

THE NEXT 50 YEARS

ANNUAL
REPORT
2021



A background image showing healthcare workers in full personal protective equipment (PPE), including gowns, masks, and face shields, working in a clinical setting. One worker is in the foreground, looking down at a table, while others are visible in the background.

WHO WE ARE

Management Sciences for Health (MSH) is a global nonprofit advisory 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 NEXT 50 YEARS

A photograph of a woman with dark skin and short, curly hair, smiling broadly while holding a baby. The baby is looking directly at the camera. They are positioned in front of a white, draped fabric background.

ABOUT MSH

We advance knowledge and technology globally to support people locally to achieve health for all. From health 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 more than 50 years, we have focused on the people at the heart of the health system in each environment in which we work.

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.



Marian W. Wentworth
President and Chief Executive Officer

Dear FRIENDS,

We began 2021 by reflecting on our 50-year history and the extraordinary global health progress that MSH has had the privilege of contributing to over the past half century. I feel proud to lead an organization with such a remarkable history, worthy mission, and donors and partners who wholeheartedly believe health for all is possible, despite the incredible challenges we face. Through the ongoing humanitarian crisis in Ethiopia; the earthquake that rocked Haiti last August; the Taliban taking control of Afghanistan; Russia's invasion of Ukraine; and, of course, the ongoing COVID-19 pandemic, the MSH team has shown resilience and determination, ensuring that essential health services continue and advocating for changes to improve health now and into the future.

Inspired by the promise that our work has shown to be possible—that everyone can lead a healthy and productive life—we look to the next 50 years.

How can we take the most valuable lessons from half a century of public health work into our daily efforts to strengthen health systems to promote universal health coverage (UHC), improve health outcomes, stamp out inequities, and be better prepared for the next epidemic?

As you'll see in these pages, the lessons from the past year point to a few areas. We need to treat individuals and their families as equal partners in health care, putting them at the center of our every decision from service design to delivery. Nowhere is this more evident than in the introduction of COVID-19 vaccines around the world. We must plan for consumer involvement well before a new vaccine is available so that the demand is there when a new product hits the market.

We must redouble our efforts to strengthen health systems, particularly primary care, which the pandemic has shown to be as essential as it is complex—and an integral part of every country's journey to UHC. Increasing the size and strength of the health care workforce is key to bolstering primary health care.

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We need to treat individuals and their families as equal partners in health care. ...Nowhere is this more evident than in the introduction of COVID-19 vaccines.”

National public health institutes have a critical role to play. We must help increase their capabilities and their credibility. Among the many things that come with that is the need to improve data management, particularly building interoperable systems and standardizing data collection tools.

Lastly, we must continue to insist on greater accountability for public health in the private sector. As the pandemic has shown, businesses make indispensable contributions to health and have a direct impact on health conditions, particularly among their employees. Businesses must be held more accountable for their significant impact on public health.

MSH is crafting a vision for the future that will guide our work in a world that is increasingly complex. Though the journey ahead will present challenges, we remain inspired by our partners, our staff, and our donors who share our dream to build a healthy and more equitable future for all.

Thank you.



Marian W. Wentworth

President and Chief Executive Officer

HOW WE WORK

We partner to locally lead 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 health ministries to the community.

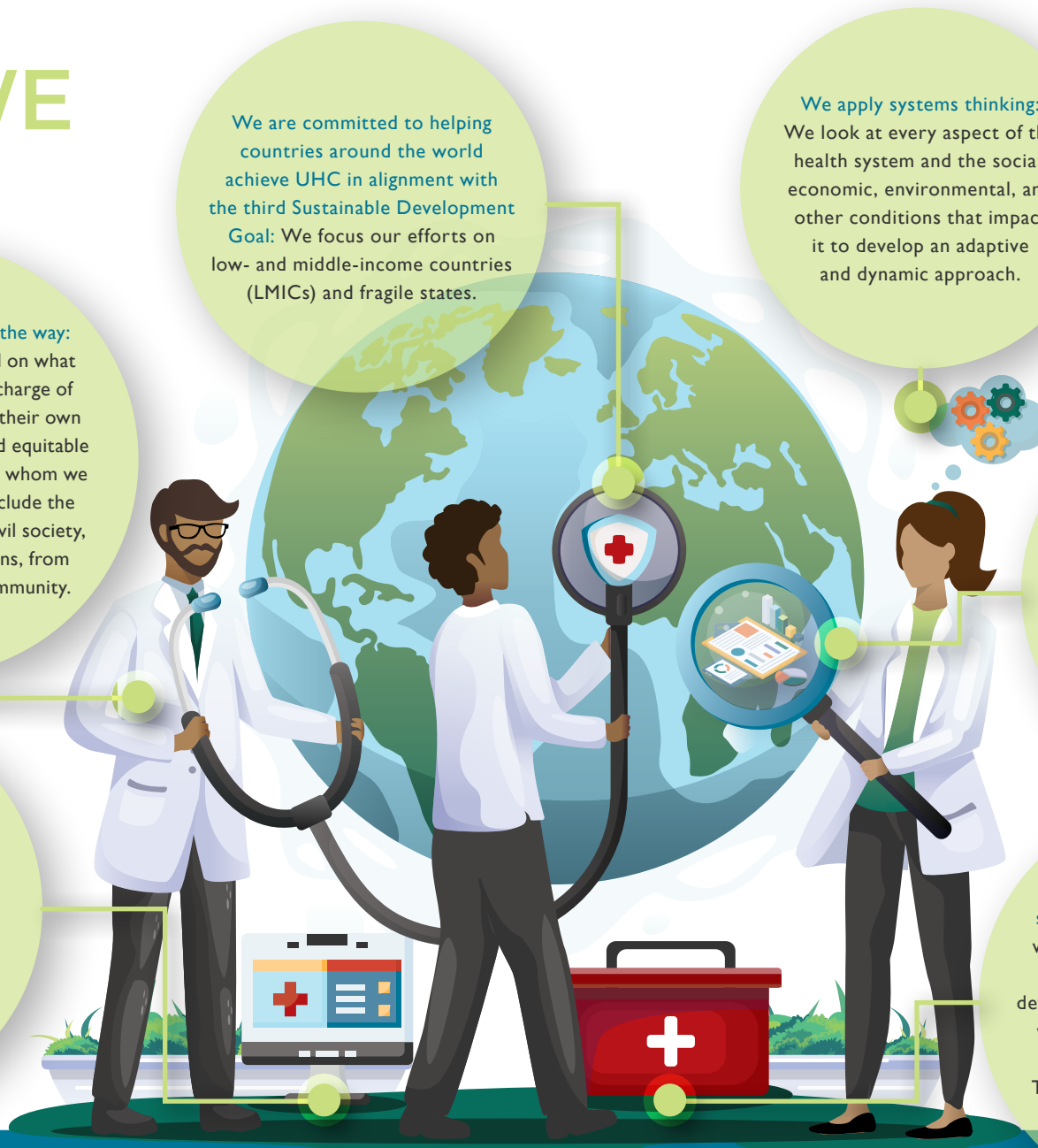
We are committed to helping countries around the world achieve UHC in alignment with the third Sustainable Development Goal: We focus our efforts on low- and middle-income countries (LMICs) and fragile states.

