




Management Sciences for Health

Getting to the heart of health systems

ANNUAL REPORT 2018

A close-up photograph of a woman with dark skin and braided hair, looking slightly to the right. She is holding a baby in a green patterned wrap. The baby is looking towards the camera. The background is blurred.

Getting
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health
systems

Who We Are

Since 1971, MSH has worked in more than 150 countries to strengthen health systems and help our partners consistently deliver effective, affordable, and available medicines and services.

We lead by supporting and educating, helping people build on what they already know to ultimately take charge of their own development—and their own health. We consider people's needs and wants first, and put them at the center of both strategy and results. That means establishing trust and equitable relationships with those with whom we work, listening as much as we speak.

Our people-centered approach ensures that the people with whom we work can take charge of the progress they've made and can lead their own way to optimal, self-sufficient, resilient health systems and longer, healthier lives.

Listen to people.

MSH's founder, Dr. Ron O'Connor, was working at a mission hospital in Nepal in 1962, when he met a Japanese doctor, Noburu Iwamura, who was hiking into the mountains to deliver tuberculosis (TB) treatment to the Nepalese. Dr. Iwamura listened carefully to those he visited and was uniquely skilled at engaging them in their own care. He explained to Dr. O'Connor that he followed a tenet called the Tao of Leadership (see page 19).

This philosophy of service and cultural immersion inspired Dr. O'Connor to form Management Sciences for Health in 1971 to help build the health systems of dozens of countries and save hundreds of thousands of lives.

“

When we talk about success in this work, it stems from two things—both what we contribute and, more important, what people running their own health programs in their own country build themselves. That’s what we’re about.”

*— Ron O’Connor, MD,
MSH’s founder*

DEAR FRIENDS,

As I walked through a maternity ward in Malawi’s Bwaila Hospital—one of the busiest maternity sites in sub-Saharan Africa—I saw the challenging context in which health care is provided in the many places where MSH works: from too few beds, incubators, and operating rooms to erratic electricity and an overstretched staff.

But I also saw the promise of the human spirit and human ingenuity. I saw underpaid health workers using every resource available to them to deliver babies and save mothers. I saw innovations in combining delivery with postnatal care and vaccination. I saw government, donors, and local businesses lending funding and in-kind support. When every part of the health system works together, giving birth in a low-resource setting does not have to be a death sentence for women and babies. This is our whole systems approach: an infrastructure of committed, capable, trained professionals; a steady supply of essential medicines; and robust data collection and analysis, which can provide a safety net for survival and well-being.

In my engagement with health ministers, medical experts, and heads of institutions and industry, it is clear that they know it, too: an all-hands approach can accomplish so very much.

This is what makes my work at MSH thrilling and meaningful: meeting the people at the forefront of health care in the countries where we work, listening to their challenges, discussing their strengths, and together designing lasting solutions to help countries transition from donor assistance to self-reliance. You will read about that progress in these pages. Smart capacity building, private-sector engagement, combatting and controlling infectious diseases, and using data for decision making are at the root of a whole systems strengthening strategy that is working to solve today’s problems and guaranteeing healthy, prosperous futures.

We are excited for that future. And we are grateful for the support and commitment of our donors, partners, and dedicated staff around the world for creating it.

Thank you,



Marian W. Wentworth
President and Chief Executive Officer



How We Work

Management Sciences for Health (MSH) is a global health nonprofit.

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

To ensure sustainability, we collaborate with our partners, from Ministries of Health to community health workers and the local private sector, to strengthen and complement existing health systems.

OUR APPROACH TO HEALTH SYSTEMS STRENGTHENING

MSH is committed to helping countries around the world achieve Universal Health Coverage (UHC) in alignment with the third Sustainable Development Goal. We focus our efforts on low- and middle-income countries and fragile states.

To achieve this:

We take a whole systems approach, looking 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. Using this holistic approach, we deliver effective interventions that build from within, address inequities, and ensure strong return on investment.

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 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 to 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.

