Partners In Health

CELEBRATING

25 YEARS

of INNOVATION *and* IMPACT

1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 ANNUAL REPORT

SAVING LIVES, REVITALIZING COMMUNITIES, TRANSFORMING GLOBAL HEALTH.

Twenty-five years ago, Partners In Health was founded to support a tiny health clinic serving a destitute squatter settlement in rural Haiti. Today, the community-based approach used in Cange has helped to transform global health, and Partners In Health continues to provide high-quality health care to poor people in Haiti and nine other countries, including the United States.

Cover: *A community health worker vaccinates a woman in rural Haiti.*
Photo by Jon Lascher

Above: *Pregnant women stay at a mothers' waiting house to deliver their babies in a clinic with skilled attendants.*
Photo by Charles Howes

EXECUTIVE DIRECTOR'S MESSAGE

Dear Friends,

In 2012, we celebrated our 25th year at Partners In Health. As we look back across the span of a quarter-century, Paul Farmer and I are proud of what PIH has accomplished in Haiti, Rwanda, Boston, and beyond, as a beacon of what is possible in service to the poor. We feel lucky to still be doing this work together alongside many of our original partners. Most of all, we are grateful for the PIH family—for the parish in whose attic Paul slept during medical school, for the gradeschoolers hosting fundraising bake sales, for all of you donors, partners, friends—for the extraordinary community whose support, in all senses of the word, has made the work of these 25 years possible.

This year, we formalized the Global Health Delivery Partnership—the collaboration among Partners In Health, Brigham and Women's Hospital, and Harvard Medical School that integrates global health education, service, training, and research. In July, President Clinton joined us in Rwanda for the inauguration of the Cancer Center of Excellence at Butaro Hospital, the first center for comprehensive cancer care in rural East Africa. More recently, we celebrated the completion of Hôpital Universitaire de Mirebalais (HUM) in Haiti with our friend and Partners In Health co-founder, Dr. Jim Yong Kim. Jim visited HUM in his new role as President of the World Bank Group—a remarkable appointment, and heartening for all of us committed to breaking the cycle of poverty and disease.

In 25 years, we've treated millions of patients and proved that complex treatments can be delivered effectively in settings of poverty. We've developed the infrastructure necessary to deliver high-quality care: hospitals and community health facilities and the pharmacies, supply chains, and medical technologies to support them. Globally, we've insisted that we look more closely at the notion of cost, whether for a drug or an intervention, when it impedes the delivery of lifesaving care.

Friends often ask me what is in store for PIH's next 25 years. You'll read about some exciting new projects in this annual report, but the core of our innovation—this year, over the last 25 years, and going forward—is bringing high-quality health care to the poor, overcoming the challenges posed by staggering burdens of disease, remote geographies, lack of basic infrastructure, and scarce resources. Year in, year out, we persevere. We are codifying the health care model that has proved what's possible in poor communities around the world. And together with communities, governments, and many, many partners, we are transforming the landscape of global health.

Ophelia Dahl
Executive Director, Partners In Health

Left: *A patient receives treatment at the Butaro Cancer Center of Excellence, opened this year in Rwanda.*
Photo by Aubrey Davis

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Right: *This year, PIH/Inshuti Mu Buzima celebrated the opening of the Cancer Center of Excellence at Butaro Hospital.*

Photo by Matt Craven

OUR MISSION

Our mission is 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.

25 YEARS *of* INNOVATION *and* IMPACT

Through partnerships with Harvard Medical School, Brigham and Women's Hospital, communities, governments, and other organizations, Partners In Health has served millions of poor patients, tackling diseases that others deemed too expensive and too difficult to treat. Time and again, we've proven the quality and efficacy of integrated, community-based care. We've been a leader in the movement that helped to catalyze initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and PEPFAR, the U.S. President's Emergency Plan for AIDS Relief, which have invested billions of dollars in global health.

This year, as we celebrate 25 years of innovation and impact, we have seen the theme of transformation extend through new projects realized with the help of our partners. In Haiti, for example, we delivered an oral cholera vaccine and completed construction of Hôpital Universitaire de Mirebalais; in Rwanda, we opened the Cancer Center of Excellence at Butaro Hospital.

Left: *Dr. Abelardo Vidaurreta examines a patient in Chiapas, Mexico.*
Photo by Balam-ha' Carrillo

25 YEARS *of* INNOVATION *and* IMPACT

TREATING "UNTREATABLE" DISEASE IN PERU

When Partners In Health uncovered an epidemic of multidrug-resistant tuberculosis (MDR-TB) in 1995 in Lima, Peru, the World Health Organization (WHO) called for treating only non-resistant TB in poor countries. PIH/Socios En Salud pioneered a treatment strategy including daily home visits by community health workers. After documenting outstanding cure rates, PIH pressed for changes in global policies. In 2006, the WHO called for universal access to treatment for MDR-TB.

> *"In developing countries, people with multidrug-resistant tuberculosis usually die, because **effective treatment is often impossible** in poor countries."*
>
> —WHO, 1996

> *"Findings from a series of projects have clearly demonstrated that **MDR-TB can be effectively treated** in low-income countries."*
>
> —WHO, 2006

TACKLING ROOT CAUSES OF DISEASE

The risk of disease skyrockets when people cannot afford adequate food, clean water, and other necessities. To address these root causes of disease, PIH prescribes food, water filters, and economic assistance. In Haiti, we treat malnutrition with Nourimanba, a fortified peanut paste that PIH produces locally to benefit the economy. Health care company Abbott and the nonprofit Abbott Fund have donated $6.5 million and their expertise to build a new Nourimanba production facility that will expand production.

STRENGTHENING HEALTH SYSTEMS

Two years after PIH began work in Rwanda, 2,000 HIV patients were enrolled in therapy; a derelict hospital was transformed to serve more than 200 patients a day; and hundreds of community health workers were employed to care for patients in their homes. Based on this progress, the Ministry of Health asked PIH to help it bring community-based care to all rural districts. As this initiative strengthened the health system, Rwanda achieved a staggering 50 percent drop in under-5 child mortality in just five years.

1987 — 2012

1987

Boston/Haiti: Partners In Health (PIH) is founded in Boston by Ophelia Dahl, Paul Farmer, Jim Kim, Todd McCormack, and Thomas J. White to support Zanmi Lasante, founded in Haiti in 1983.

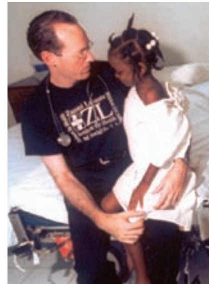
1989

PIH and its Haitian sister organization, Zanmi Lasante, launch a community-based program for treating tuberculosis.

1990

In Haiti, Zanmi Lasante launches its comprehensive women's health program, Pwojè Sante Fanm.

1993



PIH co-founder Paul Farmer wins a MacArthur "genius grant" and uses it to establish the Institute for Health and Social Justice, PIH's research and advocacy arm.

1994

Peru: PIH's sister organization, Socios En Salud, is established in Carabayllo, a shantytown on the outskirts of Lima.

1996

PIH and Socios En Salud launch a community-based treatment program for patients with drug-resistant TB in Carabayllo.

1997

A gift from Thomas J. White establishes the Program in Infectious Disease and Social Change at Harvard Medical School.

1998

Drug-resistant TB patients in Peru complete treatment with cure rates of 80 percent, leading the WHO to revise recommendations for treating drug-resistant TB.

In Haiti, Zanmi Lasante initiates a pilot program to provide antiretroviral therapy to 50 AIDS patients.

2000

PIH and Harvard Medical School win a $44.7 million Gates Foundation grant to fight drug-resistant TB.

In Haiti, Zanmi Lasante's HIV Equity Initiative is one of the first in the world to provide antiretroviral therapy in resource-poor settings.

2001

Russia: PIH assumes responsibility for improving clinical care at the TB project in Tomsk, Siberia.

2002

Boston: PIH's Prevention and Access to Care and Treatment project (PACT) begins offering care to HIV patients in Boston.

Zanmi Lasante is one of the first projects to receive funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

2005

Rwanda: PIH expands to sub-Saharan Africa, bringing community-based HIV treatment and primary care to two districts in rural Rwanda.

2006

Lesotho: PIH launches a new project in Lesotho in southern Africa, bringing primary care and HIV and TB testing and treatment to two clinics high in the mountains.

