

STRONGER HEALTH SYSTEMS FOR GLOBAL HEALTH CHALLENGES

Annual Report 2015



117 million people

reached by MSH in 2015

MSH reached an estimated **32.9 million people** directly and an estimated **84.2 million people** indirectly through our work in maternal and child health, HIV and AIDS, malaria, TB, family planning, access to medicines, and leadership and health workforce training and capacity-building.

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 of Leadership. Tao signifies a path, a journey that MSH takes working shoulder-to-shoulder with our local colleagues and partners, empowering them for success.

OUR VISION:

A WORLD WHERE **EVERYONE**
HAS THE OPPORTUNITY FOR
A HEALTHY LIFE





A MESSAGE FROM THE CEO

MSH's 45 years of long-term relationships with local and international partners have shown how steady investments in health systems can help communities improve health.

MSH President & CEO Dr. Jonathan D. Quick

Dear Friends,

The year 2015 saw a critical transition in global development. The Millennium Development Goals, which mobilized national governments to achieve remarkable improvements in health and reductions in poverty, were succeeded by the United Nations 2030 Sustainable Development Goals (SDGs). The 17 SDGs demand even more universal and ambitious action to eliminate poverty. Goal 3 aspires to end the most deadly diseases and achieve health for all.

We can achieve these goals by delivering everything it takes—people, money, medicines, information, and facilities—for stronger health systems that can prevent disease, treat illness, and relieve suffering. MSH's 45 years of long-term relationships with local and international partners have shown how steady investments in health systems can help communities improve health.

Universal health coverage provides the essential foundation to expand health care access to everyone, engage everyone in their own health care, and enable countries to achieve SDG 3. MSH has been privileged to work with others to create accountability mechanisms for the national investments in health systems that achieve universal health coverage.

With the 2015 launch of the No More Epidemics® campaign, highlighted in this report, MSH is calling for greater investment in epidemic prevention to safeguard people in every nation. Ebola made clear the need for better governance and stronger workforce to detect infectious disease threats early and halt their spread. Better access to family planning services can prevent harm from Zika. Better pharmaceutical management can contain TB and influenza.

MSH is expanding access to maternal and child health care, as you'll read here in stories from Madagascar and the Democratic Republic of the Congo. You will learn how we are using the power of advocacy to save the lives of mothers and children through the newly-launched FCI Program of MSH. You'll also read about how our decades of successful work strengthening pharmaceutical systems will be a pivotal piece in the global fight against chronic disease.

MSH is deeply grateful to the more than 40 governments, foundations, private sector partners, and multilateral organizations, as well as a growing number of individual contributors, who support our approach to greater health impact for people around the world. Together, we will meet the evolving health challenges of our time.

Warm regards,

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

Greetings,

Let me begin by saying how grateful I am for the warm reception I have received from the MSH family. I especially want to thank our President and CEO, Jonathan Quick, and my predecessor, Jim Stone. They have provided invaluable support and encouragement to me in my new role.

During this first year as Chairman, I have been listening and learning about our work. I am enormously impressed by the quality of the staff, the programs they develop and manage, and the results they have achieved. I feel very fortunate to be part of such an exceptional team.

I have already gone on two trips with MSH: one to Nigeria and the other to Madagascar and South Africa with eight other Board members. I learned that MSH is very good at what it does and that what MSH does is very hard. I went to the field and experienced profound poverty. The people in these countries have little access to health education or services. The lack of infrastructure poses formidable challenges; it is not easy to get medicines and supplies to these remote areas. But yet, MSH projects have made substantial advances: improving logistics, managing delivery and inventory of medications, developing leadership and creating institutional capacity, and improving local health services. I am so proud that our work is saving lives, building health systems in very poor parts of the world, and providing services to those in greatest need.

I am a strong believer in MSH's opportunity to grow and diversify sources of funding to support our mission, while at the same time enhancing our relationships with long-standing supporters, such as USAID. I envision extending our reach to more bilateral and multilateral foundations and public-private partnerships, and I intend to apply my business background and work with MSH leadership to make progress toward this goal.

In closing, I want to take this opportunity to thank the many friends of MSH—the Board of Directors for their active and wonderful support, the organizations that fund our work, our host governments, our individual donors, and especially all MSHers who make our important work possible.

Very best regards,



Larry Fish
Chairman of the Board of Directors
Former Chairman and CEO, Citizens Financial Group, Inc.



A MESSAGE FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS

I am so proud that our work is saving lives, building health systems in very poor parts of the world, and providing services to those in greatest need.

MSH Chairman of the Board of Directors Larry Fish

Since our founding in 1971,
the MSH vision of systems for
health has impacted over
150 countries worldwide.

21.3 million

An estimated 21.3 million adults and children reached by MSH programs in the **Democratic Republic of the Congo**





3.8 million

An estimated 3.8 million adults
and children reached by MSH
programs in **Madagascar**



STRONGER HEALTH SYSTEMS FOR WOMEN AND CHILDREN

A woman. A newborn. A child. The best indication of a strong health system is the health and well-being of its women and children. Yet, in many countries, basic health and rights are tenuous due to the lack of functional health systems. Local communities have the skills and desire to improve their own health, but they often lack resources, education, and training.

