



MANAGEMENT SCIENCES *for* HEALTH

THE POWER OF PARTNERSHIPS

Healthy People >> Healthy Nations

2006 Annual Report



Rapidly increasing contraceptive use in three remote rural areas >>

Afghanistan's reproductive health needs are overwhelming, with fertility and maternal mortality rates that are among the highest in the world. In three rural areas, MSH, with the support of the William and Flora Hewlett Foundation, worked with providers, clients, and communities to develop effective innovations, combining contraceptive expertise and cultural understanding. In just eight months, one-fourth of all women of reproductive age became contraceptive users.

Reaching 300,000 children with services >> The Democratic Republic of the Congo has one of Africa's highest under-five mortality rates. As a partner in USAID's BASICS project, MSH scaled up community-based treatment of pneumonia, diarrhea, and malaria in seven health districts, providing access to services for 300,000 children in the target age group.

Testing 112,200 people for HIV >> Malawi set a goal of providing 80,000 people with antiretroviral therapy by June 2006. To lay the groundwork, with funding from USAID, MSH helped scale up HIV testing. As a result, the number of tests performed increased more than 48 percent, from 64,600 in 2005 to 95,800 in 2006, and the number of pregnant women tested increased more than threefold, from 5,300 to 16,400 over the same period.

Delivering 280,000 tins of formula >> In Botswana, the Supply Chain Management System (SCMS) project helped protect the lives of thousands of children born to HIV-positive mothers. Within seven weeks of a request for a special procurement, SCMS delivered 280,000 tins of infant formula to avert an imminent stock-out. This shipment was enough to meet the country's need for two months for children already receiving formula until additional supplies arrived. The SCMS project team is led by the Partnership for Supply Chain Management, a nonprofit organization established by JSI Research & Training Institute and MSH and funded through USAID by the President's Emergency Plan for AIDS Relief (PEPFAR).

Supplying 3.8 million doses of antimalaria medicine >> In Uganda, the President's Malaria Initiative and MSH helped clear up an eight-week delivery backlog of one of the new antimalarial combination products in the country's National Medical Stores (NMS). MSH staff worked jointly with NMS staff to distribute the emergency supply of 3.8 million doses in three weeks to 214 health subdistricts and 52 government hospitals and military, police, and prison medical facilities.

Assisting 11,000 orphaned by AIDS >> By 2010, over 18 million children in sub-Saharan Africa will have lost one or both parents to AIDS, and the number of orphans will have increased by about 2 million. Today, millions of children live in households with sick and dying family members. Although not yet orphaned, these children are also severely affected by HIV/AIDS. USAID grants administered by MSH in South Africa are enabling orphans and vulnerable children to receive emotional support as well as educational, physical, and social services.

Reaching 550,000 clients a month >> After years of conflict, Afghanistan had some of the highest infant and maternal mortality rates in the world. With funding from USAID, MSH programs helped dramatically improve community-based care. The rate of births attended by skilled providers doubled, from 12 to 23 percent, the number of children immunized increased from 15 to 37 percent, and the use of modern contraceptives rose from 16 to 26 percent.

Bolstering the workforce at 219 health facilities >> To ease acute understaffing at health facilities in Kenya, as part of the USAID-funded Capacity Project partnership, MSH designed an emergency hiring plan that was used to hire and train 830 qualified health workers, who were deployed in 219 public health facilities in less than six months.

Exchanging information across 11,394 kilometers >> Success in using staff exchanges and virtual learning methods allowed Haiti to contribute to leadership training in Rwanda in support of performance-based financing (PBF). PBF creates performance incentives by tying health funding to service results. In Haiti, child immunization, access to family planning, and prenatal care have greatly improved. In Rwanda, the national PBF program has integrated the scale-up of HIV/AIDS services with effective support for primary health care. Annual rates of voluntary counseling and testing and of couples tested for HIV doubled in project areas.

Facilitating the flow of nearly \$2 billion in Global Fund grants >> MSH has facilitated the flow of nearly \$2 billion by assisting 12 countries receiving grants from the Global Fund for AIDS, Tuberculosis and Malaria. Since 2002, MSH has also provided training on pharmaceutical procurement and management to representatives from 62 countries. With funding from the private and public sectors, the Global Fund has dramatically increased resources to fight HIV/AIDS, TB, and malaria, providing grants of over \$7 billion to initiatives in 136 countries. MSH support was financed by the Office of the United States Global AIDS Coordinator.

MSH is proud to highlight some of the truly remarkable successes our partners have achieved, with MSH support, this past year. The *Top Accomplishments* featured on the previous page and the detailed stories that follow remind us of a truth that's easily forgotten in the face of today's overwhelming health challenges: substantial progress is possible in international health, and we don't need to look far to find the evidence.

In recent years, there have been major gains in childhood immunization, infant mortality, and reduction of diseases such as polio. Postconflict countries, including Afghanistan, Rwanda, and Haiti, have taken huge strides in rebuilding their health systems. We're also witnessing the greatest financial commitment ever by the international community, with initiatives focused on HIV/AIDS, tuberculosis, malaria, and childhood immunization.

LETTER FROM THE PRESIDENT

With our partners, MSH has been deeply involved in all these efforts, reaffirming another truth: Our impact is greatest when we work together, combining resources and aligning our efforts across all sectors—public, private, and nonprofit. MSH's role is to help ensure our partners' success. We help institutions and organizations develop effective leaders, create robust management systems, strengthen pharmaceutical systems, and expand human resources for health so programs can be locally based, locally led, and, therefore, more sustainable.

