to launch an innovative "buy-one-get-two-free" model, which allowed the government of **Kenya** to procure 238,000 eyeglasses in 2024. CHAI's efforts also led to the establishment of the first public sector optical lab at Kenyatta National Hospital, where eyeglasses are assembled and customized on-site.

Strengthening government systems for assistive technology provision

In many low- and middle-income countries, access to assistive products is dependent on charities or humanitarian efforts, which can be unsustainable and limited in reach. Meanwhile, the demand for assistive technology is rapidly outpacing its accessibility. Addressing this challenge will require stronger data systems, supportive policies, sustainable financing, and improved procurement models.

CHAI is working with governments and partners, including ATscale, the Global Partnership for Assistive Technology, and the Global Disability Innovation Hub, to integrate assistive technology provision into the public sector while also fostering sustainable demand and supply for high-quality assistive products.

In **Kenya**, CHAI upgraded orthopedic workshops, procured essential assistive products, and integrated services into digital platforms for

A child with a ball plays with a smiling child in a wheelchair at Shonaquip Social Enterprise in Cape Town, South Africa. Photo: Amy Montalvo/One Pass Productions.

improved tracking and accessibility. These efforts have not only helped integrate assistive technology into the national health system but also strengthened supply chains and improved access to quality care for individuals in need.

In **Rwanda**, CHAI supported the National Council of Persons with Disabilities to develop and roll out the Disability Management Information System. In 2024, , over 500,000 people with disabilities were registered into the system. This initiative has equipped the government of **Rwanda** with a comprehensive dataset that highlights the needs of people with disabilities and has laid a foundation for inclusive policy development. It also serves as a powerful model for other countries interested in building the data capacity of assistive technology.

CHAI supported the governments of the **Democratic Republic of Congo**, **Lesotho**, **Mozambique**, and **Zimbabwe** to establish Assistive Technology Technical Working Groups, develop national assistive technology policies and plans, and create national priority assistive products lists. These efforts have already led to systemic change. For instance, in **Zimbabwe**, the government removed import taxes on assistive technology products, which significantly reduced financial barriers.

In collaboration with local governments, partners, and donors, CHAI's efforts are paving the way for impactful, long-term improvements in quality of life for those who rely on assistive technology.

Cancer

The global cancer burden is rising at an alarming rate. By 2030, approximately 75 percent of all cancer-related deaths are expected to occur in low- and middle-income countries.[32] Yet, many of these countries lack the necessary resources, medications, and trained healthcare professionals required to deliver comprehensive cancer and palliative care services. CHAI collaborates with governments in low- and middle-income countries to address key systemic challenges and strengthen cancer care systems. Through close collaboration with local stakeholders and partner governments, we implement a range of high-impact interventions aimed at significantly improving cancer survival rates in underserved regions.

12,000 women in Ethiopia gain access to high-quality breast cancer diagnostic and treatment services

Breast cancer remains a significant public health concern in **Ethiopia**. Late-stage diagnosis, limited access to effective treatment, and resource constraints within the health system contribute to low survival rates.

To address this, CHAI partnered with **Ethiopia**'s Ministry of Health to promote early cancer diagnosis and expand access to comprehensive breast cancer treatment. In an effort to decentralize these services, CHAI provided comprehensive training on clinical breast exams, tissue sample collection, breast cancer management, and medication protocols to primary, secondary, and tertiary healthcare workers.

This resulted in 38,000 women receiving their first clinical breast exam, and over 12,000 women accessing high-quality diagnostic and treatment services between 2019 and 2024. Notably, 6,132 women were treated for breast cancer in 2024, a 600 percent increase from 2019.

CHAI's efforts significantly strengthened **Ethiopia**'s cancer care systems, while improving access to diagnostic services and treatment for patients. Breast cancer services were expanded to 22 additional health facilities—a 12-fold increase—which allowed an additional 26,000 patients to receive cancer care. Building on this experience, **Ethiopia** launched its first-ever National Breast Cancer Guidelines in 2024 to standardize care across the country.

PARTNER COUNTRIES

Cameroon • China • Ethiopia • Ghana • Indonesia • Kenya • Nigeria • Tanzania • Uganda • Zambia

KEY PARTNERS & DONORS

American Cancer Society • MedAccess • Norwegian Cancer Society • Parker Institute for Cancer Immunotherapy • UBS Optimus Foundation • University of Notre Dame • World Health Organization

PROGRAM HIGHLIGHTS

26,000

In Ethiopia, 26,000 cancer patients received care at decentralized treatment centers.

6,132

6,132 women in Ethiopia were treated for breast cancer in 2024, representing a 600 percent increase from 2019.

42

In Indonesia, the first order for five essential pediatric cancer drugs was placed through a pooled procurement across 42 hospitals. This resulted in a twofold increase in order volume.

Improving childhood cancer detection

In high-income countries where early detection and advanced treatment options are widely accessible, childhood cancer survival rates are approximately 80 to 85 percent.[33] Children in low- and middle-income countries face significantly lower survival rates— less than 30 percent[34]—due to delayed or missed diagnoses, limited access to treatment, and broader systemic challenges within health systems.

Further, over 60 percent[35] of children are diagnosed at advanced stages of disease in many low- and middle-income countries. This often results in palliative care, rather than curative treatment. To give children the best chance of remission, it is crucial for primary health workers to recognize early signs and symptoms of cancer and promptly connect children to appropriate care. In collaboration with partner governments, CHAI implements targeted interventions to strengthen pediatric cancer programs. These efforts include improving early detection, expanding access to treatment, and fostering system-wide coordination.

In partnership with the UBS Optimus Foundation, CHAI trains primary healthcare workers to identify early indicators of cancer, which improves early detection and survival outcomes for children.

In **Indonesia**, CHAI has played a key role in the revision and promotion of childhood cancer detection guidelines, which resulted in 1,000 children screened and 918 referred for confirmed diagnoses in 2024. In response to growing treatment demand, CHAI has also strengthened forecasting, procurement, and distribution systems for pediatric cancer medications. For example, **Indonesia** purchased 453,000 tablets of essential medicines in September 2024 through a new coordinated procurement across 42 hospitals, which significantly improved medication availability and ensured routine treatment.

In **China**, CHAI helped to integrate early detection and childhood cancer tracking into national systems. As a result of our efforts, the province of Hainan launched its first pediatric cancer registry and registered 1,200 patient records into the system. CHAI also trained 176 pediatricians from 46 hospitals across Hainan on early warning signs.

In parallel, CHAI supported the establishment of Hainan province's first designated private funding mechanism dedicated to pediatric cancer care and other catastrophic pediatric diseases. The mechanism is supported by the Shunfeng Foundation—founded by SF Express, **China**'s largest courier company—and provides financial assistance of up to RMB 40,000 (~US$5,600) for medical expenses of children from low-income families.

By strengthening local health systems, building healthcare worker capacity, and improving access to essential services, CHAI is driving replicable, scalable, and equitable models for cancer care across low- and middle-income countries.

Cervical Cancer

Despite the widespread availability of proven preventive interventions, cervical cancer remains a significant global burden. More than 348,000 women lose their lives to cervical cancer each year,[36] and 94 percent of these deaths occur in low- and middle-income countries. CHAI has helped rapidly expand access to high-quality tools for screening and treatment of cervical precancer, including human papillomavirus (HPV) tests. We also partner with governments, helping them reach large numbers of women by integrating service delivery into routine health services, generating critical evidence, and mobilizing resources for scale-up. CHAI has also fostered critical innovation by supporting the development and commercialization of an artificial intelligence-based screening tool to expand access to life-saving services.

Expanding access to community-based self-testing models

Fear, discomfort, and vulnerability associated with speculum exams are major barriers that prevent women from seeking preventive care. Self-collection of samples for human papillomavirus (HPV) testing empowers women to collect their own samples. By removing the need for speculum exams, this cost-effective and convenient approach reduces anxiety while improving screening accessibility. Studies also indicate that women in low- and middle-income countries find self-sampling easy, painless, and preferable to traditional speculum exams.[37] [38]

Early evidence[39] suggests that community-based self-sampling models achieve similar rates of care linkage as facility-based models, creating an opportunity to better reach women who cannot—or prefer not—to visit health facilities. In the face of growing resource constraints, community-based HPV self-sampling presents a rapid, scalable, and cost-effective opportunity to expand access to cervical cancer preventive treatment. However, evidence on the feasibility and cost-effectiveness of self-sampling delivery models in low- and middle-income countries remains limited. Robust data is essential to guiding national and global scale-up efforts.

