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

Events in 2010 reminded me yet again of the dedication and resilience of our HAI staff, both in Seattle and abroad. That dedication has been critical in maintaining essential health care in partnership with all of our Ministry of Health partners—in spite of enormous challenges. The year demonstrated how our work continues to create stronger, more independent public health systems that reach the marginalized families and individuals for whom we care so much.

Here are just a few examples of what HAI staff and partners accomplished with the support of our donors in 2010:

- **Côte d’Ivoire** - In spite of post-election violence in November-December that caused all banks and many government and private sector services to shut down, our staff worked with the Ministry of Health (MOH) and other key partners to ensure continuity in the delivery of health care services in the north of the country. Thanks to their extraordinary efforts, more than 20,000 pregnant women were tested for HIV and more than 400 newborns received vital interventions to prevent mother to child transmission of the virus. HAI also strengthened a partnership with the Seattle-based organization GRACE (Grandmothers for Race and Class Equality) to provide a much needed incinerator to a rural hospital.

- **Mozambique** - 2010 marked the end of our six year USAID PEPFAR grant. Our staff did an outstanding job maintaining the continuity of life saving health services during the end of the grant. During this final year of funding, we worked with the MOH to train over 1,100 health care workers and increased the number of people on antiretroviral (ARV) treatment to 220,000, up from 170,000 in 2009. While our grant was ending, we scaled up an innovative project funded by the Doris Duke Charitable Foundation. This project focuses on health system strengthening at the district level. It is innovative because it does not target an individual disease, rather it strengthens the health care system as a whole.

- **Timor-Leste** - We provided technical and managerial support to midwives and other MOH staff to strengthen the delivery of high quality maternal, newborn and family planning services. We also supported improved service delivery through comprehensive MOH village outreach clinics and conducted innovative health promotion to increase community access to maternal and newborn health services.

- **Sudan** - Despite ongoing conflict throughout much of the country, dedicated HAI staff worked with the MOH and the UNFPA to integrate HIV services into routine reproductive care in ten Northern States. HAI is recognized as a leader in implementation of primary health care using operations research to improve district management.

- **Colombia** - HAI supported the creation of a new independent local NGO, “Sinergias”—Strategic Alliances for Health and Human Development. Sinergias is working with the MOH to implement an improved model of integrated pre-natal care.

I invite you to read more about the work of our dedicated staff and partners in these pages and also on our web site at www.healthallianceinternational.org. We welcome your thoughts, experiences and support as we work together to build partnerships and strengthen systems to improve global health.

Sincerely,

Steve Gloyd, MD, MPH

Photo by HAI staff
2010 was a year of tremendous transition for HAI in Mozambique. It was a year that saw the conclusion of six years of HIV/AIDS work funded by PEPFAR, the establishment of the foundation of the seven-year Doris Duke Charitable Foundation grant for health systems strengthening, and the return of the PATH/MACEPA funded anti-malaria program.

**HIV/AIDS activities**

The conclusion of the PEPFAR grant offered an opportunity to review the work accomplished over the past six years. In addition to activity at the district and provincial level, HAI also provided technical assistance at the national level. HAI provided four advisors to support the Medical Assistance Department at the Ministry of Health (MOH), which coordinates the scale-up of antiretroviral treatment (ART), the pediatric AIDS program, and the national Tuberculosis (TB) program.

**Prevention of mother-to-child transmission of HIV (PMTCT)**

HAI supported the MOH in the implementation of a broad range of PMTCT services among pregnant and breastfeeding women.

Key Accomplishments:
- Scaled-up PMTCT counseling and testing from 6,200 individuals in 2005 to nearly 122,000 in 2010 (a 20-fold increase).
- Increased the provision of a complete course of ARV prophylaxis from 320 individuals in 2005 to more than 10,000 in 2010.
- Trained over 1,800 health care workers in the effective provision of PMTCT.

