



Partners In Health

ANNUAL REPORT 2024

“Medicine should be viewed as social justice work in a world that is so sick and so riven by inequities.”

— DR. PAUL E. FARMER



MyKennsuze Fontilus, a 12-year-old who was treated for jaundice at Hôpital Universitaire de Mirebalais in Haiti, shares family photos with late Co-founder Dr. Paul Farmer in 2016. Photo by Rebecca E. Rollins / PIH

Annual Report 2024

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MALAWI



Dear Friends,

Each year, I sit down to write this letter full of gratitude and humility. In reflecting on our accomplishments, I'm reminded that none of it would be possible without our incredible global team. Our dedicated staff work tirelessly to provide health care to those who need it most, to educate the next generation of clinicians and leaders, and to push the boundaries of policy and partnership to advance the right to health. It is an honor to witness their remarkable efforts, and a reminder of the ways that Paul's legacy lives on in the Partners In Health community.

This year, despite many challenges, our collective commitment to patient care was steadfast. In Haiti, PIH-supported Hôpital Universitaire de Mirebalais continued to serve patients amid national instability and unfathomable violence. Around the world, PIH staff partnered with communities to create transformative change—from care delivery and training to replicable models for health systems strengthening.

Looking back, I'm proud that we have broken new ground as we continue to strive for excellence in global health delivery. From Mexico to Rwanda, PIH staff have been leaning on, and learning from, each other. Each site's experiences are woven together, and every contribution helps to form a broader narrative of impact in the communities we serve.

I'm excited to share highlights from each of the 11 locations where PIH delivers care as well as the impact we have on a global scale. In these pages, you'll read about lifesaving surgery in Liberia, learn how solar power is supporting health care in Haiti, meet three transgender women defying odds in Peru, discover how we are influencing tuberculosis policy and introducing new treatment options—and much more.

As you read each story, I hope you see how your partnership threads through all this work, redefining what is possible. Thank you for your generosity and for accompanying us on this journey to create a more just and healthier world.

In solidarity,

Dr. Sheila Davis
Chief Executive Officer

LEFT: Dr. Sheila Davis smiles with Roda Binwell at her home in rural Neno District, Malawi, that was built with support from PIH's Program on Social and Economic Rights, or POSER. Photo by Thomas Patterson / PIH

This year, PIH remembers and celebrates the lives of three of its board members who helped chart the path for quality health care for millions across the globe.

We will forever treasure their unwavering partnership through the years and are filled with immense gratitude for the many advancements their support made possible in our fight for global health equity.

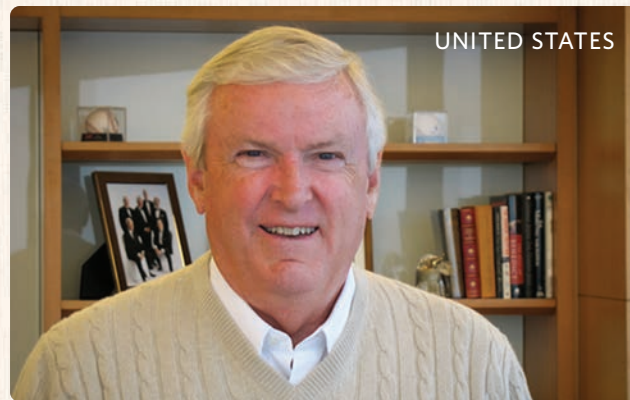


HAITI

DR. HOWARD HIATT

Before joining the PIH board in 2001, Dr. Howard Hiatt served as a mentor to PIH Co-founders Drs. Paul Farmer and Jim Yong Kim. Dedicating his life's work to advancing global health equity, Hiatt played a key role in many of PIH's accomplishments—championing global policy surrounding TB, co-creating the Division of Global Health Equity at Brigham and Women's Hospital, serving vulnerable populations, and supporting the founding of PIH's sister organization on Navajo Nation: Community Outreach and Patient Empowerment. ■

ABOVE: Dr. Howard Hiatt sees patients during a Zanmi Lasante outreach clinic on a trip accompanying Dr. Paul Farmer to Haiti in 2001. Photo by Mark Rosenberg for PIH



UNITED STATES

JACK CONNORS

A prominent Boston philanthropist and businessman, Jack Connors joined the PIH Board of Directors in 2005. A driving force in transforming health care, Connors also served as chairman of Partners HealthCare. His commitment to equitable care inspired countless others to join the fight for global health justice and changed countless lives around the world. His leadership and philanthropy have been pivotal in advancing Partners In Health's mission, creating a legacy of hope and healing for those who need it most. ■

ABOVE: Photo courtesy of the PIH archives

DIANE KANEB

Diane Kaneb lived her life dedicated to finding solutions to big problems. Inspired by Tracy Kidder's *New Yorker* article "The Good Doctor," she and her husband, Al, became invested champions of Dr. Paul Farmer's vision for health equity and, after meeting him, joined the PIH Board of Directors in 2002. They went on to play a key role in PIH's program expansion in central Haiti, and their influence and immeasurable generosity over the past two decades reverberated across the globe.

In a 2011 dedication of his book, *Haiti After the Earthquake*, Farmer praised Diane and Al as two friends who, after many years and many challenges, remained "still standing" with PIH and the people of Haiti: "Love is good, but unconditional love is better." In recognition of their transformational support, PIH dedicated the pediatric wing of its flagship 350-bed hospital, Hôpital Universitaire de Mirebalais in Haiti, to them in 2023. Diane's incredible legacy, rooted in compassion for the poor and our joint desire to improve the lives of those most in need, will continue to save millions of lives around the world for years and years to come. ■



RWANDA



UNITED STATES

ABOVE: Diane Kaneb in 2006 on a trip to see PIH's work in Rwanda with Dr. Paul Farmer and other PIH leaders. Photo by Ophelia Dahl / PIH

LEFT: Diane Kaneb and her husband, Al, honor PIH's 25th anniversary at an event in New York City. Photo by J. Arguedas for PIH

A Global Effort

The fabric shown is from Sierra Leonean designer MaryAnn Kai Kai. She met Dr. Paul Farmer during the Ebola outbreak and said he was instrumental in her efforts raising money through Fashion for Relief in 2015. She now focuses on teaching gara tie-dye and helping women set up their own businesses.

Impact Around the World

Our work is closely interwoven with the needs of the communities we serve. By forging partnerships with community members and local governments, we work together to make comprehensive health care widely available. In this section, you'll learn how your partnership is the thread tying us together, providing lifesaving resources to patients, staff, and communities.

Where we Work

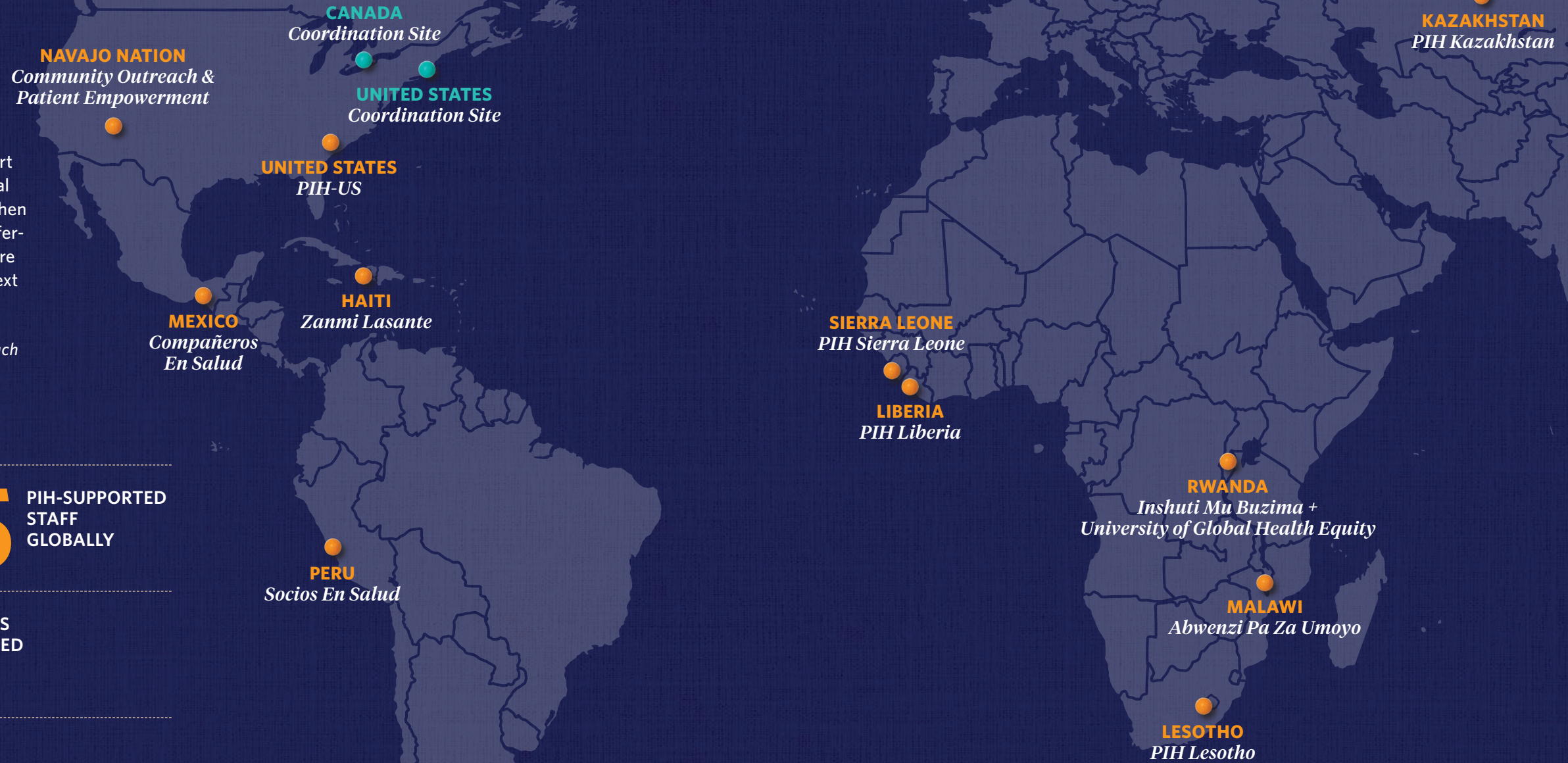
Around the world, Partners In Health (PIH) is providing high-quality medical care and support while working hand-in-hand with local and national governments to strengthen health systems. PIH is translated differently across the four continents where we work—adapting to the local context and language.

On the map, you will see the name of each care delivery, university, and technical advising site. PIH has coordination sites in Boston, MA, and Toronto, Canada.

