25 years of solidarity and partnership with Ministries of Health
Our vision is a just world that promotes health and well-being, including universal access to quality health care.

Our mission is to promote policies and support programs that strengthen government primary health care and foster social, economic and health equity for all.
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As HAI moves close to completing our first quarter century, it’s a good time to reflect on what we have accomplished as an organization and where we are heading in the future. HAI is now recognized globally as an organization that combines a service ethic and solidarity with the critical thinking and rigor of its academic base. We have long provided substantial support – and solidarity – to our government partners to strengthen Primary Health Care. Supporting the public sector is central to HAI’s mission, and this support has been especially important in the face of decades of austerity and privatization imposed on these governments.

Our alliances with ministries of health have helped improve their capacity to measure performance, improve quality, and expand the scope of their services. In every country, our in-country staff work within Ministry offices and are considered key partners in designing, implementing, and evaluating health programs. We have provided training for all levels, from midwives to national directors – both locally and at the University of Washington. At the same time we have helped keep the supplies, reagents, and medicines coming to maintain the critical programs. HAI pitches in many ways to help national programs serve their people better.

2012 was an especially good year for HAI. In Mozambique, we continue with our comprehensive project to improve health care through improving data systems and management. We have also helped expand the capacity of antenatal care services to treat and
prevent HIV (including leading a 3 country study) and introduced tuberculosis PCR diagnostics to nearly double the capacity to detect cases of tuberculosis. HAI is also leading efforts to evaluate linkages from HIV testing to care, evaluate national immunization and malaria programs, and study surveillance and diagnosis of congenital syphilis.

HAI was recognized as a principal contributor to the triennial national health conference (Jornadas de Saúde) with over 20 presentations. These activities provide a sample of the kinds of work we have been doing over the years to improve health. In central Mozambique alone, HAI has helped transform the provinces which 25 years ago had the poorest health indices in the country - into provinces that now have the best health indices in the country.

In Timor-Leste, I recently had a wonderful opportunity to see HAI’s impressive work there. Our support for improving the capacity of midwives helps them deliver high quality health services. Our new “Mobile Moms” project has provided mobile phone support for pregnant women to remind them about healthy pregnancy activities and to help them navigate and prevent the potential problems during their labor and childbirth. These HAI efforts in Timor-Leste are gaining global recognition for innovation to improve communication between expectant mothers and their health providers.

HAI work in Côte d’Ivoire has provided the Ministry of Health (MOH) with new approaches to reproductive health and a fresh look at HIV prevention and care. Our four offices provide the principal technical assistance to MOH regions that cover one-fifth of the country. Our excellent work received widespread recognition resulting in being asked to support an expanded network of clinics. At a national level, HAI continues to work closely with the National Institute of Public Health, which partnered with HAI in a highly regarded national assessment of HIV prevention and treatment in antenatal care.

Finally, at the University of Washington, HAI has established itself as a model for collaborative activities with other centers of the Department of Global Health. Increasingly, students, staff, and faculty collaborators flock to HAI to learn innovative approaches to addressing the age-old challenges of providing health for all.

This annual report is a fitting testimonial of HAI’s continuing efforts to improve the capacity of our government partners, in spite of challenging conditions. I believe that we have established a remarkable platform to accomplish even more in the next quarter century!

A luta continua,

Steve
The Mozambique team continues to develop new projects and expand its expertise into new areas of service to the Ministry of Health.

**Strengthening health systems**

Central to HAI’s key aim of strengthening health systems is the Doris Duke Charitable Foundation African Health Initiative. A seven year grant, this is HAI Mozambique’s largest funding support for 2012 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 de Investigação Operacional 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.
Health systems addressing the HIV pandemic

Projects to strengthen the capacity of the health system to address the HIV/AIDS pandemic continue to be important efforts. **Option B+** is a new project to support the prevention of maternal to child transmission (pMTCT) of HIV, funded through a grant from the National Institute of Child Health and Development (NICHD) to the University of Washington Department of Global Health. New World Health Organization guidelines promote an approach called “Option B+” in which pregnant women who test positive for HIV in the first antenatal care visit initiate triple antiretroviral therapy (ART). The HAI project, conducted in collaboration with the University of Washington and the Mozambique Ministry of Health’s Beira Operations Research Center (known in Portuguese as Centro de Investigação Operacional da Beira – CIOB), seeks to pilot test a model for introducing the “Option B+” model in six large health centers in Manica and Sofala Province. If successful, the model will be scaled up to other national health system sites in Mozambique.

