



Partners In Health

ANNUAL REPORT 2021

“ The effective delivery of quality health care to the poor requires dedicated partnership, the cultivation of hope and optimism, and a steadfast commitment to alleviating the suffering of others. ”

—Dr. Paul Farmer, co-founder and chief strategist



(Center, from left) Dr. Paul Farmer, Dr. Patrick Ulysse, and PIH staff tour Hôpital Immaculée Conception in Les Cayes, Haiti. Photo by Clare Orié / PIH

ANNUAL REPORT 2021



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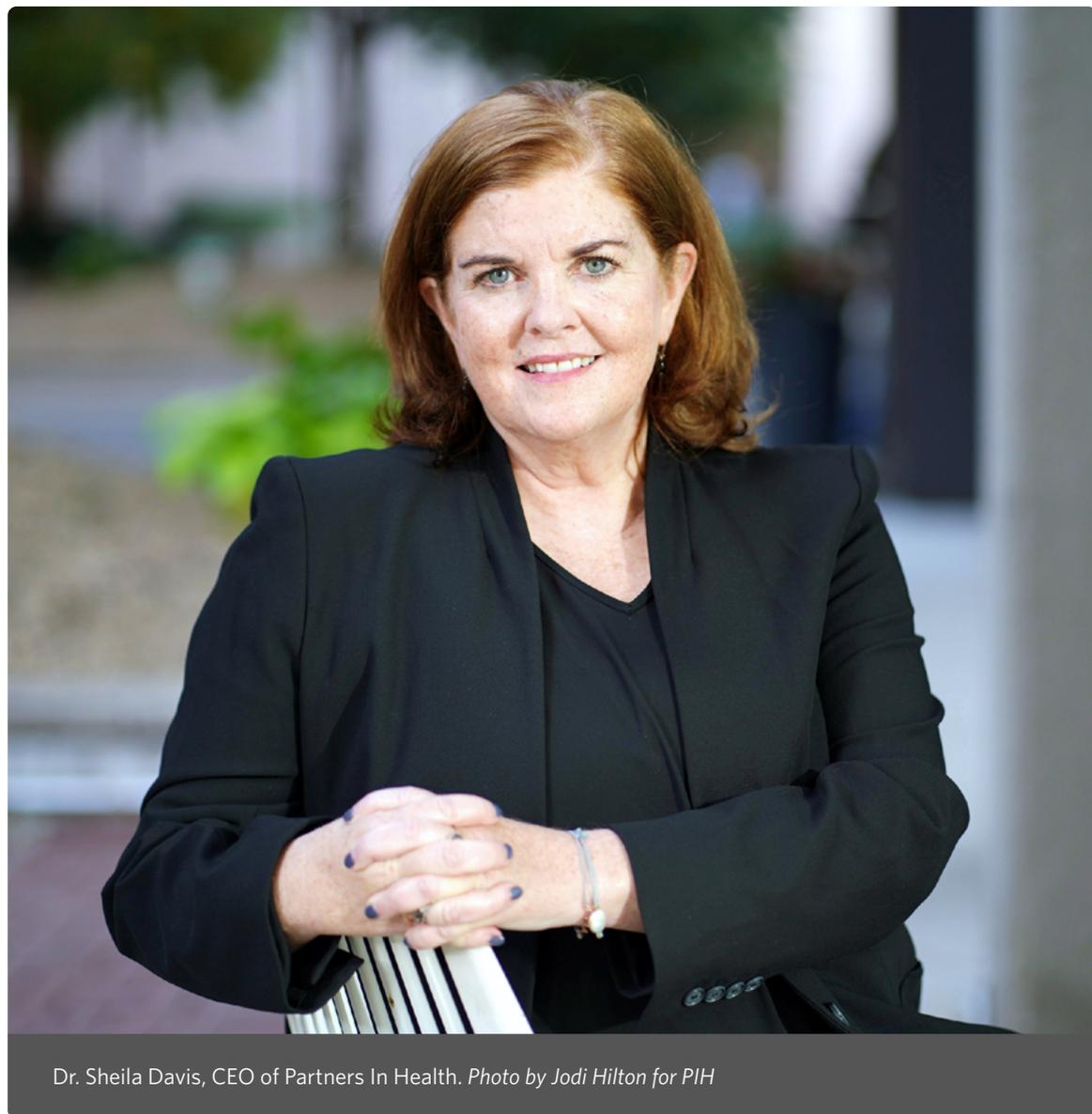
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Dr. Sheila Davis, CEO of Partners In Health. Photo by Jodi Hilton for PIH

Dear Friends,

Reflecting on the past year, I am so deeply proud of our global teams, who have simultaneously fought COVID-19, delivered ongoing and lifesaving care, and responded to unexpected shifts in how we operate—always keeping our work centered on patients' health and well-being.

We have risen to these challenges with optimism and a plan. We are not emergency responders, but we respond to daily emergencies by leaning on strong health systems built over time—in some cases, decades—in partnership with local governments.

