We believe in a world where all people have an equal opportunity for health and well-being

IntraHealth International





Annual Report 2005-2006

Vision:

We believe in a world where all people have an equal opportunity for health and well-being.

Mission:

To mobilize local talent to create sustainable and accessible health care

The IntraHealth Way

IntraHealth listens to the leaders, workers and families in developing countries. We recognize the key role that women play in the health of communities and we prioritize women's health and gender issues. Building on local strengths, we seek creative and holistic strategies for improving health care. We develop adaptable tools to support and strengthen health care providers and the systems that support them. We take advantage of any available resources—money, knowledge, hope and experience—to achieve the greatest possible improvements in health.

Message from the President

My vision for IntraHealth is that we continue to grow our capacity to develop the potential and utilize the talent of the communities we serve. As our new mission statement reflects, we have learned again and again that the majority of solutions to health and development problems rest with local beneficiaries and stakeholders.

It has been exciting to see significant increases in attention and funding for global health in the last two years. The Global Fund to Fight AIDS, Tuberculosis and Malaria approved more than $770 million in grants for 2005 and $848 million in 2006. The President's Emergency Plan for AIDS Relief allocated $2.7 billion in 2005 and nearly $3.3 billion in 2006. The Bill and Melinda Gates Foundation committed $995 million in 2005 and $1.7 billion in 2006 for multi-year grants in global health.[1]

This funding has helped to mobilize a new level of program activity and advocacy efforts for better health in the developing world. Among US universities there has been a virtual explosion of interest and commitment to global health work. Institutions and individuals are renewing efforts to pursue the Millennium Development Goals, and these goals are finding new champions that range from senior policy makers at the World Bank to a group of undergraduates from Duke University, the University of North Carolina at Chapel Hill and Bennett College who raised the money needed to sponsor a community in Kenya for the Millennium Village Project.

Given the widening resource gap between the wealthy nations and those struggling to escape extreme poverty, this increase in awareness and funding is long overdue. I hope it is just the beginning. My hope for the future is that even more donors, institutions and individuals will throw their energy and resources into the fight to achieve better health for more people. But will we meet the Millennium Goals? Widespread opinion says "No, we won't."

Even with a groundswell of commitment and money to fight infectious diseases and promote family planning and reproductive health, enormous challenges remain. Sadly, many of these challenges are institutional ones, intrinsically linked to how the business of development is done. The helpers themselves have historically often been part of the problem. Too often the strategies, tactics and solutions we bring to development work are based on incorrect assumptions and narrow perspectives—or worse, are fueled by the career paths and organizational interests of leaders in developed countries. Too often we fail to take the time to recognize and question our assumptions. We fail to ask the right questions, of the right people—and we fail to listen. We move forward with blinders—good intentions based on what we think we know.

An important goal for IntraHealth is that we continually raise the bar in recognizing and throwing aside our own blinders and unconscious agendas. That we continually question assumptions and not let them hamper efforts to improve the health of the communities we serve. IntraHealth has made great strides toward becoming the kind of continuous learning organization that can do this.

1. **Sources:** Monthly Progress Update—January 2007. Geneva, Switzerland: The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2007. Accessed 5 April 2007 at: *http://www.theglobalfund.org/en/files/publications/basics/progress_update/progressupdate.pdf*; Third Annual Report to Congress on PEPFAR (2007). Accessed 5 April 2007 at: *http://www.pepfar.gov/documents/organization/81019.pdf*; Personal communication from Gates Foundation representative, 20 April 2007.

The last two years have been a time of growth within IntraHealth. In June 2006 we concluded our third year as an independent organization. Since spinning out from our former home at the University of North Carolina's School of Medicine, we have accomplished the most critical achievement necessary for our business success: transforming from a program designed to implement a single global project into a fully functioning, multi-project non-profit agency with a diversifying funding base. We lead funded projects in Ethiopia, Senegal, Armenia, India, Rwanda, South Africa, Southern Sudan and Tanzania. We also lead USAID's global Capacity Project, which has worked in 30 countries since 2005. In addition we are a collaborating partner on nine other global and country projects.

This growth has provided us with many opportunities to sharpen our learning. Most of the time, we have faced new opportunities with humility and curiosity. I think we are able to do this, and to produce results and provide high-quality technical assistance, because of a few simple principles that are embedded in how we work.

