



ANNUAL REPORT 2016

WHERE WE WORK



Navajo Nation

20: facilities supported
80: community health workers
250,000: catchment area
Hosts pioneering cancer conference

Mexico

10: facilities supported
79: community health workers
25,000: catchment area
Launches maternal health program

Peru

15: facilities supported
109: community health workers
309,899: catchment area
Celebrates its 20th anniversary

Sierra Leone

2: facilities supported
110: community health workers
1,083,229: catchment area
3,058 Ebola survivors screened for eye complications

Haiti

12: facilities supported
3,050: community health workers
1,208,880: catchment area
Helps vaccinate 729,000 people against cholera

Liberia

19: facilities supported
142: community health workers
248,183: catchment area
Delivers triplet boys in December

Lesotho

80: facilities supported
2,717: community health workers
1,011,548: catchment area
Runs sole MDR-TB hospital in country

Rwanda

43: facilities supported
4,865: community health workers
955,903: catchment area
Begins building global health university

Malawi

14: facilities supported
989: community health workers
158,123: catchment area
Opens new clinic in Dambe

Russia

3: facilities supported
20: community health workers
1,689: catchment area
Skypes patients to help them take medicine

OUR VISION

WE GO.

Whether to Liberia, Rwanda, or any of the countries we work and live, we go where we're needed most.

WE MAKE HOUSE CALLS.

We care for patients in their homes and communities.

WE BUILD HEALTH SYSTEMS.

We work in close partnership with local government officials and the world's leading medical and academic institutions to train health workers and strengthen health systems.

WE STAY.

And we stay, committed to accompanying the people and communities we serve for the long term.



ANNUAL REPORT 2016

We go. We make house calls. We build health systems. We stay.



CONTENTS

TOGETHER

We go. We make **house calls**. We build **health systems**. We **stay**.

4

SNAPSHOT

A look at our work in Liberia.

14

YOU +

You make our work possible.

16

FINANCIALS

Our fiscal year summary.

28

LEADERSHIP

Our board, officers, and country directors.

32



Previous page: (from left) Social worker Laurence Mukantaganda, oncology program coordinator Jean Bosco Bigirimana, and a community health worker walk to a patient's home in Burera District, Rwanda. *Photo by Cecille Joan Avila*

DEAR FRIENDS,

When Partners In Health first responded to the government's invitation to go to Rwanda, we weren't thinking much about cancer. We certainly weren't thinking of it as a disease that we could treat effectively with our most basic infrastructure still in its infancy, in a country without a single oncologist, without diagnostic pathology, and with no available chemotherapy.

But from the moment we opened our doors there, in 2005, cancer patients flooded in from all over—many of them children with advanced disease. It was an unusual position for PIH to find itself: our organization had grown used to running toward the fire, and now the fire was running toward us. We had to find a way to treat cancer where few had before.

One of our early patients was a 7-year-old boy named Sibó Tuyishimire. He'd spent two years feeling hopelessly ill before his family was able to bring him to our hospital. PIH doctors soon diagnosed him with Hodgkin's lymphoma and set him on course to a full, if difficult, recovery.

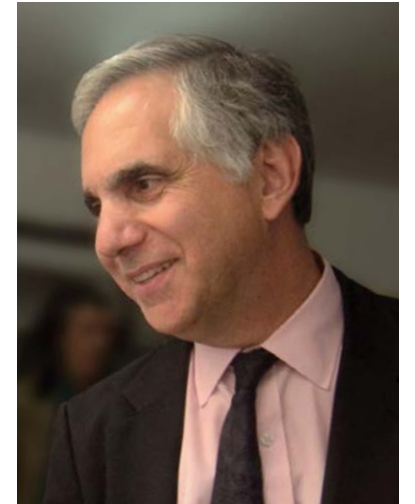
Sibó was kind enough to drop by our Boston office over the holidays. Now, nearly a decade in remission, he's applying to high school here in the U.S. It's pretty remarkable that he's alive—and it's thrilling that he is thriving with a great future ahead of him. It's even more remarkable that our cancer program in Rwanda, today a beacon of hope for all of East Africa, might never have existed if not for Sibó and his family—and many people like them—having the guts to stand up, walk through our door, and say, "This is what we need."

