

Adapting for Impact



2025
Annual Report



From Our CEO & Board Chair



Tim Allen
Chair, Board of Directors



Cristine Betters
President & CEO

Dear friends and colleagues,

2025 was marked by profound disruption for nonprofit organizations, and, more importantly, for the communities and partners that they serve. In the U.S., historic changes to Medicaid reimbursement rates have created uncertainty across health systems and threatened continuity of care for vulnerable populations, especially those in rural areas. Internationally, the dissolution of USAID led to significant funding disruptions across the global health sector.

Despite these challenges, MCD Global Health (MCD) remained steadfast in its mission. Thanks to the resilience of our staff, the strength of our partnerships, and our diversified funding base, we continued delivering critical services to communities in the U.S. and around the world. MCD programs continued producing measurable results despite interruptions and uncertainty.

In our work this past year, our teams embraced innovation, technology, and new service delivery models to overcome challenges. For example, in Maine, portable telehealth kits delivered by boat connected residents of unbridged island communities to essential healthcare services that would have otherwise been difficult to access. In Equatorial Guinea, a WhatsApp-based, AI chatbot expanded two-way access to reliable health information, helping communities receive timely guidance and support through a familiar and accessible platform. These efforts demonstrate our commitment to designing solutions that are practical, scalable, and responsive.

At the same time, we remained focused on strengthening the systems and workforce capacities needed to sustain progress over time. In both the U.S. and internationally, a throughline in our work is the belief that lasting impact comes not from short-term outputs alone, but from

investing in durable institutions, local leadership, and frontline health workers. For example, our Screening for All project created a model to address systemic barriers to preventive care for patients with disabilities in the U.S.

Additionally, despite a U.S. government stop-work order and major logistical challenges, our Malaria Capacity Strengthening Program in Mozambique adapted its integrated supervision approach using data-driven prioritization and remote support. Such actions helped sustain high-quality malaria case management and data reporting in the country's highest-burden areas.

These investments in people, systems, and innovation are laying the foundation for more resilient health systems capable of withstanding future challenges. As we look ahead, MCD is focused on solutions that are locally driven, technologically enabled, and built to last. These accomplishments are a testament to our teams and partners who adapted quickly and never lost sight of the needs of the people we serve. This is how progress continues and how impact endures.

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Expanding Access to Health Information Through Mobile Technology

Innovative technology transforming national health

Reaching communities with timely health information has long been a challenge on Bioko Island, Equatorial Guinea. Limited internet connectivity and access to resources can delay important public health messaging, leaving residents without information on prevention campaigns or reliable answers to health questions.

In June 2025, the Ministry of Health and Social Welfare (MOHSW) officially launched Guinea Salud, an AI-powered, WhatsApp chatbot developed by MCD Global Health's Bioko Island Malaria Elimination Project (BIMEP). The launch marks the first initiative of its kind in Equatorial Guinea.

“Today, we take an important step in the digital transformation of the health system in Equatorial Guinea,” said the Vice Minister of Health, Dr. Antonio Martin Elo Elo. “This tool will allow citizens to access reliable information about diseases and health processes immediately and simply.”

The chatbot creates a two-way communication channel between the health system and community. Residents can interact with the platform any time by messaging the Guinea Salud WhatsApp contact. Currently in its pilot phase, it sends information about the national immunization program, including available vaccines, vaccination schedules, and points of care. The MOHSW plans to progressively expand content and functionality based on user feedback.

A surveyor interviews a mother prior to testing her and her child for malaria. If they test positive, they will both get free treatment, and the chatbot will follow up with messaging about completing the treatment.

The chatbot can also send targeted messages to specific populations based on data from the BIMEP's Campaign Information Management System, a spatial database hosting data from every field intervention implemented on the island.

These types of events include:

- Notifying households when indoor residual spraying teams will visit their community;
- Sending antenatal care reminders to pregnant women;
- Following up on bed-net use after distribution campaigns; and
- Sending reminders to patients to complete prescribed antimalarial treatment.

In addition, the chatbot automatically generates information from such interactions, helping program staff track community input and analyze trends.

By building it under the Guinea Salud brand, the chatbot is designed to serve health programs beyond malaria, supporting communication across MOHSW workflows.

Lowest Malaria Transmission in Project History on Bioko Island

Malaria prevalence on Bioko Island, Equatorial Guinea, has fallen to an overall historic low of 7.4% in the general population in 2025, thanks to efforts from MCD Global Health's Bioko Island Malaria Elimination Project (BIMEP) and its partners and funders.

