



ANNUAL REPORT 2017

WHERE WE WORK



WE GO
WE MAKE
HOUSE CALLS
WE BUILD
HEALTH SYSTEMS
WE STAY

ANNUAL REPORT 2017

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DEAR FRIENDS,

On a Saturday in February, I walked across town to the steps of the Massachusetts State House. They form an arena of willful hope, backed as they are by Saint-Gaudens' monument to the all-black 54th regiment. His bronze soldiers, in turn, wear the shade of the oldest surviving English elms in our hemisphere. To the crowd rallying there in defense of affordable health care, I spoke to the truth of our unfolding national health care crisis: that perhaps even worse than being un-American, it is unworlly.

The hostility that has made itself so comfortable in our American discourse as of late has caused some voices to seem to matter less than others. Those of the poor. Those of the sick. Those of the oldest and of the youngest. Those of people with pre-existing conditions—being a woman, being black, having a heart. All those for whom Partners In Health is so privileged to speak.

Our organization rarely wades into domestic issues, but we are called to use our voice where empathy demands it just as we are called to use our hands where healing is needed. The work that we do in 10 other countries today is threatened by the hostility within our borders—by its spilling from health care into foreign aid, and from there into international relations and age-old norms of many kinds. At risk is the goodwill that we and others like us have labored over a generation to build.

Looming cuts to the U.S. Agency for International Development, which remain on the table as these words go to print, may strike a large blow to our budget, but more importantly, they will destabilize the places where we work. In a fiscal year bracketed on one side by Hurricane Matthew's savaging of Haiti, and on the other side by deadly floods in Lima's poorest reaches—and hollowed out by spare harvests across our African partner nations—stability is already an elusive prize. The next big disasters are forever readying themselves, and they will respect no president, no rule of law.

We often wonder whether our most remote and isolated patients would find it more or less difficult than we do to make sense of this uniquely American moment. To hear over and over that human imagination is so often willing to chase down the impossible and so rarely willing to share the catch. That researchers this year, for example, learned how to turn mouse bones transparent, while the leading cause of maternal death—blood loss—can be stemmed by a \$3 drug, but won't be any time soon.

If it came to it, how might you tell a woman in full labor, who's walked seven hours to give birth at the only safe clinic around, that in the most powerful deliberative body of the most powerful nation on Earth, an unduly powerful majority believes that no one will die for want of access to health care?

At PIH, we've learned to say it this way: Here is a clean bed. Here is the nurse and the medicine you need. Here is your healthy new baby.

The willful ignorance that has taken shape today grates particularly hard when you see the good outcomes all around: In Peru, clinical trials ushering in the first new tuberculosis drugs in half a century. In Haiti, the country's first emergency medicine residency welcoming its very first doctors. In Lesotho and Liberia, facility-based childbirths increased by 300 percent. In Rwanda, maternal deaths halved since 2000. AIDS deaths worldwide fully halved since 2005—with Malawi, where we're now celebrating 10 years of partnership, among those nations leading the way.

In the pages that follow, a look back at the past year reveals the roots of such successes in the very best inclinations of humanity. Empathy in thought. Compassion in action. On four continents, the touch of pain matched by the touch of kindness. In each image resides a colorful proof of what's possible when medicine and imagination are encouraged to challenge each other—and of the power that exists within every person, in every part of the world.