Our recent earthquake response in Haiti is one such example. Many of the first responders arriving in the southwest had been trained in emergency medicine at PIH's University Hospital in Mirebalais, a teaching and referral hospital we built with government partners in response to the 2010 earthquake. These Haitian clinicians, who graduated from the first and only such emergency medicine residency in the country, worked tirelessly for weeks to save lives and provide support. Meanwhile, PIH colleagues from around the world reached out and offered support during this trying time. That's solidarity. That's family. That's what I've come to call OnePIH.

Over the past year, we have explored how to best live our mission of ensuring health care is a human right. I am grateful to the global teams, coordination site staff, board members, and partners who worked collaboratively and dedicated countless hours to craft a strategic plan for PIH's next 10 years. This foundational document lays out three pathways to action, which are highlighted in this

year's Annual Report: build and strengthen health systems; advance the field of global health delivery; and center the needs and rights of the most vulnerable, specifically those of women, children, and adolescents.

In the following pages, you will see the many ways in which PIH teams innovated and adapted to an ever-changing COVID-19 pandemic, in turn inspiring our ongoing response across the United States. You will learn about our steadfast progress in training the next generations of global health practitioners. And you will read stories about how we have broken down barriers to care for some of our most vulnerable patients—mothers, infants, and youth.

Every day, I am heartened by the hard work and dedication of the PIH community around the world. Thank you for your unwavering commitment and support in service of our shared mission—in moments of crisis and celebration—as we work toward a more just and equitable world.

Thank you for accompanying us along this journey.

In solidarity,

Dr. Sheila Davis
Chief Executive Officer



-  CARE DELIVERY
-  COORDINATION
-  TECHNICAL ADVISING
-  UNIVERSITY



BUILDING HEALTH SYSTEMS

A Socios En Salud health worker administers a blood pressure test during a mini health campaign in El Polvorín, a community in Carabayllo, Peru. Photo by Valia Ayola for PIH



When I was sick, they were always calling me. Truly, they did care.

— Félix Melgar, patient



Check photo quality

COMPASSIONATE CARE FOR COVID-19

Félix Melgar is one of thousands of Peruvians who faced an impossible choice during the pandemic: go to the clinic for his medications and risk contracting a deadly new virus, or stay at home and live with a chronic disease, unmedicated. Diagnosed with epilepsy at 18 years old, Melgar had lived with medication for years, staving off the worst symptoms of epilepsy and regaining some amount of freedom and control.

Then, a COVID-19 diagnosis put all of that at risk.

But help wasn't far away—in fact, it was available in his community, free of charge, from Socios En Salud, as PIH is known in Peru.

As COVID-19 strained Peru's health system and put thousands of patients like Melgar at risk, Socios En Salud mobilized rapidly, building on our 25 years of work in Carabayllo and longstanding partnership with the Ministry

of Health. With generous support from USAID and the Global Fund, Socios En Salud mounted a comprehensive COVID-19 response, conducting testing and contact tracing to keep communities safe and providing medical care and essential resources to help patients navigate an uncertain pandemic.

That care was delivered through strategies both old and new. As the pandemic made visiting a clinic risky and, in some cases, impossible, Socios En Salud turned to our team of community health workers—locals recruited from the communities where Socios En Salud works and trained to provide basic health services—to bring care and medications directly to patients' homes. Socios En Salud also launched seven innovative chatbot apps to connect

patients with care, virtually—from mental health services to child development resources.

Through it all, Socios En Salud put patients at the center of our COVID-19 response—an approach that made all the difference for patients like Melgar. Socios En Salud

connected the Carabayllo resident with epilepsy medications to manage his chronic disease, masks and hand sanitizer to protect against COVID-19, and food and housing assistance to help his family survive the financial burdens of the pandemic.

He was also regularly contacted by community health workers, who helped him get the support he needed—a gesture that meant the world to Melgar and helped him make a full recovery.

"When I found out that I had contracted coronavirus, I felt desperate. I began to cry."

— Félix Melgar, patient



IMPACT: GLOBAL COVID-19 RESPONSE



23,595

PEOPLE GIVEN SOCIAL SUPPORT
during COVID-19 isolation and quarantine



101,312

COVID-19 RAPID DIAGNOSTIC TEST KITS
provided to Ministry of Health partners



1,419,311

COVID-19 SYMPTOM SCREENINGS
conducted by PIH-supported staff



212,578

COVID-19 TESTS
made possible with PIH support



19,303

INDIVIDUALS REACHED
through contact tracing



3,746

PATIENTS RECEIVED INPATIENT CARE
for COVID-19 at
PIH-supported facilities



Helmut Pérez, a nurse at the Respiratory Disease Center at the hospital in Jaltenango, Mexico. Nurses cover 12-hour shifts, triaging respiratory patients and conducting COVID-19 tests. Photo by Caitlin Kleiboer / PIH



CONSTANT CARE

Zanmi Lasante, PIH's sister organization in Haiti, has been involved in all aspects of stopping the spread of COVID-19 since the beginning of the pandemic—from screening and testing to care and support at facilities across the country.

