



**Partners
In Health**

ANNUAL REPORT 2023



“If access to health care is considered a human right,
who is considered human enough to have that right?”

— DR. PAUL E. FARMER

LIBERIA
Dr. Paul Farmer (center) and a team of PIH clinicians and leaders examine an 8-year-old TB patient during a home visit in Maryland County, Liberia. Photo by Cate Oswald / PIH

Annual Report 2023

TABLE OF CONTENTS

WHERE WE WORK..... 2

CEO LETTER 4

THE FIVE S'S..... 5

staff 6

stuff 12

space 18

systems 24

social support 30

SUPPORTERS 37

FINANCIALS 44

LEADERSHIP 46



WHERE WE WORK

In 11 sites around the world, Partners In Health (PIH) is providing high-quality medical care and support while working hand-in-hand with local and national governments to strengthen health systems. PIH is translated differently across the four continents where we work—adapting to the local context and language, including Haitian Creole, Chichewa, Kinyarwanda, Spanish, and more. On the map, you will see the name of each care delivery, university, and technical advising site. PIH has coordination offices in Boston, Mass., and Toronto, Canada.

17,721 STAFF GLOBALLY

333 FACILITIES SUPPORTED

11 SITES WORLDWIDE





Dr. Sheila Davis, PIH CEO, visits the University of Global Health Equity in Butaro, Rwanda. Photo by Pacifique Mugemana / PIH

Dear friends,

Over the past year, I have had the privilege of witnessing the remarkable work of Partners In Health teams around the world. In moments of joy and heartbreak, our staff keep the patients and communities we serve at the center of everything we do across the full spectrum of our theory of change: from care delivery and training to influencing policy and model replication.

To achieve global health equity, we must always remain guided by the patient at the center. This is why staff, stuff, space, systems, and social support—referred to within PIH as “the five S’s”—act as the essential, interdependent facets of our model and, in turn, why our approach to strengthening health systems has a transformative impact.

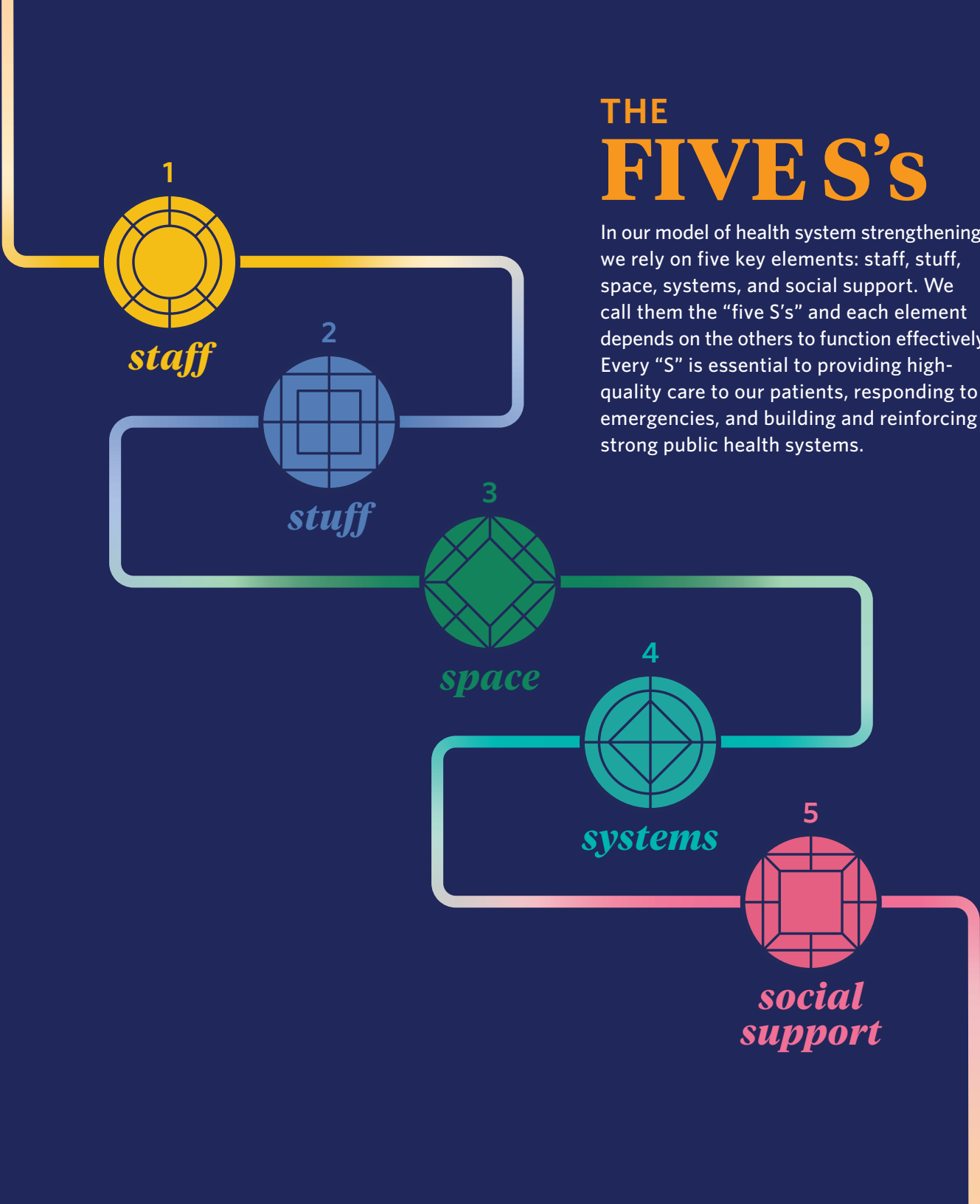
Though this year presented significant challenges in the 11 countries where we deliver care, PIH teams responded with unshakable courage and stayed true to this patient-centered ethos. Whether confronting the devastation of Cyclone Freddy in Malawi or operating amid widespread instability in Haiti, we prioritized the five S’s because each element is necessary to deliver the quality care that patients around the world need and deserve.

Speaking to a group of newly minted doctors, our beloved late Co-founder Dr. Paul Farmer once said, “This is what we’re called to do: to fight for the survival and the dignity of our patients, especially the sickest and most vulnerable.” Every member of our PIH community heeds that clarion call and continues to advance this shared vision.

In reflecting on our collective accomplishments this year, I see great promise for the future as the movement for global health equity is filled with tenacity and hope. Thank you for being part of the expansive PIH community and for your contributions to our shared mission. Please read on to learn how, together, we are forging a healthier and more just world.

In solidarity,

Dr. Sheila Davis
Chief Executive Officer





Community Health Worker Lucia Samanyada (center) visits with Iditn Tepete and her four children, checking on their health in the rural village of Daelo, Malawi. Photo by Thomas Patterson / PIH



1 staff

WELL-TRAINED, QUALIFIED
PROFESSIONALS WHO
MEET PATIENTS' NEEDS

With **17,721 global staff**, we prioritize having skilled teams to respond to patients' needs. We hire local staff and are proud that 99% of PIH's community health workers and clinical and programmatic staff work in their home countries.



LIBERIA

CHW Supervisor Evelyne M. Toe (center right) and CHW Chris Cooper (right) conduct a home visit to raise awareness about health issues and promote healthy behaviors in Kpaflorville Community in Harper, Liberia. Photo by Wellington Dennis / PIH

Community Health Workers (CHWs) are an integral part of PIH's commitment to accompaniment. The CHW program draws on the linguistic, cultural, and technical expertise of local residents who know their communities best, equipping them with the training and resources to drive our health and social support programs through regular home visits and patient accompaniment to health facilities.

