LIVES SAVED
2013 ANNUAL REPORT  
MANAGEMENT SCIENCES FOR HEALTH

A MESSAGE FROM THE CEO

Dear Friends,

A world where everyone has the opportunity for a healthy life—this is MSH’s vision, guiding our efforts to achieve lifesaving results by strengthening health systems. In the coming years, universal health coverage (UHC) will play a pivotal role in attaining this vision. UHC is the only approach that helps countries mobilize all viable funding for health, transforms health systems, responds to changing health needs, and protects households from health-related financial hardship. For this reason, in 2013, we vigorously supported UHC in the post–Millennium Development Goals framework.

UHC is more than merely aspirational or a privilege for wealthy countries. It has been proven achievable for countries at every income level. We are especially proud to have worked with Nigeria, Kenya, and Ethiopia as they set out on the path toward UHC in the past year.

More than 280,000 lives saved—this is the evidence-based estimate of impact we share with you in this report. The stories here show that strengthening health systems toward UHC is not merely working, it’s multiplying health impact. In the fragile state of Democratic Republic of the Congo and the emerging economy of Uganda, children’s lives saved also means parents teaching other parents to better care for their families. In the relatively stable economy of Ethiopia, support for women with HIV also means fewer babies born with HIV and more husbands engaged in caring for the health of their families. By 2018, MSH aims to have saved one million lives.

We still have much work to do. As we continue to improve the measurement of our progress, we will continue to improve our knowledge of what works in global health so that no one is left behind.

We are deeply grateful to our diverse funding and implementing partners and the local health leaders with whom we work shoulder to shoulder. Together we will strengthen health systems and save more lives.

With warm regards,

Jonathan D. Quick, MD, MPH
President & Chief Executive Officer

ESTIMATING LIVES SAVED

MSH is dedicated to achieving lifesaving results. We generated the lives-saved figures in this report using two tools from the SPECTRUM suite.

The Lives Saved Tool (LiST) allows health leaders to model the estimated impact of maternal, newborn, and child health interventions by combining the best scientific information about the effectiveness of those interventions with local demographic, mortality, and program coverage information.

The AIDS Impact Model (AIM) estimates infection and death rates, as well as the number of AIDS orphans.

For more information on SPECTRUM, visit www.futuresinstitute.org/spectrum.

MSH is committed to the continuous improvement of our data reliability. For more information on our results management initiative, contact Juan-Carlos Alegre at jcalegre@msh.org.

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.
“We are the talk of the town. Now pregnant mothers come to the health facility for delivery because it’s like their homes,” says Jember Alemayehu, an MSH-trained mother mentor in Korem town. In 2013, Alemayehu and three other HIV-positive mothers—Teberih Tsegay, Almaz Haile, and Yehdi Derebew—began an innovative project to perform a highly valued traditional Ethiopian birth ceremony at the local health center, encouraging at-risk women to deliver there. The US Agency for International Development (USAID) Ethiopia Network for HIV/AIDS Treatment, Care and Support (ENHAT-CS) program, funded by the US President’s Emergency Plan for AIDS Relief (PEPFAR) and implemented by MSH, has helped train 340 mother mentors at 85 health centers in three years. The mother mentors facilitate mother support groups and provide individual counseling to HIV-positive mothers to teach them how to prevent HIV in their babies and how to live healthy, positive lives themselves. Nearly 10,000 mothers have participated.

Since the mother mentors in Korem began supporting pregnant women in 2011, not a single baby from the town has been born with HIV. The mother mentors are now the talk of the global health world as well: they have been honored with 2014 REAL Awards, a global award created by Save the Children and the Frontline Health Workers Coalition to develop greater appreciation for health workers everywhere.

In 2014, MSH will celebrate ten years of partnership with Ethiopia. The mother mentor groups are one piece of our integrated, comprehensive approach to saving lives and expanding health care in all regions of the country. Since 2008, MSH’s four programs supporting distribution and use of antiretrovirals in Ethiopia have contributed to an estimated 177,000 lives saved.

In March 2013, MSH helped launch the Health for All advocacy campaign for universal health coverage. With support from The Rockefeller Foundation, MSH is working with the Ethiopian Health Insurance Agency as it rolls out nationwide insurance schemes covering both the formally and informally employed populations.
Justine Mbombo is a seamstress in a village of roughly 520 people. More than 100 are children under five, and her village has no doctor. In 2010, the village lost 17 children to measles. Two years later, an MSH project trained local residents, including Mbombo, to promote good family health behaviors and practice community-based management of childhood illness. Mbombo now educates families on the warning signs of illness; cares for nearly 20 children each month with uncomplicated cases of pneumonia, diarrhea, or malaria; and refers children with critical symptoms to a health facility. “I realize that my small gestures and my commitment save lives,” she says with pride. “Epidemics used to be frequent; today we no longer have outbreaks.” The engaged community will sustain these results, multiplying health impact.

