



SC Johnson
Base of the
Pyramid Group

Impact Report

ISSUE NUMBER · 03

scJohnson
A family company
at work for a better world

IMPACT YEAR

20/21

PROVIDE ACCESS
SCALE FOR GREATEST IMPACT
LEVERAGE CORE COMPETENCIES
SEEK STRATEGIC PARTNERSHIPS
BUILD SOCIAL ENTERPRISE MODELS



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We're SC Johnson.

**A Family Company
At Work For A Better World.™**

We're a different kind of company.

We do what's right for people and the planet because we believe we have a larger purpose. For more than 130 years, SC Johnson has been guided by the same goal as families everywhere: We want to make the world a better place for the next generation. It's the foundation of our purpose – A Family Company at Work for a Better World. A world that is sustainable, transparent, healthy and with more opportunity for all.

A More Sustainable World

We're lightening our own footprint and taking steps to help inspire families, communities and organizations to lighten theirs.

A Healthier World


We're bringing our science and innovation expertise to partnerships that address pressing public health challenges for families and communities around the world.

A More Transparent World

We're helping consumers make informed choices, from the way we choose and disclose our ingredients to the claims we make in our marketing.

A World With More Opportunity

We're creating new pathways to economic and social mobility for people in the communities where we live and work.



As a leading manufacturer of household cleaning and pest control products, we leverage our knowledge, capability and experience to help eliminate mosquito-borne and hygiene-related disease.

TOOLS FOR IMPACT

Global Footprint

We have sales in almost every country, operations in 70, and a supply chain to reach people in need.

Proven Interventions

We manufacture pest control and hygiene products, registered and proven to be efficacious in multiple countries.

End User + Market Understanding

We immerse ourselves in the lives of our end-users and stakeholders to create solutions that fit their concerns and daily routines.

Entomology + Hygiene Science

We lead the development of new methods and technology to provide insights on how products work against vectors of disease.

Transparent Safety

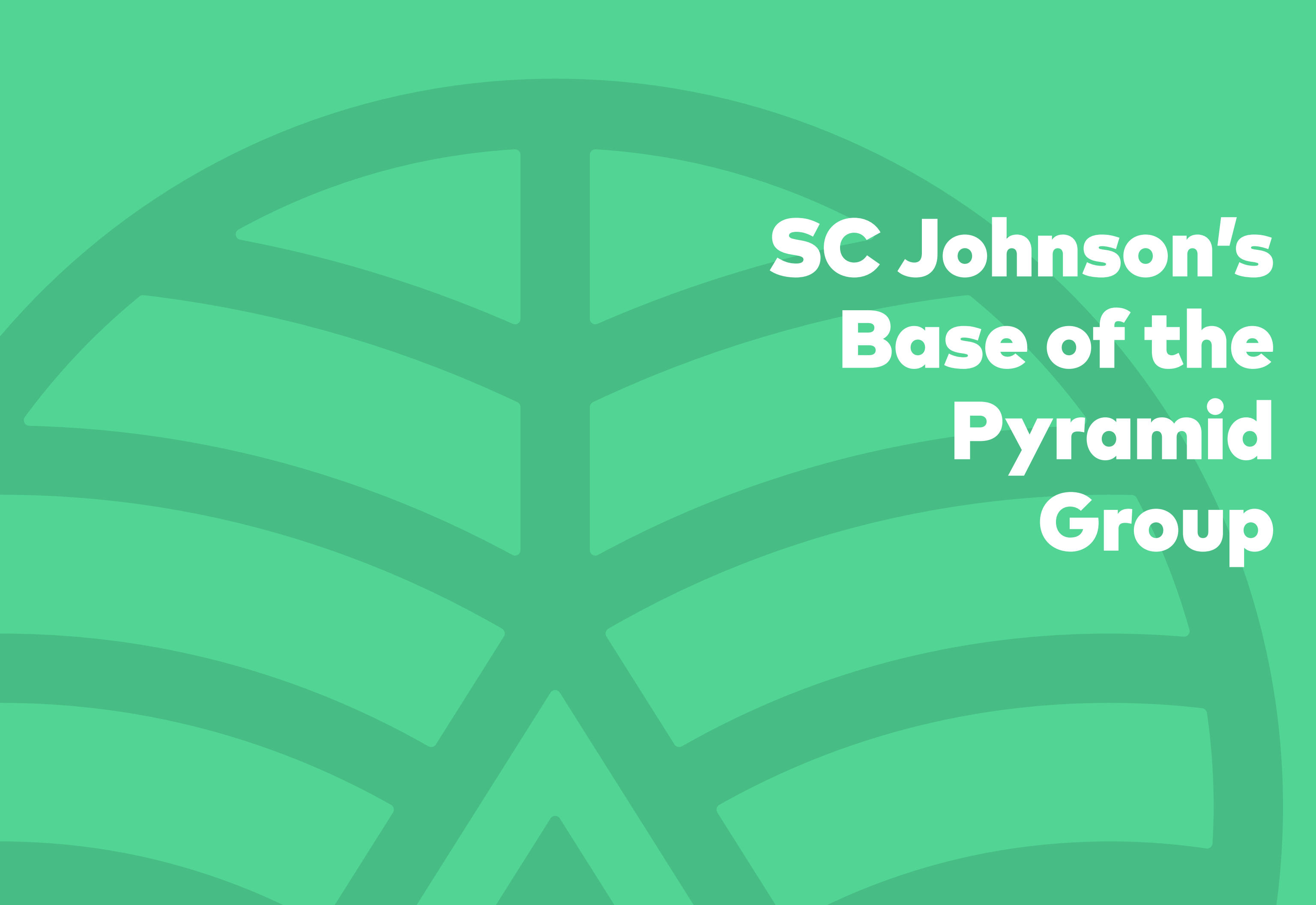
We carefully review every chemical we use for human safety and environmental health. Then, we go a step further by sharing our product ingredient lists.

Education + Social Behavior Change

We seek to understand the triggers, barriers and motivators that generate sustained positive behavior shifts, ultimately leading to disease prevention.

Strategic Partnerships and Advocacy

We leverage the power of our partnerships with government, industry and nonprofit entities to create impact that goes beyond what we could ever do alone.



SC Johnson's Base of the Pyramid Group

At Work for a Better World

This has been an unprecedented time. Since releasing our last Impact Report, countless families suffered devastating losses due to the COVID-19 pandemic. Those on the front lines heroically put their personal health and safety on the line to help others in need. The day-to-day lives — and livelihoods — of people everywhere were disrupted as communities took urgent steps to slow the spread of the disease. Many of the world's most vulnerable people, especially children, could no longer access essential services to care for their health and wellbeing.

