

Capabilities Statement



*Cover Image:
Motorcycles and taxi drivers
wait for passengers in
Palmerah, West Jakarta,
Indonesia.*

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Introduction



A COVID-19 testing line in Santo Domingo, Dominican Republic. Through the Partnership for Healthy Cities, Vital Strategies has helped dozens of cities around the globe in the urban response to COVID-19.

Vital Strategies' vision is a world where everyone is protected by equitable and effective public health systems. We design and support scalable solutions for the leading causes of death, injury and disease, working in partnership to reimagine evidence-based, locally driven policies and practices to advance public health. Vital's five strategic focus areas are urban health, environmental health and climate change, noncommunicable disease, injury prevention and public health systems.

Vital works primarily in low- and middle-income countries and most of our programs cut across multiple focus areas. All Vital programs are built on trust: we don't prescribe action, we partner with governments, private sector, civil society organizations and affected communities to contextualize and adopt global best practices. With a mix of private and public funding, we specialize in delivering technical assistance, especially to governments. For example, we share our expertise in epidemiology and surveillance with governments to enable them to create systems to properly record births and deaths, and we create communication campaigns that build support for legislation ranging from smoke-free laws to national taxes on sugary drinks. Vital Strategies also provides grants to governments and civil society groups to strengthen public health systems through targeted interventions.

Because of Vital's comprehensive approach and steadfast commitment to quality programs, we have continuously expanded our areas of focus and attracted new initiatives. Our annual budget has grown extraordinarily from \$61 million in 2016 to \$182 million in 2021. We expect this number to fluctuate in future years, as some of these initiatives transition to independent organizations—as Resolve to Save Lives did in April 2022—and then as we continue to strategically expand our global presence to both support our programs and to be ready to host other worthy, new initiatives. Vital currently has offices in New York, New Delhi, Jinan, São Paulo, Paris, Singapore and Addis Ababa, a team of more than 400,

and projects in 65 countries. Our management systems and expert finance and operations teams support our global efforts with best-practice physical and digital infrastructure capable of managing large budgets, establishing and supporting global offices, and making grants to governments and civil society partners. As Vital's portfolio has deepened and grown, so has our visibility, impact and reputation for excellence.

Since the start of the COVID-19 pandemic, we have been more active than ever, partnering with global, national and local organizations around the world. We have proven to be nimble and capable of meeting every new commitment we have made to advance efforts proven to improve health. We are primed to take on new opportunities from start to finish and bring global best practices to our partners.

Vision, Mission and Values



Sister Mary Joseph, a Community Advisory Board member from the STREAM trial site at the National Institute for Research in Tuberculosis in Chennai, India, conducts community outreach about TB and COVID in June 2021.

VISION

A world where everyone is protected by equitable and effective public health systems.

MISSION

We work in partnership to reimagine evidence-based, locally driven policies and practices to advance public health.

VALUES

Inclusive collaboration: We engage others, both inside and outside of the organization, to find the best solutions. We seek to listen to different perspectives and incorporate them into clear decision-making processes.

Respect: With interest and humility, we seek to understand the context where we work and learn from the expertise and experience of those with whom we work.

Commitment to learning: We reflect on our progress, build on our knowledge and adjust our approach as needed to achieve the best outcomes.

Ability to adapt: We are able and willing to adapt to new and evolving circumstances to ensure relevance and effectiveness of our work.

Strategic Focus Areas



Youth in Kumasi, Ghana show support for 30 km/h speed limits in areas where people live, work and play, as part of the city's U.N. Global Road Safety Week activities.

Urban Health: The rapid urbanization of the world requires a focus on cities. Health infrastructure, policies and the built environment must improve air, water and housing conditions, promote access to services, and be sustainable. As cities develop, they will promote health and equity when driven by intersectoral work informed by public health.

Environmental Health and Climate Change: Air pollution is the leading environmental risk for premature death and disability. Climate change presents an existential threat to people, cultures, food and water systems, and ecosystems across the globe. Targeting emissions reduction to achieve the greatest and most rapid benefits to health can increase political, public and financial support to achieve climate goals.

Noncommunicable Diseases: NCDs are the leading drivers of illness and death around the world and have a disproportionate impact on poor and marginalized people and communities. The greatest impact can be made through addressing leading risk factors, including tobacco use, poor diet, physical inactivity, alcohol consumption and air pollution, with proven interventions that need to be implemented at scale.

Injury Prevention: Injury is a leading cause of death among youth and young adults. From preventing road crashes to a non-punitive approach to the overdose crisis, governments must adopt a public health approach to injury prevention that addresses root causes and promotes sustainable, equitable solutions.

Public Health Systems: Public health institutions such as ministries of health and local health departments require strong evidence collection and data analytic systems to address the leading risk factors for disease and social inequity. They also require tools and organizational solutions to influence policy and to maximize the efficient use of resources for greatest impact.

FUNDERS

Bloomberg Philanthropies
ClimateWorks Foundation
Council on Energy,
Environment and Water
(as a sub-recipient of an
USAID-funded project)
UNICEF East Asia and
Pacific Regional Office
UNICEF Indonesia
World Resources Institute
(as a sub-recipient of a
USAID-funded project)
Pure Earth (as a sub-
recipient of GiveWell
Foundation)
New York Law School

PROJECT DURATION

2018–2024

FUNDING AMOUNT

\$3.9 million

PARTNERS

Council on Energy,
Environment and Water
Environmental Defense
Fund
Governor's office of DKI
Jakarta
Health Effects Institute
Open AQ
U.S. Centers for Disease
Control and Prevention
U.S. National Institutes of
Health
United Nations Foundation
(Clean Cooking Alliance)
World Health Organization
World Resources Institute

CURRENT COUNTRIES

Brazil, China, Ethiopia, India,
Indonesia, United States

Air Pollution and Health



A staff person from the Ministry of Environment and Forestry installs Air Quality Monitoring Stations in front of Al-Azhar mosque in South Jakarta, Indonesia.

PROBLEM STATEMENT

Nine out of 10 people in the world breathe polluted air, and more than 6 million people die every year because of poor air quality. The public health urgency to improve air quality from leading sources of outdoor and household air pollution is only intensifying with climate change, population growth and urbanization.

TECHNICAL APPROACH

The environmental health team, part of Vital's Environmental and Urban Health division, has played a critical role in Vital's work, leveraging the tools of public health to promote healthy and sustainable outcomes for people living in an increasingly urbanized world. This diverse team of researchers, analysts, and communication and policy experts work closely with corporate and government partners and civil society, particularly in low- and middle-income countries, to promote healthy outcomes in urban areas. We collaborate closely with policymakers and stakeholders to: compile and analyze health, environmental and economic data; raise awareness of pressing environmental health threats; and advocate for innovative policy solutions to control air pollution, mitigate and adapt to climate change, reduce exposure to toxic chemicals, and expand clean energy and transportation options. Vital's unique role in the environmental health field offers donors and funders a proven team of experts to solve, cost-effectively and systematically, some of the planet's greatest challenges.

SPECIFIC CAPABILITIES INCLUDE:

- Quantification of environmental, health and economic impacts of air pollution and climate change
- Environmental health indicator and dashboard development, tracking and surveillance
- Health sector engagement to promote and measure progress on clean air action

- Risk assessment and mitigation
- Environmental health policy development, program implementation and capacity strengthening
- Program evaluation and design
- Public health and environmental governance and enforcement
- Environmental emergency preparedness and response
- Environmental health advocacy, research, and campaigns to promote behavior change
- Journalist and clinician trainings and risk communication

PROGRAM HIGHLIGHTS

USAID's Clean Air Catalyst (2019-2024): Health sector engagement on air pollution as a partner of World Resource Institutes' global Clean Air Catalyst coalition funded by USAID, including empowering health professionals (doctors, nurses, and health care workers, government officials, and decision-makers) through training and advocacy and better data use to respond to the global air pollution crisis, educate patients, and serve as thought leaders and advocates for clean air policies in their cities and countries. Pilot locations include Jakarta, Indonesia; Indore, India; and Nairobi, Kenya.

USAID's Cleaner Air Better Health (2021-2026): Lead on minimizing exposure and health impact from air pollution in India. Activities will include the development of a health data collection tool, engagement with the health sector in air quality management, and active integration of air quality in health promotion programs for children's health and NCDs. The prime partner is the Council on Energy, Environment and Water ([CEEW](#)), and the official contract is with Vital Strategies' India office (Vital Strategies, Inc. will provide technical support to the India office as a contractor).

Journalist training (2019-present): Improving reporting on air pollution and health by educating journalists about leading sources of air pollution, resulting exposures and health effects, key sources of relevant data, and cost-effective policy and programmatic solutions. Trainings also focus on the role of health communication in improving public health and conveying accurate data through human-focused stories.

Capacity strengthening for clean air surveillance in South and Southeast Asia

(2018-present): In this project, Vital is designing an air quality management road map to accelerate progress on clean air action, including improving air quality monitoring and understanding true sources of pollution, in partnership with the Jakarta city government. Vital is also identifying opportunities and designing effective policy options to strengthen India's National Clean Air Program, and developing guidance, including the [Accelerating City Progress for Clean Air: Innovation and Action Guide](#) and more tailored guidance on the design and use of low-cost sensor networks to assist city governments in low- and middle-income countries to rapidly improve local air quality

Influencing public discourse about air pollution (2018-present): In India and Indonesia, Vital is conducting formative research to understand how people interpret information about health and air quality (see [Hazy Perceptions](#) and [Through the Smokescreen](#) reports) to inform more effective measures for addressing air pollution. In partnership with governments, Vital is creating strategic communication campaigns to strengthen support and political will for clean air and launching social and mass media campaigns to promote civic engagement to improve air quality.

