Your Action & Impact: Celebrating All We've Accomplished Together

June 17, 2024

Partners In Health transcript for the virtual webinar, *Your Action & Impact: Celebrating All We've Accomplished Together.* With Dr. Sheila Davis, PIH chief executive director; Dr. Leo Lecca, executive director, Socios En Salud (as PIH is known in Peru); and Nadine Karema, executive director, Inshuti Mu Buzima (as PIH is known in Rwanda). This transcript is off the record.

Dr. Sheila Davis:
[00:00:00]

My name is Sheila Davis and I'm the CEO of Partners In Health, and so glad and appreciate everyone joining us today for this webinar. It's exciting to be at this end of our fiscal year to be able to share with you some of the great work that's been happening over the past year from two of our phenomenal leaders. Just wanted to let everyone know that this webinar is recorded, and will be shared after the fact. And questions can be put into the chat, and there's also some questions that were submitted previously, but please feel free to add any questions you have as well during the chat. Would love to hear what you're thinking.

There's also, if people need closed captioning in the chat, there's a button at the bottom of your screen, but also the instructions will be put in the chat if anyone needs that closed captioning today. Many of you who are joining today are generous champions of our Leadership Giving Society, and the Leadership Giving Society is generous supporters who give us $1000 or more annually, and really are the backbone of our supporters around the world. And, really appreciate people being willing to be part of the mission with us and help us be able to make our mission possible by supporting the amazing work that's happening around the world.

I'm very excited today to share some of the highlights of the impact report that many of you have received, and it's really, when we were trying to figure out what to share, there are so many things. So, we just chose a few to highlight what's happening. There were 3.1 million outpatient visits around the world at PIH sites that happened, and these outpatient visits are people getting their blood pressure checked, people coming in for all sorts of chronic diseases as well as acute diseases to be seen, and regular primary care.

About 850,000 home visits were done by our community health worker team, which is really the connection and the glue to our community, to ensure that people are connected back into care. There is almost 39,000 people who are receiving regular mental healthcare as part of, enrolled in our mental healthcare program. This does not include people who receive one-off treatment or connection with our mental healthcare, but are really the people who are connected in long-term relationships with our mental health team.

There was also almost 58,000 safe facility-based deliveries around the world. This is a huge, huge challenge we know globally, and really proud of the work that's done at our facilities to make births be a safe thing to occur for women and for children, and you'll hear a little bit more about that today. There was also many more amazing things that happened, and again, this work wouldn't happen without the support of all of you, and really partnering with us long-term to make sure that we're taking care of more than the eight million people that we directly touch every day, as well as the many, many millions

more that we impact with our model that we share with ministries of health, and also on the global arena.

I'm really excited today for two of our speakers who are executive directors. The first is Dr. Leo Lecca, who is our executive director at Socios En Salud, our site in Peru, and Nadine Karema who's our executive director at Inshuti Mu Buzima or IMB in Rwanda. I'm going to ask them both to introduce themselves, and then we'll start back with a question. So, I might have you go first, Nadine, because we're going to start with questions with Leo, so go ahead.

Nadine Karema:
[00:04:10]

Sure. Thank you, Sheila. Thanks, everyone. I'm Nadine Karema. I've been leading Inshuti Mu Buzima, as Partners In Health is known in Rwanda, for the past year. I've been with Partners In Health Rwanda for 10 years now, and it's been a joy because everything that we do is about proof of concept and showing that much more is possible in terms of saving humanity and saving lives. Thank you.

Dr. Sheila Davis:
[00:04:40]

Thanks Nadine. And Leo, you want to introduce yourself?

Dr. Leo Lecca:
[00:04:44]

Sure. Thank you, Sheila. Hi, Nadine. Good afternoon. Thank you very much for this opportunity. My name is Leo Lecca, I am a Peruvian doctor. I have been working with PIH since 2006. As I always say, for me it's an honor and privilege to be part of this family, and through our work to help save life for many poor and vulnerable community in my country. I grew up in North Lima, very close to the first Socios En Salud tuberculosis clinic. My dream when I was a medical student was to work with Partners In Health. Today, with 18 years working with PIH, I am very happy and proud to be part of this incredible organization.

