100 million people
reached by MSH in 2016.

MSH reached an estimated 17 million people directly and an estimated 83 million people indirectly through our work in maternal and child health, HIV and AIDS, malaria, TB, family planning, access to medicines, and leadership and health workforce training and capacity building.
OUR VISION:
A world where EVERYONE has the opportunity for A HEALTHY LIFE.
Since our founding in 1971, MSH has improved health systems in more than 150 countries worldwide.
Since our founding in 1971, MSH has improved health systems in more than 150 countries worldwide.

**MSH in 2016**

- **72** Countries, **41** Offices
- Total Staff: **1,849**
- Staff Outside US: **1,477**

**93%** of MSH personnel in countries or regional offices are from the country or region where they work.
OUR MISSION:

SAVING THE 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.
A MESSAGE FROM OUR CEO

Dear Friends,

In 2016, the global health community rallied around the UN’s 2030 Sustainable Development Goal 3—to end the most deadly diseases and achieve health for all. I am honored to join MSH and lead us toward fulfilling that goal.

I believe deeply in MSH’s people-centered mission and broad scope. My time in the private sector showed me the importance of focusing on the needs of people—in their context—instead of limiting our approach to one intervention or innovation. We can address health threats and protect rights for everyone by efficiently applying our resources to improving and integrating all parts of a health system: human resources, financing, governance, medicines, and information.

My first priority at MSH is learning from our talented staff and dedicated partners. MSH’s 45 years of history demonstrates that long-term investments in health systems strengthening and capacity building can result in significant and sustainable improvements in health—even in very low-resource or fragile settings. You will see in these pages how MSH continues to strengthen health systems and facilitate innovations that save lives and improve health for the world’s most vulnerable:

• Rural communities in Madagascar introduce new technologies for women’s health.
• Bangladesh tailors our medicine shops program to fit its unique needs.
• Liberia rebuilds after Ebola to meet basic health needs and prevent epidemics.
• We advocate globally to address the rise of chronic disease.

In 2016, MSH’s health programs reached 100 million people. From this position of strength, we will look for ways to clarify how our investments connect to impact, and how to make bigger impact, as we move into new geographies and seek out new innovations to meet new demands.

We are deeply grateful to the more than 41 governments, foundations, private-sector partners, multilateral organizations, and individual contributors who have joined us in strengthening health systems around the world. The enthusiasm I have been greeted with at MSH is outdone only by my own enthusiasm for our future.

Warmly,

Marian W. Wentworth
President and Chief Executive Officer
Strengthening Health Systems for Women and Children

The well-being of women and children is one of the best indicators of a functional health system. Yet half of all women in lower-resource countries do not have access to basic health care and 6 million children under five die needlessly each year. MSH makes sure all people in our programs have access to the knowledge, skills, education, and tools for health:

A community health volunteer in Madagascar equipped with pregnancy tests helps more women access family planning and antenatal care. A pregnant woman in Uganda joins an antenatal care group, where she feels safe and respected. A medicines shop manager in Nigeria participates in an HIV support group that helps her establish a village savings and loans association. A journalist in Democratic Republic of the Congo (DRC) is taught a simple technique that allows her to save her premature newborn’s life.

Our expertise and relationships allow MSH to deliver low-cost, high-impact primary health services for women and children across the continuum of care—from pre-pregnancy through the postpartum period, and newborn through childhood. Most important, our efforts also improve basic social structures that support their dignity and safety. In 2016, MSH’s maternal and child health interventions directly reached an estimated 4 million women and children.

11 million

An estimated 11 million adults and children reached by MSH programs in Democratic Republic of the Congo.
Communities Introduce Health Technologies in Madagascar

Thousands of rural communities in Madagascar are working with community health volunteers to adopt healthy behaviors and improve the health system. Nearly 6,700 local volunteers with the USAID Mikolo project, led by MSH, have introduced highly effective health technologies in their communities: pregnancy test kits that help determine eligibility for family planning; the new injectable Sayana Press family planning method, which carries fewer side effects and can be administered by community health volunteers; misoprostol to prevent postpartum hemorrhage, and chlorhexidine, which prevents umbilical cord infection.

