

LOCALLY LEADING THE WAY
TO FIGHT COVID-19

Annual Report 2020

RESOURCEFULNESS. RESILIENCE. RENEWAL.

In every country and at every level, the COVID-19 pandemic has heavily tested the resilience of global and local health systems. It has brutally exposed inequities within and between countries and put health leaders to an urgent, all-consuming test: Would they be able to stop the virus from infecting and killing thousands? Would they still be able to deliver basic health services, helping save the lives of populations particularly vulnerable to the pandemic? Would they maintain progress against other infectious diseases that kill millions each year—TB, malaria, pneumonia, HIV? Could they keep working toward their goal of providing universal health coverage (UHC)?

At Management Sciences for Health (MSH), we have been preparing countries for these kinds of challenges for 50 years. The foundation of our work is helping countries build the deep reservoir of capabilities they need to anticipate, prevent, and quickly respond to threats that imperil health care and lives, whether an epidemic, a natural catastrophe, economic turmoil, or a shortage of products or people. We have partnered with local health care workers to help them lead high-functioning, adequately financed health systems with staff, products, and processes working well and in tandem.

Effective health systems rely on knowledgeable and dynamic local leaders. By establishing trust and equitable relationships, MSH has helped these leaders build upon their knowledge and strengths to handle COVID-19 and other crises while providing equitable access to essential, quality health services. Leading from within also gives countries ownership of the resources they need to emerge from a crisis stable, responsive, and strong.

On these pages, you'll learn how those countries MSH supports rose to the challenge of the pandemic and how they are laying the groundwork for future progress. COVID-19 has also tested the resiliency of our own organization and technical approaches. Our leaders and staff have been challenged in new ways this year. Like our partners, we, too, have been pressed to innovate and nimbly respond to evolving, complicated, and uncharted environments. You'll hear individuals talk about how they are approaching this extraordinary time—and how they're preparing for an increasingly complex future.

OUR IMPACT IN NUMBERS



41,000+

HEALTH WORKERS TRAINED

MSH trained more than **41,000** people—mostly frontline health workers—in COVID-19-related infection prevention and control measures.



3,700+

HEALTH FACILITIES SUPPORTED

MSH's projects supported staff in more than **3,700** health facilities in **15** countries in COVID-19-related infection prevention and control measures.



96%

HEALTH FACILITIES REPORTING COMMODITY STOCK LEVELS

Innovative technology-based emergency supply chain mechanisms resulted in **96%** of all supported health facilities reporting commodity stock levels.



7 MILLION+

PEOPLE REACHED WITH COVID-19 MESSAGES

MSH reached more than **7 million** people through risk communication and community engagement to raise awareness and promote COVID-19 mitigation actions.

WHO WE ARE

MSH advances knowledge and technology globally to support people locally to achieve health for all.

From ministry to community, private sector to civil society, as trusted advisors, we make the foundational changes that support the whole health system.

We are a mission-driven, global health nonprofit. For 50 years, we have focused on the people at the heart of the health system in each environment in which we work.

OUR MISSION

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.

VISION

A world where everyone has the opportunity for a healthy life.

HOW WE WORK



UNIVERSAL HEALTH COVERAGE

We are committed to helping countries around the world achieve universal health coverage in alignment with the third Sustainable Development Goal.



LOCALLY LEADING THE WAY

We support people to build on what they already know to take charge of their own development and their own health. We establish trust and equitable relationships with those with whom we work. Our collaborators include the public and private sectors, civil society, and faith-based organizations, from ministry to the community.



INNOVATIONS

MSH develops innovations for current and future health systems. We are committed to helping health systems adapt to the complex and evolving world we live in. We learn from all health systems globally and share what we have learned to build innovative solutions to health care challenges.



WHOLE SYSTEM APPROACH

We examine every aspect of the health system and the social, economic, environmental, and other conditions that impact it to develop an adaptive and dynamic approach based on systems thinking.



DATA FOR DECISION MAKING

Our strategies and approaches are based on current research, detailed results monitoring, input from partners and country governments, and demographic and epidemiologic trends combined with decades of experience.



SUSTAINABILITY

Every intervention we undertake is designed to build on what already exists. We help develop leadership among motivated, well-trained health professionals and those who support them. Their leadership and ownership is at the heart of sustainability.



DIVERSITY, EQUITY, AND INCLUSION

MSH is committed to Diversity, Equity, and Inclusion. Our commitments are:

OUR PEOPLE: MSH will create an inclusive environment and equitable opportunities everywhere we work.

OUR MISSION: MSH will continuously examine how we do our work for opportunities to increase equity and inclusion.

OUR VOICE: MSH will share what we learn publicly and actively engage in the global conversation.

DEAR FRIENDS,

As I write this letter, despite the glimmers of hope provided by the beginnings of the vaccine roll out in some countries, we are still in some of the darkest days of the pandemic. Every country, organization, and family has been impacted by COVID-19 in some way. At MSH, we have lost some of our cherished colleagues and friends to the disease, and many more of our staff have lost family and friends. We are a long way from seeing the end of this global pandemic.

But this is why MSH exists. Resilient health systems and universal health coverage; strong local leadership and private-sector engagement; global cooperation, collaboration, and partnerships; an approach that champions diversity, equity, and inclusion; and advancing knowledge, technology, and innovations in global health have all proven utterly essential this year. They form the heart of MSH's work.

As we adapted to this lethal new coronavirus, MSH was able to swiftly retool our projects to support health leaders in more than 36 of the world's most vulnerable countries in their fight to contain a pandemic while maintaining essential health services in each of these environments. In this report, you will find examples of the work that our passionate global and local staff have carried out and the impact that work has had.