2007

Malawi: PIH begins work in Neno District, Malawi, launching testing and treatment programs for HIV.

2009

PIH begins the Maternal Mortality Reduction Program in Lesotho, tripling the number of facility-based deliveries.

2010

Kazakhstan: PIH expands the accompaniment model of TB care.

PIH and Zanmi Lasante respond to a 7.0 earthquake in Haiti with lifesaving emergency care and a plan to strengthen Haiti's public health system.

2011

Navajo Nation: PIH begins support of the COPE project in the southwest United States.

Dominican Republic: Building on previous work, PIH establishes a cross-border clinical care program for HIV patients.

With the Rwandan government, PIH opens a teaching hospital in Butaro that brings high-quality care and medical education to the entire East Africa region.

2012

Mexico: PIH launches a new project to strengthen primary health care in Mexico.

PIH completes Hôpital Universitaire de Mirebalais: a center of medical excellence and a major investment in building back better after the earthquake in Haiti.

HAITI • Zanmi Lasante

PIH/Zanmi Lasante (PIH/ZL) continued our commitment to helping Haiti recover from the 2010 earthquake, completing construction of Hôpital Universitaire de Mirebalais, delivering Haiti's first cholera vaccinations, and providing care in 2.68 million patient encounters.

CONTINUING PIONEERING WORK

Delivered the cholera vaccine for the first time in Haiti: Since the beginning of the cholera outbreak in Haiti, PIH/ZL has been at the forefront of advocating for a comprehensive response to the epidemic, including case-finding and treatment, improvement in water and sanitation, and vaccination against the disease. In 2012, working with the Haitian Ministry of Health, PIH/ZL vaccinated approximately 50,000 people against cholera, mostly in the country's Artibonite region. PIH/ZL community health workers delivered the required two doses of the vaccine to participants. Of those who received the first dose, 91 percent also successfully received their second dose two weeks later—an outstanding completion rate. Coverage in the community was high enough that even unvaccinated individuals will be somewhat protected from cholera, the result of an effect known as herd immunity. Despite initial skepticism about use of the vaccine by the international community, the Pan American Health Organization issued a recommendation in August 2012 to make the vaccine universally available in Haiti and the Dominican Republic, based in large part on their review of data from this collaborative project.

Launched clinical education programs for physicians and nursing staff: Responding to the Ministry of Health's call to decentralize medical and nursing training and to train and retain Haitian clinicians in the public health sector, PIH/ZL launched a family medicine residency and continuing education program for nursing staff in 2011. Partnering with Haiti's national medical school, in January 2012 PIH/ZL welcomed the first class of six residents to the program, based at Hôpital Saint Nicolas in St. Marc. The continuing nursing education program has improved the quality of patient care and is setting a new standard of practice for nursing professionals in Haiti. Made possible through the support of the Clinton Bush Haiti Fund and other generous donors, the clinical education program in St. Marc strives to meet the ultimate goal of retaining well-trained physicians and nursing professionals in Haiti's public medical system.

PIH/ZL launched Haiti's first public comprehensive and integrated breast cancer program.

Continued to offer comprehensive women's health services: Poverty and disease affect women disproportionately, and PIH/ZL has worked to offer high-quality services to women for 25 years. Today, Pwojè Sante Fanm offers comprehensive, community-based health care in rural areas home to 250,000 women. This year, the project worked to reduce maternal and infant deaths by providing mothers' waiting houses, safe spaces near the hospital where women can stay before their due dates, ensuring access to health services when labor starts.

Developed Haiti's first public comprehensive breast cancer program: Leveraging existing health programs and in partnership with the Ministry of Health, PIH/ZL launched Haiti's first public comprehensive and integrated breast cancer program within the area PIH/ZL serves. So far, the program has screened and treated hundreds of women, trained doctors and nurses in breast cancer detection and treatment, including chemotherapy and surgery, and integrated breast cancer awareness into health education efforts.

BY THE NUMBERS

CHOLERA IN CONTEXT

Haiti There have been 609,526 cases of cholera during the first two years of an ongoing cholera epidemic.

U.S. There has not been a major outbreak of cholera since 1911.

OUR WORK IN HAITI

PIH/ZL has treated approximately **17% of all cholera cases** nationwide since the beginning of the epidemic.

PIH/ZL provided nearly **13,000 facility-based deliveries of babies** in 2012, an increase of nearly one-third since 2010.

Patient visits: **2.68 million**

STAFF

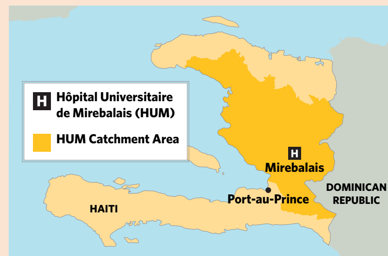
1,291 clinical staff
2,162 non-clinical staff
2,428 community health workers

Above: *A community health worker conducts community outreach during the oral cholera vaccine project.*
Photo by Jon Lascher

HÔPITAL UNIVERSITAIRE DE MIREBALAIS

BUILDING BACK BETTER: NATIONAL PUBLIC TEACHING HOSPITAL COMPLETE

After the 2010 earthquake destroyed much of Haiti's largest public teaching hospital and nursing school in Port-au-Prince, the Ministry of Health asked PIH/ZL to scale up plans for a small community hospital in Mirebalais. The result is Hôpital Universitaire de Mirebalais (HUM)—a 205,000-square foot, 300-bed teaching hospital that will train the next generation of Haitian health professionals in comprehensive and specialized health care services. When opened in early 2013, the hospital will employ as many as 800 Haitians, including 175 community health workers, and see an estimated 500 patients daily when all ambulatory services are open. Based on a July 2012 review of publicly available information on solar hospitals worldwide, HUM is the largest solar-powered hospital in the world to produce more than 100 percent of its energy needs during peak daylight hours.



Hôpital Universitaire de Mirebalais will provide advanced, high-quality care to an area of 3.3 million people.

"This hospital is the culmination of a dream dating back a quarter-century, and underlines our commitment to the country and people of Haiti, which is stronger than ever after the earthquake."

— DR. PAUL FARMER

The hospital features:

- Emergency room and six operating rooms
- Three ambulatory wings for outpatients
- Medical and neonatal intensive care units
- 24 labor and delivery beds
- Digital radiology platform including the only CT scanner in the public sector in Haiti

High-Quality Care For Less

PIH/ZL constructed HUM at a cost of **$56,000** per bed. It can cost **$750,000 to $1,000,000** per bed to build a hospital in the U.S. (*The New York Times*).

Above: *Aerial view of Hôpital Universitaire de Mirebalais under construction.*

Photo by bec rollins

DOMINICAN REPUBLIC • Socios En Salud

PIH/Socios En Salud (PIH/SES) began its first cross-border HIV program focusing on migrants and other vulnerable people on the border between Haiti and the Dominican Republic. With the Dominican government, SES has improved HIV prevention and treatment services.

IMPROVING CARE ON THE BORDER

Conducted outreach to prevent the spread and stigma of HIV: Each month, SES conducted educational sessions in communities within Elias Piña, a province in the Dominican Republic. Staff led discussions on HIV transmission, demonstrated proper condom use, and offered voluntary counseling and testing to allow people to learn their HIV status and enroll in treatment, if necessary.

Improved HIV/AIDS care: PIH/SES staff worked with the Dominican Ministry of Health's HIV unit to deliver high-quality care for HIV patients. PIH/SES equipped clinicians with training and supplies to help them provide medical and psychosocial counseling and medications, including antiretroviral therapy. With two new CD4 machines provided by SES, hospital staff can now monitor the immune systems of HIV-positive patients—a key tool for assessing patients' need for antiretroviral therapy. SES medical staff and community health workers also have worked to provide community-based support, which has helped patients stay in care.

Expanded our reach through new partnerships: To tackle the root causes of disease and improve access to psychosocial support, SES forged new partnerships with satellite primary care clinics run by the Ministry of Health and two local organizations. Through these collaborations, SES is able to provide food to reduce malnutrition and meet the diverse health needs of our patients.

BY THE NUMBERS

In 2012, **13,517 people were reached** through community-based prevention activities. Before PIH/SES, there were none.

Since PIH/SES launched in 2010, the number of patients receiving HIV care and treatment has **increased by more than 140%**.

