STRONGER HEALTH SYSTEMS FOR GLOBAL HEALTH CHALLENGES

Annual Report 2014

msh
Management Sciences *for* Health

A Message from the CEO

Dear Friends,

The right to health for every person. Health solutions rooted in communities. Resilient systems for care and prevention. The Ebola epidemic has made clear the urgency of realizing these goals, which are central to MSH's mission. Weak health systems in West Africa struggled to control Ebola. Steady investments in health systems, including epidemic preparedness, can stop local disease outbreaks from becoming major epidemics, while addressing the full range of health issues faced by communities.

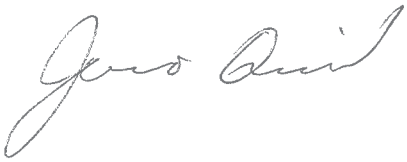
MSH is dedicated to working with local leaders to build strong health systems that visibly improve health and well-being. In this report we offer a glimpse of youth leadership in Peru; healthy women and babies in DRC and Ethiopia; health systems strengthening in Rwanda; and movement toward universal health coverage (UHC) in Nigeria.

UHC requires strong health systems. The global health community has come to consensus on UHC—access for all to health care without financial hardship. By prioritizing the most vulnerable and improving access to health services, UHC improves health and slows disease spread. As we continue developing UHC principles in the post-2015 era, we must remember the lessons of Ebola: better governance, workforce development, pharmaceutical management, and other health systems components are as vital for preventing major epidemics as they are for primary care.

To keep us safe from health threats, countries must build essential public health functions such as surveillance, preparedness, and prevention as integral parts of their investment in health systems strengthening.

The current Ebola crisis has highlighted gaps; much remains to be done. We are deeply grateful to our diverse funding and implementing partners and to the local health leaders with whom we work shoulder to shoulder. Together, we remain vigilant in standing up to the health challenges of our time.

With warm regards,



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

"Developing strong health systems will ensure the collective well-being for all over the long term."

—**MSH PRESIDENT & CEO JONATHAN D. QUICK**
in a Letter to the Editor, published October 3, 2014, in *The New York Times*

Board of Directors

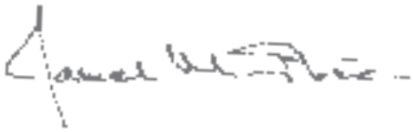
A MESSAGE FROM THE CHAIRMAN

This will be my last year as Chairman of the Board at MSH. I am a willing victim of the term limits I long ago urged be added to our bylaws. Having known MSH for all of its 44 years and served on the Board for a decade, it is time for me to hand over the gavel to a new Chairman. The mission of MSH, improving health outcomes in the poorest and most vulnerable areas of the world through better health systems, has never changed. MSH's commitment to working with local staff in the field, and applying readily available state-of-the-art public health tools and knowledge, also has not changed in all that time. I am immensely proud of my association with MSH, and I can't help but believe that others who learn about our work will share my enthusiasm.

In 2014, the world faced a great health crisis as Ebola hit West Africa. I am gratified to say that MSH was there, bringing its epidemic preparedness, community engagement, and health systems strengthening expertise to the fight. The spread of the virus has not been entirely stopped even now, but much progress has been made. The workhorses of the battle against Ebola must be preparedness and prevention—and these are exactly MSH's specialties. Preventing the next local outbreak from becoming a next epidemic is a vital element of our mission.

As 2015 begins, MSH is in its strongest position ever to lead the building of resilient health systems for those in greatest need. Our Board of Directors, senior management, US staff, and country staff are all strong. The challenges are greater than ever, but so are the resources, and the resolve has never flagged. I will miss my formal association with MSH as Chairman, but it will remain in my heart and mind forever.

Sincerely,



James M. Stone
Chairman of the Board of Directors

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.

GO TO THE PEOPLE

HEALTH FOR ALL IN RWANDA

10,000 HEALTH WORKERS WITH CELL PHONES

In collaboration with the Ministry of Health and other partners, the MSH-led Integrated Health Systems Strengthening Project provided 10,000 Rwandan community health workers with cell phones equipped with UNICEF's Rapid SMS software. Phones are used to report births, deaths, and pregnancies and to send "red alerts" to local health clinics or call for an ambulance.

