BRAND HANDBOOK 2019

Partners In Health

WE ARE **PARTNERS** IN HEALTH

Last revised November 9, 2019

Oncology program coordinator Jean Bosco Bigirimana walks with a local woman on the way to a patient's home in Burera District, Rwanda. *Photo by Cecille Joan Avila / PIH*

TABLE OF CONTENTS

INTRODUCTION

Mariatu Kamara (center) and her daughter, pictured in their home in Kono, Sierra Leone, with PIH community health staff Mabel Koroma and Benson Momoh. Kamara and her daughter live with HIV and receive care from PIH. *Photo by John Ra / PIH*

PURPOSE

The purpose of this handbook is to provide a simple yet comprehensive overview of Partners In Health (PIH) mission, identity and positioning by laying out its origins, core concepts, and other useful narratives. While this handbook is not meant to be the exhaustive and definitive PIH guide, our hope is to empower every 'PIHer' to speak knowledgeably and consistently about what our organization is, about our work and, more importantly, about our distinctive approach to address social injustice.

This handbook is:

- A shared resource to align our organization around core founding principles that will shape our behavior and organizational culture
- An onboarding tool for new PIHers to orient them on our mission, identity, and positioning
- A set of concise, clear, and easy-to-use communication tools to empower every PIHer to speak about our mission

This handbook is not:

- A one-stop resource for everything needed to know about PIH
- A prescriptive source of official language. The objective is rather to provide easy to understand narrative (including key terminology) that will inform authentic, yet original, conversations that convey our values, mission, and uniqueness
- A substitute for continued and expansive dialogue about our Brand. This handbook is the first step in a process of ongoing cultural fine-tuning to which we are committing as an essential part of "living our mission"

A NOTE ABOUT 'BRAND'

'Brand' is a term used in commercial circles to define the name of products. Throughout recent history, the word 'brand' came also to mean the reputation of a particular company or organization. Because of its commercial origins and use, this term has – for a long time – being frowned upon among non-profits. Throughout this handbook, the term 'Brand' (with a capital B) is used neither to refer to our brand name or logo nor to our reputation, but rather to the collection of narratives that describe our mission, identity, and positioning. When used in this context, Brand becomes a non-threatening, inspiring, and unifying word.

9-month-old Lereko Mokake and his great grandmother, Malithakong Ntsoele, receive treatment at PIH-supported Botšabelo Hospital, Lesotho's only facility that treats multidrug-resistant tuberculosis. *Photo by Cecille Joan Avila / PIH*

PART I

OUR IDENTITY

PIH's Dr. Dimitri Suffrin checks on HIV and malnutrition patient Agnes Makunda, 3. She's held by her mother, Margaret, at their home in Neno, Malawi. Looking on is PIH community health worker Blandina George. *Photo by Zack DeClerck / PIH*

MISSION STATEMENT

A mission statement tells our audience what drives our daily work, the 'why we do it' rather than just 'what we do.. Our mission statement offers a glimpse of our guiding values and principles to inspire others who are like-minded to join our cause and support our work.

Our mission is 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.

Nurse Asmine Pierre holds Maylove Louis, 14 months, during a home visit in Boucan Carré, Haiti. Louis is four months into the malnutrition program. *Photo by Cecille Joan Avila / PIH*

VISION STATEMENT

A vision statement tells our audience what our 'view of the world' is, or rather how we believe the world should be. It represents what we ultimately fight for and outlines our aspirations for a better future. The vision statement does not refer to a specific endpoint of our work, but rather to the continuous nature of our commitment. Together with our mission statement, the vision statement is helpful to visualize the goal of our work and to align our values with those of our audience. A good vision statement is intentionally kept very short.

We strive to create a future in which every single person's right to quality health care is guaranteed.

OUR CORE BELIEFS

We believe that:

- All human lives have the same value, and every human being has the inalienable right to be healthy to fulfill their potential.
- All people need to stand in solidarity with those who find themselves at the margins of modern society as a result of centuries of oppression. The benefits of modern science must be shared with and enjoyed by all of humanity.
- Every human being should be able to take advantage of social benefits, such as access to education, food, modern medicine, right to work, etc.
- The playing field needs to be leveled for those individuals who are born at a disadvantage (equity vs equality).
- The social and political forces that are shaping today's world are profoundly unjust and must be reshaped. Injustice is not accidental, but created through long-term political and social forces. Conversely, we can fight injustice by changing those dynamics.
- It is our moral call to action to expose social injustice and to work toward correcting those systemic forces that create inequalities, no matter how impossible or challenging this task might look.

OUR CORE VALUES

We behave according to these simple values:

Commitment
- We are tenacious and resolute in our drive to attain social justice.
- We are passionate about our work to break the cycle of poverty and disease.
- We push boundaries; we challenge conventions and the status quo.

Accompaniment/Partnership
- We make common cause with those we serve.
- We accompany our patients, colleagues, and partners, working shoulder to shoulder.
- We are responsive to the needs of the most vulnerable; we are flexible and nimble.
- We recognize that we cannot deliver on this cause alone; we embrace partnerships as the key to further our work.

Humility
- We listen and learn from others.
- We are deeply attentive to those we serve and are guided by their input and participation.
- We acknowledge and learn from our mistakes.
- We interact with kindness, compassion, and respect.

Integrity/Accountability
- We operate with honesty, transparency, and fairness.
- We are purposely frugal when we can be and are responsible stewards of resources entrusted to us.
- We are accountable first and foremost to our patients, who have primary agency in shaping our interventions.

CORE CONCEPTS

Liberation theology: a major influence for PIH

PIH is categorically a non-partisan and secular organization. Our philosophy has, however, been profoundly influenced by the liberation struggle that emerged in Latin America in the middle of the 20th century, and principally by the theological writings of Gustavo Gutiérrez Merino, a Peruvian theologian, philosopher, and priest, considered to be one of the fathers of Liberation Theology. In his 1973 "Theology of Liberation," Father Gutiérrez outlines a philosophy that recognizes and confronts a profound social and political injustice brought on by centuries of colonialism and post-colonialism. Gutiérrez invites all people to take sides with the poor and to practice faith not just in their reflections but through concrete action (what in Christian theology is referred to as praxis). Liberation theology exposes the root causes of poverty and defines them as not inevitable or accidental, but rather as fixable because intentional, thus positioning action as a universal moral response to social injustice.

CORE CONCEPTS

The universality of health as a human right

"The idea that some lives matter less is the root of all that is wrong with the world."

- Dr. Paul Farmer

The unconditional belief in the universality of health as a human right is the bedrock of our mission. If in fact we find common ground in the notion that every human being has the right to be healthy (as outlined by art. 25 of the Universal Declaration of Human Rights), then we must agree that universal rights apply to all human beings regardless of their skin color, the country they're born in, or their social class.

It is important to recognize that the right to health is not the only right held by our patients. Other fundamental human rights are interrelated and just as inalienable. Focusing on health as a human right means the implicit acceptance and defense of *every other* universal human right.

The right to health is:

UNIVERSAL: The ability to access high quality health care should not depend on a person's income, nationality, gender, language spoken, profession, where they live, whom they love, which disease they have, or the charity of others. That is why PIH is committed to providing *unconditional and comprehensive* health care.

INTERRELATED: All people have universal human rights. The right to health is connected to the right to education, clean water, decent housing, dignified employment, and all other political, civil, social, and economic human rights.

INALIENABLE: No person or government should stand in the way of another human being who is trying to fulfill these universal rights, and everyone should join the movement to protect them.

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- **Taking sides: Preferential Option for the Poor**
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Taking sides: preferential option for the poor

"[Neighbor is] not he whom I find in my path, but rather he in whose path I place myself, he whom I approach and actively seek."
- Father Gustavo Gutiérrez Merino, A Theology of Liberation

In simpler terms, adopting a preferential option for the poor means choosing to put the needs of the most vulnerable first.