18,935 PIH-SUPPORTED STAFF GLOBALLY

349 FACILITIES SUPPORTED

11 PIH SITES WORLDWIDE



● PIH Site ● Coordination Site

Where we Work

Haiti

{Zanmi Lasante}

Acronym: ZL

Population: 11.6 million

Serving Since: 1983

Key Facts:

- The birthplace of Partners In Health
- Largest health care provider outside of Haiti's government, working closely with the Ministry of Health
- Launched the world's first program to provide free, comprehensive HIV care and treatment in an impoverished setting in 1998



YOUR IMPACT THIS YEAR

2,413 solar panels installed at Hôpital Universitaire de Mirebalais

80,000 kg of Nourimanba produced to help treat malnutrition



CONTINUING CARE DURING CRISIS

This year, Zanmi Lasante (ZL), as PIH is known in Haiti, acted courageously to ensure care for patients continued as escalating national instability challenged operations and as violence surrounded—and in one instance breached—the walls of our facilities. On September 26, 2023, an armed gang opened fire inside Hôpital Universitaire de Mirebalais, ZL's 350-bed teaching hospital in the Central Plateau, terrifying patients and staff and leaving the neonatal intensive care unit riddled with bullets. Fortunately, no staff or patients were hurt in the attack.

By March 2024, Haiti's situation worsened as gangs pressured the country's prime minister to resign. Hospitals around the country had been attacked, health care workers forced to hide for their safety, and basic drugs and supplies couldn't reach facilities, much less the patients who needed them. The health system was being crushed.

ABOVE: Josette Jean Louis, an administrative assistant with Zanmi Lasante, meets a newborn at Kay Manmito, Hôpital Universitaire de Mirebalais's maternal waiting home. Photo by Mélissa Jeanty / PIH

“

You have to live it to understand it; there's this constant fear. Every day there's a new obstacle, so you have to be ready to devise a new strategy. It's an ongoing battle.”

DR. RALPH B. CHARLES, ZL's regional director for the lower Artibonite region

But with support from the global PIH community, and a four-decade history of providing high-quality health care for Haitians, ZL clinicians continued to deliver care to the patients who rely on their services, despite these enormous complications. The persistence of ZL's entire staff during this time of conflict highlighted their heroic efforts and the effectiveness of long-term accompaniment. ■

THE CURE OF CLEAN WATER

From sanitation to the daily needs of patients and their families, water is an indispensable element of health facilities. However, for many clinics around the world, access to water—especially clean water—can be extremely limited.

For over 20 years, the Hôpital Notre Dame de la Nativité in Belladère faced water shortages that affected its services. At the end of 2023, the Zanmi Lasante Water, Sanitation, and Hygiene team installed a system of water lines, tanks, and towers that supply and store consistent, clean water for the hospital—and the population of Belladère. Since the project was completed, cholera cases dropped considerably in the area. With your support, this project improved the hospital's cleanliness and care and provided an entire community with regular access to clean water for the first time. ■

(Haiti, cont'd on next page)



96% of women enrolled in ZL's J-9 program deliver at a health facility instead of at home in Haiti

From left to right: Bernacianie Louis Jeune, Medjine Debornes, and Magdala Vilsaint laugh together during a prenatal group held by the Journey to 9 Plus program, designed to reduce maternal and infant mortality. Photo by Mélissa Jeanty / PIH

Jolène* and her youngest son, Raphaël,* who received treatment for malnutrition, at their home in Lédier, Haiti. Photo by Mélissa Jeanty / PIH



Nearly 6,590 children were admitted and treated for malnutrition through ZL's network of hospitals and clinics

FOOD AS MEDICINE

Nationwide, food insecurity worsened as social and political instability escalated. With 44% of the population facing major food consumption gaps, the growing food crisis has left the country with the heaviest burden of hunger and malnutrition in the Western Hemisphere.

Since 2017, a collaboration between PIH Canada and Zanmi Lasante (ZL) deploys mobile food clinics staffed with medical professionals and community health workers seeking to identify children who are malnourished earlier, so treatment can be delivered before health problems turn fatal.

ZL's nutrition program provides children with a lifesaving, ready-to-use therapeutic food called Nourimanba—a high-calorie, high-protein paste made from locally grown peanuts and mixed with

essential vitamins and minerals. Last year alone, nearly 6,590 children were admitted and treated for malnutrition through ZL's network of hospitals and clinics. Despite the challenges of navigating through frequent roadblocks this year, the nutrition team was dedicated to providing care, either rescheduling clinic visits or finding an alternative route. ■

ABOVE: Nourimanba Production Facility staff sort through peanuts that will be used to make the fortified, peanut-based food supplement. Photo by Mélissa Jeanty / PIH



HARNESSING THE SUN'S POWER

This year, Zanmi Lasante focused on expanding and improving its solar power system to foster energy self-sufficiency, creating a reliable source of electricity despite ongoing national insecurity. Made possible in partnership with Build Health International and with the support of generous PIH donors like you, the project doubles Hôpital Universitaire de Mirebalais's (HUM's) current solar production capacity—reducing reliance on diesel-powered generators and leading to an estimated annual savings of \$820,000 per year.

The expanded system will also help ensure continuity of care, as power outages significantly impact clinicians' ability to diagnose, treat, and monitor patients. Additionally, critical medical infrastructure, such as life-support machines, surgical equipment, and refrigeration units for



Members of the solar project team, Valdes Simon (left) and Smith Poucet (right), examine the panels on the roof of Hôpital Universitaire de Mirebalais. Photo by Mélissa Jeanty / PIH

medication storage, rely heavily on a stable power supply. By harnessing solar energy, HUM will significantly reduce the challenges of maintaining a steady power supply. ■



An aerial view of the solar panel system on the roof of Hôpital Universitaire de Mirebalais. Photo by Thierry Prinston / PIH



WATCH NOW

See how the solar power system at HUM is transforming patient care.

PIH.org/solar

Lesotho

{ PIH Lesotho }

Population: 2.3 million
Serving Since: 2006

Key Facts:

- Some of the highest HIV prevalence and tuberculosis incidence rates in the world
- Invited to work in Lesotho by the government to support its response to the HIV epidemic
- Launched the country's first treatment, care, and support program for drug-resistant tuberculosis in 2007



YOUR IMPACT THIS YEAR

5,200+ people with HIV enrolled in treatment

Nearly 3,700 TB tests performed



MOVEMENT TOWARD UNIVERSAL HEALTH COVERAGE

In a pivotal decision, Lesotho's prime minister selected PIH Lesotho as a key partner to provide technical assistance in developing national policies and strategies for securing universal health coverage. Together with the government and local partners, PIH Lesotho will spark innovation and reform by driving changes in health financing that promote equity and social justice. ■



Mphatso Tsoka, a senior biomedical engineer with PIH Lesotho, walks through Maseru with fellow staff members during the Global Day of Action, honoring Dr. Paul Farmer's legacy. Photo by Mpho Marole / PIH

ABOVE: Sarafina Makashane smiles after recovering from multidrug-resistant tuberculosis at Botšabelo Hospital in Maseru. Photo by Joshua Berson for PIH



Mankopane Moeletsi at the PIH-supported home for orphans and vulnerable children in 2010. Photo by Jennie Riley / PIH



Mankopane Moeletsi in 2024 in PIH Lesotho's office, working as an orphans and vulnerable children program assistant. Photo by Teboho Khofu / PIH

PATIENT TO PIH STAFF

Mankopane Moeletsi, 6, and her brother Tšoloane Moeletsi, 8, were enrolled in a new program for orphans and vulnerable children (OVC) when their father, a mine worker and single parent from southern Lesotho, passed away due to complications from multidrug-resistant tuberculosis in 2008.

The OVC program provided Mankopane and her brother with social support, including therapy sessions, school fees and supplies, food, clothes, and medical care following his passing. For years, the siblings lived in PIH Lesotho's orphanage—a home dedicated to the program—with three other children and a foster mother as they completed school.

In 2022, PIH Lesotho's community health director contacted Mankopane after she had graduated from vocational school and urged her to apply for vacant positions. Last year, Mankopane began working as

“What motivated me to apply was the fact that I knew, more than anybody else, about the benefits of PIH.”

MANKOPANE MOELETSI,
Orphans and Vulnerable Children (OVC) Assistant

an OVC assistant, supporting enrolled children by gathering and distributing food, clothes, and other essential items, and by helping them navigate medical care and school.

“Working within this program is very close to my heart because I can now make a difference in other OVC's lives,” she said. “It's literally what I wake up for and my greatest wish is for them to lead successful lives.” ■

Liberia

{ PIH Liberia }

Population: 5.3 million
Serving Since: 2014

- Key Facts:**
- One of the most fragile health care systems in the world, according to the World Health Organization
 - Invited by the Liberian government to help respond to the Ebola outbreak in 2014
 - Opened the first and only tuberculosis ward outside the capital in 2017

YOUR IMPACT THIS YEAR

1,900+ facility-based deliveries provided, including 490 lifesaving C-sections

1,000+ patients currently enrolled in mental health care



RESTORING LIFE THROUGH MENTAL HEALTH

In 2021, PIH Liberia’s mental health team visited the rural village of Gedetarbo to conduct community outreach. While there, the team screened 10 women who were experiencing symptoms of severe depression. Because of programs developed thanks to your generosity, those women—including Cecelia Green, a 48-year-old widow and mother of two—were referred to PIH-supported Pleebo Health Center for treatment, involving medication and therapy.

After completing a six-month treatment regimen, Green and four other women received additional social support, including \$100 each. She used the money to start a business selling rice to staff at the company where her late husband, the family’s primary breadwinner, had worked. Now, her business continues to grow alongside her savings.

“I am grateful to Partners In Health for restoring my life,” she said. ■

ABOVE: Cecelia Green shares her personal story with fellow members of the Gedetarbo Women’s Group. *Photo by Luther N. Mafalleh / PIH*

TRANSFORMATIVE SURGICAL CARE

This year, 3-year-old Teresa Smith arrived at Pleebo Health Center with a severe burn on her left palm from an open flame at home. After a few days of treatment, it became apparent she would need surgery, and the PIH Liberia team transferred her to James Jenkins (J.J.) Dossen Memorial Hospital.

As a result of the burn, Smith had contracture—a shortening and hardening of the muscles, tendons, or other tissues—her middle and ring fingers were bent in, and she could not open her left hand. Without surgery, her hand would have remained that way for the rest of her life.

Since 2014, PIH Liberia has performed over 2,000 lifesaving surgeries at J.J. Dossen Memorial Hospital in rural Maryland County. On April 26, 2024, Smith had a successful operation, preventing long-term disability and renewing her hope for a better life. ■



Three-year-old Teresa Smith smiles as she recovers from surgery at J.J. Dossen Memorial Hospital. *Photo by Luther N. Mafalleh / PIH*



The community of Puluken, accessible only by boat, gathers to thank PIH CEO Dr. Sheila Davis for a canoe PIH gifted their village to help them reach health facilities. *Photo by Luther N. Mafalleh / PIH*

READ MORE

Learn how incorporating surgery into primary care is saving lives in rural Liberia.