Data from the 2025 Malaria Indicator Survey (MIS) also revealed that malaria prevalence for children under 5 had decreased to 3.1%, a significant improvement since 2004 when malaria prevention interventions were scaled up on the island. For pregnant women, prevalence was measured at 6.4%, substantially lower than the 35% to 42% malaria prevalence in pregnancy reported for the region in the World Health Organization's 2025 World Malaria Report.

The MIS measures key metrics, including malaria prevention, treatment, and knowledge about malaria apart from its prevalence.

"Malaria prevalence on Bioko Island has reached historic lows, particularly among the children who are most vulnerable to it. We have watched this island change since 2004 and know how hard it is to hold that trajectory," said Guillermo García, MCD's director of International Programs.

One vital prevention activity is indoor residual spraying (IRS), which has been conducted annually on the island since 2004. This involves going to most communities and spraying the inside of buildings to decrease malaria transmission.

Such a historic feat wasn't easy or done overnight. It involved an array of data-



A sprayer conducts IRS, coating walls inside of a home on Bioko Island with insecticide to decrease the indoor mosquito population and prevent malaria transmission.

driven strategies over years of planning, refining, and implementation.

"The answer isn't to do more of the same, so we're bringing in new tools and approaches, interpreting the evidence to know where to act and when to adapt," Guillermo said. "That's a rare position to be in, and we are proud to continue serving Equatorial Guinea on its path to malaria elimination."

An Award-Winning Partnership

In 2025, MCD's Bioko Island Malaria Elimination Project received the Corporate Social Responsibility (CSR) Project of the Year Award at Africa Energy Week.



Scan the QR code to learn more.

Ten Years of Prevention, Built to Last

Lincoln County,
Maine

In 2014, community partners in Lincoln County, Maine, saw a troubling signal: too many high school students reported recent alcohol and cannabis use. The data in hand felt urgent: nearly 25% of local high school students reported past-30-day alcohol use, and nearly 23% reported past-30-day cannabis use. The bigger concern ran deeper than any one number: what young people believed was 'normal,' what adults assumed was inevitable, and how easy it was for teens to get substances in the first place.

That year, Healthy Lincoln County (HLC) helped launch the Substance Use Prevention Partnership (SUPP) to shift community norms in Lincoln County around youth substance use through a coordinated, evidence-based approach. With support from the federal Drug-Free Communities (DFC) grant beginning in 2015, the coalition became a steady table where schools, youth-serving organizations, healthcare, recovery partners, and the Lincoln County Sheriff's Office (LCSO) could align efforts.

As HLC Coalition Coordinator Will Matteson put it: "The partners knew that a community-wide response was required to change norms and increase collaboration around efforts to reduce and prevent substance use."

SUPP's work was never just a single campaign; it combined education for youth and adults with environmental changes, such as safe storage for prescription medications and practical prevention strategies that reduce access. The coalition worked with retailers to strengthen best practices, support clear signage and policies, and remain responsive as the world changed: emerging science, the opioid crisis, and then COVID-19.

"Prevention is about changing systems and cultures, and that takes time," Will said. "Success is often measured over years rather than weeks or months."

In 2025, as the DFC grant period closed, the new Maine Integrated Youth Health Survey (MIYHS) results offered a rare, full-circle view of progress. Past-30-day alcohol use

Paper cranes folded by community members in remembrance of loved ones lost to overdose during a 2023 anti-stigma event.



Coalition partners from HLC and MaineHealth Lincoln Hospital's Community Health team implement CATCH My Breath for middle schoolers in Wiscasset.



HLC's Will Matteson provides naloxone education as part of a Youth Mental Health First Aid Training.

among Lincoln County high school students fell from 24.9% (2013) to 15.6% (2025), and past-30-day cannabis use dropped from 22.8% to 13.1% during the same period.

Perceptions shifted, too: the share of students saying there is “little or no risk” from regular alcohol use decreased from 45.5% to 32%. Across many indicators, change moved in the right direction by roughly 10 percentage points, about one point per year of steady, community-led work.

The final year of DFC funding didn't feel like an ending because the coalition was still there; however, it did raise some important questions: which efforts were built to last? One standout was the Responsible Beverage Seller (RBS) training, an education program for alcohol retailers that supports safety and helps prevent underage access. “It is an incredibly important prevention strategy, but it is not a one-time job,” Will said.

In 2025, HLC worked to ensure that RBS would continue through Maine Prevention Network (MPN) funding, and the long-standing partnership with the LCSO provided the backbone to keep the program moving forward even without DFC support.

Another durable success is youth leadership itself. DFC funding helped create a Youth Engagement Coordinator position and, in turn, the Lincoln County Youth Advisory Board (LCYAB), a youth-led offshoot of the coalition that has met regularly since 2024 to connect students from across the county.

