



Global Challenges, Local Solutions

2007 ANNUAL REPORT

Five themes are linking MSH's work globally and locally

1 **Rebalancing the global health agenda:**

Building on recent successes in battling HIV & AIDS, tuberculosis, and malaria, the international community is increasing its attention on other core health challenges—including reproductive health and maternal and child health. MSH initiatives include:

- West Africa (The Gambia and Sierra Leone): Promoting childhood malaria prevention methods
- Democratic Republic of Congo: Implementing community case management of childhood illnesses

2 **Integrated primary health care:**

In the poorest countries, a unifying vision for health is needed to fully leverage existing infrastructure and expertise. Integrated care offers the best means to increase access, broaden the scope and improve the quality of essential services. MSH is making important contributions in:

- Ethiopia: Integrating and scaling up HIV & AIDS services
- South Africa: Improving youth access to primary health care services

3 **Professionalizing leadership and management:**

Given the magnitude of funding and the complexity of today's health challenges, development of local leaders and managers is vital to maximizing health investments. MSH's successes include projects in:

- Afghanistan: Improving key health indicators by strengthening management
- Peru: Mobilizing local leaders to create healthy communities

4 **Expanding public-private partnerships:**

One path to achieving large-scale health gains is to harness the resources of all sectors: public, private, commercial, and civil society. MSH has put this principle into action in:

- Haiti: Expanding services to reach an additional 1.5 million people
- Tanzania: Engaging private drug dispensing outlets to provide quality pharmaceutical services

5 **Performance-based financing (PBF):**

Growing evidence suggests that providing modest financial incentives for institutions is a highly effective way to achieve targeted health goals. MSH has pioneered PBF in:

- Haiti: Increasing child immunization and use of HIV services
- Rwanda: Broadening use of HIV voluntary counseling and testing

This year's annual report celebrates the remarkable evolution that has taken place in global health since the turn of the millennium, and we highlight some of the practical contributions MSH has made to support governments, service delivery NGOs, and other local organizations in that transition.

Through initiatives such as the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the international community has committed massive resources to combat HIV & AIDS, tuberculosis, and malaria. Working with local stakeholders, these efforts have yielded dramatic health improvements in a few short years. In sub-Saharan Africa, for example, the number of people receiving life-extending antiretroviral therapy for HIV & AIDS increased more than 40-fold, from less than 50,000 in 2002 to 2.1 million by the end of 2007.

The evidence is clear: with social and political commitment, sufficient funding, practical know-how, and local implementation, progress is possible even in resource-constrained countries.

MSH contributes to this progress every day around the world. Over the last year it has been my privilege to witness firsthand the impact of our work: in the continuous supply of AIDS medicines for the care of 250 HIV-infected children at an orphanage in Ethiopia; in an expanding network of health-center and hospital laboratories, now numbering more than 100, that support HIV & AIDS treatment scale-up in Zambia; in the creation of a national malaria control program in Southern Sudan, where 20 years of civil war has devastated the health system; in a South African village-based program for orphans and vulnerable children who just a few years ago lacked all hope; and in the dramatic improvement in pediatric hospital care in Malawi.

As always, we offer our deepest thanks to MSHers around the world and to our local colleagues and partners. In the face of seemingly overwhelming challenges, your efforts help save lives and improve the well-being of some of the world's poorest and most vulnerable people. We also extend a special thanks to our donors: the Department for International Development (DFID), ExxonMobil Corporation, Bill & Melinda Gates Foundation, and the United States Agency for International Development—USAID—our steadfast partner for the past 36 years. Thanks to the generous support of all these organizations, poor and developing nations have achieved remarkable health gains in recent years and will have access to the resources and expertise they need to build on those accomplishments in the years to come.