Dr. Sheila Davis:
[00:05:34]

Thanks, Leo. And both Nadine and Leo are part of our leadership council, which is the council made up of the leaders from our care delivery sites as well as some cross site leaders that are the decision makers for the organization. So, both contribute tremendously to that as well. I'll start with Leo, and want to dig a little bit into Peru. And Peru has 13% of the TB cases in the Americas, the second highest only after Brazil, and has the highest rate of multi-drug resistant TB or MDR TB. And how does Socios expand its efforts to try to find these cases of Peru in really challenging circumstances? If you could talk a little bit about that.

Dr. Leo Lecca:
[00:06:21]

Yeah, thank you, Sheila. Tuberculosis is a disease that needs more resources. Last year, tuberculosis returned to first place as the deadliest infectious disease in the world. Three previous years it was only the effect of COVID-19. One of the problems with tuberculosis is that we have limited diagnostic tests and strategies. In many countries, for example, the TB diagnosis is passive, which means that a person with respiratory symptoms, cough for more than two weeks, has to walk to a public health center to rule out for tuberculosis using a low sensitive test like sputum smear.

For that reason, in 2019 using the available evidence, we began an up to date finding initiative for tuberculosis in North Lima, and proposed a new diagnosis algorithm using chest x-ray, automatic reading of x-ray using an artificial intelligence system, and a molecular test. The gene expert for diagnosis confirmation. This initiative, called TB Mobile, and we are using two trucks with x-ray equipment incorporated. Then we added a new program, the TB backpack, using x-ray backpacks that helping us to access to difficult places and communities.

Our evidence is that in each community we have found more TB cases than those detected by the regular algorithm. We have also done some studies, and one of them published last year in the Journal of Clinical Infectious Disease highlights that if we had only performed symptom and sputum smear probably 73% of tuberculosis cases detecting would have been missing.

Last spring that we started, last year, to look for tuberculosis in indigenous community in the Peruvian jungle. We went with our TB backpack, again with x-ray machine, and one Genexpert machine in a boat, navigating in the Amazon River. And we found some tuberculosis cases. This pilot is helping us to convince to the Peruvian government that we need to include this group in the tuberculosis active case finding activities. Since 2002, this new diagnosis algorithm is being recommended by the World Health Organization. And also we are helping to the Peruvian Ministry of Health to expand TB Mobile in different regions -- at the moment, in 16 of 24 regions in Peru. And also we are collaborating with different Latin American and the Caribbean countries.

Dr. Sheila Davis:
[00:09:44]

Thanks Leo, and this really extraordinary technology of using artificial intelligence with these backpack chest x-rays now has been brought to Lesotho. So, Leo's team trained our team in Lesotho, so it really shows I think the interconnectedness of PIH, and the strong network of sharing. And certainly the work that Leo was talking about in the Amazon, to go to really where the most vulnerable are to try to find these cases could only be done if you have a chest x-ray on a backpack. So, just extraordinary.

And building on that Leo, as you said, TB is the world's worst infectious disease and it's treatable. So, one of the big efforts that PIH is making once again is to really prioritize TB as, this is something the world can cure and get rid of if we put our efforts behind it. But what are your priorities as we really look at treating tuberculosis in Peru, and on the global scale, knowing that you're involved far beyond just Peru?

Dr. Leo Lecca:
[00:10:55]

Tuberculosis needs an aggressive approach. If we want to end tuberculosis, we have to focus on three pillars: detect, treat, and prevent. Detect all people with tuberculosis as soon as possible. So, we need

more tuberculosis active case finding initiative, such as TB Mobile in the most vulnerable and hard to reach communities.

The second is treat: treat tuberculosis cases with better medication and with shortened oral regimen. Here, our group presented last year in the world lung international conference the amazing result about the EndTB clinical trial, which reduced the multi-drug resistant tuberculosis treatment from 18, 24 months to only nine months. In Peru, this EndTB clinical trial has already helped us to change last year the national TB guidelines. Since then, 40% of the EndTB participants were Peruvians.

