



2015 : INTRAHEALTH INTERNATIONAL
ANNUAL REPORT

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.





Pape Gaye (left) visits a mother and newborn in Senegal.

WE BELIEVE EVERYONE EVERYWHERE SHOULD HAVE THE HEALTH CARE THEY NEED TO THRIVE.

At IntraHealth International, we know that there can be no health care without health workers. The human touch is an indispensable part of health and healing around the world.

We also know that health workers must be working within strong, resilient health systems if they're to provide the highest-quality care. Today we need those health workers and systems to be stronger than ever if we are to reach the ambitious targets spelled out in our new global Sustainable Development Goals.

**TODAY WE NEED HEALTH WORKERS
AND HEALTH SYSTEMS TO BE
STRONGER THAN EVER.**

That's why we at IntraHealth use our greatest strengths—from our longstanding local relationships, to our digital health solutions, to our private-sector partnerships—as we work toward greater, more lasting impact in the world every day.

The coming decade will bring great change and unexpected challenges for us all. Emerging health threats, shifting policies, and the ongoing health workforce shortage will put our health systems to the test. Let's meet those challenges. And let's not rest until each of us has access to the health care we need to thrive.



Pape A. Gaye
President and CEO



IN 2015, WE REACHED

246,203 HEALTH WORKERS.

THAT MEANS HEALTH CARE FOR

492 MILLION PEOPLE

AROUND THE WORLD.



WE FOCUS ON HEALTH WORKERS

TO DELIVER SERVICES LIKE THESE:

874,281

people tested for HIV in
Namibia, South Sudan,
Tanzania, and Zambia

198,853

men and boys voluntarily
circumcised in Tanzania
to reduce their HIV risk

60,185

new users of modern
contraception in Senegal



16,480

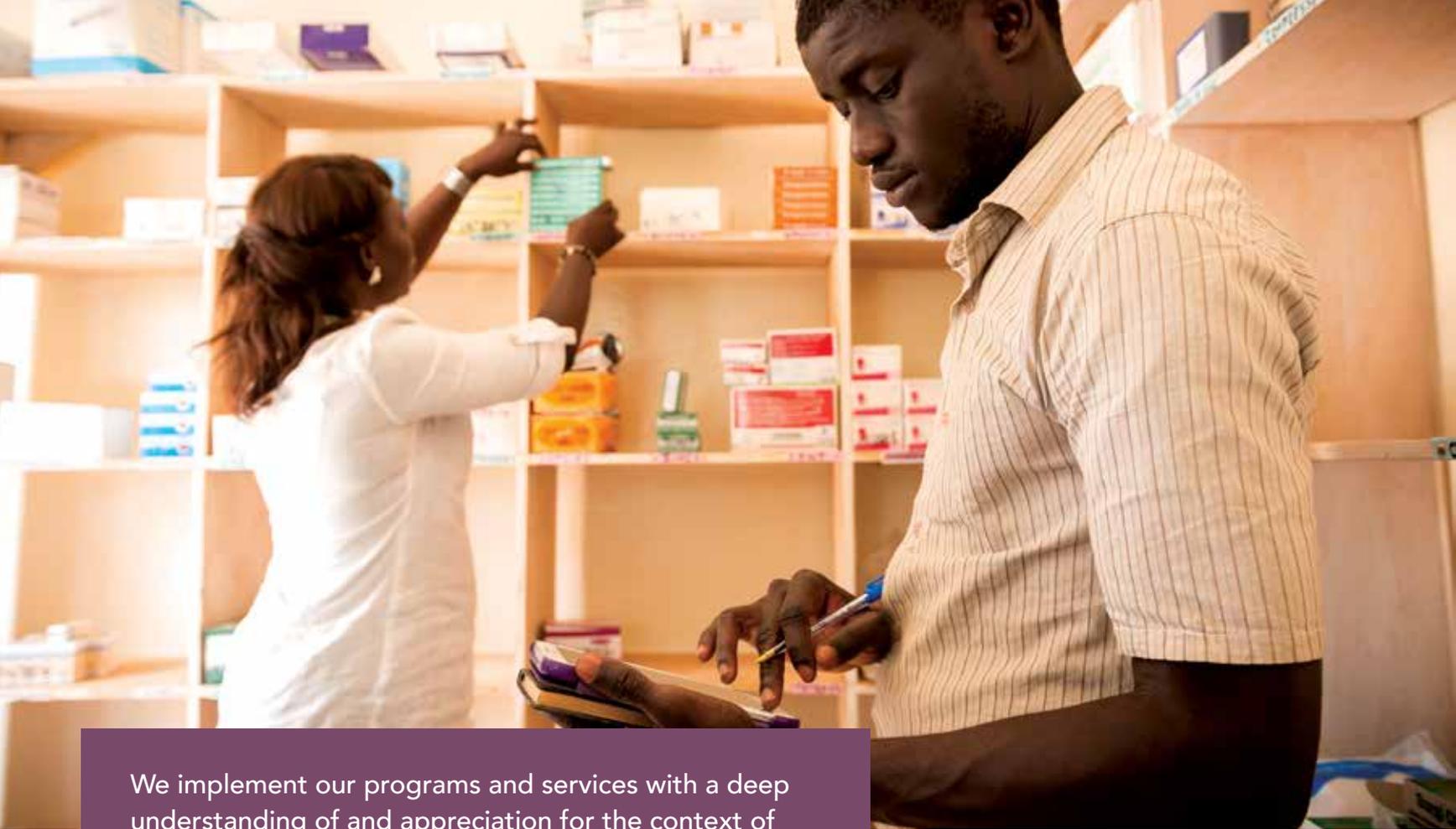
HIV-positive individuals received antiretroviral treatment in the Dominican Republic

