

STRONGER HEALTH SYSTEMS:

HEALTHIER FAMILIES
AND COMMUNITIES

Annual Report 2017



OUR VISION:

A WORLD WHERE EVERYONE
HAS THE OPPORTUNITY
FOR A HEALTHY LIFE

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Dear Friends,

We build strong health systems—systems that offer every individual access to high-quality, affordable health services. Systems that can stop an epidemic in its tracks. Systems that can withstand the shocks of an economic meltdown or a conflict. Systems where every woman can take charge of her own family planning, enjoy a safe pregnancy and delivery, and rest assured that her child has a good chance of making it past the critical age of five.

Our work is guided by almost 50 years of experience and the belief that working shoulder to shoulder with our partners toward full local ownership is critical to long-lasting success.

Over the last year, we made significant progress building stronger health systems in dozens of countries. In Madagascar, we built a mobile health app to transform how thousands of community health volunteers care for patients and report health data. In Mexico, we improved midwifery practices to relieve demand at hospitals. In Malawi, we integrated cervical cancer screening with antenatal and HIV services to stem the tide of the top cancer killer of women in low-income countries. And in 46 countries, we helped implement a number of interventions to contain antimicrobial resistance, an increasingly serious threat to global health.

We are proud of the work and achievements made over the last year, and of the value that MSH brings in its efforts to save lives and improve the health of the world's most vulnerable people.

We are no less proud of, and honored by, the financial support and commitment of our donors and partners. Their generosity makes our work possible.


Thank you,

A handwritten signature in black ink that reads "Marian W. Wentworth". The signature is written in a cursive, flowing style.

Marian W. Wentworth

President and Chief Executive Officer

MANAGEMENT SCIENCES FOR HEALTH



WHEN ALL PIECES OF A HEALTH SYSTEM WORK TOGETHER—THAT IS, ALL SECTORS FUNCTIONING IN TANDEM AND PEOPLE ACROSS OFFICES AND FACILITIES SUPPORTING ONE ANOTHER—COUNTRIES CAN PROTECT THE HEALTH OF EVEN THEIR MOST VULNERABLE COMMUNITIES.

ACCESS TO MEDICINES AND HEALTH TECHNOLOGIES

Everyone who needs medicine—whether to prevent infection or treat disease—must receive the right drug, in the right dose, at the right time, at an affordable cost. Ensuring access to safe, quality-assured medicines requires a strong, responsive pharmaceutical system working within and in support of a functioning health system.

In Uganda (2010–17), Management Sciences for Health (MSH) combined pharmaceutical training with sustained, supportive supervision for managers and facility workers, making them accountable to one another, district officials, and local religious medical bureaus. By 2017, nearly all government facilities had received at least one supervisory visit from district officials to measure performance. In Afghanistan (2011–17), MSH led activities that helped to update pharmacy curricula at 71 local teaching institutions, develop regulatory and treatment frameworks, establish an electronic information system, train more than 6,500 health personnel, improve pharmaceutical procurement, and provide more than 1,240,000 couple-years of protection using modern contraceptive methods.

A pharmaceutical system comprises more than just supplies of medicines and products, warehouses and waiting rooms. It is also a collaborative network of organizations and individuals who use these tools to help people get and stay healthy. MSH supports countries in improving policies and regulations and developing robust systems to procure medicines and supplies, ensure their quality, store them securely, and transport them where they are needed. We develop state-of-the-art capacity-building programs and tools to train providers in managing medicines and commodities at all levels of the health system.

“Our goal is to get people quality services and medicines that are safe and effective, and to ensure that people know how to use them appropriately. Reaching these goals requires working with organizations, individuals, structures, and processes to create a more integrated and stronger pharmaceutical system.”

— Douglas Keene, Vice President, Pharmaceuticals and Health Technologies Group, MSH



\$120 million saved in Bangladesh, Dominican Republic, Ethiopia, and South Africa through better pharmaceutical management



43 countries use six electronic pharmaceutical-management tools



22 countries developed standard operating procedures and 8 countries developed 32 pharmaceutical laws and regulations through MSH programs

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program: 2011–18



In 46 countries in Africa, Asia, Europe, Latin America and the Caribbean, the Middle East, and Oceania, over seven years, the USAID-funded SIAPS program, implemented by MSH, worked to ensure the availability of quality pharmaceutical products and effective related services to achieve desired health outcomes.

SIAPS aimed to meet each country's disease-specific targets by boosting performance in governance, human resources, information, financing, supply-chain management, and service delivery. Our efforts improved equitable access to a wide range of affordable, effective pharmaceutical technologies and medicines—and ensured their appropriate use.

“SIAPS is a model of how strengthening the foundational components of pharmaceutical systems can contribute to their effectiveness and resilience. We need to continue pushing for progress to ensure that everyone—despite their circumstances—gets the medicines and care they need to make and keep them healthy.”

— Francis Aboagye-Nyame, SIAPS Program Director

Metrics for Success

Unregulated neighborhood drug shops—which often have untrained owners and workers and stock of unreliable quality—are the first point of care for millions of people. In 2003, MSH and Tanzania pioneered a model to accredit and regulate these private businesses, dramatically improving access to affordable, quality medicines and services. At the same time, the model strengthens the business skills and livelihoods of the people who run the shops, many of them women. Tanzania's early success led to a nationwide program with more than 11,500 accredited shops. MSH has now adapted the program for Uganda, Liberia, Nigeria, Zambia, and Bangladesh—and global health stakeholders are recognizing the profound potential drug shops have to advance public health.

In Uganda, nearly 1,000 shops have been established in 13 districts. During the Ebola outbreak in Liberia, most drug shops continued to provide medicines and health commodities to their communities.



“Our dispensing practices have very much improved. We now don't sell medicines for the sake of income, but provide proper treatment so that clients get healed.”

— Owner and dispenser, Songea, Tanzania

200,000 drug shops

In Nigeria, the national pharmacy council is repositioning around 200,000 drug shops. Bangladesh has established the country's first-ever standards for its more than 200,000 drug shops with support from UKaid.



50,000+ people

participated in trainings, more than 3,000 completed online courses, and 11 countries developed more than 50 curricula for pharmaceutical management.

Tracking Progress

“Given the importance of pharmaceutical systems to achieving the health and risk protection goals of universal health care, our work completes an important step toward evaluating pharmaceutical systems strengthening interventions and investments.”

