

Annual Report | **2024**

MANAGEMENT SCIENCES *for* HEALTH



**STRONG HEALTH SYSTEMS SAVE LIVES**



# 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.







## Dear Colleagues,

For more than five decades, MSH has pursued a singular vision of a world where everyone, everywhere, has the opportunity for a healthy life. Working with communities in 150 countries to build strong, locally led health systems, MSH has alleviated immense human suffering and driven lasting, positive impact in some of the world's most challenging settings: in Afghanistan before, after, and now again during Taliban rule; in South Africa, emerging from apartheid and confronting the fury of the AIDS epidemic; in Ukraine amid invasion and war; and in countries battling tuberculosis, malaria, Ebola, plague, cholera, COVID-19, and a staggering range of natural and human-made disasters.

In January 2025, another crisis shook us: the rapid dismantling of the US foreign assistance infrastructure left us—and many of our partners around the world—scrambling for survival. Dozens of contracts were canceled, programs shuttered, hundreds of employees lost their jobs, and countless people lost access to essential health services.

Despite the scope of these challenges, we're making demonstrable progress. Across Africa, Asia, Europe, and Latin America, our programs continue to deliver important results—training frontline health workers, improving access to medicines, mobilizing domestic resources for health, and supporting regulatory reforms, to name a few.

Although we're a smaller organization than we were a year ago, our commitment to saving lives—and our expertise in doing so—remains unchanged. We continue to help countries adapt science-based, locally driven solutions to deliver lifesaving health care. We are reimagining our business model, seeking new and innovative partnerships, approaching diverse funders and donors, and working tirelessly to design more efficient solutions to health systems challenges.

As we look ahead, we draw inspiration from the people we serve—the individuals who overcome monumental challenges every day with courage, humor, and dignity. It is their struggles and their achievements that motivate us to build a world where everyone has the opportunity for a healthy life. Thank you for your continued support.

Sincerely,

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

**John Isaacson**  
Chair of the Board of Directors

“

*As we look ahead, we draw inspiration from the people we serve—the individuals who overcome monumental challenges every day with courage, humor, and dignity. It is their struggles and their achievements that motivate us to build a world where everyone has the opportunity for a healthy life. Thank you for your continued support.”*

# Ensuring Access to Lifesaving Medicines and Health Products

**A**ccess to essential health products and medicines—whether to stop the spread of infections or treat disease—should never be a gamble. Everyone deserves safe, high-quality health products that are dispensed correctly and priced affordably.

For more than 30 years, MSH has been a global leader in strengthening pharmaceutical and supply chain systems. We work alongside countries to build sustainable, self-reliant health systems by promoting good governance, efficient resource use, local leadership, private sector engagement, and technical expertise.

Our support includes enhancing regulatory frameworks and compliance; improving evidence-driven product prioritization, selection, and financing; optimizing warehousing and distribution; and building robust systems to deliver medicines to health care providers and patients. From pharmacist training and stock-monitoring software to adverse event reporting systems, we develop tools that ensure effective medicine management and high-quality pharmaceutical care at every level of the health system.



**Globally**, we are helping expand access to lifesaving tools to treat postpartum hemorrhage, a leading cause of maternal death. With the World Health Organization’s (WHO) updated guidelines recommending three new products—a heat-stable preventive medicine, an adjunct treatment for uncontrolled bleeding, and calibrated drapes to measure blood loss—countries must determine which products to procure, in what quantities, and how to integrate them into their health systems. With support from the Gates Foundation, MSH has updated its reproductive, maternal, newborn, and child health (RMNCH) forecasting supplement—now available in English and French—to guide accurate planning and ensure these essential tools reach every mother who needs them.

**In Ukraine**, through the Safe, Affordable, and Effective Medicines (SAFEMed) Activity—implemented with US Government support—we collaborated with LA Law Firm, Ukraine’s leading health care and life sciences law practice, and the Government of Ukraine in the development and adoption of 48 legislative acts that underpin some of their most impactful pharmaceutical reforms. These reforms have benefited millions, even during wartime. Achievements include the expansion of the Affordable Medicines Program, the institutionalization of health technology assessment (HTA), and strengthened oversight and efficiency in medicine procurement.