900+

women treated for obstetric fistula across 4 regions and the district of Bamako in Mali

193,703

children received recommended vaccinations in Senegal



We implement our programs and services with a deep understanding of and appreciation for the context of **human rights, gender equality and discrimination, economic empowerment, and changing populations.** Only by understanding these interconnected social determinants of health and health care delivery can we ensure that our programs are context-specific, relevant, and sustainable.

AND WE FOCUS ON THE PEOPLE AND SYSTEMS

BEHIND HEALTH CARE TO GET RESULTS LIKE THESE:

23,681

health workers trained

1,184,010

health worker records in iHRIS,
enabling 23 countries to use
data for decision-making

236

health workforce information
systems deployed in 11
countries

2,890

human resources managers
trained, including 808 in
Kenya and 837 in Uganda

56

health worker education
and training programs
strengthened in 15 countries

\$60 million

in annual savings for the Palestinian
Ministry of Health due to a
stronger medical referral system

12,000

frontline health workers using
our mSakhi mobile phone app
to improve maternal & child
health in Uttar Pradesh, India

23

organizations in Madagascar
supported in activities
focused on gender equality

4

countries in Ebola-affected West
Africa using our mHero platform
to enhance communication with
health workers

WHERE WE WORK

We build lasting relationships and strong capabilities in each of the countries with which we partner. And as more countries invest in their own health systems and workforces, more are achieving successes like these.

