HAI MODEL in action

34 Partners in three countries

BUILDING

PARTNERSHIPS

CAPACITY

8 Research studies in Mozambique

CONNECTIONS

846 Women enrolled in Mobile Moms

25,000 Text messages sent to mothers by midwives
LETTER FROM THE DIRECTOR

2013 was an extraordinary year of transition and growth for Health Alliance International (HAI). Dr. Stephen Gloyd stepped down as Executive Director in July after 25 years of visionary leadership. I could not be more thrilled, honored and humbled in assuming the Executive Director position of this remarkable and unique organization. Steve continues to work with HAI as a “Senior Advisor,” but more importantly he continues in the HAI family as a friend, mentor and comrade in health.

As I reflect on these changes, I am reminded that HAI was born out of the anti-apartheid movement of the 1970s and 1980s, as a solidarity organization. In 1987, Steve founded HAI's earliest manifestation, the Mozambique Health Committee (MHC). The organization committed to “pragmatic solidarity” to support the newly independent country in its struggle against aggression by the neighboring apartheid regime. As the MHC expanded beyond Mozambique in the years that followed, it transformed into Health Alliance International, but remained true to MHC’s core values and mission: to support public sector health systems, raise consciousness about the impact of social inequality and racism on health, and engage in activism to promote pro-poor policies and politics in the developing world and in the United States. We maintain our deep, long-term support to our public sector colleagues in the spirit of solidarity and social justice.

Health Alliance International continues to build partnerships, capacity and connections through our work. Our strong partnerships with the ministries of health in Côte d'Ivoire, Mozambique and Timor-Leste connect us with the many components of the public sector health system, including the health workforce, leadership and management, and procurement and data management systems. Our research helps decision-makers better understand what is and is not working in the health system, and points to areas for improvement. Our advocacy work aims to advance global, national and local health policies. Our link to the University of Washington further builds on our programs by bringing together varied teaching and research disciplines, and engaging staff, faculty and students in hands-on global health work.

It is a tremendous joy and honor to work with such a committed, mission-driven and professional group at our Seattle headquarters, and in all of our country programs. We will continue to promote this mission with hard work and commitment, while also building an internal work culture that supports the family and community lives of HAI workers, promotes diversity in our ranks, and adheres to core values of mutual respect and civility in the workplace.

In solidarity,

James Pfeiffer
Executive Director, HAI
Professor, Anthropology and Global Health
University of Washington
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 MODEL

Health Alliance International (HAI) is recognized globally as an organization that combines a service and solidarity ethic with the critical thinking and rigor of its academic base. For over 25 years, HAI has provided substantial support to its government partners to strengthen public sector primary health care. Central to HAI’s mission is supporting the public sector, which is especially important in the face of decades of austerity and privatization imposed on these governments.

HAI’s alliances with ministries of health improve government capacity to measure performance, improve quality, and expand the scope of their services. HAI’s in-country staff work within ministry offices and are considered key partners in designing, implementing and evaluating health programs.

As one of the seven centers of the Department of Global Health at the University of Washington, HAI works with faculty and students, as well as academic and research institutions in Côte d’Ivoire, Mozambique and Timor-Leste, to build human and institutional capacity. HAI’s value of scientific rigor and teaching improves its in-country work, and helps educate future global health leaders.

The HAI Model in Action

Building partnerships – HAI’s work in Côte d’Ivoire has provided the country’s Ministry of Health (MOH) with new approaches to measuring site performance, and a fresh look at HIV prevention and care. HAI’s five regional offices provide the principal technical assistance to MOH regions that cover one-fifth of the country. HAI’s partnerships with the MOH and local community groups have received widespread recognition and resulted in a rapid scale-up of integrated primary health care. At a national level, HAI continues to work closely with the National Institute of Public Health, which recently partnered with HAI in a national assessment of HIV prevention and treatment in prenatal care.

Building capacity - In Mozambique, HAI continues to conduct implementation science and operations research to advance health care by improving data systems and management. HAI also helped expand the capacity of prenatal care services to treat and prevent HIV, and introduced innovative diagnostic machines to nearly double the capacity to detect tuberculosis. HAI is leading efforts to evaluate linkages from HIV testing to HIV care, evaluate national immunization and malaria programs, and study surveillance and diagnosis of congenital syphilis.

Building connections - In Timor-Leste, HAI helps midwives strengthen connections with the community to deliver high quality health services. HAI’s “Mobile Moms” project engages mobile phone technology to connect pregnant mothers with midwives, and better position both to prevent potential problems during labor and childbirth. These efforts are gaining global recognition for innovation in improving communication between expectant mothers and their health providers.

