



# MANAGEMENT SCIENCES *for* HEALTH

CHANGING WORLD, CHANGING MSH

ANNUAL REPORT | 2022





# ABOUT MANAGEMENT SCIENCES *for* HEALTH

## WHO WE ARE

Management Sciences for Health (MSH) is a global nonprofit organization that provides governments, health organizations, and the private sector with the strategies, tools, and management support to effectively and efficiently deliver high-functioning health systems.

## OUR MISSION

We work shoulder-to-shoulder with countries and communities to save lives and improve the health of the world's poorest and most vulnerable people by building strong, resilient, sustainable health systems.

## OUR VISION

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



## THE TAO OF LEADERSHIP

In the late 1960s, MSH founder Dr. Ron O'Connor was introduced to a poem based on the Tao Te Ching, "The Tao of Leadership." It was introduced to him by a Japanese doctor in Nepal with whom he worked, Dr. Noboru Iwamura. Dr. Iwamura embodied the selflessness and humility that inspired Dr. O'Connor and is expressed in the Tao of Leadership. These values still resonate today in our daily work and serve as continuing inspiration to our staff in the many countries where we work.

### 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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Over the next seven years, MSH will be audacious in helping countries adapt data-informed solutions for local health system challenges that will sustain the delivery of equitable, high-quality, people-centered primary health care.”

## Dear FRIENDS,

This last year has tested the resilience of health systems worldwide. You see it in countries as diverse as Ukraine and Afghanistan, where MSH has applied a half-century of public health experience to aid in the effort to improve health care amid protracted crises.

These experiences and those in dozens more countries—impacted by the realities of climate change, conflict, and the long-term consequences of the COVID-19 pandemic—informed the development of our new 2023–2030 organizational strategy. Our strategy is explicitly linked to the commitments of the United Nations 2030 agenda for sustainable development.

Over the next seven years, MSH will be audacious in helping countries adapt data-informed solutions for local health system challenges that will sustain the delivery of equitable, high-quality, people-centered primary health care. At the heart of our strategy is 52 years of consistency: Our commitment to deep and respectful local partnerships combined with cutting-edge expertise in strengthening health systems.

The stories in this report inspire me. They are shining examples of what is possible when capable, committed individuals come together from around the globe to share their passion in service to one another and our essential mission of saving lives.

Thank you to our staff and our partners and stakeholders who candidly shared their insights with us to help us craft this strategy. We know that what we are asking of ourselves is what both we and others believe is the most impactful application of our unique skills and experience to global health. We also owe a great deal of gratitude to our donors, whose shared vision and support makes our work possible.

I am confident that this new strategy will help us achieve our goals and objectives over the remaining years of the Sustainable Development Goals period and beyond.

Sincerely,

*Marian W. Wentworth*  
**Marian W. Wentworth**  
President and Chief Executive Officer



# OUR VALUES

In 2022, MSH ran an inclusive process involving hundreds of staff from more than 20 countries to determine our organizational values. These are the core ethics, behaviors, and principles to which we commit to abide—a promise to each other and our stakeholders that this is the experience you should expect when you interact with MSH.

## RESPECT

At MSH, respect is at the center of our mission and everything we do. Respect for each other; respect for our partners and donors; and respect for every person who is touched by our work, wherever they are in the world. We are an inclusive, people-centered organization that respects divergent views. Collaboration, humility, and empathy enable us to hear and act on the best ideas from our stakeholders and achieve the greatest impact. We seek to recognize the efforts of everyone involved in our vital work and support their diverse needs.

## ACCOUNTABILITY

MSH's work depends on trust among communities, partner organizations, governments, and donors. We manage the funds entrusted to us responsibly and with the utmost integrity. We believe that as a mission-driven, nonprofit organization, we are morally and financially accountable to deliver the highest quality work. We seek to be transparent and insist on accountability among one another and our partners. We take personal and professional responsibility—and pride—in our work and the impact it has.

## IMPACT

At MSH, we strive for impact and a culture of evidence-based actions in all we do. Our technical expertise, professionalism, data-driven decision making, quality program delivery, and ambition to accomplish more are essential to ensure that we achieve the greatest impact for our partner communities around the world. We seek to learn from each experience and share that learning with one another and our peer organizations. We take a systems thinking approach to ensure the quality of our activities to secure long-lasting impact. We believe local partnerships result in global impact.



# MANAGEMENT SCIENCES FOR HEALTH 2023–2030 STRATEGY: CHANGING WORLD, CHANGING MSH

The world has changed significantly since we designed our 2018–2023 strategy. The global community has seven years to deliver on the promises of the Sustainable Development Goals (SDGs), but progress is backsliding because of the convergence of the COVID-19 pandemic, climate change, and conflict. Nearly 2 billion people lack access to basic medicines, only a third of patients in low- and middle-income countries are treated within clinical guidelines, and 10% of medical products in those countries are substandard or falsified. The nature of our work is rapidly evolving to support our partner countries as they face the challenges of this shifting environment.

