Health systems are strong when all sectors work together at all levels, as a unified whole, toward the ultimate goal of universal access to quality health services.

—Jonathan D. Quick, MD, MPH
President and Chief Executive Officer

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Photo: Glenn Ruga/MSH

Letter from the President

Dear Friends:

At Management Sciences for Health (MSH), we believe that strong health systems lead to greater heath impact. Health systems are strong when they work toward the ultimate goal of universal access to quality health services. They are strong when they work at all levels, from the household to the community to health facilities to national authorities. They are strong when all sectors—public, private, and civil society—work shoulder to shoulder, as a unified whole, to achieve the greatest health impact.

In more than 60 developing countries around the world, we are strengthening health systems by working with governments to build their leadership and governance capacity. At the same time, we are collaborating with civil society in those countries to build their capacity to deliver health services. We follow Lao Tzu's ancient wisdom: "*Start with what they have... Build on what they know... and when their task is accomplished... The people will all say... We have done it ourselves.*"

Photo: Suleiman Kimatta/MSH

Highlighted throughout this report are efforts we've made with our local partners in the past year to achieve important results: In Afghanistan, community health workers are increasing access to basic health services and modern contraception. In Tanzania, a new workforce of licensed drug dispensers, most of them women, are expanding access to quality medicines. In Nigeria, leadership training is increasing the number of people seeking counseling and testing for HIV. In Malawi, improved hospital practices and community outreach are decreasing tuberculosis deaths.

In Haiti, before the earthquake last January, our almost entirely Haitian staff, in partnership with the Haitian government, local and international NGOs, and USAID, had made significant strides toward improving maternal and child health in the country. These partnerships enabled us to provide immediate, far-reaching assistance and to deliver medicines widely within a few days after the earthquake. They also helped the government adapt its existing vision and health-sector strategies to the post-earthquake reality, while re-establishing basic health care services for its people.

None of these results could have been achieved without the generous support of our donors. We are grateful to the US and other governments, foundations, multilateral agencies, and donors from the private sector that have supported this work unwaveringly despite these difficult economic times.

I am encouraged that, together, we can continue to reduce maternal and child deaths; ensure prevention, treatment, and care for HIV & AIDS patients; and curb deaths from TB, malaria, and avian influenza. Sustainable, locally led progress to achieve this greater health impact depends on building stronger health systems.

With warm regards,

Jonathan D. Quick, MD, MPH

President and Chief Executive Officer

Cover Montage Photos: Glenn Ruga/MSH

Strengthening Health Systems

All photos: MSH staff except where noted

Health Impact

Expanding access to health care and empowering women by improving community drug shops in Tanzania

Along a red dirt road in Tanzania's Ruvuma region, the blue and yellow sign stands out like a beacon, announcing the presence of a *duka la dawa muhimu*, an accredited drug dispensing outlet (ADDO). Inside the clean, well-stocked, 8' x 10' shop, owner Frieda Komba provides reliable medical information and dispenses appropriate medicines and supplies for family planning, the prevention of HIV & AIDS, and the treatment of malaria and childhood diarrhea. She refers clients who require further care to the nearest clinic or hospital.

With MSH's support, the Tanzania Food and Drugs Authority trained and accredited Ms. Komba as a licensed drug dispenser, a new class of provider that is helping to fill the gap left by a scarcity of registered pharmacists. In Ms. Komba's region there are now more than 200 ADDOs and only one registered pharmacy to serve a population of 1.1 million. Each ADDO serves about 145 customers each month.

Across rural areas of Tanzania, MSH is expanding access to essential medicines and health information by supporting the accreditation of private-sector drug shops and the training of drug dispensers. The drug shops have been popular for their convenience but often sold substandard or incorrectly dispensed medicines. Through the ADDO program, with technical support from MSH, Tanzania is increasing people's trust in and use of the shops, empowering women by providing them economic opportunities, and strengthening Tanzania's health system.