None of these accomplishments would be possible without the vision, dedication, and generous support of our funding partners: the United States Government, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, Exxon Mobil, and others. We are also deeply grateful to MSH's nearly 1,000 staff members in over 30 countries who work tirelessly and with great skill, sensitivity, and resourcefulness to make a better life possible for millions of men, women, and children throughout the world.



Jonathan D. Quick

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

MSH'S GLOBAL REACH

For more information about MSH's programs around the world, please visit our website at www.msh.org.

- COUNTRIES WHERE MSH WORKED DURING 2006
- COUNTRIES WHERE MSH HAS WORKED, 1971-2005
- MSH OFFICE





In many traditional cultures where MSH works, people share a strong belief that “it takes a village to raise a child.” At MSH, we also believe that “it takes the world to save a life.”

That conviction is rooted in a grim reality. Today’s health challenges are too vast for any organization to tackle alone: 11 million early childhood deaths annually from preventable diseases and malnutrition, 40 million people living with HIV/AIDS, an upsurge in drug-resistant tuberculosis, and high rates of maternal mortality. The only way to make lasting progress against these killers is by combining the strengths of many partners, across all sectors.

THE POWER OF PARTNERSHIPS

IT TAKES THE WORLD TO SAVE A LIFE

Our partners are remarkably diverse. Their reach spans from the political, academic, and financial capitals of the world, where global health policies and initiatives are shaped and donor resources are allocated; to the halls of government in developing nations, where innovative leaders strive to rebuild health systems and deliver essential services to their citizens; to district hospitals and village health posts, where dedicated men and women bring skill and compassion to the task of preventing and treating illness and disease.

Across these domains, our role is to help develop a strong workforce and leadership for health care, implement effective management systems, and improve the quality of services.

**POWERFUL
PARTNERSHIPS**



**HEALTHY
PEOPLE**



**HEALTHY
NATIONS**



THE WHOLE WORLD BENEFITS FROM HEALTHY PEOPLE

Wherever our partnerships succeed, the positive impact of good health has a ripple effect, contributing to the building of healthy nations.

IMPROVED QUALITY OF LIFE >> Healthy adults are better able to earn a living and healthy children attend school regularly, thus improving their opportunities later in life and reducing poverty.

ROBUST ECONOMIES >> A healthy workforce is more productive and reliable than one worn down by illness. Workers can build their skills over time, contributing to innovation and growth.

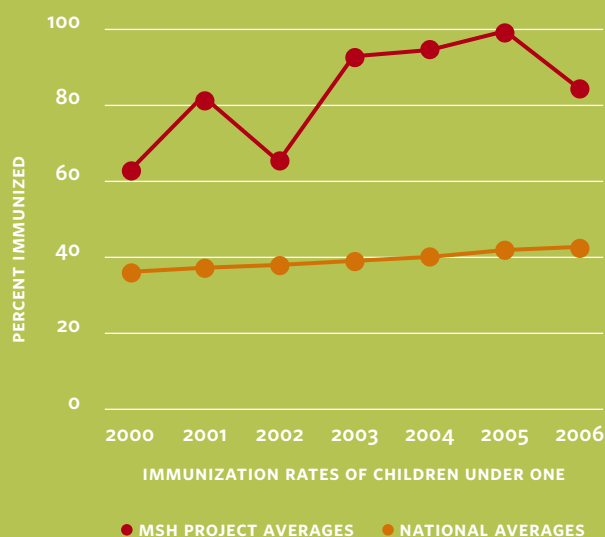
POLITICAL STABILITY >> By meeting the health needs of their citizens, governments are able to build trust and increase political stability.

STRONG DEMOCRACIES >> When the burdens of poor health are reduced, people participate more fully in civil society and democratic institutions.

At MSH, we draw daily inspiration from people who take an active role in improving their health, often for the first time in their lives. For example, parents who are taught basic hygiene are thrilled to know they can reduce their children's vulnerability to deadly diarrheal illnesses. And couples who see they can reconcile traditional values with family planning have new options for controlling family size—and a better chance to rise out of poverty.

CHANGE STARTS WITH INDIVIDUALS AND FAMILIES

With our partners, MSH supports programs that educate and motivate individuals to make sound health choices, such as improving nutrition, seeking prenatal care, and preventing HIV infection. To support those choices, we help ensure that vital services are available close to the point of need: at health centers, at village health posts, and through community health workers, who often serve clients by going door-to-door.



BY INCREASING IMMUNIZATION RATES, HAITI REDUCES VULNERABILITY TO CHILDHOOD DISEASES

Wracked by poverty and instability, Haiti suffers the highest rates of infant mortality and malnutrition in the Americas. In response, 24 institutions have banded with the Haitian Ministry of Health and MSH to offer child survival services in an area that now encompasses 4 million people.

This initiative has succeeded in reducing children's vulnerability to diseases. In the areas served, the percentage of fully immunized children under age one far exceeds national averages, even when violence or natural disasters disrupt services, as happened with a hurricane in 2002. Growth monitoring has increased dramatically, too, from 43 percent in 2001 to 75 percent in 2005. *Funding: USAID*

Malawi

OUTPATIENT CARE KEEPS MALNOURISHED CHILDREN CLOSE TO HOME

During a famine—which hits young children hardest—hunger often worsens during the planting season, when supplies from the previous harvest have run out. In the Mulanje District, the only treatment for malnutrition involved a two- to three-week hospital stay. Because children had to be accompanied, hospitalization required mothers to be away from home when they were urgently needed in the fields. The district health team met this need by mobilizing and training community volunteers to identify malnourished children and facilitate timely care for most in their homes.