In the pages that follow you will find descriptions of the many programs that demonstrate the HAI model in action. While each country section highlights a particular theme, such as partnership or capacity building, the entire HAI model is deeply intertwined in all of HAI’s work.

OUR VISION

is a just world that promotes health and well-being, including universal access to quality health care.

OUR VALUES

• Every human being has a right to health and health care.

• Governments have the responsibility to ensure provision of quality primary health care and equity strategies for health.

• We partner with governments to help enhance their capacity and help hold them accountable to their citizens.

• We are a learning environment. Scientific rigor and teaching improve our work and help educate future global health leaders.

• Our commitment to equity extends to our staff and partners. We treat others fairly, honor diversity, and foster mutual respect.
I feel a passion to make sure that care and emotional comfort are given to vulnerable people, to make sure that they feel hope for their futures. I like being part of a process where people can begin to say ‘yes’ to a healthy life.

— Naraba Coulibaly, HAI-CI Orphans and Vulnerable Children, Program Assistant
This year was one of great expansion and commitment by the HAI Côte d’Ivoire team – expansion in the number of sites supported, and a renewed commitment to ensuring only the highest quality services are offered in four central and northern regions of Côte d’Ivoire.

Partnerships to Expand HIV Services

HAI continued its long partnership with the Ministry of Health and the Fight against AIDS (MSLS – Ministère de la Santé et de la Lutte contre le Sida) and the Centers for Disease Control - President’s Emergency Plan for AIDS Relief (CDC PEPFAR) to strengthen primary health care systems and expand integrated HIV services in the public sector. HAI Côte d’Ivoire’s staff of more than 50 dedicated, passionate expert advisors provided technical and material support to health facilities from four regional offices and a small liaison office in Abidjan.

October began the fifth year of HAI’s five-year CDC PEPFAR program, focusing on building the capacity of regional health managers and health facilities to conduct activities primarily related to strengthening HIV services. These activities included prevention of mother-to-child transmission (PMTCT), general HIV testing services, TB screening, community outreach, prevention, support for orphans and vulnerable children, and pediatric and adult HIV treatment. HAI provided on-site coaching and mentoring services, and strengthened logistics, procurement and administrative functions at all levels of the health system.

Improving Data Quality

A key theme of HAI’s work this year revolved around data and data quality. The first step to strengthening health services is understanding what is actually going on at health facilities. What are the patterns of health service utilization? Are there areas where HIV prevalence is higher or lower? Are there facilities that are more successful in tracking HIV-positive patients and their families, and if so, what are their strategies?

HAI Côte d’Ivoire’s data management staff work side-by-side with MSLS data managers to make sure that data are recorded accurately. This means working with both frontline healthcare workers at the site level who may be responsible for recording patient data, as well as dedicated data management staff at the district and regional levels. These efforts ensure monthly reports are transmitted on time to national databases and helps support local health managers analyze monthly trends to make informed decisions about resources and personnel.
Using Research to Strengthen Health Services
This year brought exciting and innovative implementation science and operations research studies to both HAI Côte d’Ivoire’s project area and to the national level. Led by HAI and a consortium of local institutions, including the MSLS, the National Public Health Institute (INSPI - Institut National de la Santé Publique), and local universities, a nation-wide study was conducted to assess the delivery of PMTCT services in different parts of the country. The study, funded by the United States Agency for International Development (USAID) via Population Council, discovered what is really working in preventing the spread of HIV to infants – and where HAI and the MSLS can collaborate to further strengthen health systems.

Providing Support to Families
HAI Côte d’Ivoire’s staff provided a link between the community and health facilities, especially when it came to providing psychosocial support to HIV-positive people and their families. HAI continued partnerships with twenty local community-based organizations with the common goal of encouraging HIV-positive people to continue taking life-saving medications and to fight stigma at a family and community level. (See sidebar for more information).

Global – Local Partnership
Finally, HAI continued its global-local partnership in working with a Seattle-based group, Grandmothers for Race and Class Equality (GRACE). This group of energetic Seattle women activists has supported many projects in Côte d’Ivoire over the years, and this year they funded much needed uniforms for MSLS midwives working in the northern regions of the country.