—Helena Walkowiak, Fourth Global Symposium on Health Systems Research conference in Vancouver

Despite significant research in the field, there has been neither consensus on what constitutes a pharmaceutical system nor a clearly defined framework for measuring progress in strengthening pharmaceutical systems. SIAPS led a comprehensive literature review to look at existing definitions, frameworks, and tools for measuring pharmaceutical systems, which was then published in 2017. Stakeholders met to define *pharmaceutical system* and *pharmaceutical systems strengthening* and identified critical components for measuring progress and assessing the effectiveness of investments by countries and donors.



Accredited Drug Seller Initiatives Compendium

In 2017, MSH staff published a compendium of journal articles from the last 10 years describing the accredited drug seller implementation experience and lessons learned in Tanzania—home of the flagship

Accredited Drug Dispensing Outlets (ADDO) program.

The new compendium reviews highlights, including robust multimethod quantitative and informative qualitative research.

IMPACT WORLDWIDE

SYRIA, IRAQ, TURKEY, AND YEMEN

A training for 49 representatives of top aid organizations examined how long-term, sustainable supply chain management helps identify essential needs during emergencies and get emergency aid supplies where they are needed.



SWAZILAND

Legislation on medicines, pharmaceutical establishments, and the pharmacy profession in Swaziland was outdated and ineffective.

SIAPS supported a bill for the first-ever medicines regulatory authority, helping to ensure the quality, safety, and efficacy of medicines in the country.



NAMIBIA

An electronic medicine-dispensing tool reduced the time patients spend waiting for medicines. In one hospital in just one year, the **wait time dropped to an average of 30 minutes**—down from as long as six hours. In more than 50 participating health facilities, pharmacy staff can now devote more time to patient care and managers can better track overall logistics.



BANGLADESH

A national pharmacovigilance program **improved tracking of adverse drug reactions**, and a training for point people at facilities around the country multiplied its effectiveness. The project introduced an electronic logistics management information system to help track family planning commodities at more than 29,000 service delivery points and to track 25 lifesaving commodities in 14 districts.



29,000+

Family planning commodities tracked at more than 29,000 service delivery points.



**PREVENTING AND TREATING INFECTIOUS
DISEASES AND STOPPING OUTBREAKS OF
EPIDEMIC-PRONE ILLNESSES DEMANDS
ACCESSIBLE, WELL-INTEGRATED,
RESILIENT HEALTH SYSTEMS.**

DISEASE PREVENTION, TREATMENT, AND CONTROL

In countries where infectious disease mortality is high, poor roads and distant health facilities can keep people from care. Facilities are often understaffed or ill supplied. MSH is strengthening health systems to deliver quality health services that are gender responsive and adapted to the populations we serve. We build infrastructure and health worker capacity to deliver care with well managed medicines, finances, and information. We promote communities as the front line of disease prevention and response and we support countries in controlling emerging epidemics. The stories of MSH's work include:

A mother in Angola brings her malnourished baby to a health center and finds out that both she and the child are HIV positive. Health workers connect her to a counselor, who helps build her husband's support for her treatment and convinces him to get tested. In the Democratic Republic of the Congo (DRC), two young brothers come down with high fevers. Their mother rushes them to a nearby community care site, where a community volunteer trained to recognize high-risk childhood illnesses treats them for malaria.

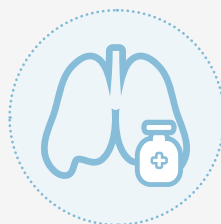
MSH works with national ministries of health and other partners to develop tools, technology, and training to better prevent, diagnose, and treat disease. We work to improve leadership and management skills, strengthen laboratory systems, ensure the availability of medicines and supplies, and integrate services for more efficient and effective care. Our work has informed global health initiatives and increased political support for effective disease control programs.

To prevent global pandemics, we must strengthen nations' capacity to prevent, detect, and respond to infectious disease threats—and improve health systems so they are capable of delivering everything it takes to keep people safe from infectious disease.



Family testing days

In support of Malawi's national strategy to identify people living with HIV and AIDS, **20,000 family members were tested in 90 facilities** from October 2016 to November 2017. The approach was key to identifying new HIV cases: The positive test rate (22 percent) was much higher than the national average (4 percent).



Better tuberculosis diagnosis

In seven countries, MSH has introduced the fast and precise GeneXpert diagnostic tool, allowing patients to immediately begin lifesaving tuberculosis (TB) treatment. **Digital X-ray machines** have helped increase TB case detection, particularly among children.



Integrated cervical cancer screenings

In Malawi, where 80 percent of cervical cancer cases are fatal, MSH incorporated screening and cryotherapy treatment in its established HIV and AIDS services. **From 2015 to 2017, more than 5,000 women were screened.** Screenings per quarter increased steadily, as did on-site treatment, which rose from 11 to 56 percent.

PROGRAM HIGHLIGHTS



HIV PEER-TO-PEER CARE

In Malawi and Nigeria, MSH-supported clubs for adolescents with HIV have improved adherence to treatment. In Angola, we partner with peer educators to create support groups for sex workers, empowering them as leaders in HIV

care and helping them fight discrimination and violence. In one year, our HIV-prevention activities reached 15,390 female sex workers, men who have sex with men, and transgender people.

9,000+ people

More than 9,000 people in Malawi received HIV testing, and peer navigators improved retention in treatment from 19 to 43 percent in just three months—and to 67 percent in one year.

MALARIA CONTROL

From 2011 to 2017, MSH built capacity for malaria control in eight African countries through the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program, implemented by MSH—strengthening governance; and boosting skills, leadership, and coordination. Almost 15,000 officials, pharmacists, and community health workers participated in our trainings. In the DRC, a national registration committee increased the number of registered medicines from 200 to more than 3,900. In Ethiopia, interventions reduced the number of patients treated for malaria without laboratory confirmation by more than two-thirds in three years. South Sudan's strategic malaria plan was recognized by the African Leaders Malaria Alliance.

AFTER EBOLA

After the pharmaceutical system in Sierra Leone was decimated by Ebola, MSH helped rebuild a more sustainable and responsive system to withstand and prevent future outbreaks. A simple treatment register streamlines patient and product information for health workers and collects critical data for officials. A leadership development program for pharmacists helps them identify solutions to alleviate medicine stock-outs and train others. A real-time electronic monitoring system allows in-depth tracking of diseases, medicines availability, staffing, and patients in public health facilities. Health officials are trained in using forecasting software to predict the need for medical products.