“

*Working closely with the Ministry of Health and the Ethiopian Pharmaceutical Supply Service, we are helping modernize public health procurement with a hybrid, multi-vendor sourcing strategy that balances national price controls with local contracting.”*

**In Uganda**, through the US-funded Strengthening Supply Chain Systems Activity, MSH provided technical assistance to develop and begin implementing the 10-Year National Health Supply Chain Roadmap. This landmark strategy offers a clear path for the government to plan, finance, and manage a resilient, efficient health supply chain system while reducing donor dependency. A cornerstone of MSH’s effort was the end-to-end digitalization of the supply chain to increase real-time visibility of stock status, improve commodity security and safety, and reduce waste and potential loss. The roadmap also prioritizes adequate staffing, reliable electricity, and internet connectivity across all health facilities. MSH’s support has strengthened performance and management of Uganda’s health supply chain, resulting in increased domestic funding for health and greater availability and access to medicines and health supplies in both public and private nonprofit health facilities nationwide.

**In Ethiopia**, we are driving bold supply chain reforms through the US-funded Supply Chain Strengthening Activity. Working closely with the Ministry of Health and the Ethiopian Pharmaceutical Supply Service, we are helping modernize public health procurement with a hybrid, multi-vendor sourcing strategy that balances national price controls with local contracting. The ministry’s endorsement of the National Supply Chain Maturity Assessment tool marks a key step toward long-term sustainability. As State Minister H.E. Frehiwot Abebe stated, this tool is a strategic instrument for embedding supply chain maturity into the health system—ensuring lasting impact beyond the life of the project.

# Financing Health

A well-financed health system ensures that:

- Funds are allocated based on actual needs, guided by a clear understanding of both complex budgets and the true costs of delivering care
- Resources reach local health facilities promptly, health workers are paid on time, and essential medicines are available when needed
- User fees are eliminated or kept at affordable levels, while insurance and other prepayment schemes protect families from catastrophic out-of-pocket expenses

- Health workers are motivated through performance-based incentives to provide high-quality, patient-centered care

We support countries in mobilizing domestic and external resources for health and using them more efficiently. This includes making health budgets more transparent, improving accountability, and introducing innovative financing models—such as results-based financing and inclusive health insurance programs—to ensure that everyone can access the care they need, when they need it.



**In India**, we partnered with the National Health Systems Resource Centre to identify financing gaps in five key national health programs—laying the groundwork for smarter, equity-focused health investments. Using MSH’s Pro-CAP tool and a hybrid costing approach, we analyzed current funding levels versus the resources needed to meet national targets for noncommunicable diseases, tuberculosis (TB), vector-borne diseases, mental health, and trauma and burns. The findings provide Indian policymakers with a practical, evidence-based roadmap to align health financing with program goals and accelerate progress toward universal health coverage (UHC).





“

*Globally, we are helping countries strengthen sustainable financing for TB through the TB Financial Sustainability Index (TB FSI), a self-assessment tool developed by the Health Systems for TB project led by MSH.”*

**Globally**, we helped countries strengthen sustainable financing for TB through the TB Financial Sustainability Index (TB FSI), a self-assessment tool developed by the Health Systems for TB project led by MSH, with support from the US Government. TB FSI helps countries evaluate and improve their planning, budgeting, and efficient use of domestic resources to close funding gaps as donor support declines. Piloted in Ethiopia, the Philippines, and Kyrgyz Republic, the tool guides national programs in creating action plans that ensure long-term, equitable funding—advancing progress toward ending TB worldwide.

Our work to institutionalize HTA—a key tool for more efficient, evidence-based health spending—continues to grow. Through the Evidence-Based Policy and Advocacy Academy, MSH and Sanofi are equipping patient advocacy groups in **Türkiye and beyond** to influence HTA decisions by incorporating lived experience into policy.

**In Ukraine**, the SAFEMed Activity piloted hospital-based HTA at a leading cardiovascular institute and convened over 240 health leaders to explore how HTA can improve care quality, optimize resources, and strengthen decision-making at the facility level.



# Supporting the Health Workforce

**H**ealth systems cannot function without health workers. Yet the WHO projects a shortfall of more than 18 million health workers by 2030—most acutely in low- and lower-middle-income countries. Addressing this crisis requires more than just increasing numbers; it demands that health workers have the right skills, are in the right locations, and are available when needed.

To meet these challenges, countries need low-cost, high-impact solutions to strengthen the capacity and performance of both health care providers and health system leaders and managers.