PIH.org/surgery

Malawi

{ Abwenzi Pa Za Umoyo }

Acronym: APZU

Population: 20.4 million
Serving Since: 2007

Key Facts:

- One of the most impoverished countries in the world with some of the highest HIV infection rates
- Asked by the national Ministry of Health to support emergency efforts following the devastation of Cyclone Freddy in 2023
- Emphasizing care for the most vulnerable, noncommunicable disease clinicians provided 24,800 patient visits



YOUR IMPACT THIS YEAR

10,300+ people with HIV

enrolled in care, receiving antiretroviral therapy and social support

155,800+ cases of malaria treated



GOING THE DISTANCE FOR CARDIAC CARE

Vitalina Chaona, 49, was diagnosed with rheumatic heart disease—a condition that stems from a bacterial infection—at PIH-supported Neno District Hospital in 2021. The following year, Promise Douglas, 8, was diagnosed with Tetralogy of Fallot—a heart defect that develops during gestation—at PIH-supported Lisungwi Community Hospital.

Despite their difference in age, both patients had a similar burden: they needed heart surgery.

“Currently, we are unable to conduct open heart surgery in Malawi,” said Medson Boti, clinical officer with Abwenzi Pa Za Umoyo (APZU), as PIH is known in Malawi. “Patients with heart conditions [that require surgery] are sent outside the country.”

APZU helped the two patients through diagnosis, symptom management, and accessing surgical care. With the support of PIH donors and the Ray Tye Medical Aid Foundation, Chaona and Douglas traveled to

ABOVE: Dester Nakotwa, an APZU noncommunicable disease nurse, counsels Vitalina Chaona during a home visit in Ntcheu, Malawi. Photo by Innocent Nyambaro / PIH

“

This day is deeply ingrained in my spirit. I was happy beyond words to see restored hope on [Promise and Vitalina’s] faces and those of their family members.”

BASIMENYE NHLEMA,
Executive Director

Tanzania for their operations on November 25, 2023. After two weeks of recovery, the two returned home to Malawi.

“Overall, there has been great improvement,” said Boti. “For Promise, we are hoping that he will be able to grow healthy and reach his maximum potential. [Vitalina] is now able to walk and breathe properly as compared to the period before surgery.”

APZU continues to monitor both patients as they heal and experience life free from heart disease. ■



Henderson Masanjala, clinical team member, follows up with Promise Douglas during a home visit following his heart surgery. Photo by Innocent Nyambaro / PIH

UNWAVERING MENTAL HEALTH SUPPORT

Linda,* a 43-year-old mother of five, was abused when she moved in with her extended family after she began experiencing symptoms of mental illness in 2017.

Two years ago, during routine community outreach by Abwenzi Pa Za Umoyo (APZU), Linda was referred to the mental health program and diagnosed with schizoaffective disorder. With your support, APZU has been providing her with education on the illness, antipsychotic and mood-stabilizing medication to manage her condition, and financial support to help with basic needs. Today, Linda’s symptoms have improved remarkably.

“When the doctors visited us the first time, we did not have much hope, as it looked as though her condition was beyond reversal,” said Grace,* Linda’s daughter and guardian. “However, after some time we noticed significant changes and now she is nearly back to normal all because of the unwavering support that APZU has been offering.” ■



MEET BASIMENYE NHLEMA,

a problem solver and the new executive director of Abwenzi Pa Za Umoyo.
PIH.org/sime-nhlema

Mexico

{ *Compañeros En Salud* }

Acronym: CES

Population:
127.5 million

Serving Since:
2011

Key Facts:

- Works in the Sierra Madre region of Chiapas, one of the most marginalized states in the country
- More than half of Chiapas residents live in poverty and the region has one of the highest maternal mortality rates in Mexico
- Has nearly 100 community health workers on staff; 98% are women



YOUR IMPACT THIS YEAR

Nearly 2,100 mental health visits conducted by mental health providers

Nearly 13,500 home visits conducted by CES-supported community health workers



STRENGTHENING NURSE LEADERSHIP

Compañeros En Salud (CES), as PIH is known in Mexico, together with the HEAL Initiative, launched the Local Leadership Program last year as a professional development opportunity among CES's nurses and midwives, who are often the ones providing care in the most vulnerable communities. In the first year, participants analyzed themes within their health systems and participated in learning sessions. Following graduation this year, participants were awarded a scholarship to continue their education; many nurses chose to continue studying English, while one studied health management and leadership. CES hopes this program will help participants gain a better understanding of health systems, share their knowledge, and develop a justice-focused approach to providing care. ■

ABOVE: Dr. Azucena Espinoza conducts a checkup for Britzel with his mother, Rita Roblero Galvez, at Hospital Básico Comunitario Ángel Albino Corzo in Jaltenango. Photo by Francisco Terán / PIH

HOLISTIC RECOVERY FROM SUBSTANCE USE

Since October 2022, Compañeros En Salud (CES) has run a mental health project called “Me cuido y nos cuidamos,” Spanish for “I take care of myself and we take care of each other.” The program, led by clinical psychologist Azul Marín and mental health community health worker Ervin Morales, works with nearby high school students and men who are staying at one of the treatment facilities for substance use recovery in Jaltenango—where CES works.

Twice per month, Marín and Morales gather reflection circles for men to discuss their feelings, experiences with substance use, and their relationship with masculinity. As facilitators, they hope to help the participants process their experiences and learn tools for emotional regulation.

Support groups like the reflection circles offer spaces for community and accountability—crucial in helping people on their recovery journeys. By building a more compassionate and emotionally aware masculinity, the 35 men who have participated in the group have been able to form healthier relationships with themselves and others, as they continue on the path to recovery. ■

“There are a lot of men who don't take care of their mental health, because no one has taught them how, and because of the social dynamics in which they operate. There is pressure to be a man who has to put up with everything.”

ERVIN MORALES,
Mental Health Community Health Worker



Carlos Vázquez at his home in Chiapas where he receives regular visits from his community health worker. Photo by Francisco Terán / PIH

A FULL LIFE WITH DIABETES

Carlos Vázquez, 67, was diagnosed with diabetes in his 40s. A doctor prescribed him medication, but it cost \$145 per month—unaffordable for Vázquez. The farmer and father of five's earnings were not enough to consistently pay for his treatment, so he took his medications irregularly.

Over a decade later, Compañeros En Salud (CES) began supporting the community clinic near Vázquez's home. The free consultations and medications offered there with your support were a much more accessible option to help control his diabetes. Since then, he has been receiving follow-up treatment from *acompañantes*, or community health workers, supported by our partners at the AbbVie Foundation and Convatec.

“I know I have a condition that is not going to go away. But I have been able to go on with my life. I am going to see my children and grandchildren. I am grateful that the *acompañantes* come to visit me; they have really helped me get better,” Vázquez shared. ■

Peru

{ *Socios En Salud* }

Acronym: SES

Population:
34.1 million

Serving Since:
1996

Key Facts:

- Influenced global policy and practice for decades through SES's model of care for multi-drug-resistant tuberculosis
- Nearly 2 million people suffer from depression and 260,000 people suffer from schizophrenia nationwide
- Works in more than 20 regions of Peru in partnership with local governments and the Ministry of Health



YOUR IMPACT THIS YEAR

9,800 TB tests
performed

99% treatment adherence rate
for people living with schizophrenia enrolled in SES's mental health program



THEY ARE NOT ALONE

Socios En Salud (SES), as PIH is known in Peru, provides holistic health care to the transgender population through JunTrans, an initiative through SES's HIV and sexually transmitted infections program. Through the generosity of PIH donors, JunTrans helps women process their national identity documents and offers social support, mental health care, and free health screenings.

This year, JunTrans launched a hormone therapy pilot with seven transgender women who receive free care through SES. Often, women who face economic limitations and minimal access to clinicians use risky alternatives for gender-affirming care because they cannot afford cosmetic surgery or hormone therapy.

With the support of the PIH and JunTrans communities, many transgender women have found that they don't have to face these challenges alone. ■

ABOVE: Daniela (left) greets her friend and neighbor, N., in a JunTrans-supported home that provides housing and care to transgender women. *Photo by Diego Diaz / PIH*

A NEED FOR CLEAN WATER

This year, Socios En Salud (SES), alongside the Harvard T.H. Chan School of Public Health, the Division of Global Health Equity at Brigham and Women's Hospital, and other research centers, conducted a study on the needs of pregnant women and caregivers in Lima and Cusco to assess the impact of climate change on local communities. Testimonies from survey participants revealed the harsh reality of growing water scarcity.

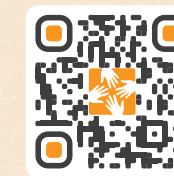
Caregivers expressed concerns about poor hygiene, poor nutrition due to crop failure, and reduced animal husbandry—all of which could come with significant costs to health and well-being. Many also shared their children's frustration at

being unable to go outside to play because water is prioritized for cooking instead of bathing, washing hands, cleaning the house, and doing laundry if they get dirty.

The study also surfaced ideas for bolstering water supplies in the two communities. Participants' suggestions included establishing water cooperatives, sharing knowledge on recycling and conservation, cleaning and protecting natural springs, and developing storage solutions for rainwater. Using this input from community members, SES hopes to implement projects that help families better manage water resources and, in some cases, bring water directly to their homes. ■



Leidith Tinoco, a participant in Socios En Salud's mental health program for pregnant women and mothers—Pensamiento Saludable, cradles her daughter. *Photo by Diego Diaz / PIH*



CHECK IT OUT

Read the full feature about three transgender women's stories of resistance.

PIH.org/not-alone

Rwanda

{ *Inshuti Mu Buzima* }

Acronym: IMB

Population: 13.8 million
Serving Since: 2005

Key Facts:

- Invited to work in Rwanda by the government to help respond to the HIV/AIDS epidemic
- Partners with the University of Global Health Equity in Rwanda, founded in 2015, to train the next generation of global health leaders in Africa and beyond
- Supports the Ministry of Health to make pregnancy, labor, and birth safer for mothers and newborns by providing training, expertise, and resources



YOUR IMPACT THIS YEAR

80,500 HIV tests performed

3,500+ cancer patients currently in care



MEET NADINE KAREMA

Nadine Karema was announced as the executive director of Inshuti Mu Buzima (IMB), as PIH is known in Rwanda, in November 2023. Formerly the deputy executive director, Karema worked closely with Dr. Joel M. Mubiligi, the former executive director, to provide comprehensive leadership for the Rwanda team. Since joining IMB in 2013, Karema has held various key positions within the informatics team and has contributed to the University of Global Health Equity Executive Education program as a digital health expert and leadership instructor. ■



Photo by Asher Habinshuti / PIH

ABOVE: A greenhouse, established by Inshuti Mu Buzima through its Program on Social and Economic Rights, is helping address food insecurity and creating a sustainable source of income for impoverished families, including patients living with chronic disease and children suffering from malnutrition. *Photo by Asher Habinshuti / PIH*

EXPANDED HOSPITAL EARNS TEACHING ACCREDITATION

A new era of patient care has begun at Butaro Level 2 Teaching Hospital thanks to the generosity of PIH supporters. After nearly two years of construction and renovation, the hospital has expanded to offer improved care and services to the over 33,000 patients who seek treatment there each year.