We accept our responsibility to unleash the potential and rely on the talent of the people and communities we serve. To do development work that achieves real results, organizations must understand the local, social determinants of health; must defer to local culture; and must respect and support local leaders. To fulfill our mission we will continue to refine our practice of listening to the people who are living with the problems we seek to solve—patients and nurses, individual leaders and champions, ministries of health and finance, community-based NGOs, family caretakers, parents, grandparents and young people.

We bring sensible and sustainable solutions for human resources for health. The single most critical element in achieving progress in the Millennium Development Goals is to address the severe shortages of skilled health care workers in poorer countries. We are steadfastly committed to this global issue. Through our long legacy in strengthening education and training for health care providers, our pioneering work in human resources information systems (HRIS), our application of the concept of "task shifting" among health workers, and by advocating and programming to increase the roles of community health providers, we place this key issue at the center of our work.

We emphasize global health not global disease. We know that the real prize is not the absence of illness, but the presence of health and the creation of the conditions under which people can realize self-determination and contribute to their own well-being.

I personally am very inspired by the excellence and the spirit of the organization that I lead. I believe we can meet the challenges ahead through openness, creativity and the willingness to embrace change. I am profoundly thankful to our donors, our staff and our partners and collaborators for their passion in the work we do and for providing us the opportunities to leverage resources and work better and smarter. Together we can make the world a more equitable place for all people.