## WHY MANAGEMENT SCIENCES FOR HEALTH?

MSH is a global nonprofit organization that provides governments, health organizations, and the private sector with the strategies, tools, and management support to deliver high-functioning health systems.

As we embark on this new chapter, we are building on important strengths. When we ask our partners and donors how we can help them, they highlight our technical expertise in strengthening health systems as more relevant than ever. They also highlight our strong relationships with ministries of health and other local partners as a critical driver of sustainability. This combination of world-class technical expertise and local relationships is at the heart of our approach and our strategy.

MSH has a 52-year legacy of implementing complex projects and is recognized as a good steward of donor funding. We are proud to be among the minority of global health organizations that are women-led.

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When we ask our partners and donors how we can help them, they highlight our technical expertise in strengthening health systems as more relevant than ever.”





# OUR STRATEGY FOR 2023–2030

Over the next seven years, MSH will be audacious in helping countries adapt science-based solutions for local health systems challenges that will sustain the delivery of equitable, high-quality, people-centered primary health care. We will work in any geography where there is demand for our services from local partners and the potential to catalyze greater health equity.

We will measure the outcomes of our strategy by how they contribute to the SDGs, especially SDGs 3, 5, and 1.

- Reduce preventable morbidity and mortality (SDG3)
- Progress toward universal health coverage (SDG3)
- Improve gender equality (SDG5)
- Reduce poverty (SDGI)

We have also heard the call to action to scale up the global response to climate change and have the ambition to pursue carbon-negative business operations over the course of the strategy.

Since our founding in 1971, MSH has been rooted in local partnerships. It is from these roots that the branches of our strategy will flourish. MSH will act boldly to **Localize** our efforts, **Unlock** our talent, **Focus** our expertise, **Demonstrate** with data, and **Mobilize** partners and funders.



## LOCALIZE

MSH's founding inspiration is the Tao of Leadership (see [page 1](#)). We have always focused on listening to local voices, with "Respect" as our foundational value (see [page 3](#) for Our Values). Through this strategy, we are recommitting to the countries we serve so that they are at the center of our work. As our mission is to support local organizations, governments, and the private sector to strengthen the health systems in their own countries, our success will always be through others. This success, therefore, requires a more sustained local presence.

Throughout the seven years we will further build our global presence to move our operations increasingly outside of the US. We will continue to establish a local presence in priority countries through a country representative or a strategic partnership with a local organization. We will also forge innovative country partnerships and develop business models that drive innovation at the local level. MSH will focus our efforts with local partners and governments on strengthening their capacity across all aspects of health systems.



MSH will act boldly to **Localize** our efforts, **Unlock** our talent, **Focus** our expertise, **Demonstrate** with data, and **Mobilize** partners and funders."



## FOCUS

Our technical expertise in strengthening health systems is more relevant than ever. MSH will continue to meet the broad range of countries' health systems strengthening needs, even as they evolve.

We will focus on supporting local leaders to develop resilient, people-centered health systems that are prepared for pandemics, disease outbreaks, and climate change.

Globally, MSH will further invest in expertise in health economics and financing, pharmaceutical systems, and supply chain. These areas are where we see a growing need among our clients and partners, and they cut across the response needs for infectious diseases, noncommunicable diseases, and population health.



## UNLOCK

MSH's greatest asset is our people. Around 90% of our staff is based outside of the US, and the same proportion is from the country or region where they work. Central to our strategy is unlocking our global expertise and creating more opportunities in all corners of the world.

We will focus on knowledge sharing and learning, internally and externally, with both global and local partners.



## DEMONSTRATE

Data are essential for making decisions in global health and are at the heart of our work. We will use what we learn from leading-edge data collection and management techniques to develop innovations, improve our project performance, and improve population health.

We will also seek to strengthen the ability of governments, the local private sector, local partners, frontline health workers, and communities to use data to drive better decisions and innovations.

MSH commits to using data to add to the global body of knowledge and demonstrate the impact of health systems interventions.



## MOBILIZE

MSH will innovate by bringing new partners to the table to tackle persistent health systems challenges. We will seek out strategic partnerships with organizations working at the cutting edge of areas relevant to our strategic priorities.

We will work directly with governments, the local private sector, and local partners to mobilize resources for new ideas that will make a difference in their country.

MSH is a proud partner of organizations such as USAID; the CDC; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Bill & Melinda Gates Foundation. We look forward to broadening our body of partnerships to drive more impact, especially with other multilateral organizations, the private sector, and philanthropies.





## OUR WORK

**T**ruly effective and lasting progress should involve every group that benefits from it, from government to health care workers and hard-to-reach patient groups. Working with our partners toward full local ownership is critical to long-lasting success. The following country stories represent a few of last year's highlights. For more stories on our work, see [msh.org/projects](https://msh.org/projects).