The ADDO program, which began with funding from the Bill & Melinda Gates Foundation in 2003, has received funding for further development from the Rockefeller Foundation and USAID. Other donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, have also contributed to the expansion of the program.

Photos: Glenn Ruga/MSH

Frieda Komba, an ADDO owner and drug dispenser

HEALTH SERVICE DELIVERY

Providing essential medicines and health advice in the community

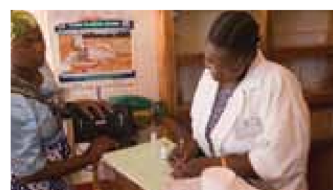
In 2009, MSH and the government of Tanzania expanded the ADDO program from four regions to 10 regions, increasing the number of shops like Ms. Komba's to more than 1,500 (an increase of more than 50 percent) and expanding coverage from 12 percent to nearly 40 percent of the country's population. Seven of the remaining 11 regions have secured funding from their local governments or other donors to implement the program within the next two years.

ADDOs put community-level prevention and treatment services within reach for many people. In a country where malaria is prevalent, ADDOs are the only privately owned outlets, aside from scarce pharmacies, that provide the most effective antimalarial medication: artemisinin-based combination therapy. A recent study of ADDOs in two regions that serve more than 2.5 million people revealed that in 2009 more than 300,000 people who previously did not have easy access to artemisinin-based combination therapy received treatment at ADDOs.

HEALTH WORKFORCE

Creating jobs for women who help their communities

Of the 4,000 people MSH helped train as licensed dispensers—a new employee base for the health care system—90 percent are women. These workers live in the communities they serve, and they invest their earnings there. "I have improved my income, and I can now help my family by paying for my nieces' and nephews' school fees," says Ms. Komba.



PHARMACEUTICAL MANAGEMENT AND HEALTH INFORMATION

Building local expertise in managing medicines and information

During her training, Ms. Komba learned the importance of purchasing medicines from authorized sources, using standardized storage and dispensing practices and keeping accurate business records. All licensed drug dispensers are required to keep records to facilitate monitoring, supervision, and inspection.

HEALTH FINANCING

Supporting program expansion and the financial stability of shops

MSH worked with Tanzanian authorities to reduce the cost of expanding the ADDO program by shifting implementation from the national to the district level, which allows multiple districts to work together at the same time.

To finance the cost of improving and sustaining the shops, the ADDO program connects shop owners to microfinance lenders. Ms. Komba financed renovations to her shop herself through a microloan facilitated by the program. To expand access to ADDOs for members of the National Health Insurance Fund, MSH worked with the fund to set standards to reimburse ADDOs for dispensing medicines.

LEADERSHIP AND GOVERNANCE

Strengthening leadership at all levels

The ADDO program has strengthened national and district-level health teams to provide leadership to shop owners, who in turn serve as leaders in their communities. The program also supports the formation of ADDO associations that help owners and dispensers work together to face challenges.

Health Impact

Building Skills for Better Prevention, Treatment, and Care of HIV & AIDS

An estimated 33 million people are living with AIDS, more than two-thirds of them in sub-Saharan Africa. While antiretroviral medicines are improving and prolonging lives in this region, nearly 60 percent of people who need treatment do not receive it. And the number of new HIV infections continues to grow.

In 35 countries, many of them in Africa, MSH works with partners to build the leadership, management, and technical skills of local people to increase access to HIV & AIDS services. These services include a comprehensive package of prevention, treatment, and care that is integrated with services for tuberculosis; family planning; and maternal, newborn, and child health so patients receive holistic care.

MSH empowers local leaders to build health systems that can sustain services, from education about stigmatization of people living with HIV to prevention of mother-to-child transmission of HIV. As a result, more people receive voluntary counseling and testing, more people receive and adhere to treatment, and fewer people become infected.