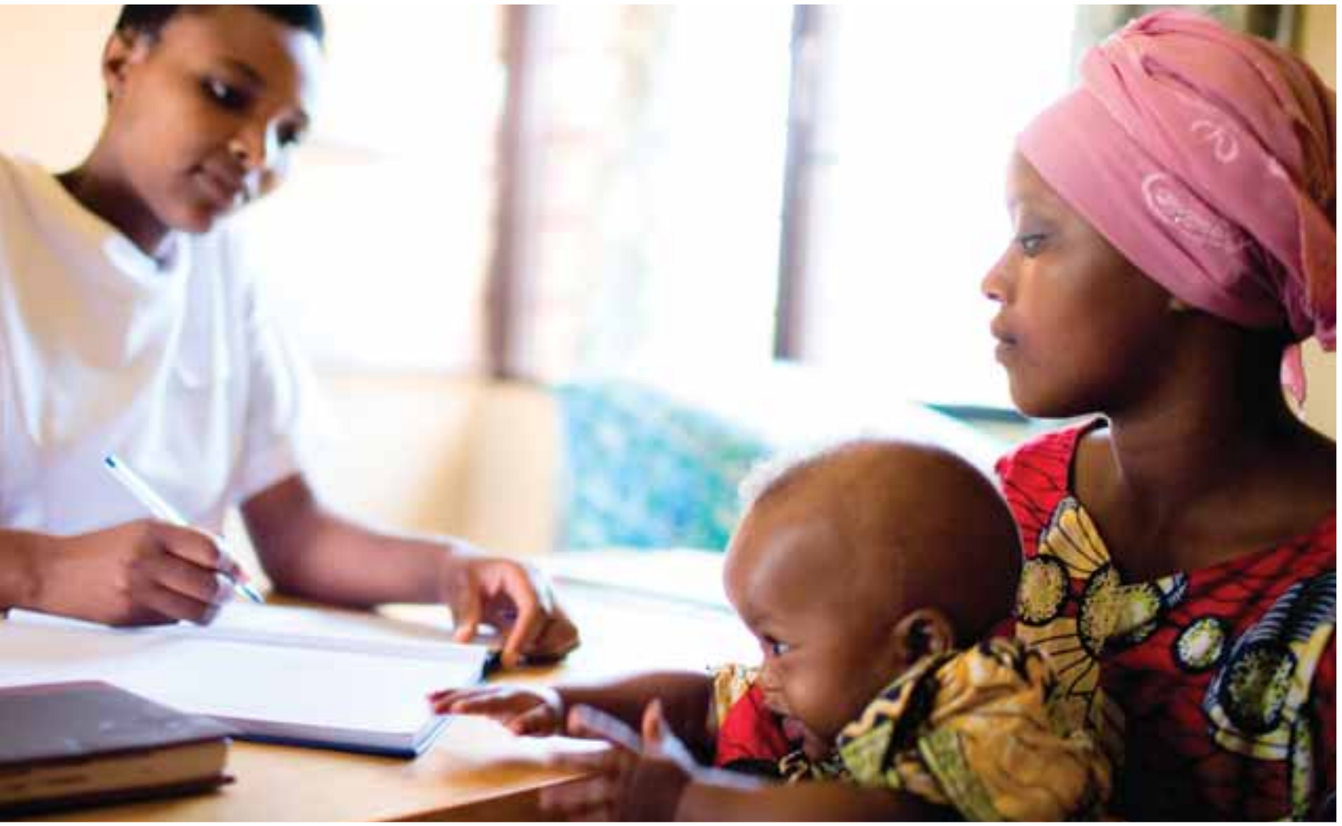
Pape A. Gaye
President and CEO

We accept our responsibility to unleash the potential and rely on the talent of the people and communities we serve.

In each of the 23 countries where we worked during 2005 and 2006—including the ones highlighted here—we operated from the belief that most solutions to health and development challenges can and should come from the people who will implement and benefit from these programs over the long term.

Collaborating with the Ministry of Health to expand HIV/AIDS services in Ethiopia

More Ethiopian women are learning their HIV status through the Hareg Project, a national effort led by IntraHealth to prevent mother-to-child transmission (PMTCT). HIV-positive women who know their status can access appropriate care and counseling during pregnancy, delivery and the postnatal period and learn about the best options for infant feeding and how to live healthier lives. Encouraging pregnant women to get tested is a challenge in Ethiopia since less than a third of them seek out prenatal care and the vast majority of women deliver their babies at home. In June 2004 only 6,000 pregnant women in the entire country were receiving PMTCT services. Since then, the Hareg Project has reached more than 89,000 mothers in 120 public health centers with comprehensive PMTCT services and outreach activities such as Mothers' Support Groups, a community program that increases awareness and support to mothers about HIV prevention, care and treatment. The project is expanding services to 267 health centers in all ten regions of Ethiopia.



Teaming up with Rwandan communities to fight malaria

Since IntraHealth's Twubakane Decentralization and Health Program started in 2005 it has made significant progress on several health fronts, including fighting malaria, Rwanda's leading cause of disease and death. The program works closely with community health agents as the first line of defense against malaria. These agents identify and manage malaria cases in their districts, referring severe cases to a health facility but treating as many as possible through home-based management. This approach gets care to patients more quickly and closer to home. It also eases the pressure on overburdened health facilities and saves on the cost of health care for community members. Health care providers take advantage of intermittent preventative treatment of malaria during prenatal care as an opportunity to distribute insecticide-treated bed nets that can benefit all family members. During 2005-2006, the program trained 800 providers in intermittent preventative treatment and worked with more than 600 community agents in 12 districts that include more than a third of the country's population.

Working with community providers to improve maternal and child health care in rural Armenia

As a partner in Project NOVA, IntraHealth is helping residents of sparsely populated rural Armenia obtain access to maternal and child health care. This initiative builds on the success of previous IntraHealth work in Armenia that demonstrated that rural nurses and midwives could take on an expanded role in delivering maternal and infant health services. The project has trained more than 280 nurses, midwives and physicians, and facilitated over 600 community health talks in five of Armenia's ten zones. IntraHealth provides the on-the-ground leadership and technical expertise necessary to meet the project's goals, with an emphasis on building local capacity in clinical training, curriculum development, performance improvement, human resources management, policy support and evaluation.

Mobilizing NGOs to reach the neediest in Bangladesh with family planning and reproductive health services

In the world's eighth most populous country, IntraHealth is a partner in a national program to increase access to an Essential Services Package of family planning and reproductive health care, especially by the poor. Designed to catalyze 33 local and national nongovernmental organizations to become self-sufficient providers of these services, the program reaches an average of 26.6 million people yearly through its "Smiling Sun" network of over 300 standing clinics, 8,000 satellite clinics and more than 7,000 community outreach volunteers. IntraHealth assists health care providers in upgrading their work skills through structured on-the-job training, a cost-effective approach that has proved adaptable to the varying needs of the Bangladeshi NGOs.

We gratefully acknowledge the support of the U.S. Agency for International Development (USAID), which funded the assistance described on pages 6-9, and the valuable contributions of our global and local partners on these projects and programs. We are also grateful for funds from the Centers for Disease Control and Prevention, the David and Lucile Packard Foundation and the Bill & Melinda Gates Foundation.