Madagascar is the first country worldwide to scale up urine pregnancy tests via community health volunteers. Community volunteers who administered the pregnancy test saw a 73 percent increase in new family planning users, versus a 47 percent increase for those who never used the test. In 2016, community volunteers registered more than 103,000 family planning users, referred more than 30,700 pregnant women to health centers for antenatal care, and treated 72 percent of malaria cases in children under five.

Inspiring Leadership by and for Women and Families

The USAID-funded Leadership, Management and Governance Project, led by MSH, builds on 30 years of best practices to support and inspire leaders—especially women—to better meet health challenges. Our management course for midwives has trained nearly 100 midwives in 10 countries to increase prenatal visits, hospital deliveries, male involvement in pregnancy, and family planning counseling. A midwife in Malawi reduced deaths of premature babies in her hospital by 25 percent in 2016 by training staff to support overworked nurses: “We were lacking negotiation skills and resource mobilization skills. This course helped us be assertive and identify and solve our own problems.” Our groundbreaking 2016 study in Cameroon showed that when a hospital added leadership training to clinical training, it significantly increased women receiving antenatal services (by 54 percent).

and postpartum family planning services (by 69 percent). Our leadership program brings together actors from different sectors to work on global health issues such as epidemic preparedness—which depends on engaging women and families at the local community level—and was recently highlighted by the Global Health Security Agenda.
In countries beleaguered by civil war and collapsed infrastructure, building a strong health system often begins with supporting the most basic interventions, such as handwashing and breastfeeding. In the DRC, the USAID-funded Integrated Health Project (IHP), and its successor, the Integrated Health Project Plus (IHPplus), both led by MSH, have focused on proven interventions, from the most basic to more complex, such as financial management, access to medicines, and tuberculosis prevention, treatment, and diagnosis.

Continuing the work of IHP, IHPplus engages volunteer community health workers to bring health services to the most vulnerable people in DRC, a country with one of the highest child mortality rates worldwide. Since 2010, these projects have served more than 800,000 people in hard-to-reach villages, including 160,000 children under age five. By 2016, their community case management sites treated more than 418,000 new cases of childhood illness. Overall, the IHP projects have improved health services for more than 13 million people. Their grassroots efforts have improved nutrition (using local crops and promoting breastfeeding), sanitation (fixing water wells and installing latrines), and infrastructure (pooling funds to build health facilities).

IHP’s approach highlights the distinct roles and responsibilities of communities, health care providers, and provincial governments in making incremental changes that greatly improve the health system. As health services have improved, the community’s health-seeking behavior has improved.

Maternal & Child Health INTERVENTIONS IN DRC

More than
3,000 health workers trained

1.5 million pregnant women received at least two doses of malaria treatment

73 to 89% deliveries at a facility with a skilled birth attendant

2.9 million residents with improved water supply

869,000 residents with latrines for the first time

67 to 89% newborns receiving essential care

97% of children under one received basic vaccinations

13 to 59% TB patients tested for HIV
In 2016, MSH directly reached 4 million women and children in the countries where we work.

We at Johnson & Johnson have been partnering with FCI to strengthen the work of midwives for a number of years. We’ve been so impressed by FCI’s ability to translate complicated data into clear, concrete advocacy messages that midwives can use in their work. We look forward to continuing this happy journey together.”

— Chunmei Li of Johnson & Johnson

MSH STAFF REFLECT...

Dr. Philippe S. K. Tshiteta

MSH COUNTRY REPRESENTATIVE FOR DRC

I joined MSH in my mother country of DRC in 2010. In a country with one of the world’s highest infant mortality rates, our work has achieved far-reaching results. In the past three years alone, we increased the number of malaria cases correctly treated from 3 to 80 percent. Along with our other interventions, this effort contributed to saving more than 108,000 children.

