

# SHARING STRENGTH, BUILDING RESILIENCE

2019 ANNUAL REPORT



Since our founding in 1971, MSH has been inspired by the Tao (Way) of Leadership, a poem based on verses from the Tao Te Ching.

## **THE TAO OF LEADERSHIP**

Go to the people  
Live with them  
Love them  
Learn from them  
Start with what they have  
Build on what they know.

But of the best leaders  
When their task is accomplished  
The work is done  
The people will all say  
We have done it ourselves.

## **OUR VISION**

A world where everyone has the opportunity for a healthy life.

## **OUR MISSION**

Saving the lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.

# WHO WE ARE

Management Sciences for Health  
is a global health nonprofit.

We make foundational changes to  
health systems to protect people from  
disease and improve their health.

We do not replace or run parallel systems  
in a country—we collaborate with our partners,  
from Ministries of Health to civil society and  
the local private sector, to strengthen and  
complement existing health systems.

## HOW WE WORK



MSH is committed to helping countries around the world achieve universal health coverage in alignment with the third Sustainable Development Goal. We focus our efforts on low- and middle-income countries and fragile states.



We lead by supporting people to build on what they already know to ultimately take charge of their own development—and their own health. This means we establish trust and equitable relationships with those with whom we work, listening as much as we speak.



MSH takes a whole systems approach. We look at every aspect of the health system and the social, economic, environmental, and other conditions that impact it. Our collaborators include public and private organizations and people at every level, from government to the community.



We bring data to bear on every decision. Our strategies and approaches are based on current research, detailed results monitoring, input from partners and country governments, and our decades of experience.



We work toward the goal of sustainability. Every intervention we undertake is designed to build on what already exists and bolster health systems that will ultimately be left in the hands of motivated, well-trained health care professionals and those who support them, from government ministries to communities. We put local people at the center of every activity.

# DEAR FRIENDS,

Making foundational changes to the way people receive their health care requires an understanding of the whole system, from economics to environment, government to community, and hospital to community health worker. The work that is required, often behind the scenes, to ensure someone receives the right medicine, the right diagnosis, and the right support is as complex as it is essential. That is at the heart of what MSH does.

From helping a state in crisis like South Sudan estimate the cost and impact of delivering basic health services through community workers to designing software for the government of Ukraine to monitor patients as they undergo tuberculosis treatment, MSH began or continued initiatives this year to ensure that people receive dignified, quality health care.

The results of this work can be astonishing. This year, we feature our work in Madagascar because it is a succinct story that nevertheless illustrates the complexity and breadth of what we do. Years of partnering with the people of this island nation have yielded impressive results.

From the brief descriptions of our work around the globe, you will glean how everything we do builds more resilient global communities. You can read about how we are building diverse coalitions, supporting leaders, optimizing information for decision making, and engaging communities. Our focus on creating local capacity is how MSH has operated since its founding in 1971 and is just as relevant today. None of this would be possible without the people who commit to bringing about change every day in every community in which we work, including our partners and our donors.

On behalf of all of us at MSH and the millions of people whose health and lives depend on our work, I thank you for your support.

Sincerely,



**Marian W. Wentworth**

PRESIDENT AND CHIEF EXECUTIVE OFFICER







**BUILDING  
SUSTAINABLE  
RESILIENCE**



## *A village raises a roof for safer births*

The nearest health center was more than 10 miles away from Amboafandra, a village in rural Madagascar. Simple diseases and infections claimed many lives. Women gave birth under poor conditions; in one year, five mothers and six newborns died due to birth complications. Led by 60-year-old community health volunteer Babera Georgette, a women's group built a health clinic with training and support from the USAID Mikolo project and many community members. The clinic has a delivery room, a consultation room, and a pharmacy. Today, people of all ages come in for vaccines and treatments. Women receive antenatal care and give birth at the health center. Fewer children die of preventable diseases—and pregnant women don't die for lack of access to health care.

## **A dire epidemic was gripping Madagascar. In just over six months, measles had killed more than 1,250 people, roughly half of them children, and infected more than 140,000 others.**

Epidemics do not happen in a vacuum. Poverty, hygiene and sanitation challenges, unreliable health infrastructure, and a weak system for routine vaccinations fueled the outbreak in Madagascar. Broad challenges such as these demanded a systems-based response. Working with the Ministry of Public Health and other partners, MSH supported patient management training for frontline health workers; helped develop the country's epidemic response plan; and contributed to national-level efforts to manage the supply chain for measles commodities, including collecting and sharing data on measles cases and vaccine stock levels.