We apply systems thinking: We look at every aspect of the health system and the social, economic, environmental, and other conditions that impact it to develop an adaptive and dynamic approach.

We bring data to bear on every decision: Our strategies and approaches are based on current research, detailed results monitoring, input from partners and country governments, demographic and epidemiologic trends, and decades of experience.

We develop 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.

We work toward the goal of 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

We are committed to diversity, equity, and inclusion. Our commitments are to:

OUR PEOPLE: MSH is committed to creating a diverse, equitable, and inclusive environment everywhere we work.

OUR MISSION: MSH will continuously examine our work for opportunities to increase diversity, equity, and inclusion.

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

MSH is a signatory of the [CREED pledge](#), committed to racial and ethnic equity in development.



TRANSFORMING HEALTH SYSTEMS

Transforming health systems for optimal, equitable, and quality health care is essential as countries progress toward UHC. MSH's systems thinking approach prioritizes robust primary health care, efficient data use, and a skilled workforce. A high-performing health system also requires an efficient supply chain system to ensure that quality, affordable medicines and other commodities are available when and where they're needed.

As COVID-19 has disrupted virtually every supply chain—including health supplies—we are using our decades of supply chain management experience to address this challenge. This includes leveraging **technology to prevent stock-outs**, tapping **private-sector innovations** to solve new challenges, and convening a series of forward-looking discussions with global experts on opportunities to reshape health supply chains.



MSH RECEIVES AWARD FOR INNOVATION FOR A SIGNIFICANT SUPPLY CHAIN CHALLENGE

MSH's supply chain work in Ukraine won the Council of Supply Chain Management Professionals (CSCMP) 2021 Supply Chain Innovation Award in recognition of our achievements in ensuring that lifesaving HIV and TB medicines reach every patient who needs them. CSCMP's award recognizes teams who have demonstrated excellence, innovation, and return on investment for a significant supply chain challenge.

MSH's winning entry, "Ukraine: Tapping a Private Fleet to Get Medicines to the Last Mile," focused on our engagement of a private pharmaceutical logistics company for last-mile distribution of HIV and TB medicines in our SAFEMed Activity. The approach aimed to streamline fragmented public-sector logistics services while following supply chain best practices and improving patient outcomes. The presentation gave a glimpse of the MSH pilot's evolution, pioneering methods, promising results, and lessons learned, along with recommendations for national scale-up.

PUBLIC-PRIVATE SUPPLY CHAIN EFFORT BRINGS LIFESAVING MEDICINES TO THE LAST MILE IN UKRAINE

MSH has continued to operate its Safe, Affordable, and Effective Medicines (SAFEMed) program in Ukraine despite Russia's invasion on February 24, 2022, coordinating with pharmaceutical professionals, the government, and humanitarian organizations to ensure availability of essential medicines.

The need is great, as rates of HIV and TB in Ukraine are among the highest in the European region. Even before the conflict, facilities struggled with shortages and stock-outs of essential medicines and supplies. TB is especially dangerous due to the high estimated number of patients with multidrug-resistant TB. The heavily centralized delivery system wasn't able to keep pace with the challenges of getting medicines to far-flung locations.

Before the war, we worked with the Ministry of Health to engage a private pharmaceutical logistics company and its nimble fleet of trucks and vans for last-mile distribution of HIV and TB medicines. Piloted in 2019 with 58 health facilities in the Odessa region and scaled nationally in 2021, the public-private partnership demonstrated improvements in the quality of transportation, frequency and consistency of deliveries of HIV and TB commodities, optimization of stock levels in facilities, and health worker efficiency. The project won the Council of Supply Chain Management Professionals 2021 Innovation Award (see sidebar).

SAFEMed is also playing an important role in supporting Ukraine's medical supply chain during Russia's military invasion of Ukraine, ensuring that humanitarian medical supplies reach the people who need them most.

PROJECT: Safe, Affordable, and Effective Medicines (SAFEMed) Activity for Ukrainians
DONORS: US Agency for International Development (USAID); US President's Emergency Plan for AIDS Relief (PEPFAR)

DEVELOPING LOCAL TALENT TO SOLVE PHARMACEUTICAL SUPPLY CHAIN CHALLENGES IN UGANDA

Ugandan health facilities faced periodic stock-outs of essential medicines, including vaccines and diagnostics, before the pandemic exacerbated the predicament. To address supply chain challenges and ease other barriers to access essential and affordable medicines and health supplies, MSH convened a competition via a novel innovation lab. Three local innovators, out of more than 130 concepts submitted, received awards.

Our work in Uganda, in collaboration with the Ministry of Health and other partners, helped identify local participants and assemble a panel of experts to judge the competition. First place went to the system Trackmed, which uses a new type of data encryption to trace medicines throughout the supply chain—from the central warehouse to the patient—while providing real-time data on delivery and use of medical supplies.

Challenge winners will work with a team of subject matter experts to develop, pilot, and ultimately scale up their innovations. Each winner will receive technical and financial support.

PROJECT: Uganda Strengthening Supply Chain Systems Activity (SCSS)

PARTNERS: Uganda Healthcare Federation; Advocates Coalition for Development and Environment

DONOR: USAID



BUILDING ROBUST NATIONAL PUBLIC HEALTH INSTITUTES FOR DISEASE OUTBREAKS

National public health institutes (NPHIs) are scientific institutions that serve as a one-stop shop for a country's public health activities. NPHIs coordinate disparate elements of the response to disease outbreaks and other emergencies, from communication to lab capabilities, to create resilient health systems.

In Malawi and Uganda, MSH is working with local officials to update legislation to support NPHI integration into those countries' health systems. Simultaneously, we are strengthening the organizational, technical, and leadership capacity of NPHIs in Malawi and Rwanda by contributing to a Public Health Emergency Operations Center handbook and providing support to emergency operating centers. We also developed the Leading and Managing for Results in Pandemics program to enhance the capacity of teams involved in public health emergency preparation, response, and recovery efforts. The program is underway in Uganda with more than 60 senior health leaders who form the national COVID-19 response and is preparing for rollout in Malawi, Rwanda, Kenya, Peru, Bangladesh, and Nigeria.

PROJECT: Building Capacity for National Public Health Institutes (NPHIs)

PARTNER: Battelle

DONOR: US Centers for Disease Control and Prevention (CDC)

STRENGTHENING HEALTH SYSTEM PLANNING AND DECISION MAKING THROUGH BETTER DATA MANAGEMENT IN TANZANIA

In Tanzania, our staff teamed with the Ministry of Health and the World Health Organization (WHO) to create a set of centralized national health data dashboards, which is a key element of the country's digital information strategy. Our work is aimed at reaching the UNAIDS targets of 95% of people living with HIV knowing their status, 95% of those with HIV receiving treatment, and 95% of people on treatment having suppressed viral loads by 2030.