Above: *A SES staff member carries a water purification system to the home of a pregnant woman receiving HIV treatment.*

Photo by Antonio Nunez

RWANDA • Inshuti Mu Buzima

PIH/Inshuti Mu Buzima (PIH/IMB) continued to work in close partnership with the Rwandan Ministry of Health on projects, including the Cancer Center of Excellence at Butaro Hospital, that have an impact well beyond the communities directly served.

LEVERAGING PARTNERSHIPS FOR SCALE

Began providing comprehensive cancer care: Recognizing the growing burden of cancer in the developing world, PIH/IMB launched an ambitious plan to bring comprehensive cancer care to rural east Africa in collaboration with the Rwandan Ministry of Health and the Harvard-affiliated Dana-Farber/Brigham and Women's Cancer Center. In March, 61 Rwandan doctors and nurses from 10 hospitals participated in a seven-day training on cancer diagnostics and care with 22 expert trainers. In July, PIH/IMB inaugurated the Cancer Center of Excellence at Butaro Hospital, with former U.S. President Bill Clinton in attendance.

The Center offers preventive care, pathology-based diagnosis, chemotherapy, surgery, referral for radiotherapy, follow-up, and palliative care, as well as social and economic support. The Center is a national referral facility, and PIH/IMB has contributed to national policy and implementation planning on cancer care.

Continued mentorship of nurses with excellent results: In Rwanda, the vast majority of care is delivered by nurses at community health centers. Initiated in 2010, the Mentorship, Enhanced Supervision, and Quality Improvement program is designed to improve the quality of care through intensive training, mentoring, and supervision of health center nurses across many types of care. Two years into the program, there has been an impressive increase in the quality of care provided to patients.

PIH/IMB aims to eliminate preventable neonatal deaths in the areas it serves by the end of 2013.

Launched initiative to protect vulnerable newborns: In Rwanda, a disproportionate number of child deaths occur in the first month of life. In response, PIH/IMB began work in communities, health centers, and hospitals to train community health workers (CHWs), nurses, equip facilities, and develop protocols for care integrated with monitoring and evaluation. PIH/IMB opened a new neonatal unit at Kirehe Hospital and broke ground for a fully equipped neonatal facility at Rwinkwavu Hospital. PIH/IMB aims to eliminate preventable neonatal deaths in the areas it serves by the end of 2013.

Hosted Global Health Delivery course for global health leaders: In February, PIH/IMB's Center for Training and Operational Research in Rwinkwavu hosted a session of the Harvard Medical School course in Global Health Effectiveness. Thirty global health leaders from across Rwanda, Burundi, and the U.S. gathered to learn from each other and leading academics from Harvard and the Rwandan Ministry of Health. Participants learned from Rwandan expert implementers and analyzed case studies in global health created by the Global Health Delivery Project and published by Harvard Business Publishing. The course will be offered regularly to global health leaders across Africa and around the world.

BY THE NUMBERS

CANCER CARE IN CONTEXT

Rwanda For a population of nearly 11 million people, there are only a few trained Rwandan oncologists *(Rwandan Embassy)*.

U.S. For a population of 311 million people, there are an estimated 12,000 trained oncologists *(American Society of Clinical Oncology)*.

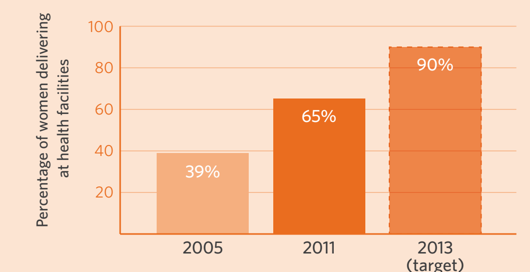
OUR WORK IN RWANDA

A 2012 study found that **92% of PIH/IMB HIV patients** were still actively engaged in care two years after they were enrolled, compared to 70 percent in other parts of Africa *(Rich M, et al. 2012)*.

Between 2005 and 2011, **mortality of children under 5 years old declined 65%** in two districts that PIH/IMB serves.

Facility-based Deliveries

In 2011, almost two-thirds of pregnant women delivered their babies in clinics with skilled providers, instead of at home.



Source: Rwanda Demographic and Health Survey, S. Kayonza and Kirehe districts (all five-year estimates)

STAFF

638 clinical staff

1,036 non-clinical staff

2,659 PIH/IMB-supported CHWs

Above: *A cancer patient receives IV fluids before chemotherapy at Butaro Hospital.*
Photo by Aubrey Davis

LESOTHO • Bo-Mphato Litšebeletsong tsa Bophelo

PIH/Lesotho (PIH/L) works to improve the health of eight remote mountain communities, providing integrated services for maternal and child health as well as HIV and tuberculosis, while managing the national program to treat multidrug-resistant tuberculosis (MDR-TB).

COMPREHENSIVE CARE IN THE HIGHLANDS

Improved quality of the maternal health program: PIH/L continued its success in providing comprehensive care during pregnancy, in childbirth, and after delivery to save the lives of women and newborns in the country's challenging mountainous terrain. This year, PIH/L supported training for nurse-midwives on neonatal resuscitation and using ultrasound as part of antenatal care to help identify risk factors and give women a first glimpse of their babies. To prevent needless deaths in complicated deliveries, PIH/L increased its capacity to provide emergency obstetric care by renovating an operating room at Mamohau Hospital and hiring an obstetrician-gynecologist and nurse-anesthetist. All seven primary clinics established mothers' waiting houses, which provide women a place to stay before their due dates so they can avoid journeys on foot to health facilities during labor. PIH/L expanded access to family planning by making supplies available at all clinic areas, dramatically increasing uptake over the past year.

Reached children with comprehensive care: Lesotho has one of the highest child mortality rates in the world—about one of every nine children dies before age 5, according to the 2009 Lesotho Demographic and Health Surveys—yet PIH/L clinics were not seeing many children for illness. In response, PIH/L this year began conducting outreach to families with young children. Through a door-to-door survey, PIH/L sought to identify every child 5 years old and younger in the areas our clinics serve. The survey helped explain why so few children visited the clinics: out of the 7,655 children included in the survey, one in three reported traveling five or more hours to reach the nearest center, often by foot, and at least 9 percent had lost one or both parents. PIH/L community health workers tried to reach all these children with services, including screening, testing, and treatment for HIV, TB, and malnutrition, as well as immunization, deworming, and nutritional supplements. PIH/L also provides services to children not identified via this survey, which suggests that families from beyond PIH/L catchment areas are bringing their children for care.

The PIH/L multidrug-resistant tuberculosis program is a model for other nations in Africa.

Continued to expand capacity to cure MDR-TB: PIH/L developed and now manages the national program to treat MDR-TB in partnership with the Lesotho Ministry of Health, treating more than 770 patients throughout the country since 2007. It continues to be a model for other nations in Africa, particularly in treating patients who are sick with both MDR-TB and HIV. This year PIH/L hosted the international meeting of TB CARE, a USAID-funded project to address tuberculosis worldwide; contributed to a managers' guide for drug-resistant TB; and provided training and technical assistance to clinicians and program managers from Malawi, Tanzania, and Cameroon, among other countries. PIH/L completed construction of a new national TB reference laboratory that will expand capacity in the country to diagnose MDR-TB. PIH/L also published a peer-reviewed paper about its treatment of children with MDR-TB, showing that nearly 90 percent of pediatric patients were successfully treated—a success rate among the highest in the world.

BY THE NUMBERS

MATERNAL HEALTH IN CONTEXT

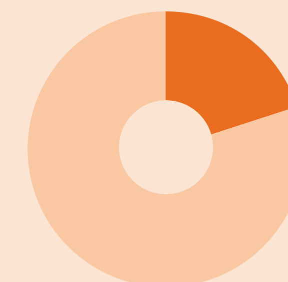
Lesotho 1 in 62 women will die during pregnancy or childbirth *(UN)*.

U.S. 1 in 2,100 women will die during pregnancy or childbirth *(UN)*.

OUR WORK IN LESOTHO

During the scale-up of PIH/L's maternal health program, **deliveries in facilities increased 150%** over the previous year.

Family planning visits increased 38% over the previous year as PIH/L continued to expand family planning services.



A recent field study showed that **20% of the patients PIH/L serves walk six or more hours** to their local health facility, a significant barrier to health care that PIH/L community health workers help overcome.