2013 KEY ACHIEVEMENTS
• HAI Côte d’Ivoire supported 169 health sites in prevention of mother-to-child transmission of HIV activities.
• 64,636 pregnant women were counseled and tested for HIV.
• 512 newborns received vital interventions to prevent the transmission of the virus from mother to child.
• 10,181 people benefited from life-saving treatment for HIV.
• 20 community-based organizations were supported to provide psychosocial support and a vital link between patients and health centers.
The HAI and Mozambique Ministry of Health partnership helps build health research excellence for critical health issues like tuberculosis, child immunizations and HIV/AIDS, and demonstrates how NGOs can support public sector capacity building.

— James Pfeiffer, HAI Executive Director
In 2013, the HAI Mozambique team continued to partner with Mozambique’s Ministry of Health (MOH) to strengthen health systems and build capacity through the development and support of multiple projects. Although HAI’s work is focused in Manica and Sofala Provinces, the team continues to forge national-level partnerships to address health systems challenges, evaluate and promote health interventions to reduce mortality, and build research excellence in Mozambique as a whole.

**Population Health Implementation and Training Partnership**

Many factors contribute to weak delivery of health services and declining health outcomes for populations, such as inadequate data collection systems and minimal capacity to analyze data for decision-making and planning. HAI’s largest ongoing project in Mozambique, the Population Health Implementation and Training (PHIT) partnership funded by the Doris Duke Charitable Foundation’s African Health Initiative, aims to strengthen integrated health systems management and build decision-making and planning capacity at provincial and district levels.

The Mozambique PHIT Partnership continued to build capacity for district management teams across the 13 districts in Sofala Province, and provide ongoing technical support for provincial managers. The PHIT approach focuses on providing data in a summary format to assist in identifying problems, guiding discussions on the development and implementation of solutions at the health facility and district levels, and monitoring the implementation of these action plans.

**Prevention of Mother-to-Child HIV Transmission**

Despite significant increases in the availability of low-cost, effective interventions designed to reduce mother-to-child HIV transmission in low and middle-income countries with high rates of HIV, the translation of these scientific advances into effective delivery strategies has been slow and incomplete. In 2013, HAI continued its involvement in two research studies focused on prevention of mother-to-child HIV transmission.

The first is a study in Côte d’Ivoire, Kenya and Mozambique funded by the US National Institutes of Health (NIH). The study aims to identify health system factors and service delivery approaches associated with high and low performing prevention of mother-to-child transmission (PMTCT) services. It also aims to develop and evaluate a systems analysis tool and associated performance enhancement approach for PMTCT services.

The second is the “Option B+” project. New World Health Organization guidelines promote the Option B+ approach, in which pregnant women who test positive for HIV in the first prenatal care visit begin combination Antiretroviral Therapy (cART). With funding from the NIH, this project is
2013 KEY ACHIEVEMENTS

- More than 9,800 patients were tested for tuberculosis using the latest diagnostic technologies.

- HAI provided logistic and technical support for routine and health facility supervision by provincial and district health system managers to 13 districts and 110 health facilities in Sofala Province.

- 30 health facilities were surveyed to better understand characteristics associated with the quality of prevention of mother-to-child transmission service delivery.

- Implementation of a systems analysis tool for prevention of mother-to-child transmission began in 6 health facilities in Sofala Province.

- HAI was awarded a pilot grant by the Royalty Research Fund at the University of Washington to inform the design of interventions to address common mental health disorders in Mozambique.

- Linkages to HIV Care

A crucial component to treating HIV is understanding why patients do or do not enroll in HIV care once they have a positive diagnosis. The Mozambique HIV Testing and Counseling ‘Linkages Assessment’ Study aims to generate knowledge about HIV testing and care services in Mozambique, and is a partnership with the United States Agency for International Development (USAID), the MOH, the University of Washington, the Beira Operations Research Center (CIOB) and the Population Council. This study uses a mixed-methods approach at HIV care and treatment facilities to understand which patients test and enroll in HIV care, and why. The study will provide recommendations to the MOH and USAID on improving linkages to HIV care in Mozambique.

- National Level Evaluations

HAI continued its involvement with two national evaluation projects, all of which gather data on health interventions to better understand and prevent illnesses that burden Mozambique’s health system.

The Mozambique Malaria Impact Evaluation Group, comprised of experts at ICF International, USAID, CDC and HAI, is evaluating the impact of malaria control interventions from 2003-2011 on the mortality rate of children under the age of 5 in Mozambique. HAI is specifically evaluating the impact of bed net ownership on malaria parasitemia among children under the age of 5, and examining the results of increased malaria activities in Sofala Province.

