

STRONGER HEALTH **SYSTEMS**. GREATER HEALTH **IMPACT**.

forty

Dear Friends:



KATIE POWELL/MSH

For four decades in more than 130 countries, Management Sciences for Health (MSH) has taken a whole-of-society approach to development: We work with governments to strengthen their leadership and governance capacity and with private and civil society organizations to improve service delivery systems. Through this locally driven approach, we regularly work ourselves out of a job. We contribute to improvements in health systems that have a lasting impact on people's health and well-being long after we are gone.

Today the global health community is reaching a tipping point in the movement for universal health coverage through strong health systems. Instead of focusing on immediate impact for individual diseases, we have come to realize that sustained impact depends on local efforts that integrate and improve basic health services so that they are accessible, affordable, and appropriate for everyone. Future success will depend not only on continued product and technology innovation, but even more importantly on *systems innovation*—new ways of expanding the use of existing prevention and treatment techniques.

The stories in this report show what systems innovation can do when led by people integrated throughout society—ministries of health, facility health providers, district managers, community health workers, and individuals. One important example: MSH has worked to improve women's health since day one, but we see that innovative approaches to empowering women are vital to make efficient, lasting improvements in their health and the health of whole communities.

The people represented here are the heartbeat of our work, along with our dedicated worldwide staff from more than 70 countries and our funders, including the US and European governments, foundations, international agencies, corporate partners, and private individuals. Together we will celebrate MSH's 40th anniversary in 2011. We hope you'll join us.

With warm regards,

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

years



FAMILIES TAKE CONTROL OF THEIR HEALTH IN PERU

In Peru, MSH works with communities that have agreed to eradicate coca production in exchange for development projects. With support from USAID and local private-sector organizations, MSH gives these communities the means to control their own health by training them to petition their municipalities for support and carry out improvements in housing, water and sanitation, nutrition, and reproductive health services.

In 2010, the communities in the project area provided solid nutrition to 74% of children under five, up from 32% in 2006, and increased the percentage of women of childbearing age with knowledge of family planning methods to 95%, up from 79% in 2006.

The village of Almendras, home to just 40 families, has become a model for MSH's work in Peru. The people of Almendras worked with MSH to employ local health workers who provide a bridge between the community and area health centers. In 2010, the health workers helped provide complete prenatal care and assisted deliveries in health facilities to all

“Development starts with the individual. In these communities we have seen evidence of this.”

MAYOR OF THE ALMENDRAS MUNICIPALITY

pregnant women, family planning services to all women of reproductive age, and solid nutrition to all children under the age of five. “The community no longer waits for an authority to help them,” says Ernesto Jesus-Perez, a member of the neighborhood committee. “We have taken control of our own development.” Mr. Jesus-Perez regularly visits his neighbors to monitor and support maternal and child health practices. His son, who had moved away several years ago, returned with his wife in 2010 because he was encouraged by the improvements in Almendras. The success in Almendras also encouraged the mayor of its municipality to start similar community-led health plans throughout the region.

In December, USAID awarded MSH a five-year project to build on our work in Peru and transfer its management to local entities.

INDIVIDUALS





JULIE O'BRIEN/MSH

COMMUNITY HEALTH WORKERS

COMMUNITY HEALTH WORKERS TEXT TO SAVE LIVES IN MALAWI

MSH has increased access to health services for 84% of Malawi's 13 million people by integrating and supporting care at the community level. With support from USAID, our projects have established more than 650 clinics and trained nearly 3,000 community health workers in rural areas.

In 2010, our innovative mobile communications technology project in Malawi distributed mobile phones to more than 600 community health workers, enrolled them in an SMS (short message system) network, and set up central learning hubs at district hospitals. Within six months, more than 4,000 messages were sent between hospital staff and community health workers, who reported on the services they provided, requested supplies and information, and received help in emergencies.

Community health worker Blessings Makono tells the story of a young girl who had swollen cheeks and was breathing heavily and vomiting. Before he got his mobile phone, Mr. Makono would have had only three dismal options for the girl's mother: carry the child for a six-hour round trip walk to the health center, find a bike to carry her on, or pay an expensive fee for a ride. Instead, he texted the district hub and received instructions to give the child an antibiotic for a common bacterial infection and sent her home.

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NURSES BECOME LEADERS IN EGYPT

advocate

In 2010, MSH brought its groundbreaking Leadership Development Program (LDP)—workshops that usher participants through the process of defining clear steps to improve health services—to nurses in Upper Egypt. Nurses in government hospitals, most of whom are female, traditionally are not given the authority to make improvements in care and are often discriminated against by their male colleagues.