In fragile states such as Democratic Republic of the Congo (DRC), evidence reveals that low-cost, high-impact interventions reaching many people are highly effective. MSH’s Integrated Health Project (IHP) in DRC, funded by USAID, is active in more than 1,500 health facilities in 80 health zones, reaching more than 12 million people with high-impact interventions in child survival; maternal health; reproductive health and family planning; water, sanitation, and hygiene; and HIV and AIDS, tuberculosis, and malaria. In the past year alone in DRC health facilities, the project treated more than 650,000 children under five for malaria. Between 2011 and 2013, IHP increased preventive malaria treatment in pregnant women from 26 to 74 percent. In the same period, the project increased treatment of pneumonia (62 to 86 percent) and diarrhea (29 to 57 percent) in children under five, exceeding IHP’s goals.

IHP is one of five MSH projects working together in DRC. In 2013, MSH projects in DRC helped train more than 5,300 health workers.
Delivering Lifesaving Medicines

Cost-effective, reliable, secure supply chains can save millions of lives. The Supply Chain Management System (SCMS) has virtually eliminated central-level stock-outs of AIDS medicines and supplies in PEPFAR-supported countries and helped reduce the annual cost of antiretroviral medicines from $1,500 to $100–$200 per patient. As of mid-2013, an estimated 2.5 million patients received antiretroviral medicines through SCMS. In the past year, SCMS established operations in Burma, supported the Côte d’Ivoire central medical store in transitioning to an independent, nonprofit business, and supported Guyana in opening a new world-class warehouse and distribution facility.

A Healthy Future with Afghanistan

Maternal mortality in Afghanistan has fallen by more than 70 percent since 2002. Child mortality under five has fallen by more than 60 percent—the equivalent of saving 150,000 infants and children per year. SCMS is an innovative approach to pooling medication procurement and improving service delivery, which makes health systems more accessible, affordable, and effective, even in emergencies. The project was recognized this year with a World Bank Science of Delivery Award for procurement in complex situations.

SCMS is a project of PEPFAR administered by USAID. It is managed by the Partnership for Supply Chain Management, a nonprofit organization established by MSH and JSI Research & Training Institute.

In Ethiopia, SCMS has supported our key partners, the Pharmaceutical Fund and Supply Agency (PFSA), to transform warehousing and distribution at the country rapidly scaled up HIV and AIDS testing and treatment programs. Pictured here is the Bahir Dar Regional Hub.

A Healthy Future for All: Making Universal Health Coverage a Post-2015 Priority


PHOTOS: PAULA CHAMPAGNE/MSH

Jeffrey D. Sachs at the discussion.

Peparing a landscape training in Nigeria.

An estimated 2.5 million patients received antiretroviral medicines through SCMS by mid-2013.

A Healthy Future for All: Making Universal Health Coverage a Post-2015 Priority


PHOTOS: PAULA CHAMPAGNE/MSH

Jeffrey D. Sachs at the discussion.

Videos of both the ICA and UN events are available at WWW.MSH.ORG.
I have admired MSH since its founding for its straightforward commitment to saving lives in the poorest and most vulnerable areas of the world. Its philosophy, focusing on health systems infrastructure, working mainly with local staff in the field, and applying readily available state-of-the-art public health tools and knowledge where they are in shortest supply, makes compelling sense. MSH’s strengthening of health systems throughout the world, from Africa and Asia to Europe and Latin America, has had a lasting and positive impact in more than 60 countries.

In the time I have served on the MSH Board of Directors, I have had one major goal in mind: to prepare MSH for transition to a future, under a new generation of overseers, as contributory as its amazing 40-year past. This requires a first-rate Board of Directors, a senior management team capable of running a large and complex organization, and an element of diversity in funding sources. The first two tasks, I believe anyone familiar with MSH will say, are accomplished. I am proud indeed to be associated with our Board and leadership team members. The third task, establishing a more diversified base, is now under way.

As we enter 2014, I remain as optimistic as ever that MSH needs only to continue on its current trajectory to save many more lives and improve many more health outcomes in the years to come. It is a huge honor to work with such fine people and uphold such a powerful ideal.

