



**GLOBAL HEALTH INNOVATIONS & ACTION FOUNDATION  
STRATEGY**

## **PROGRAM VISION AND STRATEGY**

**Vision:** A world where women in developing countries live longer, healthier lives.

**Mission:** To reduce morbidity and mortality among women in developing countries by strengthening health systems to deliver high-quality, comprehensive health services throughout a woman's life course.

### **Statement of Need**

The world reached a turning point for women's and children's health between 1990 and 2013. Yet, every year approximately 300,000 women die from complications of pregnancy and childbirth, and an estimated three million newborns die within the first month of life. Seventy-three countries, mostly from the developing world carry 96 percent of global maternal mortality, 91 percent of global stillbirths, and 93 percent of global neonatal deaths. Yet, these same countries have less than 42 percent of the world's midwives, nurses and physicians.<sup>1</sup> According to Countdown to 2015 Report for 2014, nutrition is a major building block for progress. The importance of ensuring good nutrition from adolescence through pregnancy and early childhood is being increasingly recognized as a priority for sustainable development.<sup>2</sup> Poor nutrition status harms a woman's own health and is a risk factor for intrauterine growth restriction and other poor obstetrical outcomes.<sup>3</sup> Nearly half of all deaths among children under age 5—or about 3 million deaths a year—are attributable to under-nutrition.<sup>4</sup>

Communicable diseases, particularly HIV, TB and malaria, remain major killers in Africa, and especially among women. Adolescents represent a key target especially with the latest report that HIV incidence in this group has increased by 50%. AIDS death is increasing in adolescents, especially among those who have been on treatment since birth. A new report released by UNICEF shows great progress has been made to prevent mother-to-child transmission of HIV, with more than 850,000 new childhood infections averted between 2005 and 2012 in low- and middle-income countries. However, the new 2013 Stocktaking Report on Children and AIDS raises the alarm on adolescents, citing the need for increased global and national efforts to address HIV and AIDS among this vulnerable age group. AIDS-related deaths amongst adolescents between the ages of 10 and 19 increased by 50 per cent between 2005 and 2012, rising from 71,000 to 110,000, in stark contrast to progress made in preventing mother-to-child transmission.<sup>5</sup> There were approximately 2.1 million adolescents living with HIV in 2012. There is need to redouble efforts in HIV. In addition, HIV is important in that it is intrinsically related to other non-communicable diseases such as cervical cancer.

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<sup>1</sup> The State of the World's Midwives 2014: <http://unfpa.org/public/home/pid/16021>

<sup>2</sup> The Lancet: Maternal and child under-nutrition series 2008; <http://www.thelancet.com/series/maternal-and-child-undernutrition>; 2013: <http://www.thelancet.com/series/maternal-and-child-nutrition>

<sup>3</sup> *The Lancet 2013: Maternal and child under-nutrition and overweight in low-income and middle-income countries*

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<sup>4</sup> The Lancet 2013: Ditto.

<sup>5</sup> UNICEF: Children and AIDS 2013: <http://www.childrenandaids.org/>

There is growing recognition that non-communicable diseases, including women's cancers, are a major, neglected health problem in developing countries. Indeed, non-communicable diseases are killing more women than HIV, TB, Malaria and maternal conditions combined.<sup>6</sup>

An estimated 500,000 women are diagnosed with cervical cancer every year, and some 270,000 die as a result, with about 85% of deaths occurring in developing countries. In most developed economies, widespread adoption of cytologic testing (e.g., Pap) has drastically reduced the burden of cervical cancer; in the United States, cervical cancer mortality fell by nearly 70% between 1955 and 1992. By 2030, an estimated 474,000 women will die per year from the disease, over 95% of which are expected to be in low- and middle-income countries (LMICs). In LMICs, a woman is approximately five times as likely to develop cervical cancer as a woman in the United States, while a woman in Malawi is 12 times as likely. HIV-positive women are four to five times more likely to develop cervical cancer than HIV-negative women due to their greater vulnerability to human papillomavirus (HPV) infection. Cervical cancer has surpassed maternal conditions as a cause of death for women.<sup>7</sup>

The irony is that, a simple, low-cost technology is now available to screen for cervical cancer using acetic acid (household vinegar) or Lugol's iodine and, if identified at an early stage, curative treatment relatively affordable using nitrogen or carbon dioxide in a single-visit approach can be provided. Application of this method in low-resource settings could reduce the incidence of cervical cancer by 26 percent.