In the context of global health, it means making sure that those who are born in, or find themselves at a disadvantage, are guaranteed access to the **highest standard of care possible**, where the term "possible" is not to be conveniently confused with "sustainable" or "affordable" but rather referring to the same standard of care available in developed nations. This is why, from the beginning, Partners In Health has striven to deliver comprehensive care in the most impoverished, neglected, and rural places.

The concept of **preferential option for the poor** has its roots within late 19th century Catholic social teachings and is then reinforced within the thinking of liberation theologists. Preferential option in the secular context of social justice means to **affirmatively take sides with the poor**. Since the burdens of disease and premature death disproportionally affects those living in poverty, we must focus our energies and resources on the poor and the most vulnerable.

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- **Social Justice: connecting the past with the present to shape our future**
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Social justice: connecting the past with the present to shape our future

"If there is no struggle, there is no progress. Those who profess to favor freedom, and yet depreciate agitation, are men who want crops without plowing up the ground. They want rain without thunder and lightning. They want the ocean without the awful roar of its many waters. This struggle may be a moral one; or it may be a physical one; or it may be both moral and physical; but it must be a struggle. Power concedes nothing without a demand. It never did and it never will."
- Frederick Douglass

Justice is a concept that relies on retrospective analysis, righting a harm that has been done. Social justice work must understand and recognize the harm that has been done and work to remediate that harm. Our work has to start by recognizing and denouncing those social, economic, and political forces which exploit other human beings and impede their chances to fulfill their existence. These forces are deep-seated, very powerful, and naturally highly resistant to change. This means that social justice "work" must become synonymous with social justice "fight". This is the struggle of self-liberation from oppression and the quest for universal human rights. Everyone should, therefore, engage in the struggle for social justice.

At PIH, we see social justice work not as a set of clearly defined solutions but rather as a call for a **continuous effort to improve equity of opportunity** in all aspects of life from access to health care to education, from employment to gender inclusion. Social justice, therefore, is defined within this handbook as the continuous push to create a more fair and equitable society in which every human being has the right and the opportunity to live a life with dignity and purpose. PIH's social justice work is realized by creating a new universal standard of care and is anchored in a preferential option for the poor ("O for the P"). Since health sits at the base of any pyramid of human needs, we see our work in health as a cornerstone in ensuring the poorest communities have equal opportunity to fulfill life's potential.

"Social justice is a team sport."
- Dr. Joia Mukherjee

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- **Definition of "poverty" and the restoration of human dignity**
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Definition of "poverty" and the restoration of human dignity

Note: while the term "poor" is used to describe PIH adoption of a preferential option for the destitute, we recognize that it could be narrowly used to box those who are struggling to fulfill their potential into a permanent and inescapable classification, further demonizing, albeit involuntarily, those who we strive to serve. Throughout this handbook, we use the term "most vulnerable" to indicate a transient status, less intrinsic to the individual's qualities and conditioned by external deprivation of opportunity. Also, important to consider is that different cultures have different interpretations of what "being poor" means.

While poverty is often described as accidental or—at times—the result of lack of individual entrepreneurship, we see poverty not only as the absence of material goods, but also more broadly as the deprivation of **equal opportunity**. We become conscious that such deprivation is indeed the result of systemic and intentional mechanisms that are designed to deprive entire populations of the basic chance to thrive, usually to benefit the accumulation of wealth and power of more privileged groups. This type of "poverty" is made visible to us every day in the communities we strive to support, and it is usually the end product of centuries of colonial, postcolonial and neocolonial abuses, such as slavery, pilfering of natural resources, labor exploitation, discrimination, and racism.

Social justice work is not done exclusively for the poor but benefits all, since is the way to create a new, more just society that everyone can enjoy. **Restoring dignity for the most vulnerable is the way to restore humanity for all.**

Awareness and condemnation of oppressive forces, however, is not enough to enable us to fully take sides with the most vulnerable. We must also **bear witness to the suffering** and seek their perspective. **Proximity** to those we serve is crucial since **listening** to our patients and their families is the only way to hear their needs as we would our own, to walk a common path, and to glean from their lived experiences the solutions to injustice. This perspective is what pushes PIH's work beyond charity and into solidarity.

The fight for social justice becomes then a shared experience, a leveled vantage point from which decisions are made not "by the privileged, on behalf of the poor," but "by the poor, for the poor." This is what we mean by PIH's policy of accompaniment, and it naturally anchors our work at the epicenter of daily suffering: the local rural community.

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- **Definition of "poverty" and the restoration of human dignity**
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

"The opposite of poverty is not wealth. The opposite of poverty is justice."
- Bryan Stevenson, founder of Equal Justice Initiative

"The poor person does not exist as an inescapable fact of destiny. His or her existence is not politically neutral, and it is not ethically innocent. The poor are a by-product of the system in which we live and for which we are responsible."
-Gustavo Gutiérrez, The Power of the Poor in History

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- **Accompaniment: from community-based healing to a model for good governance**
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Accompaniment: from community-based healing to a model for good governance

Simply put, we define accompaniment as **being there, together, for as long as it takes**. *We accompany first and foremost our patients*, whom we often refer to as "our bosses."

Because we realize any meaningful social progress is only born out of true solidarity and partnership, accompaniment must be rooted in shared experiences, pressing our shoulders together, breaking bread with one another, and supporting whoever needs assistance, for as long as *they* need it. Choosing not to assign a time limit to accompaniment is key. Only by keeping an open commitment to collaboration, we can aspire to solve problems that were caused by centuries of oppression and to find the hope needed to overcome seemingly insurmountable hurdles.

Just as accompaniment cannot be limited by a timeframe, it cannot be limited by a predetermined scope of work. In the 1980's, in Haiti, the term accompaniment was used to describe much of the work of community health workers, who accompanied neighbors with chronic disease and served as living links between villages, health centers, and hospitals.

> "The power of this simple idea, a staple in liberation theology, came to me in contemplating patients facing both poverty and chronic disease. They missed appointments, didn't fill prescriptions, didn't 'comply' with our counsel. And this was true in every country in which I've worked. But when we began working with community-health workers to take care to patients, the outcomes we all sought were much more likely to happen. Instead of asking, 'Why don't patients comply with our treatments?,' we began to ask, 'How can we accompany our patients on the road to cure or wellness or a life with less suffering due to disease?' "
>
> - Dr. Paul Farmer, Sacred Medicine

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- **Accompaniment: from community-based healing to a model for good governance**
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Today, the term may be used more broadly to describe what we seek to do in almost a dozen countries with ministries of health or with other public officials, donors, and partners. Certainly, there will be times when we invoke other paradigms, from directly observed therapy to technical assistance, to describe what we do. But the notion of accompaniment can inform these other paradigms and infuse them with a **pragmatic solidarity** that will be visible, whether we name it or not. A time-bound, scoped approach might treat the medical aspects of diseases, but if we fail to tend to the social root causes of suffering, we will never be able to treat the person. Likewise, technical expertise without compassion and solidarity will never be sufficient to fully heal the sickest communities.

> "True accompaniment does not privilege technical expertise above solidarity or compassion or a willingness to tackle what may seem to be insuperable challenges. It requires cooperation, openness, and teamwork...Much more can be accomplished looking forward with an open-source view of the world. Ideas for good governance, whether of organizations, or government bureaucracies, or corporations, are meant to be shared, and shared widely."
>
> - Dr. Paul Farmer

True accompaniment becomes then more than just a way to confront hard challenges or to sustain high aspirations; it becomes a model that can be used to reshape governance of public resources and to ensure a more equitable redistribution of both opportunity and dignity. The open-source nature of PIH's approach welcomes refinement, adaptation, and broad replication. This means that, ultimately, the goal of PIH is not necessarily to operate in every corner of this world, but rather to create a replicable approach to achieve global health equity. Of course, accompaniment cannot be a one-way street. We must seek accompaniment of those we serve and lean on their wisdom and experience so we can imagine together solutions to those complex problems that affect their daily life.