LCYAB members strengthened “Sticker Shock” efforts, sharing evidence-based prevention messages through public services announcements and social media. They also began production on a podcast to bring deeper prevention and mental health promotion messages into the community. With returning participants and new leaders still in their early high school years, the group is poised to keep shaping healthier norms for the foreseeable future.

The data also keeps the coalition honest about what's next: some youth perceptions, especially around parent approval, have moved in the wrong direction, and too many students still report that alcohol is easily accessible. But SUPP enters this next chapter with tested staying power:

- Partners continue meeting regularly,
- Regional alignment through the MPN is growing across the region,
- Opioid settlement funds are expanding secondary and overdose prevention, and
- The STOP Act funding will sustain youth engagement in the year ahead.

The DFC grant may be over, but the relationships, leadership, and results it helped build have turned prevention into a community practice, one that Lincoln County is ready to carry forward, year after year.

Seasonal Malaria Chemoprevention Alleviates Malaria Burden on Children

Every small action counts toward preventing malaria



Djamila Abdou and her three children.

In Niger, malaria is endemic, accounting for 3% of global malaria cases, 5.8% of global deaths due to malaria, and 6% of malaria cases in West Africa, according to the World Health Organization's 2025 World Malaria Report.

One lifesaving intervention is the highly effective, safe, and cost-effective seasonal malaria chemoprevention (SMC) strategy, which involves administering antimalarial drugs to children at 28-day cycles during the peak malaria transmission season to prevent illness and death.

MCD Global Health (MCD) is part of a consortium, led by Palladium, that was awarded the five-year Advancing Health and Malaria Services Program in Niger (AHMS Niger), which aims to increase the coverage and use of malaria interventions.

A stop-work order was enacted by the U.S. government in early 2025, but work was restarted a few months later. Once reinstated, the AHMS Niger team redirected all efforts to support the lifesaving SMC campaign.

The SMC campaign involved a four-day distribution of Sulfadoxine-Pyrimethamine + Amodiaquine (SP+AQ) to children aged 3 to 59 months across 18 districts in Dosso and Tahoua. These efforts resulted in a 94.5% coverage rate for children in those districts.

Typically, in Niger, women are tasked with maintaining the health and well-

being of their families, especially children. SMC helps empower mothers to protect their children from malaria.

In June 2025, Djamilia Abdou, a mother of three, visited her sister Mariam, who lives in the village of Follakam. During the visit, Djamilia shared her concern about malaria, a constant threat to her children's health, especially during the rainy season when they often fall ill.

Mariam shared with her sister that every year, teams come to the village to distribute medicines to prevent malaria in children.

"I am the guardian of the health of my three young children, and I'm committed to taking my children to the distributors at every round from now on," said Djamilia. "I'm relieved to see that my children didn't experience any major side effects. I'm looking forward to giving them the next doses during the upcoming rounds."

By reaching thousands of children during peak transmission months, the campaign has significantly reduced preventable illness and deaths and meeting the needs of mothers, like Djamilia. The campaign also reinforced Niger's commitment to accelerating progress toward malaria control and protecting its most vulnerable populations.

Community Health Worker Apprenticeship Program Strengthens Workforce

Maine CHWs improve their skills through certified program

Maine's need for a skilled and supported community health worker (CHW) workforce continues to grow, particularly in rural and underserved communities where access to care and workforce shortages are ongoing challenges.

As a recognized workforce with nationally defined competencies, CHWs are integrated across community-based organizations, healthcare teams, and public health initiatives to address social drivers of health and strengthen service delivery. They build trust and navigate systems, improving how care is delivered.

MCD Global Health (MCD) leads the training and advancement of the CHW profession in Maine, and beyond, through specialized programs. One such program is the Maine CHW Apprenticeship Program, implemented through a grant from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and certified by the Maine Department of Labor.

Through this program, employers are supported in developing highly skilled CHWs by combining structured training, mentorship, and on-the-job learning. This model strengthens workforce capacity within organizations while providing CHWs the opportunity to not only strengthen their skills but advance their careers with a nationally recognized certificate.

Since 2023, when the apprenticeship program began, eight Maine-based organizations have hosted CHW apprentices, and 42 CHWs have gone through the apprenticeship program. This demonstrates a growing, supported workforce with clear pathways for advancement.



In Her Own Words

I began the MCD CHW Core Competency training while working at the INSPIRE Community Recovery Center as the activities coordinator.

Being passionate about supporting community members, I wanted to strengthen my skills and knowledge to better serve individuals navigating recovery and other life challenges.

