Strengthening systems, changing lives

ANNUAL REPORT 2008

HEALTH ALLIANCE INTERNATIONAL
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 is affiliated with the University of Washington’s Department of Global Health.
Executive Director’s Letter

After years of struggle against enormous odds, this past year is beginning to look like a turning point in global health. In 2008, global AIDS treatment started to become the norm for huge numbers of the world’s poor, ending the starkest example of global apartheid in health. Real financial resources are beginning to flow to poor countries, thanks to the concerns of individual and collective donors. The relative resource availability has raised expectations and demonstrated the limitations of weakened health systems, so now the need for quality and accessible public-sector primary health care is finally on back on the table.

Achieving equity and primary health care—in solidarity with our global partners—has been the focus of our work at Health Alliance International for the past 21 years. In 2008, we expanded our efforts, working within ministries of health to improve their health systems, focusing on operations research, coaching, and improved management. HAI and our four government Ministry of Health partners have been able to celebrate a number of program achievements in 2008, including the following:

- More than 125,000 HIV-positive Mozambicans are on antiretroviral therapy in public clinics.
- Ministry of Health and donors in Côte d’Ivoire have praised the HAI model of strengthening government primary health care to implement quality HIV care and treatment after rates of HIV prevention in prenatal care doubled to over 90%.
- The percentage of pregnant women receiving prenatal care throughout Timor-Leste increased from 50% to 82%.
- Our newest program in Sudan has scaled up training and support for health workers on HIV counseling and testing in 10 government health facilities in 3 states.

At the international advocacy level we have worked to increase awareness about the political-economic policies that impact health. One of our major advocacy initiatives in 2008 was the launch of an NGO Code of Conduct for Health Systems Strengthening that provides guidelines for organizations seeking to support public-sector health systems in the countries where they work. NGOs can contribute to improving health, but a strong government health system is essential for reaching all people, especially the poor.

This annual report highlights what a stronger health system means in the lives of the people we work for and with: women, children and families, and the health workers dedicating themselves to saving others. These are their stories. We are honored to work alongside them, with the support of so many committed donors. Together we can change lives and put health within reach.

In pursuit of equity in health and life,

Steve Gloyd

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Steve on a recent visit to Mozambique, with a former hospital custodian and early translator for HAI who went on to nursing school and is now chief nurse at a hospital in Sofala Province.

Steve holding baby Ludlem (see profile, page 5).

How We Work.....................2
Country Programs ..............3
  Mozambique...................4
  Timor-Leste....................6
  Côte d’Ivoire..................8
  Sudan..........................10
Advocacy .......................12
Financials ......................13
Supporters and Partners.....14
Board of Directors ............15
Staff............................16
How We Work

A woman holds her two-year-old grandson, happy because although she is HIV-positive, she has access to the medications that keep her healthy and able to support her daughter's education and her grandson's childhood.

A health director in Timor-Leste has the technical support he and his staff need to improve primary health care for mothers and babies across the entire country.

A group of mothers comes together to support each other in living with HIV and raising healthy children, hoping for a better future.

These are the faces of a functioning health system.

At Health Alliance International, we believe a strong public-sector health system is essential to ensuring that all people have access to primary health care. That is why we work in partnership with governments to build equitable health systems that can respond to all health needs, especially for the poor and vulnerable.

A health system is more than just the bricks and mortar of clinics and hospitals. A functioning health system requires multiple components to work together, including health facilities but also a trained health workforce, laboratory and pharmacy services and the related procurement systems, a health information system, and health financing and policies that can support all of those activities.

For many countries, particularly those emerging from conflict, these components are weak or non-existent. Governments lacking a functioning health system are unable to scale up to deliver key health services, even when products like medications and vaccines are donated. The key to long-term results is to invest in governments' ability to provide a full range of primary health care services that are not limited just to one disease or a few years.

HAI works with governments in four countries—Côte d’Ivoire, Mozambique, Sudan and Timor-Leste—to help strengthen primary health care by addressing multiple health system components. We focus on different areas, such as scaling up HIV services or ensuring safe childbirth, depending on the local needs. In all instances our overall approach is to partner closely with the Ministry of Health, and to meet specific project objectives in a way that builds capacity for the health system as a whole.

The results are evident in the stories of people whose lives have been impacted by having the health care that once they lacked. The woman whose child was born free of HIV. The husband whose wife survived childbirth. The nurse who has the training and resources to help the people who come to her clinic.