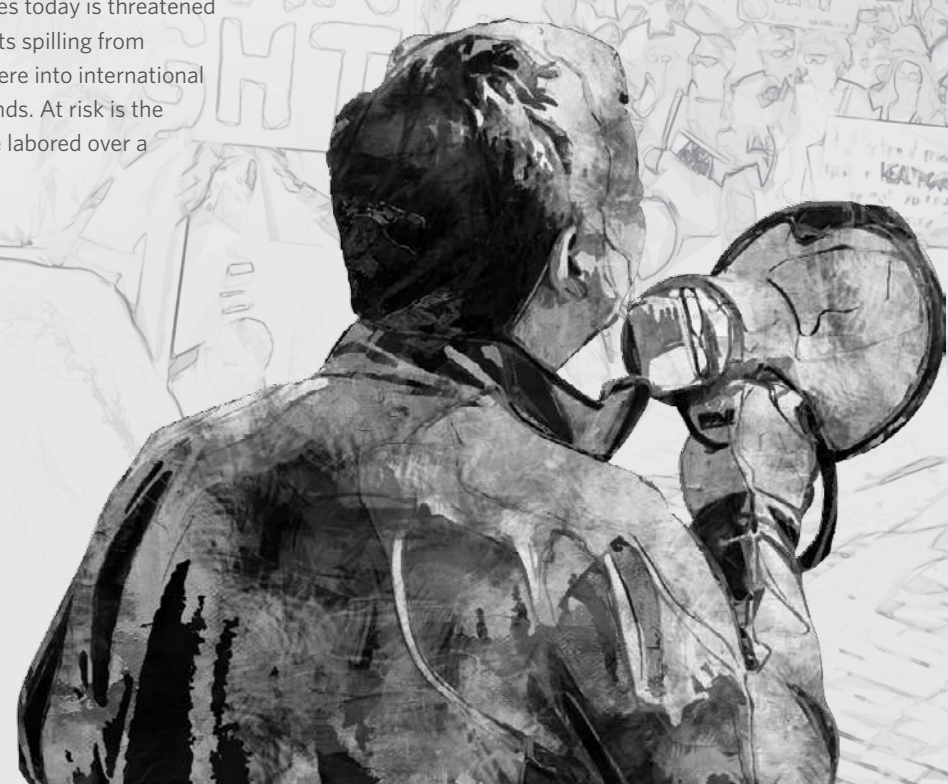
Stateside, thank goodness, we saw the merits of affordable health care upheld by eleventh-hour bipartisanship, and an initial proposal to slash foreign aid rejected summarily—at least for now. We see these moments as evidence that there is an intrinsic unifying quality to health, to striving toward universal health. The most natural extension of this logic is that the pursuit of health care as a human right, like the pursuit of every other human right, can help to shape a framework for peace and progress at the grandest scale.

That's what we'll continue pushing toward, with gratitude for the steady presence of every partner.

In solidarity and with great warmth,



Gary L. Gottlieb, MD
Chief Executive Officer



WITNESS



Often by sheer force or will, a woman commands her family's survival.

She stands at the core of medical decision-making, economic advancement, and her community's well-being.

Partners In Health meets her with the promise that everywhere we work will be a place made *SAFER TO BE A WOMAN*.



A widowed mother of four, Josephine Nyiramata was diagnosed with breast cancer in 2012. At Rwanda's Butaro Hospital, she received free chemotherapy and a mastectomy—among the first performed there. Since then, PIH has paid for her transportation to and from hospital visits, supplied her with monthly groceries, and helped her 19-year-old daughter pay for school. When we caught up with her and her grandchildren at home in March 2017, Josephine was feeling well and happy to be able to work. *Photos by Cecille Joan Avila*



“There’s nothing better than patients telling you they’re happy.”

- Matumisang Khasipe, Nurse-midwife, Nkau Health Clinic, Lesotho



▲ This year the doors opened at pristine new maternal waiting homes in Haiti, Sierra Leone, and Mexico. Now more pregnant women living far away can rest easy, just steps from a PIH clinic, before going into labor. When it comes to delivery, they have access to trained nurse-midwives and referral to nearby facilities for lifesaving procedures such as cesarean sections. These women are waiting just a stone’s throw from Wellbody Clinic in Kono, Sierra Leone. The clinic hasn’t had a maternal death in more than two years. *Photo by Jon Lascher*



▲ More than 36,000 HIV-positive patients today rely on PIH for treatment and care—many of them mothers or soon to be. Isabel and Angel first learned of their HIV status when they visited our clinic, on the outskirts of Lima, while expecting their first child. Antiretroviral therapy allowed baby Javier to be born HIV-free. Three years later, his brother Andrés followed suit. In this recent photo, the boys had again tested negative at their latest check-up. *Photo by William Castro Rodríguez*

▶ In Neno, Malawi, poverty prevents most young people from pursuing education past primary school. But with PIH’s support, Blessings Henry has just completed her second year of high school and is already eyeing medical school. We’ve covered fees or provided supplies for 295 high school students and 1,900 elementary students in Neno. This year, for the first time, we’re supporting more female students than male.