We bring sensible and sustainable solutions for human resources for health.

Without expanded human resources for health, it will be impossible to sustain gains made in past decades in areas such as child survival and family planning while responding to the challenges of HIV/AIDS, tuberculosis and malaria. As leader of the Capacity Project, an innovative global initiative funded by USAID, IntraHealth is assisting countries where shortages and poor distribution of health workers pose serious problems, particularly in sub-Saharan Africa. The Capacity Project is using proven and promising approaches to improve workforce policy, planning and leadership; develop better education and training programs; and strengthen systems to support worker performance. To learn more about the Project and its partners, visit www.capacityproject.org.

Strengthening human resources information systems

To ensure that the right health care provider is in the right place with the right skills, countries need current, accurate data on human resources for health. A strong human resources information system (HRIS) helps health care leaders quickly answer the key policy questions affecting health care service delivery, including those related to workforce planning, training, retention and productivity. Our five-step HRIS strengthening process includes:

- Building local HRIS leadership
- Strengthening infrastructure
- Developing HRIS software solutions
- Effectively using and analyzing data
- Ensuring sustainability.

In each country, a stakeholder leadership group owns the HRIS and our efforts focus on developing their capacity to use, support and improve the system after the Capacity Project's assistance has ended.

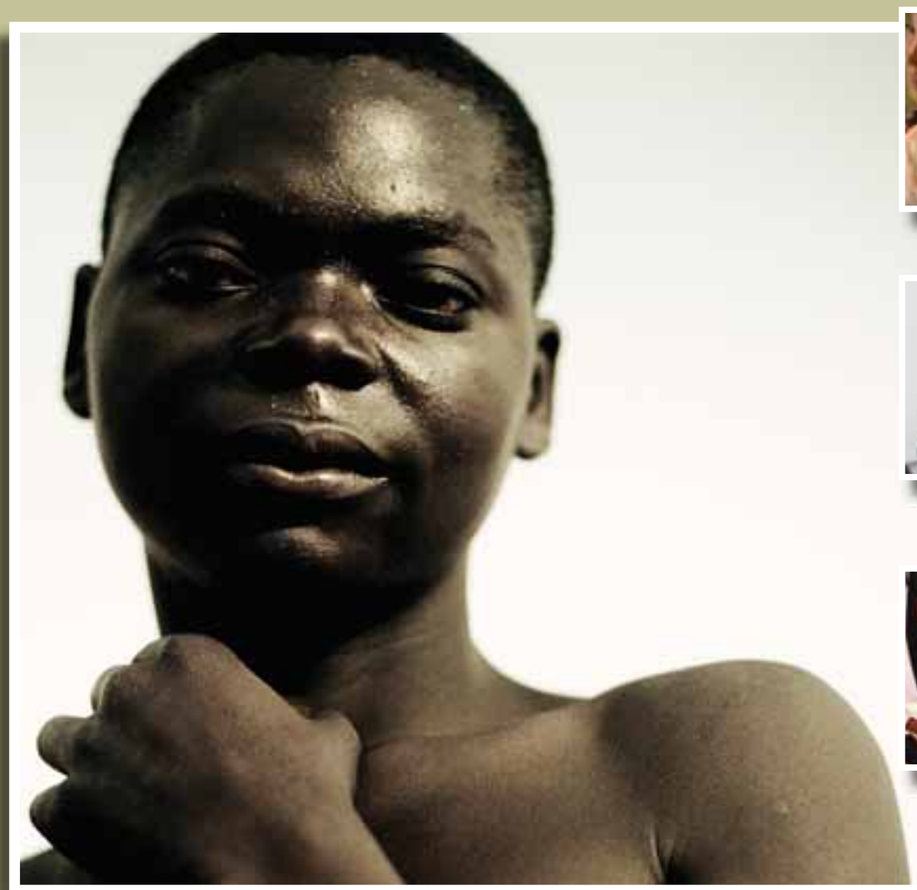
Expanding global knowledge on human resources for health

To enable health care leaders, managers and stakeholders to find, share, contribute and use knowledge and tools on human resources for health (HRH), we launched the HRH Global Resource Center (www.hrhresourcecenter.org) in 2006. This web-based digital library offers over 1,000 HRH resources and features personalized librarian support, providing information and assistance for those working at the global or country level to:

- Improve strategic planning and decision-making
- Strengthen reports and presentations
- Support HRH advocacy
- Enhance professional development
- Save time.