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- **Optimism and Action: raising our aspirations to meet those of our patients**
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

Optimism and action: raising our aspirations to meet those of our patients

Optimism and action have one common aspect; they both imply a choice made. Nelson Mandela famously said, "It always seems impossible, until it is done." Surely, it will never be easy to maintain hope when circumstances are beyond dire. However, when we choose to keep hope, against the current opinion of "experts," despite the current statistics, and without all the needed resources, then we discover the strength necessary to take collective action to effect change.

Optimism and action, combined, produce the type of dogged persistence needed to meet the seemingly unachievable aspirations of those who are most disadvantaged. In truth, it is only by combining optimism and action that PIH was able—over decades—to achieve seemingly impossible feats, such as delivering exorbitantly expensive treatment for drug-resistant tuberculosis to destitute patients in urban Peru in the mid-1990s, to push for HIV treatment (not merely prevention) for millions of people living with HIV in Africa, or to build a model for rural health care delivery in post-genocide Rwanda. These interventions, fueled by optimism and action, were at the time deemed extreme, recklessly naïve, or plain hopeless. The exact same interventions are today accoladed as pioneering achievements in global health. Indeed, it seemed impossible, until it was done. Looking at the many past victories achieved by PIH and its many partners, the only thing that seems truly impossible today is not to continue with our work.

Like action, inaction is also a choice. But unlike action, choosing inaction comes with an unbearable cost. The true cost of inaction is continuation of unequal death and suffering and the abandonment of optimism, which is devastating because it undermines the chances of any social progress. Ironically, those who choose to be optimists are often labeled idealists—in other words, preferring ideas to action. In reality, it is only when optimism and action combine that true change is achieved. In this sense, action and optimism are dependent on each other.

Guided by a preferential option for the poor and driven by the moral call to action to fight for social justice, PIH distinctiveness is achieved by combining accompaniment, solidarity, technical expertise, academic excellence, and optimistic action. The result of this powerful mixture is what PIH refers to as the **antidote to despair.**

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- **Optimism and Action: raising our aspirations to meet those of our patients**
- The "House of Yes" and the rejection of selectiveness
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

"When you're working on development issues, optimism is not always based on rational analysis, often it is a moral choice."

- Dr. Jim Yong Kim

"I think to not be optimistic is just about the most privileged thing you can be. If you can be pessimistic, you are basically deciding that there's no hope for a whole group of people who can't afford to think that way."

- Ophelia Dahl

CORE CONCEPTS

The "House of Yes" and the rejection of selectiveness

In PIH speak, we refer to this open-ended optimistic action as the "House of Yes." Under the House of Yes, we reject a time-bound approach and the selectiveness of scoped medical interventions that are both incompatible with the universality of human rights. It is easy to rationalize selectiveness due to perceived scarcity of resources. ("There simply isn't enough money to help everyone," or, "This intervention gives us the biggest bang for our buck.") Resources for health in settings such as Haiti or the Navajo Nation are limited in large part because of a history of oppressive, racist policies and laws. When scarcity of resources is accepted as "the way things are," a process of dangerous and *cruel* prioritization, which worsens injustice, inevitably follows. Led by the acceptance of scarcity, prevention wins the argument over treatment, primary care over tertiary care, and expensive therapy for diseases such as cancer, mental illness, or organ failure is never even considered as a sustainable option. Socialization of experts to accept massively unequal resource distribution will inevitably result in a "No" to such care.

As Dr. Farmer frequently points out, what ultimately stands in the way of achieving health equity is not lack of medical technology, resources, or even will to bring change, but rather a **failure of imagination**. When we allow ourselves to dare to imagine a solution that lies past what we think is currently possible, we become catalysts for radical change.

> "This failure, of course, is fatally linked to the idea that some lives matter less than others. Ninety percent of the problems social medicine should address would be lessened by rejecting this notion and insisting on high aspirations for those who haven't enjoyed the fruits of medicine and public health."
>
> - Dr. Paul Farmer

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- **The "House of Yes" and the rejection of selectiveness**
- Shifting the Paradigm: Fighting Disease, Fighting Dogma

At PIH, we like to ask the following question: "What treatment would we seek if this patient were part of our family?" The obvious answer to this question never fails to strengthen our resolve and opens the door to the house of Yes. The requirement that people who live in poverty accept their lot and become socialized for scarcity is often handed down by experts on behalf of poor people. Not only does this rationalization create situations of deep inequality and discrimination, but it also makes no economic sense. It is rather intuitive that healthier communities are empowered to advance more rapidly in all social and economic areas.

> Institutionalized discrimination is bad for people and for societies. Widespread discrimination is also bad for economies. There is clear evidence that when societies enact laws that prevent productive people from fully participating in the workforce, economies suffer.
>
> - Dr. Jim Yong Kim

Resisting and questioning this dogmatic approach of saying "no" on behalf of the most vulnerable is part of the fight for social justice that PIH started more than 30 years ago, and is a requirement to successfully shift the current global health paradigm.

CORE CONCEPTS

- Liberation theology: a major influence for PIH
- The universality of health as a human right
- Taking sides: Preferential Option for the Poor
- Social Justice: connecting the past with the present to shape our future
- Definition of "poverty" and the restoration of human dignity
- Accompaniment: from community-based healing to a model for good governance
- Optimism and Action: raising our aspirations to meet those of our patients
- The "House of Yes" and the rejection of selectiveness
- **Shifting the Paradigm: Fighting Disease, Fighting Dogma**

Shifting the paradigm: fighting disease, fighting dogma

A group of Haitian and American friends began by working with and listening to people who were living in a squatter settlement in the hamlet of Cange, in Haiti's Central Plateau. Many people in Cange found themselves suddenly displaced and their livelihoods abruptly upended when a massive hydroelectric dam was built to provide power to Haiti's capital city of Port au Prince, flooding their fertile farmland without warning. Proximity to the displaced, silenced, and marginalized is core to the mission and operations of Partners In Health. Poor people, impoverished by historical and present-day policies, make up the majority of our staff. They assure that the needs of the most vulnerable are heard and central. When the people of Cange were asked what they needed, they stated the clear need for health, education, and jobs. Understanding through deep listening and solidarity that working to fulfill these basic human rights was an antidote to the long injustice suffered by the Haitian people, Zanmi Lasante (as PIH is known in Haiti) set out to provide jobs, education, and health care. Delivering these basic rights together with medical treatment was, and is, essential to achieve true health.

Yet in the mid-1980s, experts from global institutions such as the World Health Organization and the World Bank were cautious about the delivery of health care within impoverished settings. The dominant paradigm for the health of the world's poor was to provide prevention alone. From the outset, PIH faced strong resistance from global institutions that viewed PIH's uncompromising mandate to bring comprehensive health care to the most vulnerable communities as impractical and unsustainable. The dogmatic stance of these experts meant that the universal human right to health for entire communities, nations, and even continents was often written off as not cost-effective. Yet, without care and treatment, health inequalities grew. Discrimination and the obvious perpetration of structural racism were manifested in inhumane "do not treat" official policies (as in HIV and MDR-TB cases). PIH was and still is best positioned to make the case for universal quality standards in health care due to its strong academic and research partnerships in the United States. Ultimately, we will measure ourselves not only by how many people we have served directly, and how well, but also by how many people we have served indirectly, through our efforts to **change minds**, laws, and policies.