Photo: Glenn Ruga/MSH

KEEPING PATIENTS ON TREATMENT FOR HIV IN EAST AFRICA

In Kenya, Rwanda, Tanzania, and Uganda, MSH is working with national AIDS control programs to develop standard methods for maximizing the likelihood that patients will stay on antiretroviral therapy (ART) and take it correctly. If patients don't stay on treatment, they are likely to die; if they take ART incorrectly, the virus is likely to become resistant to treatment. Developing methods for helping patients continue with correct treatment improves treatment outcomes. The methods, which vary from country to country, include streamlining clinic appointment systems, improving patient follow-up, and offering incentives to clinic staff for successfully helping patients adhere to ART.

The national programs have helped clinics introduce appointment registers that assign blocks of time to patients and allow rapid identification of those who miss their appointments; establish protocols for calling or visiting patients who miss appointments; and introduce performance-based financing to compensate diligent staff.

Preliminary results show that these efforts have eased crowding and lessened waiting times at clinics—one clinic in Uganda reduced patients' average wait by more than an hour. These efforts have also enhanced teamwork among clinic staff, helped recruit new staff, and encouraged staff to start innovative programs for patients. One such program involved establishing neighbor groups to share responsibility for picking up medicines so patients don't have to visit the clinics as often.

LEADING THE WAY IN PREVENTING HIV IN NIGERIA

Auntie D, assistant director of the HIV & AIDS unit in Nigeria's Lokoja district, is a 2008 graduate of MSH's Health Professionals Fellowship Program, which strengthens participants' leadership skills and technical knowledge through support from USAID. In the program, Auntie D learned how to use voluntary counseling and testing to do more than increase diagnosis and treatment of HIV & AIDS. She learned to use it to prevent the spread of the virus and help people receive other health services, such as prenatal care or immunizations for children.

Photo: Amber Jamanka/MSH

After completing the fellowship program, Auntie D shared her new knowledge in hospitals, prisons, and orphanages in her region and trained 95 nurses. Just a few months after completing her outreach, the number of people receiving counseling and testing in four hospitals in her region rose from an average of 10 a day to nearly 100 a day.

In another district of Nigeria, a man named Mohammed learned that he had HIV and received counseling at a facility supported by MSH. The experience inspired him to provide HIV counseling to his friends and neighbors and become a volunteer counselor at the hospital. The hospital staff believes that Mohammed's dedication and energy led to a dramatic rise in testing. In November 2009, one month after Mohammed began his outreach, more than 400 people were tested, greatly exceeding the total of 350 people tested in the previous three months combined.

2009 Publications

MSH published a position paper, *Reversing the AIDS Epidemic through Third-Generation Health Systems*, which argues that HIV & AIDS services in the coming decade must be comprehensive and integrated—founded on health systems strengthening. A section of the paper appeared in the *Journal of AIDS* (vol. 52, no. 1, 2009: S34–7).

Health Impact

Breaking the Cycle of Tuberculosis

Nine million people worldwide contract tuberculosis (TB) every year, and every minute four people die from this disease. Untreated, a person with TB can infect 10 to 15 others a year through casual contact. Detection and treatment are critical to breaking this cycle of infection.

MSH helps improve detection and treatment of TB in more than 20 countries by working with international, national, and local partners to strengthen human resources, pharmaceutical and laboratory practices, and management systems. This includes developing strategies to manage drug-resistant TB and TB/HIV co-infection, as well as implementing DOTS, the internationally recommended treatment strategy.

With USAID's Tuberculosis Control Assistance Program (TB CAP), the STOP TB Partnership, and other global initiatives, MSH engages people affected by TB in preventing and controlling the disease, empowering them to strengthen the health system in the process.