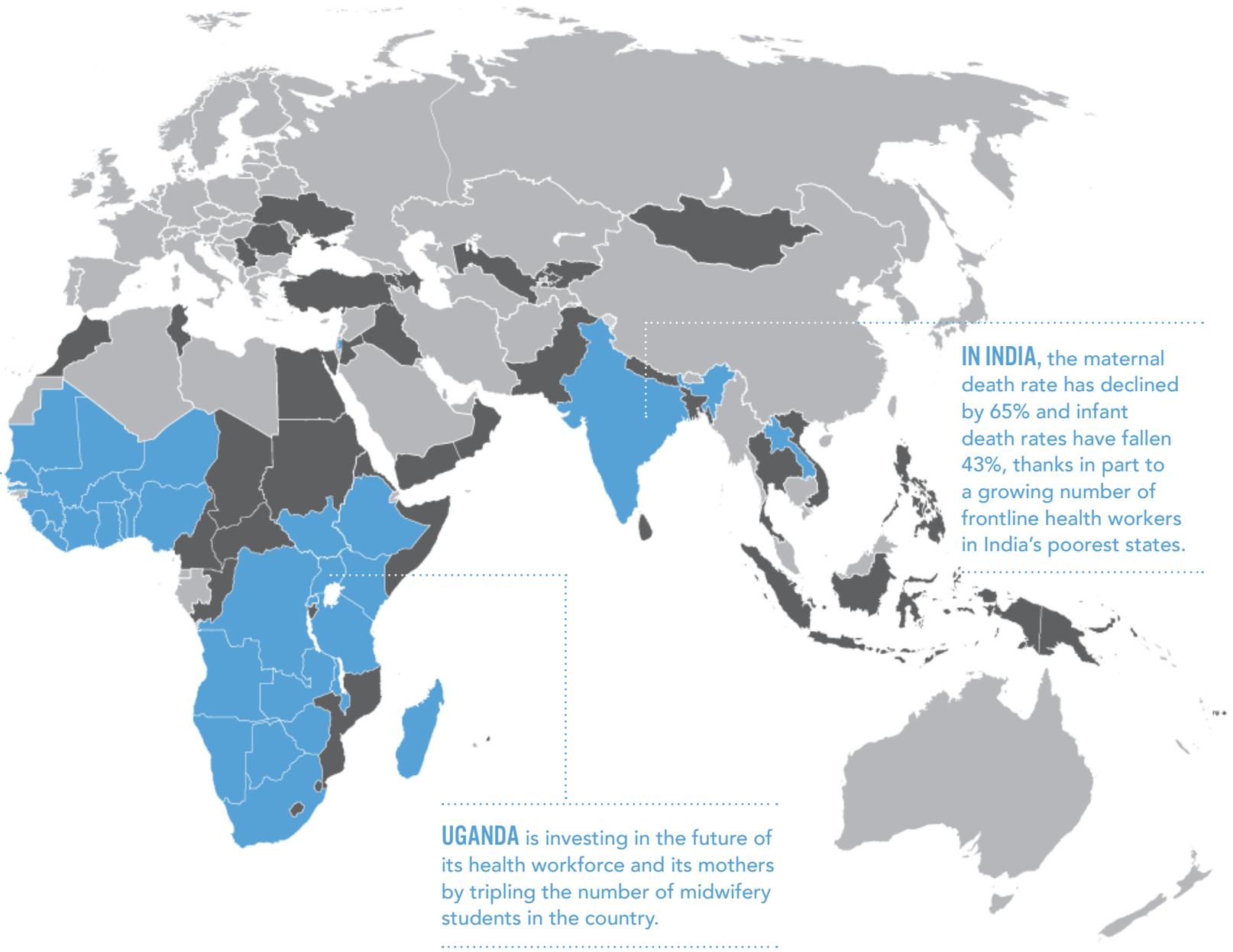
THROUGHOUT CENTRAL AMERICA, graduates from dozens of health professional training programs are pouring into the workforce with the latest training in how to care for HIV-positive clients—and how to fight the stigma that comes with it.

IN SENEGAL, vaccinations have soared, infant mortality has been cut in half, and the modern contraceptive prevalence rate has risen from under 5% to 20%, all since 1992.

■ Where we worked in 2015

■ Where we have worked in the past





IN INDIA, the maternal death rate has declined by 65% and infant death rates have fallen 43%, thanks in part to a growing number of frontline health workers in India's poorest states.

UGANDA is investing in the future of its health workforce and its mothers by tripling the number of midwifery students in the country.

INTRAHEALTH AT A GLANCE

Our mission is to improve the performance of health workers and strengthen the systems in which they work. For over 35 years in 100 countries, we've partnered with local communities to make sure health workers are present where they're needed most, ready to do the job, connected to the technology they need, and safe to do their very best work.

SOLUTION AREAS:



health worker education
& performance



digital health



human resources
management



community engagement



leadership & governance



private-sector approaches



policy & advocacy



measurement & analytics

\$83,423,972

TOTAL REVENUE

38

COUNTRIES
IN 2015

45

PROJECTS
IN 2015

527

TOTAL
EMPLOYEES



PRIORITY GLOBAL HEALTH CONCERNS:



family planning



maternal, newborn,
& child health



HIV & AIDS



malaria & other
mosquito-borne diseases



tuberculosis



emerging health threats



chronic &
noncommunicable diseases



fragile health systems

LET'S WORK TOGETHER.

The road to achieving the Sustainable Development Goals is paved with partnerships.

That's why we work with governments, corporations, local organizations, international NGOs, and more to create sustainable change and improve health around the world.