PARTNERS >> Mulanje District Health Management Team, local communities, and volunteers

GOAL >> Provide prompt treatment for malnutrition while minimizing disruption to families

RESULTS >> 1,473 children were treated for severe malnutrition in 2006 and 81 percent of these were treated on an outpatient basis with Chiponde, an affordable nutritional supplement

Based on the success of the Community Therapeutic Care (CTC) program in Mulanje, the Ministry of Health has made it a priority program for all health facilities in Malawi, and volunteers can be seen wearing green and white CTC T-shirts all over the country. *Funding: USAID*



Sallie Craig Huber

Rwanda

COUNSELING IS THE FIRST STEP TOWARD A LONGER LIFE

Paulette and Bonaventure don't know anything about performance-based financing, but they know that HIV counseling has probably added years to their lives and their infant daughter's. While pregnant, Paulette visited the local health center, where a counselor persuaded the couple to be tested. When the results were positive, Paulette was given care to protect the baby from being infected, and she and Bonaventure adopted a healthier lifestyle to slow the progress of the infection.

This is the kind of outcome Rwandan health officials hoped for when in 2006 they introduced performance-based financing, which aims to increase HIV counseling and testing by offering financial incentives to providers based on services delivered.

PARTNERS >> Ministry of Health, Cordaid, HealthNet International
GOAL >> Increase voluntary counseling and testing (VCT) as part of improving HIV treatment and care

RESULTS >> In Gicumbi District, the number of VCT clients jumped 55 percent in six months; the program has been implemented in 21 of 30 districts

An extended team, including MSH, created the program, based on MSH's experiences with performance-based financing in Haiti, Cambodia, and two provinces in Rwanda. *Funding: USAID*



Michael Paydos

“Every month our facility sees 1,200 women seeking family planning and reproductive health services. Half our clients receive services free of charge, so coverage of extremely low-income families is ensured. MSH has helped PROFAMILIA strengthen our ability to serve this very vulnerable population.”

Dr. José Ramón Ubau, Clinic Director, PROFAMILIA
Managua, Nicaragua

PREVIOUS PAGE, LEFT: An MSH/Malawi staff member demonstrates to mothers how to make homemade Chiponde, a nutritional supplement.

PREVIOUS PAGE, RIGHT: Young girls read over HIV/AIDS materials in Kibungo, Rwanda.

BELOW, LEFT: School children in San José de los Remates, Nicaragua. Family planning is one of the most important health interventions to increase child survival.

BELOW, RIGHT: A mother and her children visit their family doctor at a local health clinic in Nicaragua.

Nicaragua

AN ORGANIZATION'S REVIVAL HELPS MORE FAMILIES THRIVE

Until recently, Maria and Guillermo lived in fear that Maria would become pregnant. With five children to support, the family barely survives on a monthly salary of \$66. Fortunately, PROFAMILIA was there to help, and Maria was able to obtain voluntary contraceptive surgery at no cost. Relieved of their fear, the couple now feels more optimistic about the future.

The story might have ended differently, however. In 2003, PROFAMILIA faced its own crisis when half its funding was cut. Determined to continue serving poor families, the organization set out to strengthen its long-term viability.

PARTNER >> PROFAMILIA serves 765,000 people through 16 clinics and 900 community agents

GOAL >> Revitalize the organization after a major funding cut to continue providing a full range of contraceptive services

RESULTS >> PROFAMILIA increased contraceptive sales by 200 percent, boosting revenues; with MSH's counsel, PROFAMILIA improved its sustainability from 56 percent to 95 percent in three years

Turning to MSH for coaching support and using assessment and planning tools, PROFAMILIA was successful in its efforts to improve distribution, strengthen management systems, streamline costs, and diversify services. *Funding: USAID*



Julie O'Brien



Michael Paydos

In countries paralyzed by vast health problems, communities often take the lead in rebuilding local health systems and services. People have a profound self-interest in improving health for their children, families, and neighbors. Being far from the centers of power, they have the freedom to act independently and develop innovative approaches to solving local health problems. They draw on the influence and wisdom of elected and religious leaders, the skills of local caregivers and civil society organizations, and the vitality of people determined to make a better life for themselves.

COMMUNITIES TAKE CHARGE OF THEIR HEALTH

Working with all these community leaders, MSH supports efforts to build robust local institutions, improve the quality of care, and empower people to take charge of their health. Priorities include:

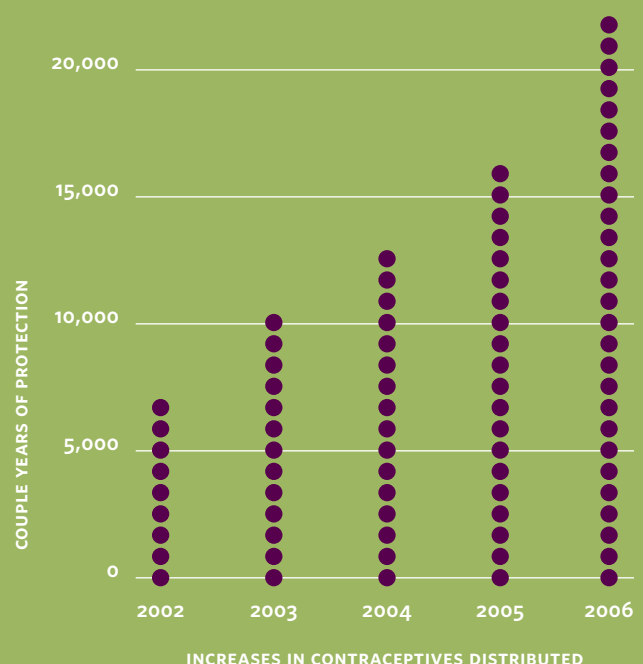
- involving citizens in health care decision-making and funding;
- bringing services closer to individuals through community-based programs;
- fostering democracy by strengthening local leadership, management, and governance.