## **Over three campaigns in MSH-supported districts, more than 3.6 million children aged nine months to nine years received a measles vaccine.**

This is just one way MSH is collaborating with governments, partners, and local workers to ensure that sustainable quality health services are available and accessible to all Malagasy communities. With USAID support, MSH is also helping hospitals, health facilities, and community health volunteers promote healthy behaviors, monitor child growth, provide family planning services, and treat simple illnesses.

Working with private-sector software developer Dimagi and the Ministry, MSH developed an mHealth app that guides community health volunteers working in remote, rural areas through patient diagnosis, treatment recommendations, and counseling. Information about the visit automatically uploads to a server, providing timely monitoring that is critical to preventing epidemics. Some 90% of pilot users reported data on time, compared to 60% of those using the previous paper system. The Ministry and MSH have scaled up the program to more than 500 community health volunteers in four regions of the country.

To improve access to lifesaving essential medicines under a complementary USAID project, MSH is helping public-sector leaders build a supply chain, including quantification, supply, information systems, and distribution. The work includes financing advice, such as cost analysis and recovery. The commercial sector is involved, too. MSH is facilitating public-private partnerships to make regulatory and registration frameworks stronger and more efficient and is piloting an accredited drug seller initiative so that local pharmacists dependably provide quality-assured medicines and dispense them appropriately.

The story of our partnerships in Madagascar shows MSH's essential philosophy at work: collaborating to implement a whole systems approach that equitably and reliably addresses people's most important needs.



# Creating diverse coalitions



UGANDA



KENYA

**TRULY EFFECTIVE** and lasting progress should involve every group that benefits from it, from government to private-clinic health workers and hard-to-reach patient groups. That's why MSH is supporting USAID's Global Health Security Agenda by working in 10 countries to bring together stakeholders from the human and animal health, agricultural, and environmental sectors to fight one of the most pressing public health challenges of our time: antimicrobial resistance (AMR). These countries are forging new alliances, creating leadership teams, and rolling out national plans to curtail this threat. In **Uganda**, MSH is working with similar coalitions to prepare the national supply chain to immediately respond to epidemics.

Tapping private-sector actors, too, can bring much needed reach and innovation, especially in fragile and conflict-affected areas where governments are not functioning well. As MSH's President and CEO, Marian W. Wentworth, wrote in *Global Health NOW*, private-sector actors are "getting products to people, leveraging technology, mobilizing

financial resources, and providing specialized labor. They can be valuable allies, not just in easing immediate needs but also in constructing a better-performing, reliable health sector in which all systems function well."

Acting on this principle, MSH's independently run subsidiary, MedSource, is in its second year as a group purchasing organization in **Kenya**. By aggregating the purchasing power of a large group of members, MedSource is able to lower costs, ensuring that safe, quality drugs are purchased and distributed. It also provides business support, further enhancing the country's pharmaceutical management system, and has trained more than 800 health care professionals in financial, regulatory, and inventory management. MedSource's catalog features more than 10,000 products covering all therapeutic categories. It has enrolled more than 160 trading members who see savings of 8% to 24%, which translates to lower costs for patients.

## 10,000+ products

MEDSOURCE'S CATALOG FEATURES MORE THAN 10,000 PRODUCTS COVERING ALL THERAPEUTIC CATEGORIES.

## 160+ members

MORE THAN 160 ENROLLED TRADING MEMBERS WITH 8% TO 24% SAVINGS, LEADING TO LOWER COSTS FOR PATIENTS.





# Optimizing information use



BANGLADESH

**EFFECTIVE PLANS** and smart daily decisions don't happen in a vacuum; they require that health workers at all levels have access to accurate data so they can make better choices. Building on almost a decade of work in **Bangladesh**, and with support from USAID, MSH is scaling up electronic health information management tools to contribute to the creation of a seamless, strategic national health planning system. This work includes a pharmaceutical supply chain management portal for the central health ministry; a dashboard that tracks reproductive health commodities and contraceptives at more than 29,000 service delivery points; a digital hospital equipment management tool for 12 district hospitals; and a rollout of e-TB Manager, which MSH developed to help track and manage all aspects of TB patient care, to 331 sites.