We support smarter workforce planning, scalable digital and blended learning, national learning management systems, integration of training with supervision and performance monitoring, and alignment with accreditation and continuous professional development. By moving beyond traditional, resource-heavy training models, we help countries build resilient health systems that deliver better care at lower cost—while embracing innovations in mobile and AI technologies to enhance learning and impact.



**In Madagascar,** we launched an RMNCH e-learning platform for frontline health workers—in partnership with the Ministry of Public Health and our consortium partners under the US-funded Accessible Continuum of Care and Essential Services Sustained Program (ACCESS) program. The platform provides training and capacity building for nurses, midwives, and other health center staff through engaging, WHO-aligned courses accessible via an application on a smartphone or tablet. Learners progress from online modules to hands-on skills labs run by the Ministry, earning certification upon demonstrating competency. To support sustainability, we helped establish a national e-learning coordination committee and strengthened Ministry capacity to manage and oversee the platform.

**In Afghanistan,** we are strengthening maternal and newborn health through a project that builds on MSH's clinical quality models from the US-funded Assistance for Families and Indigent Afghans to Thrive project and the ACCESS program in Madagascar. Focused on boosting frontline health worker capacity through low-dose, high-frequency training, on-site mentoring, and clinical skills labs, the team has trained hundreds of providers, set up skills labs across all participating provinces, and begun institutionalizing group antenatal and postnatal care—all within the first year of implementation.





“

*Through Utz' Na'n, MSH has introduced innovations such as group antenatal care and strengthened the use of data to guide care delivery, while also building capacity for accurate tracking and recordkeeping.”*

**In Ghana and Rwanda**, the MSH-led Primary Health Care (PHC) Performance Management Activity, funded by the Gates Foundation, is working with District Health Management Teams (DHMTs) to strengthen PHC performance through the PHC Leadership Development Program (PHC-LDP). We convened 30 health leaders from four districts—North Tongu and Akuapim South in Ghana and Gicumbi and Bugesera in Rwanda—for a cross-country learning workshop in Kigali, Rwanda. The workshop fostered collaboration, promoted data-driven decision-making, and highlighted adaptive leadership. Through site visits, peer exchanges, and reflections on the PHC-LDP, teams shared solutions, mapped sustainability strategies, and committed to scaling effective practices—demonstrating the power of local leadership in building resilient PHC systems. In the most recent improvement cycle, local leaders applied data and the PHC-LDP to address maternal anemia, expand midwife outreach, reduce variations in childhood vaccine uptake, and strengthen service readiness.

**In Guatemala**, the Healthy Mothers and Babies project (known locally as Utz' Na'n) is strengthening maternal and newborn health by expanding access to culturally appropriate antenatal and postnatal care in indigenous communities across Quetzaltenango, San Marcos, Sololá, and Totonicapán. Central to the project's success is training and equipping local health actors—including more than 3,500 traditional birth attendants (comadronas), health providers, and community leaders—to deliver respectful, high-quality care. Through Utz' Na'n, MSH has introduced innovations such as group antenatal care and strengthened the use of data to guide care delivery, while also building capacity for accurate tracking and recordkeeping. In 2024, MSH received a three-year extension to expand the project's reach and scope, including greater focus on nutrition during the crucial 1,000 days between a woman's pregnancy and her child's second birthday. Today, the project covers 18% of the country and continues to invest in local systems, youth engagement, and participatory planning with communities to ensure sustained impact for mothers and babies.



# Addressing Persistent Health Challenges

**W**ith more than 50 years of experience and technical expertise, we are at the forefront of addressing some of the world's most urgent health challenges—from developing innovative strategies to combat TB to managing the growing burden of noncommunicable diseases.

We collaborate closely with public, private, and community partners across all levels of the health system. Together, we strengthen the capacity needed to prevent, prepare for, respond to, and recover from public health threats—safeguarding lives and improving wellbeing around the world.



As climate change intensifies health challenges—such as the shifting patterns of vector-borne diseases—MSH works with countries to design and implement solutions that both strengthen health systems and reduce their environmental impact. **In Ukraine**, an award-winning public-private partnership, facilitated by the MSH-led SAFEMed Activity, helped reduce the country's health supply chain carbon

footprint by optimizing delivery routes and replacing gasoline-fueled vehicles with electric ones—resulting in a reduction in CO<sub>2</sub> emissions from 2,290 kg to 160 kg per year and by 272 tons overall. Medicine warehouses are now being outfitted with smart temperature controls and solar panels to cut reliance on fossil fuels. **In the Philippines** and **Tanzania**, the US-funded Medicines, Technologies, and Pharmaceutical Services (MTaPS) program supported improvements in medical waste management, helping reduce landfill use and promote cleaner, more efficient incineration practices that protect both public and environmental health. Meanwhile, our health financing team has helped countries like

**Bangladesh, Brazil, Colombia, Indonesia, and Nigeria** identify financing sources for Wolbachia mosquito control initiatives—an innovative method to combat the rising threats of dengue, chikungunya, and Zika.

