



MUSO

# GROWING GLOBAL REACH TO SOLVE A GLOBAL INJUSTICE: Strategic Plan Progress Update

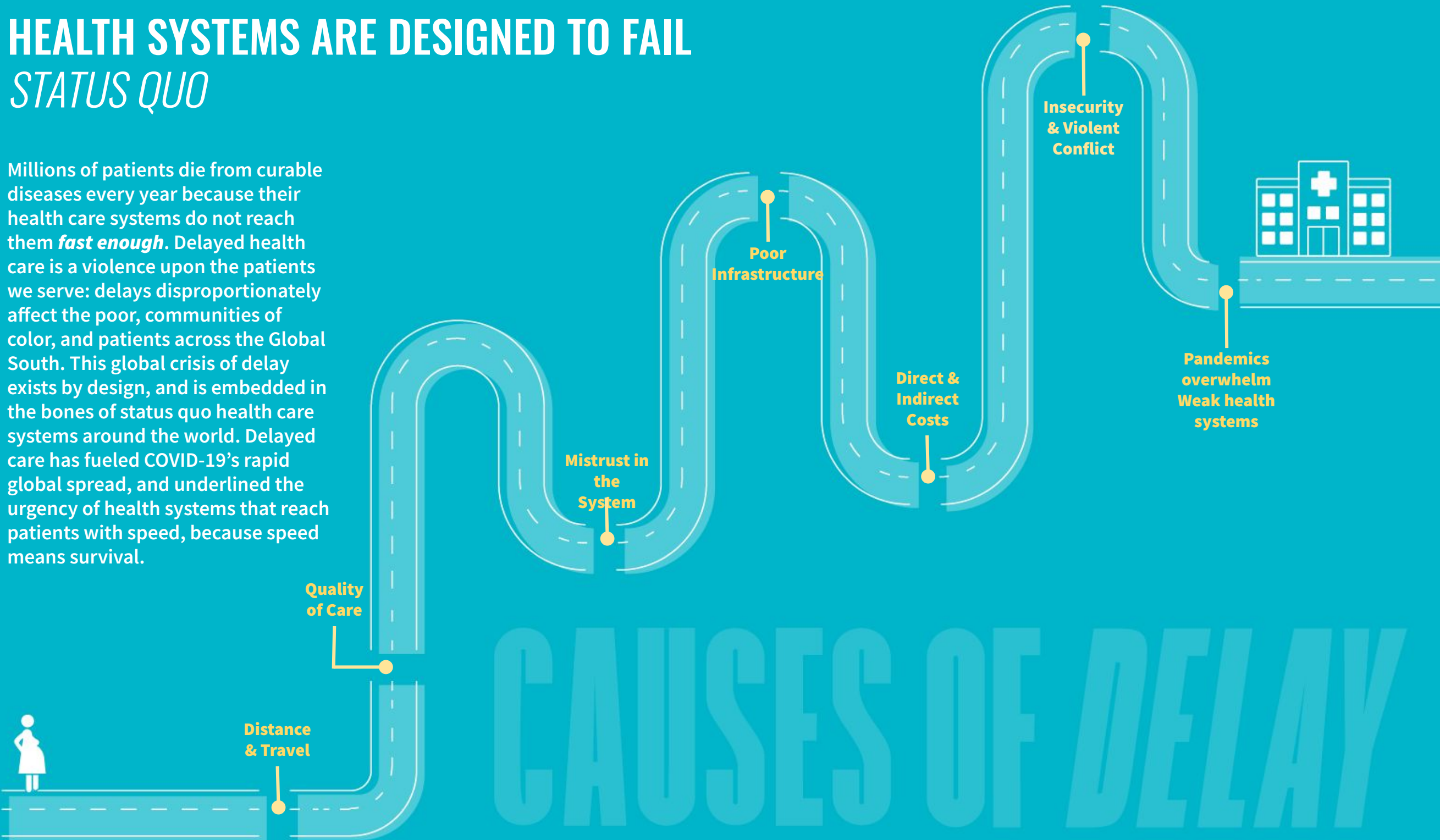
2019-2023



# HEALTH SYSTEMS ARE DESIGNED TO FAIL

## *STATUS QUO*

Millions of patients die from curable diseases every year because their health care systems do not reach them **fast enough**. Delayed health care is a violence upon the patients we serve: delays disproportionately affect the poor, communities of color, and patients across the Global South. This global crisis of delay exists by design, and is embedded in the bones of status quo health care systems around the world. Delayed care has fueled COVID-19's rapid global spread, and underlined the urgency of health systems that reach patients with speed, because speed means survival.