THE POWER OF STRONG HEALTH SYSTEMS

As a result of the government's unwavering commitment to quality health care and support from international partners such as MSH, Rwanda has made remarkable improvements in its health indicators over the past two decades.

	THEN 2005	NOW 2010–2013
Children 12–23 months vaccinated against measles	89%	97%
Maternal mortality per 100,000 live births *	610	320
Under 5 mortality per 1,000 live births	107	55
Life expectancy at birth	55	64
AIDS-related mortality	19,107	4,535
Contraceptive prevalence rate * *	5.6%	42%
Percent of deliveries in health facilities	28%	95%
Percent of underweight children under 5 years	18%	11%

* Modeled estimate

* * Modern methods, all women of reproductive age

PHOTO: Todd Shapera

Building health systems for better health in Rwanda

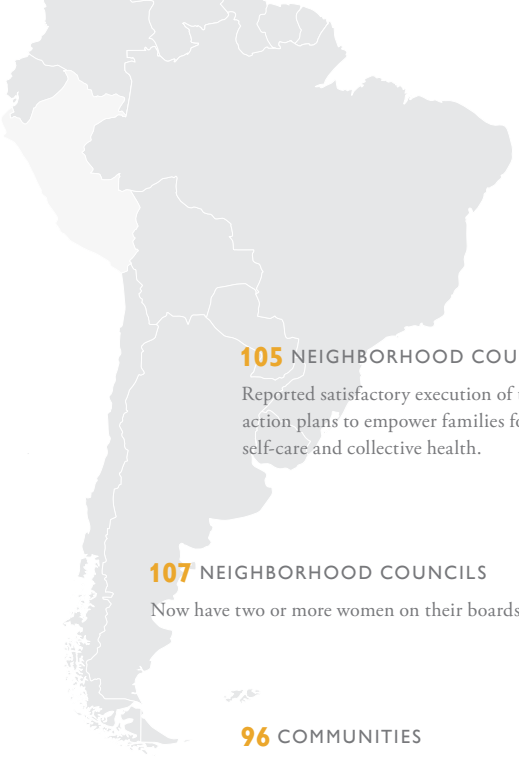
To improve the health of its population, the Rwandan government places a strong emphasis on building the information, human resources, quality improvement, and financial systems necessary to support a well-functioning health system. MSH has supported these efforts by leading several USAID-funded projects: the HIV Performance-Based Financing Project (2004–2009), the Integrated Health Systems Strengthening Project (IHSSP, 2009–2014), and now the Rwanda Health Systems Strengthening (RHSS, 2014–2019) Project. RHSS works, as did IHSSP, at all levels of the health system, from the community through the national Ministry of Health, to ensure all residents' access to high quality services.

Since 2005, Rwanda's 45,000 community-based health workers have provided preventive and curative care. In 2010, IHSSP worked with the Rwandan government to provide performance-based financial incentives (payments based on results) to the country's 45,000 community health workers and helped them form cooperatives that invest their income in local businesses, creating a stable income stream for each member.

To ensure access to facility-based care, in 2004 Rwanda launched one of the first national community-based health insurance programs in the region covering the majority of its population. The program increased use of services, but was financially unstable and the payment scheme was inequitable.

In 2009, IHSSP worked side-by-side with the Rwandan Ministry of Health to revise the system's structure, creating a sliding-scale for premiums. The project also helped build a database that allows the government to assign each Rwandan household to one of three economic groups. Those in the poorest group, about 25 percent of the population, do not pay an insurance premium or service fees at any public facility. The new system was rolled out nationwide in 2011. Since then, the number of outpatient consultations at all Rwandan facilities has increased by nearly 25 percent. The revised system helped more than triple the total amount of contributions from health insurance members, strengthening the system's financial standing.

With IHSSP support, Rwanda developed a computerized system to gather, store, and analyze health information. IHSSP trained health workers at all levels—from rural health centers through the National Ministry of Health—to use data to help better understand the health of the population and design interventions to address local health needs.



105 NEIGHBORHOOD COUNCILS

Reported satisfactory execution of their action plans to empower families for self-care and collective health.

107 NEIGHBORHOOD COUNCILS

Now have two or more women on their boards.