The dashboard allows government officials and managers to pull data from different health programs and facilities together on one screen, making analysis and informed decision making easier. We also helped develop 37 essential indicators covering areas such as HIV, TB, malaria, and maternal and newborn health. For HIV patients, we are now able to retrieve data on the number of patients enrolled and tested in relation to regional, national, and global targets and how many antiretroviral load tests need to be distributed. Users can access data that report on the number of maternal and newborn deaths at a specific facility at the district, regional, and national levels.

PROJECT: Tanzania Technical Support Services Project (TSSP)

DONOR: CDC

BUILDING CAPACITY FOR DIRECT DONOR FUNDING IN HAITI

Supporting the engagement of local partners to identify their development challenges; develop solutions; and bring the capacity, leadership, and resources to make those solutions a reality is essential for building strong and responsive health systems that are less reliant on external partners. Group Croissance and the Centre de Formation et d'Encadrement Technique, both Haitian organizations supported by MSH, were required to meet technical and organizational standards to receive direct USAID funding to assume stewardship of the project.

Starting in 2019, MSH and the two organizations worked to assess gaps and jointly develop and carry out targeted capacity building plans. Our technical advisors and partners developed procedural manuals, reinforced managerial practices, and established systems that prepared our partners for direct USAID funding. With the use of our Organizational Synthesis of Capacity Assessments for Award Readiness tool (OSCAR), we worked with our partners to close performance gaps and achieve the highest scores possible on the assessments USAID uses to gauge readiness to manage donor funding. In 2021, both organizations successfully met USAID's technical and financial standards to receive direct funding and, in 2022, the two partners became prime recipients to take over leadership of the project.

PROJECT: Health Leadership Project (HLP)

PARTNERS: Group Croissance; Centre de Formation et d'Encadrement Technique

DONOR: USAID



SHAPING 21ST-CENTURY SUPPLY CHAINS

Our recent Health Supply Chains series highlighted MSH's track record of strengthening health supply chains while taking a fresh look at efforts to make them more resilient amid the unique challenges of the pandemic. Iain Barton, Senior Fellow at MSH and Founding Principal of Health4Development, moderated two panel discussions aimed at helping supply chain executives and policymakers craft solutions. The second session coincided with the release of [two white papers on pooled procurement](#), a mechanism that can be more widely used by low-resource countries to harness their buying power for a better deal on pharmaceuticals and other lifesaving medical products.

Prashant Yadav, Senior Fellow at the Center for Global Development; J Murphy Wray, Senior Supply Chain and Service Delivery Technical Advisor, USAID South Africa; and René Berger, Technical Director, Pharmaceutical Systems and Supply Chain, MSH, led the first discussion. The second event featured former Nigerian Minister of State for Health and MSH board member Muhammad Ali Pate; Tiwonge Mkandawire, Global Team Lead for Supply Chain at VillageReach; and Vinod Guptan, Chief Executive Officer at MedSource, MSH's private-sector pharmaceutical group purchasing subsidiary in Kenya.

IN 2021...



16.7
million+
People fully vaccinated



5,000+
Health facilities
supported with strategies
to prevent or limit
COVID-19 transmission
in health care settings



9,800+
Health care staff and
volunteers trained on
COVID-19 vaccine-related
topics, including IPC
and water, sanitation,
and hygiene practices

OUR RESPONSE TO COVID-19

This year saw an unprecedented effort to vaccinate the world, especially in LMICs where our teams continue to make critical contributions to ending the global COVID-19 crisis: helping to get vaccines in people's arms, training health workers in infection prevention and control (IPC), and partnering with communities to combat misinformation. Through the USAID MTaPS Program, we applied our pharmaceutical systems expertise across the spectrum—from regulatory and policy support to introduce vaccines and diagnostics to procurement and supply chain logistics management, safety monitoring, and more. We are doubling down to keep fighting this pandemic and laying the groundwork to prepare our partners for the future.



22.37
million+
People reached through
mass media and social
media with COVID-19
risk communication
and vaccine-related
messaging



VACCINATION EFFORTS

Challenges countries face when introducing a vaccine include delivering it to everyone who needs it; communicating its importance, availability, and risk to the public; and monitoring for side effects. In the past year, our teams have supported the COVID-19 vaccine introduction in 17 countries.

In Afghanistan, MSH transported supplies to rural mass vaccination sites, fostered community dialogues on vaccine safety, supported data collection on side effects, and helped to fully vaccinate more than two million people.

Through USAID MTaPS, we are helping Bangladesh establish a safety surveillance system to track adverse events following vaccination, including training 1,000 staff on reporting procedures—a focus area that is critical to address vaccine hesitancy and ensure a successful immunization program.

Through the MSH-led Organized Network of Services for Everyone's (ONSE) Health Activity in Malawi, we helped develop an operational field guide for COVID-19 vaccination; trained more than 2,000 staff on proper vaccination procedures; and sensitized community, business, and faith leaders to counter negative myths and misperceptions. Our vaccination efforts also went directly to where people worked and gathered, including city markets, community meetings, and even lake areas to vaccinate people fishing for their livelihoods.

In Madagascar, a national COVID-19 hotline—developed with MSH support and training—scaled up in just three months to handle 145,000 daily calls, providing information about testing and vaccination in local languages and making referrals to providers. Our work reached more than 10 million people through risk communication messaging.

In Benin and several other countries (see sidebar), we partnered with Meta to run a social media behavioral change campaign to counter online misinformation and rumors about the COVID-19 vaccine. Through a series of Facebook ads, including video testimony linked to the national government's effort to promote vaccination, we targeted concerns about side effects, especially among pregnant women, and provided accurate and trustworthy information about the vaccine. During the campaign, Benin's vaccination rate rose and hesitancy declined.

In Senegal, USAID MTaPS' support to the Ministry of Health and Social Action in developing a COVID-19 vaccination microplan template for the Dakar region led to its adaptation for all medical regions and health districts, helping jumpstart mass immunization of priority populations in the country.



EDUCATING AND COMBATING MISINFORMATION ONLINE WITH FACEBOOK AND INSTAGRAM

Through our partnership with Meta, in 2021 MSH created and ran social behavior change communication campaigns on Facebook and Instagram to combat COVID-19 misinformation and encourage vaccination. Six countries—Benin, Guatemala, Kenya, Madagascar, Malawi, and Nigeria—ran online ad campaigns that reached more than 7 million people.

The campaign contents varied depending on local needs. In Guatemala, women were less likely to be vaccinated, and our country team identified the challenge of people not returning for their second dose or unable to find a vaccination center that had the same vaccine brand as their first dose. The campaign reached more than 1.7 million women with a Ministry of Health website containing up-to-date information on which vaccination centers carried specific brands, and we were able to measure a statistically significant improvement in knowledge of vaccine availability among our target audience. Based on the number of people this campaign reached, that potentially means it led 63,600 more people to express that COVID-19 vaccines are safe.



A COVID-19 TOOLKIT FOR LOCAL GOVERNMENTS

MSH rolled out [Sustaining Essential Health Care during COVID-19: A Toolkit for Local Leaders to Adapt Health Services in Low-Resource Settings](#) to help local leaders allocate scarce resources during the current and future pandemics. The kit outlines mitigation measures, a framework to manage essential versus nonemergency care, and an approach to triage resources during disease outbreaks. It includes practical guidance, including worksheets to help leaders plan as they transition from routine to triage while maintaining essential services.

