ANNUAL REPORT
2025

BUILT ON COMMITMENT

DRIVEN BY RESULTS

MANAGEMENT SCIENCES
for HEALTH

msh
Management Sciences *for* Health

About Management Sciences *for* Health

Who We Are

Management Sciences for Health (MSH) is a global nonprofit organization that works with governments, health institutions, communities, and the private sector to strengthen health systems and expand access to quality care. Together, we help build resilient, sustainable systems that improve health outcomes and advance country priorities.

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,

The past year fundamentally tested the global health sector. Development assistance fell sharply as major funders realigned or withdrew support, placing increased pressure on governments already operating within significant fiscal constraints. Leaders were suddenly asked to do far more with far less while remaining fully accountable for the health of their populations. The human impact of these shifts has been profound, and the full consequences are still unfolding. For many, it was a year of impossible tradeoffs.

MSH has not been immune to the same forces reshaping the global health landscape. We have made deliberate choices to adapt—refining how we operate, how we partner, and where we focus—so we can continue standing alongside governments at a time when that partnership matters most. We have emerged smaller and more agile, clearer and more audacious about the role we are uniquely positioned to play.

As part of that evolution, we expanded investments in advisory capabilities focused on financing, governance, institutional strengthening, and systems transformation. These capabilities respond directly to growing demand from governments navigating difficult decisions around prioritization, transition, sustainability, and accountability.

Implementation remains central to who we are. Across the countries where we work, MSH continues to provide deep technical engagement and operational support alongside governments and local partners. But countries increasingly need trusted partners who can align priorities, mobilize resources, strengthen institutions, and turn strategy into sustainable action. Our advisory work is intended to complement and extend our implementation experience—not replace it.

Importantly, these shifts have not changed our strategic direction; they have reinforced it. The strategy we defined for 2023–2030 remains aligned with the realities countries are navigating today: strengthening locally led systems, mobilizing sustainable financing, advancing equity, supporting evidence-based decision-making, and enabling governments to lead lasting change. The path toward good health and wellbeing depends on strong institutions, accountable systems, and sustained investment in people and communities.

> *"Thank you for standing with us."*

A new initiative with the Mastercard Foundation to support the reskilling and upskilling of 44,000 community health workers across 17 states in Nigeria is one example of what this looks like in practice. Beyond expanding the workforce, the effort is designed to strengthen the systems and institutions that sustain care over time. As we deepen relationships with governments, philanthropies, multilaterals, and private-sector partners, we are seeing strong alignment with MSH's model—rooted in country priorities, invested in local ownership, and focused on sustainable progress. In a more constrained and more accountable environment, this approach is resonating strongly with governments and partners alike.

For 55 years, MSH has worked alongside governments to strengthen the systems that deliver health care: the workforces, supply chains, financing mechanisms, and governance structures that make consistent, quality care possible. We have done this work in fragile states, in conflict-affected settings, and in countries balancing urgent health needs with constrained resources. Across these contexts, we have consistently operated at the intersection of service delivery, financing, and governance—where lasting systems performance is built.

The expertise, relationships, and operational experience we have built over decades are precisely what this moment demands, and we are ready to meet it—guided, as we have always been, by the belief that everyone, everywhere, deserves the opportunity for a healthy life.

Thank you for standing with us.

Sincerely,

Marian W. Wentworth
President and Chief Executive Officer

John Isaacson
Chair of the Board of Directors

Built *to* Deliver

Health systems deliver when people, medicines, and services work together reliably. Strong systems depend not only on what is available, but on whether leaders have the workforce, infrastructure, and operational capacity to bring care to people consistently, especially where needs are greatest.

Supporting the Health Workforce

The world faces a projected shortage of more than 18 million health workers by 2030, concentrated largely in the countries least able to absorb its effects. Closing that gap requires more than expanding training opportunities. It requires systems that can recruit, deploy, support, and retain health workers throughout their careers.

In **Nigeria**, millions of people remain beyond the reach of essential services, in part because community health workers are too few and unevenly distributed. Through a partnership with the Mastercard Foundation, MSH Nigeria is working alongside national and state governments to reskill and upskill 44,000 community health workers across 17 states. The initiative strengthens the systems that support long-term workforce performance, including digital tools, institutional capacity, and government-led structures designed to sustain quality care over time.