Amid political and socio-economic turmoil, Zanmi Lasante's facilities remained open, as they have for more than three decades. In March 2020, the team began taking migrants' temperatures at the border with the Dominican Republic and collecting their demographic and health information to assist in contact tracing. Shortly after, they started treating COVID-19 patients at three sites: Hôpital Universitaire de Mirebalais (HUM), Saint-Nicolas Hospital in Saint-Marc, and Hôpital Sainte-Thérèse in Hinche. HUM was the first and only institution in Haiti to save the life of a COVID-19 patient who slipped into a coma.

HUM is the reference institution for all critical cases, and our medical staff has been working non-stop for the past 14 months.

— Tamar Julmiste, *HUM's chief nursing officer*

Because of your generosity and through partnerships with the Inter-American Development Bank and the French Development Agency, Zanmi Lasante has been able to provide comprehensive, high-quality COVID-19 care for hundreds of patients.

Above: Co-founder Dr. Paul Farmer (center) met with clinicians at Hôpital Universitaire de Mirebalais following the August 14 earthquake in Haiti. *Photo by Nadia Todres for PIH*

COVID-19 VACCINE EQUITY

Since 2020, PIH has participated in the People's Vaccine movement, a worldwide coalition of organizations campaigning to scale vaccine manufacturing to the levels needed to rapidly meet global needs. Our advocacy team has advised and spoken with officials across President Biden's administration and the U.S. Congress; lobbied vaccine manufacturers; written for and been interviewed in national media outlets; and participated in numerous public forums, conferences, and demonstrations. Despite this political progress, the world will likely still face a shortage of highly effective COVID-19 vaccines through 2022. We will continue to lend our weight to this movement until universal access to COVID-19 vaccines is achieved.

Odilest Guerrier, a medical assistant, administers a COVID-19 vaccination at an inoculation site established by Healthcare Network of Southwest Florida in Immokalee. *Photo by Scott McIntyre for PIH*



ROBUST SUPPLY CHAIN

Supplies, medications, and equipment heading to PIH sites must be closely tracked—especially during emergencies when the need is great and donations happen rapidly. Our Medical Informatics team designed OpenBoxes, an open source software for tracking the movement, consumption, and storage of supplies, so that global colleagues can follow orders heading to health facilities around the world. Unlike with pen and paper, updates happen in real time so that supply chain, pharmacy, and clinical personnel can have accurate inventory, requests, and delivery information. With support from AmerisourceBergen Foundation, OpenBoxes helped 90 different users track 10,716 items essential for high-quality health care at PIH sites in 2020.



Early in the pandemic, Socios En Salud helped Peru's Ministry of Health obtain COVID-19 rapid tests. *Photo courtesy of Socios En Salud*



U.S. COVID-19 RESPONSE

When PIH launched our United States COVID-19 response in spring 2020 through the Massachusetts Community Tracing Collaborative (CTC), we called upon our experience fighting epidemics and strengthening public health systems around the world. Since then, we have expanded our work across the country and worked side-by-side with our U.S. partners in 16 jurisdictions to tailor public health responses to the unique needs of each community through the U.S. Public Health Accompaniment Unit—now called PIH-US. This work includes accompanying and advising public health and community partners through a variety of activities, including contact tracing and vaccine rollout, public health guidance, prevention and care protocols, and advocacy for policies that lead to stronger public health

systems that meet the needs of underserved, neglected communities.

In Immokalee, Fla., we partnered with a local health center to expand a community-based health workforce to meet the needs of migrant farmworkers devastated by COVID-19. We have trained and mentored 31 promotoras—or community health workers—to deliver critical health education and link residents to COVID-19 testing, vaccination, health care services, and social support. Promotoras distributed over \$850,000 in cash assistance to families impacted by COVID-19, enabling more than 3,000 households to protect themselves and their community.

In New Bedford, Mass., we partnered with the local health

IMPACT: COVID-19 CARE IN THE U.S.

MA CTC

 **539,238**

CASES AND CONTACTS reached through the Massachusetts CTC

 **93,963**

PEOPLE IN MASSACHUSETTS connected to resources to safely isolate or quarantine



179 **COMMUNITY-BASED ORGANIZATIONS AND HEALTH CENTERS PARTNERED** in COVID-19 vaccine distribution and planning



5,900+ **COVID-19 CONTACT TRACERS AND COMMUNITY HEALTH WORKERS** hired and trained



1,389 **COVID-19 VACCINATION SITES SUPPORTED**



83,000+ **HOUSEHOLDS CONNECTED TO SOCIAL SUPPORT** during COVID-19 isolation and quarantine

PIH-US



department and a community-based partner to launch a hyper-local, “block-by-block” vaccination strategy featuring pop-up clinics and trusted, local messengers who canvassed high-need neighborhoods and accompanied residents to get vaccinated. Over two months, New Bedford saw a threefold increase in vaccine demand and reduced by half the gap in first doses administered per capita between Hispanic and white residents.

And in North Carolina, working closely with the state’s Department of Health and Human Services, we are helping

support the expansion of a successful Community Health Worker program to all 100 counties statewide. As of late August 2021, North Carolina community health workers had reached over 465,000 people with vaccine education, supported over 1,900 vaccination events, and scheduled over 30,000 individuals to receive a COVID-19 vaccine.

