

DECLARATION OF MARIAN W. WENTWORTH

I, Marian W. Wentworth, declare as follows:

1. I am the President and Chief Executive Officer of Management Sciences for Health, Inc. (“MSH”). I submit this declaration in support of Plaintiffs’ application for a temporary restraining order in this matter. The statements made in this declaration are based on my personal knowledge, materials I have reviewed, and information made available to me pursuant to my duties at MSH.

2. MSH is global nonprofit organization that is headquartered at 4201 Wilson Boulevard, Suite 500, Arlington, VA 22203. Founded in 1971, MSH has improved health systems and health outcomes in more than 150 countries worldwide by providing governments, health organizations and the private sector with the strategies, tools and management support to effectively and efficiently deliver high-functioning health systems. Our mission is to work shoulder to shoulder with countries and communities to save lives and improve the health of the world’s poorest and most vulnerable people by building strong, resilient, sustainable health systems. Working on behalf of the American people with the U.S. Agency for International Development (“USAID”), the Centers for Disease Control (“CDC”) and other government and international agencies, we partner with countries to develop solutions for local health systems challenges to sustain the delivery of people-centered primary health care. We work in any geography where there is demand for our services from local partners and the potential to catalyze greater health impact.

3. Specifically, MSH:
 - a. Strengthens health systems foundations as a means of improving population health on a broad scale;
 - b. Works side-by-side with public, private, and community partners at all levels of the health system to develop the skills they need to prevent, prepare for, respond to, and recover from public health threats that imperil people's lives and wellbeing such as HIV/AIDS, tuberculosis, malaria, pandemic preparedness and response and non-communicable diseases;
 - c. Saves lives and helps achieve U.S. foreign policy goals -- MSH protects Americans from disease outbreaks reaching U.S. shores, making America safer; it helps stabilize economies of our trading partners in Africa and Asia to make America more prosperous; and it builds goodwill with countries around the world, making America stronger.

4. MSH holds funding agreements with USAID for 19 different projects in 20 countries and with the Centers for Disease Control on one global project. This includes ten cooperative agreements, six contracts, three sub-agreements and one grant as detailed below. Approximately 88% of our funding comes from USAID. The following lists the agreements currently in force between USAID and MSH:

USAID Cooperative Agreements:

- Madagascar ACCESS;
- Uganda Strong Supply Chain Systems;

- Afghanistan Assistance for Families and Indigenous Afghans;
- Ethiopia Eliminate Tuberculosis;
- Ethiopia Health Resilience;
- Rwanda IREME Health Systems Strengthening;
- Indonesia BEBAS-TB;
- Benin Health Systems Strengthening;
- Liberia Local Health Solutions;
- Uganda Health Systems Strengthening.

USAID Contracts

- Ukraine Safe, Affordable and Effective Medicines for Ukrainians;
- Nigeria U.S. President's Malaria Initiative for States IDIQ and Task Order 4;
- Medicines, Technologies and Pharmaceutical Systems (MTaPS) global;
- Health Systems for Tuberculosis (HS4TB) in India and Bangladesh;
- Cameroon NextGen Efficient Supply Chains Advance Patient Engagement (ESCAPE);
- Ethiopia Supply Chain Strengthening.

USAID Sub-Agreements

- Reaching Impact, Saturation, and Epidemic Control (RISE) in Cameroon and Zambia;
- Afghanistan Urban Health Initiative;
- Tuberculosis Reset in Kenya.

5. Between January 25 and January 28, 2025, MSH received 19 stop work/suspension orders from USAID (together, “SWOs”) and the prime award holders under which we have sub-agreements. The SWOs had some differentiation, but the following is representative.

Implementation of Executive Order on Reevaluating and Realigning United States Foreign Aid. In accordance with the Executive Order on Reevaluating and Realigning United States Foreign Aid, dated January 20, 2025 (linked below), and the related USAID Notice on Implementation of Executive Order: Reevaluating and Realigning United States Foreign Aid, dated January 24, 2025 (Attachment 1), this Notice serves as a directive to all USAID/West Africa and USAID/Ghana IPs to immediately stop, cease, and/or suspend any work being performed under your respective funding agreement, including but not limited to, a contract, task order, grant, cooperative agreement, or other acquisition or assistance instrument until further notice¹ (emphasis added).

6. MSH received no advance notice of the SWOs, which would have allowed us to prepare and at least partially mitigate the gross waste and losses incurred because of the immediate shutdown, nor any guidance other than a promised review to determine if work would be allowed to resume at some point in the future. In accordance with these SWOs, MSH immediately ceased all program activities for all USAID-funded projects, with on-going catastrophic effects to our projects, people, partners, and organization.

7. USAID funding represents almost 90% of MSH’s total annual revenue.

8. Since January 24th, 2025, MSH’s attempts to draw down funds to pay for past and ongoing project expenses for its work on grants and cooperative

¹ The acronym “IP” or “IPs” refers to Implementing Partners of USAID like MSH.

agreements have been rejected.² It has not received payment for work completed on contracts since Tuesday January 28th, 2025.