And another pillar is prevent. In tuberculosis, there is preventing therapy that must be implemented to protect all people at risk of tuberculosis, such as household contacts, people with HIV, people with diabetes mellitus, among others. Also, we need better preventing therapy, and precisely, last week I was in Washington DC, along with other Socios En Salud colleagues at a US national health meeting where we have been recognized as the second institution in the world of nearly 40 countries that more is contributing to the enrollment of the new clinical trial that seeks to demonstrate a new therapy for contact or drug resistant tuberculosis patient. The task is really difficult, but our community-based model has shown excellent results in detecting cases in high curation rate for tuberculosis and drug-resistant tuberculosis.

Dr. Sheila Davis:
[00:13:19]

Thanks, Leo. There was just one question in the chat about, how do you monitor patients taking medications in remote areas? So, we'd love for you to just answer that briefly before I jump to Nadine.

Dr. Leo Lecca:
[00:13:33]

Sure, yeah. We are implementing different strategy. We are working with the community health network, and also we are using technology. We are using videoDoc to follow up different patients. We're the first is to strengthen the local capacity, the health worker as well to, they have the responsibility, but we are bringing the support in our integrated approach.

Dr. Sheila Davis:
[00:14:04]

Thanks, Leo. Now I'm going to go to Nadine, and as I said, in Partners In Health sites around the world, that we have about 58,000 safe deliveries and facilities, which is obviously what we're striving for to ensure that every woman has a safe place to deliver. We also know that even if there's a safe place to deliver that they're often going to be that infants are born with challenges, and really need expert medical care to be able to survive. And that looks like specialty care or NICUs around the world.

We know that this is a big challenge everywhere, and Rwanda is one of our leaders in this area. And I, probably a year ago or two years ago, was in Kirehe, one of our sites in Rwanda, which has extremely high volume of maternal health. And the new NICU was just about to open, and this is really exciting as this space was renovated and reopened. And would love for Nadine to talk a little bit about the impact of that NICU on Kirehe and women and children in that area.

Nadine Karema:
[00:15:12]

Sure, thank you Sheila. As you mentioned, the NICU was renovated in 2022, and the aim for their renovation was to increase infection control, improve the patient flow, and make sure that it's a place where mothers can feel at ease. Where their husbands and their family members, including the mothers or relatives who take care of them, could feel at ease. And the need was even higher because in Kirehe we have a refugee camp that hosts refugees from Burundi and Congo. So, the numbers of patients was increasing but the space was not enough.

But now we have five wards, we have around 40 beds, we have a room for breastfeeding expression, and we have expert mothers who are also there to help new mothers. Expert mothers are mothers that Partners In Health have enlisted to help new mothers who are facing issues because their babies are not well enough to breastfeed, or their babies are so tiny that because most of those moms are rural and have never seen such a small baby survive, the expert mothers are there to share their stories because they've lived the same. They're there to share the stories of how their babies were that tiny. But after being well taken care of through the hospital staff, and through the knowledge that they gained from the nurses at the Kirehe NICU, the babies were able to survive, thrive, and reach their developmental capacity.

Dr. Sheila Davis:
[00:17:07]

Thanks Nadine. And as you said, because a lot of these women are from even more rural areas than we are, they're not there with their families or their mother and others. So, to have support of other women who are there to help cheer them on and be their support system is just amazing. What other clinics and programs do you have that really support maternal and child health?

Nadine Karema:
[00:17:36]

In addition to the NICU, we have the Pediatric Development Clinic. It's a clinic for under five year olds who have experienced developmental delays like cleft palate, Down's Syndrome or hydrocephalus. So those babies in the past, when the mom had such a baby, they assumed that the baby would die. And if they had the means, maybe they would be transferred to the capital city of Kigali, which is three hours away, and stay there in a world sometimes that they don't know about, away from their families, away from their environment, and at a higher cost.

So the Pediatric Development Clinic was a first of a kind in a rural setting that Partners In Health brought in the Eastern Province of Rwanda, and Kirehe has one of them. So, the babies are being taken care of. We have enlisted the help of speech therapists, of doctors who come to check the eyes, the ears of the baby, do some tests that unfortunately were not available in the past in such a rural setting.

And that helps the mothers accept the status of their children, know how to play with them. And we also teach them, teach the fathers how to make some adaptive devices, chairs, and bars that the kids can hold onto as they learn to walk. But the first step is to teach the mothers what's the condition that their children is affected with, and give them hope through the staff, the teaching through the expert mothers. Give them hope that their children is still alive, their children can reach some development

milestones, and their potential if they're present in the care. And that accompaniment has been very helpful.