I think back to a pivotal time, when I was medical executive director in the national state railways company in DRC. I was faced with specialists who wanted an expensive surgical instrument to perform one plastic procedure twice a year. And then, three years later, that same instrument was to be dropped for an even more expensive one. The cost of that instrument alone would have covered thousands of measles vaccine doses. Measles was the number-one cause of death for kids, and I didn’t have enough doses available. This experience gave me a new mindset about costs of health care.

After that, I began working in health and social services in Namibia, where an MSH training enabled me to decrease the cost of pharmaceuticals in my province, despite an increase in patients and market price. My interest in MSH was definitely sparked then. I could see MSH had a healthy dose of integrity and ethics. I’m proud that our work is built on trusted relationships. Our MSH DRC team respects the government, and the government definitely notices. MSH is known not just as an expert and a leader, but also as a reliable ally. That’s how we succeed in our work.

The FCI Program of MSH

Advocacy and Accountability for Women and Children

Strengthening the voices of citizens to make health systems accountable to those they serve, the FCI Program of MSH advocates for the right of every woman, adolescent, and newborn to equitable, high-quality, patient-centered health services. In 2016, the FCI Program team supported midwives in Burkina Faso, Bolivia, Mexico, and Peru in becoming powerful advocates for safe, respectful, accessible care for mothers and their newborns. In Mali, the program helped reduce gender-based violence and improve survivors’ access to services. Globally, the team has worked to increase women’s access to essential obstetric medicines and supplies and to improve the quality, equity, and dignity of maternal health care. The International Consortium for Emergency Contraception, as part of the FCI Program of MSH, advocated in 2016 for inclusion of emergency contraception in comprehensive, rights-based guidelines on care for gender-based violence survivors and worked in the DRC, Nigeria, and Senegal to integrate emergency contraception into national family planning programs.

“We at Johnson & Johnson have been partnering with FCI to strengthen the work of midwives for a number of years. We’ve been so impressed by FCI’s ability to translate complicated data into clear, concrete advocacy messages that midwives can use in their work. We look forward to continuing this happy journey together.”

— Chunmei Li of Johnson & Johnson

MSH reception at 2016’s Women Deliver in Copenhagen, Denmark, honoring FCI’s legacy and celebrating the program’s future within MSH.
Preventing Infectious Diseases

Strong health systems prevent infectious diseases and stop outbreaks from becoming epidemics. MSH’s proven, sustainable interventions strengthen both infrastructure and health services. With the right resources, we succeed in fighting HIV and AIDS, TB, malaria, Ebola, and Zika. We can control drug-resistant malaria parasites and TB treatments. Through our work, we can address the disproportionate impact on women and children:

A girl in Gambia emerges from a malaria-induced coma after receiving a seasonal malaria treatment that could prevent 75 percent of malaria infections in children under five. At an antenatal visit, a woman in Uganda learns she has HIV, is enrolled in lifelong treatment, and receives ongoing support to prevent transmission to her babies and sustain her own treatment. A midwife in Zimbabwe, supported by a peer network, uses her mobile phone to help HIV-positive postnatal mothers adhere to antiretroviral treatment. A pharmacy assistant in Namibia uses an electronic dispensing tool to more efficiently give patients medicines, manage inventory, and identify medicines resistance.

With nations, we develop accreditation standards and treatment guidelines, resolve financial and supply bottlenecks, and boost cooperation. We support district health personnel with training and mentorship. We integrate civil society and communities with the formal health system. Our collaborative efforts improve management of medicines, finances, and information—saving lives and helping prevent epidemics.

An estimated 12 million adults and children reached by MSH programs in Malawi
In 2016, MSH directly reached 4 million women and children in the countries where we work.

An estimated 21 million adults and children reached by MSH programs in Uganda.