STAFF

81 clinical staff

112 non-clinical staff

2,011 community health workers

Above: *Three women and their babies receive care at a PIH/L clinic.*
Photo by Susan Sayers

MALAWI • Abwenzi Pa Za Umoyo

Working in the poor, rural Neno District of Malawi, PIH/Abwenzi Pa Za Umoyo (PIH/APZU) has made significant progress in caring for people with tuberculosis and HIV while expanding community programs and implementing high-tech solutions to the challenges of rural health care.

REACHING THE MOST VULNERABLE

Expanded access to antiretroviral therapy: In 2011, the Malawian Ministry of Health adopted ambitious guidelines to expand access to antiretroviral treatment, including the initiation of lifelong treatment for HIV-positive pregnant and breastfeeding women. PIH/APZU helped the Ministry of Health expand access to treatment across Neno, increasing the number of treatment sites from one in 2007 to 13 in 2012, making care available to more than 5,000 patients.

Introduced a rapid diagnostic machine for tuberculosis: Tuberculosis remains one of the leading causes of death associated with HIV/AIDS, and diagnosis of tuberculosis in HIV-positive patients can take months, causing patients' health to worsen and treatment to be less effective. In early 2012, APZU introduced rapid tuberculosis testing to Neno District Hospital with the GeneXpert® machine, which produces a test result in under two hours. PIH/APZU used the machine to test 170 patients for tuberculosis, diagnosing and treating its first two patients with multidrug-resistant tuberculosis.

During a typhoid outbreak in Neno, PIH/APZU provided the Ministry of Health with critical information needed to contain the outbreak.

Mapped health conditions and health care delivery with geographic information system: In Neno, a rural area loosely connected by difficult mountain roads, a key challenge is knowing where patients live and how to reach them. Using a geographic information system (GIS), PIH/APZU has collected location data for more than 185 communities, enabling staff to map information about patients and incidence of illness across the entire district. During a typhoid outbreak in northwestern Neno, for example, PIH/APZU provided the Ministry of Health with information critical to containing the outbreak. PIH/APZU plans to build on its GIS capacity to map populations at risk, plan and target health interventions, and allocate resources across the district.

Hosted World TB Day and World HIV Day in Neno: HIV continues to be a highly stigmatized illness in Malawi, meaning many people are reluctant to be tested for fear of the social consequences. PIH/APZU counters this stigma through wide-reaching community programs that promote health messages and include HIV testing. In 2012, PIH/APZU hosted World TB Day and World HIV Day events, which brought together 10,000 people from Neno and beyond. The highlight of the event was a special appearance by the Black Missionaries, a popular music group in Malawi.

Launched Palliative Care Program: Supported by The Diana, Princess of Wales Memorial Fund, the Palliative Care Program provides dignified end-of-life care to HIV and cancer patients in their homes, where they can spend their last days with their families. PIH/APZU screens all palliative care patients for psychosocial and economic needs during this vulnerable time. PIH/APZU has supported more than 100 patients since the program began in January 2012.

BY THE NUMBERS

HIV IN CONTEXT

Malawi More than one in 10 adults is HIV-positive *(WHO)*.

U.S. Less than one in 200 adults is HIV-positive *(CDC)*.

OUR WORK IN MALAWI

Over 97% of children treated in the APZU-supported malnutrition program in Neno were cured in the second half of 2011, compared to 89% nationally.

284,098 outpatient visits across 13 facilities

In 2012, PIH/APZU provided HIV testing and counseling to **50% more of its target population** than the national HIV program.

STAFF

54 clinical staff
184 non-clinical staff
637 village health workers

Above: Village health workers at Neno Parish Health Center prepare packages of an antibiotic for HIV patients.
Photo by Victoria Smith

PERU • Socios En Salud

Since 1996, PIH/Socios En Salud (PIH/SES) has pioneered the treatment of multidrug-resistant tuberculosis (MDR-TB) in poor communities. PIH/SES continues to provide social support and clinical care to MDR-TB patients and has expanded its work in training, research, and education.

IMPROVING CARE FOR TUBERCULOSIS

Provided support to MDR-TB patients: PIH/SES continued to provide food packages, housing, supplementary clinical care, and psychological support to MDR-TB patients. The work covered 31 of 49 districts in Lima and 10 provinces outside the capital.

Expanded the training of community health workers: PIH/SES continued to train MDR-TB community health workers, adding workshops on emotional support to courses on nutrition, the right to health care, and first aid. PIH/SES also conducted a course for doctors on diagnosis, treatment, and care of pediatric tuberculosis and led educational workshops for former TB patients enrolled in an income-generation program.

Conducted public education campaigns on tuberculosis: PIH/SES continued public education on tuberculosis prevention and treatment through mass communication in Lima. PIH/SES advertised in public places and on the radio, organized plays and competitions, and produced advertisements for television.

Participated in three research projects on tuberculosis: PIH/SES has taken a lead role in tuberculosis research designed to improve care by implementing three studies funded by the U.S. National Institutes of Health. This year, PIH/SES enrolled 19,000 participants from 90 health centers in one study, and an additional 1,418 participants from 89 health centers in another study.

75% of PIH/SES patients were successfully treated, compared to 68% nationally—an exceptional achievement because PIH/SES patients face significant treatment challenges.

An estimated **4.6 million people reached by radio** with TB prevention messages in Lima, a city of nearly 8 million.

Above: *A PIH/SES worker teaches high school students how to identify and prevent tuberculosis.*
Photo by PIH/SES

MEXICO • Compañeros En Salud

Building on two decades of partnerships in Chiapas, PIH's newest sister organization, Compañeros en Salud (PIH/CES), launched in February 2012. PIH/CES works to improve primary health care in the sierra of Chiapas, one of the poorest regions of Mexico.

STRENGTHENING COMMUNITY CLINICS

Began innovative effort to strengthen services in rural clinics: In partnership with the Mexican Ministry of Health, PIH/CES added staff and equipment to revitalize underperforming rural clinics, providing high-quality health care to vulnerable people who previously had no reliable health services. The program began with a pilot project in two rural clinics and plans to expand to 10 clinics.

Partnered with medical programs in Mexico and the U.S.: To train the next generation of Mexican health professionals in global health and social medicine, PIH/CES has built partnerships that recruit Mexican and American medical residents and doctors to mentor young physicians completing a social service year in Chiapas.

Trained a cadre of community health workers: In a pilot project, PIH/CES trained four community health workers to accompany 23 patients with diseases such as diabetes, hypertension, epilepsy, and depression—common health problems in Chiapas. Based on patient improvement, PIH/CES plans to expand the program.

Screened communities for chronic diseases: PIH/CES medical students and community health workers reached all households in two communities to screen for diabetes, hypertension, and epilepsy, and to identify risk factors for other diseases such as tuberculosis and asthma. About 50 patients initiated treatment after being diagnosed with a chronic disease or classified as at risk.

PIH/CES had about **1,900 patient visits in five months** of operation in two communities of 3,000 people.

PIH/CES **screened 681 people** for conditions including diabetes, hypertension, epilepsy, tuberculosis, and asthma. About 4.5% of people were diagnosed with one or more condition.

Above: *A PIH/CES staffer examines a young patient during a door-to-door case-finding campaign.*
Photo by Alejandro Hernandez Olvera

RUSSIA • Партнеры во имя Здоровья

Now in its eleventh year, PIH/Russia (PIH/R) continues to expand its work treating multidrug-resistant tuberculosis (MDR-TB) in Tomsk, Russia, partnering with the Russian Health Care Foundation and launching a fellowship to train tuberculosis health care providers.

SHARING MDR-TB EXPERTISE

Marked five years of high-quality care for tuberculosis: The Sputnik Program, named for the Russian word for "traveling companion," targets tuberculosis patients at risk for dropping out of care. To address factors such as poverty, homelessness, HIV, and substance abuse, the Sputnik Program hires and trains nurses to deliver treatment, food, and social support in patients' homes throughout the two-year treatment period.

Partnered with the Russian Health Care Foundation: Building on the Sputnik Program's work with vulnerable patients, PIH/R began the five-year TB Control Project with the Russian Health Care Foundation to reduce tuberculosis illness and death, and to prevent the development of drug-resistant tuberculosis in seven regions in Russia. PIH/R trains physicians, social workers, medical school professors, and Russian Ministry of Health employees in the importance of social support to successful tuberculosis treatment.