96 COMMUNITIES

Improved four or more child health practices and **108** communities improved at least one practice in maternal, sexual, and reproductive health.

"If we become pregnant, our dreams will turn to water."

"We must work together for the development of the community."

—TEENAGE GIRLS IN THE PADRE ABAD DISTRICT COMMUNITY

139,000

TOTAL REACH

An estimated 139,000 adults and children reached by MSH's Healthy Communities and Muncipalities II project in Peru.

Empowering teens improves health in Peru

The current generation of 1.8 billion adolescents—a quarter of the world's population—is the largest in history. MSH invests in the health of youth and engages them as leaders capable of generating dynamic ideas, creating new solutions, and mobilizing resources for sustainable health systems in their communities.

In the Padre Abad district of Peru, teenage girls are nearly twice as likely to become pregnant than their peers across the country. MSH's Healthy Communities and Municipalities II (HCM II) project, funded by USAID, launched an initiative in the district to improve communication between parents and their kids, increase activities for youth, and put adolescent health on the agenda of the local government. The project mobilized communities through communication campaigns, art contests, family visits, and workshops for parents and teens.

As a result of the teen workshops, over 200 youth reported that they boosted their knowledge of family planning, their leadership skills, communication with their parents, and their self-esteem. HCM II also met with local officials, who were motivated by the community engagement: neighborhood councils facilitated project activities, leveraged 60 percent of the total budget for the initiative, and developed proposals to support adolescent health going forward.

In May 2014, MSH's Leadership, Management and Governance (LMG) Project co-hosted an event on youth leadership for family planning at the World Conference on Youth in Colombo, Sri Lanka. The conference brought together over 1,500 youth delegates to create an action plan for including young people in the post-2015 global development agenda. MSH partnered with the International Family Planning Federation and the International Youth Alliance on Family Planning to host the event, which supported teens' leadership capability to address health issues that directly affect them.

PHOTOS: Leslie Alsheimer

Gender Equality and Health in Madagascar

MSH's MIKOLO project, funded by the US Agency for International Development (USAID), supports Madagascar's stability by strengthening locally owned, community-based, integrated health services—with a women-centered approach. MIKOLO strengthens health services for women and children, and promotes gender equality by encouraging couples to work together on health issues at home and empowering women as health educators.

In 2014, MIKOLO trained 120 women leaders, among them Solange Helene Rasoanirina (above), who at age 24 has become a primary source for health information in her village. After completing MIKOLO training, Rasoanirina organized a women's association to promote healthy practices, such as encouraging parents of sick children to consult community health volunteers. Since Rasoanirina was trained in June 2014, these consultations have resulted in 235 children treated for fever, 110 for acute respiratory infection, and 20 for diarrhea.

Solange Helene Rasoanirina during a celebration of International Women's Day.

PHOTO: Fanja Saholiarisoa

Bringing Health Care Closer to Home

The MSH initiative to improve private community health shops—often people's first source for medicines and family planning supplies—has brought high-quality care to nearly 36 million people in Tanzania, Uganda, Liberia, and Zambia. This public-private innovation, supported by the Bill & Melinda Gates Foundation and others, has resulted in 10,000 accredited drug shops. Women make up 90 percent of the shop owners and medicine dispensers. They provide reliable health information and supplies close to home, boost local economies, and promote gender equality. MSH President and CEO Jonathan D. Quick shared results of the program at the 2014 Clinton Global Initiative Annual Meeting.

Frieda Komba, a new class of health provider in Tanzania: a licensed drug seller and owner of her own Accredited Drug Shop.

PHOTO: Brooke Huskey

BUILD ON WHAT THEY KNOW

YOUTH LEAD WORLDWIDE

THEY HAVE DONE IT THEMSELVES

HEALTHY WOMEN AND CHILDREN IN DRC AND ETHIOPIA

Providing lifesaving medicines worldwide

In late 2013, when health facilities in Democratic Republic of the Congo (DRC) ordered supplies from local vendors, it took seven to ten months for them to be delivered. By the end of 2014, MSH's Supply Chain Management System (SCMS) had reduced that time by 80 percent—to six to eight weeks—and lowered the cost of supplies as well. The award-winning SCMS, led in partnership with John Snow, Inc. and funded by the US President's Emergency Plan for AIDS Relief (PEPFAR)/USAID, supports a global procurement system and regional distribution centers that reduce costs and increase the reliability of HIV and AIDS products and services in 21 partner countries.