The ambitious, multi-year expansion project, which began in December 2021 in partnership with the government, has increased the hospital's capacity from 150 to 237 beds, doubled surgical capacity, and added a four-story wing, including a radiology suite, an emergency unit, and two oncology admission wards.

In addition to improving patient care, the expansion has further established Butaro Level 2 Teaching Hospital as a leading medical and scientific institution in the region and has helped it secure teaching hospital accreditation—a milestone that enables the hospital to serve as a training ground for medical students from the nearby University of Global Health Equity. ■



We are grateful to our hardworking team, our generous donors for their unwavering support, and the Ministry of Health for their leadership in making this expansion a reality. Together, we will continue to build a brighter and healthier future for all Rwandans.

DR. JOEL M. MUBILIGI,
 PIH Chief Innovation and Growth Officer



Raissa Umutesi, a women's cancer program nurse, uses the mUzima app during a patient consultation. *Photo by Asher Habinshuti / PIH*

NEW APP AIDS WOMEN'S CANCER SCREENING

The women's cancer early detection program at Inshuti Mu Buzima (IMB) offers free cancer screenings in partnership with Rwanda's Ministry of Health and has led to an increasing number of patients from all over the country visiting IMB-supported facilities. To ensure secure patient information, IMB switched from paper to digital records by using a tablet-based app called mUzima.

Together with the Rwanda Biomedical Center, Clinton Health Access Initiative, and Brigham and Women's Hospital, IMB has trained over 694 clinicians at 273 health centers and 22 hospitals, enabling the tool to be routinely used in the early detection program. For managing patient data and ensuring consistent cancer care, mUzima has been a revolutionary tool. ■

Sierra Leone

{ PIH Sierra Leone }

Population:
8.6 million

Serving Since:
2014

Key Facts:

- Invited by the national government to work in Sierra Leone during West Africa's Ebola outbreak
- Has among the world's highest cure rates for multidrug-resistant tuberculosis at PIH-supported Lakka Government Hospital
- No longer ranks in the top three countries with the highest maternal mortality rates, with more progress to come with the addition of the Maternal Center of Excellence



YOUR IMPACT THIS YEAR

15,200+ mental health visits conducted by mental health providers

3,700+ TB tests performed



FOSTERING YOUTH MENTAL HEALTH

In 2021, PIH Sierra Leone opened the country's first Child and Adolescent Mental Health unit at the Sierra Leone Psychiatric Teaching Hospital in Freetown. Supported by PIH Sierra Leone and generous donors like you, the unit creates a space for caregivers and young people, from 4 months to 18 years old, to confidently manage their mental health. Over the past three years, the flow of patients has grown significantly, from 76 in the first year to over 400 in the last two years.

Each week, the team dedicates one day to new patient visits at the hospital and conducts home visits and school outreach the rest of the week. The school outreach program has supported 80 schools, educating principals and teachers about common signs of mental health conditions that may affect development. On Fridays, the unit offers group therapy sessions for parents and skills training for children facing educational barriers. This holistic approach to mental health care ensures that youth have the treatment and support they need to reach their full potential. ■

ABOVE: Nurse Hawa Teneh Chedenka checks on 21-year-old Fatmata Kamara, who has been receiving treatment for sickle cell disease through the noncommunicable disease clinic. *Photo by Abubakarr Tappiah Sesay / PIH*



Gladys Abu (right), traditional birth attendant, accompanies expectant mother Mary Senesie for a prenatal appointment. *Photo by Abubakarr Tappiah Sesay / PIH*

COMMUNITY-BASED MATERNAL CARE

Since 2022, PIH Sierra Leone has been working with 191 traditional birth attendants (TBAs), recruiting them as allies and building their trust in the health system. As trusted neighbors and friends, TBAs know and care deeply for the mothers in their communities.

After undergoing training, TBAs are asked to accompany their patients to a local medical facility during pregnancy, delivery, and postnatal care. With your support, PIH provides a monthly wage to TBAs based on the number of referrals they make, providing a strong incentive to connect pregnant women in their communities to health centers.

This year, TBAs in Kono District, where PIH Sierra Leone primarily works, made over 25,000 visits, which has helped reduce the number of obstetric complications, stillbirths, and maternal deaths locally. ■



Kumba Kabba, 30, holds her newborn, who was born prematurely at Koidu Government Hospital after she experienced severe complications before delivery. *Photo by Sabrina Charles / PIH*

51% increase in live births at Koidu Government Hospital over the past three years



MEET VICKY REED, the new executive director of PIH Sierra Leone, a dedicated nurse and leader.
PIH.org/vicky-reed

United States

{PIH-US}

Population: 333.3 million
Serving Since: 2021

Key Facts:

- Born out of PIH's COVID-19 pandemic response in some of the hardest hit areas in the country
- A 20-year gap in life expectancy exists between low-income communities of color and their wealthy white counterparts in many parts of the country
- Advocates for policies and mobilizes resources that lead to a stronger, more just, and responsive community health system



YOUR IMPACT THIS YEAR

2,760+
community health workers (CHWs)

trained or provided professional development support

780+ CHWs & CHW allies

trained to support legislative engagement and build advocacy skills



SUPPORT FOR COMMUNITY HEALTH WORKERS

PIH-US has helped shape and advance the Community Health Worker (CHW) Access Act, a bill that would increase access to CHW services for Medicare and Medicaid beneficiaries by improving reimbursement for the workforce in Medicare and supporting their integration into Medicaid.

PIH-US, CHW coalitions, and PIH Engage—a grassroots advocacy network—have been partnering to advance this legislation, meeting with office members of 82 U.S. senators and representatives. In March, more than 80 CHWs, allies, and advocates from across the country gathered on Capitol Hill to meet with members of Congress and legislative staff during the second annual CHW Hill Day. This year, Hill Day featured a congressional briefing—hosted jointly by PIH-US and the National Association of Community Health Workers—and a rally in a historic Senate hearing room. ■

ABOVE: On March 12, PIH-US staffers joined the National Association of Community Health Workers in Washington, D.C., to educate congressional members on the critical role of their workforce. *Photo by Melissa Lyttle for PIH*



A group of community health workers, advocates, and PIH-US staff pose on the steps of the U.S. Capitol following a day of advocacy. *Photo by Melissa Lyttle for PIH*



TELL YOUR REPRESENTATIVES
to support the CHW Access Act now.
PIH.org/chw



ADVOCATING FOR THE RIGHT TO HEALTH

PIH Engage is our grassroots advocacy network that recruits, trains, and equips dedicated teams of volunteer community organizers—in high schools, colleges, and major U.S. cities—who mobilize their communities in the fight for health as a human right.

We are grateful for the enthusiasm of our community of over 700 Engagers across 85 local teams, who are dedicated to advancing health equity. We are pleased to introduce you to two such Engagers, Anne Vasquez and Saiya McElderry:

(United States, cont'd on next page)

LEFT: Saiya McElderry and other members of PIH Engage meet with House Representative Adam Smith's staff at the U.S. Capitol during Engage's Training Institute Hill Day. *Photo by Jessey Dearing / PIH*



“I think Partners In Health Engage specifically offers such a rewarding, passionate community—I’ve met some of my lifelong friends through Engage—and it really is the outlet for you to put your passions into action. I think with what’s going on in the world right now, there’s a lot of hurtful, very harmful things to be seen, and so this really has given me the opportunity to do something about it and step forward with other very like-minded people and meet so many people from different backgrounds.”

ANNE VASQUEZ,
Engager since 2019 and fourth-year coach supporting Engage chapters on the East Coast

“I joined PIH Engage as a freshman in high school, and around that time, my mom had some troubles accessing health care, because she didn’t have health insurance with her job. I came in with a bit of a pessimistic mindset and Engage is so much about rejecting cynicism and, instead, embracing this hopeful, global vision about what the world could look like and how things like human rights [and] health care can be accessible to everyone. And once you start having that mindset, it can change who you are as a person, and the mindset you have when you go out and do work like this.”

SAIYA MCELDERRY,
High school leader from the Bainbridge Island High School Engage chapter

Dr. Hiren Patel (left) checks Lorenzo Ward’s blood pressure during the Heritage and Health Day in Montgomery organized by the Central Alabama Neighborhood Health Initiative. Photo by Bob Miller for PIH



68,700+
community members reached
by community health workers

GLOBAL APPROACH GUIDES LOCAL ACCOMPANIMENT

With your support, PIH partners with local and national governments around the world to build stronger, more equitable health systems by informing policy, resource allocation, and power structures. Over the past year, PIH-US has facilitated several learning exchanges with other PIH teams around the world to discuss strategies and lessons learned for government accompaniment.

By learning from global teams’ lived experiences and success, PIH-US is building a framework for how best to accompany local governments in health system strengthening. Support for this work was provided by the Robert Wood Johnson Foundation. ■

LONG-TERM INVESTMENT IN PIH-US

We are grateful to our partners at the AbbVie Foundation for awarding PIH-US a five-year grant to support the expansion and sustainability of community health worker (CHW) programming by outlining best practices and advocating for the CHW workforce.

Building on our long-standing global partnership, this significant investment will improve access to health care, strengthen community-based support and infrastructure, and address systemic barriers to health in historically marginalized communities in Alabama, Florida, New Jersey, Arizona, and North Carolina. This work, informed by community members, leverages proven models of support to improve health equity where PIH-US works. ■

Innovative Care

This is an Andean fabric used by Quechua and Aymara communities in Peru. It reflects the cultural and symbolic richness of the region by using vibrant colors like red, which symbolizes strength and life; yellow, associated with fertility and sunshine; green, representing nature, the Amazon, and the land; and blue, evoking the rivers, the Pacific Ocean, and the sky.

Transformative Work

There are many ways in which PIH's efforts in one country are intertwined with work done in another. Whether supplying oxygen to patients, training future health care leaders, protecting maternal and child health, or increasing access to TB treatment, see how our staff weave innovation, accessibility, and empathy into a tapestry of care.

Oxygen Systems

Improving care and access to medical oxygen

ABOVE: Mphatso Gunda, biomedical engineer with Abwenzi Pa Za Umoyo, makes necessary repairs in Neno District Hospital's oxygen production plant in Malawi. Photo by Caitlin Kleiboer / PIH



THE GLOBAL OXYGEN ALLIANCE

PIH is honored to be a member of the Global Oxygen Alliance, or GO₂AL, a multi-stakeholder partnership hosted by Unitaid, the World Health Organization, and the United Nations Children's Fund. GO₂AL aims to harness partnerships to contribute to a world in which safe, affordable, high-quality medical oxygen is available and equitably accessible to all, and where investments in oxygen systems made during the COVID-19 pandemic are sustained. GO₂AL is also engaging in advocacy to elevate the voices of communities and of those reinforcing oxygen systems locally. PIH is excited to support this alliance through technical insights, advocacy, and financial support. ■

OXYGEN IS LIFE

In December 2021, PIH launched Building Reliable Integrated and Next Generation Oxygen Services, or BRING O2, to accelerate access to safe, reliable, and quality medical oxygen in Malawi, Rwanda, Peru, Lesotho, and Madagascar—all done in partnership with Unitaid, Build Health International, and Pivot Health Madagascar.