In the Democratic Republic of the Congo (DRC), a woman is ostracized after suffering from fistula, but after care is teaching again and part of the community. An elementary-age girl learns about the benefits of breastfeeding and shares that knowledge with her mother. In Honduras, men in remote communities are learning the value of maternal and reproductive health and family planning. A midwife at a rural health center in Zimbabwe takes a leadership course on midwifery management and uses mobile technology to educate HIV-positive women to stay on antiretroviral treatment, preventing mother-to-child transmission of HIV to their newborns. All are the result of MSH's focus on building health systems and empowering local people and communities.

Regardless of where families live, or their ability to pay, MSH's comprehensive approach to strengthening health systems ensures that underserved women and children are getting the full spectrum of care they need. MSH provides access to integrated health interventions and medicines across the continuum of care—from pre-pregnancy through the postpartum period; from newborns through childhood; from households to communities to facilities to nations. MSH works with governments, partners, and communities to end preventable maternal, newborn, and child deaths and improve the health of women and children through services integrated with family planning, HIV, TB, and malaria health services.

THE FCI PROGRAM OF MSH

With our recent addition of Family Care International (FCI) staff and projects, the FCI Program of MSH raises a powerful advocacy voice for the health and rights of women and communities. The UN's 2030 Sustainable Development Goals and updated Global Strategy for Women's, Children's and Adolescents' Health offer unique opportunities for MSH to work with international and local partners to save lives. **Our work helps ensure the relevance and effectiveness of these development frameworks and holds countries, development partners, and program implementers accountable** for keeping their promises to women, newborns, adolescents, and families.





DR. ZIPPORAH KPAMOR

MSH COUNTRY REPRESENTATIVE
FOR NIGERIA

“In Gombe State, Nigeria, amid the context of violence and terror from Boko Haram, we’re working to empower adolescent girls to become change agents for health-seeking behavior in their communities.”

I joined MSH in 2012, as director of the Community-Based Support for Orphans and Vulnerable Children (CUBS) project and was appointed MSH Nigeria Country Representative in July 2013.

I grew up in a small, patriarchal village. But thankfully, my family was revolutionary. My father was one of few who attended school, and when he became ill, he told my mother: “You must promise me this, if I’m not around, and you are forced to choose between whom to send to school, always choose the girl. The boy will inherit the land; he will always have a livelihood. The girl child needs an education to find a livelihood for herself.” Thanks to that early support, I went on to become a doctor. Unfortunately, that is not the typical case in Nigeria.

Patriarchal traditions and lack of education are impediments to girls having control over their sexual, reproductive, and overall health. As if that weren’t

enough, Boko Haram has added violence and terror to the equation. And whenever there is civil disturbance, women and children suffer most.

If consensual sex ends up in pregnancy, the girl bears the shame—and her dreams of school and a better life evaporate. In response, MSH and local partners initiated a project whereby a pilot group of girls volunteered at a health facility. They now know about protection against pregnancy and sexually transmitted diseases and they tell friends about these lifesaving and health saving measures. Together, we are creating young, community-based agents of change.

Over the past ten years in Nigeria, MSH has provided a sustainable response to challenges in leadership and governance, health systems, HIV, and service provision to underserved populations. I am proud to be a part of MSH’s commitment to ensure accessibility to health services for all in my country and home.

6,500

PREGNANT WOMEN REFERRED TO HEALTH FACILITIES

MATERNAL AND CHILD HEALTH INTERVENTIONS IN MADAGASCAR

In rural Madagascar, community health workers supported by MSH referred **6,500 pregnant women** to health facilities for antenatal care (October to December 2015). Community health volunteers also referred **750 pregnant women and 388 newborns** due to emergencies.

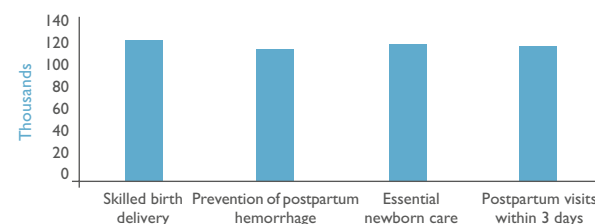
7,400

NEWBORNS SAVED

MATERNAL AND CHILD HEALTH INTERVENTIONS IN DRC

Through the MSH-led, USAID-funded DRC-Integrated Health Project (DRC-IHP), health workers provided comprehensive services to over **120,000 women** in labor (April to June 2015), including skilled birth delivery, essential newborn care, prevention of postpartum hemorrhage, and postpartum visits. In the health zones where DRC-IHP works, **7,400 newborns** were saved, **3.6 million children under five** with diarrhea were treated, and **97 percent of children under one** received basic childhood vaccinations.

Number of women in labor receiving services, DRC-IHP, April to June 2015





900,000

An estimated 900,000 adults
and children reached by MSH
programs in **Nigeria**





26.5 million

An estimated 26.5 million adults and children reached by MSH programs in **Uganda**



PREVENTING EPIDEMICS

At the height of the Ebola epidemic in 2014, prenatal and antenatal visits and routine health services for HIV and AIDS, TB, and malaria became unavailable, as health care workers were re-deployed to fight Ebola—or succumbed to the disease. Infectious diseases such as Ebola kill millions, especially those in countries with weak and failing health systems.

Strong health systems are built to address infectious disease and prevent outbreaks from becoming epidemics. One of the most crucial lessons from the Ebola crisis in West Africa is the necessity for health systems with sufficient funding, staff, and equipment. The understaffed, fragmented, and under-resourced health systems in countries affected quickly became overwhelmed.