STOPPING THE SPREAD

We work with partner countries to implement comprehensive IPC measures in health facilities and vaccination sites, train health professionals in safe infection control practices, and strengthen surveillance mechanisms for effective contact tracing and to track upticks in infection.


In Kenya, more than 1,700 health workers received COVID-19-related training in IPC and water, sanitation, and hygiene-related diseases. To contain the spread of COVID-19 in congregate settings, USAID MTaPS [prioritized prison health workers](#), focusing on risk mitigation techniques such as hand hygiene, mask wearing, and proper waste management. Close to 400 health workers from prisons in 13 counties were trained.

In Jordan, MSH supported the health ministry by conducting a series of IPC training workshops with more than 1,300 hospital-based health workers. An assessment showed a 114% improvement in knowledge of IPC practices compared to the pre-training test.

In Madagascar, community health workers—mobilized, trained, and equipped with support from MSH—use smartphones to relay COVID-19 patient data directly into an integrated national disease surveillance system that also includes malaria, measles, and plague. Community health volunteers use the mobile app to conduct contact tracing and send automated text messages to alert the nearest health center when a patient is showing symptoms.



To learn more about USAID MTaPS' COVID-19 work and outcomes, please visit:
<https://www.mtapsprogram.org/covid-19/>

A healthcare worker wearing a blue protective gown, glasses, and a light blue surgical mask is standing and talking to a patient. The patient is seen from the side, wearing a pink face shield and a gold hoop earring. They are in a clinical setting with various charts and posters on the wall. The healthcare worker is holding a clipboard with a form. On a table in the foreground, there are more forms and a green folder with the text 'Campaña Enfermedades' visible.

TAKING THE BOLD STEPS NECESSARY TO MOVE TOWARD UHC

Ensuring citizens worldwide have access to essential health services without financial hardship is a key step toward achieving the UN's third Sustainable Development Goal of achieving UHC. Working with local and country-based partners, our programs are designed to help shape and implement policies to ensure that UHC policies and programs are inclusive and equitable. We do this with a focus on locally developed and led innovations and partnerships across sectors, including the private sector, and a focus on training to make data and other evidence-based decisions.

PROMOTING AN ACTIVE AND EFFECTIVE CIVIL SOCIETY ROLE IN THE PANDEMIC RESPONSE

On the sidelines of the UN General Assembly in September 2021, MSH built on its efforts toward helping countries achieve UHC with the launch of a [Health for All Advocacy Toolkit](#) in English, French, and Spanish.

The toolkit includes practical resources for national-level civil society organizations to promote UHC, hold policymakers accountable for pledges, and sustain political momentum. MSH led the effort as co-host, along with regional African advocacy group WACI Health, of the UHC2030 Civil Society Engagement Mechanism, which is now focused on civil society's role in shaping and monitoring the response to the COVID-19 pandemic. We continue our convening work with policymakers as network manager of the Joint Learning Network for Universal Health Coverage Steering Group, which co-hosted a webinar this year on insights, priority actions, and next steps as countries battled the pandemic.

PROJECT: UHC2030 Civil Society Engagement Mechanism (CSEM)

DONOR: WHO

PROJECT: Joint Learning Network for Universal Health Coverage Steering Group

DONORS: Bill & Melinda Gates Foundation; World Bank

EMPOWERING COUNTRIES IN ASIA TO SCALE UP HEALTH TECHNOLOGY ASSESSMENT

Health technology assessment (HTA) is a valuable tool to aid budgeting distribution decisions through evidence-based assessments of medical interventions, such as a test, drug, or device.

To support countries in the Asia-Pacific region with implementing HTA on their journey to UHC, the USAID MTaPS Program is collaborating with HTAsiaLink—a forum for HTA agencies in the region. In partnership with Indonesia's Ministry of Health, the program hosted the first in a series of workshops for countries in the region to exchange best practices and ways of scaling up HTA to more LMICs. The event oriented attendees to a stepwise approach to implementing HTA and existing tools to support users in deciding why, when, and how to chart their own course in their countries. Case studies from India and Ukraine illustrated the pathways to HTA institutionalization and the challenges and successes.

PROJECT: USAID 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



PROMOTING GLOBAL ACTION ON PANDEMIC RESPONSE

We continue to take a leadership role in championing a strong global response to the COVID-19 crisis and advocating for prevention of and preparedness for future pandemics.

MSH is a global leader in advocating for better policies and funding for global health security. As co-chair of the Global Health Security Roundtable at the Global Health Council, we lead a cadre of the most committed advocacy organizations focused on the US Congress and the international community. We also work with the media to promote the importance of health systems strengthening to prevent and contain infectious diseases. Outlets for contributions and appearances over this past year included *The Guardian*, *The Washington Post*, *Forbes*, *Health Policy Watch*, *The Hill*, *Scientific American*, *Supply Chain Brain*, *The Wall Street Journal*, *DEVEX*, *Global Health NOW*, *Next Billion*, *STAT*, *Daily Trust*, *Think Global Health*, and *Knowable Magazine*.



President and CEO
Marian W. Wentworth
speaking at the Global
COVID-19 Summit

In 2021, we continued to advocate for a pandemic fund. Such a mechanism could improve global surveillance, along with enhancing laboratory, epidemiologic, and health care capacity around the world—all of which are needed to stamp out outbreaks, control epidemics, and prevent pandemics. We convened interagency discussions with representatives from the National Security Council, USAID, the US Department of Health and Human Services, the CDC, and others to advocate for increased funding. We also provided input on several key pieces of global health security legislation.



At the global level, in November we took part in discussions on the process for a Pandemic Treaty as part of the Global Health Council's delegation to the World Health Assembly Special Session. Joining forces with the international community, we advocated for replenishing several vital multilateral mechanisms, including the Global Fund, with language supporting pandemic preparedness, the Coalition for Epidemic Preparedness Innovations to accelerate vaccine research, development, and diagnostics, and the US contribution to COVAX for procurement and equitable distribution of COVID-19 vaccines.



On the sidelines of the UN General Assembly in September, US President Joe Biden convened the Global COVID-19 Summit: Ending the Pandemic and Building Back Better to galvanize action to end the pandemic. MSH was one of a select group of nongovernmental organizations invited. In a video statement aired at the summit, Marian W. Wentworth publicly committed MSH's resources and expertise to support the global response outlined by the President. MSH Senior External Affairs Manager Ashley Arabasadi co-authored an opinion piece that same week, published in *The Council on Foreign Relations' Think Global Health*, making the case that a new global pandemic fund can be effectively built with \$15 billion annually.



