

**ANNUAL REPORT 2015** 





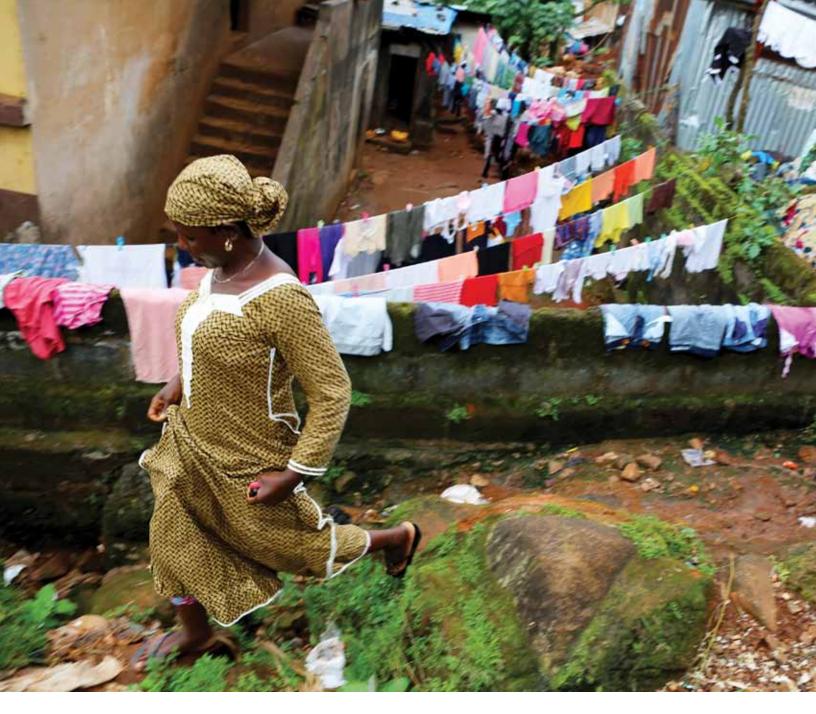
### our vision

Whether to Liberia, Rwanda, or any of the countries we work and live, we go where we're needed most. We care for patients in their homes and communities. We work in close partnership with local government officials and the world's leading medical and academic institutions to train health workers and strengthen health systems. And we stay, committed to accompanying the people and communities we serve for the long term.

we go. we make house calls. we build health systems. we stay

"Who lives and who dies depends on what sort of health care system is available."

— DR. PAUL FARMER, co-founder and chief strategist



## annual report 2015

we go. we make house calls. we build health systems. we stay.



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Dr. Gary Gottlieb visits Sierra Leone soon after becoming CEO of PIH. Photo by Jon Lascher

#### DEAR FRIENDS,

Recently, I had the privilege of visiting our colleagues in Neno, Malawi, a district Partners In Health has served since 2007. We traveled the orange clay roads to a mobile clinic, where our clinicians treated more than 500 people for malnutrition, malaria, and other illnesses. I saw firsthand the comfort and relief on residents' faces as they received health care for their children, spouses, parents, and themselves.

Since joining the organization as chief executive officer in March, I've watched similar scenes unfold in the 10 countries PIH serves—places where quality health care is limited or non-existent, especially for people who are poor. I've seen that committed, gifted people and proper supplies and equipment can spark remarkable transformations, even in the midst of daunting challenges around the world.

These transformations, many of which are highlighted in this report, have come about through strong partnerships. We work with local government colleagues, helping to identify and fill health care gaps. Our clinicians from the world's leading teaching hospitals and PIH experts from our programs in Haiti and elsewhere join skilled local nurses, community health workers, and physicians to provide communities with effective, dignified care.

Whether it's helping survivors and their families and neighbors recover from the Ebola epidemic in West Africa, training community health workers in Rwanda, scaling up our maternal health work in Lesotho, or providing more specialized health care in Haiti, we work together to build strong, sustainable health systems. The tragedy of the Ebola outbreak is strong evidence that weak health care systems allow the poorest communities to be devastated while also potentially creating a global threat.