# CAUSES OF DELAY

# MUSO'S PROACTIVE CARE MODEL

## *TO REACH EVERY PATIENT WITH SPEED*

Muso has developed a proactive health care model to save lives by reaching patients early, within hours of the moment they become sick:



### 1. PROACTIVE SEARCH

Paid and professionalized Community Health Workers (CHWs) proactively search for patients through door-to-door home visits to connect them with care early.



### 2. DOORSTEP CARE

Supported by a dedicated supervisor and a suite of human-centered technological tools for decision support and impact evaluation, CHWs provide an integrated package of life-saving health care services in the home, rapidly diagnosing and treating the most common illnesses.

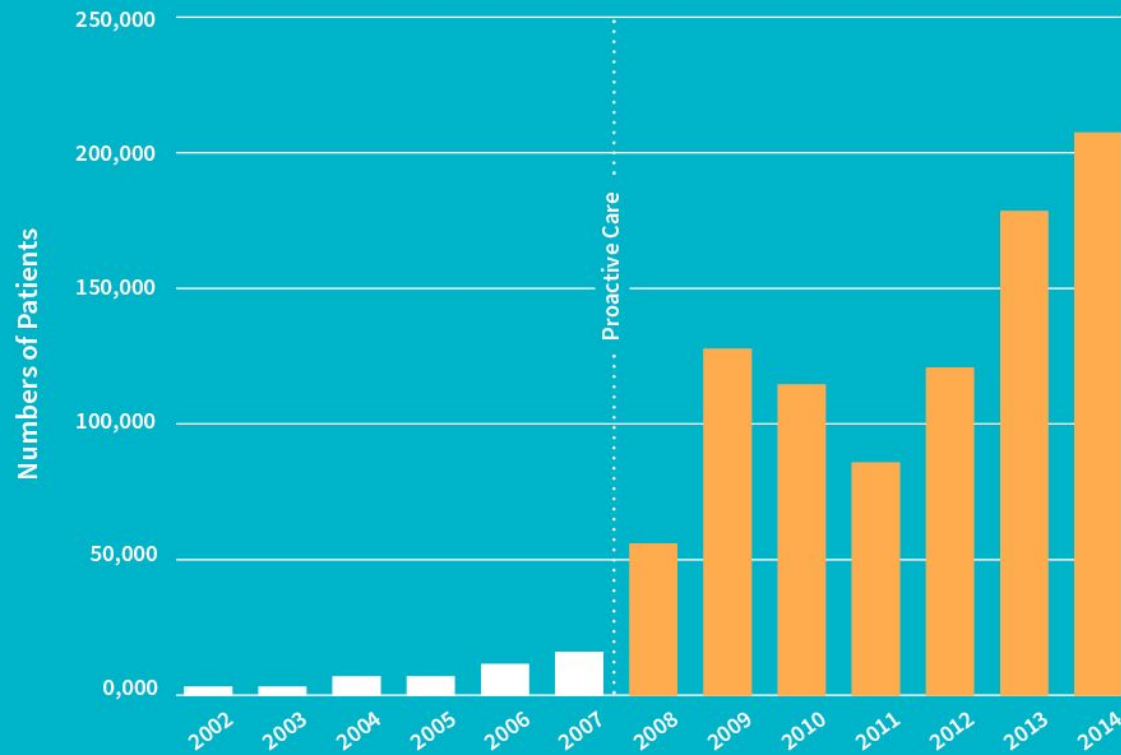


### 3. RAPID-ACCESS CLINICS

CHWs identify patients who need more complex care: the sickest patients evacuate by offroad ambulance to get care without fees from nurses, physicians, and midwives at redesigned rapid-access primary care clinics.