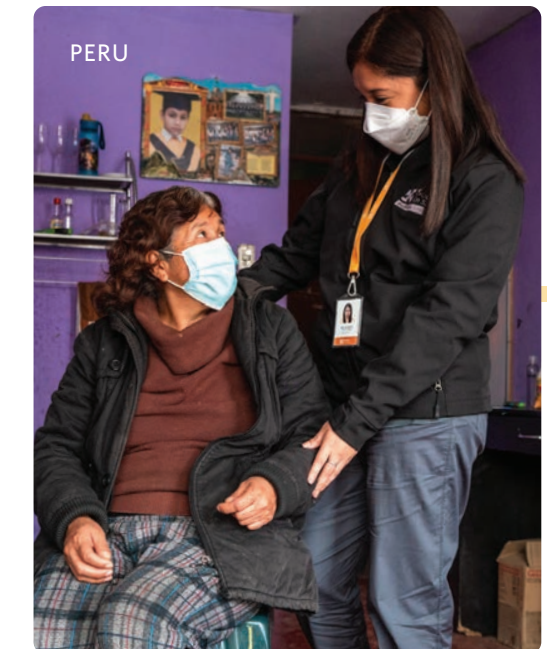
IN MALAWI, 1,233 CHWs are each assigned up to 40 households within their community that they visit at least once per month to detect illnesses, provide ongoing support, and connect patients to care at the nearest facilities. A study conducted by Abwenzi Pa Za Umoyo, as PIH is known locally, found that through this "household model," CHWs could identify problems early and more residents accessed health care. Researchers also found that this approach connected more women to prenatal care early in pregnancy, better supported people with chronic conditions, and had higher treatment and retention rates than the country average for patients with HIV.

IN MEXICO, PERU, AND NORTH CAROLINA, U.S., our partnership with Convatec allowed us to train, equip, and empower over 1,000 CHWs to improve care for patients. In Mexico, PIH is

conducting a survey to identify communities that need health resources and training CHWs to connect those communities to care and support. In Peru, community mental health screenings and mental health care training for CHWs aim to improve care for people with chronic mental health disorders. And in North Carolina, a network of CHWs are being trained to improve care for chronic conditions. →

(continued on next page)

Milagros Tapia, mental health program project coordinator, conducts a home visit with Julia, 60 years old, who was diagnosed with schizophrenia at 26 and receives care and medication in Carabayllo, Peru. Photo by Joanna Arcos / PIH



PERU



UNITED STATES

10,730
CHWs supported
across PIH sites

**YOUR
GENEROSITY
HELPS PROVIDE
JOBS TO
NEARLY
18,000
PIH STAFF AND
CLINICIANS**

→ **IN MASSACHUSETTS, U.S.**, PIH-supported Promotoras Victoriosas, a group of Spanish-speaking CHWs employed by New Bedford's Community Economic Development Center, worked with Southcoast Health and the local health department to gather over 800 surveys from residents detailing specific needs, challenges, and concerns about the health care system. This data, which will be analyzed, verified, and ultimately used to inform future public health strategies, offers a deeper understanding of the specific

health needs of the growing non-English speaking population in New Bedford.

IN LIBERIA, the success of CHWs' outreach efforts—visiting more than 10,000 households and linking 3,177 people with care—caught the attention of the government. This year, the Ministry of Health incorporated key elements of our CHW program into a new national policy and strategic plan, replicating our strategy for improved community health. ■

Senior Project Manager Marlene Cerritos-Rivas (center) canvasses Riverside Park in New Bedford, Mass., with members of the Promotoras Victoriosas program. Photo by Zack DeClerck / PIH

Global Action in Nursing (GAIN), a partnership between the University of California San Francisco and PIH, aims to decrease maternal and neonatal morbidity and mortality in Liberia, Malawi, and Sierra Leone by expanding the nursing workforce and providing longitudinal mentorship and clinical and leadership training to PIH and Ministry of Health nurses and midwives. This year, the GAIN program provided maternal and child health, leadership, and quality improvement training to 161 nurses and midwives in Liberia, Malawi, and Sierra Leone and awarded 116 scholarships to students seeking to become nurses and midwives, or nurses and midwives wanting to advance their education. ■



LIBERIA

Midwifery mentors supported by GAIN receive supply kits to help them mentor staff at three clinics in Harper, Liberia. Photo by Daniel Maweu / PIH



HAROLDA ONIKE

As a child, Harolda Onike admired her grandmother's work as a midwife. It inspired her to pursue midwifery and now, on a typical day, she supports the delivery of 10 babies at PIH-supported Koidu Government Hospital in Sierra Leone. Eight years into her career, she remains passionate about this work and supporting midwives. "The most beautiful thing is bringing a life into this world," she says. ■



59%
of PIH staff
are women

Dr. Zulema García (left) and Nurse Guillermina Guillén (right) participated in a Helping Babies Breathe training to support pediatric care in Chiapas, Mexico. Photo by Paola Rodríguez / PIH



MEXICO

Dr. Zulema García and Dr. Azucena Espinosa have been pediatricians with Compañeros En Salud (CES), as PIH is known in Mexico, since April 2022, but their history in the southern Mexican state of Chiapas dates back much longer. Nearly a decade ago, García and Espinosa were introduced to CES as pasantes, first-year clinicians completing their mandatory year of social service. After that first year, they chose to stay and work with CES and over time noticed a troubling reality: there were no pediatricians. Children in need of advanced care would need to travel hours away—journeys many patients couldn’t

afford in a region of Mexico where most families were subsistence farmers. That reality compelled García and Espinosa to pursue a specialty in pediatrics and to bring their expertise back to Chiapas. Now, both Espinosa and García are developing a work plan in collaboration with the community hospital in Jaltenango and the Ministry of Health that includes training nurses in pediatric care. With support from the Margaret A. Cargill Philanthropies, the program, which began in August and has trained 20 health workers so far, is already having an impact. “Parents come up to us and tell us that in other times and in other circumstances they would not have had any option to treat their children,” García shared. ■



99%
of PIH staff are
from the country
where they work



TEBOHO KUTUOANE began working with Bo-mphato Litšebeletsong Tsa Bophelo, as PIH is known in Lesotho, in 2006, filling in for an absent groundskeeper before becoming the team’s first driver. In his role, Kutuoane transports patients to and from Botšabelo Hospital and brings food to rural sites. In his 17 years with PIH, he has provided accompaniment and safe transportation to thousands of patients across Lesotho. Kutuoane shared that he has learned a great deal while working for PIH, particularly from Co-founder Dr. Paul Farmer, who taught him the significance of love, care, and compassion. ■



Clinical Mentor Rachael Mwanza provides health services to a patient in Somo, Chikwawa District, Malawi, where a camp for displaced Cyclone Freddy survivors was established. Photo by Zack DeClerck / PIH

To strengthen health system capacity in Indigenous communities, Community Outreach and Patient Empowerment, PIH’s sister organization in Navajo Nation, in collaboration with local partners, began offering the Nihidááh Níídíááł Scholarship to eligible members of federally recognized tribes who are planning to work in foundational health care roles. This scholarship will be awarded to five applicants who plan to stay and work in Indigenous communities in the region and are enrolled in EMT, EMT-I, or certified nursing assistant programs. ■

“I enjoy doing my part for my community. I want to pursue this work because I want to make a difference where I’m from.”

SCHOLARSHIP APPLICANT

— 2 — stuff

THE MEDICATION, TOOLS, AND RESOURCES NEEDED FOR CARE DELIVERY

The list of “stuff” we need is vast and includes everything from proper and ample vaccinations and medications, such as antibiotics to treat tuberculosis, to equipment and oxygen supplies. PIH’s global supply chain team has a standardized formulary of **2,819 items** staff may select to streamline procurement orders, standardize requests from health facilities to warehouses, and align with the different protocols in countries where we work.

Tuberculosis (TB) is the deadliest infectious disease in the world despite it being completely treatable. The incidence of TB also reveals glaring health care inequities, as more than 95% of deaths occur in developing countries.

PIH has been battling this injustice for more than three decades by treating and preventing the spread of TB in the countries we serve with the help of our incredible supporters, partners, and advocates. We collaborate with national governments and other nonprofit organizations to conduct clinical trials, carry out research, and deliver new, more effective TB treatment directly to vulnerable people and communities. When patients have the right medicine, at the right time, they recover quickly and return as healthy members of their families and communities.

GLOBALLY, PIH has worked for years to advocate for increased access to drugs and testing in the fight against TB. Recently, we joined clinicians and TB activists—such as John Green, PIH board member and bestselling author—to collectively call on Johnson & Johnson to increase access to bedaquiline, a drug the pharmaceutical company developed to treat TB. We also urged Danaher Corporation to lower the price of its test cartridges used in GeneXpert machines, which can rapidly detect TB. PIH has relied on GeneXpert testing since 2012 and currently uses the machines daily in Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Peru, and Sierra Leone. Because of this coordinated global activism, Johnson & Johnson agreed not to enforce patents on bedaquiline in any low- or middle-income countries, which will allow generic versions to be

manufactured, and Danaher Corporation lowered the price of GeneXpert cartridges by 20%—two massive wins in our efforts to make TB care and treatment more accessible.