So far we've seen success stories of mothers who love their children as they are, who see the beauty of raising a child like that. And in the community the word has spread that you can have a complicated birth, but the clinics at the Kirehe Hospital supported by Partners In Health, will be there to help you and their expert mothers from the community will help you navigate through the journey of taking care of that kid.

Dr. Sheila Davis:
[00:20:35]

Thanks, Nadine. And I think this is one of the programs that I think I'm most proud of, to be part of Partners In Health, because I think the world focuses on saving babies and NICUs, which is hugely important. But then what next? As we know that oftentimes babies who require NICU care, or who are able to survive at smaller weights and gestation have challenges. And I think very few places actually go the extra step to respond to the need and the gap that's in front of you.

And that's what the clinicians in Rwanda after having successful NICUs saw, what next? We have to make sure these mothers and these supporters, and these mothers and these families are supported for the next phase and the next part of their journey. So, it really is extraordinary. And again, this pediatric development clinic now is starting in other PIH sites and in other places around the world as a testament to the expertise that was built there. I'm going to ask you Nadine to comment a little bit on social support if you could, and impact of that on maternal child health.

Nadine Karema:
[00:21:50]

Yeah, sure. And that's also what's part of the, what's next. So, the mother waits to have that complicated birth in Kirehe District Hospital, and then has to stay there maybe sometimes for three months, waiting for her baby to reach the developmental stages that are needed for her to be discharged. That means three months away from work. And if the baby needs additional care once they've taken them home, then that means, especially if it's a daily farmer, that means so much catastrophic expenditure from having a sick child.

And that's where, through our program for social economic rights, we also see what next that we could help the mother with in terms of social support and economical support. So, we've taught some mothers some business skills, some financial literacy. We've supported them, or advocated even sometimes to the district there to give them a plot of land way closer to their home so that they can keep on keeping an eye on their child while they're doing some work.

And through POSER we've also helped by giving the fathers some work in a workshop where we make chairs, adaptive chairs for the babies so that they feel useful in the care of the child, but they also make some money. And they can provide for the other needs of the home while moms who are culturally the biggest caretaker, spends less time working outside of the home and more taking care of the child. And through that holistic support, the fathers are more present and they understand also the need for sharing space with the mom, sharing the chores with the mom so that they can take better care of those children.

And we've seen how the children have been thriving, children that we never thought would be able to speak and are able to express themselves, speak. Through the adaptive chairs and all adaptive materials that the fathers have been able to build, they're more independent. And that gives the mother more time to take care of other children and other activities outside of their home. And sometimes when it's needed, when we've seen that they are from a very poor family that needs even more support from us, we have been able to build houses for them, or renovate the house so that they're handicap friendly for the child.

And we've also been able to gather some support from the community so that there's someone from the community who volunteers and is able to go help the child reading or play and do other things that the other children from the community are able to do.

Dr. Sheila Davis:
[00:25:16]

Thanks Nadine. And social support is a key part of what Partners In Health believes is a critical component of our work. So, medications you need, but you also need food. You also need this attention obviously, transportation and a way to earn a living if that's possible. So, I think, and that the Pediatric Development Clinic is just such an example of where all of that comes together. So, thank you, Nadine. The next question back to Leo is, as we really think about the vulnerable communities that PIH focuses on and targets, and this is also Pride month, the month of June, celebrated in certain places around the world. I really wanted to highlight a special program that actually is not in the impact program, or the impact report that is around the LGBTQ Plus community that Socios En Salud has been pioneering. And would love to hear, Leo, a little bit about the challenges, particularly the transgender women population and community has to face, and what Socios is doing to help.

Dr. Leo Lecca:
[00:26:34]

Yeah, thank you. Sheila. Yeah, the transgender women, this is the most discriminated groups that exist in the world in my country. They live in condition of poverty, stigma, with a very low life expectancy, around 35 years. And most of them are sexual workers. Due to their identity problem, they don't have updated documentation, and therefore their access to the public health insurance and healthcare is very limited.