As noncommunicable diseases surpass infectious diseases as the world's leading killers, tobacco use remains a major driver of this growing burden. In Africa, tobacco-related deaths are projected to double by 2030. Through the Tobacco Policy Action Fund for Africa (TOPAFA), and with support from the Gates Foundation, MSH is working with governments in sub-Saharan Africa to strengthen policy and accelerate the implementation of proven tobacco control measures. By combining targeted technical assistance with results-based grants and peer-to-peer learning, TOPAFA supports countries in advancing their national priorities. To date, the project has worked alongside **10 African governments** to reduce tobacco use, improve public health, and protect millions of lives for generations to come.

**In Cameroon**, as a core partner under the Reaching Impact, Saturation, and Epidemic Control (RISE) consortium, funded by the US Government, we are supporting national efforts to integrate HIV prevention and treatment into the country's UHC framework. Working with the Ministry of Public Health, we have helped develop a consolidated package of HIV services, standardized clinical protocols, a national accreditation system for UHC reimbursement, and regional communication strategies to drive implementation. Since the UHC launch in April 2023, we have supported outreach and enrollment efforts that have registered more than 3.4 million people—including nearly half a million people living with HIV—ensuring free, sustainable access to essential





“

***Central to this effort were nearly 14,000 community health volunteers (CHVs) who received ongoing support to deliver malaria prevention and management services at the community level.”***

HIV services. Our work also includes building trust in the new system through community engagement, digital enrollment tools, and targeted communication campaigns, laying the groundwork for expanded coverage of other chronic conditions and greater access for underserved populations.

**In Ethiopia**, we are advancing the fight against TB by promoting a collaborative, community-driven approach to elimination. Working alongside the Ministry of Health and in partnership with the US Government and the KNCV Tuberculosis Foundation, MSH contributed to the design of a combined package of TB interventions that emphasizes participatory processes and local ownership. By engaging health care providers, government officials, and community members, the approach ensures that interventions are context specific, culturally appropriate, and responsive to on-the-ground realities. Community engagement is at the heart of it, helping to improve early diagnosis, strengthen treatment adherence, and reduce stigma. The combined intervention package also addresses critical social determinants—such as poverty, nutrition, and access to care—and highlights the

role of government in using local evidence to guide decision-making and tailor interventions to the unique needs of different regions.

**In Madagascar**, the US-funded ACCESS program worked with the Ministry of Public Health and the National Malaria Control Program to strengthen community-based strategies that bring malaria prevention and treatment services closer to those in need. Central to this effort were nearly 14,000 community health volunteers (CHVs) who received ongoing support to deliver malaria prevention and management services at the community level. Through the malaria Integrated Community-Based Intervention (ICBI) approach—including active management of malaria through home visits, malaria case management at community sites, preventive treatment for pregnant women (IPTp), and pre-referral care for children under five—CHVs reached more than 180,000 people between 2023 and 2024, tested nearly 58,000 fever cases, treated 96% of confirmed malaria cases promptly, and provided IPTp to over 9,000 pregnant women. ACCESS also contributed to national efforts, integrating ICBI data into the District Health Information System (DHIS2).





## Nigeria: Improving Health *in* Africa's Largest Country

In one of the world's most populous countries, our programs work in collaboration with Nigeria's Federal Ministry of Health, an array of local and regional organizations, frontline health workers, and communities to prevent disease, establish effective policies, address gaps in the health supply chain, and strengthen leadership and management within the health sector. Our work has improved the quality of and access to malaria services, bolstered HPV vaccination, strengthened tobacco control measures, and increased the country's capacity to address antimicrobial resistance.