Our 2008 report shares some of these stories, but there are many more. They inspire us to continue our work, and we hope they inspire you too.
In each country where we work, our goal is to improve people’s health and lives by strengthening the health system. Our programs build capacity. We don’t directly deliver services, but rather work with government partners to extend their resources and improve their ability to provide quality primary health care to all. Our staff provide technical assistance in scaling up and integrating specific services into routine primary care, such as HIV testing and treatment. We also work closely with Ministry of Health officers at local and national levels to build their management skills in coordinating resources and supplies, supervising staff, collecting and analyzing data, and developing policies to improve services. We help to identify problems and find solutions, and we help connect communities with the health services that make a difference in their lives.
In 2008, our program in Mozambique continued working with the Ministry of Health to expand and improve primary health care, particularly HIV services, in government clinics. By the end of the year, more than 128,000 HIV-positive Mozambicans were receiving antiretroviral therapy, an increase of 41% over 2007.

Supporting the Ministry of Health’s commitment to provide free antiretroviral therapy (ART) to all HIV-positive Mozambicans who need it, we followed last year’s huge expansion with a focus on strengthening the health workforce, systems of accountability, and logistics and supply lines to ensure drugs and supplies are always in stock. In Manica and Sofala provinces, which have been especially hard hit by the HIV epidemic, we helped the Ministry to extend prevention of mother-to-child transmission of HIV (PMTCT) programs to all health facilities that provide prenatal care.

These services include routine opt-out testing for HIV in all first prenatal consults, and for HIV-positive women, ongoing psychosocial and nutritional support and counseling as well as provision of ARV prophylaxis or ART, depending on the mother’s health status. All babies born to HIV-positive mothers receive ongoing care through high-risk child health services. HIV testing is offered starting at one month of age, with all mothers strongly encouraged to return for testing before 18 months. Thanks to the efforts of clinical staff trained on the latest treatments and recommendations for newborn nutrition and care, babies born to HIV-positive mothers have a better chance of reaching their second birthday HIV-free.

We also implemented a new HIV care quality improvement pilot project called HIVQUAL through guidance provided by the Ministry of Health. This program was initially implemented in four sites in Manica and Sofala with plans for expansion to other care and treatment sites in 2009 and 2010. HIVQUAL tracks eight indicators, including patients receiving CD4 monitoring or treatment for opportunistic infections, across 36 sites nationally. The Ministry of Health provides quality improvement trainings for health workers and collaborative as well as regular supervision. So far, this new program has highlighted the need for regular tuberculosis testing for HIV-positive patients.
Profile: A health worker thriving, supporting family and community

Ruth was only 15 years old when her mother Florencia tested HIV-positive. This was in 2002, a time when very few people living with HIV in Mozambique had any hope of receiving antiretroviral treatment. But Florencia, a nurse-midwife, was working for HAI as the regional coordinator of maternal and child health activities. Thanks to HAI’s policy that ensured free ART for employees, Florencia immediately started on the treatment in 2002 and responded quickly.

Florencia still works for HAI in Mozambique and is still doing well on ART. She has three other children – Luvencio and Vitoria, the eldest, just graduated from universities in South Africa and Ruth’s younger brother just started there. Ruth herself is a second-year medical student at the Catholic University of Mozambique, and has a bright future ahead of her. Ruth’s son Ludlem, now 2 years old, is cared for by his mother and grandmother.

This story is not just the story of one fortunate woman. It is the story of a family thriving thanks to life-saving care. And today, more Mozambicans have access to quality HIV care than ever before. The Mozambican government has been scaling up free HIV treatment to all who need it, nationwide, since 2004. As of the end of 2008, more than 128,000 people were receiving ART, including Florencia. The government guarantees lifetime treatment, and HAI is helping to deliver on that promise.

Another area of focus in 2008 was the broad expansion of integrated primary health care, related to the Ministry of Health’s national agenda to decentralize health services throughout the country. Ultimately the strengthening of planning capacity is essential to successful decentralization of health services in Mozambique. To respond to this need, we have taken the lead in adapting our model of providing technical assistance directly through the provincial health departments to also include teams of technical advisors based at the district-level health departments. These teams will mirror the expertise provided at the provincial level and thus include clinical, laboratory, pharmacy/logistics and monitoring & evaluation advisors, as well transport, driver and budgetary support as necessary.