By the end of last year, BRING O2 purchased or repaired 27 oxygen plants, repaired or installed 234 oxygen concentrators, installed piping to deliver oxygen to over 500 hospital beds, established several strong regional oxygen distribution networks, and trained 146 biomedical and 479 clinical staff in those five countries. This has provided enough oxygen to treat more than 125,000 patients per year.

Abwenzi Pa Za Umoyo (APZU), as PIH is known in Malawi, has been working on BRING O2 in collaboration with the Ministry of Health and has made significant progress. This year, APZU installed an oxygen plant in the southern rural district of Chikwawa. Before then, hospitals in Chikwawa and neighboring Nsanje District relied on oxygen produced in distant facilities, creating delays and, in severe cases, threatening lives. APZU also purchased a truck to distribute oxygen cylinders from the new plant to health facilities in both districts—ensuring oxygen can reach those who need it most. ■

DEVELOPING A GLOBAL OXYGEN ROADMAP

PIH staff collaborated with the World Health Organization's Emergency Response team to help plan and facilitate the National Oxygen Scale-Up Framework Meeting: Road to Oxygen Access, which was hosted in Senegal in May.

This first-of-its-kind meeting explored the necessary components of a national oxygen plan and created a template that countries can adapt to address their unique needs. There were 63 member states and over 70 partners at the event, a major milestone on the road to sustainable access to medical oxygen for all. ■

“Having medical oxygen available 24 hours a day means having the possibility of saving [many] lives. We all deserve to receive the best health care and delivery, [provided] with quality and equal opportunity.”
DR. LUIS CÁCERES,
who was supplied oxygen from BRING O2 in Peru

YOUR IMPACT

By the end of last year, through BRING O2:



27
oxygen plants
were purchased or repaired



234 oxygen concentrators
were repaired or installed



146 biomedical staff and 479 clinical staff
from five countries were trained



SIERRA LEONE

Training & Education

Personal and professional development of health workers

ABOVE: Nurse Lillian Phillie leads a health discussion about diet and lifestyle at the PIH-supported non-communicable disease clinic at Koidu Government Hospital in Sierra Leone. Photo by Michael Duff for PIH

PEER-DRIVEN HEALTH EDUCATION

Since 2021, PIH Sierra Leone has been conducting outreach to local schools to improve adolescents' understanding of key health issues—including those relating to sexual and reproductive health—and to increase awareness about services offered at the free adolescent clinic at PIH-supported Koidu Government Hospital.

By forming clubs at the schools and training peer educators, PIH Sierra Leone has reached over 5,000 adolescents across 10 schools. Your support has also helped peer educators get to know the hospital's adolescent health staff, develop skills and passion for promoting key health issues, and discover new career paths within health care. ■

BUILDING LIBERIA'S HEALTH WORKFORCE

Only in the past several years has James Jenkins (J.J.) Dossen Memorial Hospital in Maryland County begun to have specialist doctors, such as infectious disease experts and OB/GYNs. Like most county hospitals outside Monrovia, the nation's capital, J.J. Dossen was staffed by a small number of general practitioners who also juggled leadership and administrative responsibilities.

The hospital's new Family Medicine Residency Program, which was launched in rural Harper in partnership with the Liberian College of Physicians and Surgeons this year with five clinicians, is part of PIH's commitment to strengthening Liberia's health workforce, developing the next generation of health care professionals. ■

INTERNATIONAL ACCREDITATION IN HAITI

In May, the emergency medicine program at Hôpital Universitaire de Mirebalais, the first and only residency program of its kind in Haiti, was awarded accreditation by ACGME-I—the international arm of the U.S.-based Accreditation Council for Graduate Medical Education—for meeting international standards for institutional, foundational, and advanced specialty training. The residency, started in 2014, extends over a three-year period and welcomes seven doctors each year. This is the hospital's third medical residency program to be awarded accreditation. ■

(Training & Education, cont'd on next page.)



First-year Resident Dr. Rémy (left) and Attending Physician Dr. Plaisimond (right) go over patient charts in Hôpital Universitaire de Mirebalais's emergency room. Photo by Mélissa Jeanty / PIH

YOUR IMPACT



259 clinicians across 12 specialties trained through Zanmi Lasante's medical education program since 2015



37 clinicians graduated from the emergency medicine residency at Hôpital Universitaire de Mirebalais in Haiti since the program started in 2014



30,000+ users of Socio En Salud's Center for Global Health educational programming, from 120 countries



The third cohort of UGHE Bachelor of Medicine, Bachelor of Surgery students celebrate after receiving their white coats during a ceremony in Butaro, Rwanda. Photo by Asher Habinshuti / PIH

228 graduates
from UGHE's
Master of Science in
Global Health Delivery
program since 2015

RWANDA

A TOP-RANKED UNIVERSITY

The University of Global Health Equity (UGHE) brings a new approach to recruiting and training health professionals, with support and guidance from the Bill & Melinda Gates Foundation, Cummings Foundation, and other essential partners. Led by internationally recognized faculty and staff from around the world, UGHE builds on PIH's three decades of experience in delivering health services to some of the world's most impoverished communities. Here are some highlights from this year:

- **New Leadership** In April, after an international search, Professor Philip Cotton began his tenure as the university's next vice chancellor. Cotton, a dual citizen of the United Kingdom and Rwanda, brings with him a strong commitment to Rwanda and a passion for the ways education can transform students and society.

- **International Recognition** Times Higher Education announced that UGHE was ranked 8th in the Sub-Saharan Africa University Rankings. This inaugural ranking included 117 universities from across sub-Saharan Africa, measured by their resources and finance, access and fairness, teaching skills, student engagement, and Africa impact.
- **Post-Graduation Plans** Alumnus Majok Deng Akok graduated from UGHE with his Master of Science in Global Health Delivery with a focus on Global Surgery in August. Akok hopes to use his education to strengthen health care leadership in his home country of South Sudan. His work during the 2023 refugee crisis exposed him to the weaknesses in the country's health system, especially in surgical care. This experience has driven his ambition to build a resilient health

system in South Sudan, combining clinical practice with public health policy to address both individual and community health needs.

"This academic milestone is not about me, but honestly about the over 12 million South Sudanese whose lives will be improved because of my efforts to transform surgical health care delivery in South Sudan," Akok shared. "For me, this is just a step in my journey to changing the fragile health care system in South Sudan."

- **Paul E. Farmer Scholarship Fund** Merci Uwingeneye, a medical student in UGHE's class of 2028, grew up in a rural village that had limited access to health care services. Uwingeneye's dream of becoming a medical doctor blossomed in high school, after his sister fell ill and he witnessed the diligent care her

doctors provided. As he began the search for a medical school, UGHE's mission resonated deeply with his vision of providing equitable care to all, regardless of socioeconomic background.

As a recipient of the Paul E. Farmer Scholarship Fund, Uwingeneye has his tuition, room, board, and expenses covered, so he can fully focus on his studies. Aspiring to become a pediatric surgeon, he hopes to use his experience at UGHE to give back to the community, promote health equity, and advocate for health care as a fundamental right for all. Thank you to the Bill & Melinda Gates Foundation and the many other wonderful supporters who have contributed to the Fund and helped students like Uwingeneye pursue their dreams as future physicians and global health leaders. ■



Merci Uwingeneye, a Bachelor of Medicine, Bachelor of Surgery class of 2028 student, practices treating patients in UGHE's simulation lab. Photo by Alain Patrick Irere Hirwa / PIH

“
As a registered nurse who has witnessed firsthand the incredible training and education UGHE is providing the next generation of health care professionals, I am committed to supporting the innovative, evidence-based, and forward-thinking work being done by PIHers all around the world.
NADIA RAYMOND,
PhD, RN, PIH Board of Trustees



SIERRA LEONE

Maternal & Child Health

Improving health systems on behalf of women and their families

ABOVE: Zaineb Kanneh, a 19-year-old student who aspires to be a nurse, visits Jojoima Community Health Center for prenatal care. Photo by Caitlin Kleiboer / PIH

A HOME AWAY FROM HOME

Lesotho's rugged, mountainous terrain poses significant barriers for pregnant women seeking care. Instead of walking for hours to their nearest health center, they may instead give birth at home, which can lead to complications and contribute to the country's high maternal mortality rate. To tackle this problem, PIH Lesotho and the Ministry of Health have established maternal waiting homes near health facilities in remote regions.

The new homes offer a safe place for women to anticipate labor and stay with their newborns closer to health centers, complete with essentials like food, linens, and hygiene kits, provided by PIH thanks to your support. In Lebakeng, where the previous facility could only host four women, the newly built maternal waiting home has 32 beds and prenatal, examination, and postnatal wards. ■

TRANSFORMING A HEALTH CENTER

In addition to the construction of the Maternal Center of Excellence, PIH Sierra Leone is working to increase facility-based deliveries, access to basic nutrition services, and the number of pregnant women who receive care—especially in rural areas—through the Quality Essential Health Services and Systems Support Project (QEHSSSP), funded by the World Bank and in partnership with the national government.

As part of QEHSSSP, Jojoima Community Health Center, an expansive new facility in the remote Kailahun District, opened in May 2023 and has already seen a tremendous increase in patient visits over the past year, from 1,800 in January to over 3,800 in May 2024. Before, there was no surgical capacity at the old facility, and no access to running water, electricity, or a sufficient stock of essential medications.

It's a different world at Jojoima Community Health Center, a modern, well-equipped facility that specializes in maternal and newborn care and provides other essential health services, including pediatric care and diagnostics. PIH Sierra Leone celebrated the first surgeries there last November, when six children underwent hernia repair procedures completely free of charge thanks to your generosity. ■

DIGNIFIED CARE FOR MOTHERS

Last summer, Compañeros En Salud (CES), as PIH is known in Mexico, opened a new maternal health center, with support from Margaret A. Cargill Philanthropies, in one of the deadliest places to give birth in Chiapas. The center—called Casa Materna and modeled off CES's first such facility in Jaltenango—now provides dignified care for mothers and newborns in Siltepec, serving a population of up to 32,000 people.

Led by nurses and midwives, Casa Materna's respectful childbirth model focuses on the needs of patients by recognizing their autonomy and empowering them to make key decisions. Expectant mothers choose their birthing positions, whether to use medications, what they would like in the labor room, and who will be present. ■

“We want to rethink and rebuild the way births are attended in Chiapas, so that women recognize that their body is theirs and that they can have control over the care they receive.”