To address this evidence gap, CHAI collaborated with ministries of health in **Malawi**, **Nigeria**, **Rwanda**, **Zambia**, and **Zimbabwe** to implement and evaluate community-based self-sampling delivery models. Through door-to-door outreach and distribution of self-sampling kits at community health posts, CHAI generates data on the effectiveness, feasibility, cost, and provider uptake of these models to directly inform national scale-up plans and global guidelines.

PARTNER COUNTRIES

India • Kenya • Lesotho • Malawi • Myanmar • Nigeria • Rwanda • Senegal • South Africa • Uganda • Zambia • Zimbabwe

KEY PARTNERS & DONORS

Expertise France • FIND • Global Health Labs • Judith Neilson Foundation • The Patrick J. McGovern Foundation • Unitaid • World Health Organization

PROGRAM HIGHLIGHTS

17,000

17,000 women across six countries self-collected HPV test samples through innovative delivery models that brought testing kits directly to their homes or community health posts. This made screening more accessible, convenient, and centered on women's needs.

97%

97 percent of screen-positive women in Malawi, Nigeria, Rwanda, Zambia, and Zimbabwe received precancer treatment, addressing a major gap from previous years.

$38.4M

Rwanda launched a fully costed national strategy to achieve cervical cancer elimination targets by 2027. The plan is projected to mobilize US$38.4 million in investments over the next five years.

Community health providers leading an HPV self-sampling campaign in Zambia. Credit: Dominic Mukumbila.

As a result, 17,000 women across the five countries and **Kenya** have self-collected HPV test samples through innovative delivery models that brought testing kits directly to their homes or community health posts. This has made screening more accessible, convenient, and centered on women's needs, while generating critical evidence to support scale-up.

Preparing countries to achieve cervical cancer elimination targets

Despite global momentum toward cervical cancer elimination, funding for prevention and treatment remains limited. Governments face difficult financial decisions amid increasing uncertainty in foreign aid financing. Countries need comprehensive strategies that clearly outline the resources needed to reach their elimination targets. This approach would enable more informed and efficient resource allocation while providing a strategic framework for the international community to mobilize resources needed to improve cervical cancer outcomes.

Rwanda provides a potential model. In 2024, CHAI supported the development of a fully costed national strategic plan that aims to eliminate cervical cancer in the country by 2027. Launched in Q1 2025, the plan strengthens cervical cancer program governance and coordination by enhancing monitoring and evaluation systems, developing resource mobilization strategies for sustainable financing, and improving access to diagnosis, treatment, rehabilitation, and palliative care. The plan is projected to mobilize US$38.4 million in investment over five years and serves as a powerful example for other countries in the region to structure their cervical cancer responses with sound financial planning.

Diabetes and Hypertension

Non-communicable diseases are the leading cause of death and disability worldwide. They are responsible for about three-quarters of deaths globally[40], according to the World Health Organization (WHO). Diabetes and hypertension affect 422 million[41] and over a billion people, respectively, with cases rising steadily. People in low- and middle-income countries are more likely to die from these diseases—and die sooner—than people living elsewhere. While a 10-year-old living with Type 1 diabetes in a high-income country will live to 71, in a low-income country, they will only live to 23.[42] Inadequate access to screening and monitoring, coupled with complications caused by insufficient treatment, further exacerbates the situation. To address this, CHAI collaborates with governments to drive policy reforms that support integrated, quality care.

Expanding non-communicable disease care within public health systems

In 2024, CHAI helped strengthen health system enablers, improving access to care and commodities for non-communicable diseases across **Cambodia**, **Ethiopia**, **India**, and **Kenya**. This included supporting the development and adaptation of national guidelines, Essential Medicine Lists, and training materials to institutionalize and scale non-communicable disease services.

In **Ethiopia**, for example, CHAI updated health worker training on non-communicable diseases and new patient education materials and supported the addition of long-acting insulin analogues to the country's Essential Medicine List. In **Kenya**, CHAI worked with the Ministry of Health and diabetic specialists to develop the country's first Type 1 diabetes guidelines for children and adolescents. CHAI also revised and simplified Type 2 diabetes and heart disease guidelines into eight clear protocols.

In **Cambodia**, CHAI helped update national clinical guidelines, operating procedures, and the Essential Medicine List, while in **India**, CHAI affiliate, the William J. Clinton Foundation, or WJCF, supported the states of Madhya Pradesh and Rajasthan to develop and standardize Type 1 diabetes care.

Decentralizing diabetes and hypertension care

In partnership with Ministries of Health, CHAI supported innovative approaches to delivering care that brought diabetes and hypertension services into communities and closer to people in need across **Cambodia**, **Eswatini**, **Ethiopia**, **India**, **Kenya**, and **Nigeria**.

In **Cambodia**, CHAI contributed to a 53 percent increase in diabetes clinic visits in the public health system—from 41,447 visits in 2023 to 63,328 in 2024. In **Cambodia**'s Kampot province, CHAI piloted integrated screening for non-communicable diseases and eye health in adults over 40. This contributed to measurable increases in individuals seeking care. For example, diabetes and hypertension visits rose by 303 percent and 86 percent, respectively.

In **Eswatini**, CHAI contributed significantly to raising awareness of NCDs, reaching over 80,000 individuals through various platforms, including media and community engagement activities. This allowed us to screen more than 100,000 people both in health facilities and in communities, leading to the diagnosis of over 2,000 clients. To strengthen NCD care, 296 healthcare workers across 91 primary healthcare facilities were trained, with focus on Type 1 and Type 2 diabetes.

In **Ethiopia**, CHAI completed a two-phase pilot aimed at decentralizing non-communicable disease care by improving forecasting, procurement, access to essential diabetes supplies, including insulin, and training health workers. The pilot revealed a growing demand for insulin and led to more patients receiving diabetes treatment at all levels of the health system. Namely, the percentage of patients receiving insulin in referral hospitals increased by 28 percent, and by 56 percent in primary health centers. In phase 2 the number of patients receiving insulin at hospitals rose by 62 percent and by 27 percent at primary health centers. These results will be used to inform national plans to decentralize diabetes care.

In **India**, WJCF launched a pilot across four states to integrate Type 1 diabetes services into all levels of healthcare. By the end of 2024, 19 clinics in Rajasthan and Madhya Pradesh were offering routine Type 1 diabetes management, including basal-bolus insulin, blood sugar testing supplies for home use, and education.

In **Kenya**, CHAI partnered with the Ministry of Health and the Pediatric Endocrine Society of **Kenya** to train 989 health workers across 389 hospitals on Type 1 diabetes care. As a result, 560 new children and adolescents were diagnosed with type 1 diabetes and enrolled in treatment, 47 percent of whom were under the age of 14.

In **Nigeria**, CHAI strengthened supply chain systems by building data-driven forecasting capacity to improve hypertension commodity security. By training health workers and providing tools to deliver standardized care, CHAI expanded hypertension services from 52 to 285 facilities.

PARTNER COUNTRIES

Cambodia • Cameroon • Eswatini • Ethiopia • Ghana • India • Kenya • Nigeria • Papua New Guinea • Uganda • Vietnam • Zimbabwe

KEY PARTNERS & DONORS

Australian Government Department of Foreign Affairs and Trade • Breakthrough T1D • Center for Integration Science in Global Health Equity • The George Institute • The Leona M. and Harry B. Helmsley Charitable Trust • Partners in Health • Resolve to Save Lives • The University of Pittsburgh • Vision Catalyst Fund • The William J. Clinton Foundation • World Diabetes Foundation

PROGRAM HIGHLIGHTS

560

In partnership with the Kenyan Ministry of Health, CHAI enrolled 560 individuals living with type one diabetes in treatment, 47 percent of whom were age 14 or younger.

303%

In Cambodia's Kampot province, diabetes and hypertension consultations increased by 303 percent and 86 percent, respectively.

100,000+

In Eswatini, over 100,000 people were screened for NCDs—and 2,000 diagnosed—thanks to a CHAI-led public awareness campaign.

Sickle Cell Disease

While sickle cell disease is one of the most common genetic diseases in the world, it is also among the most neglected. In a recent study, sickle cell disease was ranked as the 12th leading cause of death for children under five.[43] Yet, it receives far less global attention and funding than other conditions with comparable mortality rates. In November 2024, CHAI received a three-year, eight-million-dollar grant from Open Philanthropy to address this. By leveraging two of CHAI's core competencies—comprehensive market shaping and government-led system strengthening in partner countries—CHAI aims to alleviate the global burden of sickle cell disease.