MSH will continue to be a partner to local leaders and policy makers globally as we marshal our efforts against this pandemic and prepare for the next. From vaccine roll out to strengthening supply chains and regulatory systems to training health care workers, we will continue to partner with the public and private sectors, with civil society and faith-based organizations, and with governments and health leaders worldwide to help achieve health for all.

Looking ahead, 2021 marks the 50th anniversary of MSH's founding. As we continue to navigate a challenging and uncertain environment, our foundational ethic remains the same: we collaborate with local leaders with the same open-minded energy and compassion as our founder, Dr. Ron O'Connor, when he walked through Nepal's poorest villages providing medical care in 1971. And as we look back on the past 50 years, we will focus our energies on what we have learned that will carry us through the next 50. We thank the donors and partners who continue with us on this most fundamental and vital journey.



MARIAN W. WENTWORTH
President and Chief Executive Officer





SUPPORTING HEALTH LEADERS

FOR BETTER PREPAREDNESS, RESPONSE, AND RECOVERY

TO prepare for, respond to, and recover from COVID-19, MSH partners with local leaders. With our support, local leaders set necessary directions; make informed policy and strategy decisions; and define, raise, and deploy the necessary resources to support health care in a time of crisis.

Through the UK Foreign Commonwealth and Development Office-funded Better Health in **Bangladesh** project, we supported the National Control Room for COVID-19, which was established to guide and monitor the national response. MSH developed guidelines for the health workforce; procured and donated COVID-19 commodities, including personal protective equipment (PPE), reagents, and Polymerase Chain Reaction kits; and provided vehicle support for doctors and sample collection. We have also helped coordinate logistics, commodities, and risk communication and community outreach.

“Stigma associated with COVID-19 fears added pressures to the health system, and to society. Many patients avoided taking advantage of in-home tests, as they did not want their neighbors to know they had symptoms. Even families avoided sick members; elderly people were found alone on roadsides, which was heartbreaking. Some landlords even kept health workers from their homes. In response, we have helped communicate facts and bust myths, focusing on common misperceptions on how coronavirus spreads.”

RAIAN AMZAD
Technical Advisor,
Better Health in Bangladesh project



The Organized Network of Services for Everyone's (ONSE) Health Activity, USAID's flagship program for health service delivery in **Malawi**, is on the frontlines in supporting Malawi's efforts to mobilize an emergency response action plan in the 16 districts that are home to more than half of Malawi's population. MSH's team engaged with district rapid response teams to ensure that key pandemic control interventions were implemented, including identifying **1,803 confirmed cases; tracing 4,363 contacts from 4,580 contacts identified; supporting 5 points of entry; providing surveillance support, including provision of 153 tablets; reaching more than 2.3 million people through social behavior change communication; and implementing infection prevention and control (IPC) measures in 389 health facilities.**

The Resilient and Sustainable Systems for Health (RSSH) project in **Nigeria**, backed by the Global Fund, focused on building strong laboratory systems to improve disease detection and clinical management of HIV, malaria, and TB. Working with the Nigeria Centre for Disease Control (NCDC), the project helped upgrade **74 laboratories in 36 states and supported 8 national reference laboratories** to achieve international standards accreditation. The program also supported the NCDC in strengthening its procurement activities to be in line with international standards and best practices, including bid reviews and technical and financial evaluation and report writing. This became even more critical when COVID-19 arrived. The project worked with the NCDC to procure laboratory sample collection materials, biosafety containers, and PPE for staff.



Photo credit: Hosein Zabori/Unsplash

VACCINE INTRODUCTION FOR COVID-19

Making decisions on COVID-19 vaccine options and introduction, deployment, and monitoring poses complex challenges to governments, including in the areas of financing, regulatory support, supply chain management, safety surveillance, and monitoring. In **Jordan**, in collaboration with the USAID mission and other development partners, including the World Bank, the World Health Organization (WHO), and UNICEF, the USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program, implemented by a consortium of global and local partners and led by MSH,

is working with the Ministry of Health on an emergency strategy to improve vaccine financing and procurement, streamline budgeting and payment systems, and improve regulatory procedures to speed up vaccine registration and ensure product quality. The program also supported development of a vaccine introduction plan to ensure equitable allocation of the vaccine. Finally, through MTaPS, MSH is helping to design and implement an advocacy, communication, and social mobilization campaign to help gain the trust of the communities and the health providers that serve them surrounding the new vaccine.



PREVENTING DISEASE SPREAD AND PROTECTING HEALTH WORKERS, PATIENTS, AND COMMUNITIES

***DURING** the pandemic, MSH has been a global leader in supporting health leaders to rapidly and effectively establish IPC measures, maintain essential health services, and ensure flexibility to cope with changing environments and unexpected emergencies.*

At the beginning of the pandemic, through MTaPS, MSH emerged as a major responder under the Global Health Security Agenda (GHSa). We worked in 13 USAID priority countries—**Bangladesh, Burkina Faso, Cameroon, Côte d'Ivoire, Ethiopia, Jordan, Kenya, Mali, Mozambique, the Philippines, Senegal, Tanzania, and Uganda**—collaborating with national rapid response teams to assess capacities and strengthen policies, coordination, and management. MTaPS' action plan included IPC measures for health facilities using WHO guidelines to improve hygiene to prevent the spread of COVID-19 and other infectious diseases.

“COVID-19 has been a testing ground for health innovations, approaches, and people. Programs and organizations have accumulated valuable experience, including in techniques for strengthening health and pharmaceutical systems in a more efficient way to sustain health services in epidemic conditions and prepare for rapid uptake of new technologies such as vaccines.”