Leadership and management capacity are equally essential to system performance. For decades, MSH's leadership development approaches have helped leaders strengthen problem-solving, teamwork, accountability, and results-driven management across health systems in more than 80 countries. Today, MSH continues to adapt and expand these approaches to meet evolving health system priorities.

In **Ghana and Rwanda**, MSH partnered with the Gates Foundation, ministries of health, and local organizations working at the national, district, and community levels to support district-led primary health care improvement efforts. Building on MSH's leadership development methodologies, district teams combined integrated data systems, local decision-making, and catalytic funding to identify priorities and lead locally designed solutions. Teams improved skilled delivery services, strengthened outreach into underserved communities, and improved data quality. For example, antenatal care coverage rose from 35% to 42% in Bugesera district, Rwanda, and the share of pregnancies affected by anemia fell from 36% to 26% in Ghana's North Tongu district. Together, these elements created a repeatable approach for turning local insight into measurable action.

Building and sustaining workforce capability is especially critical in fragile settings, where access to training and mentorship is often limited. In **Afghanistan**, decades of conflict disrupted health services, displaced providers, shuttered facilities, and weakened opportunities for continuous learning. MSH's clinical mentorship work across more than 50 facilities in 10 provinces supports continuous learning through low-dose, high-frequency approaches that strengthen skills over time. Nearly 700 health workers participated in more than 10,000 learning sessions focused on maternal and newborn care. The impact is reflected in the experience of women receiving care: among participants enrolled in group antenatal care, 82% correctly identified danger signs, 99% knew where to seek care, and all reported satisfaction with the care model. Together, these efforts demonstrate how investing in workforce development not only builds provider capability but also enhances the quality and responsiveness of essential health services.

Strengthening Supply Systems

For health systems to deliver, medicines and supplies must also reach facilities consistently, even in the face of instability and disruption.

In **Ethiopia**, ongoing conflict has created persistent challenges across the health system. Working alongside the Ethiopian Pharmaceutical Supply Service, regional health bureaus, and humanitarian partners, MSH supported efforts to strengthen supply systems at every level–from ministries and regional structures to individual health facilities. Where conflict made direct access difficult, private sector logistics providers bridged the gap, keeping commodities moving through the supply chain. In the final quarter of 2025 alone, these efforts enabled delivery of $8.7 million in HIV, tuberculosis (TB), malaria, and maternal health commodities to nearly 1,000 health facilities and offices across conflict-affected regions, supporting treatment and care for more than 1.3 million people. Working at every level from the Ministry of Health to individual facilities, MSH supported systems and governance improvements designed to strengthen the country's ability to manage its own supply chain sustainably.

Long-term investment in pharmaceutical and supply chain systems can also create resilience during periods of crisis. For more than 15 years, MSH has worked alongside the Ministry of Health in **Ukraine** to strengthen the country's pharmaceutical systems—building the procurement infrastructure, institutional capacity, and data systems that are now sustaining medicine access, even in wartime. Since 2018, Ukraine's Medical Procurement of Ukraine agency has generated more than $259 million in savings through centralized procurement reforms, reducing costs and improving access for patients. A recent hospital-based health technology assessment pilot further demonstrated how evidence-based procurement—selecting medicines based on clinical evidence and cost-effectiveness—can improve outcomes while making limited resources go further.

Built *to* Sustain

Across low- and middle-income countries, health systems face growing fiscal pressure. Declining development assistance, persistent underinvestment, and rising health costs are forcing governments to make increasingly difficult decisions.

Financing Health Systems for the Long Term

Increasingly, decisions shaping health systems are being made not only by ministries of health, but also by ministries of finance, planning, and other central government institutions responsible for allocating limited public resources. Translating health priorities into economic terms—demonstrating the fiscal consequences of underinvestment and the returns on sustained funding—is increasingly central to how MSH supports governments in making and defending long-term financing decisions.

In 2025, MSH led the modeling and analysis behind a landmark report released by Malaria No More UK and the African Leaders Malaria Alliance examining the economic implications of reductions in malaria funding. The findings were stark: severe cuts could contribute to nearly one million additional deaths and $83 billion in lost GDP **across Africa** by 2030, while sustained investment could generate $231 billion in economic gains.