With warm regards,

Jonathan D. Quick, MD, MPH
President and Chief Executive Officer



West Africa

(The Gambia and Sierra Leone)

Thanks to a peer education program for malaria prevention, more than 275,000 children and pregnant women sleep safer each night In Africa, malaria causes 200,000 newborn deaths and one in five childhood deaths annually. Targeting 45 schools and surrounding communities in The Gambia and Sierra Leone, MSH helped train 900 young people (as peer educators) and 300 adult community leaders, women's groups, and youths to promote simple but effective malaria prevention and treatment methods. One result: an estimated 281,000 children under five and pregnant women now sleep under insecticide-treated bednets.

Program: AWARE–RH (Action for West Africa Region–Reproductive Health)



Adama Kone

Encouraged by successes with HIV & AIDS, tuberculosis, and malaria, the international community hopes to rebalance the global health agenda, focusing on reproductive health and maternal and child health.



Democratic Republic of Congo



Paul Crystal

Treating childhood illness at the community level means many young lives saved Nearly 10 million children under five die each year, though most could survive with access to simple, affordable care. To battle high child mortality rates, Democratic Republic of Congo implemented community case management (CCM) of childhood illnesses, including diarrhea, malaria, and pneumonia. In one year, CCM was introduced at 170 sites, 300-plus community health workers were trained, and more than 6,000 children were treated in communities with limited access to the formal health system.

Program: BASICS (Basic Support for Institutionalizing Child Survival)



Ethiopia



Exceeding our goals for scaling up HIV services

In Ethiopia, where roughly one million people are infected with HIV, MSH and the government of Ethiopia are leading an initiative to scale up and expand comprehensive HIV & AIDS prevention and treatment to health centers and communities. During the program's first year, more than 715,000 clients received prevention services and were tested for HIV, nearly triple the first-year target. The number of clients receiving antiretroviral therapy was 21,500, 130% of the target.

Program: HIV & AIDS Care and Support Program

*In countries where resources for health are scarce, an **integrated** approach to primary health care offers the best opportunities to reach large numbers of people with essential services.*

Improving access A USAID-funded project is helping increase access to quality primary health care services in five largely rural provinces of South Africa. The number of facilities offering antiretroviral treatment for HIV & AIDS increased from four in 2005 to 17 in 2008, and the number of patients treated increased from 105 to 22,712. In its first year, a youth mentor program showed a significant increase in the use of reproductive health services and HIV testing by young people.

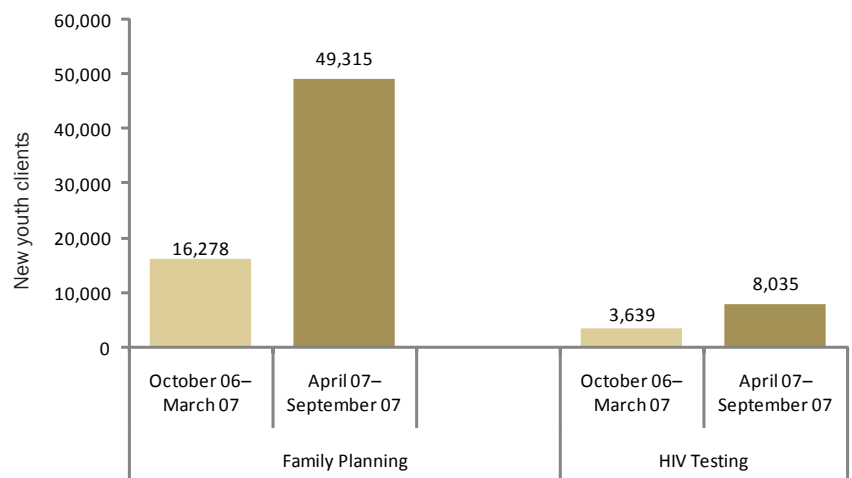
Over a two-year period, the number of orphans served increased by 90% to 15,825.