At SC Johnson, we've been committed to making life better for families around the world for more than 130 years- especially the world's most vulnerable. I am especially proud of our impact in Base of the Pyramid (BOP) communities — the 4 billion people globally who earn less than a few U.S. dollars per day. Our SC Johnson Base of the Pyramid Group prevents mosquito-borne and hygiene-related disease for people around the world. We know these types of diseases can have a devastating effect, and are committed to helping protect people in BOP communities.

Photo: Fisk Johnson conducting overnight bite test, Rwanda. SC Johnson

For us at SC Johnson, the past year only brought us closer to the core commitment we have held for generations — to help make communities better because we are there. It meant doubling down on our commitment to create a healthier world. Multiple SC Johnson teams worked tirelessly to manufacture cleaning products and hand sanitizer for donation to those in need, especially in the early days of the COVID-19 pandemic. We also expanded long-standing initiatives that create access to health care by building health clinics for under-served communities and providing products and education to help families protect themselves from mosquito-borne disease.

My heart goes out to everyone who has been affected, and I am grateful for all the SC Johnson people who have stepped up to help. But most of all, when I look back, I will remember that we worked together within SC Johnson and with our partners in the community. We created opportunity. We protected health. We provided support. In this time of challenges, especially, I'm incredibly proud and grateful for the impact SC Johnson makes as a family company at work for a better world.

FISK JOHNSON
CHAIRMAN AND CEO, SC JOHNSON

MISSION

We prevent mosquito-borne & hygiene-related disease for the world's poorest 4 billion people.

We leverage philanthropy as a catalyst to deliver affordable solutions that are economically-sustainable at scale.

VISION

1 A world free from mosquito-borne disease.

We aim to prevent mosquito-borne disease for 100 million people in support of United Nations Sustainable Development Goal Target 3.3:

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases.

2 A world free from hygiene-related disease.

We aim to prevent hygiene-related disease for 100 million people in support of United Nations Sustainable Development Goal Target 3.2:

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

A group of African children, mostly boys, are looking towards the camera. They are dressed in casual clothing, including a blue and white striped shirt and a dark t-shirt. The background is slightly blurred, showing more children and a hint of an outdoor setting.

HOW WE WORK

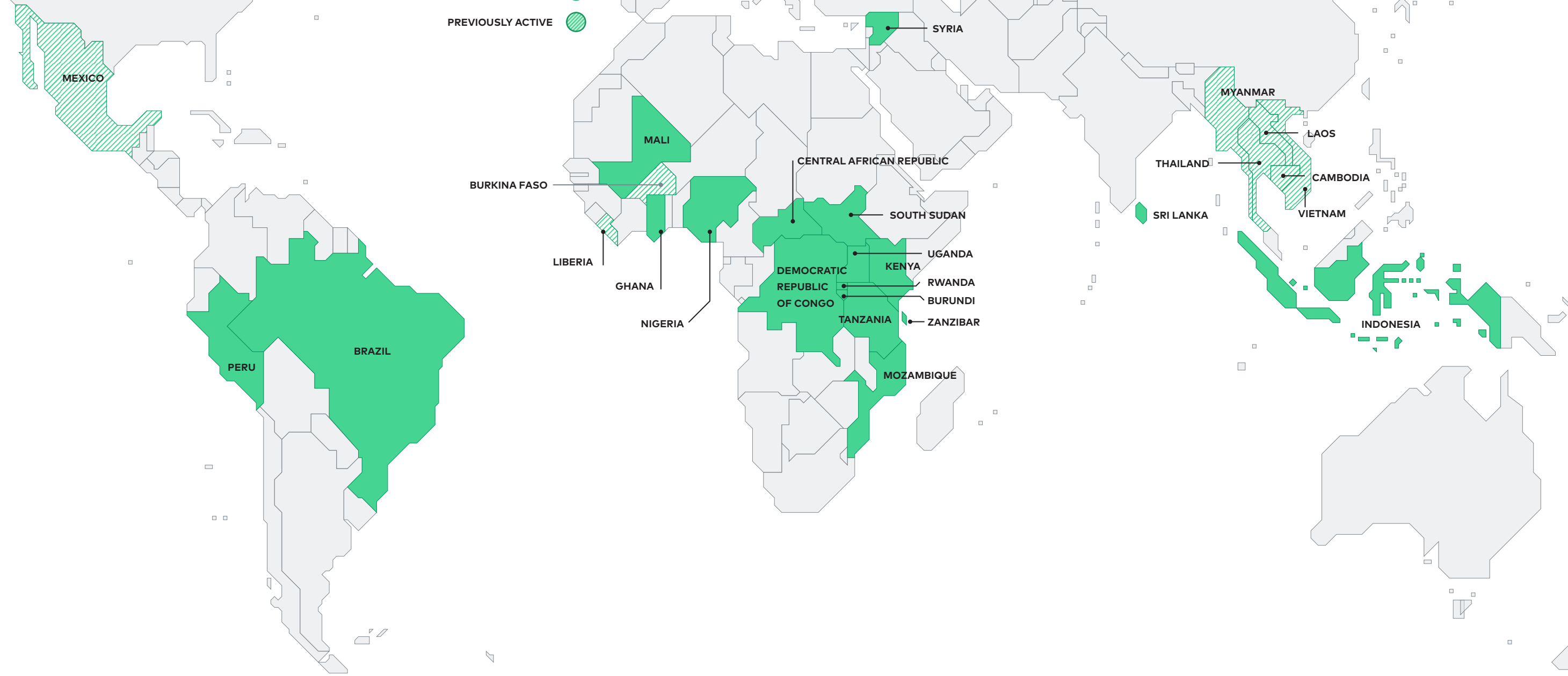
Our Strategic Principles

- 1 Provide Access**
Deliver life-saving, user-desirable and attainable interventions to people in poor, vulnerable and difficult-to-reach communities by leveraging new-to-SCJ channels and strengthening existing ones.
- 2 Build Social Enterprise Models**
Create initiatives that aim to be financially viable at scale, while recognizing that our social mission is our priority.
- 3 Scale For Greatest Impact**
Pilot and implement initiatives that have a clear path to scale in multiple countries and regions.
- 4 Leverage Core Competencies**
Leverage our expertise as a leading manufacturer of household pest control and hygiene products to deliver solutions that prevent disease.
- 5 Seek Strategic Partnerships**
Capitalize on the power of partnerships with government, industry and nonprofit sector entities to create impact that goes beyond what we could do on our own.

WHERE WE WORK

A Global Presence

ACTIVE THIS IMPACT YEAR
PREVIOUSLY ACTIVE



The background is a solid yellow color. It features a large, faint, stylized geometric pattern in a slightly darker shade of yellow. This pattern consists of several overlapping shapes: a large circle on the left side, and a series of triangles and trapezoids on the right side, some pointing upwards and some downwards, creating a sense of movement or a stylized 'A' or 'M' shape.