I'm most thankful for the hard work and deep commitment of our staff. We are indebted to the Ministries of Health and the people in the countries we are privileged to serve. We continue to celebrate our partnerships with Harvard Medical School and Brigham and Women's Hospital, which ensure that our work informs science. These partnerships are also fundamental to training the future global health workforce. Finally, we are so grateful for the generosity and support of our friends, donors, and investors who allow this critical work to continue and grow.

The people and communities we serve deserve the best health care on earth. Thank you for making this possible.

—Dr. Gary L. Gottlieb Chief Executive Officer

# we go

we make house calls we build health systems we stay

Partners In Health works in remote places where health care is limited or barely exists.







hen PIH nurses and doctors arrived at Maforki Ebola Treatment Unit last fall, the former vocational school in central Sierra Leone was overflowing with critically ill and dying patients.

"As a global community, the world should have done more, sooner. But PIH has a lot to be proud of," says Chief of Ebola Response Sheila Davis. "We went where we were needed most, in solidarity."

"It was more of a death ward than a treatment center," recalls Sierra Leonean Dr. Bailor Barrie, PIH strategic advisor. Experts were predicting that an unchecked Ebola epidemic would infect millions.

In September 2014, we pledged to "go" to West Africa after the presidents of the World Bank, Sierra Leone, and Liberia asked us to join the global response. At the time, experts were predicting that an unchecked Ebola epidemic would infect millions in the region and possibly beyond. Everyone at PIH agreed we had a moral obligation to do our part—not just during the emergency but afterward, when the countries' decimated health systems could be bolstered.

And we're far from done. We are seeking out, accompanying, and screening survivors for serious post-Ebola health complications, such as uveitis, an inflammation of the eye that can lead to blindness if untreated. Staff at remote mobile clinics and the Lunsar Survivor Eye Clinic have already seen roughly 1,000 of 5,000 survivors.

Over the past year, we transported 200 clinicians, conducted hundreds of safety orientations, supported 21 facilities, and delivered tons of critical supplies by shipping container or suitcase. We remain a strong partner with local organizations and the governments of Liberia and Sierra Leone. While fighting Ebola, we hired 2,000 local residents, including 800 Ebola survivors, and supported staff and community health workers. Thanks in large part to the tireless dedication of our international team, we discharged 168 Ebola survivors from care centers.

As one of the first steps in rebuilding health systems, PIH is leading infrastructure projects, which include a renovation to the J.J. Dossen Hospital in Maryland County, Liberia, and a similar major upgrade to the once-crumbling Government Hospital in Port Loko District, Sierra Leone. We also continue to support and improve care for pregnant women at the Ebola holding unit at Princess Christian Maternity Hospital in Freetown, the primary maternity referral center in Sierra Leone. We went, and we're staying.

# we go we make house calls

we build health systems we stay

Partners In Health visits patients in their homes to deliver medication and guide them through treatment.









thanasie Mukamana rises early, walks across the fertile red soil of her town in eastern Rwanda, and knocks on the door of a familiar house before the sun is up.

"Mwaramutse, mwaraye mute," or "Good morning, how did you sleep?" she greets her neighbor.

Mukamana, 59, is a longtime community health worker—one of 7,200 Partners In Health supports in the three districts we serve. Elected by fellow villagers, she and her colleagues diagnose illnesses that might otherwise go unidentified, such as tuberculosis. They accompany families to the hospital, spread important messages about vaccinations and other health issues, and help patients complete tricky treatment regimens like those for HIV/AIDS.

PIH pays part of their salaries, reducing the amount they need to earn in their primary jobs, and offers advanced trainings. In return, community health workers ensure that everyone can enjoy the benefits of modern medicine.

Today's pre-dawn visit is, thankfully, routine. Mukamana's patient, Theresie Yankurise, was sick with HIV and shunned by her family when Mukamana met her in 2005. "I had to take her by the arm and help her walk to the health center," recalls Mukamana.

But after just a couple weeks of care, Yankurise's health improved. She married a year later and is now the healthy mother of two boisterous, HIV-free children. Mukamana hands her pills from the hospital,

the two chat for a bit, and then she leaves to eat porridge and farm her banana fields.

Later, Mukamana's house transforms into something like a pediatric ward. With training provided by PIH, she treats young children with malaria and other diseases and provides regular checkups.

"I have been a community health worker with PIH since 2005," says Athanasie Mukamana, "and all of my patients are alive and well."

