



Capability Statement

A leading global public health organization and a trusted partner of governments and civil society organizations around the world.

AIR QUALITY

CARDIOVASCULAR HEALTH

CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS

DATA IMPACT

LEAD POISONING PREVENTION

OBESITY PREVENTION

OVERDOSE PREVENTION

PARTNERSHIP FOR HEALTHY CITIES

PREVENTING EPIDEMICS

RESEARCH

ROAD SAFETY

TOBACCO CONTROL



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

ANNUAL REVENUE

\$120 million

GEOGRAPHIC FOCUS

73 countries

GLOBAL TEAM

400+

Vital Strategies is a leading global public health organization and a trusted partner of governments and civil society organizations around the world. We provide technical assistance that leads to large-scale, sustainable gains in health. We advocate for evidence-based health policy in national ministries of health and within the offices of city mayors. We help governments create systems that properly record their country's births and deaths, often for the first time. We create campaigns that change individual health behaviors and build support for legislation ranging from smoke-free cities to national taxes on sugary drinks. And much more.

At our core is a vision of a world where everyone is protected by a strong public health system. To achieve this, we use our deep expertise in epidemiology and surveillance, strategic communication, institutional strengthening, research, evaluation, and policy advocacy. With these proven public health tools, we are primed to take on new opportunities from start to finish and to bring global best practice to new locales.

Vital Strategies has offices in New York City, Brazil, China, France and Singapore, and our team members live and work in 73 countries. Our programs are predominantly in low- and middle-income countries and cities.

Vital Strategies builds on the strong foundation and accomplishments of our merged legacy organizations, World Lung Foundation and The Union North America. We have expanded our expertise in noncommunicable disease prevention, environmental health and urban health to make even greater progress on the critical issues of our time. Specific areas of focus include tobacco control, data for health, cardiovascular health, road safety, overdose prevention, air quality, obesity prevention and tuberculosis research.

We have seen rapid growth over the past five years, as our capacities expanded to meet new challenges. With our budget increasing from \$30 million in 2014 to \$120 million in 2018, we have grown to more than 400 people. We have proven to be nimble and capable of meeting every new commitment we've made to advance strategies proven to improve health around the world.

VITAL STRATEGIES

Our Approach and Core Capabilities



A robust public health system depends on reliable data,
effective communication and strong institutions.

Our distinctive approach bridges the gap between public health needs
and solutions, with a focus on rapid, large-scale impact.

APPROACH

Public Health Intelligence



Enabling governments to establish and strengthen information systems and use them to guide effective policies and interventions to improve health.

Public health intelligence—including surveillance, health impact assessment and data use—is a central part of Vital Strategies' work. By helping governments capture and analyze data to describe patterns of illness and injury, by using data to guide policies and programs, and by conducting large-scale operational and clinical research, Vital Strategies contributes to building an evidence base for policies that improve population health around the world.

Collecting data on births, deaths and marriages may seem routine, but more than a quarter of all children under 5 have no birth certificates, and most people in the world will die without a properly recorded cause of death. These vital statistics are essential to help people access social benefits such as education, health care, property inheritance and the right to vote, and they allow government to track demographic and health trends and properly allocate resources. Vital Strategies has helped 16 countries develop or strengthen systems to record births and deaths and to medically certify causes of death, and has deep expertise in developing surveillance systems for traffic-related crashes, as well as systems to measure air quality and its associated adverse health effects.

Vital Strategies also has significant expertise in a broad range of research and evaluation methodologies, including large multi-site clinical trials, operational research and program evaluations. Our clinical research initiative, STREAM, is the first large-scale, multi-country clinical trial to examine shortened regimens to treat multidrug-resistant tuberculosis (MDR-TB). It is also the first Phase III trial to test the effectiveness and safety of bedaquiline, one of the newest MDR-TB drugs. Results from Stage 1 of the trial played a key role in the WHO's updated MDR-TB treatment recommendations issued in late 2018. Stage 2, which is evaluating an all-oral nine-month regimen, has recruited more than 400 patients at 12 sites in seven countries, making STREAM the largest recruited MDR-TB clinical trial in the world. All STREAM sites have community advisory boards to ensure that communities are consulted and engaged at all stages of the research cycle.

COUNTRIES WITH STRENGTHENED BIRTH AND DEATH RECORDING SYSTEMS

16

Technical Expertise

Epidemiologic analysis and biostatistics

- Quantitative and qualitative methods
- Design of routine surveillance systems

Civil registration and vital statistics

- Registration of births and deaths
- Medical certification of cause of death
- Establishing automated systems for coding death certificates

Clinical trial management

- Investigational medicinal products
- Supply chain management
- Bioethics and regulatory compliance

Mobile and web-based apps that support data aggregation, reporting, and tracking patient health over time

Data portal development and data visualization

Comparative effectiveness analysis

Operational research

Geospatial analysis

Air pollution source apportionment

Program monitoring and measuring impact

APPROACH

Strategic Communication and Advocacy



Using storytelling and rigorous research, strategic communication can influence policies, social norms and individual behavior.

Vital Strategies draws upon its technical expertise to engage in policy advocacy at every level—including working within the United Nations system to advocate for optimal sustainable development goals and indicators, engaging with governments to influence best practice policies, and working with journalists and civil society to promote health gains in specific countries and cities.

Our work has built population-level support for new evidence-based policies and enforcement of existing policies at the city, state, national and global level. For example: We have supported the adoption of national tobacco legislation in Turkey, Russia and Senegal (in Russia alone, the smoking rate dropped by 17 percent in the year after the legislation); smoke-free legislation in 10 cities in China covering 100 million people; and new taxes on sugary drinks in Mexico and South Africa that are already showing promise in reducing consumption. We have a special focus on working to protect policy from industry interference.

Vital Strategies has more than 40 communication professionals on staff and is a world leader in executing population-level media campaigns in all forms of media including television, digital, mobile, social, radio and print. We also support communication professionals embedded within ten city governments around the world who focus on generating local stories, press coverage and strategic communication to support our programmatic work.

Our mass media campaigns have been seen by 2 billion people and have changed behavior and social norms as well as influencing public health policies around the world. In Indonesia alone, 1 million people have said they quit smoking because of our campaigns.

We also have robust public relations, editorial, social media and social science research teams that provide technical assistance to in-country partners to help them amplify their messages, promote their work and evaluate impact of interventions. We secure thousands of mentions from global leaders, national media outlets and health specialty channels for our in-country partners, funders, government partners, as well as our own brand.

IN-HOUSE COMMUNICATION PROFESSIONALS

43

PEOPLE WHO HAVE SEEN OUR COMMUNICATION CAMPAIGNS

2 billion

Technical Expertise

Creative development

Concept and message testing

Dissemination of research results

Impact evaluation for communication interventions

Journalist training

Media planning

Media scanning and content analysis

Public relations

Social media

Strategic communication to support policy

APPROACH

Institutional Strengthening



Building strong institutions, supporting healthy policies and developing human capacity is essential for ensuring that public health gains are achieved and sustained.

A public health system's ability to deliver essential public health functions depends on strong institutions and workforces—and most importantly, effective policy. For governments to enact good laws, they need capacity across a variety of disciplines: not only public health intelligence, strategic communication and advocacy, but also legal analysis, policy development and regulatory enforcement. Our technical assistance and capacity building are oriented around these fundamental competencies.