Globally, PEPFAR supports 7.7 million patients on antiretroviral treatment, of which 4.5 million are receiving direct support and an additional 3.2 million are benefiting from technical support. SCMS procures 70 percent of all antiretrovirals funded by PEPFAR.

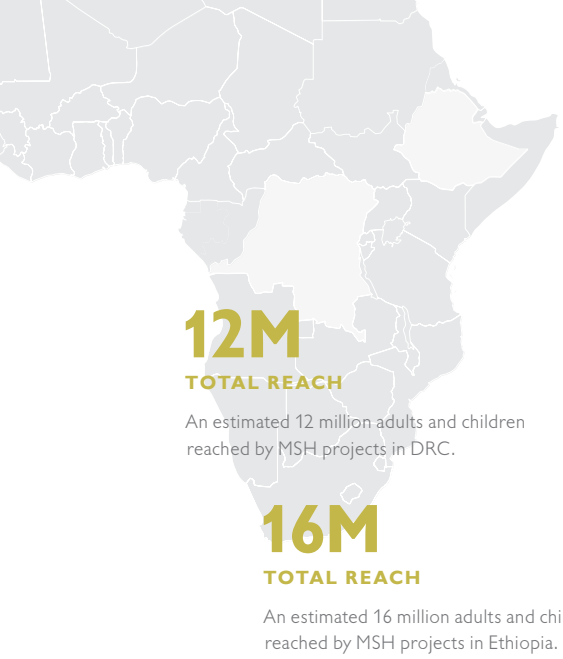
PHOTO: Warren Zelman

A Toast to Universal Health Coverage

MSH celebrated the global movement for universal health coverage with a reception at Riverpark restaurant in New York City during the 2014 UN General Assembly. The private event featured remarks by high-level officials and an interactive #ToastUHC photo booth. The event was co-hosted by the UN Missions of Japan, Rwanda, Mexico, and France, and in collaboration with the World Bank, World Health Organization, and Gavi, the Vaccine Alliance.

TOP: Left: Ariel Pablos-Méndez
Assistant Administrator for Global Health, USAID
Right: Agnes Binagwaho
Honorable Minister of Health, Rwanda
BOTTOM: Yvonne Chaka Chaka
President, Princess of Africa Foundation

PHOTOS: Glenn Ruga



12M

TOTAL REACH

An estimated 12 million adults and children reached by MSH projects in DRC.

16M

TOTAL REACH

An estimated 16 million adults and children reached by MSH projects in Ethiopia.

INCREASE OF THE NUMBER OF PREGNANT WOMEN RECEIVING ANTIRETROVIRAL THERAPY IN THE AMHARA AND TIGRAY REGIONS OF ETHIOPIA

* Baseline data was collected September 2011

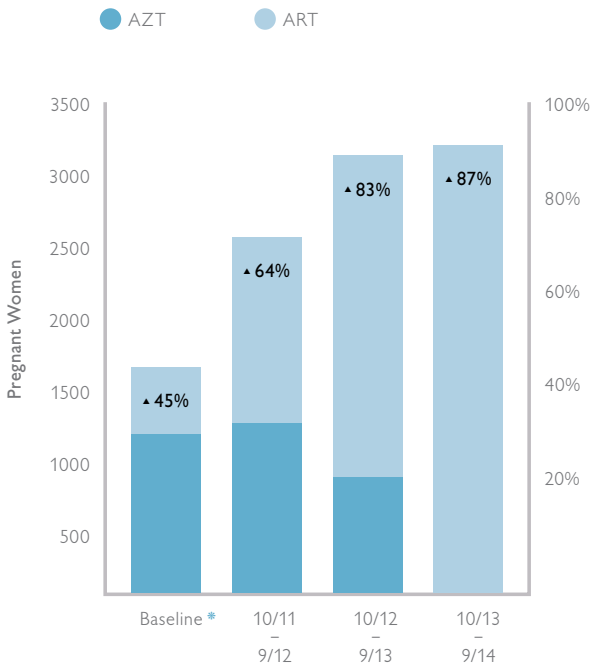


PHOTO: Warren Zelman

Helping mothers to help themselves and their babies in Democratic Republic of the Congo and Ethiopia

Each year, nearly 300,000 women die from causes related to pregnancy and childbirth. Approximately 7.6 million children do not live to see their fifth birthday. Most of the major direct causes of maternal and child mortality are preventable. MSH's maternal and child health interventions begin before pregnancy, with integrated family planning and HIV services, and continue through the life of the child.