In Liberia, MSH is working to improve water and sanitation to prevent infection. Handwashing with clean water not only prevents future outbreaks of Ebola but also other infections that take the lives of mothers and children. In Ethiopia, a mother loses her husband to TB, becomes ill, and is unable to care for her children. After walking eight hours to the nearest clinic, staffed by MSH-trained health workers, she and her

18-month-old son receive TB treatment and after six months, are cured. In Tanzania, Uganda, and Liberia, rural women and children go directly to mostly women-owned accredited drug shops for treatment of fever, increasing access to malaria diagnosis, treatment, or referral.

Reducing high maternal and child mortality due to infectious diseases in countries such as Liberia, Ethiopia, Tanzania, and Uganda is achieved through a combination of health service and infrastructure interventions. Access to MSH-trained health workers and medicines is threatened by poor roads or health facilities located miles away. Some facilities are not staffed at all. All of these challenges to good health require an overall strengthening of a fragile health system. MSH is working hard to stop the next global pandemic.



IMPROVED HEALTH SYSTEMS PREVENT DEADLY OUTBREAKS

LIBERIA AFTER EBOLA

In 2015, with the Government of Liberia, MSH began leading the USAID-funded Collaborative Support for Health (CSH) program. One of its key components is to restore and improve the health system following the Ebola crisis. Before Ebola, Liberia's maternal mortality ratio was already one of the highest in the world. During Ebola, that rate increased. Many clinics and hospitals closed their doors or women feared going to the facilities and contracting the disease. After the epidemic, fewer skilled attendants were available at deliveries because so many health workers had died. Hemorrhage and limited access to emergency care also contribute to Liberia's maternal deaths.

As Liberia shows, **high maternal mortality is the result of a combination of factors, all of which must be addressed through a strengthened health system.** CSH provides health systems capacity-building support for leadership and governance, managing the water supply infrastructure (essential to combating infectious disease), improving the pharmaceutical supply chain, improving health care quality, making health care affordable, and monitoring the health sector, as well as the health status of Liberians.



OLEHILE MAURICE BADA PHARASI

MSH COUNTRY REPRESENTATIVE FOR SOUTH AFRICA AND PROJECT DIRECTOR FOR THE SYSTEMS FOR IMPROVED ACCESS TO PHARMACEUTICALS AND SERVICES (SIAPS) PROGRAM

"I take immense pride in leading a team that has made a vast difference in the lives of pharmacy managers and pharmacists in the country's public sector."

I grew up in South Africa under apartheid. Early in my career, as an exile, I did my pharmacy internship in Zimbabwe, five years after that country's independence, when they started implementing their Essential Drugs Action Program. I was exposed to a whole new world of health services delivery and it had a major influence on the next stage of my work back in South Africa.

I look back at the 1990s with pride. I was able to contribute to two major developments: encouraging stakeholders to brainstorm on medicinal policy issues and leading the development and implementation of South Africa's National Drug Policy.

All of this helped prepare me for my work at MSH, where we are working hard to strengthen health systems and turn the promise of quality health care for all citizens into reality.

I became aware of MSH's work when I was working for the National Department

of Health in South Africa. I joined MSH in 2004. At that time, MSH occupied a leadership role in pharmaceutical systems strengthening; eleven years later, we are still the leader.

For example, we deployed a software system, RxSolution, in hospital pharmacies and clinics for inventory management, dispensing, and generating reports to support decisionmaking. Another is the successful implementation of the Leadership Development Program (LDP) and the Pharmaceutical Leadership Development Program (PLDP). Both programs have allowed for innovation and efficiencies that are now built into the management of pharmaceutical services delivery.

In supporting MSH core values to save lives, we in South Africa strive to ensure that our interventions are relevant to local needs and responsive to the priorities of the South African government, while ensuring country ownership and sustainability.

7,000 ETHIOPIANS HAVE ACCESS TO TREATMENT

HIV AND TB SERVICES IN ETHIOPIA

In 2015, the USAID-funded, MSH-led, Help Ethiopia Address the Low Tuberculosis Performance (HEAL TB) project **trained close to 5,000 health workers** to care for patients co-infected with HIV and TB and helped more than **7,000 Ethiopians** access the antiretroviral and TB treatment they need.





NO MORE EPIDEMICS® CAMPAIGN: A CALL TO ACTION

While the science and the know-how to detect outbreaks exist, there is still a lack of leadership and coordination for epidemic prevention, preparedness and effective response. In September 2015, MSH, the African Field Epidemiology Network (AFENET), International Medical Corps, and Save the Children announced the No More Epidemics® campaign before global business leaders at the Clinton Global Initiative in New York City. In November the campaign was officially launched in Johannesburg, South Africa, and endorsed by David Nabarro, the United Nations Secretary-General's Special Advisor on the SDGs and then the Special Envoy on Ebola at the UN.

A core belief that drives the No More Epidemics® campaign is that disease surveillance and epidemic preparedness cannot stand in isolation from strong health systems. While countries and partners may prioritize specific health issues, they must also invest in effective, integrated health systems that include strong disease surveillance and epidemic preparedness and response capabilities. Integrated prevention and response plans and strong leadership and coordination will protect people, save lives, and limit the impact of any epidemic.

No More Epidemics® advocates for the mobilization of civil society and the business community to ensure greater prevention, preparedness, and response to the threat of epidemics. The campaign requires strong leadership from governments, nongovernmental organizations, the World Health Organization, the World Bank, and the private sector.

For more information on the No More Epidemics® campaign, contact Frank Smith, frank@nomoreepidemics.org.