The MCD CHW Apprenticeship Program provided me with valuable education, mentorship, and hands-on learning opportunities that directly supported my work.

I gained professional development, confidence, and a deeper understanding of the CHW role. The experience helped me grow both personally and professionally by strengthening my communication skills, improving my understanding of community resources, and reinforcing the importance of meeting people where they are at.

These experiences gave me the confidence to apply for an open position at INSPIRE. During my apprenticeship, I was offered the role of center manager at INSPIRE. Stepping into this new leadership role was a meaningful milestone in my career, and the apprenticeship played a significant role in preparing me for it.

I am incredibly grateful for the apprenticeship program and training. This experience has strengthened my commitment to community health and recovery support and helped me grow into a role where I can support both staff and community members in meaningful ways.

— **Amber Kennedy**, participant in MCD's CHW Core Competency Training and Apprenticeship Program

A person is working at a desk. In the background, there is a laptop displaying a colorful dashboard. The desk is covered with various documents, including one with a green 'CPN' logo and another with the USAID logo. The person's hands are visible, holding a pen and looking at a document.

Overcoming Challenges to Maintain Malaria Health Services

Adapting integrated supervision during unprecedented times

Mozambique In 2025, MCD Global Health (MCD)'s Malaria Capacity Strengthening (MCAPS) Program in Mozambique was affected by the U.S. government stop-work order, resulting in reduced funding and significant operational challenges.

Alarm bells rang. With Mozambique among the five countries accounting for nearly half of all global malaria cases, according to the World Health Organization's 2025 World Malaria Report, the MCAPS team rapidly adapted its approach, prioritizing flexibility, data-driven decision making, and collaboration to maintain lifesaving services where it was needed most.

A core MCAPS strategy is integrated supervision, which includes training, coaching, and mentoring of health workers. In response to constraints, the team shifted from visiting all facilities to focusing on districts with a higher burden of disease and lower-performing health facilities. Supervision combined targeted in-person visits with phone-based follow-ups, allowing health workers to continue receiving guidance and mentorship even when travel was limited or resources constrained.

Using Data to Prioritize

Key indicators, including malaria cases, severe cases, and malaria-related deaths, were used to prioritize districts and facilities. Supervision data on adherence to testing, treatment, and reporting protocols further identified facilities most in need of support. This approach ensured that limited resources were focused on where they could have the greatest impact.

The team experienced frequent logistical challenges. For example, heavy rain often blocked roads, making in-person visits difficult or impossible. Phone-based follow-ups complemented on-site supervision, enabling continuous support despite travel barriers. Additional constraints, including funding limitations, elections, and staff availability, required careful coordination among MCAPS technical teams, provincial and district staff, and monitoring and evaluation teams to determine where and how support could be delivered.

This collaborative adaptation proved effective. By combining data-driven prioritization with flexible planning and remote support, MCAPS maintained supervision and mentorship despite significant disruptions. Focusing on high-burden areas and underperforming facilities allowed the program to use reduced resources efficiently while sustaining service quality.

Impacts of Adaptation

Despite fewer supervision visits, outcomes remained strong. About 80% of health workers correctly followed malaria case management steps; nearly 80% performed rapid diagnostic tests correctly; and more than 75% prescribed appropriate treatment. Identified gaps, such as managing complex cases and caring for pregnant women, were addressed through targeted mentoring. Ten laboratories

received technical assistance to strengthen testing quality and standard procedures.

Data quality has also improved. Reporting completeness and timeliness exceeded 99% across all three project provinces, and 92 district-level and two provincial-level data review meetings used malaria data to guide decisions on service delivery and resource allocation.

These adaptations helped sustain quality care for patients and families in a challenging, resource-constrained context. Providers remained supported in clinical decision making, reducing errors in diagnosis, treatment, and reporting. Looking ahead, MCAPS will resume integrated supervision with a more targeted, data-informed approach to maximize impact with smaller teams.

MCAPS staff providing technical support at the health facility level during an integrated supervision visit in Mozambique.