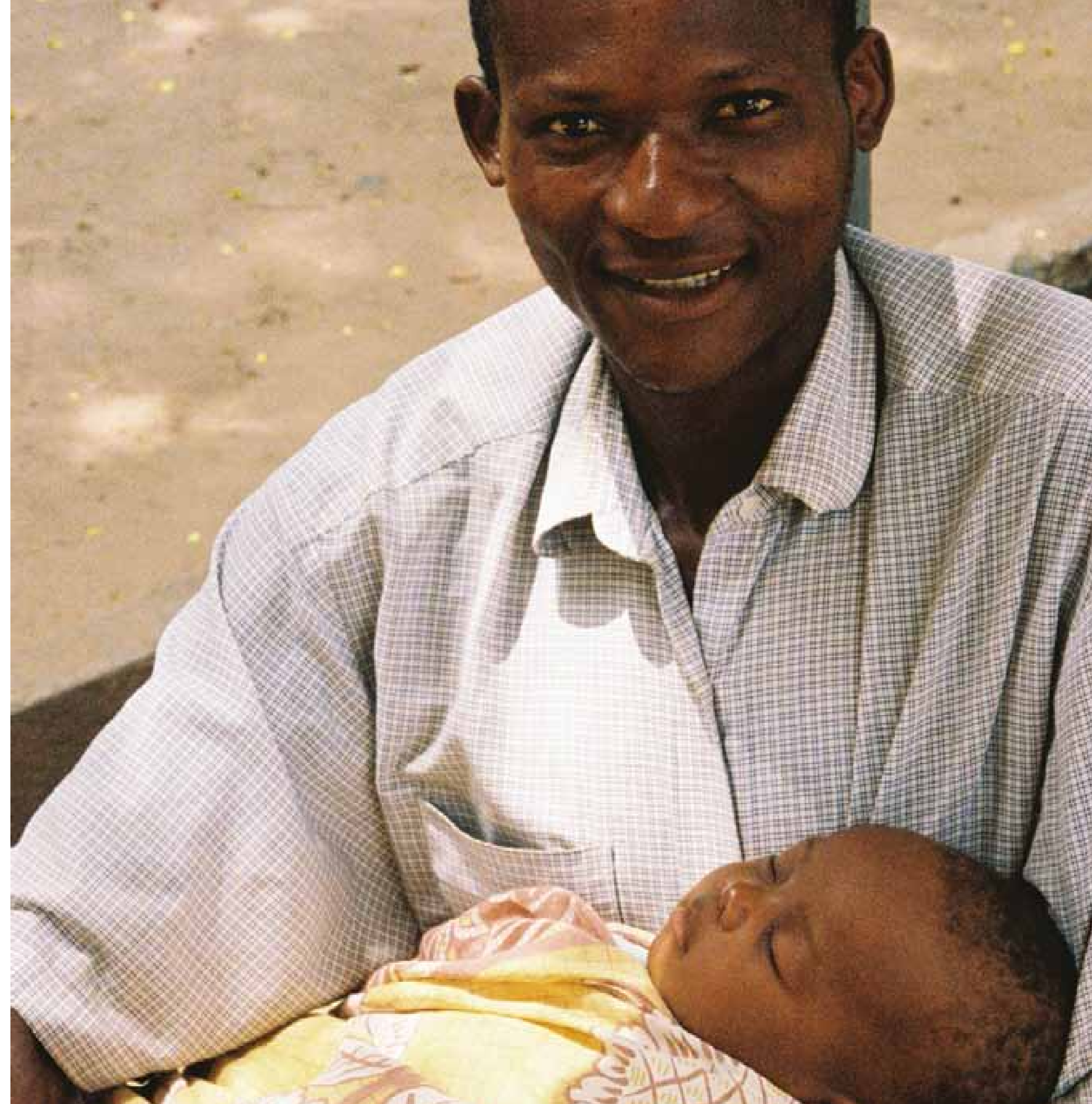


Photo: Chevenee Reavis/MSH

"This initiative has helped change the attitude of health workers and strengthened teamwork. [It] revealed the importance of every service provider in the management of TB," says Mr. Kasiya.