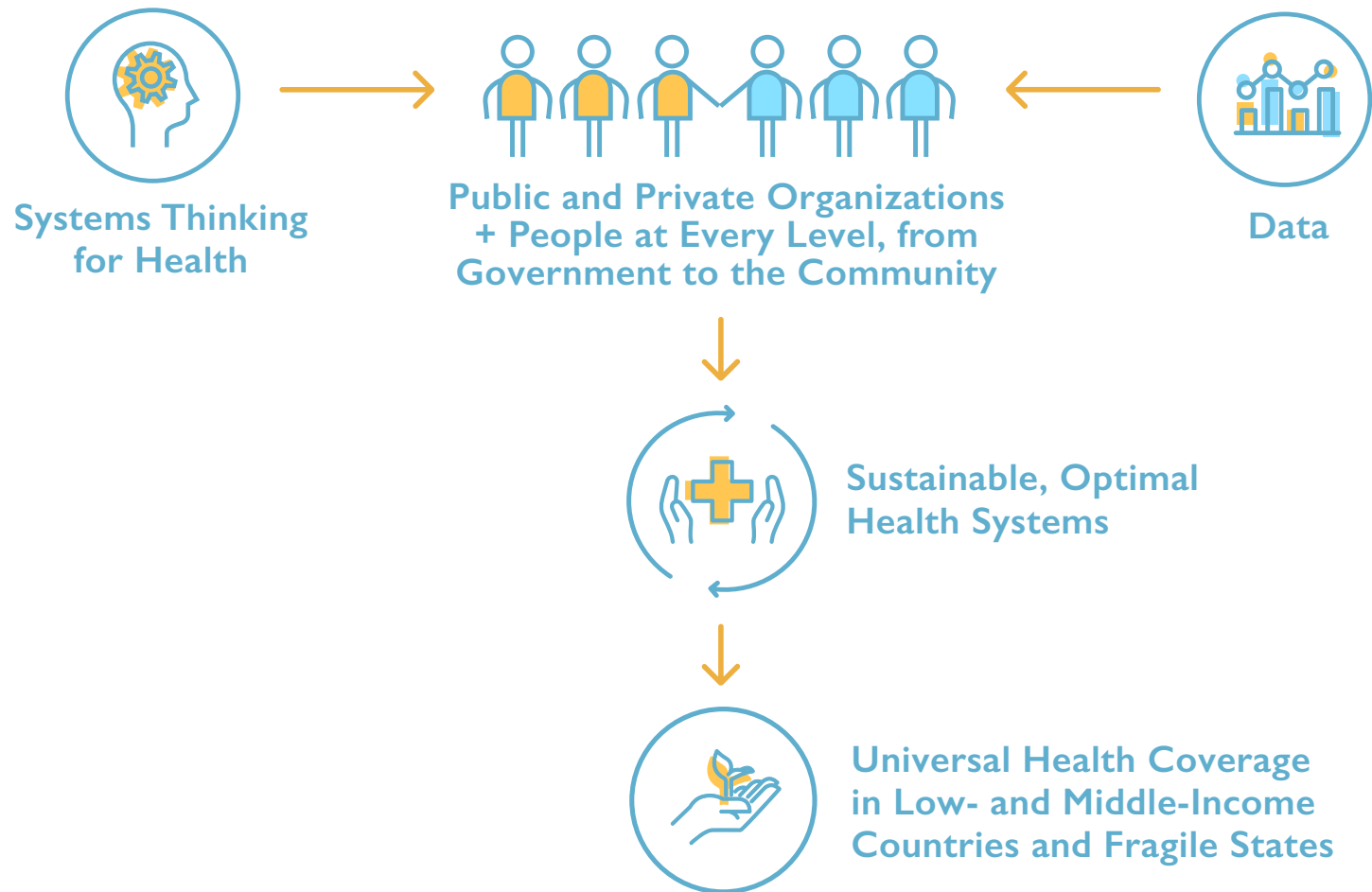


OUR VISION

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.



MSH is committed to helping countries around the world achieve Universal Health Coverage (UHC) in alignment with the third Sustainable Development Goal. We focus our efforts on low- and middle-income countries and fragile states.



Capacity Building

Helping countries transition from donor assistance to self-reliance and sustainability

From the halls of government to a village health clinic, people need policies, procedures, and skills to run an efficient and sustainable health system. We work with local partners to chart their path to self-reliance, especially making sure that women, children, and adolescents can get affordable, quality health services when and where they need them.