# ADAPTABILITY ESSENTIAL TO DELIVERING HEALTH CARE SERVICES IN AFGHANISTAN

*In challenging situations, interventions to improve the health of a country’s most vulnerable citizens may have to be adapted. In Afghanistan, programs must remain culturally appropriate and meet the needs of local communities.*

Tuberculosis (TB) affects more women than men in Afghanistan. Female community health workers (CHWs) are therefore vital to efforts to curb its spread. Since November 2021, we have trained and mentored more than 840 CHWs—including more than 460 women—to help them educate their communities about the disease, identify and diagnose TB patients, and link them to appropriate care. By 2022, increased rates of TB detection, notification, and successful completion of treatment were being recorded.

We are also adapting our antenatal care model, and since September 2022, we have trained nearly 40 midwives to deliver group-based antenatal care (GANC). GANC sessions at local health facilities help expectant mothers navigate their pregnancies and gain knowledge, build a sense of community, and offer them a checkup with a midwife. The GANC model launched in Afghanistan in October 2022 with approximately 120 pregnant women enrolled across six primary health care facilities in Kandahar and Kabul. The person-centered approach is paying off, with 95% of the women in those early cohorts giving birth at their local health facility and many able to correctly describe danger signs during pregnancy.

In addition, working with local and international development partners, we have trained more than 660 health care workers to identify, treat, and know when to refer cases of severe acute malnutrition in children.

- PROJECT:** Assistance for Families and Indigent Afghans to Thrive (AFIAT)
- PARTNERS:** Afghan Midwives Association; American College of Nurses and Midwives; Overseas Strategic Consulting; Particip/KIT
- DONOR:** United States Agency for International Development (USAID)





## BRINGING CARE CLOSER TO HOME IN BENIN

**P**roviding integrated, person-centered health services at the community level helps ensure that more individuals have access to the support they need. In Benin, localization is saving lives and offering hope for the future.

Malaria remains a serious health risk in Benin, especially during the rainy season. To protect children from this debilitating and often fatal disease, we help train and equip community health workers to go house to house between July and October each year to deliver preventive treatment for children. Through the implementation of these seasonal malaria chemoprevention campaigns, we have reached more than 478,000 children with this lifesaving intervention.

In addition, our program has strengthened local leadership and governance skills to increase the number of pregnant women attending their four recommended antenatal care (ANC4) visits. Implementing MSH's Leadership Development Program Plus (LDP+) approach, we helped teams in three health zones in Atacora identify practical solutions for increasing attendance rates using local resources and expertise. These solutions ranged from sensitizing health care staff on topics such as welcoming patients to real-time monitoring of ANC4 outreach activities and using social media to raise awareness. These efforts helped contribute to an increase in ANC4 attendance across Atacora from 28% before the LDP+ approach was implemented to 41% during LDP+ implementation.

A community-based, integrated services model is vital to support survivors of gender-based violence (GBV). To expand access to holistic GBV care, we worked closely with local communities to adapt the one-stop model into existing systems and offer a range of services at the same location and time. As of the beginning of 2022, we had trained more than 680 health care workers, 300 police officers, and 100 social workers to offer medical, legal, and psychosocial support to thousands of GBV survivors. Although our program is ending in 2023, we have equipped communities with the tools they need to continue using this model for years to come.

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**PROJECT:** USAID Integrated Health Services Activity (IHSA)

**PARTNERS:** Dimagi, Inc.; Association pour l'Éducation, la Sexualité et la Santé en Afrique; Centre de Recherche en Reproduction Humaine et en Démographie; Centre de Réflexions et d'Actions pour le Développement Intégré et la Solidarité; Organisation pour le Développement Durable, le Renforcement et l'Auto promotion des Structures Communautaires

**DONOR:** USAID; US President's Malaria Initiative (PMI)

## ADVANCING HEALTH EQUITY TO SAVE LIVES IN BENIN

We work with governments, community partners, and organizations to equip local health systems with the resources they need to provide effective care. Through our IHSA project, we supported the donation of more than USD 2.8 million in health equipment to Benin. This included 316 pulse oximeters, 40 adjustable oxygen pressure regulators, 42 oxygen concentrators, and 2,100 nasal cannulas, which will be used in emergency rooms and intensive care units across the country and improve the quality of care for the most vulnerable patients, including those battling COVID-19. We also secured donations of hospital beds and infant warmers in collaboration with Project C.U.R.E. and procured newborn resuscitation kits, delivery and episiotomy kits, vacuum cups, and autoclaves, which will help strengthen maternal, newborn, and intensive care across health facilities in Benin. This new equipment will continue to have a lifesaving impact for years to come.





# HELPING COUNTRIES PREVENT AND CONTROL INFECTIOUS DISEASES

**A**ntimicrobial resistance (AMR) is a global health threat that is making infections harder to treat and increasing morbidity and mortality worldwide. In 2022, the USAID Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program continued to combat AMR while also building on COVID-19 response efforts.

Through MTaPS’ work in 17 countries, we helped strengthen national and facility AMR containment capacity with a particular focus on multisectoral coordination, antimicrobial stewardship, and infection prevention and control. Our Global Health Security Agenda-supported work in 13 countries based on the WHO Benchmarks for International Health Regulations Capacities led to tangible improvement in those countries’ AMR containment capacities.