STEMMING TB DEATHS IN MALAWI BY ENGAGING ALL STAKEHOLDERS

During the rainy season in Malawi, people with symptoms of TB often delay getting to health facilities because they are busy in their gardens and the rainfall makes roads impassable. By the time they arrive, treatment is more difficult. In 2008, up to 17 percent of all hospitalized TB patients died.

To identify factors contributing to the deaths, MSH worked with Malawi's National TB Program to perform audits in Zomba and Mangochi district hospitals. The audits revealed that late patient arrival at the hospitals was not the only problem. Once there, patients were inadequately monitored; they were seen by a clinician only once and by a nurse only during drug administration. "The disease was perceived as a public health problem [that should be handled by public health staff instead of hospital staff], so clinicians were not regarded as important in the follow-up of TB patients," explains Mr. Kasiya, the district TB officer in Zomba. "The audit revealed the importance of every service provider in the management of TB."

Mr. Kasiya and his counterpart in Mangochi, along with their district health teams and hospital staff, launched a comprehensive response. They assigned a full-time clinician to each hospital's TB ward and increased monitoring of patients' vital signs by nurses. They trained community health workers to collect sputum samples from people in their homes and disseminated information to community members about TB testing, identifying early symptoms, and helping patients complete their full course of medicine. The teams also integrated TB and HIV services so that patients with both diseases can be cared for at one time.

By the end of 2009, deaths among hospitalized TB patients in Zomba had decreased from 16 to 6 percent and in Mangochi from 17 to 10 percent. HIV testing among TB patients in these districts rose from 65 to 93 percent. Mr. Kasiya says of the program, "This initiative has helped change the attitude of health workers and strengthened teamwork."

2009 Publications

MSH has published the *Management and Organizational Stability Tool for National TB Control Programs (MOST for TB)*, a resource for national TB programs on improving TB detection and treatment by identifying management needs and planning improvements. The tool is available in English, Spanish, Dari, and Pashto.

Through TB CAP, MSH launched the Laboratory Toolbox for improving TB diagnosis. MSH developed the toolbox with the International Union against Tuberculosis and Lung Disease and the World Health Organization.

Health Impact

Bringing Family Planning to the Forefront of Global Health

Worldwide, 200 million women want to delay or prevent pregnancy but don't have access to contraception or are afraid to use it, leading to unintended pregnancies and maternal and infant deaths. In 33 countries, MSH is closing the gap in the unmet need for family planning by collaborating with global institutions, ministries of health, and local organizations to distribute contraceptives, promote healthy timing and spacing of pregnancy, and integrate family planning services with other primary health services, including those for HIV & AIDS and maternal and child health.

By helping to develop culturally sensitive programs, MSH builds the capacity of local institutions to support the expansion of family planning and reproductive health services. In Malawi, an MSH-supported program has doubled contraceptive use by employing community health workers and hosting educational festivals that draw thousands of villagers. Having worked with health ministers in 46 countries in Africa to develop policies and action plans for family planning, MSH is a leader in repositioning family planning in the global health agenda.

Photo: Michael Paydos/MSH

DEVELOPING LEADERS TO EXPAND FAMILY PLANNING IN AFGHANISTAN

In 13 of the 34 provinces of Afghanistan, where 55 percent of the country's population resides, MSH builds partnerships between the Ministry of Public Health and local service organizations to improve leadership in health care. With USAID support, MSH has trained teams in each province to implement a leadership development program that empowers health care managers. It helps managers identify a vision for improving their services, the challenges to achieving that vision, and actions necessary for overcoming those challenges. The program builds on and supports other MSH initiatives in the country, from increasing detection and treatment of TB to improving the availability of pharmaceuticals.