**Who
We Serve**



WHO WE SERVE

Amina

LOCATION

BORNO STATE, NIGERIA

RESIDENCE

KAWAR MAILA INTERNAL DISPLACED PERSONS (IDP) CAMP

FAMILY

5 CHILDREN

Without a husband or other family in the Kawar Maila IDP camp, Amina is raising her five children on her own. "It was God's intention for us to come here and get the care we needed at the hospital."

Amina is a 35-year-old mother of five who lives in Kawar Maila Internal Displaced Persons (IDP) Camp in Maiduguri, Borno State., Nigeria.

Amina's family has endured much suffering due to the internal conflict raging in Borno State. After witnessing relentless attacks from insurgents and suffering severe injuries, Amina and her children managed to escape. They walked through the mountains to Maiduguri in the Alo Lake region. Along the way, Amina was separated from her daughter, who local militia eventually found and returned. Once the family reached Maiduguri, they hid for nine months.

Eventually, Amina's family made their way to the Kawar Maila camp. No longer running from constant attacks and violence, she finally feels at peace. For Amina and her children, "Peace is when God protects us from evil things."

Photo: Sani Adam-Maigaskiya



As of 2020, 2.61 million people have lost their homes to conflict—**nearly half of Borno State's 5.8 million residents.**



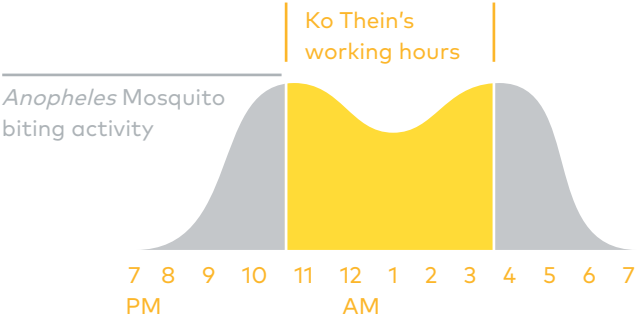
WHO WE SERVE

Ko Thein

COUNTRY/REGION
MYANMAR

HOUSEHOLD
WIFE + 6 CHILDREN

WORK
LABORER/ RUBBER TAPPER



Ko Thein is from Mon State in Myanmar and lives in a village on the Thai side of the border. He works as a laborer and rubber tapper to support his wife and six children.

To tap rubber trees, Ko works through the night from 11 p.m. to 3 a.m. He and a partner cover more than 1,000 trees each day. Because the rubber trees are far from where Ko lives, he must stay in the field overnight, with a tent to sleep in, a gun to protect him from large wild animals, and food to eat.

While in the forest, Ko usually doesn't use repellent lotion, due to the expense. He only will use it when there are a lot of mosquitoes around. Plus, he believes repellent is not always necessary, especially since he wears long sleeves, long pants, boots and a hat that covers most of his head. As an easy alternative to mosquito repellents, Ko usually tries blowing cigarette smoke onto his body to repel mosquitoes. This gets him about five minutes of relief, at best.

Ko's Thai friends have better access to health care than he does. They are all able to get a government health card to use any time they go to the clinic. Having this card means they pay a nominal, flat fee of 30 Baht, no matter what. Some migrant workers from Myanmar get health cards after becoming legal Thai residents, but this is the exception, not the rule.

Ko has contracted malaria before and suffered from the hallmark chills and high fever the disease causes. When he got sick, he was fortunate to find a village health volunteer. She tested his blood and provided free treatment as well as strict instructions to finish his full course of medication. She also sent him away with drugs for diarrhea and headache, all free of charge.

To make ends meet, Ko sometimes returns to the forest to collect wild mushrooms and cut down bamboo, both of which are illegal activities. But because he knows the border patrol men, and most times they look the other way, Ko takes the risk to help provide for his family.

Photo: SC Johnson

WHO WE SERVE

Nyaluak

COUNTRY/REGION

SOUTH SUDAN

OCCUPATION

HEAD COMMUNITY HEALTH WORKER

Nyaluak has been providing health care in South Sudan for over 25 years. She remembers a time during Sudan's recent civil war when health facilities and health workers like her were a target. Fighting factions destroyed health facilities and stole equipment. Some even killed medical staff and patients. As a result, many in South Sudan have no access to health care of any kind.

South Sudan has just **one physician** for every 65,574 citizens

About half of the patients Nyaluak sees each day need care for malaria – primarily for treatment, rarely for prevention. Some of the people she sees sleep in bed nets to avoid mosquito bites. Others burn a plant called "sweet basil" to repel mosquitoes. At times some of these approaches have proven ineffective. And without other solutions, malaria cases in South Sudan continue to increase.

Nyaluak first began as a volunteer community health worker and is now Head Community Health Worker for villages north of Juba. She recognizes malaria as a major issue for South Sudan, but remains focused on helping to restore basic health care to the 90% of the country that currently lacks access.

In healthcare settings like this, and especially when they are in such short supply, proper hygiene is critical for effective and sustained operations.

Photo: SC Johnson



Our Impact

20/21

HIGHLIGHTS

PERU

Partnered to conduct first-of-its kind clinical trial of an innovative spatial repellent that demonstrated reduction of *Aedes*-borne virus infection rates by an estimated 34%.

EAST AFRICA

Partnered with eight East African country governments to create the Great Lakes Malaria Initiative (GLMI). The GLMI will prevent malaria for 60 million people in cross-border areas.

SOUTH SUDAN

Launched South Sudan's first community health clinic in Gudele, providing health care access to 15,000 people.

19.5 Million

People Reached with Public Health Education

9

New Partnerships Established

19

Existing Partnerships Expanded

2

New Disease Prevention Interventions Launched

4.8 Million

People Reached with Tailored Products

1248

Community Health Workers Trained + Employed

18

Countries Reached + Engaged

3

MOUs Signed with National Governments

Impact to Date

SINCE 2013



71.5+ Million
People Reached



\$30+ Million
Funding Committed



26
Countries Impacted



10
New Products



7
Patents Awarded



70
Community Health Clinics Built

Preventing Mosquito- Borne Disease

STORIES

Our Spatial Repellents Program

Introducing A Powerful New Tool For Mosquito Protection

Partnering to Make the Case for Spatial Repellents



Photo: Children in Sumba, Indonesia, SC Johnson

Our Spatial Repellents Program

Photo: Placing Spatial Repellents in Kirehe, Rwanda. SC Johnson

Currently the World Health Organization (WHO) recommends two interventions in the vector control space: mosquito nets and indoor residual spraying. Spatial repellents could be a powerful, third intervention to address residual malaria transmission.

That is why one of the primary objectives of our Spatial Repellents Program is to demonstrate how spatial repellents reduce malaria incidence and lay the groundwork for a WHO public health policy recommendation. With a WHO recommendation, spatial repellents could be distributed to families that currently do not have access to protection from mosquito-borne disease via schools, hospitals and health clinics — channels the community inherently trusts.