ANDRE ZAGORSKI
MTaPS Senior Principal Technical
Advisor and COVID-19 Response Lead



In the **Philippines**, under MTaPS, MSH supported a broad COVID-19 response. We developed a set of eLearning modules on IPC, health care waste disposal, and supply chain management for health care workers to bolster their own safety and that of their patients and to ensure an uninterrupted flow of goods and services in health facilities. Online trainings between April and September 2020 reached more than **14,000 health workers** from public and private health care facilities in all regions of the country, and the modules are now available on the national department of health eLearning platform. In **Kenya**, we trained **260 IPC master trainers**, comprising clinicians, nurses, surveillance officers, IPC coordinators, and laboratory technologists, **who then went on to conduct training in 33 counties**. Recognizing that health workers are not the only ones with an IPC role to play, the MTaPS **Mali** team organized IPC training for health facility cleaners, ambulance drivers, and morgue attendants.

The relationship among humans, animals, and the environment requires a multisectoral, transdisciplinary approach to control the growing crisis of antimicrobial resistance (AMR). MTaPS is working in 13 countries to help advance GHSA activities, focusing on multisectoral coordination, IPC, and antimicrobial stewardship (AMS) for AMR containment. As part of these activities, through our work on MTaPS, MSH is providing direct support to **75 health facilities across 8 countries to enhance AMS**; 28% of those are in the private sector. In **Côte d'Ivoire**, we worked with the national AMR working group to conduct a **rapid assessment of hygiene and IPC conditions in 10 veterinary clinics, 8 slaughterhouses, and 33 poultry farms** throughout the country and to draft a national plan on appropriate antimicrobial use for both the human and animal sectors. In **Uganda**, MSH helped the Ministry of Agriculture, Animal Industry and Fisheries develop the first-ever essential veterinary medicines list.





ENSURING ACCESS TO AND AVAILABILITY OF ESSENTIAL HEALTH SERVICES AND MEDICINES

***MSH** helps our local partners build resilient health systems that can ensure continued service delivery, bring clarity to difficult resource allocation decisions, mitigate health worker shortages, and keep families and communities safe.*

As a global leader and innovator in pharmaceutical systems strengthening and supply chain management, we help countries address unpredictable demand, shortages of essential supplies, and complex resource requirements caused by the pandemic. To support rapid decision making, MSH facilitated the use of real-time data by helping establish and adapt logistics management information systems. Under MTaPS, our staff in **Bangladesh** enhanced the existing web-based supply chain management [portal](#) to include and track COVID-19 commodity information from hospitals for procurement and distribution decisions. **Some 98% of facilities were reporting COVID-19 commodity stock status through this web-based tracking system as of September 30, 2020, with a reporting timeliness of 79%.** In the **Philippines**, we worked with the Department of Health to develop a health facility reporting system, a data collection mobile application, and a web-based dashboard that automatically tracks all

“ In Malawi, our team faced often contradictory goals: complying with contractual obligations, mitigating the potentially severe consequences of the pandemic, all while protecting staff safety. We tried to ensure that vulnerable groups such as women in need of family planning and maternal health services and children in need of immunization and nutrition services had uninterrupted access to care. We implemented protective measures in our offices and vehicles and those activities we support. We also collaborated with many organizations to support pandemic response efforts, ensuring that our work contributed to big, shared objectives and reducing duplication of effort.”

RUDI THETARD
Chief of Party, USAID ONSE



COVID-19 supplies. The tool automatically calculates quantities needed for health facilities to provide uninterrupted products and services.

When **Guatemala** established curfews to contain the coronavirus, MSH staff reached out to pregnant women and community leaders with key messages on maintaining a healthy pregnancy and preventing COVID-19. They also developed a network of midwives to speak to other midwives, religious leaders, and community leaders about COVID-19, including promoting proper hygiene and encouraging social distancing. Staff coached the midwives on how to work with local authorities to maintain safe deliveries during overnight curfew hours without risk of arrest.



PRIVATE-SECTOR ENGAGEMENT FOR NONCOMMUNICABLE DISEASES

In **Kenya**, more than *half a million adults* were living with diabetes in 2019, and an estimated 55% of deaths in the country are associated with a noncommunicable disease. MSH collaborated with the Kenyan Ministry of Health, Novartis Global Health & Corporate Responsibility, and Medtronic Labs to create *Afyā Dumu* (“lasting health” in Swahili). The project is working to train health care workers and community health volunteers in Makueni, Nyeri, and Kakamega Counties to improve diagnosis and care for Kenyans living with a noncommunicable disease, including case reporting and treatment referrals. The team is also rolling out Empower Health, a digital health app for mobile devices that includes an automated blood pressure monitor and glucometer. Providers will be able to view patients’ longitudinal data and provide direct patient feedback on their condition via short message service.

INNOVATIONS IN COMBATING MALARIA

While the rainy season brings welcome relief to farmers in northern **Benin**, the wet weather also brings mosquitoes that can spread malaria, which threatens thousands of children in the region. Since 2019, health workers supported by the USAID-funded Integrated Health Services Activity have been treating children with seasonal-malaria chemoprevention therapy, which has reduced cases by up to 50%. This year, in partnership with Catholic Relief Services, the Activity supported the National Malaria Control Program in launching an offline app to ease data collection, improve accuracy, and facilitate real-time decision making. MSH assisted local health authorities in implementing COVID-19 preventive measures ahead of the campaign. Using a smartphone and a small solar panel to keep it charged in remote locations, health workers provided treatment to 302,448 children, with 95% receiving all four required rounds.