In Uganda, we helped implement evidence-based interventions at the national and local levels to optimize access to and use of antimicrobial medicines. To improve the use of antimicrobials in Rwanda, we collaborated with the Rwandan Ministry of Health to update the country’s national essential medicines list (NEML) for the first time since 2015. We worked to incorporate WHO’s Access, Watch, and Reserve (AWaRe) antibiotic classification into the NEML, which serves as a vital tool for monitoring and promoting the responsible use of antibiotics.

We remained steadfast in our efforts to combat the pandemic in the 13 COVID-19-funded countries MTaPS works in. As a result, nearly 50,000 health care workers have received infection prevention and control training. We helped promote immunization safety and efficiency in places such as Kenya, where reporting of adverse events following immunization had previously been inconsistent. To stop this trend and improve vaccine safety monitoring, we helped develop a mobile Pharmacovigilance Electronic Reporting System that allows individuals to easily report adverse effects using their mobile device and enables the instantaneous transmission of pharmacovigilance reports. This app has expanded access to the system, especially to those living in remote areas, and continues to improve patient safety.

**PROJECT:** MTaPS

**PARTNERS:** African Union Development Agency-NEPAD (AUDA-NEPAD); Boston University; FHI360; International Law Institute-Africa Centre for Legal Excellence (ILI); Overseas Strategic Consulting; Results for Development

**DONOR:** USAID

To learn more about MTaPS’ work and outcomes, please visit: [www.mtapsprogram.org](http://www.mtapsprogram.org)

## OUR GLOBAL COVID-19 IMPACT: 2020–MARCH 2023

The COVID-19 pandemic tested the resilience of global and local health systems worldwide. In the face of this crisis, we deployed our global footprint, strong country and local relationships, and on-the-ground implementation experience to help each of the countries where we work to effectively confront the pandemic’s unprecedented challenges. Today, MSH is working to help countries develop their resilience against future pandemics, from the local to the national level. [Read more here.](#)



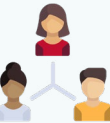
**25M+** people fully vaccinated in the countries where we work as a direct result of MSH’s support



**11K+** health facilities supported with strategies to prevent or limit COVID-19 transmission in health care settings



**112K+** health care staff and volunteers trained on COVID-19 vaccine-related topics, including infection prevention and control and water, sanitation, and hygiene practices



**44.6M+** people reached with COVID-19 messages through risk communication and community engagement



# ON THE FRONTLINE IN THE BATTLE AGAINST TUBERCULOSIS IN ETHIOPIA

A multifaceted approach to disease control continues to reduce TB incidence in Ethiopia, even in the face of the challenges of the COVID-19 pandemic and conflict within the country.

In Ethiopia, we are working with the government, health authorities, and local stakeholders to identify and map groups and individuals most at risk of TB so that screening and treatment can be tailored accordingly. The elderly, children, those living with HIV, prisoners, internally displaced persons (IDPs), miners, the unhoused, and the urban poor are among the most vulnerable populations. We have extended TB screening to reach these key populations, utilizing a campaign-based screening approach for populations that are not settled, such as IDPs.

We have also helped health care workers understand why it is important for patients to complete their treatment to reduce the spread of drug-resistant disease, and some have found novel ways of encouraging this. In one example, patients receive their treatment when they visit the health center to care for a plant they have been given. Our programs have also trained health professionals to provide TB sensitization in their communities, telephone hotline counselors to provide guidance on TB diagnosis and treatment, and laboratory technicians on TB culture and drug susceptibility testing. We also work to transform the way leaders and managers understand and work toward TB control and elimination by working with local partners to increase domestic financing, use key TB resources more efficiently, build in-country technical capacity, and support policy formation and dissemination.

Our work builds on continuing contributions to Ethiopia's TB control efforts. These contributions have driven declines in TB incidence of 8% per year that go back more than 15 years—among the best record of any high-burden country.

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**PROJECT:** USAID Eliminate TB Project

**PARTNERS:** KNCV Tuberculosis Foundation; Amhara Development Association; Oromia Development Association; REACH Ethiopia

**DONOR:** USAID

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**PROJECT:** USAID Health Systems for Tuberculosis (HS4TB)

**PARTNERS:** Nathan Associates; Open Development

**DONOR:** USAID

## KNOWLEDGE IS POWER: MSH LEADS TRAINING SESSIONS IN ETHIOPIA

We work alongside the local health workforce to ensure they have the knowledge and skills they need to sustain and build on our interventions for years to come. In Ethiopia, we trained community-based staff on TB-related services to improve quality of care. We trained 50 counselors working for the Ministry of Health hotline service on TB diagnosis and treatment to help ensure that those seeking support receive the best guidance possible. In Ethiopia's Tigray region, we provided a two-week training for lab experts on TB culture and drug susceptibility testing to help maintain and improve services in conflict-affected areas.



# DEVELOPING SKILLS AND KNOWLEDGE TO SAVE LIVES IN MADAGASCAR

**S**trengthening primary health care services in hard-to-reach communities leads to fewer avoidable deaths in countries such as Madagascar. Helping health workers and volunteers update their knowledge and skills is key to saving lives.

