Photograph on front cover is a mural in Mozambique, depicting a family with antiretroviral medication (“TARV” in Portuguese).

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Health Alliance International is affiliated with the University of Washington’s Department of Global Health. The Department focuses on identification and evaluation of health problems and health inequities in underserved populations, and development and implementation of innovative interventions that can dramatically reduce disease burden.

Visit the Department online at www.depts.washington.edu/deptgh.
MESSAGE FROM THE DIRECTOR

I am pleased to present to you the 2007 annual report for Health Alliance International (HAI). During the past year, we continued our accelerated pace of expansion and our activities and budget have continued the growth we’ve experienced since 2000. During this expansion, we continue our commitment to maintaining strong partnerships with the public institutions that form the core of our overseas alliances.

The Mozambique Ministry of Health continues as our biggest partner, where we work to strengthen primary health care, including developing systems to provide HIV/AIDS prevention and treatment, and improve access to and quality of maternal and child health services. We continue to help develop a culture of new interventions and rigorous evaluation. In Timor-Leste (formerly East Timor), HAI continues to help the Ministry of Health provide services for women facing the challenges of pregnancy, delivery, and maternal and newborn illness—all during a time of political crisis in the country. During the fourth quarter of 2007, HAI began working in Côte d’Ivoire to rebuild government health services in the north of the country after five years of civil war and neglect. We are continuing to explore a new collaboration with the Ministry of Health in Sudan, where HAI has been invited to form a close partnership with their National AIDS Program.

During 2007, HAI continued its initiative to strengthen our internal administrative capabilities to respond to the growing demands of our programmatic activities. Our Seattle-based Headquarters staff has grown tremendously. We welcomed Meg-Ann Whitney as our new receptionist, Jesus Francisco as our new Budget Fiscal Analyst, Manish Kala as our new Director of Human Resources, and Dr. Amy Hagopian, who heads up our efforts to improve workforce capacity in our projects. We also moved into a new office facility and upgraded our financial and human resources information systems. In Mozambique, we hired Linda Jo Stern as our Director of Administrative Operations and hired three new Grant Section Administrators, who are creating stronger linkages between our program and administrative departments. We also had the great pleasure of hosting the first HAI Global Administrators’ meeting in Seattle, which brought together 11 key HAI Administrators from Timor-Leste, Mozambique, and Sudan to work toward strengthening our communication and collaboration during this transitional growth period. We are quite pleased with our new staff, and trust that they will carry the HAI mission forward.

Finally, HAI celebrated its 20th anniversary as an organization in 2007. Events in Seattle and in all four countries provided an opportunity to reflect on our mission and how effective our efforts have been. I think we have done well. We have consistently expanded our commitment to improving health and health care with our Ministry of Health partners. Ministry officials in all four countries consider HAI to be a facilitator and an extension of their work. Our model of support relies heavily on these partnerships to carry out effective, sustainable health-related projects and strengthen public sector programs to increase access to quality health care among disadvantaged populations. We have made great strides and hope to continue our alliances for 20 more years!

Stephen Gloyd, MD, MPH
Executive Director
Our mission is to support the development of policies that foster social and economic equity for all, with a focus on public-sector health systems and a progressive realization of the right to health.

Health Alliance International (HAI) started out as the Mozambique Health Committee, initiated in 1987 to support Mozambique’s primary health care system. Affiliated with the University of Washington, the Mozambique Health Committee focused on providing health care for people displaced by a civil war between the government and rebels funded by apartheid South Africa. After peace accords in 1992, from our headquarters in the city of Chimoio, we began to expand our activities in the areas of maternal and child health and public health education throughout Manica Province. By 2000, we had changed our name to HAI and had worked with the Ministry of Health to successfully expand national programs for prenatal care and the control of malaria in Manica as well as Sofala Province.