COMMUNITY AGENTS DRAMATICALLY INCREASE THE USE OF FAMILY PLANNING IN GUINEA

In Upper Guinea, rural villages were successful in increasing access to and use of family planning by combining facility-based health services with a robust local network of community-based distribution (CBD) agents.

- New family planning clients recruited by CBD agents increased more than 900 percent from 2005 to 2006.
- The percentage of women of reproductive age using contraceptives nearly doubled in three years (2003 to 2006).
- The total number of years of contraceptive protection distributed to couples increased more than 26 percent annually over four years.

Funding: USAID



Guinea

RURAL VILLAGES REBUILD TRUST IN THE HEALTH SYSTEM

In Upper Guinea, people's confidence in the health system had broken down due to a lack of services and medicines and overcharging for services. With people unwilling to use health facilities, there were high rates of maternal and child mortality, malnutrition, and sexually transmitted infections.

PARTNERS >> 14 villages in the Kankan region, district health centers

GOAL >> Restore trust in the system by improving local governance

RESULTS >> Use of family planning and other key services increased dramatically (see the chart, previous page); health center revenues increased, providing funds to improve services; insurance reserves grew dramatically, making care more affordable

Local villages and district health centers worked together to involve residents in co-managing health services, insurance funds, and the purchase of medicines and supplies. Through elected health committees, residents negotiate standard prices with health facilities and promote the use of community-based distribution agents to village populations. These efforts have led to an increased use of services, more reasonable prices, and increased health center revenues, which are used to further improve services. *Funding: USAID*



Chevenne Reavis

Haiti

COMMUNITIES SUPPORT PEOPLE LIVING WITH HIV/AIDS

With an estimated 190,000 people infected with HIV, Haiti is expanding access to antiretroviral treatment (ART). But there's a risk: unless patients take their drugs regularly, as prescribed, their health can worsen and drug resistance will increase. That level of discipline is difficult to maintain under any circumstances, and more so for people affected by ill health and poverty.

Now help is available through a campaign to mobilize community health workers, called *accompagnateurs*. Working through eight ART sites across Haiti, *accompagnateurs* visit patients daily to be sure they're taking their drugs correctly and help reduce the stigma and isolation of people living with HIV.

PARTNERS >> A network of 27 nongovernmental and faith-based organizations

GOAL >> Improve patients' adherence to ART

RESULTS >> 315 *accompagnateurs* and 75 supervisors have been trained to date; 2,000 patients are being supported, a number officials hope will grow to 20,000 or more

MSH partners have been deeply involved in designing and introducing the program, which recruits, trains, and supervises community members and pays them a modest stipend for their work. *Funding: USAID*



Paul Auxilia

South Africa

EARLY, ACCURATE DETECTION OF TUBERCULOSIS MEANS FASTER TREATMENT AND CURE

Millions of people are newly infected with TB each year, and when it goes undetected, the costs are high. A TB-positive person can easily infect others within a family or community, and untreated TB causes many deaths in people with AIDS.

PARTNERS >> Bethesda Hospital, KwaZulu Natal Province

GOAL >> Improve early detection of TB

RESULTS >> 120 community health workers were trained to collect sputum samples for lab analysis; after just 3 weeks, the number of samples that had to be discarded due to poor quality had decreased by 45 percent

In analyzing case detection rates, the Bethesda Hospital TB Task Force found that poor-quality sputum samples being sent to its labs were resulting in inaccurate results and delayed diagnosis. Training on collecting samples was quickly developed for community health workers, along with a user-friendly, visual guide. This tool, which includes basic instructions in Zulu and English, shows patients how to provide a good-quality sample. After the training, the number of sputum samples that had to be discarded due to poor quality declined significantly, and case detection improved as more people agreed to be tested. *Funding: USAID*

“Everyone knows me in my village from being a community-based distribution agent, so they trusted me. When I was chosen to be the treasurer [of our insurance association], it was a big honor. My heart has opened with a new joy.”

Diaba Diawar, Village of Banonko, Cissela, Guinea

BELOW, FAR LEFT: Two community health care volunteers in Guinea participate in a monthly team meeting. These meetings allow communities to play an active role in managing their health care system.

BELOW, CENTER: Health workers in Haiti educate communities and visit people living with HIV to provide support and ensure that patients take their medication regularly.

BELOW, FAR RIGHT: A busy waiting room in a South African health clinic. Patients with TB—a leading cause of death in South Africa—wait in a separate room to protect others from infection.

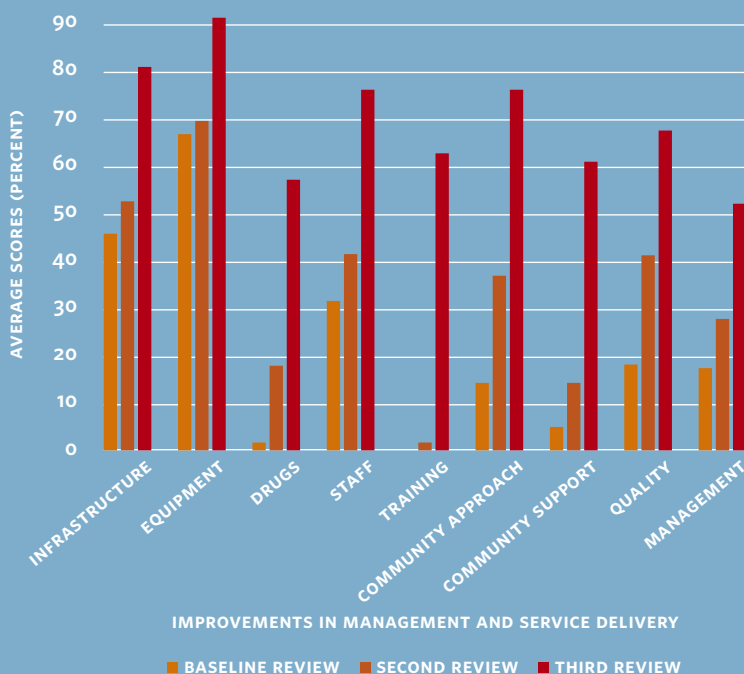


Melissa May, courtesy of Photoshare

With growing frequency, provinces and districts in developing countries are being asked to share the task of creating a thriving, locally based health system—one that can sustain itself after international funding and technical assistance eventually diminish. To succeed in this expanded role, provincial and district governments and local NGOs must strengthen their leadership and management capabilities.