Innovating to Stop TB

MSH works with more than 40 countries to stop TB as it becomes drug-resistant and spreads in patients weakened by other diseases. From the community-based DOTS rapid assessment technique for managing treatment, to programs that integrate care for TB and chronic diseases, our innovative approaches make sure patients have access to the right medicines, in the right dose, for the right amount of time. Our efforts reach high-risk populations, including displaced people, while strengthening countries’ overall health systems. In 2016, MSH’s TB interventions directly reached an estimated 4 million people.

QuanTB: A Digital Health Tool

In 2016, MSH debuted version 4.0 of the USAID-funded QuanTB digital health tool to help managers accurately quantify TB medicines to reduce stock-outs and expirations by identifying challenges and solutions unique to their health systems. We also developed a free eCourse for health professionals to train themselves on how to use QuanTB on Leadernet.org, a USAID-funded online collaboration forum managed by MSH. QuanTB is now used by 20 nations, hundreds of organizations and consultants worldwide, and the global drug facility of the Stop TB Partnership. It has been downloaded by users in nearly 70 percent of all countries in the world. A 2016 review showed that in Ethiopia, Nigeria, Tanzania, Kenya, and Zimbabwe, QuanTB paired with assistance from regional advisors helped reduce stock-outs of core TB medicines from 38 percent to 0 percent in less than a year.

The Lucky Specials: Telling the Story of TB

At the 2016 Union World Conference on Lung Health, MSH and the Discovery Learning Alliance introduced The Lucky Specials, a feature film about the TB epidemic and HIV-TB co-infection in southern Africa. The film aims to engage a broad audience in areas where literacy is low and stigma is high, addressing how stigmatization prevents people from getting tested for TB. Funded by USAID/PEPFAR, the Howard Hughes Medical Institute, and the Wellcome Trust, the film premiered in countries across Africa.
Advocating for Global Health Security

MSH is at the forefront of global advocacy to stop disease outbreaks from becoming pandemics.

Ebola showed how weak health systems quickly fall apart during an epidemic, resulting in even the most basic health needs going unmet. When basic services become unavailable, the ability of communities to respond is crippled. Their economies sustain long-term damage. We believe the best emergency response to a disease outbreak comes from strong health systems built for the long-term health of communities.

MSH works with countries to make sure communities have the tools to prevent and respond to outbreaks and that their concerns are represented at the global level. Our partners from civil society, the private sector, and academia are holding governments accountable to international standards, prioritizing health systems strengthening as the primary mode of protecting global health security, and promoting the role of communities in local and international efforts against epidemics and pandemics.

2016 World Health Assembly

Infectious diseases know no borders. Epidemics such as Zika and Ebola remind us how rapidly outbreaks can spread and devastate if not quickly contained. At the 69th World Health Assembly in Geneva, Switzerland, MSH/No More Epidemics convened health ministers, the private sector, and the Global Fund to Fight AIDS, Tuberculosis and Malaria to discuss moving the Global Health Security Agenda from commitment to action.

Keynote speaker Mark Dybul, executive director of the Global Fund, emphasized community engagement in infectious disease response, saying interventions cannot end at health clinics, they must go the “last mile.”

Preventing Infections Diseases

MSH INTERVENTIONS

- MSH has supported one of the largest public health supply chains in the world for infectious disease.
- We created the first large-scale community-based AIDS prevention and treatment program in Africa.
- We’ve developed innovative large-scale programs for accredited medicines dispensing outlets.
Epidemics reveal how each person’s right to health is dependent on everyone’s right to health. Protecting communities and nations from pandemics is fundamental to realizing the right to health for all.

Hard to believe it was nearly 40 years ago when I arrived at MSH as a medical student intern, with the assignment of doing fieldwork for the first edition of MSH’s groundbreaking book on managing essential medicines in developing countries, now MDS-3: Managing Access to Medicines and Health Technologies. After practicing family medicine for several years, I returned to MSH, as founding director of our drug management program, then became a resident advisor in Pakistan and Kenya, and was for the last 12 years president and CEO.