In **Benin** and **Ethiopia**, MSH is applying the same logic at the country level by supporting costing analyses and investment planning that help governments understand the true cost of delivering primary health care and community-based services, build the evidence base needed to guide domestic financing decisions, and support long-term sustainability.

MSH-led modeling found that sustained investment in malaria could generate $231 billion in economic gains across Africa by 2030.

Strengthening Institutional Capacity to Coordinate and Respond

Delivering care today is only part of the challenge. Sustaining progress requires governments and institutions that can finance priorities, coordinate across sectors, use evidence, and lead through uncertainty. National Public Health Institutes (NPHIs)—government-led agencies that anchor disease surveillance, outbreak response, and health security infrastructure over time—are among the most durable investments a health system can make. Over five years, MSH worked with NPHIs in **Uganda**, **Malawi**, **Rwanda**, and **South Africa**, through a partnership funded by the U.S. Centers for Disease Control and Prevention. Tailoring support to each institution's mandate, priorities, and context, MSH provided technical assistance and institutional strengthening to reinforce countries' long-term capacity for public health preparedness and response. MSH also adapted its leadership development program for pandemics and implemented it with ministries of health and emergency response teams across: **Kenya**, **Malawi**, **Nigeria**, **Peru**, **Rwanda**, and **Uganda**. Building on methodologies first developed through MSH's Leadership Development Program, the adaptation supports countries facing evolving public health challenges.

In **Kenya**, the national medical training college incorporated the program into its health systems management curriculum, ensuring the work to coordinate outbreak response continues under national ownership.

Persistent threats like antimicrobial resistance (AMR) underscore why this institutional foundation matters. Because AMR affects human, animal, agricultural, and environmental systems simultaneously, effective responses require coordinated action across various government bodies. In **Nigeria**, MSH worked alongside the Nigeria Centre for Disease Control and Prevention, federal ministries responsible for health, environment, and agriculture to develop the country's Second National Action Plan on AMR, with support from Fleming Fund. Together, the partners strengthened cross-sector systems for surveillance, laboratory coordination, data sharing, and evidence use in clinical decision-making, program management, and reporting. At program close, assets and responsibilities were transferred to government institutions to support continuity and long-term sustainability.

Using Evidence to Adapt and Improve

The strongest health systems are those that continuously learn and improve. By generating and using evidence, governments can identify gaps, refine approaches, and scale proven solutions. Embedding learning into routine decision-making helps ensure health services become more effective, equitable, and responsive over time.

In **Nigeria**, where more than 12,000 women lose their lives to cervical cancer every year, progress depends not only on expanding access to vaccination and screening but also on building and supporting the use of the information system that lets governments track coverage and act on what they find. MSH is supporting the integration of cervical cancer screening and vaccination data into the national health information system, giving the government the evidence needed to plan, adapt, report, and reach more women with lifesaving care.

In **Guatemala's** western highlands, health providers are using data and peer learning to improve care for Indigenous women, mothers, and newborns. Through structured collaborative learning exchanges, health workers and district and departmental leaders share local results, identify effective practices, and adapt solutions developed in other communities—from group antenatal care and maternal surveillance to collaboration with traditional midwives and services for pregnant adolescents. This locally led learning has helped promising approaches move across districts and become embedded in the health system. MSH's group antenatal care model has now reached more than 47,000 pregnant women, and in July 2025, the Government of Guatemala adopted it as part of its national standards of care. Building on that progress, MSH is extending group care across the first 1,000 days, with more than 350 mothers already participating. The experience shows how creating mechanisms to generate, share, and act on local evidence can help governments continuously strengthen and scale responsive care.

Ethiopia: What Sustained Partnership Delivers

Long-term investment can strengthen far more than a single program area. In Ethiopia, more than two decades of collaboration have strengthened workforce capacity, diagnostic infrastructure, supply systems, community organizations, and government institutions that now support the country's broader health system.

Over that time, MSH has worked alongside Ethiopia's Federal Ministry of Health, regional health bureaus, local organizations, private sector partners, and communities across interconnected areas including TB prevention and control, pharmaceutical management, supply chains, and health system strengthening. Supported over many years through U.S. Government investment, these complementary partnerships have reinforced the systems and institutions that serve broader health priorities across the country.