UGANDA

With USAID funding in **Uganda**, MSH uses data from the national health information system to routinely collect stock status information from 4,000 public and private not-for-profit health facilities, analyze it, and share it with stakeholders



TANZANIA

to inform supply chain decisions, which has increased the overall availability of medicines. For example, a report on 25 districts showing shortages of malaria commodities led to a revision of kit quantities for northern Uganda districts that were routinely under-stocked; in addition, it prompted a district-to-district redistribution of wasteful overstock in 18 health facilities to prevent stock-outs in 21 other facilities.

Fragmented health information, especially at the local level, has made it hard for **Tanzania** to meet its goals for HIV prevention, detection, and treatment. Through a Centers for Disease Control and Prevention (CDC)-funded project, MSH helped national ministries and local health management teams update district and regional health profiles and create visual, user-friendly electronic tools that help monitor and plan HIV and AIDS and other health programs.

## 29,000+ service delivery points

IN BANGLADESH, OUR WORK INCLUDES A DASHBOARD THAT TRACKS REPRODUCTIVE HEALTH COMMODITIES AND CONTRACEPTIVES AT MORE THAN 29,000 SERVICE DELIVERY POINTS.



# Supporting leaders



AFGHANISTAN

**BY ESTABLISHING ROLES**, making and enforcing sound policies, and building knowledge and skills, leaders—whether they work in governments or clinics—are pillars of well-functioning health systems.

TB is particularly insidious in densely populated areas and is a major problem in **Afghanistan's** capital, Kabul. With funding from USAID, MSH worked with Afghan health authorities and staff at both public and private health facilities to identify people with TB symptoms, provide timely testing and treatment, and register and report data. From 2001 to 2017, the gap between estimated and diagnosed TB patients dropped from 75% to 30%.

Community health workers are critical assets, especially in hard-to-reach areas, and they need integrated planning and dependable financing to be

effective. UNICEF commissioned MSH to develop a tool that guides countries in estimating costs and projecting the impact of investing in community health workers. Since the launch of this tool, 14 countries have used it, including **South Sudan**, which used the tool to explore implementation scenarios and mobilize resources to train and deploy more than 6,000 community health workers in a region badly affected by ongoing conflict. After seeing the investment case, partners pledged €1 million to implement it.

Tobacco use is rising in Africa, with related deaths projected to double on the continent between 2002 and 2030. Working under a grant from the Bill & Melinda Gates Foundation, MSH will leverage its expertise in capacity building, policy implementation, and performance-based financing to support countries in their tobacco control efforts.



SOUTH SUDAN



# Engaging communities



MALAWI

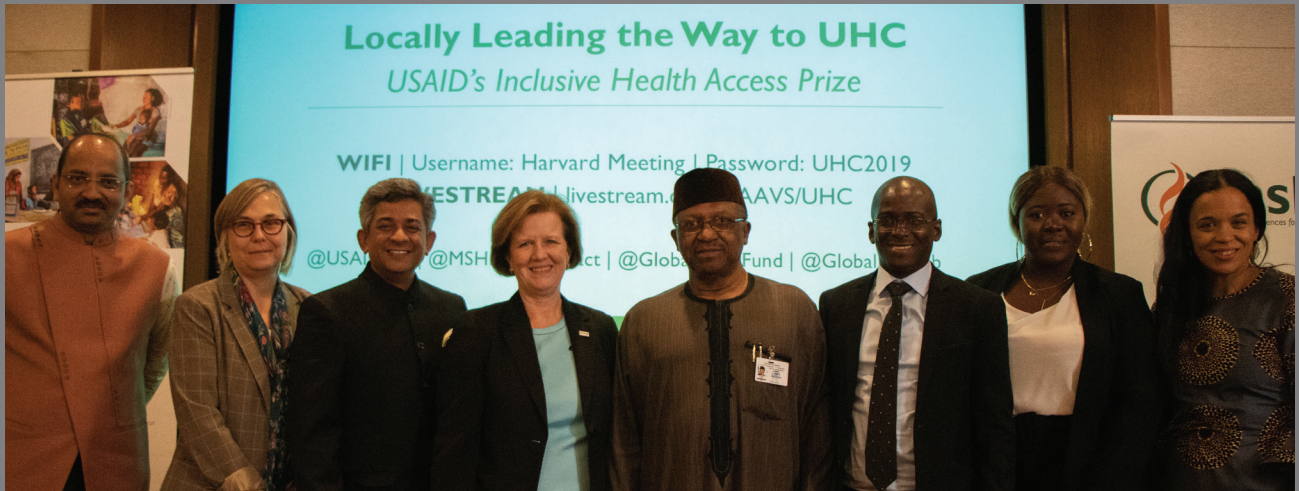
**IN MALAWI**, an estimated 85% of the population lives in rural or hard-to-reach areas, and the country also has a severe shortage of health workers. MSH helped establish and support integrated family health outreach clinics in 16 districts, where care was otherwise unavailable.