Launched the MDR-TB Fellowship Training Program: This year, PIH/R launched the first MDR-TB Fellowship Training Program in Tomsk, Russia, which trains clinicians to effectively manage MDR-TB patient care. Through a competitive process, the program selected four clinicians from Tajikstan, Kyrgyzstan, Kazakhstan, and Ukraine to participate in the intensive four-week course.

PIH/Russia provided training to representatives of **4 countries,** including Tajikstan, Kyrgyzstan, Kazakhstan, and Ukraine.

Patients who began TB treatment prior to joining the Sputnik Project saw their **adherence to treatment increase from 58.6% to 81.4%** under the program *(Taran D, et al. 2013)*.

Above: *Two Russian tuberculosis specialists study an x-ray in the Tomsk hospital.*
Photo by Viktoriya Livchits

Note: PIH/R numbers and information relate to calendar year 2011, not PIH fiscal year 2012.

KAZAKHSTAN • Денсаулық үшін серіктестер

PIH/Kazakhstan (PIH/KZ) worked to improve its direct care to patients with multidrug-resistant tuberculosis (MDR-TB), developed a close partnership with PIH/Russia, and expanded its role as an expert advisor on effective treatment of MDR-TB across the country.

EXPANDING LIFESAVING CARE

Developed national TB policy with the Ministry of Health: PIH/KZ played a leading role in improving the national response to drug-resistant tuberculosis. In close partnership with the National Tuberculosis Program, PIH/KZ contributed to the development of a new national policy to improve treatment of MDR-TB.

Gained expertise from PIH/Russia: Clinical leaders of regional tuberculosis programs in 10 oblasts of Kazakhstan received training at PIH/Russia's Tomsk Tuberculosis Center of Excellence. Through 10 other trainings in Kazakhstan, 150 doctors, clinical leaders, and nurses learned about clinical and programmatic management of MDR-TB, including the patient-centered approach.

Guided the creation of two patient-centered treatment programs: PIH/KZ provided expertise on community-based treatment of MDR-TB to help create effective treatment programs in two oblasts. The programs, which deliver social support and home-based treatment to retain patients in care, are now being expanded nationwide.

Employed research findings to improve care: Using the results of an operational study on MDR-TB care, PIH/KZ developed a new reporting and evaluation tool to better track adherence to treatment, improve drug management, and take action on gaps in care.

PIH/KZ trained representatives from **10 of Kazakhstan's 14 districts.**

PIH/KZ provided **home-based treatment for nearly 50% of its multi-drug-resistant TB patients**, ensuring that these high-risk patients receive the support they need to complete treatment.

Above: *PIH/KZ physicians attend an MDR-TB training in Tomsk, Russia.*
Photo by Askar Yedilbayev

NAVAJO NATION • COPE

In 2011, PIH began supporting the Community Outreach and Patient Empowerment (COPE) Project, which works to improve health in the sovereign Navajo Nation. COPE works with Navajo Nation Community Health Representatives (CHRs) to respond to chronic diseases.

CONNECTING PATIENTS TO CARE

Expanded to five Service Units in the Navajo Nation: Project COPE is a collaboration among PIH, Brigham and Women's Hospital, the Navajo Nation Community Health Representative Outreach Program, and the Indian Health Service (IHS). At the invitation of the Navajo Nation Division of Health, COPE expanded from serving two Service Units to five. COPE facilitates monthly training sessions for the CHRs in each Service Unit to help them conduct one-on-one health education. The trainings use materials developed by COPE that focus on chronic disease management.

Connected community care to clinic-based care: COPE works to integrate clinic-based IHS providers and the CHRs, who are tribal employees. To improve care, COPE strengthens communication between providers and CHRs through face-to-face meetings and increased access to the IHS Electronic Health Record.

Identified barriers to accessing healthy foods in Navajo Nation: The entire Navajo Nation is classified by the U.S. Department of Agriculture as a "food desert," an area without access to fresh, healthy, or affordable foods. Because of the impact of diet on health, COPE worked with CHRs starting in June 2012 on a needs assessment that used participatory, community-based methods to identify barriers to accessing healthy foods in the Crownpoint Service Unit. The results will inform COPE's future work.

In Navajo Nation, **23% of the adult population has diabetes**, four times the prevalence of the disease in the U.S. non-Hispanic white population.

COPE supports the entire 118-member staff of the Navajo Nation CHR Outreach Program with training and supplies.

Above: *Community Health Representative Marie Begay checks on patients each day.*

Photo by bec rollins

UNITED STATES • PACT

The Boston-based Prevention and Access to Care and Treatment (PACT) project continues to provide direct services to HIV patients, while also providing technical assistance to other health systems and advocating for the role of community health workers (CHWs) in the U.S.

SPECIALIZING IN COMPLEX PATIENT CARE

Continued direct service to HIV patients in Boston: PACT continued to train and mobilize CHWs to improve the health of Greater Boston's most complex AIDS cases. PACT CHWs continue to narrow the disparity in health care outcomes for poor patients, many of whom are of color and homeless, by improving health care at a reduced cost to Medicaid.

Provided training and technical assistance to expand CHW roles in complex patient care: This year PACT leveraged its firsthand experience caring for complex and vulnerable patients in Boston to help diverse organizations integrate CHWs into their care teams. PACT trained CHWs and supervisors in Massachusetts' and New York State's federally funded HIV/AIDS programs on patient adherence. Working with the COPE Project in the Navajo Nation, PACT provided training on enhancing CHW capacity to improve outcomes among patients with HIV and diabetes. PACT continues to receive requests for training and technical assistance from health centers, departments of health, accountable care organizations, and insurance companies.

Participated in CHW advocacy activities: PACT remained at the forefront of advocating for CHW integration into the U.S. health care system to promote health equity, cost containment, quality improvement, and management and prevention of chronic disease.

Two years after enrolling in the PACT program, patients demonstrated a **60% decrease in hospitalization costs.**

80% of PACT HIV patients visited their health care provider at least once every three months, indicating high engagement in HIV care despite being a high-risk population.

Above: *PACT patient Kenya Jackson swallows his HIV medication in his Boston apartment.*

Photo courtesy of the Boston Globe

MEDICAL INFORMATICS

From monitoring patients to tracking the movement of medical supplies, accurate information systems are crucial to delivering high-quality health care. This year, the Medical Informatics team made it easier for staff to enter and access patient and inventory information and joined with other organizations to improve health information technology.

CREATING INFORMATION SYSTEMS

Deployed medical record system in Haiti:
The PIH Medical Informatics team created an intuitive Electronic Medical Record (EMR) system to replace paper registration at the Lacolline Hospital primary care clinic in Haiti, registering more than 11,000 patients in the first five months. The system enables staff to register patients, issue ID cards, and record data for patient visits. The results will inform work on the system for Hôpital Universitaire de Mirebalais.

Hosted Fifth OpenMRS Meeting:
In October 2011, in Kigali, Rwanda, Medical Informatics brought together 115 participants from 21 countries in an annual meeting to work on improving OpenMRS, an open-source EMR pioneered at PIH sites that is now used in 49 countries.

Piloted inventory management software:
After a successful pilot at the PIH Miami warehouse, the Medical Informatics team continued to deploy and improve its supply chain and inventory management software, OpenBoxes. Working with PIH's International Operations team, Medical Informatics deployed OpenBoxes at three storage facilities in Port-au-Prince, Haiti. Warehouse staff now can track incoming and outgoing shipments to PIH-supported hospitals in Haiti and manage inventory.

Collaborated to improve quality of data:
Medical Informatics helped PIH/Abwenzi Pa Za Umoyo medical staff in Malawi review more than 5,000 HIV-patient records to identify ways to improve patient care. In Rwanda, the Medical Informatics team assisted the HIV nurse mentoring program in using patient records to more rigorously evaluate their work.

__Above:__ Registrars at Lacolline Hospital register patients with PIH's point-of-care OpenMRS system.
Photo by Evan Waters

MONITORING, EVALUATION, & QUALITY

The Monitoring, Evaluation, and Quality (MEQ) team is dedicated to helping PIH use data to improve the care we deliver, demonstrate our impact, and share lessons learned across sites and with the world. This year the team continued to educate staff across PIH on how to capture and leverage data to increase effectiveness.