## Combating Malaria

Nigeria accounts for a quarter of global malaria cases and a third of malaria deaths. With support from the US President's Malaria Initiative and the Global Fund, MSH worked across 21 states and at national level to prevent, diagnose, and treat malaria—partnering closely with National and State Malaria Elimination Programs. From distributing insecticide-treated nets and delivering seasonal malaria chemoprevention to strengthening supply chains and data systems, our efforts prioritize children under five and pregnant women. We've improved treatment accuracy through better diagnostics and helped enhance and strengthen the use of tools like the National Malaria Data Repository, contributing to a drop in test positivity rates—from 82% to 54% in Ebonyi State alone. We also supported domestic resource mobilization and the establishment of national and state-level frameworks for sustainable malaria funding.

At the heart of our work are empowered community health workers and everyday Nigerians taking action—using bed nets, requesting diagnostic tests, and embracing prevention. Through partnership, innovation, and local leadership, we are not only reducing malaria but also paving the way for its eventual elimination.

## Advancing HPV Vaccination

In 2023, Nigeria introduced the HPV vaccine to prevent cervical cancer—the second leading cause of cancer deaths among women in the country. By mid-2024, 70% of girls aged 9 to 14 had been vaccinated. With funding from

the Gates Foundation, MSH is working with national and state health agencies and local organizations to generate evidence—including costing and financial analyses—to inform policies and strengthen vaccine delivery in Kano, Kaduna, and Lagos States. This work supports long-term sustainability of HPV vaccination and reinforces broader immunization systems.

## Confronting Antimicrobial Resistance

Antimicrobial resistance poses a growing threat to health systems, fueled by the misuse of antibiotics in both human and animal health—where up to 80% of global antibiotic use occurs, often without veterinary oversight.

Through the MTaPS Program, funded by the US Government, we worked with national partners to expand multisectoral coordination on antimicrobial resistance—co-developing the 2023–2028 National Action Plan, strengthening antimicrobial stewardship programs, and building sustainable governance systems.

Through the ongoing Fleming Fund Phase 2 Country Grant, we are advancing a “One Health” approach that bridges human, animal, and environmental sectors—improving laboratory capacity and biosecurity, strengthening regulatory frameworks, and increasing public awareness. Community-centered efforts—including town hall meetings, school-based education, and media outreach—are helping shift behaviors and reduce inappropriate antimicrobial use.





# Statement of Revenue and Health Area Funding

Year ending June 30, 2024, drawn from financial statements

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

Grants & Program Revenue	\$166,690
Contributions	\$277
Investment & Other Income	\$1,720
<b>TOTAL</b>	<b>\$168,687</b>

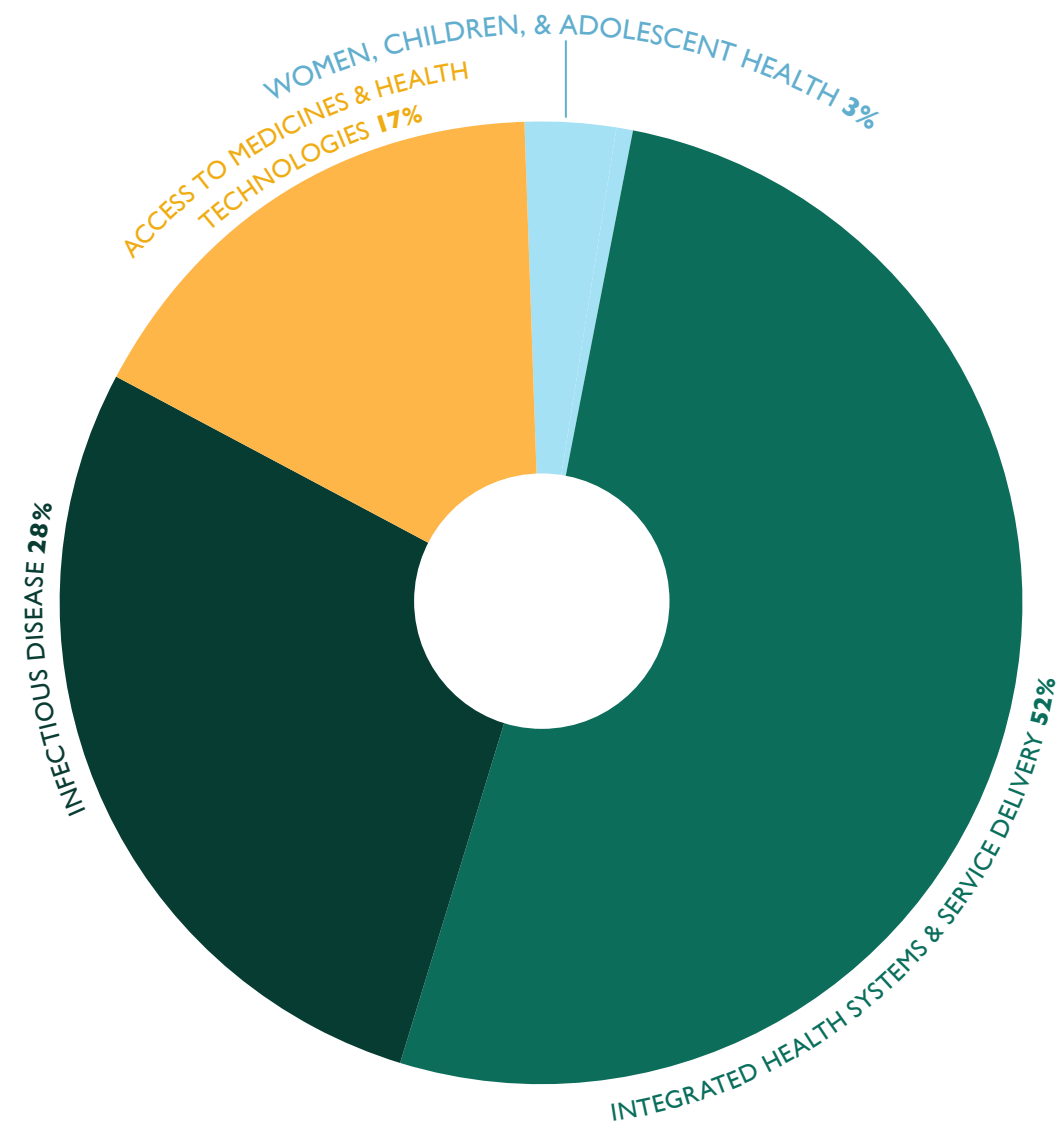
Program Expense	\$127,495
Management & General	\$39,541
Fundraising	\$10
<b>TOTAL</b>	<b>\$167,046</b>