RWANDA

Smart self-financing for sustained services

In Rwanda, MSH has helped advance the country's goal of achieving UHC for its nearly 12 million people. We supported an enrollment drive, integrated with automated membership management and mobile premium payments, for the country's national community-based health insurance scheme. Enrollment increased from 74% of Rwandans in fiscal year 2013/14 to 85% in 2017/18. The insurance enables people to access affordable health services while reducing their out-of-pocket payments at the point of care.

85% Enrollment increased from 74% of Rwandans in fiscal year 2013/14 to 85% in 2017/18.

PROJECT: Rwanda Health Systems Strengthening (RHSS) Project

DONOR: USAID

ETHIOPIA

Training decision makers in wise medicine use

To improve prescribing and dispensing quality, MSH collaborated with the World Health Organization to develop comprehensive training for drug and therapeutics committees, now used in 70 countries. In Ethiopia, MSH trained 200 pharmacists in 65 hospitals to improve prescribing safety and promote patient-centered care.

PROJECT: Systems for Improved Access to Pharmaceuticals and Services (SIAPS)

DONOR: USAID



MALAWI

Promoting peer support and self-care to prevent the spread of HIV

In Malawi, where 50% of all new HIV infections occur in those between 10 and 24 years old, MSH supports leadership skills development in young people through mentoring and learning resources. These young people, in turn, facilitate sessions for others, including youth living with HIV, raising awareness of healthy behaviors, and teaching life skills. Above, 24-year-old Hawa Swaleyi leads a group in Kapiri Health Center, Nkhotakota District.

Building integrated local health systems from within

MSH worked to improve sustainable access to care in rural communities in Malawi, where more than 80% of the country's population lives. Some 3,500 community health workers like Stanley (above, right) can now comprehensively manage childhood illnesses. Here, he tests baby Sarah for malaria and pneumonia and provides her mother, Madalitso, with follow-up care and breastfeeding recommendations.

PROJECT: Organized Network of Services for Everyone's (ONSE) Health Activity

DONOR: USAID



BANGLADESH

Backing effective decision makers

Strong, self-sufficient leaders inspire teams to create and implement integrated health policies and interventions that work well everywhere, from national hospitals to a local vendor selling aspirin.

In Bangladesh:

- MSH helped establish electronic logistics and information systems to track medicine supplies for women and children, handle TB cases, and manage assets.
- We trained 11,858 health workers to better manage pharmaceuticals.
- We trained and certified thousands of drug vendors to sell an approved list of quality-assured medicines and to refer TB cases for treatment.

PROJECT: SIAPS

DONOR: USAID

2013 2014 2015 2016 2017 2018

PROGRESS STARTS WITH COMMUNITIES IN MADAGASCAR*

Thanks to a community-based commodity logistics management system, stock-outs of artemisinin-based combination therapy (ACT) supplies

decreased from 20% in 2013 to 5% in 2018.

Community health volunteers **treated 130,250 children under five for diarrhea** with oral rehydration therapy.

316,471 children under five suffering from pneumonia **provided with appropriate care** from 2014 to 2018.

Community health volunteers referred 120,016 women for antenatal care, and the number of women giving birth in qualified health facilities **increased from 50,192 in 2015 to 115,148 in 2018.**

2,848,742 children registered for growth monitoring and promotion activities from 2014 to 2018.

Treatment rate with ACT for confirmed malaria cases in children under five **increased from 73% in 2014 to 93% in 2018.**

*Results from the MSH-led USAID Mikolo project, 2013–2018, which increased the use of community-based primary health care services in Madagascar to promote healthy behaviors for women and children. The five-year project directly served an estimated 4.6 million people living more than five kilometers from a health facility. MSH's new USAID-funded project, ACCESS, builds on this work.



Private-Sector Engagement

From diverse coalitions come powerful collaborations

Comprehensively improving health systems means looking at all the ways people get care—and that's not only at public facilities. MSH seeks and engages critical partners, working with the private sector and others outside the public sphere to develop the most effective, efficient service delivery models.

PERU

Teaming with locals to provide water to Peru's indigenous communities

Locally led institutions are often best equipped to find solutions to pressing community problems. With Spain's water engineering company Inclam and Peruvian authorities, our local affiliate, MSH-Peru, installed 65 portable water treatment plants in the native communities along the basins of the Pastaza, Corrientes, Tigre, and Marañón Rivers in the Loreto region of Peru's Amazon forest. Inclam built and installed the treatment systems, and MSH-Peru coached residents on safe collection, storage, and use of clean water, as well as handwashing and hygiene.