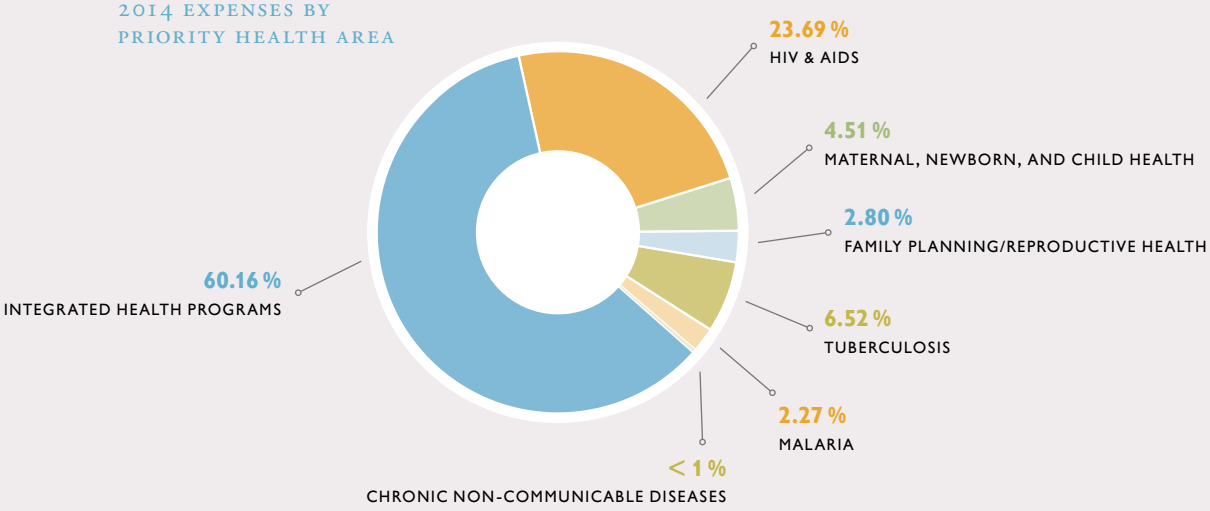
After a smooth pregnancy, Marie Miambokila Mumba of Democratic Republic of the Congo (DRC) gave birth in August 2014 with a skilled birth attendant, Judith Kambuyi. Moments after the baby was born, Kambuyi realized Mumba was delivering a second baby, who was struggling to breathe. Kambuyi immediately identified the problem and resuscitated the infant. Mumba's child was one of 22 babies saved in 2014 by Kambuyi and other birth attendants at the hospital after they completed a training in detection and treatment of newborn conditions. The training, designed and proven effective for resource-limited settings, was organized by the 2010–2015 DRC-Integrated Health Project (DRC-IHP), an MSH project funded by USAID.

"It is a source of pride to save lives," says Kambuyi, who went on to train local midwives in the same techniques. New mothers are proud as well when they can help their babies. Through DRC-IHP, more mothers of premature infants are advised to hold their babies skin-to-skin to keep them warm—a technique called kangaroo care. DRC-IHP works to unite existing health service providers in DRC under a strategy to provide integrated management of maternal and child health.

In Ethiopia, MSH helped expand HIV and AIDS services by integrating them into maternal and child health and other services. The 2011–2015 Ethiopia Network for HIV/AIDS Treatment, Care and Support (ENHAT-CS) program, a USAID initiative funded by PEPFAR, built on Ethiopia's nationwide continuum of care from communities to hospitals. In 2014 at ENHAT-CS health centers in the Amhara and Tigray regions, 97 percent of women receiving antenatal care were tested for HIV and received their results; of those who tested positive, 87 percent received antiretroviral therapy, up from 45 percent who received treatment in 2011. Standard antiretroviral therapy (ART) consists of the combination of at least three antiretroviral (ARV) drugs to suppress the HIV virus and stop the progression of HIV disease.