PROVINCES RESPOND TO CHALLENGES WITH INNOVATION

MSH is deeply involved in helping partners make this critical transition through leadership development programs, grants to local NGOs, and assistance in creating systems for managing health information, finances, medicines, and people. In turn, we see many provinces and districts developing innovative and successful programs that can be scaled up to the national level.



AFGHAN NGOS HAVE BUILT THE EXPERTISE TO DELIVER HEALTH GAINS

Care for Afghan Families (CAF) is one local NGO whose work in rural Afghanistan has contributed to dramatic improvements in health measures, including contraceptive use, prenatal care, attended births, and childhood immunizations.

To sustain these hard-won gains and extend them to more people, CAF is continually enhancing its services and building strong Afghan leadership and expertise. Evaluations of 76 service sites in 2005–06 show that CAF and 11 other NGOs improved every dimension of service delivery and management, from infrastructure systems such as waste disposal and drug inventory systems to quality measures such as patient satisfaction. *Funding: USAID*

Afghanistan

LOCAL LEADERSHIP IS THE KEY TO SUSTAINABILITY

Courageous. Visionary. Capable. This is how colleagues describe Care for Afghan Families (CAF) and STEP Health and Development Organization, local NGOs that were awarded grants to help rebuild Afghanistan's health system after years of turmoil. Known for their leadership and innovation, both organizations excel at delivering basic health services mandated by national policy.

PARTNERS >> CAF, STEP

GOAL >> Expand access to and improve the quality of health services in rural areas

RESULTS >> The Afghan NGOs contributed to training 6,300 community health workers, 800 midwives, and 6,000 health committee members and achieving significant improvements in prenatal care, births attended by trained care providers, immunizations, and contraceptive use

STEP led the way in using provincial health data to plan services and reach quality goals. In a traditional culture where women can receive health care only from other women, CAF played a major role in training community midwives and female community health workers. *Funding: USAID*



Emily Phillips

Malawi

STRENGTHENING MANAGEMENT SYSTEMS IMPROVES CARE

Because management systems operate “behind the scenes,” they are not always recognized as a cornerstone for improving health. But in the Mulanje District of Malawi, where a hospital and 17 community facilities serve 523,000 people, health officials have shown how powerful effective management can be.

PARTNER >> Mulanje District Health Management Team

GOAL >> Improve prevention and care for critical illnesses by strengthening health management systems

RESULTS >> An innovative malaria prevention campaign visited four high-prevalence locations and sold 1,400 insecticide-treated bed nets in just five days; Mulanje District Hospital was one of eight pilot facilities across the country that reduced hospital mortality rates by 35 percent

Led by an innovative management team, the district strengthened financial and human resource management, pharmaceutical management, supervision, and quality systems. Nearly 100 percent of newly diagnosed tuberculosis patients were tested for HIV. Additionally, nutrition outpatient care was expanded to 10 community-based sites. MSH supported these efforts by providing training, equipment, supplies, and technical assistance. *Funding: USAID*



Carmen Urdaneta

“MSH’s activities in Nepal have helped ADRA’s staff and our partners in the District Health Offices realize that they are not powerless; they can create positive change. It brings hope to thousands of health care, education, and other providers who work under difficult conditions.”

Mark Webster, ADRA International Program Management Bureau Chief and former ADRA/Nepal Country Director

Nepal

TRAINING LEADERS TO FOSTER SUCCESSFUL REFORM

Decentralization is a cornerstone of government reform, offering a path to improving services and accountability and achieving greater impact from investments in health and non-health sectors. To support its decentralization strategy, Nepal engaged the Adventist Development and Relief Agency (ADRA)/Nepal and MSH to implement a results-oriented leadership development program for district teams and NGOs.

PARTNERS >> ADRA/Nepal, Institute for Cultural Affairs, National Health Training Center

GOAL >> Help districts address development challenges in the context of decentralization and political change

RESULTS >> 31 teams implemented diverse action plans. For example, one project resulted in increasing the use of contraceptives—from 8 percent to 13 percent—in a traditional Muslim area.

The program—which adapts MSH’s proven leadership development approach for Nepali audiences and facilitators—shows teams how to leverage multisectoral partnerships to achieve better results using existing resources.

With its extensive community-based networks and strong reputation for humanitarian work, ADRA/Nepal was instrumental in helping MSH quickly establish credibility in Nepal. In turn, ADRA/Nepal is strengthening its own leadership by adopting MSH tools and techniques.

Funding: USAID

PREVIOUS PAGE, LEFT: A midwife in Ghor Province provides contraceptives to a young client at a USAID-REACH community health center.

PREVIOUS PAGE, RIGHT: District health teams in Malawi are focused on improving the management and effectiveness of child health programs.

BELOW, LEFT: A Nepali government employee, participating in a leadership development workshop conducted by MSH, envisions a healthy and prosperous Nepal.

BELOW, RIGHT: A girl from Dulikhel, Nepal. MSH and ADRA jointly led a leadership development program to support new government decentralization activities in Nepal.