# ACCESS TO CARE: *BEFORE AND AFTER PROACTIVE CARE*

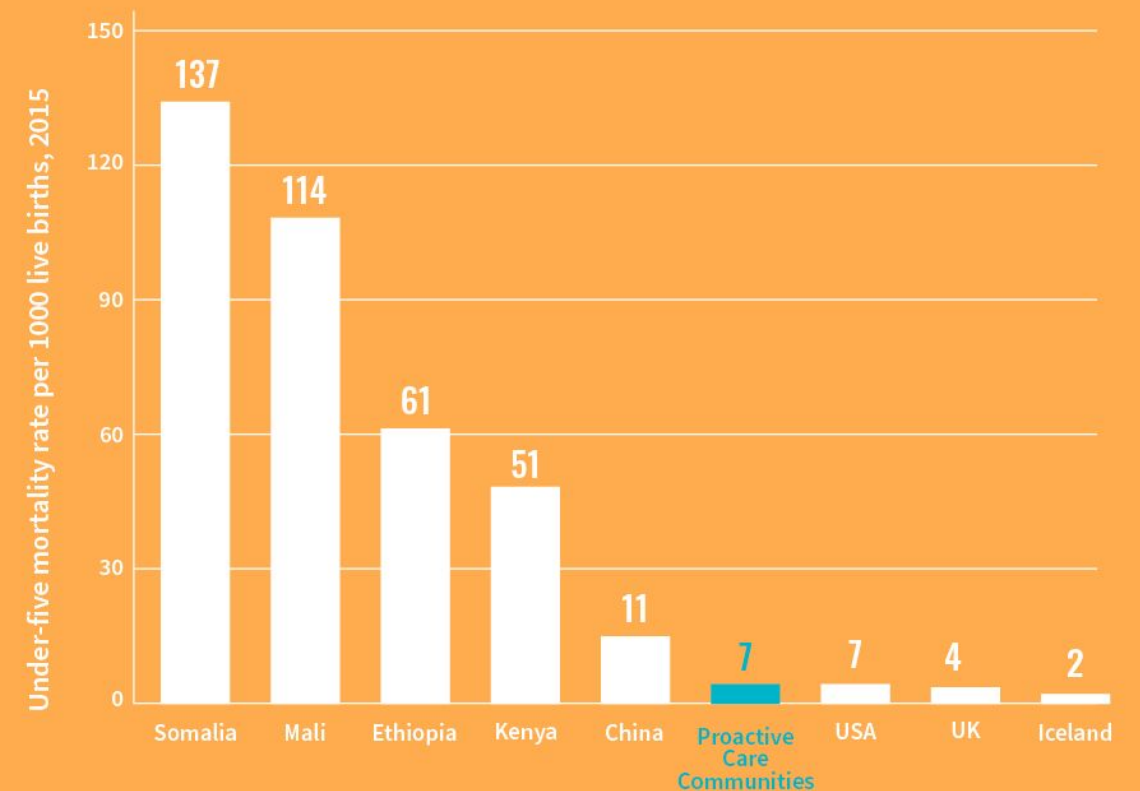
In 2018, *BMJ Global Health* published findings showing that after Muso's Proactive Care health system launched, the number of patient visits in study communities increased ten-fold.<sup>1</sup> As health coverage improved, these communities achieved and sustained a child mortality rate lower than that of any country in sub-Saharan Africa.



1. Johnson AD, Thiero O, Whidden C, et al. *Proactive community case management and child survival in periurban Mali*. *BMJ Glob Health* 2018;3:e000634.

# UNDER-FIVE MORTALITY

When this seven-year study began, 1 in 7 children died before they could celebrate their fifth birthday. Seven years later, child deaths had become rare—only 1 in 142. In 2015, child mortality in these communities in Mali was down to 7 deaths per 1,000 live births, a rate comparable to the United States.



Research has documented that Malian communities where Proactive Care was born achieved a ten-fold increase in access to care, and achieved and sustained rates of child death lower than any country in sub-Saharan Africa.

**THIS SHOULD BE THE STORY OF OUR WORLD.**



# CURING DELAY IN HEALTH CARE: *THEORY OF CHANGE*



*IMPACT AT SCALE*

Muso's 2019-2023 strategic plan outlines three specific objectives to drive forward a global transformation in universal health coverage, maternal health, and child survival:



**OBJECTIVE 1**

Transform Health Care Delivery in Two to Three Countries



**OBJECTIVE 2**

Generate Research the World Needs to Drive Impact



**OBJECTIVE 3**

Provide Technical Assistance to Change Policy & Practice



# OBJECTIVE 1: TRANSFORM HEALTH CARE DELIVERY IN 2-3 COUNTRIES

Muso has partnered with the Malian government since 2008, testing and scaling Proactive Care strategies for national community health impact. Over the past three years, Muso's 424 CHWs delivered health care to 370,000 patients in Mali with speed. In the face of COVID-19 and insecurity, they conducted more than 5,000,000 home visits. They additionally supported patients to make hundreds of thousands of visits to government-run clinics for quality care, and treated 84% of children within 24 hours of symptom onset. CHWs and clinicians, supported by COVID-19 and other safety measures, remain key frontline actors ensuring no one dies waiting for the health care they deserve.



