Strengthening Government Health Care Systems

Solidarity and Impact

2011 ANNUAL REPORT

HEALTH ALLIANCE INTERNATIONAL

Our **Mission**
is to promote policies
and support programs that
strengthen government
primary health care and
foster social, economic,
and health equity for all.

Our **Vision**
is a just world that
promotes health and
well-being, including
universal access to
quality health care.

Letter from the Director

In 2011 HAI made a concerted effort to re-focus on our core principle of strengthening primary health care (PHC) through our work with government Ministries of Health (MOH). Our dedicated staff, both at headquarters and abroad, have worked tirelessly with our Ministry of Health (MOH) partners to develop new and innovative approaches to expand the reach and quality of PHC, especially for the poor and vulnerable. We have emphasized what we call the "HAI Model"—a model where our HAI staff work directly within the government facilities and clinics to assess, plan, implement, and evaluate health services to obtain the best care possible. Our approach is one of solidarity and mutual respect rather than charity. HAI makes a commitment to support our partners over many years, understanding that change takes time. We work with the only entities formally and legally accountable to the public—governments—to ensure that our efforts will last long after we have completed our mission.

Another aspect of the HAI model is our rigorous approach to evidence-based evaluation and implementation of health service activities. Much of this approach comes from our close association with the Department of Global Health at the University of Washington. Several of our HAI staff members, also serve as UW faculty. They are leaders in Implementation Science, an approach to strengthening the delivery of health care that carefully assesses performance of health facilities by disaggregation and validation of health data. Using that information, HAI helps clinic leaders and district health officials to understand which are the high performing clinics and what characteristics make them so. This information is then shared with other facilities to improve the entire network of care. This simple method is remarkably effective in rapidly scaling up best practices, locally and nationally.

Finally, at the University of Washington, some of our HAI UW faculty members are actively engaged in teaching and research that benefits our programs and many others in the broader global health community. HAI creates opportunities for students to be involved in hands-on global health service work, research, and advocacy. HAI UW faculty are effective researchers and advocates regarding health workforce issues, a code of conduct for NGOs, health equity, and global social justice.

HAI is an unusual organization. I am immensely proud of our staff who have committed decades of their lives in the quest for better health and justice for the global community.
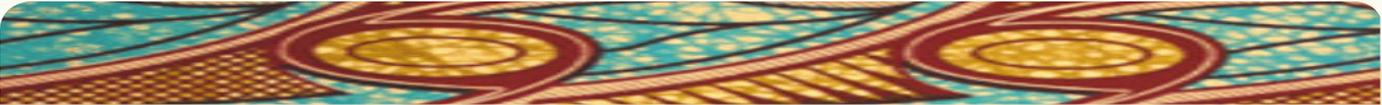
Sincerely,

Steve Gloyd, MD, MPH

Photo by HAI staff

The HAI Model:
What makes us unique among NGOs?

Health Alliance International helps governments in developing countries to improve and expand health care for all, especially the poor and vulnerable.

We work with Ministries of Health at all levels—national, provincial, and district—to provide technical and material support for basic systems of care. Our technical support typically includes management and clinical training in health care, mentoring and support of health workers, monitoring and evaluation, and operations research. We work to integrate care for multiple health problems within sustainable primary health care systems.

At HAI, we make a commitment to support our partners over many years, recognizing that it takes time to implement solutions to complex problems. Government institutions—the only entities formally and legally accountable to the public—are the best vehicle to ensure the right to health and health care for their populations. That's why they are our primary partners. In the countries where we work, we share offices and work very closely with our Ministry of Health partners, so as to be acutely aware of the ongoing issues faced by public-sector health care providers and to offer the best possible support.

As a center within the of the University of Washington's Department of Global Health, we value teaching and research that benefits our programs and the broader global health community. A number of HAI personnel are UW faculty and we create opportunities for students to be involved in hands-on global health research and work. Our people have contributed to the global health literature in HIV care, health workforce issues, and health system strengthening.

HAI's advocacy program has made important contributions to global health debates and to influencing policy. In the last round of PEPFAR reauthorization, for example, we were a prominent voice in the effort to be sure American funding for AIDS relief included the training of 140,000 new health care workers in low-income countries. Early in the new Obama administration, we worked with other global health organizations to define priorities for the US government in its "Global Health Initiative". We were the lead organization that developed an NGO Code of Conduct for Health Systems Strengthening that today has over 50 signatories. We were on the ground in Geneva to advocate for the Code of Practice on the International Recruitment of Health Personnel at the World Health Assembly in 2010. We are active within the American Public Health Association, to amplify our voice on issues such as the role of public health workers in advancing peace and preventing war.