In 2012, 1.7 million women were diagnosed with breast cancer, and half a million women died from the disease. But breast cancer is not only a disease of the rich. In fact, more than half (58%) of women who die from breast cancer live in poor countries, where the chances of survival can be as low as 20%. With weak health systems and limited access to early diagnosis and treatment, women in these countries are likely to be diagnosed only at a late stage of breast cancer—and in many settings, even access to supportive and palliative care is lacking. When it comes to breast cancer, where a woman lives can be a matter of life or death. This is simply unacceptable.

Early diagnosis and access to good quality, affordable and timely care are the cornerstones of breast cancer control. Some risk factors can be modified through information and advocacy, including unhealthy diets, physical inactivity and harmful use of alcohol. Despite the absence of sophisticated diagnostic and treatment equipment in some developing countries, health workers can be trained to educate women on breast self awareness, carry out clinical breast examination and refer women with abnormalities promptly, thus down-staging the disease.

Considering the triple-burden of diseases to which women are exposed, a comprehensive approach that allows strong partnership with national Governments to strengthen health systems and accelerate delivery of quality health services to the most vulnerable is a best-buy. Building knowledge and empowering women, girls and health care providers at pre-service and in-service levels will promote

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<sup>6</sup> "Global Health Estimates Summary Tables: Deaths by Cause, Age, and Sex," World Health Organization, Geneva, Switzerland, June 2013; "Global Health Estimates Summary Tables: Projection of Deaths by Cause, Age, and Sex," World Health Organization, Geneva, Switzerland, July 2013; Institute for Health Metrics and Evaluation (IHME), Financing for Global Health data visualization, <http://vizhub.healthdata.org/fgh/>; Institute for Health Metrics and Evaluation (IHME)

<sup>7</sup> "Global Health Estimates Summary Tables: Deaths by Cause, Age, and Sex," World Health Organization, Geneva, Switzerland, June 2013; "Global Health Estimates Summary Tables: Projection of Deaths by Cause, Age, and Sex," World Health Organization, Geneva, Switzerland, July 2013; Institute for Health Metrics and Evaluation (IHME), Financing for Global Health data visualization, <http://vizhub.healthdata.org/fgh/>; Institute for Health Metrics and Evaluation (IHME)

prevention, early detection and treatment of maternal conditions and diseases and improve health outcomes for women in the post-2015 sustainable development era.

### **GHIA-Foundation Long-Term Goals**

GHIA-Foundation will support selected developing countries to deliver quality essential health package including cervical and breast cancer screening and treatment, within a strengthened health system using the maternal health platform as an entry point.

By 2020, in countries where we work, we will support national governments to:

1. Raise public awareness and increase visibility of women's health;
2. Build midwifery capacity to reduce deaths from maternal conditions by 5% annually;
3. Reduce deaths from cervical cancer by promoting prevention, early detection, screening and treatment;
4. Increase capacity of health workers and empower them to screen for and treat cervical pre-cancer through training and equipment;
5. Increase capacity of health workers for clinical breast examination and empower them to promptly refer women with abnormalities;
6. Promote public-private partnerships between national governments and in-country stakeholders to strengthen health systems in support of women's health;
7. Increase adoption of innovative strategies and technologies including for maternal health, family planning, breast and cervical cancer for improved women's health.

### **Description of the Foundation**

Global Health Innovations and Action Foundation was established in 2013 to contribute to improved health outcomes in the Sustainable Development Era (post-2015 Millennium Development Goals) in developing countries. The Foundation envisions a world where women live longer and healthier lives. Its mission is to reduce morbidity and mortality among women in developing countries by strengthening health systems to deliver high quality, comprehensive health services when a woman accesses care.

GHIA-Foundation does this by supporting selected developing countries to deliver quality essential health package including cervical and breast cancer screening and treatment, within a strengthened health system using the maternal health platform as an entry point—beginning with sub-Saharan Africa. The Foundation is currently engaged in Liberia and Swaziland, but hopes to expand to other countries.

In Liberia, as part of the post-Ebola health systems strengthening and rebuilding strategy, GHIA-Foundation is providing technical assistance to build capacity for maternal health as a first step. It hopes to layer cervical and breast cancer screening and treatment to minimize missed opportunities for care.

In Swaziland, the Foundation is engaging with the Ministry of Health to help build capacity for improved cervical cancer screening and treatment as part of a comprehensive program of cervical cancer prevention and control and a strengthened health system.

