



# History and Values of Partners In Health

## **Reading: PIH Change Narrative: 1984-2010**

### Discussion Guide

**Goal:** Explore the history and values of PIH in order to contextualize how PIH Engage advances PIH's mission.

#### **Suggested Discussion Questions:**

1. How did the origin of Partners In Health inform the values of our organization and the model of health care delivery in which PIH believes?
2. Accompaniment, partnership, and creating a preferential option for the poor are the core founding values of PIH. How have these values influenced efforts in advocacy, training, research, and teaching? Why is it important that we are driven by a mission as we grow as an organization?
3. How do the three pillars of PIH Engage, advocacy, education, and fundraising, help expand PIH's goals of access to health care for the poor?

#### **Key Quotes:**

"As we have grown, we have developed new ways of living out our mission: new strategies, new angles of attack on the problems of poverty and injustice. We have increased our efforts in advocacy, training, research, and teaching—and we must do more in all these areas... 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, throughout our efforts to change minds and laws and budgets and policies and the health care that is delivered by others to the poor" (6).

"Focusing on reporting outcomes (by 1997, we were doing so in scholarly journals) and seeking to influence global policy (by 1997, at the latest, Jaime Bayona had convinced us of the need to make this a primary focus of our work, and Jim led this charge) not only built on a decade of TB work in Haiti but led to the great leap that was the Gates grant for Peru. None of this would have happened if we'd focused on service alone" (7).

"We feel a great responsibility—not just to our patients and staff, but to all who have supported us with money, solidarity, time, belief—not to change the elements of our work that we believe are essential to our success. To all for whom PIH has been an antidote to despair, we must continue to raise hopes and standards—and then to meet and exceed them" (8).

# Lesson Plan

**Goal:** Explore the history and values of PIH in order to contextualize how PIH Engage advances PIH’s Mission.

**Warm-up:** Ophelia states, “a preferential option for the poor has broad support, but not everyone agrees what it means. We’re not sure we all need to” (4). Providing a “preferential option for the poor” or “O for the P” is at the core of the PIH mission. In your own words, discuss what this phrase means.

**Diagnostic:** Share as a group what you know about PIH and how your relationship with PIH began.

**Teaching Bit:** Give a brief history of Partners In Health. Highlight lessons learned at each step. These are some of the key pillars of the PIH model of health care delivery.

**In Cange in 1984,** PIH began when Paul Farmer and Ophelia Dahl met their first teachers and partners in health, Pere and Mme. Lafontant. In early years, despite some failure, they learned the importance of:

- Community health workers and accompaniment (i.e. leveraging resources that one person has to stand in pragmatic solidarity with another suffering individual)
- The need to consider education and socioeconomic needs in order to address health
- Maintaining focus on individual patients
- Research to prove the success of their methods

**In Peru in 1994,** PIH was able to secure a \$44 million grant to treat MDRTB because of their proven success treating this disease with funding and faith from Tom White. Changes in national and international treatment policies and massive reductions in drug prices followed. They thus learned the importance of:

- “Creating change with the largest levers of international policy-making and financing” (2)

**In Rwanda in 2005,** PIH began “delivering care, rebuilding infrastructure, and training local people, all within the ministry of health system” (2). Here, PIH developed and learned the importance of:

- The “public-sector strategy” of accompaniment: partnering with local ministries of health to build health systems that will ultimately be able to be sustained by countries themselves

**Guided Practice:** To provide “access to health care” most generally means to “prevent unnecessary suffering and to promote health” (4). Brainstorm as a team how the three pillars of PIH Engage help advance access to health care.

Advocacy	Fundraising	Education
<p>Ophelia states that “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 and laws and budgets and policies and the health care that is delivered by others to the poor” (6). Advocacy is a primary way to fight for stabilized global health financing, equity-driven patent laws, and high-quality care for the poor. Advocacy is key to large-scale change.</p>	<p>Fundraising fuels this work. Everyone who fights for global health equity will need to fundraise at some point. Making a donation can be an entry point for many future leaders in global health equity and is the ultimate means of resource reallocation.</p>	<p>Ophelia states that “we need the help of all those who care deeply about this work to refine a sound strategy by the next generation of PIHers... We must honor and preserve the core of our shared mission, and also be willing to again transform ourselves in the necessary ways to strengthen and extend it” (3). By educating ourselves on the body of academia shaping global health, we are arming ourselves, the future leaders in global health equity, with the foundational knowledge needed to responsibly push this movement forward and lead into the future.</p>

**Independent Practice:** Within the PIH model, “[accompaniment] implies that all of us will face problems in our lives and require accompaniment: having others walk with us and support us” (4). Turn to a partner and share a time you were accompanied and a time you accompanied someone else.

**Assessment:** Ask individuals to share with your whole team their stories of accompaniment. Talk about how the stories being shared relate back to PIH’s idea of accompaniment, of standing in pragmatic solidarity with suffering individuals.

**Closer:** Ophelia states, “as we seek to formulate our strategy for the next few years, our ability to ‘offload’ tasks outside our core competencies... will require stronger partnerships (5). Have each person name one organization, type of service provider, etc., that PIH, or better yet, your PIH Engage team, could partner with to build this year’s campaign goals and advance the movement for the right to health.