Working with government and stakeholders at all levels, we have helped to build new internal systems, led strategic planning and catalyzed cross-sectoral work in dozens of countries. We have managed embedded staff in ministries of health and in mayor's offices to address skill gaps in communication and data analysis and to help implement important initiatives such as road safety and noncommunicable disease.

Vital Strategies supports its approach in three ways:

Developing and enforcing laws, regulations and policies: Raising tobacco taxes, restricting marketing of sugary beverages, formulating strategies to reduce greenhouse gases, and eliminating fees for birth and death certificates are all policies that focus on the context in which individual behavior occurs. Vital Strategies helps governments develop their capacities around legal analysis, policy development, and design and implementation of enforcement systems.

Planning and executing programs: We help governments develop and manage systems for surveillance and service provision, and we accomplish this largely through embedding consultants into government offices (our CRVS, Data Impact and Road Safety programs all use this model). These staff typically have dual reporting to Vital Strategies and local government managers and serve as critical liaisons and coordinators.

Developing workforce: All our programs involve some aspect of training and capacity building, with a focus on adapting global best practices to local and regional contexts. We always look ahead to sustainability, institutionalizing the training process. We have led more than 1,000 trainings in dozens of languages for more than 50,000 professionals from governments and civil society.

Technical Expertise

Training and mentoring using a variety of methodologies (e-learning, in-person, etc.) on a wide range of topics including:

- Epidemiology and biostatistics
- Developing and executing mass media campaigns
- Journalist trainings to improve the use of data in reporting
- Media coaching for spokespeople
- Medical certification of cause of death
- Operational research
- Specialist physician trainings in lung health
- Use of data to improve public health policies

Capacity building for clinical trial implementation

- Community engagement for transparency and accountability
- Regulatory compliance and ethics
- Supply chain management

Coordinating and convening diverse stakeholders

Reviewing and strengthening legal frameworks to support improved public health policies and programs

Technical assistance and training for community stakeholders to foster community engagement in research

Technical assistance for health workers, including national TB programs, epidemiology bureaus, etc.

VITAL STRATEGIES

Our Programs



In the past decade, Vital Strategies has managed more than \$600 million in worldwide programs spanning 73 countries. We are adept at earning buy-in from stakeholders, partnering with governments and civil society organizations, coordinating large partner engagements, and selecting and managing sub-grantees. Our work includes coordinating a high-profile network of 54 cities working on a series of public health improvements and guiding an unprecedented global tobacco industry watchdog effort across the globe.

PROGRAM

Air Quality



Six million people die every year because of poor air quality.

PROJECT DURATION

2018-2019

FUNDER

Bloomberg Philanthropies

FUNDING AMOUNT

\$770,000

PARTNERS

Governor's Office of DKI Jakarta

Health Effects Institute

Open AQ

SPARTAN

ClimateWorks Foundation

Problem Statement: Ninety percent of the world's population breathes polluted air, and six million people die every year because of poor air quality. The challenges of outdoor and household air pollution are only intensifying with climate change, population growth and urbanization.

Technical Approach: Vital Strategies provides technical and consultative services to meet the growing global burden of environmental risks and harms. Our Environmental Health division, established in 2016, is led by a team of experts with decades of experience in environmental health practice, governance, policy and research, with special expertise in air quality management and policy. Our current work includes the following:

In 2016, India and Indonesia experienced over 1.7 million deaths due to air pollution. Vital Strategies is working with several government and civil society partners to develop a guide for cities on how they can innovatively, cost-effectively and rapidly improve the management of their air quality. We are also conducting formative research to inform a communication campaign to understand and influence the public's attitudes towards air quality, their exposure to air pollution and their understanding of its health effects.

Vital Strategies is also helping the capital region of Jakarta, Indonesia, to create its Grand Design to improve the city's air quality. We are providing technical support to better understand the sources of regional air pollution, evaluating policy opportunities to reduce local emissions, and promoting public knowledge and engagement with the planning process.

In 2018, Vital Strategies launched **Inspire: Health Advocates for Clean Air**, a coalition that mobilizes clinicians, public health professionals and organizations across the globe to advocate for aggressive clean air policies. Inspire aims to: improve clinician and public awareness of the harms of pollution; increase involvement of clinicians and clinical organizations in advocacy for clean air policies; establish a global network of advocates and experts on air pollution and health; and exert political pressure on governments to pass clear air policies at the local, national and global levels.

In India, almost half of all households continue to use biomass fuel (e.g. animal dung, wood) for cooking and heating. The resulting household air pollution causes respiratory illness, chronic cardiorespiratory disease and low birth weight in babies. To address this, the Indian government is implementing an ambitious program to expand access to liquified petroleum gas (LPG), a clean cooking fuel, to 80 million poor households by 2020. Vital Strategies has been supporting the Indian Council for Medical Research and the CDC Foundation to design a roadmap to evaluate the health and air quality benefits of the current program, and to identify strategies to track and accelerate benefits.

The environmental health division has trained top journalists from 11 Asian countries on air pollution, including the leading sources, health effects, reliable global and local data on air pollution and impacts, techniques for building data-informed stories, and strategies for increasing public awareness, civil society demand, and political will to promote clean air for health.

PROGRAM

Cardiovascular Health



Less than 1 percent of the \$35 billion spent each year on health assistance is for cardiovascular disease prevention, the leading cause of death globally.

INITIATIVE

Resolve to Save Lives

Saving 100 million lives from cardiovascular disease and making the world safer from epidemics.

FUNDERS

Gates Philanthropy Partners, which is funded with support from the Chan Zuckerberg Foundation

Bill & Melinda Gates Foundation

Bloomberg Philanthropies

PROJECT DURATION

2017-2022

FUNDING AMOUNT

\$225 million

PARTNERS

CDC Foundation

Global Health Advocacy Incubator

Johns Hopkins Bloomberg School of Public Health

World Bank

World Health Organization

Problem Statement: More than 18 million people die each year from cardiovascular disease, despite the availability of effective, inexpensive and safe prevention and treatment. Fewer than one in six people in the world live in countries that have effective policies and programs in place to treat high blood pressure and reduce sodium and trans fat intake. In low- and middle-income countries, half of cardiovascular disease deaths are in people under 70, compared to one-fifth in rich countries. Better treatment of high blood pressure, elimination of trans fat, and salt reduction would save 100 million lives over the next 30 years.

Technical Approach: Resolve to Save Lives, an initiative of Vital Strategies, began in 2017 and is led by Dr. Tom Frieden, former director of the U.S. Centers for Disease Control and Prevention and former New York City health commissioner. Resolve to Save Lives focuses on two areas: cardiovascular health and epidemic prevention. Our Cardiovascular Health program works to reduce the burden of heart disease and stroke at the country level. We provide assistance and strategic investment to governments and civil society in low- and middle-income countries to eliminate trans fat from the global food supply, improve treatment of high blood pressure and reduce salt intake. Specific approaches and objectives are as follows.

Eliminate artificial trans fat. Found in foods, fats and oils, trans fat is a toxic chemical that increases the risk of heart attack and death. Globally, artificial trans fat intake is estimated to cause 540,000 deaths every year, but it can be eliminated from foods without changing flavor or increasing costs. With our support, World Health Organization (WHO) has called on the world to eliminate artificial trans fat—the first elimination program in the noncommunicable disease area. We work with governments to help them reach their trans fat elimination goals by using REPLACE, a six-step action package to eliminate industrially produced trans fat from the global food supply by 2023, developed by WHO and Vital Strategies and at the World Health Assembly in 2018.