**5,048,405**  
**HOME VISITS**

by Community Health Workers for active case finding, diagnosis, treatment, and follow-up



**84%**  
**OF CHILDREN**  
**TREATED IN 24 HOURS**

Of children under five reached by CHWs, an average of 84% were treated within 24 hours of symptom onset



**410,370**  
**COMPREHENSIVE**  
**CLINIC VISITS**

at strengthened government health centers without fees

**PROACTIVE HEALTH CARE DELIVERY IN MALI**



# OBJECTIVE 1: TRANSFORM HEALTH CARE DELIVERY IN 2-3 COUNTRIES

In selecting our second operational research country, Muso conducted a comprehensive landscape analysis focused on the intersection of **need** and **will**. Côte d'Ivoire rose to the top of our analysis, and through a technical assistance collaboration beginning in 2019, we identified an aligned, evidence-oriented partner in the Ivorian Ministry of Health.

In early 2021, Muso and the Ivorian government announced a long-term operational research partnership. Over the next decade, we will together pursue rapid, universal access to health care for Côte d'Ivoire's 26 million people and an end to the country's child and maternal mortality crisis.

Together with the government of Côte d'Ivoire, we aim to ultimately care for approximately 310,000 people. This will allow us to fully cover two districts, the basic unit of analysis for the Ivorian Ministry of Health. This will enable us to reach sufficient coverage to shape national policy, achieve our strategic plan goal for patient care to reach a minimum of 550,000 patients by 2023, and allow us to optimize efficiency in terms of cost per person served.



# OBJECTIVE 1: WHAT'S NEXT

We aim to ultimately fully cover two health districts in Côte d'Ivoire, Madinani and Adzopé, as well as part of a third, Kouto. Adzopé is less than 100km away from Abidjan, which will facilitate visits to our intervention sites for government partners.

These sites meet our criteria pertaining to need, and capture the regional, cultural, linguistic and political diversity of the country. We are currently assessing equipment, infrastructure, and human resources needs for all 58 clinics for all three phases of rollout.

## → Step 1: Reach 7,000 people

Launch our first test site, Diapé, serving approximately 7,000 patients, and one clinical site. Make rapid iterative adjustments to test and troubleshoot operational and programmatic approaches in a new country context.