Today, PIH partners with both the public and private sectors to advance the cause for Universal Health Care. Because our approach is based on rigorous evidence and decades of experience, PIH is trusted by many national ministries of health to provide support when it comes to delivering, reforming, or improving national care systems.

OUR HISTORY

It is important to know about the origins of our organization to better understand our current approach and our future aspirations. By talking consistently about our past, we can more clearly articulate what we do and what we work for.

More than three decades ago, Zanmi Lasante (Partners In Health in Haitian Kreyol) was formed to support the work that began in a small, rural community called Cange, in Haiti's Central Plateau. From there, it expanded across the country, then on to Peru and Russia, across Africa, and on to Mexico and the Navajo Nation.

Through it all, PIH has kept patient care at the center of its work and fought for health care as a human right—both within individual countries and the halls where global health policy is created.

In the timeline below, read how PIH has grown, innovated, and pushed the boundaries of global health to ensure that every single person has access to high-quality care.

1983

Paul Farmer and Ophelia Dahl begin operating a community clinic to provide free health care to the people of Cange, a small, rural village in Haiti.

1987

Dr. Paul Farmer, Ophelia Dahl, Dr. Jim Kim, Todd McCormack, and Thomas J. White found Partners In Health to support work providing health care to poor patients in Haiti.

1994

PIH expands to Peru and begins supporting the government in battling an unchecked epidemic of multidrug-resistant tuberculosis. Our community-based MDR-TB treatment program sees an 80 percent cure rate, inspiring the World Health Organization to revise its treatment recommendations.

1998

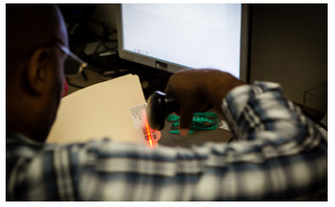
PIH launches the HIV Equity Initiative, which provides antiretroviral therapy to HIV-positive patients in Haiti. Our example helps later inspire major organizations like the Global Fund, PEPFAR, and the World Health Organization to fund the fight against HIV in rich and poor countries alike.

1998

PIH expands to Russia and begins supporting the government in fighting tuberculosis and multidrug-resistant tuberculosis epidemics, first in prisons and then throughout the community of Tomsk.

2003

Tracy Kidder publishes Mountains Beyond Mountains, a book tracing the lives of PIH founders and our work in Haiti, Peru, and Russia.



2004

PIH co-founds OpenMRS, an open source electronic medical records software tailored for use in developing countries. Today, organizations and governments in 64 countries use OpenMRS.

2005

PIH expands to Rwanda and partners with the government to bring high-quality health care to three of the country's poorest regions. This includes oncology care at the Butaro Cancer Center of Excellence, which we open in 2012 to provide accessible, lifesaving cancer treatment to patients from Rwanda and east Africa.

2006

PIH expands to Lesotho and begins supporting the government's response to the HIV epidemic. We soon broaden our scope to treat tuberculosis, improve maternal health care, and, in 2014, become the government's primary technical advisor on its National Health Reform, which is bringing the country closer to universal health coverage.

2007

PIH expands to Malawi and begins collaborating with the government to provide comprehensive primary care to the rural poor. We build a brand new community hospital and two health centers that offer same-day consultation and care—including maternal health care and treatment for HIV, hypertension, malnutrition, and mental illness.

2009

PIH expands to the Navajo Nation and establishes local partnerships to help improve community health and support community health representatives. In 2015, we help launch the Fruits and Vegetables Prescription program, which provides families—most of whom live a three-plus-hour drive away from a grocery store—free access to fresh, local produce.

2010

PIH expands to Kazakhstan to support the government's fight against multidrug-resistant tuberculosis.

2010

When a catastrophic 7.0-magnitude earthquake strikes Haiti, PIH provides lifesaving health care and social support to earthquake survivors.

2010

Our global mental health care program launches, providing high-quality, culturally sound treatment for common and severe mental illnesses, from depression to schizophrenia.

2011

PIH expands to Mexico and begins collaborating with the government to help train new doctors, revitalize rural clinics, and maintain a force of community health workers, who specialize in areas like maternal health, depression, and diabetes.

2012

After cholera is introduced to Haiti following the 2010 earthquake, PIH conducts a cholera vaccination campaign that protects 50,000 people against the deadly disease. The campaign's success inspires the World Health Organization to establish a global stockpile of oral cholera vaccine.

2013

PIH opens University Hospital in Mirebalais, Haiti, a 300-bed teaching hospital that provides advanced, high-quality care and offers specialized residency programs to train the next generation of clinicians.

2014

Responding to history's largest Ebola outbreak, PIH expands to Sierra Leone and Liberia to help end the epidemic and to support the government in strengthening the countries' weak health systems.

2015

PIH begins leading a partnership called endTB, which expands global access to new treatments for multidrug-resistant tuberculosis and conducts clinical trials to find shorter, less toxic, more effective drug regimens across multiple countries.

2018

The first cohort of PIH global nurse leaders completes our inaugural Nightingale Fellowship, a program designed for nurse leaders to make system-wide impacts to improve patient care.

2019

In Rwanda, PIH inaugurates the permanent campus of the University of Global Health Equity, which we founded in 2015. The university trains new generations of global health leaders by offering a graduate degree in global health delivery and, beginning this year, dual degrees in medicine and surgery to students from around the world.

An ambulance returns to PIH-supported Wellbody Clinic in Kono District, Sierra Leone. Investments in Wellbody's maternal services have transformed care for women and newborns in the region. *Photo by John Ra / PIH*

PART II

POSITIONING

WHAT MAKES PIH UNIQUE?

Every organization needs to communicate consistently about its distinctiveness to inspire and attract new supporters. We communicate why our approach is unique not to become more "competitive" compared to other organizations, but rather to ensure that our mission is clearly conveyed to mobilize resources.

Not an average NGO

PIH is a non-profit, social justice, and global health organization. However, PIH is not the average medical organization, it is not the typical social justice organization, and it most definitely does not operate like a traditional NGO. Many social justice organizations focus most of their efforts in the advocacy space. Conversely, most medical organization limit their scope to direct delivery of care. PIH's mission connects, rather uniquely, a broad social justice view of the world with a distinctive academic and clinical model for how to make it happen. Our work is driven by a moral call to action and simultaneously powered by rigorous, evidence-based research and direct care delivery. Unlike other medical organizations, we focus on the holistic picture of social determinants that cause the global burden of disease. Our approach is dependent on many strong partnerships, comprehensive in scope, and not limited to medical treatment alone.

Our mission is social justice, and our goals are naturally very aspirational, even **idealistic**. Our work is medical and scientific and, therefore, necessarily **pragmatic**. The result of combining idealistic aspirations with a very practical line of work has pushed PIH, perhaps more than any other social justice or medical organization, to dare to imagine a workable and replicable approach to address social injustice. Our main purpose is to prove that a scalable solution to universal health care is not only possible, but necessary to achieve social justice.

It is obvious to us that when we are sick or have to care for a sick family member, we cannot receive proper education, sustain ourselves economically, or have any hope to rise out of poverty. If we want to contribute to a more equitable world, we need to fight until every human being has the opportunity to be healthy and fulfill their potential in life.

WHAT MAKES PIH UNIQUE?

SOCIAL JUSTICE

A specific view of the world based on solidarity principles compels us to expose **injustice** that leads to poverty and sickness and to fight for the universal human right to health

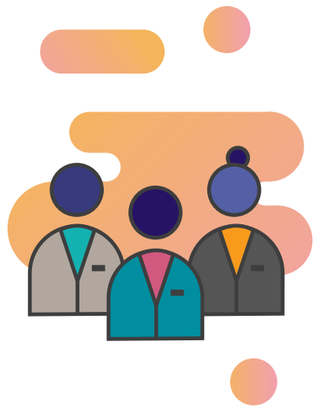
This is **why** we fight.