9. Faced with on-going financial obligations, but with all revenue cut off from its primary revenue source, MSH has been forced to take extraordinary measures, and will be forced to take further extraordinary measures imminently, to cut expenditures, including:

- a. Out of a total of 254 U.S. staff, on February 7, 2025, MSH furloughed 118 employees and reduced the hours of another 109 employees, putting hundreds of families at risk of being unable to pay for rent, mortgages, food, and other essentials for survival. Each additional day we are not able to call those employees back to work or restore them to their full-time positions represents an increase in the risk of irreparable harm to them and their families.
- b. MSH is about to have to order the immediate repatriation of 14 expatriate/third country nationals to their homes of record without sufficient advance notice or preparation, causing immediate and irreparable harm to them and their families, as children are uprooted from schools in the middle of the school calendar, leases and other financial commitments are broken, and lives completely upended.
- c. More than 58 subawardees/subcontractor's obligations amounting to \$43

² The sole exception is that, on February 2, 2025, MSH was able to draw a limited amount of funds from USAID's PMS system to partially defray costs associated with a limited waiver for certain project activities in Uganda for a limited time.

million have been suspended by MSH. Each day that passes without lifting those suspensions increases the threat of irreparable harm to those organizations – many of which will quickly be faced with insolvency – and their employees, contractors and partners. MSH expects lawsuits to be filed against it in connection with these suspensions, which reasonably may be expected to carry fines, interest, and other penalties, including onerous barriers to being able to conduct business in those countries again, even with funding from sources other than the United States government.

- d. More than 137 invoices for work already done from more than 200 US vendors totaling approximately \$2 million have been put on hold. Each day that passes increases the threat of irreparable harm to those organizations, their employees, contractors and partners. Unless immediately reversed, MSH also expects lawsuits to be filed against it in connection with these suspensions, which reasonably may be expected to carry fines, interest, and other penalties.
- e. In our country offices, more than 100 vendors have invoices amounting to \$721,904 that have been put on hold, risking the same imminent and irremediable harms described above.
- f. More than 50 consultants with long-standing partnerships valued at \$996,000 were also terminated, raising the same risks of imminent harms described above. Most of these consultants were in the middle of on-going work, and MSH's inability to pay them, as well as the

subawardees, subcontractors, and other partners described throughout this Declaration, contributes to the enormous waste of U.S. taxpayer money that has been caused by the order to immediately stop work. If not reversed, deliverables (including both goods and services) that were almost completed and ready to be delivered will not be finished.

Whatever U.S. funding already had been spent will go to waste.

10. Overseas, MSH is being pushed to the edge of a cliff, as it is confronted with the prospect of having to let go of as many as 1,000 employees around the world. All the same risks of imminent harm that were described above regarding our U.S.-payroll staff apply to them as well, but these employees are even more vulnerable and will be expected to suffer extremely grave harms once they no longer receive any salary. These employees include women and men in poor countries who are the sole bread winners in their families. In countries like Afghanistan, for example, this will literally threaten starvation for them and their families.

11. Programmatically, the following provides a small sample of the risks of imminent harms that have also been caused by the immediate unplanned halt to all program activities:

- MSH works with local government agencies and partners, including faith-based and local private sector partners, to strengthen countries' ability to manage and run their own efficient and reliable supply chains and pharmaceutical services to provide critical medicines and health care products. This includes avoiding stock-outs of life-saving

medicines, building effective information and data systems to drive decision-making, and improving regulatory environments so products can be approved more quickly. By strengthening supply chains, American medicines and supplies can move efficiently cross borders and reach patients. Improving people's health saves lives, allows people to be productive members of the workforce, and increases people's ability to contribute to the global economy.

- Interrupting pharmaceutical and supply chain management prevents medicines and medical supplies that are needed to save lives from reaching the people who need them. This includes medications that are critical to preventing deaths from diseases like HIV, TB and hepatitis; antibiotics that treat life-threatening infections; and medicines and supplies that are vital to saving lives during disasters and conflicts. Interruptions in our efforts to strengthen countries such as Ukraine and Ethiopia in their response against TB and especially multi-drug resistant TB pose acute and massive risks to global health security, as disease strains can easily spread through war-related displacement, migration and international travel.
- With rainy season beginning in March/April, planning has been underway for seasonal malaria chemoprevention campaigns. Interruption of service has detrimental impact on governments' ability to successfully plan and implement campaigns this year. The immediate, unplanned halt in program activities under the MSH PMI-

S project, which coordinates these and other activities vital to controlling malaria in Nigeria, risks undoing valuable progress made to date and threatens our efforts to control the disease in a country with 30% of the world's malaria cases.

- Indonesia has the second highest TB burden in the world, killing one person every four minutes. The USAID BEBAS-TB project works to prevent, detect, and treat TB in four densely populated provinces in Indonesia, serving 143 million people—more than half of the country's population. Treating “common” TB takes about 6 months of daily antibiotics. Treating drug-resistant forms—which are spreading exponentially—requires 18–24 months of intensive treatment with expensive drugs and often involve hospitalization and frequent lab tests. The immediate, unplanned halt on project activities threatens interruption of vital TB services.

12. The immediate, unplanned stoppage of these and other project activities threatens imminent irreparable harm to MSH in another way. Through decades of hard work, MSH has earned trusting relationships with health ministries, hospitals, clinics, and other healthcare actors throughout the world in low and low-middle income countries. It took decades of loyal service to our partners and the people we serve, with constancy and programmatic excellence, to build MSH's goodwill and brand equity, but it was shaken in an instant when we communicated the wholesale, unplanned,

immediate cessation of all project activities. Unless reversed immediately, the trust and reliance these healthcare actors were willing to place on MSH will be eroded day after day, until it is completely gone. Even if, at a later date, MSH were made financially whole, this loss of reputation, of being viewed as a trustworthy and reliable partner, will be irrevocably harmed -- in fact, destroyed -- unless we immediately resume our project activities and meet our financial, legal, programmatic, and moral commitments to our employees, subcontractors, subawardees, and partners throughout the world.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2025, in Doylestown, Pennsylvania.

Marian W. Wentworth

Marian W. Wentworth (Feb 10, 2025 21:43 EST)

Marian W. Wentworth
President and CEO,
MSH







Declaration of Harm - MSH - Wentworth

Final Audit Report

2025-02-11

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