Sickle cell disease is a genetic blood disorder characterized by abnormal hemoglobin production, which results in distorted, sickle-shaped red blood cells that block blood flow and cause severe pain, organ damage, and increased risk of infection. Without appropriate treatment, sickle cell disease patients face life-threatening complications and early mortality. Globally, over 500,000 infants are born with sickle cell disease annually in Africa and **India**, and 50 to 90 percent die before their fifth birthday without clinical intervention.[44]

PARTNER COUNTRIES

Ghana • India • Nigeria

KEY PARTNERS & DONORS

Open Philanthropy

CHAI aims to improve long-term access to care for people with sickle cell disease. Our approach is focused on reducing the price of hydroxyurea—a medication used to treat the disease—and establishing a sustainable global market for diagnostics.

In countries most affected by sickle cell disease—**Ghana**, **India**, and **Nigeria**—CHAI will help screen children under five and enroll them in appropriate treatment. To support program design, CHAI will also provide comprehensive technical assistance to the government at the subnational level, alongside facility-level service delivery and light-touch support at the national level. We will leverage these learnings to inform and scale national sickle cell disease programs in these countries, ensuring that patients' voices remain central through regular engagement with community-based organizations, patients, and clinicians.

Over the next three years, CHAI will establish and strengthen partnerships with stakeholders at all levels of the health system—from researchers to local governments, donors, and patients. We will align these voices in a global business plan that will improve sickle cell disease awareness and coordinate efforts to increase the quality of care through sustainable financing. At the national level, CHAI will continue to generate and disseminate evidence to help local governments build—and scale—sustainable sickle cell disease programs.

Personal Spotlights

CAREER TRANSITION

"I began my career as a strategy consultant supporting private sector institutions, then transitioned to public sector consulting, helping develop national strategies for socioeconomic advancement. This experience gave me insight into the challenges governments face, particularly in health sector financing. Recognizing these critical issues in low-income countries, I was drawn to CHAI's mission and joined in February 2023. At CHAI, I quickly learned that our role is not just about providing solutions but importantly about working with partner governments to ensure ownership and sustainability—a collaborative approach that was a significant shift from my previous roles."

Boukary Tandamba

Health Financing Senior Coordinator, Burkina Faso

PERSONAL GROWTH

"Starting university at 15 taught me that growth comes from stepping into the unknown—a mindset that shaped my career and led me to CHAI in Honduras in 2018. Initially hesitant due to security risks, I soon discovered a team of thoughtful and dedicated professionals working toward malaria elimination. CHAI has continuously challenged me, but it has also provided a platform for growth. The greatest breakthroughs happen when we push beyond our comfort zones, understanding that our growth is deeply connected to the progress of those around us, and the prosperity of the entire region."

Neila Julieth Mina Possu

Senior Regional Malaria Manager, Central America and Hispaniola, Panama

Women and Children's Health

Far too few women and children worldwide have access to the essential, quality health services and nutrition they need. As a result, hundreds of thousands of women die every year from avoidable or treatable conditions. More than two million babies die within their first weeks of life. And millions more children and teens die from undernutrition, pneumonia, diarrhea, or vaccine-preventable diseases. CHAI works to reduce these deaths and give women and children the opportunity not only to survive but to thrive.

A mother poses with her two children in Kampala, Uganda. Photo: Melinda Stanley.

Diarrhea

Diarrhea is the third leading cause of death among children under the age of five, with nearly half a million children dying every year.[45] In sub-Saharan Africa, the mortality rate for children under five exceeds 150 deaths per 100,000—the highest among all global regions for this age group.[46] The World Health Organization recommends oral rehydration solution (ORS) and zinc supplements to treat diarrhea in children. Yet, as of 2021, ORS coverage globally was only 47 percent, and the combined use of ORS and zinc was a mere 19 percent. This is a result of years of underinvestment in these interventions, despite their efficacy and affordability. CHAI's program aims to alleviate the burden of diarrheal diseases by coordinating the supply of ORS/zinc and fostering demand, collaborating with governments to develop clear strategies to increase ORS/zinc access, and ensuring impact is sustainable. By 2030, CHAI aims to achieve a 50 percent reduction in diarrheal deaths among children under five by increasing ORS/zinc coverage to at least 70 percent.

Improving access to oral rehydration solutions and zinc

In 2011, CHAI began to support **Kenya**, **Uganda**, **India**, and **Nigeria** to scale the use of ORS and zinc supplements to treat diarrhea. Since then, we have worked closely with governments to optimize resources, align partner investments, engage local suppliers, and leverage commercial marketing strategies to drive adoption.

CHAI's work broke years of stagnation. Since 2016, ORS and ORS/zinc coverage have increased by 12 and 23 percent, respectively. Coverage growth in CHAI-supported countries is 2.2 times higher than in non-program countries. This has saved an estimated 76,000 lives and mobilized ~US$150 million across 10 high-burden countries where 60 percent of diarrhea deaths occur.

In 2023, with support from GiveWell, CHAI launched a two-year randomized controlled trial in Bauchi, **Nigeria**, to evaluate the impact of distributing free ORS/zinc co-packs to households with children under five. The study identified the most cost-effective strategies to increase coverage and mobilize funding to eliminate preventable diarrhea-related deaths.

In 2023 and 2024, CHAI partnered with the RAND Corporation and Innovations for Poverty Action (IPA) to conduct an independent evaluation of the free distribution campaign. In 2024, RAND and IPA completed a baseline assessment with

PARTNER COUNTRIES

India • Kenya • Nigeria • Uganda

KEY PARTNERS & DONORS

Absolute Return for Kids • The ELMA Foundation • Gates Foundation • GiveWell • Global Affairs Canada • The IKEA Foundation • Norwegian Agency for Development Cooperation

PROGRAM HIGHLIGHTS

34,000

In 2024, CHAI surveyed 34,000 households, including 13,000 children under age five who had experienced a recent episode of diarrhea. The survey revealed critical gaps—and opportunities—to improve access to oral rehydration solutions and zinc supplements in Bauchi, Nigeria.

76,000

Since 2016, ORS and ORS/zinc coverage have increased by 12 and 23 percent, respectively. This has saved an estimated 76,000 lives, with coverage growth in CHAI-supported countries 2.2 times higher than in non-program countries.

$150M

CHAI mobilized ~US$150 million across 10 high-burden countries where 60 percent of diarrhea deaths occur.

A mother mixing a pitcher of hydration solution for her child in Kampala, Uganda. Photo: Melinda Stanley.

over 34,500 households and 13,000 children under five with a recent episode of diarrhea. The baseline revealed critical gaps in ORS/zinc access and usage in Bauchi. Only 40 percent of diarrhea cases were treated with ORS, and 12 percent were treated with both ORS and zinc. Further, only six percent of households had ORS/zinc stored at home in case of future episodes.

This data underscores a critical need for intervention: Of the 34,500 households surveyed, 13 percent reported a child under five being hospitalized in the past six months, half due to diarrhea. Additionally, about 1,400 households reported a child's death, with 40 percent linked to diarrhea.

In the first half of 2025, community-based distributors will deliver free ORS/zinc co-packs to households with children under five and provide one-on-one counseling to caregivers. The program aims to reach 750,000 children in Bauchi and avert approximately 1,000 diarrheal deaths in 2025 through the door-to-door delivery campaign. Overall, the project aims to reach 1.5 million children in Bauchi and avert 2,000 deaths.

High-quality data from this rigorous trial will provide donors with the knowledge and precision needed to assess cost-effectiveness and guide funding decisions for scale-up.

Nutrition

Despite widely available and affordable solutions, 45 million children—most of whom are in low- and middle-income countries—suffer from acute malnutrition.[47] [48] In these countries, nearly half of all deaths among children under five are linked to malnutrition.[49] CHAI's nutrition program scales high-impact and evidence-based interventions to address both treatment and prevention: ready-to-use therapeutic food (RUTF) for infants and children suffering from malnutrition, and multiple micronutrient supplements (MMS) for pregnant women. These country-level initiatives are reinforced by global supply-side efforts to increase access to and improve the affordability of both products.

Treating acute malnutrition

Acute malnutrition significantly increases a child's risk of death, infectious disease, stunted growth, and cognitive delay. Yet, in low- and middle-income countries, a staggering 50-75 percent of affected children lack access to adequate treatment.[50] Ready-to-use therapeutic food—a life-saving, high-calorie peanut-based paste—is a proven, highly effective treatment for moderate and severe acute malnutrition. However, high costs continue to limit its accessibility.