+

MEDICAL WORK

Our Work is medical in nature. We believe our expertise and research can be used to **cure** not only our patients but also the root causes of rising inequality.

This is **how** we do it.



KEY DISTINCTIVE POINTS

Our work is fueled by partnerships

Since the beginning, it was clear to us that real advancement is only possible thanks to strong partnerships. We partner with national governments, local districts, the private and public sectors, civil societies, as well as some of the world's most prestigious academic institutions, such as Harvard Medical School and Brigham & Women's Hospital. Only working closely with our partners, we can aspire to bring the benefits of modern medical science to those who need it most.

Comprehensive universal health care

We advocate for a radical new approach to global health. We believe that all people deserve not just basic care, but the best care available anywhere. For the past 30 years, we have worked to prove that comprehensive care is not only a moral duty, but also universally achievable. We strive to address the entirety of the burden of disease and suffering, whether it is physical, mental, or emotional, and whether it is acute, chronic, or palliative. We recognize that the solution to universal health care does not rely on one-off innovations or broad preventive measures alone, but it requires the will and imagination to tackle complex integrated systems.

We are part of the communities we serve

PIH believes that local staff should be engaged in and compensated for delivering health care within their own communities. PIH staff is almost exclusively made up of local nationals, largely women, living and working in the areas of greatest need.

We are social justice activists with a plan that works

PIH's fight is for social justice, but we have a clear and demonstrated plan on how to achieve it. We believe that access to quality care is a universal human right and is the foundation for a more equitable society.

KEY DISTINCTIVE POINTS

Our work is driven by solidarity, not charity alone

We are driven by solidarity and compassion and take sides with those who need it most, with the most vulnerable and marginalized. Our mission is moral, our work is medical, our goal is to achieve health equity.

We are trusted researchers

Some of the most brilliant scientific minds in global health work within our ranks. For decades, PIH has partnered with highly respected institutions, such as Harvard University, to deliver groundbreaking research. Our work throughout the world, from Haiti to Peru to Rwanda, has informed hundreds of peer-reviewed, scientific papers that in turn form the base of our global influence work.

We have no exit plan

Change is always hard and never quick. PIH recognizes that the lack of health care in impoverished communities is the result of centuries of oppression and neglect; therefore, we make long-term commitments to the individuals, families, communities, and countries in which we work. We don't mind being the lonely voice in the room. We are comfortable with speaking truth to power.

We influence global health policy with proof

We have a track record of bringing about global policy change by showing results that are replicable. We disrupt dogmatic prejudice by providing rigorous scientific research with measurable outcomes.

BOILER PLATES

A 'Boiler Plate' is a ready-to-use paragraph that describes an organization. Boiler plates are useful because they can be shared externally whenever we need to quickly answer the question, "What is Partners In Health?" We will use our boiler plates to quickly summarize who we are, what we do, and where we work. Boiler plates do not tell the whole story, but can be useful by defining our organization with consistency.

Tagline

Injustice has a cure

Simple Descriptor

Partners In Health (PIH) is a social justice, global health organization.

Short Boiler Plates

Option #1
Partners In Health (PIH) is a non-profit, global health organization which fights social injustice by bringing the benefits of modern medical science first and foremost to the most vulnerable communities around the world.

Option #2
Partners In Health (PIH) is a non-profit, social justice organization striving to make health care a human right for all people, starting with those who need it most.

BOILER PLATES

Long Boiler Plate

Partners In Health (PIH) is a non-profit, global health organization that fights social injustice by bringing the benefits of modern medical science first and foremost to the most vulnerable communities around the world. PIH focuses on those who would not otherwise have access to quality health care. PIH partners with the world's leading academic institutions to create rigorous evidence that shapes more sound and all-inclusive global health policies. PIH also supports local governments' efforts to build capacity and strengthen national health systems. As of today, PIH runs programs in 11 countries (Haiti, Peru, Rwanda, Mexico, Sierra Leone, Liberia, Malawi, Lesotho, Russia, Kazakhstan, Navajo Nation), where it provides direct care to millions of patients, through public facilities and community engagement.

ELEVATOR PITCHES

An 'elevator pitch' goes further than our mission or vision statements and communicates why PIH is distinctive in its approach to achieve its mission. The elevator pitch combines elements of other key statements to encourage our audience to support our organization. It is called a 'pitch' because we are persuading those outside our circle of supporters to join forces with PIH. As a non-profit, we do not believe in the need to 'compete' with other organizations who are doing good by helping others. Still, we believe in the PIH model's effectiveness and want to attract supporters. The elevator pitch is the quickest communication tool to peak audience interest in our mission.

Option # 1

Partners In Health (PIH) is a non-profit, social justice organization working to bring the benefits of modern medical science first and foremost to the most vulnerable communities around the world. PIH's work is based on solidarity rather than charity alone and is driven by the belief that all human lives are equally valuable and that every person has the inalienable right to be healthy.

Among the many organizations doing important work in the medical and global health space, PIH's approach is unique because it does not stop at delivering health care directly, but it leverages its partnership with leading academic institutions, such as Harvard Medical School, to create evidence-based research used to create a new standard of universal health care.

PIH's approach to global health policy is distinctive because it rejects the notion that health interventions should be based on cost-effectiveness. In fact, since its beginnings, PIH has consistently challenged mainstream policies and has maintained over and over that treatment must and can be delivered to rural and impoverished communities, even when it comes to complex diseases, such as HIV or drug-resistant tuberculosis. Despite having been at times attacked and scorned for its attempts to change mainstream policy, PIH has—in the end—proven with rigorous evidence to be ahead of the curve when it comes to global health delivery.

Our staff is spread across the world with programs and supported facilities in 11 countries. From the Caribbean to Central and South America, from West and East Africa to Asia, PIH staff is comprised of doctors, nurses, clinicians, researchers, and by local community health workers. Community health workers are the key ingredient in PIH's approach. They are mostly women who are best positioned to support all patients' needs from within their communities. PIH's work is based on social medicine and goes beyond treating diseases and looks at holistic patient support, including social support, nutrition assistance, and transportation needs.

ELEVATOR PITCHES

Fun math: since average time spent per elevator ride is 118 seconds and the average person speaks at 150 words/minute, the ideal elevator speech should not take longer than 2 minutes or have more than 300-350 words.

Option #2

We are a social justice organization that responds to the moral imperative to provide high-quality health care globally to those who need it most. We strive to ease suffering by providing a comprehensive model of care that includes access to food, transportation, and housing—all key components of healing. We bring the benefits of modern medicine to those who have suffered from the overt and subtle injustices of the world, in the past and in the present.

We refuse to accept that any life is worth less than another. Our model is one of accompaniment; we work side-by-side with our friends and colleagues at the community, ministry of health, and global advocacy levels to show what is possible in global health delivery. We take our best practices and conduct research to demonstrate our impact and to educate current and future leaders at the local, national, and global levels. We are an organization that is diverse, nimble, and rises to the challenges we encounter with optimism, compassion, and tenacity.