Program: IPHC (Integrated Primary Health Care)



South Africa

Expanding Access to Services for Youth

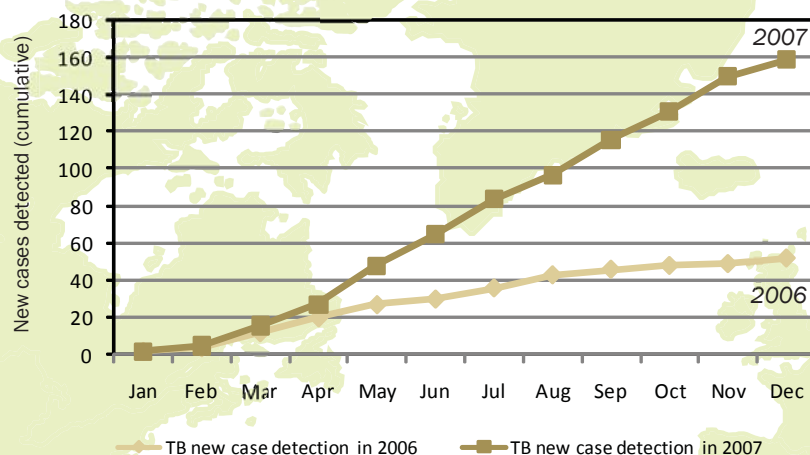


In South Africa, MSH is helping expand access to care, with a focus on meeting the needs of youth. Spurred by the youth mentors program, the number of youths receiving family planning services more than tripled over a six-month period—compared to the prior six months—and the number of youths receiving voluntary HIV counseling and testing more than doubled.

Enhancing leadership brings fast

results In Afghanistan, MSH is helping strengthen leadership and management across the health system, with the goal of improving key health indicators. Through better management in one year, the number of total monthly visits to health facilities increased from 571,000 to 736,000. Out of 11 focus provinces reporting results, 10 achieved more than a 10% increase in Diphtheria, Pertussis, and Tetanus (DPT3) vaccinations for children under one, and six increased tuberculosis detection by more than 10%. One province increased vaccinations and tuberculosis detection by 40% and 250%, respectively.

Program: TechServe Afghanistan (Technical Support to the Central and Provincial Ministry of Public Health)

**Afghanistan****Increased Tuberculosis Detection in Bamyan Province**

Under-detection of tuberculosis in Afghanistan robs people of the chance to seek out effective treatment. To address this problem, health officials strengthened lab facilities and tuberculosis case management in 13 provinces. In one year, detection of new cases increased by 300% in Bamyan Province from 50 cases in 2006 to 159 in 2007.

Given the magnitude of resources being committed to global health, the professionalization of leadership and management is critical to maximizing health investments.

Michael Paydos

**Peru****Effective leaders help create healthy communities**

In San Martin, Peru, a conflict region where communities have voluntarily eradicated coca production, MSH is providing values-based leadership training to 3,900 health ministry staff, municipal officials, and civic leaders so they can mobilize to create “healthy communities.” Using skills from the training, leaders have addressed social challenges, resulting in healthy lifestyle changes. For example, the percentage of the population consuming clean water increased from 26% to 49%.

Program: HCM (Healthy Communities and Municipalities)

Making rapid progress in 30 targeted zones

With a track record of bringing health services to three million people in Haiti, MSH expanded its efforts to 30 zones ciblées (target zones) encompassing an additional 1.5 million people. We worked closely with the Ministry of Health, local NGOs, and a local commercial sector willing to bring its own resources to bear on Haiti's many health challenges. Through this joint effort, immunization of infants tripled, deliveries attended by qualified personnel nearly quadrupled, and the use of modern contraceptives increased.