In **Lao PDR**, severe acute malnutrition remains a significant public health challenge. Despite substantial investments in ready-to-use therapeutic food, large-scale training of healthcare workers, and widespread availability of diagnostic tools, an estimated 10.7 percent of children under five still suffer from acute malnutrition.[51] Critical gaps—including limited understanding of screening protocols, inadequate access to essential supplies, and weak record-keeping systems—persist.

To address the high prevalence of acute malnutrition in **Lao PDR**, CHAI, with funding from UNICEF, introduced a Service Readiness–Service Delivery model across all hospitals and health centers in Attapeu Province. Throughout 2024, CHAI conducted monthly data reviews to assess the availability of essential equipment and routinely monitored severe acute malnutrition service delivery. This gave **Lao PDR** visibility into existing gaps and allowed the government to develop targeted interventions to fill these gaps, including on-site capacity-building for health workers and tailored processes to improve access to

PARTNER COUNTRIES

Ghana • Kenya • Lao PDR • Malawi • Nigeria • Rwanda • Uganda • Zambia

KEY PARTNERS & DONORS

The Eleanor Crook Foundation • The Foreign, Commonwealth & Development Office • Gates Foundation • UNICEF

PROGRAM HIGHLIGHTS

97%

CHAI is working to expand access to ready-to-use therapeutic food through government-led treatment programs for severe malnutrition. As a result, 97 percent of severely malnourished children in our Attapeu province pilot received ready-to-use therapeutic food within one year.

20%

In Burkina Faso CHAI helped procure supplements in bulk for the national program cutting costs by 20 percent compared to previous prices.

7

CHAI supported seven partner governments in advancing multiple micronutrient supplement introduction for pregnant women, which laid the groundwork for costed rollout plans.

critical medicines and supplies. As a result, nearly every child diagnosed with severe acute malnutrition received treatment within six months of intervention. Within a year, the percentage of children receiving ready-to-use therapeutic food treatment rose from 10 percent to 97 percent.

With support from the Eleanor Crook Foundation, CHAI partnered with the government of **Ghana** to improve access to acute malnutrition treatment. The initiative, which aims to establish a sustainable, locally led pathway for the country to buy and distribute its own ready-to-use therapeutic food, will ultimately enable broader national coverage and improve malnutrition outcomes. CHAI worked closely with the government of **Ghana** to add ready-to-use therapeutic food and other essential nutrition commodities—such as F-75 and ReSoMal—to both the national Essential Medicines List and Standard Treatment Guidelines. CHAI also explored sustainable financing mechanisms to ensure that ready-to-use therapeutic food is incorporated into national, regional, and district budgets, which will improve long-term access.

Preventing malnutrition through better antenatal care

In **Ghana**, **Uganda**, **Kenya**, **Malawi**, **Nigeria**, **Rwanda**, and **Zambia**, CHAI is supporting the shift from iron folate supplements—the current standard of antenatal care in most low- and middle-income countries—to multiple micronutrient supplements, or MMS, which have been shown to improve birth outcomes, particularly in anemic and underweight women.[52] For example, the use of multiple micronutrient supplements during pregnancy has been proven to reduce complications caused by low birth weight by 12 to 14 percent, stillbirth risk by eight percent, preterm birth by six to eight percent, and small-for-gestational age births by two to nine percent.[53][54]

In **Ghana**, with support from the Eleanor Crook Foundation and in partnership with the government, CHAI launched a three-year initiative aimed at accelerating the introduction of MMS, which will generate evidence to identify shortcomings and promote uptake. CHAI supported the establishment of the National Multiple Micronutrient Supplements Technical Advisory Group (MMS-TAG), which will review global evidence and analyze data from local research to ensure a sustainable rollout. Our research has also revealed routine use of iron folate supplements in antenatal care, which highlighted the opportunity to build on existing knowledge and introduce multiple micronutrient supplements.

In **Uganda**, CHAI also received support from the Eleanor Crook Foundation to help with the transition to MMS. By strengthening supply chains, data systems, and health workers' capacity, CHAI is building an enabling policy environment to effectively integrate multiple micronutrient supplements into routine antenatal care.

Across six additional countries—**Kenya**, **Malawi**, **Nigeria**, **Rwanda**, **Uganda**, and **Zambia**—CHAI is expanding efforts to integrate a broader set of high-priority maternal, sexual, and neonatal health products into routine care, with support from the Foreign, Commonwealth and Development Office. At the country level, CHAI worked with governments and partners to conduct landscape assessments to better understand current antenatal care practices and factors influencing supplement use during pregnancy. This allowed us to identify settings where there is an opportunity—and interest—to introduce MMS supplements into current practices.

Improving market access and affordability

Emphasizing the benefits and safety of multiple micronutrient supplements—along with addressing supply chain challenges and ensuring affordability—will be critical to supporting successful adoption and uptake. Through supply-side initiatives supported by the Foreign, Commonwealth and Development Office, the Gates Foundation, and the Eleanor Crook Foundation, CHAI has created market conditions that help improve the affordability of MMS. For example, CHAI supported **Burkina Faso** to procure the supplements in bulk for their national program, cutting costs by 20 percent compared to previous prices. Further, in-depth supply chain landscape analysis directly informed a roadmap that will continue to help bridge the price gap between iron folate and multiple micronutrient supplements.

Mothers visit General Hospital Hunkuyi in Kaduna, Nigeria, for antenatal care. Photo: Melinda Stanley.

By improving the affordability and accessibility of multiple micronutrient supplements and establishing sustainable, locally led systems for procuring and distributing ready-to-use therapeutic food, CHAI is advancing global efforts to improve malnutrition outcomes.

Pneumonia

Pneumonia remains a leading cause of death globally.[55] In 2021, approximately 2.1 million people worldwide died from pneumonia, with children under five constituting more than a quarter of those deaths. Over 90 percent of these deaths occur in low- and middle-income countries, where mortality rates are up to 150 times higher than in wealthier nations.[56] CHAI partners with countries to deliver timely and accurate diagnosis and treatment, including securing the resources they need, such as antibiotics, at all levels of care. Our work over the last decade has also revealed a critical but overlooked intervention in the fight against pneumonia: Oxygen.

Closing gaps in early-childhood pneumonia detection

Diagnosing pneumonia remains a significant challenge, as its symptoms—cough, fever, and difficulty breathing—overlap with many other childhood illnesses. Hypoxemia, a dangerous drop in blood oxygen levels, affects 31 percent of children with pneumonia and increases their risk of dying by three to five times.[57] The only treatment for hypoxemia is oxygen.

In high-income countries, diagnostic tools like chest X-rays, laboratory tests, and pulse oximeters can aid diagnosis. However, in resource-limited settings, early detection is often missed in primary health centers where children first seek care.

The challenges are compounded by frequent equipment breakdowns, as under-resourced biomedical technicians struggle with maintenance and repairs. Low health worker capacity and lack of clear policies and clinical protocols further hinder the effective use of oxygen systems to treat pneumonia. Despite these barriers, studies show that 34 percent of pneumonia-related child deaths in sub-Saharan Africa happen in health facilities[58]—places where CHAI can strengthen oxygen access.

Since 2015, CHAI has supported ministries of health to increase access to oxygen to prevent pneumonia deaths among children under five. In **Ethiopia**, **India**, **Kenya**, **Nigeria**, and **Uganda**, CHAI collaborated with governments to develop national strategies and implementation plans aimed at expanding oxygen supply and access through coordinated investments and interventions. These included purchasing pulse oximeters and medical oxygen concentrators and pressure swing adsorption plants, updating clinical guidelines and policies, and developing capacity-building interventions to improve the use of pulse oximeters and medical oxygen. Thanks to CHAI's support, the use of pulse oximeters and medical oxygen increased from under 20 percent to over 80 percent of patients in these five countries.

As the immediate surge support needed in the early years of the COVID-19 pandemic has decreased, governments are now repurposing their oxygen infrastructure to strengthen broader public health programs, including pneumonia care. CHAI has witnessed firsthand the impact that improved hypoxemia diagnosis and treatment can have across health systems and is supporting these transitions.

Beyond oxygen, CHAI has driven other critical pneumonia interventions. These include supporting the adoption of revised World Health Organization pneumonia guidelines and integrating Amox DT, an essential antibiotic used to treat pneumonia, into national Essential Medicines Lists. CHAI's targeted interventions have the potential to save 300,000 lives each year across 35 countries with some of the highest pneumonia mortality rates. By improving case management, ensuring access to essential diagnostic tools, effective antibiotics, and life-saving oxygen therapy, we can significantly reduce pneumonia deaths.