We have information about transgender women in Peru where the HIV prevalence is very high, 20%. Prevalence of depression and anxiety is more than 90%, among other health problems. To face this problem, Socios En Salud created two years ago the JunTrans Program which comes from Spanish, juntos, which mean together. Our JunTrans Program is a community-based intervention that seeks to improve access to healthcare for transgender women in Lima. JunTrans include different components. The first, for example, is to breakdown healthcare barriers for assisting with updating personal documents with gender preference. The second component is training health workers that health service are more friendly to this community.

Another important component is that we identify, recognize the health problems such as HIV, sexual transmission disease, mental health, but also other health problems not recognized as highly prevalent

in this community, such as tuberculosis. For example, in our TB active case finding activities, we have found TB notification rate 25 times higher than those found in the general population.

And finally, given the lack of job opportunity in this community, we have working in training workshops to create other capacities in the transgender women that help them generate economic income. However, depending on the needs found, we provide temporary social support that include food, housing, transportation for this community.

Also, we have now the Socios En Salud Polyclinic in Eastern Lima, where we are accelerating medical support for transgender women. And for example, this is the unit place in Lima where transgender women have free and safe access to hormonal therapy. Also, the Socios En Salud Polyclinic, we have tried to treat the most difficult cases that couldn't be included in the public health system. For example, I have mentioned the case of Mayra. Mayra is a transgender woman with HIV, schizophrenia, drug addiction, homeless, and she had tuberculosis. Due to this condition, no public health center wanted to receive her. So, the TB treatment was given by our polyclinic. Having Mayra receiving her last doses of TB treatment two months ago. Currently, she's cured of tuberculosis and stable in her condition, the schizophrenia, HIV, and drug addiction.
Dr. Sheila Davis:
[00:30:42]

Thank you, Leo. That really shows, I think, the impact of all the different services coming together to, obviously a woman who is impacted by so many things, and in such a vulnerable position in society. So, that's truly extraordinary. There was a few questions that were submitted prior, and then I will go to some in the chat, but there were a few questions about Haiti, which we always appreciate, knowing that we have such strong supporters who always keep Haiti in their mind and hearts, which we appreciate.

And I'm in almost daily contact with the Haiti team, the Zanmi Lasante team. And things, knock on wood, seem to be getting a little bit more stable. The port has been open, we've been able to get fuel, we've been able to get some of our containers out of storage. We unfortunately lost a lot of goods when the port has been shut down. Some medication needs to be refrigerated, for example, or cold chained, and that was disrupted obviously by the gang violence. So, we were not able to salvage those materials, which was really unfortunate. But we've been able to get goods out of the port.

We have staff who have been returning to work. All of our facilities, 16 facilities have remained opened even during this really challenging time. Such a testament to the way that the Zanmi Lasante team has approached ensuring that when women show up at a facility there is a safe place to deliver their child, that there is emergency surgery that can be taken care of, and that malnourished children can receive the treatment they need.

Our Nourimanba plant, which makes fortified peanut butter, was able to reopen because we were able to get some of the supplies we desperately needed. There is a new government in place as of the past week or two, so we're all optimistic, but know that this is going to be a long journey for Haiti to get back on its feet, and are always really optimistic about the future. But know that we know that we need to double down and continue to support Haiti.

Our residency programs have all remained open, so even during this tumultuous few years, we've been training doctors and nurses and specialists. So, they will be poised to return to different places in the country as well when they graduate to do the most important specialty care. So, thanks for that

question on Haiti. There was a question in the chat about what has happened in Butaro in terms of the recent updates to the Butaro District Hospital. So, we'll ask Nadine to answer that.

Nadine Karema:
[00:33:45]

Sure. So, since the inauguration of the additional wing of the Butaro Hospital in last October, the hospital has been pretty busy. We've been receiving many cancer patients. In the meantime, the hospital was upgraded to a rural teaching hospital. So, because especially that we've been benefiting from clinical rotation from the University of Global Health Equity medical students nearby.

So the hospital has gained, there's been a lot of momentum in terms of additional patients coming in. The word is out that the care is great, and indeed the quality of care is really good, especially in a rural setting. We are now offering some testing that are only available in one hospital in the capital city. Now we have a CT scan that's working, mammography. And that has also helped increase the screenings for women's cancer, breast cancer and cervical cancer. And more and more hospitals are coming to learn from the Butaro Hospital, while the patients are very happy to come, get treated there because they feel like there's more dignified space for the care that back in the days they would have to pay a lot of money for and travel far for by going to the capital city of Kigali.