As we continue our COVID-19 response, we are working to ensure greater vaccine access in the short-term and rebuilding more equitable U.S. health infrastructure for the future.



CONFRONTING CANCER

Before the COVID-19 pandemic, Jean* was a healthy 14-year-old student who enjoyed going to school in rural Rwanda.

Then one day, he came home with a mysterious lump on his neck.

Although it didn't cause him pain, his mother, Nyiramucyo, decided to take him to a local health center. He was given antibiotics, but the lump grew larger. As they prepared to seek other treatment, the COVID-19 pandemic put life on hold for months. The lump continued to grow and caused breathing difficulties, which eventually led Jean to leave school.

When COVID-19 restrictions eased, Jean and his mother discovered Butaro District Hospital, supported by Inshuti Mu Buzima, as PIH is known in Rwanda. There they received a shocking diagnosis: non-Hodgkin lymphoma, a cancer that starts in white blood cells. Jean stayed in the pediatric oncology ward, where he received free, comprehensive cancer treatment and long-term housing. Now 15, he is feeling much better.



If Butaro Hospital didn't exist, my son would not be alive today. The lump inside his neck would have kept on growing, closing the passage of breath, and eventually suffocating him to death.

— Nyiramucyo, Jean's mother



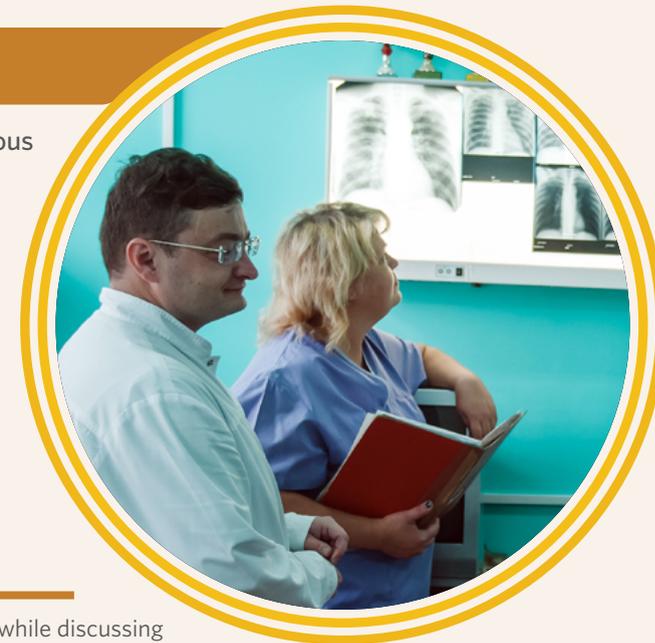
In 2020, Jean was among 2,184 patients who received dignified cancer care at Butaro District Hospital.

Above: Nyiramucyo cares for her son Jean*, 15, who is staying in the pediatric oncology ward at Butaro District Hospital in Rwanda. Photo by Pacifique Mugemana / PIH

*Name changed for minor

VIDEO THERAPY FOR TB

Even as COVID-19 surpassed it as the world's deadliest infectious disease, tuberculosis (TB) remains a threat worldwide—particularly in Russia, which has one of the world's highest burdens of TB. In 2020, PIH revived our work in Russia as part of the Zero TB Initiative, a global alliance working to rapidly drive down rates of TB infection. In three cities in Vladimir Region, PIH and ANO Zdorovye.ru enrolled 160 patients in video-observed therapy, connecting them with health workers virtually to help them take their medications and follow treatment plans. The program has delivered care to the most at-risk, including patients who are HIV-positive, homeless, or recently released from prison.



Dr. Ekaterina Stepanova presents chest x-rays for a tuberculosis patient while discussing potential treatment regimens with clinicians in Russia. Photo by Elena Devyashina for PIH



ESSENTIAL INFRASTRUCTURE

Building strong infrastructure can take years and requires lasting investment in health systems. Bo-mphato Litsebeletsong Tsa Bophelo, as PIH is known in Lesotho, has been committed to this work since 2006, in partnership with the Ministry of Health. In December 2020 and in collaboration with long-time partner Build Health International, PIH opened an oxygen plant that supplies lifesaving oxygen to Berea Hospital, a COVID-19 treatment center, and an MDR-TB hospital. And through the generous support of the USAID-funded Power Africa Off-grid Project and our partnership with OnePower, PIH installed solar energy systems at four rural clinics, with plans to expand to additional clinics, so they can have a regular supply of electricity and provide care around the clock.

(From left) Dr. Melino Ndayizigiye, executive director of Bo-mphato Litsebeletsong Tsa Bophelo—as PIH is known in Lesotho, and Tanwa Kum Ndakwar Palmer, a biomedical engineer, during the commissioning of the oxygen plant at Botšabelo. Photo by Mpho Marole / PIH

MEDICAL EDUCATION AND TRAINING

Graduates of the Master of Science in Global Health Delivery program at the University of Global Health Equity walk on the Butaro Campus in Rwanda.
Photo courtesy of 64 Waves

"HAITI NEEDS US"

Hôpital Universitaire de Mirebalais's list of alumni continues to grow, and health systems in Haiti are becoming stronger. That's because nearly all—96% to be exact—of the hospital's graduates remain in the country.