Photo by Katie Ruffing





It happened again, nature's utmost: a thrashing for Haiti, a deluge for Peru, and in each country a renewed test of our organization's staying power.

No matter when or how a *STATE OF EMERGENCY* arises, Partners In Health has been preparing for years.

◀ Unusually powerful rain storms this spring devastated settlements north of Lima, Peru, with floods and landslides killing 113 people. We tapped our deep roots in community health to bring aid to survivors—3,200 in all—many of them our neighbors and friends of 20 years. The 12 health posts that PIH maintains throughout the Carabayllo district doubled as distribution points for donated goods and anchor sites for the 50 medical brigades sweeping through the countryside with emergency care, food, water, tarps, and clothing.

Photo by Josue Quesnay



▶ Flor Pérez lost her Las Brisas home when the Chillón River rose up to swallow it whole. Soon after, her one-month-old daughter Celeste grew severely dehydrated. PIH doctors escorted mother and daughter immediately to the nearest health center for treatment, and follow-up visits from a local nurse ensured the pair had the supplies they needed. Within two weeks, Celeste was healthy and stable.

Photo by Josue Quesnay

▼ Jazmín, 6, slipped and fell while crossing a flood-stage river, badly cutting her wrist. She found help at a PIH mobile clinic. *Photo by William Castro Rodríguez*



“The idea is to provide the best standard of care using all of our combined experience. We can then say to the world, ‘Here all TB patients are cured. Here no patient abandons treatment.’”

– Dr. Leonid Lecca, Executive Director, Peru



▶ September 2016 marked two decades in Peru for our organization, which we honored by redoubling our efforts to combat the deadliest infectious disease of all: tuberculosis. Since 1996, we’ve treated roughly 10,500 patients here for multidrug-resistant TB, with cure rates greater than 75 percent. Now we’re leading a multi-lateral clinical trial of the first new TB medicines developed in 50 years—drugs promising much shorter, much less painful treatment. The endTB project will enroll 3,000 people in total across 17 nations, including Peru, Haiti, Kazakhstan, and Lesotho. Here PIH doctors accompany Ministry of Health officials touring a Lima prison, where inmates suffer a high incidence of drug-resistant TB. *Photo by William Castro Rodríguez*

“No policy or etiquette insists that we let six months or a year pass after a crisis before asking, ‘What can we do to be better prepared next time?’ In Haiti, after the earthquake, Partners In Health asked the question on the spot and answered it, soon after, by building University Hospital in Mirebalais. It has saved lives every day since.”

- Dr. Paul Farmer, Co-founder



▲ Hurricane Matthew ultimately claimed 1,000 lives in Haiti, nearly all in the remote peninsula known as the southern claw. Throughout the storm, the lights stayed on at University Hospital, and the country’s finest medical facility did what we designed it to do. From there, PIH transferred physicians and coordinated emergency aid to the brutalized city of Les Cayes. While fielding referrals of the most severe trauma cases back to Mirebalais, we also aided the Ministry of Health in vaccinating nearly 800,000 Haitians against cholera. Early and ongoing preparations across our network of 10 dedicated cholera treatment centers prevented an uptick in reported cases of the deadly bacterial disease. *Photo by Valery Pierre Louis*



▲ Along with mental illness, PIH expected malnutrition to make up the largest post-hurricane burden of disease. Our Nourimanba production facility just north of Mirebalais, which typically produces 1,000 kilograms of peanut-based nutritional supplement per day, was able to ramp up production by 40 percent, and we treated more than 9,000 starving children across Haiti in the past year. That’s about 130 kids each month for a clinic like the one we run in Boucan Carré, where Manise Darius (center) brought her children, Ferlanda and Stevenson (seated), following this home visit in November. *Photo by Cecille Joan Avila*

“Preventable causes take the lives of 16,000 children a day. They need medicines, bed nets, and nutritional supplementation. Only about half of those with HIV are getting treatment. There is still so much work to do.”