**Clinical care and treatment**

HAI contributed to the rapid creation of a cohesive health system capable of caring for HIV-infected populations across the continuum of care. This required a robust clinical care infrastructure to treat opportunistic infections as well as HIV. To accomplish this goal, HAI helped the MOH open ART clinics and train health care workers in ART delivery as well as treatment of individuals infected with both TB and HIV.

Key Accomplishments:
- Expanded the number of ART facilities from 2 in 2004 to 94 in 2010, including satellite sites in both rural and urban areas across all 36 districts involved in the program.
- Enrolled 63,444 patients in ART by 2010.
- Trained over 1,100 health care workers in ART delivery and TB/HIV co-infection.

**Counseling and testing (CT)**

HAI worked with partners to launch new CT centers, increase capacity within the workforce to provide expanded CT services, and integrate testing into routine health services. CT centers were staffed by accredited counselors who provided both pre- and post-test counseling according to national protocols. Individuals who
tested positive for HIV were referred to palliative care, and to facility-based clinical care. HAI trainings and job aids enabled providers to administer CT services at general care sites rather than requiring patients be seen at HIV-specific sites.

Key Accomplishments:
- Increased the number of testing centers directly supported by PEPFAR in Sofala and Manica provinces from 7 to 131.
- Increased the number of people receiving CT services from 19,000 in 2005 to more than 175,000 in 2010.

**Home-based palliative care**

HAI partnered with community-based groups to increase access to quality, home-based care (HBC) for people living with HIV/AIDS. This required strengthening the links between patients, the health system, and the community to provide support for patients and their families and increase treatment adherence. Program activities included capacity building for local community-based organizations such as training and support for volunteers.

Key Accomplishments:
- Expanded access to HBC services from one catchment area to all 23 districts in Sofala and Manica Provinces as well as Tete City.
- Increased the number of individuals served by HAI-supported HBC from 720 in 2003 to 12,000 in 2010, nearly 10% of whom were under the age of 15.

**Primary Care Services**

The Doris Duke Charitable Foundation planning grant was obtained in 2008 and the first full year of the grant was completed in July 2010. The partnership composed of the Mozambique Ministry of Health (MOH), Sofala Province Health Directorate, Health Alliance International (HAI), the University of Eduardo Mondlane (UEM), the University of Washington (UW) Department of Global Health, and the UW Department of Industrial Engineering has begun to implement the seven-year project designed to strengthen comprehensive primary health care (PHC) in Sofala Province through improving district-level management and planning capacity in Sofala Province’s thirteen districts.

The three major project objectives:
1. Strengthen integrated health systems management in Sofala at district and provincial levels.
2. Improve quality of routine data and develop appropriate tools to facilitate decision-making for provincial and district managers.
3. Build capacity for and conduct innovative Operations Research (OR), including program evaluation, in order to guide integration and system-strengthening efforts.

By the end of 2010, the partners completed a significant amount of health system analysis and training of health care workers, and laid the foundation for the direct financial support of the provincial health care system at the district level.

**Malaria Control**

After taking a break in 2009-10, HAI renewed its partnership with PATH/MACEPA to support the National Malaria Program at the MOH. All necessary grant agreement requirements were completed by December and HAI was ready to start work on January 1, 2011. This support takes the form of supplying one Clinical Advisor to the Director of Malaria Programs to assist with the development of the National Malaria Program.
One of HAI’s key areas of support to the MOH is assistance in management of Timor-Leste’s SISCa (Integrated Community Health Services) program. The SISCa program is an effort of the MOH to bring clinical health services to the rural areas where people live.

Photo by Jennifer Berthiaume

Maternal and newborn services

<table>
<thead>
<tr>
<th>Service</th>
<th>2003 DHS</th>
<th>2009 DHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 or more antenatal care visits</td>
<td>0 %</td>
<td>60 %</td>
</tr>
<tr>
<td>4 or more antenatal care visits</td>
<td>20 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td>60 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>20 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Use of contraception</td>
<td>0 %</td>
<td>20 %</td>
</tr>
</tbody>
</table>

Observers alike, and follow-up meetings are likely.