## Guiding Principles:

The success and sustainability of GHIA-Foundation will be guided by the following principles:

1. *Country leadership and ownership:* GHIA-Foundation, working collaboratively with national governments and relevant stakeholders, will reinforce countries' capacity to design, lead, own, and account for their own policies and programs.
2. *Partnerships:* Cognizant of the fact that no single organization has all the necessary resources to impact health outcomes, GHIA-Foundation will build partnerships with public and private sector organizations in similar field and interest to support national Governments.
3. *Accountability:* Periodic progress reports to our funders and from the countries we support are critical to accountability. Applying an agreed framework, GHIA-Foundation will monitor all funds received and disbursed against results achieved within a specified timeframe.
4. *Sustainability:* Operating in an era of Sustainable Development, GHIA-Foundation will promote and scale-up sustainable models that take advantage of country-level resources, platforms, and partnerships.
5. *Evidence-based Approaches:* GHIA-Foundation will support countries to identify, implement, scale-up and document evidence-based approaches, including innovative technologies for improved women's health taking cognizance of the status of the national health systems.
6. *Health systems strengthening:* Central to GHIA-Foundation's partnerships with countries is local capacity strengthening at all levels of service delivery and for each component of women's health to enhance sustainable development.

## Intervention Strategies

1. *Develop/review national policies, strategies and programs for women's health to strengthen maternal health, cervical and breast cancer components:* GHIA-Foundation will provide expertise to support countries to review/develop national policies/programs on women's health to include non-communicable diseases such as breast and cervical cancer;
2. *Train and equip health workers on basic and comprehensive emergency obstetric and newborn care:* Leveraging existing platforms, such as in-service and pre-service institutions, GHIA-Foundation will support selected countries to build capacity for midwifery to increase access to quality antenatal, intra-partum and post-natal services at all levels of health care service;
3. *Train and equip health workers to screen and treat women for cervical pre-cancer using simple, low-cost methods.* Using existing platforms, such as in-service and pre-service institutions, GHIA-Foundation will provide experts to build health worker capacity in the public and private sectors to employ simple, fast, point-of-screening methods to detect and treat cervical pre-cancer. The methods will include visual inspection with acetic acid (VIA) and cryotherapy, which can be provided at virtually any health facility by a trained non-MD health worker, and loop electrosurgical excision procedure (LEEP) for bigger lesions, both of which are highly cost-effective. GHIA-Foundation will be sensitive to, and promote, new technologies that will enable rapid point-of-care testing and diagnosis for cervical cancer;
4. *Develop innovative approaches to reach adolescents with appropriate messaging and health programs:* GHIA-Foundation will partner with selected countries to leverage existing internal resources including mobile technology, social-media and other traditional methods to increase access to HPV vaccinations, HIV counseling and testing services and cervical cancer screening and treatment;

5. *Teach women about breast and cervical cancer and how to speak out and demand prevention and treatment services:* The Foundation will employ globally validated methods of advocacy training and behavior change to empower women to seek breast and cervical cancer services from clinical providers, teach their neighbors about breast and cervical cancer, and demand that local and national officials prioritize control of these cancers as an essential component of women's health package.
6. *Build strong partnerships for greater impact:* GHIA-Foundation will actively engage in partnerships building in an upstream manner beginning from group level to community, district, country, regional and global levels to maximize and enhance impact as well as take advantage of comparative advantage of each partner organization;
7. *Mobilize resources from governments, foundations, and corporations to support countries and GHIA-Foundation activities at all levels:* GHIA-Foundation will identify resource needs and mobilize funding from donors and governments to meet the agreed goals. Resource mobilization will be in the form of both financial support and in-kind donations. Financial resources will also be obtained through grants and RFPs/RFAs in collaboration with existing credible organizations.

## **Country Selection**

GHIA-Foundation will focus its activities in developing countries beginning with sub-Saharan Africa. Given that GHIA-Foundation aims to contribute to fast, measurable and tangible impacts in women's health in a sustainable development era, the Foundation will consider a number of factors related to leadership, infrastructure, national stability and security, and population characteristics when selecting countries for support. Priority will be given to Countdown to 2015 countries that are already being monitored and reported upon annually, but other countries will not be excluded. These factors include country leadership and demonstrated commitment to improving women's health including maternal conditions and breast and cervical cancer (essential), prioritization of maternal health, HIV or family planning services (very important), existing cancer prevention and treatment infrastructure (important), estimated maternal health, breast and cervical cancer data (very important), stability (very important), and population size (moderately important).