Leaders from the public and private sector in South Africa discuss the importance of epidemic prevention for businesses and communities at the launch of the No More Epidemics campaign® in Johannesburg in November 2015.



No More Epidemics® campaign Steering Committee members include:



3.4 million

An estimated 3.4 million adults
and children reached by MSH
programs in **South Africa**

PREVENTING CHRONIC DISEASES

Chronic diseases, such as cardiovascular disease, diabetes, cancer, and HIV and AIDS, progress slowly and place long-term burdens on individuals, families, communities, and nations. Reducing chronic disease-related deaths by just two percent a year would save 36 million lives within a decade.

MSH addresses this rising burden by integrating cost-effective screenings and treatments for chronic diseases into our existing maternal and child health and infectious disease programs and by providing access to needed medicines and pharmaceutical services. Chronic diseases can largely be prevented through changes in lifestyle, reducing poverty and inequality, and improving access to quality, affordable health services and medicines. Action can be affordable and the health impact can be dramatic.

The MSH-led, USAID-funded STRIDES for Family Health project screened 1,500 women in Uganda for cervical cancer. A young mother in Ethiopia receives her first diabetic screening and is found to have gestational diabetes at a clinic supported by MSH's work with the World Health Organization to provide universal gestational diabetes screening. In South Africa, MSH programs help establish community-based medicine pick-up

points—bringing medicines for chronic diseases closer to communities and easing congestion at clinics. In Nigeria, MSH is using the evidence from a gestational diabetes pilot to advocate for universal access to diabetes testing for pregnant women. Through the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, led by MSH, some of the world's poorest countries have access to insulin and other essential diabetes medicines and technologies. In Ethiopia and Afghanistan, MSH integrates diabetes screenings for TB patients, as well as screening for TB among diabetic patients.

Information and tools for prevention and treatment are saving lives. Integrated health services and stronger health systems ensure that governments and communities have the information, education, tools, and access to health care, vaccinations, and other medicines they need to provide better treatment for people in need.



INTEGRATED DIABETES SCREENING

SAVING LIVES IN NIGERIA

Gestational diabetes is an often-overlooked cause of maternal and infant deaths. Without proper care, gestational diabetes can cause serious complications during pregnancy and childbirth, endangering the life of a woman and her baby. MSH works with countries and health facilities to integrate diabetes screening into prenatal care and existing HIV and AIDS programs. In Nigeria, in addition to screening, MSH is introducing mobile phones for health workers to monitor diabetes care and minimize the need for women to travel long distances to health facilities.



NEGUSSU MEKONNEN

MSH COUNTRY REPRESENTATIVE
FOR ETHIOPIA

“I joined MSH in 2003. Many Ethiopians were dying of AIDS at the time, and MSH offered the opportunity to save lives. Today, we are tackling other chronic diseases and still saving lives.”

When I started with MSH, I initially thought my assignment would be short term. Instead, the prospect of strengthening health systems and improving the lives of my countrymen and women was compelling. It has been professionally satisfying to work with an organization that is focused on building health systems from within by empowering local stakeholders and the citizenry. After making real progress against the AIDS epidemic in Ethiopia, we have been working to build the capacity of public, private, and civil institutions.

When I think about our success in building up capacity in my country, one example that comes to mind is Auditable Pharmaceutical Transactions and Services, otherwise known as APTS, which restructured pharmacy services by creating transparency, accountability, efficiency, and a strong inventory management system. After APTS was introduced, all medicines became traceable. Clients were no longer being turned away due to lack of supplies. Where APTS has been implemented,

everyone can see the improved service quality. That’s why regional health bureaus, as well as the Minister of Health himself, have become advocates.

MSH also developed the pharmacy chapter of the Ethiopian Hospital Reform Implementation Guidelines. And the Ministry of Health here in Ethiopia has decided that this pilot program will be scaled up throughout the country. We are really proud that MSH is driving this initiative.

In more than 10 years in Ethiopia, MSH has been known for delivering on its promises, technical proficiency, the excellence of its staff, and for implementing programs to curb TB, malaria, and HIV and AIDS. We have really made strides promoting universal health coverage, and in leadership, management, and governance. MSH provides a one-stop shop to address the priority needs of the Ministry of Health. I see a huge role for MSH to continue to support the government of Ethiopia in these areas.

NOVARTIS ACCESS IN KENYA

In September 2015, MSH collaborated with Novartis and the Kenyan government to launch the pilot of Novartis Access—the first pharmaceutical industry program to focus on affordability and availability of medicines addressing chronic diseases. With Novartis Access in Kenya, MSH is **working to ensure lifesaving medicines for cancer, diabetes, and heart and lung disease are delivered at affordable prices** to the right place and at the right time to people in low-income communities. These medicines include long-term antiretrovirals, blood pressure medications, and cancer treatments. MSH facilitates this groundbreaking social business model by supporting inventory management and distribution channels to get affordable drugs to those affected and ensuring they understand how to use them. The five-year program will eventually be rolled out to 30 countries.