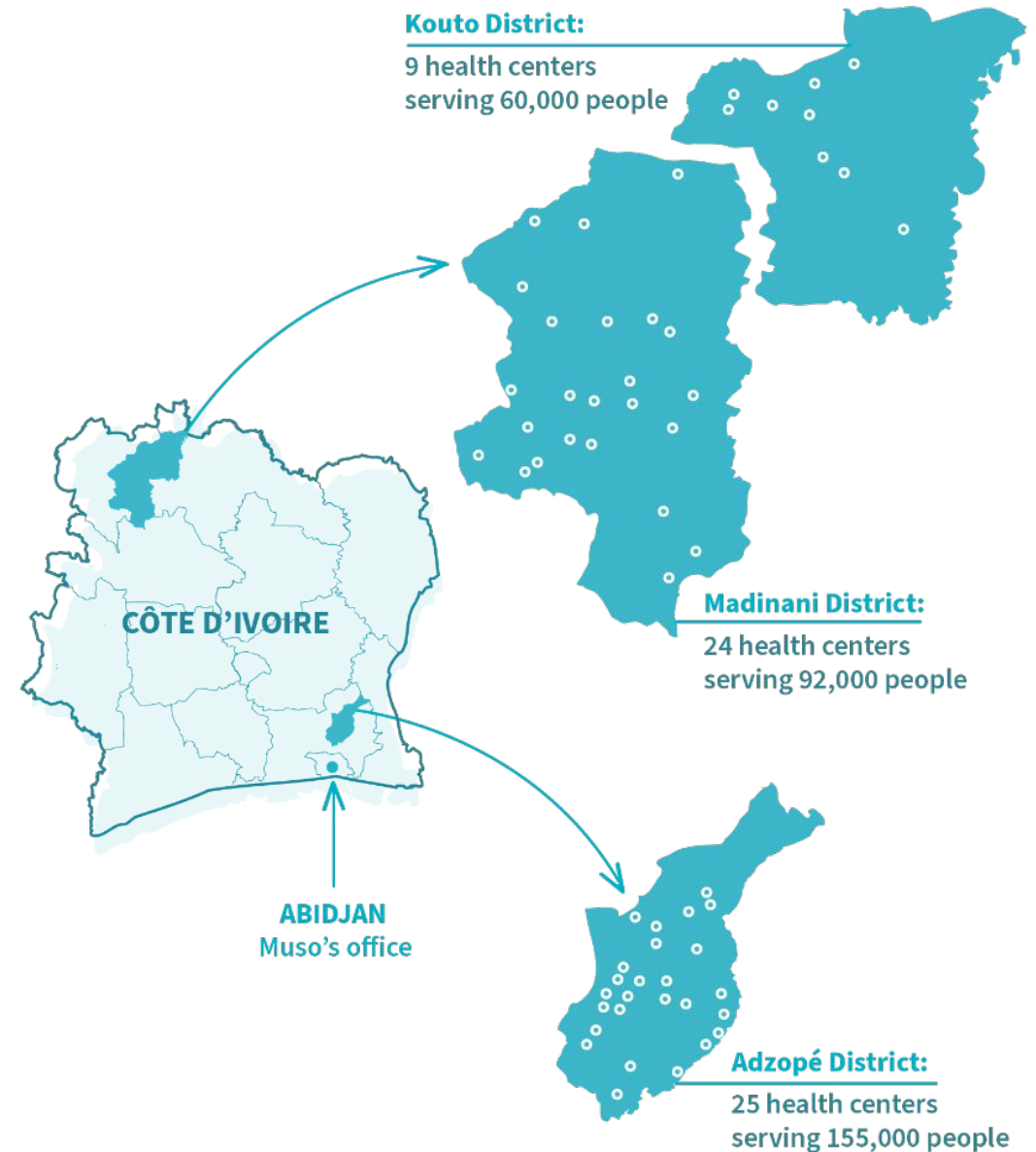
## → Step 2: Reach 160,000 people

Launch care for an additional 150,000 patients across 29 clinics. Collect baseline data for our research trial immediately prior to launch.

## → Step 3: Reach 310,000 people

Launch care for an additional 150,000 patients and 28 clinics, for a total of approximately 310,000 patients served across 58 clinics.

## OUR EXPANSION PLAN



# OBJECTIVE 2: RESEARCH TO DRIVE GLOBAL IMPACT

Muso embeds rigorous research, monitoring, and evaluation into our care delivery to rigorously test the impact of our work, and build the global evidence base on community health. Our evaluation systems are designed to measure speed, reach, and quality of care.

## ProCCM TRIAL PROCESS EVALUATION

A mixed-method process evaluation will be conducted as a part of the ProCCM Trial to assess implementation fidelity, mechanisms of action, and context of the intervention.

## ProCCM TRIAL COST-EFFECTIVENESS ANALYSIS

This embedded analysis will evaluate the relative cost-effectiveness of the ProCCM model with respect to the current standard iCCM model for CHWs.

## FAMILY PLANNING STUDY

A new study assesses whether communities receiving Proactive Care see increased access to family planning.

## ANNUAL POPULATION-LEVEL SURVEYS

In our peri-urban site, we annually survey a representative sample of reproductive-age women in randomly selected households using a modified Demographic and Health Survey questionnaire, which tracks ultra-rapid access and under-5 child mortality at baseline and annually.

## MOBILE RAPID DIAGNOSTIC TESTING (mRDT)

Developing and testing a set of mobile health tools for CHWs to improve mobile Rapid Diagnostic Testing (mRDT) quality, coverage, and equity as part of integrated primary health care delivery.

## DEDICATED CHW SUPERVISION AT SCALE

Muso's 360° Supervision model has been adopted nationally by Mali's government. This study will evaluate the effects of dedicated supervision for the country's Community Health Workers.

## ProCCM TRIAL MALARIA PREVALENCE EVALUATION

This endline evaluation, embedded within the ProCCM Trial, will assess the impact of proactive case detection by CHWs on malaria prevalence, transmission, and antimalarial resistance in children under 5 and pregnant women.

## BASELINE ProCCM TRIAL ANALYSES

Peer-reviewed journals recently published three studies assessing access to care at baseline in rural Mali, prior to Muso's intervention.

# OBJECTIVE 2: RESEARCH TO DRIVE GLOBAL IMPACT

## The ProCCM Trial:

Muso conducted one of the world's largest trials in community health, the ProCCM Trial. Our team concluded endline data collection for this study in 2020, with more than 200 surveyors working tirelessly to outpace COVID-19 and finish data collection before the virus arrived in the region of our rural sites. The ProCCM Trial surveyed more than 100,000 people over three years, and will help us learn whether proactive door-to-door case detection by CHWs saves more lives than a passive workflow for CHWs, which is the current global standard.

Muso and our academic partners have cleaned an ocean of data points in the past year. We have experienced some delays to data cleaning for this trial as our academic partners aggregated data from multiple sources, and managed COVID-19 challenges within their communities.