Stop Tuberculosis

Multidrug-resistant TB—one of the hallmarks of the global TB epidemic—continues to rise, demanding bold responses, such as: intervention for high-risk populations and innovations in diagnosis and supportive treatment. MSH programs integrate such bold responses. In Ethiopia, drivers transporting medical specimens use an electronic tool to coordinate facilities, routes, and laboratories for TB diagnostic tests, reducing the time between specimen collection and lab delivery from more than a week to just one day. In Afghanistan and Uganda, a rapid-assessment technique trains health facility staff to identify TB symptoms, refer families of TB patients for testing, supervise patients' use of medicines, and accurately report TB-related data.



MSH staff members from the Challenge TB project in Ethiopia on World TB Day 2017.

Union Lung Conference

MSH's tuberculosis work was recognized during the 48th Union World Conference on Lung Health in Guadalajara, Mexico in October 2017. MSH staff from seven countries participated.

MSH also produced 3 symposia, 3 workshops, 36 posters, 24 oral presentations, and 6 technical briefs and technical highlights to share our experience and expertise on the GeneXpert test, which is used to detect TB; our TB/HIV/diabetes integration model; and expansion of TB services in densely populated areas.

Antimicrobial Resistance

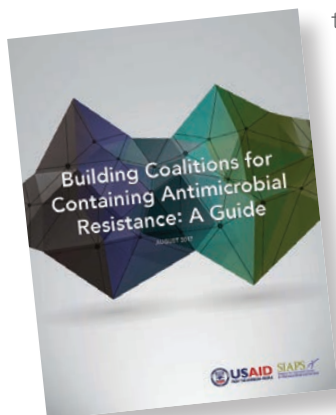
Bacteria, parasites, and viruses can adapt to resist medicines, especially when medicines aren't used appropriately. Antimicrobial resistance (AMR) threatens our progress against infectious diseases. SIAPS participated in global efforts to minimize this threat by developing national AMR strategies in Ethiopia, Namibia, Sierra Leone, South Africa, and Swaziland; introducing new medicines for multidrug-resistant TB in Georgia, Kenya, the Philippines, Swaziland, and Uganda; and launching an electronic drug-safety platform to detect adverse reactions in the Philippines.



Building Coalitions Against AMR

In its 2015 Global Action Plan on AMR, the World Health Organization called on member states to “promote and support establishment of multi-sectoral (one-health) coalitions to address AMR at local or national level, and participation in such coalitions at regional and global levels.” To support these efforts, the SIAPS program published a practical guide

to building coalitions against AMR. It describes SIAPS’s experiences and lessons learned and includes user-friendly tools and templates.



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.

—Lao Tzu

Since our founding in 1971, MSH’s operational philosophy has been the 3,500-year-old Tao (Way) of Leadership, working shoulder to shoulder with our local colleagues and partners and empowering them for success.

STRENGTHENING GLOBAL HEALTH SECURITY

Despite tremendous strides in global health, the world remains unprepared for the next major disease outbreak. To prevent global pandemics, we must strengthen nations' capacity to prevent, detect, and respond to infectious disease threats—and improve health systems so they are capable of delivering everything it takes to keep people safe from infectious disease.

In 2017, MSH was on the ground during outbreaks of plague in Madagascar and cholera in Malawi, coordinating actors across society, training health workers, and supporting sanitation while building systems to prevent routine health service breakdowns and prepare against future outbreaks.

MSH works with countries to enhance safety and quality in service delivery and infection control, develop a skilled and motivated health workforce, and build robust health information and pharmaceutical management systems. We engage communities in epidemic surveillance and preparedness, promote the voice of civil society, and emphasize the critical importance of leadership and governance at all levels to strengthen health security.

Ready Together for Epidemic Preparedness

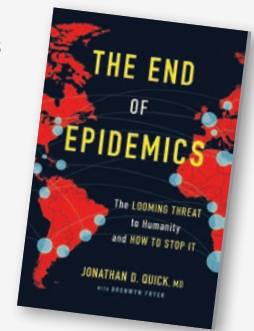
During a meeting at Harvard Medical School on November 13, 2017, security and development experts, public health practitioners, private-sector representatives, academics, NGO staff, scientists, and students discussed the risks associated with disease outbreaks and the innovations needed to prevent them. The Ready Together Conference was co-hosted by MSH, No More Epidemics, the Harvard Global Health Institute, and the Georgetown University Center for Global Health Science and Security, with support from the James M. and Cathleen D. Stone Foundation. Conference proceedings are available on the MSH website: <http://www.msh.org/resources/ready-together-conference-proceedings>.



Left to right, Dr. Jonathan D. Quick (MSH Senior Fellow), Dr. Gagik Karapetyan (World Vision), Dr. Samuel Abu Pratt (FOCUS 1000), and Ashley Arabasadi (Chair of Global Health Security Agenda Consortium and Advocacy Advisor, MSH) discuss whole-of-society collaborations to enhance global health security.

The End of Epidemics

In his new book, *The End of Epidemics: The Looming Threat to Humanity and How to Stop It*, Dr. Jonathan D. Quick, chair of the Global Health Council and a senior fellow at MSH, offers answers to one of the most urgent questions of our time: How do we prevent the next global pandemic? Quick explores lessons from epidemics of the last century and how we can protect ourselves globally by containing outbreaks locally by strengthening sustainable health systems. Proceeds from the book go to strengthening MSH's technical contributions to global health security. More information about Quick's book can be found at the *End of Epidemics* website: <http://www.endofepidemics.com/>.



“We can end epidemics with seven sets of concrete actions proven over a century of epidemic response.”

—Dr. Jonathan D. Quick
Senior Fellow at MSH,
from *The End of Epidemics*

REBUILDING FRAGILE HEALTH SYSTEMS



In countries torn by war or civil conflict, or beset by a natural disaster or epidemic, health systems struggle and often break down. As crises abate and humanitarian agencies leave, health systems are often left unequipped to meet people's needs. In Haiti, Afghanistan, Ethiopia, the DRC, Liberia, Sierra Leone, and South Sudan, MSH has supported the transition from humanitarian crisis to post-crisis recovery and finally to stability, sustainable development, and universal health coverage. Our approaches and tools can easily be adapted for relevance, feasibility, and effectiveness in these challenging contexts.

Supporting Stability in the DRC

In the DRC—a vast country working toward economic and political stability amid a decades-long civil conflict—MSH has helped improve nutrition (promoting local crops and breastfeeding), sanitation (fixing water wells and installing latrines), infrastructure (pooling funds to build health facilities and community-care sites), and overall access to services for infectious disease with low-cost, high-impact interventions over six years. As a result of our work, every health facility in the country that provides HIV services now offers integrated family planning, the percentage of women attending at least four antenatal care visits increased from 9 to 56 percent, and the lives of more than 178,000 children and 14,000 newborns were saved.