Mentoring via policy dialogues and accelerated policy sprints (2018-present): Vital is working with the World Health Organization and health ministries to develop evidence-informed policy proposals and advocacy plans, including mentoring to support the development of policy briefs, in-person workshops to learn and practice advocacy skills, and technical assistance throughout the policy adoption process. Vital is also offering accelerated policy development sprints to rapidly achieve improved health outcomes.

Improving children's health in Southeast and East Asia (2018-present): In partnership with UNICEF and central health agencies in Myanmar and China, Vital is supporting filling the data and knowledge gap in children's environmental health by focusing on issues with substantial health burden, contributing to the current data available, and identifying interventions that will lead to measurable improvements in children's health and well-being. In Indonesia, Vital is developing a framework to catalyze cities' actions to improve early childhood education, health, parent-child bonding, and environmental influences over children's development.

Clean household energy (2017-present): With Bloomberg Philanthropies, World Health Organization and U.S. Centers for Disease Control and Prevention, Vital is visiting countries with high health burdens from solid fuel combustion pollutants and assessing their needs and public health roles in accelerating access to clean fuels, reducing pollution exposure and improving health. With Berkeley Air Monitoring Group, Vital is providing support to the World Bank to verify methodologies to quantify health, climate and gender co-benefits of clean cooking in East Africa. Working with U.S. National Institutes of Health and Clean Cooking Alliance on the Clean Cooking Implementation Science Network, including a science-to-policy academy focused on inter-ministerial efforts to accelerate clean household energy policies in Sub-Saharan Africa.

Air quality, climate, and health (2021-present): Vital is working to raise awareness on how clean air offers benefits to health and climate (as described in the report "[Rising Tides, but Missing the Boat](#)"), with a focus on how indicators for air quality and health can be better integrated into national and city action plans.

Promoting Clean Air for Health in Brazil (2020-present): Air pollution is responsible for more than 60,000 deaths in Brazil per year. Since 2021, Vital Strategies has been working with the cities of Rio de Janeiro and Belo Horizonte to engage decision makers and provide technical support on clean air policies. Since transportation is the main urban source of pollution in Brazilian cities, the project focuses on the benefits of sustainable urban policies for public health

FUNDERS

Lyda Hill Philanthropies
Pure Earth/GiveWell
Foundation
UNICEF Indonesia

PROJECT DURATION

2018–2024

FUNDING AMOUNT

\$2.8 million

PARTNERS

Peru, Ministry of Health
State of Bihar, India
Department of Health
State of Tamil Nadu,
India Health and Welfare
Department
Pure Earth
UNICEF Indonesia

CURRENT COUNTRIES

India, Indonesia, Peru,
Philippines

Childhood Lead Poisoning Prevention



Vital Strategies helped Peru obtain new equipment to test the lead content in children's toys.

PROBLEM STATEMENT

Lead is a potent neurotoxin that the body stores over a lifetime. It can severely affect the cognitive development and physical health of children, the health of adults, and the economic development of nations. Despite clear evidence of harm, hundreds of millions of children and adults are poisoned by lead. According to new analysis and research, an estimated one in three children—up to 800 million globally—have blood lead levels associated with detrimental health effects such as decreased cognitive ability. The impact of lead on adults is so large that over 900,000 premature deaths per year are attributed to lead exposure. Children are also exposed to lead from lead paint, living in areas contaminated by mining and industrial activities, and by living in homes where families recycle vehicle batteries, collect waste, glaze ceramics, or use spices and other consumer products that may be contaminated.

TECHNICAL APPROACH

Vital Strategies provides technical and consultative services to address lead poisoning in Peru, Indonesia, Ghana, the Philippines and in two states in India, working with governments to:

- Design and implement a national data store that unifies biological and environmental lead sampling data to characterize geographic and personal risk factors
- Undertake surveillance activities to characterize urban exposures and understand personal and social risk factors
- Assess legal and policy gaps
- Make policy and intervention recommendations
- Plan a targeted communication campaign
- Train and equip health workers with clinical care guidance for lead exposure treatment

PROGRAM HIGHLIGHTS

Through a partnership with the Ministry of Health in Peru that was launched in 2018, we completed the design of a childhood lead surveillance program to better understand how and where Peruvian children are exposed to lead. Nurses and community health workers across eight regions of Peru now have the training and resources to begin screening and counseling children under age 5. We also worked with Peru's Center for Epidemiology, Prevention and Disease Control to reimagine, revise and adopt clinical guidance for management and prevention of lead exposure in children and pregnant women. The updated guidance allows health care professionals to provide clinical and exposure avoidance advice that is tailored to the likelihood of exposure, rather than depending on scarce testing resources. Screening data from clinical encounters will serve as one part of an integrated surveillance program. Together, these efforts will help to reduce the number of exposed and acutely poisoned children.

In 2021, UNICEF Indonesia selected Vital Strategies to be its implementing partner to address lead poisoning. This work involves legal and policy assessment, stakeholder engagement, public surveys, improving clinical guidance, a behavior change campaign, and local government capacity strengthening.

Also in 2021, Vital Strategies received funding from Pure Earth and the GiveWell Foundation to address lead poisoning in Ghana, two Indian states and the Philippines.

DATA FOR HEALTH

As a part of the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies implements four programs that collaborate with governments to expand the use of data to enhance public health policymaking. Our Data for Health programs are: Civil Registration and Vital Statistics, Data Impact, Global Grants and Cancer Registries.

MAIN INITIATIVE

Bloomberg Philanthropies Data for Health Initiative

Established in 2015, the initiative currently supports more than 20 countries— representing over 1.3 billion people—to collect and use better public health data to inform policy making and investments in public health.

ADDITIONAL INITIATIVES

Accelerating Registration Equality for LGBTI people in Peru (2019–2022)

Every Mother and Newborn Counts, USAID Jalin Project (2017–2020)

Literature Review of Demand-Side Factors Affecting CRVS (2020–2021)

Country Health Information Systems and Data Use project (2021 – 2025)

FUNDERS

Australian Department of Foreign Affairs and Trade
Bloomberg Philanthropies
The Centre of Excellence in CRVS, International Development Research Centre (Canada)

Civil Registration and Vital Statistics Program



An orientation meeting for enhancing birth and death registration in Gaibanda district, Bangladesh.

PROBLEM STATEMENT

Globally, more than a third of children under 5 have no birth certificates, and millions of people in low- and middle-income countries will die without their deaths being registered. For those deaths that are registered, reliable information about the cause of death is frequently missing. Without this information, governments lack a clear picture of population trends or causes of death and disease in their countries and cannot make evidence-based decisions on how to direct resources. For individuals and families, birth and death certificates are key to unlocking social benefits and protections including education, health care, inheritance, and the right to vote, among others. The United Nations recognizes the importance of addressing under-registration and has set Sustainable Development Goal targets of universal birth registration and 80% death registration by 2030.

TECHNICAL APPROACH

Vital Strategies' Civil Registration and Vital Statistics (CRVS) team currently works in more than 20 low- and middle-income countries as part of the Bloomberg Philanthropies Data for Health Initiative. With our operating principles of country leadership and ownership, capacity strengthening, and sustainability, we provide technical assistance in the following areas.

CRVS governance and coordination: We advise governments in strengthening political commitment and creating or revitalizing CRVS governing structures. These are needed to harmonize efforts of the multiple ministries and agencies who are often the main stakeholders in the system. This includes the application of a comprehensive CRVS System Improvement Framework developed by Vital Strategies and global partners.

Legal and regulatory review: We work with countries to strengthen their capacities to review and revise existing laws and regulations governing CRVS by comparing them to best practices. Using a structured process, we help with legal and regulatory reform to

CIVIL REGISTRATION AND VITAL STATISTICS PROGRAM (CONT'D)

DAI Global (as the primary recipient of a USAID-funded project)

JSI Research & Training Institute (as the primary recipient of a USAID-funded project)

PROJECT DURATION

2015-2023

FUNDING AMOUNT

\$129.3 million

PARTNERS

CDC Foundation

Global Health Advocacy Incubator

Johns Hopkins Bloomberg School of Public Health

U.N. Economic and Social Commission for Asia and Pacific

U.N. Economic Commission for Africa

U.S. Centers for Disease Control and Prevention

World Health Organization

CURRENT COUNTRIES:

CRVS PROGRAM

Bangladesh, Bolivia, Cambodia, Cameroon, China (Anhui, Jiangsu, Shandong, and Shanghai provinces), Colombia, Ethiopia, Kenya, Indonesia, Rwanda, Senegal, Sri Lanka, Tanzania, Thailand, Vietnam, Zimbabwe

ensure that CRVS business processes and practices are grounded in necessary standard operating procedures, regulations and laws.

Notification and registration of births and deaths: We work with governments to strengthen systems so that every birth and death is counted and registered. This critical goal is achieved by analyzing and redesigning registration processes to remove barriers for registration and strengthening active civil registration systems in which governments carry the responsibility of ensuring the registration of each birth and death. This includes ensuring that all vital events occurring in the health sector are reported and registered.

Medical certification of cause of death: Vital Strategies provides tools and trainings on medical certification to International Classification of Diseases (ICD) standards, enabling doctors to understand how to properly certify and code cause of death. We provide governments with curricula in medical certification of cause of death for medical schools and have designed several eLearning courses for continuing medical education.

Verbal autopsy: This method determines a person's probable cause of death by interviewing a caregiver after a death occurs at home or other location where no physician is available. Vital Strategies helps to establish this important capability of the CRVS system in countries where a large proportion of deaths occur outside of health facilities.

Analysis and use of CRVS data: In partnership with Vital Strategies' Data Impact Program, we strengthen capacities for government use of data in vital statistics reports and policy briefs on topics ranging from neonatal mortality in Indonesia to influenza among senior citizens in China. We also have a training program for journalists on the use of CRVS data.