20,606 people were provided fresh water spread over 4,000 families, of which 3,100 have children under 5 years old.

Among the results:

- Fresh water provided for 20,606 people spread over 4,000 families, of which 3,100 have children under 5 years old
- 65 water treatment plants installed, operational, and monitored by local residents
- The percentage of children under 5 suffering from acute diarrheal diseases dropped to 23% from 64% (initial health evaluation)
- Handwashing and safe waste disposal practices improved substantially

PROJECT: Water for Health

DONOR: Peruvian Government



TANZANIA

The road to self-sufficiency for private drug sellers goes through Tanzania

LaunchDSI provides a jump-start for countries interested in adapting Tanzania's groundbreaking accredited drug seller outlet (ADD0) program, which trains informal medicine shop owners in medicines management and helps them procure quality medicines. They learn about when to refer to a health facility, too. One study showed that 99% of people who presented symptoms of pneumonia to an ADD0 received a recommended treatment and/or referral. To launch the process, government authorities and other organizations spend a week with their Tanzanian counterparts to discuss ADD0 implementation, visit ADD0s and talk with owners, and work with experts to develop country-appropriate next steps. Tanzania has hosted more than 10 country teams, from Bangladesh to Zanzibar.

PROJECT: LaunchDSI

DONOR: The Bill & Melinda Gates Foundation



KENYA

A new avenue for affordable pharmaceutical products in Kenya

The power of group purchasing backed by experts in pharmaceutical management: MedSource, a new wholly owned MSH subsidiary in Nairobi, offers pharmacies, health facilities, institutions, and other groups access to quality medicines and supplies from prequalified distributors and manufacturers. Group members also receive business support; some 700 health care professionals have already received training in pharmacy, financial, regulatory, and inventory management. The outcome: More sustainable, affordable access to quality health products for the people of Kenya.

700+ health care professionals have already received training in pharmacy, financial, regulatory, and inventory management.





Preventing and Controlling Infectious Disease

Bolstering health systems to control infections and address health threats

Diseases spread at the community level, so it is vital to give local communities the tools to prevent this spread. MSH builds the capacity of people at every level of the health system—hospital staff knowing how to prevent an infection, local midwives teaching mothers-to-be about baby care, village sentinels reporting a suspicious disease outbreak, pharmacists keeping products available, and individuals correctly taking their medicine.

MADAGASCAR

Training local eyes and ears on disease outbreaks in Madagascar

In Madagascar, MSH helped local health authorities establish 90 commune and 653 village watch committees as part of the national response to the plague outbreak. The village watch committees included the village head and two community health volunteers who used mobile phones to alert public health authorities to any suspected cases. When the country had an outbreak of almost 20,000 measles cases in fall 2018, we lent our strength at the national level, assisting with surveillance and case management and helping develop communications and vaccine campaigns.

PROJECT: USAID Mikolo and Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program

DONOR: USAID

BANGLADESH

Beating the odds of drug-resistant TB with community-based treatment

Seven-month-old Rahat contracted TB, likely from his grandfather, who died from the disease. The disease killed 230,000 children worldwide in 2017, and Rahat's first course of treatment failed. But with support from MSH via the Challenge TB Project in Dhaka, Bangladesh, specially trained experts diagnosed him with drug-resistant TB using a new, rapid molecular diagnostic technology. The project's community coordinators arranged home treatment with the correct medications, so that Rahat's mother could continue to breastfeed him. They also closely monitored his condition and treatment through regular home visits and a mobile phone application.

PROJECT: Challenge TB

DONOR: USAID



MALAWI

The multiplier effect of family HIV testing

Only 75% of people living with HIV know their status, and reaching the remaining 25%—approximately 9 million people worldwide—needs more efficient, cost-effective approaches. MSH deployed index case testing in which patients diagnosed as HIV positive are given referral slips to encourage other family members to be tested. To make sure this and other innovations reach the people who need them in Malawi, MSH:

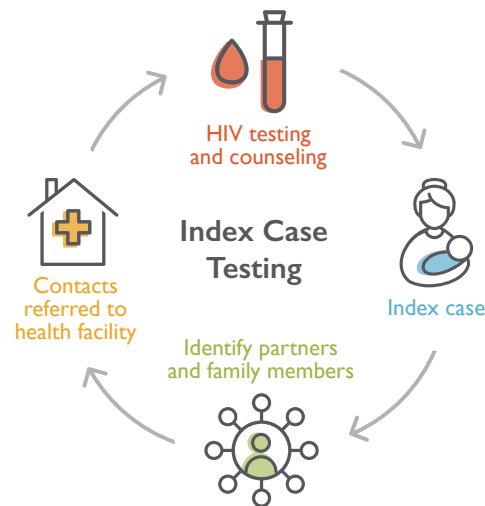
- Trained 190 support staff to do HIV testing and counseling to speed diagnoses and free clinicians to focus on treatment
- Introduced family testing clinics on Saturdays to make it easier for teens and men to attend
- Provided refurbished shipping containers—temporary clinic space—to high-burden facilities to increase the number of people seen

“Life can deceive you when you think you feel strong and healthy,” says Godfrey, whose wife, Violet, tested positive for HIV

during a routine antenatal visit. Via an HIV index case testing program, he was tested at Bvumbwe Health Center and learned he was also living with HIV. The couple started antiretroviral therapy.

PROJECT: District Health System Strengthening and Quality Improvement

DONOR: Centers for Disease Control and Prevention/US President’s Emergency Plan for AIDS Relief (PEPFAR)



ANGOLA

Increasing early detection of HIV

Community index case testing tracks where people living with HIV may have received the infection or to whom they may have transmitted it, including sexual partners, children, and people with whom they have been sharing needles. Contacts are offered HIV testing and counseling in their communities and linked to the health system

where they can receive quality treatment and care. MSH projects in Malawi and Angola found that this strategy detects double the number of positive cases of other testing modalities on average.

Proportion positive on HIV tests performed:

27%
INDEX CASE TESTING

13%
VOLUNTARY TESTING

HIV tests performed from October 2016 to December 2018 in six health facilities in Luanda province, Angola

PROJECT: Health for All

DONOR: USAID

MALAWI

Taking health care on the road

MSH is working in 6 districts and providing support to more than 400 health facilities in Malawi that collectively provide essential primary health care services to more than half of the country’s population. We go to those people directly and engage them in their own care, using mobile clinics to reach adolescents with individualized, stigma-free, comprehensive family planning counseling and HIV testing. We also started a scorecard system so patients can rate the care they receive in health facilities—and collaborate with local governments to make it better.

PROJECT: ONSE

DONOR: USAID



Data for Decision Making

Supporting sound investments, efficient health information systems, and effective case management

We help governments and health facilities improve information management by bolstering its foundations—data collection, quality, analysis, and presentation—to support effective decision making. How does this play out in practice? With shrewd use of precious financial resources, health care that's based on sound case histories, reliable supplies of essential medicines, and patient-centered services that make sense for how and where people live and work.

NAMIBIA

A new e-health system leads to speedier access to medicines in Namibia

In Namibia, MSH introduced an electronic stock card that speeds the ordering, issuing, and receiving of pharmaceutical supplies and tracks the stock status of items, allowing pharmacy staff to devote more time to medicine supply and patient care. Previously, it was a mammoth manual task to manage inventory and serve the regional hospital's larger daily patient roster.

In conjunction with an electronic dispensing tool that MSH also supported, the electronic stock card drastically reduced the time patients spent waiting for medicines at hospital pharmacies. Many of these patients also spent a lot of time traveling from remote areas. In 1 hospital in just 1 year, the wait time dropped to an average of 20 minutes—down from as long as 6 hours.

Recalling the pre-electronic days, Olavi Shomongula, who regularly refills his chronic medication from one such pharmacy, explains, “Around 9:00 a.m., you would come from seeing the doctor and wait until 3:00 or 4:00 p.m. if you were lucky.”

Veronica Shoopati typically left her home at 5:00 a.m. to pick up her mother's medication. “You would put your [prescription] card in the box and wait for more than three hours to go to the pharmacy. Then, you would sit and stand for more than seven hours, waiting for your name to be called. Since last year, services have improved,” she says.

PROJECT: SIAPS

DONOR: USAID

MSH introduced an electronic stock card that speeds the supplies and tracks the stock, allowing pharmacy staff to devote more time to medicines management and patient care.