Together, these investments have expanded community-based service delivery, laboratory and diagnostic infrastructure, supply-chain capacity, and integrated systems for managing care across multiple health areas and regions.

Scaling TB Diagnostics, Treatment, and Prevention

Ethiopia carries one of the world's highest TB burdens. Through the U.S.-funded Eliminate TB Project, MSH works with the National TB Program, regional health bureaus, private providers, and local partners—including Amhara Development Association, Oromia Development Association, and REACH Ethiopia—to strengthen diagnosis, treatment, and prevention across six regions.

Over the past year, these efforts expanded access to AI-supported portable chest X-ray technology for active TB case finding, increased molecular diagnostic coverage through GeneXpert and other molecular systems now available in 90% of districts, and supported the transition to shorter, more effective treatment approaches for drug-resistant TB. Community health workers across more than 443 health facilities helped extend these services to an estimated 18 million people.

These investments have contributed to stronger outcomes nationally. Annual TB case notification has increased from fewer than 100,000 cases to more than 152,000 as detection systems have strengthened nationwide. Treatment success rates for drug-susceptible TB now stand at 97%, exceeding WHO benchmarks. At the same time, domestic government financing for TB has increased by 88% since 2020, while catastrophic out-of-pocket costs among affected households have fallen substantially.

Building Stronger Systems for Broader Reach

Building on a long history of pharmaceutical management and supply-chain support in Ethiopia, MSH, through the U.S.-funded Supply Chain Strengthening Activity, works with the Ethiopian Pharmaceutical Supply Service and regional health bureaus to strengthen the systems responsible for delivering medicines and commodities nationwide. Working with local transport providers where government vehicles could not safely operate due to security risks, we helped maintain delivery routes to nearly 1,000 facilities across Amhara, Oromia, and Benishangul-Gumuz. These efforts have supported delivery of $8.7 million in HIV, TB, malaria, maternal health, and immunization commodities, helping provide treatment and care to 1.3 million people..

Alongside commodity delivery, the work is strengthening long-term government capacity. With our technical support, Ethiopia launched its first national supply chain maturity assessment and introduced new procurement approaches designed to reduce fragmentation and strengthen country-led management of the health supply chain system.

The Foundation for What Comes Next

The systems strengthened through these partnerships now support multiple health priorities. Diagnostic platforms expanded for TB increasingly contribute to broader disease surveillance. Community-based service models continue reaching populations beyond traditional care settings, while pharmaceutical and supply-chain systems support medicines and commodities across health areas.

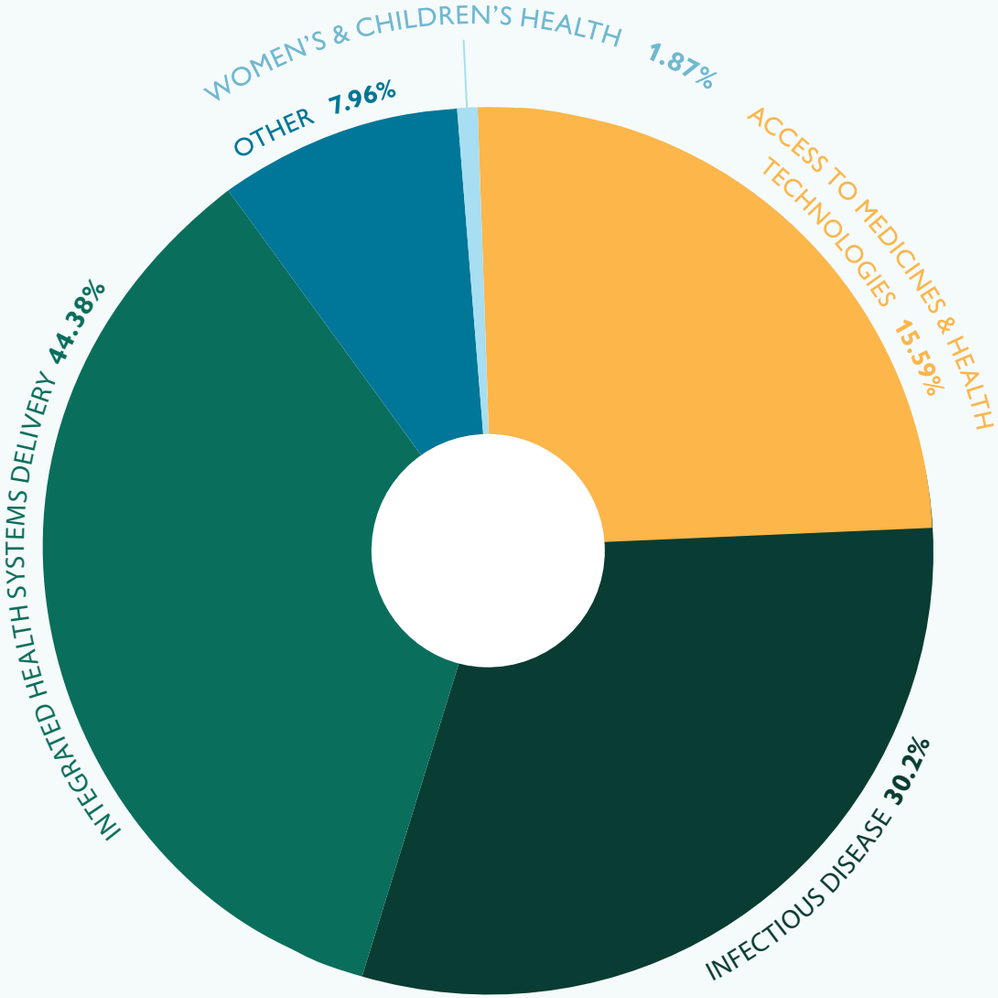
Important challenges remain, including strengthening regional capacity, sustaining progress in conflict-affected areas, and expanding access for pastoralist and displaced populations. But Ethiopia's experience demonstrates what sustained partnership, long-term investment, and country leadership can build over time: systems increasingly capable of delivering care, adapting to new challenges, and sustaining progress into the future.