Our Spatial Repellent Program is aimed at creating effective products, tailoring them for under-served communities, and working with partners to distribute them via trusted channels, at scale.

PATH TO A WHO RECOMMENDATION FOR SPATIAL REPELLENTS

01

INTERVENTION CONCEPT DEVELOPMENT

2006 - Present

02

PROOF OF CONCEPT

Entomological Outcomes



CHINA
2007 - 2009



INDONESIA
2010 - 2011



EFFICACY GUIDELINES

Contributed to WHO guidelines for testing of Spatial Repellents 2013

WE ARE HERE

03

PROOF OF PRINCIPLE

Large Scale Epidemiological Trials



INDONESIA
2014 - 2019



PERU
2014 - 2019



KENYA
2021 - 2023



MALI
2021 - 2024



SRI LANKA
2022 - 2024



Mosquito Shield + Envelope

04

POLICY SETTING

Piloting Intervention for Public Health Policy



SOUTH SUDAN
2021 - 2024



UGANDA
2021 - 2024



Mosquito Shield

05

COUNTRY POLICY

Registration and Use




GLOBAL
2021 - Beyond



Mesh



Mosquito Shield



"These simple, low-tech products provide a new option for warding off mosquitoes – especially in fragile settings, where options to prevent malaria are limited – and will help protect people not just from malaria but dengue, Zika and other vector-borne diseases."

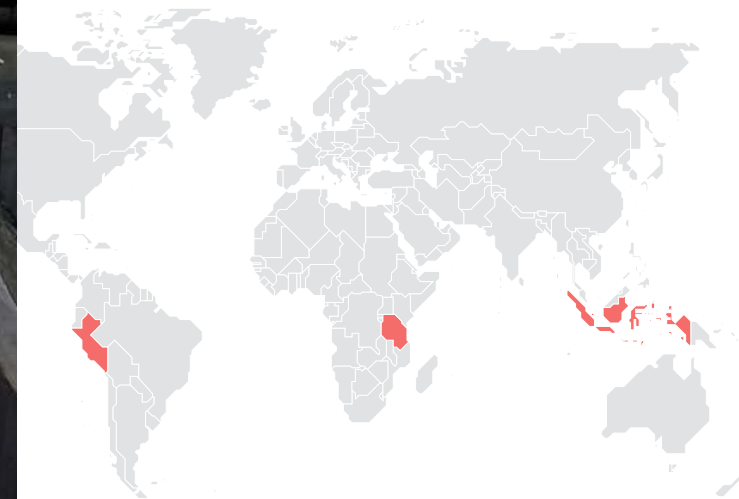
KATERINA GALLUZZO,
TECHNICAL MANAGER (STRATEGY) AT UNITAID

Introducing a Powerful New Tool for Mosquito Protection

SPATIAL REPELLENTS PROGRAM



Photo: Children in Sumba, Indonesia. SC Johnson



INDONESIA TRIALS

28%

Protective Efficacy from first-time malaria infection in all study clusters.

66%

Reduction in overall malaria infection vs. control in a subset of village clusters with the highest baseline incidence of malaria.

PERU TRIALS

34%

Reduction in *Aedes*-borne virus infection rates

29%

Reduction in indoor mosquitoes

TANZANIA TRIALS

69%

Reduction in bites from highly pyrethroid-resistant *Anopheles arabiensis*, compared to a negative control (experimental huts)

OECD-CERTIFIED SIMULATED FIELD TRIALS

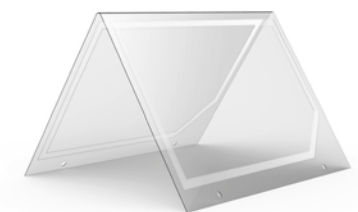
97-100%

Reduction in bites from *Anopheles gambiae*, *Culex quinquefasciatus* and *Aedes albopictus* compared to a negative control

Mosquito Shield™, the spatial repellent product first developed by our Base of the Pyramid group in 2014, is filling an important gap in access to tools that prevent mosquito-borne illnesses for the most vulnerable populations.

The Mosquito Shield™ product can be hung in semi-enclosed and enclosed spaces to continuously repel mosquitoes for up to 30 days. Designed to provide flexibility of placement and optimized to enable passive release of its active ingredient, Mosquito Shield™ serves as a low-cost, lightweight and easy-to-use solution. These attributes allow the product to be distributed widely through public health channels, complementing and supporting other malaria interventions.


In 2014, SCJ partnered with the University of Notre Dame and the Eijkman Institute for Molecular Biology, with funding from the Bill & Melinda Gates Foundation, to test Mosquito Shield™ in a trial in Indonesia. In 2014, the University of Notre Dame team, in cooperation with the University of California Davis and U.S. Naval Medical Research Unit Six, led another clinical trial of Mosquito Shield™ based in Peru.



SOURCES:

[1] World Health Organization. Vector-borne Diseases. (March 2, 2020). Retrieved from <https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases#:~:text=It%20causes%20an%20estimated%20219,the%20age%20of%205%20years>

[2] World Health Organization. Dengue and Severe Dengue Q&A. (Oct. 24, 2019). Retrieved from <https://www.who.int/news-room/q-a-detail/dengue-and-severe-dengue>



Unitaid enables equitable access to innovative health products and works with partners to scale up their ability to make an impact.

Partnering to Make the Case for Spatial Repellents

SPATIAL REPELLENTS PROGRAM

Through a collaboration with Unitaid, a hosted partnership of the WHO and the University of Notre Dame, SC Johnson is working to prove Mosquito Shield™ is effective against disease transmission of malaria and *Aedes*-borne viruses like dengue. As an Industry Partner, SC Johnson is leading product development, manufacturing, and market access for a \$33.7 million project made possible through funding from Unitaid.

The University of Notre Dame team will conduct the remaining epidemiological and operational research required by WHO to consider a policy recommendation for spatial repellents as a public health intervention. Through 2024, the Notre Dame team will use Mosquito Shield™ in large-scale, randomized, controlled trials in Kenya, Mali, and Sri Lanka. Trials began in September 2021 in western Kenya in approximately 12,000 households, with implementation in Mali soon to follow.

LARGE-SCALE RANDOMIZED CONTROL TRIALS

12,000

Households participating in Western Kenya, with more to follow in Mali

Preventing Hygiene- Related Disease

STORIES

Our Hygiene Program

Strengthening Front-Line Health Care in Nigeria's Borno State

Activating Agile Supply Chains in Challenging Times

Fighting COVID-19 in Rwanda with Responsive Collaboration

Photo: IDP Camp, Borno State. UN Foundation



A woman with dark skin and a pink headwrap is washing a metal bowl in a large, shallow metal tub filled with soapy water. She is wearing a white tank top and a patterned skirt. In the background, there is a wooden chair, a cardboard box with shipping labels, and various household items on a table.