MSH AND NOVO NORDISK

A CALL TO ACTION AT THE WORLD HEALTH ASSEMBLY

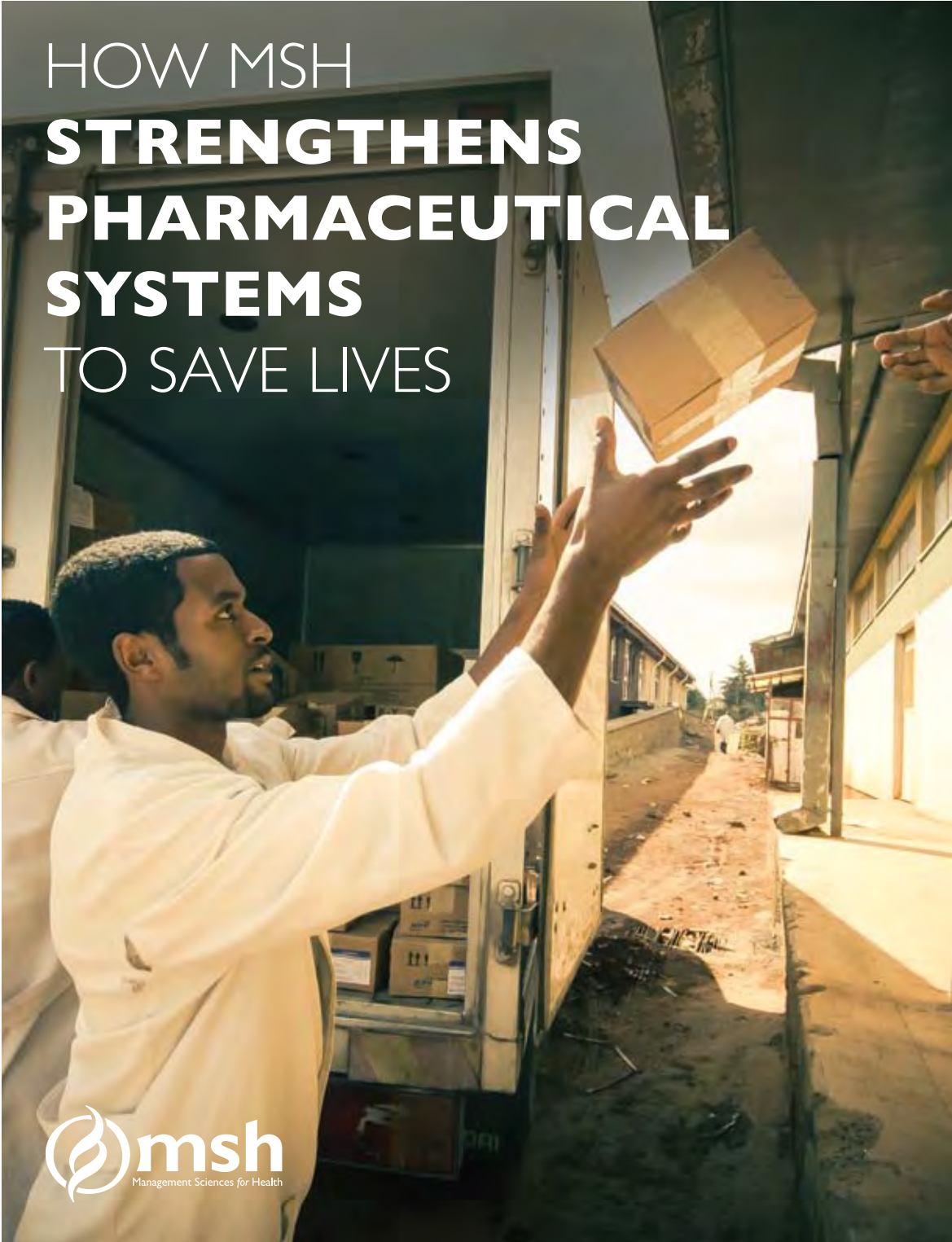
As a call to action to put gestational diabetes on the global development agenda, MSH and Novo Nordisk sponsored a technical advocacy event at the 68th World Health Assembly in Geneva. Moderated by Dr. Jonathan D. Quick, President and CEO of MSH, the event examined the growing burden of gestational diabetes and showcased solutions and lessons learned from Ethiopia, Colombia, and Nigeria.



12.7 million

An estimated 12.7 million adults and children reached by MSH programs in **Ethiopia**



A man in a white lab coat is handing a cardboard box from the back of a white truck to a person standing outside. The scene is set in a rural area with a dirt road and simple buildings in the background. The man is looking up at the box as he hands it over.

HOW MSH STRENGTHENS PHARMACEUTICAL SYSTEMS TO SAVE LIVES



PROVIDING SAFE, QUALITY MEDICINES

Robust pharmaceutical services enable access to essential medicines. After decades of civil unrest and chronic underfunding of the health sector in the DRC, most patients couldn't obtain the medicines they needed. Despairing, they would often resort to unregistered, expired, or poor-quality medicines, thereby depriving them of care and ultimately burdening the already weak health system. To address such gaps, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, implemented by MSH, has developed a comprehensive system that allows pharmacies in countries such as DRC to provide the right medicine at the right dose to the people who need it when they need it.

In the past year in DRC, the number of **registered medicines has increased from 200 in 2010 to over 3,000 in 2015**. In South Africa, SIAPS developed the Pharmaceutical Leadership Development Program (PLDP). Since the inception of PLDP, 182 pharmacists and facility managers have graduated. In Ethiopia, more than 200 pharmacists in 65 hospitals have been trained through SIAPS activities. SIAPS also launched version 3.0 of QuanTB, a downloadable electronic forecasting, quantification, and early warning tool that improves procurement processes, ordering, and planning for TB treatment.