Rapid mortality surveillance: Since early 2020, Vital Strategies has been in the vanguard of efforts to accurately quantify the true death toll of the COVID-19 pandemic. We spearheaded the development, dissemination and application of rapid mortality surveillance in countries in Latin America, Africa and Asia. These data have been used in conjunction with other indicators to guide the distribution of vaccines and set alert levels.

OUR IMPACT

- Vital Strategies has supported the improvement of CRVS systems in more than 20 countries with over 60,000 government professionals trained since 2015. As a result of the collective efforts of the Data for Health Initiative, governments have access to improved information on more than a million deaths.
- Revisions to CRVS laws, regulations and business processes have been made in 14 countries where we currently work or have worked. These changes help governments bring their systems more closely in line with international best practice.
- In collaboration with global and regional stakeholders, Vital Strategies' CRVS team has spearheaded the development of a CRVS Systems Improvement Framework, which is setting the standard as a go-to tool for improving and redesigning the ways that births and deaths are registered and causes of death are assigned. Since publication, it has been successfully implemented by WHO, U.N. Economic and Social Commission for Asia and the Pacific, U.N. Economic Commission for Africa, Data for Health and others to map, review and redesign CRVS business processes.
- Five countries—Bangladesh, Ghana, Rwanda, Solomon Islands and Sri Lanka—that were not using the international death certificate at the outset of their work with the initiative changed their death certificate to align with international standards. In the

Philippines alone, more than 500,000 death certificates were processed in a year using automated methods introduced by Vital Strategies and partners. The implementation of automated coding of death certificates and other systems changes means that improved information on cause of death will be available for policymakers.

- As a result of trainings and technical assistance provided by Vital Strategies, several countries—including Bangladesh, Colombia, China (in Shanghai), Ghana, Rwanda and Tanzania—have begun using community-based verbal autopsies to collect information on out-of-hospital deaths. In many countries the majority of deaths occur outside of health facilities. To date more than 211,000 verbal autopsies have been collected.
- The Kaliganj subdistrict in Bangladesh, not far from the capital of Dhaka, became a pioneer in documenting births and deaths through a model enabled by Vital Strategies and partners, achieving dramatic increases in birth and death registration rates. What is now called the “Kaliganj model” is being scaled by government to all 492 sub-districts in Bangladesh primarily using domestic resources. The government aims to register every birth and 80% of deaths by 2030, thus meeting the targets for registration set under the United Nations Sustainable Development Goals.
- In Peru, we supported the completion and roll-out of SINADEF, an online death certification system for hospitals. The results have been impressive: Nearly 100% of deaths are now reported online from all hospitals implementing the nationwide system. This has brought the time required to certify, enter and utilize cause of death data down from two years to a matter of days and weeks. During the COVID-19 epidemic, data from SINADEF has been used to monitor the all-cause mortality impact in the country and to develop response measures.
- Rapid mortality surveillance data have been used in Brazil to combat the “infodemic” of false information about COVID-19, to highlight excess mortality occurring at state and capital levels, and to highlight the intersection of race, poverty and COVID-19 mortality. In Colombia, excess mortality data have been used with other indicators to guide prioritization of vulnerable groups for vaccine distribution, and in Peru these data have been used to help set alert levels at the regional level.

DATA FOR HEALTH

As a part of the Bloomberg Philanthropies Data for Health Initiative, Vital Strategies implements four programs that collaborate with governments to expand the use of data to enhance public health policymaking. Our Data for Health programs are: Civil Registration and Vital Statistics, Data Impact, Global Grants and Cancer Registries.

CURRENT COUNTRIES:

DATA IMPACT PROGRAM

Bangladesh, Bolivia, Cambodia, Cameroon, China, Colombia, Ethiopia, India, Indonesia, Kenya, Morocco, Mozambique, Papua New Guinea, Philippines, Senegal, Solomon Islands, Sri Lanka, Vietnam, Zimbabwe

Data Impact Program



Vital Strategies' Data Impact Program works to strengthen government capacity to use data and evidence in public health policymaking. In Sri Lanka, the Data Impact team worked with the non-communicable disease unit of the Ministry of Health and Indigenous Medicine Services to analyze issues and identify policy options.

PROBLEM STATEMENT

Many governments have health data available to them—from census to hospital records—that are often not used despite its potential to guide critical policy or investment decisions. Furthermore, governments often do not use data to communicate among ministries, to journalists or to the public to gain support for public health action.

TECHNICAL APPROACH

Vital Strategies provides technical assistance, primarily to government staff, on how to strengthen analysis and presentation of data so that it leads to public health action, as well as on how to tell compelling stories to build support for their decisions. The Data Impact Program works in 19 countries on more than 60 projects, as part of the Bloomberg Philanthropies Data for Health Initiative. The program focuses on:

- Strengthening capacity to provide analytic insights to inform policy change
- Enhancing government dissemination of data via printed reports and online portals
- Developing systems of key indicator monitoring with technology such as electronic data dashboards
- Establishing new institutional units in ministries of health for advanced data analysis and policy development

The Data Impact team has technical expertise in:

- Data analysis, visualization, presentation and dissemination
- Policy analysis and presentation
- Use of digital tools for decision-making

OUR IMPACT

Improved data collection and analysis has an impact when government policymakers and program planners use the data to prioritize health issues, develop policies and programs,

monitor the impact of public health strategies, and communicate about health issues with all stakeholders. The Data Impact Program assists government departments to leverage data from multiple sources for such strategic uses, and to create systems and a culture in which the use of data is prominent throughout the government's activities.

In the Philippines, Data Impact is working with the Health Policy Development and Planning Bureau in the Department of Health to strengthen its technical role in providing guidance on data and evidence use and incorporating data into the policy review process. Through this collaboration, a department order governing the policy development process was revised based on feedback from the Data Impact team following a Data to Policy training program.

In Morocco, an analytic report provided information on risk factors, determinants of health, and access to health services for elderly people, and a strategic orientation note listed the health and intersectoral priorities needed to meet the health and social needs of older Moroccans. The health ministry will use these documents to inform a national health strategy on aging.

Vital Strategies worked with the Directorate General for Health Services in Bangladesh to create a more effective system to allocate funds across units and projects. Past systems consumed large amounts of staff time and made it challenging for managers to identify and reallocate unused resources for new priorities. The new system allows senior officials to directly access financial and physical progress on developing projects and identify funds that may need to be reallocated.

In Senegal, two in-action reviews on the COVID-19 response enabled the lessons learned to be captured and integrated into the response. The first review focused on the initial management of COVID-19 cases and contacts and resulted in operational changes such as an increased reliance on community-based strategies. The second review included a focus on national leadership structures and highlighted important communication and coordination challenges.

Journalists from Latin America, Asia and Africa have produced more than 100 articles using data they explored during our trainings on topics ranging from HIV infections in South Africa to the dangers of using firewood to cook in Sri Lanka.

In Colombia, Vital Strategies assisted government staff in developing an annual national road safety report which for the first time included information on motor vehicle injuries. The report is being used to guide public health and transportation actions to reduce deaths and injuries from vehicle crashes. The team also worked with the CRVS program to produce Colombia's first vital statistics report, which improved access to vital statistics for decision-making and resource allocation.

In India and Bangladesh, Vital Strategies has assisted the government in developing internal hubs for data analysis that will enhance existing epidemiology skills and provide government officials with necessary data to make more informed decisions.

DATA FOR HEALTH

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CURRENT COUNTRIES:

GLOBAL GRANTS PROGRAM

Angola, Argentina, Burkina Faso, Cape Verde, Chad, Dominican Republic, Democratic Republic of the Congo, Ecuador, Egypt, El Salvador, Fiji, Ghana, Guatemala, Guinea-Bissau, Ivory Coast, Kenya, Kiribati, Lesotho, Liberia, Malawi, Maldives, Mali, Mexico, Namibia, Nepal, Nigeria, Pakistan, Paraguay, Peru, Sao Tome, Sierra Leone, The Gambia, Tunisia,

Global Grants Program



A regional supervisor in The Gambia signs birth and death certificates for distribution to beneficiaries.

The Bloomberg Philanthropies Data for Health Initiative Global Grants Program was launched in 2019 to amplify the reach of the Initiative beyond work in focus countries and to provide a platform to pilot new strategies to achieve the Initiative's objectives. By supporting results-oriented projects that address information gaps and improve data processes in low- and middle-income countries, the Global Grants Program promotes better-informed public health policies and investments.

The Global Grants Program funds projects in all four of the Data for Health Initiative arms: Civil Registration and Vital Statistics, Data Impact, Noncommunicable Disease Surveys, and most recently, Cancer Registries. Within these categories, equity- and Covid-19-focused projects have received priority funding status.

With six rounds of funding completed, the Global Grants Program has awarded \$8.5 million between July 2019 and February 2022 to 83 projects throughout 38 countries in Africa, Asia, Oceania and Latin America.

OUR IMPACT

In Peru, a Data Impact project led by the Ministry of Health's National Center for Epidemiology, Prevention and Control of Diseases trained epidemiologists from each of its 25 regions to collectively assemble the nation's first subnational burden-of-disease study, breaking down population mortality and morbidity trends to the regional level. The study showed that in all 25 regions, noncommunicable diseases were the leading cause of years lost due to premature death or disability. In 16 regions, diabetes was among the top three causes. Cerebrovascular disease was among the top three causes in 11 regions and hypertensive disease ranked in the top five causes in seven regions. Lower respiratory tract infections were the main cause in eight regions and traffic crashes in seven regions. This is new information that will inform policy and investment.

In Brazil, a team supporting the Secretariat of Health in Goiania triangulated health and non-health data sources to better identify instances of violence against women and girls. Linking these data sources marks the first time that databases from different health services have been combined in Goiania and promises to enable data-driven decision-making within the health system moving forward. This methodology is being rolled out elsewhere in Brazil. Already the findings of this project have been used to help support the passage of city ordinances aimed at reducing violence against women.