REPLACE stands for:

REview dietary sources of artificial trans fat

Promote the replacement with healthier fats and oils

Legislate, Assess and monitor

Create awareness

Enforce

Increase global control of blood pressure from 14 percent to 50 percent by supporting countries to:

- Choose a simple, proven treatment protocol
- Implement community-based care and task sharing
- Ensure regular supply of medications
- Support patient-centered services that reduce barriers to adherence
- Use information systems to improve patient care

Reduce global dietary salt intake by 30 percent. Excess salt increases blood pressure and the risk of cardiovascular disease. In 181 of 187 countries, covering 99 percent of the world's population, estimated average levels of salt intake exceed WHO's recommendation of 5 grams, or just under one teaspoon, per day. We work with governments to substantially reduce the salt content of food by supporting them as they develop strategic policies and communication campaigns.

Cardiovascular Health (cont'd)



Our Impact

Since its launch in September 2017, Resolve to Save Lives has established partnerships with governments in countries around the world, including China, India and Ethiopia, and made important advances towards its objectives.

After REPLACE was launched in 2018, Thailand and Portugal made immediate commitments to eliminate artificial trans fats from the food supply; Thailand's trans fat ban went into effect in January 2019. Panama, Argentina, Denmark, Colombia, Uruguay, Hungary and Russia made commitments to support the REPLACE package.

The Food Safety and Standards Authority of India aims to eliminate trans fats by 2022, a year ahead of the global target. Reformulation of products that use trans fats is essential to this goal and after a consultation earlier this year, Vanaspati (ghee) manufacturers, food companies, bakery associations and others signed a pledge to support FSSAI's plan to lower the levels of trans fats in India's food supply from the present <5 percent to <2 percent.

India launched the India Hypertension Management Initiative, a program that supports standardized treatment for managing high blood pressure, medicine supply, health worker task sharing and reducing barriers to treatment adherence. Implementation began in Punjab and expanded to additional states in 2018. More than 200,000 patients enrolled in the program in the first year.

Our technology team developed a mobile app that will enable clinicians in India to track patients' blood pressure over time. The team also launched www.simple.org, a website supporting the app and housing the related open-source code to ensure that this work is available without cost to anyone.

Several countries have begun surveillance activities or interventions including: China (hypertension and sodium surveillance activities), Vietnam (hypertension control efforts) and Ethiopia (sodium reduction).

Thailand has convened noodle manufacturers who committed to reducing sodium by 5 percent in the first year and higher percentages in following years.

PROGRAM

Civil Registration and Vital Statistics Systems



Nearly half of the people in the world have been born, and will likely die, without any official record of their existence.

INITIATIVE

Bloomberg Philanthropies Data for Health Initiative

Helping 20 countries representing 1.2 billion people collect better public health data and use that data to inform policy making and investments in public health.

FUNDER

Bloomberg Philanthropies

Australian Department of Foreign Affairs and Trade

PROJECT DURATION

2015-2021

FUNDING AMOUNT

\$58 million

PARTNERS

CDC Foundation

Johns Hopkins Bloomberg School of Public Health

University of Melbourne

World Health Organization

Problem Statement: More than a third of children under five have no birth certificates, and most people in low and middle income countries will die without a recorded cause of death.

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. On the individual level, birth and death certificates are key to unlocking social benefits including education, health care, property inheritance, and the right to vote, among others.

Technical Approach: Vital Strategies' Civil Registration and Vital Statistics Improvement team currently works in 12 countries.

Legal and Regulatory Review: Through direct technical assistance and a comprehensive toolkit, Vital Strategies works with countries to establish a legal and regulatory framework that enables a best-practice CRVS system.

CRVS Governance and Coordination: We advise governments on how to create governing structures that work within the local context.

Notification and Registration of Births and Deaths: The CRVS team works with governments to make sure every birth and death is counted and registered.

Medical Certification of Cause of Death: Vital Strategies provides tools and trainings to ensure that medical certification adheres to International Classification of Diseases (ICD) standards and that key medical personnel understand how to properly certify and code cause of death. **Few, if any, medical schools require cause-of-death certification training, a critical gap which leads to unreliable or poor-quality data—data that could provide critical insights into underlying health conditions that burden populations.**

Verbal Autopsy: This method determines a person's probable cause of death when no formal medical records exist by interviewing a caregiver after the death. Vital Strategies helps to establish this important capability in countries where a large proportion of deaths occur outside of health facilities.

Analysis and Use of CRVS Data: Vital Strategies supports government use of data in policy briefs and vital statistics reports. We also have a journalist training program for the use of CRVS data.

Our Impact

Through this initiative, we have supported the improvement of CRVS systems in 16 countries, training more than 500,000 government and civil society professionals to collect, analyze, and use birth, death, and cause of death data. As a result of the initiative's efforts, 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 work.

Eight countries—Bangladesh, Ghana, Malawi, Morocco, Peru, Rwanda, Solomon Islands and Sri Lanka—that were not using the international death certificate at the outset of their work with the

Civil Registration and Vital Statistics Systems (cont'd)

initiative have changed or will soon change their death certificate to align with international standards. In the Philippines alone, more than 500,000 death certificates have been processed 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 hundreds of thousands of additional deaths.

As a result of trainings and technical assistance received, 10 countries—Bangladesh, Colombia, China (in Shanghai), Ghana, Morocco, Myanmar, the Philippines, Rwanda, Tanzania and Zambia—have begun using community-based verbal autopsies to collect information on out-of-hospital deaths. To date over 90,000 verbal autopsies have been collected.

We follow each country's lead, tailor our programs to local context, and focus on building long-term institutional and individual capacity. A few examples of CRVS improvements resulting from the work of Vital Strategies and our partners include:

- The Kaliganj subdistrict in **Bangladesh** (300,000 people), 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 a 40-fold increase in birth and death registration rates. What is now called the “Kaliganj model” is being scaled throughout Bangladesh; the government is investing \$1 million of its own money in six subdistricts, with commitments for further expansion. The government aims to register every birth and 80 percent of deaths by 2030, thus meeting 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 SINADEF. This has brought the time required to certify, enter and utilize cause of death data down from two years to two weeks.

PROGRAM

Data Impact



Since 2015, we have trained almost 1,900 people from ministries of health, other ministries and non-governmental organizations in low- and middle-income countries on data use, analysis and dissemination to lead to public health action.

Photo: Paola Flores

INITIATIVE

Bloomberg Philanthropies Data for Health Initiative

Helping 20 countries representing 1.2 billion people collect better public health data and use that data to inform policy making and investments in public health.

FUNDER

Bloomberg Philanthropies

Australian Department of Foreign Affairs and Trade

PROJECT DURATION

2015-2021

FUNDING AMOUNT

\$25 million

PARTNERS

CDC Foundation

Johns Hopkins Bloomberg School of Public Health

University of Melbourne

World Health Organization

Problem Statement: Many governments have a trove of health data available to them—from census to hospital records—but often this data remains unused despite its potential to guide critical policy or investment decisions. Further, governments often do not use data to communicate to other ministries, journalists and the general public to gain support for public health action.

Technical Approach: We provide technical assistance, primarily to government staff, on how to better analyze and present data so that it leads to public health action, as well as how to tell compelling stories to build support for their decisions. The Data Impact program works in 18 countries on more than 60 projects, as part of the Bloomberg Philanthropies Data for Health Initiative

Training: Since 2015 we have trained almost 1,900 people from ministries of health, other ministries, public health institutions and non-governmental organizations in low- and middle-income countries on topics including: establishing new institutional units in ministries of health for advanced data analysis and policy development; developing systems of key indicator monitoring with technology such as electronic data dashboards, to provide data to decision makers; and enhancing government dissemination of data via printed reports and online portals. We have also trained journalists from 13 countries, enabling them to improve the way they use data in their reporting.