Birth asphyxia is the second leading cause of death among newborns in Madagascar. Working with the Ministry of Health and other partners, our clinical capacity building programs train health workers in neonatal resuscitation techniques, including suctioning, stimulation, and ventilation, so that they expand their knowledge and skills and ultimately experience the joy of saving a newborn life. They can also practice and refresh their clinical skills in district skills labs. Since 2018, we have trained more than 1,700 health workers in neonatal resuscitation techniques, and the benefits are clear—between 2021 and 2022, three additional newborns of every 100 born not breathing were successfully resuscitated across our program’s 11 implementation regions.

Our programs have also trained more than 18,000 community health volunteers (CHVs) to prevent, diagnose, and treat malaria—another major cause of death among children under five and pregnant women. Through house-to-house visits, community meetings, and group sessions, CHVs identify health challenges, raise awareness of the importance of antenatal visits and intermittent treatment for malaria during pregnancy, discuss the use of insecticide-treated bed nets to prevent mosquito bites, conduct on-the-spot rapid testing, and treat confirmed cases.

We are backing up these efforts by procuring and distributing vital medicines and health supplies for the Malagasy people. Between 2019 and 2021, we helped procure almost 24 million rapid tests for malaria and more than 8 million treatments, while in 2022 we facilitated a USD 575,000 donation of medical equipment to 144 facilities in the Analanjirofo region.

**PROJECT:** Accessible Continuum of Care and Essential Services Sustained (ACCESS) program

**PARTNERS:** American Academy of Pediatrics; American College of NurseMidwives; Action Socio-sanitaire Organisation Secours; Catholic Relief Services; Dimagi, Inc.; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Population Services International

**DONOR:** USAID

## NEW MEDICAL EQUIPMENT IMPROVES PATIENT CARE IN FACILITIES ACROSS MADAGASCAR

In partnership with USAID and Project C.U.R.E., we supported the donation of USD 575,000 in medical equipment to 144 health centers and hospitals across Madagascar’s northern region of Analanjirofo. The donation included hundreds of beds and mattresses, as well as delivery kits, neonatal resuscitation kits, and blood pressure cuffs. This was the last of a series of donations that began in 2020 for the 14 supported regions, totaling USD 8.2 million. This new medical equipment will allow health care workers to better care for their patients, especially pregnant women and newborns.





# BUILDING LOCAL CAPACITY TO TACKLE MALARIA ACROSS NIGERIA

Overcoming a scourge as formidable as malaria requires a comprehensive strategy and sophisticated tactics. Localization is key to driving impact in a country such as Nigeria, which is home to 31% of the world's malaria deaths.

In partnership with the Nigerian government and local communities, we work in more than 8,000 health facilities in 19 states and have reached more than 15 million people with malaria prevention, testing, and treatment services in the last three years. In Nigerian communities such as Zamfara State, financial burdens due to disease, coupled with periods of conflict and instability, have often kept individuals from seeking the health care they need. Recognizing that it takes a village to eradicate malaria and to encourage treatment and access, our programs trained 5,000 local citizens, also known as community drug distributors (CDDs), to unite their communities in the fight against malaria. From July to October 2022, CDDs visited families' homes to administer malaria preventive medicines, reaching more than 1.3 million children during these peak malaria transmission months.

We are also training health workers to improve diagnostic practices, reinvigorating quality assurance teams, and supporting states to develop annual operational plans to ensure that local communities can sustain our interventions. We are encouraging the adoption of smart, technology-enabled solutions to improve data collection—which can be especially difficult to accomplish in a country the size of Nigeria—and through a partnership with WHO, we are strengthening Nigeria's National Malaria Data Repository, which consolidates all Nigeria-based malaria data into one accessible web platform.

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**PROJECT:** US President's Malaria Initiative for States (PMI-S)

**PARTNERS:** Banyan Global; ThinkWell; Nigerian Interfaith Action Association

**DONORS:** USAID; PMI

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**PROJECT:** Global Fund Malaria Grant

**PARTNER:** Catholic Relief Services

**DONOR:** The Global Fund to Fight AIDS, Tuberculosis and Malaria





# OVERCOMING CONSTRAINTS CAUSED BY WAR IN UKRAINE

**O**ur work in Ukraine over many years has laid firm foundations for rising to challenges resulting from Russia's invasion in February 2022. Despite the war, we continue to provide critical support to keep vital medical supply lines operational.

For more than a decade we have worked with the government and other partners to strengthen the governance and management of Ukraine's pharmaceutical systems and improve the availability of essential medicines for diseases such as HIV and TB. Our longstanding work made it possible to rapidly pivot our focus to meet demands arising from the outbreak of war.

MedData, an agile medical commodities tracking platform launched with our support in 2018, enabled more than 4,000 health facilities to continue to report their stock levels, despite the war. We also helped the Ministry of Health adapt MedData to track blood supplies across the country. In addition, the system rapidly facilitated a country-wide distribution chain for thousands of tons of donated humanitarian medical supplies.

