



annual report **2014**

# where we work

## navajo nation

43% of adults live below the poverty line

## mexico

1 in 8 adults suffers from diabetes

## peru

There is a 74% funding gap for tuberculosis control

## sierra leone

Every 100 births, a mother dies from pregnancy-related complications

## haiti

60% of births are not attended by skilled health staff

## liberia

\$66 is spent on health per person (The United States spends \$8,900 per person.)

## rwanda

There are 6 physicians per 100,000 people (In the United States, there are 241 per 100,000 people.)

## malawi

10% of the adult population is living with HIV

## lesotho

1 in 10 children dies before age 5 (In the United States, it's 1 in 143.)

## ruSSia

170,000 people live with tuberculosis



## 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.



annual report 2014

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



we go

reaching people who need health care

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we make house calls

guiding patients through treatment

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we build health systems

ensuring long-term, high-quality health care

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we stay

seeing our mission through

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we couldn't do this without you

acknowledging those who make our work possible

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Previous page: PIH visits residents of Mtemankhawa, Malawi, to connect them to nearby PIH-supported health centers. Photo by Jon Lascher



Ophelia Dahl listens to an Ebola survivor recount his experiences in an Ebola treatment center in Freetown, Sierra Leone. Photo by Rebecca E. Rollins

Dear Friends,

Returning to Haiti after recently visiting West Africa, Paul Farmer and I are here in Cange with colleagues and partners. It seems fitting to close this year of significant growth and change at Partners In Health in Haiti, where we began. Walking around this bustling campus—and remembering the dusty, barren squatter settlement it once was—I am reminded of all that's possible in settings of poverty: nothing less than the transformation of lives and families and whole communities.

I know our colleagues now responding to the Ebola epidemic in Sierra Leone and Liberia, especially those who've traveled from Haiti to help lead our work there, draw on this example as readily as they do on our decades of experience delivering high-quality care to the poor and vulnerable. Though our work in West Africa is new, the way we do it is unchanged: as in Haiti, in Malawi, in Mexico and all the other places where we work and live, we go where we're needed most. We care for patients in their homes and communities. We work in close partnership with public officials, building capacity and strengthening health systems. And we stay, committed to accompanying the people and communities we serve for the long term.

I'm proud to share this report of another year's progress. And I'm grateful for the opportunity to reflect on our collective accomplishments—those you'll see in these words and pictures, and the many others, big and small, that mark the lives of our colleagues and patients. All of them are made possible by the support of our friends and partners—in its many generous forms—sustaining not just our work, but all of us. And like each patient who walks, healthy, out of an Ebola treatment center—each gift, each gesture of partnership, offers encouragement and hope and promise. Thank you.

A handwritten signature in black ink that reads "Ophelia".

Ophelia Dahl  
Executive Director

# we go

we make house calls  
we build health systems  
we stay

Partners In Health travels to remote places where health care options are limited or barely exist.



*Nurse Yulia Safronova and driver Sergey Goryunov walk to deliver medication to a tuberculosis patient in Tomsk, Russia. Photo by Elena Devyashina for PIH*



Tomsk's harsh climate, landscape, and roads make it difficult for patients to receive care.



Beyond Russia's Ural Mountains, in the dense forests of southwestern Siberia, Tomsk has historically been a destination for exiles. Even now, many people still live on the fringes of society.

Many people suffer from tuberculosis. The region has some of the world's highest confirmed rates of tuberculosis and multidrug-resistant tuberculosis. Patients are poor, living in shacks or cold apartments, and lack access to proper medical care. Tomsk's harsh climate, landscape, and roads also make it difficult for them to receive care.

Partners In Health has worked in Tomsk since 1998. Every day our nurses visit TB patients, delivering medication and food packages, and monitoring those who are most likely to struggle to complete treatment. The initiative is named "Sputnik," a Russian word for "life partner" or "special friend." It reflects our aim to put patients

at the center of our treatment efforts, traveling to where they live and need care.