TANZANIA

For every person in Tanzania, a unique health ID to monitor care and results

Helping people, programs, and systems meet health goals and measuring their progress along the way requires that patients are consistently and accurately tracked and identified across the care spectrum. MSH is working with health ministries in Tanzania to develop and roll out a national patient registry that gives each patient a unique digital ID, with the following benefits:

- Continuity of patient care, thanks to access to medical histories
- Better data for health programs to plan activities and track results
- More effective management of health care costs and results
- Improved communication, such as e-health messages
- More effective monitoring of public health reporting, clinical research, and patient outcomes

PROJECT: Tanzania Technical Support Services Project (TSSP)

DONOR: The Centers for Disease Control and Prevention/US President's Emergency Plan for AIDS Relief (PEPFAR)



RWANDA

An electronic system for early identification and faster response to epidemics

Every hour counts when you're trying to stop a potential epidemic that can kill thousands and decimate a health system and economy. The most effective and cost-effective way to do it? Keen surveillance and swift crisis response right at the source of the outbreak. We worked with Rwanda to leverage District Health Information Software, DHIS 2, an open-source health data platform, to include disease outbreak information. Designated staff can use mobile technology to report incidents. Once the number of cases for a specific disease in a district reaches a certain level, the system sends a real-time outbreak alert to district hospitals, health centers, and the Rwanda Biomedical Center to trigger investigation and prompt response.

PROJECT: RHSS

DONOR: USAID

Smart data management starts in the home (offices)

MSH recently launched its in-house information management platform, DREAM@MSH, based on DHIS 2. The platform allows for more accurate, timely data analysis and presentation; it aligns with and can also feed reporting data directly into national DHIS 2 systems. Following successful pilots in Nigeria, Madagascar, Malawi, and Democratic Republic of the Congo, we are bringing it to scale across the projects, countries, and health programs in which we work to promote more effective data management for better health services.

The platform (DREAM@MSH) allows for more accurate, timely data analysis and presentation; it aligns with and can also feed reporting data directly into national DHIS 2 systems.

New This Year

In 2018, MSH started many new projects that promise to have a major impact on millions of lives across the globe. Here are some highlights.



GLOBAL

1 **Improving access to medicines and people-centered services**

Preventing maternal and child deaths, ending AIDS, and protecting communities from infectious disease threats need efficient pharmaceutical services and appropriate treatment. Controlling the global hazard of antimicrobial resistance also relies on robust pharmaceutical systems worldwide. The five-year USAID MTaPS Program (2018–2023) will help low- and middle-income countries strengthen their pharmaceutical systems to ensure sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medicines and pharmaceutical services. Learn more at mtapsprogram.org

PROJECT: USAID Medicines, Technologies, and Pharmaceutical Services Program (MTaPS)

DONOR: USAID

MADAGASCAR

2 **Building better health behaviors and services**

We're involved in efforts that will impact over half of Madagascar's population. First, expanding on progress made during the USAID Mikolo Project, which MSH also led, ACCESS will work with community health volunteers, health facility staff, and district hospital staff to strengthen their clinical skills and ensure sustainable access to quality health services along the continuum of care. The project also aims to work with the Ministry of Public Health to strengthen the national health system, as well as to increase the uptake of healthy behaviors and to lead Malagasy institutions in coordinating health, social, and behavior change campaigns.

PROJECT: Accessible Continuum of Care and Essential Services Sustained (ACCESS) Program

DONOR: USAID

MADAGASCAR

3 **Using public and private avenues to ensure pharmaceutical access**

Through a whole system approach, MSH is building Madagascar's capacity to deliver quality health products to the Malagasy people. We are working with the government to strengthen its supply chain and increase cost efficiency while enabling the health system to harness private-sector contributions, including those from retail pharmaceutical outlets. IMPACT will work with MSH's new ACCESS program to strengthen the health system and achieve sustainable health impacts.

PROJECT: Improving Market Partnerships and Access to Commodities Together (IMPACT)

DONOR: USAID

BENIN

4 **One-stop health programs for women and children**

MSH will improve the integrated delivery of malaria, family planning, maternal and child health, and gender-based violence services over five years. The IHSA project, which focuses on pregnant women, children, and adolescent girls, will work closely with local and national officials and citizens to spur their collective engagement in these activities. We'll then help transition responsibility for health care to local communities—those who best understand their needs and can most efficiently meet them.