HAI works to solve problems at the country level, while at the same time tackling the broad policy issues that will make the world a more rational, peaceful and just place.

Mozambique

Doris Duke Charitable Foundation African Health Initiative

The seven year Doris Duke Charitable Foundation grant is Health Alliance International's (HAI) largest funding support for the 2011 fiscal year and greatly contributed to our success in strengthening health systems in Sofala, Mozambique.

Health Alliance International continued to work with Eduardo Mondlane University School of Medicine, the Beira Operations Research Center (Centro das Investigações da Beira – CIOB), and the University of Washington Departments of Global Health and Industrial & Systems Engineering to support the Ministry of Health (MOH) to improve health service delivery and population health throughout Sofala province. The project strategies include 1) strengthening routine MOH information systems and developing novel tools to stimulate data-driven decision making by district and facility managers; 2) building capacity for district managers to use data for health sector planning, troubleshooting and measuring improvements in priority areas; and 3) using applied operations research to better understand and address health systems bottlenecks.

Key Activities:

- Ongoing data quality assessments and feedback to improve routine health information systems.

- Training of leaders from all 13 districts in using data for decision making, including annual planning.

- Supportive district and facility supervision from health system managers, including the use of an improved supervision guide.

- Development and deployment of district and facility-level data dashboards for essential Primary Health Care indicators.

WHO Syphilis

In November 2011, Health Alliance International and the Mozambican National Institute of Health began a one year study to assess the adverse outcomes of syphilis in pregnancy at six maternities in Beira and Chimoio cities in central Mozambique. The study, supported by the World Health Organization (WHO) aims to 1) quantify the burden of stillbirth, preterm delivery, low birth weight and congenital syphilis among women in central Mozambique, 2) evaluate the effectiveness of syphilis treatment administered at different times during pregnancy, and 3) characterize the socio-demographic characteristics of women not screened for syphilis in pregnancy. The study supports a global platform of dual eradication of syphilis and HIV in pregnancy and builds on HAI's strength as a leading support agency to the Mozambican MOH in the implementation of both syphilis and HIV interventions for mothers and infants.

MACEPA

Health Alliance International worked throughout 2011 with Malaria Control and Evaluation Partnership in Africa (MACEPA) by providing technical assistance to the Director of the National Malaria Control Program in the Ministry of Health.

Key activities:

HAI-MACEPA technical assistance has supported the development of:

- a revised National Malaria Policy;

- the National Malaria Strategic Plan;

- a business plan for managing resources and modified Monitoring and Evaluation plan to be rolled out in 2012.

The HAI-MACEPA partnership will continue through the end of 2012. It will focus on support for the roll-out of the new Monitoring and Evaluation approach to Mozambique's ten provinces to improve case identification, distribution of the strategic and business plans, and ongoing coordination of external partners and donors to the National Malaria Control Program.

TB REACH

In December of 2011, HAI was awarded a grant through the Stop TB Partnership/WHO called TB REACH. The project's main objective is to increase the detection of patients with pulmonary TB. To achieve this objective, HAI partnered with the Mozambique Ministry of Health to introduce two new, rapid, and highly sensitive diagnostic technologies, GeneXpert MTB/RIF and LED Microscopy, to better diagnose in Sofala and Manica Provinces of Mozambique. These new technologies can detect more cases of TB, so that patients can be treated earlier, and the spread of TB throughout their communities can be stopped. Between February and April 2012, we will introduce four Xpert machines in rapid succession at the Beira Central Hospital, Chimoio Provincial Hospital, Nhamatanda Rural Hospital, and Catandica District Hospital. We will then introduce six LED microscopes, three each in Sofala province and Manica Province. All of the machines will be placed within MOH laboratories, and will be managed primarily by MOH laboratory staff.

Together with the MOH, we will be conducting a cost analysis to determine how best to expand these new technologies in the provinces of Manica and Sofala, as well as throughout Mozambique.

Timor-Leste

HAI's Timor-Leste program continued to expand into new areas during 2011 with donor support from USAID, AusAID and UNFPA.