Our patient-centered approach is seeing results. This year, we released a report highlighting Sputnik's success in the treatment of drug-

**Seventy-one percent of our patients have remained on medication since the program's launch in 2006—a remarkable achievement in the treatment of drug-resistant TB.**

resistant TB. Seventy-one percent of our patients have remained on medication since the program's launch in 2006—a remarkable achievement for patients who otherwise would probably not have finished treatment.

Our approach is the same in all the work we do, worldwide. All of our sites are difficult to reach. In the hills of Haiti, Malawi, and Rwanda;

the mountains of Lesotho and Mexico; the remote towns of the Navajo Nation; the slums of Lima, Peru; and—this year—remote areas of Liberia and Sierra Leone, PIH goes to where people lack access to high-quality health care and works to ensure they get the care they need.

we go  
we make  
**house calls**

we build health systems  
we stay

Partners In Health visits patients in their homes to deliver medication and guide them through treatment.



PIH is helping nearly 8,000 Navajo receive high-quality care in their homes.



14 Every week, community health representatives travel hundreds of miles to visit patients in their homes in the Navajo Nation. Photo by Rebecca E. Rollins



**I**'m just doing my job. This is what it takes." Rebecca Tsosie drives down the dusty roads of Crystal, New Mexico, to see her first patient of the day. An ID card—her photo under the official seal of the Navajo Nation government—swings from the rearview mirror of her truck.

Tsosie, a senior community health representative and a lifelong resident of Crystal, will visit five or six patients today to check on their health and deliver medicine, as she does every day. "I do a lot of stuff on my own," she says. "If they need something from Walmart, I'll try to work it into my schedule."

Through the Community Outreach and Patient Empowerment program, a partnership among Partners In Health, the Navajo Nation, and Brigham and Women's Hospital, PIH helps train community health representatives on the management of chronic illnesses. These diseases commonly afflict American Indian communities but could be prevented with medication and early guidance on healthy behavior.

But high-quality health care is hard to come by in the Navajo Nation. The region is one of the poorest in North America, and basic health care is

underfunded. Residents live in remote areas with few clinics or trained health professionals. People are forced to travel long distances to obtain medical care and often can't afford treatment.

Home visits from community health workers like Tsosie are critical. "Diabetes and old age—it's really hard," says 79-year-old Betty McCurtain, as Tsosie checks her vital signs. "I used to be strong, but not anymore." Tsosie's patients rely on her for the consistent care she provides.

**Tsosie, a senior community health representative, will visit five or six patients today to check on their health and deliver medicine, as she does every day.**

Tsosie and her fellow community health representatives are members of the communities they serve, and their patients know and trust them. They embody the PIH ethos of accompanying patients through their illnesses, treating them like family, and doing whatever it

takes to help them get well.

"I just call her my daughter," McCurtain says, pointing to Tsosie.

Tsosie's patients are among the nearly 8,000 Navajo that PIH is helping to receive high-quality care in their homes. Tsosie is proud of her role. The best part? "Meeting people. Helping them. Seeing what I can do to help them."



we go  
we make house calls  
we build **health**  
**systems**  
we stay

Partners In Health works closely with national governments and other partners to improve and expand health services.



The great majority of Ebola patients can survive with high-quality care, asserts Dr. Paul Farmer, co-founder of Partners In Health. "Staff, stuff, space, and systems" are needed to combat the disease.



18 Ebola survivor Muhamed Kallon and his uncle Musa Kallon in Freetown, Sierra Leone. Photo by Rebecca E. Rollins



**M**uhamed Kallon, 19, is an Ebola survivor. In September, he was admitted to an Ebola treatment unit in Freetown, Sierra Leone, where he was closely supervised by health workers and received rehydration therapy. After 10 days, Kallon was well enough to return home.

"I am so happy and proud he survived," says Musa Kallon, the uncle who raised Kallon after his parents died in the country's civil war. "Really, I never believed he would survive this sickness because he was so weak."

