



**Partners**  
In Health

**ANNUAL REPORT 2019**

# WHERE WE WORK

## Canada

(coordination & support)  
6 staff supported

## Boston

(coordination & support)  
158 staff supported

## Rosebud Sioux Tribe

2 staff supported  
20,000 population supported

## Sierra Leone

458 staff supported  
5 facilities supported  
506,100 population supported  
■ national engagement

## Kazakhstan

21 staff supported  
11 facilities supported  
■ national engagement

## Navajo Nation

119 staff supported  
22 facilities supported  
697,752 population supported

## Haiti

6,206 staff supported  
15 facilities supported  
3,100,602 population supported  
■ national engagement

## Mexico

151 staff supported  
14 facilities supported  
74,596 population supported

## Liberia

371 staff supported  
31 facilities supported  
613,706 population supported  
■ national engagement

## Rwanda

6,189 staff supported  
46 facilities supported  
945,000 population supported  
■ national engagement

## University of Global Health Equity

(global university)  
90 staff supported  
100 enrolled students

## Peru

426 staff supported  
29 facilities supported  
284,000 population supported  
■ national engagement

## Lesotho

1,665 staff supported  
76 facilities supported  
874,537 population supported  
■ national engagement

## Malawi

1,521 staff supported  
14 facilities supported  
139,919 population supported  
■ national engagement

### AREAS OF NATIONAL ENGAGEMENT

■ noncommunicable diseases	■ mental health	■ tuberculosis and/or multidrug-resistant TB
■ health technology	■ oncology	■ community health worker programming

population supported: number of people with access to direct care at PIH-supported facilities  
national engagement: PIH supports ministries of health to create policies and programs that provide specialized services nationwide

“

To seek a cure for injustice, we must first understand the role history has played in establishing these deeply rooted social structures designed to exclude the most poor and vulnerable from accessing the care they need. Armed with this knowledge, we can commit to addressing—and lessening—the disparities that lie within and across the communities we are fortunate to serve.”

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



At PIH-supported University Hospital in Mirebalais, Haiti, Dr. Paul Farmer walks with the father of 12-year-old MyKennsuze Fontilus, who received treatment for jaundice.

# ANNUAL REPORT 2019

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Our directors, trustees, officers, and executives



**Partners**  
In Health





Dr. Sheila Davis, PIH's former chief of nursing and clinical operations, was appointed chief executive officer this summer.

## DEAR FRIENDS,

It's an honor to be writing to you in my first Partners In Health Annual Report since stepping into my new role, and to share with you some of our most exciting accomplishments from this past year. The transformative impact you'll read about is because of the tireless efforts from our global PIH family—doctors and drivers, nurses and data analysts, patients and governments, and, of course, supporters like you.

I'm indescribably proud to have served alongside this powerful group of people for approaching 10 years, and to now be helping lead our collective work as chief executive officer.

I joined PIH shortly after the 2010 earthquake in Haiti, a horrific disaster that further intensified poverty and a lack of health care throughout the country. Even as we approach the 10-year anniversary of the earthquake, Haiti struggles to recover from the devastation. My memories from its wake remain sharp. What stands out even more than the unjust suffering the earthquake inflicted is what PIH met it with: compassion, solidarity, and relentless optimism.

That spirit was instantly recognizable to me after three decades working as a nurse, caring for people at their most vulnerable in so many different places, from hospitals to prisons to rural villages. Nursing is a practice rooted in science, but also in how we react to one another based on our shared humanity. PIH typified both in the earliest days following the earthquake. I knew I had come to the right place.

Every day since, in Haiti and in all of the communities I'm lucky enough to visit and work in, PIH has continued to follow these ideals. In defense of and

inspired by hope and human dignity, we deliver excellent health care to the world's most marginalized populations, and produce rigorous clinical evidence that sparks lifesaving policy change. Together, we work in the shadows and bring in the light.

In the pages that follow, you'll find stories of just how far this work extends. We care for and treat individual patients, from expectant mothers in rural Mexico to mental health patients in Sierra Leone; train new generations of health care providers and global health leaders, directly in their communities and at our state-of-the-art university; influence powerful bodies like the World Health Organization and United Nations to implement more equitable health policies; and replicate our work alongside our government partners, to bring countries and our world closer to universal health care.

As we look back on this year, I couldn't be more thrilled for the next one, in which we will see commonalities rather than differences, treat every person with respect, and use our leadership to demand health care as a human right—for everyone, regardless of birthplace or income.

On behalf of my colleagues around the world, thank you, truly, for everything you do for PIH.

With warmth and solidarity,

A handwritten signature in black ink that reads "Sheila".

Dr. Sheila Davis  
Chief Executive Officer





# CARE

We deliver high-quality health care where it once didn't exist—ensuring every person's right and ability to survive and thrive.

At PIH-supported Butaro District Hospital in Rwanda, Uwamariya Agnes receives an ultrasound during a prenatal care visit and hears her baby's heartbeat for the first time.





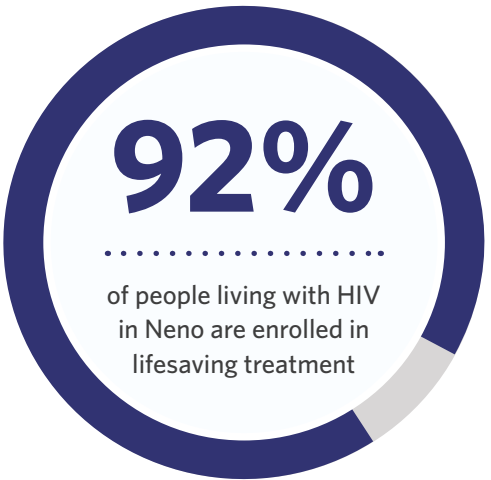
Dr. Dimitri Suffrin makes a home visit to Margaret Makunda and her children, Agnes (center), 3, and Charles, 6, in Neno, Malawi. Margaret and Agnes receive HIV treatment through PIH-supported Ligowe Health Center.