Additional selection criteria include: National government desires to engage with GHIA-Foundation; at least one facility in the country provides comprehensive cancer services; country fits GHIA-Foundation interests. These criteria will be subject to revision as the Foundation learns more lessons and documents experiences.

## **Phases and Milestones**

**Preparatory Phase:** This phase will consist of the following key activities:

- Registration of the Foundation in the United States and the Africa Headquarters (Liberia or South Africa or other);
- Constitution of the Board of Directors;
- Creation of the Foundation's legal documents such as the Bylaws and Governance Document;
- Plans for resource mobilization;
- Recruitment of key staff and creation of a Secretariat;
- Decision on the Foundation's strategic focus;
- Determination of the initial phase countries by the Foundation Board, based on agreed criteria;
- Identification of and engagement with potential partners: in-country, regional and global;
- Engaging with and Scoping Mission to initial countries;

- Identification of potential Foundation patrons/matrons and donors;
- Creation of a Foundation website; and
- Launching of the Foundation.

**Implementation Phase:** This phase assumes that all background steps that are needed to put the Foundation in a good stead as indicated in the preparatory phase have been carried out, and that implementation of activities can begin.

Key components include the following:

- Development of specific country plans in collaboration with the Ministry of Health and other partners based on the scoping mission reports;
- Development of reporting formats and indicators;
- Procurement of equipment and supplies;
- Development of proposals for funding;
- Regular Board meetings; and
- Periodic country visits.

GHIA-Foundation in collaboration with national Governments and in-country partners will identify regions/provinces/districts/facilities to begin implementation. Following documented success in the identified geographic area(s), plans will be made for scaling-up. GHIA-Foundation will consider scaling up in-country but also intercountry expanding the lessons learned to other countries of interest.

**Monitoring and Reporting Phase:** The activities carried out will be reported quarterly, using the agreed-upon reporting format and indicators. The report will consist of a technical narrative, activity data, as well as financial accountability of the program funds.

- Monthly calls/meetings with initial phase countries' implementers to review progress and address major issues;
- Quarterly reports will form the basis of progress reports to the Board and Foundation updates on the website.

**Evaluation Phase:** Evaluation is a critical part of the GHIA-Foundation approach, both to ensure accountability and to provide data that will inform expansion of the Foundation's support to developing countries. Measurable evaluation metrics will be finalized and an evaluation protocol will be developed and in place prior to implementation in any country. Quarterly reports will track major metrics as stated in Countdown Reports as well as the number of women screened and treated for cervical and breast cancer, number of girls vaccinated against HPV infection, and providers trained in emergency obstetric and newborn care as well as those trained in cervical and breast cancer screening and treatment. A report will be produced that synthesizes challenges and lessons learned from implementation to make sure that strengths are capitalized upon and pitfalls avoided during scale-up in existing countries and subsequent countries.

Ministry of Health and its partners will review each country program annually. At mid-term and end-term, depending on the duration of funding, external consultant and Foundation staff will evaluate progress. Review and evaluation reports will inform planning and replanning of the program and national scale-up

**Documentation of Lessons Learned and Best Practices:** The Foundation will document and share lessons learned and best practices with the Board, other stakeholders, donors and the public at large, including posting them on the Foundation website. Publication in peer-reviewed journals will be encouraged for wider dissemination, and for possible replication of such experiences by other countries.

### **Organization, Coordination, and Operating Oversight**

- **Board Role and Responsibilities:** the board of directors, which shall consist of at least three directors, shall manage The Foundation. Each director shall be at least eighteen years of age. The primary purpose of the Board of Directors (Board) is to further the Principles and to oversee the organization to fulfill the vision of the GHIA-Foundation. The Board shall be responsible for the strategic direction and fiduciary operations of the GHIA-Foundation
- **Board Composition:** There will be at least three Board Members; and the number can be increased by Board decision. The Board will be composed of credible individuals with expertise and experience in the following: various aspects of global health including women's health, business, administration, government and non-governmental organizations, private, foundation and corporate sectors, academia and research.
- Subject to legal or ethical constraints, individuals shall serve on the Board in their personal capacities and must adhere to high standards of professional competence and collaboration and demonstrate leadership in the pursuit of freedom of expression and privacy. Because of its strong beliefs in high moral standards based on traditional values, the organization reserves the right to expect all of its officers and directors to maintain high moral standards and social values that do not conflict with traditional spiritual morals.