Antony Jose, ADRA/Azerbaijan



Antony Jose, ADRA/Azerbaijan

In many developing countries, the Ministry of Health is MSH's foremost partner, providing the vision, leadership, and fierce determination that is needed to rebuild health systems shattered by conflict, natural disasters, and poverty. Aligning its efforts with ministries' goals, MSH helps develop and implement key policies, such as decentralizing health services so they are more responsive to citizens' needs and increasing the use of critical services by tying funding to good performance.

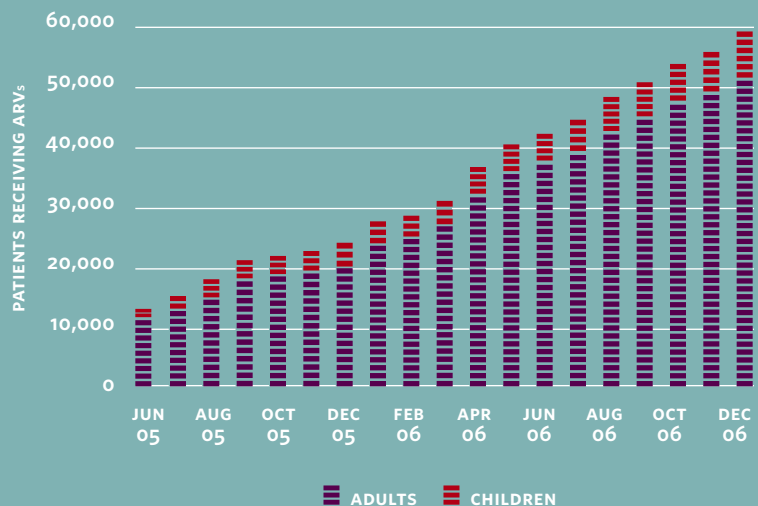
COUNTRIES CHART THEIR OWN COURSE FORWARD

We also help coordinate the efforts of many partners to maximize the impact of health investments. For example, in Haiti, MSH worked with the Ministry of Health and a network of 27 nongovernmental organizations (NGOs) to ensure that NGO plans were integrated into the Ministry's processes for planning, funding, and implementing essential services. In a country where only one-third of the population previously had access to quality care, this partnership is expanding coverage to half the population and has led to marked improvements in immunization, maternal health, and drug management.

IN KENYA, MEDS RAPIDLY INCREASES AVAILABILITY OF ARV DRUGS WHILE ENSURING A RELIABLE SUPPLY

The AIDS pandemic has had a significant impact on Kenya. In a population of 30 million, 6.7 percent of adults are thought to be infected with HIV, 500 people die each day from AIDS-related causes, and an estimated 250,000 people urgently need antiretroviral (ARV) drugs.

With support from MSH, the Mission for Essential Drugs and Supplies (MEDS), a Christian not-for-profit organization, has rapidly scaled up procurement and distribution of ARVs, while helping ensure a reliable supply to 155 sites throughout Kenya that are supported by the US President's Emergency Plan for AIDS Relief. Despite global supply challenges, MEDS delivers most orders within three to five days. More than 60,000 patients are currently supported, with a goal of 70,000 supported by September 2007. *Funding: USAID*



Cambodia

INFORMATION PROVES VITAL IN BATTLING DRUG-RESISTANT MALARIA

On the western border of Cambodia, where multidrug-resistant malaria is a well-documented problem, the Cambodian government launched an initiative in 2000 to promote early diagnosis and treatment. But because resources are scarce, they recognized that investment decisions must be guided by sound data.

Assessments conducted by MSH and partners revealed key factors contributing to drug resistance: low availability of medicines, lack of accurate diagnosis, inappropriate treatment, and the use of counterfeit and substandard drugs.

PARTNERS >> National Malaria Center, Cambodian CDC, Department of Drugs and Food, WHO, and US Pharmacopeia

GOAL >> To slow drug resistance by improving the management of medicines

RESULTS >> Personnel have been trained in pharmaceutical management for malaria medicines; pharmacy staff are being trained in correct dispensing practices for malaria and other early childhood illnesses

Armed with this information, Cambodia has refined its pharmaceutical policies and implemented training of staff from national agencies and six provinces to strengthen pharmaceutical management and improve the dispensing of medicines. The Cambodian government continues to monitor drug resistance. *Funding: USAID*



Olya Duzey

Ethiopia

THREE PARTNERS CRAFT SOLUTIONS WITH LONG-TERM IMPACT

Despite having limited resources, Ethiopia has made a strong commitment to health, investing 6 percent of its gross domestic product in health care. One major focus involves providing antiretroviral (ARV) drugs for more than 200,000 people.

PARTNERS >> Ministry of Health, Federal HIV/AIDS Prevention and Control Office, and Drug Administration and Control Authority

GOAL >> Meet immediate ARV needs while building drug management capacity

RESULTS >> The number of clients receiving free ARV treatment grew from 0 to 53,700 over two years; kits for preventing mother-to-child transmission of HIV are available at more than 300 sites

With assistance from MSH, Ethiopia has improved supply management, product quality, and use of medicines—expertise that can be applied to other problem areas. Forty-two pharmacies (serving 70 percent of the clients using ARVs) are computerized, and 1,500 people have been trained in ARV drug management and information systems. Renovations at 70 sites have improved storage and handling and provided confidential space for ARV counseling and dispensing. *Funding: USAID*



Gabriel Daniel

Eastern and Southern Africa

PROVEN TOOLS HELP ESAMI CLOSE “THE MANAGEMENT GAP”

The demand for skilled managers and executives far outpaces the supply of qualified individuals in Africa. Owned by 10 member governments, the Eastern and Southern African Management Institute (ESAMI) is dedicated to closing this gap, accelerating efforts to reform government, eradicate poverty and disease, and compete economically. Since its establishment in 1980, more than 30,000 middle and senior personnel from the public and private sectors have attended management development programs offered by the Institute.