Using skills learned in MSH's leadership development program, Zakia, a nurse, helped the team in her health center to increase the number of couples using family planning. Addressing challenges such as low awareness of family planning in the community, the team contributed to a doubling of the use of contraceptive pills and an eight-fold increase in the number of condoms distributed from 2007 to 2009.

"Everyone here no longer thinks of problems as obstacles in our way, but challenges we must face," says Zakia.

To facilitate achievements such as those of Zakia's team, MSH has also helped health facilities maintain adequate stocks of contraceptives and trained female community health workers who are highly successful in providing family planning services to women in villages. Since 2003, MSH's work in Afghanistan has contributed to an overall increase in the use of contraception from 5 percent to more than 40 percent.

2009 Publications

The *Bulletin of the World Health Organization* published an article by MSH on achieving success in family planning in rural Afghanistan (vol. 88, no. 3, 2010: 227–231). The article illustrates how working with religious leaders, community health workers, and couples—both men and women—has led to culturally acceptable approaches to expanding family planning.

Health Impact

Closing Gaps in Care for Mothers, Newborns, and Children

More than 1.5 million women worldwide die each year from complications of pregnancy and childbirth. Six million children die each year from illnesses that can be easily prevented or treated.

In 30 countries, MSH works with ministries of health and other partners to provide a full range of services for mothers and children by establishing community-based care, linking that care to health facilities, and improving the quality of care in health facilities. In the community, MSH expands the use of prenatal and postnatal care and skilled attendants during childbirth. To make the most of routine prenatal and postnatal visits in the community and in health facilities, MSH integrates services to prevent mother-to-child HIV transmission, treat childhood illness and improve child nutrition, and promote healthy timing and spacing of pregnancy. In health facilities, MSH strengthens the supply chains that provide immunizations and contraceptives and implements performance-based financing and leadership development programs to improve service management. MSH also enhances emergency obstetric care through efforts such as improving transportation.

By working at all levels, from communities to ministries of health, MSH is closing gaps in health care for women and children. This approach shows promising results, even in fragile states. In 13 provinces in Afghanistan, MSH and partners have contributed to the provision of prenatal care to nearly 60 percent of pregnant women, up from 30 percent in 2006, and a reduction in the number of children who die before their fifth birthday by one-third since 2000.

Photo: Julie O'Brien/MSH

2009 Publications

At the request of the World Health Organization's Partnership for Maternal, Newborn, and Child Health, MSH performed a worldwide assessment of maternal and child health resources, including individuals, institutions, publications, and tools. The assessment provides a foundation for more effective global sharing of information, such as lessons learned, that will improve health programs for women and children.

BUILDING PARTNERSHIPS FOR WOMEN AND CHILDREN IN HAITI

In Haiti, where maternal and child mortality are the highest in the western hemisphere, MSH has worked closely with the Ministry of Public Health and local health organizations to train 4,000 community health agents and 4,000 traditional birth attendants (*matrones*) who provide basic health care for women and children through home visits. By fostering collaboration among health agents, birth attendants, and health facilities, these efforts have improved care before, during, and after childbirth.

In the Grand'Anse region, one hospital serves 160,000 people, with 40 percent living more than an hour away. When Lina, a single mother in the region, went into labor in her home this year, her mother sent for a local *matron*. After monitoring Lina's labor for two days, the *matron* contacted a local health agent because she knew Lina and the baby were at risk. The agent initiated an emergency evacuation by calling the hospital for an ambulance and organizing community members to carry Lina to the nearest road, five hours away, where the ambulance could meet them. Lina's condition had deteriorated, but the ambulance staff sustained her until they reached the hospital. She delivered a healthy baby and recovered well.

In 2009, with USAID support, nearly half of all pregnant women among the 4.5 million people covered by the work of MSH's partners received prenatal care, compared to almost none when the program started two years before. Nearly 80 percent of these women made birth plans in case of emergency, as Lina had. In the past year, community health agents have also contributed to a dramatic rise in the use of family planning, which nearly tripled in some areas where MSH works.