IN KAZAKHSTAN, PIH is conducting a study in collaboration with the National Tuberculosis Program to evaluate the safety and efficacy of a nine-month treatment regimen with all-oral TB drugs—including the newest TB drugs, bedaquiline and delamanid—for patients living with drug-resistant forms of TB. With support from the Global Fund, we have enrolled 1,800 patients beginning in January and trained more than 400 TB doctors across the country in how to administer the new regimen.

IN PERU, Socios En Salud, as PIH is known locally, has been conducting mobile TB projects, TB Móvil and Mochila TB, that focus on screening for and preventing TB in urban and rural communities. New technologies, like mobile X-ray machines that fit into backpacks, allow us to conduct screenings on the go. The team then connects patients who test positive to health centers to quickly start them on lifesaving treatment. This year, the mobile TB projects was expanded to 11 Peruvian regions and was replicated by the National Tuberculosis Program in Colombia. →

(continued on next page)



Dr. Hugo Castro, from the mobile TB project, explains the results of a patient’s chest X-ray in Carabayllo, Peru. Photo by Bryan Salinas for PIH

87%
of PIH-supported
TB patients
successfully
completed a
full course of
treatment

**YOUR
CONTRIBUTIONS
HELPED OUR
TEAMS
PERFORM
28,412
TESTS TO
SCREEN
PATIENTS WITH
SUSPECTED TB**

→ **IN LESOTHO**, PIH-supported Botšabelo Hospital is the country's only facility that treats people living with multidrug-resistant tuberculosis (MDR-TB). This year, we began piloting a new form of artificial intelligence-assisted TB screening, which scans patient X-rays and more quickly detects the probability of TB. The use of this technology also enables our clinicians to detect problems such as heart failure and cancer. In partnership with the Ministry of Health, this detection program has been rolled out in 6 of 10 districts countrywide and allows our team to do more than 700 screenings each month, tripling the number of TB cases detected in our clinics. ■



A staff member conducts a home visit to evaluate Yuliana Soca, a patient participating in the endTB clinical trial in Peru. Photo by Joanna Arcos / PIH

LESOTHO



Dr. Ninza Sheyo performs an ultrasound to check the progress of Khamokha Khamokha, an MDR-TB patient at Botšabelo Hospital in Maseru, Lesotho. Photo by Zack DeClerck / PIH

The endTB project is a partnership among PIH, Médecins Sans Frontières, and Interactive Research & Development working to dramatically improve treatment of MDR-TB through observational studies and clinical trials of new drugs and shorter, less toxic treatment regimens. Funded by Unitaid, the project has brought two new drugs—bedaquiline and delamanid—to 17 countries with significant burdens of MDR-TB, including PIH-supported Kazakhstan, Lesotho, and Peru. The endTB clinical trial concluded in late June with 754 participants from seven countries, including the three where PIH works, and showed encouraging results. A second trial, endTB-Q, is expected to be completed in 2024. ■

In partnership with Treatment Action Group and other civil society organizations, PIH advocates for access to newer, shorter TB regimens for every person who needs them via the 1/4/6x24 campaign. This campaign aims to ensure that people with TB can benefit now from the latest scientific breakthroughs by accessing improved treatment regimens: one month for TB prevention, four months for drug-sensitive TB, and six months for drug-resistant TB by the end of 2024. ■

665 international shipments of essential medicines and equipment made to PIH-supported facilities around the world

Inshuti Mu Buzima, as PIH is known in Rwanda, saw a need for children with disabilities to have access to adaptive chairs for their occupational therapy in Kirehe. Because these chairs can be prohibitively expensive, our Pediatric Development Clinic staff found ways to make three types of assistive devices—corner seats, specially designed chairs, and standing frames—out of affordable materials like cardboard and recycled paper. The team then invited parents to participate in workshops to make and customize their child's devices. Photo by Asher Habinshuti / PIH

RWANDA





PERU

Leoncio Carrión was able to access life-saving oxygen therapy because of oxygen plant repairs completed in Ascope, Peru. Photo by José Luis Díaz Catire / PIH

Oxygen is essential for many patients with respiratory illnesses. However, even before the pandemic, 9 in 10 hospitals in low- and middle-income countries lacked access to oxygen therapy.

Leoncio Carrión was struggling to breathe when he arrived at the Rosa Sanchez de Santillan Hospital on the northern coast of Peru, battling pulmonary fibrosis. Fortunately, the hospital had just acquired medical oxygen—a lifesaving resource—supplied by an oxygen plant repaired by PIH.

PIH launched BRING O2 to accelerate access to safe, reliable, and high-quality medical oxygen in Lesotho,

Madagascar, Malawi, Peru, and Rwanda. The initiative, funded by Unitaid and completed in partnership with Build Health International and Pivot Madagascar, has facilitated 23 oxygen plant repairs and trained 144 staff members in the maintenance of oxygen equipment and systems.

Oxygen plants can run 24/7 and produce thousands of liters of oxygen daily—enough to support patients in the hospital, to refill oxygen tanks for those at home, and for health centers and emergency response. ■



LESOTHO

“There is so much need for oxygen. BRING O2 will strengthen oxygen ecosystems so that patients will no longer have to struggle to breathe.”

DR. MELINO NDAYIZIGIYE
Executive Director of Bo-mphato Litšhebeletsong Tsa Bophelo, as PIH is known in Lesotho

Oxygen cylinders filled by PIH are transferred from an oxygen truck to a boat to be delivered to a hospital in southern Lesotho. Photo by Zack DeClerck / PIH



470
health care workers trained in administering medical oxygen to patients



PERU

Jean Franco Bravo (right), BRING O2 project coordinator, checks oxygen cylinders in Ascope, Peru, where an oxygen plant was recently repaired and will support hundreds of patients. Photo by Jose Luis Diaz Catire / PIH



— 3 —

space

SAFE, APPROPRIATE
SPACES WITH CAPACITY
TO SERVE PATIENTS

To treat patients, we need safe, appropriate, and dignified spaces equipped with electricity and running water. Sometimes these spaces already exist, but in most cases, facilities need to be renovated or built from the ground up—such as the Maternal Center of Excellence in Sierra Leone. Alongside our donors and partners, PIH creates, expands, and equips spaces so that they meet clinicians' needs and provide a beautiful, healing environment for patients.



SIERRA LEONE

The Maternal Center of Excellence (MCOE) will be a **transformational space for women, expectant mothers, and newborns in Sierra Leone**, where the lifetime risk of a woman dying in pregnancy or childbirth is 1 in 52. Although among the highest in the world, this lifetime risk of maternal death has significantly improved through health system investments over the past decade. This year, with the generous support of partners and donors—including John and Sarah Urist Green, Katherine and Hank Green, and their incredible network of supporters—construction on the MCOE has been in full swing beside Koidu Government Hospital (KGH), a PIH-supported facility in Kono District.

The new, state-of-the-art facility has rapidly taken shape as workers leveled and compacted the site, poured concrete, prepared electrical and plumbing, and built the walls of two main buildings within the complex. The infrastructure team, led by partner Build Health International (BHI), grew through the recruitment of local workers, many of

Quality Control Manager Hawa Baryoh holds the blueprints of the Maternal Center of Excellence, a joint project between Build Health International and PIH in Kono District, Sierra Leone. *Photo by Jon Lascher / PIH*

whom had never used power tools before their first day on the site. This partnership with BHI has helped build the capacity of the local labor force in Sierra Leone—including many women who have earned management positions and now are the primary breadwinners for their families.

Clinical staff have also had the opportunity to receive specialty training, with scholarships awarded to eight PIH nurses participating in a two-year course studying perioperative care, critical care, and anesthesia in Ghana. Upon their return, they will be vital resources at the MCOE, sharing their new skills and training with other colleagues. As an accredited teaching



SIERRA LEONE

The majority of welders at the Maternal Center of Excellence are women, a unique occurrence in Sierra Leone. *Photo by Jon Lascher / PIH*



SIERRA LEONE

A construction crew pours cement for the foundations of the first buildings at the Maternal Center of Excellence in Kono District, Sierra Leone. *Photo by Sabrina Charles / PIH*

hospital, KGH will serve as a destination for clinicians seeking medical specialization as they rotate through new residency programs and help increase staffing at the hospital and the new MCOE.