PARTNER >> ESAMI offers leadership and management development, consulting services, and management research

GOAL >> Increase the ranks of skilled managers and equip them to succeed in rapidly changing conditions

RESULTS >> ESAMI has integrated MSH's evidence-based methods into offerings in several countries, including Ghana, Kenya, Malawi, Tanzania, and Uganda

ESAMI has adopted approaches pioneered by MSH—team learning using face-to-face and virtual delivery methods—that have proven effective in equipping managers to achieve results in the health sector. Areas of focus include leadership development, organizational sustainability, business planning, and human resource management. *Funding: USAID*

“MSH works hard at being a good partner to the Ministry of Health. Whenever possible, we work with and through Ministry structures, rather than setting up parallel structures. We focus on initiatives that support national health objectives, such as malaria prevention and scale-up of HIV counseling and testing.”

Dr. Rudi Thétard, MSH Chief of Party, Malawi

BELOW, FAR LEFT: A drug dispenser talks with a staff person from Cambodia's National Malaria Center. Pharmacists and other dispensers are being trained in how to manage and properly dispense medicines.

BELOW, CENTER: Pharmacy professionals from private hospitals in Ethiopia after completion of training on HIV/AIDS medicines management and patient counseling. Private hospitals as well as public hospitals are now providing free ARVs.

BELOW, FAR RIGHT: An ESAMI instructor runs a leadership development program for teams from 10 District AIDS Coordinating Committees of Zanzibar.



Michael Paydos

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MSH FIELD OFFICES

Afghanistan

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Ayub Khan Mena
Karte Seh
Kabul, Afghanistan
Telephone: 93.70.241.782

Armenia

MSH/RPM Plus Program
1 Amiryan St., No. 310
Yerevan, Armenia 375010
Telephone: 37410.599.930/564.058

Brazil

MSH/RPM Plus Program
Projeto MSH
Centro de Referência Prof. Hélio Fraga
Estrada de Curicica No. 2000
Jacarepaguá
CEP 22725-552
Rio de Janeiro - RJ - Brazil
Telephone: 55.21.2448.6805

Côte d'Ivoire

MSH/SCMS Project
Rue des Majorettes
Marcory-Bietry
18 BP 2252 Abidjan 18
Côte d'Ivoire
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Democratic Republic of Congo

MSH/RPM Plus Program
75 avenue de la Justice
Kinshasa-Gombe
Democratic Republic of Congo
Telephone: 243.9.9816.0862

Ethiopia

MSH/RPM Plus Program
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Addis Ababa, Ethiopia
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Ghana

MSH/AWARE-RH Project
Demmco House
1 Dzonwulu Crescent
Airport-West PMB CT 242
Accra, Ghana
Telephone: 233.21.786.152

Guinea

MSH/PRISM II Project
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BP 3064
Corniche Sud, Quartier Coleah
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Telephone: 224.22.0751

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44 High Street
DDL Building, 3rd Floor
Kingston, Georgetown, Guyana
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MSH/SCMS Project
58 High Street, Kingston
Georgetown, Guyana
Telephone: 592.225.5044

Haiti

MSH/HS-2007
Rue Beaudieu #5
Impasse Prosper, Musseau
Port-au-Prince, Haiti
Telephone: 509.510.9901/9902
509.513.1880/1883

MSH/SCMS Project
Rue Emmerick #24
(Derrière Hotel Montana)
Bourdon, Pétion-Ville
Port-au-Prince, Haiti
Telephone: 509.513.3585/3586

India

BASICS India
30, Basement
Hauz Khas Village
New Delhi 110016, India
Telephone: 91.115.570.2887

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MSH/RPM Plus and
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ACK Garden House, Block A, 6th Floor
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Malawi

MSH/Malawi and RPM
Plus Programs
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P/Bag 398
Lilongwe 3, Malawi
Telephone: 265.1.756.111

Namibia

MSH/RPM Plus Program
Office 3G, Yang Tze Plaza
351 Sam Nujoma Drive
Klein Windhoek
or
PO Box 90027
Windhoek, Namibia
Telephone: 264.61.228016/228616

Nicaragua

MSH/LMS Program
Frente el Complejo Concepción Palacios
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Managua, Nicaragua
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Nigeria

COMPASS Project
Plot 1456 Justice George Sowemimo St.
Off T.Y. Danjuma Street
Asokoro, Abuja, Nigeria
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MSH/LMS
No. 16 Thomas Sankara Street
Asokoro, Abuja, Nigeria
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Pakistan

MSH/PRIDE
House No. 33B
Street No. 13, Sector F-7/2
Islamabad, Pakistan
Telephone: (92 51) 2654-086

Peru

MSH Peru
Calle Gonzales Prada 350
Miraflores-Lima
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Rwanda

MSH/RPM Plus Program
Rue de Ntaruka/Kiyovu
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Kigali, Rwanda
Telephone: 250.503.508/509

Senegal

MSH/RPM Plus Program
45 Route de la Pyrotechnie
Mermoz
Dakar, Senegal
Telephone: 221.869.1466

South Africa

MSH/IPHC Project
Block 6, Phase 4
Haymeadow Street
Faerie Glen
Pretoria, South Africa
Telephone: 27.12.991.3559

MSH/RPM Plus Program
Masada Building, 4th Floor
196 Proess Street
Pretoria 0001, South Africa
Telephone: 27.12.326.4027

TASC TB

Hatfield Gardens
Corner Schoeman and Grosvenor Streets
Block E, 3rd Floor
Hatfield, Pretoria, South Africa
Telephone: 27.12.342.1336/1419/1427

Southern Sudan

MSH/RPM Plus Program
c/o Ministry of Health
Government of Southern Sudan
Juba, Southern Sudan
RPM Plus Uganda is the main point of contact.