The added capacity of well-trained physicians across specialties is a huge asset, especially during emergencies, including the COVID-19 pandemic and natural disasters.

"I decided to stay because I think I can make a difference," says Dr. Giovanni Bordes, an OB/GYN resident who has family in the United States. "Everything I'm learning in the residency program is setting me up for that."

In collaboration with the Haitian Ministry of Health, Zanmi Lasante, PIH's sister organization in Haiti, opened Hôpital Universitaire de Mirebalais in 2013, and the hospital has since become a hub of medical education and specialized care. The 350-bed, internationally accredited teaching facility is home to seven residencies—family medicine, pediatrics, internal medicine, nurse anesthesia, surgery, emergency medicine, and OB/GYN—and fellowships in neurology, plastic surgery, and emergency sonography.

Each residency program offers doctors access to scarce opportunities and resources that do not exist in Haiti outside of Hôpital Universitaire de Mirebalais. The emergency medicine residency is the first and only



A delegation of Zanmi Lasante staff visit St. Boniface General Hospital, a partner in Fond-des-Blancs, Haiti. Photo by Clare Orie / PIH

program of its kind in Haiti. The program provides training on how to respond to natural disasters, epidemics, gun violence, motor vehicle accidents, and more. Clinicians also learn how to respond across different settings, both in and outside the hospital.

Dr. Mirrielle Bien-Aimé was among the first cohort of physicians to graduate from the four-year emergency residency program in 2017. Now, she is training the next generation of specialists and providing high-quality care at St. Boniface General Hospital, a Zanmi Lasante partner in Fond-des-Blancs. "Haiti needs us," she says.

Other specialties are in-demand, too. There is limited access to primary health care in Haiti, which is why family medicine was one of the first residency programs offered in 2012.



“Medical education is a key strategy that can contribute to strengthening the health system in the short-, medium-, and long-term.”

— Dr. Rodney Destine, family medicine residency program director at Hôpital Saint-Nicolas de Saint-Marc



Above: Co-founder Dr. Paul Farmer (center, right) gave a lecture and spoke with clinicians at Hôpital Universitaire de Mirebalais while in Haiti following the August earthquake. Photo by Nadia Todres for PIH

IMPACT: GLOBAL MEDICAL EDUCATION



153

GRADUATES ACROSS ALL SPECIALTIES since 2012



134

MEDICAL RESIDENTS enrolled as of June 2021



96%

OF GRADUATES HAVE STAYED to work in Haiti

Medical Residencies
in Haiti



49

NEW STUDENTS ENROLLED in Master's Degree Program in 2021



134

GRADUATES FROM MASTER'S DEGREE PROGRAM since 2018

University of Global
Health Equity in Rwanda



100%

STUDENTS RECEIVING FULL OR PARTIAL SCHOLARSHIPS in 2021

Claire Kimilu speaks to fellow graduates of the Master's in Global Health Delivery program at the University of Global Health Equity in Butaro, Rwanda. Photo courtesy of 64 Waves



TRAINING CONTACT TRACERS

A comprehensive contact tracing workforce on Navajo Nation mitigated COVID-19 on the 17-million-acre nation, which once had the highest per capita infection rate in the United States.

Community Outreach & Patient Empowerment Program (COPE), PIH's sister organization on Navajo Nation, in collaboration with the Navajo Incident Command and PIH, trained and supported over 500 health professionals in contact tracing and the unified technology platform that enabled contact tracing across health facilities.

Fern Spencer, a COPE contact tracer, was passionate about helping others after overcoming COVID-19. Though the questions contact tracers ask are guided by a script,

she was confident she would be able to use her personal experience of having COVID-19 to help those she called.

Her instinct was right.

One person she called was experiencing mental health difficulties, which had been exacerbated during the pandemic. As the individual detailed these acute challenges, Fern stayed on the phone and listened. When the conversation ended, Fern called back 30 minutes later to check-up on the individual. Then again, another 30 minutes later. And again, until she confirmed the individual reached the hospital for urgent care.

Contact tracers like Fern do more than mitigate the spread of COVID—they save lives.

Above: A man receives a COVID-19 test at St. Joseph's Shelter in Gallup, N.M., on Navajo Nation. Photo by Robert Alsborg / COPE



EQUITY IN MEDICAL EDUCATION

Equity is essential to advancing the global health field—a lesson both taught and learned at the University of Global Health Equity (UGHE), which was founded by Partners In Health in 2014. In the years since, that mission has been carried forward with each class's graduation—a celebration that, last year, took place virtually due to COVID-19.

In August 2020, 28 students graduated from UGHE's Master's in Global Health Delivery program—the fifth cohort to graduate from the university's flagship program.

The students came from 12 countries and included a range of health professionals. All gained a foundation in health sciences, leadership and management skills, and first-hand experience understanding the social determinants of health in the rural context of Butaro, Rwanda, where UGHE is based.