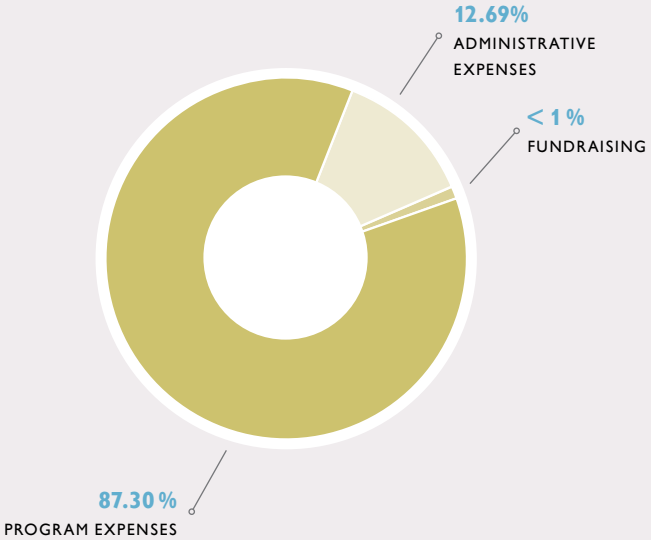
Health Area Funding

2014 EXPENSES BY PRIORITY HEALTH AREA



MSH Offers Value for Money

FISCAL YEAR 2014



INSERT PHOTO: Warren Zelman

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

YEAR ENDING JUNE 30, 2014

drawn from audited financial statements

REVENUES	
CONTRACT, GRANT, & PROGRAM REVENUE	$311,574,869
INVESTMENT INCOME & CONTRIBUTIONS	$2,001,296
ADDITIONAL SUPPORT REVENUE	$27,585
TOTAL:	$313,603,750
EXPENSES	
TOTAL:	$309,835,663
CHANGES IN FUND BALANCE	
BALANCE AT BEGINNING OF YEAR	$27,785,337
EXCESS OF PROJECT SUPPORT & REVENUE OVER EXPENSES	$3,796,968
BALANCE AT END OF YEAR:	$31,582,305
COMPOSED OF	
CASH AND CASH EQUIVALENTS	$21,116,761
AMOUNTS DUE ON CONTRACTS	$28,417,215
OTHER CURRENT ASSETS	$3,907,833
PROPERTY & EQUIPMENT NET OF DEPRECIATION	$3,502,116
OTHER ASSETS	$639,830
CURRENT LIABILITIES	($26,001,450)
TOTAL UNRESTRICTED NET ASSETS:	$31,582,305

Increasing community-based insurance coverage in Nigeria

In Nigeria in 2014, MSH's PLAN-Health program assisted two state governments in launching the first community-based health insurance plan to cover small-scale business owners, farmers, traders, artisans, and others. PLAN-Health is funded by PEPFAR through USAID and supports Nigeria's goal of increasing coverage from 10 to 30 percent by 2015. In Akwa Ibom State, where there had been no previous coverage, nearly 300 people gained insurance between August and December. In Rivers State, eight months after PLAN-Health developed an automated web system and performance-based financing system, coverage increased more than tenfold—from 556 to 5,656 people.

The achievements in Rivers State were made possible by a public-private partnership between PLAN-Health and the Shell Petroleum Development Company.

900,000

TOTAL REACH

An estimated 900,000 adults and children reached by MSH projects in Nigeria.

PHOTO: Gwenn Dubourthoumieu

MSH BOARD OF DIRECTORS

FISCAL YEAR 2014

JAMES M. STONE
Board Chairman
The Plymouth Rock Company

BARBARA BIERER
Professor of Medicine
Harvard Medical School and Brigham and Women's Hospital
Faculty co-chair
The Multi-Regional Clinical Trials Center at Harvard University (Harvard MRCT)

GAIL DENICOLA
Marketing and Strategy Consultant
Working with American University of Paris

REBECA DE VIVES
President
RdV Consulting

ALAN DETHERIDGE
Associate Director
The Partnering Initiative

LAWRENCE K. FISH
Former Chairman and CEO
Citizens Financial Group, Inc.