A Maternity Electronic Birth Registration System was installed in 12 high-burden health facilities throughout Malawi for electronically registering births within the National Registration Bureau. This work resulted in a significant increase in birth registration rates from 3% to 91% across the 12 health facilities. All 12 health facilities continue to report birth registration rates above 80% as compared to only 5% at project onset.

A team in Peru conducted 220 verbal autopsy interviews among the Shipibo-Konibo indigenous community of the Peruvian Amazon to learn if COVID-19 had affected the community. The deaths being considered were evaluated by both medical criteria and an algorithm after translating and validating the verbal autopsy form updated by a team in Brazil at the onset of the pandemic. The information revealed important trends in mortality among the Shipibo-Konibo people, including common co-morbidities for deaths likely due to COVID-19 as well as the fact that about 75% of deaths during the pandemic went unreported. The project also created new linkages between the Ministry of Health and indigenous community leaders.

DATA FOR HEALTH

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Vanuatu

CURRENT COUNTRIES: CANCER REGISTRIES PROGRAM

Myanmar, Tanzania, Vietnam

Cancer Registries Program



Current, correct and comprehensive data is key to understanding cancer. Population-based cancer registries allow countries to provide a clearer picture of the types of cancer in a place, where they are occurring and who is most affected.

PROBLEM STATEMENT

In 2020, cancer was the cause of death of 10 million people around the world, accounting for nearly one in six deaths; 70% of those deaths occur in resource-constrained countries. Cancer registries, which track cancer data, are a foundation for cancer control but are chronically under-developed in countries currently indexed at low- or middle-income levels. Without knowledge of cancer patterns and future projections, countries cannot make informed decisions on strategies for prevention, early detection or clinical management, or care for those who cannot be treated. Accurate data are needed for planning and evaluation of cancer control activities in every country of the world.

Vital's Cancer Registries program works with ministries of health and their partners to establish, strengthen and expand population-based cancer registries and use the data for policymaking.

TECHNICAL APPROACH

The Cancer Registries Program supports countries in establishing and bolstering population-based cancer registries to track cancer data, allowing them to better understand the burden of prevailing cancers and respond effectively.

Each country collaboration focuses on strengthening existing registries, establishing new ones where appropriate, and technical assistance and training activities. Our goal is to support a sustainable registry system to strengthen data-driven planning, including informing cancer control and prevention activities, prioritization, budgeting and policy development.

OUR IMPACT

Since 2017, the Bloomberg Philanthropies Data for Health Initiative's Cancer Registries Program has collaborated with countries to strengthen the systems, infrastructure,

human resources, and technical expertise necessary for robust population-based cancer registries. Alongside our ministry of health partners, the program has also engaged partners including African Cancer Registry Network, International Agency for Research on Cancer, Tata Memorial Centre Mumbai, and National Cancer Center Japan. With these collaborations, the program has strengthened cancer data collection methods and quality, improved operational and technical standards, and institutionalized these gains by working with ministries on long-term financial and operational planning.

In Tanzania, none of the population-based cancer registries in 2017 were members of the African Cancer Registry Network, which is a marker of registry maturity—only registries that meet a minimum set of standards for registry coverage and data quality are invited to be members. Due to the strong efforts by registry staff, by 2020, three of the four registries were invited as members and by 2021, all four met membership criteria, highlighting a substantial improvement in data quality.

We collaborated with the ministry of health to increase cancer data awareness and demand. In 2021, for the first time ever, Tanzania reported population-based cancer incidence in its 2020 Annual Health Sector Review, and four reports containing registry data were produced. Prior to the program, as in many low- and middle-income countries, cancer registries in Tanzania were operated by hospitals and only weakly linked to the ministry of health, leading to a lack of advocacy, sustainability and institutionalization. To alleviate this, the program collaborated with the ministry to create a unit specifically dedicated to cancer surveillance within the noncommunicable disease department in 2021.

In Myanmar, before the program was forced to cease all activities due to the 2021 coup, the ministry of health created a central coordination unit and, under its own direction, began expanding cancer registration to another major site. The ministry of health and the Cancer Registries program team worked with the Data Impact program, using breast cancer registry data to inform a screening policy brief, the first use of such data in the country. In Vietnam, the program successfully convened two historically siloed registries, providing a foundation for a collaboration that led to the agreement to use one standard set of operating procedures, critical to achieving higher quality national estimates.

Beyond supporting the initiative's core countries—Mozambique, Myanmar, the Philippines, Sri Lanka, Tanzania, Vietnam, and Zimbabwe—the program has expanded to support the first-ever International Agency for Research on Cancer collaborating hubs in sub-Saharan Africa. The experts in these three hubs will provide much-needed technical assistance, mentorship and training to registrars across the continent.

The population-based cancer registry in Kigali, Rwanda, has worked with the program to create the first-ever noncommunicable disease module in DHIS 2, a specific software; this module will help to eliminate paper-based cancer notification forms and increase the availability and quality of the data collected. Finally, the International Agency for Research on Cancer and the African Cancer Registry Network are partnering to develop the first-ever remote learning course for cancer registration, hosted by the International Agency for Research on Cancer. It will be available to registrars around the world, leading to increased access to high-quality information on cancer registry methods and principles.

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2016-2025

FUNDING AMOUNT

\$10.75 million

PARTNERS

ACT, Brazil

Amandla.mobi, South Africa

CAJAR, Colombia

Community Media Trust, South Africa

Global Health Advocacy Incubator

HEALA Alliance, South Africa

Healthy Caribbean Coalition, Barbados

Heart and Stroke Foundation, Barbados

The Heart Foundation of Jamaica

IDEC, Brazil

O'Neill Institute for National and Global Health Law

Red PaPaz, Colombia

University of North Carolina

CURRENT COUNTRIES

Barbados, Brazil, Colombia, Jamaica, South Africa

Food Policy



In Jamaica, Vital Strategies has supported campaigns highlighting the health harms of sugary drinks, like this television ad, "Are You Drinking Yourself Sick?"

PROBLEM STATEMENT

The 21st century has witnessed a global nutrition transition where, at the expense of traditional diets, people increasingly consume cheap ultra-processed foods and sugary drinks.

Ultra-processed products are more commonly known as junk food, fast food, packaged or ready-to-eat foods. High in sugars, salts or fats, they have low or no nutritional value, and are mass produced, involve several manufacturing steps and contain additives such as artificial colors and flavors. Unfortunately, these products are widespread in most countries and are highly marketed, despite being increasingly associated with poor health outcomes.

A diet that is high in ultra-processed foods is an unhealthy diet and there is robust evidence that links their consumption to serious health harms such as increased overweight and obesity, Type 2 diabetes, heart disease, stroke and some cancers.

TECHNICAL APPROACH

Vital Strategies works closely with partners to support the introduction of strong policies to improve the food environment, including:

- Taxation on sugary drinks and junk food
- Clear front-of-package food labeling
- Restrictions on marketing of unhealthy food and beverages, especially to children
- Promoting healthy food policies in schools and other public institutions
- Our staff have skills in:
 - Strategic communication to support policy and advocacy
 - Creative concept development
 - Concept and message testing research
 - Design and research of front-of-package labels
 - Impact evaluation for communication interventions

- Media planning
- Public relations
- Journalist training

OUR IMPACT

Our work is focused on providing ongoing technical assistance in five countries—Brazil, Jamaica, Barbados, Colombia and South Africa—where we support in-country partners to develop, implement and evaluate their efforts in introducing healthy food policies. Our work also includes supporting the introduction of specific policies in Mexico, Ethiopia, India and Argentina.

We have also published, in partnership with the University of North Carolina, guidance to help countries design and implement front-of-package labeling approaches that clearly warn consumers to avoid unhealthy products.

Recognizing that the program's broader success relies heavily on the strength of evidence for these policies, Vital launched the Healthy Food Policy Fellowship to support Ph.D. or LL.M. candidates in focus countries who are committed to pursuing research careers that will contribute to creating healthier food policy environments in their countries.

In South Africa, we worked with partners on a successful campaign to increase public support for a health promotion levy (sugary drinks tax), which was implemented in 2019. In Brazil, after six years of extensive advocacy by partners, the National Health Surveillance Agency in October 2020 approved a new front-of-package labeling standard for packaged foods. We supported the campaign advocating for the standards for warning labels on processed foods and sugary drinks that are high in sugar, salt, fat and calories.

In Jamaica, we have supported campaigns highlighting the health harms of sugary drinks to increase understanding of the harms and build support for government action, including tax increases, to reduce consumption. In January 2019, the Jamaican government adopted a policy on restricting sugary drinks in schools.

In Colombia, we have collaborated on campaigns to build public support for increasing taxes on sugary drinks and implementing clear warning labels on food and drink packaging. In 2021, Colombia passed a junk food law that paves the way for placement of clear warning labels on foods high in fat, sugar and salt—a major win for public health and for consumers.

Along with global partners, Vital supported a successful campaign in Argentina to introduce front-of-package warning labels, providing advice on a media plan and the creative development of campaign materials. The campaign reached more than 2 million people. Argentina's front-of-package labeling bill was approved in 2021.

In Barbados, we worked with partners to develop a series of mass media campaigns to inform the public on the health harms of sugary drinks and to encourage policymakers and the public to support a policy ban in schools.

In Mexico, we worked closely with local partners providing technical assistance on campaigns and research. The result was the introduction of a tax of one peso per liter on sugary drinks, which was implemented Jan. 1, 2014. Subsequent evaluation has shown that this tax has been effective in decreasing consumption of sugary drinks and increasing consumption of water.

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2018–2026

FUNDING AMOUNT

\$130 million

PARTNERS

Johns Hopkins University
Bloomberg School of
Public Health
The Pew Charitable Trusts
U.S. Centers for Disease
Control and Prevention
through the CDC
Foundation

U.S. STATES

Connecticut, Kentucky,
Michigan, New Jersey,
New Mexico, North
Carolina, Pennsylvania and
Wisconsin

Overdose Prevention



A men's group meeting at the Ruth Ellis Center in Michigan, United States.