192,000 children & newborns saved in the DRC

MSH at the UN General Assembly

In September 2017, strengthening health systems was front and center in discussions held in New York City as part of the 72nd United Nations General Assembly. MSH hosted three events spotlighting strong health systems as critical to stability and resiliency in fragile environments, as the core of global health security, and as essential for achieving universal health coverage.



Her Excellency Dr. Raymonde Goudou Coffie, Minister of Health of Côte d'Ivoire, discusses steps taken to protect the population from disease outbreaks at an MSH-sponsored event on global health security in fragile environments.

“Global health security is more than the purview of the health care sector and public health experts: we all have a role to play in securing a safer, healthier world.”

—Marian W. Wentworth, President and CEO, MSH



**QUALITY HEALTH CARE REQUIRES
BUILDING STRONG HUMAN
RELATIONSHIPS AROUND COMMON
GOALS—CONNECTING COMMUNITY,
FACILITY, AND GOVERNMENT TO ACHIEVE
HEALTH CARE FOR ALL.**

WOMEN, CHILDREN, AND ADOLESCENTS— QUALITY OF CARE FOR ALL

Each year, the world loses women and newborns to preventable causes related to pregnancy and childbirth. Millions of mothers in low-resource settings miss out on proper antenatal and postpartum care and give birth without a skilled attendant. MSH partners with governments, civil society, the private sector, and health workers to develop and implement locally led health solutions that reach women before, during, and after pregnancy—and children from birth through adolescence.

Pregnancy clubs, MSH's group model of antenatal care, co-created with local women and midwives, provide support during an often stressful or isolating time and improve pregnancy outcomes. A 15-year-old girl, pregnant and shunned after she was raped, is offered hope and support by an MSH case worker, who simply explains, "What happened to you is not your fault." MSH-supported community members form a protection team to interrupt genital mutilation ceremonies and persuade parents to opt out by warning them of the health risks. After delivering her baby in an overcrowded ambulance on the way to a hospital, a mother uses an MSH reporting system to help authorities understand gaps in care, leading officials to allocate an ambulance to her local health center.

When the health system doesn't work, women and their families often have nowhere to turn. MSH collaborates with countries and communities to build strong, resilient, sustainable health systems that support universal health coverage—equitable, affordable access to high-quality health services for everyone who needs them.

“Despite massive progress in global health, women and children continue to die needlessly from preventable causes and to experience ill health. MSH is working hard to break down barriers and provide equitable, high-quality health care.”

— Catharine H. Taylor,
Vice President, Health
Programs Group, MSH



Contraception in Burkina Faso

In Burkina Faso, the FCI Program of MSH worked with leaders in two villages to dedicate funds for contraceptives and family planning education in their 2017 budgets, a first in that region.



Reaching youth in Madagascar

MSH trained over 2,400 peer educators to increase family planning among 15-to-24-year-olds, reaching at least 39,600 youth. Following awareness raising by peer educators and community health volunteers, the rate of family planning increased 45 percent among 15-to-19-year-olds and 30 percent among 20-to-24-year-olds.



Midwifery services in Mexico

With support from the John D. and Catherine T. MacArthur Foundation, MSH is supporting placement of midwives in the public health sector and advocating for midwifery education and regulation. Midwives could provide 87 percent of essential care to women and newborns worldwide.

Mobile Technology for Community Health

In rural areas of Madagascar, community health volunteers (CHVs) are instrumental in improving maternal, child, and adolescent health services by raising awareness of healthy behaviors, monitoring child growth, providing family planning counseling and services, and treating simple illnesses. Through the USAID Mikolo project, MSH has increased access to and availability of community-based primary health care in remote areas, especially for women of reproductive age, children under age five, and infants. To improve reporting accuracy and timeliness, and the quality of care and counselling that CHVs provide, the Ministry of Public Health, MSH, and our partner, Dimagi, developed a digital health initiative that integrates CHV standard guidelines, job aids, health center referrals, and remote reporting. In a 2017 pilot program in two regions of Madagascar, CHVs used a custom smartphone application (or mHealth app) that guided them through the case management and counseling process and instantly recorded activity data.

Lynda, pictured at right, is among 50 pilot users of the digital health application. She monitors the weight of 75 children under age five each week in her village, which is a two-hour walk from the nearest health center. With her smartphone, she directly

records activity data using the mHealth app. The head of the health center can supervise her activities remotely in real time. Results from the pilot program indicated that the application improved CHVs' motivation and confidence, speed of report submission, and compliance with standards.



Lynda Razafiharilalao, a Malagasy community health volunteer, shows various modules of the mHealth app to a fellow volunteer.

The FCI Program of MSH

The FCI Program of MSH builds on three decades of evidence-based advocacy and capacity building by Family Care International. With a gender-focused, rights-based approach, the program continues to call for universal access to high-quality, culturally respectful health care and builds advocacy skills in communities



In Mexico, through the FCI Program of MSH, midwives apply evidence-based practices, reassure and help patients, and have become an integral part of the maternal health team.

and civil society to hold governments accountable for improving health equitably. The FCI Program of MSH advances the health and rights of women and girls and works to end sexual and gender-based violence and other harmful practices, such as female genital mutilation and child marriage.

Access to emergency contraception in Nigeria

Emergency contraception is widely available in urban centers of Nigeria, but the majority of women do not know about it. With Nigerian advocates and family planning experts, the International Consortium for Emergency Contraception, hosted by MSH, provided evidence-based guidelines for adding emergency contraception to the country's essential medicines list, paving the way for broader, safer, and more locally appropriate use—including treatment for survivors of sexual violence.

Ending sexual and gender-based violence in Mali

With support from the Dutch Embassy in Bamako and UN agencies, the FCI Program of MSH advocates for women's and girls' reproductive health and rights; trains community volunteers to refer survivors of sexual and gender-based violence to free medical, psychosocial, and legal services; and builds the capacity of health staff to provide safe and respectful care. In two years, 78 of 258 villages committed to eliminating female genital mutilation, and 175 sexual-violence survivors received medical and psychosocial care (114 women, 39 girls, 12 men, and 10 boys).

PROGRAM HIGHLIGHTS



HEALTH FOR ALL IN MALAWI

The USAID-funded Organized Network of Services for Everyone's (ONSE) Health Activity is strengthening services for maternal and child health, family planning and reproductive health, malaria, nutrition, water, and sanitation. Led by MSH, the program fosters community engagement to improve care and accountability, conducts on-the-job training of health personnel, establishes patient reporting systems, and supports data-driven leadership in the districts. Since it began in November 2016, the program has reached more than 350,000 clients with preventative and curative services through community-based outreach, resuscitated more than 7,000 newborns, and treated 459,553 children for diarrhea.