Statement of Revenues *and* Health Area Funding

Year ending June 30, 2025, drawn from financial statements

STATEMENT of ACTIVITIES	(US $ amounts rounded to 000s)
Grants & Program Revenue	$127,766
Contributions	$298
Investment & Other Income	$1,080
Total Public Support and Other Revenue	**$129,144**
Program Expense	$93,369
Management & General	$38,290
Fundraising	$8
Total	**$131,667**
Operating Expenses in Excess of Revenue	$(2,523)
Foreign Currency Adjustments	$(2,473)
Realized Gain on Investments	$2,575
Unrealized Loss on Investments	$(1,662)
Net Change in Assets	**$(4,083)**

STATEMENT of FINANCIAL POSITION	
Cash & Equivalents	$44,202
Investments	$75
Grants & Contracts Receivables	$2,748
Unbilled Receivables	$3,712
Other Receivables	$211
Prepaid Expenses	$1,539
Other Current Assets	$104
Property & Equipment	$344
Right of Use Assets	$5,284
Total Assets	**$58,219**
Liabilities	$21,371
Net Assets, End of Year	**$36,848**



Donors *and* Sources *of* Support

Sources of support recognized from July 2024 through June 2026

MSH is grateful to the governments, foundations, corporations, and individuals whose partnership makes this work possible.

As the global health financing landscape evolves, MSH has made strategic investments to diversify its sources of support and strengthen long-term sustainability. Alongside the governments and multilateral institutions that have long anchored our work, we launched a renewed effort to engage philanthropic foundations, corporate partners, and individual donors who share our belief that resilient health systems save lives. We look forward to building new partnerships that help countries strengthen health systems, improve health outcomes, and sustain progress for years to come.

Foundations & Corporations

Brett & Leah Wartluft Charitable Trust

Cardinal Health

Conrad N. Hilton Foundation

Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)

Founders Pledge

Foundations and individual donors that have requested anonymity

Gates Foundation

Give Lively Foundation Inc.