In 1999, HAI first began work in Timor-Leste (formerly East Timor) by sending a delegation to assess the country’s health and human rights status following 25 years of occupation by Indonesia. As in Mozambique, we established programs to support the newly independent country in its efforts to rebuild the health system. Maternal and child health was and is a high priority of the Timorese Ministry of Health, so HAI staff began by focusing on child spacing and maternal and newborn care.

HAI meanwhile continued to grow in Mozambique, building the capacity of the Ministry of Health and the public health system. We started to support implementation and expansion of antiretroviral treatment (ART) for HIV/AIDS in 2003, and in 2005 collaborated with the Mozambican government, the U.S. National Institutes of Health and the University of Washington to create the Beira Operations Research Center. The Center conducts health systems research and will enable the Ministry of Health to identify and scale up promising practices across the country.

Over the past year, HAI has forged partnerships in two other countries that have also experienced recent conflict: Côte d’Ivoire and Sudan. Our early efforts in Côte d’Ivoire are supporting the government in expanding HIV/AIDS programs, specifically prevention of mother-to-child transmission. While our work has not yet begun in Sudan, the Sudan National AIDS Program (SNAP) has requested HAI’s help in scaling up HIV/AIDS services and health systems research.
HAI supports the development of policies that foster social and economic equity for all, with a focus on public-sector health systems and a progressive realization of the right to health.

Celebrating 20 years

We have come a long way since 1987, thanks to our staff and partners. As we enter a new phase of extending existing relationships and developing new programs, we remain committed to a core belief that strengthening national health systems is the best way to improve health.

Back in 1987, we were a few medical and health professionals with an annual budget of less than $275K from a grant from proceeds of the “Live Aid” concerts of 1985. In 2007, we have:

- More than 500 staff in five countries (including our U.S. headquarters)
- A budget of $3M
- Funding from 15 foundations, multilateral organizations, and U.S. agencies
- Expertise in HIV/AIDS, maternal and newborn care, malaria, nutrition, and operations research
- Strong partnerships with ministries of health and the University of Washington
2007 brought tremendous expansion for HAI in Mozambique. In partnership with the Clinton Foundation, HAI began supporting two new provinces—Nampula and Tete—with technical assistance for expanding and integrating ART into routine health services, bringing our operations to a total of four provinces. In addition to this new focus on province-level capacity, we continued to work with the Medical Care Department of the Ministry of Health (MOH) for national scale-up of ART for people living with HIV/AIDS.
HAI’s long-standing partnership with the provincial governments of Manica and Sofala Provinces also continues to grow, with increased resources from USAID-PEPFAR, World Bank Treatment Acceleration Program, Global Fund (via the MOH’s common funding basket), UNICEF and other local and international donors. The increased support in 2007 has brought priority interventions to scale throughout both provinces, as well as allowed for health systems strengthening efforts to increase the likelihood of sustainability of these activities.

**Fighting HIV/AIDS**

Our technical assistance model focuses on building the health system’s capacity for overall planning and management of ART expansion. It also includes focused support for monitoring and evaluation and logistics systems for the pharmacy and laboratory departments of the Ministry of Health. In addition to providing technical assistance, HAI also continues to support the MOH with funding for supervisory visits, national-level coordination meetings, administrative and logistics support.

Together with HAI, the provincial governments of Manica and Sofala greatly expanded ART services in 2007. The number of facilities offering ART with HAI’s support doubled in 2007, going from 24 to 48. By year’s end, more than 16,000 patients were actively on ART, approximately three times the level from 2006 (5,500), and more than six times that of 2005 (2,500). Thanks to efforts to increase ART access outside of provincial capitals, more than 50% of the total number of people on ART in 2007 received care outside of the capital cities of Chimoio and Beira (up from 37% in 2006).

Support for facilities newly initiating ART included a number of activities that have also strengthened overall primary health care services at each unit:

- training for health staff
- ongoing supervision and mentoring
- support from additional health workers contracted through the Ministry of Health and/or HAI
- infrastructural improvements (renovation, new construction, and maintenance)
- equipment and computer hardware.