Revenue in Excess of Operating Expenses	\$1,642
Foreign Currency Adjustments	(\$197)
Realized Gain on Investments	\$288
Unrealized Gain on Investments	\$1,275
<b>NET CHANGE IN ASSETS</b>	<b>\$3,008</b>

## STATEMENT OF FINANCIAL POSITION

Cash & Equivalents	\$18,177
Investments	\$17,197
Grants & Contracts Receivables	\$6,643
Unbilled Receivables	\$17,234
Other Receivables	\$1,345
Prepaid Expenses	\$5,098
Other Current Assets	\$1,262
Property & Equipment	\$409
Right of Use Assets	\$6,296
<b>TOTAL ASSETS</b>	<b>\$73,661</b>

Liabilities	\$32,729
<b>Net Assets</b>	<b>\$40,932</b>



## Sources of Support

July 1, 2023 through June 30, 2025

### FOUNDATIONS & CORPORATIONS

Conrad N. Hilton Foundation

Fleming Fund

Founders Pledge

Give Lively Foundation Inc.

International Development Association

International Federation of Pharmaceutical Wholesalers

James M. & Cathleen D. Stone Foundation

Margaret A. Cargill Philanthropies

Network for Good

Partnership for Child Health Care

Sanofi

The Dockendorff Family Fund

The Fish Family Foundation

The Gates Foundation

The Isaacson Family Fund

### GOVERNMENT & INTERNATIONAL AGENCIES

Foreign, Commonwealth & Development Office (formerly DfID)

General Services Administration (GSA)

Institut Pasteur de Cote d'Ivoire

Kingdom of Morocco

The Global Fund to Fight AIDS, Tuberculosis and Malaria

UNICEF

US Agency for International Development (USAID)

World Health Organization (WHO)

### NONGOVERNMENTAL ORGANIZATIONS, HEALTH ORGANIZATIONS, & UNIVERSITIES

Abt Global

Amref Health Africa

Center for Health Solutions-Kenya

Coalition for Epidemic Preparedness Innovations (CEPI)

Empower Swiss Särl

Health Systems Consult Limited (HSCL)