**As of June 2019, since the start of the project in 2016, MSH had increased access to reliable care for 1,039,418 Malawians, including full immunization services for 123,743 children under five years of age.**

Involving vulnerable groups in their own care is key to epidemic control. Sex workers are a key population vital to ending the HIV and AIDS epidemic, but violence and discrimination are common barriers to reaching that population. In **Angola**, MSH worked with sex workers to create a client-centered intervention focusing on finding, testing, and treating HIV. Sex workers were trained as HIV peer counselors to provide a safe, trusted source of information and counseling through the HIV testing and treatment process. Between 2017 and 2019, the project sensitized more than 24,000 female sex workers in Luanda Province.



ANGOLA



**Left to right:** Panelists and prize winners of USAID's Inclusive Health Access Prize, Dr. Ajitkumar Sudke, Senior Vice President, Piramal Swasthya Management & Research Institute in India; Irene Koek, Deputy Assistant Administrator, USAID's Global Health Bureau; Vishal Phanse, CEO of Piramal Swasthya Management & Research Institute in India; Marian W. Wentworth, President and CEO of MSH; Dr. Osagie Emmanuel Ehanire, Minister of State for Health of Nigeria; Adama Kane, CEO of JokkoSanté in Senegal; Melissa Bime, Founder and CEO of Infuss in Cameroon; and Dr. L. Nneka Mobisson, Co-founder and CEO of mDoc in Nigeria, at an MSH-hosted United Nations General Assembly event in September 2019.



## Informing policy makers

IN 2019, with funding from the James M. & Cathleen D. Stone Foundation, MSH held a series of events on Capitol Hill to educate US lawmakers about the critical importance of global health security. Featuring panelists from high-level US government leadership and civil society, the discussions at one event included the rising threat of AMR with special remarks given by Congressman Ami Bera (D-CA).

In partnership with USAID's Global Health Bureau, MSH hosted an event in conjunction with the United Nations General Assembly's first-ever High-Level Meeting on Universal Health Coverage (UHC).

The gathering recognized local private-sector partners that collaborate with public entities to improve access to affordable, accountable, and reliable health services in their countries. Additionally, MSH partnered with WHO to co-host a "Toast to UHC" event that featured speeches on key moments in the road to UHC and included the late Dr. Peter Salama, Executive Director of UHC at WHO.

# FINANCIALS

## GREETINGS,

It has been another year of substantial accomplishments for MSH. The organization has strong financials; our programs have had meaningful impact; and our staff are, as always, professional and motivated.

Specifically, MSH was awarded more than \$75 million in new multiyear awards from diverse organizations in 2019, including USAID; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Bill & Melinda Gates Foundation; and Novartis. We have significant new programs under way in Nigeria, Madagascar, and Benin—just a few of the 33 countries in which we worked in 2019.

We continue to be sought-after thought leaders as well. Led by Marian W. Wentworth, our staff are in demand for conferences, seminars, briefings, and consultations across the world. We are consulted on diverse topics, including appropriate stewardship of antimicrobials around the globe and implementing lifesaving tobacco policies in Africa.

I would like to thank our management, staff, donors, and Board of Directors for their commitment to saving lives and strengthening health systems. We are very fortunate to be part of a large community of exceptional people making such a significant and lasting difference.

My deep appreciation to all,



**Larry Fish**

CHAIR OF THE BOARD OF DIRECTORS



## Statement of revenues, program expenses, and changes in fund balance

YEAR ENDING JUNE 30, 2019,  
DRAWN FROM FINANCIAL  
STATEMENTS (US \$ amounts  
rounded to 000s)

### STATEMENT OF ACTIVITIES

Grants & Program Revenue	\$109,449
Contributions	\$2,109
Investment & Other Income	\$457

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<b>TOTAL</b>	<b>\$112,015</b>
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Program Expense	\$87,124
Management & General	\$27,852
Fundraising	\$1

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<b>TOTAL</b>	<b>\$114,977</b>
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Revenue in Excess of Operating Expenses	(\$2,962)
Foreign Currency Adjustments	\$23