My greatest joy at MSH has been working with such a talented and professionally diverse global team. By working shoulder to shoulder with local partners to build locally-owned health systems, each of us contributes to healthier, longer lives for literally millions of people.

For the past couple of years, I have focused on global health security. My book The End of Epidemics: The Looming Threat to Humanity and How to Stop It will be published by St. Martin’s Press in January 2018. Global health security is about making the world safer from deadly pathogens that spread so readily in today’s globalized world.

As we all have seen too vividly, infectious disease epidemics cause needless suffering, cripple health systems and economies, and threaten to wipe out incredible gains—especially among women and children. Unless we make the right investments to prevent, detect, and respond to these threats, we are headed for a century of pandemics, lurching from one crisis to another. The End of Epidemics, informed by a wide range of public- and private-sector experts, is a call to build strong health systems that stop outbreaks from becoming epidemics, while equitably providing the world’s most vulnerable people with opportunities for a healthy life.

Rebuilding for Resilience after Ebola

In fragile states, health systems already weakened by conflict, disaster, or other instability can crumble under the weight of an outbreak. In Liberia, Ebola’s rapid spread was symptomatic of a vulnerable health system. Weaknesses in the health system enabled Ebola to rage, devastating the availability and quality of what basic health services did exist—and eroding people’s trust in health facilities.

The USAID-funded Collaborative Support for Health program, led by MSH, is assisting Liberia in laying a foundation for a more stable health system that can absorb the shock of epidemics and continue to provide essential services. We are bolstering management of the workforce, the availability of essential medicines, and the use of accurate health information. From 2015 to 2016, our work with health facilities in three Liberian counties—with a third of Liberia’s 4.3 million people—increased their compliance with infection prevention and control measures from 30 percent to at least 80 percent.

Dr. Jonathan D. Quick

MSH SENIOR FELLOW

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Controlling Chronic Diseases

A woman who becomes pregnant is at greater risk of developing diabetes, which increases her risk of pregnancy complications. Diabetes makes her more likely to contract tuberculosis. In a strong health system, where we put people first and connect the dots of care, this woman’s first antenatal visit can be the entry point for efficiently addressing her complex health needs. The same health systems that prevent maternal and child deaths and fight infectious diseases can and must control the chronic diseases—diabetes, cancer, and lung and heart disease—that are rapidly rising worldwide. Our integrated programmatic work is making a difference:

In Nigeria, a pregnant woman with gestational diabetes receives an electronic device to monitor and report her blood sugar levels. She succeeds in controlling her diabetes. An innovative model for transporting blood samples through the Nigerian Postal Service makes in-roads for managing chronic diseases. In Ethiopia, Afghanistan, and Tanzania, integrated screening for diabetes, TB, and HIV detects more cases of each and becomes standard practice.

In six countries on three continents, MSH is securing the right to chronic disease services. We are establishing chronic disease as a part of essential health care, and advocating for universal health coverage.

An estimated 760,000 adults and children reached by MSH programs in Nigeria

760,000
Novartis Access: Making Markets Work for Health

The Novartis Access initiative is the first of its kind—a global pharmaceutical company improving access to medicines for chronic diseases in lower-income countries. In Kenya, where MSH has a strong relationship with the Ministry of Health, we are supporting Novartis in bringing critical medications for cancer, diabetes, and heart and lung disease to the right patients at an affordable price. In 2016 we assessed the management of medicines in 22 public and faith-based health facilities and identified risks to product quality, such as temperature control, record-keeping, and inventory counts.

MSH is proud to support Novartis’s groundbreaking social business model, recognized as a best practice in the 2016 Access to Medicine Index. Together, we are strengthening systems—including the marketplace—to improve people’s health and well-being.

Global Advocacy for Controlling Chronic Diseases

MSH is a founding member of the NCD Alliance, which supports a consortium of leading organizations in prioritizing non-communicable (chronic) diseases in global health policy. We advocate at the country level as well, as in Ethiopia, where in 2016 MSH brought together local organizations working on chronic diseases and participated as a member in the National Cervical Cancer Prevention Committee.