459,500 children

The ONSE program in Malawi has reached more than 350,000 people with preventative and curative services through community-based outreach, resuscitated more than 7,000 newborns, and treated more than 459,500 children for diarrhea.



THE NETHOPE DEVICE CHALLENGE IN MADAGASCAR AND MALAWI

A pilot program testing a digital health app for community health volunteers in Madagascar improved volunteers' motivation and confidence, speed of report submission, and compliance with standards (see facing page). MSH is now scaling up the program to 600 volunteers in Madagascar and adapting it for 1,000 health workers in Malawi through a NetHope Device Challenge grant, made possible with support from Google.org.



QUALITY OF CARE IN RWANDA

In Rwanda, a national accreditation program for hospitals serves as a continuous quality improvement strategy and addresses high-risk issues in health services. Bushenge Hospital implemented new standards for infection control (antibiotic prophylaxis, hand hygiene, and sterilization, combined with staff training and patient education) and reduced post-surgery infections among women delivering by cesarean section from 8 percent to 1.8 percent in three years.



BETTER HEALTH SYSTEM PERFORMANCE
BEGINS WITH INSPIRED AND INSPIRING
LEADERSHIP; SOUND MANAGEMENT;
AND CONSISTENT, TRANSPARENT
GOVERNANCE.

INSPIRING LEADERSHIP

Better health system performance begins with inspired and inspiring leadership; sound management; and consistent, transparent governance. Managers need leadership and management skills to motivate staff, improve service quality, and implement interventions that are proven to work, and communities must be empowered to hold the health system accountable for its performance.

A management course for midwives in 10 countries supports pregnancy outcomes, male involvement, and family planning counseling. Our leadership development program served approximately 2,800 health managers—more than one-third of them women—in 40 countries. Several hundred trained facilitators continue to lead the program worldwide. Our landmark publications—Managers Who Lead, Health Systems in Action, and Leaders Who Govern—have set the standard for better leadership and management.

At MSH, we work with teams to articulate a compelling vision for better health and to identify and remove the barriers to that vision. Applying practices of good leadership—scanning the internal and external environment, focusing on priorities, and mobilizing key stakeholders—leads to measurable improvements in health. Building on our experience in dozens of countries, MSH is a leader in strengthening governance, leadership, and learning so that health systems can better provide quality, people-centered care. MSH has led the development of leadership training since 1985.

MSH is a leader in strengthening governance, leadership, and learning so that health systems can better provide quality, people-centered care.



With more than 4,000 active users, LeaderNet, a digital learning platform for managers, facilitates conversations about critical governance, leadership, and learning issues.



50 Haitian journalists were trained on local health issues and on how to produce evidence-based stories that raise awareness about challenges and successes. Haiti now qualifies to apply for grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria—all due to MSH's support.



In more than 40 countries, MSH's Leadership Development Program Plus (LDP+) strengthens the leadership skills of health care providers and managers.

The Leadership, Management, and Governance Project



For six years, the USAID-funded, MSH-led Leadership, Management, and Governance (LMG) Project underscored the importance of good governance and leadership to improve health—from family planning to maternal, newborn, and child health to HIV and AIDS—across more than 90 countries. LMG’s activities included working with staff at the centralized level of Haiti’s Ministry of Public Health and Population, supporting midwife managers in rural health facilities, and incorporating leadership competencies into health worker training curricula in Ethiopia, Rwanda, and Zambia—giving students essential planning, critical thinking, teamwork, and problem-solving skills before they graduate. LMG also supported National Malaria Control Programs in eight countries to effectively implement malaria control activities by embedding long-term advisors who worked side by side with teams to solve challenges. These achievements and others were celebrated at the LMG end-of-project event, *Passport to Leadership: Unlocking the Potential of Individuals, Teams, and Nations*, on April 6, 2017, in Washington, DC.

“LMG is crucial for better health outcomes. Because of lack of sound leadership and health system strengthening, the region was suffering from challenges that could have been solved easily.”

—Mengistu Alehegn, Human Resource Development
Amhara Regional State Health Bureau, Ethiopia

STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

Management Sciences for Health (MSH) works shoulder to shoulder with countries and communities to save lives and improve the health of the world’s poorest and most vulnerable people by building strong, resilient, sustainable health systems. Together, we seek to achieve universal health coverage—equitable, affordable access to high-quality health services for all who need them—even in fragile, post-crisis settings. For more than 45 years in 150 countries, MSH has partnered with governments, civil society, the private sector, and thousands of health workers on locally led solutions that expand access to medicines and services; improve quality of care; help prevent and control epidemics; support inspiring leadership and transparent governance; and foster informed, empowered, and healthier communities.

Disease Surveillance in Cote d'Ivoire

When a village chief called district health director Dr. Soumahoro Siaba to alert him to a yellow fever outbreak, Dr. Siaba realized the importance of communities in monitoring for epidemic-prone diseases. Through MSH's LDP+, his staff jumped into action. They trained hundreds of community health workers to survey households and make referrals to nearby health centers. They engaged nearly 100 traditional practitioners and urged authorities to officially educate village chiefs and health managers. The rate of health centers submitting weekly notifications to district authorities on possible cases of Ebola, yellow fever, cholera, measles, and meningitis increased from 15 to 80 percent in six months.