“ Every person deserves to be valued and cared for. This principle drives our work providing dignified health care—whether it is primary, secondary, or specialized care—to the most vulnerable among us, and is the foundation of our global impact.”

- Dr. Luckson Dullie, executive director of Abwenzi Pa Za Umoyo (PIH Malawi)

Malawi has one of the world’s highest rates of HIV. One in 10 adults lives with the virus, and many have struggled to access the medication and care necessary for long-term survival and a high quality of life. In Neno, one of the country’s most remote districts, PIH has turned the tide on this unjust reality. Through our community health workers, comprehensive support of care in 14 health facilities, and partnership with the Ministry of Health, we have provided more HIV tests and access to treatment each year since 2007.

This year, we got a fuller picture of this work’s impact: 92 percent of people living with HIV in Neno are enrolled in lifesaving antiretroviral treatment, and **in 91 percent of these patients, the virus is now undetectable.** These results point not only to individual lives saved, but also **begin to establish Neno as a global model for universal HIV care.**



Lumbe Village in Neno, Malawi





Sierra Leone Psychiatric Teaching Hospital, pictured before (left) and after PIH-supported renovations

In the last year, around the world:



5,700+

people started treatment for mental health conditions, thanks to PIH

96

PIH-supported health facilities delivered mental health care

32,000+

mental health visits were made at PIH-supported facilities

In Sierra Leone, mental health care was practically nonexistent a year ago. One psychiatrist served a population of seven million, leaving the vast majority of people, especially the rural poor, without the care they needed. The country's only dedicated mental health facility, Sierra Leone Psychiatric Teaching Hospital, in the capital city of Freetown, had been without electricity, running water, or an adequate supply of medications since it opened in 1820. For safety reasons and lack of proper resources, many patients spent days and nights chained to their beds.

This year, in close partnership with the government of Sierra Leone, PIH has vastly improved mental health services throughout the country. **PIH's support of infrastructure and supply chain at the teaching hospital has brought electricity, plumbing, clinical mentorship, and pharmacy shelves stocked with essential drugs, many of which are now available to patients for the first time.** Staff now deliver dignified, effective care to patients in a clean, comfortable space where chains are no longer used, or even necessary.

In rural Kono District, PIH and the government have expanded community-based mental health care. A staff of eight community health workers trained in mental health care, three psychosocial officers, and the district's first psychiatrist joined our staff in February and have been reaching more people than ever before, providing support directly in families' homes and connecting them with psychiatric care at PIH-supported Koidu Government Hospital. **This year, 347 people throughout Kono began receiving the mental health care and resources they need to live independent, productive lives—a three-fold increase from last year.**



Mary Alpha lives in Kono, Sierra Leone, and receives medication and support for psychosis and epilepsy from PIH mental health staff.





Fresh produce at the Teec Nos Pos Trading Post, the first store that joined PIH’s nutrition program on Navajo Nation

On Navajo Nation, grocery stores are few and far between. Most people shop at gas stations and trading posts, where healthy foods are scarce. To widen access to fruits and vegetables—and improve overall health—PIH and our sister organization on Navajo Nation, Community Outreach and Patient Empowerment, launched an initiative to encourage shops to stock and sell produce and traditional Diné foods.

Through the Healthy Navajo Stores Initiative, we’re supporting shop owners with the technical assistance they need to source and stock healthy foods, plus supplying them with tools, from refrigerators to marketing materials, to promote

their new inventory. As of this year, **we’ve partnered with 31 convenience stores and trading posts to help them provide healthier options**, as well as cooking demos to build community and customer engagement.

The initiative goes hand-in-hand with our Fruits and Vegetables Prescription program, through which more than half of health facilities serving Navajo Nation have provided families vouchers to buy produce and healthy Diné items. Together, the programs are helping both small businesses and families, and closing the loop on our work to revitalize the food system on Navajo Nation.

Two vans equipped with state-of-the-art technology to test for tuberculosis (TB) and multidrug-resistant tuberculosis (MDR-TB) mark a major milestone in the fight against TB in Peru. Launched this year by a coalition of PIH, partner organizations, and Peru’s Ministry of Health, **the vehicles enable us to carry out a new screening program called TB Móvil, which brings free, rapid testing to communities surrounding Peru’s capital, Lima.**

PIH community health workers, former TB patients, and local leaders encourage people to take advantage of free screening made accessible directly where they live and work. Inside the vans, clinicians use advanced automated radiography to screen people for TB, and can send samples to PIH-supported laboratories for further testing by GeneXpert machines, which diagnose MDR-TB in a matter of hours. These technologies, which would otherwise be unavailable in poor communities, help clinicians quickly connect patients who test positive with public health centers for care.

So far, **TB Móvil has screened more than 30,000 people for TB**, among whom 200 have tested positive. These patients have since begun treatment—not only saving their lives, but also helping to halt the spread of the disease altogether.



A TB Móvil van provides testing to the San Gabriel community in Carabayllo, Peru.



Surgery may be nerve-wracking, but it should never be hard to come by. Yet for the people of Chiapas, Mexico, surgery required the time and money for a car ride, sometimes 10 hours long, to a faraway health facility offering the advanced care their local hospital in Jaltenango could not. Lack of access to properly staffed clinics consistently proved life-threatening to patients who could not afford to travel for essential procedures, from appendectomies to hernia repairs, and to laboring women in need of an emergency cesarean section.

This year, PIH brought lifesaving care closer to families in Chiapas by supporting Jaltenango Hospital to get the right staff, stuff, space, systems, and social support necessary for a variety of surgeries. Within nine months, clinicians performed 144 surgeries—among them 24 lifesaving C-sections. And on average, **patients’ travel time decreased by three hours—making surgery, and the advanced health care every person deserves, more accessible.**



Drs. Jesica Anahí Ramírez Guzmán and Luis Javier Pola Sería helped perform a C-section to deliver twin girls at Jaltenango Hospital in Chiapas, Mexico.