Maximizing health benefits through innovation

HAI Timor-Leste has been a close partner of the Ministry of Health since the country became independent in 2002. The value of our ongoing work to strengthen service delivery for mothers and their newborns was recognized this year with a new four-year grant from USAID. This project, "Mobile Moms", will utilize SMS technology, in conjunction with more traditional approaches, to improve maternal and newborn care outcomes. Community health volunteers will identify pregnant women in their community, deliver basic health promotion messages and encourage women to attend ante-natal consultations. The project will then register pregnant women who own or have access to a mobile phone into an automated system whereby they will receive weekly health promotional SMS messages based on their gestational stage. The final component of the project ensures midwives are trained in basic emergency obstetric care and that facilities are fully equipped to handle complications when they arise.

Given the innovative nature of the project, a strong operations research

Mothers attending a communityhealth promotion event advocating for appropriate maternal care seeking practices.   *Photo by HAI/ Mary Anne Mercer*

component has been designed to evaluate the effectiveness of utilizing SMS automation technology when compared to routine care. If it can be demonstrated that technology offers positive benefits, the potential applications in improving health outcomes across the continuum of care are considerable.

HAI's integrated family planning and maternal/newborn care activities continued in five districts with ongoing support from the Australian aid agency, AusAID. The combination of health systems strengthening and community health promotion includes activities such as supportive supervision of national midwives, capacity building at the national monthly outreach clinic

(SISCa), conducting community film showings and post-film discussions and training of community health volunteers.

Maximizing health benefits through partnerships

During 2011, HAI produced a new Family Planning film in collaboration with the Ministry of Health and with the approval of the Catholic Church. The film brings together perspectives from the President of Timor-Leste, the Catholic clerics and the Ministry of Health to explain a shared vision about the benefits of family planning. It was aired on Timor's national television station.

HAI and MOH Timor-Leste Activities

Activity	Skill Trainings	Film Screenings	Monthly Clinics	Home Visits	Supportive Supervision
Beneficiaries	540	6,823	30,738	356	439

Côte d'Ivoire

In 2011, Health Alliance International (HAI), with funding from PEPFAR, worked in three northeastern districts of Côte d'Ivoire (CI) to help strengthen primary health care systems. We worked primarily in the field of HIV, including prevention of mother-to-child transmission, general outpatient testing services, TB screening, and prevention and support for orphans and vulnerable children. We also worked with local community-based organizations to form support groups for HIV-positive pregnant women and their families, encouraging them to follow treatment and to bring their partners and children in for testing. Throughout the year, we continued our partnership with the Ministry of Health (MOH) in more than 70 health facilities where we provided on-site training and coaching to health workers to improve service delivery, laboratory and pharmacy systems. The joint effort with MOH helped reduce stock-outs of essential medication and supplies, and develop national treatment protocols.

We also received funding from the International Association of National Public Health Institutes (IANPHI) for 4 colleagues from the Côte d'Ivoire MOH to attend a two-week course on HIV and STIs at the University of Washington.

A major challenge in 2011, was when Côte d'Ivoire went through months of political unrest and violence. During the political crisis, our office in Abidjan was looted, as was the National Institute of Public Health (INSP). Absolutely everything was taken, and many of the administrative offices of the INSP were severely damaged. Health centers where HAI operates actually experienced an increase of utilization due to both the quality of care and the number of internally displaced people seeking refuge in the calmer regions of the north. Thanks to the effective collaboration of all partners and our dedicated staff, critical services continued to be delivered despite these challenges.

GRACE

Our longstanding collaboration with a Seattle based organization, GRACE (Grandmothers for Race and Class Equality) continued this year. In July, HAI reached a milestone when an incinerator to burn medical waste—a project funded by GRACE—was completed at a hospital site in Beoumi.

Key Achievements:

- HAI-CI supported 71 health sites in HIV testing and counseling, prevention of mother-to-child transmission of HIV, care and treatment for HIV, TB, and prevention activities

- 31,882 pregnant women were counseled and tested for HIV

- 633 newborns received vital interventions to prevent the transmission of the virus from mother to child

- 13,046 people benefited from life-saving treatment for HIV

- 12 community based organizations were supported to provide psychosocial support and a vital link between patients and the health centers.

Incinerator funded by GRACE and supported by MOH.
Photo by HAI Steve Gloyd

Photo by HAI/Ahoua Kone

Sudan

HAI Sudan supported the public health sector at all levels – from the national policy-making process within the Federal Ministry of Health to onsite mentoring and support at rural health facilities. HAI worked in five states of northern Sudan.

This past year included strengthening collaborations with the Ministry of Health and our partners. HAI continued its partnership with UNICEF to help support prevention of mother-to-child transmission of HIV in over 80 facilities in five northern states. We also supported capacity building activities of over 1100 MOH providers working public health facilities.