A diabetes patient in Ethiopia receives her medication at a pharmacy at Debre Markus Hospital, through the support of MSH programs.
Beyond the suffering that chronic diseases cause for individuals and families—an estimated 72 million people dying by 2030—economies suffer and health care costs continue to increase.

With an initial focus in Africa—Uganda, Kenya, Tanzania, Rwanda, Ethiopia, and Nigeria—MSH provides leadership and solutions to strengthen the health system—enabling safe and affordable treatments and screenings for diabetes, cancer, and other chronic diseases.

MSH is dedicated to advocating for and supporting those communities most in need of such lifesaving interventions.

**CHRONIC DISEASES**

*Action is affordable and impact is dramatic.*

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- With an initial focus in Africa—Uganda, Kenya, Tanzania, Rwanda, Ethiopia, and Nigeria—MSH provides leadership and solutions to strengthen the health system—enabling safe and affordable treatments and screenings for diabetes, cancer, and other chronic diseases.

- MSH is dedicated to advocating for and supporting those communities most in need of such lifesaving interventions.
At 17 years old, I watched a close relative die of a rare disease. It was devastating to watch the helplessness in my family, and I resolved to make a difference by joining the health sector. My resolve was strengthened when my own father died of a hypertensive stroke while I was still studying.

I was working at a pharmaceutical multinational when PEPFAR was in its early stages. Part of my role there was supporting patient organizations. This allowed me to further empathize with patients. HIV prevalence was increasing in Kenya, and activist organizations had taken aggressive positions in their quest to get manufacturers to lower the price of HIV drugs. MSH undertook a quantification exercise involving my company, with the goal of lowering prices of HIV drugs and getting them to everyone who needed them. I became very intrigued by this challenge.

To me, MSH stands out because it provides tailored, innovative solutions to challenges facing governments and the public at large, as well as donors. Many other organizations are able to adopt our solutions. For example, in this past year, with Novartis, we began studying the challenges around access to medicines for chronic diseases, including hypertension—the chronic disease that took my father’s life.

I joined MSH in 2015 to help harness the collective strength of Kenya’s government, our partners, our communities, and our donors.

**Spencer Ochieng**

**MSH COUNTRY REPRESENTATIVE FOR KENYA**

I’m proud to have led the development of a new business strategy that will forge new diverse partnerships. It is by interacting with our partners and communities that we can understand their problems and involve them in designing solutions.

A Toast to Health Systems Heroes

In September 2016, MSH recognized leading public health professionals for their unique contributions to strengthening health systems worldwide. The honorees and presenters included those working at all levels of the health system—from governments to the private sector, community health workers, and civil society—who are working to save lives and improve the health of some of the world’s most vulnerable populations. The event, hosted by international journalist Femi Oke, was held at Manhattan’s Riverpark Restaurant, in conjunction with the 71st United Nations General Assembly. Event partners included IHP+ for UHC2030, The Partnership for Maternal, Newborn & Child Health (PMNCH), and the No More Epidemics campaign.

Left to right, front: Health Systems Hero Annette Widmann-Mauz, Parliamentary State Secretary, Germany; Presenter Dr. Marie-Paule Kieny, Assistant Director General, Health Systems and Innovation, WHO; Health Systems Hero Mr. Yasuhisa Shiozaki, Minister of Health, Labor, and Welfare, Japan; and Health Systems Hero Michael Myers, Managing Director, The Rockefeller Foundation.
Accessing Lifesaving Medicine

How do patients get medicine at the right dose, when they need it, no matter the circumstances? MSH has helped build resilient, reliable pharmaceutical systems in some of the most volatile parts of the world. The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, implemented by MSH, has led the global effort to strengthen all components of health systems that make medicines accessible for all.