**Systems Analysis and Improvement to Optimize pMTCT** is a two-year award from the US NIH to the University of Washington, with a sub-award to HAI. It aims to identify modifiable health system factors associated with high and low performing pMTCT facilities. The project will rigorously evaluate a system designed to provide continuity of care from antenatal services through follow-up of newborns. This project is being carried out in three countries, including Côte d’Ivoire (with HAI) and Kenya (with the Network for AIDS Researchers in East and Southern Africa).

**Tuberculosis**

Tuberculosis continues to be a major health problem globally, and is the number one cause of death for patients with HIV in sub-Saharan Africa. HAI is implementing 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. HAI partners with the Mozambique Ministry of Health to introduce two new, rapid, and highly sensitive diagnostic technologies, GeneXpert MTB/RIF and LED Microscopy. 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. In the first year of this grant we tested more than 9,000 patients using GeneXpert, and identified 1,166 additional patients with confirmed pulmonary TB that were not identified using traditional smear microscopy.

**Malaria**

Malaria also continues to be a major killer in Africa. With support from the PATH project called **MACEPA**, HAI provides technical support to the Mozambique National Malaria Control Program. In addition to providing general support for
donor coordination and partner mapping, HAI helped develop the final National Malaria Policy and Strategic Plan 2012-2016 and the national operational plan for 2013. HAI focused on strengthening monitoring and evaluation planning and tools, including the development of a malaria database, a new evaluation manual and training materials to support rollout of the manual to Mozambique’s 10 provinces.

Vaccine-preventable diseases

Programs to address vaccine-preventable diseases are another important element of an effective health system. HAI has been asked by the UW Institute for Health Metrics and Evaluation to participate in the planning process for a five-country (Mozambique, Uganda, Zambia, India and Bangladesh), evaluation of Global Alliance for Vaccines and Immunization-Impact Evaluation. The inception phase report required the formation of an international team across Mozambique and Seattle to rapidly compile and review the necessary documents as well as carry out initial discussions with key stakeholders involved in immunizations in Mozambique. Start-up of the main evaluation is expected to begin mid-2014.

Congenital syphilis

Congenital syphilis continues to negatively impact pregnancy outcomes in many communities of Mozambique. HAI has teamed with the Mozambican National Institute of Health, with support from the WHO, to carry out a clinical study to quantify the burden of stillbirth, preterm delivery, low birth weight and congenital syphilis among women in central Mozambique as well as evaluate the effect of timing of treatment on syphilis outcomes during pregnancy. As of December 2012, 574 syphilis-infected women had been recruited into one of 6 study clinics.
On May 20, 2012 Timor-Leste celebrated 10 years of independence. HAI has been proud to work alongside our Ministry of Health (MOH) colleagues in Timor for all of these past 10 years. Staying true to our mission to promote policies and support programs that strengthen government primary health care, we continue to be a valued partner of the MOH at both national and district levels. With a focus on technical and managerial support to Timor-Leste’s governmental health systems, HAI participates regularly in national meetings in which policies are debated and strategies designed related to maternal and newborn care and family planning.

Carrying on the HAI model

HAI will continue to carry out integrated family planning and maternal/newborn care activities in five of Timor-Leste’s 13 districts based on a positive evaluation of our efforts by the national Australian aid agency, AusAID. HAI staff are developing additional approaches to assuring that midwives and other health care providers have high quality skills through filling a gap to provide follow-up after national training programs. This approach will assure that skills that are learned in a classroom setting are reviewed and practiced with supervisory support at the trainees’ job sites. Specific technical skills, such as use of partograph during delivery or newborn resuscitation, will be the subject of special focused learning labs to promote sharpening of skills and retaining...
the ability to carry out critical aspects of maternal care.

HAI is also active in generating demand for maternal health services through community level health promotion to ensure that the community is fully informed about and involved in efforts to safeguard their health. HAI works with health staff to bring data to community groups and community health volunteers in order to identify localized problems and devise solutions. This community-driven approach results in a health promotion strategy that is tailored to meet the needs of the community.