Mukamana uses a tape measure to confirm that a baby isn't stunted from malnutrition, slides a digital thermometer under another child's armpit, and listens for the labored breathing that would signal pneumonia in a third

All of this and more she logs into a handful of ledgers and patient registries, which are then shared with a nearby hospital. The one for HIV patients—a big grid, with check marks for every time a patient takes his or her medication—looks like a star-filled universe. And for good reason.

"I have been a community health worker with PIH since 2005, and all of my patients are alive and well," Mukamana says.

we go we make house calls

# we build health systems

we stay

Partners In Health works closely with national governments and other partners to improve and expand health services.







baldo Roblero, 34, lived locked inside a shack behind his family home, a prisoner to his diagnosis of schizophrenia. A square hole in the door served as his portal to the world for nearly a decade. Beyond giving him medication, his parents didn't know how else to respond to his violent spells—that is, until Dr. Luz Valderrama visited.

Valderrama met Roblero her first week in Soledad, a village in rural Chiapas, Mexico, where she's spending her first year after medical school. She recognized Roblero was reacting poorly to his medication and helped him get to specialized care eight hours away.

Partners In Health started working with Mexico's Ministry of Health in 2011 to place pasantes—or first-year doctors—like Valderrama in rural clinics in Chiapas. Now 10 clinics have doctors, which significantly improves residents' access to health care. These young physicians provided 10,470 patient visits in 2012 and about 28,000 in 2015—a nearly 170 percent increase.

Pasantes fill a chronic gap in Mexico's health care system. Many new doctors prefer placements in urban hospitals or research institutions. But public clinics—the ground floor of the nation's health care system—are where they're needed most. These clinics are often inactive, because the government doesn't assign doctors to the locations or does so temporarily. It's a pattern rural Chiapanecans have seen often.

PIH changed that. Our unique training program attracts *pasantes* who are among Mexico's top medical school graduates. Our supervisors visit them several days each month to provide mentorship and help troubleshoot complex cases. *Pasantes* also return to our headquarters in Jaltenango for monthly seminars created by Harvard Medical School and accredited by Tecnológico de Monterrey, a top Mexican medical school.

A square hole in the door served as Roblero's portal to the world for nearly a decade.

Our staff ensure *pasantes* have the right tools by keeping clinic pharmacies fully stocked, so people like Roblero can depend on them. Each clinic also has a laptop loaded with an electronic medical record system to track patient visits.

This support allows *pasantes* to go the extra mile. Valderrama regularly visits Roblero at home and oversees his treatment. She's happy to report that he now works in his father's coffee fields, shares meals with his family, and visits a psychiatrist in the capital of Chiapas. Locked doors are a thing of the past.

"We're still watching and waiting," Valderrama says, "but his treatment has gone really well."

we go we make house calls we build health systems

# we stay

Partners In Health makes long-term commitments to the people we serve.









here are times when Manoucheca Ketan collapses at the end of a long day, her muscles tired from the strain of running after her triplet daughters. Just over 1 year old, Marian, Michelle, and Tamar are starting to walk and can be a handful for the 35-year-old mother. But she wouldn't have it any other way.

Ketan came to University Hospital in Mirebalais, Haiti, a 300-bed facility PIH opened in 2013, about halfway through her pregnancy. She knew she was carrying triplets and that two of them were likely conjoined. Dr. Christophe Milien, the hospital's director of obstetrics and gynecology, confirmed that two of the girls shared a liver.

It was a weighty case for the young hospital, but staff stood up to the challenge. After months of bed rest and specialized care, Ketan delivered the triplets four weeks early by cesarean section in November 2014. None required ventilation, and all were at least 5 pounds. Nearly six months later, the twins were separated during a seven-hour procedure conducted by a national and international team of experts.

The girls' birth and the conjoined twins' separation were welcome and unprecedented successes in a country like Haiti, where even basic medical care is a luxury. PIH has proven it doesn't have to be that way. We've been in Haiti for nearly 30 years, after sprouting from a small rural clinic in Cange and spreading to

12 communities across the Central Plateau and Lower Artibonite—two of the country's poorest regions.