The GAVI Full Country Evaluation project aims to understand and quantify the barriers to (and drivers of) immunization program improvement – including the contribution of the GAVI Alliance in Mozambique. The scope of the evaluations includes GAVI’s support for new and underused vaccines (including rotavirus, pneumococcal virus, and human papillomavirus), as well as GAVI’s cash-based support to recipient countries. HAI’s role in the project includes process evaluation, household surveys, resource tracking and data analysis.

- Tuberculosis

In December of 2011, HAI was awarded a grant through the Stop TB Partnership/WHO TB REACH initiative. The project’s main objective is to increase the overall number and detection rate of patients with confirmed pulmonary TB by utilizing new laboratory methods. HAI has continued to partner with the MOH to introduce rapid and highly sensitive diagnostic technologies in Sofala and Manica Provinces. The TB REACH grant was renewed through mid-2015 to expand the model to the two southern provinces of Gaza and Maputo, and to provide national-level technical assistance.
With Mobile moms, we feel like real midwives. Mothers can call us to tell us their symptoms and their feelings. We feel that we are professional midwives because we can better attend to the mother and her baby.

— Midwife, Manufahi District
OUR MODEL in action

Large numbers and types of mobile phone applications used in health projects have emerged in recent years around the globe, but many are small, stand-alone solutions that have experienced difficulty moving out of the pilot stage. When HAI and Catalpa International developed the Mobile Moms project, a key focus of the design included embedding the project within the existing health system with MOH midwives as the primary implementers of the project.

The integration of mobile technology to complement Timor-Leste’s health system goals aligns with HAI’s mission to strengthen government primary health care. The resulting increased health service provision and a well-performing workforce will facilitate Mobile Moms moving from a pilot to an integrated project poised for a national scale-up.

Mobile Moms

In 2013, HAI launched the first ever mobile health (mHealth) project in Timor-Leste. The Mobile Moms (or Liga Inan in the local language) project is an innovative pilot approach to connecting women with the midwives who serve them by means of mobile phones, both through text messaging and facilitated voice communication. Mobile Moms is funded through a grant from the United States Agency for International Development (USAID). The project was designed in partnership with Catalpa International, a mobile and software development company focused on developing technical solutions in low-resource settings. Rapidly growing ownership of mobile phones, even by relatively impoverished families, makes that technology a useful option for delivering health messages and improving use of services, such as delivery by a midwife or doctor.

Enrollment of pregnant women began in March following the training of MOH midwives who are on the frontline of registering women into the program during a first prenatal care visit. The project has been received in communities with a sustained and enthusiastic response. By the end of the year a total of 846 women were receiving twice weekly text messages from the project’s web-based system.

The messages the women receive are advice and reminders about what to expect at each stage of pregnancy, and how they can best assure a healthy outcome. Women are encouraged to share the text messages with their family and friends. Early results in the first subdistrict have been promising, with a near doubling of the number of women who gave birth with a midwife after the program began, as compared with the period immediately preceding the project’s launch in March 2013.

The Australian Government’s Department of Foreign Affairs and Trade (DFAT) continues to provide valuable support to HAI for broad-based strengthening of the MOH’s maternal/newborn care and family planning services, and to work in communities to increase demand for those important health services.
Learning Labs
Improving midwife capacity to provide essential care for pregnant women and their infants is an important component of HAI’s support. For this purpose, HAI conducted refresher training for midwives and other staff in basic emergency obstetric care. However, HAI staff observed that even after formal training workshops, the MOH midwives often lack both confidence and capacity to carry out the skills covered in the training.

This observation stimulated the development of a different approach to strengthening midwives’ skills. “Learning Labs” are a follow-up-after-training strategy aimed at increasing trainees’ ability to transfer learning of new competencies into clinical settings. Learning Labs are carried out onsite where the trainee works, and are built around focused key skills covered in the formal training, such as newborn resuscitation and the newborn examination. Evaluation of the Learning Lab model found that midwives who participated in the labs showed substantially and consistently higher performance than the comparison group of midwives in both sets of skills.

Family Planning
Strengthening family planning services continues to be another important approach to improving maternal care. HAI assisted the MOH to assess the skills of district midwives in family planning counseling and methods, and then supported a family planning “standardization training,” to assure basic skills, during which midwives were trained in counseling and contraceptive methods. The standardization training was the first phase of conducting a national ‘training of the trainer’ to increase the cadre of family planning master trainers in Timor-Leste. Phase two will take place in 2014.