Mobile Phones for Moms

We have completed the first year of our USAID grant, “Mobile Moms,” which aims to improve knowledge and the appropriate use of maternal care services by pregnant women. The project utilizes mobile phone communication as well as more traditional approaches to improve maternal and newborn care outcomes in two rural districts. Following extensive community meetings to assess the needs and acceptability of the project, a baseline survey of mobile phone use in the project districts revealed that a surprising 69% of women with children under age two had a cell phone in the household. This confirmed the value of our plan to send pregnant women twice-weekly text messages about their pregnancy, and also to facilitate direct phone access for the women with their midwives. We designed the project with Catalpa International, a mobile and software development company focused on technical solutions in low resource settings.

Mobile Moms has been the subject of great interest from community, district staff, and national MOH staff who are eager to take part in an innovative effort to improve the country’s high rates of maternal and newborn deaths. An operations research component will document the challenges and best approaches to implementing a project of this type, and will also evaluate the effectiveness of the mobile phone approach in improving the use of routine care such as prenatal services and having a midwife or physician at the delivery. If the evaluation shows significant benefits from the addition of this technology, it could be a potentially valuable tool for the MOH, which has expressed an interest in future expansion.
In 2012, HAI continued its long-standing collaboration with the Côte d’Ivoire Ministry of Health and the Fight against AIDS and CDC-PEPFAR to strengthen primary health care systems. Working in four regions in the center and northern parts of the country, our dedicated staff provided technical and material support to regional health managers as well as health facilities for activities primarily in the field of HIV, including prevention of mother-to-child transmission (PMTCT), general outpatient testing services, TB screening, community outreach, prevention, support for orphans and vulnerable children, and pediatric and adult treatment. Working with all levels of health providers, including doctors, nurses, and midwives, HAI-CI helped build capacity to deliver high quality primary health care services, strengthen procurement and logistics systems, and develop and implement changing HIV treatment protocols.

HAI continued to work with a number of local community-based organizations, which worked to encourage HIV-positive people to adhere to treatment regimens and to receive psycho-social support services for their families. Taking a family-centered approach, these organizations facilitated support groups to fight stigma and ensure that children exposed to HIV received necessary testing and care services. HAI also strengthened our relationship with the CDC-PEPFAR staff with more frequent updates on progress achieved and seeking ongoing recommendations for improvement.
Year-end brought the preliminary stages of an MSLS-HAI-Population Council national-level study looking at how women navigate the PMTCT system and to provide recommendations for how to strengthen both PMTCT and the health care system at all levels.

Key 2012 achievements:

- HAI-CI supported 117 health sites in HIV testing and counseling, prevention of mother-to-child transmission of HIV, care and treatment for HIV, TB, and prevention activities.
- 52,446 pregnant women were counseled and tested for HIV.
- 744 newborns received vital interventions to prevent the transmission of the virus from mother to child.
- 8,753 people benefited from life-saving treatment for HIV.
- 14 community-based organizations were supported to provide psychosocial support and a vital link between patients and the health centers.
HAI continues a low level presence in Sudan, with no specific funding in 2012. Nevertheless, our work continues. Several former HAI staff members received MPH training at the UW, including collaboration with HAI faculty and staff in 2012. The Public Health Institute of the Ministry of Health (MOH) continued the operations research training that HAI initiated and supported in previous years. Graduates of UW/HAI leadership programs have been working in key MOH positions in Khartoum and throughout the country. A recent study demonstrated that the HAI/UW training is still making a big impact. Dr. Wisal Mustafa Hassan, our previous Sudan Country Director, continues to work on behalf of HAI, pursuing projects that may be funded in the future.

The projects aim to strengthen/rehabilitate primary health care at locality and state level with focus on quality clinical care and health information systems for maternal mortality, TB, HIV and other endemic diseases. Other potential projects also include leadership management trainings to MOH officials and epidemiology skills training in collaboration with CDC. We are confident that we can re-establish our good work in Sudan, should the right funding environment arise.
## Financial Summary

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).