CELEBRATING OUR 50TH ANNIVERSARY

More than 140 MSH alumni took part in “Our Founder, Our Future,” a capstone event celebrating MSH’s 50th year in September 2021. An active online chat included participants whose time at MSH spanned decades, joining everywhere from Addis Ababa, Ethiopia, to Cambridge, Massachusetts. MSH founder Dr. Ron O’Connor reflected on our founding principles and early efforts in South Korea and Afghanistan. He recounted his fateful first trip abroad to Nepal as a medical resident and the influence of Japanese physician Dr. Noboru Iwamura, who taught him the power of respecting the communities where he worked. Dr. O’Connor began to appreciate wide gaps in access to health care, which tragically seemed so often to come down to chance. He thanked alumni for early endeavors in establishing MSH’s credibility as a development resource and making it the trusted partner it is today.

Marian W. Wentworth, while acknowledging that significant global health challenges remain, reflected on signs of progress, from major reductions in infant mortality to the average global life span jumping from 57 years to nearly 73 years since our founding. We then pivoted from our founder to our future, welcoming emerging leaders from Madagascar, Ukraine, Senegal, and Uganda, who spoke eloquently about their aspirations for the future of global health.

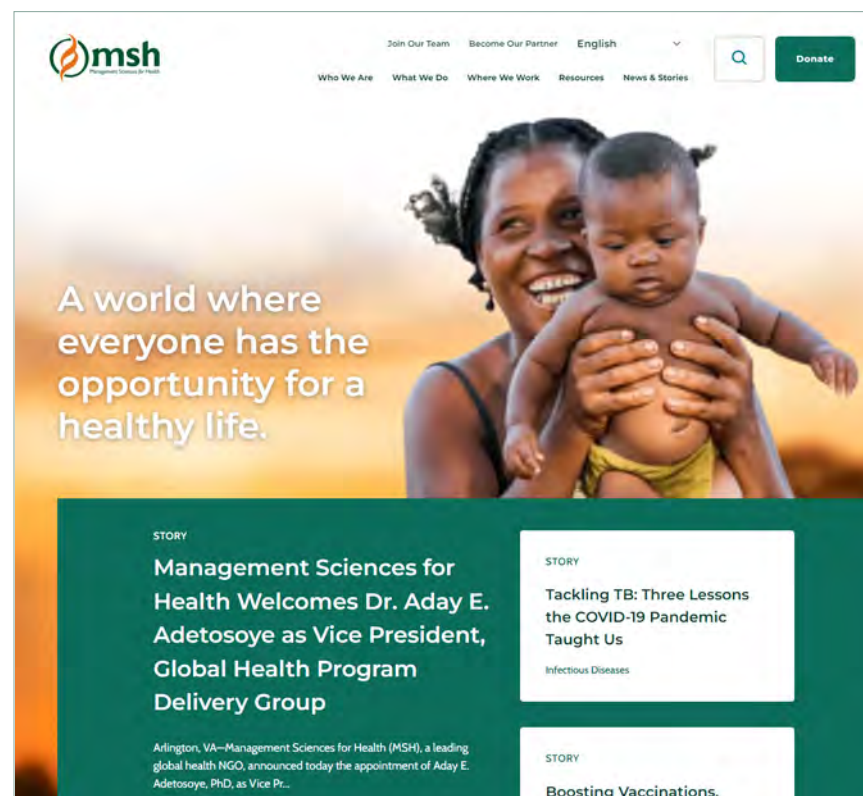
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As we look at the next 50 years, we know the future of global health is planetary health.”

MSH President and CEO Marian W. Wentworth opening MSH’s “The Future of Global Health is Planetary Health”

In MSH’s “Go to the People” storytelling campaign, current and former staff shared personal reflections of their early career and time at MSH. Alaine Umubyeyi Nyaruhirira, Principal Technical Advisor for Laboratory Services at MSH, South Africa, recounted breaking stereotypes as a young lecturer in her native Rwanda while teaching about HIV transmission and her resolve to ensure greater access to diagnostic technology for TB and other infectious diseases through her work at MSH. Steve Solter, former Technical Advisor in Afghanistan, Cambodia, Indonesia, and the Philippines, reflected on his start at MSH in 1976, highlighting the importance of listening to local leaders. He reflected on a disagreement with the Philippines’ head of Maternal and Child Health for the country’s first National Immunization Day: “But she was adamant: ‘Trust me. We’re going to do it’....She never mentioned how wrong I had been—it was just another day’s work for her.” It was a clear demonstration that “local people (especially women at community level) have a much better understanding of what’s going to work.”

At the **World Health Assembly** in June, MSH convened “The Future of Global Health is Planetary Health” to explore connections among human, animal, and environmental health and the collaborative approach needed to prevent the next pandemic. Jonathan Jennings, Executive Director, Health in Harmony, keynoted. Dr. Neil Vora, Pandemic Prevention Fellow, Conservation International; Dr. Jonathan Epstein, Vice President for Science and Outreach, EcoHealth Alliance; Dr. Reuben Kiggundu, Project Director, USAID MTaPS, Uganda; and Francoise Vanni, Director of External Relations and Communications, the Global Fund, took part.



We launched our new website in 2021. Updated, accessible, and responsive to mobile devices, [MSH.ORG](https://www.msh.org) has a brand new look and improved navigation.

A close-up photograph of a Black woman with her hair in braids, smiling warmly while holding a young child. The woman's face is in the foreground, and the child is positioned slightly behind her. The background is a soft, out-of-focus orange and yellow. The overall mood is positive and hopeful.

THE NEXT 50 YEARS

M SH's theme for our 50th anniversary was The Next 50 Years.
So what might the next 50 years look like in global health?



“

Organizations entering their second half century must demonstrate that they are meeting important community needs, and I am delighted to salute those at MSH who continue to build a tradition of respect for, and commitment to, community health for all.”

Ron O'Connor, MD, MSH's founder



Universal Health Coverage: MSH has been at the forefront of the UHC movement since the [Alma-Ata Declaration of 1978](#). In 2030, the Sustainable Development Goals will be examined, and we will see how far we have come in the accomplishment of Goal 3.8 on achieving UHC. Today, MSH supports UHC through our work in strengthening health systems and primary health care around the world. We also run the [Joint Learning Network for Universal Health Coverage](#) and the [Civil Society Engagement Mechanism of UHC 2030](#), demonstrating our continued commitment to helping health ministries learn from each other and ensuring that no one is left behind in the drive to UHC. We are committed to supporting UHC and Health for All until it is achieved globally.



Health Care Financing: One of the most pressing questions as we move toward UHC is how will we pay for health care? With burgeoning populations there comes greater need, and it is vital for countries to be able to use their limited resources to fund the most effective health care for their needs. MSH is a global leader in health financing and has advised dozens of countries in primary health care costing, medicine pricing, and choosing the best health technologies for their people. This will become all the more necessary in the next 50 years. Some of our work in this space includes helping to evolve and deliver mixed public-private health care systems through innovative private-sector models such as [MedSource](#) in Kenya. We have also developed [Health Technology Assessment](#) roadmaps to help countries make the best resource decisions.



Localization: The days of donor-driven development are numbered. More than 90% of MSH's staff are from LMICs and work in close partnership with the health systems in those countries. We expect to continue to see LMICs growing economically in the next 50 years. Along with this, we should see greater manufacturing capacities of vaccines, therapeutics, and health technologies and stronger supply chains and country delivery mechanisms.