PARTNER COUNTRIES

Ethiopia • India • Kenya • Nigeria • Uganda

KEY PARTNERS & DONORS

Gates Foundation

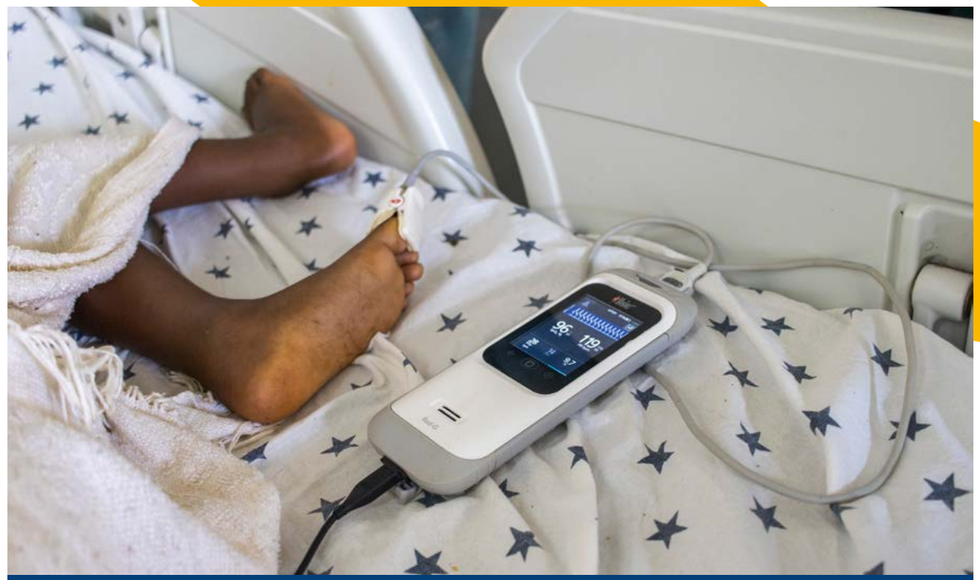
PROGRAM HIGHLIGHTS

300,000

As a result of improved case management, access to essential diagnostic tools, effective antibiotics, and life-saving oxygen therapy, CHAI's targeted interventions have the potential to save 300,000 lives each year across 35 countries with some of the highest pneumonia mortality rates.

80%

Since 2015, CHAI has helped governments expand oxygen access in Ethiopia, India, Kenya, Nigeria, and Uganda, increasing pulse oximeter and oxygen coverage from under 20 percent to over 80 percent in pilot hospitals.



Pulse oximeter used on an infant child at Bonga Hospital in Ethiopia. Photo: Scott Miller/CHAI.

Maternal, Newborn, and Reproductive Health

Every year, approximately 121 million unintended pregnancies occur.[59] 287,000 women die during and following pregnancy and childbirth, and an estimated 2.4 million babies die within their first month of life.[60] [61] The vast majority of deaths occur in low- and middle-income countries, and most deaths occur due to complications that are preventable or treatable. To improve health outcomes for both women and newborns, CHAI partners with governments to build healthy and sustainable reproductive, maternal, and newborn health commodity markets, introduce and scale access to life-saving services and products, and strengthen existing systems for data-driven, people-centered healthcare.

Local partnerships expand access to hormonal IUDs

The hormonal intrauterine device (IUD), which offers up to eight years of pregnancy protection from a single insertion, is one of the most cost-effective contraception options available. By reducing clinic visits, IUD use eases pressure on health systems and is significantly cheaper than short-acting methods, such as pills or injectables.

However, many women in low- and middle-income countries face systemic barriers to accessing hormonal IUDs, including high upfront costs and limited availability.

Since 2021, CHAI has worked with manufacturers, donors, and governments to lower prices, align markets, and integrate hormonal IUDs into national health systems. Through the Hormonal IUD Access Group, co-launched with FHI 360, CHAI partnered with the governments of the **Democratic Republic of Congo**, **Kenya**, **Malawi**, **Nigeria**, **Rwanda**, **Senegal**, **Uganda**, and **Zambia** to improve access to hormonal IUDs.

The initiative has transformed the space: Hormonal IUD uptake surged by 78 percent, with 159,000 insertions in 2024. In addition, the availability of hormonal IUDs doubled to over 2,000 facilities across seven countries. The services provided in 2024 will avert an estimated 271,000 unintended pregnancies and 1,000 maternal deaths over the coming years.

PARTNER COUNTRIES

Cambodia • Cameroon • Democratic Republic of Congo • Ethiopia • Ghana • India • Kenya • Lesotho • Liberia • Malawi • Mozambique • Nigeria • Rwanda • Senegal • Sierra Leone • South Africa • Tanzania • Uganda • Zambia • Zimbabwe

KEY PARTNERS & DONORS

Children's Investment Fund Foundation • FHI 360 • The Foreign, Commonwealth & Development Office • Gates Foundation • The Injectables Access Collaborative • MedAccess • Reproductive Health Supplies Coalition • The Swedish International Development Cooperation Agency • United Nations Population Fund

PROGRAM HIGHLIGHTS

$12M

CHAI deployed US$12 million across 19 countries to support the scale-up of new and lesser-used reproductive health products.

78%

Hormonal IUD uptake surged by 78 percent, with 159,000 insertions in 2024. In addition, the availability of hormonal IUDs doubled to over 2,000 facilities across seven countries as a result of CHAI's support.

7x

CHAI improved the uptake of subcutaneous depot medroxyprogesterone acetate (DMPA-SC) self-injection in Ghana, which led to more than a sevenfold increase in use.

Working with government programs to introduce new products and coordinate markets has been key to this success. In **Nigeria**, the government program that introduces reproductive health products added hormonal IUDs to its national plans to expand reproductive health access. The program has also trained over 3,000 workers to provide hormonal IUD services, reaching 80 percent of the national target. Four states in **Nigeria** are now creating state-level groups to support healthy markets for sexual and reproductive health products.

Ghana and **Lesotho** are set to implement similar locally driven strategies in 2025, furthering a global shift from donor-driven product introductions to country-driven reproductive health market management.

Removing barriers to contraception through self-administered birth control

For millions of women and girls, limited proximity to health facilities is a major barrier to contraception use. In remote areas, accessing contraceptive services can be virtually impossible.

Depot medroxyprogesterone acetate (DMPA-SC)—a self-injectable contraceptive that provides three months of pregnancy protection—can address this challenge by allowing women to manage contraception on their own terms. This reduces the need for clinic visits and ensures consistent use. However, self-injection uptake remains low in countries such as **Ghana**, largely due to limited awareness, provider hesitation, inconsistent supply, and poor data quality.

To fully unlock the potential of DMPA-SC, CHAI partnered with **Ghana** Health Services through the Injectables Access Collaborative to provide targeted regional support in the country's Eastern and Oti regions. This was done by strengthening provider capacity, supply systems, and community engagement to ensure women receive accurate counseling and consistent access to self-injectable contraception.

This approach led to a seven-fold increase in self-injection uptake. By late 2024, CHAI's target districts accounted for approximately 50 percent of all self-injection use in **Ghana**, compared to only seven percent in late 2023. **Ghana** has also now reached its highest rate of DMPA-SC self-injection, with over a quarter of injections self-administered.

Transforming financing to improve reproductive health product access

CHAI provides fast, coordinated funding through the Catalytic Opportunity Fund (COF)—a shared donor fund that matches money with government priorities, cuts out waste, and speeds up national plans to expand reproductive health products.

Since 2019, the COF has combined more than US$35 million from the Gates Foundation, the Children's Investment Fund Foundation, and the Foreign, Commonwealth and Development Office to expand access to contraceptives, safe abortion, and maternal health products across low- and middle-income countries. In 2024 alone, CHAI deployed US$12 million—a 50 percent increase from 2023—across 19 countries to help governments move forward with their plans while avoiding duplicate work among partners.

Funding requests rose by 60 percent between 2023 and 2024, showing a global need for quick investments to rapidly expand access to promising reproductive health products.

Preventing stillbirths and congenital syphilis through screening and treatment during antenatal care

Congenital syphilis remains a major but overlooked cause of early infant deaths, contributing to over 200,000 stillbirths and neonatal deaths annually.[62] It is the second leading infectious cause of stillbirths globally and is responsible for 11 percent of stillbirths in sub-Saharan Africa and eight percent worldwide. Women co-infected with HIV and syphilis are 2.5 times more likely to transmit HIV to their newborns. While HIV testing exceeds 95 percent in many low- and middle-income countries, only about 35 percent of

women receive syphilis testing.[63] This leads to untreated infections and preventable infant deaths.