**Responsibilities:** The Board of Directors has an overall responsibility to oversee the operations of the GHIA-Foundation ensuring the Foundation meets its mission and objectives. The specific role of the Board is as follows:

- Set, monitor and, as necessary, revise the Global Governance Foundation's strategy/mission
- Hire, set compensation for and evaluate the performance of the Foundation's President based on the established terms of reference and within the framework of Good Governance procedures
- Ensure that the GHIA-Foundation has adequate resources to achieve its objectives
- Ensure the established Good Governance principles and values conform to the established ethical standards of the GHIA-Foundation code of conduct
- Approve major operational policies, initiatives, programs and grants
- Evaluate the Good Governance Foundation's success and oversee improvement in order to enhance impact
- Exercise fiduciary responsibility for the GHIA-Foundation

- Oversee Foundation assets, including investments as may be required
- Approve the GHIA-Foundation annual budget
- Ensure that adequate internal controls are in place within the GHIA-Foundation and ensure periodic financial statement audits are completed satisfactorily
- **BOARD TERMS:** Each board member shall be elected for two years in the first instance, renewable for a maximum of three terms unless the member resigns or is removed.

The Board will select an independent Chair by super-majority vote. The Chair can be selected from among or outside of the Board membership. The Chair shall have the right to vote. First Vice Chair and Second Vice Chair shall support the Chair and either of them may be required to preside over proceeding of meetings as appropriate. The Chair will serve for a five-year term; while First and Second Vice Chairs will serve a three-year term each. Following the completion of their terms, the Chair and Vice Chairs may remain as Board members and/or hold other offices on committees as the Board may decide.

- **Board Participation:** Members of the Board must be active participants in GHIA-Foundation meetings, activities, events, and work streams, and must regularly promote the objectives and goals of the GHIA-Foundation with non-participants. Any member that is absent at three consecutive Board calls without apologies will lose Board membership.
- **Appointment of President and Vice President:** Unless otherwise provided for in the certificate of incorporation, the board may elect or appoint a president, one or more vice-presidents, a secretary and a treasurer, and such other officers as it may determine who shall have such duties, powers and functions as herein after provided. All officers shall be elected or appointed to hold office until the meeting of the board. Each officer shall hold office for the term for which s/he is elected or appointed and until his successor has been elected or appointed and qualified.
- **President:** The President shall be the chief executive officer of the GHIA- Foundation; he/she shall preside at all meetings of the members of staff; he/she shall have the general management of the affairs of the GHIA- Foundation and shall see that all orders and resolutions of the board are carried out into effect.
- **Vice President:** During the absence or disability of the President, the Vice President or if there are more than one, the executive Vice President, shall have all the powers and functions of the president. Each Vice President shall perform such other duties, as the board shall prescribe.
- **Treasurer:** the Treasurer shall have the care and custody of all the funds and securities of GHIA-Foundation, and shall deposit said funds in the name of the GHIA-Foundation in such banks or trust companies as the directors may elect; he/she shall when duly authorized by the Board of Directors sign and execute all contracts in the name of the GHIA- Foundation when counter-signed by the President; he/she shall also sign all checks, drafts, notes and orders for the payment of money which shall be authorized by Board of Directors and counter-signed by the President; he/she shall at all reasonable times exhibit his/her books and account to any director or member of GHIA-Foundation during ordinary business hours. At the end of each GHIA-Foundation year, he/she shall have an audit of the accounts made by a committee appointed by the President and

shall present such audit in writing at the annual meeting of the Board at which time he/ she shall also present an annual report setting forth in full the financial condition of the GHIA-Foundation.

- **Assistant Treasurer:** during the absence or disability of the Treasurer, the assistant treasurer or if there are more than one, the one who is designated by the Secretary or by the Board shall have the powers and functions of the treasurer.
- **Secretary:** the Secretary shall keep the minutes of the Board of Directors and the names of the members. He/she shall have the custody of the seal of the GHIA-Foundation and shall affix and attest the same to documents when duly authorized by the Board of Directors. He/she shall attend to the giving or serving of all notices of GHIA-Foundation, and shall have charge of such books and papers as the Board of Directors may assign to him/her; he/she shall perform all duties incidental to his/her office. He/she shall keep membership role containing the names, alphabetically arranged of all persons who are members of the GHIA-Foundation, showing their places of residence and the time when they become members.
- **Assistant Secretary:** During the absence or disability of the Secretary, the Assistant Secretary or if there are more than one, the one so designated by the Secretary or by the Board shall have all the powers and functions of the Secretary.

# Global Health Innovations & Action Foundation Organizational Structure