### Statement of activities

**for years ended December 31, 2012 & 2011**

#### Revenues

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Support</td>
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</tr>
<tr>
<td>Federal Government</td>
<td>2,952,634</td>
<td>2,729,608</td>
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<tr>
<td>Non-Federal Grants</td>
<td>4,378,678</td>
<td>3,606,988</td>
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<tr>
<td>Contributions and Other Income</td>
<td>59,113</td>
<td>109,141</td>
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<tr>
<td>Interest Income</td>
<td>492</td>
<td>1,550</td>
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</table>

**Total Revenue**

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td>7,390,917</td>
<td>6,447,287</td>
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#### Expenses

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td>6,104,751</td>
<td>5,387,625</td>
</tr>
<tr>
<td>Management and General</td>
<td>1,175,858</td>
<td>1,167,036</td>
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</tbody>
</table>

**Total Expenses**

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Expenses</strong></td>
<td>7,280,609</td>
<td>6,554,661</td>
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</table>

#### Changes in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
<th>FY 2011</th>
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<tbody>
<tr>
<td>Net Assets beginning of year</td>
<td>511,492</td>
<td>618,866</td>
</tr>
<tr>
<td>Net Assets end of year</td>
<td>621,800</td>
<td>511,492</td>
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</table>

**Total Changes**

<table>
<thead>
<tr>
<th></th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Changes</strong></td>
<td>110,308</td>
</tr>
</tbody>
</table>

107,374
Funding by source
- Federal Government 39.95%
- Non-Federal Grants 59.24%
- Contributions and Other Income 0.80%
- Interest Income 0.01%

Expenses by allocation
- Program Services 83.85%
- Management and General 16.15%

Revenue by location
- Mozambique 49.05%
- Côte d’Ivoire 34.31%
- Timor-Leste 16.13%
- Other 0.51%
Board of Directors

Carlos Dominguez, MPH, MHA
President
University of Washington, Department of Environmental and Occupational Health Sciences

Edith Wolff, JD, MPH
Vice-President
Lawyer

Ruth White, PhD, MPH, MSW
Secretary
Associate Professor, Department of Anthropology, Sociology and Social Work, Seattle University

Marlow Kee, CPA, MBA
Treasurer
Chief Financial Officer, PATH Seattle

Jo Anne Myers-Ciecko, MPH
Senior Advisor, Midwifery Education Accreditation Council

Aaron Katz, CPH
Principal Lecturer, Department of Health Services and Global Health, University of Washington School of Public Health

Katherine Camacho Carr, PhD, ARNP, CNM
Professor & N. Jean Bushman Endowed Chair, Coordinator, Nurse-Midwifery, College of Nursing, Seattle University

Liz Mogford, PhD, MPH
Associate Professor, Department of Sociology, Western Washington University, Affiliate Assistant Professor, Department of Global Health, University of Washington

Kathy Hubenet, RN
Consultant Clinical Nurse

Paul Thottingal, MD, FRCPC
Infectious Disease, Group Health Physicians

Supporters

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Jessica Cowan
Karen Smith-Desautels
Margaret McCarroll
AID for Africa
Mark McGoldrick
GRACE
Frederick Brown Rainier
Investment Management
Bill & Melinda Gates Foundation
Jennifer Slyker
Harold K. Raisler Foundation
Washington Global Health Alliance
GE Foundation
Funders & Partners

The Australian Agency for International Development (AusAID)

The Bill & Melinda Gates Foundation

Centers for Disease Control and Prevention (CDC)

Doris Duke Charitable Foundation

PATH

U.S. Agency for International Development (USAID)

World Health Organization (WHO)

The Population Council

GAVI Alliance

ICF Macro

In Country Partners

**Mozambique**

Mozambique Ministry of Health (MOH)
Eduardo Mondlane University
National Institute of Health (Instituto Nacional de Saúde)
Beira Operations Research Center (Centro de Investigação Operacional de Beira)

**Timor-Leste**

Timor-Leste Ministry of Health (MOH)
HealthNet Timor-Leste
United Nations Population Fund (UNFPA)
Cabinet for Health Research and Development (Gabinete Pesquisa e Desenvolvemento Saúde Nacional)
Institute of Health (Instituto Nationale de Saúde)
Catalpa International

Côte d’Ivoire

Ministry of Health and the Fight against AIDS (Ministère de la Santé et de la Lutte Contre le Sida)
National Institute of Public Health (Institut National de la Santé Publique)
National Program for HIV/AIDS Care and Treatment (Programme National de Prise en Charge)
Université Alassane Ouattara
CESACO
Dispensaire Baptiste de Torgokaha
CSU Komborodougou
Dispensaire Sainte Marie
CAMES
La CIBES
LAFED
NTN
Bouaké Eveil
CMS Flamboyants
CASES
Solidarité Béoumi
Wopilesanga-WPS
AIDSCOM
Croix Rouge
Progres Universel