When construction is complete, the center will provide lifesaving, advanced maternal and child health services for the people of Kono District and beyond. In the future, we hope the MCOE will serve as a model for global innovation in maternal health care that will be replicated across Sierra Leone and around the world. ■



RWANDA

With the exterior nearly complete, the construction team works on final pieces for the Butaro Level 2 Teaching Hospital expansion project in Butaro, Rwanda. Photo by Asher Habinshuti / PIH

The first phase of construction was completed this year at Butaro Level 2 Teaching Hospital (BL2TH) in Rwanda to expand its current capacity and increase access to specialized care, which will be key in its function as a newly accredited teaching hospital for PIH’s University of Global Health Equity (UGHE).

This ambitious, multi-year expansion project was launched in 2021 by PIH and UGHE, in partnership with the Rwandan government, with the vision to transform BL2TH into a world-class medical and accredited teaching institution that trains the next generation of clinician leaders.

Thanks to the support of donors and partners, Inshuti Mu Buzima, as PIH is known locally, will be able to provide

more advanced care to thousands of patients from across the country and bordering nations. The project involved the construction of a new hospital wing and the renovation of existing wards, with the crucial addition of a radiology suite that will serve patients who would otherwise have to incur the cost of seeking imagery at other facilities.

The construction and renovations have also made room for services that meet medical school accreditation requirements. The hospital’s extensive expansion will house a new gynecology unit, an expanded outpatient department, increased surgical and obstetrics beds, and fully equipped wards. The facility will also include a new emergency department, pediatric and oncology wards, and an oxygen plant.

Finishing touches were underway this fall as the team prepared to officially welcome patients to the new space. ■



RWANDA

A construction crew works on the exterior of Butaro Level 2 Teaching Hospital’s new building. Photo by Asher Habinshuti / PIH

Our laboratories are a critical component of patient care. Around the world, we work to ensure the facilities we support are equipped with laboratories that can effectively and efficiently diagnose disease, ever improving the quality of care we provide.

We want to thank our long-standing partners at Abbott for donating i-STAT blood analyzers and tests to the laboratories in Haiti, Lesotho, Liberia, Malawi, and Sierra Leone. I-STAT tests are critical diagnostic tools that provide fast test results for patients.

IN LESOTHO, we expanded our central lab by purchasing new chemistry and full blood count machines to improve patient monitoring and respond to the Ministry of Health’s request to assist with diagnoses for cancer patients. We also now use a 10-color GeneXpert machine—the first of its kind in Lesotho. This machine will support diagnostics and care for patients with HIV, tuberculosis, and more. The expansion made space for these new machines, additional biosafety cabinets, and a reception area. In a recent audit by the African Society for Laboratory Medicine, the central lab received a 4-star ranking and was recommended for international accreditation.

IN LIBERIA, the laboratory at J.J. Dossen Memorial Hospital in Harper, Maryland County—one of the



LIBERIA

most remote counties in the south-east—has received a 3-star ranking for its ability to detect, identify, and promptly report diseases. This status indicates there have been tremendous improvements in quality management, such as the turnaround time for patients to receive test results. The lab is now the first sentinel microbiology laboratory in the country, meaning it now can accurately and rapidly diagnose infectious diseases such as coronaviruses, Ebola, HIV, dengue, rotaviruses, cholera, yellow fever, and others. ■

Lab Technician Leroy Kpokpah examines a patient sample at J.J. Dossen Memorial Hospital in Harper, Liberia. Photo by Caitlin Kleiboer / PIH



35
PIH-supported
laboratories
globally



Solar panels now provide uninterrupted electricity at several rural clinics in Peru's Amazon rainforest, benefitting 87 Indigenous communities. Photo by Diego Diaz / PIH

WITH THE SUPPORT OF DONORS AND PARTNERS, THE TEAM AT HUM IN HAITI HAS COMPLETED THE INSTALLATION OF MORE THAN 2,280 SOLAR PANELS

Electricity is an absolute necessity in health systems. Although patient care relies on power, years of disinvestment in local health systems, political instability, and unjust global policy have left many hospitals and health centers in the dark. New or reinforced local energy sources can provide stable and reliable electricity to ensure uninterrupted care.

IN PERU, 92 solar panels installed by Socios En Salud, as PIH is known locally, now provide uninterrupted electricity to the Masisea Health Center and the Iparia Health Center—rural clinics in Peru's Amazon rainforest—benefitting more than 12,000 members of Indigenous communities.

IN HAITI, Zanmi Lasante, as PIH is known locally, partnered with Build Health International to expand and improve the solar power system atop Hôpital Universitaire de Mirebalais (HUM) to ensure energy self-sufficiency as political instability and widespread violence have made fuel and power supplies unreliable. The new system more than doubles HUM's current solar production capacity, meaning the hospital will be less reliant on fuel-powered generators or the national grid for electricity.

IN LIBERIA, PIH and the county health team have made infrastructural upgrades at J.J. Dossen Memorial Hospital to improve electrical capacity, protect against fires from corroded wires, and reduce patient deaths by providing reliable power for lifesaving equipment. And, when problems arise, PIH-trained technicians can address electrical issues without having to cut the facility's power. ■



Babies born prematurely or with complications in Kirehe, Rwanda, now have a higher chance of survival. Solange Manirumva, 20, arrived at PIH-supported Kirehe District Hospital (KDH) in labor and gave birth to not one but two premature infants, weighing 1.3 and 1.1 pounds.

The babies were immediately taken to the neonatal intensive care unit (NICU). NICUs are crucial resources for newborn care, providing lifesaving services for babies born prematurely or with complications. Luckily for the young family, Inshuti Mu Buzima (IMB), as PIH is known locally, had recently opened a newly renovated NICU at the hospital, in partnership with the Rwandan Ministry of Health.

The NICU expanded from four wards to five wards—with a total

of 40 beds—for at-risk infants. The renovations also included a resting room for mothers whose babies are incubated and a private room where mothers can breast-feed and receive training from IMB's "expert mothers"—peers who experienced complicated births themselves, received support at the facility, and now counsel new mothers. The NICU also has separate entrances for patients and hospital staff, expediting care and allowing ambulances to access the unit quickly.

In the renovated NICU, Manirumva learned essential skills from a team of clinicians and expert mothers as she adapted to being a new mom and her boys grew stronger. ■

Emerance Nangoga, expert mother at Kirehe District Hospital in Rwanda, supports a patient with breastfeeding in the NICU. Photo by Pacifique Mugemana / PIH

139 PIH-supported maternal waiting homes where women with complicated pregnancies await labor near a medical facility

systems

THE INFRASTRUCTURE
NECESSARY TO ENSURE
QUALITY HEALTH CARE

This element of the five S's can seem invisible but is no less important. Behind the scenes, many systems must work in harmony to ensure patients receive consistent, quality health care around the world. We help build strong systems by influencing global partners, advocating for policy change, supporting clinical education, and constantly improving the quality of care available for the most vulnerable—especially women and children.

To build strong health systems, PIH focuses on the training, education, and professional development of our staff and clinicians. From teaching hospitals and an internationally accredited university to side-by-side mentorship and training, PIH is committed to strengthening local workforces and developing the next generation of global health care professionals.

IN RWANDA, the University of Global Health Equity (UGHE) had an exciting year, receiving the Zairi International Award for “Outstanding Not-for-Profit Contribution to the Community” and ranking eighth in the Sub-Saharan Africa University Rankings by *Times Higher Education*. UGHE’s first graduating class of 30 medical students, named “Paul’s class” after Dr. Paul Farmer, began their second year of clinical rotations at PIH-supported Butaro Level 2 Teaching Hospital—as well as other hospitals across the country—and will carry on the PIH co-founder’s legacy.

UGHE’s School of Medicine hosted its second white coat ceremony in November for 36 students beginning clinical rotations in the Bachelor of Medicine, Bachelor of Surgery/Master of Science in Global Health Delivery class of 2026. Additionally, 44 students from 11 countries graduated from the Master of Science in Global Health Delivery program in August.

IN HAITI, Hôpital Universitaire de Mirebalais (HUM) celebrated its 10-year anniversary. Since its residency program began in 2013, the teaching hospital has graduated 194 clinicians from 10 specialties. This year, the family medicine and internal medicine programs received official accreditation from ACGME International—the organization responsible for accrediting graduate medical education programs for physicians outside the United States.