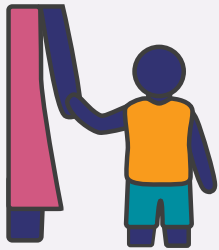


The exterior of the Butaro Cancer Support Center in Rwanda

Prior to PIH’s arrival, oncology care was too far away and too expensive for most Rwandans to access, effectively making each cancer diagnosis a death sentence. This changed in 2012 when we opened the Butaro Cancer Center of Excellence at Butaro District Hospital, which provides high-quality cancer treatment and care, from chemotherapy to surgery to palliative care, at low to no cost for patients.

This year, **PIH-supported oncology services became even more accessible and comprehensive when, alongside the Rwandan Ministry of Health, we inaugurated the Butaro Cancer Support Center.** The facility houses up to 68 patients and their

### At Butaro Cancer Center of Excellence:



**\$1,140**  
provides a full course of treatment, follow-up care, and social support for a child with Hodgkin lymphoma



**nearly 2,000**  
patients from across Rwanda and East Africa receive affordable, high-quality cancer care each year

families who would otherwise have to continually travel long distances for regular care. **It also enables staff to provide psychosocial support and counseling to those in extended stays for treatment,** within comfortable spaces designed to foster community and wellness.

The Support Center opened not a moment too soon, as each year more and more patients are arriving for treatment—often from far away, without the ability to pay for necessary travel or accommodations. The care they receive, medical and psychosocial, proves how modern, dignified oncology services can thrive in settings of poverty.



# TRAINING

We invest in mentoring and clinical education to train all kinds of health professionals, to constantly improve patient care and strengthen local health systems for the long term.



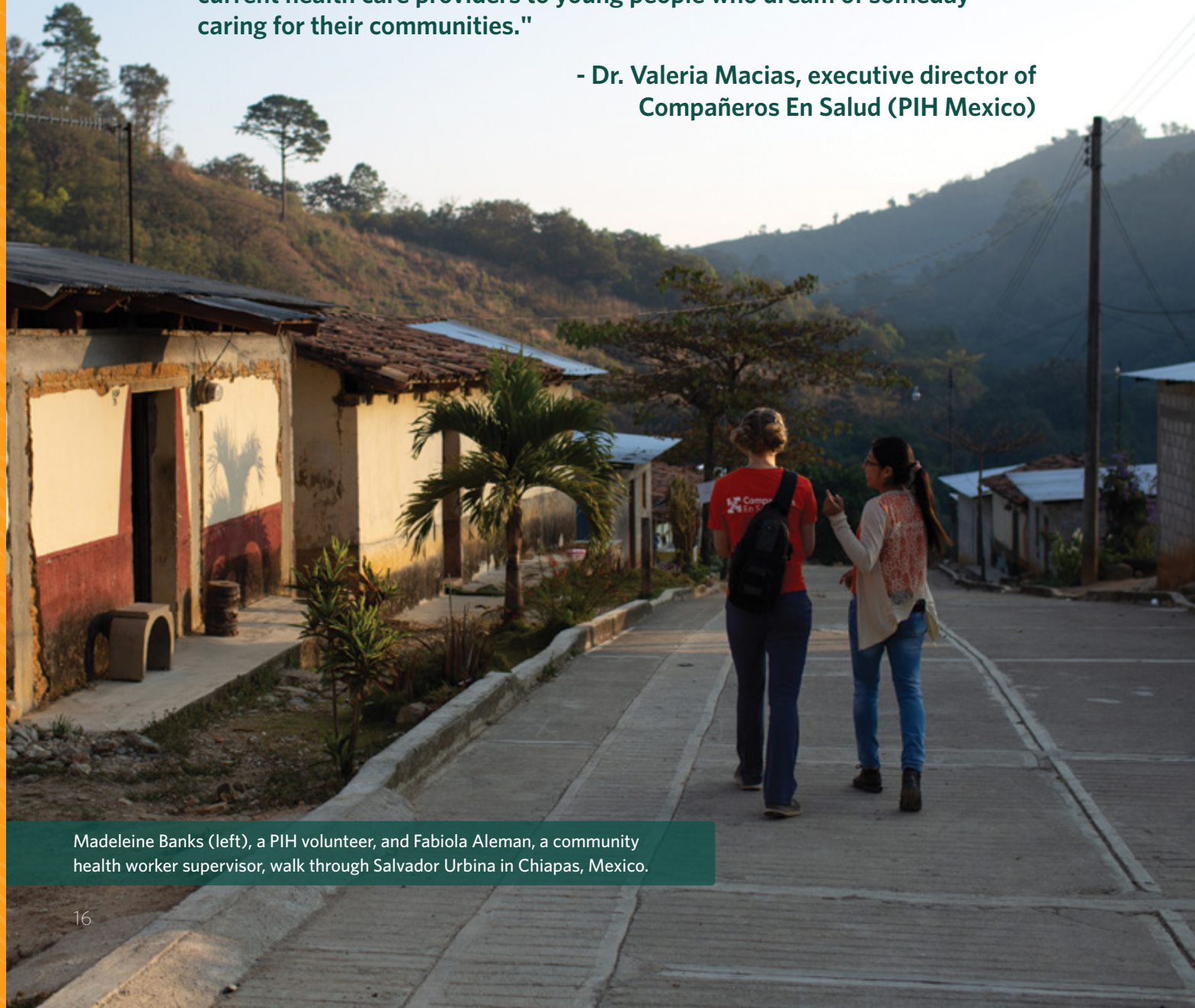
Soraya Ortega (center), a PIH obstetric nurse supervisor, works with nurses Mayrani Estrada Ruiz (left) and Martha Laura Cruz Reyes (right) at PIH-supported Casa Materna in Chiapas, Mexico.