The USAID-supported LDP taught these nurses to lead teams that address a wide range of health care challenges, including the

discrimination they face. Within six months, one team increased prompt documentation of patients' vital signs in their facility from 20% to 100%. Another team decreased the surgical infection rate in their facility from 15% to 6%.

“I noticed a big change. Now it is always one of the nurses who welcomes and helps you when you enter the hospital.”

MAHMOUD NGOBI, A PATIENT

FACILITY HEALTH PROVIDERS

A team of nurses from the Kom

Ombo district learned how to advocate for their patients with physical disabilities. By applying their LDP training, they succeeded in convincing the hospital administration to install wheelchair ramps in the hospital's doorways, and they mobilized resources to initiate sign language training, lessons on building patients' self-confidence, and an awareness campaign for hospital staff about patients with special needs. Within six months, they increased consultations with these patients by 65%.





DISTRICT MANAGERS

DISTRICT MANAGERS WORK TO PREVENT MATERNAL MORTALITY IN THE DEMOCRATIC REPUBLIC OF CONGO

In the Democratic Republic of Congo, many district health teams have been unmotivated to take on challenges because of poor working conditions.

District teams that participated in MSH's leadership training, however, have had unprecedented success in reaching their health impact goals. Dr. Odé Kanku Kabemba, the chief medical officer for the Luiza district, used MSH's USAID-supported leadership approach to help his team develop a common vision and measurable goal: to increase the percentage of pregnant women receiving medicine to prevent maternal mortality associated with malaria from 10% to 50%. The team worked with community, provincial, and national organizations to raise money for medicine and then trained staff to better manage it. They surpassed their goal by increasing coverage to nearly 80%, reaching more than 4,000 pregnant women in 2010.

In September, the success of our projects in the Democratic Republic of Congo led USAID to award MSH a five-year project to integrate and improve health services for 11.6 million of the country's 71.7 million people.

imp

THE MINISTRY OF HEALTH IN ETHIOPIA BRINGS HOPE TO PEOPLE WITH HIV

The Federal Ministry of Health in Ethiopia has undertaken the largest national expansion of free HIV & AIDS services in Africa while simultaneously strengthening the country's health system as a whole. The ministry's strategy focuses on decentralizing services from hospitals to health centers and shifting treatment, care, and support tasks from physicians to mid-level health care providers.

From 2007 through 2010, MSH has worked in partnership with USAID and the Ministry of Health to strengthen the linkages between hospitals, health centers, and their surrounding communities. We build community support networks of HIV-positive individuals, their families, and local organizations and link them to health centers and area hospitals through local case managers and outreach workers. MSH has trained more than 30,000 health care providers at the health center and community levels on comprehensive HIV & AIDS service delivery. These providers work with 550 health centers that serve 33 million people. We have also trained local leaders to combat HIV stigma and gender discrimination.

Over these three years, our work in Ethiopia has contributed to a six-fold increase in the number of people tested annually for HIV in the program area, reaching nearly 3.5 million in 2010. Among those tested, only 2% were positive in 2010, compared to 8% in 2007, and more than 86,000 HIV patients are now getting antiretroviral therapy, up from less than 10,000 in 2007. People with HIV in the program area say they now have hope that they can lead productive lives.

MINISTRY OF HEALTH

“Today we are not only fighting program-specific issues—we are preparing the health system to better fight for the future.”

MINISTER OF HEALTH DR. TEDROS ADHANOM GHEBREYESUS
(BELOW, FAR RIGHT)



BERHAN TEKLEHAMANOT/MSH

REACHING FARTHER IN AFGHANISTAN

With support from USAID, MSH has been known for building effective partnerships among the Ministry of Public Health, service organizations, and donors in Afghanistan for decades. Our Tech-Serve project, which builds the capacity of the Afghan government to manage its health system, expanded its reach from 13 to 24 provinces in 2010, expanding the percentage of the country's population it serves from 55% to 77%. The newly served provinces are among the least stable in the country. Tech-Serve placed health advisors who mentor health workers in three of the new provinces, launched a leadership training program in two of them, and conducted an infection-prevention program for hospital staff in all the new provinces.



MICHAEL PAYDOS/MSH

Our BASICS project, which supports child health initiatives, helped establish in 2010 a permanent national committee to support Afghanistan's strategy for improving maternal and child health. The strategy includes implementing a package of community-based interventions, such as improving access to immunization and treatment of diseases for infants, in districts throughout the country. In 2010, after preliminary success in five demonstration districts, BASICS introduced this package in 23 additional districts that serve nearly one million people.