However, we are now preparing to unblind the data for analysis. We expect to have preliminary results for the main effects analysis around the end of 2021, and submit the findings for publication in early 2022.

We have additionally readied to share study findings with our government partners and other key global actors, offering technical assistance to support use of study findings in policy and practice. Planning of dissemination strategies is underway, and our team is building plans to reach three key audiences: research actors, global influencers, and media and general audiences.



137 VILLAGES



100,000 PEOPLE



7 RURAL SITES



3 YEARS  
2017-2020

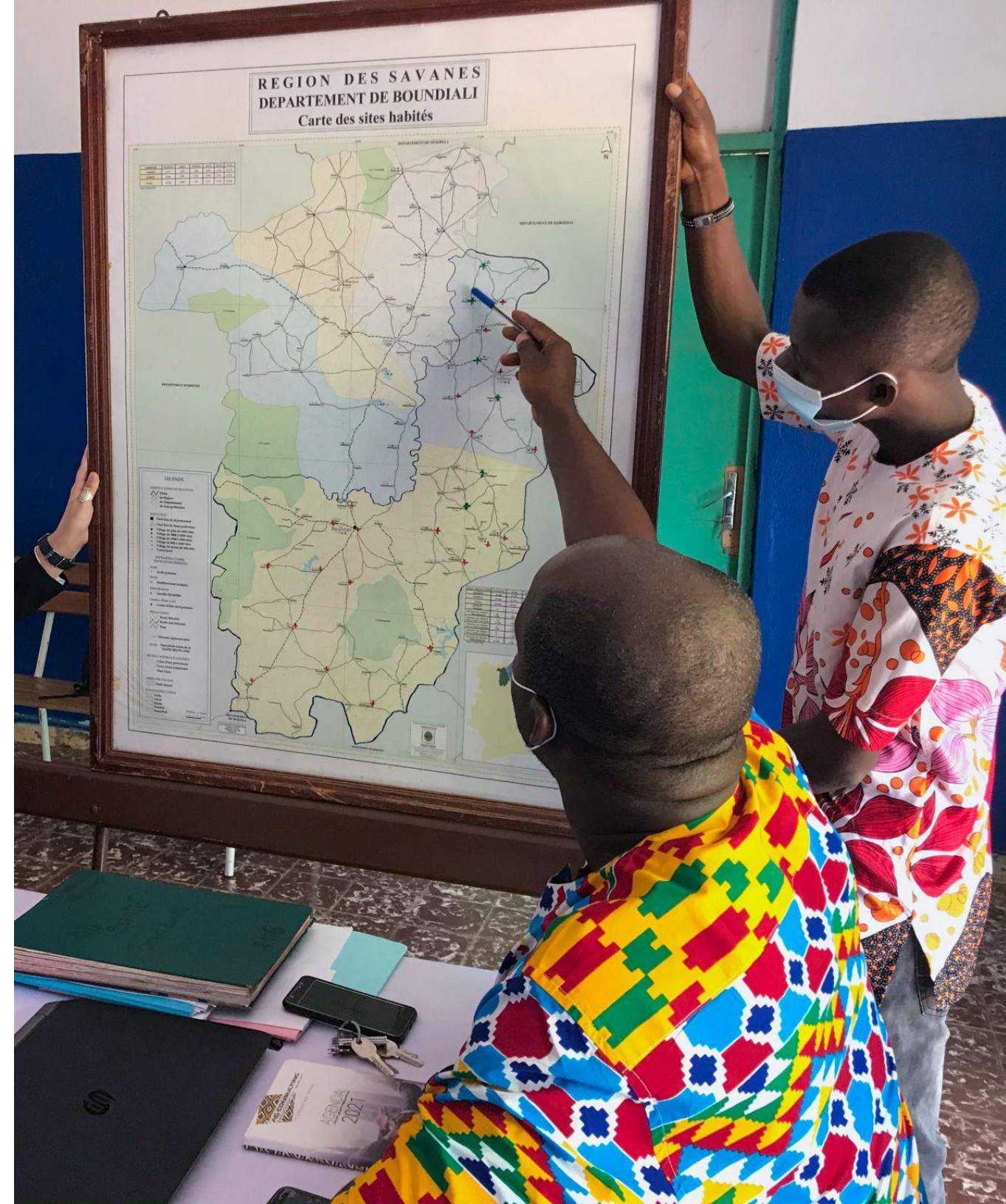
## OBJECTIVE 2: WHAT'S NEXT

Given the immense amount of data collected from the ProCCM Trial, we plan to continue to publish findings on various facets of the study into 2023. Once the study is published, we will deploy technical assistance and partnerships to share findings with policymaking, implementing, funding, and norm-setting partners.