HAI continued to work with home-based care organizations and people living with HIV/AIDS (PLWHA) groups to support the expansion of ART treatment in 2007, and provided financial and technical support to more than 10 non-governmental organizations (NGOs) working in this area. In addition, efforts to rejuvenate the Community Leader Council (CLC) program continue throughout the year.
both provinces as a means to strengthen community linkages with health services. These CLCs are playing a growing role in mobilization efforts and enhancing links from home-based care groups to local ART centers.

In coordination with the national, provincial and district-level governments, HAI continued to support improvement of laboratory services, reducing backlogs and enabling faster processing of tests. During 2007, HAI provided technical and financial support to upgrade 10 laboratories, including infrastructural changes, equipment, development of standard operating procedures, and training and implementation of a quality assurance program.

During the year, HAI also worked with the provincial governments of Manica and Sofala to rapidly expand the number of Voluntary Testing and Counseling Centers from 53 to 93. Particular attention has been given to HIV testing in the clinical setting (including for TB and inpatients), as well as workplace and community testing. Integration between testing and ART services has improved as ART services have become more geographically accessible.

Thanks to the combined efforts to increase the capacity of health facilities and labs, as well as to strengthen connections between communities and the health system, the number of people being tested for HIV increased substantially. More than 100,000 people were tested in 2007, up from 61,000 in 2006 (Figure 1).

Maternal and child health programs

HAI’s efforts to help the MOH develop and scale up a package of key antenatal care (ANC) services in Manica and Sofala provinces has continued in 2007. Priorities include detection and control of sexually transmitted diseases (particularly syphilis in pregnant women), prevention of mother-to-child transmission (PMTCT) of HIV, Intermittent Preventive Treatment (IPT) of malaria during pregnancy, and a safe motherhood program. The increase in coverage of integrated ANC has been substantial, with a total of 96 facilities providing the full range of services by year end and over 70% of all women who attend ANC receiving all key interventions.

Several highlights stand out from 2007 (see Figure 2). All health care facilities in Manica and Sofala now provide syphilis screening for over 90% of women attending ANC. This year marks the introduction of rapid diagnostic tests for all facilities without laboratory services provided by the MOH, which has allowed HAI to sustainably transition this novel approach to the MOH. In addition,
activities to promote the use of insecticide-treated mosquito nets (ITNs) met new opportunities as the much-awaited provision of free treated nets began to all women receiving ANC.

Follow-up for children born to HIV-positive women and access to medicines and care for HIV-positive mothers continue as challenges in the health care system. HAI is engaged with the provincial governments to revitalize the at-risk child consults, including early diagnosis using rapid testing (PCR technology), increased availability of cotrimoxazole prophylaxis to prevent the opportunistic infections associated with HIV, and rapid referral for initiation of ART for eligible children. These efforts should result in fewer children lost to follow-up and better quality of care.

Operations research center

The MOH’s Beira-based Operational Research Center (CIOB) was officially opened in 2007, and continues to support operations and health systems research in Manica and Sofala provinces. The center is actively pursuing linkages with the masters of public health training program at Eduardo Mondlane University in Maputo, the University of Washington in Seattle, the Catholic University of Mozambique in Beira, and other public sector, non-governmental, and academic stakeholders.

Figure 2. Number of women receiving integrated antenatal care (ANC) Services, Sofala and Manica provinces, 2000-2007

- Attended first ANC visit
- 94% of those attending ANC visit receive syphilis screening
- 81% receive Intermittent Preventative Treatment (IPT) for malaria
- 72% receive HIV screening (PMTCT)

HAI worked with the provincial governments in two provinces to increase the number of pregnant women who receive a set of key health services.
HAI began work in Timor-Leste (formerly East Timor) in early 1999, prior to the referendum on independence from Indonesia and its violence-wracked aftermath. Relative peace prevailed for several years, but in April 2006 a complex set of social, ethnic, political, and regional tensions led to an unanticipated outbreak of civil unrest in Timor-Leste. Although by 2007 program activities had resumed to pre-crisis levels, there remains a chronic sense of unease and anticipation of social unrest, and there is again an international military presence in Dili.
Strengthening Maternal and Newborn Care

HAI has a cooperative agreement with the Global Bureau of USAID to support the Timor-Leste Ministry of Health (MOH) to improve maternal and newborn care. The aims of the program are to upgrade the quality of care delivered as well as to support community-based health promotion of appropriate home care and care-seeking practices.