Screening for All: Advancing Disability-inclusive Preventive Care

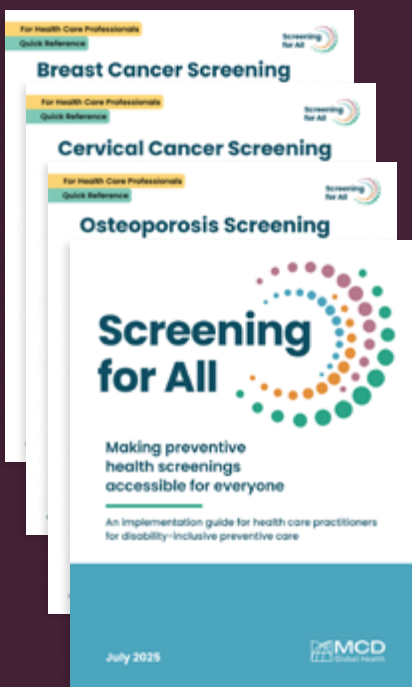
United States

Preventive health screenings save lives, but for millions of people with disabilities in the U.S., they remain difficult or impossible to access. Physical barriers, communication challenges, inaccessible equipment, and gaps in provider guidance continue to limit participation in routine screenings that detect disease early and improve long-term health outcomes.

In response to this gap, MCD Global Health (MCD) launched Screening for All, a multiyear initiative designed to make preventive health screenings more accessible, inclusive, and effective for people with disabilities. Supported by the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, the project addresses a critical gap in the health system: **clinical screening guidelines rarely account for disability related access needs or accommodations.**

Throughout 2025, the Screening for All team worked alongside people with disabilities, caregivers, clinicians, and subject-matter experts to develop practical, evidence based tools that can be used in real world healthcare settings. Guided by the principle, 'nothing about us without us,' individuals with lived disability experience served as advisors throughout the project to identify barriers, shape recommendations, and ensure resources reflect everyday realities faced by patients and providers alike.

The result was a suite of 21 free resources to support both sides of the care experience: empowering patients to advocate for accessible care while equipping healthcare teams with clear, actionable guidance. For clinicians, these resources included an implementation guide, practice



Cover pages of some of the Screening for All resources that were produced.

considerations for specific screenings, and intake and accommodation checklists.

For patients with disabilities, there are health education tools, such as screening timelines and patient guides for four types of screenings. These resources are housed on a dedicated Screening for All website, designed from the outset for dissemination and scaling.

The project demonstrated resilience and adaptability. During periods of limited guidance from the funder, the team strengthened internal review processes, refined scope, and maintained momentum, ensuring alignment with evidence, funding requirements, and stakeholder input. By the end of the project period, Screening for All was well-positioned for dissemination and sustainability, earning strong interest from the funder to support a second year of work.

As MCD looks ahead, Screening for All represents more than a collection of tools. It is a scalable model for disability-inclusive preventive care; one that centers access, partnership, and practical solutions to improve health outcomes for all.

A Deaf Black man holds a sign that reads, “NOTHING about us without US.” Credit: Disabled And Here.



“Before I did this project, I would have loved to have the information that I know now. These resources make it easier for us to find the screenings that we need and to understand the information that we are given about screenings. I learned the age when I’m supposed to get each screening and what accommodations I can ask for.

**— Latisha Brown,
Member of Technical Advisory Group**



Scan the QR code to visit the Screening for All website at mcd.org/screening-for-all.

This program is supported by the U.S. CDC of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$974,773.00 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Ensuring Lifesaving Health Supplies Are Always Available

Successful supply chain management project made possible thanks to partnership between U.S. and Equatorial Guinea

Equatorial Guinea

Effective supply chain management is crucial in global health and ensures that lifesaving health supplies are available and reach those in need.

In Equatorial Guinea, many people would visit health facilities only to find necessary medicines or diagnostic tools were unavailable due to continuous medical supply shortages.

But since MCD Global Health (MCD)'s Goodwill Fund (GWF) project in Equatorial Guinea started in 2021, the national health supply chain has been strengthened, ensuring reliable access to essential medicines, reproductive health supplies, and tools to diagnose and treat HIV, tuberculosis, and malaria across the country.

In 2025, the project concluded, leading to:

- Improved access to essential and specialty medicines nationwide,
- A functional storage and distribution system reaching health facilities across all 19 health districts,
- A trained supply chain workforce with a strong culture of accountability, and
- Transferred systems and tools to the Ministry of Health and Social Welfare (MOHSW) for continued improvement.



Antonio Roca presenting the project's conclusion.

To commemorate the project's achievements and the strong partnership, U.S. Ambassador to Equatorial Guinea, David Gilmour, attended the project's close-out event, underscoring the importance of sustained U.S.–Equatorial Guinea collaboration in advancing public health outcomes.

“We’ve set up the system. It’s in place. Every facility that we’ve delivered supplies to has the stock management tools and knows how to use them,” said Antonio Roca, field coordinator of the GWF. “We’ve trained them, continued to carry out periodic supervisions, and reported the findings to the MOHSW. If this system continues to be upheld when the project is completed, then we would have solved some issues in the health system.”