Our Hygiene Program

**Hygiene is a basic human right.
Yet many people in under-served communities
are afflicted by diseases that can be prevented
by targeted hygiene interventions.**

Promoting good hygiene is one of the most cost-effective health interventions.¹ The simple act of cleaning hands can reduce illness and save lives by helping prevent the spread of infectious diseases. However, both access to the facilities to practice hand hygiene and support for the behaviors required are missing in many settings. If current rates of progress do not accelerate by the end of the Sustainable Development Goal era in 2030, 1.9 billion people will still lack adequate facilities to wash their hands at home.²

As a leading manufacturer of hygiene and disinfectant interventions, SC Johnson is uniquely positioned to protect the world's most vulnerable communities by providing access to targeted hygiene solutions and education.

¹ Disease Control Priorities, third edition (volume 2), 2016
<https://elibrary.worldbank.org/doi/abs/10.1596/978-1-4648-0348-2>

² State of the World's Hand Hygiene | UNICEF
<https://www.unicef.org/reports/state-worlds-hand-hygiene>

"The threat is that the health facilities in Borno State simply have to close if they can't provide a safe environment in which patients can seek treatment. We can't have people traveling for three days to try and reach a health facility because with malaria you simply die before you get there or you arrive so sick, you're harder to treat.

It's a no-brainer. With better access, more people will continue to be able to access healthcare, diagnosis and treatment, and will survive. Whilst it seems left of field, it's absolutely dead center of malaria control for Borno State and for many other humanitarian crises."

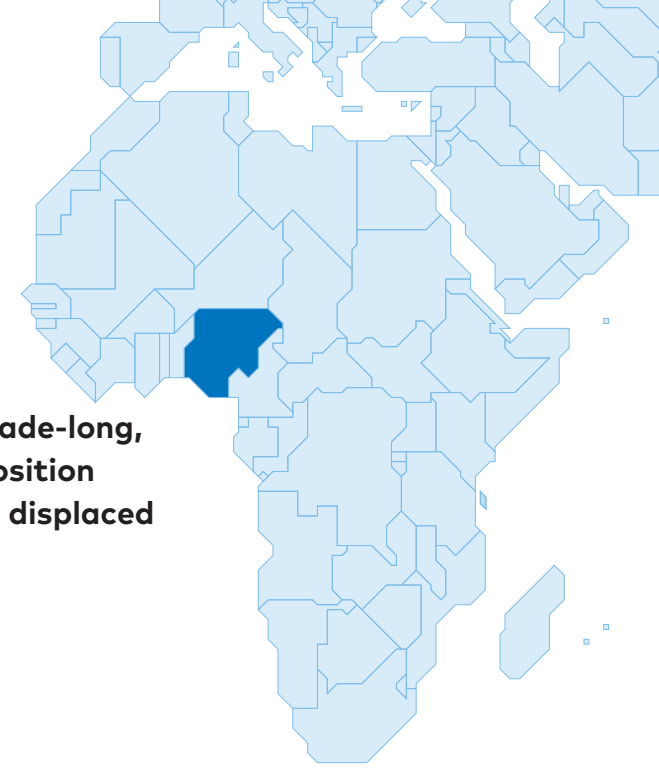
RICHARD ALLAN,
CEO THE MENTOR INITIATIVE

Photo: IDP Camp, Borno State, UN Foundation

Strengthening Frontline Health Care in Nigeria's Borno State

HYGIENE PROGRAM

Nigeria's Borno State is the epicenter of a decade-long, violent conflict between government and opposition forces that has left more than 7 million people displaced and in need of humanitarian assistance.



Malaria remains the highest cause of reported morbidity (44%) and mortality (34%) in Borno State, which is also plagued by extreme rates of other infectious diseases and malnutrition. The risk of outbreak is extremely high due to under-resourced health systems, lack of water and sanitation infrastructure, cramped living conditions, and weakened immune systems.

In 2020, SC Johnson's Base of the Pyramid Group, United Nations Foundation, and the MENTOR Initiative teamed up to strengthen burdened healthcare systems by providing access to hygiene tools and education. We supplied disinfectant kits to 100 health facilities that serve 2 million residents living in the most crisis-affected communities in Borno State. The disinfectant kits included hand sanitizer, concentrate disinfectant, disinfecting wipes, bar soap, nail brushes and easy-to-follow pictogram instructions. These kits have helped medical workers who frequently treat patients for highly contagious diseases like cholera, measles and more recently, COVID-19, prevent disease transmission inside their facilities.

BORNO STATE, NIGERIA

2 Million

People reached with education

2 Million

People reached with products

Between June 2020 and February 2021, the BOP Group and our partners rolled out similar initiatives in Central African Republic and Mozambique, reaching an additional 2 million people. Our plans for 2022 include expansion of the initiative as part of our team's multi-pronged strategy to help prevent communicable disease in the region by enabling better hygiene. Our current goal is to reach 100 million people by 2025 with products, education and access to safe healthcare.

Photo: IDP Camp, Borno State. UN Foundation

Activating Agile Supply Chains in Challenging Times

HYGIENE PROGRAM

"The global shipping crisis is continually causing disruptions across the globe. Reaching the most vulnerable people in remote parts of the world has become even more challenging. But we've got a driven, creative team willing to go above and beyond to implement nimble solutions to get interventions to the people that need them most."

TOM BARAN,
SUPPLY CHAIN MANAGER, SC JOHNSON

Through our SC Johnson Professional and Deb brands, SC Johnson is one of the largest hand sanitizer manufacturers in the world. Our Waxdale manufacturing plant is home to 17 high-tech automated manufacturing lines that produce more than 800 million units annually. Meeting global demand for cleaning and disinfection supplies means most production lines already run 24 hours, six to seven days per week. So, shifting manufacturing lines wasn't an option for us to increase hand sanitizer production to meet new demand triggered by the COVID 19 pandemic. Building any new capacity would take an out-of-the-box approach.

And that's how an 18th line came to life. Our Supply Chain team converted a small pilot line normally used for new product development and filling test samples. To make production happen, SC Johnson teams who were working from home – and typically don't staff production lines – volunteered to run the line. Some of SC Johnson's past employees even came out of retirement to lend a hand. As the team at Waxdale mobilized, there was a quiet seriousness throughout the plant. And while there weren't any handshakes or pats on the back for a job well done (because of social distancing), there was a palpable sense of pride and purpose filling the facility.

Ultimately, the new 18th line at Waxdale produced 75,000 bottles of sanitizer per month. This was just one of many similar efforts from SC Johnson employees around the world that enabled us to reach 5 million people with tools to prevent hygiene-related disease.