Health Impact

Expanding Prevention of Pandemic Influenza

Governments around the world are searching for effective ways to prevent and minimize the impact of human outbreaks of influenza that originates in animals, like the H1N1 virus and avian influenza. Many countries already have national health-sector plans for pandemic response, but few include the agriculture sector or community-level action, leaving a gap where outbreaks begin.

MSH brings together ministries of health and agriculture to help countries coordinate human and animal health systems and expand national influenza plans to the municipal and community levels. As a partner in USAID's Stamping Out Pandemic and Avian Influenza (STOP AI) project, MSH has worked in 18 countries to improve public health surveillance; build the capacity of laboratories to confirm outbreaks; train teams to respond rapidly to outbreaks; and encourage community-level practices that minimize the spread of disease, like hand-washing and voluntary isolation.

MSH has also developed a tool to help municipal governments project the number of cases that can be expected in an outbreak and plan an appropriate response.

Photo: Kathryn Reichert/MSH

PREPARING FOR PANDEMICS IN MUNICIPALITIES ACROSS NICARAGUA

Nicaragua is on its way to becoming the first country to implement nationwide municipal-level pandemic planning. MSH assisted more than 100 municipalities in formulating pandemic preparedness plans and trained 110 rapid response teams and nearly 1,000 health care workers. The program will eventually reach all 153 municipalities. Five other countries in the region, including Guatemala and El Salvador, have adopted the model.

REACHING REMOTE COMMUNITIES IN PERU THROUGH VIRTUAL PROGRAMMING

To reach communities in isolated areas of Peru, MSH developed an online pandemic planning program. Through the program, five rural municipalities projected the number of cases they might expect in an outbreak and developed plans for allocating scarce local resources and sustaining essential functions of local government and the private sector. Program participant José Crespo y Castillo says of the program, "We have had many outbreaks of leprosy, dengue, and yellow fever, but without the technical assistance that we now have for influenza. [The pandemic planning process] is a model that will help us with other epidemics."

Health Impact

Working with Ministries of Health to Strengthen National Malaria Programs

Malaria remains a major cause of illness in developing counties, contributing to high death rates, particularly among women and children. Complications from malaria also increase the severity of other diseases.

In support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and other global initiatives, MSH works in more than 20 countries to expand access to antimalarial medicines, train health workers to manage malaria, and integrate malaria programs with other public health programs. Working with national ministries of health, MSH strengthens policies to improve the supply of medicines, diagnostic practices, and treatment standards. Working with the local public and private sectors, MSH builds capacity to manage malaria programs through performance-based financing.

With MSH support, countries are able to save lives and improve the health of their people through results such as these: Uganda implemented a national treatment strategy and procured nearly 4 million doses of antimalarial medicine. Nigeria trained more than 1,000 malaria case managers who distributed more than 100,000 insecticide-treated bednets, which protect nearly half a million people.

Photos: Zina Jarrah/MSH

RESPONDING TO EMERGENCIES AND BUILDING INFRASTRUCTURE IN SOUTHERN SUDAN

In Southern Sudan, malaria is the leading cause of illness. With support from USAID, MSH has worked closely with the Ministry of Health to establish a national malaria program and build the infrastructure to support it. The ministry has developed standard procedures for distributing health supplies and an initiative for supervising pharmaceutical outlets that aims to become an accreditation program like the one in Tanzania (see page 4). To support this work, the ministry is training public and private sector health workers in all aspects of managing malaria products and services.

After discovering widespread shortages of antimalarial medicines in 2008, MSH helped mobilize the Ministry of Health, USAID/Sudan, and nongovernmental organizations to procure and deliver an emergency supply of medicines in time for the 2009 rainy season, when malaria peaks. When the 1.6 million treatment courses of medicine arrived in the country, Dr. Manyang Agoth Thon, director general for pharmaceutical services, said, "Today some of you might be seeing an official handover of cartons of medicine. The reality is more touching than that. USAID has empowered the Ministry of Health to save 1.6 million lives."