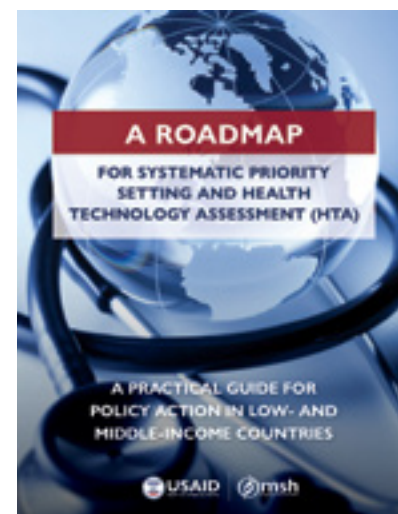


HELPING COUNTRIES MAKE INFORMED DECISIONS ON HEALTH TECHNOLOGIES

ALL health systems face the challenge of managing and allocating limited resources for health. Access to affordable, accurate resources and testing is central to countries' ability to contain the spread of COVID-19.

Developed by MSH, in partnership with USAID and global experts, [A Roadmap for Systematic Priority Setting and Health Technology Assessment \(HTA\)](#) helps countries determine the value of a health technology—a drug, medical device, diagnostic test, or medical procedure—at different points in its lifecycle. It helps inform decision making to promote an efficient, equitable, and high-quality health system.

Under USAID's Safe, Affordable, and Effective Medicines (SAFEMed) for Ukrainians Activity, MSH helped launch the country's first HTA unit to make health care recommendations to the Ministry of Health based on safety, clinical efficacy, and cost. It helped guide choices on which medicines would be part of **Ukraine's** publicly financed benefits package, ultimately granting access to high-quality drugs while saving Ukrainians some \$28 million annually. This year, the country held a [forum](#) for more than 120 participants from 20 countries to discuss global advances toward UHC and examples of HTA supporting decision making during health care reforms.



MSH launched *A Roadmap for Systematic Priority Setting and Health Technology Assessment (HTA)* in October 2020.



A DASHBOARD FOR DIAGNOSTIC DECISION MAKING

To help low- and middle-income countries as they navigate the complex scientific, regulatory, and business environments surrounding test procurement, MSH and the Rockefeller Foundation produced and published [resources](#) that include an analysis of the strengths and limitations of the three main types of COVID-19 tests.

The project also produced guidance on supply chain management so countries are better able to get diagnostics and other health technologies from manufacturer to patient while ensuring quality, safety, and cost effectiveness. An interactive dashboard gives countries data on available tests, swabs, and equipment to help them understand their options and manage their supply chain needs.

Authored by MSH, this guidance document outlines major challenges and potential mitigation strategies to support low- and middle-income countries in securing access to appropriate, quality assured, and adequate COVID-19 diagnostics.





ENGAGING COMMUNITIES

FOR BETTER COVID-19 MONITORING, REPORTING, AND RISK COMMUNICATION

AT MSH, we support our partners in establishing teams of local leaders and community health workers to:

- *Engage and educate the population on disease prevention and symptoms*
- *Improve availability of and access to testing and treatment*
- *Isolate suspected cases*
- *Conduct contact tracing*

Working with private-sector providers through the USAID Accessible Continuum of Care and Essential Services Sustained (ACCESS) Activity in **Madagascar**, MSH supported the creation of a COVID-19 hotline, which provides accurate information in local languages and makes referrals to qualified providers and testing facilities. **Over three months, use of the hotline increased from 21,000 calls per day to 145,000.** The project helped produce a print and digital awareness campaign. One Facebook page, “Living with COVID-19,” reached 118,413 people. Madagascar’s Ministry of Public Health also adopted the ACCESS program’s mobile phone-based CommCare application, an electronic infectious disease treatment and tracking resource, to conduct community-based COVID-19 reporting.

“The way MSH does things, which is helping people do their job better and more efficiently, speaks to our approach with the Ministry of Public Health. The Presidency led a huge intersectoral national response to COVID-19, and we helped the ministry find its role by focusing on communication, data management, and integrated disease surveillance. The latter includes malaria, measles, and plague. We made sure we didn’t reinvent the wheel. This country has had outbreaks of plague and measles, so we supported the establishment of a stronger surveillance system that can now better handle any future response. COVID-19 also opened our minds and those of our counterparts to doing things differently, such as using technology for remote meetings and trainings for higher quality, lower cost, and increased efficiency.”

SERGE RAHARISON
Chief of Party,
USAID ACCESS Program in Madagascar



I was in Haiti in January 2010, during the earthquake, and MSH was one of the first partners to participate in the emergency response to the cholera outbreak a few months later. The government learned from this experience. When the pandemic began, it quickly set up temporary mega-hospitals to manage severe COVID-19 cases and procured equipment such as oxygen tanks, generators, and PPE. Facing misinformation, denial, and hostilities toward treatment structures and affected people, the Ministry of Health understood that communication is also an important strategy to contain this virus. As part of MSH's Rapid Support to the COVID-19 Response in Haiti project, funded by USAID's Bureau of Humanitarian Assistance, we are organizing eLearning training on IPC and risk communication for health care workers to reinforce key messages."

Sandra Benjamin Guerrier
Chief of Party, Rapid Support to
the COVID-19 Response in Haiti



Using the Epidemic Preparedness and Prevention Tool, which MSH developed, we helped the Ministry of Health evaluate key components of their COVID-19 response: How is leadership organized? Who does what and when? How do you disseminate information? Who is in charge of clinical operations? We then worked with mayors—the people entrusted with local emergency response—in the four regions under our project. Look at a hurricane. Who shows up first? Before you get aid from Washington, it's your neighbors and the local government. This work is a big step toward local ownership of epidemic preparedness and response, and we think the progress will endure post-pandemic."