University Hospital is the latest example of that long-term commitment. The facility is home to a host of specialty services, from surgery and pediatrics to physical therapy and obstetrics and gynecology. All were necessary to provide quality care for the triplets.

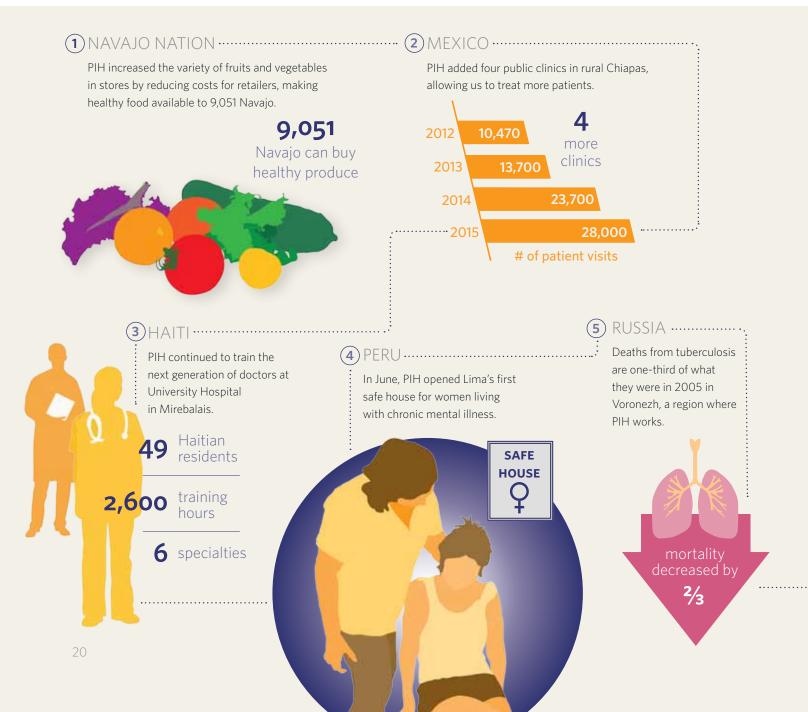
We've been in Haiti for nearly 30 years—spreading from a small rural clinic to 12 sites across the country's poorest regions.

Our work in Haiti isn't done. We're busy recruiting and training the next generation of specialists, doctors, and nurses who will no doubt perform their own medical miracles. We've taken our approach in Haiti and adapted it in other countries around the world—from Peru to Russia, Rwanda to the Navajo Nation—where we work with local governments to make lasting improvements to health care systems.

Ketan is part of PIH's mission; she recently started teaching mothers how to care for their newborns. She's an expert, after all—three times over.

### year in **review**

18,000 STAFF, 10 COUNTRIES, 7 MILLION REACHED



(7) LIBERIA .....

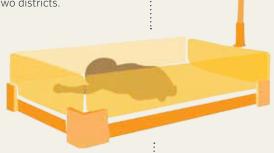
After refurbishing Pleebo Health Center, a small rural clinic, PIH welcomed 2,019 patients in the first month.

2,019
patient visits
in first month

(8) RWANDA

PIH's expertise and equipment, such as neonatal baby warmers, saved the lives of an estimated 228 newborns in two districts.

228 newborns saved



6 SIERRA LEONE

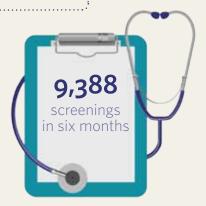
PIH clinicians and partners screened 1,400 survivors for post-Ebola vision problems and treated 161, with the goal to care for all 5,000 survivors.



**1,400** survivors screened

(9) MALAWI

In its first six months, a novel PIH program screened 9,388 patients for health problems, including HIV, tuberculosis, diabetes, hypertension, and cervical cancer.



(10) LESOTHO

PIH equipped health centers with supplies and running water so staff can safely deliver babies, increasing the number of deliveries in one district by 103 percent in only 6 months.

103%

increase in deliveries at health centers



# we need you

Partners In Health relies on its supporters. Thank you.



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<sup>†</sup> Named after Partners In Health co-founder Tom White, Tom's Circle recognizes individuals who give through their wills, retirement plans, life insurance policies, or other planned gifts. For more information, please contact us at plannedgiving@pih.org or 617-998-0182.