“

Supporting medical education and training for health care professionals is not only necessary to building high-quality health systems. It also furthers our mission to ensure that all people can achieve their full potential, from current health care providers to young people who dream of someday caring for their communities.”

- Dr. Valeria Macias, executive director of  
Compañeros En Salud (PIH Mexico)



Madeleine Banks (left), a PIH volunteer, and Fabiola Aleman, a community health worker supervisor, walk through Salvador Urbina in Chiapas, Mexico.

Around the world, poverty threatens to limit children’s cognitive development. In Lesotho alone, one-third of children under age 5 are stunted. To begin combating this widespread problem in Lesotho, PIH, with support from Grand Challenges Canada, has begun to integrate early childhood development interventions into primary care.

At the rural, mountainous Nkau Health Center, clinicians and village health workers received training on the types of positive play and communication that stimulate children’s early brain development, and learned how to teach and model those activities to families. Nurses offered a series of these trainings to parents and caregivers at the clinic, which village health workers complemented with individualized, at-home education sessions.

This year, a study of the program revealed significant impact for families in Nkau, and signaled the promise of investment in early childhood development throughout Lesotho. Following the interventions, **children demonstrated higher cognitive abilities, caregivers showed more confidence in positively interacting with their children, and the connection between the health center and community strengthened.**



Rorisang Lerotholi, nurse-in-charge at Nkau Health Center in Mohale’s Hoek, Lesotho, supports Moselantja Ntaote in caring for her 3-month-old son, Atlehang.

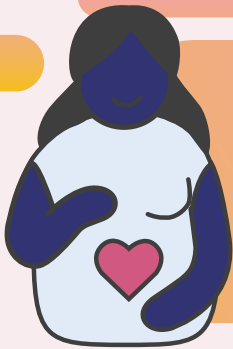
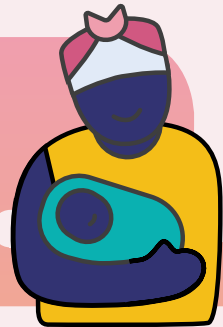


In rural Sierra Leone and Mexico alike, traditional birth attendants (TBAs) and traditional midwives are revered, having long been women’s go-to resource for anything related to pregnancy and childbirth. The relationship between these women and their communities is irreplaceable, but can sometimes put expectant mothers in danger when delivering outside a health facility. Recognizing the equal importance of TBAs’ role in making women feel safe and comfortable, and the role of clinicians in providing lifesaving care during emergencies, PIH has integrated both into the maternity wards we support.

**Cross training between TBAs and clinicians at Wellbody Clinic in Sierra Leone and Casa Materna in Mexico means more TBAs are connecting women to critical care at these health facilities, while the facilities are providing more culturally appropriate care** to women accustomed to giving birth at home. At Wellbody, a team of eight TBAs provides crucial support and birth coaching to women, and practices local customs like blessing an unborn baby, while trained midwives deliver maternal care. At Casa Materna, clinicians supply traditional midwives with safe birth kits and training on how to identify at-risk pregnancies that require referral to a hospital. As both staff teach each other how they serve patients, lifesaving health care is becoming more accessible to women and their newborns.

**In the last year, around the world, PIH has provided:**

**68,000+**  
.....  
**facility-based deliveries**



**130,000+**  
.....  
**prenatal care visits**

**8,900+**  
.....  
**lifesaving c-sections**



Regina Korgbendeh and Eleanor James, traditional birth attendants, and Kumba Brima, a maternal and child health aide, care for women at PIH-supported Wellbody Clinic in Kono, Sierra Leone.



Throughout Haiti, women struggle to access family planning services—reducing their autonomy and increasing the rates of risky pregnancies that can result in maternal death. In all of the communities, clinics, and hospitals we support, PIH clinicians and community health workers are combating this dangerous injustice by strengthening family planning training and education.

Across 15 PIH-supported health facilities, we’ve standardized contraceptive education and provided more training in family planning for nurses, midwives, and medical residents—empowering them to teach patients about family planning, and to offer women the option of receiving the method of their choice before they leave the maternity ward. Recently, we

learned how this investment in clinical education is paying off: **At University Hospital in Mirebalais, the rate of women discharged with long-acting contraception rose from five percent to 20 percent.**

PIH community health workers have also received training on how to provide short-term family planning methods, and refer patients to care for long-term methods. Together with family planning nurses, they facilitate regular community education sessions, mobile clinics, and home visits that allow women in the hardest-to-reach areas to obtain family planning care directly in their communities, without having to travel to a facility. **Through this outreach, 5,300 women in Haiti have chosen to receive a long-acting, reversible contraceptive.**



Lausedanise Alexis, a community-based family planning nurse, teaches women about family planning in Petite-Riviere, Haiti.



Sophie Prowd was the first person to receive care from PIH’s mental health program in Liberia. After 15 years of homelessness, she began treatment for schizophrenia, and today has a home and job.

Chronic mental illness and homelessness often go hand-in-hand. Those suffering from both conditions are some of the most marginalized members of the already marginalized communities where PIH works. We’ve piloted work to reach the homeless population in need of mental health care in Maryland County, Liberia, one of the country’s poorest regions.

To date, **our homeless outreach program has delivered comprehensive mental health care, including medication, therapy, and dignified hygiene support, to 149 patients—more than half of whom have reintegrated into their communities and moved back in with their families.** They join the more than 1,500 other Liberians to whom PIH

has provided mental health care for conditions like psychosis, bipolar disorder, and depression, and who benefit from our community education focused on destigmatizing mental illness.

The vital need to provide mental health care to homeless populations isn’t confined to Liberia, which is why our Liberian mental health team traveled to neighboring Sierra Leone to train colleagues on how to deliver care to Kono District’s homeless population. **The Liberia team’s mentorship helped Sierra Leone’s mental health team initiate their own homelessness and hygiene program this year,** which so far has provided ongoing care and support to 13 of the most vulnerable people in Kono.