In 2024, CHAI led a multi-pronged strategy to close this gap. We reduced HIV/syphilis test prices, helped with test procurement, strengthened treatment supply chains, and integrated testing into antenatal care.

CHAI and MedAccess had worked with SD Biosensor in 2021 to lower the cost of dual HIV/syphilis rapid tests to under a dollar. Building on this work, we dramatically accelerated the use of dual tests and ensured that treatment is readily available when patients get diagnosed.

The results were significant. In 2024, 28 countries bought 21.8 million dual rapid diagnostic tests through the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This was up from less than one million just a few years earlier. By expanding access to dual HIV/syphilis rapid diagnostic tests across multiple high-burden countries, CHAI helped an estimated 219,000 pregnant women receive timely treatment and prevented an estimated 50,000 stillbirths and miscarriages.

Increasing access to caffeine citrate for preterm infants

The WHO recommends caffeine citrate to treat apnea of prematurity, a leading cause of neonatal mortality. While caffeine citrate is widely used in neonatal intensive care units in high-income countries, access remains severely limited in many low- and middle-income countries due to high costs, lack of national procurement, and weak clinical guidelines and training.

By securing price reductions, enabling large-scale national procurement, and embedding caffeine citrate into national newborn care systems, CHAI enabled scale-up across countries. In 2023, we negotiated a 70 percent price reduction with suppliers, as well as integrated caffeine citrate into national quantification frameworks in early mover countries.

This has made the medication more affordable and paved the way for additional countries to procure it at scale. Today, governments are integrating caffeine citrate into routine care in **Kenya**, **Ethiopia**, **Ghana**, **Lesotho**, **Malawi**, **Nigeria**, **Rwanda**, **Senegal**, **Uganda**, and **Zambia**.

CHAI's efforts have not only expanded immediate access to life-saving neonatal treatment but also established long-term systems for sustainable, government-led procurement that will ensure preterm babies in low- and middle-income countries receive the care they need now and in the future.

Vaccines

Vaccines are one of the most cost-effective public health tools, preventing an estimated 4.4 million deaths annually.[64] However, 14.5 million children have never received a vaccine—called zero-dose children—as of 2023.[65] Throughout 2024, together with governments and other partners, CHAI worked to make vaccines access more equitable by finding and reaching zero-dose children, delivering HPV vaccines to out-of-school girls, and strengthening health systems across 12 countries.

Reaching children who have never been vaccinated

In 2024, CHAI worked closely with key partners, including the Gates Foundation and Gavi, the Vaccine Alliance, to lead efforts focused on identifying and reaching zero-dose children. These efforts support the World Health Organization's goal to "leave no one behind"[66] and Gavi's focus on equity[67].

In **Ethiopia**, **India**, and **Nigeria**—countries that collectively account for 32 percent of zero-dose children worldwide—CHAI led extensive learning initiatives to find the best ways to reach these children and their communities. This work was grounded in a comprehensive root cause analysis that prioritized gender equity. Solutions were created together with caregivers, teachers, and healthcare workers to ensure they fit local contexts.

At the same time, CHAI played a key role in supporting Gavi's new US$500 million Equity Accelerator Fund—the first dedicated funding specifically targeting zero-dose children. Through its work in four countries (**Cameroon**, **Cambodia**, **Indonesia**, and **Uganda**) and in collaboration with Village Reach in the **Democratic Republic of Congo**, CHAI identified barriers and enablers to using the fund effectively and outlined promising strategies to help Gavi improve implementation.

Key findings highlighted the importance of establishing coordination platforms, promoting integrated planning from national to local levels, and ensuring robust, continuous monitoring. These insights will inform Gavi's next strategy.

PARTNER COUNTRIES

Benin • Cambodia • Cameroon • Democratic Republic of Congo • Ethiopia • Ghana • India • Indonesia • Kenya • Lao PDR • Lesotho • Myanmar • Nigeria • Papua New Guinea • Rwanda • Sierra Leone • Tanzania • Uganda • Vietnam • Zimbabwe

KEY PARTNERS & DONORS

The ELMA Foundation • Gates Foundation • Gavi, the Vaccine Alliance • The Rockefeller Foundation • World Health Organization • UNICEF

PROGRAM HIGHLIGHTS

7.3M

In 2024, CHAI improved access to vaccination in over 400 hard-to-reach settlements across conflict-affected areas of Nigeria. As a result, over 7.39 million vulnerable girls were vaccinated against HPV.

100%

100 percent of counties in Kenya are now implementing some form of last mile delivery during routine vaccine distributions, which has led to enhanced coverage in underserved areas.

43%

In Lao PDR, CHAI supported the adoption of the "Five-Step Approach" to enhance real-time data tracking and prioritize out-of-school girls, which led to a 43 percent increase in HPV doses.

80%

In Uganda, CHAI worked with the Ministry of Health to introduce three new vaccine distribution points serving 11 districts. This reduced the distance to the last mile by 80 percent, significantly improving vaccine access in remote areas.

In 2024, with support from the Gates Foundation, CHAI worked to include gender considerations in our programming. This included conducting gender capacity-building sessions for over 180 CHAI team members and working closely with national and local partners to develop strategies for integrating gender into vaccine programs.

Expanding HPV vaccine access for girls out of school

Despite the global availability of cost-effective HPV vaccines, out-of-school girls continue to be left behind, particularly in low-resource settings. Barriers such as poor data systems, social and cultural factors, vaccine hesitancy, and weak connections between the health and education sectors limit equitable access to HPV vaccination.

CHAI worked across **Indonesia**, **Lao PDR**, **Nigeria**, and **Sierra Leone** to design and implement tailored, innovative strategies that address the unique needs of out-of-school and marginalized girls:

- In **Indonesia**, CHAI piloted and expanded interventions across six districts, using cross-sector coordination, population quantification, detailed planning, and flexible delivery. This included partnerships with religious schools and Family Posyandu platforms. CHAI identified and vaccinated hundreds of girls through this coordinated rollout and targeted delivery platforms.
- In **Lao PDR**, CHAI scaled clinic and outreach delivery models using innovative digital tools to complement school-based campaigns. We improved real-time tracking and prioritized outreach to out-of-school girls, leading to a 43 percent increase in HPV doses between 2023 and 2024.
- In **Sierra Leone**, CHAI used human-centered design to create solutions with caregivers, teachers, and health workers, resulting in a roadmap that integrates community engagement, improved data systems, and outreach planning for out-of-school girls.
- In **Nigeria**, CHAI deployed vaccination campaigns in conflict zones. By working with community leaders and conducting outreach in camps for internally displaced people, we ensured equitable vaccine access in over 400 remote settlements. As a result, over 7.39 million girls were vaccinated.

These examples underscore CHAI's role in scaling HPV vaccination equitably by targeting underserved populations through data-driven, community-based, and adaptive approaches. They provide a roadmap to reach the World Health Organization's goal of vaccinating 90 percent of girls aged 15 by 2030.

Using data to make better vaccination decisions

Fragmented data use and irregular reviews can impact timely immunization responses in low- and middle-income countries. To address this, CHAI supported **Cameroon**, **Kenya**, and **Uganda** to build data review meetings into their existing processes to better support real-time, evidence-based decision-making. In **Kenya**, this approach led to a 50 percent decrease in health facilities reporting vaccine stockouts and improved coverage of outreach by 16 percent. Vaccine delivery and coverage also improved in underserved regions across **Uganda** and **Cameroon**. **Cameroon** registered a stockout reduction from 38 percent to 23 percent, a 15 percentage-point drop leading to a ~39 percent improvement in vaccine session availability through more consistent supply and fewer missed sessions.

This transformed data review meetings from one-off events into sustainable, scalable strategies. Together, these country-led models offer a replicable blueprint for resilient, equitable immunization systems globally.

Getting vaccines to remote communities

Across many low- and middle-income countries, vaccine distribution systems rely on health workers to collect vaccines from storage points to replenish stocks at health facilities. If workers are delayed for any reason, this can cause vaccine shortages within communities.

Through previous pilots in **Kenya**, **Lao PDR**, and **Uganda**, CHAI demonstrated that strengthening last mile delivery—the journey of vaccines from storage hubs to their final destinations—can significantly improve vaccine availability and access, ultimately contributing to higher overall coverage. In 2024, CHAI scaled these last mile delivery models in **Kenya** and **Uganda** and introduced them in **Cameroon**.