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\*PIH Canada donor Deceased

# financials

Partners In Health carefully manages your contributions to bring high-quality health care to more people in need.



### fiscal year 2015 financial summary

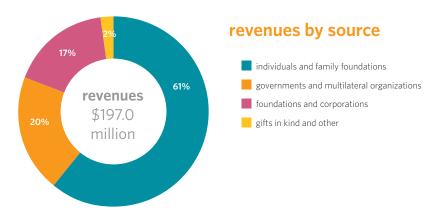
revenues*	june 2015	june 2014
contributions, grants, and gifts in kind		
individuals and family foundations	120,411	44,138
foundations and corporations	32,904	14,034
governments and multilateral organizations	39,282	31,345
gifts in kind and contributed services	3,505	6,457
other income	915	1,091
total revenues	197,017	97,065
operating expenses*		
program services	125,384	90,273
development	2,322	3,212
general and administration	6,012	3,641
total operating expenses	133,718	97,126
surplus (deficit)	63,299	(61)

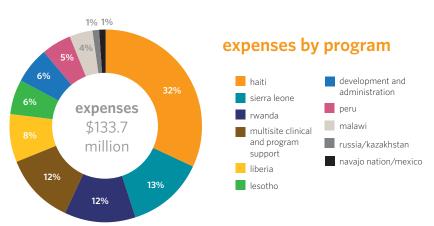
assets	june 2015	june 2014
cash and cash equivalents	84,630	25,717
contributions receivable	82	2,425
grants and other receivables, net	14,098	6,931
prepaid expenses and other assets	3,021	2,027
investments, at fair value	1,433	1,486
property and equipment, net	6,588	4,512
total assets	109,852	43,098

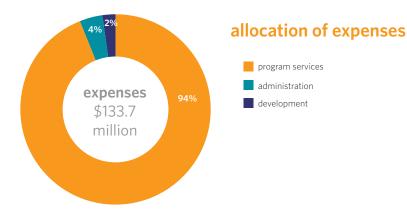
#### liabilities and net assets

total current liabilities	8,706	4,809
et assets		
foreign currency translation adjustments	(533)	(91)
undesignated	9,602	9,551
board-designated: Thomas J. White Fund	57,603	15,580
total unrestricted net assets	66,672	25,040
total temporarily restricted net assets	34,474	13,249
total net assets	101,146	38,289
	<del>-</del>	
total liabilities and net assets	109,852	43,098

<sup>\*</sup>Revenues and operating expenses include: a) contributions to PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity, and b) \$8.2 million in funding from the Haiti Reconstruction Fund for University Hospital in Mirebalais during fiscal year 2014.







#### revenues

In fiscal year 2015, PIH received \$197.0 million in revenue, a 103% increase over fiscal year 2014. Of this, \$120.4 million came from individual donors, \$32.9 million came from foundations and corporations, and \$39.3 million came from the public sector. In addition, PIH recorded \$3.5 million in gifts in kind and contributed services, and \$0.9 million in other income.

#### expenses

PIH expenses increased from \$97.1 million in fiscal year 2014 to \$133.7 million in fiscal year 2015, a 38% increase. The majority of this increase is due to PIH's expansion into Liberia and Sierra Leone. In fiscal year 2015, 94% of funds were for direct program costs and 6% went to fundraising and administration.

#### surplus (deficit)

PIH ended fiscal year 2015 with a surplus of \$63.3 million. This surplus is comprised of a large gift to the board-designated T.J. White Fund and funding related to PIH's expansion into West Africa. The funding related to West Africa will be carried forward and spent in fiscal year 2016.

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### our mission

To provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair. We draw on the resources of the world's leading medical and academic institutions and on the lived experience of the world's poorest and sickest communities. At its root, our mission is both medical and moral. It is based on solidarity, rather than charity alone. When our patients are ill and have no access to care, our team of health professionals, scholars, and activists will do whatever it takes to make them well—just as we would do if a member of our own families or we ourselves were ill.

we go. we make house calls. we build health systems. we stay



888 Commonwealth Avenue, 3<sup>rd</sup> Floor Boston, MA 02215 617-998-8922 Fax 617-998-8973 www.pih.org

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