Dr. Gerardo Murillo, a doctor completing his social service year with PIH in Mexico, crosses a rope bridge to visit a patient in rural Chiapas. *Photo by Aaron Levenson / PIH*

PART III

OUR APPROACH AND WORK

Community health worker Betty J. John cares for Marie Kaya during a home visit on Navajo Nation. *Photo by Cecille Joan Avila / PIH*

SOCIAL MEDICINE: ADDRESSING THE FULL PICTURE OF DISEASE

Often, the easiest way to define the bulk of our work is to say "access to health care." In fact, when circumstances permit, PIH tries to focus on the provision of health care, especially bringing care close to people though community health workers, the backbone of our health delivery strategy. Community health workers are generally non-medical villagers who are trained to provide social, emotional, and medical accompaniment and link their neighbors to the clinics and hospitals that PIH supports. Community health workers are the eyes and ears of PIH, finding people who are the most vulnerable. Vulnerability—whether medical, social, or emotional—is often linked to poverty. Our community health colleagues consistently remind us that the work to assure health is broader than medical care alone, because the needs are much broader—even limitless. From providing food to cash transfers to transportation to housing, PIH's thousands of community health workers and our structural and intentional proximity to the poor hold us accountable for our mission "to do whatever it takes" and perform tasks that are rarely seen as belonging under the aegis of health care.

Our team around the world considers ourselves all accompagnateurs, whether we are community health workers, drivers, cleaners, nurses, doctors, midwives, accountants, or fundraisers. We understand that to practice social medicine means to look at the full picture of what causes disease and affliction, beyond the medical symptoms and treatments. The broader social diagnostic chart must include factors such as education, nutrition, and economic hardship, to name a few. In other words, the only way to reduce the burden of disease in communities where resources are extremely limited is to accurately diagnose "poverty." For many of our co-workers and supporters, the social medicine approach is appealing, as it allows us to encompass issues as vexing as food insecurity, and tackle barriers to a host of services, from clean water to education to financial services.

OUR THEORY OF CHANGE IN 4 STAGES

The true scale of PIH's impact goes far beyond medical **care** in 11 countries around the world. We often refer to PIH as an "academic NGO," because we realized that we could use our framework for care delivery as a **training** platform for the next generations of global health practitioners. Our work is impactful not only because it generates valuable local human resources, but also because—thanks to our academic partnerships—it fuels trusted research that can be used to **influence** global health policies. Over the years, we have developed an approach that can be **replicated** by national governments as they strive to improve their own health systems.

CARE

We deliver high-quality health care where it once didn't exist—ensuring every person's right and ability to survive and thrive. We fight and prevent diseases by treating the whole person.

TRAINING

We invest in clinical education for our staff and all kinds of health professionals, to improve patient care and strengthen health systems for the long term.

INFLUENCE

We advocate for national and global health policies that prioritize, rather than marginalize, the most vulnerable among us. We fight widespread bias and dogma with rigorous evidence-based results.

REPLICATION

We support national governments by sharing our replicable approach to ensure equitable access to dignified health care. We work hand-in-hand with ministries of health to build reliable systems of care delivery. We prepare the next generation of social medicine practitioners.

1. CARE

- "Fight against Disease"
- Community based health care
- Strengthening national health systems

2. TRAINING

- Mentor local staff
- Train community health workers
- Support implementing partners

4. REPLICATION

- Partner with governments
- Support national health reforms and systems
- Educate the next generation of global health leaders

3. INFLUENCE WITH EVIDENCE

- "Fight against Dogma"
- Link the work with research
- Partner with world's leading institutions
- Steering global investments toward Universal Health Care

5 S'S: STAFF, STUFF, SPACE, SYSTEMS, SOCIAL SUPPORT

"What's going to be required for everybody in the long run is the ability to do complex health interventions in poor settings."

- Dr. Jim Yong Kim

Because there is no singular silver bullet to solve for global health equity, we must have the will and imagination to tackle complex integrated systems. Just as we approach our patients' health needs looking at all social determinants of health, we look at system strengthening as a mix of five fundamental ingredients: staff, stuff, space, systems, and social support. Removing any of these ingredients will result in weak health systems.

5 S'S: STAFF, STUFF, SPACE, SYSTEMS, SOCIAL SUPPORT

MAKING THE CASE FOR UNIVERSAL HEALTH CARE (UHC) WITH EVIDENCE

We work hand-in-hand on a daily basis with community members and ministry of health colleagues towards the progressive realization of the right to health in each of the communities and facilities in which we work. We use **evidence generated at the local level** to advocate for the feasibility and implementation of delivering care and building comprehensive health systems in impoverished settings. In each country we work, we support care delivery in the public sector at the community, district, and national level. We use evidence for the delivery of effective, high-quality care to accompany ministry of health colleagues as they develop and refine their national UHC plans. Together, we cost effective models and advocate for the internal and external financing needed to deliver care, rather than allow a constrained budget to drive planning. We support governments to encourage donor partners to align with national plans rather than developing parallel systems and funding streams. And we work in a coalition of like- minded partners to encourage increased investments in the Global Fund, GAVI, Global Financing Facility (GFF), and other global health funding streams to ensure that universal health care can be achieved, especially in countries where domestic mobilization of resources alone will not be enough to achieve universal care.

Continued and growing transfers of wealth, knowledge, and technology to those most heavily burdened with illness are not only possible, but necessary, if we are to fully break the cycle of poverty and disease in some of the most fragile and impoverished settings.

CASE STUDY: ZANMI LASANTE'S HIV EQUITY INITIATIVE

This vision of an NGO directly supporting both the public provision of care and community engagement toward the achievement of the right to health has grown from our work in Haiti. The modern global health era has been shaped extensively by the fight for and funding of the right to AIDS treatment. PIH has been an important partner in that fight. PIH started in a single charity clinic in rural Haiti, providing comprehensive care to a population of internally displaced people. Responding to the double burden of poverty and disease, and with the belief that health care is a human right, PIH worked with its Haitian sister organization, Zanmi Lasante (ZL), to start providing ART to patients with HIV in 1998, well before it was widely available. The initial cohort of 50 patients from rural Haiti, supported by a multi-disciplinary care team consisting of community health workers (CHWs), nurses, doctors, laboratory technicians, pharmacists, and social workers, showed the world that an integrated HIV prevention and care strategy was possible in remote, rural settings, even without a fully functioning health system. The evidence generated by ZL's HIV Equity Initiative, as it became known, helped inform the initial planning and budgeting for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in 2002 and the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003.

Once PIH received the funds for HIV, we recognized that finding cases of HIV in a country with a moribund health system would require strengthening the public provision of care. PIH used GFATM money for HIV to improve the provision of primary care in public clinics and to invite the participation of the community as a means to find HIV—all with the overarching goal of supporting the progressive realization of the right to health. Based on our support of the public sector, our deep community roots, and our belief that strong health systems are needed to reach targets of vertical programs (such as HIV) and universal health coverage, PIH was invited to support the African governments of Rwanda, Lesotho, Malawi, Liberia, and Sierra Leone in this approach. Over time, PIH has helped governments leverage HIV monies and coordinate both domestic and external resources to increase coverage and quality of basic health services. PIH is strongly positioned to replicate this work and, through our ties to Harvard Medical School researchers and clinicians, can support scholarship and teaching that can build local capacity to generate evidence and improve systems.

OVERVIEW OF PIH'S INTEGRATED APPROACH

PIH was founded on the premise that every person has the fundamental right to health. We believe that it is largely the obligation of national governments to respect, protect, and fulfill the right to health, and the role of the community to participate actively in its achievement. Perhaps most importantly, we believe all of us in the international community have a mandate as duty bearers to the right to health to work with communities and governments to assure that in a globalized world, the attainment of human rights is global. For more than 30 years, PIH has worked hand-in-hand with local communities and governments to provide equitable access to high-quality, patient-centered care in some of the most rural and hard-to-reach settings globally.