The success of efforts to improve health for mothers and children in Timor-Leste was borne out by a national Demographic and Health Survey (DHS) that was completed in 2010. HAI was gratified to see dramatic changes in most of the relevant maternal/newborn care and family planning indicators compared to results the 2003 DHS (see chart). Further progress is expected in 2011 as we continue to partner with the Ministry of Health to strengthen its maternal and child health care.

HAI has supported improved health in Timor-Leste since early 1999. Beginning in 2004, we became a valued partner of the Timor-Leste Ministry of Health (MOH), developing activities and interventions to build the Ministry’s management capacity and benefit the country as a whole. Our activities continue to be conducted in six rural districts (which comprise half the rural districts in the nation), with some focused efforts in the town and district of Dili as well. We have ongoing financial support from the U.S. Agency for International Development with growing funding from AusAID, the Australian government’s aid agency.

HAI support in Timor-Leste is broad-based, including both health systems strengthening and community health promotion. Throughout 2010 we have provided technical and managerial support to midwives and other health supervisors and staff; developed materials and strategies for village-level health promotion; supported comprehensive MOH village outreach clinics; disseminated HAI-produced films on child spacing and maternal/newborn care to rural areas, and; and worked with family health promoters at the village level to help them develop skills in educating communities. Two University of Washington students spent their summer in Timor-Leste to conduct assessments of ongoing activities.

A major accomplishment in November 2010 was a very successful Operations Research workshop held in Dili that brought together MOH and NGO staff from five districts to develop skills and produce an implementable operations research plan for their work sites. The workshop was deemed a remarkable success by participants and outside observers alike, and follow-up meetings are likely.

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Côte d’Ivoire

HAI has deep roots in Côte d’Ivoire, from our first days of collaboration with the National Public Health Institute in the early 1990s to the present day where we work in three regions with five local offices and over 50 staff working in close collaboration with the Ministry of Health (MOH). This year saw major changes, both for HAI’s program and for the nation as a whole.

Our Côte d’Ivoire program, which began supporting integrated HIV services in 2007, has expanded to three regions of the central and northern part of the country. Working together with the MOH, HAI has helped integrate HIV testing into routine prenatal, outpatient, and TB care clinics. By using this collaborative approach, all parts of the health system—including laboratory, procurement, and health management systems—are strengthened and the capacity of the MOH staff is bolstered.

2010 was a big year for the program, which went from supporting 31 public-sector health sites in 2009 to 65 facilities by the end of the year. More than 20,000 pregnant women were tested for HIV, and more than 400 newborns received vital interventions necessary to prevent the transmission of the virus from mother to child. More than 3,300 people benefited from life-saving antiretroviral treatment, and ten community-based organizations with whom we work ensured that strong links between patients and the health center were maintained.

In June, we held the second annual Operations Research Course at the National Public Health Institute (INSP), and more than 70 officials from the MOH and our other partners participated. Over the course of four days and a rigorous curriculum, HAI and UW instructors collaborated with INSP faculty to create 5 projects designed to identify problems in the health system and rapidly find solutions.

On the domestic side, HAI-Côte d’Ivoire staff based at headquarters strengthened a long-lasting collaboration with a Seattle-based organization, Grandmothers for Race and Class Equality (GRACE). Throughout the year, GRACE raised funds to support the construction of an incinerator for medical waste to be located at a hospital supported by HAI.