We will continue to conduct a number of concurrent population-based studies assessing elements of our model. This research iteratively guides Proactive Care implementation alongside our ongoing monitoring and evaluation, and produces findings to strengthen community health delivery in Mali and globally.

Muso will additionally launch new research in Côte d'Ivoire, which we have begun to design with the Ivorian government and will integrate in our scale-up.

Through our technical assistance and advocacy, Muso's embedded research — from the ProCCM Trial and concurrent studies in Mali to new research in Côte d'Ivoire — will inform how health care is delivered for more than 40 million people in Mali and Côte d'Ivoire, and millions more around the world.



## OBJECTIVE 3:

# TECHNICAL ASSISTANCE TO CHANGE POLICY & PRACTICE

Muso has driven forward our technical assistance (TA) in the face of significant contextual challenges. Our TA chases impact for tens of millions of people, and over the past three years we have:



Supported rapid national COVID-19 response programs, including running Mali's national contact tracing and monitoring program



Provided embedded support to Mali's health system reform, from strategic planning to preparing legislation for domestic financing of CHWs, in the face of challenges



Engaged with the government of Côte d'Ivoire to begin determining long-term health system TA priorities



Co-designed and deployed an oxygen initiative to reach all of Mali's district and regional hospitals, which is nearing our goal of 100% coverage



Collaborated with the Ivorian government towards scaling dedicated CHW supervision nationally in Côte d'Ivoire



Advanced our research to transform global health systems, and planned advocacy strategies to equip actors with key learnings

## OBJECTIVE 3: WHAT'S NEXT

Looking forward, Muso will provide three types of technical assistance to solve the global injustice of delay:

→ **Big bets: deepening and accelerating our TA impact in Mali and Côte d'Ivoire.**

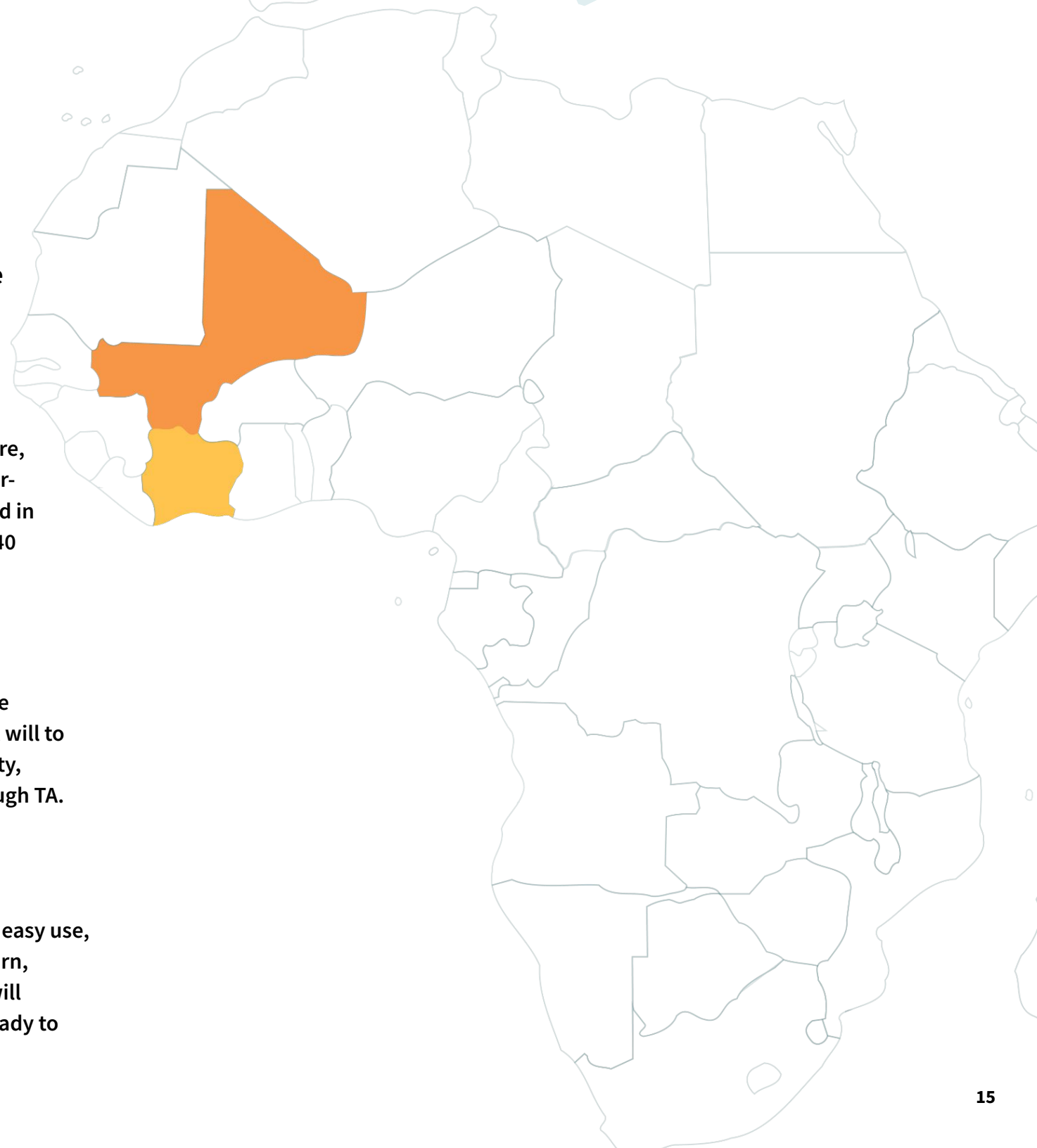
We aim to drive forward big national policy changes in Mali and Côte d'Ivoire, enable the governments to fund these new policies with domestic and international dollars, and help the governments get these changes implemented in practice. These technical assistance efforts can impact care for more than 40 million people and currently represent our primary focus in TA.