The Data to Policy activity provides ongoing mentoring for 11 cohorts of health ministry staff in techniques needed to develop evidence-based policies. Through this training and mentoring program, our team assists government analysts who have successfully provided data-driven policy recommendations to their leadership on issues including malaria control, immunization, road safety and tobacco control.

Our Impact

With the support of Vital Strategies, Peru's Ministry of Health published a new national report, "Analysis of the Causes of Mortality in Peru 1986-2015," which represents the first time Peru has published a long-term trend analysis on the country's causes of mortality. This has also enabled the ministry to present data at the local level. The report has already become an essential source of evidence for policymakers in Peru, as well as researchers and international agencies. An example: Peru is now prioritizing vaccinating older adults against pneumonia, leading cause of death.

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.

Journalists from Brazil, Ghana, India, Indonesia, Malawi, Rwanda, South Africa, Sri Lanka and Tanzania have produced more than 100 articles using data they explored during our trainings on topics ranging from the dangers of using firewood to cook in Sri Lanka to HIV infections in South Africa.

Data Impact (cont'd)

In Ecuador, we helped the National Statistics Offices establish the Observatory for Social and Health Development, an interconnected information system of social and health data.

In Shanghai, China, Vital Strategies assisted government staff in developing new health reports and in writing policy briefs on a variety of high-priority local issues. The government has since published two reports on nutrition and adolescent injuries. Five policy briefs developed during a Data to Policy training were used to support legislative change or policy recommendations, including one policy brief on helmet use among e-bike users.

PROGRAM

Lead Poisoning Prevention



Less than one third of the world's children live in countries with enforced bans on lead paint.

National Strategies to Address Lead Poisoning in Peru

FUNDER

Lyda Hill Philanthropies

PROJECT DURATION

2018-2021

FUNDING AMOUNT

\$1.05 million

PARTNERS

The Ministry of Health in Peru

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 well-being of nations. Despite clear evidence of harm, just 35 percent of countries have legally binding limits on lead paint, and in most of these, the regulations are inadequate to prevent exposure. In many countries, lead paint is ubiquitous, bans are not enforced and lead paint continues to be sold. Children are also exposed to lead from living in areas contaminated by mining and industrial activities, and by living in homes where families recycle vehicle batteries, collect waste or glaze ceramics.

Technical Approach: Through a partnership with the Ministry of Health in Peru that was launched in 2018, Vital Strategies has been providing technical and consultative services to address lead poisoning. Our staff are working with the government to design and implement a national data store that unifies biological and environmental lead sampling data to characterize geographic and personal risk factors. This is supplemented with surveillance activities to characterize urban exposures and understand personal and social risk factors. Additional project components include assessing policy gaps, making policy recommendations and planning a targeted communication campaign.

PROGRAM

Obesity Prevention



Obesity costs \$2 trillion dollars per year globally and often coexists with hunger.

PROJECT DURATION

2016-2020

FUNDER

Bloomberg Philanthropies

FUNDING AMOUNT

\$5 million

PARTNERS

Global Health Advocacy Incubator

University of North Carolina

Problem Statement: One-third of the world's population are overweight or obese, including 42 million overweight children under age 5. Obesity and poor diet are major drivers of cancer, heart disease and Type 2 diabetes. Hunger and obesity often coexist, as people increasingly consume cheap ultra-processed foods and drinks, leading to global nutrition transition with increased intake of energy-dense low nutrient foods (fats, sugars and processed foods) and a decrease in physical activity. Obesity is a growing problem in low- and middle-income countries, placing a huge burden on the individual, governments and society.

Technical Approach: Through strategic media campaigns and partnerships, Vital Strategies provides advocacy support for policies that include: taxation on sugary drinks and junk food; clear front-of-pack food labeling; restricting marketing of unhealthy food and beverages to children; and promoting healthy food policies in schools and other public institutions. Our work is focused in six countries: Mexico, Brazil, Jamaica, Barbados, Colombia and South Africa.

In Mexico, one in three children and seven in 10 adults are overweight or obese. Vital Strategies worked with Mexico's El Poder del Consumidor, an advocacy group, to mount mass media campaigns urging passage of new laws that: restrict junk food advertising on some children's television channels; introduce a tax on soda of about 10 percent of the cost; create a new 8 percent tax on high-calorie, processed foods; and earmark the tax revenue for the provision of safe drinking water in schools.

South Africans are among the top 10 consumers of sugary drinks in the world, and Type 2 diabetes is the second biggest killer in the country. Vital Strategies provided South African partners with strategic, technical and capacity-building support to implement three national mass media campaigns highlighting the health harms of sugary drinks consumption. South Africa became the first country in Africa to pass a tax on sugary drinks, at approximately 11 percent of the purchase price. The tax was implemented in April 2018.

Our Impact

Mexico's ground-breaking media campaigns led 74 percent of those surveyed who saw the messages to say they would reduce the number of sugary drinks they consume, and 92 percent said they intended to increase the amount of water they serve their children. During the first year of the soda tax in Mexico, purchases of sugary drinks were 6 percent lower than would have been expected without the tax. The reduction was greatest among households of the lowest socioeconomic status.

In South Africa, pre- and post-campaign evaluations measured the effects on the knowledge and attitudes of people towards sugary drinks and the proposed tax. The results showed that, after the campaign, 76 percent of the public supported government efforts to cut down on sugary drink consumption, compared to 67 percent before the campaign. The data was used by media and advocates to promote public support for the tax.

PROGRAM

Overdose Prevention



PROJECT DURATION

2018-2021

FUNDER

Bloomberg Philanthropies

FUNDING AMOUNT

\$35 million

PARTNERS

Johns Hopkins University

Pew Charitable Trusts

The Centers for Disease Control and Prevention through the CDC Foundation

Problem Statement: In 2017, drug overdoses in the United States accounted for more deaths than those from vehicle crashes and gun violence combined; drug overdose is the leading cause of death for people under age 50. Millions more struggle with substance use disorder, which has a multitude of collateral harms from medical to social to economic. Unlike most other health issues in the U.S. that are getting better, the problem of overdose has been getting worse.

Technical Approach: In November 2018, Bloomberg Philanthropies announced a \$50 million investment to bring a public health approach to overdose prevention in up to 10 states. As the lead partner in this initiative, Vital Strategies is working with governments and affected communities in two states, Pennsylvania and Michigan, to build tailored, science-backed solutions focused on significant and sustainable reductions in overdose deaths. Our work includes supporting the adoption and scaling of harm reduction strategies, as well as a range of health, legal and social interventions. We will help local and state partners gather data, reform policy, innovate programs and mobilize communities at the neighborhood, municipal, county and state levels.

By early 2019, we had recruited and hired a diverse team boasting a wide range of skills and experience in drug use policy and practice, including governmental leadership, policy advocacy and research, community-based services, communication, program technical assistance, and capacity building.

PROGRAM

Partnership for Healthy Cities



1 million people move from a more rural area to a city every five days.

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2017-2020

FUNDING AMOUNT

\$20 million

PARTNERS

World Health Organization

Problem Statement: By 2050, two-thirds of the world's population will live in cities. Air quality, road safety, access to healthy food and protection from secondhand smoke are some of the challenges facing city dwellers. Many cities in low- and middle-income countries lack the infrastructure and policy foundation 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.