In the Dominican Republic last year, SIAPS helped reduce the budget for expensive medicines by $62 million by revising the national medicines list. In South Africa in 2016, SIAPS handed over its groundbreaking RxSolution tool for managing medicines to the government, paving the way for full local ownership. In Georgia, Philippines, Kenya, Uganda, and Swaziland, SIAPS introduced medicines for drug-resistant TB and launched the Pharmacovigilance Monitoring System (PViMS) for lower-income countries—a first of its kind—so patients get the right TB medicines.

We ensure proper delivery of safe, quality medicines to save lives and improve health, while controlling outbreaks and fighting antimicrobial resistance. We partner with local communities and governments to strengthen procurement, dispensing practices, and proper use of medicines. We support our partners in working toward universal health coverage by eliminating waste, finding competitive suppliers, pooling resources, and creating community-based insurance plans. SIAPS has strengthened health systems in more than 20 countries.
In Kenya, a doctor identifies a woman’s dangerous symptoms as due to poor-quality medicine, prescribes new medication, and records her experience in a national database. In South Africa, a toddler and his grandmother are able to spend time with a health care provider, whose workload was made lighter by a state-of-the-art digital tool for quickly and accurately preparing the child’s complex regimen of medicines.

Our partner countries around the world have made monumental progress in delivering lifesaving treatment to those who need it by focusing on people rather than products—making sure that the right people, from community members to government officials, get the right training, tools, and support they need to move medicine to those who need it most. *Medicine Movers*, a multimedia project (http://msh-medicine-movers.org/), tells the stories of people who benefit from the strong pharmaceutical systems their countries have built.

*Medicine Movers* was part of the month-long Access to Medicines campaign in 2016 between MSH and Devex, a media platform for the global development community.

**Medicine Shops: Local Ownership for Community Health**

Locally-owned retail medicine shops are the first point of care for millions of people, though they often lack quality supplies and staff. MSH continues to expand our successful initiatives that support the owners and operators of these shops in accrediting, regulating, and growing their businesses. In Tanzania, Uganda, and Liberia, the people who run these shops, many of them women, are improving the quality and availability of medicines, the community’s use of those medicines, and referrals to health clinics—while strengthening local livelihoods and economies.

In 2016, MSH expanded the initiative to Asia, in Bangladesh, with support from United Kingdom’s Department for International Development. Bringing a wide range of stakeholders to the table, we designed a unique model to manage the country’s vast number of medicines outlets: more than 200,000 shops, half unlicensed, sell large amounts of inexpensive medicines made by local manufacturers. For the first time, Bangladesh has started an initiative to regulate what can be sold at these shops by defining two levels of service: full pharmacies (for prescription medications) and medicine shops (for over-the-counter and some essential medicines).

*Medicine Movers: the Right People, the Right Treatment*

A seller serving customers at one of the model pharmacies in Bangladesh.
Statement of Revenues, Program Expenses, and Changes in Fund Balance

Year ending June 30, 2016, drawn from financial statements

STATEMENT OF ACTIVITIES

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STATEMENT OF FINANCIAL POSITION

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“It is as important to measure impact on investment for MSH as it is to measure return on investment in the business world. So what I ask every day is: What is the impact? Are we best positioned to deliver?”

Marian W. Wentworth  
President and Chief Executive Officer

Health Area Funding

2016 Expenses by Priority Health Area

- Maternal, Newborn, and Child Health: 9%
- Integrated Health Systems Delivery: 37%
- Access to Medicines & Health Technologies: 37%
- Infectious Diseases: 15%
- Other: 2%
- Management and General Administrative: 13%
- Fundraising: 1%

MSH Offers Value for Money

Fiscal Year 2016

- Program Services: 86%
- Access to Medicines & Health Technologies: 13%
- Maternal, Newborn, and Child Health: 9%
- Other: 2%
- Infectious Diseases: 15%
- Management and General Administrative: 13%
- Fundraising: 1%
BOARD OF DIRECTORS
Lawrence K. Fish
Chairman of the Board of Directors; Former Chairman and CEO, Citizens Financial Group, Inc.