A close-up, high-resolution portrait of a woman with dark skin and short, dark hair. She is looking slightly to the right of the camera with a calm, steady gaze. The lighting is soft and directional, coming from the upper left, which highlights the texture of her skin and the contours of her face. The background is a blurred, warm-toned interior space.

# INFLUENCE

We use our evidence-based results to advocate for national and global health policies that prioritize, rather than marginalize, the most vulnerable among us.

Mariama Kamara survived Ebola, and today works as a member of the launderette team at PIH-supported Koidu Government Hospital in Sierra Leone.



“

Whenever we are in the presence of an audience as powerful as the United Nations, we are there to represent our patients and communities. We use this global podium to advocate for social justice, for those who live in our communities who do not have a voice.”

- Loune Viaud, executive director of  
Zamni Lasante (PIH Haiti)



An aerial view of University Hospital in Mirebalais, Haiti, built and supported by PIH



Loune Viaud, executive director of PIH in Haiti, addresses the UN Security Council on the lives of women and girls in Haiti.

No Haitian representing civil society had ever addressed the United Nations Security Council—until this spring, when Loune Viaud, executive director of PIH in Haiti, briefed the Council on the status of women and girls in Haiti. Her remarks on women’s unequal access to care, sexual and gender-based violence, and women’s political participation drew on PIH’s decades of work providing essential women’s health care.

“Cancer primarily affects women in Haiti—75 percent of our oncology patients are women. In partnership with the Haitian Ministry of Health,

Zanmi Lasante has provided free cancer care to patients across the country for almost 20 years. Today, I am friends with Roselene Jean, our first cancer patient. Without the care we provided, she would no longer be with us,” Viaud explained.

She then cited a crucial version of PIH’s mission, urging the Council toward increased funding and stronger policies for women’s safety, health, and autonomy: **“Mr. President, members of the Security Council, no woman should die in Haiti because of lack of access to care.”**



Tuberculosis (TB), and its multidrug- and extensively drug-resistant forms, is the world’s deadliest infectious disease, recently surpassing even HIV. PIH is continuing to fight the spread of TB and save patients’ lives through the endTB project, a consortium led by PIH, Médecins Sans Frontières, and Interactive Research and Development in 17 countries and funded by Unitaid.

**Because of endTB and our study of less toxic, more effective treatments for multidrug-resistant tuberculosis (MDR-TB), more than 2,700 people around the world have been treated with the first new TB drugs to be developed since the 1970s.** Interim results from the study—the largest of its kind—are already showing the safety and

effectiveness of these new drugs, and were included in an analysis that influenced the World Health Organization’s revision of global TB treatment guidelines earlier this year.

About 25 percent of the study’s enrollment, nearly 700 patients, live in Kazakhstan, where PIH has also partnered with the Ministry of Health since 2010 to improve TB treatment nationwide. With our technical assistance, the government recently scaled up access to the newest TB drugs for MDR-TB patients throughout the country. Kazakhstan has also implemented the PIH-piloted video treatment support program, in which TB nurses and doctors provide daily counseling over video chat for patients who face barriers in traveling to a health facility.

Thanks to endTB,



2,700

people around the world are being treated with new MDR-TB drugs



Dr. Askar Yedilbayev, former executive director of PIH in Kazakhstan, checks on the first patient to receive new drugs for extensively drug-resistant TB in Astana.



A protestor at the PIH-led demonstration for universal health care at the United Nations General Assembly

The right to health for all lies at the core of PIH’s work delivering care around the world. As such, we fight to implement truly transformational universal health care (UHC) to meet the health needs of all people, no matter how remote or poor or how complex the care they require.

**Throughout the year, we pulled up seats at powerful tables at the United Nations, World Health Organization (WHO), and other international bodies to advocate for our proven delivery strategy for UHC—one in which patients are prioritized over profits.**

At the WHO Global Conference on Primary Health Care and in meetings with the WHO African Region leadership, PIH presented on how to ensure the quality and variety of health care in rural settings. And our UHC monitoring and planning tools have helped everyone from ministries of health to district health managers map out a path toward health care for all.

In *The Lancet*, one of the world’s most prominent medical journals, our article, “A practical approach to universal health coverage,” delivered a clear message to the foremost experts in medicine and health policy: Disease burdens and patient needs, rather than budget limitations, should drive UHC strategy.

And at the United Nations General Assembly, we led a protest against a dollars-driven vision of UHC that we know won’t ensure health as a human right.