JOHN ISAACSON
Chair
Isaacson, Miller

PAULA DOHERTY JOHNSON
Senior Research Fellow
Hauser Institute for Civil Society
Harvard University

KATHERINE LUZURIAGA, MD
Professor
Molecular Medicine, Pediatrics, and Medicine
University of Massachusetts Medical School
Director
UMass Center for Clinical and Translational Science and Office of Global Health
Vice Provost
Clinical and Translational Research

MIRIAM NELSON
Associate Dean
The Jonathan M. Tisch College Citizenship and Public Service
Tufts University
Professor of Nutrition
The Friedman School of Nutrition Science and Policy

DAN PELLEGROM
Former President
Pathfinder International

JAMES ROOSEVELT, JR.
CEO
Tufts Health Plan

ANJALI SASTRY
Senior Lecturer
Sloan School of Management, Massachusetts Institute of Technology

TOTAL REACH *in DRC, Peru, Ethiopia, and Nigeria stories*

These numbers are output level indicators that estimate, or count, the number of persons or targeted sub-groups benefiting from immediate activities or outputs of MSH's project interventions, which include training, capacity building, technical assistance, and service delivery.

SOURCES OF SUPPORT

YEAR ENDING JUNE 30, 2014

GOVERNMENTS

Centers for Disease Control and Prevention (CDC) (USA)

Government of Gabon

Government of Kenya

National AIDS Commission (NAC), Malawi

US Agency for International Development (USAID)

FOUNDATIONS & CORPORATIONS

Bill & Melinda Gates Foundation

LIVESTRONG Foundation

Pfizer, Inc.

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

The Rockefeller Foundation

Shell Petroleum Development Company (SPDC)

TOMS

INTERNATIONAL AGENCIES/ BANKS

African Society for Laboratory Medicine (ASLM)

The European Union

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Inter-American Development Bank

The Task Force for Global Health

The Three Millennium Development Goal Fund (3MDG)

United Nations Development Programme (UNDP)

The World Bank

World Health Organization (WHO)

NGOS/PARTNERS

Abt Associates

AMREF (African Medical and Research Foundation)

BroadReach Healthcare

FHI360

Health Systems Trust (HST)

ICF International

The International HIV/AIDS Alliance

IntraHealth International

JHPIEGO

John Snow, Inc. (JSI)

KNCV Tuberculosis Foundation

Medical Care Development International (MCDI)

Partnership for Supply Chain Management (PFSCM)

PATH

Pathfinder International

Population Council

Save the Children

University Research Co., LLC (URC)

UNIVERSITIES

John Hopkins Bloomberg School of Public Health Center for Communications Programs

