2017 marked Health Alliance International’s 30th year of continuous operation. Whether I look to our current portfolio, or back across 30 years of HAI’s 100+ projects in 10 countries, what I see is one consistent approach. For 30 years, HAI has fought for and strengthened public sector health systems. Through the rise and fall of global epidemics and shifting tides of political ideologies, HAI has fought for the health systems that reach the most people and serve the poorest and most vulnerable among them. We do this because, as a public institution, government health systems have a duty to the people they serve.

In 2017, more than ever, we felt that the values that underscore our model needed to shine through our work and embrace the activist roots on which HAI was founded. Thus, to our Mission, Vision, and Values, we have added our Rallying Cries:

**Solidarity Not Charity**
because our alliance works together with, not for;

**Health Equity Now**
because our alliance advocates for policies and practices that serve everyone;

**Action, Learning, Progress**
because our alliance wants our work to matter in practice, not in theory

Because HAI leads with its values, I invite you to ask us how, I invite you to ask us why, and I invite you to join us in our fight for a more equitable way to improve health around the globe.

James Pfeiffer
Executive Director, HAI
Professor, Anthropology and Global Health University of Washington
SOLIDARITY NOT CHARITY

Before Health Alliance International was HAI, we were the Mozambique Health Committee and an active member of the national anti-apartheid solidarity movement, fighting for the right to health care for all Mozambicans.

The fact that 30 years ago HAI began as a country-focused organization underscores our continued approach to working in solidarity with our principal collaborators: Ministries of Health. By building long-term relationships and putting the priorities of our MOH partners first, HAI has become a trusted supporter of, and advocate for, primary health care through public-sector national health systems around the world.

Since 1987, we have stayed true to this approach because we know that it works.

HEALTH EQUITY NOW

In 1994, we became Health Alliance International, a name that demonstrates our dedication to forging relationships to achieve health for all.

At HAI, we believe that a fair and equitable health system ensures that everyone has access to quality care when they need it. Over 30 years, we have seen that in times of conflict and oppression the poorest and most vulnerable are hit the hardest. So when alliances break down, Health Alliance International steps up.

We do this because we know the effects of war reach beyond the battlefield, that broken systems are tools of oppression, and that a true alliance means commitment to the long term.

ACTION, LEARNING, PROGRESS

HAI’s University of Washington faculty are global leaders in health systems research and implementation science. This expertise has been at the forefront of our collaborations with Ministries of Health since day one.

For 30 years, HAI faculty and staff have brought on-the-ground experience into classrooms and trainings—in Seattle and across the global South—helping to train the next generation of public health leaders. In return, students consistently bring fresh perspectives and real world experiences that help our research and programs take on new challenges.

At HAI we recognize that research is only worth the change it informs. That’s why wherever HAI works, from East Timor to West Africa, we don’t just generate research; we use it to promote social justice and increase equitable access to quality health care.
**Statement of Activities**
for years ended December 31, 2017, 2016, and 2015

**REVENUES** *(Cash Support)*

<table>
<thead>
<tr>
<th></th>
<th>FY 2017*</th>
<th>FY 2016*</th>
<th>FY 2015*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Government</td>
<td>7,694,170</td>
<td>7,367,665</td>
<td>4,767,892</td>
</tr>
<tr>
<td>Non-Federal grants</td>
<td>3,400,840</td>
<td>2,725,847</td>
<td>3,918,934</td>
</tr>
<tr>
<td>Contributions and other income</td>
<td>20,529</td>
<td>21,095</td>
<td>73,593</td>
</tr>
<tr>
<td>Interest income</td>
<td>6,489</td>
<td>950</td>
<td>114</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>11,122,028</strong></td>
<td><strong>10,115,557</strong></td>
<td><strong>8,760,533</strong></td>
</tr>
</tbody>
</table>

**EXPENSES**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td>9,793,457</td>
<td>8,751,713</td>
<td>7,519,995</td>
</tr>
<tr>
<td>Management &amp; general</td>
<td>1,297,045</td>
<td>1,241,331</td>
<td>1,273,760</td>
</tr>
<tr>
<td>Fundraising</td>
<td>5,189</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>11,095,691</strong></td>
<td><strong>9,993,044</strong></td>
<td><strong>8,793,755</strong></td>
</tr>
</tbody>
</table>

**NET ASSETS**

<p>| | | | |</p>
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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Net Assets beginning of year</td>
<td>785,233</td>
<td>662,720</td>
<td>695,942</td>
</tr>
<tr>
<td>Net Assets end of year</td>
<td>811,570</td>
<td>785,233</td>
<td>662,720</td>
</tr>
<tr>
<td><strong>Changes in Net Assets</strong></td>
<td><strong>26,337</strong></td>
<td><strong>122,513</strong></td>
<td><strong>(33,222)</strong></td>
</tr>
</tbody>
</table>

* 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).
PROGRAM PARTNERS

Côte d'Ivoire
Ministry of Health and Public Hygiene (MSHP)
The National HIV/AIDS Program (PNLS)
National Institute of Public Health (INSP)
Université Alassane Ouattara
IRAA ‘Institut de Recherche et d’Actions en Afrique’
AIDSCOM Djébonoua
Federation Gnompinin
Notre Grenier
Wopilésanga
LAFED
AIPEF Santé
Animation Rurale Napie (ARN)
Génération Femme du Troisième Millénaire
CESACO Pianzola
Centre de Solidarité Action Social (CSAS)
CMS Flamboyant
Hôpital Baptiste de Ferkéssédogou
CSU Komborodougou
Association Saint Camille de Lellis
Dispensaire Sainte Marie
Dispensaire Baptiste de Torgokaha
Rénaisance Santé Bouaké (RSB)
AIPEF Bouaké and Korhogo
Bouaké Eveil
CASES

Mozambique
Ministry of Health
Provincial Directorates of Health- Manica and Sofala
Beira Center for Operations Research (CIOB)
University of Eduardo Mondlane
ECHO
SystemOne
Catholic University of Mozambique (UCM)
Mozambican Federation of Gynecology and Obstetrics (AMOG)
Mozambican Pediatricians Association (AMOPE)

Timor-Leste
Ministry of Health
National Institute of Health
Catalpa International

Advocacy
People’s Health Movement
Somali Health Board
Washington Fair Trade Coalition
Washington Physicians for Social Responsibility

FUNDERS

US Agency for International Development (USAID)
Vital Strategies (flow through funding from USAID)
University of Washington (flow through funding from The Global Alliance for Vaccines and Immunizations (GAVI), and National Institute of Health (NIH)).
University of California, San Francisco (flow through funding from the CDC)
Doris Duke Charitable Foundation
Johns Hopkins University (flow through from Government of Canada – Department of Foreign Affairs, Trade and Development)
Partners in Health
Stop TB Partnership
University of KwaZulu-Natal (flow through from the NIH)
US Centers for Disease Control and Prevention (CDC)
Australian Government/Department of Foreign Affairs and Trade through the Partnership for Human Development
UNICEF

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To learn more about HAI’s work, visit:
www.healthallianceinternational.org

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Jessica Dyer (cover), Ashton Kilgore (inset of doctor and woman, page 3)