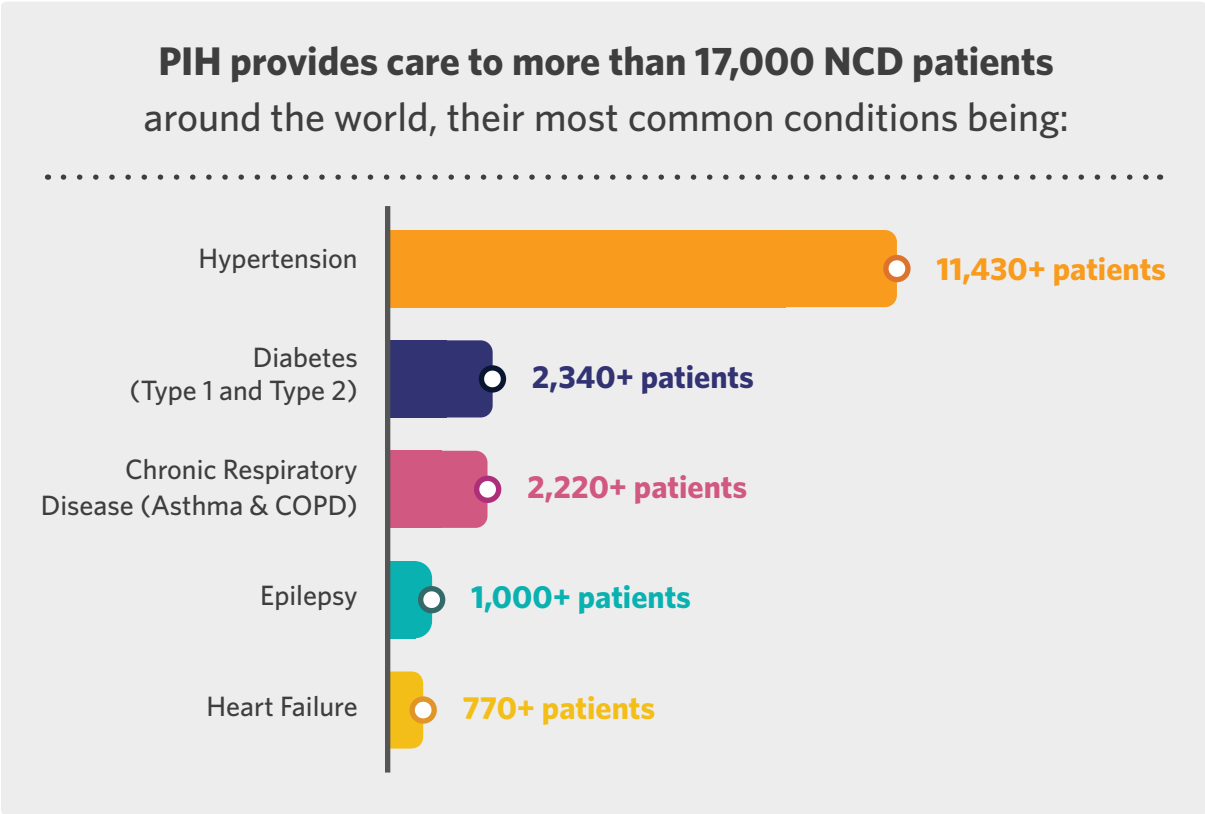
At local, national, regional, and global levels, we’re pushing policymakers to embrace PIH ideals and put in motion methods of delivering care that we’ve developed over the course of more than 30 years, for the benefit of every single person.



Around the world, chronic conditions that have long been treatable—from Type 1 diabetes and rheumatic heart disease, to asthma and liver and kidney diseases—become fatal because of poverty and a lack of specialized health care. Relative to infectious diseases, noncommunicable diseases (NCDs) have received little attention or funding for increased treatment from the international community, and countless lives have been lost as a result.

**PIH is fighting this injustice every day—not only by caring for thousands of NCD patients and ensuring their abilities to live healthy lives,**

**but also by pushing for more international investment in this essential area of health care.** This summer, we continued our collaboration with the World Health Organization by supporting a WHO African Region’s consultation on the management of severe, chronic NCDs in rural hospitals, which brought together ministries of health and representatives from 17 African countries. There, we presented our work in chronic disease care as an innovative model for how the WHO and its African member countries can continue widening access to lifesaving treatment for complex illnesses, even in the most resource-limited settings.



At PIH-supported Lisungwi Community Hospital in Neno, Malawi, Clinical Officer Medson Boti sits with 7-year-old Kevini Jamu, who receives free, specialized care and medicines for sickle cell disease.



A person wearing a purple t-shirt with a graphic of several hands reaching towards the center on the back is providing physical therapy to a patient. The patient is lying down, and the person's hands are positioned on the patient's back. The scene is dimly lit, with a warm, golden light source creating a soft glow.

# REPLICATION

We partner with governments to ensure health care as a human right, and help spread the progress we've made in small communities to the rest of the world.

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



“

PIH's uniqueness lies in how we partner with governments to scale up the improvements we make to health care—resulting in more access to specialized, integrated health services for the poor across countries and across the globe.”

- Dr. Joel Mubiligi, executive director of Inshuti Mu Buzima (PIH Rwanda)



Eastern Province, Rwanda



UGHE's Class of 2019 celebrates earning a Master of Science in Global Health Delivery.

This summer, the University of Global Health Equity (UGHE) celebrated the graduation of 46 emerging global health leaders who earned their Master of Science in Global Health Delivery. The University also welcomed the inaugural class of medical students, who will, over the next six and a half years, work to earn a blended Bachelor of Medicine, Bachelor of Surgery, and Master of Science in Global Health Delivery degree. **This program is fostering a new generation of clinicians who are experts in social medicine, preparing them to provide high-quality care to patients and build equitable health systems in low-resource settings around the world.**

The new medical class embodies PIH and UGHE's commitment to equity. Among the 30 newly enrolled medical students, 20 are women, and all are receiving 100 percent financial aid. These future clinicians began their education on UGHE's new campus, which opened in January and includes dormitories, a dining hall, a modern simulation lab, state-of-the-art lecture halls, and a medical library.

**Situated near PIH-supported Butaro District Hospital, the campus also provides students direct access to tangible, teachable moments within the hospital and the Butaro community.** This real-world training, guided largely by the clinicians, community health workers, and patients we support, equips students to replicate PIH's mission and approach in their careers as doctors, nurses, NGO leaders, policymakers, and more.

Among  
UGHE  
medical  
students:



2/3

of the inaugural  
class are women

.....