The partnership with the U.S. Embassy was instrumental in achieving zero stockouts of essential supplies and establishing sustainable supply chain systems. In addition to technical and financial support, the embassy’s engagement provided critical diplomatic leadership, helping to create a strong model for future development cooperation.

Funded with more than \$6.3 million from the U.S. government and the Government of Equatorial Guinea, the project reached all health districts nationwide.



From left to right: Andrew Partin, economic and government affairs officer at the U.S. Embassy; Guillermo García, director of MCD’s International Programs; David Gilmour, U.S. ambassador to Equatorial Guinea; Cristine Better, MCD’s CEO and president; Wonder Philip Phiri, MCD’s Equatorial Guinea country director; and Antonio Roca, GWF project coordinator.

“We know it’s not just a matter of getting medicines to the population; it’s about getting safe medicines to the population,” Antonio explained. With systems now fully integrated into the national health infrastructure, the project’s legacy will continue supporting uninterrupted access to lifesaving medicines and strengthening Equatorial Guinea’s health system for years to come.



From Measurement to Outcomes

Hands-on training improves blood pressure care

United States High blood pressure is one of the most common and most preventable drivers of heart disease. Yet it often goes undetected, and when blood pressure is measured inaccurately, patients can be missed or mismanaged. Solving this issue requires a workforce that is confident, consistent, and equipped to deliver accurate measurement and practical, evidence-based education in every setting.

MCD Global Health (MCD)'s Detection and Management of High Blood Pressure training program strengthens frontline capacity by combining hands-on measurement practice with clear clinical guidance and patient-centered education. Built to adapt as evidence evolves, the curriculum incorporates current recommendations from the American Heart Association (AHA) and the American College of Cardiology (ACC) and can be tailored to the roles, workflows, and community needs of participating teams.

That adaptability was critical as public health agencies rebuilt and onboarded new staff following the height of the COVID-19 pandemic. At the request of the Massachusetts Department of Public Health, MCD resumed in-person training in 2022 and has returned repeatedly, partnering with state and local leaders to provide customized trainings aligned with public health priorities and annual competency expectations.

In 2025, MCD delivered a comprehensive training for local public health nurses, designed for field-based measurement, rapid orientation of newly hired staff, and reinforcement of core skills. Subject-matter experts contributed specialized content, including pediatric hypertension and community-based screening best practices. Across the sessions, 56 nurses participated, expanding the state's capacity to deliver accurate, standardized blood pressure screening where people live and receive care.

MCD's Jodi Beck speaking to training participants about accurately measuring blood pressure during an in-person training event.

Participant feedback underscored both quality and relevance. As one nurse shared, “Having been a registered nurse for more than 30 years, this training was amazing, and I learned things that I never knew previously.”

Beyond Massachusetts, MCD also delivered hypertension detection and management training for registered nurses, licensed practical nurses, community health workers, and pharmacy technicians in Nebraska and Maine.

To support retention and professional growth, MCD completed the application process for the American Public Health Association continuing education credits, which were approved and awarded for multiple trainings in 2025. MCD also incorporated updated AHA/ACC hypertension guidance released in August 2025.

The impact was measurable. Pre- and post-training assessments showed knowledge gains for most learners, with many improving scores by 20% to 50%, showing that the program builds essential competencies for accurate blood pressure measurement and hypertension management.

By delivering high-quality training that can scale across roles and settings, MCD is helping communities strengthen a resilient, adaptable workforce, ready to meet the moment in preventing cardiovascular disease.



Jodi Beck wears a blood pressure monitor while instructing a participant on how to correctly take a reading.

Leaving No Woman Behind

Increasing awareness and quality care for cervical cancer

Equatorial Guinea

In 2025, MCD Global Health's Cervical Cancer Screening and Treatment (CCST) project embarked on one of its most ambitious years yet in heightening awareness and delivering uncompromising quality care to women across Equatorial Guinea.

The year began with a bold target: consultation rooms were tasked with screening at least 4,000 women for cervical lesions, a goal that set the tone for rigorous planning, coordination, and service delivery throughout the year. The data-driven approach embedded in program planning ensured that resources were allocated where they were needed most, and that every screening campaign was backed by evidence.

To ensure that every participating health worker was equipped with the right knowledge and tools, the project team undertook a thorough revision of training materials. These updates culminated in a comprehensive project technical manual on cervical cancer prevention, designed to standardize quality and strengthen clinical capacity.



As the year progressed, the team implemented the screening activity as planned, periodically leveraging dynamic outreach to both urban and peripheral health facilities. A nationwide cervical cancer prevention campaign was done, allowing health workers to reach vast numbers of women, all while benefitting from supervisors on-field support.