Graduates of the Master of Science in Global Health Delivery program at the University of Global Health Equity celebrate their commencement ceremony in Kigali, Rwanda. Photo by Serrah Galos for PIH

For the past decade, HUM has served as a pillar of the Haitian health care system. This 350-bed facility serves 1,250 outpatients each day, conducts surgery across six operating suites, and delivers more than 350 babies monthly—all while training future Haitian health care leaders. At a time of national instability, the hospital remains a destination for those seeking lifesaving care and support. ■



Espinossa Jean-Louis (left) and Guilaine Docour (right), nursing students from the National School of Nursing in Port-au-Prince, Haiti, take a break from their notes at Hôpital Universitaire de Mirebalais. Photo by Nadia Todres for PIH

**YOUR
PARTNERSHIP
HAS HELPED
194
CLINICIANS
FROM
10
SPECIALTIES
GRADUATE
FROM HUM'S
RESIDENCY
PROGRAM
IN HAITI SINCE
IT BEGAN
IN 2013**



SIERRA LEONE

Kumba Sandy awaits being discharged from Koidu Government Hospital in Sierra Leone with her healthy, newborn boy. Photo by Caitlin Kleiboer / PIH

In response to Sierra Leone’s alarming maternal mortality rate, PIH’s Quality Essential Health Services and Systems Support Project, a partnership with the national government and funded by the World Bank, focuses on improving care available at 14 community health centers in five rural districts over the next five years. For a region of the country with two million people, we aim to increase facility-based deliveries, access to basic nutrition services, and the number of pregnant women who receive a community health worker visit. Within the past year, we began seeing patients while recruiting and training staff. ■



MEXICO

Teens in Chiapas, Mexico created a vibrant mural following a three-day, PIH-led workshop on sexual and reproductive rights. Photo by Francisco Terán / PIH



PERU

Yunaidy Gonzalez receives medication and instructions after being diagnosed with TB by the TB Móvil team in Peru. Photo by Monica Mendoza / PIH

Partners In Health aims to influence the impact of critical TB, HIV, and malaria investments through close accompaniment of the Ministry of Health and National Tuberculosis Program (NTP) teams in Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Peru, and Sierra Leone. Ultimately, each country devises a multiyear strategic plan that guides how funding from longtime partner, the Global Fund, will be used to strengthen health systems and tackle infectious diseases.

In each country, PIH experts participated in national strategic planning conversations on how to equitably address TB, HIV, and malaria incidence and explored

innovative ways to strengthen disease case finding, prevention, and treatment. PIH teams also provided technical writing and costing support to government counterparts during preparation of funding requests to the Global Fund.

PIH’s engagement in the process has resulted in improvements in national health policies that impact TB, HIV, malaria, mental health, and community health initiatives. ■



LIBERIA

Dr. Maxo Luma, PIH Liberia’s executive director, checks on Joe, a 24-year-old carpenter with multidrug-resistant TB receiving inpatient treatment at J.J. Dossen Memorial Hospital in Harper, Liberia. Photo by Caitlin Kleiboer / PIH

34
co-signers
for the
Paul Farmer
Memorial
Resolution
introduction
to Congress



The Paul Farmer Memorial Resolution, the boldest and most ambitious global health legislation ever presented in Congress, was reintroduced by a coalition of 34 co-signers in March. This resolution honors Paul by enshrining his vision for global health equity and could serve as a “north star” for global health policy for years to come. ■

Photo: (Left to right) North Carolina House Representative John Bradford; Community Health Worker Michelle Thomas; Meki Shewangizaw, PIH-US project manager; and Tania Harper, NCCHWA operations manager, during CHW Advocacy Day co-hosted by PIH-US and NCCHWA. Photo by Anita Spence for PIH



Nurse Aubrey Phiri discusses test results with a patient during a weekly clinic that draws between 100-400 community members in Neno District, Malawi. Photo by Zack DeClerck / PIH

In January, Abwenzi Pa Za Umoyo (APZU), as PIH is known in Malawi, partnered with the Ministry of Health to launch the Health Sector Strategic Plan III for 2023-2030. Written in collaboration with APZU, the plan aims to achieve a “One Plan, One Budget and One Report” framework to decrease duplication and fragmentation within the health system through changes like the integration of clinical care and strategic purchasing of medications and supplies. ■



150 PIH Engage leaders gather at the U.S. Capitol, where they held meetings with legislative staff members. Photo by Melissa Lyttle for PIH

As North Carolina expands Medicaid, PIH-US advocated alongside local grassroots coalitions and the North Carolina Community Health Worker Association (NCCHWA) to ensure community health workers (CHWs) and their services are included in budgets. PIH-US and NCCHWA co-hosted the state’s first CHW Advocacy Day in April, inviting more than 80 CHW advocates to travel to Raleigh, N.C., and attend over 50 meetings with legislative staffers to raise awareness and push for sustainable financing options. ■



**IN THEIR
INCREDIBLE
ADVOCACY
EFFORTS,
OUR PIH ENGAGE
VOLUNTEERS HELD
116
CONGRESSIONAL
MEETINGS AND
CONTACTED
STAFF OFFICES
THROUGH
657
CALLS AND
EMAILS**



— 5 —

social support

THE RESOURCES PATIENTS NEED TO RECOVER & REMAIN HEALTHY

PIH's social support programming focuses on treating the whole patient, not just their condition, and is essential to recovery and maintenance of good health over the long term. This support comes in many forms: mental health resources for expectant mothers, food for a patient whose farm was destroyed in a natural disaster, housing for a patient recovering from TB, and more.



Mental health care is embedded into the community and all levels of care at PIH sites.

Almost half the world's population lives in countries where, on average, there is one psychiatrist to serve 200,000 or more people.

GLOBALLY, people experiencing mental health conditions cannot receive appropriate care due to lack of access and stigma related to those conditions. Using innovative approaches, PIH teams are bringing mental health care, awareness, and education to vulnerable communities around the world.

María* is thriving as a mother after receiving mental and physical health care, as well as social support, during her pregnancy in Peru. Photo by Monica Mendoza / PIH

IN MEXICO, Compañeros En Salud, as PIH is known locally, trained community health workers in mental health interventions. These cuidadoras, or caregivers, lead circles that offer women a space to socialize, confidentially share insights, and cultivate a sense of belonging. Most importantly, the circle offers a safe space where women's voices matter. As one participant put it: "For me, the women's circle means friendship, unity, and trust."

IN SIERRA LEONE, in collaboration with the Ministry of Health and Sanitation, PIH launched the country's first toll-free, mental health helpline. The helpline is staffed 24/7 by psychosocial counselors and a community health officer. During the first month alone, 250 people called seeking support. The team also established the country's first psychiatric residency program to train the next generation of Sierra Leonean psychiatrists.

IN PERU, 91 PIH community health workers help people like María* navigate the health system and access medication and additional care, including mental health support. During the first six months of her pregnancy, María accessed free therapy four times per week. In addition to mental and physical health care, she also received essential resources, including food baskets.

IN RWANDA, the mental health program at Inshuti Mu Buzima (IMB), as PIH is known locally, provided technical

guidance in the development of national protocols on how to manage mental health conditions, such as depression, bipolar disorders, and post-traumatic stress disorder. These 11 protocols will be used in health centers across the country in 2024, to scale IMB's model of mental health care nationwide.

IN MASSACHUSETTS, U.S., PIH-US, The Family Van (TFV), the Institute For Community Health, Blue Cross Blue Shield of Massachusetts Foundation, and five community-based organizations are partnering to expand community-based mental health care. In collaboration with TFV, PIH is training non-clinical staff members to identify and respond to common mental health conditions—working together to improve access to culturally relevant community mental health care services by increasing the linguistic, racial, and cultural diversity of the behavioral health workforce. PIH-US drew from our global teams' work implementing such models in Malawi, Mexico, Peru, and Rwanda. ■



Members of PIH Sierra Leone's mental health team.
Photo by Giuseppe Raviola / PIH

*The patient's name has been changed.

A member of the JunTrans team hugs Alexia* during a home visit in Lima, Peru. Photo by Jose Luis Diaz Catire / PIH



PERU

During a free health screening for transgender women, Alexia* felt a whirlwind of emotion when she tested positive for HIV and tuberculosis.

The screening was a part of the Socios En Salud, as PIH is known in Peru, JunTrans program—a community-based intervention in Lima to improve access to health care for transgender women, who lack identity documents that match their gender. The program connects patients with care for their physical health conditions as well as mental health care and social support, such as food and safe housing.