Programs: Haiti Health

Systems 2007

(HS-2007) and Santé pour le

Développement

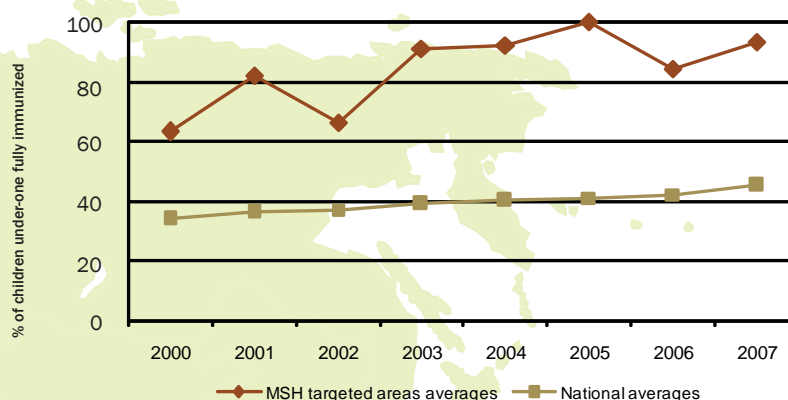
et la Stabilité d'Haïti-Pwojè Djanm

(SDSH)



Haiti

Ensuring a Healthy Start with Immunization



Immunization is a key contributor to child survival and health. In Haiti, where 86 per 1,000 children die before the age of five, MSH helped improve immunization rates in serviced areas that include almost half of the population. The chart shows immunization rates in covered areas, compared to the national average.

Expanding the public-private mix leverages the tremendous collective resources of all sectors: public, private, commercial, civil society, and secular and faith-based nongovernmental organizations.

Improving pharmaceutical services for children

In Tanzania's rural Morogoro and Ruvuma regions, families often turn to accredited drug dispensing outlets (ADDOs) to provide first-line care for childhood illnesses such as malaria. MSH is helping the government integrate child health services into the ADDOs' offerings and ensure availability of essential medicines and commodities. Nearly 1,300 ADDO dispensers at 750 outlets have been trained to treat and refer childhood cases, and the malaria treatment Coartem was added to the list of medicines available in ADDOs, increasing access for rural residents.



Tanzania



Keith Johnson

Program: RPM Plus (Rational Pharmaceutical Management Plus)



Haiti

Making PEPFAR funds stretch further In Haiti, services for HIV & AIDS were highly medicalized and expensive and therefore not reaching the country's poor in sufficient numbers. MSH is helping expand delivery of services by shifting tasks to skilled but lower-cost providers, by emphasizing patient self-management, and by encouraging community involvement. Working with only 7% of the total President's Emergency Plan for AIDS Relief (PEPFAR) funds earmarked for Haiti, MSH achieved large portions of PEPFAR's results in Haiti: 10% of antiretroviral therapy national results, 36% of voluntary HIV counseling and testing for pregnant women, and 20% of voluntary counseling and testing results for the rest of the population.

Program: Haiti Health Systems 2007 (HS-2007)

MSH Staff



By providing incentives for institutions to attain targeted health goals, performance-based financing drives results on the ground.

Developing HIV services and protecting basic health care

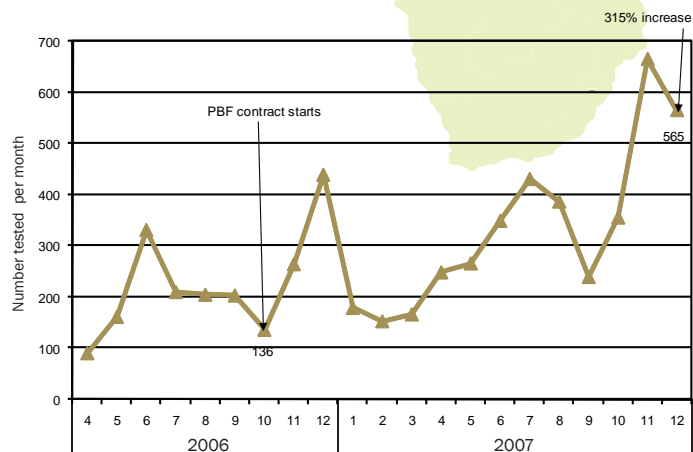
Rwanda is one of Africa's poorest countries, putting the cost of HIV and other health services out of reach for most people. In response, the Government of Rwanda, supported by MSH, has instituted performance-based financing, resulting in a 123% increase in voluntary counseling and testing (VCT) in the Gicumbi District over one year, reducing the overall cost per HIV test from more than \$13 to less than \$5.