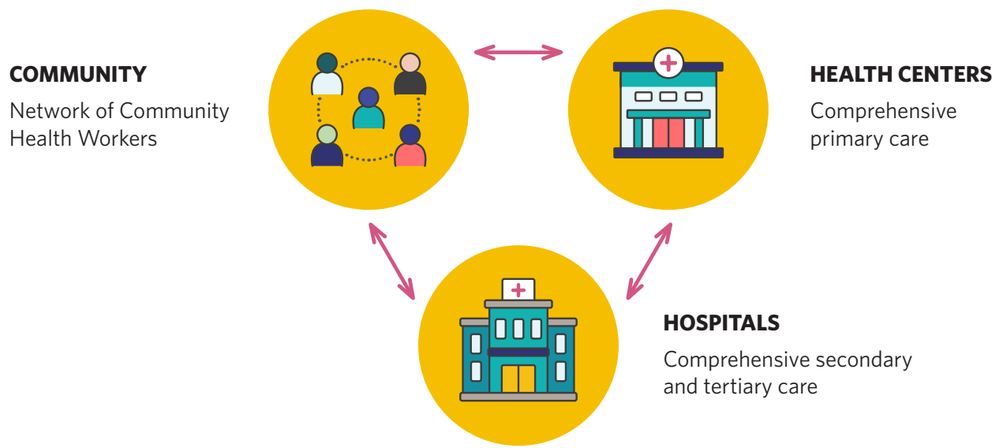
With local and national governments, PIH works to strengthen the delivery of quality health care. We help **deliver** care in public facilities. We **invest** in public human resources, infrastructure, and supply chains. We **advocate** strongly for and accompany ministries of health (MOH) to develop strong national plans that strengthen the system, at primary (health center or local clinic), secondary (specialist care), and even tertiary levels (hospitalization). We **support** government coordination to align partners as well as external and domestic resources to limit the wasted resources that result from all-too-common vertical and parallel systems. In addition, we work to create local and national systems to increase the number and quality of formally trained and credentialed local health workers to assist governments in achieving autonomy from expensive and short-term international consultants and external experts.

COMMUNITY ENGAGEMENT

Within communities, PIH trains, compensates, supervises, and retains community health workers as an integral part of care delivery. We currently work with more than 10,000 community health workers around the world and with governments to integrate community health workers into the care team. We engage with communities to support the most vulnerable by creating and expanding social programs, from food security to primary and secondary education. We work to support local leadership and oversight of the health system through the support of community, village, county, and district health councils. We have many cadres of community health workers, from disease-focused accompagnateurs to community vaccinators, educators, and support group leaders. We grew from strong engagement with the communities and remain committed to community workers, community engagement, and community leadership as fundamental to our focus.

IMPROVING CARE DELIVERY AT PUBLIC FACILITIES

Because PIH is committed to the public provision of care as a human right, we do not develop parallel, private systems. Rather, we work with the government to choose which geographic area to engage and then support the local and national government to build, repair, or revitalize facilities, establish an uninterrupted supply of drugs and medical materials, train and add health and ancillary personnel, develop systems to assure quality patient care, and coordinate social support for the most vulnerable to access health care and achieve equitable outcomes.



IMPROVING HUMAN RESOURCES FOR HEALTH

As a consequence of years of under-investment in primary, secondary, and university education, most impoverished communities have few health and ancillary professionals. In addition, because our work is largely rural, that deficit is more keenly felt. To address this gap, a central component of the PIH model is to provide formal, mentored training to health professionals from the countries in which we work, in the rural communities we serve. Because PIH works to improve care at public facilities, these facilities become natural sites for training students of nursing, medical, pharmacy, and laboratory technology schools. PIH provides rotations for students in nearly every country in which we work. PIH also supports advanced training in Haiti, Rwanda, Liberia, Sierra Leone, Malawi, and Mexico, hosting post-graduate doctors, nurses, midwifes, and other health professionals for internships and advance training. We have trained surgeons and nurse anesthetists, family medicine doctors and neonatal nurses everywhere from Haiti to Rwanda, and Liberia to Malawi. In Haiti, our flagship hospital, which was built in partnership with the Haitian government as a response to the 2010 earthquake, has residency programs in pediatrics, emergency medicine, obstetrics and gynecology, surgery, and family medicine, as well as advanced training for nurses in anesthesiology and neonatal care. In addition, our community-based care provides an ideal training platform for social workers, psychologists, and public health professionals. Based on this critical need to train the next generation of health professionals, PIH has supported Haiti, Rwanda, and Liberia in establishing formal, multiyear human resources for health grants to the government of those countries. In 2019 the first class of medical students at PIH's new University of Global Health Equity in Rwanda started its 6-and-1/2-year dual degree program in medicine and surgery.

CASE STUDY: UNIVERSITY OF GLOBAL HEALTH EQUITY (UGHE)

In 2014, thanks to the visionary leadership of the Cummings Foundation and the Bill & Melinda Gates Foundation, Partners In Health took the first steps towards realizing a long-sought aspiration—to create a university that would advance global health delivery by training a new generation of global health leaders who are equipped in not just building, but sustaining effective and equitable health systems.

The idea for such an institution emerged during the 2013 Oral Health Stakeholders meeting in Kigali, when the Cummings Foundation first proposed a new university that would serve not only Rwanda, but also all of Africa and beyond. This matched the idea that Dr. Paul Farmer had for the future of PIH in education, and on October 8, 2013, he responded to Bill Cummings in an email, "What a great vision, and one that squares with the Rwandan vision of pulling people up by building a 'knowledge' economy while delivering care—and what better way to promote peace, justice, and development in the region."

Nowhere has this approach had more profound results than in Rwanda, which has achieved some of the most dramatic gains in population health and poverty reduction in the world. These outcomes serve as a beacon, exemplifying what can result when leaders relentlessly pursue evidence-based care through robust health systems, with particular emphasis in rural populations. In recent years, PIH and its many academic partners have established training and research programs that are informed by these experiences. But it became clear that using these experiences to inform training programs was just part of the answer.

Missing from the equation was an institution dedicated to health equity or located in an environment where health disparities are most acutely felt.

The University of Global Health Equity stands alone in both its focus on equity and its proximity to health systems that face the very challenges that students will grapple with in the classroom. UGHE is pioneering a new way of training leaders who will emerge ready to develop health care services and systems that connect neglected communities with essential–and lifesaving–attention.

SUPPORT FOR MINISTRIES OF HEALTH

PIH supports the public provision of health care through improving facilities, but also through accompanying governments to develop strong, evidence-based national health plans, coordinate partners and donors, and upgrade the quality and type of care available. Ministries of health in impoverished countries suffer from a shortage of personnel as well as limited access to information. Working together with public officials, PIH health professionals support the updating of national guidelines, assist with preparation of drug orders and procurement of new drugs, assess data from pilot programs, and plan for implementation of new programs. Our support for governments is long term and provided by technical experts and public health professionals who are essentially seconded to departments in the ministry. We have worked on a wide variety of health systems improvements, including: the development of protocols for drug-resistant TB, the use of new diagnostics for TB and HIV, the use of vaccines for cholera and HPV, and the treatment of Hepatitis C. This work uses evidence from PIH-supported districts to shape national guidelines and policies. PIH also supports district-level plans by coordinating partners who are assisting medical authorities in their implementation plans.

GLOBAL ADVOCACY

"There will be no equity without solidarity. There will be no justice without a social movement."

- Dr. Joia Mukherjee

Based on more than 30 years of experience in care delivery, training, and research in global health delivery, PIH is a significant voice in the global fight for health as a human right. We use evidence to demonstrate the scope of health inequity, the feasibility of improving the lives of the vulnerable, and the development of protocols and guidelines to fight for improved health care for all. We are involved with the WHO on committees for HIV, TB, noncommunicable diseases, quality of care, child health, maternal health, health workforce development, and mental health. We work with funding agencies, such as the Global Fund, the Global Financing Facility, the World Bank, and others, to advocate for broad-based health investments and for specific country proposals. PIH is part of an international community of like-minded governments and non-governmental and activist organizations that attends major global health conferences and advocates for strategies to fulfill the right to health.