While severely impacted in the early days of the war, our well-established last-mile deliveries of vital medicines quickly resumed, ensuring that people living with HIV and TB continued to receive their lifesaving treatments. Distribution challenges were overcome by finding alternative ways of bringing medical care to people in need.

And the war has not prevented progress being made. We also supported the development of new digital platforms to monitor and maintain adequate stock levels at health facilities across the country and support logistics management.

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**PROJECT:** Safe, Affordable, and Effective Medicines (SAFEMed) Activity for Ukrainians

**DONORS:** US President's Emergency Plan for AIDS Relief (PEPFAR); USAID





# SPREADING OUR MESSAGE

In 2022 and into 2023, MSH thought leaders have had a presence at numerous global conferences, including the South African Production & Inventory Control Society (SAPICS) 2023 annual conference; International Maternal Newborn Health Conference (IMNHC); International Conference on Family Planning (ICFP); Union World Conference on Lung Health; Global Symposium on Health Systems Research (HSR 2022); American Society of Tropical Medicine & Hygiene (ASTMH) Annual Meeting 2022; and the People that Deliver (PtD) Global Indaba forum. MSH also hosted several virtual events on key issues such as health supply chains, primary health care, and malaria. To kick off 2022, we held a discussion on the Positives and Pitfalls of Pooled Procurement to highlight the important role pooled procurement mechanisms play in strengthening supply chain management.

For more on MSH events, see: [msh.org/events](https://msh.org/events)

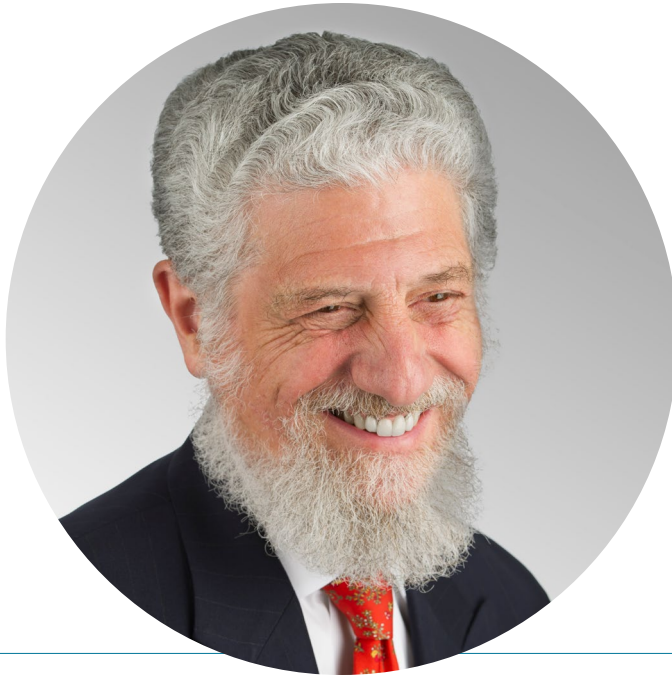
Early in 2023, MSH hosted more than 150 colleagues from 30+ countries in Washington, DC, for our Global Leadership Conference—our first since the start of the pandemic—which gave participants the opportunity to build connections and share technical innovations, successes, and solutions.

## INFORMING STAKEHOLDERS ON CAPITOL HILL

To cap off our Global Leadership Conference, MSH hosted a reception on Capitol Hill. MSH staff from around the world gathered with members of US Congress to raise awareness about key health challenges facing the countries we work in. We were joined by Dr. Atul Gawande (pictured, on left), Assistant Administrator of USAID's Bureau for Global Health, who gave keynote remarks.







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These numbers also tell another story: one of an organization that stands firmly poised to execute a bold vision for the future. Our new 2023–2030 organizational strategy builds on more than 50 years of experience rooting our work in local partnerships and supporting local leaders.”

## Dear MSH PARTNERS, DONORS, AND COLLEAGUES,

As Chair of the MSH Board, it is my privilege to present this report on the state of MSH’s finances and accomplishments in 2022. We are grateful to all our generous donors, international and local partners, and all in the global health world who aid this important work.

MSH has been from its inception a management sciences company whose mission, enshrined in the Tao of Leadership, is to strengthen local capacity in the entire health system. Health economics and financing, pharmaceutical systems, supply chain—these are not always subjects that make the headlines, but they hold vast potential to affect millions of lives. Our technical experts tap into the power of local communities and work together to transform lives.

This statement of our financial position is more than just numbers. Behind those numbers are stories of real people whose lives are now healthier and full of promise. You’ve read just a few of those stories in this report.

These numbers also tell another story: one of an organization that stands firmly poised to execute a bold vision for the future. Our new 2023–2030 organizational strategy builds on more than 50 years of experience rooting our work in local partnerships and supporting local leaders.

We have recommitted ourselves to strengthening health systems so that they deliver ever more equitable and successful health care to entire populations. Because pandemics and other threats will continue to emerge, we work with our partners to prepare for whatever lies ahead.

None of this would be possible without the generosity of our donors who share our vision for a more equitable world. Thank you for your support, and I look forward to what we will do together in the future.