As an organization committed to providing governments, health organizations, and the private sector with the strategies, tools, and management support to effectively deliver high-functioning health systems, MSH supports efforts toward localization of health systems strengthening. For decades, we have been the global lead in advising countries on their [pharmaceutical systems and supply chains](#), including winning global awards for supply chain innovation. Our own organization is becoming more decentralized, with fewer staff in the US and more in our partner countries, and we expect this to increase as we continue to be trusted advisors to our clients.



Equity: It will be essential in the next 50 years that we make progress on health equity. Disadvantaged and marginalized populations must benefit from UHC and receive equitable treatment in health care. MSH works with many marginalized groups, from Ethiopian miners at risk of TB to indigenous midwives in Guatemala. We are committed in our advocacy and implementation to supporting civil society and marginalized voices in health care, and we will champion equitable health systems in all of our work, from the community to the health ministry and from the most isolated village to the US Congress.



Agency: A close cousin to equity is agency. Individuals, families, and communities should be leading their own health choices and behaviors. Enabling agency requires customized communication with information, incentives, and maybe inspiration at just the right time and through the right channels to empower individuals to make their own choices about their health. In the coming years, it is likely that a revolution in the use of tools from the social sciences, enabled and accelerated by technological innovation, will go a long way toward correcting the power imbalance that exists in health care today—worldwide.



Pandemic Preparedness: The last few years have taught us that global pandemics will affect everyone, everywhere. MSH has long advocated for pandemic preparedness. We know that there will be more disease outbreaks and epidemics as urbanization increases, the climate changes, and animals and humans are brought into ever closer proximity. This is not a once-in-a-century event: the next infectious disease with pandemic potential may already be circulating. We must learn the lessons of COVID-19 and [become better prepared](#) for pandemics at the local and global levels. We also must tackle pandemics through a [planetary health](#) lens, bringing together what we have learned in environmental, human, and animal health and working in coalitions to prevent the next global event.



Fragility: There is much to be optimistic about in the next 50 years. But, as the last year has taught us, conflict will always exist. In the last year, many of MSH's colleagues in Afghanistan, Ukraine, and Ethiopia have been caught up in conflicts. Natural disasters, exacerbated by poor civil planning and management, will continue and will accelerate with climate change. Fragility will remain with us. From a health care perspective, our role in tackling this protracted problem is building resilient health systems. MSH takes a systems thinking approach to health systems strengthening. We consider all of the elements that affect health system performance, including political economy; resource availability; local culture and regulations; and the impact of other sectors, such as agriculture and education. Only by practicing this systems approach and multisector coordination can we truly build resilient health systems that can cope with conflict and disaster.

Whatever the next 50 years bring, we hope that you will join us on that journey and continue to partner with MSH.



A photograph of three healthcare workers in a clinical setting. On the left, a man wearing a white cap with 'AFD' and a logo, a white lab coat, and a blue surgical mask looks towards the center. In the middle, another man in a white lab coat and blue surgical mask looks down. On the right, a woman in a white lab coat and blue surgical mask is looking down at a piece of equipment. The background shows a wall with some papers and a blue chair. A blue semi-transparent banner is overlaid on the left side of the image, containing the title and text.

TACKLING THE BIGGEST GLOBAL HEALTH CHALLENGES

The COVID-19 pandemic has tested the ability of global health systems to keep providing essential services for primary and other preventive care as well as HIV, TB, and malaria while simultaneously fighting the crisis. From promoting the uptake of effective malaria treatments and prevention in Nigeria to working for better health outcomes for expectant mothers in Guatemala, we partner with communities to take on the toughest global health challenges to prevent the spread of disease and protect health workers, patients, and communities. Our approach, honed over decades of service, seeks to create sustainable solutions using evidence-based interventions that can be scaled for maximum benefit.

MARIAN W. WENTWORTH NAMED TO RBM PARTNERSHIP TO END MALARIA BOARD OF DIRECTORS

Marian W. Wentworth was named to the Roll Back Malaria (RBM) Partnership to End Malaria Board of Directors for a three-year term. Launched by WHO, UNICEF, UNDP, and the World Bank in 1998, the RBM Partnership is the global platform for coordinated action against malaria. Since its inception, the partnership has mobilized and deployed resources to save more than 7 million lives.

FIGHTING MALARIA IN NIGERIA AND MADAGASCAR

In the midst of a year of challenges, from the pandemic to civil conflict to the effects of climate change, we collaborated with governments, front-line workers, and community members to deliver preventive treatments to millions of children and maintain a consistent supply of malaria commodities.

Each year, more than half of all malaria deaths are children under the age of five. To protect these young children during the rainy season, when the risk of malaria rises, Nigeria organizes monthly distribution of longer-lasting malaria medicine via seasonal malaria chemoprevention campaigns. In 2021, dashboards were used to monitor the process, enabling real-time analysis and more efficient commodity management practices. At the end of the campaign, we exceeded coverage goals in Katsina state, with 2.1 million infants treated, and Taraba, with more than 433,000 treated. In Zamfara state, the campaign reached more than 1.2 million children.

In Nigeria's divided Plateau State, the scarcity of pastoral land resulting from severe climate change exacerbates regular conflict, violence, and infighting between pastoralists and farmers, impacting delivery of health services. In 2021, our work with local health workers to provide malaria preventive treatment to pregnant women and ensure a consistent supply of malaria commodities, including medicines and test kits, was threatened by an upsurge of violence. Farmer-herder clashes made 15 of 18 health facilities that MSH is supporting inaccessible for 10 months. Putting innovation into practice, we adopted a remote mentoring system using WhatsApp and Zoom to provide clinical guidance and coaching to local health center staff and a platform for health care workers to share the latest data on malaria services.

Climate change has greatly affected southern Madagascar, where low rainfall and persistent drought have led to widespread malnutrition and a population vulnerable to malaria. When an outbreak of malaria was recorded in March 2021, we rapidly mobilized with Madagascar's Ministry of Public Health and its National Malaria Control Program to implement a mass drug distribution campaign. Despite challenges on the ground, we recorded a 35% reduction in malaria cases in 2021 compared to the same period in 2020.

PROJECT:	US President's Malaria Initiative for States
PARTNERS:	Banyan Global; ThinkWell; Nigerian Interfaith Action Association
DONORS:	USAID; US President's Malaria Initiative (PMI)
PROJECT:	Global Fund Malaria Grant
PARTNER:	Catholic Relief Services
DONOR:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
PROJECT:	Accessible Continuum of Care and Essential Services Sustained (ACCESS) program
PARTNERS:	American Academy of Pediatrics; American College of Nurse-Midwives; 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

BOLSTERING CAPACITY TO FIGHT ANTIMICROBIAL RESISTANCE IN KENYA AND BURKINA FASO

Antimicrobial resistance (AMR) is a global public health concern threatening an effective response to infectious diseases. With few new antimicrobial agents in development, the misuse and overuse of antimicrobials places nations at risk. This year, USAID MTaPS continued to balance responding to the COVID-19 pandemic with its ongoing support to countries to contain AMR.