Thank you all for hearing that call and answering it with your own unfettered support, in Rwanda and all around the world. The stories that follow in this year's annual report testify, in many different ways, to the power that grows from the act of listening. It is the most essential element of empathy and the backbone of accompaniment and caregiving. With these pages we offer our gratitude for the privilege of knowing each patient's voice, collecting it with yours, and forging in their union a better way to spread care and kindness to the people who need it most.

In solidarity and with great warmth,

A handwritten signature in black ink, appearing to read "Gary L. Gottlieb".

Dr. Gary L. Gottlieb, M.D., MBA
Chief Executive Officer



CEO Dr. Gary Gottlieb visits Peru for the site's 20th anniversary celebration.
Photo by William Castro Rodriguez

TOGETHER

We go

We make house calls

We build health systems

We stay





TOGETHER, WE GO

When Hurricane Matthew began lashing Haiti's southwest corner last October, we—like many of you—knew the devastation would be profound. And indeed it was: 1,000 lives lost, 15,000 people displaced, and a sharp spike in the number of people needing health care—including those suffering from cholera.

Because of our long history in the country, we could respond immediately, partnering with local and national Haitian officials to support Les Cayes' Immaculate Conception Hospital, the sole public facility for that region's 1.5 million people. We repaired the roof and other structures damaged by the storm, purchased a generator that provides electricity 20 hours a day, and installed a chlorine machine that helps decontaminate and maintain sanitation in wards.

We also supported a nearby cholera treatment center by providing medications and supplies. Perhaps most significantly, we helped Haiti's Ministry of Health in its vaccination campaign against cholera. In November, 729,000 people received a vaccination—which means mothers, fathers, and children are safe from a diarrheal disease that can kill within 24 hours.

That's impact.

Partners In Health isn't a disaster relief organization by conventional standards. But to most of our patients, we are that and more. When a mother doesn't have enough food for her malnourished child, that's an emergency. When there is no doctor to treat

a father with HIV, that's an emergency. And when there are no medicines to fight a teenager's cancerous tumor, that's an emergency.

PIH isn't a disaster relief organization by conventional standards. But to most of our patients, we are that and more.

The disasters we see are generational, and that's why your partnership is so vital. With your support this year, we've been able to continue solving complex, longstanding health challenges in ways that improve lives and communities.

We're using new tools, for example, to battle an often deadly strain of tuberculosis. As collaborators in a project called endTB, we're bringing the first new tuberculosis drugs developed in 50 years to patients in 14 countries—this year in Peru, Lesotho, and Kazakhstan.

We also began a new partnership with the Sicangu Lakota Nation, applying what we've learned in the Navajo Nation to help strengthen the health care system of this 27,000-member tribe in southern South Dakota.

Your help enables us to go where we're needed. Together, we're showing how comprehensive, sustainable health systems can transform lives all over the world.

PIH co-founder Dr. Paul Farmer stands with Mirlande Estenale in front of her collapsed home in Les Cayes, Haiti, following Hurricane Matthew. Photo by Elizabeth M. Campa



TOGETHER, WE MAKE HOUSE CALLS

Our efforts to tackle the Ebola virus in West Africa were among the most challenging in our history. When the number of new Ebola cases finally dropped in Sierra Leone, it was a welcome relief.

But soon we learned of a new problem facing Ebola survivors. An increasing number suffered from an eye disease called uveitis, an inflammation of the eye that, if left untreated, can lead to blindness.

Thousands of people had survived one of the worst epidemics in the world, only to face the loss of their vision.

We needed to find as many Ebola survivors as possible and screen them for uveitis. Roughly 100 of our community health workers, many of them Ebola survivors themselves, fanned out across the district in which we work to spread the word about uveitis and its risks.

Going house to house, they convinced neighbors and community members wary of doctors and hospitals to come to an eye clinic we had established with the Ministry of Health. In just one month, we screened 277 people and successfully treated 50 more for uveitis.

Based on our success, we worked with government and international partners to expand this work nationally. In June, we coordinated screenings and treatments for Ebola survivors across the country, in every district. Again, our community health workers

proved vital in finding these survivors and getting them to treatment. Ultimately, we screened 3,058 Ebola survivors and treated 379 for uveitis.

These are the transformations we strive for, and see, daily. And it's because of our community-based model that our care is successful. In our work around the world, we visit people in their homes to check vital signs, encourage them to take their medicine, and determine when they need more advanced care. Then we connect them with that care.

“People helping people. That’s what I do,” says Mohamed Lamin Jarrah, a community health worker in Kono District, Sierra Leone. “There are thousands like me, willing to do the hardest work there is.”