→ **New embedded partnerships, in new country contexts.**

Muso will pursue embedded TA partnerships, which are one- to three-year commitments involving one or more members of the Muso team. We will be evaluating new TA opportunities using key criteria such as level of political will to implement the full Proactive Care package, baseline levels of child mortality, maternal mortality, access, and the number of people we could serve through TA.

→ **Supported, open-source access partnerships, in new country contexts.**

We will streamline protocols and curriculum, design and package them for easy use, and make the supporting technological tools easy for others to pick up, learn, adapt, and adopt. In supported, open-source technical engagements, we will provide our materials and tools plus orientation, for high capacity NGOs ready to take the core pieces and run with them.



# RESOURCING OUR VISION

**\$81M**

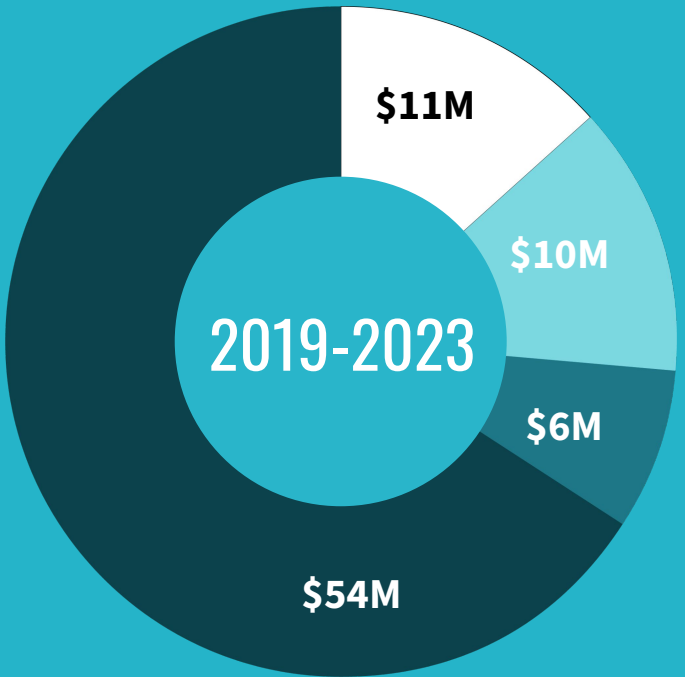
2019-2023  
strategic plan budget

**\$54M**

raised toward our  
five-year goals

**\$27M**

gap from new & current  
partners to realize our  
five-year vision



- Received or Committed
- Projections  $\geq$  70% Probability
- Projections  $<$  70% Probability
- Funds to Raise from New Sources

*DRIVING  
FORWARD A  
GLOBAL  
TRANSFORMATION  
IN HEALTH CARE  
WILL TAKE ALL OF  
US.*



*Our work centers around health. We provide care to people through the support of Muso but we want our movement to be bigger, we want more people to become involved. We go door-to-door every day in different households and we encounter numerous barriers... but people depend on us and I think it's important for this to become a collective fight. If other people can find interest and join our cause, I will feel like my voice mattered.*

”

— Aissata Coulibaly, Muso CHW





**Thank you**

For any questions, please contact:  
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