Floride Niyuhire
Chief of Party, USAID Integrated
Health Services Activity, Benin





SHARING KNOWLEDGE AND ENGAGING CIVIL SOCIETY

WE have been at the forefront of global health advocacy and knowledge exchange this year, focusing on timely communications to partners, peers, donors, policymakers, and the public on pandemic response.

MSH manages the [Joint Learning Network](#) for UHC, a community of practitioners and policymakers who share experiences, facilitate peer-to-peer learning, and develop practical knowledge toward UHC. This year, **MSH introduced eight new COVID-19-related learning exchanges**. We also hosted webinars and roundtables with global experts on topics related to systems strengthening and pandemic response.

“One positive outcome from this tragedy has been the recognition of the importance of prolonged and sustainable funding for pandemic preparedness and planning, whether that’s mobilizing resources, stockpiling an adequate supply of PPE, smoothly distributing medical products, or supporting frontline health workers and health facility staff. It has come at a terrible cost, but stakeholders are now recognizing and engaging in a critical, bipartisan issue. I hope there will be ongoing recognition that these activities are fundamental to building strong health systems.”

ASHLEY ARABASADI

Senior External Affairs Manager, MSH, and Co-Chair,
Health Security Roundtable, Global Health Council

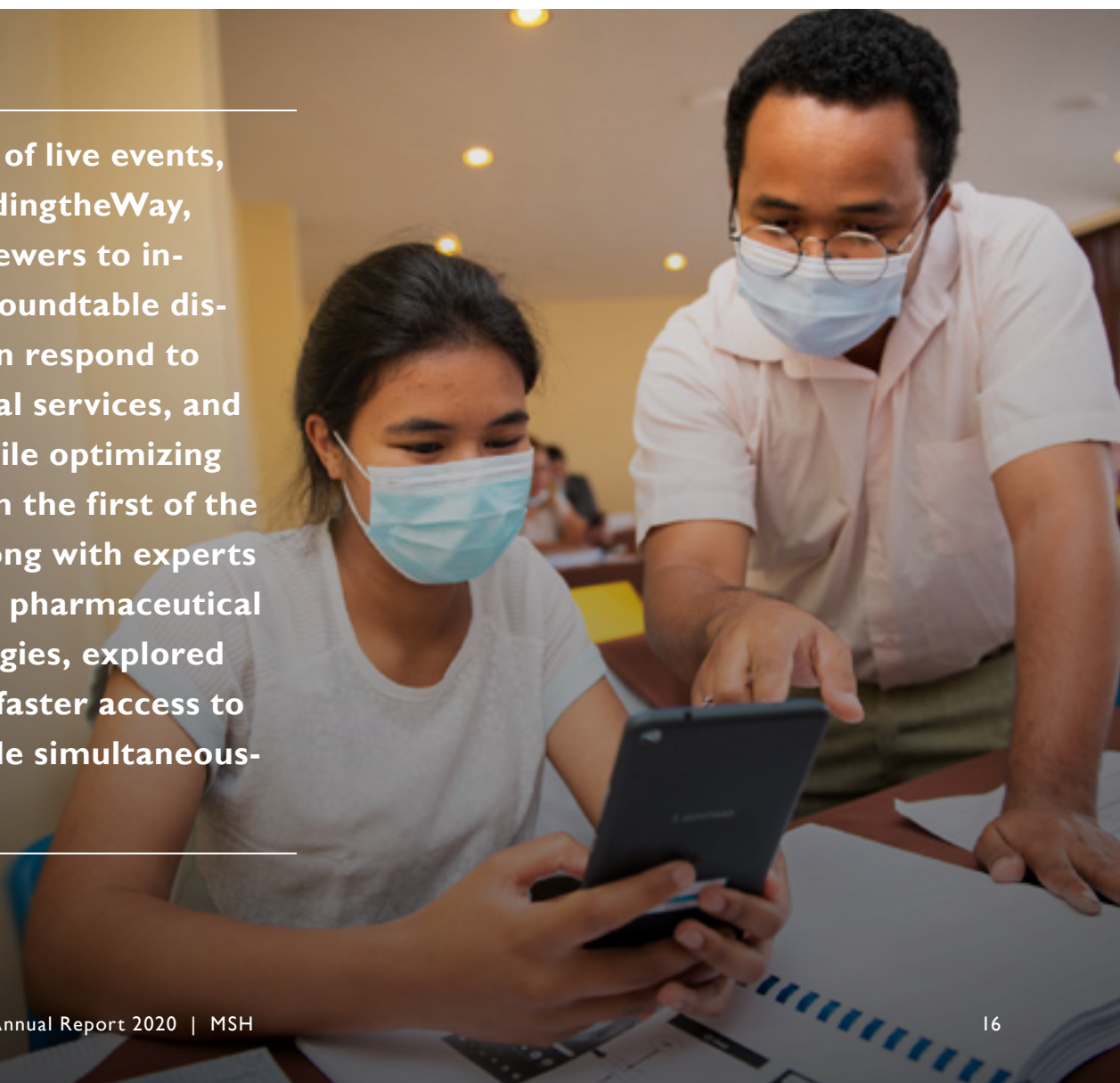


INFORMING DECISION MAKERS

At MSH, we work on our own and in collaboration with other global nonprofits, academic organizations, and the private sector to educate policymakers on the importance of funding global health security and the COVID-19 response in particular. MSH thought leaders have contributed their knowledge to *Scientific American*, *STAT News*, *Think Global Health*, *The Hill*, and *Global Health NOW* on topics ranging from the [importance of strong pharmaceutical regulatory systems](#) to how veterinarians can help global health professionals [prevent the next pandemic](#).