Following her screening, Alexia received psychotherapy from JunTrans mental health specialists. Over time, she came to terms with her diagnoses,

realizing that many people lived full, beautiful lives while managing their conditions. She agreed to start treatment and was assigned a community health worker for accompaniment.

As violence and discrimination against transgender women in Peru continues, the JunTrans team is helping Alexia manage her health and obtain her first ID card. She already has big plans for the future. Having access to health care, and a path to get her ID, has allowed her to dream again. ■

*The patient's name has been changed.

121,311
mental health
patient visits

This year, Community Outreach and Patient Empowerment (COPE), PIH's sister organization in Navajo Nation, began providing transportation support to patients with cancer diagnoses. Navajo Nation is mostly rural and encompasses over 27,000 square miles. Patients needing cancer care often travel several hours to the closest cancer center, sometimes hundreds of miles away. Based on feedback from the community and partners, COPE launched a program to supply patients and their caregivers with gas cards to pay for transportation to and from appointments. ■



NAVAJO NATION

On Navajo Nation, grocery stores are few and far between, limiting residents' access to healthy foods and contributing to high rates of food insecurity. Community Outreach and Patient Empowerment (COPE) launched the Navajo Fruit and Vegetable Prescription Program (COPE Navajo FVRx) in 2014 to increase access to healthy foods, strengthen clinic-community connections, and promote economic development by prescribing vouchers to individuals to buy fresh produce and traditional foods at local retailers. Since then, over 1,500 individuals have participated in COPE Navajo FVRx, reflecting over 6,000 family beneficiaries. This year, the program piloted an expansion to include school-aged children and elders. ■

The vast landscape of Navajo Nation can make it challenging for patients to access the care they need, often having to travel hours for specialty services. Photo by John Ra / PIH



Torie James restocks fruits and vegetables at the Ramah Pine Hill Market, in Pine Hill, on Navajo Nation, where the COPE Navajo FVRx program has been active over the past six years. Photo by Jenna Macias / COPE



MALAWI



MALAWI

Residents of a camp for displaced Cyclone Freddy survivors in Chikwawa District, Malawi, line up as PIH staff provide clinical services. Photo by Zack DeClerck / PIH

Partners In Health isn't a disaster relief organization by conventional standards, but we respond to the impact of circumstances beyond our control, like natural disasters and political turmoil, that affect patients' daily lives. Despite incredible challenges this year, our teams remained committed to continuous care and support.

IN MALAWI, Cyclone Freddy swept across the southern region in March, causing death, displacement, destruction of crops and livestock, and exacerbating an already deadly cholera outbreak. At the request of the Ministry

Settea Benard, a resident of the Miondo camp for people displaced by Cyclone Freddy, receives a blanket and food package as part of PIH's response efforts in southern Malawi. Photo by Caitlin Kleiboer / PIH

of Health, Abwenzi Pa Za Umoyo, as PIH is known locally, immediately began supporting the emergency response with medicines, supplies, fuel, and medical oxygen. Our mobile clinics provided more than 19,000 outpatient visits in 88 camps through an array of medical services and psychological first aid. We also delivered food packages and household materials to 4,500 displaced families.

IN HAITI, with support from GlobalMedic, our teams have been responding to a cholera outbreak spurred by heavy rains and flash flooding in early June. In 14 PIH-supported facilities, there were

267 hospitalizations due to cholera in the first two days following the rains—compared to less than 200 total in the previous month. Community health workers distributed water purification packets and provided education on the importance of clean drinking water to over 300 community members. Despite widespread violence, national insecurity, and damage from the rains making many roads inaccessible, our teams bravely navigated these barriers to reach patients at home, providing medical outreach, care, and support. ■



HAITI

Johnson Guerrier holds his 2-year-old daughter as she receives her cholera vaccine during a vaccination campaign in communities surrounding Mirebalais, Haiti. Photo by Mélissa Jeanty / PIH

THANKS TO YOUR SUPPORT THIS YEAR, PIH DISTRIBUTED 33,317 SOCIAL SUPPORT PACKAGES, PROVIDING FOOD, HOUSING, AND OTHER RESOURCES TO THE MOST VULNERABLE PATIENTS

SIERRA LEONE

During a home visit in Koidu, Sierra Leone, Community Health Worker Juliet S. Kagbindi (left) shares a laugh with a patient, Isatu Kargbo. Photo by Caitlin Kleiboer / PIH



All our accomplishments from this year, and every year, are made possible by what you might call a sixth “S”—***our supporters***. Over the following pages, you’ll read stories about our incredible donor community. We are honored to share more about these amazing partners, while we recognize the benevolence of all those who contribute to PIH.

As a PIH supporter, your generosity and partnership play a vital role in advancing global health equity. We are enormously grateful to have such a remarkable community of donors, who are compassionate and dedicated to creating transformative change. Together with our clinicians, community health workers, government partners, patients, advocates, and staff, you are helping us save and improve lives all around the world.

Thank you



Cecile Itangishaka (left), a psychosocial and community support coordinator, holds a twin as she checks on their mother, Solange Manirumva, during a routine home visit in Rwanda. Photo by Asher Habinshuti / PIH

RWANDA

Austin “Gwiz” Gwiazdowski was inspired to learn more about PIH in 2019 after seeing a video from John and Hank Green, the VlogBrothers on YouTube, highlighting PIH’s work in Sierra Leone. He appreciates PIH’s dedicated and consistent approach to bringing high-quality health care to those who need it most.

“Specifically, I like that PIH builds the infrastructure and institutions needed,” Gwiz said. “I love PIH’s commitment to positive long-term outcomes.”

Gwiz is especially passionate about infant and maternal health. PIH’s commitment to supporting vulnerable populations, like mothers and children, inspired him to remember PIH in his estate plan with a legacy gift—a deferred gift by will, trust, annuity, or other accounts. Legacy gifts sustain PIH’s work by allowing the organization to be agile, innovative, and financially resilient.

“I hope to live a much longer life, but I want to make sure that at least some of the wealth I’ve worked for can produce a positive impact even when I’m gone,” Gwiz said. “Of all of the charities I’ve heard of, PIH seems like it will do the most good by far.”

PIH’s legacy society, Tom’s Circle, is named after Tom White. Tom was a PIH co-founder and PIH’s first donor, catalyzing our early innovations to bring health care to those most in need. Like Tom, Gwiz’s legacy will save lives for decades to come. ■

Learn more about Tom’s Circle or share your gift intention and join the legacy society today:

legacy.PIH.org
giftplanning@PIH.org
857-880-5717

Our commitment to support genocide education, prevention, and recovery inspired our first philanthropic trip to Rwanda in 2012. Inspired by Dr. Paul Farmer, we returned 18 months later to discuss PIH’s and other institutions’ plans to build a dental school in Kigali. We saw such promise in this idea—and the health injustices it would help fight—that we not only offered funding support but also proposed expanding the scope of the plans into what is now the University of Global Health Equity (UGHE).

Since UGHE’s opening in 2018, we’ve continued to witness the growth of Paul’s incredible vision of building a “knowledge” economy while delivering health care to those most in need. We are heartened to know that our dear friend Paul’s work continues through PIH and UGHE, which is now in the capable hands of Dr. Jim Yong Kim and aided by the new Paul Farmer Collaborative of Harvard and UGHE. ■



JOYCE & BILL CUMMINGS
 Co-founders, Cummings Foundation



RWANDA

Staff wrap up their Nurses Week activities, raising awareness for mental health and providing immunizations and health screenings. Photo by Pacifique Mugemana/ PIH



“I look back and see that I stumbled onto something extraordinary when I met Paul, and I’m absolutely convinced that Partners In Health is a really important organization, one that represents a true antidote to despair.”

TRACY KIDDER
Author of *Mountains Beyond Mountains*,
PIH Trustee



Dr. Paul Farmer visits a 13-year-old patient receiving postoperative care at Hôpital Universitaire de Mirebalais in Haiti in August 2021. Photo by Nadia Todres for PIH

This year marks the 20th anniversary of Tracy Kidder’s *New York Times* Best Seller, *Mountains Beyond Mountains*—a remarkable account of how Paul Farmer, PIH’s beloved late co-founder, partnered with friends, communities, and other radical change makers to bring justice and health care to some of the most impoverished places around the world. The book has touched millions of lives across the globe, transporting readers from Harvard to Haiti, Peru, Cuba, and Russia as Paul and his co-founders push to change minds and practices in modern medicine.