Tanzania

MSH/LMS and RPM Plus
Programs
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PO Box 50104
Dar es Salaam, Tanzania
Telephone: 255.22.213.6415

Timor-Leste

BASICS: TAIS
Delegacia Saude
Rue Bairo Formosa
Dili, Timor-Leste
Telephone: 670.723.4080

Uganda

MSH/RPM Plus Program
Plot No. 6
Kafu Road
Nakasero
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Kampala, Uganda
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Vietnam

MSH/RPM Plus Program and
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30 Nguyen Du, Suite 104
Hanoi, Vietnam
Telephone: 84.4.945.4561/4562

Zambia

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Lusaka, Zambia
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STATEMENT OF REVENUES, PROGRAM EXPENSES, AND CHANGES IN FUND BALANCE

Year ended June 30, 2006 (drawn from audited financial statements)

Revenue

Contract, Grant, and Program Revenue	\$ 169,416,011
Investment Income, Contributions	330,025
<i>Total</i>	<i>\$ 169,746,036</i>

Expenses

<i>Total</i>	<i>\$ 167,923,546</i>
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Changes in Fund Balance

Balance at Beginning of Year	\$ 11,839,873
Excess of Project Support and Revenue over Expenses	1,822,490
<i>Balance at End of Year</i>	<i>\$ 13,662,363</i>

Composed of

Cash and Cash Equivalents	\$ 14,168,832
Amounts Due on Contracts	7,147,102
Other Current Assets	3,170,370
Property and Equipment (Net of Depreciation)	1,632,286
Other Assets	295,625
Current Liabilities	(12,751,852)
<i>Total Unrestricted Net Assets</i>	<i>\$ 13,662,363</i>

Years in Review

Contract, Grant, and Program Revenue	
2002	\$ 65,869,170
2003	77,106,145
2004	110,657,998
2005	155,846,810
2006	169,416,011

SOURCES OF SUPPORT

Year ended June 30, 2006

Academy for Educational Development
Adventist Development and Relief Agency International
American Red Cross
Bellevue Fund
Comité Técnico de Apoyo a la Lactancia Materna
Constella Futures
Costa Rican Social Security Fund
Dartmouth College
Department for International Development
Eastern and Southern African Management Institute
EngenderHealth
Euro Health Group
Exxon Mobil Corporation
Family Health International
Foundation for Advanced Studies on International Development
Bill and Melinda Gates Foundation
William and Flora Hewlett Foundation
Inter-American Development Bank
International Dispensary Association
International Medical Corps
IntraHealth International, Inc.
Japan International Cooperation Agency
KNCV Tuberculosis Foundation
Medicines for Malaria Venture
Medicus Mundi International
Ministry of Health of Afghanistan
Ministry of Health of Suriname
Mzambazi Community Hospital
Oxfam/Malawi
David and Lucile Packard Foundation
Pan American Health Organization
Partnership for Child Health
Partnership for Supply Chain Management, Inc.
PATH
Pathfinder International
Population Services International
Press Trust Ltd.
Project Peanut Butter
Red Cross of Angola
Romanian National Tuberculosis Program
Royal Insurance Company of Malawi Ltd.
Save the Children Federation
Social and Scientific Systems, Inc.
James M. and Cathleen D. Stone Foundation at the Boston Foundation
Swedish International Development Cooperation Agency
Tufts University
UNICEF
United States Agency for International Development
University Research Company, LLC
World Bank
World Health Organization
World Vision

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Director of the Program in Health Decision Science*
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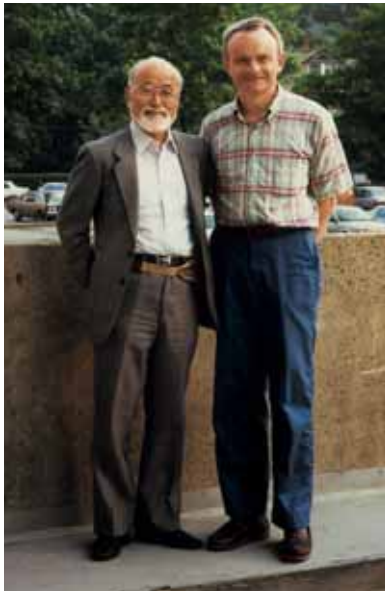
Consultant
Watertown, Massachusetts

Alan F. White

Senior Associate Dean
Sloan School of Management
Massachusetts Institute of Technology
Cambridge, Massachusetts

A Reflection on Our 35th Anniversary

This year's Annual Report is dedicated to the memory of Dr. Noburu Iwamura. Rescued as a teenager from the rubble of the atomic blast at Hiroshima, he became a visionary and much-loved figure in public health. His example inspired Dr. Ron O'Connor to found MSH in 1971. Dr. Iwamura's philosophy—and ours—is captured in the *Tao of Leadership*:



Marcia Herrera

Dr. Iwamura and MSH's founder, Ron O'Connor

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.

To read Dr. O'Connor's tribute to Dr. Iwamura, go to www.msh.org.

Management Sciences for Health

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

FRONT COVER: An imam—traditional Muslim leader—in northeastern Guinea speaks about the importance of good health in his community. He lets people know that their local health clinic is a trusted resource. Religious leaders are important partners in promoting good health care in communities across the world. *Photo by Chevenee Reavis*