PROBLEM STATEMENT

Tragically, fatal overdose claimed more than 100,000 people in the U.S. in 2021, more than ever before, and exceeding all other forms of accidental deaths in the United States. Millions of people in the U.S. struggle with drug use, which has a multitude of collateral harms from medical to social to economic. The current crisis is one wave in the longstanding public health challenge of drug use in the United States, one that has taken many forms—from morphine, to heroin and cocaine, to prescription products, and now to fentanyl and other synthetic analogues as well as emerging increases in deaths related to stimulants such as methamphetamines.

Each wave has been driven by harmful policies, stigma and misconception, and shaped by a racialized response to drug use that has led to severe disparities and sharp increases in overdose deaths especially among Black and Indigenous people in the U.S. While evidence-based harm reduction efforts are beginning to receive support at the national level, the prevailing response to drug use remains anchored within criminal justice and law enforcement systems, producing punitive and coercive responses such as incarceration, denial of social safety net support, family separations, loss of housing, and ineffective treatment and abstinence mandates. Interventions that are proven to reduce deaths and improve health, like syringe and safer use supplies programs, medication treatment with buprenorphine and methadone, and broad access to naloxone, remain highly stigmatized and difficult to access for many people and communities.

TECHNICAL APPROACH

We see decisive government action as a key to addressing the crisis, and also recognize the integral role of community-rooted strategies. Vital Strategies partners with governments and affected communities to build tailored, science-backed solutions focused on sustainable reductions in overdose deaths. Our work includes supporting the

adoption and scaling up of harm reduction strategies, as well as a range of health, legal and social interventions.

Vital Strategies is providing technical assistance that responds to the on-the-ground situation in eight U.S. states. We are assisting local partners in reforming policy, innovating programs and mobilizing communities at the neighborhood, municipal, county and state levels. We recognize that progress will require an approach grounded in racial equity. To end overdose for everyone, we know it isn't enough to simply decriminalize drug use and invest in a health response. We must address the racism at the core of our current and historical policies and practices related to drug use.

OUR IMPACT

We are partnering with the U.S. states of Connecticut, Kentucky, Michigan, New Jersey, New Mexico, North Carolina, Pennsylvania and Wisconsin to reduce overdose deaths, a crisis which has contributed to an alarming decline in U.S. life expectancy.

Vital Strategies' overdose prevention team has:

- Worked with community groups to **create advocacy platforms to reduce criminalization and promote non-punitive responses to drug use**, with projects like the "Care Not Criminalization" campaign with Michigan Liberation, and the "Make the Right C.A.L.L." report and website with New Jersey's Salvation and Social Justice.
- Convened a working group of public health experts and prosecutors to publish "A New Approach: A Prosecutor's Guide to Advancing a Public Health Response to Drug Use," a toolkit launched in collaboration with John Jay College.
- Worked with the Michigan Department of Health and Human Services to launch a joint multimedia campaign promoting access to harm reduction services. The co-funded campaign generated more than 43 million hits and was awarded a PR Daily Content Marketing Award for best social justice media campaign.
- Supported expansion of access to medication for opioid use disorder in jails and prisons in Pennsylvania and Michigan.
- Supported changes in policy and practice to establish naloxone mailing programs in Michigan, Pennsylvania and New Jersey.
- Supported syringe service program operations and expansion in Pennsylvania, Michigan, New Jersey and Connecticut.
- Worked with the city of Philadelphia to establish community grants advancing race equity in overdose prevention, and helped the city to establish a working group for community-led feedback toward health and race equity work.
- Launched an advocacy and legal support network for people incarcerated in Pennsylvania to receive advice and legal assistance to help gain access to medications for opioid use disorder while incarcerated, taking steps toward supporting impact litigation to require jails to provide necessary health services.
- Worked with state agencies in Pennsylvania to collect and review probation data, highlighting the human and financial costs of punitive approaches to drug use, and create a program of county grants to promote improved, nonpunitive approaches to drug use.
- Sponsored a technical assistance learning collaborative for more than 25 syringe service programs in Michigan, both new and existing, in partnership with the state's Department of Health and Human Services

**OVERDOSE
PREVENTION
(CONT'D)**

- Funded and worked with community organizations to conduct jail and prison in-reach and coordinate services upon release for supporting people during reentry from incarceration
- Partnered with community organizations and local governments through funding, technical assistance and media support to develop and pilot models for a community-led crisis response, aimed at strengthening support and community engagement while reducing police involvement

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2017-2024

FUNDING AMOUNT

\$20 million

PARTNER

World Health Organization

CURRENT COUNTRIES

Argentina, Australia, Bangladesh, Brazil, Burkina Faso, Cambodia, Canada, Chile, China, Colombia, Côte d'Ivoire, Dominican Republic, Ecuador, Ethiopia, Finland, France, Ghana, Greece, India, Indonesia, Jamaica, Japan, Jordan, Kazakhstan, Malaysia, Mexico, Mongolia, Morocco, Myanmar, Nepal, Oman, Peru, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, South Korea, Spain, Sri Lanka, Thailand, Tunisia, Turkey, Uganda, Ukraine, United Kingdom, United States, Uruguay, Vietnam, Zambia, Zimbabwe

Partnership for Healthy Cities



City staff in Guadalajara, Mexico paint a curb extension near a school as a part of a Safe Routes to Schools project.

PROBLEM STATEMENT

By 2050, two-thirds of the world's population will live in cities. Worsening air quality, unsafe roads, lack of access to healthy food, and exposure to secondhand tobacco smoke are some of the challenges facing city dwellers. Many cities lack the policies and infrastructure needed to promote the safety and health of residents. However, with urgent action to implement proven interventions, cities can be engines for improved global health. The COVID-19 pandemic has highlighted the transformative role of public health leadership by cities.

TECHNICAL APPROACH

The Partnership for Healthy Cities is a global network of more than 70 cities whose mayors are committed to saving lives by preventing noncommunicable diseases (NCDs) and injuries. As the implementing partner of this initiative, Vital Strategies provides in-kind technical assistance and communication support on everything from improving surveillance to mass media campaigns, and brings city representatives together for learning and exchanges.

Our technical expertise includes:

- Project management
- Policy expertise on topics including safe and active mobility, tobacco control, food policy, road safety, overdose prevention, and data
- Communication and public relations

The initiative partners with cities to deliver high-impact policy or programmatic interventions to reduce NCD and injury risk factors such as excess salt consumption, secondhand smoke and speeding. By doing this, the Partnership encourages mayors and other local leaders to use their power to improve public health outcomes, become vocal champions for these issues, and ultimately to prepare their cities to thrive.

In March 2020, the Partnership expanded its scope to provide immediate assistance in the urban response to COVID-19. By collaborating with WHO and Resolve to Save Lives, the Partnership enlisted the world's leading experts on epidemic prevention. The COVID-19 response work focuses on technical and financial assistance and practical resources geared toward challenges every city is facing, ranging from maintaining city services to managing risk communication and implementing legal guidance on measures that protect health and safety. As vaccines became more widely available, the Partnership has supported cities to develop programs and campaigns to promote vaccine access and uptake for high-risk populations.

In October 2021, the Partnership accepted applications from 15 cities in the network to participate in Vital Strategies' Policy Accelerator. This initiative collaborates with cities to develop, advocate for and enact evidence-based policies in key intervention areas. Participants access intensive technical assistance on policy development and advocacy through curriculum-based engagement and collaborative learning and exchange.

OUR IMPACT

The 70 cities in the global network have accessed Vital Strategies' expertise as they create and enforce regulations and identify resources for new or existing initiatives. Here are some examples:

Implementing peer-to-peer COVID-19 response: Buenos Aires, Argentina hired formerly unhoused people to conduct outreach to people who are unhoused or at risk of becoming unhoused through its "Butterfly Effect" project, ultimately vaccinating thousands and presenting research findings for improving public health access for this population.

Creating a smoke-free city: Bandung, Indonesia passed a law designating seven new types of smoke-free areas, including places of worship, children's playgrounds, health facilities, schools, public transportation and workplaces. Moving forward, smoke-free enforcement will be tightened, and citizens can report violations through a mobile app developed by the city.

Mandating healthier food environments: Lima, Peru adopted a comprehensive ordinance restricting the availability and marketing of unhealthy foods in and around schools as well as mandating calorie displays and salt-reduction measures in restaurants. The new law marks a major policy milestone in the city's four-year participation in the Partnership for Healthy Cities.

Reducing speeds in school zones: Lusaka, Zambia reduced speed limits in line with the national government. Safety in the areas surrounding seven schools was improved by making infrastructure upgrades and adding speed limit signage.

FUNDERS

U.S. Agency for
International Development
under the TREAT TB
Cooperative Agreement

Janssen Research &
Development, LLC

PROJECT DURATION

2008-2022

FUNDING AMOUNT

\$185 million

PARTNERS

International Union Against
Tuberculosis and Lung
Disease (The Union)

Liverpool School of
Tropical Medicine

Medical Research Council
Clinical Trials Unit at
University College London
(MRC-CTU)

REDE-TB

The Institute of Tropical
Medicine

Clinical Trial Sites

CURRENT COUNTRIES

Ethiopia, Georgia, India,
Moldova, Mongolia, South
Africa, Uganda

Research on Tuberculosis



As the sponsor of the STREAM trial, Vital Strategies ensured that trial sites had tablet-based audiometry to monitor for hearing loss, a potential side effect from treatment for MDR-TB. Here, a participant is completing a hearing test at the National Centre for Communicable Diseases in Ulaanbaatar, Mongolia.