To support increased community knowledge about family planning, HAI has developed a short film that used local actors to testify to the health benefits of child spacing and introduces both modern and natural family planning methods. HAI’s local community organization contractor, HealthNet Timor-Leste, showed the film widely and led post-film discussions, with an estimated 8,021 people viewing the film and participating in guided post-film discussions on key messages.
HAI advocates for strong health systems that reach the poor, and we also work on larger global health issues – like unfair international lending policies, and foreign aid that works better for real people.

— James Pfeiffer, HAI Executive Director
UNIVERSITY OF WASHINGTON

HAI is one of seven centers in the Department of Global Health at the University of Washington. The department was established in 2007, and Health Alliance International is an integral part of its approach to address the causes of, and provide solutions for, global health disparities. HAI values education, research and service, and works with partners at the University of Washington, as well as academic and research institutions in Côte d’Ivoire, Mozambique and Timor-Leste, to build human and institutional capacity.

HAI and its partners engage the rich academic resources of the Department of Global Health as well as other departments within the University of Washington. HAI’s diverse team has expertise in crosscutting disciplines – including epidemiology, anthropology, public health and operations research. Many HAI staff members are also faculty members in the Schools of Public Health, Nursing, Social Work and the Department of Anthropology. HAI frequently partners with experts throughout the UW, drawing on current and emerging scientific evidence and best practices to support its work around the world.

HAI also provides opportunities for undergraduate and graduate students, staff and faculty members to engage with HAI programs and learn innovative approaches to the challenges of providing health equity and care for all. For example, graduate students in the Masters of Public Health program fulfill their practicum and thesis requirements by collaborating with HAI staff to conduct field research on existing projects.

ADVOCACY

Advocacy is a key part of the history, present and future of HAI. Whether supporting efforts to strengthen public-sector health systems, working to grow and support health workforces throughout the world, or advocating for more just macroeconomic and trade policies, HAI recognizes the clear connections between policies, health systems and the health of communities. This recognition drives HAI’s work to educate and advocate on several high priority issues.

In 2013, HAI revitalized important, long-standing advocacy initiatives, such as the NGO Code of Conduct for Health Systems Strengthening, and reached out to our broad network of supporters and collaborators. HAI plans to expand these efforts in the years to come, to continue the momentum to change policies for the better.
## Statement of activities
for years ended December 31, 2013 & 2012

### Revenues

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<tr>
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<tr>
<td>Cash Support</td>
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<td>Federal Government</td>
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<tr>
<td>Non-Federal Grants</td>
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<td>Contributions and Other Income</td>
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<td>Interest Income</td>
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<td><strong>Total Revenue</strong></td>
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### Expenses

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<tr>
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<th>FY 2013</th>
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<tr>
<td>Program Services</td>
<td>7,340,052</td>
<td>6,104,751</td>
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<tr>
<td>Management and General</td>
<td>1,067,648</td>
<td>1,175,858</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>8,407,690</strong></td>
<td><strong>7,280,609</strong></td>
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### Expenses

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<th></th>
<th>FY 2013</th>
<th>FY 2012</th>
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<tr>
<td>Net Assets beginning of year</td>
<td>621,800</td>
<td>511,492</td>
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<tr>
<td>Net Assets end of year</td>
<td>710,209</td>
<td>621,800</td>
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<tr>
<td><strong>Total Changes</strong></td>
<td><strong>88,409</strong></td>
<td><strong>110,308</strong></td>
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The full audit report is available on our website at: www.healthallianceinternational.org/publications/annual-reports/

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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### Funding by Source

- Federal Government 54.43%
- Non-Federal Grants 45.48%
- Contributions and Other Income .08%
- Interest Income 0.01%

### Expenses by Allocation

- Program Services 87.30%
- Management and General 12.70%

### Revenue by Location

- Côte d’Ivoire 42.39%
- Mozambique 41.78%
- Timor-Leste 15.74%
- Other .08%
My commitment to social justice and equity found a home when I joined the HAI Board of Directors more than 20 years ago. It has been a great privilege to work with colleagues on the board and our staff around the world who share these values as we explore, demonstrate and evaluate best practices for strengthening health care systems.

— Jo Anne Myers-Ciecko
SUPPORTERS

Harold Raisler Foundation
State of Washington Combined Fun
Community Health Charities
Leif Espelund
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GRACE

Jee Young Kim
Joshua NG
Kizuik
Vashon United Methodist Women
David Gordon
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