“People helping people. That’s what I do,” says Mohamed Lamin Jarrah, a community health worker in Kono District, Sierra Leone. “I have witnessed the darkest moments of my neighbor’s life, and I have seen the joy of relief in their eyes. There are thousands like me, willing to do the hardest work there is.”

You are an integral part of this work. With your partnership, we provide the kind of one-on-one care that heals and saves lives. As you accompany us, we accompany our patients.

Community health worker Mohamed Lamin Jarrah transports Elizabeth Mbayoh to the Lengema Health Clinic for medication.
Photo by Jon Lascher



TOGETHER, WE BUILD HEALTH SYSTEMS

The baby boy arrived 14 weeks early and weighed less than 2 pounds. Tamar Julmiste, a nurse at St. Thérèse Hospital in Hinche, Haiti, immediately noticed he wasn't breathing. Luckily, she and a colleague knew what to do. They performed CPR on the tiny newborn and were relieved to see his birdlike ribcage rise and fall on its own.

"People didn't think he was going to live," Julmiste recalled. But he did.

Julmiste followed what she and her colleagues learned during a training for nurses in neonatal intensive care. Two more groups of nurses from around the country have since studied the same theory and clinical skills in a free training at University Hospital in Mirebalais. They are the first among a growing group of neonatal and pediatric intensive care nurse specialists in Haiti.

Like Julmiste's tiny patient, everyone deserves the best level of care. But that's only possible when health professionals receive the best level of training. Because strong health systems depend on strong "human systems," we are intent on bringing the resources of leading medical institutions directly to the communities we serve, building each local workforce of health professionals according to the highest standard of care.

Besides trainings for nurses, our medical residency programs in Haiti continue to welcome new doctors every year in specialties such as surgery, emergency

medicine, family medicine, and pediatrics. Last year alone, 37 residents enrolled in the programs. We're also training nurses and community health workers in Liberia and elsewhere.

Everyone deserves the best level of care. But that's only possible when health professionals receive the best level of training.

We're expanding our non-clinical education as well. Last year, our first class of students at the University of Global Health Equity in Rwanda began their graduate degree in Global Health Delivery, which focuses on how to create national health care systems in developing countries. Lecturers from the Ministry of Health, Harvard Medical School, and other institutions taught students everything from epidemiology to budget management. Nearly 250 professionals from around the world have applied for 27 spots in the third class, which will start in September.

This is lasting work, made possible by compassionate, committed people like you. Thank you for giving your time and resources. Because of you, we are well-positioned to deliver high-quality global health training in some of the world's poorest communities.

Nurse Tamar Julmiste, who is known for singing to her tiny patients, attends to a newborn in St. Thérèse Hospital in Hinche, Haiti. Photo by Cecille Joan Avila



TOGETHER, WE STAY

Infrastructure Manager Steve Mtewa watched as people streamed into Dambe Health Center on its opening day in Neno, Malawi, last year.

He knows what people in his rural community face when they're sick. Getting ill is possibly the worst challenge because reaching clinics is time-consuming and costly.

We treated 108 people that day, among them five patients with such severe hypertension they were at risk of stroke, four with suspected tuberculosis, and 47 who tested positive for malaria—and it wasn't even malaria season.

This center will serve 30,000 people in and around Dambe; the staff at other facilities we built and renovated around the world this year will care for hundreds of thousands more. By investing in infrastructure, mobilizing equipment and medicine, and providing clinical expertise, we are prepared to respond to immediate and long-term crises.

New maternity waiting homes in Malawi, Haiti, Lesotho, and Mexico provide safe, clean places expectant mothers can stay before and after delivering their babies. When it comes to delivery, women have access to trained midwives and, if complications arise, they are referred to a nearby facility for lifesaving procedures.

We worked with the Ministry of Health to improve infrastructure and care at the National Tuberculosis Hospital in Monrovia. We also began improvements

to Pleebo Health Clinic and a nearby referral facility, J.J. Dossen Memorial Hospital.

In Haiti, we opened the Stephen Robert and Pilar Crespi Robert Regional Laboratory, which sits next to University Hospital. The proximity means that oncology patients who previously waited three months to receive a diagnosis can now get one in three weeks.

Our investments in infrastructure, equipment, and operations are evidence of our long-term commitment to the communities we serve.