Technical Approach: The Partnership for Healthy Cities is a global network comprising 54 cities whose mayors have signed on to prevent noncommunicable diseases and injuries. Vital Strategies disburses and manages seed grants to member cities, provides technical and communication support on everything from data management to communication and brings city representatives together for training and exchanges. By empowering cities to deliver high-impact policy or programmatic interventions to reduce NCD and injury risk factors such as excess salt consumption, physical inactivity, secondhand smoke and speeding, the initiative encourages mayors and other local leaders to use their power to improve public health outcomes, to become vocal champions for these issues and ultimately to prepare their cities to thrive in the 21st century.

Our Impact

The 54 cities have accessed Vital Strategies' expertise as they create and enforce regulations and identify resources for new or existing initiatives.

Here are some examples:

Creating a smoke-free city: Through the Partnership, Kampala, the capital of Uganda, led a drive to enforce its smoke-free law, as tobacco use in public places has remained high. Police increased fines for smoking in venues protected by the smoke-free law. The city also developed and aired a television and billboard campaign featuring strong imagery about the dangers of secondhand smoke.

Reduced salt consumption: Through the Partnership for Healthy Cities, Montevideo, Uruguay adopted new restaurant menu regulations: 10 percent of every restaurant menu must now include no-salt-added options. To generate public support for these measures and to encourage behavior change in the wider population, a video linking high salt consumption to cardiovascular disease aired on TV, in clinics and in other public spaces throughout the city.

Protecting pedestrians: Several cities have focused on reducing injuries and deaths from road crashes and promoting pedestrian and cyclist safety. This includes: Accra, Ghana, which is transforming the city's dangerous LaPaz intersection, where a multi-lane highway bisects a busy neighborhood with little to no accommodations for the throngs of pedestrians trying to cross; Lusaka, Zambia, which overhauled a road-crossing at Northmead School, in an area where 11 children were injured and one died walking to or from school; and Kyiv, Ukraine, where a redesign of the Rusanivka district of the city is making streets safer for bikers, drivers and pedestrians.

Policy Interventions of the Partnership for Healthy Cities	Cities
Create a smoke-free city	10
Ban tobacco advertising	2
Reduce sugary drink consumption	5
Healthy food for all (salt reduction)	7
Create walkable, bikeable, liveable streets	12
Cleaner fuels for cleaner indoor air	1
Reduce drink driving	2
Reduce speeding	7
Increase seat-belt and helmet use	1
Monitor NCD risk factors	7
Total	54

PROGRAM

Prevent Epidemics



The world will face another unpredictable epidemic, but most countries are not ready to find, stop and prevent its spread.

INITIATIVE

Resolve to Save Lives

Saving 100 million lives from cardiovascular disease and making the world safer from epidemics.

FUNDERS

Bloomberg Philanthropies

Bill & Melinda Gates Foundation

Gates Philanthropy Partners, which is funded with support from the Chan Zuckerberg Foundation

PROJECT DURATION

2017-2022

FUNDING AMOUNT

\$225 million

PARTNERS

CDC Foundation

Global Health Advocacy Incubator

Johns Hopkins Bloomberg School of Public Health

World Bank

World Health Organization

Problem Statement: An infectious disease can travel around the world in just 36 hours, and a severe pandemic could kill millions of people and cost trillions of dollars. The 2014 Ebola epidemic in West Africa showed that public health systems in many low- and middle-income countries are not ready to find, stop and prevent new disease threats.

Technical Approach: After the 2014 Ebola epidemic, WHO established a rigorous accountability framework called the Joint External Evaluation (JEE) to gauge each country's ability to find, stop and prevent outbreaks. While more than 80 countries had completed a JEE by the end of 2018, identifying more than 5,000 life-threatening gaps in preparedness, little had been done to fill these gaps. Since Resolve to Save Lives was launched in September 2017, the Prevent Epidemics team has been working in low- and middle-income countries to ensure that the accurate, objective, and transparent JEE process will continue, and that the results are shared to encourage effective action.

The Resolve to Save Lives Prevent Epidemics team provides technical support, mobilizes resources and catalyzes political will for countries facing bottlenecks on their path to preparedness. Led by some of the world's leading experts, the team focuses on seven key areas: emergency preparedness; emergency response operations; national laboratory systems; disease surveillance; national legislation, policy and financing; human resources; and risk communication.

Our Impact

We launched PreventEpidemics.org, an interactive website that spotlights gaps in epidemic preparedness and highlights actions that countries, donors, activists and organizations can take to fill them. The website is the first to provide a single metric, called the ReadyScore, indicating how prepared countries are to find, stop and prevent epidemics. The site launch was covered by more than 30 outlets and received over 100 million media impressions. As of November 2018, more than 100,000 unique visitors had viewed the site.

In Rwanda, Prevent Epidemics has helped the Ministry of Health develop a national action plan for health security, using the "Step Up" strategy to encourage epidemic preparedness in four core areas.

In Nigeria, Prevent Epidemics has, through funding and technical assistance, helped to unlock \$90 million in funds from Regional Disease Surveillance Systems Enhancement (REDISSE), a funding mechanism and capacity builder for epidemic preparedness.

We partnered with Africa Centres for Disease Control and Prevention to support improved lab capacity in five African countries.

We provided catalytic funding to Madagascar that improved its preparations for plague and demonstrated that funding in response to emergencies can build long-term capacity.

PROGRAM

Research



The standard treatment for multidrug-resistant TB requires patients to take close to 15,000 pills over up to two years in addition to frequent, painful injections.

PROJECT

TREAT TB

FUNDER

USAID

PROJECT DURATION

2008–2021

FUNDING AMOUNT

\$180 million

ADDITIONAL FUNDING FOR STREAM CLINICAL TRIAL

Janssen Pharmaceuticals

PARTNERS

International Union Against Tuberculosis and Lung Disease (The Union)

Liverpool School of Tropical Medicine

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

REDE-TB

The Institute of Tropical Medicine

Problem Statement: Research on key public health challenges is fundamental to improving health. To conduct high-quality research, from clinical trials to operational research, research capacity needs to be strengthened, particularly in low- and middle-income countries, where disease burdens are highest. A major challenge in tuberculosis control is treating multidrug-resistant TB (MDR-TB), which can require a 20- to 24-month treatment regimen with risks of severe side effects.

Technical Approach: The Research division has particular expertise in management of investigational medicinal products, end-to-end supply chain management and community engagement in clinical trials. Its primary focus is the USAID-funded TREAT TB project. Early work under TREAT TB studied the utility of new diagnostic tools for TB in diverse, real-world settings. As part of 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. The study, which is now the largest trial for MDR-TB, with more than 800 participants enrolled to date, is currently being conducted at 13 sites in seven countries (Georgia, Moldova, Mongolia, Ethiopia, South Africa, Uganda and India).

Our Impact

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 percent of assessable participants having a favorable outcome as compared to 80 percent 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 recent WHO recommendations on the use of 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 March 2019, more than 400 participants had been enrolled at the 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 (CABs) at all 13 STREAM Stage 2 sites. CAB 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.

PROGRAM

Road Safety



Nearly 90 percent of road traffic-related deaths occur in low- and middle-income countries.

INITIATIVE

Bloomberg Philanthropies Initiative for Global Road Safety

Supporting governments to reduce traffic fatalities and injuries in five countries and 10 cities.