CCST Coordinator Carolina Amadou and consultation room staff participating in screening as part of a practical training.

Over a three-week period between October and November, 1,234 women were screened through this effort alone. Women were screened in health districts outside the locations where the project typically conducts these campaigns, like Annobón and Nsok Nsomo. The purpose was to bridge gaps in access and reaffirm the project’s unwavering commitment to leaving no woman behind. The massive turnout of women also highlighted the power of strategic mobilization.

“Our effort against cervical cancer goes beyond numbers; it is an expression of commitment to leaving no woman behind ... by duty, by right,” said Antonio Roca, the CCST project coordinator.

The CCST project demonstrated that when awareness and quality care move hand in hand, results on the ground are positive. The year stands as a testament to teamwork and commitment to service with the goal of continuously of bringing lifesaving health services to the women who need them most.

A group of women pose with the CCST team and National Reproductive Health staff in front of the Mbini District Hospital during the nationwide campaign.

Surpassing Our Goal

By the end of 2025, **4,336** women were screened for cervical cancer.

68% were screened directly in consultation rooms in health facilities.

32% were screened through community outreach campaigns.



Improving Access to Care in Maine

Using portable telehealth kits to reach island residents

Maine In rural Maine, residents face many obstacles when accessing healthcare, such as shortages of healthcare providers and long waiting times to see a provider in person. Leaving one's local community for care results in higher costs from transportation and overnight trips as well as lost time from work or school. Along with these challenges, there's also harsh weather, caregiving responsibilities, and a lack of public transportation.

Telehealth is a helpful tool for addressing patient challenges; however, it may not be available in rural or underserved communities. Many people in Maine still lack access to adequate broadband service, up-to-date technology, or confidence in navigating digital platforms.

There are many efforts across the state to improve access to high-speed internet and teach digital literacy skills, but nonmedical, community-based organizations, such as libraries and community residential facilities, have emerged as partners in creating new telehealth access opportunities.

Since 2023, MCD Global Health (MCD) has worked with organizations to design and implement 94 telehealth access points (TAPs), a public space with reliable internet and a device, like a laptop or tablet, with a camera and microphone that community members can use to connect with healthcare providers. Some TAPs also have medical diagnostic tools, such as a blood pressure monitor or digital stethoscope.

SUNBEAM
NORTHEAST HARBOR ME

*The Sunbeam nurse checking a person's ears
with an otoscope connected to a laptop.*



Taking Telehealth to Islanders

For those who live year-round on one of Maine's 15 unbridged coastal islands, traveling to the mainland for in-person care is difficult and may require coordinating a ferry schedule that results in a multiday trip off island. MCD's community partner, the Maine Seacoast Mission, a nonprofit based in Downeast and coastal Maine, brings vital healthcare services to islanders from their floating community center: the 74-foot *Sunbeam* boat.

Over 90% of year-round island residents visited by the *Sunbeam* depend on one or more of the Mission's programs. Staff aboard the *Sunbeam* include a nurse, who helps island residents navigate healthcare services and coordinate care with mainland providers. Since 2001, the Mission has facilitated telehealth in a private clinic space aboard the boat while docked at island communities. The Mission also placed 'land-based' telehealth equipment on three islands that were less accessible by the *Sunbeam*.

In 2025, MCD and the Mission expanded a partnership with a Federally Qualified Health Center, a Critical Access Hospital, and four health systems along Maine's coast that provide primary care services to island communities. Together, they form the Seacoast Care Collaborative with a goal to implement technology-based solutions to improve access to care on the islands. The project's priority was to launch strategically placed TAPs at island community sites that can be used in a private space or that residents can bring home. They can also be remotely supported by the Mission and its staff.

A year-long effort focused on creating a solution that meets the demands of island life and clinical needs of residents while also ensuring compatibility with healthcare partners' technology systems. This effort resulted in the development of five portable telehealth backpack kits that can be easily moved across each island.

Three kits are fully equipped with clinical peripheral devices, including digital stethoscopes, otoscopes, and examination cameras. Two simpler kits were designed around a tablet on a stand with audio equipment to enable video appointments from home. All kits also include a blood pressure monitor, thermometer, and pulse oximeter. Additionally, wrap-around resources, including education materials to introduce the kits to island residents and raise awareness with clinicians, are also being piloted.

During the first project year, the Mission served 181 individuals in 10 island communities across six rural counties in Maine. Services offered include health education, mental and behavioral health, cardiovascular care, care coordination, vaccinations, diabetes management, and nutrition support. With the addition of telehealth, the Mission's *Sunbeam* nurse can now improve coordination between island residents and their healthcare team on the mainland, ultimately improving health outcomes.