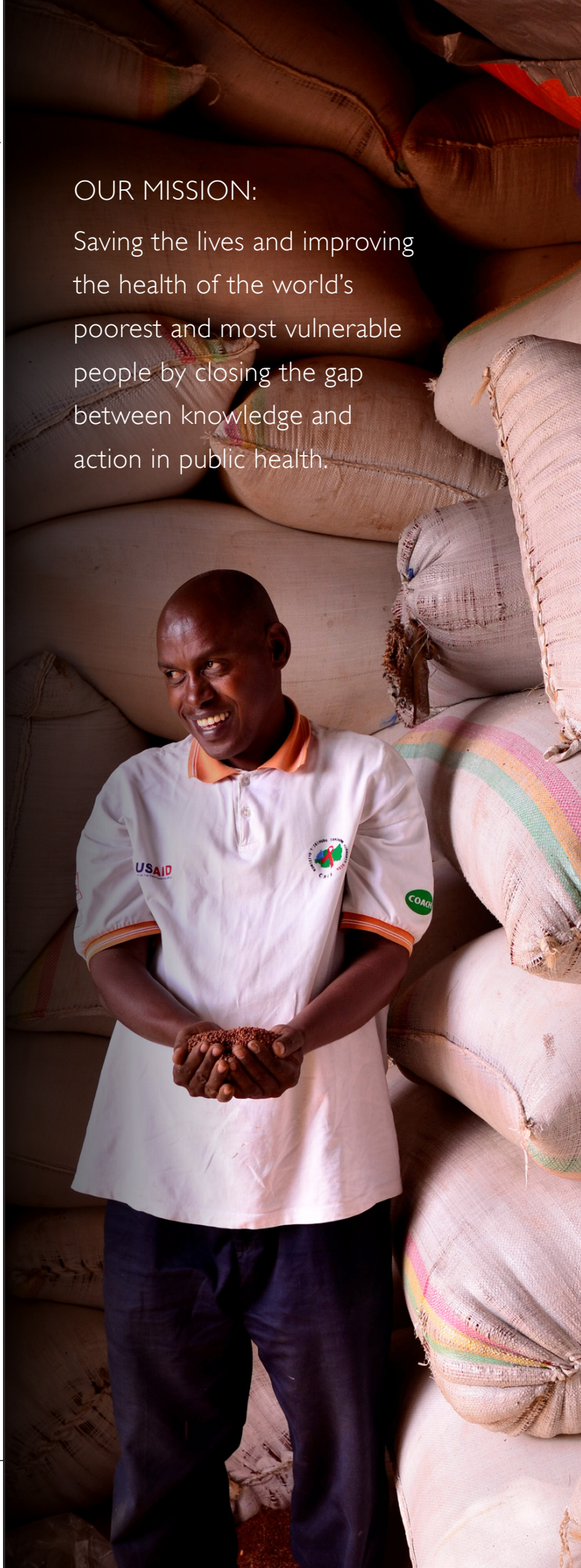
Comprehensive Care in Haiti

From 2015 to 2017, MSH supported local leaders in establishing a package of essential health services that set standards of care, defined the roles and responsibilities of health care facilities and providers, and established a new paradigm for health care in Haiti. We worked with senior staff from across the country to distribute copies of this policy document to every health facility in Haiti and created action plans for ensuring its use.



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.





**IN A WELL-FINANCED HEALTH SYSTEM,
HEALTH LEADERS ALLOCATE FUNDS
BASED ON ACTUAL NEEDS, UNDERSTAND
COMPLICATED BUDGETS, AND KNOW
WHAT SERVICES ACTUALLY COST.**

FINANCING FOR UNIVERSAL HEALTH COVERAGE

MSH helps countries mobilize resources for health; make health budgets more transparent; and develop innovative, results-based financing and health insurance programs to motivate health workers and provide high-quality services—all toward the goal of universal health coverage. Funds flow to local health facilities so that health workers are paid and medicines purchased. Patient fees are reduced or eliminated, and insurance or other payment plans keep out-of-pocket costs from devastating families. Health workers have financial incentives to meet performance goals.

Health Financing in Rwanda

In Rwanda, MSH is a key partner in implementing health-sector reforms that have helped the country—where maternal and child mortality fell by more than 70 percent between 2000 and 2013—become a global model for advancing universal health coverage. Through pioneering performance-based financing programs, community health workers receive financial incentives for referring pregnant women for skilled delivery care and accompanying them to health facilities, and health centers and hospitals incentivize health care providers to increase access to high-quality services.

Financing for Pharmaceuticals in Ukraine

In early 2017, MSH supported the Ukrainian cabinet of ministers in approving a national essential medicines list to streamline the selection of medicines. To incentivize patients to seek proper, affordable treatment, MSH helped develop a reimbursement program for pharmacies, covering 21 essential medicines for cardiovascular disease, type 2 diabetes, and asthma. Of the 157 products available in the program, 35 are free to patients and the others have a small copayment. More than 6,600 pharmacies are accredited to participate. Also in 2017, the USAID-funded, MSH-led Safe, Affordable, and Effective Medicines (SAFEMed) for Ukrainians Project was launched to continue support for financing, governance, and improved availability and use of essential medicines throughout the country.

Grant Management Solutions

MSH supports countries receiving grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria to help them meet grant objectives, including mobilizing resources and spending them efficiently, making health budgets more transparent, and implementing results-based financing. From 2012 to 2017, the Grant Management Solutions (GMS) project—funded through a contract between USAID and MSH and led by MSH and 28 partners—supported 350 grants with a value of US\$13.3 billion—49 percent of the total Global Fund portfolio. Over five years, GMS's 12 regional partners provided 29 percent of its contracted business. These consultants and partners understand local contexts and are deeply engaged in the future of their countries. Building local capacity is an essential part of MSH's contribution to the global health development agenda.

“We know that universal health coverage is a sensible, affordable, and practical goal, and one that can be a reality for every country in the near future.”

— Marian W. Wentworth,
President and CEO, MSH

\$13.3 billion

From 2012 to 2017, the Grant Management Solutions (GMS) project supported 350 grants with a value of US\$13.3 billion—49 percent of the total Global Fund portfolio.

Statement of Revenues, Program Expenses, and Changes in Fund Balance

Year ending June 30, 2017, drawn from financial statements

STATEMENT OF ACTIVITIES (US \$ AMOUNTS ROUNDED TO 000s)

Grants & Program Revenue	\$224,700
Contributions	\$4,579
Investment & Other Income	\$313

Total **\$229,592**

Program Expense	\$188,315
Management & General	\$39,142
Fundraising	\$998

Total **\$228,455**

Revenue in Excess of Operating Expenses	\$1,137
Foreign Currency Adjustments	(\$332)

Net Change in Assets **\$805**

STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$26,563
Grants & Contracts Receivables	\$14,560
Other Receivables	\$25,311
Prepaid Expenses	\$2,164
Other Current Assets	\$555
Property & Equipment	\$1,863