In the past two decades, more than 100 colleges and universities have made *Mountains Beyond Mountains* part of their reading curricula, inspiring thousands of students to join the

global health justice movement. Many supporters have credited this profound book as their introduction to PIH and reason for contributing to our efforts to bring quality health care to some of the most vulnerable communities around the world.

Titled after the Haitian Creole proverb that translates to, “Beyond mountains there are mountains,” this book has fueled and will continue to foster Paul Farmer’s legacy and PIH’s mission. And above all else, it illustrates what is possible when people join together in solidarity to create a more just and healthier world. ■

We learned about PIH when our son was assigned to read *Mountains Beyond Mountains* before his freshman year of college. As godparents to two sisters whose parents were Haitian immigrants and having witnessed rampant inequity in the world, we felt immediately connected to Dr. Paul Farmer’s mission. After learning more about the many challenges in Haiti, PIH seemed to have the best solution to making things better.

Our ongoing support is inspired by PIH’s commitment to training local people to support patients’ mental and physical well-being, building strong partnerships with local governments, and providing social support to patients as needed. We are grateful to be able to contribute in our own way towards this incredible mission and help the global teams bring respect, expertise, and resources to vulnerable communities around the world. ■



SARAH, MICHAEL, & EMMA GERSTENZANG

We’ve been supporting PIH for many years, spurred by reading Tracy Kidder’s *Mountains Beyond Mountains*. This book showed Paul Farmer’s intensity of purpose in action, but also how his vision differed radically from the “common sense” of policymakers from wealthy nations.

Through the years, we have appreciated how PIH has expanded its impact and grown the team without diluting its vision. Barbara’s 2019 trip to visit PIH-supported facilities in Rwanda made concrete how these ideas play out on the ground. For instance, seeing the efforts being made to address cancer and other non-communicable diseases in Butaro showed how PIH was now delivering for the poor most of the same care options we expect for ourselves in Boston. There was no “cost-benefit” calculation needed for us to understand why this makes sense. The PIH mission to advance health equity—every day, year after year—depends on continuity in giving, and our support has always been an easy decision. ■



BARBARA KATZENBERG & PETER PIELA



ROBERT MATIRU
*Director,
Programme Division, Unitaid*

Unitaid has been a key partner of PIH’s work for nearly 10 years. An ally in the fight to end the global tuberculosis epidemic, Unitaid’s partnership has powered the endTB project—led by PIH since 2014—which aims to bring shorter, safer, simpler, as well as more effective and affordable multi-drug-resistant tuberculosis regimens to the market in 17 countries. Since the start of the COVID-19 pandemic, Unitaid has also supported PIH’s efforts to provide effective COVID-19 test and treatment interventions and to accelerate access to medical oxygen.

“These ongoing collaborations are making a tremendous impact in the vulnerable communities we serve jointly thanks to the expertise and long-standing dedication of PIH staff members. We look forward to growing our partnership to collaborate on new areas that can create equitable access to safe and affordable health care products for people most in need.” ■

Nurse Chimwemwe Maseko (center) conducts a home visit in Chidakusani, Neno District, Malawi, with Richard Mavuto (left), who has hypertension and suffered from a stroke in 2020.
Photo by Zack DeClerck / PIH



JAY BHATT
*Managing Director of the Center for
Health Solutions and Health Equity Institute,
Deloitte Services LP*

Over the last year, the Deloitte Health Equity Institute (DHEI) has provided pro-bono support to Partners In Health United States (PIH-US) to design and develop the Collaborative Infrastructure Framework for Health Equity, a tool that helps organizations mobilize partnerships, resources, and expertise to drive positive change in health outcomes. The innovative framework was co-designed and tested with community collaborators to help ensure a replicable approach for building equitable community-led health systems.

“By investing in strong collaboration between DHEI and PIH-US and this initiative as one important component of our work together, we believe we have created a valuable resource for organizations while also contributing to a transformative shift in the way we approach health equity. Together, we can overcome the challenges that have perpetuated inequities and work towards a healthier, more just future for all.” ■

Airlink’s partnership with Partners In Health was first operationalized during the Ebola outbreak in West Africa in 2014 and further reinforced through strong, consistent collaboration since the start of the COVID-19 pandemic. By providing airlift and logistical solutions, Airlink’s expertise and resources help resolve challenges during PIH emergency response efforts. These abilities have resulted in the delivery of urgently needed medical resources, such as protective equipment and infection prevention and control supplies, that empower PIH to mobilize quickly to provide timely, quality health care to patients.

“Airlink is proud to continue this partnership in support of Partners In Health’s work as they are dedicated to our joint mission to ensuring equitable health care access, even in the most challenging humanitarian emergencies. Together, we have been able to support millions of people around the world and strengthen health care infrastructure to ensure communities are well-equipped to confront health threats head-on.” ■



BRIGID MCKEON
*Humanitarian
Program Manager, Airlink*

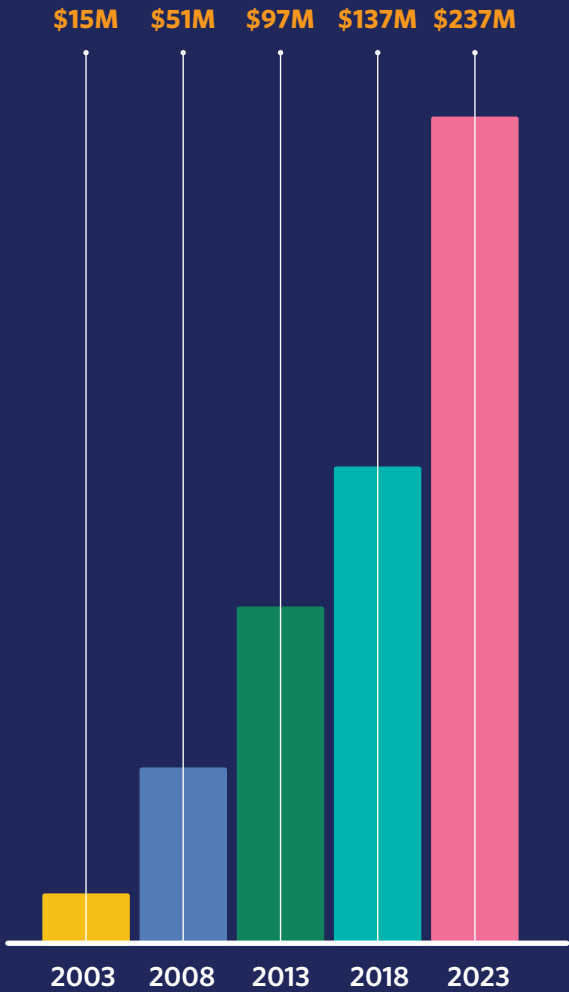
financial report 2023

CULTIVATING FINANCIAL HEALTH TO FURTHER PIH'S MISSION

In alignment with our strategic plan, PIH has been strengthening its commitment to cultivating financial health. This commitment is rooted in our mission, values, and the belief that creating a more financially healthy organization fuels our ambition to be aspirational and relentless in our pursuit of curing injustice. One of the key pillars of our financial health is building the appropriate reserves relative to our organizational size. Over the last two years, PIH has grown its reserves by \$17 million, which allows us to be more nimble and responsive to unanticipated events and strategic opportunities.

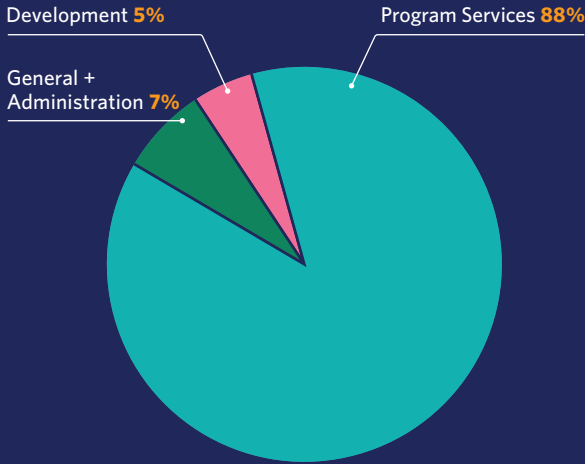
EXPENSE HISTORY

PIH has experienced tremendous growth over the past 20 years. This has been the result of planned program expansion, emergency response efforts that resulted in a larger footprint, and changes in the global health landscape. Our work is far from finished, and PIH will continue to lead and innovate in addressing global health inequalities.