PROBLEM STATEMENT

Research on key public health challenges is fundamental to improving health. To conduct high-quality research, from clinical trials to operational research, capacity needs to be strengthened, particularly in countries where disease burdens are highest. A major challenge in tuberculosis control is treating multidrug-resistant TB (MDR-TB), which can require long and difficult-to-tolerate treatment regimens.

TECHNICAL APPROACH

Vital Strategies' Research Division implemented the \$100 million USAID-funded TREAT TB project, which addressed gaps in tuberculosis research through clinical trials of priority research questions, targeted operational research benefiting global, regional, and country TB control efforts, and field evaluations of diagnostic tools. The division has particular expertise in management of investigational medicinal products, end-to-end supply chain management, and community engagement in clinical trials.

Understanding that knowledge generation is not enough, the Research Division aims to build the institutions required to help ensure that the impact of our research is sustainable. To that end, we invest in: training the researchers of tomorrow; providing technical assistance to overcome key roadblocks to increasing research capacity in low- and middle-income countries; and equipping affected communities to understand and participate in the research we conduct.

OUR IMPACT

Initially through TREAT TB, Vital Strategies and its partners implement STREAM—the first large-scale, multi-country clinical trial to evaluate standardized shortened regimens for MDR-TB and the first phase III trial to test the efficacy and safety of bedaquiline within a shortened regimen. Results from STREAM Stage 1, conducted at seven sites

in Mongolia, South Africa, Uganda and Vietnam, demonstrated that the 9- to 11-month regimen was statistically non-inferior to the 20- to 24-month regimen, with 79% of assessable participants having a favorable outcome as compared to 80% in the 20- to 24-month regimen. The STREAM Stage 1 results, which also showed that the shorter regimen can reduce costs to the health system and patients, played a key role in the WHO recommendations on shorter regimens to treat MDR-TB.

STREAM Stage 2 aims to generate high-quality evidence about the efficacy, safety and cost of an all-oral, bedaquiline-containing 9- to 11-month regimen and is expected to contribute important evidence for future policy decisions about injectable-free MDR-TB regimens. As of 2020, more than 588 participants had enrolled at 13 sites in seven countries.

Community engagement is critical to ensuring affected communities benefit from and understand research, and Vital Strategies has helped to establish and strengthen Community Advisory Boards at all 13 STREAM Stage 2 sites. Advisory board members have been trained on TB, the STREAM trial, and the ethics of research, and are an important bridge between communities and study teams, improving trial implementation.

In addition to implementing the STREAM trial, Vital Strategies and its partners have trained more than 170 health professionals and supported the publication of more than 45 scientific manuscripts and presentation of over 40 abstracts as part of operational research training courses. In order to extend the reach of our work, Vital Strategies has also produced several free online educational resources for health professionals and researchers, including an interactive e-tool, Introduction to Operational Research, and online training on Good Clinical Practice guidelines for pharmacists.

INITIATIVE

Bloomberg Philanthropies Initiative for Global Road Safety

Supporting governments to reduce traffic fatalities and injuries in up to 15 countries and up to 30 cities.

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2007-2025

FUNDING AMOUNT

\$56.3 million
(2015-2021)

PARTNERS

Global Designing Cities Initiative

Global Health Advocacy Incubator

Global New Car Assessment Programme

Global Road Safety Partnership

International Association of Chiefs of Police

International Road Assessment Programme (iRAP).

Johns Hopkins

International Injury Research Unit

World Bank Global Road Safety Facility

World Health Organization

World Resources Institute

CURRENT COUNTRIES

Argentina, Bangladesh, Brazil, Colombia, Ecuador, Ethiopia, Ghana, Kenya, India, Malaysia, Mexico, Uganda, Ukraine, Vietnam

Road Safety



As part of the World Day of Remembrance for Road Traffic Victims activities in Kampala, Uganda in 2020, volunteers paint zebra crossings to improve pedestrian safety.

PROBLEM STATEMENT

Each year, road traffic crashes kill nearly 1.3 million people and injure up to 50 million, often leaving the victims with permanent debilitating injuries. More than half of all road traffic deaths are among vulnerable road users: pedestrians, cyclists and motorcyclists. In addition, 93% of the world's fatalities on the roads occur in low- and middle-income countries, even though these countries have approximately 60% of the world's vehicles. Road traffic injuries are the leading cause of death for children and young adults aged 5-29 years.

TECHNICAL APPROACH

Vital Strategies is an implementing partner of the Bloomberg Philanthropies Initiative for Global Road Safety, a consortium carrying out proven road safety interventions in up to 15 countries and up to 30 cities around the world. The initiative's comprehensive, evidence-based approach includes:

- Strengthening road safety data systems and using these data for policy and planning
- Strengthening and enforcing road safety laws on speeding, drink driving, motorcycle helmets and seat-belts
- Promoting safe driving and strengthening public support for road safety via communication campaigns
- Designing and implementing safe road transformations
- Managing speed effectively
- Implementing public transit systems to make urban mobility safer

Vital Strategies has three roles in the road safety initiative:

- Our **implementation** team serves as the main liaison with the mayors' offices and heads of agencies in the locations where we work, which involves:
 - Developing and maintaining strong collaboration between the government and international technical partners
 - Strengthening institutional capacity and improving coordination mechanisms

- among agencies involved in road safety in locations where we work
- Strengthening sustainability by developing long-term road safety strategies and plans
- Institutionalizing best practices
- Co-managing more than 80 embedded coordinators in government offices in the cities, working on road infrastructure, enforcement, communication and surveillance
- Encouraging cities to seek national policy improvements
- Our **surveillance** team strengthens road traffic injury surveillance systems in the cities where we work, including:
 - Improving data quality in crash and injury recording systems
 - Developing skills and systems for data management and linkage of multiple data sources
 - Enhancing capacity for data analysis and reporting to inform policy and action
 - Strengthening institutional capacity and procedures to routinely use data for planning, monitoring, and evaluation
- Our **communication** experts work with governments to guide creation of strategic communication and mass media campaigns to change road user behavior and social norms. Our strategic communication support includes:
 - Guiding government communication staff through the process of message testing and campaign evaluation, from research agency selection to presentation of results and application of findings
 - Production of mass media campaign materials following global best practices
 - Strengthening the capacity of government communication stakeholders in planning and implementing effective road safety media campaigns
 - Conducting workshops for journalists, both in-person and online, on road safety topics to improve reporting quality

OUR IMPACT

Bloomberg Philanthropies Initiative for Global Road Safety has saved an estimated 312,000 lives on the world's roads from its inception in 2007 through 2018. The third phase of BIGRS, 2020-2025, is committed to increasing this number to 600,000 lives saved and preventing up to 22 million injuries in low- and middle-income countries around the world.

Some specific city-level results include:

- In Fortaleza, Brazil, road traffic deaths dropped by 50% between 2014 and 2020.
- In São Paulo, Brazil, road traffic deaths decreased by 18%; in Bogotá, Colombia, by 31%; and in Mumbai, India by 43% between 2015 and 2020.
- Five of the 10 cities in the second phase of BIGRS established their first-ever comprehensive citywide road safety plans.

Since 2015, more than 60 strategic mass media campaigns paired with enhanced enforcement operations have contributed to changing behavior of road users.

- In Addis Ababa, drink driving has decreased from 10% of drivers tested in 2015 to 1% of drivers tested in 2019; speeding decreased from 49% to 43%.
- In Bogotá, speeding decreased from 39% in 2015 to 20% in 2019 overall; among school buses, the drop was from 40% in 2017 to 16% in 2018.
- In Fortaleza rates of proper helmet use increased from 83% to 92% since 2015.

Tobacco Control

INITIATIVE

Bloomberg Initiative to Reduce Tobacco Use: Supporting governments to adopt proven tobacco control policies around the world

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2007-2022

FUNDING AMOUNT

\$364 million

PARTNERS

Campaign for Tobacco-Free Kids
CDC Foundation
International Union Against Tuberculosis and Lung Disease (The Union)
Johns Hopkins Bloomberg School of Public Health
University of Illinois at Chicago
World Health Organization

INITIATIVE

STOP, A Global Tobacco Industry Watchdog

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2018-2022

FUNDING AMOUNT

\$20 million to multiple partners

PARTNERS

Global Centre for Good Governance in Tobacco Control
The Union



Vital Strategies has helped governments build public support for tobacco control policies through campaigns for more than a decade, including on this tuk-tuk in Cambodia.

PROBLEM STATEMENT

Tobacco could kill 1 billion people this century, yet the tobacco industry aggressively markets to children, promotes pseudoscience to confuse, and lobbies against effective policies to reduce smoking and protect health. This deadly product is linked to the onset of all four of the most common noncommunicable diseases: cancer, heart and lung disease, and diabetes. In addition to the high costs of treating diseases caused by its use, tobacco often kills people at the peak of their wage-earning capacity. This deprives families of their breadwinners, robs nations of a healthy and productive workforce, and contributes to the cycle of poverty that exists in many countries. Tobacco threatens global development.

TECHNICAL APPROACH

Vital Strategies has worked since 2007 at the international, national and city levels to grow and shape a global anti-tobacco agenda. In the 11 countries with the largest populations and the highest rates of smoking, we design strategic tobacco control plans in partnership with WHO, the U.S. Centers for Disease Control and Prevention, the World Bank and others.