In Rwanda, we began construction on a 250-acre campus for the University of Global Health Equity. When complete, classrooms, administrative buildings, a library, and dorms will drape a picturesque hill in northern Burera District. Thousands of students and health professionals from around the world will learn not only how to treat patients, but how to build health systems—eventually enabling them to run the provision of health care in their home countries.

That is the goal that drives our work. Whether a new waiting home, refurbished hospital, or cutting-edge university, these investments are symbols of our long-term commitment to the communities we serve.

Masentebale Letima (far left) and other expectant mothers spend their final month of pregnancy at a maternal waiting home in Nkau, Lesotho. *Photo by Rebecca E. Rollins*

SNAPSHOT: PIH LIBERIA

Our investments in health care systems around the world changed people's lives in 2016. PIH prevented diseases, cured illnesses, healed injuries, and more. Below, a snapshot of just some of the progress in a single location where we work, Maryland County, Liberia.



PIH made major infrastructure changes to J.J. Dossen Hospital. Photo by Rebecca E. Rollins

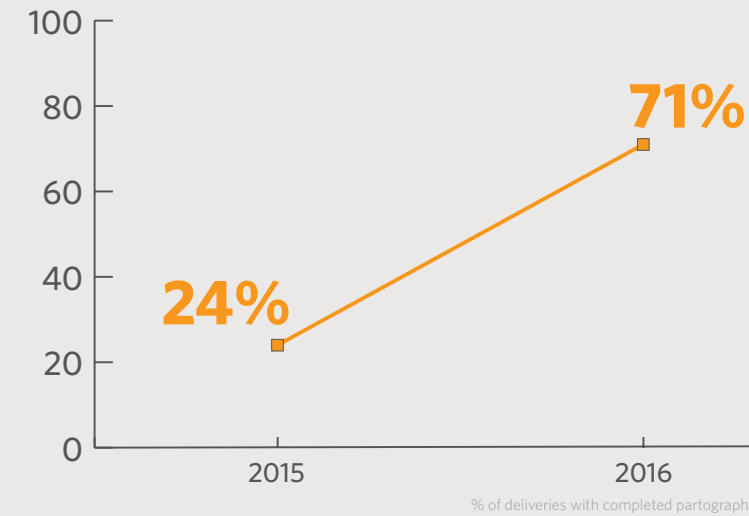
J.J. DOSSEN HOSPITAL

New equipment & upgrades

- A** **Emergency Room**
 - + blood bank space
 - + patient waiting area
 - + X-ray machine
 - + GeneXpert
 - + intake road
- B** **Maternity**
 - + infant warmers
 - + roof
- C** **OR and Sterilization**
 - + scrub areas
 - + pre-op space
 - + waiting area
 - + autoclave
 - + anesthesia machine
- D** **Electrical**
 - + generator
 - + wiring

19 HEALTH CLINICS

% of deliveries accurately monitored



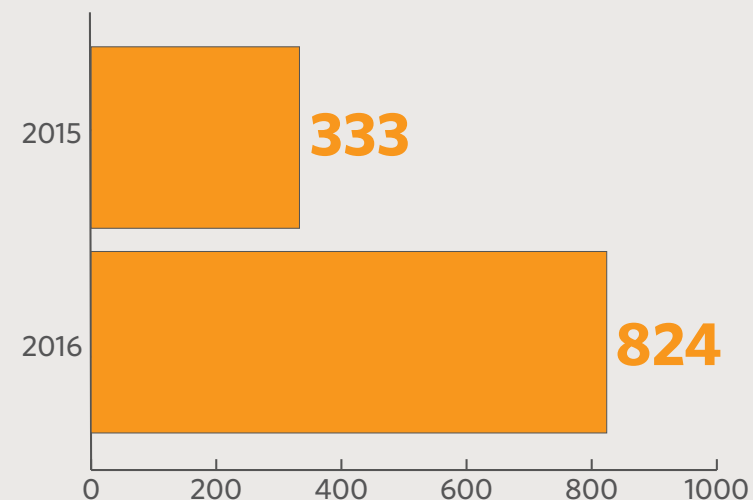
Sarah Dennis is among hundreds of women who received improved maternal health services at clinics where we work. Photo by Rebecca E. Rollins



Pleebo is one of the busiest health centers, offering care to women before and after pregnancy. Photo by Rebecca E. Rollins