James M. Stone
Chairman of the Board of Directors

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

YEAR ENDING JUNE 30, 2013

<table>
<thead>
<tr>
<th>Revenue Category</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
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<tbody>
<tr>
<td>Revenues</td>
<td>$321,404,391</td>
<td>$323,078,351</td>
<td>$297,594,773</td>
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<tr>
<td>Total Expenses</td>
<td>$319,174,173</td>
<td>$297,594,773</td>
<td>$268,157,220</td>
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<td>Changes in Fund Balance</td>
<td>$2,230,218</td>
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<tr>
<td>Net Income</td>
<td>$2,230,218</td>
<td>$29,135,970</td>
<td>$29,619,298</td>
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<tr>
<td>Total Assets</td>
<td>$321,404,391</td>
<td>$323,078,351</td>
<td>$297,594,773</td>
</tr>
</tbody>
</table>

Composed of:
- Cash & Cash Equivalents
- Other Current Assets
- Property & Equipment, net of depreciation
- Other Assets
- Current Liabilities

MSH Works Across Priority Health Areas

2013 Expenses by Priority Health Area

- Tuberculosis: 5.31%
- Malaria and Compliant Diseases: 3.26%
- HIV and AIDS: 23.49%
- Integrated Health Programs: 36.93%
- Chronic Non-Compliant Diseases: 6.25%
- Family Planning: 5.54%
- Maternal, Newborn, and Child Health: 6.35%
- Maternal, Newborn, and Child Health: 6.35%
When village health team members from MSH’s USAID-funded STRIDES for Family Health project visited Nyantungo, a village in the Kamwenge district of Uganda, one child was healthy while the others were malnourished. The team asked the healthy child’s mother, Tushemerirwe Esparanza, to accept training in child nutrition and then train others in her village. When Esparanza began reaching out to other women, she faced resistance. Many were skeptical that increasing their use of inexpensive local foods could improve their children’s health and development. Yet as Esparanza persevered, some mothers took heed and their children began gaining weight and energy, saving their families time and money spent on trips to the hospital. The mothers Esparanza trained now train other women.

Sustained nutrition will help these children grow into healthy adults, multiplying health impact.

In Uganda, where malnutrition is responsible for nearly 60 percent of infant deaths, STRIDES works with both public and private partners to improve nutrition and child survival in 588 health facilities in 15 districts. The project also improves reproductive health and family planning practices: between 2009 and 2013, couple years of protection (estimated protection provided by contraceptive methods during a one-year period, based on volume of contraceptives distributed) increased from 96,105 to 228,473. STRIDES for Family Health is one of ten MSH projects working together in Uganda. In 2013, MSH projects in Uganda helped train more than 5,400 health workers.
73 COUNTRIES DURING 2013

Since our founding in 1971, MSH’s vision of health impact has influenced over 150 countries worldwide.

MSH WORKED IN

AFGHANISTAN
ALBANIA
ANGOLA
BANGLADESH
BENIN
BOSNIA AND HERZEGOVINA
BOTSWANA
BRAZIL
BURKINA FASO
BURUNDI
CAMBODIA
CAMEROON
CENTRAL AFRICAN REPUBLIC
CHAD
CÔTE D’IVOIRE
DEMOCRATIC REPUBLIC OF THE CONGO
DOMINICAN REPUBLIC
EGYPT
EL SALVADOR
ETHIOPIA
FIJI
GEORGIA
GHANA
GUATEMALA
GUINEA
GUINEA-BISSAU
HAITI
HONDURAS
INDONESIA
JORDAN
KAZAKHSTAN
KENYA
KYRGYZSTAN
LAOS
LESOTHO
LIBERIA
LIBYA
MALAWI
MALAYSIA
MALT
MAURITANIA
MEXICO
MOROCCO
MOZAMBIQUE
MYANMAR
NAMIBIA
NICARAGUA
NIGER
NIGERIA
PANAMA
PAPOUA NEW GUINEA
PERU
PHILIPPINES
RWANDA
SENEGAL
SOLOMON ISLANDS
SOUTH AFRICA
SOUTH SUDAN
SWAZILAND
TAJIKISTAN
TANZANIA
TIMOR-LESTE
TOGO
TUNISIA
TURKMENISTAN
UGANDA
UKRAINE
URUGUAY
UZBEKISTAN
VIETNAM
ZAMBIA
ZIMBABWE

73 COUNTRIES DURING 2013

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