Dr. Sheila Davis:
[00:35:34]

Thanks Nadine. And thanks, Heather put in the chat that people do feel free to put questions in the chat. I'm going to ask you Nadine as well to respond to one of the questions that was submitted about family planning. If you could just talk a little bit about what family planning support we have in Rwanda.

Nadine Karema:
[00:35:51]

Sure. So, Rwanda has been doing well for the past years. The birth rate has gone from five children, six children, I would say, to three children. So, with Kirehe, like I said, because we have a refugee camp, I have to say that the birth rates has increased, but we've been spending extra amount of efforts within Kirehe, especially to educate the refugees and educate the cross-bordering population about family planning. And that includes at the hospital after a mother has given birth during her postnatal care, to tell her about family planning and enroll her as soon as possible.

But if she needs additional time, we make sure that we do a follow-up through the community health worker who's located in her village, to help her consider family planning and explain the benefit of it. Community health workers have been trained to give family planning, and all the nurses in Rwanda have been trained to do birth plan... sorry, family planning implants. And there's also a lot of radio announcements, sensitization.

And as far as the refugee camp goes, we've also collaborated with the Ministry of Health, and through their own source of funding they've constructed or they've upgraded one of the health centers nearby the refugee camp. And it's now a medicalized health center, which means it's offering more services than a regular health center will do. So, it's midway between the health center and the hospital. And through that they're also able to do more injectables and other long lasting birth control plan for the

mothers, the refugees, while we're still actively working with the Ministry of Health to put on more emphasis in Kirehe district and wherever we work when it comes to birth control.

Dr. Sheila Davis:
[00:38:29]

Thanks, Nadine. There was another question about how we collaborate with other NGOs, and would love to ask Leo to answer this, as well as large agencies that we work with. And I think your time on a plane, Leo, is a testament to how much we do partner. So, if you could share some of that.

Dr. Leo Lecca:
[00:38:51]

Yeah. See at the moment Socios En Salud is the largest NGO in Peru, and we are implementing many projects in collaboration with the government and some local NGOs. We provide training to many colleagues, many NGOs, and have helping create some community groups that integrate NGOs and community-based organization. Also, we provide technical assistance to different network, the patient network, former patient network, health volunteer network, patient family network among others. We are working with different stakeholders in the community and the government to create this environment.

Dr. Sheila Davis:
[00:39:41]

Thanks, Leo. There was another question about our community-based mental health programs. And I'll start and then I might ask Leo and Nadine to jump in as well. Our community, sorry, our mental health programs. And our mental health programs are standalone, but also integrated into all of our programs. So, the integrated or J-9 program in Haiti, for example, which is around maternal health and child health, has integrated mental health from the very beginning on identifying postpartum depression as well as looking at and assessing for gender-based violence and ensuring that women have support.

The oncology program is mental health integrated. All of our programs I think have seen mental health as a core basic foundational piece of what is done. And in the community, community health workers are trained to do assessments on depression screening. Our mental health team has contributed not just where PIH works, but around the world and contributing to the literature and really pushing for policy changes. And certainly both Rwanda and Peru have been leaders in mental health. So, Nadine, if you have anything else to add, then we'll ask Leo to add?

Nadine Karema:
[00:41:10]

Sure, yeah. So, in Rwanda, through Partners In Health, we've brought in decentralized [briefly interrupted by computer's text-to-speech function] Sorry, just...

Dr. Sheila Davis:
[00:41:36]

Maybe we'll ask Leo to jump in while Nadine's getting her stuff figured out?

Dr. Leo Lecca:
[00:41:40]

Yeah. In Peru we are working closely with the Ministry of Health, with the mental health program in different activities. For example, we are working in schizophrenia, a patient with schizophrenia, 10 years ago, the Peruvian Ministry of Health decided to create a community mental health program with the idea to close patient with the community. Before that, people with the schizophrenia need to go only access in the general hospital.

Now, we are working to create in the primary care level different mental health community center. We're working in some areas in Peru to follow up, to bring the support to patients with schizophrenia, our retention rate is close to 99%. We are working with community psychologists, with our community health worker network to provide support to link the access to the primary care level.