- Dr. Joia Mukherjee, Chief Medical Officer



▲ Nutrition program coordinator Esther Mahotiere measures the height of Camille Fedson, 4, at the Boucan Carré malnutrition clinic last fall. *Photo by Cecille Joan Avila*



▲ Jamson Louis, 10, was admitted to University Hospital in early December, ill and frail. After he failed to respond to various treatments, hospital staff asked Dr. Paul Farmer to consult on the case. Farmer examined the young boy and prescribed a new medication regimen to treat both HIV and TB, and by January, Jamson had gained six healthy pounds. He was well enough to return to school last spring. *Photo by Rebecca E. Rollins*

Failures of imagination don't happen on our watch. Over 30 years, Partners In Health has earned a reputation for redefining what's possible in global health.

Our vision when we started remains our vision today: that the center of a community, the center of learning, the center of progress all begin at *THE CENTER OF CARE.*

▶ Women await prenatal care at Pleebo Health Center in Maryland County, Liberia, which rose to the ranks of our busiest clinics last year following renovation and expansion in early 2016. Serving a region of 50,000 people, PIH clinicians here might see 150 patients a day and deliver 150 newborns a month. As word of high-quality care spreads and patient demand continues to grow, a second phase of expansion work is underway. The new space will double capacity in the delivery room and triple the beds available for post-partum care.

Photo by Rebecca E. Rollins



▼ Julius Kooeh, a newly minted nurse at Pleebo, dons his PIH credentials with the help of Dr. Regan Marsh. In 2015, Liberia's only public nursing program, at Tubman University, graduated its first class of registered nurses with PIH's guidance. This year we shepherded 15 students through a novel RN-to-BSN program, readying them to become nurse leaders, managers, and teachers, or to pursue master's degrees in essential specialties like pediatrics. *Photo by Rebecca E. Rollins*



▶ Our University of Global Health Equity in Kigali, Rwanda, graduated its inaugural class in May. UGHE's campus is still being built, but this small group of students, newly equipped with master's degrees in global health delivery, have already joined the movement to ensure that quality health care is accessible to everyone.

Photo by Zacharias Abubeker for UGHE



▲ Nurse educator Lauria Cadet makes rounds in the University Hospital NICU. She's one of 4,000 nurses in the PIH network playing an outsized role in patient care. In Haiti, we've codified their leadership in the Nursing Center of Excellence at University Hospital, which this year expanded with a mobile unit. This A-team of established nurse leaders now travels to PIH sites as needed, bringing global expertise to bear on local clinical practice. *Photo by Cecille Joan Avila*



“There is no oncologist here in Butaro. We have a physician. We have general nurses who have received training in oncology. We have our protocols, and we believe that cancer can be treated. That's what makes our cancer center unique—that motivation, that collaboration, that commitment.”

- Dr. Cyprien Shyirambere, Butaro Hospital, Rwanda



▲ Before 2012, when PIH opened the Butaro Hospital Cancer Center of Excellence, the majority of Rwandans had no access to cancer care. A diagnosis of acute lymphoblastic leukemia would have been a death sentence for 6-year-old Frank Mugisha, whose aunt Xavera accompanied him to the hospital last spring. Instead, Butaro has become the locus of cancer care for much of East Africa. Over the past five years, we've treated more than 6,500 patients in partnership with cancer centers in the U.S.

Photos by Cecille Joan Avila

THANKS TO YOU,

Frank completed 30 months of treatment in March 2017.

On the following pages, Partners In Health is proud to recognize those who made gifts of \$5,000 or more between July 1, 2016, and June 30, 2017.

We extend our heartfelt gratitude for every single expression of support.



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Fourteen-month-old Maylove Louis is recovering from malnutrition. She and her grandmother, Jeanette Desperance, live in Boucan Carré, Haiti. Photo by Cecille Joan Avila

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As a longtime supporter and trustee of Partners In Health, I know that my contributions will be used wisely and well. I continue to be inspired by PIH's work to alleviate the most difficult health disparities of our time by combining research, delivery of care, partnership, and dedication."