As a lead partner in the \$1 billion Bloomberg Initiative to Reduce Tobacco Use, we leverage advocacy and communication to support the adoption of proven policies including:

- Creating smoke-free environments
- Raising taxes on tobacco products
- Enforcing bans on marketing, especially to youth

We have partnered with 41 countries since 2007 to develop nearly 400 culturally appropriate tobacco control mass media campaigns, as well as hundreds of social media campaigns. Our campaigns have been seen by more than 2 billion people and support policy goals from smoke-free countries to regulating electronic cigarettes. These campaigns encourage quitting, delay initiation and bolster enforcement. Over the long

TOBACCO CONTROL (CONT'D)

The Tobacco Control
Research Group at the
University of Bath

CURRENT COUNTRIES

Bangladesh, Brazil, China,
India, Indonesia, Mexico,
Pakistan, Philippines,
Turkey, Ukraine, Vietnam

term, our campaigns change social norms and behaviors related to the acceptability of smoking and attitudes about the tobacco industry. For example, in Indonesia, 1 million people reported on social media that they made a quit attempt because of our campaigns. To encourage adaptation and use of public service announcements that have been proven effective, we have supported more than 50 PSAs in 25 languages available through Vital Strategies' MediaBeacon.org, a resource for governments and advocates looking to run tobacco control campaigns. We also survey 195 countries on their population-level tobacco control communication activities for WHO's biannual reports on the global tobacco epidemic, and we created a pack warning resource for WHO, with images appropriate for Africa and the Caribbean.

We produced six editions of "The Tobacco Atlas," the leading resource for policymakers, journalists and advocates to understand the global tobacco epidemic. Its award-winning design takes peer-reviewed research and presents it in a visually engaging, understandable format online and in print. Published in partnership with the American Cancer Society, The Tobacco Atlas includes topics such as tobacco's toll by country, the cost to society, and tobacco marketing practices.

We are also a partner in STOP, a global tobacco industry watchdog that aims to expose the tobacco industry's tactics to interfere in health policy and hook a next generation of users. Vital Strategies applies strategic communication to deliver compelling stories, useful intelligence and technical material to help counter the tobacco industry. Through design, editorial and communication expertise, we translate technical and investigative research into accessible information for policymakers, public health practitioners and a growing audience of consumers. We built language hubs for [Spanish](#), [French](#) and [Portuguese](#) speakers to make our industry intelligence more usable.

We design, develop and maintain the partnership's [exposetobacco.org](#) website and manage and execute STOP's social media activity. Our digital campaigns, such as "[Burned by Tobacco](#)" and "[Modern Addiction](#)," are helping to expand and deepen engagement with a growing audience of consumers. Campaigns such as #TobaccoPayUp encourage governments to hold tobacco companies financially accountable for the harms they've inflicted.

In 2021, STOP published [groundbreaking investigative research](#) that exposed extensive and possibly illegal surveillance and hundreds of questionable payments by British American Tobacco across Africa. STOP also helped to alert governments, media and civil society to the reality behind Philip Morris International's transformation narrative and manipulation of science in the report, "[Addiction at Any Cost: PMI Uncovered](#)."

We have also drawn media and stakeholder attention to the resurgence of tobacco company advertising and sponsorship in Formula One with the "[Driving Addiction](#)" advocacy campaign, forcing a response from the sport's governing body. We publish and secure international media coverage for the [Global Tobacco Industry Interference Index](#) and help civil society partners promote local versions of the report. We have successfully challenged organizations including Organisation for Economic Cooperation and Development (OECD), influential conference organizers, universities and research institutions around the world to reject ties with tobacco companies.

OUR IMPACT

The Tobacco Control team's advocacy campaigns have contributed to national comprehensive tobacco control legislation being passed in Russia, Mexico, Turkey, Ukraine and Senegal. Smoking decreased by 17% in Russia following the legislation. In China today, 130 million people are covered by smoke-free legislation banning the use of tobacco products in indoor and outdoor spaces in 10 cities, including Beijing. Legislation passed and enforcement is encouraged with the support of our technical assistance and communication planning.

In India and the Philippines, our advocacy and media campaigns supported passage of new tobacco taxes (the most effective policy for reducing tobacco use). Smoking went down significantly following these tax increases.

In both India and Bangladesh, CDC Foundation data shows that adult tobacco use prevalence has declined 17% since the early years of this initiative.

In 2021, we achieved 15 national and subnational policy wins in nine priority countries. These included: a significant tax increase in Indonesia; a national smoke-free law in Mexico; an increase in pack warnings size to 92.5% of the package in Turkey, among the largest in the world; and new regulation of e-cigarettes in Ukraine.

Our research has contributed to the scientific literature on the importance and cost-effectiveness of population-level tobacco control campaigns in low- and middle-income countries. This includes research that estimates how many lives can be saved if mass media campaigns are implemented and research that shows that population-level campaigns are a cost-effective way to change social norms and behavior (e.g., in India, it costs five cents per quit attempt).

Our global advocacy work led to the inclusion of the WHO Framework Convention on Tobacco Control in the United Nations Sustainable Development Goals.

Finance, Administration And Operations

FINANCIAL REPORTING AND GRANTS MANAGEMENT

Since its founding, Vital Strategies has managed more than \$950 million in funding for public health programming in more than 100 low- and middle-income countries and in the United States. Our funding partnerships are broad based and include: bilateral government funders such as U.S. Agency for International Development, UK Government's Partnering for Accelerated Climate Transitions, and Canada's International Development Research Centre; private philanthropies including Bloomberg Philanthropies, the Gates Foundation, the Chan Zuckerberg Initiative, the Pew Charitable Trust, ClimateWorks Foundation, CDC Foundation and others; the private sector, including Janssen Pharmaceuticals; and multilateral organizations such as World Health Organization, World Bank and United Nations. Vital Strategies' Board of Trustees provides high-level oversight of these partnerships through its Executive, Finance, and Audit committees.

Daily oversight of treasury, accounting, subgranting and financial governance functions for our offices in New York, India, Singapore, Brazil, China, Ethiopia and France are conducted by Vital's Finance, Accounting and Grants team. The team ensures that Vital's financial policies and systems are fully compliant with U.S. government requirements for federal fund management and ensures compliance with other donor requirements and regulations. In 2019, the division managed \$223 million in revenue. In 2021, Vital managed subgrants exceeding \$81 million across priority areas.

Policies and systems. Vital adheres to generally accepted accounting standards and practices that ensure effective control over and accountability for funds and property. We pay careful attention to cash management and have an excellent track record for maintaining both positive cash flow and timely payment of vendors. Our finance staff are trained in all aspects of U.S. government fund management, including: program cost reasonableness, allowability and allocability; recording and reporting on financial transactions; procurement and property management regulations; subgrantee eligibility and performance monitoring; and independent audit responsibilities.

We use state-of-the-art enterprise resource management software—Oracle NetSuite—to manage project accounting and generate timely, accurate and transparent reporting by expense category, project, activity, location and donor. We analyze cost data during the entire life cycle of a project and at key technical and budget milestones to assess progress against projected results. To date, we have never had an audit exception or a disallowed cost (independent audit financial statements for 2016 to 2020 are available on Vital's website).

Quality assurance for expenditure monitoring, recording and analysis is conducted initially by each program's assigned grants manager, who is responsible for compliance with the program's specific donor-approved budget lines and reporting requirements. The grants

manager examines program invoices and submits allowable costs for payment through our NetSuite-based chart of accounts. At the end of each month, a transaction report is generated that is reviewed by the grants manager for any errors in cost allowability or allocation. The grants manager reviews and then prepares the month's budget-to-actuals report for review by the program's director—another step to ensure transactions are recorded against the correct budget line items. The program grants manager and program directors also have access to monthly program financial dashboards using Microsoft's Power BI business intelligence reporting function.

Using baseline findings, the director of budget and grants management and the cognizant grants manager decide on the degree of subgrantee oversight to apply, ranging from on-site review of supporting documentation (e.g., accounting systems and controls, third-party contracting, procurement activities, equipment maintenance, personnel files) to routine home-office based (distance) monitoring of subgrant file documentation (e.g., quarterly financial progress and narrative reports, burn rates, progress milestones, supporting documentation for sampled transactions) and remote follow-up.

Those subgrantee organizations wishing to strengthen their grant worthiness can do so by undergoing an initial training needs assessment. We tailor online and in-person approaches to a variety of topics, including: internal finance policy; financial management training; recording and reporting; operations covering procurement, risk assessment and minimization, and legal compliance; and governance requirements for cash and bank accounts.

GLOBAL OPERATIONS

Management of global offices. Vital Strategies operates offices in countries around the world to support our programmatic work in addition to our New York office. Our offices implement programs in compliance with donor requirements, local law and organizational policies and procedures. Vital also has systems in place to establish new offices as needed. Our current offices are located in Brazil, China, Ethiopia, France, India and Singapore as well as New York. Vital Strategies also has employees in 10 additional countries through employers of record. We have experience rapidly hiring employees in countries outside of those where we have offices.

Procurement. Vital's procurement and contracting practices facilitate program implementation, follow good business principles and manage risk. Our procurement of goods and services in all of our offices complies with our global procurement policy and procedures. We regularly work to create more efficient, streamlined and compliant decentralized procurement and contracting practices.

Risk Management. Vital works to recognize and manage risk for our organization, our employees, our funders and our partners. As a part of this, our Safety and Security Team monitors and determines responses to incidents and conflicts, and also guides team members on how to stay safe and build safety plans and contingencies. Our Risk Management Working Group reviews new programs, new donors, and entry into new countries prior to engagement. All employees are trained on travel safety upon onboarding and then every two years. As part of its commitment to uphold ethical behavior, Vital maintains a reporting line which provides for confidential and anonymous reporting of sensitive matters including possible legal, unethical or improper conduct of employees, partners, vendors or others when normal supervisory channels have proven ineffective or are impractical.

People Operations. This department provides partnership and services to employees and the organization. Best practices and tools have been introduced to build a diverse and representative workforce with recruiters that can support our various time zones. Relationships with several employer-of-record companies have been established globally so talent can be hired wherever the organization needs. Compensation benchmarking is conducted annually for each office as well as for new locations to ensure competitive salaries.

Employment attorneys for each country have been engaged to support Vital's compliance in an ever-changing legal landscape. Benefits vendors are competitively selected and Vital strives to provide highly competitive benefits to all employees. Vital invests in employee development and all staff are encouraged to attend core skill development training, such as project management.