Nadine Karema:
[00:42:59]

Sorry about the audio. I'm back. Yes, so in Rwanda, as I was saying, we decentralized mental healthcare. Partners In Health was the first organization to decentralize mental healthcare. Before, mental health care was only available through one or two hospitals in the capital city, again. So, we trained nurses at the health centers and the district hospitals to diagnose the first signs of mental health. We've also helped raise awareness in the community. We've been working with community leaders, religious leaders or traditional healers to understand the risks of not treating mental healthcare. And mostly to not stigmatize mental health.

So, we've been able to enroll many patients through that approach. And whilst a patient has been stable through medication, we also help them with, what we call the problem management approach, and peer supports. So, we put them in groups, we put the patient or stable patients if I can call them, in groups so that they can learn from one another and find a support group, coping mechanism that have worked for their peers.

And we also, through the POSER approach or the Program on Social Economic Rights, we also find them activities to do because that's part of the therapy, to be able to be active in society, be able to accomplish something. So, it could be either through a little farming project or handcraft project, just a project that help the patients gain confidence, focus on one activity. But more importantly, especially in rural Rwanda where being active or being a productive member of society plays a big role in how you get stigmatized. So, that also helps them to gain confidence in the community, because the community finally knows that they are productive members of the community because they were able to farm some products that they're selling at the market. Or, they were able to do some handcraft projects that they've exposed to others and explained what that art means to their therapy, and how they can make money from it and be able to provide for their families or contribute to their family finances.

Dr. Sheila Davis:
[00:46:06]

Thanks, Nadine. I think also the University of Global Health Equity, which Nadine mentioned, which is our university that has a Master's in Global Health Delivery as well as a number of other programs and a

medical school. And the first class of medical students will graduate next spring, which is exciting. And as with all of the initial class that was admitted, every class since then are two thirds women. So, also, that's built into the university and really trying to address the gender gap. And it's exciting to see what's happening with the integration of the students who are either master's students as well as medical students. It's also nursing, leadership programs, and other things as Center for Innovation.

All of these things are also tied in closely to the care delivery sites in Rwanda, and increasingly so with all of Partners In Health sites. So, we really see the care delivery we do as a learning lab, not just to impact the patient that we care for in our areas, but also importantly to try to transform the world, obviously for global health equity. So, the university is a place where it will just increasingly be where the best and the amazing solutions that our care delivery teams and community health workers come up with will be able to highlight and be studied by our students, and then replicated far beyond that. So, certainly very exciting.

So the last question I'm going to ask each Nadine and Leo, and maybe I'll start with you, Leo this time, about what is the most significant challenge that you're facing with your work today?

Dr. Leo Lecca:
[00:48:00]

Yeah, probably it is the political instability. It is a big problem, but we are trying to navigate through these challenges. We have the advantage that Socios En Salud, they have a good reputation that we can try to advance and to prioritize different health activities.

Dr. Sheila Davis:
[00:48:28]

Thanks. Nadine?

Nadine Karema:
[00:48:30]

I would say for me, a little bit like in Peru, because Partners In Health is known as the NGO that can do it all, solve all the difficult problems. We tend to see more needs than we can cater to. So, sometimes I feel like we have to play God, which is a very bad feeling when your Partners In Health are trying to say no to solving some problems and prioritizing others. But I believe through all the partnerships that we build, we can solve more needs than we can afford to. Thank you.

Dr. Sheila Davis:
[00:49:13]

Thanks Nadine. Well, I certainly want to thank Leo and Nadine for joining us today, and really bringing their expertise to our conversation. And encourage everyone to look at the Impact Report, and look at all that's happening on our website. And thanks to all of you, members of the Leadership Giving Society, who really again, make our work possible and certainly are instrumental in moving our mission forward. If you're not a member and are interested in joining, you can email the leadershipgiving@pih.org to get more information. And thanks, everyone for taking the opportunity to be with us today and learn more about PIH. And please always do reach out with your questions. I think we're always trying to do the

best we can to communicate what's happening at all of our sites around the world, but it's challenging to choose what to highlight. So, hopefully we gave you a little bit of a taste for what this past year has been like. And really, again, appreciate everyone's support, and look forward to working together in the future. Thanks, everyone.

Nadine Karema:
[00:50:25]

Thank you.