The Ebola death rate is high—more than 2,000 people in Sierra Leone had died as of December 2014.

However, Ebola need not be fatal. Most people who are infected with and die from Ebola are poor and don't have adequate health care available to them. As Kallon's story shows us, recovery is possible with proper treatment.

The great majority of Ebola patients can survive with high-quality care, asserts Dr. Paul Farmer, co-founder of Partners In Health. He says "staff, stuff, space, and systems" are needed to combat the disease in Sierra Leone and Liberia, two of the world's poorest countries with health systems that are barely functioning.

Since our founding, PIH has worked to raise the standard of care available to the poor and fought the notion that only so much can be done in places of poverty. As has become increasingly clear, we pay the price of accepting a lower standard of health care for the poor with crises such as Ebola and the lives of thousands of people less fortunate than Kallon. It doesn't have to be this way.

As of December 2014, PIH is working in eight clinical sites in rural areas of Liberia and Sierra

**As of December 2014, Partners In Health is working in eight clinical sites in rural areas of Liberia and Sierra Leone.**

Leone. Kallon, along with other Ebola survivors, is now among our staff. He and our many partners are helping to address the crisis and develop a long-term plan to equip each country's health system with "staff,

stuff, space, and systems." That means training local health professionals and ensuring facilities have proper tools and equipment to care for Ebola patients, as well as other people needing care.

Over time, we aim to expand our work by continuing to collaborate with the ministries of health of each country to strengthen more clinics, train more people, and build strong health systems to meet the ongoing health needs of the population.

we go  
we make house calls  
we build health systems

we stay

Partners In Health makes long-term commitments  
to the communities we serve.



*Renoit Joseph, a rehabilitation technician at University Hospital,  
guides 21-year-old Jean Sauveur Sodeline through physical therapy.  
Photo by Cecille Joan Avila*



Julmiste would like to see the rehabilitation program grow even more. She recites the Haitian proverb: “Piti piti zwazo fè nich li,” which means “little by little the bird makes its nest.”



“I came up from under the building,” says Shelove Julmiste, remembering her escape from the rubble of a collapsed six-story building. “and that’s when I realized my foot was crushed.”

Julmiste is among thousands of Haitians who have lost a limb or suffered serious injury—many, like her, in Haiti’s 2010 earthquake—and who desperately need treatment. While some facilities offer surgery, almost none offer rehabilitation services. People with injuries can become permanently disabled, unable to earn an income or contribute to their families.

Julmiste, who lost her leg and was fitted with a prosthetic, is not inhibited by her injury. As a Partners In Health patient, she learned to walk on her prosthetic and regained the use of her muscles. We then recruited her to serve as a coordinator for our rehabilitation program, now at University Hospital in Mirebalais. She uses her experience to help disabled patients see that they can lead

normal lives through rehabilitation.

Walking freely on her prosthetic leg, laughing and chatting, she guides patients through exercises and talks with them about their fears and progress. “Every time I find a patient who has lost courage because they have lost a limb like me, I speak with them,” she says. “I comfort them, try to encourage them, and we rehabilitate together.”

“Every time I find a patient who has lost courage because they have lost a limb like me, I speak with them, I comfort them, try to encourage them, and we rehabilitate together.”

Soon, PIH will open the doors of a newly constructed 10-bed rehabilitation center on the hospital grounds. Julmiste would like to see the program grow even more. She recites the Haitian proverb: “Piti piti zwazo fè nich li,” which means “little by little the bird makes its nest.”

We began our work in the town of Cange nearly 30 years ago. Now, at 11 sites across Haiti, we look toward the future and the impact we can make, continuing to open facilities such as the rehabilitation center to fulfill the health needs of the communities we serve.