Policy Development And Advocacy

Vital Strategies' policy advocacy efforts are central to our work. Whether we are working for restrictions on tobacco marketing, gathering data on public perceptions of air pollution, or aiming to prioritize noncommunicable diseases on the global policy agenda, our goal is to support policy change that promotes lasting improvements to people's health. Our policy advocacy work is comprehensive, encompassing expertise and global experience to leverage legal, data, strategy and communication tools to achieve policy wins.

We start a policy advocacy effort by answering key questions in partnership with governments, civil society and other partners: What is the public health goal? What type of policy is most likely to achieve the goal? What data can we use or gather to support the policy? Once the policy is identified, we engage in a mapping exercise to determine the key stakeholders, identify policy levers, and plan a timeline to take advantage of key policy windows.

COMMUNICATION FOR POLICY ADVOCACY

Using a strategic mix of paid media, social media and earned media, we create public demand and support for healthier policies, by highlighting the urgency of harms caused, raising the visibility of solutions, and calling for action from policymakers.

Grounded in the best evidence on public health and communication, and extensive experience on the policy lifecycle, we help governments and civil society groups find politically viable ways forward. We work to engage the most influential stakeholders—from ministries of health and finance to private sector, academia, journalists and affected groups—and build coalitions and relationships that will continue and promote sustainability and more progress for the future.

Examples of major policy wins include:

- Better food labels in Argentina, Brazil and Colombia
- Sugary drinks taxes in Mexico and South Africa
- Graphic warnings on cigarette packs in India and Indonesia
- Comprehensive tobacco control laws in Mexico, Ukraine and Senegal
- Harm reduction policies to prevent drug overdose in several U.S. states

LEGAL REVIEW

Vital Strategies recognizes that to be effective and enforceable, public health policies must be enshrined within legislation, regulations and other legal measures. We work with governments to map their current legal environment, including the existing authority of agencies and departments at national and subnational levels, as well as to identify opportunities for issuing new rules. These comprehensive legal analyses identify areas where the current law succeeds and where it falls short in achieving the government's

objectives. We support governments to draft the public health measures, consult with stakeholders, select and follow the appropriate regulatory pathway, and help ensure the process is legally sound and politically feasible so the measures can withstand opposition challenge at the ballot or in the courts.

For each topic, we develop a framework for evaluating the legal system based on international guidance, global best practices, and input from policy experts. We have developed and used this approach to analyze legal measures on a variety of topics, including: improving civil registration, vital statistics and identity management systems; eliminating trans fat from the food supply; and preparing for and responding to public health emergencies

During the COVID-19 pandemic, our legal team advised several countries on the legal aspects of implementing public health and social measures and developed a detailed legal guide on all the characteristics of a public health emergency law.

Our approach encourages the development of comprehensive public health laws that follow up-to-date scientific evidence and that promote other constitutional principles such as human rights and equity.

CAPACITY BUILDING FOR POLICY ADVOCACY

Our Data Impact program has trained or provided online resources to more than 5,700 people from ministries of health, other ministries, public health institutions and nongovernmental organizations in low- and middle-income countries to strengthen their data analysis and presentation skills to drive public health action. The Data to Policy activity has provided capacity strengthening and mentoring for cohorts of health ministry staff in 12 countries on techniques needed to develop evidence-informed policies on topics including malaria control, immunization, road safety and tobacco control. Of the policy briefs developed through the program, 90% have been presented to ministry of health decision-makers, and 40% have led to policy change.

Our strategic communication trainings have built local capacity to use communication to influence policy. In addition, we have trained journalists in more than 20 countries to improve the way they use data in their reporting, and trained journalists on specific topics such as maternal health and road safety.

Policy Accelerator: Vital Strategies' Policy Accelerator is built on a curriculum that focuses on the policy process, strategic communication, and using data as a basis for policy development. This six-month training and mentoring program has, since 2019, supported WHO country leadership and senior government staff in 29 countries to hone their skills at advocating for public health policies on topics including from reproductive health, and air pollution. A training of trainers for the Policy Accelerator is helping to build these skills into key institutions.

In 2021, the Partnership for Healthy Cities incorporated the Policy Accelerator into its activities to support cities to develop, advocate for and enact evidence-based policies in key intervention areas. Participants access intensive technical assistance on policy development and advocacy through curriculum-based engagement and collaborative learning and exchange.

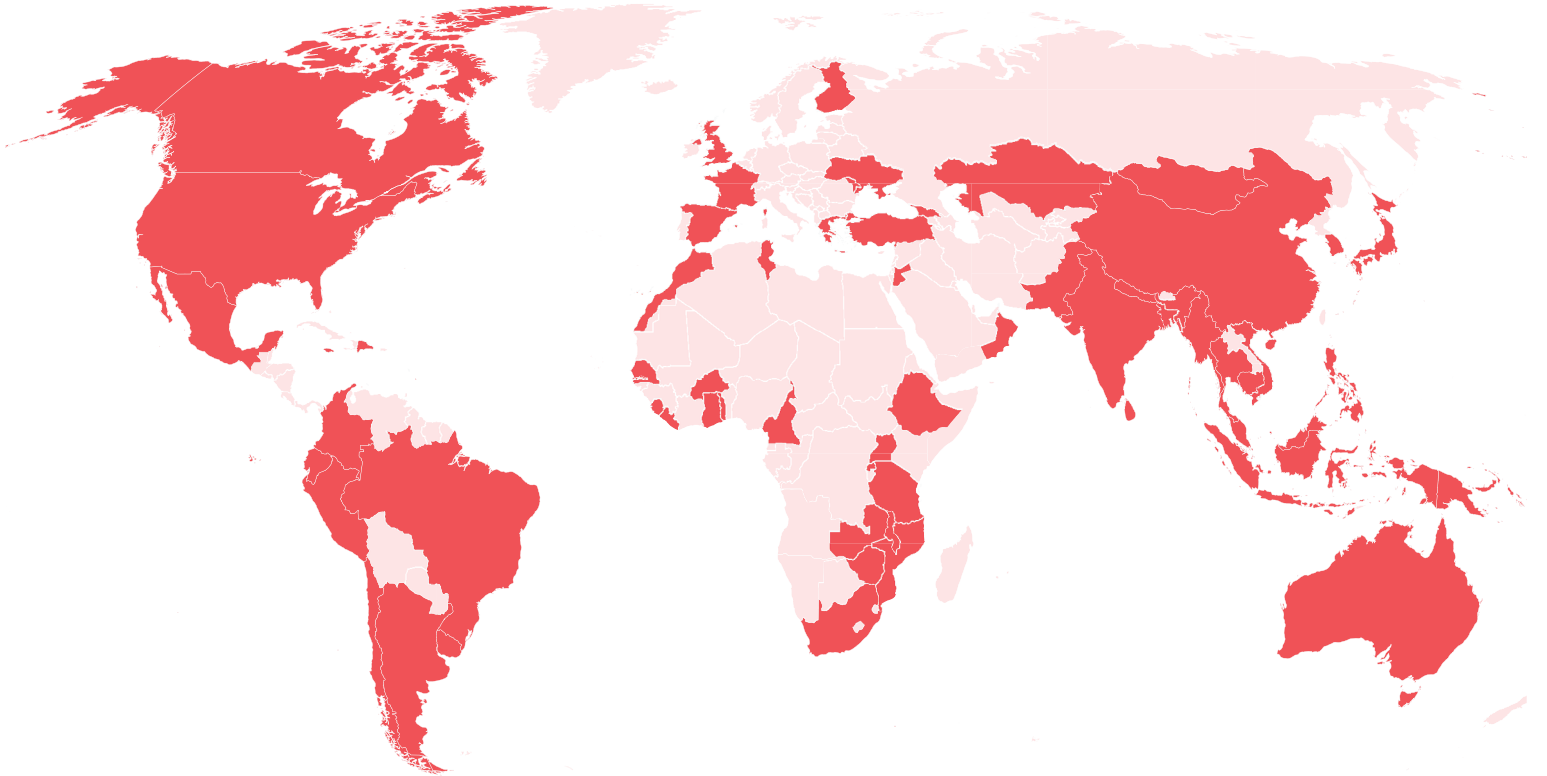
GLOBAL ADVOCACY

In addition to our country-level efforts, we intervene in the global public health arena to develop frameworks for key policy intervention. From our early work on WHO's MPOWER policy framework, we have contributed to WHO frameworks and reports including: [REPLACE](#), focused on trans fat elimination; [SCORE](#), which assessed health data systems in 133 countries; and [SAFER](#), an alcohol control initiative. We also regularly produce major reports designed to influence policy at a global level:

- [The Sobering Truth: Incentivizing Alcohol Death and Disability](#)
- [Addiction at Any Cost: Philip Morris International Uncovered](#)
- [Fueling an Unhealthy Future](#)
- [Trouble Brewing: Making the Case for Alcohol Policy](#)
- [Fool Me Twice](#)

Where We Work

Our experts have provided technical assistance to governments and civil society in **105 countries.**



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SOUTH KOREA
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THAILAND
VIETNAM

NEW YORK OFFICE

100 Broadway 4th Floor
New York, NY 10005

JINAN OFFICE

Regus, 15th Floor, Luneng International
Center, No. 2666 Second Ring South Road,
Shizhong District, Jinan, Shandong, China

PARIS OFFICE

9 rue Charlot, 75003 Paris France

SÃO PAULO OFFICE

Rua São Bento, 470, Cj. 104 - Centro CEP:
01010-010 São Paulo - SP Brasil

SINGAPORE OFFICE

6A Shenton Way, #04-01, Singapore 068807

ADDIS ABABA OFFICE

Addis Ababa, Bole Sub City, Woreda 02,
Airport Road Noah Plaza, Sixth Floor

EMAIL

partnerships@vitalstrategies.org

SOCIAL MEDIA

facebook.com/VitalStrategies

twitter.com/VitalStrat

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