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<b>NET CHANGE IN ASSETS</b>	<b>(\$2,939)</b>
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### STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$28,705
Grants & Contracts Receivables	\$8,824
Other Receivables	\$20,211
Prepaid Expenses	\$4,764
Other Current Assets	\$653
Property & Equipment	\$553

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<b>TOTAL ASSETS</b>	<b>\$63,710</b>
Liabilities	\$26,681

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<b>NET ASSETS</b>	<b>\$37,029</b>
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## Board of Directors

### **Lawrence K. Fish**

*Chair of the Board of Directors;  
Former Chairman and CEO,  
Citizens Financial Group, Inc.*

### **Barbara E. Bierer, MD**

*Faculty Director, Multi-Regional Clinical  
Trials Center at Brigham and Women's  
Hospital and Harvard University (MRCT  
Center); Program Director, Regulatory  
Foundations, Ethics, and Law Program,  
Harvard Catalyst, the Harvard Clinical  
and Translational Science Center, Harvard  
Medical School; Professor of Medicine,  
Harvard Medical School; Senior Physician,  
Brigham and Women's Hospital*

### **Charles J. Dockendorff**

*Former Executive Vice President and Chief  
Financial Officer, Covidien*

### **Robert E. Hallagan**

*Vice Chairman & Co-Leader, Board Services  
Practice, Korn Ferry*

### **John Isaacson**

*Chair and Founder, Isaacson, Miller*

### **Katherine Luzuriaga, MD**

*UMass Memorial Health Care Chair in  
Biomedical Research; Professor, Molecular  
Medicine, Pediatrics, and Medicine;  
Director, University of Massachusetts  
Clinical and Translational Science; Vice  
Provost, Clinical and Translational Research*

### **Latanya Mapp Frett**

*President and CEO, Global Fund for Women*

### **John H. Masterson**

*Former Senior Vice President and  
General Counsel, Covidien*

### **W. Gyude Moore**

*Visiting Fellow, Center for Global  
Development; Former Minister of Public  
Works and Deputy Chief of Staff to  
President Ellen Johnson-Sirleaf in Liberia*

### **Bernard Nahlen, MD**

*Director, Eck Institute for Global Health,  
University of Notre Dame*

### **Dan Pellegrum**

*Former President and CEO,  
Pathfinder International*

## Leadership Team

### **Marian W. Wentworth**

*President and Chief Executive Officer*

### **Gordon Comstock**

*Vice President, Program Delivery Group*

### **Matthew Gameda**

*Senior Director, Internal Audit*

### **David Humphries**

*Chief External Affairs Officer*

### **Daniel H. Kress**

*Vice President for Global Health  
Systems Innovation*

### **Colleen McGuffin**

*Chief People and Culture Officer*

### **Craig Molyneaux**

*Chief Financial Officer and Executive  
Vice President*

### **Dana Sandstrom Keating**

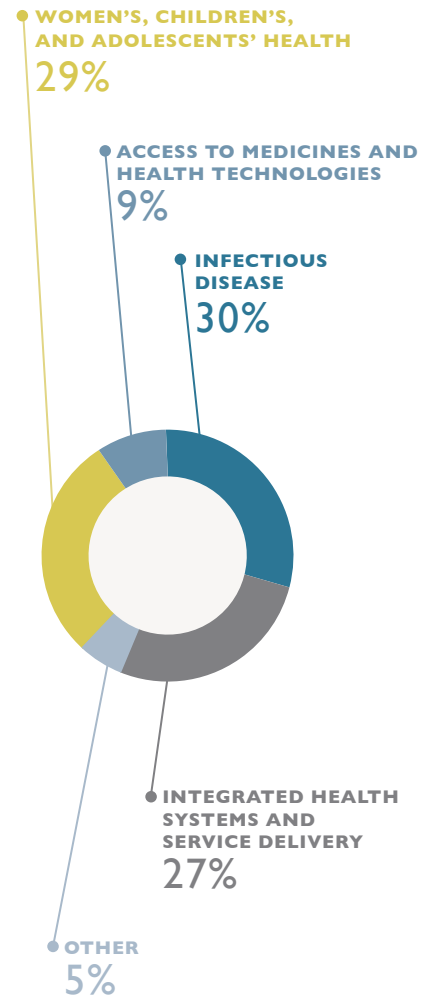
*Head of Business Development  
and Partnerships*