Unfortunately, the end of the year brought political violence and instability to the country. A contested presidential election severely tested the public health system’s ability to respond to the health needs of its people. But thanks to our strong and close relationship with our national and local partners, HAI was able to ensure an uninterrupted course of treatment for the patients accessing care at the facilities in the regions in which we work.
Sudan

HAI Sudan supports the public health sector at all levels—from the national policy-making process within the Federal Ministry of Health (MOH) to onsite mentoring and support at rural health facilities. This past year, HAI worked in ten northern states of Sudan to strengthen collaborations with the MOH and our partners. Working with UNFPA, we completed a rapid assessment and pilot project integrating HIV services into routine reproductive health services. Working with UNICEF, HAI continued to support quality prevention of mother-to-child transmission of HIV—from the first prenatal consultation to early infant testing and treatment of HIV services at the federal and state level. We are a key supporter of the Federal Ministry of Health’s plan to provide universal access to these life saving interventions across the country. HAI worked with other international NGOs to assess the level and quality of maternal and child health services to provide detailed analysis of strategic ways to strengthen primary health care services in the northeastern states of Sudan.

HAI Sudan Country Director Wisal Mustafa works with health care workers at a rural hospital to analyze monthly utilization data. Photo by HAI/Wendy Johnson

HAI Sudan facilitated the first Operations Research course held at the National Public Health Institute in Khartoum. Over the course of four days, over 30 participants from different departments in the Federal MOH and the National Public Health Institute worked with HAI staff to learn the basic principles of a research model designed to identify and solve health systems problems and to improve access to and quality of care at the facility level.

HAI’s approach to broad-level, health system strengthening means that key primary health care services—such as reproductive health, HIV testing and care, and tuberculosis detection and treatment services—are supported from the top-level decision makers all the way down to the people who need the services most.

Colombia

HAI established an exploratory office in Colombia in 2009 with the mission of supporting the Ministry of Health (MOH) in expanding health services to marginalized populations, especially in the Amazon Basin and on the Pacific Coast. During 2010, HAI-Colombia received funding from UNFPA and UNICEF to work with the MOH on several projects to improve primary health care within the public sector. We completed the first phase of a comprehensive, national quality assessment and case-finding project to improve HIV testing and prevention of HIV transmission services to pregnant women offered within routine prenatal care. The project was designed to evaluate the quality of health services and the loss to follow up of HIV exposed children.

We also worked with the local health department in Bogota to assess reproductive health services for at-risk adolescents. During late 2010, HAI supported the creation of an independent local NGO called “Sinergias”—Strategic Alliances for Health and Human Development. Sinergias will carry out HAI’s mission in Colombia as an independent organization and is currently implementing a new model of integrated prenatal care based on findings from the national assessment of HIV services in prenatal care. New projects to begin in 2011 include a program to train health care workers how to treat victims of sexual violence and an assessment of the cultural acceptance of public health programs in areas with high proportions of indigenous communities. HAI has closed its offices in Colombia and Sinergias will continue to operate as an independent local NGO with the possibility for future collaboration with HAI.

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Financial Summary

Statement of activities
for years ended December 31, 2009 & 2010

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).

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<th>Revenues</th>
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<td>Program Services</td>
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<td>Management and General</td>
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<td>3,116,392</td>
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<td><strong>21,033,492</strong></td>
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<tr>
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<tbody>
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<td>Net Assets beginning of year</td>
<td>835,262</td>
<td>733,236</td>
</tr>
<tr>
<td>Net Assets end of year</td>
<td>618,866</td>
<td>835,262</td>
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<tr>
<td><strong>Total Changes</strong></td>
<td><strong>(216,396)</strong></td>
<td><strong>102,026</strong></td>
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Funding by source
- Federal Government 89.03%
- Non-Federal Grants 10.73%
- Contributions and Other Income 0.17%
- Interest Income 0.07%

Expenses by allocation
- Program Services 84.12%
- Management and General 15.88%

Revenue by location
- Mozambique 82.61%
- Côte d’Ivoire 12.12%
- Timor-Leste 4.43%
- Colombia 0.43%
- Sudan 0.026%
- Other 0.15%

Photo by HAI/Sarah Gimbel
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