PROGRAM: Integrated Health Services Activity

DONOR: USAID

KENYA

5

A first-of-its-kind solution for better access to affordable medicines

In October, MSH formally launched MedSource, a private, commercial, group purchasing organization in Kenya. The independently run company increases the availability and affordability of quality medicines and related supplies for the people of Kenya. Group members—hospitals, pharmacies, and clinics—have access to optimal, negotiated pricing of quality products and business training and support. To learn more, visit medsource-group.com.

BANGLADESH

6

A partner in carrying health plans to fruition

MSH is assisting the Government of Bangladesh in carrying out its priority initiatives for health system improvement, including expanding an asset management system and using accreditation to improve the quality of products and services in retail drug outlets. We are also managing the contracting, oversight, and financial management of DFID's technical assistance funds.

PROJECT: Better Health in Bangladesh

DONOR: UK Department for International Development (DFID)



NIGERIA

7

Eliminating malaria, starting with pregnant women

We are working with national, state, and local leaders to help Nigeria deliver more comprehensive, effective services to manage malaria care and treatment. This begins with preventing the disease during pregnancy by making sure more women are tested and receive the right preventive treatment. We're also helping the Government of Nigeria and its local partners improve the collection and use of malaria-related data for evidence-based policymaking and for better planning and resource allocation.

PROJECT: USAID Nigeria US President's Malaria Initiative for States (PMI-S)

DONOR: USAID

GLOBAL

8

Overcoming challenges to implementing UHC

MSH has been selected to act as network manager for the Joint Learning Network for Universal Health Coverage (JLN). JLN is a country-led and country-driven community of practitioners and policymakers who share experiences and co-develop practical knowledge products that countries can use to overcome challenges in implementing UHC. In collaboration with the JLN Steering Group, we work with the World Bank and other partners to serve the network's 34 country members.

PROJECT: Joint Learning Network for Universal Health Coverage (JLN)

DONOR: The Bill & Melinda Gates Foundation

GLOBAL

9

Ensuring that UHC policies leave no one behind

MSH is also hosting the Secretariat for the Civil Society Engagement Mechanism (CSEM) for UHC2030. CSEM endeavors to elevate civil society's influence to ensure that UHC policies and programs are inclusive and equitable and that the most marginalized and vulnerable populations are not left behind.

PROJECT: Secretariat for the Civil Society Engagement Mechanism (CSEM) for UHC2030

DONOR: World Health Organization (WHO)

Financials

Greetings,

It has been an exceptional year for MSH. We were awarded \$353 million in new work by USAID; DFID; the Bill & Melinda Gates Foundation; the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNICEF; the World Health Organization; and others.

We formally launched MedSource, an innovative new approach to safe, affordable, and timely pharmaceutical supplies in Kenya. We believe that, in time, MedSource will be a model of pharmaceutical supply chain strengthening for other emerging countries. And we continue to work in more than 25 countries, supporting their ability to provide effective health services and access to medicines for their people.

The outstanding work of our MSH leaders and staff make this possible. We're proud to say that more than 80% of our staff are nationals working in the countries where we are implementing programs. Our funders support our efforts, and we thank them for their loyalty. I am also grateful for the dedicated work of our experienced and qualified Board of Directors.

As we close in on our 50th anniversary, MSH continues to make an important difference in global health every day. We do this with confidence, pride, and passion. It is an exciting time for us and for our partners around the world.

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, 2018, drawn from financial statements

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

Grants & Program Revenue	\$161,993
Contributions	\$4,007
Investment & Other Income	\$96
Total:	\$166,096
Program Expense	\$134,828
Management & General	\$36,851
Fundraising	\$187
Total:	\$171,866
Revenue in Excess of Operating Expenses	(\$5,770)
Foreign Currency Adjustments	\$840
Net Change in Assets	(\$4,930)

STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$11,738
Grants & Contracts Receivables	\$19,175
Other Receivables	\$21,128
Prepaid Expenses	\$4,272
Other Current Assets	\$643
Property & Equipment	\$1,062
Total Assets	\$58,018
Liabilities	\$18,050
Net Assets	\$39,968