The graduates joined the ranks of more than 120 alumni of the master's program.

Above: Dr. Florence Akiiki Bitalabeho (center) teaches a class on social and community medicine and palliative care in Butaro, Rwanda. Photo by Zack DeClerck / PIH



EMPOWERING NURSES

This summer, 16 fellows graduated from the first cohort of the Global Action In Nursing Fellowship in Liberia. **The fellowship was launched by PIH and the Maryland County Health Team in April 2021 to strengthen the skills of nurses and midwives and improve patients' health outcomes.**

"Globally, nurses and midwives provide more than 80%

of care to patients and often face personnel shortages, insufficient training opportunities, and a lack of efficacy to shape decision-making at the policy level," says Viola Karanja, deputy director of PIH Liberia. "All of these negatively impact patient outcomes."

The fall cohort began in September, and the next will begin in January with 16 and 14 fellows, respectively.

Above: David Appleton, a Global Action In Nursing fellow in Liberia, inserts an IV into a baby. *Photo by Jason Amoo / PIH*

FIRST AID EDUCATION

Responding to COVID-19 requires more than masks, tests, oxygen, and vaccines. As patients cope with the loss of loved ones, unemployment, food and housing insecurity, and the virus, PIH staff know it is critical to integrate mental health care into the pandemic response. But that integration doesn't happen overnight—it requires specialized education. In Kazakhstan, PIH provided training for 110 health workers in psychological first aid, as they cared for patients with tuberculosis in the cities of Almaty and Karaganda and delivered resources and relief. The training had one goal: to ensure that, in the midst of an isolating pandemic, no patient was truly alone.

Dr. Lyazzat Zhanabayeva (left) continued to screen TB patients within modified wards in spite of COVID-19 risks. *Photo courtesy of PIH Kazakhstan*



TIMELY TRAINING

In rural Lesotho, quality care for mothers and newborns is hard to come by, because health workers often lack the training and resources to fully support patients. Without the right equipment, even tasks like listening for a baby's heartbeat become complicated and prone to medical error. To address this critical gap, PIH provided seven cardiotocography (CTG) machines to rural clinics. These machines electronically monitor babies' heart rates during labor and help identify abnormalities. During the first CTG training, a midwife detected an alarming heart rate. Staff ushered the expectant mother into emergency care, and her baby was born safely through Cesarean section.

Amohelang Barenale's 14-day-old daughter at a PIH-supported health center in Nkau, Lesotho. *Photo by Karin Schermbrucker for PIH*



FOCUS ON WOMEN, ADOLESCENTS, AND CHILDREN

Women attend a session of the Moderate Acute Malnutrition (MAM) program, which provides care to children suffering from malnutrition in Sierra Leone. Photo by Maya Brownstein / PIH



GROUNDBREAKING MATERNAL CARE

On April 23, shovels struck soil on the grounds of Koidu Government Hospital—the only hospital in rural Kono District—as a crowd of supporters, including leaders from PIH and Sierra Leone’s Ministry of Health, stood by.

The moment had been years in the making and had finally arrived.

The day marked the start of construction of the Maternal Center of Excellence—and a turning point for women and families throughout Sierra Leone.

Sierra Leone is one of the most dangerous places in the world to give birth: Women face a 1 in 20 lifetime risk of

dying in pregnancy or childbirth, compared to a 1 in 3,800 chance in the United States.

The Maternal Center of Excellence—made possible thanks to the generous partnership, networks, and support of John and Sarah Green and Hank and Katherine Green—is poised to change that reality.

The 166-bed center, slated to open in 2023, will drastically expand the maternity ward and special baby care unit at Koidu Government Hospital and will equip clinicians with the essential resources and spaces they need to save lives, such as an oxygen plant, a blood bank, and a neonatal intensive care unit.

Once open, the center is projected to increase facility-based deliveries by 121% and family planning visits by three times. It is also expected to bring the rate of stillbirths below 2% across Kono District.

But the vision was always about more than medical care.

Constructed with wood from Sierra Leone’s sustainably planted forests and stone from Kono District’s long-exploited diamond mine, the center represents how far the country has come, despite the historic and ongoing injustices it has endured, and how much further it can go—pushing the limits of what’s possible and charting a new course for maternal and child health care that

extends far beyond the country’s borders.

In addition to providing free, quality health care, the Maternal Center of Excellence will become a hub for innovation and education—providing a space for knowledge-sharing and training Sierra Leone’s next generation of clinicians.

And the center will serve as a model for maternal health in rural settings worldwide, demonstrating the value of prioritizing women and children’s health and building a future rooted in gender equity—one hospital, one health center at a time.



A MOTHER'S JOURNEY

Pregnancy without a support network and access to quality health care can be a challenging experience. Women have to know they are not alone in their journey. Now, many more do in Haiti.

The Journey to 9 Plus (J-9) program at Hôpital Universitaire de Mirebalais (HUM) recruits expectant mothers, many of whom have high-risk pregnancies, to ensure they and their newborns receive constant care and support throughout pregnancy and through the first year of life for the newborn.

