



Here's how we help.

MSH STAFF LIVE AND WORK IN DEVELOPING COUNTRIES AROUND THE WORLD.

Since 1971, Management Sciences for Health (MSH), a nonprofit organization, has worked in more than 140 countries and with hundreds of organizations. Our 1,500 people from more than 60 nations work hard to be trusted partners to leaders, managers, and the staff of organizations of every size and scope.

WE LEARN FROM CLIENTS SO WE CAN HELP THEM SUCCEED.

Our experience has taught us that challenges and needs are not the same wherever we go, and neither are the best solutions. We work shoulder to shoulder with our local partners, ask a lot of questions, and listen carefully. Only then can we put our expertise to the best possible use. That way, long after we're gone, our partners can sustain and build on what we created together to improve health care for their communities.

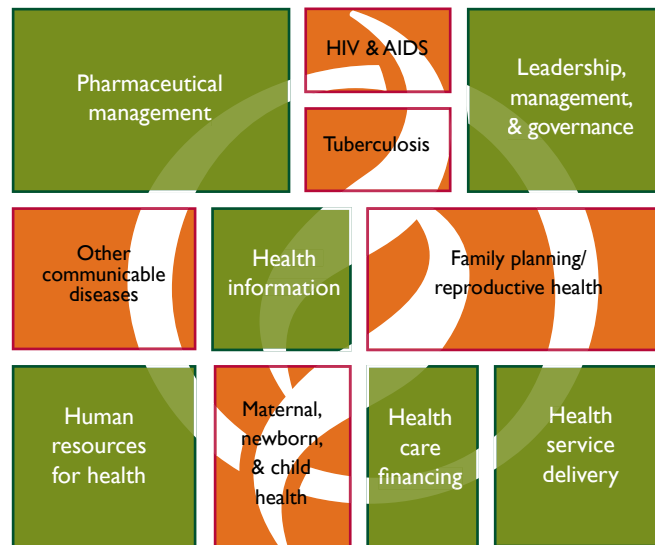
WE BELIEVE INTEGRATED SOLUTIONS HAVE THE GREATEST IMPACT.

MSH helps others tackle complex public health challenges. We build with them from the ground up, keeping what works and adding what's needed to make practical, systemic improvements to the management of people, medicines, money, and information.

OUR GOAL.

Better health, especially for the world's poorest and most vulnerable people.

Here's what we do.



To learn more about MSH, go to www.msh.org or write to us at communications@msh.org.

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Meet the people who motivate us. They want to be healthy.



STRONGER HEALTH SYSTEMS. GREATER HEALTH IMPACT.

We're strengthening health systems to save lives and improve health.



Our Mission
Saving lives and improving the health of the world's poorest and most vulnerable people by closing the gap between knowledge and action in public health.



SHE NEEDS CARE WITHIN WALKING DISTANCE.

Many developing countries suffer from an acute shortage of health care workers and health services, especially in rural areas. MSH can help design and implement programs to build institutions' and people's capacities to deliver health services with lasting impact.

How we've helped. With funding from USAID and working with the Ministry of Public Health in Afghanistan, MSH trained community health workers in 13 provinces. In three years, the number of community health workers rose from 6,300 to 10,000. The results? More children vaccinated, more people using family planning, fewer maternal deaths.

HE REQUIRES MEDICINES.

Every year, 10 million people die from diseases that could have been prevented or treated if effective and affordable medicines were available and used properly. MSH uses its expertise in pharmaceutical management and laboratory services to help develop local, sustainable programs.

How we've helped. MSH, with USAID support, helped Southern Sudan's Ministry of Health establish a functional malaria program and strengthen its pharmaceutical systems. Key results include new offices, improved technical and managerial skills through mentoring and training, and award of a Global Fund grant.



SHE WANTS PROTECTION FROM HIV.

In the poorest developing countries where few can afford health care, the spread of HIV, including by mother-to-child transmission is a great risk. For the sake of children—and everyone—money spent on health services must have as much impact as possible.

How we've helped. The government of Rwanda, aided by MSH, instituted performance-based financing, which maintains the focus on results and rewards success. What happened? Voluntary counseling and testing increased 123%, and the overall cost per HIV test dropped from more than \$13 to less than \$5.

SHE WANTS TO HELP LEAD HER COMMUNITY.

Health care workers sometimes lack the tools and knowledge to address public health challenges—especially where workers are most urgently needed. MSH reaches all levels of an organization to help people learn professional leadership and management practices to tackle real workplace challenges, discover their leadership abilities, and inspire others.

How we've helped. After only seven years, nearly 2,000 health care workers in 49 countries have emerged from MSH's Internet-based Virtual Leadership Development Program. Teams developed action plans to address priority issues such as improving the financial sustainability of pharmacies (Ecuador), adding much-needed antiretroviral therapy clinics (Uganda), and increasing testing of infants born to HIV-positive women (Belize).