Marjorie Benton, Evanston, IL

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Patients wait in line for the pharmacy at Neno District Hospital in Malawi. Photo by Pete Maltbie for PIH

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After a number of years supporting global health care for the destitute poor, we read the *New Yorker* article by Tracy Kidder in 2000 about Paul Farmer and his work in Haiti. Tom White, an acquaintance of ours and founder of Partners In Health, then introduced us to Paul. Over the past 15 years, PIH has been the primary recipient of our charitable giving. We have both been privileged, as directors, to help the organization, its many partners, and thousands of local community health workers provide reliable health care, free of charge, to poor people in 11 countries."

Al and Diane Kaneb, Weston, MA

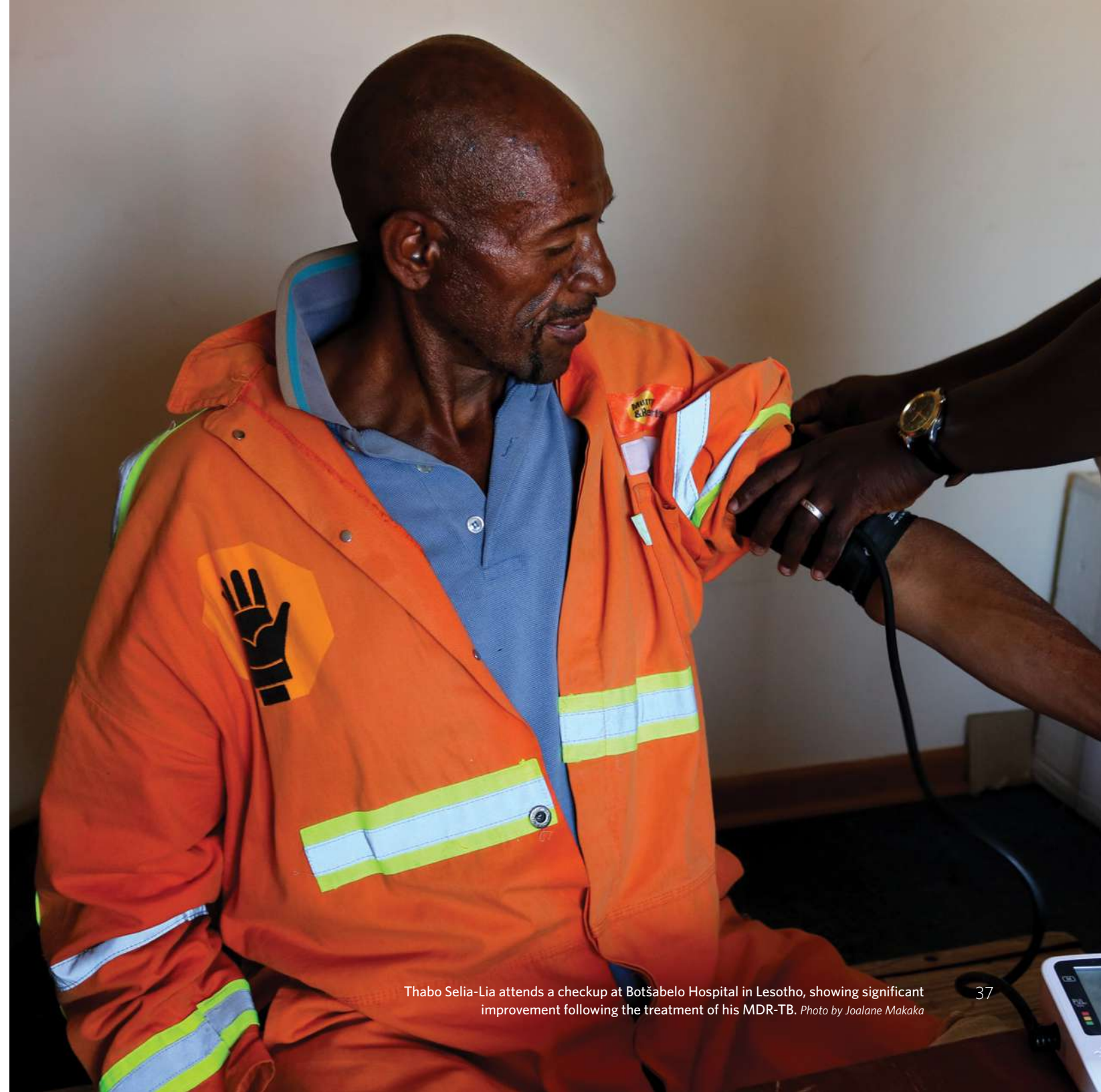
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Thabo Selia-Lia attends a checkup at Botšabelo Hospital in Lesotho, showing significant improvement following the treatment of his MDR-TB. Photo by Joalane Makaka

\$5 thousand to \$10 thousand

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° Tom's Circle MDR-TB patients Monitha Johnson, Monimon Gaye, and Samuel Morris sit outside the TB annex in Monrovia, Liberia.