Tao of Leadership

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.

—Lao Tzu

Photo: Glenn Ruga/MSH

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784A Herbert Macaulay Way
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House No. 2, Street 54
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Avenue de la Paix, 185
Opposite CHUK (Centre Hospital Universitaire de Kigali)
Kigali, Rwanda
Telephone: 250.08.30.80.81/2

SENEGAL
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Immeuble CRDI 2ième étage
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A.V. Cheikh Anta Diop
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SOUTH AFRICA
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Haymeadow Street
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Next to Saint Luke's International Medical Center
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Year ended December 31, 2009

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Boston, Massachusetts

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Consultant, International Philanthropy
Boston, Massachusetts

Deirdre Strachan
Consultant
Watertown, Massachusetts

Statement of Revenue, Program Expenses, and Changes in Fund Balance

Year ended June 30, 2009 (drawn from audited financial statements)

Revenue		
Contract, Grant, and Program Revenue		$177,547,382
Investment Income and Contributions		116,254
Additional Support Revenue		226,026
Total		***$177,889,662***
Expenses		
Total		***$176,114,493***
Changes in Fund Balance		
Balance at Beginning of Year		$14,936,282
Excess of Project Support and Revenue over Expenses		1,775,169
Balance at End of Year		***$16,711,451***
Composed of		
Cash and Cash Equivalents		$19,377,512
Amounts Due on Contracts		13,901,802
Other Current Assets		4,891,345
Property and Equipment (Net of Depreciation)		1,013,162
Other Assets		179,580
Current Liabilities		(22,651,950)
Total Unrestricted Net Assets		***$16,711,451***
Years in Review		
Contract, Grant, and Program Revenue		
	2005	$155,846,810
	2006	169,416,011
	2007	122,177,986
	2008	133,938,923
	2009	177,547,382

Sources of Support

Year ended June 30, 2009

AED (Academy for Educational Development)
ACDI/VOCA
African Medical and Research Foundation (AMREF)
Asian Development Bank (ADB)
The Atlantic Philanthropies
Banyan Global
The Bill & Melinda Gates Foundation
Boston University Center for Global Health & Development
Chemonics
Christian Health Association of Nigeria
Costa Rican Social Security Fund
DAI
Dartmouth College
Deloitte Consulting LLP
Department for International Development (DFID)
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Doctors of the World
EngenderHealth
Family Health International (FHI)
Foundation for Advanced Studies on International Development (FASID)
Foundation for Advancement of International Medical Education and Research (FAIMER)
Foundation for Innovative New Diagnostics (FIND)
Futures Group International
The Global Fund to Fight AIDS, Tuberculosis and Malaria
IMA World Health
International Rescue Committee (IRC)
IntraHealth International
James B. and Barbara Gunderson Stowe
The James M. and Cathleen D. Stone Foundation at the Boston Foundation
The Janey Fund
John Snow, Inc. (JSI)
Johns Hopkins Center for Communication Programs
KNCV Tuberculosis Foundation
Ministry of Health, Nicaragua
Oxfam International
Pact
Partnership for Child Health Care, Inc.
Partnership for Supply Chain Management (PFSCM)
PATH
Pathfinder International
Programme National de Lutte contre le Paludisme (PNLP)
Reproductive and Child Health Alliance (RACHA)
Resources for the Future (RFF)
The Rockefeller Foundation
Stephen and Candace Carr
Swedish International Development Cooperation Agency (SIDA)
Tanzania Food and Drugs Authority (TFDA)
TB Alliance
Televicentro
Tufts University
UNICEF
United States Agency for International Development (USAID)
University of North Carolina at Chapel Hill
University Research Co., LLC (URC)
The William and Flora Hewlett Foundation
The World Bank
World Health Organization (WHO)