ESTEFANÍA MONTERROSAS,
Casa Materna clinical supervisor

YOUR IMPACT



1.8 million+ women's health visits to support the wellness of women and mothers



154,000+ prenatal care visits for expectant mothers



57,000+ facility-based deliveries at PIH-supported clinics around the world

YOUR IMPACT



3,200 patients completed a full course of TB treatment



36,600+ TB tests performed across PIH-supported care delivery sites



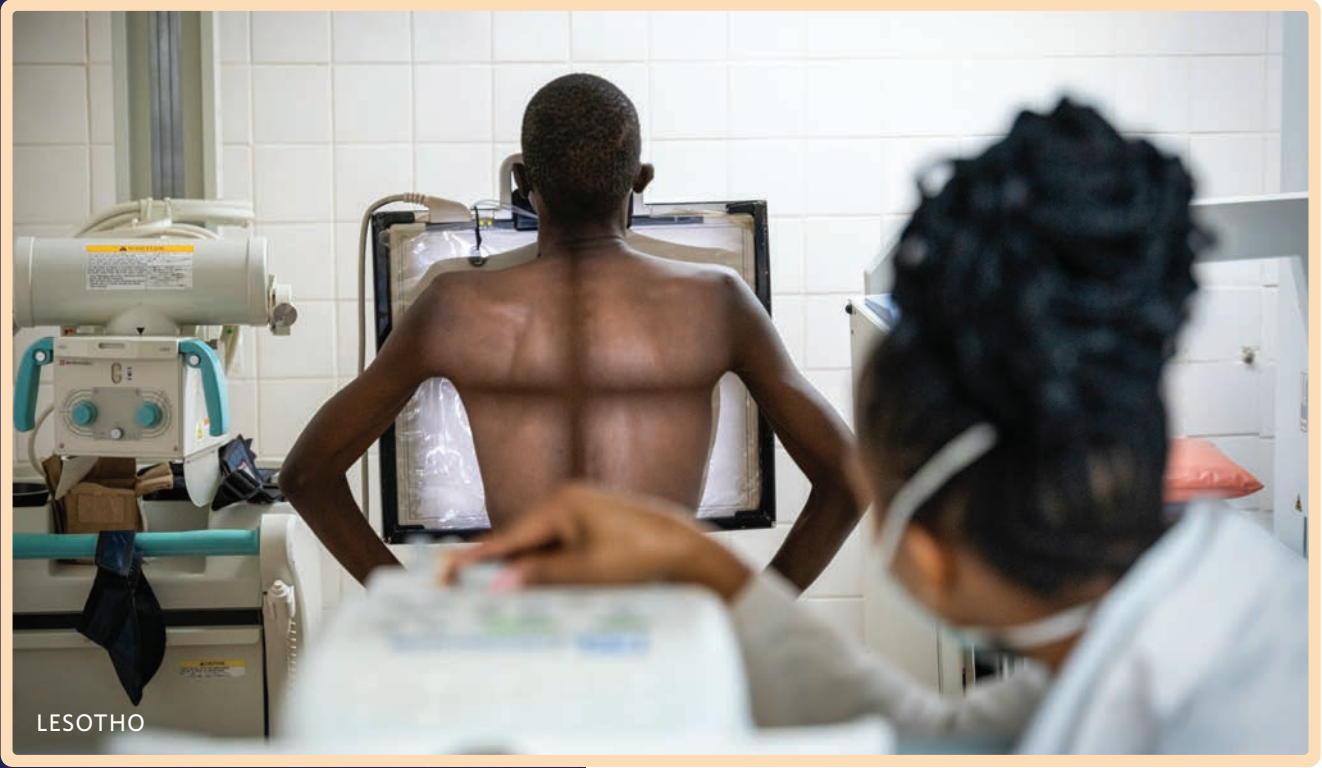
12,000+ emails generated and **130 constituent meetings** held with congressional staff by PIH's advocacy teams to pass the *End TB Now Act*

presented with endTB's results at the end of 2023. Nearly 40% of clinical trial participants were Peruvian, which gave the government confidence that these regimens could successfully be adopted nationwide. The Ministry of Health has already ordered more of the medications used by endTB to expand treatment to other regions of Peru and will be updating their TB treatment standards to include these shorter regimens.

In August, life-changing news arrived for TB patients worldwide. The World Health Organization (WHO) recommended the use of three new MDR-TB treatment regimens studied in the endTB clinical trial, a pivotal decision as countries

often determine treatment protocols based on WHO recommendations. These regimens underwent thorough independent evidence review for guideline inclusion and now join the WHO-approved treatments for MDR-TB. Notably, the endTB regimens were the first to show promising results for groups historically excluded or delayed in accessing medical innovations—children, adolescents, and pregnant and breastfeeding women. Building on this significant achievement, PIH is helping countries around the world implement the new treatment regimens. ■

(Tuberculosis, cont'd on next page)



LESOTHO

MAJOR TREATMENT MILESTONES

The endTB project—a partnership between PIH, Médecins Sans Frontières, and Interactive Research and Development and funded by Unitaid—dramatically improved treatment of multidrug-resistant tuberculosis (MDR-TB) through clinical trials of new drugs and shorter treatment regimens.

EndTB brought two new drugs—bedaquiline and delamanid—to 17 countries with significant burdens of MDR-TB, including PIH-supported Kazakhstan, Lesotho, and Peru. Our hope is to dramatically expand access to these new MDR-TB treatment regimens globally and, ultimately, improve the quality of life for countless patients.

In Peru, the Ministry of Health was quick to implement the new shorter, oral treatment regimens when



Peru's endTB team conducted home visits to check in on patients, including this family, and follow up on their well-being after treatment. Photo by William Castro Rodriguez for PIH

Tuberculosis
Treating the deadliest infectious disease

ABOVE: Mohau Nyapholi, a radiographer at Botšabelo Hospital in Lesotho, conducts a chest X-ray on Kaizer Mahapa, who requires supplemental oxygen due to lung damage from multidrug-resistant TB. Photo by Caitlin Kleiboer / PIH



LESOTHO

FOLLOW ALONG
See Nthabiseng Mokone's journey home after six months of inpatient care for multidrug-resistant TB.
[PIH.org/mdr-tb](https://www.pih.org/mdr-tb)

As part of the TB hunter program, Maposholi Posholi (left), TB program assistant in Lesotho, asks Maamohelang Ramatlakala questions during her family's TB screening. Photo by Janissa Delzo / PIH

USING TECHNOLOGY TO TRANSFORM CARE

PIH Lesotho is redefining care for patients living with tuberculosis (TB) through TB hunter, a revolutionary tool utilizing artificial intelligence, point of care testing, and geographic information system technology to significantly enhance TB management in Lesotho, and potentially around the world.

TB hunter covers the entire TB care continuum, from initial screening and testing to treatment and follow-up, including assessments for post-TB lung disease. It also ensures effective tracking and management of care, from patient entry to outpatient care.

Since its implementation in 2023, TB hunter has boosted TB detection from 75% to 93% while also improving contact tracing and hotspot identification. Early detection and treatment are critical to



LESOTHO

TB Program Assistant Maposholi Posholi (left) screens a family for TB as part of PIH Lesotho's TB hunter program. Photo by Nishant Chandrasekar / PIH

improving outcomes. With TB hunter, Lesotho is taking a significant step toward eradicating TB, showcasing the power of innovation in addressing global health challenges. ■

ACCESSIBLE CARE IN KAZAKHSTAN

In August 2023, Aisara* thought her cough and weakness were just a common cold. When she began losing weight and her cough worsened, the 41-year-old mother of four visited a nearby clinic, where her sputum sample and chest X-ray confirmed that she had tuberculosis (TB). Unfortunately, follow-up testing conducted by PIH Kazakhstan staff revealed she had multi-drug-resistant TB (MDR-TB), a more complicated and deadlier strain to treat.

Aisara was hospitalized in a PIH-supported TB clinic, where doctors also provided education on her condition. PIH Kazakhstan staff offered Aisara a new shorter, nine-month treatment regimen—compared to the standard 18-months—that had

been successful among other MDR-TB patients. After consulting with her family, she agreed and never missed a dose of medication during her nine months of care.

“During treatment, I realized that in order to recover from any disease, you need the support of loved ones, a positive attitude toward treatment, and good, professional health workers who you can trust,” said Aisara.

With your support, PIH has helped make MDR-TB care more accessible for patients like Aisara. Today, she's grateful for the treatment she received and that, in a relatively short amount of time, she's healthy and home with her family. ■

(Tuberculosis, cont'd on next page)



LIBERIA

Dr. Maxo Luma, PIH Liberia's executive director, visits Ida Dennis, a patient who received months of treatment for multidrug-resistant TB at J.J. Dossen Memorial Hospital. Photo by Caitlin Kleiboer / PIH

“
Clinicians can now offer these advances to nearly all patients, thereby increasing chances of cure while reducing exposure to treatment toxicity and reducing the spread of drug-resistant forms of TB in the community.”
CAROLE MITNICK, ScD, PIH
Director of Research for the endTB project, Co-Principal Investigator of the study, and Professor of Global Health & Social Medicine at Harvard Medical School

*Patient gave permission to use first name only

LEADING THROUGH INNOVATIVE CARE

In partnership with the Ministry of Health, PIH Sierra Leone has provided more than 900 patients living with multidrug-resistant tuberculosis (MDR-TB) free services at Lakka Government Hospital since 2017, thanks to your support. Lakka clinicians and staff have seen a cure rate around 75%, compared to the global average of less than 60%.

Lakka was the first MDR-TB treatment center in the country and, most recently thanks to PIH's advocacy, helped Sierra Leone become the first country in the world whose Ministry of Health accepted a shorter, six-month MDR-TB regimen for nationwide use.

While medication is a key part of TB care, support at Lakka extends beyond pills. PIH Sierra Leone also provides personalized social support through housing, food packages, school fees, and mental health care and support. ■



Saio Kamara poses for a portrait outside of Lakka Government Hospital in Sierra Leone after she completed treatment for multidrug-resistant TB and was declared cured. *Photo by Caitlin Kleiboer / PIH*



900+ patients with MDR-TB have received free services at Lakka Government Hospital since 2017

Dr. Girum Tefera checks on Sorie Kamara, a father of three, five days into his course of treatment for multidrug-resistant TB at Lakka Government Hospital. *Photo by Caitlin Kleiboer / PIH*



Pilar Armuto, a Socios En Salud nurse, evaluates a participant in Peru's endTB clinical trial studying approved drugs for multidrug-resistant TB. *Photo by Joanna Arcos / PIH*



TAKE ACTION

Demonstrate your support by calling on your legislators to back the End TB Now Act.