EVALUATING AND IMPROVING IMPACT

Measured quality of care across sites:
This year the MEQ team continued to help project sites gather data and evaluate HIV care by using a common set of metrics across programs in Haiti, Rwanda, Lesotho, and Malawi. The reports have helped to share best practices across sites and have served as a platform from which to document success and initiate quality improvement activities. The MEQ team is now working to expand cross-site reports to other key service areas, including tuberculosis, maternal and child health, and community health worker outreach.

Built capacity on the ground for measurement and improvement:
As part of its commitment to improving quality of care, the MEQ team implemented a series of quality improvement trainings this year. The centerpiece of these efforts was the first PIH MEQ summit, hosted by PIH/Inshuti Mu Buzima in Rwinkwavu, Rwanda. Representing six PIH countries, more than 20 members of the cross-site MEQ community joined for a weeklong workshop with the theme of "Integrating Quality Improvement with Monitoring and Evaluation."

Created new ways to capture data:
PIH continues to map service delivery using Geographic Information Systems to better understand the challenges of access to health care. At the invitation of the Hilton Foundation, the MEQ team published a report on "Geo-Monitoring and Evaluation" as an example of a good and promising practice for nonprofits. Other MEQ innovations include employing community health workers to conduct surveys using mobile technology.

__Above:__ PIH MEQ Director Dr. Lisa Hirschhorn and nurse Brian Mkwinda conduct a quality improvement training in Malawi.
Photo by James Keck

ADVOCACY & POLICY

Every year PIH directly serves millions of people, but ending needless deaths globally requires changing minds and policy. The Institute for Health and Social Justice (IHSJ) educates communities and policymakers about PIH's human rights-based approach to global health and international development.

ADVOCATING FOR JUST POLICY

Delivered our social justice message to communities and Congress: PIH leaders gave more than 94 talks, lectures, and presentations in communities around the world. In addition, the IHSJ team held 18 meetings with congressional staff.

Called on PIH supporters to ask Congress to sustain funding for HIV: In December 2011, PIH launched a grassroots letter-writing campaign to Congress to sustain global funding for HIV/AIDS. In just a few days, our supporters sent 7,363 letters to 445 members of Congress. Funding was sustained for the President's Emergency Plan for AIDS Relief (PEPFAR) and increased for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Promoted cholera response: To advance PIH/Zanmi Lasante's work, the IHSJ organized a cholera briefing on Capitol Hill in January 2012 with representatives from the Centers for Disease Control and Prevention, the Pan-American Health Organization, PEPFAR, the Center for Economic and Policy Research, and Zanmi Lasante. PIH/ZL staff promoted a comprehensive response to cholera at three other briefings on cholera.

Built partnerships with coalitions: PIH magnifies our policy and advocacy efforts through coalitions on global health and development. This year PIH became a member of the Joint Action Learning Initiative on a Framework Convention for Global Health, the TB Roundtable, CORE Group, Frontline Health Worker Coalition, and the Women and NCDs Coalition. PIH is also a member of the Modernizing Foreign Assistance Network, Haiti Advocacy Working Group, and Hilton Laureates Coalition.

Above: *Women march to Hôpital Universitaire de Mirebalais in Haiti on International Women's Day.*
Photo by bec rollins

TRAINING

A core PIH objective is to strengthen local capacity at our project sites to address complex health care challenges. This year PIH training teams tackled topics ranging from cancer care to hygiene and worked to amplify PIH best practices by making health care training tools freely available.

BUILDING CAPACITY FOR HIGH-QUALITY CARE

Expanded community health workers' skills to treat a range of diseases: In partnership with the World Bank, the Haitian Ministry of Health, and other partners, PIH organized trainings for a Household Development Agent program in Haiti that is being piloted for national expansion. Newly introduced training included health topics such as vaccinations, nutrition, diarrheal disease, family planning, cholera, reproductive health, and hygiene, as well as broader topics such as human rights, communication skills and behavior change, and community mobilization.

Trained teams on HIV, cancer, and noncommunicable diseases: PIH/Inshuti Mu Buzima trained Rwandan Ministry of Health HIV program directors and managers using PIH's HIV curriculum, which is being scaled up nationally. As part of the opening of the Cancer Center of Excellence at Butaro Hospital, the PIH/IMB training teams—in collaboration with clinicians from the Ministry of Health and Dana-Farber/Brigham and Women's Cancer Center—supported the planning and delivery of a major training on cancer care for Rwandan clinicians. PIH/IMB also helped to create and deliver several nurse training modules on chronic diseases, including diabetes and heart failure.

Spread knowledge through publications and technical exchange: The training team continued to distribute free training materials online, including the PIH Program Management Guide (www.pih.org/pmg). PIH organized technical exchange calls with nascent, like-minded nongovernmental organizations. Content from these calls will be made available on www.pih.org.

Above: *Dr. Sughra Raza of Brigham and Women's Hospital conducts a breast biopsy training in Rwanda.*
Photo by Adam Amoroso

RESEARCH

IMPROVING CARE WITH SCIENCE

The PIH approach to health care delivery is rooted in compassion and grounded in science. Through the Global Health Delivery Partnership, PIH works with Brigham and Women's Hospital (BWH) and Harvard Medical School (HMS) to integrate our research, teaching, and service in a feedback loop that continuously improves our work.

Evaluated the impact of a cholera vaccine campaign in Haiti: Led by Dr. Louise Ivers, a BWH physician and PIH's senior health and policy advisor, the PIH/Zanmi Lasante team delivered cholera vaccinations to approximately 45,000 people with 91 percent of these individuals receiving the required two doses—an outstanding completion rate. Monitoring is under way to determine the project's effectiveness.

Studied mental health support to HIV-affected youth in Haiti: Researchers from HMS and PIH/ZL developed, implemented, and evaluated an intervention to provide psychosocial support for HIV-affected youth and their caregivers in central Haiti. This study demonstrated improved psychosocial functioning in both groups.

Studied TB infection rates among children: Dr. Mercedes Becerra of HMS published a study showing that children in Lima, Peru, who are exposed to multidrug-resistant tuberculosis (MDR-TB) in their households are 30 times more likely to develop TB than children in the general population, highlighting the need for prompt treatment of children exposed to MDR-TB.

Documented success treating pediatric MDR-TB in Lesotho: PIH/L examined a cohort of 19 children who started MDR-TB treatment between 2007 and 2011 and found that 88 percent completed treatment, showing the success of starting treatment early based on symptoms, rather than waiting for drug susceptibility tests.

SELECTED PUBLICATIONS

BOOKS

Farmer P. *Haiti After the Earthquake* [paperback edition]. New York: PublicAffairs, 2011.

ARTICLES

Alsan MM, Westerhaus M, Herce M, Nakashima K, Farmer P. Poverty, global health, and infectious disease: lessons from Haiti and Rwanda. *Infect Dis Clin North Am*. 2011 Sep; 25(3):611-22, ix.

Franke MF, Robins JM, Mugabo J, Kaigamba F, Cain LE, Fleming JG, Murray MB. Effectiveness of early antiretroviral therapy initiation to improve survival among HIV-infected adults with tuberculosis: a retrospective cohort study. *PLoS Med*. 2011 May;8(5):e1001029.

Franke MF, Stulac SN, Rugira IH, Rich ML, Bucyibaruta JB, Drobac PC, Iyamungu G, Bryant CM, Binagwaho A, Farmer P, Mukherjee JS. High human immunodeficiency virus-free survival rate of infants born to human immunodeficiency virus-positive mothers in an integrated program to decrease child mortality in rural Rwanda. *Pediatr Infect Dis J*. 2011 Jul;30(7):614-616.

Rich M, Miller AC, Niyigena P, Franke MF, Niyonzima JB, Socci A, Drobac P, Hakizamungu M, Mayfield A, Ruhayisha R, Epino H, Stulac S, Cancedda C, Karamaga A, Niyonzima S, Yarbrough C, Fleming J, Amoroso C, Mukherjee J, Murray M, Farmer P, Binagwaho A. Excellent clinical outcomes and high retention in care among adults in a community-based HIV treatment program in rural Rwanda. *J Acquir Immune Defic Syndr*. 2012 Mar 1;59(3):e35-42.

A full list of research publications can be found at www.pih.org/2012pubs.

PARTNER PROJECTS

Expanding our shared efforts, these Mission Partners work to implement the PIH model across the globe.

BURUNDI / Village Health Works

In 2006, Village Health Works was founded to bring high-quality health care to a rural Burundi community. The Kigutu Health Center now provides care for HIV/AIDS, malaria, tuberculosis, malnutrition, and mental health issues.