Working with **Kenya**'s National Vaccines and Immunization Programme technical working group, CHAI helped scale last mile delivery services from the initial three pilot counties to 24 counties across **Kenya**. Through the County Health Products and Technology Units, all 24 counties now use their own vehicles and distribution schedules, and eight percent are using zipline drones to deliver vaccines to hard-to-reach areas. Notably, 100 percent of all counties in **Kenya** now implement some form of last mile delivery during routine vaccine distributions. The national scale-up was informed by pilot results, which showed that health facilities reporting vaccine stockouts declined by approximately 50 percent, while prolonged stockouts (>28 days) fell by 57 percent, and costs from sub-national stores to facilities decreased by 61-79 percent. Previously, health workers covered 52 percent of vaccine collection costs. This burden has been eliminated, with these expenses now absorbed into county and national government budgets.

In **Uganda**, CHAI worked with the Ministry of Health to introduce three new vaccine distribution points serving 11 districts, which reduced the distance to the last mile by 80 percent. These efforts significantly improved vaccine access in remote areas.

In **Cameroon**, CHAI conducted an assessment to evaluate the impact of vaccine stockouts and identify the most effective distribution interventions. As a result, CHAI reached 162 health facilities in four districts, increased the proportion of facilities with adequate vaccine stock from 41 percent to 58 percent—a 29 percent relative improvement—and reduced stockouts from 38 percent to 23 percent over a six-month period.

CHAI's tailored, locally led, and responsive approach— which has been instrumental in driving vaccine access and stock availability across low- and middle-income countries—has demonstrated a scalable model for equitable, sustainable, and affordable vaccination globally. Together with local governments and partners, we are working toward a world where every person has access to vaccines.

Health Systems Strengthening

Despite significant increases in access to healthcare over the past few decades, half of the world still lacks basic health services. But many governments are committed to achieving universal health coverage. CHAI is working with governments to invest in primary healthcare as a crucial first step toward universal coverage.

A medical transport provider stands by his vehicle outside Chibale Health Center in Chama, Zambia. Photo: Dominic Mukumbila.

Amid shrinking donor funding and mounting economic pressures, CHAI supports governments to dramatically increase primary healthcare readiness, service coverage, and affordability. By working alongside government and ministries of health and finance, we help identify and address key financing and delivery bottlenecks, while advancing comprehensive reforms that lay the groundwork for resilient, sustainable health systems. This support includes unlocking hundreds of millions of dollars in financing for primary healthcare services, strengthening the health workforce, and accelerating the digitization of health systems to boost efficiency and improve service delivery.

Strengthening primary healthcare in Nigeria

In **Nigeria**'s Kano and Kaduna States, out-of-pocket expenses account for up to 76 percent[68] of total healthcare costs, which prevents vulnerable populations from accessing care.

Since 2022, CHAI has worked with state health insurance agencies to expand access to affordable healthcare for vulnerable populations. Together with state governments, we are leveraging **Nigeria**'s Basic Health Care Provision Fund to improve health insurance coverage for those who need it most. In 2024, with funding from Global Affairs Canada and the Swedish International Development Cooperation Agency, CHAI assisted state health insurance agencies to develop targeted demand generation and marketing strategies. To inform these strategies, CHAI assessed perceptions, awareness, and willingness to pay for health insurance among target populations. This helped agencies tailor their messaging and outreach to effectively engage their intended audiences, which resulted in significantly higher health insurance program enrollment.

CHAI also facilitated partnerships with Islamic alms-giving organizations to help finance healthcare costs. This model, which proposed a 25 percent allocation of Zakat and Waqf alms toward healthcare for the poorest populations, is expected to cover an additional 1,667 people annually. This success has resulted in plans for full-scale implementation across Kano and Kaduna States.

CHAI partnered with the Kano State Primary Health Care Management Board to design and pilot a performance management system aimed at enhancing service quality and efficiency across 484 health facilities. As a result, overall performance across all facilities increased by

PARTNER COUNTRIES

Burkina Faso • Cameroon • Eswatini • Ethiopia • Ghana • Kenya • Malawi • Mali • Nigeria • Rwanda • South Africa • Tanzania • Uganda • Zimbabwe

KEY PARTNERS & DONORS

The ELMA Foundation • FHI 360 • Gates Foundation • Global Affairs Canada • Global Financing Facility • The Global Fund to Fight AIDS, Tuberculosis and Malaria • Global Health Partnerships • Open Philanthropy • The Patrick J. McGovern Foundation • Swedish International Development Cooperation Agency • United States Agency for International Development • World Vision International

PROGRAM HIGHLIGHTS

1.4M

In 2024, the government of Rwanda included cervical and breast cancer services within community-based health insurance. This provided 1.4M women with financial protection and over 10,700 patients with access to care.

739

In Nigeria, CHAI supported the development of a performance management system to strengthen primary healthcare across 739 facilities, which expanded access to essential services for millions.

85%

In Kano State, Nigeria, CHAI introduced a campaign management platform for mass drug administration. This helped lead to 80 percent treatment coverage for lymphatic filariasis in Tofa, Kano state—the highest rate in the country.

six percent, and service provision increased by 16 percent within a five-month period. CHAI also supported 255 facilities in Kaduna State, where overall performance increased by seven percent and service provision increased by eight percent within the same time frame. These interventions delivered tangible results. In 2024, CHAI helped enroll 72,675 pregnant women and 15,249 children under five in health insurance.

Optimizing digital systems to improve primary healthcare services

Many primary health clinics cannot provide the full minimum package of care due to shortcomings in readiness, quality, and performance management, which further widen gaps in healthcare access. In Lagos, **Nigeria** for example, reliance on paper-based systems slows service delivery, compromises data quality, and delays claim processing, further straining under-resourced facilities.

In 2023, CHAI partnered with the Lagos State Primary Health Care Board to improve digitization across 100 primary health facilities. Funded by the Gates Foundation, this initiative aimed to strengthen service delivery and operational efficiency by:

- Assessing healthcare workers' data needs to improve the usability of electronic medical record systems.
- Developing a real-time dashboard for the Lagos State Primary Health Care Board to monitor facility performance, resource gaps, and service utilization.
- Establishing a multi-level governance structure to ensure system ownership and accountability.
- Training health workers and data managers on electronic medical records to ensure seamless data quality.
- Piloting an offline-first electronic medical record model to enable reliable access to digital systems across all service delivery points.

This progress has already led to the digitization of 27 additional primary healthcare facilities, demonstrating strong potential to transform the quality of care in **Nigeria**.

Including reproductive cancer care in Rwanda's community health insurance expands coverage to over 1.4 million women

Cervical and breast cancers are among the most common cancers in **Rwanda**. Cervical cancer accounts for ~12% percent of all new cases and is the leading cause of cancer-related deaths among Rwandan women. Breast cancer represents 16 percent of all new cancer cases in the country.[69] Despite this burden, treatment remains out of reach for many. While community-based health insurance covers over 90 percent of the population and a wide range of diseases, it has historically excluded cancer services, leaving women—who are disproportionately affected—without financial protection.

In partnership with the **Rwanda** Ministry of Health and **Rwanda** Social Security Board, CHAI supported a comprehensive cost-effectiveness, budget impact, and fiscal space assessment on the community-based health insurance health benefits package. This allowed the government to assess the financial feasibility of adding cervical and breast cancer care to the package. CHAI also supported revisions to community-based health insurance tariffs to better reflect the real cost of delivering services and ensure that health facilities are adequately funded to sustain quality service delivery.

In 2024, the Rwandan government endorsed the inclusion of cervical and breast cancer services within community-based health insurance, providing financial protection for 1.4 million women aged 30–49. By expanding financial protection for high-cost services and reducing gender disparities, CHAI has supported **Rwanda** in advancing its commitment to eliminating cervical cancer, with the potential to become the first country on the continent to do so.

Building the backbone of a strong primary and community health workforce in Ghana

In **Ghana**, health workers in the sub-district health systems—including health centers and community-based health planning and service zones—serve as the first point of care for communities and play a critical role in delivering HIV, tuberculosis, and malaria care as well as essential basic health services. **Ghana** is unique in its formalized employment of professional community health nurses whose integration with the primary care system ensures a more harmonized approach to community health services.

To continue strengthening this flagship model, the **Ghana** Health Service launched the Sub-District Strengthening Initiative (SDSI), which is focused on improving health facilities' infrastructure, expanding the community-based health workforce, and enhancing sub-district management capacity. **Ghana** Health Service secured approximately US$16 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria to scale the initiative in priority districts.