100%

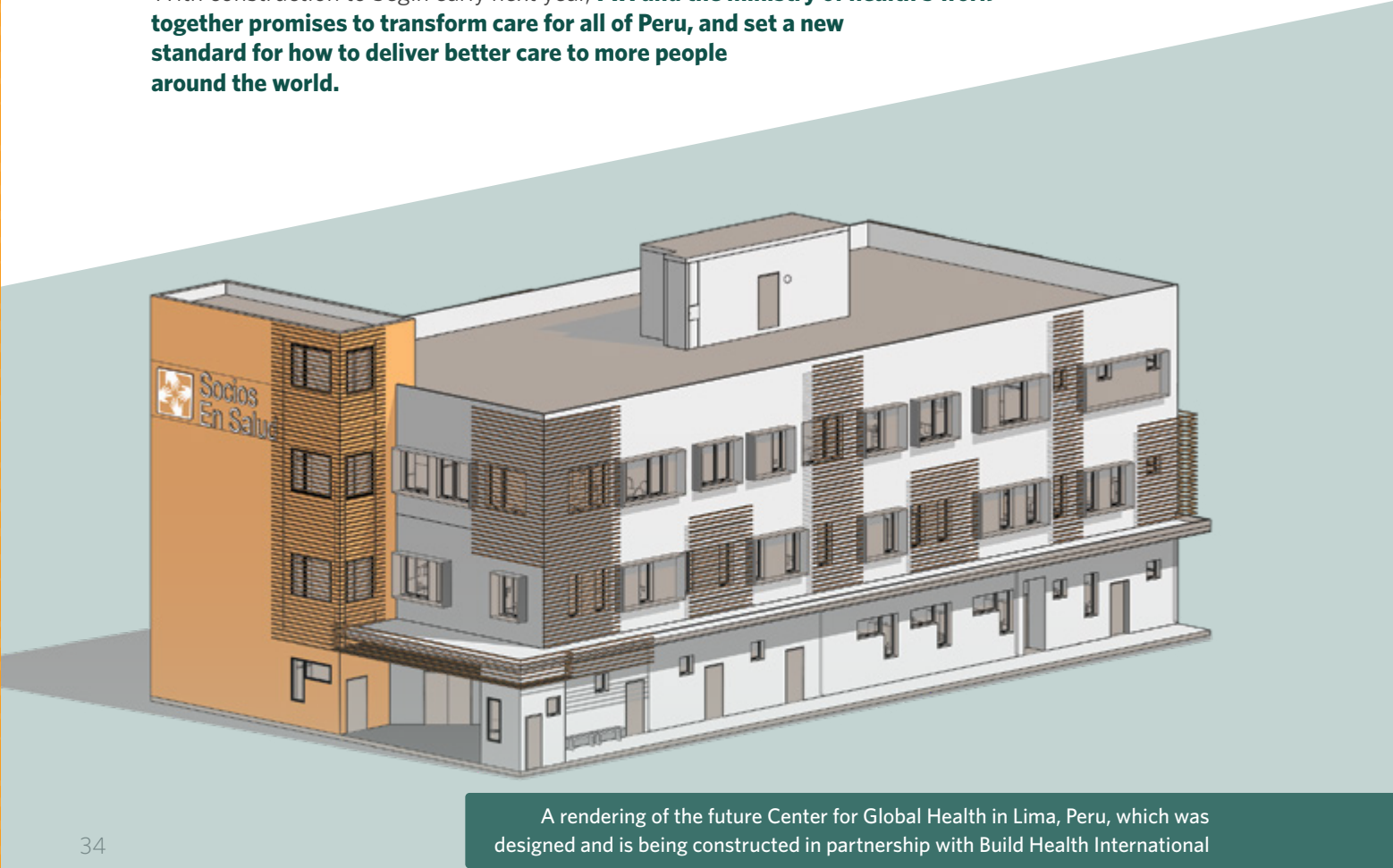
receive full  
financial aid



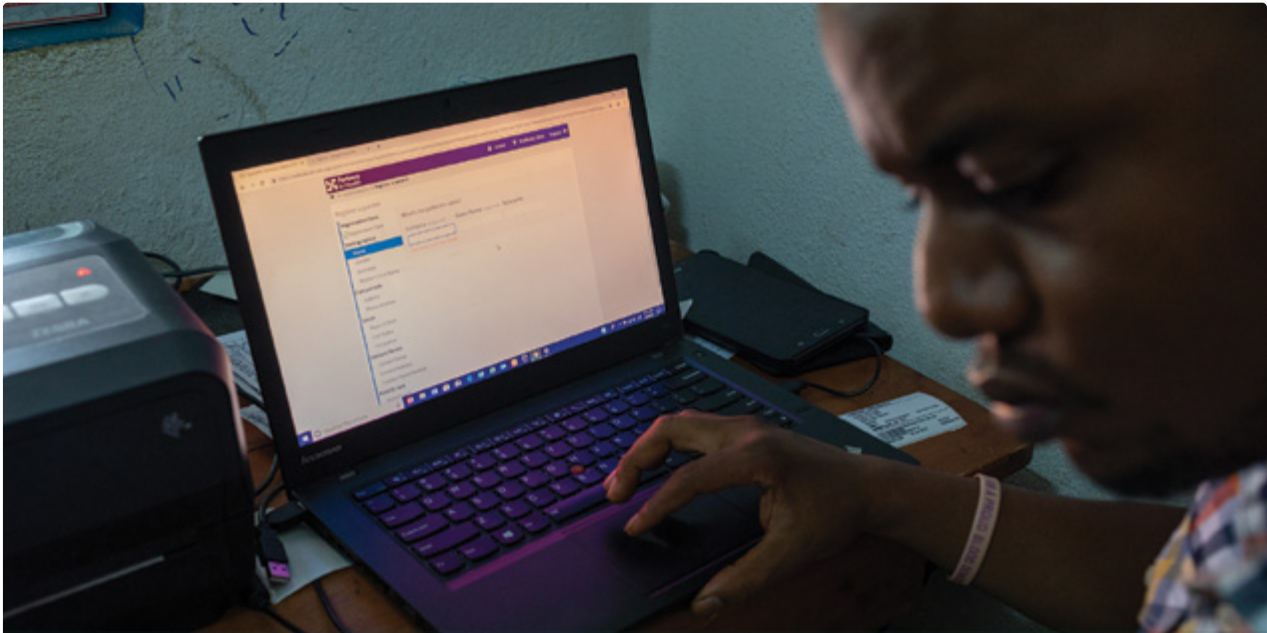
PIH's strong partnerships with national governments mean our work is public, scalable, and sustainable. In Peru, for example, we collaborate directly with the ministry of health and other government health sectors by providing high-quality health care to vulnerable people, training clinicians, and conducting innovative research that changes global health policy.