We hope to expand this work, thanks to a planning grant from the Doris Duke Charitable Foundation. Together with the Ministry of Health and other key partners, we are developing a seven-year project designed to strengthen comprehensive primary health care in Sofala Province through improving district-level management and planning capacity. The partnership also includes the Sofala Province Health Directorate, the University of Eduardo Mondlane (UEM), and the University of Washington’s departments of Global Health and Industrial Engineering. If the final grant is awarded, the three major project objectives will be: 1) to strengthen integrated health systems management in Sofala at district and provincial levels; 2) to improve quality of routine data and develop appropriate tools to facilitate decision-making for provincial and district managers; and 3) to build capacity for and conduct innovative health systems research, including program evaluation, in order to guide the Ministry in strengthening the health system.

128,000
Number of HIV-positive Mozambicans receiving antiretroviral therapy by the end of 2008.
In Timor-Leste, half of an island located on the southern edge of the Malay archipelago, 44 infants of every 1,000 die before their first birthday. Women have an average of 6.6 children, and a one in 150 lifetime chance of dying due to pregnancy or childbirth—some of the highest rates in the world. To change these statistics, the Timorese Ministry of Health has made it a priority to strengthen maternal care, newborn care, and family planning.

We have partnered with the Ministry of Health since 2004 to develop activities and interventions that can build the Ministry’s management capacity and benefit the country as a whole. We also serve in six rural districts of the country to provide technical and management advice and problem-solving assistance to midwives and other health supervisors and staff. Ministry of Health staff feel supported, and HAI’s supervision tool is now used at the national level for monitoring and guiding the quality of services delivered by district staff.

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In addition to work with the health system, HAI also has collaborated with the Ministry of Health to develop and implement a wide range of materials and strategies to promote health at the village level. We helped produce a film to educate women and their families about the benefits of consulting midwives for prenatal care, delivery services and postnatal checkups. We now have an additional set of films that provide information about the benefits of family planning for optimal spacing of children, and technical information about specific family planning methods. These films, with an introduction by the Vice Minister of the country, were officially adopted by the Ministry of Health to be a part of its national family planning program.

Other important community-level activities include work with family health promoters at the village level to help them develop skills in educating communities; evaluation of a set of “birth-friendly” facilities to promote the use of midwives for deliveries, and the development of two additional such facilities; and participation in a new service called SISCa (an acronym for “integrated services for health”) for providing health care at the community level by Ministry of Health staff.

A household survey conducted in 2008 to evaluate our maternal and newborn care work revealed very positive results. Many indicators of maternal health and family planning showed marked improvement compared to levels measured in 2003 in the national demographic and health survey (DHS). In addition, recognition of specific family planning methods increased from 34% to 83% in the HAI program districts, and the percentage of women who said they knew where to go for family planning services increased from 23% to 73%. These advances should continue in 2009 as we continue to partner with the Ministry of Health.
Our Côte d’Ivoire program works with the Ministry of Health in three districts in the Vallée du Bandama, located in the central-north region of the country, to integrate HIV services into routine prenatal care. Based in the city of Bouaké, our activities cover the three most highly populated districts in the region.

About 6% of adults in Côte d’Ivoire are HIV-positive, one of the highest rates in West Africa. Several years of civil war starting in 2002 took a toll on a once-robust health system, and prenatal care for pregnant women declined steeply. The government of Côte d’Ivoire seeks to rebuild the primary health care system, focusing first on services for mothers and children.

To assist in these efforts and thanks to funding from UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation, we have helped the Ministry of Health to identify and fix problems in how health care services are delivered. A 2007 study highlighted the fragmentation of prenatal services in the aftermath of the war: pregnant women would have to travel to as many as eight different sites to receive prenatal exams, HIV testing, treatment, care, and follow-up services.

Beginning in late 2007 and scaling up through 2008, we worked with the Ministry of Health and community partners to bring HIV counseling and testing into routine prenatal care. Our activities included on-site training and follow-up coaching of health care workers in a total of 18 sites in the region. This intensive and practice-oriented training built health care workers’ skills in counseling, taking blood samples, ensuring adequate stock of tests and supplies, and data management. We also worked with Ministry of Health partners to create a lab specimen transport system to get test results faster, and to reduce the burden on women traveling long distances to be tested and get follow-up services.

Now when a pregnant woman attends her local clinic for a routine prenatal check up, she is counseled about the benefits of HIV testing and offered a test. If she accepts, she receives her test results within 20-30 minutes and is offered on-site follow-up services. More than 15,000 women in the Vallée region have been tested for HIV, and thanks to the easier testing process 96% of women tested received their test results, compared to less than 10% in 2007. For the 750 women who found out they are HIV-positive, follow-up services are now locally available to keep them healthy and provide treatment to prevent the spread of HIV to their babies.