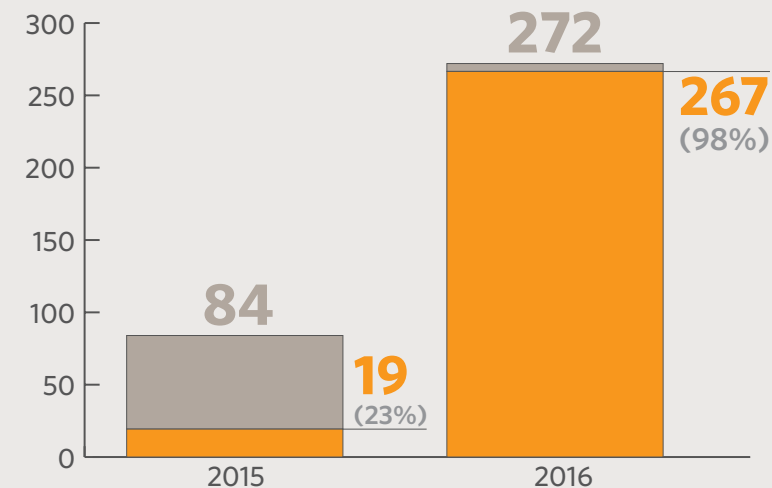
PLEEBO HEALTH CENTER

Number of babies delivered



PATIENT HOMES

Number of tuberculosis patients Number who completed treatment



Junior Doe, an 8-year-old with tuberculosis, is examined in his home by Dr. Paul Farmer and a team of clinicians. Photo by Cate Oswald

You +

You make our work possible.
Thank you.





Partners In Health extends heartfelt gratitude to partners and supporters who made gifts of \$10,000 and more during our 2016 fiscal year, July 1, 2015, to June 30, 2016.

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*PIH Canada donor Oksana Kustova (right), a PIH social worker in Russia, plays with Elizabeth, who was born three months premature. Her mother, Elena Gavrilova (left), is HIV-positive and started taking antiretrovirals before the birth of her daughter, who has tested negative for the virus. Photo by Elena Devyashina for Partners In Health



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 Blue State Digital
 Brigham and Women's Hospital
 Brigham and Women's Hospital Pathology
 Department
 Continental Office

Dana-Farber Cancer Institute
 Direct Relief
 eResearch Technology
 Faber Daeufer & Itrato PC
 Global Healing
 Kirk Humanitarian
 Medtronic
 Microsoft
 Mission Relief Services

The Novartis Foundation for Sustainable
 Development
 Pfizer, Inc.
 Sakura Finetek USA, Inc.
 Schulte Roth & Zabel LLP
 Susan's Special Needs
 TOMS Shoes
 US Fluid Tech Corp.

Government, Multilateral, and Other Institutional Partners

European Union
 FHI 360
 GDS Services International Ltd
 Global Communities
 The Global Fund to Fight AIDS,
 Tuberculosis and Malaria
 GOAL Global
 Grand Challenges Canada
 Harvard Global Health Initiative
 Instituto Nacional de Salud del Niño
 Interactive Research and Development
 Japan International Cooperation Agency
 Jhpiego

Korea International Cooperation Agency
 Médecins Sans Frontières
 Northrop Grumman
 Pathfinder International
 Patient-Centered Outcomes Research
 Institute (PCORI)
 Peru National Fund for Scientific,
 Technological Development and
 Technological Innovation (FONDECYT)
 President's Emergency Plan for AIDS Relief
 (PEPFAR)
 Primates World Relief and Development
 Fund (PWRDF) *

U.K. Department for International
 Development
 U.S. Agency for International Development
 U.S. Centers for Disease Control and
 Prevention
 U.S. National Institutes of Health
 UNITAID
 United Nations Children's Fund
 United Nations Development Programme
 University of Toronto
 University Research Corporation
 World Bank
 World Health Organization

Global Health Partnership

Boston Children's Hospital
 Brigham and Women's Hospital
 Dana-Farber/Brigham and
 Women's Cancer Center

Dana-Farber Cancer Institute
 Harvard Medical School
 Harvard T.H. Chan School of Public Health
 Harvard University

Massachusetts General Hospital
 Partners HealthCare
 Regis College
 The University of California, San Francisco

*PIH Canada donor

For more than 20 years, co-founder Tom White supported Partners In Health and created a lasting legacy for this organization. While he is no longer with us, our work remains a testament to his belief that all people deserve high-quality health care. It is our pleasure to recognize the individuals listed here as members of Tom's Circle. Like Tom White, they are helping save lives in the world's poorest places for generations to come.