Fostering comprehensive approaches and country-to-country sharing

Uganda provides a strong example of how we can increase capacity in a country through its Ministry of Health and other institutions to develop and carry out a data-based plan to build the health workforce. Key components of this effort in Uganda include strengthening HRIS; testing strategies to encourage health workers to remain in their jobs; developing a workplace safety program to protect health workers against HIV and related risks; building the capacity of the country's health professional associations; and guiding health care supervisors in approaches to improve health worker performance and service delivery. The program in Uganda has been strengthened by knowledge sharing among its leaders and those working on similar issues in other countries. This has been accomplished both informally and through such activities as a study visit to HRIS programmers in Kenya and the participation of a team from Uganda in the Capacity Project's regional HRH Action Workshop held January 2006 in South Africa.



We emphasize global health not global disease.

In some parts of the world being HIV positive means an early and terrible death. One in a hundred women dies in pregnancy or childbirth and an infant has only a one-in-six chance of surviving to the age of five. A mosquito bite can be fatal. By comparison, in the fortunate communities of the world, proven clinical and public health measures have greatly diminished these health challenges. IntraHealth has a responsibility to help close the gap in access to health care and to foster conditions where all people can contribute to their own well-being. To do this, we have developed and share a depth of expertise in:

- Treating and preventing HIV/AIDS, tuberculosis and malaria infection
- Improving maternal, newborn and child health
- Strengthening reproductive health and access to family planning.

Where We Worked During 2005-2006

Armenia

Azerbaijan

Bangladesh

Benin

Ecuador

Eritrea

Ethiopia

India

Iraq

Kenya

Lesotho

Mali

Mozambique

Namibia

Paraguay

Rwanda

Senegal

South Africa

Southern Sudan

Swaziland

Tanzania

Uganda

Ukraine

Financial Summaries, July 2004 – June 2006

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2005

Revenues

Grants and contracts	17,077,234
Interest income	13,007
Contributed services and materials	346,272
Other revenue	4,851
Total revenue	**$17,441,364**

Expenses

Program services:	
Prime Grantee or Contractor	6,004,770
Subgrantee or Subcontractor	7,469,198
Total program services	13,473,968
Supporting services:	
Management and General	4,023,163
Total expenses	**$17,497,131**
Change in net assets	(55,767)
Net assets at beginning of year	1,069,927
Net assets at end of year	***$1,014,160***

Statement of Activities and Change in Net Assets for the Year Ended June 30, 2006

Revenues

Contributions	$10,337
Grants and contracts	24,017,931
Interest income	1,079
Contributed services and materials	2,402,011
Other revenue	9,468
Total revenue	**$26,440,826**

Expenses

Program services:	
Prime Grantee or Contractor	15,267,680
Subgrantee or Subcontractor	6,390,931
Total program services	21,658,611
Supporting services:	
Management and General	4,942,504
Total expenses	**$26,601,115**
Change in net assets	(160,289)
Net assets at beginning of year	1,014,160
Net assets at end of year	***$853,870***

IntraHealth International Board of Directors (as of May 2007)

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Dean Emeritus, School of Medicine, University of North Carolina at Chapel Hill

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Professor of Nutrition and Associate Dean for Global Health, University of North Carolina at Chapel Hill

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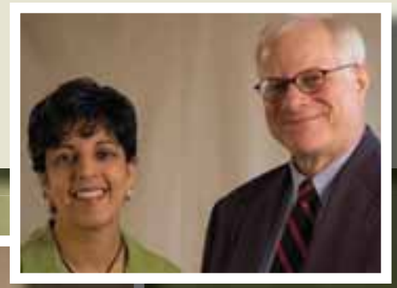

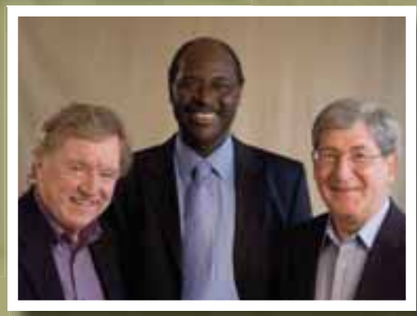

Clockwise from top left: Khama Rogo; Anu Kumar and Duff Gillespie; Gordon Perkin, Pape Gaye and Barry Eveland; Maurice Middleberg and Peggy Bentley (not pictured: Jeffrey L. Houpt, George Brown, Sadhana Warty Hall, Beth Traynham).