96% Percentage of women in 2008 who received their HIV test results, compared to less than 10% in 2007.
Profile: A mother living a “positive” life

Edith lives in Bouaké, in central Côte d’Ivoire, where HAI has been working since 2007 to help the Ministry of Health expand HIV treatment services. She lives with HIV and has become involved in a support group for HIV-positive women, run by HAI with the support of a local organization, Bouaké Eveil. She has a baby daughter, and a 12-year-old son.

Before HAI began working here, there were very few places to get treatment if you had HIV. It was very hard for us because many people came for care and waited long hours at a clinic. We got up at 4am to be sure to see the doctor, who could only see 10 out of the 50 people waiting each day. I was a little bit lucky to live in town, because many people had to travel from far away. Some women didn't come for prenatal care, even though they wanted to, because they didn't have the money to travel so far to the clinic.

Now, we have care in every health facility. It is easy to get tested and there are many more doctors available. I have all the care I need, and I can get my medications for three months at a time. I feel better, and I have gained back the 88 pounds I lost [when I was sick]. My daughter was born healthy without HIV, although I know others whose babies are sick and need medicine.

What do I hope for the future? I hope for financial help for women in my situation to be able to work and save some money to take care of ourselves and our families. I hope more people will learn about HIV and the ways it is transmitted. People are not well informed and women are sometimes afraid to talk to their husbands, like I was. I stay positive for myself, and help my friends to be optimistic. One day I hope a cure for AIDS can be found.
Profile: A health manager scaling up HIV services

My name is Dr. Hamid Mohyeldin Idrees. I work for the Sudan National AIDS control Program (SNAP) as the Western Zone Coordinator, providing technical support to medical personnel working on HIV services in the three states in my zone: North and South Kordufan and White Nile State. I also advise the states’ AIDS control program staff, helping with planning, monitoring and evaluation, coordinating with other partners, and ensuring application of all national policies and guidelines.

Before HAI started working in Sudan in 2007, the prevention of mother-to-child transmission of HIV (PMTCT) program was just beginning as a pilot project, and was not well integrated into health care settings. Only about 30% of pregnant women at the pilot sites were getting tested for HIV because the HIV services were separate from routine antenatal and maternity care in each facility.

At a national level, HAI helped SNAP to develop PMTCT testing and treatment guidelines, which are essential to ensure effectiveness of the program. HAI staff also work with our health facility managers to provide “supportive supervision” to staff at all PMTCT centers nationally. This on-the-job assistance has helped staff to understand the guidelines and has increased testing to involve all providers in antenatal and maternity care in each facility.

For me, I got huge technical support from HAI, from the very start of the proposal to pilot integration of PMTCT into primary health care. My HAI contact participates in joint supervision missions to remote districts. She helped me and the state staff to establish four new PMTCT centers in remote areas, which is a major step in my Zone to ensuring universal access to HIV/AIDS prevention, treatment, care and support.
“practice” study among health providers in late 2007 that helped to guide SNAP’s programming to focus on educating health workers to reduce stigma, as well as expanding HIV testing and treatment for pregnant women.

At the federal level, in 2008 we worked with SNAP to develop national standard operating procedures for managing PMTCT services for HIV. Each state also has an AIDS Control Program, and in 2008 we supported three states (Khartoum, North and South Kordufan), as well as SNAP, to build management capacity. These activities included coaching and training staff, strengthening referral systems, and improving monitoring and evaluation of the HIV programs.

We also provided technical support directly to health facilities within each of the three states to scale up care and antiretroviral treatment for HIV/AIDS patients (four sites), and PMTCT services in hospital-based clinics (six sites). Based on the needs of each site, we helped staff to start or expand services, including assessing and improving patient flows, testing procedures, and laboratory processes. We provided on-site trainings and follow-up supervision to more than 100 staff in these locations, which have seen HIV testing for pregnant women more than double. We also developed a plan, to be rolled out in 2009, that will pilot the expansion of PMTCT services into primary health care facilities, in addition to the hospital sites.

Plans for 2009 include expansion to at least seven additional states, providing HIV/AIDS prevention, care and treatment services to much of north Sudan. The increased capacity at all levels of the public-sector health system will help Sudan to reduce the spread of the disease, as well as strengthen primary health care for all Sudanese.
Advocacy on Global Health Issues

More funding than ever before is being directed to global health; by some estimates, funds reached almost $22 billion worldwide in 2007, up from $5.6 billion in 1990.