During a recent graduation ceremony of women enrolled in the J-9 program, one mother told the group how supported she felt and how she was able to ask clinicians about any concerns she had.

"She was just so delighted with the care that we provided and the accompaniment throughout her pregnancy, delivery, and then for the baby's first year of life. Her words were really touching."

— Meredith Jean-Baptise,
HUM's maternal health coordinator

The baby was among 400 others who graduated from the J-9 program in January 2021. **Designed to improve the uptake of maternal and pediatric services, the program incorporates PIH's model of accompaniment by supporting both mothers and their babies with**

four key services: group prenatal and pediatric care, psychosocial services, home visits, and hospital-based services.

More than 800 women have enrolled since the program began in 2019 and nearly all have had facility-based deliveries, compared to 36% nationwide. Due to the

program's success and widespread interest, the team is in the process of expanding J-9 to the hospital in Hinche.

Above: Kay Manmito, the maternal waiting home at Hôpital Universitaire de Mirebalais in Haiti. Photo by Tranquillin Ricardo for PIH



NEWFOUND FREEDOM

When Carmela Sánchez gave birth to her son, Miguel*, it was not apparent that he was deaf. It was only after he turned one year old that Sánchez, who lives in a rural community in Chiapas, Mexico, realized that her son did not respond when called.

A visit to the doctor confirmed her suspicions and set in motion a years-long search for health care—a search that led her to Compañeros En Salud, as PIH is known locally.

Compañeros En Salud has worked in Chiapas for more than a decade, providing health services and social

Above: Miguel Gómez, 9, has been hard of hearing his whole life and recently received hearing aids, thanks to support from PIH in Mexico. Photo by Paola Rodriguez / PIH

*Name changed for minor

“
When Miguel put on the hearing aid for the first time, he was absolutely surprised. He kept clapping because he liked the sounds he could hear now.

— Carmela Sánchez,
Miguel's mother

support to thousands of families in the rural, coffee-growing Sierra Madre region. Our Right to Health Care program helps patients get referrals for advanced care at hospitals and financial support for transportation and lodging.

With Compañeros En Salud's support, Miguel was referred to an advanced hospital for care, where he had molds taken of his inner ear. Just a few weeks later, he went home with hearing aids—and a new sense of freedom.

IMPACT: GLOBAL MATERNAL HEALTH



11,200

LIFESAVING C-SECTIONS



130,660

PRENATAL VISITS



55,400

FACILITY-BASED DELIVERIES



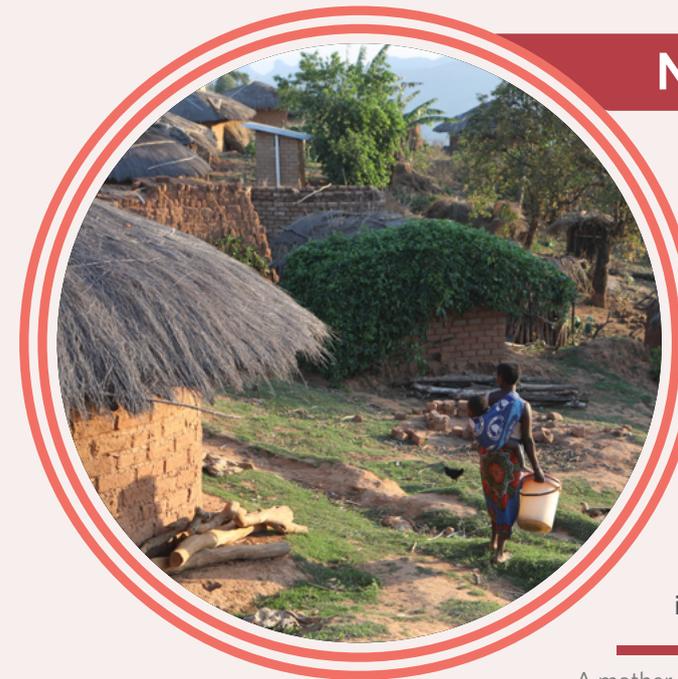
86

MATERNAL WAITING HOMES



1.9 Million

FAMILY PLANNING CONSULTATIONS



NEVER LEFT BEHIND

When a girl experienced sexual and gender-based violence in Neno, Malawi, there used to be little support for her. If she become pregnant, she could be forced to drop out of school or get married. Since 2019, PIH has addressed these challenges through No Woman or Girl Left Behind—a project that aims to improve sexual and reproductive health services and strengthen the health system to support survivors.

In January 2020, PIH established a team of health and social services staff to identify and investigate cases of sexual and gender-based violence. The team has developed reporting structures, hosted workshops, and investigated 95 cases as of July 2021.

A mother carries her baby in Neno District, Malawi.
Photo by Karin Schermbrucker for PIH

NEW WARD MEETS DEMAND

Health care workers stand inside the new maternal and child health ward at Pleebo Health Center in Liberia, where clinicians went from seeing two dozen patients daily to hundreds in just a few years. The ward opened in February 2020 to help meet this increased demand and better support maternal and child health care in Maryland County.