WAXDALE'S NEW PRODUCTION LINE

+75,000

Additional bottles of sanitizer produced per month

5 Million

People reached with products



Fighting COVID-19 in Rwanda with Responsive Collaboration

HYGIENE PROGRAM

"This is the kind of partnership you need in a pandemic. One where you say 'OK, this is an emergency,' and then find way to make impact together."

DR. SABIN NSANZIMANA
DIRECTOR GENERAL,
RWANDA BIOMEDICAL CENTER

Society for Family Health-Rwanda and SC Johnson have a long-standing partnership to prevent malaria and improve access to health care. When the first case of COVID-19 was confirmed in Rwanda in March 2020, we moved quickly to step up our joint efforts to improve the health of families there.

IN COLLABORATION WITH
SOCIETY FOR FAMILY HEALTH-RWANDA

96%

Rwandan population reached with education¹

12.5 Million

Total people reached with education

60,000

Community health workers vaccinated

We developed COVID-19 risk communication campaigns that were implemented country-wide through billboards, mobile sound systems, radio and village-to-village via community health workers. Increased communication was focused at humanitarian settings, border crossing sites and public markets.

Nsigaye Emmanuel, Rusizi District Vice Mayor, shared, "All of this together really changed attitudes and behaviors around the pandemic. It gave our community the necessary information and wisdom on this new pandemic – how it spreads, how it can be prevented and the role every person has to play in preventing it. Our sharply reduced number of infections is evidence of this."

We also constructed automated handwashing stations at SC Johnson Community Health Clinics throughout Rwanda and built kiosks at border crossing sites to conduct COVID-19 testing.

Within three months, we brought enough COVID-19 vaccines for all of Rwanda's 60,000 community health workers.

¹ According to Rwanda Demographic and Health Survey (RDHS)

Expanding Access

STORIES

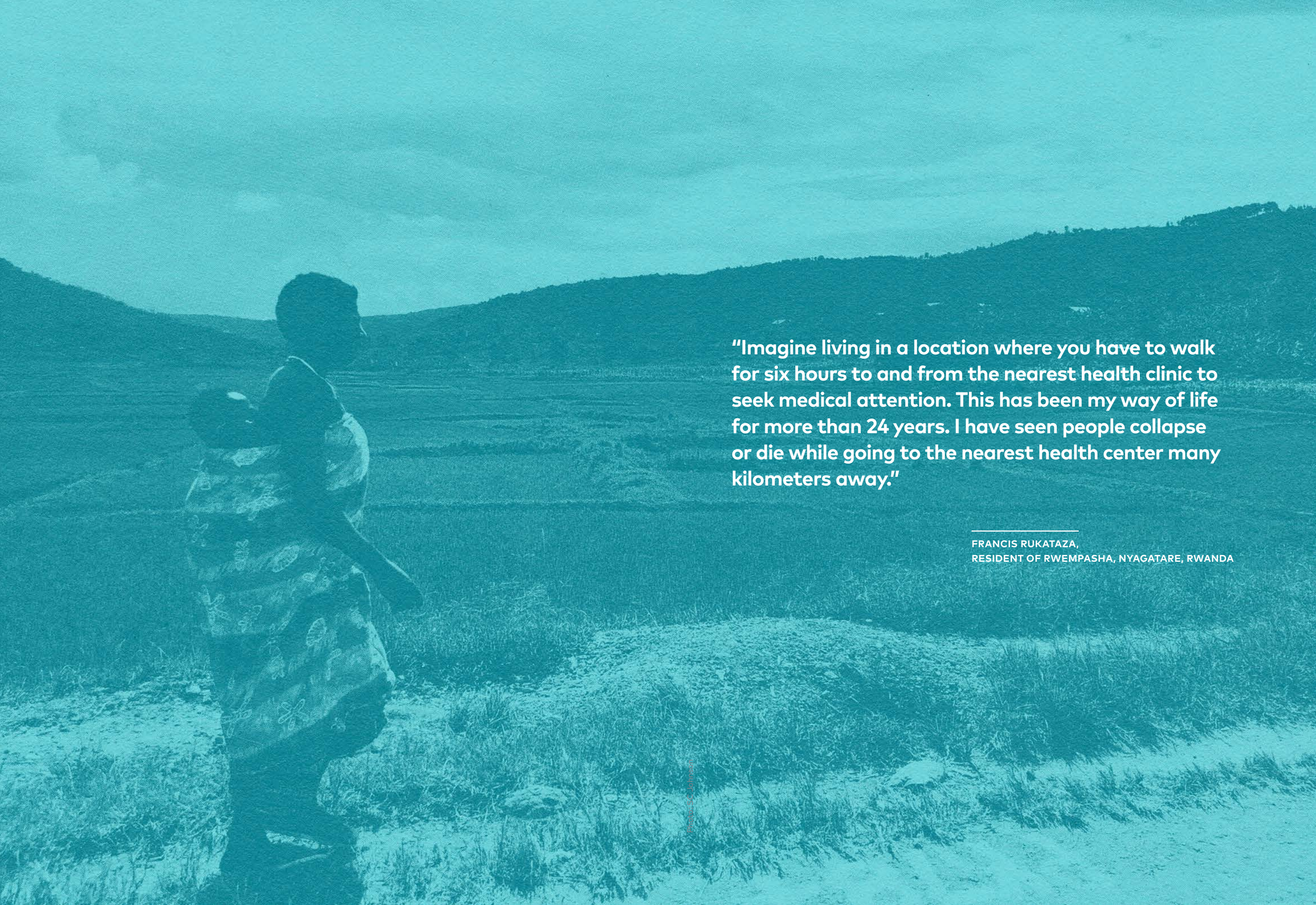
Making Health Care More Accessible in Rural Rwanda

**Creating Access to Basic Health Care
Where it Never Existed Before**

Creating Hope in Conflict: A Humanitarian Grand Challenge

Photo: SC Johnson



A woman in a patterned dress is seen from the side, carrying a young child on her back. They are walking along a dirt path that leads into a vast, open field. In the background, there are rolling hills under a cloudy sky. The entire image has a teal color overlay.

"Imagine living in a location where you have to walk for six hours to and from the nearest health clinic to seek medical attention. This has been my way of life for more than 24 years. I have seen people collapse or die while going to the nearest health center many kilometers away."

**FRANCIS RUKATAZA,
RESIDENT OF RWEMPASHA, NYAGATARE, RWANDA**



Making Health Care More Accessible in Rural Rwanda

HEALTH CLINICS

"We usually have more than 10,000 citizens who access treatment from each health post. It is clear that there is a need for us to remember the lives of children and parents so that we bring near them primary health care services."

**DR. DIANE GASHUMBA –
FORMER MINISTER OF HEALTH, RWANDA**

RWANDA CLINICS

68

Clinics opened since 2018

1 Million

People cared for in 2020

Increasing access to public health services in vulnerable communities can make a major difference for those who lack basic health care and are at the highest risk of contracting mosquito-borne diseases. SC Johnson is taking action to help increase access to healthcare for families.