Members of Tom's Circle support the continuation of our work by naming PIH in their wills, trusts, retirement plans, life insurance policies, annuities, or through other planned gifts. For more information about leaving a legacy gift to PIH, or if you should also be listed among the members of Tom's Circle, please contact us at plannedgiving@pih.org or 857-880-5717.

Tom's Circle

Anonymous (27)
Mitchell Adams
Myn Adess
Robert and Maureen Aievoli
Diane Alden
Dick Anderson
Anandamayi Baker
Professor Barbara Ann Banoff
Evelyn Baum [◇]
Trey Beck
Patricia Berkov
Dan and Pat Berman
Gene C. Bernardi
Nancy Binder
Peter Blank III [◇]
Robin Bloomgarden
Linda Brandenberger
Allan Brender *
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Kevin Buckley
Peter H. Burian
Sara and John Cashion
Sudhir Chamarthi
Michael Chastain
Ingrid Christiansen
Erin Cooney
Emily Dalgarno
Beverley Davis
Christine DeCourtney
Michael and Sheryl DeGenring
Patricia Devitt
Annie Dillard and Robert Richardson
Gloria Duday
Reginald Dyck and Kaori Fujishiro
Lee and Carolyn Engdahl

*PIH Canada donor [◇]Deceased

Tom's Circle *continued*

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George and Mary Ferger
Elissa Fernandez
David Findlay [◇]
Leslie Fleming
Kara Flyg
Clare Forbes [◇]
Dayve Forman
Don Foxworthy and Sharon Siwec
Emily Garlin
William Garmany
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Jim Goodridge and Joan Riley
The Gracey Luckett Bradley Charitable
Lead Unitrust
Irene K. Guman
Christopher L. and Sherrie G. Hall
Jack Hicks
Tamara Keta Hodgson
Reid Hoffman and Michelle Yee
Karen and Philip Hofmann
Sharon D. Horvath and Andy Pike
Irene Buynoski Trust [◇]
Robert J. Jasper
Walter Johnson and Joanne Leslie
Donald F. Johnstone [◇]
Judith Kadden
Clair Kaplan
Grace Kelly
Austin and Rita Kerr
Alleyne P. Kess
Mary E. King [◇]
Margo J. Krasnoff [◇]
Robert Kruse

*PIH Canada donor [◇]Deceased

Elaine LaChapelle
Kathleen Leslie, M.D. and Sanford
Leslie, M.D.
Lisi Oliver Estate [◇]
Carolyn and Robert Lohman
Jean Lootz
Barbara Lovett
Rebecca Lowe and Sam Bertron, III
Susan Lucas
Peggy Lucey and Bill Noel
Elizabeth Lyman
Jennifer M. Mackey
Tammie Mak
Lewis and Dina Marcus
Wendy and Stanley Marsh
Barbara and Stephen Massey
Richard and Margaret McCann
Anita McDonald
Kathleen M. McDonald, In memory of
Cecilia E. Enright
Ann McDonnell
Maurice Meslans and Margaret Holyfield
Peter and Betty Michelozzi
Estate of Eleanore Moore [◇]
Hermine S. Muskat, Ed.D.
Anthony Nash
Amy E. Ouellette
Laurence Pagnoni
Marian Parmenter
Rolf and Silvia Pfisterer
Donna Pignatelli
Mary Rafferty
Liz Rantz
Diana I. Rigg
Anne Scarff

Gayle and Peter Schack
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William and Annriette Stolte
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Zoe Taylor
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Ron and Janet Thompson
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Flo M. Triendl
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Gretchen Van Gessel
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Dorothy Winkey
Robert and Joyce Wolcott
Emerald Young

FINANCIALS

Our fiscal year summary.