To spread awareness among policymakers, health professionals, and the public, we frequently communicate to the media about COVID-19 and the importance of health systems strengthening to prevent and contain infectious diseases. Our recent contributions and appearances include *The Guardian*, *The Washington Post*, *BBC Radio*, *The Wall Street Journal*, and *Voice of America*, among others.

MSH held a series of live events, **#LocallyLeadingtheWay**, inviting health leaders and viewers to interactive, real-time, virtual roundtable discussions on how countries can respond to disruptions, maintain essential services, and prevent future pandemics while optimizing sustainable local resources. In the first of the series, **MSH and Deloitte**, along with experts in supply chain management, pharmaceutical services, and health technologies, explored how countries could provide faster access to quality medical products while simultaneously working toward **UHC**.



2021 AND BEYOND

MSH *is pleased to have received the following new awards in 2020, continuing our focus on helping countries improve access to quality health services and medical products, strengthen their local leadership and stewardship, and stop the spread of infectious diseases that still sicken and kill millions of people each year.*

STRENGTHENING PRIMARY CARE IN RURAL **AFGHANISTAN**

MSH will continue our decades of support in Afghanistan by helping the government provide quality, sustainable, and accessible high-impact health and nutrition services in 34 rural provinces, focusing on women of childbearing age and children under 5. For a sister project led by Jhpiego, we will work in Kabul, Mazar-e-Sharif, Herat, Kandahar, and Jalalabad to bolster Ministry of Health capacity and stewardship; improve access to and quality of health care services, both public and private; and educate people on how to avoid disease. The project aims to reach women, children, and other vulnerable populations, such as internally displaced people and communities living in slums.

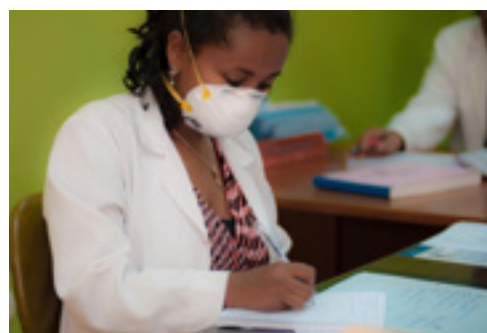
PROJECTS: Assistance for Families and Indigent Afghans to Thrive (AFIAT) program; Urban Health Initiative

DONOR: USAID

DURATION: Five years

BUILDING WORKFORCE CAPACITY IN **ETHIOPIA**

In partnership with Jhpiego, MSH will help address critical health workforce challenges, including building competency, bolstering management and regulatory skills, and promoting evidence-based planning and decision making, particularly during emergencies such as COVID-19.



PROJECT: Health Workforce Improvement Program

DONOR: USAID

DURATION: Five years

CONTINUING SUPPLY CHAIN PROGRESS IN **UGANDA**

MSH has worked in Uganda for nearly two decades on activities to strengthen its medical products supply chain. For the next five years, we will continue to help ensure that its people have reliable access to affordable, quality-assured medicines and health supplies; improve the performance of key actors all along the supply chain; advance transparent governance and effective, data-informed policies and regulation; and strengthen local capacities.

PROJECT: Strengthening Supply Chain Systems Technical Assistance Activity

DONOR: USAID

DURATION: Five years

STATE-LEVEL ACTIVITIES IN AKWA IBOM, CROSS RIVER, EBONYI, AND OYO, **NIGERIA**

Malaria kills more women and young children in Nigeria than in any other country in the world, with an estimated 110 million malaria cases annually. Malaria-related deaths account for up to 11% of maternal mortality, 25% of infant mortality, and 20% of under-five mortality, resulting in 300,000 childhood deaths annually. Our work in four additional southern states will make significant contributions to the vision of a malaria-free Nigeria, improving the quality, coverage, and sustainability of malaria prevention and treatment services in more than 4,400 health facilities that serve approximately 10% of Nigeria's population.



PROJECT: State-Level Activities in Southern Nigeria

DONOR: USAID

DURATION: Five years

A GLOBAL RIGHT AGAINST TB (**GLOBAL AND ETHIOPIA**)

MSH will undertake two major TB projects over the next five years, continuing our leadership in global and country efforts to eliminate the world's leading infectious disease killer. Health Systems for Tuberculosis brings new partners to the fight to end TB in 24 high-burden countries. The program will help countries develop high-performing, integrated health systems for diagnosing, curing, and preventing TB while avoiding catastrophic costs for patients and their families. In leading this global project, MSH will work with public financing expert Nathan Associates and women-owned small business Open Development, LLC, together with a number of local partners in each country.

Building on more than 15 years of contributions to Ethiopia's TB control efforts, which have driven declines in TB incidence of 8% per year—among the best records of any high-burden country—MSH is collaborating with longtime partner KNCV Tuberculosis Foundation and three local partners to Eliminate TB in Ethiopia.

PROJECTS: Health Systems for Tuberculosis; Eliminate TB in Ethiopia

DONOR: USAID

DURATION: Five years

STRENGTHENING NATIONAL PUBLIC HEALTH INSTITUTES (**GLOBAL**)

MSH received a new, five-year global CDC award to build the technical and management capacity of local National Public Health Institutes (NPHIs) in up to 23 countries. The program will support national governments to strengthen NPHIs' human, financial, technological, and physical resources, with a particular emphasis in the first year on strengthening capacity to lead emergency response efforts in the wake of COVID-19.



PROGRAM: Building Capacity for National Public Health Institutes

DONOR: US Centers for Disease Control and Prevention

DURATION: Five years

DEAR
**MSH PARTNERS, DONORS,
AND COLLEAGUES,**

I have been honored to be with MSH for the last nine years as a Board member and will continue to serve for a few more. With each passing year, I understand more viscerally the twin commitment that MSH has historically made—to save lives and improve the quality of life around the world while adhering to the Tao of Leadership by respecting the independence and self-reliance of our partners in country as they build universal health coverage and ever more effective health systems.