An important part of our advocacy work is to help ensure that global health money is used in ways that help, not harm. Our efforts address the inequities that prevent governments from providing health to their citizens.

In 2008, we hosted a training on macroeconomic policies and the International Monetary Fund to help other organizations understand and advocate against the harmful impact these policies often have on developing countries’ health budgets. To highlight the effects of war on public health, we helped to bring an exhibition of photos from the war in Iraq to Seattle (Unembedded: Four independent photojournalists on the war in Iraq).

Finally, we worked with a number of other global health organizations to develop an NGO Code of Conduct for Health Systems Strengthening. This Code of Conduct sets out principles for organizations that want to conduct their work in ways that reinforce and support the public-sector systems in developing countries, through hiring and compensation policies as well as training and advocacy. For more information or to sign on, organizations can visit ngocodeofconduct.org.
Statement of Activities for years ended December 31, 2008 & 2007

### Revenues

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<tr>
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<th>FY 2008</th>
<th>FY 2007</th>
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<td>Cash Support</td>
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<td>Federal Government</td>
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<td>Non-Federal Grants</td>
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<td>Contributions</td>
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<td>Interest Income</td>
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<td>Non-Cash Contributions-in-kind</td>
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<td><strong>Total Revenue</strong></td>
<td>19,055,520</td>
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### Expenses

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<tr>
<td>Program Services</td>
<td>16,815,805</td>
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<td>Management &amp; General</td>
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<td><strong>Total Expenses</strong></td>
<td>19,144,572</td>
<td>12,957,761</td>
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### Changes in Net Assets

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<th>FY 2008</th>
<th>FY 2007</th>
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<tr>
<td>Net Assets beginning of year</td>
<td>822,052</td>
<td>499,254</td>
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<tr>
<td>Net Assets end of year</td>
<td>733,236</td>
<td>822,288</td>
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<tr>
<td><strong>Total Changes</strong></td>
<td>(89,052)</td>
<td>323,034</td>
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All figures in US 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).
Supporters and Partners

**Funders**
- Chemonics
- Doris Duke Charitable Foundation
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Grandmothers for Race and Class Equality (GRACE)
- Japanese Embassy
- Joint United Nations Program on HIV/AIDS (UNAIDS)
- National Institutes of Health (NIH)
- Harold K. Raisler Foundation
- U.S. Agency for International Development (USAID) – Child Survival and President’s Emergency Plan for AIDS Relief (PEPFAR)
- United Nations Children’s Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Population Fund (UNFPA)
- United Nations World Food Programme
- University of Washington Leadership Program
- William Jefferson Clinton Foundation
- World Bank Treatment Acceleration Program (TAP)
- World Health Organization

**Individual donors**
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- Brook Baker
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- Paul and Barbara Freeman
- Sarah Frey
- James Gale
- Joe Gardner
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- Stephen Gloyd and Ahoua Koné
- Caren Gloyd and Emma McCormack
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- Lisa Hake
- James Heintz
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**Partners**

**Mozambique**
- Mozambique Ministry of Health
- Africare
- Associação Juvenil de Prevenção e Combate do SIDA na Criança (Ajupsic)
- Associação de Membro da Igreja de Cristo Unida em Moçambique para Desenvolvimento Social (Amicumo)

**Timor-Leste**
- Timor-Leste Ministry of Health
- Alola Foundation
- Bibi Bulak
- Centro Audiovisual Max Stahl Timor-Leste (CAMSTL)
- Cooperative Café Timor
- HealthNet
- TAIS

**Côte d’Ivoire**
- Côte d’Ivoire Ministry of Health
- Akwaba
- Bouaké Éveil
- Centre SAS

**Sudan**
- Sudan Ministry of Health
- National AIDS Program
- National Reproductive Health Program

**United States**
- Northwest International Health Action Coalition (NIHAC)
- PATH
- University of Washington
- School of Public Health
- Department of Global Health
  - International AIDS Research and Training Program (IARTP)
  - International Training and Education Center on HIV/AIDS (I-TECH)
  - Center for AIDS and STD
- Global Health Resource Center
- Population Leadership Program
- Population Health Forum
Unembedded: Four independent photojournalists on the war in Iraq is a national touring exhibit of photos that show the effects of war on health and society. Thanks to individual and community supporters, the exhibit was displayed at the University of Washington for three months in the fall of 2008. Two of the photographers spoke to an audience of several hundred people about the powerful stories behind the photos.

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