# year in review

we went. we made house calls. we built health systems. we stayed.  
16,000 staff, 10 countries

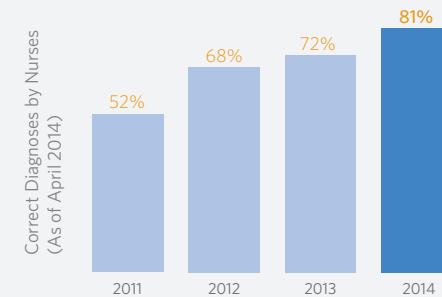
## jan navajo nation

PIH helped train community health representatives to care for patients in their homes and guide them through treatment for chronic diseases such as diabetes.



## apr rwanda

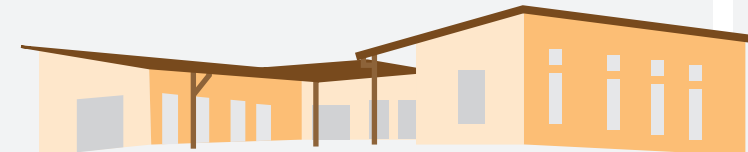
Nurse performance improved at health centers across Rwanda, thanks to a national nurse mentorship program supported by PIH in close collaboration with Rwanda's Ministry of Health.



## jul rwanda

PIH and the Rwandan Ministry of Health opened Nyamicucu Health Post, which offers basic services to more than 7,000 residents who often had to embark on a two-hour walk to reach a health facility.

**7,000**  
residents reached



**nov malawi**  
PIH celebrated the anniversary of a new operating room at Neno District Hospital, which PIH supports. Expectant mothers needing a C-section can now go to the hospital instead of traveling for 3 hours to Mwanza District Hospital.

## feb haiti

Between the opening of University Hospital in 2013 and World Cancer Day on February 4, more than 1,000 cancer patients received treatment. PIH supports the hospital in partnership with the Haitian Ministry of Health.



## may lesotho

In partnership with Lesotho's Ministry of Health, PIH supported the training of 6,000 village health workers, thereby increasing health services available to communities across the country.

## jun russia

PIH completed a 9-year project that enrolled more than 1,800 drug-resistant tuberculosis patients on treatment in Tomsk.



## aug peru

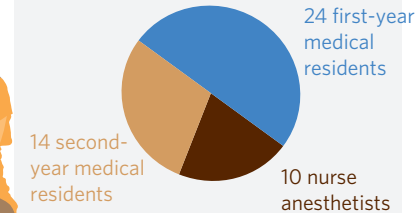
PIH completed a 3-year child health project that reached 8,000 children by training school instructors, parents, and community health workers in early child development.

**8,000**  
children reached



## oct haiti

48 graduate-level clinicians began training at University Hospital in Mirebalais, Haiti, which PIH supports in partnership with the Haitian Ministry of Health.



## mar haiti

PIH completed a one-year project that provided free health care to 65,000 people at mobile clinics—facilities that offered services to people living far from health centers.



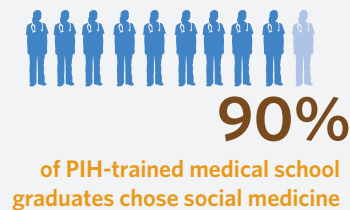
## may worldwide

UNITAID awarded PIH a grant to lead a consortium of partners to introduce new medications around the world for patients with drug-resistant tuberculosis.



## jun mexico

9 out of 10 medical students who completed a year of training with PIH in Chiapas, Mexico, decided to continue practicing social medicine.

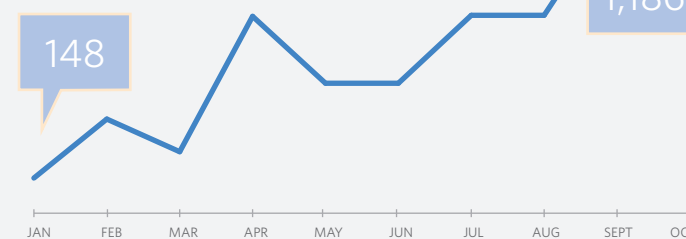


## sep west africa

PIH launched our Ebola Response, a long-term plan to work with the governments of Liberia and Sierra Leone to address the crisis and strengthen public health systems.