Program: Rwanda HIV/Performance-Based Financing (PBF) Project



Rwanda

Increased HIV Testing and Counseling



In Rwanda's Gicumbi District, increased access to insurance and reduced testing costs contributed to a 315% increase in the number of clients receiving HIV & AIDS voluntary counseling and testing (VCT) in just 14 months.

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STATEMENT OF REVENUES, PROGRAM EXPENSES, AND CHANGES IN FUND BALANCE

Year ended June 30, 2007 (drawn from audited financial statements)

Revenue

Contract, Grant, and Program Revenue	\$ 122,177,986
Investment Income, Contributions	488,001
<i>Total</i>	<i>\$ 122,665,987</i>

Expenses

<i>Total</i>	<i>\$ 122,555,268</i>
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Changes in Fund Balance

Balance at Beginning of Year	\$ 13,662,363
Excess of Project Support and Revenue over Expenses	110,719
<i>Balance at End of Year</i>	<i>\$ 13,773,082</i>

Composed of

Cash and Cash Equivalents	\$ 16,248,640
Amounts Due on Contracts	5,242,718
Other Current Assets	1,559,347
Property and Equipment (Net of Depreciation)	1,202,181
Other Assets	245,217
Current Liabilities	(10,725,021)
<i>Total Unrestricted Net Assets</i>	<i>\$ 13,773,082</i>

Years in Review

Contract, Grant, and Program Revenue		
	2003	\$ 77,106,145
	2004	110,657,998
	2005	155,846,810
	2006	169,416,011
	2007	122,177,986

SOURCES OF SUPPORT

Year ended June 30, 2007

Academy for Educational Development (AED)
 Adventist Development and Relief Agency (ADRA)
 Aguaytía Energy del Perú
 Boston University Center for International Health & Development
 Center for Creative Leadership
 Centro de Investigación, Educación y Servicios
 Chemonics International
 Constella Futures
 The Crossland Group
 Danish International Development Agency (Danida)
 Dartmouth College
 Deloitte & Touche Tanzania
 Deloitte Consulting
 Department for International Development (DFID)
 Development Alternatives, Inc.
 Molly Downer
 Eastern and Southern Africa Management Institute (ESAMI)
 Emerging Markets Group
 EngenderHealth
 Euro Health Group (EHG)
 ExxonMobil Corporation
 Family Health International (FHI)
 Family Mayer Foundation
 Foundation for Advanced Studies on International Development (FASID)
 The Foundation for Innovative New Diagnostics (FIND)
 Bill & Melinda Gates Foundation
 GRM International
 The William and Flora Hewlett Foundation

Institute of Cultural Affairs, Kathmandu, Nepal
 Inter-American Development Bank (IDB)
 Interchurch Medical Assistance (IMA)
 International Rescue Committee (IRC)
 IntraHealth International
 JTA International
 H. Peter Karoff
 KNCV Tuberculosis Foundation
 Medicines for Malaria Venture (MMV)
 Ministry of Education, Nicaragua
 Ministry of Health of Suriname
 Ronald and Sharon O'Connor
 Organisation of Eastern Caribbean States (OECS)
 Pan American Health Organization (PAHO)
 Partners in Population and Development (PPD)
 Partnership for Child Health
 Partnership for Supply Chain Management
 PATH
 Pathfinder International
 El Programa de Coordinación en Salud Integral (PROCOSI)
 RF Binder Partners
 The James M. and Cathleen D. Stone Foundation
 Barbara and James Stowe
 Swedish International Development Agency
 Transcultural Communications Network (TCN)
 UBS Foundation USA
 UNICEF
 United States Agency for International Development
 University Research Co., LLC
 World Health Organization

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Year ended June 30, 2007

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Watertown, Massachusetts

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 mission is saving 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.*