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2007 - 2019

FUNDING AMOUNT

\$28 million

PARTNERS

Global Health Advocacy Incubator

Global New Car Assessment Programme

Global Road Safety Partnership

International Association of Chiefs of Police

International Road Assessment Programme

Johns Hopkins International Injury Research Unit

NACTO-GDCI

World Bank-GRSF

World Health Organization

World Resources Institute

Problem Statement: Each year, road traffic crashes kill over 1.2 million people and injure up to 50 million more around the world. Nearly 90 percent of these deaths occur in low- and middle-income countries, and the vast majority of them are preventable.

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 10 cities and five countries around the world with a total investment of \$259 million from Bloomberg Philanthropies. The initiative's comprehensive, evidence-based approach includes: strengthening legislation; increasing the use of seat-belts and helmets; reducing speeding; reducing drink driving; promoting infrastructure improvements and sustainable urban transportation; and advocating for improved vehicle safety standards.

Vital Strategies has three roles in the initiative, focused on the 10 cities. We strengthen road crash surveillance systems and use outcome data to inform policy and action. Our communication experts to guide creation of strategic communication and mass media campaigns to change road user behavior and social norms. And our coordination team serves as the main liaison with the mayors' offices, which involves: coordinating initiative partners; building institutional capacity and coordination mechanisms among city agencies; administering grants; building sustainability by developing long-term road safety strategies and institutionalizing best practices; and co-managing over 70 consultants embedded in government offices in the 10 cities, working on infrastructure, enforcement, communication and surveillance.

Our Impact

An estimated 125,000 lives were saved in the first phase of the initiative through 2015, and more positive changes have been seen in priority cities in phase two:

- In Fortaleza, Brazil, road traffic deaths dropped 40 percent from 2014 to 2017.
- In São Paulo, Brazil, road traffic deaths decreased 36 percent from 2014 to 2017.
- In Mumbai, India, road traffic fatalities have decreased 20 percent from 2015 to 2017.
- Addis Ababa, Ethiopia registered a reduction in fatal road crashes for the first time in eight years.
- In Bogotá, Colombia, 190 deaths were prevented in the last two years.
- Five of the 10 cities have established their first-ever comprehensive citywide road safety plans.
- Outcome data collection has improved in seven cities, which now have access to timely, detailed road injury data for planning and monitoring. In six of these cities, linkage of multiple data sources now provides a more accurate road death rate.

Since 2015, 30 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 percent of drivers tested in June 2015 to 2 percent of drivers tested in August 2018; speeding decreased from 49 to 39 percent.
- In Bogotá, speeding decreased from 39 percent in 2015 to 21 percent in 2018 overall; among school buses, the drop was from 40 percent in August 2017 to 16 percent in February 2018.
- Fortaleza has increased rates of proper helmet use from 83 percent to 93 percent since 2015.

PROGRAM

Tobacco Control



Tobacco kills more than 7 million people a year, leading the tobacco industry to constantly seek out ways to addict new customers.

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

Johns Hopkins Bloomberg School of Public Health

The Union

University of Illinois at Chicago

World Health Organization

Problem Statement: Unless urgent action is taken to reverse this global epidemic, tobacco will kill as many as 1 billion people this century, making it the greatest single source of preventable death and disease.

Technical Approach: Vital Strategies has worked since 2007 at the international, country and city levels to grow and shape a global anti-tobacco agenda.

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; and enforcing bans on marketing to youth.

We have partnered with 41 countries to develop more than 300 locally appropriate tobacco control mass media campaigns, which have been seen by more than 2 billion people. Our campaigns support policy goals, such as smoke-free cities, as well as encouraging quitting, delaying initiation and bolstering enforcement. Over the long term, our campaigns change social norms and behaviors around the acceptability of smoking and attitudes about the tobacco industry. For example, in Indonesia, 1 million people have said 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 made more than 50 ads in seven languages available through the Vital Strategies site 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 biannual reports on the global tobacco epidemic.

We have produced five editions of “The Tobacco Atlas,” the leading resource for policymakers, journalists and advocates to understand the global tobacco epidemic. Its award-winning design takes the leading peer-reviewed research and presents it in a visually engaging, understandable format online and in print. Published in partnership with the American Cancer Society, topics include tobacco deaths by country, the cost to society and tobacco marketing practices.

In the 11 low- and middle-income countries with the largest populations and the highest rates of smoking, we design strategic tobacco control plans in partnership with WHO, the CDC, the World Bank and others.

We are a partner in STOP, a tobacco industry watchdog launched in 2018 that aims to counter the tobacco industry’s devious tactics to hook a next generation of tobacco users, particularly in low- and middle-income countries. Vital Strategies is creating and designing a new digital platform, building content, and providing a communication strategy for the initiative.

Tobacco Control (cont'd)



Our Impact

- Our advocacy campaigns have contributed to national comprehensive tobacco control legislation being passed in Russia, Turkey and Senegal. Smoking decreased by 17 percent in Russia following the legislation.
- In China, 100 million people have been protected through smoke-free legislation banning the use of tobacco products in indoor and outdoor spaces in 10 cities, including Beijing. The legislation passed and has been enforced 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 the tax increases.
- In both India and Bangladesh, CDC Foundation data shows that adult tobacco use prevalence has declined 17 percent since the early years of the Initiative.
- 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.

INITIATIVE

Stopping Tobacco Organizations and Products (STOP)