Barbara Bierer, MD
Faculty Co-Director, Multi-Regional Clinical Trials Center at Brigham and Women's Hospital and Harvard University (MRCT Center); Program Director, Regulatory Foundations, Ethics, and Law Program, Harvard Catalyst, the Harvard Clinical and Translational Science Center, Harvard Medical School; Professor of Medicine, Harvard Medical School; Senior Physician, Brigham and Women's Hospital

Rebeca de Vives
President, RdV Consulting

Charles J. Dockendorff
Former Executive Vice President and Chief Financial Officer, Covidien

Robert Hallagan
Vice Chairman & Co-Leader, Board Services Practice

John Isaacson
Chair, Isaacson, Miller

Paula Doherty Johnson
Senior Research Fellow, Hauser Institute for Civil Society, Harvard Kennedy School

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

Miriam Nelson
Director, Sustainability Institute, University of New Hampshire

Dan Pellegrom
Former President, Pathfinder International

Anjali Saxty
Senior Lecturer, Sloan School of Management, Massachusetts Institute of Technology

GLOBAL LEADERSHIP AT MSH

LEADERSHIP TEAM
Marian W. Wentworth
President and Chief Executive Officer

Vickie Barrow-Klein
Executive Vice President and Chief Financial Officer

Catherine Howard Taylor
Vice President, Health Programs Group

Douglas Keene
Vice President, Pharmaceuticals and Health Technologies Group

Matthew Mosher
General Counsel

Matthew Gemeda
Senior Director, Internal Audit

Barbara Ayotte
Senior Director, Strategic Communications

Jeanne Hauth
Senior Director, Human Resources

COUNTRY TEAM
Larousse Ceus
Haiti Country Representative

Suleiman Kimatta
Tanzania Country Representative

Zipporah Kpamor
Nigeria Country Representative

Negussu Mekonnen
Ethiopia Country Representative

Herbert Mugumya
Uganda Country Representative

Spencer Ochieng
Kenya Country Representative

Mohammad Khakerah Rashidi
Afghanistan Country Representative

Philippe S. K. Tsitika
Democratic Republic of the Congo Country Representative
Greetings,

In my second year as Chairman, I remain overwhelmed by the warmth of the MSH community and the excellence of its important work. We continued in 2016 to deliver lasting health solutions that improve and save lives around the world.

I’d like to take a moment to congratulate and thank Dr. Jonathan D. Quick, who concluded in 2016 his dedicated service as President and CEO of MSH. I thank him for his more than 12 years of service and his substantial contributions to MSH. It was my pleasure to work with him.

As we move forward, I’m very excited about our wonderful new leader, Marian Wentworth. I have gotten to know her well over the last six months and she is a visionary, a hard worker, a person well-connected globally in the public health community, and someone who is joining us first and foremost because of her passion for our mission. I believe she will provide hands-on and highly effective leadership and will be a person that we enjoy working with. I know I speak for the full Board in welcoming Marian and looking forward to exciting progress under her leadership.

I wake up proud every day to be connected with MSH and to support the work of our leadership, staff, and the very dedicated Board of Directors. MSH is well-positioned for continued successes going forward.

My deep appreciation to all,

Larry Fish
Chairman of the Board of Directors
The 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

Since our founding in 1971, MSH’s operational philosophy has been the 3,500-year-old Tao (Way) of Leadership, working shoulder to shoulder with our local colleagues and partners and empowering them for success.
STRONGER HEALTH SYSTEMS.
GREATER HEALTH IMPACT.

Management Sciences for Health (MSH) builds strong health systems that deliver everything it takes—people, money, medicine, information, and facilities—to prevent disease, treat illness, and empower people to lead healthier lives. For more than 45 years in over 150 countries, MSH has worked shoulder to shoulder with our partners to build strong, locally led health systems that improve reproductive, maternal and child health; fight infectious disease; and control chronic illness. Our work will not be done until all people in need have equitable access to health care.