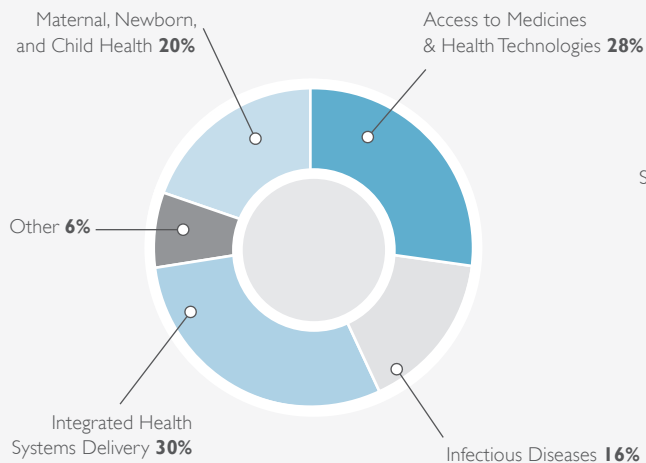
Total Assets **\$71,016**

Liabilities	(\$26,118)
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Net Assets **\$44,898**

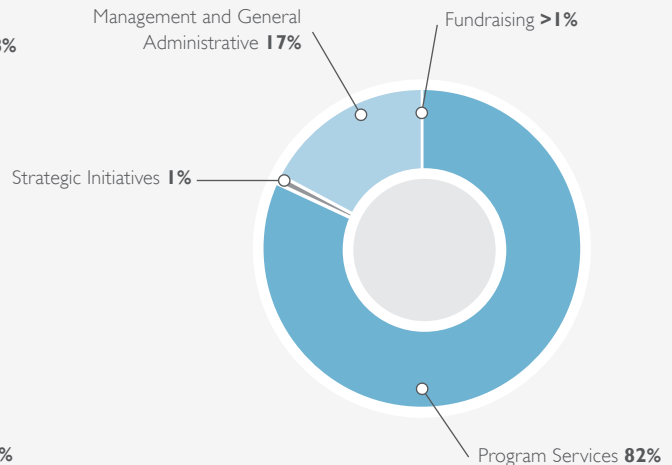
HEALTH AREA FUNDING

2017 Expenses by Priority Health Area



MSH OFFERS VALUE FOR MONEY

Fiscal Year 2017



Sources of Support

FOUNDATIONS & CORPORATIONS

America's Charities
Anne S. and Brian Mazar Charitable Foundation
BFA
Bill & Melinda Gates Foundation
CDC Foundation
The Children's Investment Fund Foundation
Cogan Family Foundation
Crown Agents Ltd.
David and Katherine Moore Family Foundation
Fish Family Foundation
The Global Fund to Fight AIDS, Tuberculosis and Malaria
IZUMI Foundation
James M. and Cathleen D. Stone Foundation
Johnson & Johnson
John D. and Catherine T. MacArthur Foundation
Judem Family Foundation
Lippincott Foundation
MannionDaniels
PricewaterhouseCoopers
Public Works Partners
Sandoz Family Foundation
Scheidel Foundation

GOVERNMENT & INTERNATIONAL AGENCIES

Centers for Disease Control and Prevention (CDC)
Dutch Ministry of Foreign Affairs
Government of Democratic Republic of the Congo
Government of Gabon
The Inter-American Development Bank
Ministry of Health and Hygiene (Cote d'Ivoire)
Ministry of Public Health and Population (Haiti)
UNICEF
Unitaid
United Nations Foundation
United Nations Population Fund
US Agency for International Development (USAID)
World Bank Group
World Health Organization (WHO)

NGOS, HEALTH ORGANIZATIONS, & UNIVERSITIES

AMREF
The Aurum Institute
Boston University
Elizabeth Glaser Pediatric AIDS Foundation
FHI 360
Gynuity Health Projects
International Initiative for Impact Evaluation
Jhpiego
Johns Hopkins Bloomberg School of Public Health Center for Communications Programs
KNCV Tuberculosis Foundation
Malaria Consortium
Medical Care Development International
Partnership for Supply Chain Management
PATH
Pathfinder International
Pharmaceutical Supply Chain S.A.S.
Population Services International
RISE International
Save the Children
TB Alliance
University of Nairobi
University of North Carolina
White Ribbon Alliance for Safe Motherhood

INDIVIDUALS

Barbara E. Bierer, MD
Jerry and Diane Cunningham
Sharon D'Agostino
Rebeca de Vives
Robert Hallagan
Isaacson Family Fund
Paula Doherty Johnson
Katherine Luzuriaga, MD
Miriam Nelson
Ron O'Conner
Jonathan D. Quick, MD, MPH
Anjali Sastry
Paul Scott
Matthew and Ellen Smiley
Nathan Tiller
Marian W. Wentworth

Global Leadership at MSH

BOARD OF DIRECTORS

Lawrence K. Fish *Chair of the Board of Directors; Former Chair 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, Medtronic Minimally Invasive Therapies (formerly Covidien)*
Hon. Mark Dybul, MD *Faculty Co-Director, Center for Global Health and Quality; Professor, Department of Medicine at Georgetown University Medical Center; Former Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria*
Robert E. Hallagan *Vice Chair & Co-Leader, Board Services Practice, Korn Ferry*
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Paula Doherty Johnson *Senior Research Fellow, Harvard University's Hauser Institute for Civil Society*
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*
Bernard Nahlen *Director, Eck Institute for Global Health, University of Notre Dame*
Miriam Nelson *Director, Sustainability Institute, University of New Hampshire*
Dan Pellegrom *Former President and CEO, Pathfinder International*
Anjali Sastry *Senior Lecturer, Sloan School of Management, Massachusetts Institute of Technology; Lecturer, Department of Global Health and Social Medicine, Harvard Medical School*

LEADERSHIP TEAM

Marian W. Wentworth *President and Chief Executive Officer*
Craig Molyneaux *Chief Financial Officer*
Colleen McGuffin *Chief People and Culture Officer*
Catharine Howard Taylor *Vice President, Health Programs Group*
Douglas Keene *Vice President, Pharmaceuticals and Health Technologies Group*
Matthew Mosner *General Counsel*
Matthew Gameda *Senior Director, Internal Audit*
Judy Seltzer *Senior Director, Performance, Learning and Impact Unit*

COUNTRY REPRESENTATIVES

Dr. Georges Dubuche *Haiti Country Representative*
Olumide Elegbe *Nigeria Country Representative*
Suleiman Kimatta *Tanzania Country Representative*
Negussu Mekonnen *Ethiopia Country Representative*
Herbert Mugumya *Uganda Country Representative*
Spencer Ochieng *Kenya Country Representative*
Mohammad Khakerah Rashidi *Afghanistan Country Representative*
Philippe S. K. Tshiteta *Democratic Republic of the Congo Country Representative*



Greetings,

As I complete my third year as Chair of the Board, I continue to be enormously impressed with the talented team at MSH. I am deeply grateful for the vital work they do to serve health needs and outcomes for individuals in emerging countries.