LIBERIA / Tiyatien Health

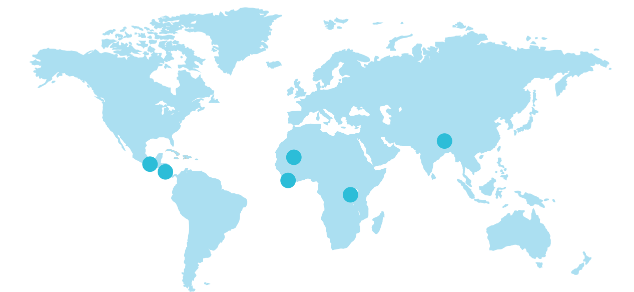
Founded by refugees of Liberia's civil war, Tiyatien Health is building a network of frontline health workers, and employing villagers to deliver health care in remote communities.

MALI / Project Muso

Project Muso works with women in slums on the outskirts of Bamako to help them fight crises of health and poverty by offering education, microfinance, and health services.

NEPAL / Nyaya Health

Nyaya Health operates a hospital and mobile health care services in Achham—one of the poorest regions in South Asia—with an all-Nepali staff and supervision from volunteer public health clinicians.



These PIH Supported Projects work in pragmatic solidarity with historically marginalized communities.

GUATEMALA / Equipo Técnico de Educación en Salud Comunitaria (ETESC)

Founded by refugees of the Guatemalan civil war in 1996, ETESC provides legal accompaniment, environmental health interventions, and health care outreach in rural communities.

MEXICO / Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC)

Since 1989, PIH has collaborated with EAPSEC to address social determinants of health in Chiapas and to train hundreds of health workers to offer health education, provide health care services, and serve as a link to more advanced clinical services.

__Above:__ Dr. Paul Farmer conducts rounds at Nyaya Health-supported Bayalpata Hospital in Nepal.

Photo by bec rollins

FULFILLING COMMITMENTS

A LETTER FROM THE VICE PRESIDENT OF FINANCE

Marking Partners In Health's 25th anniversary this year sparked a range of emotions—excitement about such an extraordinary milestone, humility in acknowledging how much work remains to be done, and anticipation of what the next 25 years might bring. From the beginning, our mission of providing high-quality health care to the poor was linked inextricably to the goal of building capacity and inspiring others to do the same. We have tried hard to leverage our investments by involving partners in our work—other NGOs, the public sector, and multilaterals—and in partnership, worked to raise the awareness of the inequities of health care around the world. We are heartened that development assistance for health nearly quintupled over the decades spanning 1990 to 2010, to more than $26 billion, according to the Institute for Health Metrics and Evaluation. During that time, PIH has also grown in scale, albeit in millions rather than billions of dollars, expanding from our first site in Cange, Haiti, to sites in nine more countries.

This year also marks our third and final year of expending the $123 million raised for Haiti in the 18 months following the January 2010 earthquake. Although much of these funds were spent on emergency relief in the immediate aftermath of the earthquake, we have deliberately invested about 20 percent in strengthening Haiti's health care system. The best example of this is the national public teaching hospital we have built in Mirebalais, Haiti. Hôpital Universitaire de Mirebalais (HUM) will not only provide millions of people with access to high-quality care, but will also help to train the next cadre of Haitian doctors and nurses. And, by providing tertiary care services in the Central Plateau, we bolster the PIH model of community-based care provided by community health workers, local clinics, and district hospitals with a referral facility to handle more complex cases. We plan to open the doors in early 2013.

Similarly, we continued our focus on strengthening the public health system in Rwanda, opening the Cancer Center of Excellence at Butaro Hospital, and working with the Ministry of Health to renovate and expand facilities at the Kirehe District Hospital. We were gratified by the launch of the groundbreaking program, Rwanda Human Resources for Health (HRH), which is a joint effort between the U.S. Government and Rwandan Ministry of Health to upgrade the medical and nursing professions in a comprehensive way according to Rwanda's national plan. The goal of HRH is to position the Rwandan Government to sustain the improved health workforce on its own without foreign aid after eight years.

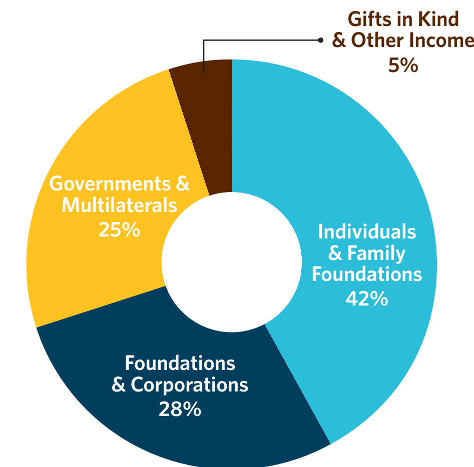
In fiscal year 2012, we raised $101 million in revenue. This reflects 15 percent growth over fiscal year 2011 and 17 percent compounded annual growth since fiscal year 2009. This growth is largely attributable to an investment in our development and communications efforts, which have raised the public profile of PIH and compelled many more people and institutions to provide funding for our work. We ended fiscal year 2012 with $121 million in expenses, resulting in a deficit of $20 million. This anticipated deficit reflects the planned spend-down of Haiti funds raised in fiscal year 2010 and 2011. Now that these funds are fully spent, we have started to reduce overall spending to levels consistent with anticipated revenue.

Looking forward to fiscal year 2013 and beyond, we are focusing on developing the systems and management capacity necessary to ensure we are expending resources in a manner well-aligned with our organizational strategy. Our aim is to invest in activities that will lead to an overall expansion in global health funding and thus enable more poor people to receive high-quality health care. We believe this expansion will result from close partnerships with the governments of countries in which we work, and from innovations that improve the efficacy of care delivery in resource-poor settings. We are grateful for your continued support of Partners In Health, which makes our work possible, and we hope that the next 25 years are just as transformative as the first 25 have been.