LEADERSHIP TEAM

Marian W. Wentworth

President and Chief Executive Officer

Douglas Keene

Vice President, Global Health Systems Innovation

Craig Molyneaux

Chief Financial Officer

David Humphries

Chief Communications Officer

Dana Sandstrom Keating

Head of Business Development and Partnerships

Colleen McGuffin

Chief People and Culture Officer

Mackenzie Allen

Chief of Staff

Gordon Comstock

Vice President, Program Delivery Group

Matthew Gameda

Senior Director, Internal Audit

Matthew Mosner

General Counsel

BOARD OF DIRECTORS

Lawrence K. Fish

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

Barbara 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

Paula Doherty Johnson

Vice President of the Philanthropic Initiative and Director of Center for Global Philanthropy

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, Former Executive Director, Planned Parenthood Global

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

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

Dan Pellegrom

Former President and CEO, Pathfinder International

SOURCES OF SUPPORT

Year ending June 30, 2018

FOUNDATIONS & CORPORATIONS

The Bill & Melinda Gates Foundation
CDC Foundation
The Children's Investment Fund Foundation
Concept Foundation Ltd.

David and Katherine Moore Family Foundation

Dockendorff Family Fund

Fish Family Foundation

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Global Health Security Agenda Consortium

Hispanics in Philanthropy

International Red Cross

IZUMI Foundation

James M. and Cathleen D. Stone Foundation

Johnson & Johnson

Mannion Daniels

Newman's Own Foundation

Pfizer Inc.

PricewaterhouseCoopers

Rhode Island Foundation

Roche Ltd.

GOVERNMENT & INTERNATIONAL AGENCIES

Centers for Disease Control and Prevention (CDC)

Dutch Ministry of Foreign Affairs

Government of Gabon

Ministry of Health and Hygiene (Cote d'Ivoire)

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

The Aurum Institute

Boston University

Defense Threat Reduction Agency

Deutsche Gesellschaft für Internationale Zusammenarbeit

Elizabeth Glaser Pediatric AIDS Foundation

FHI 360

Global Health Innovative Technology Fund
Jhpiego

Johns Hopkins Bloomberg School of Public Health Center for Communications Programs

KNCV Tuberculosis Foundation

Medical Care Development International

NetHope

Partnership for Supply Chain Management

Pathfinder International

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

Robert E. Hallagan

Filberto and Christine Hernandez

Isaacson Family Fund

Paula Doherty Johnson

Marie Joelle Piquion Larco

Katherine Luzuriaga, MD

Daniel and Sara Pellegrom

Jonathan D. Quick, MD, MPH

Anjali Sastry

Nathan Tiller

Marian W. Wentworth and David Nice

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

MSH IN 2018

1,059 TOTAL STAFF

Staff Outside US: 866

81% PERSONNEL

MSH personnel in countries or regional offices are from the country or region where they work.

AFRICA

Angola
Benin
Burkina Faso
Côte d'Ivoire
Cameroon
Democratic Republic of the Congo
Ethiopia
Kenya
Liberia
Madagascar

Malawi

Mali

Mozambique

Nigeria

Rwanda

South Africa

Tanzania

Uganda

EUROPE

Ukraine

ASIA

Afghanistan

Bangladesh

Philippines

Vietnam

THE AMERICAS

Guatemala

Haiti

Mexico

Peru

PHOTO CREDITS

COVER

Samy Rakotoniaina/MSH

INSIDE FRONT COVER

Warren Zelman

PAGE 3

Eclectic Journey Photography

PAGE 4

Samy Rakotoniaina/MSH

PAGE 7 (LEFT)

Chisomo Mdalla

PAGE 7 (RIGHT)

Samy Rakotoniaina/MSH

PAGE 9 (LEFT)

Michael Paydos

PAGE 9 (RIGHT)

Todd Shapera

PAGE 11

Samy Rakotoniaina/MSH

PAGE 13

Brooke Huskey

PAGE 19

Todd Shapera

BACK COVER

Samy Rakotoniaina/MSH



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.

STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

Management Sciences for Health (MSH) is a global health nonprofit. We make foundational changes to health systems to protect people from diseases and improve their health. To ensure sustainability, we collaborate with our partners, from Ministries of Health to community health workers and the local private sector, to strengthen and complement existing health systems. Since 1971, we have partnered with local people in more than 150 countries to help ensure sustainable, resilient, and equitable access to health care around the globe.

MANAGEMENT SCIENCES FOR HEALTH

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



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