In 2018, the Base of the Pyramid Group began a partnership with the Rwanda Ministry of Health and the Society for Family Health- Rwanda. Working together in the first year, we committed to building 10 community health clinics in rural Rwanda. Each self-sustaining clinic is designed for solar power generation and rainwater collection. Our goal is to bring much-needed health care closer to under-served communities in Rwanda, and help address public health issues including malaria, HIV/AIDS, family planning, nutrition and access to clean water.

In 2019, we expanded on our commitment, pledging to build another 40 health clinics in rural Rwanda. Through this pledge, we made moves to further expand access to health care and malaria education for local families.

During the COVID-19 pandemic, the health clinics we established have played an important role in facilitating health education and preventive care. At the clinics, local families found hand washing facilities and TV monitors delivering health messages. Some clinics are also administering COVID-19 vaccines on-site.

So far, SC Johnson's support has enabled the creation and operation of 68 health clinics in Rwanda. Since January 2020, these clinics have provided care and education to almost 1 million people.

In July 2021, we began construction on 10 more health clinics at country border crossings in East Africa. These became operational in December 2021.

Creating Access to Basic Health Care Where it Never Existed Before

Following the Sudanese civil war, the Republic of South Sudan became an independent nation in July 2011 and is currently the world's newest country. As the nation rebuilds, health care in South Sudan remains in recovery mode.

With a population of around 12 million and 189 licensed physicians, South Sudan has just one physician for every 65,574 citizens.

Nearly 75% of all child deaths in South Sudan are due to preventable conditions like diarrhea, malaria and pneumonia.

HEALTH CLINICS

In August 2021, SC Johnson partnered with the South Sudan Ministry of Health and the Society for Family Health- Rwanda to launch the first community health clinic in South Sudan. The clinic is located in Gudele and will provide health care access to 15,000 people.

During the first month of operation, more than 500 people sought health care at the Gudele Clinic, including 161 people diagnosed and treated for malaria. A baby boy also was born at the clinic in August. Since then, malaria continues to be the primary reason people seek care at the Gudele Clinic.

The Honorable Nejua Mursal, State Minister Central Equatoria State, South Sudan, said, "This health facility will improve access to primary healthcare services, greatly contributing to united health care and reducing the travel distance for 15,000 Gudele residents seeking diagnostic and maternity services."

SOUTH SUDAN CLINIC

15,000

People who will gain access to health care

60%

Hospital visits to Gudele Clinic primarily for malaria

1

Baby boy born at the clinic in its first month of operation

Creating Hope in Conflict: A Humanitarian Grand Challenge

HEALTH ADVOCACY

More than 168 million people around the world live in areas experiencing humanitarian crises.

As the length, frequency and scope of the world's conflicts increase, it is becoming more difficult to reach affected people in insecure areas with humanitarian assistance. Less than 1% of humanitarian aid is focused on investing in the innovations necessary to reach them.

In Syria, a country in its 10th year of conflict, Cutaneous Leishmaniasis (CL) levels are 40 times higher than before war began. The disease causes disfiguring skin lesions that can leave life-long scars and lead to severe social stigma, especially for women and children. Consequences include ostracism, less education and economic loss.

The vector, a sandfly, breeds in the destroyed buildings of urban epicenters. Mass-population displacement, poor living conditions and destruction of health services throughout Syria increases vulnerability to infection and spreads the disease across previously non-affected areas.

In partnership with the MENTOR initiative, we've donated and distributed Mosquito Shield™ to combat the rise of CL in conflict settings in Syria. These single sheets are hung up in the home to provide a portable, simple and stable tool for protection against flying insects. To date, we've protected 76,000 people in Syria with Mosquito Shield™ through this effort.

The U.S. Agency for International Development, the U.K. Foreign, Commonwealth & Development Office, the Government of the Netherlands Ministry of Foreign Affairs, and Global Affairs Canada, with support from Grand Challenges Canada, partnered to establish Creating Hope in Conflict: A Humanitarian Grand Challenge.

Through this Grand Challenge, these partners identify and support groundbreaking solutions that engage the private sector and draw from the experiences of affected communities in order to significantly improve – and in many cases, save – the lives of vulnerable people affected by conflict. The Challenge's goal is to identify solutions that allow communities to respond more nimbly to complex emergencies and take steps to create better lives for themselves.

Out of 648 applications across 80 countries for the Creating Hope in Conflict Humanitarian Grand Challenge, the MENTOR Initiative/SC Johnson partnership was selected as a finalist.

SYRIA RESULTS

76,000

People reached with products and education in areas of active conflict

PARTNERS



Photo: Idlib, Syria



Partnering for Impact

Strategic Partnerships + Advocacy

We've got ambitious disease prevention strategies, and core competencies to back them up. But we can't realize our audacious vision by ourselves.

It takes cooperation across the spectrum- policy, funding, distribution and even fellow industry players who would be easy to view as competitors.

We believe in the collaborative power of partnerships that create impact beyond what we could accomplish on our own.



POLICY



FUNDING



IMPLEMENTATION



ACADEMIA



CONSORTIUM



COUNTRY GOVERNMENTS

BILL & MELINDA GATES foundation



TheGlobalFund



COUNTRY GOVERNMENTS



Grand Challenges Canada
Grands Défis Canada



LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE



BILL & MELINDA GATES foundation



EAST AFRICA COMMUNITY (EAC)



AFRICAN LEADERS MALARIA ALLIANCE





Scaling Solutions Across Borders

GREAT LAKES MALARIA INITIATIVE

"We needed the private sector to get impatient and break the glass to set a precedent, and that's what SC Johnson is doing with this initiative."

DR. MICHAEL KATENDE
EAC SECRETARIAT

The Great Lakes Region in Africa has some of the highest rates of malaria incidence and deaths globally. Shared malaria ecologies and population migration contribute to malaria transmission dynamics that cross the country borders in this region. Great Lakes Region countries aggressively implement national malaria control and elimination strategies within their respective borders. However, obstacles like complex operating environments, political instability, population migration and humanitarian crises are impeding complete elimination of the disease.

While national control programs typically operate within the context of country borders, mosquitoes don't – they're border agnostic. Ebola, chikungunya and malaria are commonly transmitted via refugees fleeing civil conflict, or mobile workers that cross countries borders for trade. 64,000 people cross the border daily between Goma, DRC, and Gisenyi, Rwanda.

For these reasons, we've partnered with leaders across eight East African countries to create the African Great Lakes Malaria Initiative (GLMI). Initiative members include Ministers of Health, industry partners, and representatives from the East African Community (EAC), World Health Organization (WHO), Roll Back Malaria (RBM) and African Leaders Malaria Alliance (ALMA). The Initiative's goal is to reduce malaria morbidity and mortality by 50% by 2025 in the region. **By driving cross-border collaboration and focusing on joint, regional action, the Great Lakes Malaria Initiative will address the barriers to elimination that extend beyond the limits of individual state control.**

GLMI GOAL

50%

Reduction in malaria morbidity and mortality by 2025 in districts adjoining international boundaries of GLMI countries.