Photo by Rebecca E. Rollins

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James McGroddy	Beth Mullins	Neil O'Donnell and Christine Motley
Carol McLaughlin	Michael and Kimberley Mumford	



We first learned about PIH by reading Mountains Beyond Mountains. The book opened our eyes to the suffering and lack of basic health care in much of the world that we take for granted. PIH is a force for good in the world. That's why we're proud to make a monthly donation to support this important work."

John and Maura Jennings, Paul's Partners, Lower Gwynedd, PA

To join Paul's Partners with a recurring monthly gift to PIH, visit pih.org/pauls-partners or call 857-880-5600.

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42 Traditional foods are displayed as part of a healthy cooking demonstration in the Navajo Nation, where PIH takes a holistic approach to food insecurity and chronic diabetes through interventions like the Navajo Fruit and Vegetables Prescription (FVRx) program. *Photo by Ryan Dennison*

‡ *Paul's Partner*

‡ *Paul's Partner*

Co-founder Tom White (1920-2011)
supported Partners In Health for more than 20 years,
creating a legacy of philanthropy that endures today.
Our work remains a testament to his belief that
all people deserve high-quality health care.

Members of Tom's Circle help to endow our future
by naming PIH in their will, trust, retirement plan,
life insurance policy, or annuity.

For more information about planned giving,
or if you should be listed here, please contact us.

plannedgiving@pih.org // 857-880-5717

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Anandamayi Baker
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Barbara and Stephen Massey
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Cecilia E. Enright
Ann McDonnell
Maurice Meslans and Margaret Holyfield
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“

It's remarkable to me how many people Partners In Health helps given the resources available. The organization is extremely efficient, so my contributions go further here—doing more good for more people—than they would anywhere else. I was involved with PIH for six years before deciding to remember them in my will and retirement account. It was the first time I'd done anything like this, but purely a matter of focusing on what I want to do with the material resources available to me in my lifetime. There's no time like the present to resolve that question. For me, it was simple: I can't think of a mission that is more worthy—I can't think of another organization more thoroughly dedicated to its mission—than PIH.”

Mitchell Adams, Tom's Circle, Boston, MA

46 In Chiapas, Mexico, Dr. Martha Arrieta (right) visits Alejandra, a new mother to twins, whom she first met in her sixth month of pregnancy. PIH supported advanced care for Alejandra when the newborns arrived this spring, two months early. ^ Deceased
Photo by Mary Schaad



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The Global Fund to Fight AIDS, Tuberculosis and Malaria	Peru National Fund for Scientific, Technological Development and Technological Innovation (FONDECYT)	United Nations Development Programme
GOAL Global	President's Emergency Plan for AIDS Relief (PEPFAR)	University of Toronto
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Dana-Farber/Brigham and Women's Cancer Center	Massachusetts General Hospital Partners HealthCare	



Baxter's mission is to save and sustain lives. Thanks to our collaboration with Partners In Health, we can help improve access to quality health care in underserved communities worldwide."

José (Joe) E. Almeida, Chairman, President and Chief Executive Officer, Baxter International Inc., Deerfield, IL