From left to right: Daniel Maweu, Nursing Center of Excellence lead; Annie Weah, community midwife; Garmai Forkpah, obstetric nurse mentor. *Photo by Jason Amoo / PIH*



FINANCIAL SUMMARY AND LEADERSHIP



A view of Jaltenango, a town in the rural, coffee-growing Sierra Madre region of Chiapas, Mexico, where PIH has provided medical care and social support for more than a decade. *Photo by Caitlin Kleiboer / PIH*

FISCAL YEAR 2021 FINANCIAL SUMMARY

STATEMENT OF ACTIVITIES

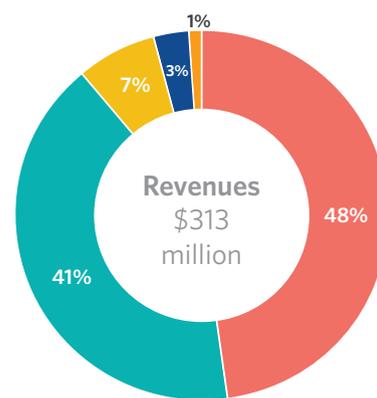
U.S. dollars in millions

Revenues	2021	2020
contributions, grants, and gifts in kind		
individuals and family foundations	127.4	132.3
foundations and corporations	21.8	29.4
governments and multilateral organizations	150.8	45.1
gifts in kind and contributed services	8.6	7.5
other income	4.6	2.9
total revenues	313.2	217.2
Operating expenses		
program services	263.4	156.9
development	7.3	7.3
general and administration	11.9	10.4
total operating expenses	282.6	174.6
operating surplus (deficit)	30.6	42.6

STATEMENT OF FINANCIAL POSITION

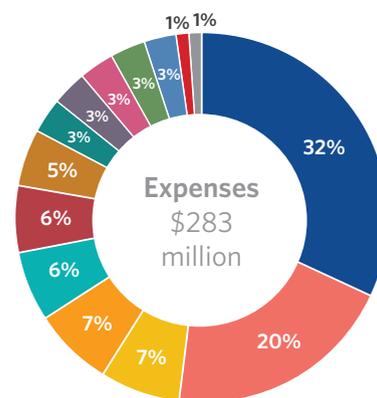
U.S. dollars in millions

Assets	2021	2020
cash and cash equivalents	99.0	77.7
grants and other receivables, net	13.6	9.7
prepaid expenses and other assets	6.8	8.8
investments, at fair value	45.4	35.5
property and equipment, net	14.6	13.2
total assets	179.4	144.9
Liabilities and net assets		
liabilities		
accounts payable	21.8	23.4
deferred revenue	11.3	6.4
total liabilities	33.1	29.8
net assets		
without donor restrictions	60.4	34.8
with donor restrictions	85.9	80.3
total net assets	146.3	115.1
total liabilities and net assets	179.4	144.9



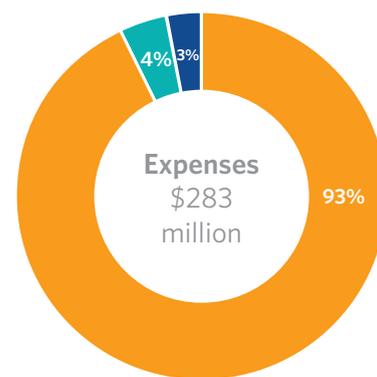
Revenues by source

- Governments and Multilateral Organizations (48%)
- Individuals and Family Foundations (41%)
- Foundations and Corporations (7%)
- Gifts in Kind and Contributed Services (3%)
- Other Income (1%)



Expenses by program

- U.S. Programs (32%)
- Haiti (20%)
- Development and Administration (7%)
- Multi-Site Clinical and Program Support (7%)
- Peru (6%)
- Rwanda (6%)
- Sierra Leone (5%)
- Liberia (3%)
- University of Global Health Equity (3%)
- Malawi (3%)
- Lesotho (3%)
- EndTB (3%)
- Navajo Nation (COPE) (1%)
- Mexico (1%)



Allocation of expenses

- Program Services (93%)
- General and Administration (4%)
- Development (3%)

Revenue:

In fiscal year 2021, PIH received \$313.2 million in revenue, a 44% increase over fiscal year 2020, which was primarily driven by COVID-19 response efforts in the United States. Fiscal year 2021 revenue was comprised of \$150.8 million from governments and multilateral organizations (48% of total revenue), \$127.4 million from individuals and family foundations (41% of total revenue), and \$21.8 million from foundations and corporations (7% of total revenue). In addition, PIH received \$8.6 million in donated goods and services and \$4.6 million in other income (4% of total revenue).

Expenses:

PIH expenses increased from \$174.6 million in fiscal year 2020 to \$282.6 million in fiscal year 2021. Nearly all of this \$108.0 million increase was related to growth in program services and driven by COVID-19 response efforts in the United States. In fiscal year 2021, 93% of funds were for direct program costs and 7% went to fundraising and administration.

Surplus (deficit):

PIH ended fiscal year 2021 with a \$30.6 million operating surplus.

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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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Injustice has a cure

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