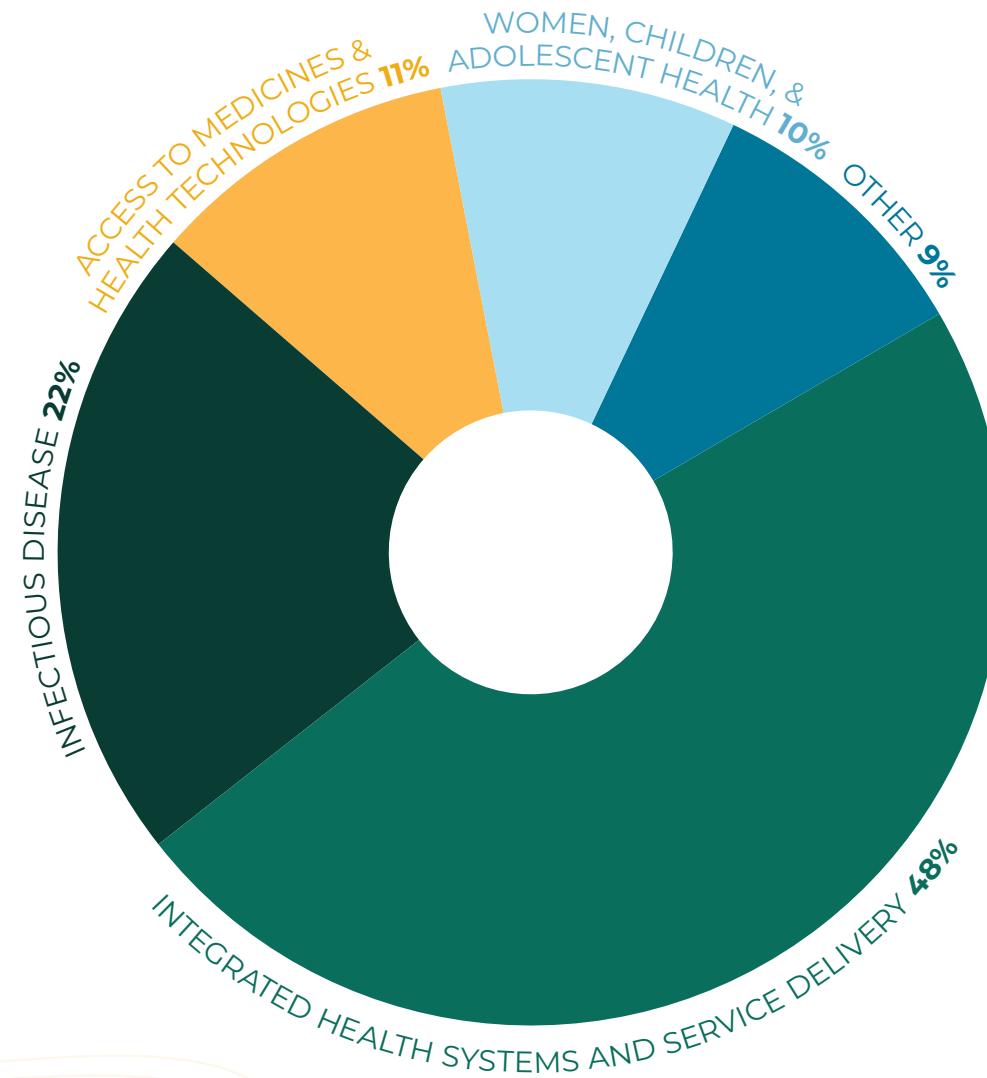
Yours,

John Isaacson  
Chair of the Board of Directors

# STATEMENT OF REVENUE AND HEALTH AREA FUNDING

Year ending June 30, 2022, drawn from financial statements

STATEMENT OF ACTIVITIES	(US \$ amounts rounded to 000s)
Grants & Program Revenue	\$152,875
Contributions	\$1,642
Investment & Other Income	\$459
<b>TOTAL</b>	<b>\$154,976</b>
Program Expense	\$126,610
Management & General	\$26,818
Fundraising	\$5
<b>TOTAL</b>	<b>\$153,433</b>
Revenue in Excess of Operating Expenses	\$1,543
Foreign Currency Adjustments	\$397
Realized Loss on Investments	(\$1,569)
Unrealized Loss on Investments	(\$708)
<b>NET CHANGE IN ASSETS</b>	<b>(\$337)</b>
<b>STATEMENT OF FINANCIAL POSITION</b>	
Cash & Equivalents	\$20,374
Investments	\$13,820
Grants & Contracts Receivables	\$9,653
Unbilled Receivables	\$11,690
Other Receivables	\$1,095
Prepaid Expenses	\$5,198
Other Current Assets	\$552
Property & Equipment	\$272
<b>TOTAL ASSETS</b>	<b>\$62,654</b>
Liabilities	\$26,589
<b>Net Assets</b>	<b>\$36,065</b>