The program is consistent with HAI’s policy of linking closely with the MOH and other local institutions to assure that our efforts provide sustainable support that will continue to benefit the country long after HAI completes its work. HAI has established excellent collaboration with both central and district-level MOH staff, other partners, and program communities. Following initial activities in four districts of the central region, HAI is now active in two additional districts. The six program districts encompass the entire rural central region of the country.

Promoting Community Demand for Child Spacing

A USAID-funded grant also supports increased knowledge and use of child spacing practices in Timor-Leste. Fertility in Timor-Leste was noted in 2003 to be the highest recorded internationally, with a total fertility rate of 7.8. At the beginning of the program, the population had a low level of knowledge about and utilization of contraceptives, with only 38% of women able to name or recognize any method of contraception and only 10% currently using a modern method.

Prior to this grant very little health promotion at the community level aimed to increase knowledge of the importance of child spacing to protect women’s and children’s lives or provide information about child spacing methods.

HAI’s primary strategy is to integrate information and motivational activities about child spacing into current program efforts, including midwife supervision, and to make use of existing collaborating groups and contact points within communities. In 2007 we were able to begin production of a locally-made film on the benefits and specific contraceptive methods available in Timor-Leste for child spacing.

Below are descriptions of some of our key projects from 2007.

Making health care facilities “birth friendly”

At the beginning of our maternal and newborn care program in Timor-Leste, HAI conducted community research to gain insights into local perspectives on pregnancy, delivery, postpartum and newborn care. What was learned has shaped the design of the program.

For example, in Timor-Leste a large majority of women give birth at home without a skilled attendant, due in part to the traditions of their culture. The creation of the Birth Friendly Facility (BFF), a birthing environment where women and their newborns are both safe and comfortable and key cultural traditions are respected, grew from these discussions.

Local patients wait to be seen by staff outside the Maubara community health clinic. Located on the north coast, the Maubara clinic is home to one of four Birth Friendly Facilities providing clean and comfortable locations for women and their families to give birth.
Four new Birth Friendly Facilities provide a comfortable space for women and families and incorporate traditional Timorese birthing practices. This successful model will be expanded in upcoming years to the rest of the country.

A BFF is designed as a Timorese-style house located very near a clinic or hospital that is meant to provide a more comfortable, culturally acceptable site for deliveries, while still making possible care by a skilled birth attendant. In a joint process with HAI, the MOH and our community partners, two BFFs were active in 2007 with plans to develop four more. Evaluation of their effectiveness in promoting increased skilled birth attendance is ongoing.

Supporting midwives and building systems capacity

In the beginning of our program in Timor-Leste HAI recognized the need for a Maternal and Child Health District Program Officer to be added to the district’s health management team. HAI supported the addition of this position in four of our initial program districts. The MOH quickly followed suit, introducing the position in all remaining districts in the country.

Supportive supervision of district-based midwives is a key component of improving the Timorese health system. Working with the MOH, HAI developed an integrated tool for supervision which is now regarded as the national model. The tool is a checklist that later serves as a tool for discussion between a midwife and her supervisor, facilitating the sharing of constructive feedback and problem solving. HAI staff and the Maternal and Child Health District Program Officers also use role playing and modeling of good communication skills in midwife supervision to mentor positive counseling and communication styles and the creation of a positive relationship with clients.