In the age of pandemics and of biological science miracles, MSH's mission has never been more relevant. I know that I speak for the Board in saying that we are enormously grateful for the selfless and hard work that MSH staff do every day across the globe, and we thank our partners and donors for their partnership in it.

The organization has been excellently led and has earned your trust in its long history, but especially now. With Larry Fish as Board Chair and Marian W. Wentworth as President and CEO, we have systematically strengthened every part of management, from business development to program delivery in the field.

I have never been more optimistic about anything as I am about MSH, and I look forward to serving as Chair.

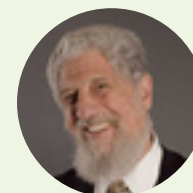
All the very best to all, for all that you do for MSH and those we support.

Yours, as Chair of the Board of Directors,



JOHN ISAACSON

Chair of the Board of Directors



FINANCIALS

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

Year ending June 30, 2020, drawn from financial statements

STATEMENT OF ACTIVITIES (US \$ amounts rounded to 000s)

Grants & Program Revenue	\$124,237
Contributions	\$102
Investment & Other Income	\$331
TOTAL	\$124,670

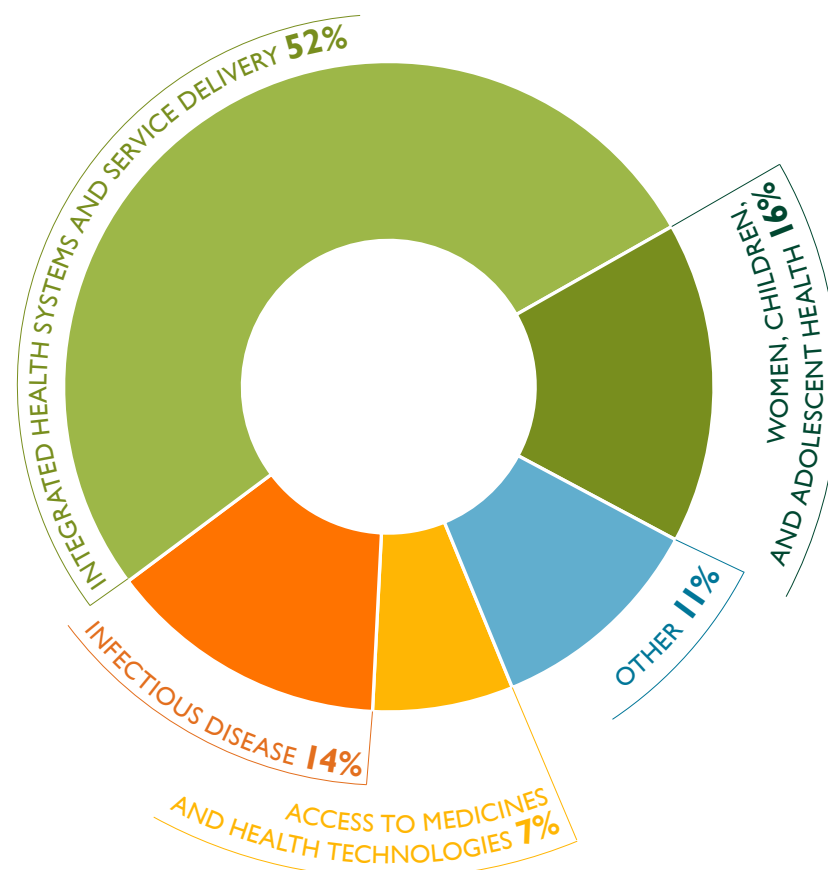
Program Expense	\$100,439
Management & General	\$26,171
Fundraising	\$27
TOTAL	\$126,637

Revenue in Excess of Operating Expenses	(\$1,967)
Foreign Currency Adjustments	\$108
NET CHANGE IN ASSETS	(\$1,859)

STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$40,088
Grants & Contracts Receivables	\$8,477
Other Receivables	\$7,874
Prepaid Expenses	\$5,765
Other Current Assets	-
Property & Equipment	\$343
TOTAL ASSETS	\$62,547

Liabilities	\$27,377
NET ASSETS	\$35,170



SOURCES OF SUPPORT

FOUNDATIONS & CORPORATIONS

The Bill & Melinda Gates Foundation
Concept Foundation Ltd.
The Daniel H. Kress and Patty Glick Fund
David and Katherine Moore Family Foundation
Dockendorff Family Fund
Fedefarma
Global Health Innovative Technology Fund
Hispanics in Philanthropy
Isaacson Family Fund
The James M. & Cathleen D. Stone Foundation
John D. and Catherine T. MacArthur Foundation
Latin American Federation of the Pharmaceutical Industry
Margaret A. Cargill Philanthropies
Merck
Novartis
Pfizer Inc.
Roche Ltd.
The Rockefeller Foundation

GOVERNMENT & INTERNATIONAL AGENCIES

Centers for Disease Control and Prevention (US)
Defense Threat Reduction Agency (US)
Foreign, Commonwealth and Development Office (UK)
The Global Fund to Fight AIDS, Tuberculosis and Malaria
International Committee of the Red Cross
Ministry of Health and Public Hygiene (Côte d'Ivoire)
Ministry of Public Health and Population (Haiti)
United Nations International Children's Emergency Fund
United Nations Development Program
United Nations Office of Special Operations
United Nations Population Fund
US Agency for International Development
World Bank Group
World Health Organization