DISTRIBUTING LIFE-SAVING MEDICINES IN HAITI

MSH works with the Haitian government to bring high-quality medicines and supplies to AIDS treatment sites through PEPFAR's Supply Chain Management System (SCMS) project. SCMS operates in 17 countries, leveraging global networks to lower prices for supplies, establishing regional warehouses for efficient distribution of supplies, and training workers to better manage their country's public health supply chain. The reliable supply chain our team in Haiti established prior to the January 2010 earthquake allowed them to begin shipping emergency supplies to health facilities within 48 hours after the earthquake. This rapid response enabled our team to provide uninterrupted antiretroviral therapy for AIDS patients. MSH's Leadership, Management and Sustainability (LMS) Program also responded quickly to distribute more than one million family planning commodities within a month. In October, SCMS began delivering supplies for cholera treatment within weeks of the cholera outbreak. The SCMS team worked together with MSH's *Santé pour le Développement et la Stabilité d'Haiti* project, which trained health workers to respond to cholera.

In June, the Partnership for Supply Chain Management, which manages the SCMS project, was honored by the European Supply Chain Industry with two awards for SCMS's work worldwide. The awards were given for innovation and success in providing excellent value for supplies to countries most in need.



MICHAEL PAYDOS/MSH

25 YEARS OF LEADERSHIP FOR HEALTH

This year marked the end of MSH's groundbreaking Leadership, Management and Sustainability (LMS) Program (2005–10). With USAID, MSH has guided the evolution of the health leadership training field for 25 years, developing a holistic approach that integrates leadership skills into all areas of the health system and clearly demonstrates the link between improved leadership and improved health services. The LMS leadership training model, which enables participants to define a theory of change for improved services and better health outcomes, was applied in 19 countries—and many more through virtual programming. Participating countries have increased the quality and accessibility of a wide range of health services and continue to make improvements. MSH is carrying on the LMS work through extended projects in sub-Saharan Africa, Asia, the Middle East, Latin America, and the Caribbean.

COVER: MARY BURKET/MSH

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SOURCES OF SUPPORT

Year ended June 30, 2010

ACDI/VOCA

AED (Academy for Educational Development)

American Refugee Committee

AMREF (African Medical and Research Foundation)

Association for Rural Development (ARD)

Bill & Melinda Gates Foundation

Boston University School of Public Health

Centers for Disease Control and Prevention (CDC)

Christian Health Association of Nigeria (CHAN)

DAI

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

EngenderHealth

FHI

Foundation for Advanced Studies on International Development (FASID)

Foundation for Innovative New Diagnostics (FIND)

Futures Group

The Global Fund to Fight AIDS, Tuberculosis and Malaria

HealthRight International

IMA World Health

International Rescue Committee (IRC)

Intra-Health International

IPPF (International Planned Parenthood Federation)

James B. & Barbara Gunderson Stowe

The James M. & Cathleen D. Stone Foundation at the Boston Foundation

John Snow, Inc. (JSI)

Johns Hopkins Center for Communication Programs

Joint Oxfam Programme

KNCV Tuberculosis Foundation

Network for Good

Organisation of Eastern Caribbean States (OECS)

Oxfam International

Pact

Pan American Health Organization (PAHO)

Partnership for Child Health Care, Inc.

Partnership for Supply Chain Management (PFSCM)

PATH

Pathfinder International

Peter & Marty Karoff

Reproductive and Child Health Alliance (RACHA)

The Rockefeller Foundation

Sida (Swedish International Development Cooperation Agency)

TB Alliance

Tufts University

UK Department for International Development (DFID)

UNICEF

United States Agency for International Development (USAID)

University of North Carolina at Chapel Hill

University Research Co., LLC (URC)

The William and Flora Hewlett Foundation

The World Bank

World Health Organization (WHO)

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

Year ended June 30, 2010 (drawn from audited financial statements)

REVENUES

Contract, Grant, and Program Revenue	\$247,618,290
Investment Income and Contributions	\$22,310
Additional Support Revenue	\$83,953

Total	\$247,724,553
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EXPENSES

Total	\$246,315,677
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CHANGES IN FUND BALANCE

Balance at Beginning of Year	\$16,711,451
Excess of Project Support and Revenue over Expenses	\$1,408,876

Balance at End of Year	\$18,120,327
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COMPOSED OF

Cash and Cash Equivalents	\$16,905,834
Amounts Due on Contracts	\$15,033,896
Other Current Assets	\$6,678,683
Property and Equipment (Net of Depreciation)	\$1,212,022
Other Assets	\$179,229
Current Liabilities	(\$21,889,337)

Total Unrestricted Net Assets	\$18,120,327
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YEARS IN REVIEW

Contract, Grant, and Program Revenue

2005	2006	2007	2008	2009
\$155,846,810	\$169,416,011	\$122,177,986	\$133,938,923	\$177,547,382

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

MANAGEMENT SCIENCES FOR HEALTH

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.

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