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### PIH's Earthquake Response in Haiti, One Year Later

ast August, a 7.2-magnitude earthquake struck southern Haiti, leaving more than 2,200 people dead, 1,800 injured, and hundreds of families displaced. Authorities reported that 97 health centers and 1,250 schools were damaged or destroyed in the quake.

More than a year later, Zanmi Lasante, as PIH is known in Haiti, is looking back on our work to responding to the disaster—and looking ahead towards new efforts to improve future responses.

In partnership with the Haitian government and fellow nonprofits, and enabled by your support, Zanmi Lasante provided direct care in the immediate aftermath of the earthquake, triaging patients to neighboring hospitals and

airlifting those in need of intensive care to our own University Hospital in Mirebalais.

Unlike the earthquake of 2010, the vast majority of first responders and clinicians in the 2021 response were Haitian—including graduates of University Hospital's residency programs.

Zanmi Lasante is looking to further expand specialized medical education. Staff are currently mapping out curricula for orthopedic and emergency residency programs for clinical nurses. Meanwhile, the team is also supporting the construction of a surveillance lab and emergency ward at Hôpital Saint-Nicolas in Saint-Marc, and making targeted improvements to water, sanitation, and hygiene infrastructure within all 16 of its supported health facilities—key to preventing water-borne illnesses that often come in the wake of natural disasters, such as hurricanes and floods.

THANKS
TO YOU &
ZANMI
LASANTE,

over the past year:

67,658

patients from the earthquake zone were triaged and treated at University Hospital

36,825

patients received care through mobile clinics

3,113

survivors received psychosocial assistance

**Cover photo:** Alongside partners, Zanmi Lasante staff launched mobile clinics to provide medical care throughout southern Haiti in the aftermath of the August 2021 earthquake. Each mobile clinic served between 150 to 300 people per day. *Photo by Frédérique Montas / PIH* 



Dear friends,

Since I last wrote to you, I've had the privilege to visit two of PIH's sites in East Africa: Rwanda and Malawi. What I saw our teams accomplishing there made me as proud as ever to be a PIHer, and equally grateful to you for making it all possible.

In Rwanda, patients are lining up to be seen by clinicians at Butaro District Hospital, while construction workers lay foundations for new wings of the facility, including a new intensive care unit and pediatric oncology ward. On the opposite hillside, future doctors and public health leaders study anatomy and health policy at our University of Global Health Equity, determined to join the movement for health care as a human right in Rwanda and around the world.

And in Neno, Malawi—where patients have been struggling in the aftermath of January's Tropical Storm Ana and resulting food insecurity and cholera outbreak—our team of clinicians and community health workers continue to provide life-saving, high-quality care without interruptions to routine health care in homes, clinics, and hospitals or to our innovative programs in chronic disease care, community engagement, and more.

In this newsletter, we're sharing a few photos from this most recent visit to Malawi that capture the life-saving work your generosity enables in one of the most impoverished corners of the globe. As we approach the fall and the end of 2022, we're looking forward to sharing more from all of our sites, with gratitude for your critical, ongoing support.

In solidarity

Thele

Dr. Sheila Davis Chief Executive Officer

#### Known locally as Abwenzi Pa Za Umoyo (APZU),

PIH in Malawi is building and supporting a model of integrated care in rural, impoverished Neno District—through two hospitals, 12 health centers, and a network of 1,300 community health workers.







Top photo: Partners In Health CEO Sheila Davis visits APZU staff at Neno District Hospital in rural Malawi on Aug. 22, 2022. Center photo: Partners In Health CEO Sheila Davis meets with Roda Binwell at the POSER home built for her in rural Neno District, Malawi, on Aug. 23, 2022. Bottom photo: Community Health Worker Annie Jere screens Milica Steven and her children for health concerns at their home in Neno, Malawi. Here, Jere performs an MUAC test on Anya\* for malnutrition. Photos by Thomas Patterson / PIH



## How This Monkeypox Outbreak is Unique

AN INTERVIEW WITH DR. MARTA LADO



# Q: What's so alarming to you about this current outbreak? What are we seeing that we haven't seen before?

A: We have had reports of monkeypox in several Central African and West African countries since the 1970s, and it was more localized in those regions. This is the first time that we are seeing very intense, rapid community transmission in countries that normally had never been affected by this.