In Kenya, we partnered with professional organizations led by the Pharmaceutical Society of Kenya to develop a continuing professional development course on antimicrobial stewardship, training more than 1,100 health care workers. Participants earned continuing professional development credits through their regulatory bodies toward licensure renewal, helping to institutionalize AMR training.

In Burkina Faso, the livestock sector is a significant source of livelihood in both urban and rural areas, but antimicrobial use is unregulated. We supported the development of the first guidelines and trained 15 veterinarians and 40 livestock technicians on rational use.

CONTAINING AMR

A One Health approach is fundamental to winning the fight against AMR. Through USAID MTaPS, MSH has been assisting 14 countries to institutionalize multisectoral coordination as part of their national action plans to contain AMR. [Browse support](#) to the Global Health Security Agenda to contain AMR.

PROJECT: USAID MTaPS
PARTNERS: AUDA-NEPAD; Boston University; FHI360; ILI; Overseas Strategic Consulting; Results for Development
DONOR: USAID

BRIDGING A GAP IN SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE IN BENIN

In Benin, nearly three in ten women have experienced gender-based violence (GBV). Three One Stop support centers in the country address GBV and provide a service package, including medical and psychosocial care. But most GBV survivors live far from these centers and are unable to access services due to geographical, financial, and other barriers.

To bridge this gap, we sought to bring services closer to the population by creating virtual One Stop GBV centers, embedded in existing health, social, and judicial structures and relying on existing staff. In 2021, close to 4,000 GBV survivors were able to receive care and roughly 400 were able to receive judicial support. The centers also train survivors to develop income-generating activities.

By embedding the approach within existing administrative and management structures, the model is cost efficient and scalable while securing accessibility to comprehensive and quality GBV care.

PROJECT: Integrated Health Services Activity
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
DONORS: USAID; PMI

IMPROVING PREGNANCY CARE IN GUATEMALA AND BANGLADESH

In the rural Guatemalan Highlands and urban areas of Bangladesh, we are working to ensure access to high-quality antenatal and postnatal care with the goal of improving birth outcomes and women's experiences.

Through our work in Guatemala, we trained nurses and traditional midwives in the districts of San Marcos and Queztaletnango to co-facilitate groups of indigenous women to create support systems; connect women to facility-based antenatal care; and ensure delivery of culturally respectful, high-quality health services. When COVID-19 restrictions limited movement in Guatemala, our staff reached out to pregnant women via mobile phones with key messages in native languages on maintaining a healthy pregnancy and seeking urgent care in case of complications. We also developed a network of traditional midwives and religious and community leaders to promote proper hygiene and encourage social distancing.

In Bangladesh, we focused on the underserved population of first-time parents in urban areas of Tongi, Dhaka. In 2021, the project conducted in-depth discussions and focus groups with pregnant women, fathers, and other community members that co-developed a group antenatal care model to ensure accessible antenatal and postnatal care information and social support not met through available health services.

PROJECTS: Healthy Mothers and Babies/Utz' Na'n in Guatemala; Healthy Women, Healthy Families/Shustha Ma, Shustha Poribar in Bangladesh

PARTNERS: Asociación PIES de Occidente; Observatory for Sexual and Reproductive Health (Healthy Mothers and Babies/Utz' Na'n)

DONOR: Margaret A. Cargill Philanthropies

STRENGTHENING ADOLESCENT-BASED FAMILY PLANNING SERVICES IN MALAWI

In Malawi, we continued to support youth-focused outreach teams to deliver high-quality family planning throughout the COVID-19 pandemic.

Through nine mobile outreach teams, we worked with local partners to organize clinics at youth clubs, schools, and other established meeting spots where youth felt most comfortable discussing sexual and reproductive health and contraception to give advice on a full range of contraceptive services.

Over the last five years, we have helped to train more than 9,000 health and community workers in providing family planning services and supported adolescent-focused health services for more than 3.2 million youths.



PROJECT: Organized Network of Services for Everyone's (ONSE) Health Activity

PARTNERS: Local consortium partner Banja La Mtsogolo; Dimagi, Inc.

DONORS: USAID; PMI

ENGAGING COMMUNITIES TO ELIMINATE TB

In 2021, we continued to bring new partners to the fight to end TB. Through our global program in high-burden countries to reduce TB with effective health financing and leadership and our support across Ethiopia to engage the government and local communities to fight TB, we are expanding locally led efforts to eliminate the world's leading infectious disease killer.

Outreach and training are crucial to increasing community knowledge of TB and how it spreads. Through our work in Ethiopia, we facilitated a TB sensitization training to prioritize awareness within schools, which can be high-risk areas for spread among staff and students. Participants discussed strategies for prevention and treatment and ways to boost awareness of TB among 12–17 year olds. The training included a call to action to establish strong relationships with schools and communities and involve school principals to use students' HIV clubs, gender clubs, and other groups to offer consistent TB prevention and treatment education. TB training of health workers like Tadelch Tefera, a TB clinical nurse, resulted in further TB education within communities. Prompted by her training, Tefera reached more than 100 local mothers, specifically seeking mothers of children who live with family members with confirmed TB and encouraging them to start their children on preventative treatment.

Our global TB work started rolling out in Ethiopia, Bangladesh, and India this year and is developing a sustainability index to support countries in achieving greater self-reliance for TB programs and services.



PROJECT: USAID Eliminate TB Project

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

DONOR: USAID

PROJECT: USAID Health Systems for Tuberculosis

PARTNERS: Nathan Associates; Open Development, LLC

DONOR: USAID



John Isaacson
Chair of the Board of Directors

Dear MSH PARTNERS, DONORS, AND COLLEAGUES,

Well into my second year serving as Board Chair, I present this report on MSH's 2021 accomplishments. In the midst of the COVID-19 crisis, we've pivoted and provided substantial support to our partners, helping them fight the pandemic and bolster health system foundations in the places most in need.

Whether providing technical support to secure supply chain technologies to deliver lifesaving vaccines amid the COVID-19 crisis or helping set up electronic health information systems so countries can develop more efficient care, the work has never been more urgent or more essential.

As you can see in our statement of revenue and this 2021 report, MSH continues its path on a stable financial footing, with new business development and effective program delivery. This success, coupled with our 50 years of experience and know-how, sets us up to lead in our field as we make advances on the goal to ensure that everyone has access to quality health care without financial hardship.

Of course, none of this would be possible without strong leadership and our hardworking and dedicated staff, who work tirelessly to fulfill our mission across the globe.