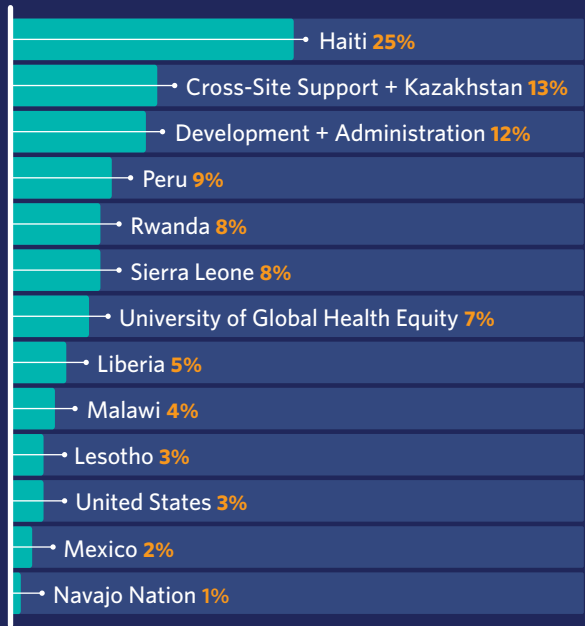


ALLOCATION OF EXPENSES

Total Expenses: \$237M

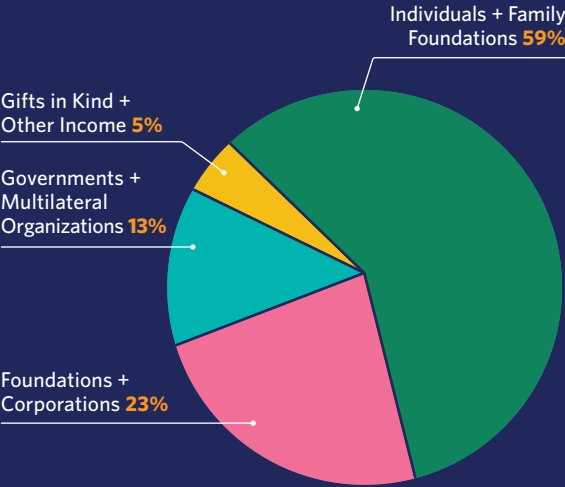


EXPENSES BY PROGRAM SERVICE



REVENUE BY SOURCE

Total Revenue: \$278M



IN SUMMARY

Despite a \$25 million operational deficit in FY23, the net financial position of PIH has increased by \$41 million—with PIH ending the year with around \$278 million in net assets—primarily as a result of:

- **\$45 million** of funds that were raised and set aside for long-term strategic initiatives
- **\$20 million** of donor-restricted grants that will be carried forward into the next fiscal year

PIH will continue to focus on raising operational resources to fulfill our existing programmatic commitments, strengthening our financial health, and finding opportunities to demonstrate what's possible in the pursuit of global health equity.

Read our full financial report at PIH.org/AR

leadership

OUR FOUNDERS

Paul Farmer
*Chair, Board of Trustees,
In Memoriam*

Ophelia Dahl
*Chair, Board of
Directors*

Todd McCormack
*Director, PIH Board;
Co-Vice Chair,
Board of Trustees*

Jim Yong Kim
*Director, PIH Board;
Chancellor, University
of Global Health Equity*

Thomas J. White
In Memoriam

SENIOR LEADERSHIP

Sheila Davis
Chief Executive Officer

Yerkebulan Algozhin
*Executive Director,
Kazakhstan*

Bailor Barrie
*Executive Director,
Sierra Leone*

Katie Bollbach
*Executive Director,
United States*

Mark Brender
*National Director,
Canada*

Megan Carbone
*Principal, Chief Finance
& Systems Officer*

Francesco De Flaviis
*Principal, Chief
Advancement &
Communications Officer*

Luckson Dullie
*Chief Leadership
Development &
Engagement Officer*

Marc Julmisse
*Interim Executive
Director, Haiti*

Nadine Karema
*Executive Director,
Rwanda*

Leonid Lecca
*Executive Director,
Peru*

Maxo Luma
*Executive Director,
Liberia*

Valeria Macías
*Executive Director,
Mexico*

Cory McMahon
Chief Nursing Officer

Joel Mubiligi
*Interim Vice Chancellor,
University of Global
Health Equity; Chief
Innovation & Growth
Planning Officer*

Joia Mukherjee
Chief Medical Officer

Melino Ndayizigiye
*Executive Director,
Lesotho*

Basimenye Nhlema
*Executive Director,
Malawi*

Cate Oswald
*Principal, Chief
Program Officer*

Joseph Rhatigan
*Chair, Global Health
Delivery Partnership;
Chair, Board of
University of Global
Health Equity*

Kate Rojkov
*Chief Human
Resources Officer*

Hannah Sehn
*Executive Director,
Navajo Nation*

Lori Silver
General Counsel

Patrick Ulysse
*Chief Operating
Officer*

Loune Viaud
*Chief Gender &
Social Equity Officer*

Andy Wilson
*Chief Development
Officer*

BOARD OF DIRECTORS

Suprotik Basu
Alix Cantave
Michael Choe
Pierre Cremieux
Ophelia Dahl ^F^D
Anne Dinning
Kebba Jobarteh

Keith Joseph
Joanne Kagle
Jim Yong Kim ^F
Lesley King
Tracey Lewis
Todd McCormack ^F^V

Michelle Morse
Dede Orraca-Cecil
Max Stone
Cassia van der Hoof Holstein
Dilip Wagle
Charlotte Wagner

BOARD OF TRUSTEES

Jody Adams
Mercedes Becerra
Anita Bekenstein
Wendy Bennett
Marjorie Benton
Donald Berwick
Beth Birnbaum
Elizabeth Blake
Tim Broas
Christine Brown
Barbara Bush
Paul Bутtenwieser
Carole Carney
Régine Chassagne
Elizabeth Cicchelli
Chelsea Clinton
Alexandra DeLaite
Jonny Dorsey

Lynn Edens
Paul English
Ancito Etienne
Didi Bertrand Farmer
Leslye Faulk
John Green
Danny Greenberg
Lisa Gregg
Fred Groos
Toni Hays
Bob Heine
Albert Kaneb
Diane Kaneb
Luke Kelly
Tracy Kidder
Scott Malkin
Elaine Martyn
Mike Masters

Anne McCormack
Laurie Nuell
Jacques Perold
Nadia Raymond
Steve Reifenberg
Joe Rhatigan
Paul Samuelson
Bill Schultz
Marika Anthony Shaw
Larry Shulman
Claire Sterk
Bryan Stevenson
Deb Hayes Stone ^V
Ramie Targoff
Loune Viaud
Greg White
Ellie Wise

PARTNERS IN HEALTH SITE ACRONYMS

APZU: *Abwenzi Pa Za
Umoyo, Malawi*

BLTB: *Bo-mphato
Litšhebeletsong Tsa Bophelo,
Lesotho*

CES: *Compañeros En Salud,
Mexico*

COPE: *Community Outreach
and Patient Empowerment,
Navajo Nation*

DUS: *Densaýlyq Úshin
Seriktester, Kazakhstan*

IMB: *Inshuti Mu Buzima,
Rwanda*

PIH Liberia: Liberia

PIH Sierra Leone:
Sierra Leone

PIH-US: United States

SES: *Socios En Salud, Peru*

UGHE: *University of Global
Health Equity, Rwanda*

ZL: *Zanmi Lasante, Haiti*

^F founder ^D chair, board of directors ^V co-vice chair, board of trustees

LESOTHO
Makatleho Monyake and her 4-month-old baby begin their journey home on horseback with their food package following an appointment at PIH-supported Bobete Health Center in Lesotho. Photo by Zack DeClerck / PIH



READ THIS REPORT
AND MORE AT
PIH.org/AR



SHARE YOUR FEEDBACK ON THE
2023 ANNUAL REPORT AT
PIH.org/survey-2023



800 Boylston Street, Suite 300, Boston, MA 02199 • 857-880-5600 • **PIH.org**
PIH is a 501(c)(3) nonprofit corporation and a Massachusetts public charity.
Copyright 2023 © Partners In Health. All rights reserved.



100% of the electricity used to manufacture Mohawk paper Grade/Finish/Shade is matched with Green-e certified wind energy.



50% post consumer waste and 50% total recycled value.



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.