Community health workers Yadira Roblero (left) and Magdalena Gutiérrez walk along rugged terrain to visit their patients' homes in Chiapas, Mexico. Photo by Aaron Levenson

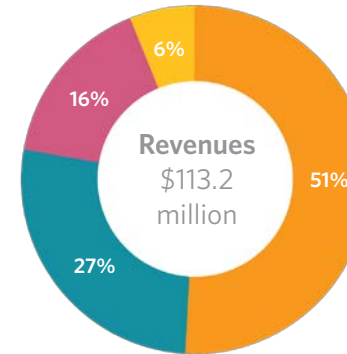
FISCAL YEAR 2016 FINANCIAL SUMMARY

STATEMENT OF ACTIVITIES
dollars in thousands

Revenues	June 2016	June 2015
contributions, grants, and gifts in kind		
individuals and family foundations	58,088	120,411
foundations and corporations	18,402	32,904
governments and multilateral organizations	30,072	39,282
gifts in kind and contributed services	4,289	3,505
other income	2,383	915
total revenues	113,234	197,017
Operating expenses		
program services	134,966	125,384
development	3,284	2,322
general and administration	9,270	6,012
total operating expenses	147,520	133,718
operating surplus (deficit)	(34,286)	63,299

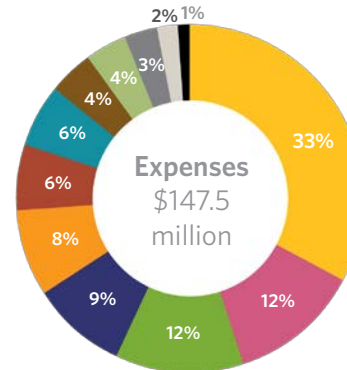
STATEMENT OF FINANCIAL POSITION
dollars in thousands

Assets	June 2016	June 2015
cash and cash equivalents	30,758	84,630
contributions receivable	4	81
grants and other receivables, net	5,725	13,934
prepaid expenses and other assets	5,250	3,185
investments, at fair value	29,828	1,434
property and equipment, net	6,945	6,588
total assets	78,510	109,852
Liabilities and net assets		
total current liabilities	11,814	8,706
net assets		
foreign currency translation adjustments	(697)	(533)
undesignated	9,602	9,602
board-designated: Thomas J. White Fund	35,088	57,603
total unrestricted net assets	43,993	66,672
total temporarily restricted net assets	17,868	34,474
total permanently restricted net assets	4,835	0
total net assets	66,696	101,146
total liabilities and net assets	78,510	109,852



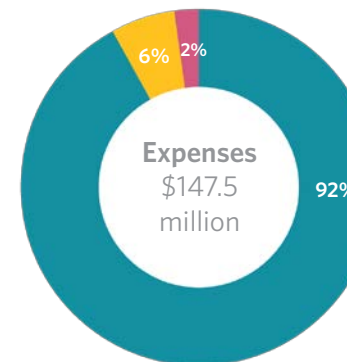
Revenues by source

- individuals and family foundations
- governments and multilateral organizations
- foundations and corporations
- gifts in kind and other



Expenses by program

- haiti
- multisite clinical program support
- sierra leone
- development and administration
- peru
- rwanda
- endTB
- malawi
- lesotho
- navajo nation/mexico
- russia/kazakhstan
- liberia



Allocation of expenses

- program services
- administration
- development

Revenues

In fiscal year 2016, PIH received \$113.2 million in revenue. Of this, \$58.1 million came from individual donors, \$18.4 million came from foundations and corporations, and \$30.1 million came from the public sector. In addition, PIH recorded \$4.3 million in gifts in kind and contributed services, and \$2.4 million in other income. This contrasts with \$197 million of total revenue in 2015, which included a large one-time gift to the board-designated T.J. White Fund and funding from multiple sources to support PIH's expansion into West Africa during the Ebola epidemic and immediately thereafter.

Expenses

PIH expenses increased from \$133.7 million in fiscal year 2015 to \$147.5 million in 2016, a 10% increase. The majority of this increase is due to PIH's expansion into Liberia and Sierra Leone. In fiscal year 2016, 92% of funds were for direct program costs and 8% went to fundraising and administration.

Surplus (deficit)

PIH ended fiscal year 2015 with a surplus of \$63.3 million, attributable to the aforementioned extraordinary revenue. PIH ended fiscal year 2016 with a \$34.3 million deficit, which reflects a planned spend-down of the fiscal year 2015 surplus to support the development of new programs in West Africa and growth of key programs elsewhere.

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Executive Director, Mexico

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Co-executive Director, Haiti

Leonid Lecca
Executive Director, Peru

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Executive Director, Navajo Nation

Loune Viaud
Co-executive Director, Haiti

Mark Brender
National Director, Canada

OUR MISSION

To provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair. We draw on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When our patients are ill and have no access to care, our team of health professionals, scholars, and activists will do whatever it takes to make them well—just as we would do if a member of our own families or we ourselves were ill.

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