Jhpiego

Joint Medical Store-Uganda

Linksbridge SPC

PSI Washington DC

Southbridge A&I

The George Institute for Global Health

The Max Foundation

University of Ghana

Zimbabwe Health Interventions

### INDIVIDUALS

Alison Ellis

Ann S. Buxbaum

Bernard Nahlen

Beth deHamel

Christine Pilcavage

Dan Schwarz & Jafet Arrieta

Don Jason DeCamp

Geoffrey Rogers

Gordon Comstock

Ila Asplund

Ileana Fajardo

Irene Idicheria & Nate Tiller

James Case

Jeanne Haught

John Dwyer

John Masterson

Katherine Luzuriaga

Kathleen & Pablo Alvarez

Latanya Mapp Frett

Leslye Obiora

Maria Pia Sanchez

Marian W. Wentworth

Marianne DiMascio

Martha Greer

Mary O'Neil

Maryellen Glennon

Matthew Gameda

Nankhonde Kasonde-van den Broek

Nina Breygin

Peter Buijs

Peter N. Cross

Richard Powell

Robert Liner

Ron & Sharon O'Connor

Sara Wardell

Stephen Carr

Sylvia Vrisendorp

W. Gyude Moore

William Holmes

## BOARD OF DIRECTORS

John Isaacson

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

Peter Buijs

*Former Chief Financial Officer, CARE USA*

Dr. A. Mushtaque Chowdhury

*Professor of Population and Family Health, Columbia University; Former Vice Chair and Executive Director, BRAC*

Dr. John Paul Clark

*Former Lead Health Specialist and Advisor in the Health, Nutrition and Population Global Practice, World Bank*

Beth deHamel

*Chief Financial Officer and Vice President of Operations, Conrad N. Hilton Foundation*

Nankhonde Kasonde-van den Broek

*Lead Consultant, Nankhonde Kasonde Consultancy; Founder and CEO, ZANGA African Metrics*

Latanya Mapp

*President and CEO, Rockefeller Philanthropy Advisors; Former President and CEO, Global Fund for Women*

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*

Dr. Bernard Nahlen

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

Dr. Magda Robalo

*President and Co-founder, The Institute for Global Health and Development of Guinea-Bissau*

## LEADERSHIP TEAM

Marian W. Wentworth

*President and Chief Executive Officer*

Olumide Elegbe

*Director, Global Partnerships & Strategy, Lead for MSH Advisory Services*

Kathryn Erskine

*Chief People and Culture Officer*

Matthew Gameda

*Associate Vice President of Internal Audit*

Deborah Rubbens Hutchison

*Chief Operating Officer*

Dana Sandstrom Keating

*Vice President of Strategic Partnerships and Innovation*

Dr. Dan Schwarz

*Chief Medical Officer*

Dianna O'Sullivan

*Controller and Chief Financial Officer*

As of September 2025



# Where We Worked *in* 2025

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

## THE AMERICAS

Argentina  
Brazil  
Canada  
Chile  
Colombia  
Guatemala  
Panama  
Peru  
Uruguay

## EUROPE

Belgium  
France  
Netherlands  
Spain  
Ukraine  
United Kingdom

## ASIA & THE MIDDLE EAST

Afghanistan  
Bangladesh  
India  
Indonesia  
Jordan

## AFRICA

Benin  
Burkina Faso  
Cameroon  
Democratic Republic of the Congo  
Ethiopia  
The Gambia  
Ghana  
Kenya  
Liberia  
Madagascar  
Malawi  
Mali  
Nigeria  
Rwanda  
Uganda  
Zambia  
Zimbabwe

37  
Countries

1,900+  
Total staff


15  
US small  
businesses MSH  
partnered with

1,600+  
Staff outside  
of the US

86%  
Of MSH personnel in  
countries or regional  
offices are from the  
country or region  
where they work.

77  
Local partner  
organizations  
MSH worked with

 Countries where MSH has project offices

 Countries where MSH has small grants and consultancies



# Stronger Health Systems. Greater Health Impact.




## Partner *with* Us

At MSH, we partner with countries to strengthen local health systems and sustain the delivery of equitable, people-centered primary health care. We go where our expertise and partnerships can catalyze the greatest impact. When partners and donors ask what sets us apart, they point to our deep technical expertise and our trusted relationships with ministries of health and local leaders. That combination—world-class knowledge and strong local partnerships—defines our approach and drives our strategy.


Scan this code to  
partner with us.



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

 [linkedin.com/company/management-sciences-for-health](https://www.linkedin.com/company/management-sciences-for-health)

 [Facebook.com/ManagementSciencesforHealth](https://www.facebook.com/ManagementSciencesforHealth)

 [Youtube.com/MSHHealthImpact](https://www.youtube.com/MSHHealthImpact)