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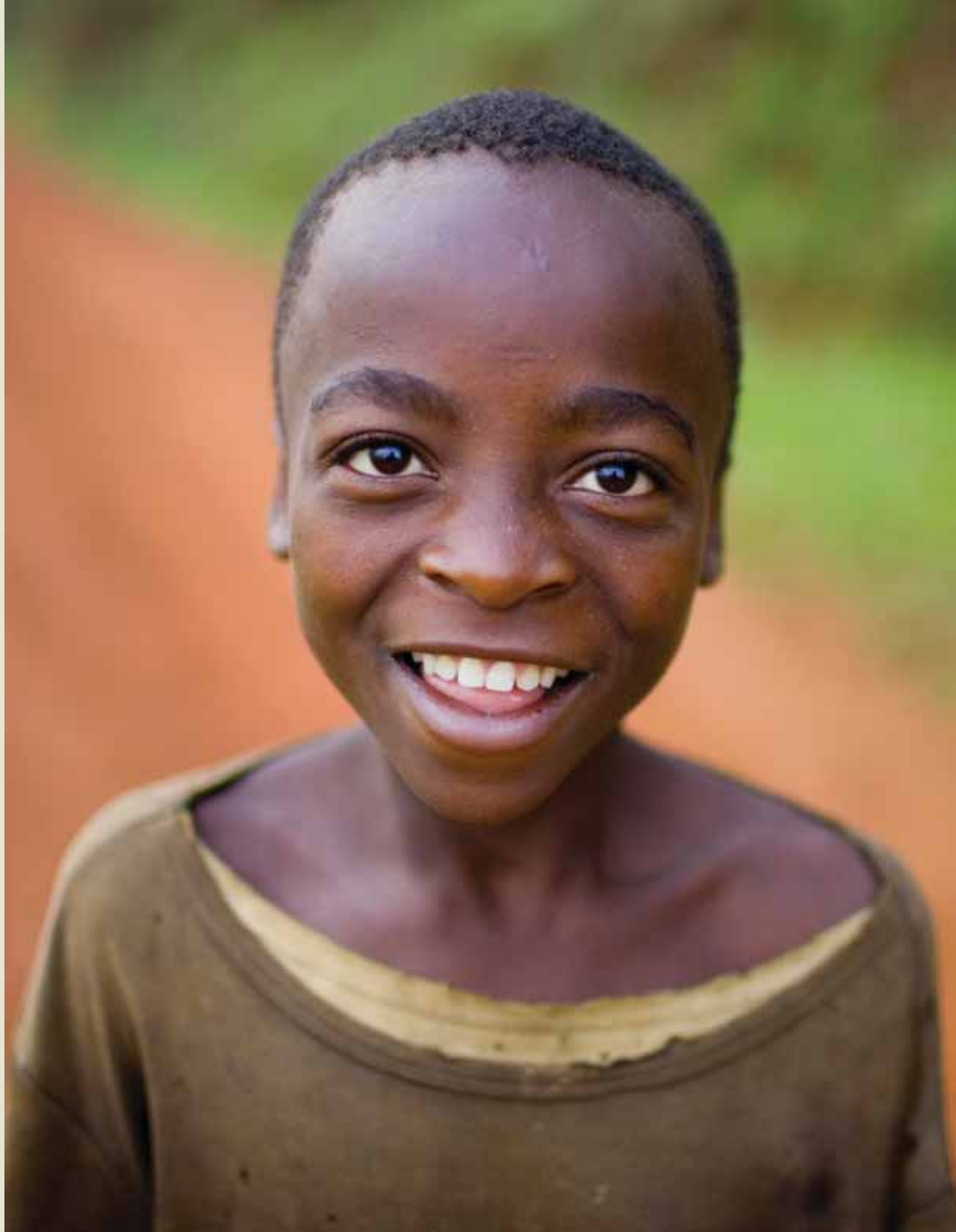

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