MCD serves as the federally funded Northeast Telehealth Resource Center, providing no-cost technical assistance (TA) and education to expand and improve telehealth.

From 2021–2025, the NETRC has supported more than **18,000** TA requests.

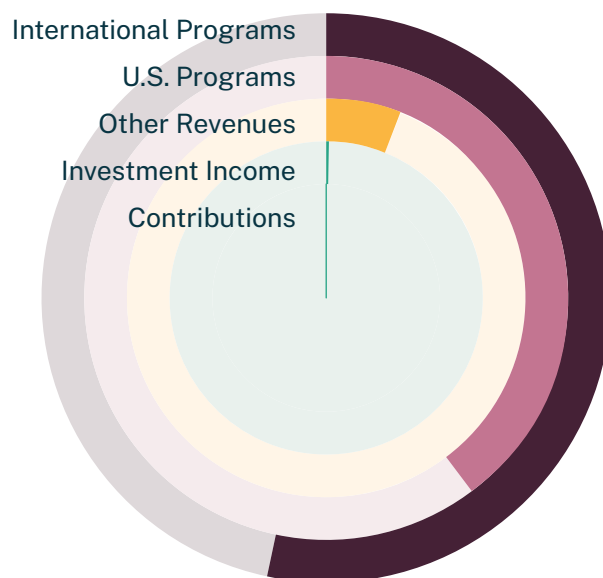
The Seacoast Care Collaborative was made possible by award number G59RH53706 from the Federal Office of Rural Health Policy, Health Resources and Services Administration, DHHS.

Financial Summary

Statement of Activity

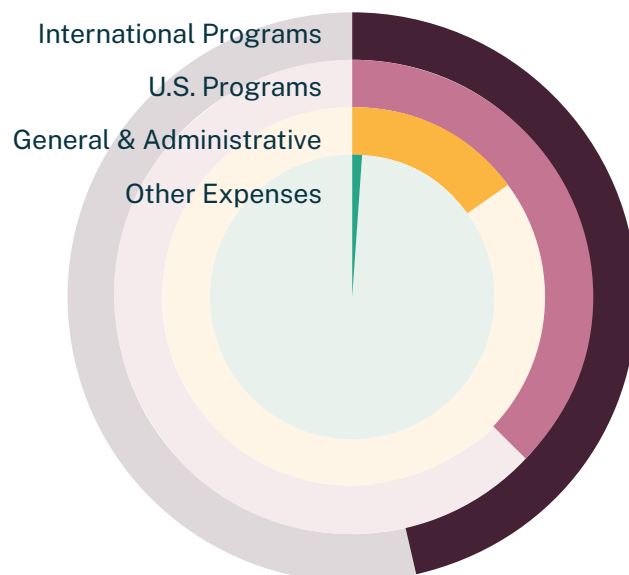
Public Support & Other Revenue*

International Programs	21,638,061	53.6%
U.S. Programs	16,118,253	39.9%
Other Revenues	2,516,284	6.2%
Investment Income	114,425	0.3%
Contributions	14,390	0.1%
TOTAL	\$40,401,413	100%



Expenses*

International Programs	18,742,448	46.6%
U.S. Programs	14,891,846	37.0%
General & Administrative	6,101,211	15.2%
Other Expenses	512,819	1.3%
TOTAL	\$40,248,324	100%
OPERATING GAIN	\$153,089	



Financial information presented in this report reflects unaudited internal financial data. The independent audit was in progress at the time of publication; final audited figures may differ.

Consolidated Balance Sheet

Assets*		Liabilities*	
Cash	216,553	Accounts Payable & Accrued Expenses	3,950,222
Accounts Receivable	540,208	Deferred Grant Revenue	2,810,819
Grants Receivable	9,192,947	Debt	500,000
Property & Equipment, net	380,980	Other Liabilities	1,219,067
Investments	1,409,820	Long-term Accrued Expenses	1,040,573
Other	828,121	TOTAL	\$9,520,681
TOTAL	\$12,568,629	Net Assets*	
		Without Donor Restrictions	2,949,021
		With Donor Restrictions	98,928
		TOTAL NET ASSETS	\$3,047,949
		TOTAL LIABILITIES & NET ASSETS	\$12,568,630

SUMMARY OF FINANCIAL PERFORMANCE

MCD had positive net income in 2025, as well as an overall increase to its net assets. In comparison to 2024, total program value increased more than 15% in 2025, with general and administrative expenses decreasing as a percent of the total expenses.

Improving the health and well-being of people around the world.

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