A: Monkeypox has been a reality for many low-income countries. We need to start involving these countries that have been suffering this disease (and others) for longer, but that don't have strong scientific communities or health care systems to deal with them in the same way as high-income countries. Let's use this as an opportunity to advocate for the development of surveillance and treatment and community engagement, so we can extend them to other countries that don't have as strong of health care systems.

# Q: How do we spread awareness about this disease while also fighting stigma and discrimination?

A: This is not only a sexually transmitted infection. It could also be transmitted by droplets—it could stay in the air and be inhaled. It is an



Photo by Douglas Miller / PIH

infection that is transmitted face-toface and skin-to-skin and needs to be taken as that. We need to be very careful with how we are communicating, because it's easy to repeat the mistakes that we made when HIV emerged in the '90s.

# Q: How do you see the global response developing, and how do you see PIH being as part of that?

A: Right now, the response is focused on specific countries and on a specific population. But we forecast that this may start spreading more widely. As an organization that works mainly in low-income countries, we need to increase awareness and continue supporting the most vulnerable, raising our voice even more to ensure that there is equitable access to medications and vaccines.

Read the full Q&A on **PIH.org/monkeypox** 



Abi Dauda, pregnant with her first child, came to Wellbody Clinic in Kona, Sierra Leone for a maternal health checkup. *Photos by Thomas Patterson / PIH* 

### 3 YEARS OF GROWTH: OUTPATIENT VISITS

*With your support*, clinicians at PIH-supported health facilities around the world are seeing more patients than ever before.

 3,056,320
 202

 2,790,350
 202

 1,514,000
 2019

See more of your impact: PIH.org/impact-2021





#### SUPPORTER SPOTLIGHT

Working at PIH, Tomesha Campbell got a firsthand look at the power of partnership among patients, clinicians, and donors.

"I saw the obstacles my colleagues faced to ensure health care was a human right—and I got to see them overcome these obstacles with the support of donors," Tomesha said. "The people accessing the care and resources they provide are the future leaders of tomorrow."

After departing for another career opportunity, Tomesha remained inspired by PIH's mission. When her father unexpectedly passed away, she became motivated to create her will, including a bequest to PIH.

"Unfortunately, my father didn't get the opportunity to create his estate plan," she explained. "This lit a fire under me to create my own plan to ensure that the causes, organizations, and people that are important to me are remembered. I thought, 'What better way to show my lifelong commitment than remembering PIH?"

Visit legacy.pih.org to see how you can create a legally valid will in about 20 minutes with PIH's FreeWill tool.

Or contact our Legacy Gift Planning team for more information: giftplanning@pih.org | 857-880-5717 legacy.PIH.org

## **Digging In at the Maternal Center of Excellence Construction Site**

Powered by your contributions, the team at PIH Sierra Leone is working every day to ensure progress on the future Maternal Center of Excellence (MCOE): our state-of-the-art teaching hospital dedicated to women and children's health in Kono District. Our infrastructure team—along with Build Health International, our design and construction partner—is making headway on construction, preparing to lay the MCOE's foundation.



Photo by Maya Brownstein

#### WHAT'S BEEN ACCOMPLISHED SO FAR?

In May, the team demolished all existing structures that remained on the MCOE grounds, including seven buildings, and hauled away 23 truckloads of concrete from those structures. Additionally, infrastructure staff have been providing classes and training covering a wide range of topics for local construction workers, preparing them to succeed on this project and in their future work.

**WHAT'S NEXT?** Over the next few months, the team will be working on the future inpatient ward. They will also be designing and laying out a perimeter wall.



# Paul's Legacy AND PIH's Path Forward

In honor of our beloved co-founder, Dr. Paul Farmer, and with our sights set on how to further grow our collective work, we've been gathering as a community for a series of conversations about PIH's priorities and plans for the future. **Join us for our next one:** 

### **OCTOBER 14**

CENTERING THE RIGHTS OF WOMEN, CHILDREN AND ADOLESCENTS

Register Here **PIH.org/pih-webinars** 