CHAI helped **Ghana** Health Service develop a costed operational plan for rollout, prioritizing high-impact districts using a detailed disease burden analysis and district-level needs assessments. We also helped revise community health guidelines to improve training for healthcare workers delivering preventive HIV, tuberculosis, and malaria care.

This has improved the visibility and alignment of investments in health workers and their working environment, which has helped to scale the SDSI nationally for system-wide impact.

Multi-country health resource tracking efforts

CHAI supports over 15 governments in institutionalizing health resource tracking and aligning their funding with national priorities. In 2024, with support from the Global Financing Facility, CHAI supported efforts to align donor funding with government priorities in **Burkina Faso**, **Ethiopia**, **Kenya**, **Malawi**, **Nigeria**, **Tanzania**, and **Uganda**. This demonstrated the aid alignment at a time when governments are being asked to do much more with much less.

In **Nigeria**, CHAI supported a financial mapping exercise to improve visibility into over US$1.5 billion in donor funding—including US$428 million for reproductive, maternal, newborn, and child health—to help align resources more effectively with Nigerian government priorities.

These efforts will enable governments to reallocate funding, improve efficiency, and strengthen financial resilience.

Cross-cutting Experts

CHAI's specialized technical teams provide critical expertise that amplifies the impact of our work across all disease areas and countries. These teams collaborate with over 50 CHAI program and country teams worldwide to generate evidence, develop innovative solutions, secure affordable access to essential health products, and support governments in making data-driven decisions. These cross-cutting capabilities enable us to tackle complex global health challenges from multiple angles—whether through market-shaping interventions that reduce costs, cutting-edge diagnostics that improve care delivery, or digital tools that strengthen health systems. The collective impact can be seen in nearly every program milestone throughout this report, demonstrating how integrated expertise drives transformational change in global health.

CHAI's Analytics and Implementation Research team meets with the CHAI Ghana team in Accra. Photo: CHAI.

Analytics and Implementation Research

CHAI generates evidence on the introduction and scale-up of new health products, innovations, and interventions in partner countries. We then use that evidence to inform national and global policies and turn those policies into action. Through epidemiological, geospatial, economic, and qualitative analyses, we develop solutions that expand access to healthcare, enhance system efficiency, and reduce morbidity and mortality. Our approach is driven by government decision-makers and their most urgent needs and opportunities. Our research is not just rigorous—it is strategic, actionable, and timely—ensuring governments have the evidence they need when it matters most.

Clinical Sciences

CHAI develops strategies and provides access to products that improve the delivery of health services. We do this through interpreting and sharing trends in global health, training health workers on treatment guidelines and standards of care and helping develop global and national public health policies. CHAI senior clinicians have direct professional experience managing patients; using medicines and diagnostics; and training fellow physicians, including those on technical advisory groups, on the use of these products. This can be a valuable resource when emerging conditions lack evidence or normative guidance, as was the case for COVID-19 and Mpox.

Diagnostics

Access to testing is a critical part of care and prevention for nearly every disease. Accurate diagnosis requires the right mix of affordable, quality technologies, and effective health systems. However, testing remains a critical gap for many diseases—half the world does not have access to essential tests. The COVID-19 pandemic brought this into sharp focus. Providing testing rapidly became an enormous priority for countries to track and manage the spread of the disease. CHAI supports countries to improve existing testing services and to introduce and scale up new technologies so patients can be diagnosed accurately and begin treatment sooner. We work closely with governments to upgrade testing services and cost-effective supply chains, support training, and other areas. In recent years we have helped countries deliver health services for diagnosing and monitoring cervical cancer, cholera, COVID-19, diabetes, hepatitis, HIV, maternal and newborn health conditions, sickle cell disease, sexually transmitted illnesses, and tuberculosis.

Digital Health

CHAI works hand-in-hand with governments to design, develop, scale, and institutionalize digital technologies to accelerate progress toward their public health goals. We support ministries of health to adopt technologies that serve health workers, health systems managers, and those that simplify the use of and access to data. We provide strategic and operational support to governments, working closely with end-users, global and local software technology organizations, donors, and others to influence digital health initiatives, ensure strong and thoughtful planning and coordination, and drive sustainability.

Global Markets

CHAI was founded to make treatment more equitable for millions of people living with HIV in low- and middle-income countries. Sustainable access to effective and quality-assured medicines and diagnostics remains a core pillar of our approach. CHAI helps governments maximize the impact of limited funding by identifying innovative products, or enabling access to existing products, that improve patient outcomes while reducing costs. We assist pharmaceutical, vaccine, and diagnostics companies with strategies to

expand patient access in low- and middle-income countries via various types of market interventions, from enabling effective product licensing and incentivizing accelerated new product development, to leveraging financial tools such as volume guarantees and buy downs and devising new product introduction strategies. As a result, since CHAI was founded in 2002, we have completed over 140 agreements to bring the most effective drugs and diagnostics to tens of millions of people. These agreements ensure people in over 125 low- and middle-income countries can access the best products while realizing billions of dollars in savings.

Innovation

CHAI is committed to closing the inequity gap in health outcomes by accelerating the development and scale-up of new and existing innovative solutions in low- and middle-income countries. Our approach focuses on identifying the most innovative global health solutions, incubating priority solutions, and scaling the highest-impact and cost-effective programs. We prioritize opportunities at the intersection of three critical factors: high-impact health programs with potential for significant scale, favorable country and global environments (e.g. government readiness, funding availability), and areas where CHAI's core competencies in market-shaping and program delivery can be most effective. This enables us to pursue transformational initiatives that maximize value while ensuring sustainable outcomes.

Product Development, Quality, Costing, and Regulatory Affairs

CHAI accelerates affordable access to quality-assured medical products for people living in low- and middle-income countries. Working with innovator and generic suppliers and other global stakeholders across disease areas, we support product development and market introduction, while maintaining a relentless commitment to quality, safety, effectiveness, and affordability, and stringent regulatory standards.

Health worker collect samples for tuberculosis testing at a clinic in Vietnam. Photo: Dang Ngo/CHAI

Financials

Clinton Health Access Initiative, Inc. and subsidiaries. Years ended December 31, 2023 through 2024.

CONSOLIDATED STATEMENT OF ACTIVITIES

Revenues and support	**2024**	**2023**
Contributions	US$5,027,576	US$576,277
Grants	-	-
Contributions of nonfinancial assets	557,265	454,167
Interest and other income	885,039	968,469
Net assets released from restrictions	237,074,709	224,215,030
Total revenues, gains, and other support	**243,544,589**	**226,213,943**
Expenses		
Program services	222,341,818	209,512,856
Management and general	20,586,924	15,915,979
Fundraising	941,687	628,618
Total expenses	**243,870,429**	**226,057,453**

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

Assets	**2024**	**2023**
Cash and cash equivalents including donor restricted amounts	US$137,088,371	US$133,235,609
Advances and deposits	10,173,278	4,256,444
Grants receivable	21,042,446	19,691,121
Prepaid expenses	7,244,413	2,100,893
Operating lease right-of-use asset	1,271,318	1,102,280
Property and equipment	418,709	350,142
Total assets	**177,238,535**	**160,736,489**
Liabilities and net assets		
Accounts payable	6,368,644	6,154,009
Accrued expenses	13,769,751	10,007,214
Operating lease liability	1,248,587	1,021,468
Deferred revenue	142,320,323	132,526,959
Total liabilities	**163,707,305**	**149,709,650**
Net assets		
Without donor restrictions	9,542,914	9,868,754
With donor restrictions	3,988,316	1,158,085
Total net assets	**15,531,230**	**11,026,839**
Total liabilities and net assets	**177,238,535**	**160,736,489**

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Surgo Foundation
Swedish International Development Cooperation Agency
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Technical Advice Connect LTD/GTE
The Aurum Institute NPC
The Australian Government
The Brigham and Women´s Hospital (BWH)
The Children´s Investment Fund Foundation
The Hepatitis Fund
The Innocent Foundation
The Kirby Institute
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The Waterloo Foundation (TWF)
Tropical Health and Education Trust
Tsinghua University
U.S. Civilian Research & Development Foundation (CRDF Global)
UBS Optimus Foundation
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United Nations Foundation (UNF)
United Nations Office for Project Services (UNOPS)
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Board Member

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Joy Phumaphi
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Alan D. Schwartz
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Robert W. Selander
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Chair of the Finance Committee

Timothy A.A. Stiles
Board Member &
Chair of the Audit Committee

Ann Veneman
Board Member

Richard Zall
Legal Counsel & Board Secretary

View CHAI Leadership Teams on our website: www.clintonhealthaccess.org/about-us/#leadership

**Reflects changes made in 2025.*

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