FINANCIALS

Our fiscal year summary

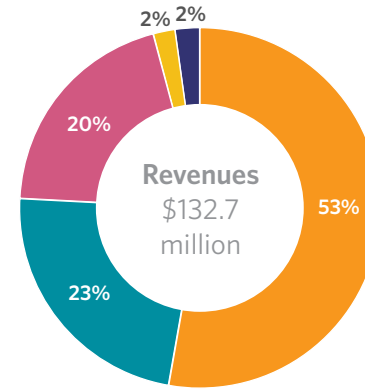
FISCAL YEAR 2017 FINANCIAL SUMMARY

STATEMENT OF ACTIVITIES
dollars in thousands

Revenues	June 2017	June 2016	June 2015
contributions, grants, and gifts in kind			
individuals and family foundations	69,781	58,087	120,411
foundations and corporations	25,942	18,402	32,904
governments and multilateral organizations	31,255	30,072	39,282
gifts in kind and contributed services	3,353	4,289	3,505
other income	2,399	2,384	915
total revenues	132,730	113,234	197,017
Operating expenses			
program services	134,544	134,966	125,384
development	4,991	3,284	2,322
general and administration	9,559	9,270	6,012
total operating expenses	149,094	147,520	133,718
operating surplus (deficit)	(16,364)	(34,286)	63,299

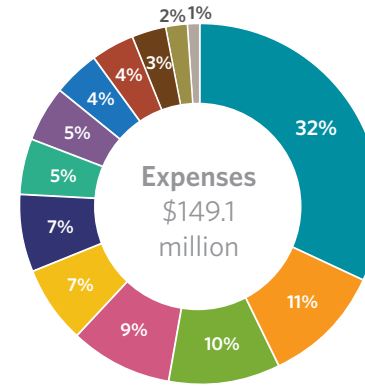
STATEMENT OF FINANCIAL POSITION
dollars in thousands

Assets	June 2017	June 2016	June 2015
cash and cash equivalents	22,320	30,758	84,630
grants and other receivables, net	10,451	5,730	14,015
prepaid expenses and other assets	4,291	5,251	3,185
investments, at fair value	29,952	29,828	1,434
property and equipment, net	5,481	6,945	6,588
total assets	72,495	78,512	109,852
Liabilities and net assets			
liabilities			
accounts payable	12,756	11,816	8,461
deferred revenue	9,316	0	245
total liabilities	22,072	11,816	8,706
net assets			
unrestricted net assets	24,350	43,993	66,672
temporarily restricted net assets	21,176	17,868	34,474
permanently restricted net assets	4,897	4,835	0
total net assets	50,423	66,696	101,146
total liabilities and net assets	72,495	78,512	109,852



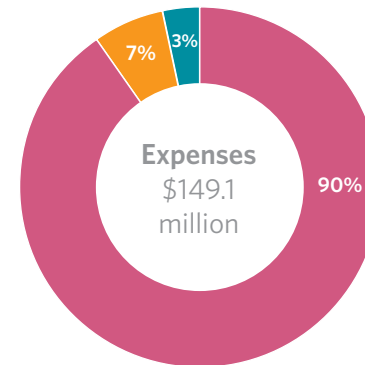
Revenues by source

- individuals and family foundations (53%)
- governments and multilateral organizations (23%)
- foundations and corporations (20%)
- gifts in kind and contributed services (2%)
- other income (2%)



Expenses by program

- haiti (32%)
- multi-site clinical and program support (11%)
- development and administration (10%)
- sierra leone (5%)
- lesotho (4%)
- university of global health equity (4%)
- malawi (3%)
- navajo and mexico (2%)
- russia (1%)



Allocation of expenses

- program services (90%)
- general and administration (7%)
- development (3%)

Revenues

In fiscal year 2017, PIH received \$132.7 million in revenues, a 17% increase over fiscal year 2016. Fiscal year 2017 revenue was comprised of \$69.8 million from individual donors (53% of total revenue), \$25.9 million from foundations and corporations (20% of total revenue), and \$31.3 million from the public sector (23% of total revenue). In addition, PIH recorded \$3.4 million in gifts in kind and contributed services, and \$2.4 million in other income (4% of total revenue).

Expenses

PIH expenses increased slightly from \$147.5 million in fiscal year 2016 to \$149.0 million in fiscal year 2017. In fiscal year 2017, 90% of funds were for direct program costs and 10% went to fundraising and administration.

Surplus (deficit)

PIH ended fiscal year 2017 with a \$16.4 million deficit, which reflects a planned spend-down of a fiscal year 2015 surplus to support the development of new programs in West Africa and growth of programs elsewhere. We are projecting a small surplus for fiscal year 2018.

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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.

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