SIAPS has supported health systems strengthening in 24 countries worldwide. Its efforts have helped ensure that the most vulnerable patients in some of the most volatile countries in the world can rely on a steady supply of safe, quality medicines.

SUPPORTING UNIVERSAL HEALTH COVERAGE

Through the publication of its new manual, *Management of Medicines Benefit Programs in Low- and Middle-Income Settings*, MSH is working to expand the understanding of what is required to implement health benefit packages as a component of universal health coverage—such as public and private health insurance. By incorporating medicines into universal health coverage programs, countries reduce out-of-pocket payments and ensure equitable access to quality care. The manual presents best practices from high-income countries to create awareness of the key considerations for designing a sustainable medicines benefit program in low-income countries.

MSH is also developing an accompanying Medicines Benefit Program Assessment Tool for Developing Countries. Through the USAID-funded SIAPS Program, MSH piloted the first version of the assessment tool in Ghana, Namibia, and South Africa.

As more countries join these pilot countries working to achieve universal health coverage, MSH will work to ensure programs are in line with best practices, international standards, and driven by the best data available.

PROVIDING ACCESS TO LIFESAVING MEDICINES

Cost-effective, reliable, secure supply chains can save millions of lives. The Supply Chain Management System (SCMS), funded by the US President's Emergency Plan for AIDS Relief (PEPFAR)/USAID, has virtually eliminated central-level stock-outs of AIDS medicines and supplies in PEPFAR-supported countries and helped to reduce the annual cost of antiretroviral medicines. In 2015, **SCMS procured 70 percent of the drugs that go to treat 5.7 million patients in 25 countries.** Over the life of the project, the average price of antiretroviral drugs dropped to around \$110 per patient, per year. To build local capacity, SCMS trains and certifies local country partners on best practices for maintaining international standards for medicine quality, transportation, and storage, and identifies local sources to secure high-quality medicines where possible. Stockouts, overstocks, expired and low-quality medicines, and waste due to weak supply chain management are far less likely. Thousands of lives have been—and will be—saved.

SCMS, established in 2005, supplies lifesaving medicines to HIV & AIDS programs around the world and is led by the Partnership for Supply Chain Management (PFSCM), a nonprofit organization established by Management Sciences for Health (MSH) and John Snow, Inc.



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

Year ending June 30, 2015
drawn from financial statements

STATEMENT OF ACTIVITIES

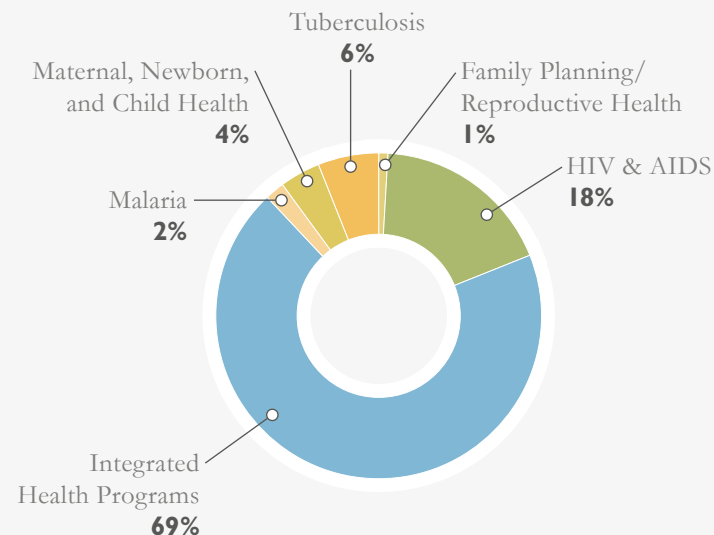
Grants & Program Revenue	\$ 299,780,224
Contributions	\$ 3,530,180
Investment & Other Income	\$ 6,952
Total	\$ 303,317,356
Program Expense	\$ 258,443,440
Management & General	\$ 40,252,016
Fundraising	\$ 592,703
Total	\$ 299,288,159
Revenue in Excess of Operating Expenses	\$ 4,029,197
Foreign Currency Adjustments	\$ -1,298,448
Net Change in Assets	\$ 2,730,749

STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$ 22,054,919
Grants & Contracts Receivables	\$ 17,963,094
Other Receivables	\$ 23,511,284
Prepaid Expenses	\$ 667,945
Other Current Assets	\$ 597,007
Property & Equipment	\$ 2,760,117
Total Assets	\$ 67,554,366
Liabilities	\$ (33,241,312)
Net Assets	\$ 34,313,054

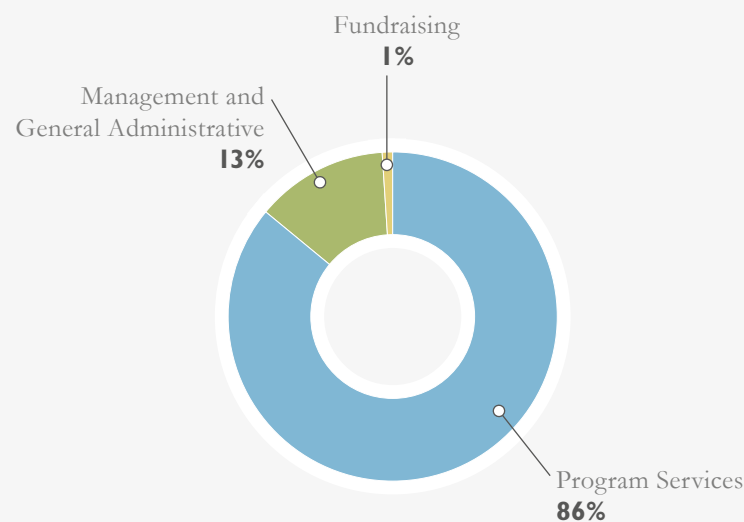
HEALTH AREA FUNDING

2015 Expenses by Priority Health Area



MSH OFFERS VALUE FOR MONEY

Fiscal Year 2015



SOURCES OF SUPPORT

MSH is grateful to our generous funders and committed partners, who make our work possible. We would like to acknowledge the following organizations, along with all the generous individuals who provided financial support in 2015. We proudly acknowledge their trust and support.