A global tobacco industry watchdog group

FUNDER

Bloomberg Philanthropies

PROJECT DURATION

2018-2021

FUNDING AMOUNT

\$20 million to multiple partners

PARTNERS

Global Centre for Good Governance in Tobacco Control

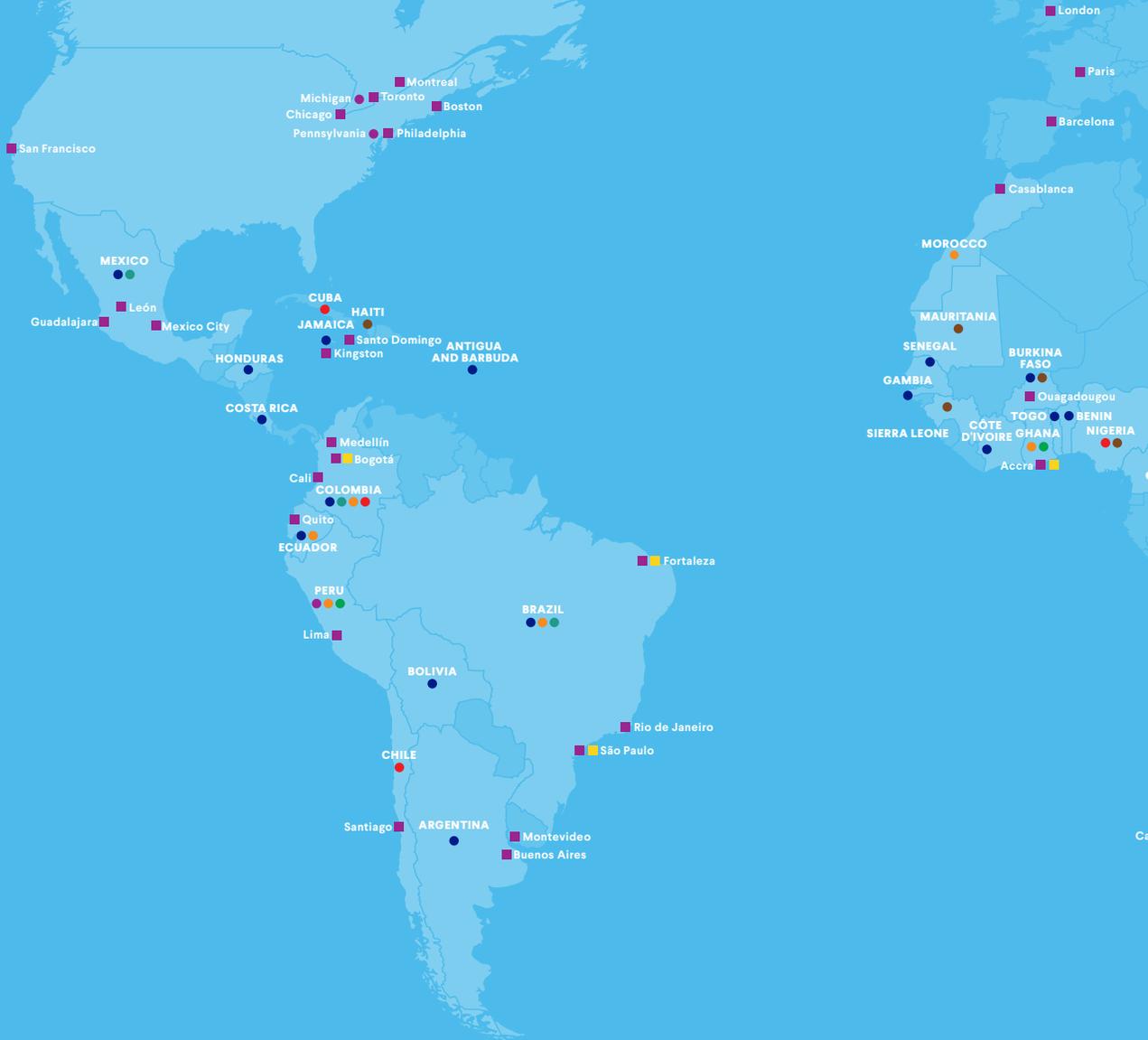
The Union

The University of Bath



VITAL STRATEGIES

Global Reach



AIR QUALITY



CARDIOVASCULAR
HEALTH



DATA IMPACT



LEAD POISONING
PREVENTION



OBESITY PREVENTION



PREVENT EPIDEMICS

Countries



RESEARCH



OVERDOSE PREVENTION



CIVIL REGISTRATION AND VITAL STATISTICS



TOBACCO CONTROL



PARTNERSHIP FOR HEALTHY CITIES



ROAD SAFETY

Our Leadership



José Luis Castro
President and CEO

José Luis Castro serves as President and CEO of Vital Strategies and leads The International Union Against Tuberculosis and Lung Disease. With 25 years of experience in public health management, Castro has lead strategy and operations for both organizations, building today's worldwide network of offices, experts and programs that now serve more than 100 countries. Castro currently serves as President of the NCD Alliance, a network of over 2,000 civil society organizations in more than 170 countries dedicated to combating the global noncommunicable disease epidemic. Before joining The Union, Castro advised WHO and the government of India on the implementation of the Revised National Tuberculosis Control Program and served as Director of Operations for New York City's Bureau of Tuberculosis Control during the 1990s MDR-TB crisis. The program he helped build is still used for tuberculosis control in New York City. Castro holds an MPA from the University of Pennsylvania and was awarded an honorary doctorate from Pace University in 2005.



Dr. Tom Frieden
President and CEO,
Resolve to Save Lives

Dr. Tom Frieden, one of the world's leading public health experts, is President and CEO of Resolve to Save Lives, a \$225 million, five-year initiative housed at Vital Strategies. From 2009 to 2017, Frieden was Director of the U.S. Centers for Disease Control and Prevention (CDC), where he led work that helped end the Ebola epidemic. During his career, Frieden controlled the largest outbreak of MDR-TB ever to occur in the United States, helped establish the largest TB control program in the world in India, and, as New York City Health Commissioner from 2002-2009, directed efforts on several public health issues that led to a rapid increase in life expectancy. Trained in internal medicine, infectious diseases, public health and epidemiology, Frieden has published cutting-edge, widely cited research on a broad range of topics, as the author of more than 200 scientific publications. He received medical and public health degrees from Columbia University completed an infectious disease fellowship at Yale University, and was an Epidemic Intelligence Service Officer at CDC.



Wallace D'Souza
Chief Financial Officer

Wallace D'Souza is an experienced professional with over 25 years of financial experience in the nonprofit arena. He brings expertise in resource management, grants management, financial and cost management, accounting, budgeting, forecasting, reporting, auditing, investment strategy and system implementations. Before joining Vital Strategies, D'Souza was the Chief Financial Officer at Planned Parenthood Federation of America (PPFA); the Planned Parenthood Action Fund; and Planned Parenthood Global. Prior to PPFA, D'Souza was the Senior Director of Global Strategic Planning at the International AIDS Vaccine Initiative, an organization focused on the development of HIV vaccines for use throughout the world. He holds an MBA in accounting and finance from the University of Scranton and a Bachelor of Commerce, Accounting and Auditing from the MS University, India. Wallace was born in Kenya and lived there for 16 years; he lived in India for four years.



Jeannie Mantopoulos
Chief Operating Officer
Resolve to Save Lives

Jeannie Mantopoulos provides leadership and management to promote operational excellence for Resolve to Save Live's cardiovascular health and epidemic prevention teams. She is a global public health professional with over 10 years of management experience developing strategy, cultivating strong partnerships, and leading programs that are practical, evidence-based and tailored to specific needs. Prior to joining Resolve to Save Lives, Mantopoulos served as director of programs for Yale University's Global Health Leadership Institute, where she was responsible for managing a large global team, grant development, program design, and leading implementation of the institute's initiatives in Africa, Asia, the United Kingdom and the United States. Mantopoulos led the establishment of Yale University's first country office for field operations and oversaw leadership programs that trained mid- and senior-level health professionals in over 20 countries. She maintains a lectureship appointment with the Yale School of Public Health and is an international advisory committee member for World of Children. Mantopoulos has a B.A. in economics from Hunter College and an MPH from the Yale School of Public Health.



Tamar Renaud
Chief Operating Officer

Tamar Renaud is a multilingual public health professional with over 20 years of experience in the US and globally. As Chief Operating Officer, she has strengthened Vital Strategies' operational infrastructure, including: human resources, IT, legal, facilities, and its international offices. Before joining Vital Strategies, Renaud was senior director of community health at NYU Lutheran Family Health Centers, where she oversaw 12 primary care clinics serving homeless shelter residents and three Women, Infant and Children (WIC) centers. Renaud spent nine years at the New York City Department of Health and Mental Hygiene, where she led 15 non-profit organizations in the mental health response to Hurricane Sandy; helped establish NYC's HIV partner services program; and led the launch of the first NYC-branded condom. At UNICEF, she helped establish standards on responding to HIV in situations of armed conflict, and at UNAIDS served as a communications officer for the World AIDS Campaigns on children and young people. In 1995, Renaud, as an Echoing Green fellow, founded a nonprofit organization focused on HIV prevention for young people in Chiang Mai, Thailand. Renaud holds a bachelor's degree in Environmental Health from Brown University, and an MPH from the Johns Hopkins Bloomberg School of Public Health.