Our collective efforts continue to expand exponentially to reach more of Peru's population. Most recently, in lockstep with the Peruvian government, **we approved a new facility that will combat deadly diseases, like TB, and serve the entire nation: the Center for Global Health.** Innovatively funded through recoverable grants, the center will be a self-sustaining, specialized care and research hub that will offer lifesaving, dignified treatment for patients, perform groundbreaking clinical research, and train health professionals in social medicine.

With construction to begin early next year, **PIH and the ministry of health's work together promises to transform care for all of Peru, and set a new standard for how to deliver better care to more people around the world.**



A rendering of the future Center for Global Health in Lima, Peru, which was designed and is being constructed in partnership with Build Health International



Staff at PIH-supported Wellbody Clinic in Kono, Sierra Leone, register patients using the PIH co-founded software OpenMRS.



**60+**  
.....  
countries have implemented OpenMRS software

High-quality health care doesn't rely on doctors and nurses alone. It also requires complex systems that deliver clinicians the tools they need to treat a patient, including that patient's medical history. Without a secure, efficient way to track this information, clinicians are unable to provide effective care—often the case in the communities PIH serves, where paper medical histories can get lost or damaged.

**2019 marks the fifteenth anniversary of our solution to this obstacle: OpenMRS, the open-source electronic medical record (EMR) software co-founded and**

**co-developed by PIH software engineers.** Designed for use in resource-limited settings, OpenMRS enables health professionals to create a customized EMR with no programming knowledge, while also providing better care for their patients.

**There are now 105 PIH-supported facilities and nearly 800,000 PIH patients around the world benefiting from OpenMRS.** And as of this year, governments and NGOs in more than 60 countries have implemented the software, which we continue to help develop and manage, for 8.6 million active patients.





# FINANCIALS

Our fiscal year summary

In Burera District, Rwanda, Uwineza Francine, a PIH community health worker, makes a home visit to Francoise Nyiramana and her daughter, Mutoni, to test the young girl for malaria.



FISCAL YEAR 2019 FINANCIAL SUMMARY

dollars in thousands

Revenues

June 2019

contributions, grants, and gifts in kind	
individuals and family foundations	95,484
foundations and corporations	23,003
governments and multilateral organizations	33,444
gifts in kind and contributed services	3,194
other income	4,448
total revenues	159,573

Operating expenses

program services	133,411
development	7,650
general and administration	10,054
total operating expenses	151,115
operating surplus (deficit)	8,458

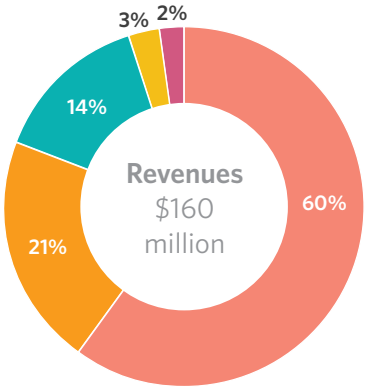
Assets

June 2019

cash and cash equivalents	30,200
grants and other receivables, net	12,887
prepaid expenses and other assets	5,125
investments, at fair value	35,053
property and equipment, net	14,074
total assets	97,339

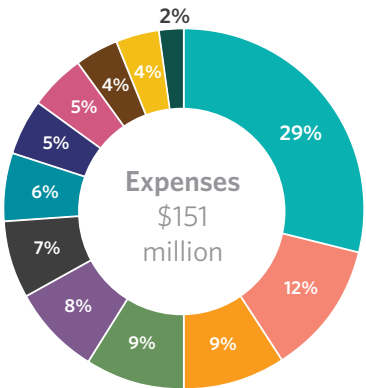
Liabilities and net assets

liabilities	
accounts payable	20,171
deferred revenue	4,328
total liabilities	24,499
net assets	
without donor restrictions	24,860
with donor restrictions	47,980
total net assets	72,840
total liabilities and net assets	97,339



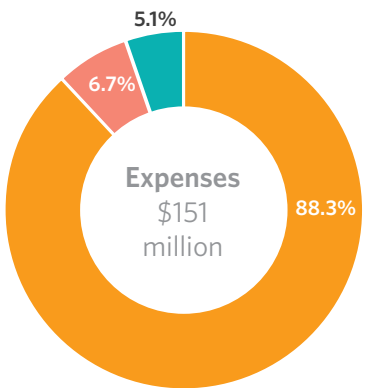
Revenues by source

- individuals and family foundations (60%)
- governments and multilateral organizations (21%)
- foundations and corporations (14%)
- other income (3%)
- gifts in kind and contributed services (2%)



Expenses by program

- haiti (29%)
- development and administration (12%)
- rwanda (9%)
- peru (9%)
- multi-site clinical and program support (8%)
- endTB (7%)
- university of global health equity (6%)
- sierra leone (5%)
- liberia (5%)
- lesotho (4%)
- malawi (4%)
- navajo and mexico (2%)



Allocation of expenses

- program services (88.3%)
- general and administration (6.7%)
- development (5.1%)

Revenues

In fiscal year 2019, PIH received \$159.6 million in revenue, a 5% increase over fiscal year 2018. Fiscal year 2019 revenue was comprised of \$95.5 million from individual donors (60% of total revenue), \$23.0 million from foundations and corporations (14% of total revenue), and \$33.4 million from governments and multilateral organizations (21% of total revenue). In addition, PIH received \$3.2 million in gifts in kind and contributed services, and \$4.4 million in other income (5% of total revenue).

Expenses

PIH expenses increased from \$140.6 million in fiscal year 2018 to \$151.1 million in fiscal year 2019. In fiscal year 2019, 88% of funds were for direct program costs and 12% went to fundraising and administration.

Surplus (deficit)

PIH ended fiscal year 2019 with an \$8.5 million operating surplus.



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OUR MISSION

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

STAY CONNECTED

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# Partners In Health

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