Guidepoint Global LLC

Henshel Foundation

J&L Grabenstein Foundation

James M. & Cathleen D. Stone Foundation

Margaret A. Cargill Philanthropies

Mastercard Foundation

Melody Palmer Trust

Partnership for Child Health Care

Sanofi-Genzyme Corporation

The Dockendorff Family Fund

The Fish Family Foundation

The Isaacson Family Fund

Wellcome Trust

Government & International Agencies

Fleming Fund (UK Department of Health and Social Care)

UK Foreign, Commonwealth & Development Office (FCDO)

Gavi, The Vaccine Alliance

General Services Administration (GSA)

The Global Fund to Fight AIDS, Tuberculosis and Malaria

UNICEF

US Agency for International Development (USAID)

US Centers for Disease Control and Prevention (CDC)

US Defense Threat Reduction Agency (DTRA)

Bureau of Global Health, Security, and Diplomacy (GHSD), US Department of State

World Bank

World Health Organization (WHO)

Nongovernment Organizations, Health Organizations, & Universities

Amref Health Africa

Battelle Memorial Institute

Centre for Health Solutions—Kenya (CHS)

Coalition for Epidemic Preparedness Innovations (CEPI)

JHPIEGO

Linksbridge SPC

Malaria No More UK

Plan International Mali

The George Institute for Global Health (TGI)

The Max Foundation

Zimbabwe Health Interventions

Board *of* Directors

As of June 30, 2026

John Isaacson
Chair of the Board of Directors; Founder, Isaacson, Miller

John Ariale
Managing Director, GrayRobinson Washington, D.C.

Peter Buijs
Former Chief Financial Officer, CARE USA

Dr. A. Mushtaque Chowdhury
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Dr. John Paul Clark
Former Lead Health Specialist and Advisor in the Health, Nutrition and Population Global Practice, World Bank

Nanette Cocero
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Nmachi Jidenma
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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. Magda Robalo
President and Co-founder, The Institute for Global Health and Development of Guinea-Bissau

Dr. Manpreet Singh
Deputy Director for Strategy, Planning, and Management, Global Development Division at the Gates Foundation

Leadership Team

As of June 30, 2026

Marian Wentworth
President and Chief Executive Officer

Dr. Anita Asiimwe
Portfolio Director, Program Planning and Management

Amy Boldosser-Boesch
Senior Technical Director, Health Policy, Advocacy, and Engagement and Integrated Health Care

Chidozie Ezechukwu
Managing Director, MSH Nigeria

Ida Hakizinka
Acting Managing Director, Azura Sankofa

Jeanne Hamon
Director, Human Resources

Deborah Hutchison
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Dana Sandstrom Keating
Chief Development Officer