We think health workers count. Do you? Join the conversation.
#HealthWorkersCount

We advocate for greater and more strategic investment in the global health system and the health workforce. We also partner with coalitions and initiatives across sectors to effect the greatest change possible. IntraHealth serves as the secretariat for the Frontline Health Workers Coalition and Safeguarding Health in Conflict, as the host for the Global Social Service Workforce Alliance, and as a member of the G4 Alliance.





LOOKING FOR NEW IDEAS AND POWERFUL PARTNERSHIPS? SO ARE WE.

That's why we host the SwitchPoint conference every year in Saxapahaw, North Carolina. It's where humanitarian innovation, global health, and technology collide.

Join us and make your partnerships count.
And do some good, while you're at it.

Register at www.switchpointideas.com



GIVE THE GIFT OF HEALTH CARE.

When you invest in IntraHealth, you invest in long-term solutions. Because we do more than respond to emergencies and diseases: we build capacity within countries, forge lasting partnerships, and connect health systems to the technologies and solutions that will improve health and well-being for the long haul.

And together, we can do even more.

Donate to IntraHealth today and give the gift of health and prosperity for generations to come.

www.intrahealth.org/donate

IntraHealth participates in both the state and federal combined campaigns. You can find us with the following codes: North Carolina State Employees Combined Campaign #3722 and Combined Federal Campaign #12285.





Health workers are the engines that power our health systems. Their skills make it possible to stop deadly outbreaks, to offer dignity and comfort to the chronically ill, and to provide lifesaving care to the most vulnerable among us.

That's why I support the work of IntraHealth International. By investing in health workers, you invest in so much more than treating a single disease or condition. You invest in the dreams of individuals, in the productivity of entire communities, and in our collective future.

And you invest in the health workers themselves. By ensuring these unsung heroes have the skills and support they need to do their jobs, you help them save lives and continue to power our health systems, rather than burning out or losing hope.

Please join me today in investing in health workers—and in the health and well-being they bring to so many.



Louise Winstanly
Chair of the Board of Directors

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Prevention

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Tuberculosis and Malaria

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Development

UNICEF

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Individual contributors

Financial Report

Statement of activities and changes in net assets for the year ended June 30, 2015

	2015		2014	
	Unrestricted	Temporarily restricted	Total	Total
Revenue				
US government-funded programs	\$63,496,648	\$ -	\$63,496,648	\$79,318,084
Non-US government-funded programs	51,779	18,943,024	18,994,803	14,985,997
Contributions	126,004	-	126,004	173,085
Contributed services and materials	806,517	-	806,517	7,990,154
Net assets released from donor restrictions	<u>13,290,256</u>	<u>(13,290,256)</u>	-	-
Total revenue	<u>77,771,204</u>	<u>5,652,768</u>	<u>83,423,972</u>	<u>102,467,320</u>
Expenses				
Program services	<u>64,187,887</u>	-	<u>64,187,887</u>	<u>83,838,929</u>
Supporting services				
General and administrative	11,612,227	-	11,612,227	13,855,531
Fundraising	2,413	-	2,413	65,596
Bid and proposal	<u>1,858,880</u>	-	<u>1,858,880</u>	<u>1,785,542</u>
Total supporting services	<u>13,473,520</u>	-	<u>13,473,520</u>	<u>15,706,719</u>
Total expenses	<u>77,661,407</u>	-	<u>77,661,407</u>	<u>99,545,648</u>
Change in net assets	109,797	5,652,768	5,762,565	2,921,672
Net assets at beginning of year	<u>1,492,942</u>	<u>12,236,350</u>	<u>13,729,292</u>	<u>10,807,620</u>
Net assets at end of year	\$1,602,739	\$17,889,118	\$19,491,857	\$13,729,292

These statements were audited by Gelman, Rosenberg & Freedman, Certified Public Accountants.

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Estimate notes, data sources, and acknowledgements

Calculations of the number of people health workers serve are based on the conservative estimate that each health worker has at least 2,000 contacts with clients per year. The actual number of clients served per health worker varies widely depending on many factors, including population size in the health worker's catchment area and types of services provided. Clients may also see a health worker multiple times per year or see multiple health workers in one year.

All photos represent IntraHealth's work and were taken within the last three years with permission by Tobin Jones, Ted Richardson, Trevor Snapp, Wendy Tactuk, and Clément Tardif. Data sources include IntraHealth's integrated results reporting system, the DHS Program through USAID, and UNICEF.



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