The GLMI Strategic Plan has been formally validated (signed) by all eight Ministers of Health as of April 2021. This enables each country to mobilize funding and resources toward GLMI objectives.

SCJ has signed MOUs with three GLMI country Ministries of Health to operationalize plans and pilots in-country:

- Rwanda
- South Sudan
- Democratic Republic of Congo

SCJ's role in the GLMI is to provide:

- Technical expertise
- Innovative vector control tools
- Advocacy + support in bringing other funding partners to the table

Partnering for More Than 10 Years to Prevent Malaria on Sumba Island

STRATEGIC PARTNERSHIPS

Sumba is frequently referred to as Indonesia's forgotten island. Only an hour flight from Bali, the island of 750,000 inhabitants faces multiple challenges, including malaria. The Sumba Foundation and SC Johnson have been partnering for more than 10 years to address this issue on the island.

The Sumba Foundation alleviates disease and poverty on Sumba Island. Dr. Claus Bogh established the Sumba Foundation's Malaria Control Programme in 2004 after a survey revealed that 62% of children in the area had malaria, with almost no access to diagnosis and treatment. Since then, more than 400,000 people have received treatment and malaria has been reduced by 93%.

Together, the Sumba Foundation and SC Johnson have collaborated on multiple initiatives to prevent malaria on Sumba Island. A cornerstone of our partnership has been evaluating the extent to which spatial repellents reduce malaria incidence.

WHO/VCAG indicated "The [Indonesia] entomological results and sub-group analyses are promising and strongly support the continued evaluation of the potential epidemiological impact of this tool."

2019 INDONESIA CLINICAL TRIALS

32%

Reduction in mosquito bites vs. a placebo

NEW SPATIAL REPELLENT

66%

Protective efficacy against overall malaria infection in the trial clusters with entomology endpoint collection

10 YEARS OF COLLABORATION WITH THE SUMBA FOUNDATION



2010-11

Conducted a small-scale proof of concept test on Sumba with mosquito coils to determine the potential for a new paradigm for preventing malaria on the island.



2017-19

Conducted a large-scale epidemiological clinical trial on Sumba with a new-to-the-world spatial repellent product.



2020

Constructed a health clinic in Waipakolo to provide ongoing health care for the people of Sumba.



2021

Donated hygiene and disinfection supplies and education to help protect Sumba's population from COVID-19.

A photograph of a woman wearing a white headscarf and a patterned top, holding a young child. In the foreground, another child is lying down, partially covered by a patterned cloth. The background is a simple, light-colored wall.

Joining Forces with The Global Fund

STRATEGIC PARTNERSHIPS

Formed in 2002 to address the HIV, tuberculosis and malaria epidemics that were crippling many countries around the world, The Global Fund has disbursed more than U.S.\$50 billion in the fight against HIV, TB and malaria across more than 155 countries since its creation. One of the largest funders of public health interventions in the world, The Global Fund has supported programs that have saved 20 million lives to date.

The Global Fund provides 56% of all international financing for malaria programs and has invested more than \$14.7 billion in malaria control programs as of June 2021.

The private sector has played a vital role in this progress; and SC Johnson has formally joined The Global Fund to drive impact in the malaria space.

SC Johnson is one of the newest members to join the Fund's Private Sector Constituency (PSC). The PSC is a group of companies that brings the business voice to the Global Fund and helps shape the strategy of the leading funding agency in global health.

As part of this partnership, SC Johnson will play a guiding role in providing technical know-how, shaping policies and priorities, and representing the private sector during each Global Fund board meeting.

"The Global Fund is one of the best and kindest things people have ever done for one another. It is a fantastic vehicle for scaling up the treatments and preventive tools we have today – to make sure they reach the people who need them."

**BILL GATES,
AT THE OPENING CEREMONY
OF THE 16TH INTERNATIONAL AIDS CONFERENCE**

The background is a solid green color with a complex, abstract pattern. It features a series of concentric, semi-circular arcs on the right side, transitioning into a series of chevron-like shapes on the left side. The pattern is composed of various shades of green, creating a sense of depth and movement.

**Looking
Forward**

At Work for a Better World.
It's not just a tagline.
It's a higher standard, and a promise that our
company will keep building on its legacy of trust.

We've made some meaningful impact over the past year and are proud of that. We've reached more people than we ever have before with new interventions and education. We've advanced new technologies in the global public health space to prevent mosquito bites. And we've provided disinfection solutions for people in difficult-to-reach settings — even within the context of supply chain challenges due to COVID-19.

We often say, "At SC Johnson, we don't measure our success by the financial results of the next quarter, but by the world we leave for the next generation." Eliminating disease for the next generation isn't going to happen within a quarter — it's going to take a long-term, sustained effort by people across the global public health spectrum.

So, our Base of the Pyramid Group will continue our dedicated work to prevent disease. We'll be focused on a few key areas in the coming year, including preventing cross-border malaria transmission in East Africa, protecting displaced persons in humanitarian and conflict settings, and incorporating ocean-bound plastic into new interventions for the global public health space.

Ultimately, we'll continue leveraging SC Johnson's expertise as the global leader of household mosquito control and hygiene products. We'll develop new solutions that fit families' lives. And we'll strive to create access for more people at risk.

Each member of SC Johnson's Base of the Pyramid Group will remain committed to the foundation of our purpose: A Family Company at Work for a Better World.

A collection of handwritten signatures of SC Johnson's Base of the Pyramid Group members. The signatures are arranged in a roughly rectangular grid, with some overlapping. The names are written in various styles of cursive and script. Some of the legible names include:
- Top row: ~~David~~, Madeline, Michelle, ~~Andrew~~
- Second row: Mel, Tim Grate
- Third row: ~~Robert~~, ~~Robert~~, ~~Robert~~
- Fourth row: Leanne Bourdage
- Fifth row: Kara Shear, ~~Carthy~~
- Sixth row: Anne Bourdage, Carl, ~~Chambers~~
- Seventh row: ~~Shamud~~ Diceb, ~~James~~, Laura K Dose
- Eighth row: ~~Brig~~, ~~the~~, Cassidy Shepherd
- Ninth row: ~~Chate~~, W McRae
- Tenth row: ~~Adams~~
- Eleventh row: ~~Qu~~, Jordan Christensen
- Twelfth row: ~~Qu~~, ~~E. S.~~, ~~John~~
- Thirteenth row: ~~Qu~~, ~~Qu~~, Nicole Schubert
- Fourteenth row: ~~Qu~~, ~~Qu~~