GOVERNMENTS AND INTERNATIONAL AGENCIES

- African Society for Laboratory Medicine (ASLM)
- Centers for Disease Control and Prevention (CDC) (USA)
- Government of Democratic Republic of the Congo
- Government of the Republic of South Africa
- The Inter-American Development Bank
- International Initiative for Impact Evaluation
- Ministry of Public Health and Population (Haiti)
- US Agency for International Development (USAID)
- UNICEF
- World Health Organization (WHO)

FOUNDATIONS AND CORPORATIONS

- The Children's Prize Foundation
- Fish Family Foundation
- Bill & Melinda Gates Foundation
- The International Foundation for Electoral Systems
- INCLAM Group
- Novo Nordisk
- P&G Fund of the Greater Cincinnati Foundation
- The Rockefeller Foundation
- The James M. & Cathleen D. Stone Foundation at the Boston Foundation
- TOMS

NGOS, HEALTH ORGANIZATIONS, AND UNIVERSITIES

- Amref Health Africa
- Boston University
- Elizabeth Glaser Pediatric AIDS Foundation
- FHI360
- Health Systems Trust
- The International HIV/AIDS Alliance
- JHPIEGO
- John Snow, Inc.
- Johns Hopkins Bloomberg School of Public Health Center for Communications Programs
- KNCV Tuberculosis Foundation
- Malaria Consortium
- Pathfinder International
- Population Council
- Pharmaceutical Supply Chain S.A.S.
- Partnership for Supply Chain Management
- RISE International
- Save the Children
- TB Alliance
- University of North Carolina
- University of Nairobi
- University Research Co., LLC

GLOBAL LEADERSHIP AT MSH

BOARD OF DIRECTORS

- Lawrence K. Fish
Chairman of the Board of Directors;
Former Chairman and CEO, Citizens
Financial Group, Inc.
- Barbara Bierer
Professor of Medicine, Harvard Medical
School and Brigham and Women's Hospital;
Faculty Co-Director, The Multi-Regional
Clinical Trials Center at BWH and Harvard
University (MRCT Center)
- 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
- Robert Hallagan
Vice Chairman & Managing Director, Board
Leadership Services at Korn Ferry
- John Isaacson
Chair, Isaacson, Miller
- Paula Doherty Johnson
Senior Research Fellow, Hauser Institute for
Civil Society, Harvard Kennedy School
- Katherine Luzuriaga, MD
Professor, Molecular Medicine, Pediatrics,
and Medicine;
Director, UMass Center for Clinical and

Translational Science and Office of Global
Health;
Vice Provost, Clinical and Translational
Research

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Director, Sustainability Institute, University
of New Hampshire
- Dan Pellegroni
Former President, Pathfinder International
- James Roosevelt, Jr.
CEO, Tufts Health Plan
- Anjali Sastry
Senior Lecturer, Sloan School of
Management, Massachusetts Institute of
Technology
- James M. Stone
Chair, The Plymouth Rock Company

LEADERSHIP TEAM

- Jonathan D. Quick, MD, MPH
President and Chief Executive Officer
- Paul Auxila
Executive Vice President and Chief Operating
Officer
- Vickie Barrow-Klein
Chief Financial Officer
- Douglas L. Keene
Vice President of the Pharmaceutical
Health Technologies Group

- Patricia Bland Nicklin
Vice President of Global Partnerships,
Marketing & Communications
- Catharine Howard Taylor
Vice President of the Health Programs Group
- Sharon Thompson
Vice President of Human Resources

COUNTRY TEAM

- Daraus Bukenya
Country Representative for Uganda
- Suleiman Kimatta
Country Representative for Tanzania
- Zipporah Kpamor
Country Representative for Nigeria
- Margareth Mallet
Country Representative for Haiti
- Negussu Mekonnen
Country Representative for Ethiopia
- Olehile Maurice Bada Pharasi
Country Representative for South Africa
- Mohammad Khakerah Rashidi
Country Representative for Afghanistan
- Philippe Tshiteta
Country Representative for Democratic
Republic of the Congo
- Apolline Uwayitu
Country Representative for Rwanda



Members of the MSH Board of Directors meeting with the local health committee, or commune, in Beforona, Madagascar. Basic health centers in Madagascar have few staff. By training community health workers in communes, the MSH-led Mikolo Project extends needed health services to villages, ensuring sustainable local health systems. The MSH Board traveled to view MSH's work in Madagascar and South Africa in November 2015.