## oct mexico

In Chiapas, community health workers reached an 8-fold increase in the number of home visits to patients per month, helping more people with diabetes, hypertension, asthma, depression, and tuberculosis receive care.



## dec west africa

PIH hired more than 200 Ebola survivors in Liberia and Sierra Leone to help us expand our response to the crisis.



we couldn't do  
this without  
**you**

Partners In Health relies on its supporters. Thank you.



**Bernerando Morales**

Sixty-five-year-old Morales developed a severe cough and lost weight. Although he sought care where he could, his illness wasn't identified. He came to a clinic that PIH supports in Chiapas, Mexico, where we diagnosed him with tuberculosis and started him on medication. He has since stopped coughing, gained weight, and is doing well.

*Photo by Rebecca E. Rollins*

# financials

Partners In Health carefully manages our supporters' contributions to bring high-quality health care to more people in need.



## **Olivier Kayitsinga**

Forty-year-old Kayitsinga developed a psychotic illness in his early twenties. Previously a science and math teacher, his illness prevented him from performing even the most basic daily tasks. After years without proper care, he now receives critical mental health services at PIH-supported Nyamugali Health Center, Burera District, Rwanda. He hopes to return to teaching soon.

# fiscal year 2014 financial summary

statement of activities  
dollars in thousands

revenues*	2014	2013
contributions, grants, and gifts in kind:		
individuals and family foundations	44,138	51,980
foundations and corporations	14,034	15,182
governments and multilateral organizations	31,345	20,190
gifts in kind and contributed services	6,457	3,418
other income	1,091	1,118
<b>total revenues</b>	<b>97,065</b>	<b>91,888</b>
<b>operating expenses*</b>		
program services	90,273	89,298
development	3,212	3,351
administration	3,641	2,938
<b>total operating expenses</b>	<b>97,126</b>	<b>95,587</b>
<b>increase (decrease) in net assets</b>	<b>(61)</b>	<b>(3,699)</b>

statement of financial position  
dollars in thousands

assets	2014	2013
cash and cash equivalents	25,717	25,725
contributions receivable	2,425	1,929
grants receivable	6,931	7,947
prepaid expenses and other assets	2,027	4,472
investments, at fair value	1,486	2,118
property and equipment, net	4,512	2,563
<b>total assets</b>	<b>43,098</b>	<b>44,754</b>
<b>liabilities and net assets</b>		
<b>total current liabilities</b>	<b>4,809</b>	<b>6,266</b>
<b>net assets</b>		
foreign currency translation adjustments	(91)	47
undesignated	9,551	11,192
board-designated: Thomas J. White Fund	15,580	15,431
<b>total unrestricted net assets</b>	<b>25,040</b>	<b>26,670</b>
temporarily restricted	13,249	11,818
<b>total net assets</b>	<b>38,289</b>	<b>38,488</b>
<b>total liabilities and net assets</b>	<b>43,098</b>	<b>44,754</b>

\*Revenues and operating expenses include: a) contributions to PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity, and b) \$8.2 million in funding from the Haiti Reconstruction Fund for University Hospital in Mirebalais.