## SOURCES OF SUPPORT

For Fiscal Year 2022

### FOUNDATIONS & CORPORATIONS

Abt Associates  
Amazon Smile  
The Bill & Melinda Gates Foundation  
David and Katherine Moore Family Foundation  
Family Care International  
Foundation for Innovative New Diagnostics (FIND)  
Friends of Europe asbl  
Health System Consult Ltd (HSCL)  
ICF Incorporated, LLC  
The James M. and Cathleen D. Stone Foundation  
John D. and Catherine T. MacArthur Foundation  
Joint Medical Store  
Merck & Co., Inc.  
Meta  
Pfizer SAS (Colombia)  
Sanofi

### GOVERNMENT & INTERNATIONAL AGENCIES

Centers for Disease Control and Prevention (US)  
International Bank for Reconstruction and Development (World Bank Group)  
Ministry of Public Health and Population (Haiti)  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Foreign, Commonwealth & Development Office (UK)  
US Agency for International Development

### NONGOVERNMENTAL ORGANIZATIONS, HEALTH ORGANIZATIONS, & UNIVERSITIES

America's Charities  
Amref Heath Africa  
Catholic Relief Services  
*Federación Latinoamericana de la Industria Farmacéutica*  
Harvard T.H. Chan School of Public Health  
*Institut Pasteur (Côte d'Ivoire)*  
International Committee of the Red Cross  
Jhpiego  
PATH  
Population Services International (PSI)  
UNICEF  
University of Ghana  
Villanova University  
World Health Organization

### INDIVIDUALS

Barbara E. Bierer, MD  
Jerry and Diane Cunningham  
Chuck and Carol Dockendorff Family  
Alexandria Flannery  
Latanya Mapp Frett  
John and Consuelo Isaacson  
Katherine Luzuriaga, MD  
John Masterson  
Katherine C. Moore  
W. Gyude Moore  
Bernard Nahlen, MD  
Ron O'Connor, MD  
Sally and Daniel Pellegrom  
Anne Sheerin  
Irene and Nathan Idicheria Tiller  
Jacob Trefethen  
Marian W. Wentworth and David Nice

## BOARD OF DIRECTORS

John Isaacson  
*Chair of the Board of Directors; Chair and Founder, Isaacson, Miller*  
Peter Buijs  
*Former Chief Financial Officer, CARE USA*  
Beth deHamel  
*Chief Financial Officer and Vice President of Operations, Conrad N. Hilton Foundation*  
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*Former Executive Vice President and Chief Financial Officer, Covidien*  
Latanya Mapp Frett  
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*Director, Eck Institute for Global Health, University of Notre Dame*

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*Former Minister of Mines and Steel Development for the Federal Republic of Nigeria*

Dr. Muhammad Ali Pate  
*Julio Frenk Professor of the Practice of Public Health Leadership, Harvard, T.H. Chan School of Public Health; Former Minister of State for Health of Nigeria*

## LEADERSHIP TEAM

Marian W. Wentworth  
*President and Chief Executive Officer*  
Francis Aboagye-Nyame  
*Program Director, The Medicines, Technologies, and Pharmaceutical Services (MTaPS) Program*  
Dr. Aday E. Adetosoye  
*Vice President of the Global Health Programs Delivery Group*  
Matthew Gemedo  
*Associate Vice President, Internal Audit*

David Humphries  
*Chief Communications & External Affairs Officer*

Colleen McGuffin  
*Chief People and Culture Officer*

Dr. Kamiar Khajavi  
*Senior Technical Director; Project Director, HS4TB*

Gordon Kihuguru  
*Chief Financial Officer and Vice President*

Dana Sandstrom Keating  
*Vice President of Strategy, Business Development & Partnerships*

Dr. Dan Schwarz  
*Vice President for Global Health Systems Innovation*

Paul M. Zimmerman  
*Vice President and General Counsel*

# WHERE WE WORKED IN 2022

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

## THE AMERICAS

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

## EUROPE

Belgium  
France  
Netherlands  
Spain  
Ukraine  
United Kingdom

## ASIA & THE MIDDLE EAST

Afghanistan  
Bangladesh  
India  
Indonesia  
Jordan  
Nepal  
Philippines  
Turkmenistan  
Uzbekistan

## AFRICA

Benin  
Burkina Faso  
Cameroon  
Chad  
Côte d'Ivoire  
Democratic Republic of the Congo  
Ethiopia  
The Gambia  
Ghana  
Kenya  
Madagascar  
Malawi  
Mali  
Mozambique  
Nigeria  
Rwanda  
Senegal  
Tanzania  
Uganda

MSH Regional  
Support Office,  
Abuja, Nigeria

48  
Countries

1,800+  
Total staff

11  
US small  
businesses MSH  
partnered with

1,600+  
Staff outside  
of the US

We supported  
the COVID-19  
response in  
24  
countries.

90%  
of MSH  
personnel,  
approximately, in  
countries or regional  
offices are from the  
country or region  
where they work.

50  
Local partner  
organizations  
MSH worked with

Countries where MSH  
has project offices

Countries where MSH has  
small grants and consultancies





For more information on MSH, please visit us at [www.msh.org](http://www.msh.org).

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