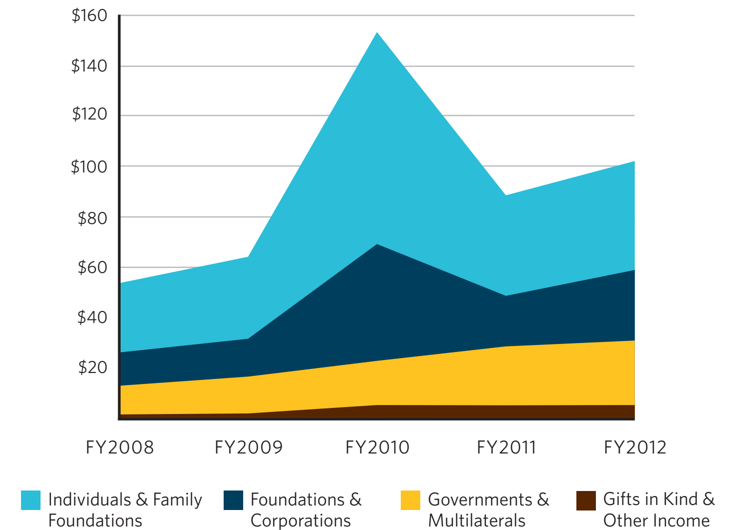
Ann Quandt
Vice President of Finance

FINANCIAL SNAPSHOT

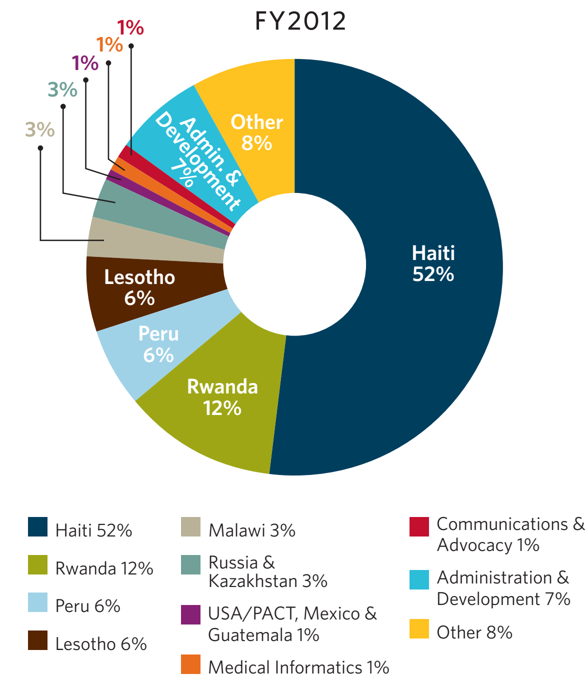
REVENUE BY SOURCE
FY2012



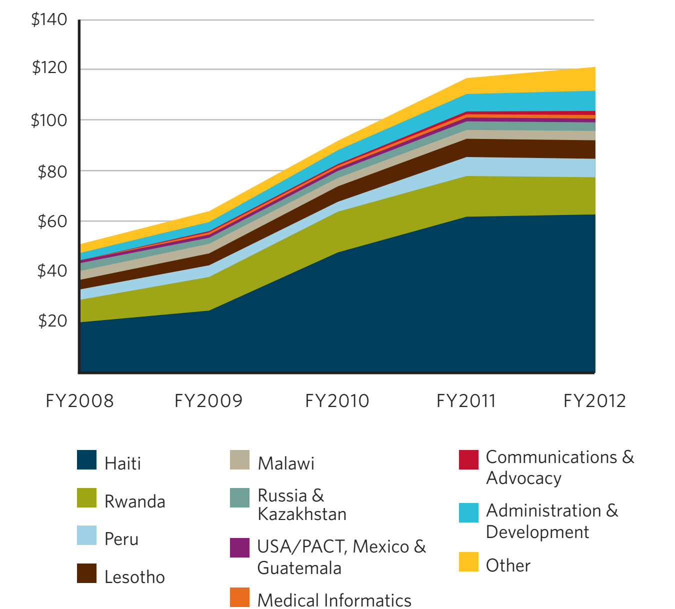
REVENUE BY SOURCE
FY2008 - FY2012
(DOLLARS IN MILLIONS)



EXPENSES BY PROGRAM
FY2012



EXPENSES BY PROGRAM
FY2008 - FY2012
(DOLLARS IN MILLIONS)



STATEMENTS OF ACTIVITIES

REVENUE (Dollars in thousands)	FOR THE YEAR ENDED JUNE 30: 2012	2011	2010
Contributions and grants:			
Individuals and family foundations	42,861	39,596	83,546
Foundations and corporations	27,806	19,900	46,039
Governments, multilaterals, & research institutions	25,365	23,220	17,428
Other income	4,462	4,450	4,770
Gifts in kind and contributed services	485	351	175
Total revenue	**100,979**	**87,517**	**151,958**
EXPENSES (Dollars in thousands)			
Program services	112,896	109,642	86,328
Development	4,172	3,793	3,042
Administration	3,806	3,153	2,507
Total expenses	**120,874**	**116,588**	**91,877**
Excess/(shortfall) of revenue over expense	(19,895)	(29,071)	60,081
Investment income, net	523	1,446	569
Change in net assets	**(19,372)**	**(27,625)**	**60,650**
Foreign currency translation adjustments	(396)	101	57
Net assets at beginning of year	61,910	89,434	28,727
Net assets at end of year	**42,142**	**61,910**	**89,434**

*At Partners In Health, **over 93 percent** of expenditures in fiscal year 2012 went directly to program activities. Revenue includes contributions from PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity.*

BALANCE SHEETS

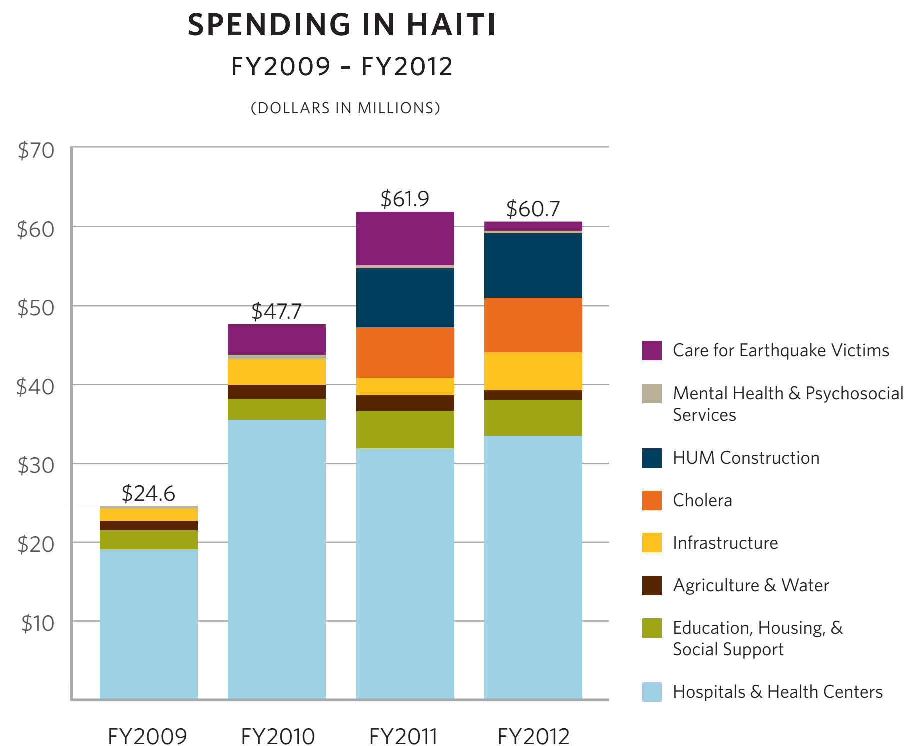
ASSETS (Dollars in thousands)	AS OF JUNE 30: 2012	2011	2010
Cash and cash equivalents	5,946	7,899	4,476
Contributions receivable	2,556	825	2,106
Grants and other receivables	6,978	7,687	11,687
Prepaid expenses and other assets	712	535	311
Investments, at fair value	28,470	46,971	71,510
Property and equipment, net	2,934	2,886	3,047
Total assets	**47,596**	**66,803**	**93,137**
LIABILITIES AND NET ASSETS (Dollars in thousands)			
LIABILITIES:			
Accounts payable and accrued expenses	5,454	4,380	3,312
Amounts owed – fiscal agencies	-	513	391
Total liabilities	**5,454**	**4,893**	**3,703**
NET ASSETS:			
Unrestricted:			
Foreign currency translation adjustments	3	399	298
Undesignated	12,893	8,165	9,686
Board-designated: Thomas J. White Fund	13,970	17,374	15,382
Total unrestricted net assets	26,866	25,938	25,366
Temporarily restricted	15,276	35,972	64,068
Total net assets	**42,142**	**61,910**	**89,434**
Total liabilities and net assets	**47,596**	**66,803**	**93,137**

POST-EARTHQUAKE SPENDING

Three years after the January 2010 earthquake in Haiti, PIH has spent the $123 million in funds raised for Haiti, just as we committed to do. Our 25 years in Haiti positioned us to provide swift disaster relief and create sustainable improvements to Haiti's public health care system.

PIH also responded to an unanticipated epidemic of cholera, pioneering the implementation of a cholera vaccine that has provided evidence for a scale-up of the vaccine, now recommended by the United Nations. In addition to providing emergency medical care in settlement camps and increasing rehabilitative and mental health services, we designed and built Hôpital Universitaire de Mirebalais (HUM). Scheduled to open in 2013, HUM is the cornerstone of our efforts to rebuild Haiti's public health and medical education systems—prerequisites to achieving high-quality health care for and by Haitians.

The chart to the right illustrates how the reach and depth of our work expanded from pre-earthquake fiscal year 2009 to fiscal year 2012.



Above: *A system of 1,800 solar panels will power Hôpital Universitaire de Mirebalais.*
Photo by John Chew

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Partners In Health would like to thank each and every one of our financial supporters, who make our work possible. PIH lists the Partners, Solidarity, and Leadership Circles in the electronic version of our Annual Report, which can be found at www.pih.org/pages/annual-reports.

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PIH co-founder Tom White (1920 – 2011) created a lasting legacy for the organization. Our work remains a testament to his belief in a preferential option for the poor. It is our pleasure to recognize the individuals below as members of ***Tom's Circle***. Like Tom White, they ensure future generations will be equipped to fight disease and poverty.

Members of ***Tom's Circle*** support us by naming PIH in their will, retirement plan, life insurance policy, or through other planned gifts. For more information about leaving a legacy gift to PIH, or if you would like to be listed as a member of ***Tom's Circle***, please contact us at PlannedGiving@pih.org or (617) 384-5465.

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