Working with UNFPA, HAI worked to help integrate HIV and reproductive health services in Khartoum and Kassala states.

HAI Sudan also facilitated the second Operations Research course held at the National Public Health Institute in Khartoum. Over the course of nine days, over 45 participants from different departments in the Federal Ministry of Health and the National Public Health Institute worked with HAI Sudan and HAI-HQ staff to learn the basic principles of a research designed to identify and solve health systems problems to improve access to and quality of care at the facility level.

Photo by Julia Robinson

Board of Directors

Financial Summary

Statement of activities

for years ended December 31, 2011

Revenues

Revenues	FY 2011
Cash Support	
Federal Government	2,729,608
Non-Federal Grants	3,606,988
Contributions and Other Income	109,141
Interest Income	1,550
Total Revenue	**6,447,287**

Expenses

Expenses	
Program Services	5,387,625
Management and General	1,167,036
Total Expenses	**6,554,661**

Changes in Net Assets

Changes in Net Assets	
Net Assets beginning of year	618,866
Net Assets end of year	511,492
Total Changes	**(107,374)**

All figures in U.S. Dollars.
Full copies of HAI's audited financials are available on request.

HAI is an international, nongovernmental, nonprofit organization.
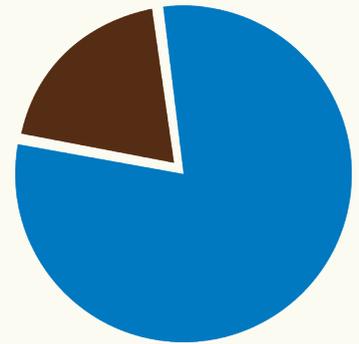Contributions to HAI are tax-exempt under U.S. IRS code 501(c)(3).

Funding by source

- Non-Federal Grants **55.95%**
- Federal Government **42.34%**
- Contributions and Other Income **1.69%**
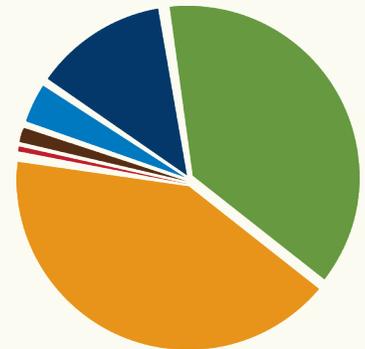- Interest Income **0.02%**
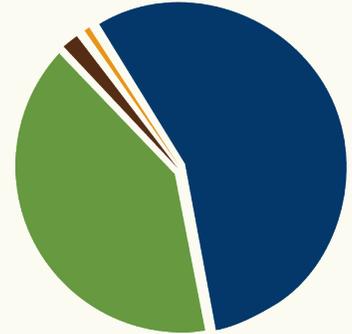
Expenses by allocation

- Program Services **82.20%**
- Management and General **17.80%**

Revenue by location

- Mozambique **42.60%**
- Côte d'Ivoire **38.33%**
- Timor-Leste **14.01%**
- Colombia **0.05%**
- Sudan **4.40%**
- Other **0.61%**

Thank you to our supporters!

Aid for Africa
Keira Armstrong
Fradrick Brown
Tedd Judd amd Roberta DeBoard

GRACE
Harold K Raisler Foundation
Microsoft Match
Washington State Employees Chartible Foundation

Funders and Partners

Funders

The Australian Agency for International Development (AusAID)

The Bill & Melinda Gates Foundation

Centers for Disease Control and Prevention (CDC)

Doris Duke Charitable Foundation

IANPHI

PATH

UNICEF

The United Nations Population Fund (UNFPA)

U.S. Agency for International Development (USAID)

World Health Organization (WHO)

In-country partners

Côte d'Ivoire

AIDSCOM

BOUAKE EVEIL

CASES

Côte d'Ivoire Ministry of Health

Croix Rouge Korogo

Dispensaire Sainte Marie

LACIBES

LAFED

Les Flamboyants

Notre Terre Nourriciere Boundiali

Progres Universal

SOLIDARITE

Woppilesanga

Timor-Leste

HealthNet Timor-Leste

Timor-Leste Ministry of Health

UNFPA

Cabinet for Health Research and Development

Catalpa International

Mozambique

Mozambique Ministry of Health

UEM (Eduardo Mondlane University)

INS (National Insitute of Health)

W

DEPARTMENT OF GLOBAL HEALTH

UNIVERSITY *of* WASHINGTON

Health Alliance International is affiliated
with the University of Washington's Department
of Global Health.