## Masebina Francina Mpaë

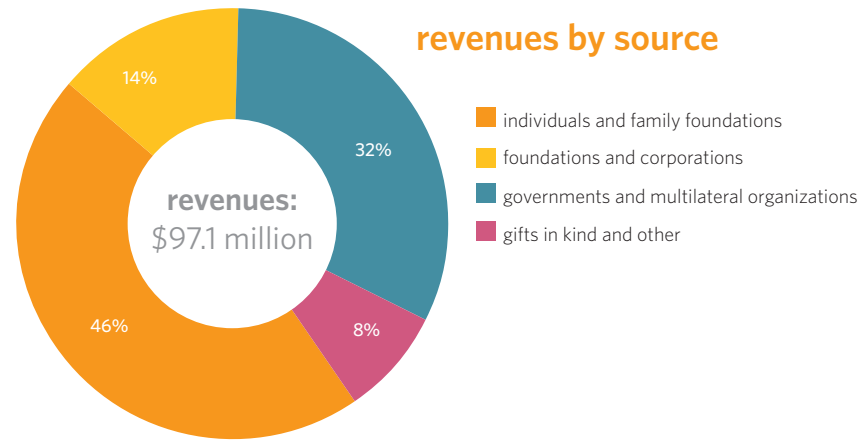
Mpaë joined PIH in 2007. She is a professional driver and helps PIH transport visitors and staff across Lesotho's mountainous landscape. With Mpaë's help, we are able to distribute food packages to patients living far from health centers.

Photo by Jeff Marvin





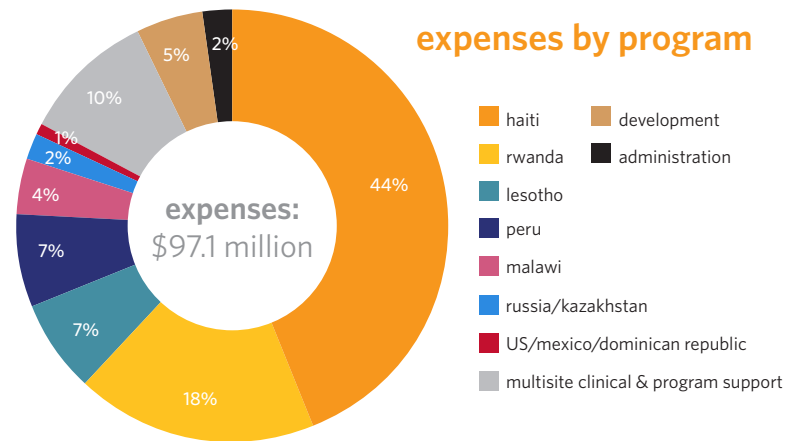
### revenues by source



### revenues

In fiscal year 2014, PIH received \$97.1 million in revenue, reflecting a 5.6 percent increase as compared to fiscal year 2013. Of this, \$44.1 million came from generous individual donors, \$14.0 million came from foundations and corporations, and \$31.3 million came from the public sector. In addition, PIH recorded \$6.5 million in gifts in kind and contributed services and \$1.1 million in other income.

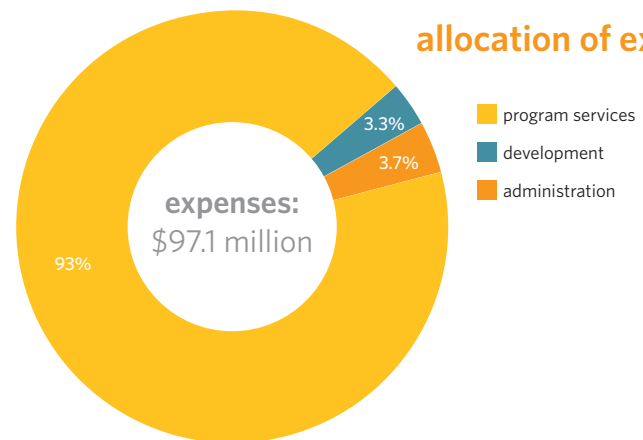
### expenses by program



### expenses

PIH expenses increased slightly from \$95.6 million in fiscal year 2013 to \$97.1 million in fiscal year 2014. In fiscal year 2014, 93 percent of funds expended were for direct program costs, and only 7 percent went to fundraising and administration.

### allocation of expenses



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Charity Navigator is America's premier charity evaluator. Since 2003, Partners In Health has earned Charity Navigator's highest rating, certifying our commitment to accountability, transparency, and responsible fiscal management. Only one percent of rated organizations have received this distinction for over eight consecutive years, placing PIH among the most trustworthy nonprofits in the United States.



# Partners In Health

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