Using film to promote improved maternal and newborn care practices

The qualitative baseline information gathered for the maternal and newborn care program revealed a number of gaps in understanding of rural communities about important issues such as the need for a skilled birth attendant and essential components of newborn care. Modern media are not available in most rural areas, with only radio providing a technological connection to the rest of the country. Working with a local filmmaker, Max Stahl, HAI staff developed a film that both documents the deeply entrenched traditional practices of the Timorese around the birth process and the newborn period, and also educates about ways in which improved practices can reduce the toll of maternal and newborn deaths. The film is called “Feto Nia Funu,” or The Women’s War.

The film has been shown to several thousand rural communities and has been met with great enthusiasm everywhere, stimulating energetic discussions afterwards. Future work will include evaluation of the effectiveness of the film in motivating changed behaviors.
Côte d’Ivoire

Côte d’Ivoire, known in English as Ivory Coast, has recently emerged from civil war that destroyed health infrastructure in the northern part of the country and drove health care workers out of the region. Today half of Ivorians live on less than $2 per day and approximately 4.7% of adults are HIV-positive, one of the highest rates in West Africa.

In 2007, after more than a decade of small projects in the country, HAI partnered with UNICEF and initiated a health systems strengthening program in northern Côte d’Ivoire. The program’s initial focus is on prevention of mother-to-child transmission of HIV (PMTCT) and treatment for HIV-positive mothers and infants.
A civil war in 2002 divided Côte d’Ivoire into two zones: the government-controlled south and rebel-controlled north. This formerly prosperous West African country had already experienced two decades of economic decline and four years of political turmoil by the time peace accords were signed in 2003. Tensions remained high between political leaders until new peace accords were signed in March 2007, establishing a power-sharing agreement between political parties in the north and the south. The United Nations is currently supporting a reunification process with elections expected by December 2008.

The war destroyed so much of the public health infrastructure in the northern region—up to 70% of health facilities were closed in the aftermath of the fighting—that the population has been left with a significant shortfall of health services, especially for vulnerable individuals such as mothers and children. In addition, the lack of health care workers left providing services in the region decreased dramatically and is still recovering to its prior levels of staffing. HIV testing and treatment programs were decentralized to NGOs and private facilities, hampering women’s ability to access prenatal HIV services.

As health services are reintegrated into the public sector, the Ministry of Health and UNICEF invited HAI to apply for grant funding and begin work to rebuild the health system in the north, starting with HIV/AIDS services in the three districts of the Vallée du Bandama, where the city of Bouaké is located. In August, HAI staff began an assessment of the primary health care system there in order to determine what human resources and supplies were needed to provide onsite HIV testing and treatment services for pregnant women and infants. HAI also worked with district pharmacy staff to work on efficient and effective procurement systems to ensure that the program, once running, would continue to operate smoothly with a minimum of drug stock-outs.

By late 2007, HAI had identified needs in Bouaké and started establishing PMTCT services and pediatric HIV services in 15 Ministry of Health clinics in three districts. This required the training of midwives and nurses in testing techniques, implementation of rapid onsite testing for HIV in each clinic, and the organization of onsite psychosocial support groups for HIV positive women and their families. HAI also worked closely with UNICEF and other NGO staff, including Akwaba, Bouaké Eveil, and Centre SAS, to coordinate activities and minimize duplication of services.

To capitalize on the knowledge of other HAI country programs, administrative staff from Mozambique and Sudan traveled to Côte d’Ivoire to assist in launching HAI’s new program and office. The team’s efforts set the stage for the planned expansion of HIV care and prevention in 2008.
In the last year, substantial efforts have been dedicated to scaling up HIV/AIDS prevention and treatment in Sudan by the Sudan National AIDS Program (SNAP). SNAP developed a comprehensive HIV policy, including a multi-sectorial strategic plan and is now scaling up treatment. To strategically address these systems related issues, the Ministry of Health is developing new partnerships with NGOs as a mechanism to enhance health system capacity to meet the urgent needs for the post conflict era.