THE PARTNERSHIP MODEL TO ACHIEVE UNIVERSAL HEALTH CARE

"With rare exceptions, all of your most important achievements on this planet will come from working with others—or, in a word, partnership"

- Dr. Paul Farmer

Strong partnership with the public sector reflects PIH's commitment to human rights, to our accountability to the people we serve, and to social justice. The best NGO in the world cannot, nor should it, replace the role of governments to guarantee human rights for their citizens. PIH strives to build a system to meet the needs of the poor, not build a parallel charity system for the poor. For these reasons, PIH works to strengthen the public system of delivering health care so that it serves and includes people who are most vulnerable and neglected.

Partnerships are central not only to our origin (the name Partners In Health was chosen after careful consideration of what it would take to move forward an ambitious agenda), but also—we are convinced—to our growth and very survival. As the needs of our patients keep growing, our ability to "offload" tasks outside our core competencies—for example, housing, education, and agricultural efforts—will require more and stronger partnerships, since it is not possible to offer a preferential option and ignore these issues. It is urgent that we seek and nurture such partnerships not only with ministries of health, which share the infinite need, yet have very finite resources, but also with groups that have complementary core competencies and are able to draw on their own partnerships to bring a new cohort of supporters to our work.

PIH's unique position of working at community, health center, hospital, district, and national levels has enabled us to see the practical needs of health management and leadership at each of these levels and develop strategies that respond to their unique needs. Over the years, delivery of these strategies in Haiti, Rwanda, Lesotho, Liberia, and elsewhere—often with modest investments—has demonstrated not only their efficacy, but also their replicability.

THE PARTNERSHIP MODEL TO ACHIEVE UNIVERSAL HEALTH CARE

PIH's delivery strategy includes the components below:

• Mapping the entire disease burden for each specific area we serve, measuring population-based targets against universal health care benchmarks, and aligning inputs to progressively achieve UHC—rather than starting with the limitations of an ideologically truncated budget envelope.

• Professionalizing local community health workers, making sure they are properly trained, equipped, compensated, and supervised so they can serve as a bridge to care where national systems are still weak.

• Addressing the social determinants of health, which is equally as important to treating immediate diseases or conditions and must be considered as core components at every level of the health system.

• Prioritizing the most vulnerable, the sickest, and not a specific disease. Oftentimes reaching the most vulnerable is harder to do and requires more resources to reach fewer people, but all health systems must be built with an equity lens.

• Strengthening district health management through decentralized funding and decision-making, mentorship, and capacity building.

• Working with countries to support the development of strong national health plans, and to support implementation at the district level, which is essential for guiding delivery and coordinating external and domestic funds.

THE GLOBAL HEALTH DELIVERY PARTNERSHIP

The Global Health Delivery Partnership (GHDP) combines PIH's strong health care delivery work with research through the Department of Global Health and Social Medicine at Harvard Medical School (HMS) and clinical expertise and training from the Division for Global Health Equity at Brigham and Women's Hospital (BWH). The work of the GHDP spans 16 countries across West, East, and Southern Africa and aligns with local and national governments to build resilient health delivery platforms for the progressive realization of universal health care at all levels of the health system.

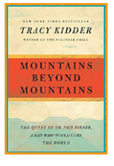
When we speak of partnerships, it is most critical to underline the **indivisibility of service, training, advocacy, and research**, and their collective centrality to this vision. Of all the partnerships we need to underpin future growth, Global Health Delivery is the most important one to generate the evidence needed to remediate health inequality. Although the importance of such a feedback loop was evident by 1984, let's refer to an illustration from a decade later: our response to the drug-resistant TB epidemic in Peru. Because PIH is proximate to the community and always leads with service to the vulnerable, we were compelled to respond to people in the community of Carabayllo, who were ill with drug-resistant forms of TB. While this illness was treatable in the U.S. and other rich countries, the World Health Organization and other public health experts said it was too expensive to treat in places like the slums of Peru. Yet, in keeping with our core principles and key competencies (management of chronic infectious disease, mustering resources to fill gaps, and using accompaniment to afford a community-based response), PIH treated people with MDR-TB. But our efforts there, more than any previous endeavor, also drew on the resources of Harvard and Brigham and Women's Hospital. This allowed us to make a great leap forward.

Research was critical in proving the susceptibility of TB strains to a variety of second-line drugs. Our TB research team produced a number of high-profile, scholarly articles to document the type of TB we were seeing and the genetic strain of TB in families. Because of the complexity of care, a team of academic doctors and nurses worked to develop protocols that would be taken up a decade later by the WHO and spread around the world. Now, after the first new drugs for TB in more than 40 years were developed, the same researchers and academic physicians are, again, the ones to steward global change in care. Once evidence has been generated and protocols are developed, PIH will support the training and mentoring of clinicians and community caregivers in the uptake of better, more efficacious treatment. We will use the evidence of effectiveness to advocate, now as we did before, for the uptake of new regimens throughout the world.

Celia Méndez Pérez, a PIH community health worker in Chiapas, Mexico, provides physical therapy to a patient on a home visit.
Video by Ben Nicholas for PIH

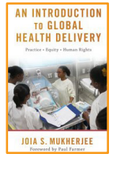
Six-year-old Alice Kanjinga, the daughter of PIH community health worker Grace Mgaiwa, skips rope with a friend at her home in Kamdzandi Village in Neno, Malawi. *Photo by Karin Schermbrucker for PIH*

ESSENTIAL READING



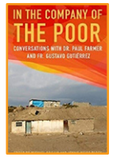
Mountains Beyond Mountains
Author: **Tracy Kidder**
Publisher: Random House, 2009
ISBN-10: 0812980557

The Power of the Poor in History
Author: **Gustavo Gutiérrez**
Publisher: Wipf & Stock Pub, 2004
ISBN-10: 1592449808



An Introduction to Global Health Delivery
Author: **Joia Mukherjee**
Publisher: Oxford University Press, 2017
ISBN-10: 019066245X

Pathologies of Power
Author: **Paul Farmer**
Publisher: University of California Press, 2004
ISBN-10: 0520243269



In the Company of the Poor
Author: **Paul Farmer, Gustavo Gutiérrez, et al.**
Publisher: Orbis Books; 2013
ISBN-10: 0812980557

FURTHER READING

Dying for Growth
Author: **Jim Yong Kim, Joyce Millen, Alec Irwin, John Gershman**
Publisher: Common Courage Press, 2002
ISBN-10: 1567511619

To Repair the World
Author: **Paul Farmer**
Publisher: University of California Press, 2013
ISBN-10: 9780520275973

Partner to the Poor
Author: **Paul Farmer, Haun Saussy, et al.**
Publisher: University of California Press, 2010
ISBN-10: 0520257138

Haiti after the Earthquake
Author: **Paul Farmer**
Publisher: PublicAffairs, 2012
ISBN-10: 1610390989

EVEN FURTHER READING

Pedagogy of the Oppressed
Author: **Paulo Freire**
Publisher: Penguin Books, 2017
ISBN-10: 0241301114

The Idea of Justice
Author: **Amartya Sen**
Publisher: Belknap Press: An Imprint of Harvard University Press, 2011
ISBN-10: 9780674060470

Colonialism and Neocolonialism
Author: **Jean-Paul Sartre**
Publisher: Routledge; 1 edition, 2006
Language: English
ISBN-10: 041537846X

Blind Spot
Author: **Salmaan Keshavjee**
Publisher: University of California Press, 2014
ISBN-10: 9780520282841

Poor Economics
Author: **Abhijit Banerjee**
Publisher: PublicAffairs, 2012
ISBN-10: 1610390938

Partners
In Health

Injustice has a cure