PIH.org/endTB

ADVOCACY IN ACTION

Despite being completely treatable, TB is still the deadliest infectious disease, largely impacting people living in low- and middle-income countries. PIH has been working for years to challenge this injustice by advocating alongside supporters and partners. Joining a movement of TB survivors, governments, health care providers, and other activists—including John Green, PIH trustee and best-selling author—PIH is fighting for more accessible TB testing, treatment, and prevention worldwide.

In 2019, PIH Co-founder Dr. Paul Farmer, PIH staff, and Harvard University colleagues began supporting efforts to codify comprehensive TB elimination strategies into federal law. The End TB Now Act of 2023—a bill requiring all U.S. government-funded TB programs to deliver the

highest standard of TB care—is a reflection of their determination. This year, PIH called on Congress to take action through the act, which specifically addresses drug-resistant strains of the disease and outlines updated practices and technologies to strengthen TB response in the most vulnerable populations.

With the support of John Green, TB survivors, thousands of PIH supporters, and PIH Engage members, individuals have taken direct action—in honor of Farmer's legacy of proving what is possible in TB care—by writing their members of Congress and holding constituent meetings in support of the act. In September, their efforts were validated when the act passed the U.S. Senate. Now, this incredible coalition of TB fighters are working to ensure it passes the House of Representatives. ■

Looking Ahead

We recognize that many of our projects at PIH take years of hard work and dedication and often can't be captured in an annual snapshot. Our long-term investment in local health systems is critical to making lasting change and creating a healthier world.



We are incredibly grateful for our donors and partners who continue to accompany us on this journey year after year.

STRENGTHENING LESOTHO'S PRIMARY CARE SYSTEM

In April, PIH Lesotho was awarded a five-year contract with Millennium Challenge Corporation (MCC)—a bipartisan effort by the U.S. Congress—for the MCA Health System Strengthening Technical Assistance project. PIH Lesotho will serve as technical advisors to the Ministry of Health and Millennium Challenge Account to strengthen the country's primary care by providing expertise to improve technical areas such as community health care, digital health systems, and the integration of countering gender-based violence approaches. PIH Lesotho is the first PIH team to receive an award from MCC. ■

INVESTING IN NURSE LEADERSHIP

At PIH, we believe nurses are changemakers, ever guided by their bedside experience and proximity to patients. With support from Takeda Pharmaceuticals' Global Corporate Social Responsibility Program, PIH has begun elevating thousands of nurses across eight countries over the course of four years as leaders in patient care, governance, and policy. These nurses, most of whom are women from the communities they serve, are challenging existing power structures and contributing to meaningful progress toward equity in health care leadership across gender, socioeconomic, and racial lines. ■

THE MATERNAL CENTER OF EXCELLENCE

The Maternal Center of Excellence (MCOE) will provide advanced maternal and child health services as the first-of-its-kind facility in Sierra Leone. The center will dramatically expand nearby Koidu Government Hospital's 61-bed maternal ward and special care baby unit.

A collaborative effort among the government of Sierra Leone, PIH, our donors, and longtime partner Build Health International, the MCOE will expand and scale up maternal, child, and reproductive health services; provide new clinical education opportunities for doctors, midwives, and nurses; and serve as a blueprint for future investments in women and children's health—both inside the country, and around the world.

Since 2021, our construction crew—with women currently comprising 67% of the team, an unprecedented occurrence in this male-dominated field—has been hard at work.

Upon completion, the facility will boast multiple buildings, including a triage area, critical care unit, maternal ward, Kono's first-ever neonatal intensive care unit, labor and delivery suites, a surgical suite, an adolescent and youth friendly space, and more.

The MCOE is projected to provide a 120% increase in facility-based deliveries, 140% increase in district-wide C-sections, and tripling of the number of family planning visits. All of this means fewer women will die due to complications of pregnancy or childbirth, and more will be able to choose when or if they want to become mothers. It's an ambitious solution to Sierra Leone's maternal mortality rate, one of the highest in the world.

We look forward to this facility opening its doors to the women and children of Sierra Leone—and beyond—who will benefit from its expanded programs and comprehensive care. ■



Aerial view of the entrance to the birthing center of the future Maternal Center of Excellence in Sierra Leone. Photo by Abubakarr Tappiah Sesay / PIH

“
As a mother and grandmother, and because of my late mother's work in reproductive health, I truly value my partnership with PIH and the many ways they are advancing reproductive and maternal health care in Sierra Leone and across the world.”
JESSICA STRAUSS,
LCSW-C, PIH Supporter

Stronger Together

African wax prints, known as Ankara in West Africa and Kitenge in East Africa, are a popular fabric that can be found all over the continent. The prints and designs originated as a form of storytelling, an unspoken language connecting people to politics, religion, and culture. Wax prints and their various designs, like the one shown here, have become a symbol of African culture and fashion.

Guided by Partnership

While much of our work happens at the bedside, it is closely tied to parallel efforts in conversations, conferences, and the halls of Congress. Your partnership, behind-the-scenes handiwork, and generosity make all the work woven into these pages possible. In this final section, meet a few of our supporters like you, get to know PIH leadership, and review this year's financial report.

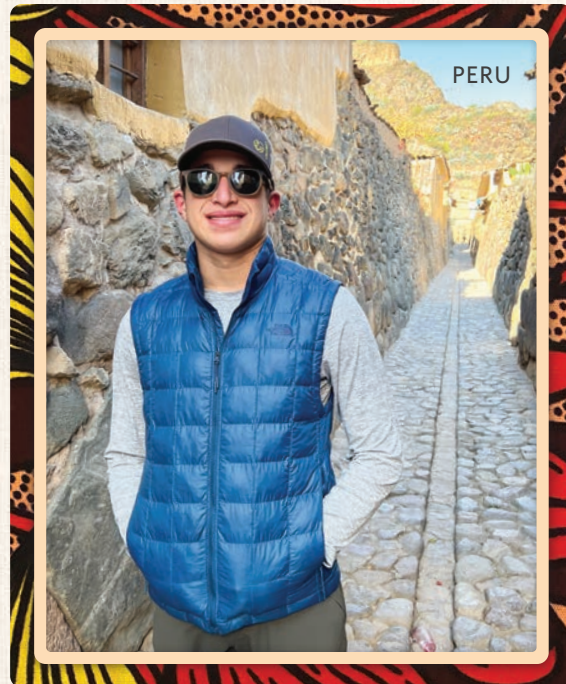
Supporters

As a PIH supporter, your generosity helps create meaningful change in the lives of patients and families globally. Read on to meet more of the PIH community and learn how they became inspired to give.

RIGHT: Patrick Francis, 19, was trained in tailoring and given startup capital to buy items, like his sewing machine, through the ASPIRE Project in Malawi, which teaches entrepreneurial skills. Photo by Madock Masina / PIH



MALAWI



PERU

ETHAN PERLYN

In the spring of 2024, my father and I had the privilege of witnessing firsthand the incredible projects Socios En Salud, as PIH is known in Peru, is undertaking to improve the lives of their patients. I was particularly moved by how PIH is utilizing micro-financing to empower patients and their families. I met a young woman with schizophrenia who was running a nail salon with the help of a small loan from PIH. It was amazing to see how proud she was to help support her family by earning money through the business she was empowered to build.

That experience inspired my brother and I, who are small business owners, to support PIH and efforts to expand micro-finance projects. I look forward to helping PIH support their patients in every aspect of life that could improve their overall well-being and discovering new ways I can contribute. ■

PAUL BUTTENWIESER, M.D.

PIH Board of Trustees

My wife, Katie, and I have been deeply involved with poverty issues in Boston, founding a non-profit that works with families experiencing homelessness. As an informal mentor to Paul since his time as a Harvard student and as a supporter of PIH since its earliest days, I was grateful to eventually join the Board of Trustees in 2012, as we felt it would allow us to extend our commitment to serve the lives of the poor throughout the world.

I continue to be inspired by the global health movement Paul started decades ago and PIH's model of health care delivery, particularly its emphasis on accompaniment and the breakdown of hierarchy when it comes to the caregiver and patient. We had the opportunity to visit Compañeros En Salud, as PIH is known in Mexico, and were moved by the dedication and spirit of all the workers who carry out this model every day. ■



UNITED STATES



Compañeros En Salud clinical supervisors participate in a course on emergency response, practicing CPR on a manikin. Photo by Francisco Terán / PIH

THE LYNCH FOUNDATION

Katie Everett, Executive Director

The Lynch Foundation has supported PIH for over three decades, continuously inspired by Paul and others with the extraordinary vision and tenacity to provide health care options, and hope, for the poor. Our trustees continue to be impressed with the evolution of the organization to create global systemic changes that help deliver and support long-term health care solutions, regardless of the challenges.

Through our investment in the University of Global Health Equity, we hope to support PIH to upend the paradigm of global health education by contextualizing its education in areas where care is most needed. We have benefitted from the remarkable leadership and partnerships that PIH



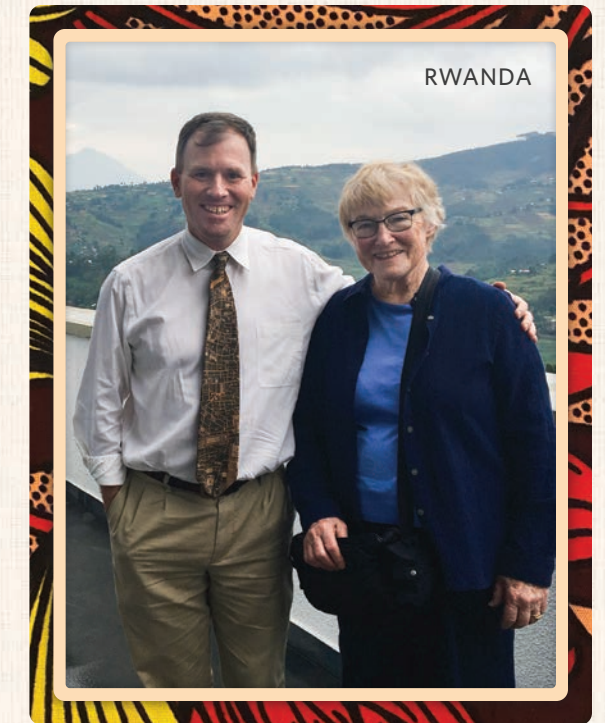
has built over these years and have watched as millions of lives changed for the better, including when they responded to a tuberculosis outbreak in Carabayllo, Peru, which utilized medical expertise and local partnerships to serve the poor with dignity, love, and effectiveness. ■

ABOVE: Nina Sandra Natasha Ngowi, UGHE Masters of Global Health Delivery Class of 2024 graduate, enjoys the ceremony with her son, Isheja Vania Rubagumya. Photo by Asher Habinshuti / PIH

BENJAMIN AND JULIA KAHRL

While attending the Global Health Film Festival in London in 2017, I had the privilege of meeting Dr. Agnes Binagwaho, the early champion and inaugural vice chancellor of the University of Global Health Equity (UGHE) in Rwanda and learn about its ambitious vision. After my mother and I traveled to visit the campus later that year, we were inspired to financially support UGHE's mission. Our commitment aims to bolster its efforts to provide high-quality health care education and position the university as a resource for the next generation of health care professionals and other universities across Africa.