Andrew Rendeiro
Senior Vice President and
Chief Strategy Officer

Andrew Rendeiro leads projects of strategic importance, including development, governance and international expansion. Before joining Vital Strategies, Rendeiro was a founding member of World Lung Foundation. Over the past 15 years, he has been a key player in every major policy decision that has defined the work of Vital Strategies through his longstanding involvement with the organization as a board member, most recently as vice chair of the board for operations. Rendeiro is a practicing attorney and was a member of the New York State Grievance Committee for the 2nd, 11th and 13th judicial districts from 2010 to 2018. He has a B.A. from Pace University and a J.D. from Brooklyn Law School.

Our Leadership



Dr. Marc Jaffe
Senior Vice President
Resolve to Save Lives,
Cardiovascular Health



Dr. Adam Karpati
Senior Vice President
Public Health Programs



Daniel Kass
Senior Vice President
Environmental Health

Before joining Vital Strategies, **Dr. Marc Jaffe** lead the creation of the Kaiser Permanente Northern California Hypertension Program, the Kaiser Permanente Cardiovascular Risk Reduction Program, and developed and lead the Kaiser National Integrated Cardiovascular Health Guideline Team. From 2013-2015 he served as a consultant to the CDC for the Global Standardization Treatment Project, and from 2015 -2017 he was a technical advisor for the WHO/Pan American Health Organization Hypertension Program. Jaffe attended the University of California at Berkeley and the Baylor College of Medicine. He completed residency at the University of California, San Diego, and did his Endocrinology fellowship at the University of California, San Francisco. He is an Associate Clinical Professor of Medicine at the University of California, San Francisco, Medical School. He is board certified in internal medicine and in diabetes, endocrinology, and metabolism. Jaffe has numerous publications on the subject of cardiovascular population care, and frequently lectures locally, nationally and internationally.

Adam Karpati, M.D., MPH oversees Vital Strategies' programs to strengthen public health systems and address leading causes of morbidity and mortality in low- and middle-income countries, including the CRVS Improvement Program, Data Impact, Road Safety, and Partnership for Healthy Cities. Before joining Vital Strategies, Karpati worked for 14 years at the New York City Department of Health and Mental Hygiene in a variety of capacities, most recently as executive deputy commissioner for the Division of Mental Hygiene, responsible for programs, policy, and epidemiology related to mental illness, substance use and developmental disabilities. Karpati earned his medical degree from McGill University's Faculty of Medicine in Montreal and completed a residency in internal medicine at New York University Medical Center/Bellevue Hospital. He then served in the Epidemic Intelligence Service at the U.S. Centers for Disease Control and Prevention and completed CDC's preventive medicine residency. He has an MPH from the Harvard School of Public Health.

Daniel Kass' public health career has focused on improving environmental conditions and reducing the burden of environmental disease in urban populations. His team of epidemiologists, environmental scientists and risk communication specialists work with governments and civil society to address air pollution, heavy metals and other toxic exposures. From 2009 to 2016, he was the Deputy Health Commissioner for Environmental Health in New York City, where he managed a 1,000-person workforce and oversaw enforcement, policy and research on diverse topics, including air and water quality, food safety, child care, vector control and lead poisoning prevention. In 2005, he created the department's Bureau of Environmental Surveillance and Policy to manage data analytics for epidemiologic surveillance, public reporting and policy analysis. He also worked for 12 years promoting occupational health in the industrial and service sectors. He holds a Sc.B. degree from Brown University and an MSPH degree from the UCLA School of Public Health and completed doctoral studies (ABD) in public administration at NYU.



Amanda McClelland
Senior Vice President
Resolve to Save Lives,
Prevent Epidemics

Amanda McClelland is the Senior Vice President of the Prevent Epidemics team at Resolve to Save Lives, an initiative of Vital Strategies. She has more than 15 years of experience in global health, working in response to natural disasters, conflict and public health emergencies including the West Africa Ebola crises. McClelland has spent much of the past decade working with frontline health workers and communities. She previously served as Global Emergency Health Advisor for the International Federation of Red Cross and Red Crescent Societies, where she focused on emergency health, epidemic control, mass casualty in low-resource settings, disease prevention and response operations. Now, as part of the Resolve to Save Lives mission, she focuses on building technical, political and financial support for preparedness efforts, including regulations that improve a country's ability to find, stop and prevent epidemics. McClelland received her Master of Public Health and Tropical Medicine and Graduate Diploma in Disaster Management and Refugee Health from James Cook University, her Bachelor of Nursing from Queensland University of Technology, and will receive her MBA in International Health from the Swiss Tropical Public Health Institute in 2020.



Sandra Mullin
Senior Vice President
Policy, Advocacy and
Communication

Sandra Mullin has 20 years of experience in public health strategic communication, policy advocacy and social marketing. She leads a global team of 50 people and, working with governments and civil society partners, has overseen the implementation of over 300 media campaigns around the globe to influence policy and behavior change. Prior to joining Vital Strategies (formerly World Lung Foundation) in 2007, Mullin spent 12 years in New York City government as communication director to the New York City Council, the city's legislative body, and before that, as director of communication for the New York City Department of Health. She was an integral player in the campaign to pass the groundbreaking NYC Smoke-Free Air Act of 2002, and during her government tenure directed media campaigns on tobacco, HIV/AIDS, influenza, asthma, child safety, TB and mental health issues. Having worked through NYC's World Trade Center and anthrax attacks, and numerous other crises, she is also a skilled practitioner in crisis and risk communication. Mullin has given numerous talks, published papers, has been extensively quoted in media stories, and has written commentaries for such periodicals as *The Lancet* and *Huffington Post*, and has been profiled in *PR Week*. She holds a B.A. in political science from Hofstra University and a Master of Social Work from Hunter College of the City University of New York.



Dr. I.D. Rusen
Senior Vice President
Research and Development

Dr. I.D. Rusen has over 25 years of experience as a physician, epidemiologist and public health expert. He currently leads the TREAT TB Initiative, which is spearheading the coordination and sponsorship of the STREAM clinical trial, a landmark trial for shortened MDR-TB treatment currently underway. For the past 17 years, Rusen has been a technical advisor to both donor agencies and nongovernmental organizations with respect to tuberculosis and related health problems in low-income countries. Previously, he worked for Health Canada, and served as a consultant for CIDA and WHO, and worked as a family physician. He has written and co-authored numerous papers and reports, including first-authored publications in *IJTLD*, *American Journal of Public Health* and the *Pediatric Infectious Disease Journal*. He received his medical degree from the University of Manitoba and completed a Community Medicine (Preventive Medicine) Residency and a Master of Epidemiology at the University of Toronto.

Our Leadership



Dr. Philip Setel
Vice President
Civil Registration and
Vital Statistics

Dr. Philip Setel leads Vital Strategies' Civil Registration and Vital Statistics Program. He brings over 20 years of experience in designing, leading, implementing and supporting monitoring, learning and evaluation projects in the fields of epidemiology, demography and health care. He has a specific focus on methods for longitudinal measures of impact, including mortality and causes of death. His work has been used to inform the decisions, policies and strategies of donors, public health organizations and governments in countries around the globe, including India, Tanzania, Mozambique and Papua New Guinea. Before joining the Vital Strategies, Setel advised on evaluation of strategic plans and evaluation design for: the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNICEF; the William and Flora Hewlett Foundation; and the President's Emergency Plan for AIDS Relief (PEPFAR). He served in director and deputy director roles at the Bill & Melinda Gates Foundation, the University of North Carolina at Chapel Hill and Newcastle University. Setel holds a Ph.D in Medical Anthropology from Boston University.

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