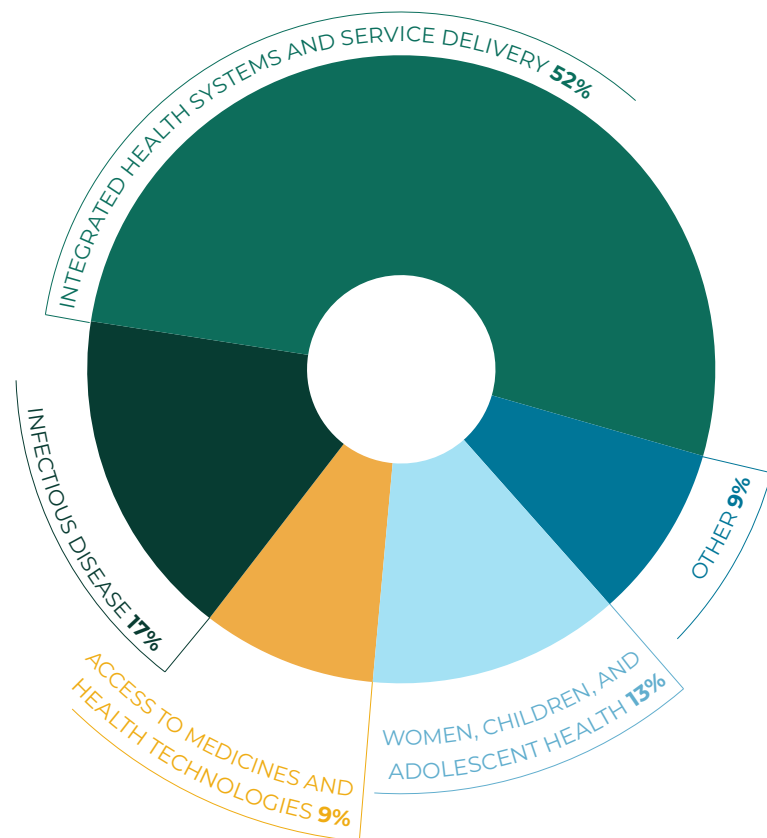
We also thank our donors and allies on the ground, who are invaluable partners in this journey. I look forward to what we accomplish together in the years to come. All the very best to all. Stay safe.

Yours,

A handwritten signature in black ink, consisting of a stylized 'J' and 'I' followed by a horizontal line.

John Isaacson
Chair of the Board of Directors

STATEMENT OF REVENUE AND HEALTH AREA FUNDING



Year ending June 30, 2021, drawn from financial statements

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

Grants & Program Revenue	\$140,166
Contributions	\$133
Investment & Other Income	\$209
TOTAL	\$140,508

Program Expense	\$120,773
Management & General	\$23,183
Fundraising	\$1
TOTAL	\$143,957

Revenue in Excess of Operating Expenses	(\$3,449)
Foreign Currency Adjustments	(\$179)
PPP forgiveness	\$4,916
NET CHANGE IN ASSETS	\$1,288

STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$24,653
Investments	\$18,514
Grants & Contracts Receivables	\$6,417
Unbilled Receivables	\$4,364
Other Receivables	\$627
Prepaid Expenses	\$6,447
Other Current Assets	\$0
Property & Equipment	\$321
TOTAL ASSETS	\$61,343

Liabilities	\$24,941
Net Assets	\$36,402

SOURCES OF SUPPORT

FOUNDATIONS AND CORPORATIONS

Abt Associates

The Bill & Melinda Gates Foundation

David and Katherine Moore Family Foundation

Global Health Innovative Technology Fund

The James M. & Cathleen D. Stone Foundation

John D. and Catherine T. MacArthur Foundation

Joint Medical Stores

Margaret A. Cargill Philanthropies

Merck

Meta

Pfizer Inc.

GOVERNMENT AND INTERNATIONAL AGENCIES

Centers for Disease Control and Prevention (US)

Foreign, Commonwealth and Development
Office (UK)

The Global Fund to Fight AIDS, Tuberculosis
and Malaria

Ministry of Public Health and Population (Haiti)

United Nations Development Program

United Nations Population Fund

US Agency for International Development

World Bank Group

World Health Organization

NGOS, HEALTH ORGANIZATIONS, AND UNIVERSITIES

Amref Health Africa

Catholic Relief Services

Harvard University T.H. Chan School of Public Health

International Committee of the Red Cross

International Medical Corps

Jhpiego

Institut Pasteur (Côte d'Ivoire)

PATH

Population Services International

Royal College of Surgeons of England

University of North Carolina

INDIVIDUALS

Barbara E. Bierer, MD

Jerry and Diane Cunningham

Chuck and Carol Dockendorff

Lawrence K. Fish

Alexandria Flannery

Latanya Mapp Frett

John and Consuelo Isaacson

Katherine Luzuriaga, MD

John Masterson

Craig and Kandi Molyneux

W. Gyude Moore

Bernard Nahlen, MD

Sally and Daniel Pellegrom

Irene and Nathan Idicheria Tiller

Jacob Trefethen

Marian W. Wentworth and David Nice

Kristin Wilkins

BOARD OF DIRECTORS

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Chair of the Board of Directors, Chair and Founder, Isaacson Miller

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Former Executive Vice President and Chief Financial Officer, Covidien

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Vice Chairman & Co-Leader, Board Services Practice, Korn Ferry

Dr. Katherine Luzuriaga

UMass Memorial Health Care Chair in Biomedical Research; Professor, Molecular Medicine, Pediatrics, and Medicine; Director, University of Massachusetts Clinical and Translational Science; Vice Provost, Clinical and Translational Research

John H. Masterson

Former Senior Vice President and General Counsel, Covidien

W. Gyude Moore

Visiting Fellow, Center for Global Development, Former Minister of Public Works and Deputy Chief of Staff to President Ellen Johnson-Sirleaf in Liberia

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Director, Eck Institute for Global Health, University of Notre Dame

Dr. Leslye Obiora

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 at the Harvard T.H. Chan School of Public Health; Former Minister of State for Health of Nigeria

GLOBAL LEADERSHIP TEAM

Marian W. Wentworth

President and Chief Executive Officer

Francis Aboagye-Nyame

Program Director, USAID MTaPS Program

Dr. Aday E. Adetosoye

Vice President, Global Health Program Delivery Group

Gordon Comstock

Senior Advisor

Matthew Gameda

Senior Director of Internal Audit

David Humphries

Chief External Affairs Officer

Dana Sandstrom Keating

Vice President, Strategy, Business Development & Partnerships

Dr. Kamiar Khajavi

Senior Technical Director; Project Director, HS4TB; and Executive Director, JLN for UHC

Gordon Kihuguru

Chief Financial Officer and Vice President

Dr. Daniel H. Kress

Vice President, Global Health Systems Innovation

Colleen McGuffin

Chief People and Culture Officer

Dr. Dan Schwarz

Associate Vice President, Global Health Systems Innovation

Paul M. Zimmerman

General Counsel

WHERE WE WORKED IN 2021

SINCE OUR FOUNDING IN 1971, MSH HAS IMPROVED HEALTH SYSTEMS IN MORE THAN 150 COUNTRIES WORLDWIDE.

36
Countries

1,500+
Total Staff

57
Local partner
organizations
MSH worked with

THE AMERICAS

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

AFRICA

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

EUROPE

Ukraine

ASIA & THE MIDDLE EAST

Afghanistan
Bangladesh
Indonesia
Jordan
Nepal
Philippines

We supported
the COVID-19
response in
27
countries.

1,300+
Staff outside of
the US

87%
Of MSH personnel in
countries or regional
offices are from the
country or region
where they work


7
US small
businesses MSH
partnered with

■ Where MSH provided
support in 2021

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