### **Paul M. Zimmerman**

*General Counsel*

## MSH Works Across Priority Health Areas

2019 EXPENSES BY  
PRIORITY HEALTH AREA



# Sources of Support

## **FOUNDATIONS & CORPORATIONS**

The Bill & Melinda Gates Foundation  
CDC Foundation  
Concept Foundation Ltd.  
The Daniel H. Kress and Patty Glick Fund  
David and Katherine Moore Family Foundation  
Dockendorff Family Fund  
Fish Family Foundation  
Hispanics in Philanthropy  
Isaacson Family Fund  
The James M. & Cathleen D. Stone Foundation  
at the Boston Foundation  
John D. and Catherine T. MacArthur Foundation  
Margaret A. Cargill Foundation  
Novartis  
Pellegrom Family Fund  
Pfizer Inc.  
PricewaterhouseCoopers

## **GOVERNMENT & INTERNATIONAL AGENCIES**

Centers for Disease Control and Prevention (CDC) (US)  
Department for International Development (DFID) (UK)  
Dutch Ministry of Foreign Affairs  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
International Committee of the Red Cross  
Ministry of Health and Hygiene (Côte d'Ivoire)  
UNICEF  
United Nations Development Program  
United Nations Office for Project Services  
United Nations Population Fund  
US Agency for International Development (USAID)  
World Bank Group  
World Health Organization (WHO)

## **NGOS, HEALTH ORGANIZATIONS, & UNIVERSITIES**

Defense Threat Reduction Agency  
FHI 360  
Global Health Innovative Technology Fund  
Jhpiego  
Johns Hopkins Bloomberg School of Public Health Center  
for Communications Programs  
KNCV Tuberculosis Foundation  
National Academy of Sciences  
NetHope  
Partnership for Supply Chain Management  
PATH  
Pathfinder International  
Population Services International  
University of North Carolina  
White Ribbon Alliance for Safe Motherhood

## **INDIVIDUALS**

Barbara E. Bierer, MD  
Mark Dybul, MD  
Larry and Atsuko Toko Fish  
Emily Guimaraes  
Robert E. Hallagan  
Matthew Iwanowicz  
Paula Doherty Johnson  
Katherine Luzuriaga, MD  
Latanya Mapp Frett  
Colleen and Scott McGuffin  
Craig and Kandi Molyneaux  
Bernard Nahlen, MD  
Grace Rogol  
Nathan and Irene Idicheria Tiller  
Marian W. Wentworth and David Nice



# WHERE WE WORK

Since our founding in 1971, MSH has improved health systems in more than 150 countries worldwide.

## MSH IN 2019

**33**

COUNTRIES

**1,143**

TOTAL STAFF

**948**

STAFF OUTSIDE US

**83%**

OF MSH PERSONNEL IN COUNTRIES OR REGIONAL OFFICES ARE FROM THE COUNTRY OR REGION WHERE THEY WORK.

**71**

LOCAL PARTNER ORGANIZATIONS MSH WORKED WITH

## AFRICA

ANGOLA

BENIN

BURKINA FASO

CAMEROON

CÔTE D'IVOIRE

DEMOCRATIC

REPUBLIC OF  
THE CONGO

ETHIOPIA

KENYA

LIBERIA

MADAGASCAR

MALAWI

MALI

MOZAMBIQUE

NAMIBIA

NIGERIA

RWANDA

SENEGAL

TANZANIA

UGANDA

ZIMBABWE

## ASIA AND THE MIDDLE EAST

AFGHANISTAN

BANGLADESH

JORDAN

NEPAL

PHILIPPINES

VIETNAM

## EUROPE

UKRAINE

## THE AMERICAS

ARGENTINA

COLOMBIA

ECUADOR

GUATEMALA

HAITI

PERU



msh.org

## STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

### WHO WE ARE

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### Management Sciences for Health

For more information about MSH and our work, contact [communications@msh.org](mailto:communications@msh.org).

#### MSH

200 Rivers Edge Drive  
Medford, MA 02155  
United States  
617 250 9500

#### MSH

4301 North Fairfax Drive  
Suite 400  
Arlington, VA 22203  
United States  
703 524 6575



@MSHHealthImpact



Facebook.com/  
ManagementSciencesforHealth



Youtube.com/MSHHealthImpact

### PHOTO CREDITS

#### FRONT & BACK

Samy Rakotoniaina/MSH

#### INSIDE

Eclectic Journey Photography

Samy Rakotoniaina/MSH

Sarah McKee/MSH

#### DESIGN

Paula Champagne

#### MSH

25 Broadway, 9th Floor  
New York, NY 10004  
United States  
646 677 8100