JoAnn Paradis
Director, Communications

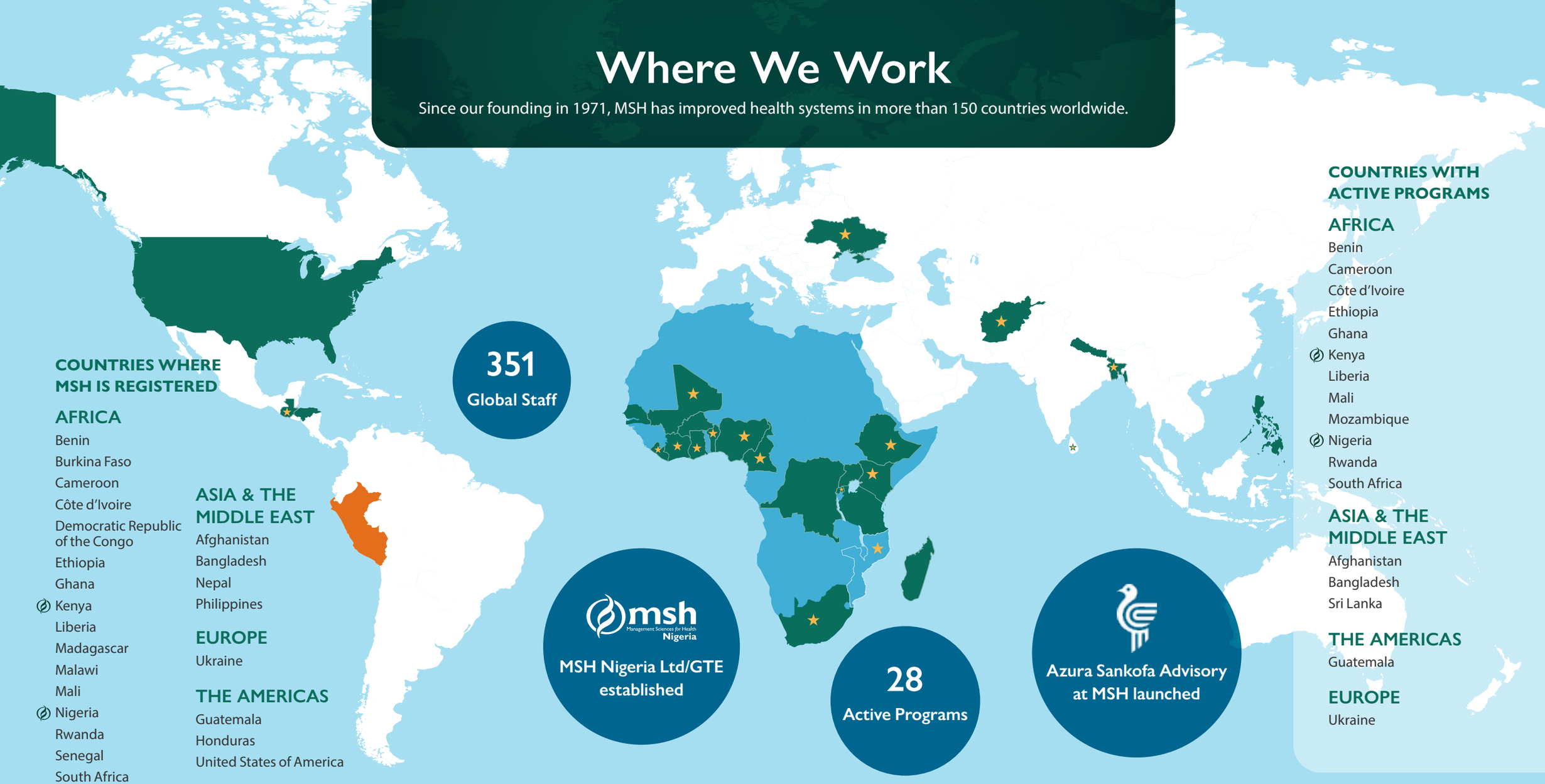
Dr. Dan Schwarz
Chief Medical Officer

Kathleen Sears
Senior Director, Business Development

Dianna O'Sullivan
Chief Financial Officer and Controller

Where We Work

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



COUNTRIES WHERE MSH IS REGISTERED

AFRICA

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

ASIA & THE MIDDLE EAST

Afghanistan
Bangladesh
Nepal
Philippines

EUROPE

Ukraine

THE AMERICAS

Guatemala
Honduras
United States of America

351
Global Staff

msh Management Sciences for Health Nigeria
MSH Nigeria Ltd/GTE established

28
Active Programs

Azura Sankofa Advisory at MSH launched

COUNTRIES WITH ACTIVE PROGRAMS

AFRICA

Benin
Cameroon
Côte d'Ivoire
Ethiopia
Ghana
Kenya
Liberia
Mali
Mozambique
Nigeria
Rwanda
South Africa

ASIA & THE MIDDLE EAST

Afghanistan
Bangladesh
Sri Lanka

THE AMERICAS

Guatemala

EUROPE

Ukraine

Countries where MSH is registered
Countries with active programs
MSH Peru (an MSH affiliate)
Azura Sankofa Advisory coverage area
Local subsidiaries of MSH

Registered and active program country lists reflect MSH's presence as of June 2026.

Our Partnership Models

One MSH, one mission, and four complementary ways to deliver impact. We bring together implementation experience, technical expertise, strategic advisory support, and locally rooted leadership—adapting how we work to each country's priorities.

Implementation

MSH partners with governments and local institutions to deliver complex health programs at scale—strengthening services, the health workforce, financing, supply chains, and data systems to achieve sustainable results.

Technical Assistance

We provide targeted expertise to help governments and institutions address challenges, strengthen capabilities, and put evidence into practice. Support is designed with partners and tailored to their systems and goals.

Strategic Advisory

Through Azura Sankofa Advisory, MSH helps governments and partners navigate financing, governance, and institutional priorities—including investment readiness, donor engagement, fiduciary systems, and resource alignment.

Country-Led Platforms

MSH works through locally established platforms that combine national expertise and operational capacity with access to our global experience and partnerships.

Working Together

These models can stand alone or work together, bringing the right capabilities to each partnership to advance country priorities and deliver lasting impact.

Stronger Health Systems. *Greater* Health Impact.

msh
Management Sciences *for* Health

Partner With Us.
msh.org