I also want to take this opportunity to thank our Board of Directors, which works tirelessly to support MSH. I'm excited to tell you that in the fall of 2018 the Board will join management to visit MSH programs in Malawi and Kenya. We will meet with health leaders in those countries, visit rural clinics, and learn firsthand about the important work of MSH.

As you will see in this report, our financial condition is sound. The MSH brand continues to stand for excellence in public health. We are strong and proud.

On behalf of the Board, I want to thank our funders, our outstanding leadership and team, and our many partners in the countries where we work. Health needs continue to be great and we are fortunate to play a role in this work that matters so much.

My deep appreciation to all,

A handwritten signature in black ink that reads "Larry Fish". The signature is written in a cursive, flowing style.

Larry Fish

Chair of the Board of Directors



PHOTO CREDITS

cover Samy Rakotoniaina/MSH

inside front cover: Dominic Chavez

page 1 Eclectic Journey Photography

page 2 Warren Zelman

page 4 MSH Staff

page 5 Warren Zelman

page 6 Warren Zelman

page 8 top: Gwenn Dubourthornieu, bottom: MSH Staff

page 9 left: Warren Zelman, right: Samy Rakotoniaina/MSH

page 10 Ben Greenberg

page 11 top: Dominic Chavez, bottom: Alison Corbacio

page 12 Todd Shapera

page 14 top: Samy Rakotoniaina/MSH, bottom: Pablo Romo

page 15 top: Carmen Urdaneta/MSH, bottom left: Samy Rakotoniaina; bottom right: Todd Shapera

page 16 Warren Zelman

page 18 Warren Zelman

page 19 top left: MSH Staff, bottom left: Dominic Chavez, side: Todd Shapera

page 20 Todd Shapera

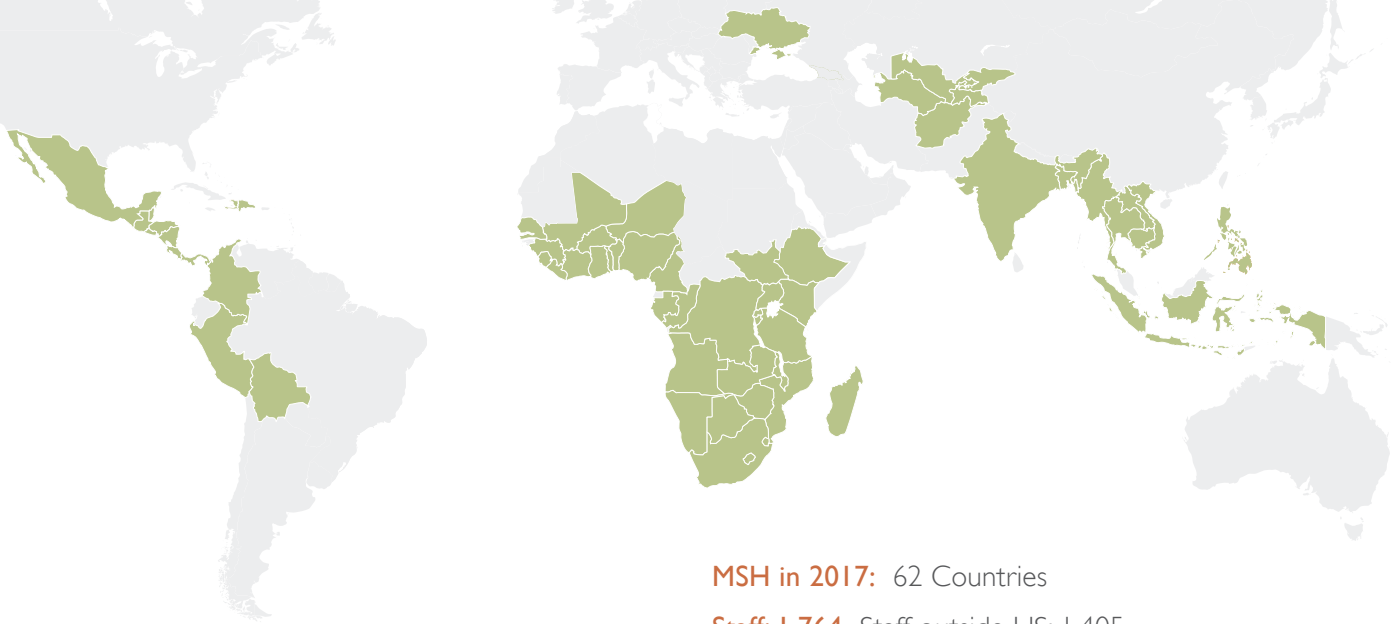
inside back cover Samy Rakotoniaina/MSH

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Photographs do not always represent specific programs or projects included in this report.

STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

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



MSH in 2017: 62 Countries

Staff: 1,764 Staff outside US: 1,405

93%: MSH personnel in countries or regional offices are from the country or region where they work

AFRICA

- ANGOLA
- BENIN
- BOTSWANA
- BURKINA FASO
- BURUNDI
- CAMEROON
- CÔTE D'IVOIRE
- DEMOCRATIC REPUBLIC OF THE CONGO
- ETHIOPIA
- GABON
- GHANA
- GUINEA
- KENYA
- LESOTHO
- LIBERIA
- MADAGASCAR
- MALAWI

- MALI
- MOZAMBIQUE
- NAMIBIA
- NIGER
- NIGERIA
- REPUBLIC OF THE CONGO
- RWANDA
- SENEGAL
- SIERRA LEONE
- SOUTH AFRICA
- SOUTH SUDAN
- SWAZILAND
- TANZANIA
- TOGOLESE REPUBLIC
- UGANDA
- ZAMBIA
- ZIMBABWE

ASIA

- AFGHANISTAN
- BANGLADESH
- CAMBODIA
- INDIA
- INDONESIA
- KYRGYZ REPUBLIC
- LAO PDR
- MYANMAR
- PHILIPPINES
- TAJIKISTAN
- THAILAND
- TURKMENISTAN
- UZBEKISTAN
- VIETNAM

LATIN AMERICA & CARIBBEAN

- BELIZE
- BOLIVIA
- COLOMBIA
- COSTA RICA
- DOMINICAN REPUBLIC
- EL SALVADOR
- GUATEMALA
- HAITI
- HONDURAS
- MEXICO
- NICARAGUA
- PANAMA
- PERU

EASTERN EUROPE

- UKRAINE

■ Where MSH worked in 2017

MANAGEMENT SCIENCES FOR HEALTH

For more information about MSH and our work, contact communications@msh.org.

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