University of Nairobi

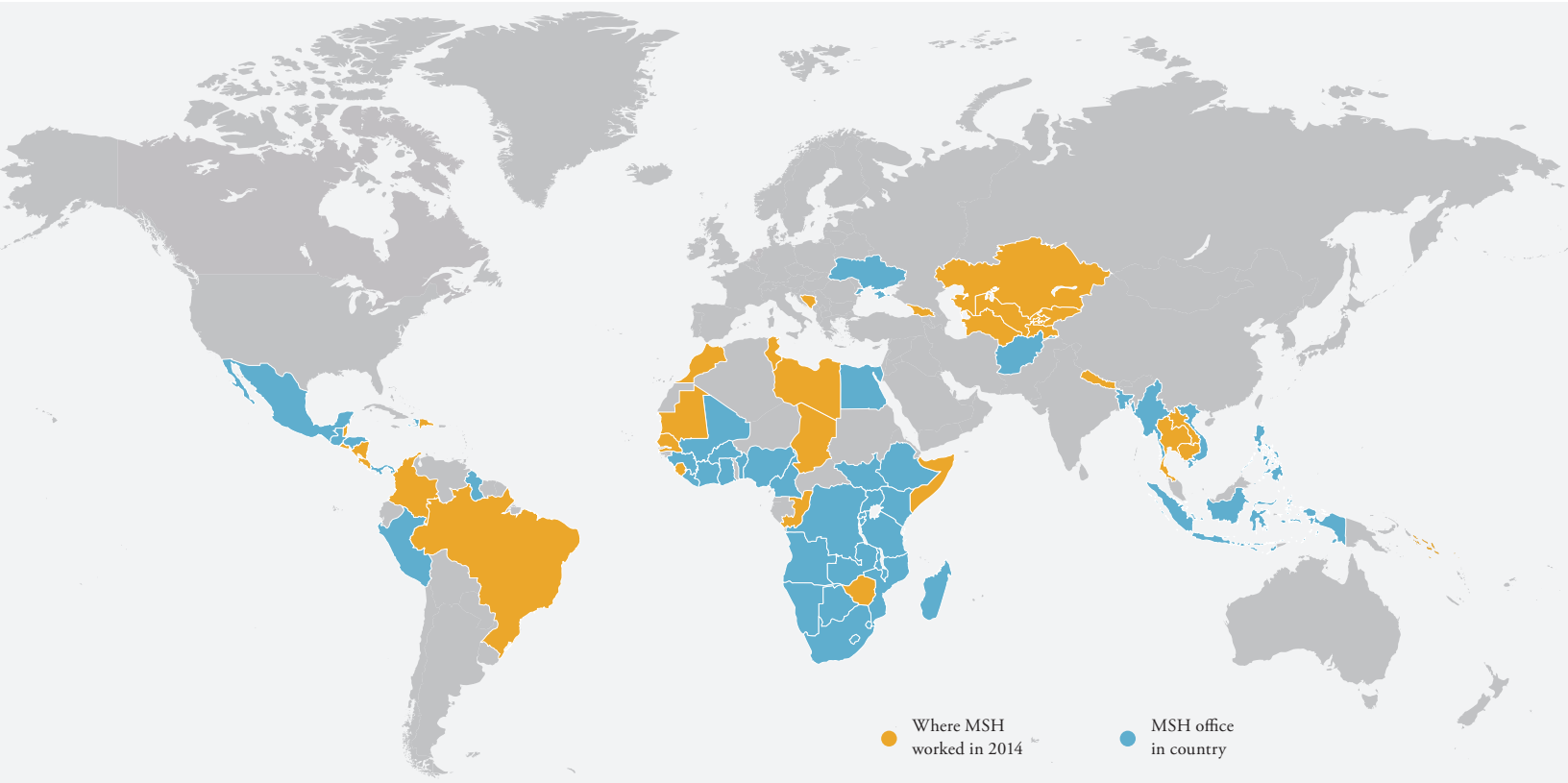
MANAGEMENT SCIENCES FOR HEALTH

71 COUNTRIES, 42 OFFICES

Since our founding in 1971, MSH's vision of health impact has influenced over 150 countries worldwide.

2,099
STAFF OUTSIDE US

2,521
TOTAL STAFF



AFRICA

- ANGOLA
- BENIN
- BOTSWANA
- BURKINA FASO
- BURUNDI
- CAMEROON
- CHAD
- CONGO
- COTE D'IVOIRE
- DEMOCRATIC REPUBLIC OF THE CONGO
- EGYPT
- ETHIOPIA
- GHANA
- GUINEA
- KENYA
- LESOTHO
- LIBERIA
- LIBYA
- MADAGASCAR
- MALAWI
- MALI
- MAURITANIA
- MOROCCO
- MOZAMBIQUE
- NAMIBIA
- NIGERIA
- RWANDA
- SENEGAL
- SIERRA LEONE
- SOMALIA
- SOUTH AFRICA
- SOUTH SUDAN
- SWAZILAND
- TANZANIA
- TUNISIA
- UGANDA
- ZAMBIA
- ZIMBABWE

ASIA

- AFGHANISTAN
- BANGLADESH
- CAMBODIA
- GEORGIA
- INDONESIA
- KAZAKHSTAN
- KYRGYZSTAN
- LAO PDR
- MYANMAR
- NEPAL
- PHILIPPINES
- TAJIKISTAN
- THAILAND
- TURKMENISTAN
- UZBEKISTAN
- VIETNAM

LATIN AMERICA & CARIBBEAN

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

OTHER

- BOSNIA AND HERZEGOVINA
- SOLOMON ISLANDS
- UKRAINE

msh.org

MANAGEMENT SCIENCES FOR HEALTH
Stronger health systems. Greater health impact.

200 Rivers Edge Drive
Medford, MA 02155, USA

617.250.9500
communications@msh.org

COVER PHOTO: Todd Shapera