MANAGEMENT SCIENCES FOR HEALTH

70 COUNTRIES, 41 OFFICES



AFRICA

- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Chad
- Congo
- Cote d'Ivoire
- Democratic Republic of the Congo
- Djibouti
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Kenya
- Lesotho
- Liberia
- Libya
- Madagascar
- Malawi
- Mali
- Morocco
- Mozambique

- Namibia
- Niger
- Nigeria
- Rwanda
- Senegal
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

ASIA

- Afghanistan
- Bangladesh
- Cambodia
- Georgia
- India
- Indonesia
- Kazakhstan
- Lao PDR
- Myanmar
- Nepal
- Philippines

- Tajikistan
- Thailand
- Turkmenistan
- Uzbekistan
- Vietnam

LATIN AMERICA AND CARIBBEAN

- Belize
- Colombia
- Costa Rica
- Dominican Republic
- El Salvador
- Guatemala
- Guyana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Peru

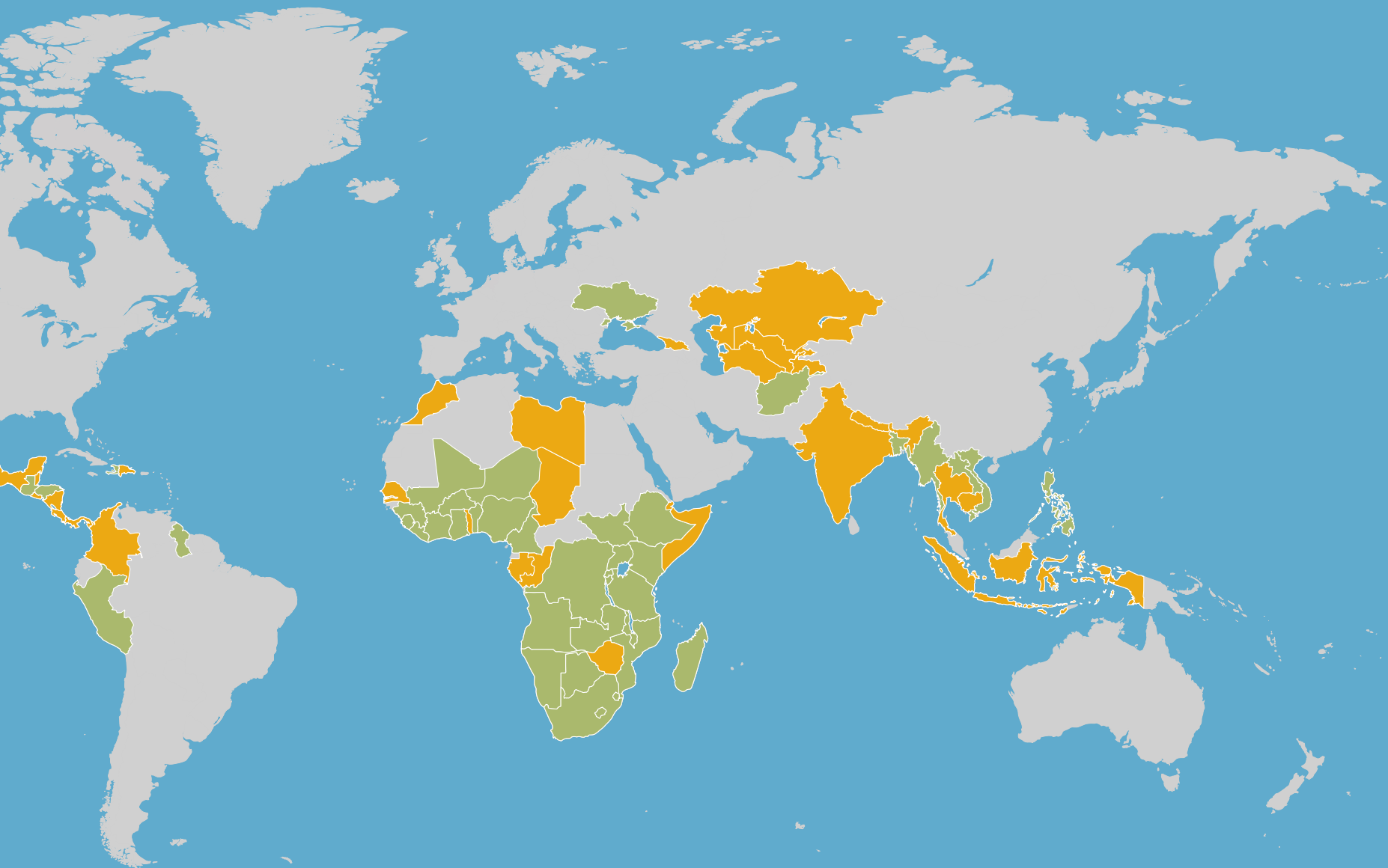
EASTERN EUROPE

- Ukraine

- Where MSH worked in 2015
- MSH office in country

2,307 total staff





1,906 staff worked
outside the
US

COUNTRY-LED LEADERSHIP

95% of MSH personnel in countries or
regional offices are from the country
or region in which they work.

STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

Management Sciences for Health (MSH) saves lives and improves health by ensuring equitable access to health care for people most in need. For more than 40 years in over 150 countries, MSH has partnered with governments and communities to build strong, locally-led health systems that improve reproductive, maternal and child health, fight infectious disease, and control chronic illness.

There are 12 million preventable deaths of the poorest and most vulnerable. MSH builds the right “systems for health” to help save millions of lives.

MSH builds strong health systems that deliver everything it takes—people, money, medicine, information and facilities—to prevent disease, treat illness, and empower people to lead healthier lives.

MANAGEMENT SCIENCES FOR HEALTH


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

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