NGOS, HEALTH ORGANIZATIONS, & UNIVERSITIES

The Church of Jesus Christ of Latter-day Saints
FHI 360
Jhpiego
Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
International Foundation for Electoral Systems
International Medical Corps
KNCV Tuberculosis Foundation
NetHope, Inc.
PATH
Pathfinder International
Population Action International
Population Services International
President and Fellows of Harvard College
Royal College of Surgeons of England
University of North Carolina
White Ribbon Alliance

INDIVIDUALS

Barbara E. Bierer, MD
Larry and Atsuko Toko Fish
Matthew Gameda
Matthew Iwanowicz
Katherine Luzuriaga, MD
Latanya Mapp Frett
John Masterson
Craig and Kandi Molyneaux
W. Gyude Moore
Bernard Nahlen, MD
Sally and Daniel Pellegrom
Nathan and Irene Idicheria Tiller
Marian W. Wentworth and David Nice
Kristin Wilkins



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ERSIN TOPCUOGLU

Program Director, Health Systems for Tuberculosis Program

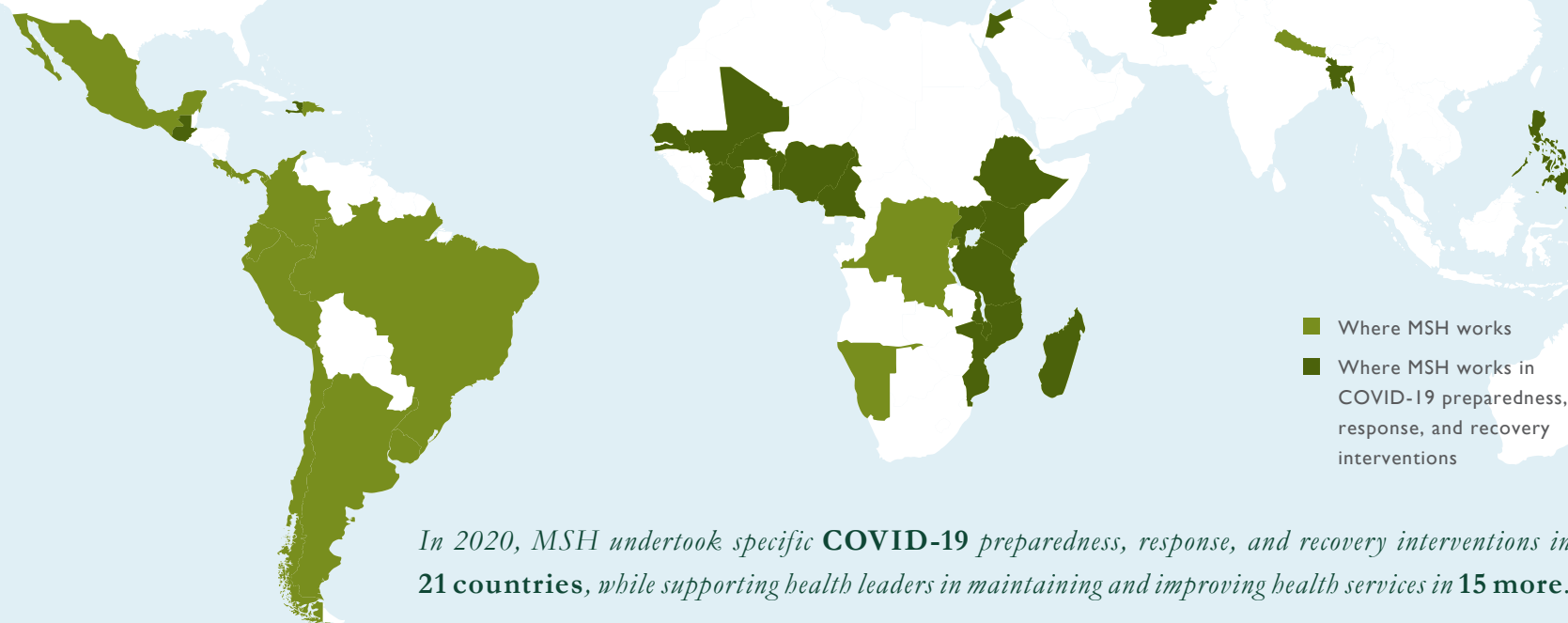


PAUL M. ZIMMERMAN

General Counsel

WHERE WE WORK

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



MSH IN 2020



36
COUNTRIES

1,344
TOTAL STAFF

1,155
STAFF OUTSIDE
OF THE US

86%

OF MSH PERSONNEL IN
COUNTRIES OR REGIONAL
OFFICES ARE FROM THE
COUNTRY OR REGION
WHERE THEY WORK

86

LOCAL PARTNER
ORGANIZATIONS
MSH WORKED WITH

19

US SMALL BUSINESSES MSH
PARTNERED WITH

AFRICA

Benin
Burkina Faso
Cameroon
Côte d'Ivoire
Democratic Republic
of the Congo
Ethiopia
Kenya
Madagascar
Malawi
Mali
Mozambique
Namibia
Nigeria

Rwanda

Senegal
Tanzania
Uganda

ASIA AND THE MIDDLE EAST

Afghanistan
Bangladesh
Jordan
Nepal
Philippines

EUROPE

Ukraine

THE AMERICAS

Argentina
Brazil
Chile
Colombia
Costa Rica
Dominican Republic
Ecuador
Guatemala
Haiti
Mexico
Panama
Peru
Uruguay

THE TAO OF LEADERSHIP

When Ron O'Connor founded MSH in 1971, he was inspired by a poem based on a passage from the Tao Te Ching. The poem speaks of the importance of locally leading the way, partnership, and sustainability, which still drive MSH today.

—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.



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THE NEXT
50
YEARS