Because of HAI’s experience in fragile states in Mozambique in the 1980s and 1990s and Timor-Leste today, representatives of SNAP approached HAI in mid-2006 to explore the possibility of partnership and support in scaling up HIV/AIDS services, including treatment and health systems research. A memorandum of understanding between the Ministry of Health and HAI was signed in 2006. HAI provided technical assistance to SNAP in 2007 and we expect to expand work in 2008 and beyond.
**Expenses by program**

- Côte d’Ivoire Maternal and child health: 1% ($3,373)
- Sudan HIV program support: 1% ($18,121)
- Timor Child spacing: 1% ($87,597)
- Timor Maternal and child health: 2% ($292,083)
- Facilities and administration: 12% ($1,538,199)
- Moz Operations research: 2% ($216,042)
- Moz National HIV rollout: 5% ($616,487)
- Moz Home-based care: 8% ($1,023,723)
- Moz Maternal and child health: 13% ($1,605,782)
- Moz HIV testing and counseling: 13% ($1,722,025)
- Moz HIV Treatment: 44% ($5,665,672)

**Expenses by location**

- Côte d’Ivoire: <1%
- Sudan: <1%
- Timor-Leste: 3%
- Administrative: 11%
- Mozambique: 86%

**Funding by source**

- Foundations: 1%
- Other Government/Multilateral: 17%
- US Government: 82%

Full copies of HAI’s audited financial statements 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).
SUPPORTERS AND PARTNERS

HAI is honored to have the support of numerous funding agencies and individuals. We are also fortunate to collaborate with many excellent organizations in the U.S. and in the countries where we work. Our work is made possible and made better by the organizations listed below.

**Funders**

Australian Aid  
Chemonics  
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Conselho Nacional de Combate ao HIV/AIDS (CNCS)  
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Global Fund to Fight AIDS, Tuberculosis and Malaria  
Joseph and Sally Handelman Charitable Foundation  
National Institutes of Health (NIH)  
Seattle Children’s Hospital  
United Nations Children’s Fund (UNICEF)  
United Nations World Food Programme  
U.S. Agency for International Development (USAID) – Child Survival and President’s Emergency Plan for AIDS Relief (PEPFAR)  
World Bank Treatment Acceleration Program (TAP)  
World Learning for International Development

**Partners**

**Mozambique**

Mozambique Ministry of Health  
Africare  
Associação Juvenil de Prevenção e Combate ao SIDA na Criança (Ajupsic)  
Associação de Membros da Igreja de Cristo Unida em Moçambique para Desenvolvimento Social (Amicumo)  
Associação Nacional para o Desenvolvimento Auto-sustentado (Anda)  
Care for Life  
Cruz Vermelha  
Food for the Hungry  
Igreja Metodista Unida em Moçambique  
Kubatsirana  
Kuphtezana  
Kuwangissana  
Programa de Assistência e Desenvolvimento de Comunidade (Paco)  
Rudho Ni Upeni

**Timor-Leste**

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Cooperative Café Timor  
HealthNet  
TAIS  
UNICEF  
United Nations Population Fund (UNFPA)

**Côte d'Ivoire**

Côte d'Ivoire Ministry of Health  
Akwaba  
Bouaké Eveil  
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UNICEF

**United States**

Northwest International Health Action Coalition (NIHAC)  
PATH  
University of Washington  
- School of Public Health and Community Medicine Department of Global Health  
- International AIDS Research and Training Program (IARTP)  
- International Training and Education Center on HIV/AIDS (I-TECH)  
- Center for AIDS Research (CFAR)  
- Population Leadership Program  
- Population Health Forum  
- Global Health Resource Center
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The 2007 Administrators Workshop held in Seattle brought together staff from our country programs to improve administrative processes and systems.

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Staff in the field: front cover, page 3
Murals in the street in Chimoio, Mozambique, depicting ways of transmitting HIV and commemorating International AIDS Day.