We have since returned to the UGHE campus, eager to expand our partnership and support UGHE's initiatives, including the development of simulation-based learning, which we believe is essential for delivering high-quality health care education. With its dedicated staff and exceptional standards, UGHE stands out as one of the most effective models of its kind. ■



Abebe Muche Moges (left), UGHE associate professor and head of human anatomy, demonstrates to Gisele Hirwa Uwacu (right), class of 2029 medical student, how to determine blood type. Photo by Asher Habinshuti / PIH

BRANDON BLANCHARD

As a restaurant owner, I am passionate about highlighting food from the African diaspora and sparking conversations about the impacts of colonization on culinary traditions. The first iteration of our dinner menu focuses on the Caribbean, specifically Haiti and Trinidad, and we find value and purpose in supporting organizations with similar missions to help bring awareness to the struggles of Haiti.

Learning about PIH's mission to provide quality health care for all and build long-lasting partnerships within the communities they serve inspired our ongoing partnership. We are grateful to support PIH's efforts to partner with health care and social justice experts and look forward to continuing to educate our community about PIH's important work around the world. ■



Giselène Millien works in the kitchen of Hôpital Universitaire de Mirebalais, providing nutritious meals to patients and staff. Photo by Mélissa Jeanty / PIH



ANDREW LAZARUS, NAOMI JANOWITZ, ANDREW & GIDEON LAZARUS

Naomi Janowitz and Andrew Lazarus were inspired to deepen their partnership with PIH after Andrew's father, Arthur Lazarus, Jr., passed away in 2019. Arthur had devoted his career to Native American legal rights and training the next generation of Native American lawyers. For their family, supporting PIH's work in the Navajo Nation felt like an opportunity to honor his values.

Recognizing that creating structural change in health care requires long-term commitment, Naomi and Andrew have decided to remember PIH in their estate plan with a legacy gift—a deferred gift by will, trust, annuity, or other accounts.

“Deciding which organizations to include in our legacy planning is an intergenerational decision in our family, and our sons are deeply proud to

continue their grandfather's work.”

For those considering charitable estate plans, they offer: “Take your time. Look for something where your contributions will make a difference and will be spent with care.”

PIH's legacy society, Tom's Circle, is named after Tom White, a PIH co-founder and PIH's first donor. Legacy gifts sustain PIH's work by allowing the organization to be agile, innovative, and financially resilient. ■

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



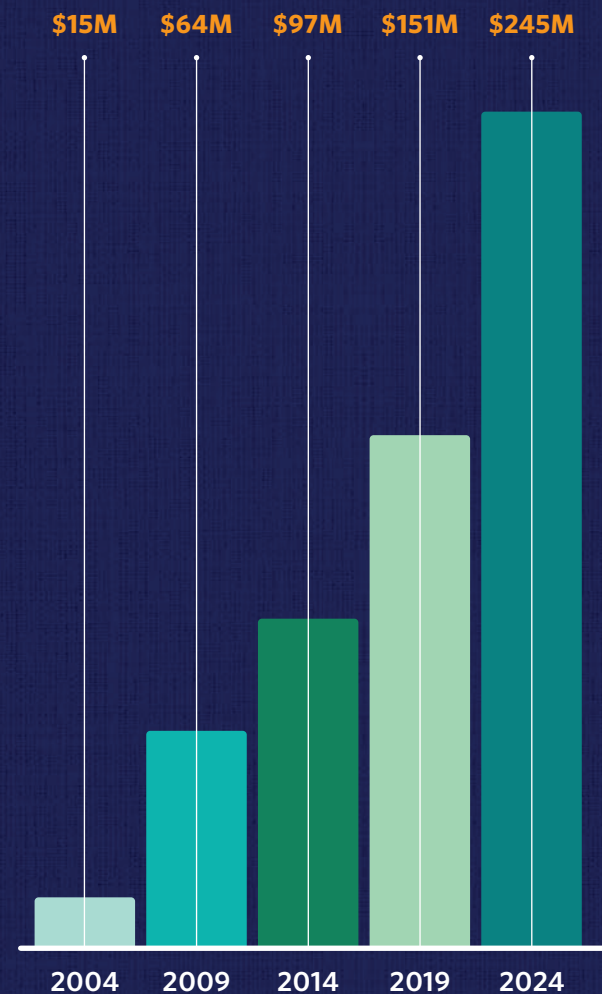
2024 Financial Report

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. Over the past year, PIH has felt the tension that comes from saving resources for the future while also ensuring there are sufficient resources directed toward present-day needs.

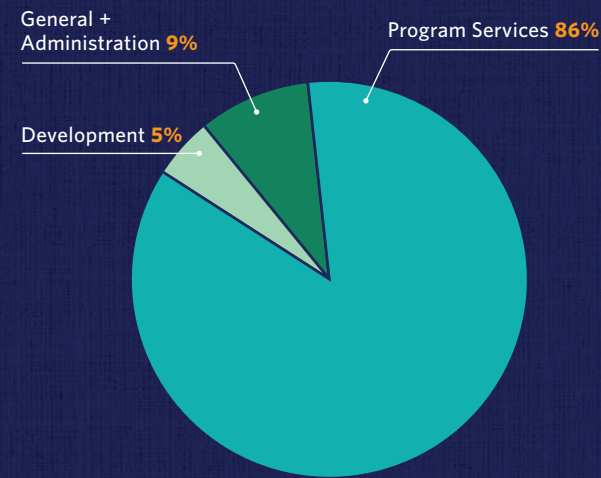
EXPENSE HISTORY

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.

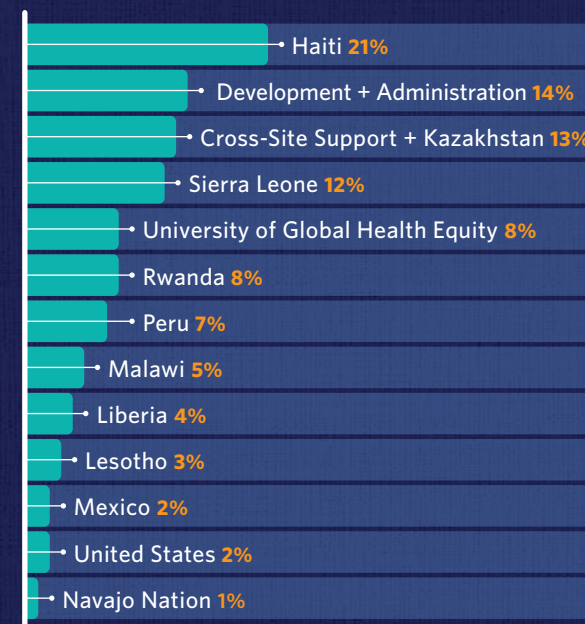


ALLOCATION OF EXPENSES

Total Expenses: **\$245M**

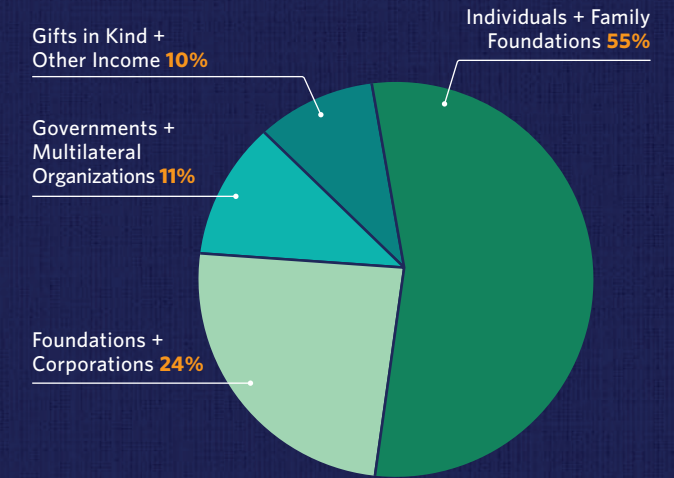


EXPENSES BY PROGRAM SERVICE



REVENUE BY SOURCE

Total Revenue: **\$254M**



IN SUMMARY

In fiscal year 2024, PIH experienced a \$7 million operational deficit. This deficit was planned for and funded through organizational reserves. Apart from this, PIH secured considerable resources for our Paul E. Farmer Scholarship Fund, with the goal of covering student tuition at the University of Global Health Equity for the long-term. This strategic initiative is what drove an \$8 million overall increase in PIH's net financial position.

In the coming year, PIH will continue to focus on raising operational resources to fulfill our mission, 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](https://www.pih.org/AR)

Leadership

Founders

Ophelia Dahl
Chair, PIH Board of Directors; Member, PIH Board of Trustees

Paul Farmer
Chair, PIH Board of Trustees, In Memoriam

Jim Yong Kim
Member, PIH Board of Directors and Board of Trustees; Chancellor, University of Global Health Equity

Todd McCormack
Member, PIH Board of Directors; Co-Vice Chair, PIH Board of Trustees

Thomas J. White
In Memoriam

Senior Leadership

Sheila Davis
Chief Executive Officer

Yerkebulan Algozhin
Executive Director, Kazakhstan

Katie Bollbach
Executive Director, United States

Mark Brender
National Director, Canada

Megan Carbone
Principal, Chief Finance & Systems Officer

Phil Cotton
Vice Chancellor, University of Global Health Equity

Francesco De Flaviis
Principal, Chief Advancement & Communications Officer

Luckson Dullie
Chief Leadership Development & Engagement Officer

Nadine Karema
Executive Director, Rwanda

Wesler Lambert
Interim Executive Director, Haiti

Leonid Lecca
Executive Director, Peru

Maxo Luma
Executive Director, Liberia

Valeria Macías
Executive Director, Mexico

Cory McMahon
Chief Nursing Officer

Joel Mubiligi
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

Vicky Reed
Executive Director, Sierra Leone

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 Preparedness & Response Officer

Andy Wilson
Chief Development Officer

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Loune Viaud
Greg White
Ellie Wise

PARTNERS IN HEALTH SITE NAMES AND ACRONYMS

APZU: *Abwenzi Pa Za Umoyo*, Malawi

CES: *Compañeros En Salud*, Mexico

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

PIH Kazakhstan: Kazakhstan

IMB: *Inshuti Mu Buzima*, Rwanda

PIH Lesotho: Lesotho

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

Thank You!

Your support is the thread that carries through all of PIH's work. Your dedication helps us to advance health care as a human right.

Alongside our clinicians, community health workers, government partners, patients, advocates, and staff, you are helping us save and improve lives all around the world.

READ THIS REPORT
AND MORE AT
PIH.org/AR



SHARE YOUR FEEDBACK ON THE
2024 ANNUAL REPORT AT
PIH.org/survey-2024



800 Boylston Street, Suite 300, Boston, MA 02199 • 857-880-5600 • PIH.org

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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.

