WHERE WE WORK

Navajo Nation
- 20 facilities supported
- 80 community health workers
- 250,000: catchment area
  - Hosts pioneering cancer conference

Mexico
- 10 facilities supported
- 79 community health workers
- 25,000: catchment area
  - Launches maternal health program

Peru
- 15 facilities supported
- 109 community health workers
- 309,999: catchment area
  - Celebrates its 20th anniversary

Sierra Leone
- 2 facilities supported
- 110 community health workers
- 1,083,229: catchment area
- 3,058 Ebola survivors screened for eye complications

Haiti
- 12 facilities supported
- 3,050 community health workers
- 1,208,880: catchment area
  - Helps vaccinate 729,000 people against cholera

Liberia
- 19 facilities supported
- 142 community health workers
- 248,363: catchment area
  - Delivers triplet boys in December

Lesotho
- 80 facilities supported
- 2,177 community health workers
- 1,011,548: catchment area
  - Runs sole MDR-TB hospital in country

Russia
- 3 facilities supported
- 20 community health workers
- 1,489: catchment area
  - Skypes patients to help them take medicine

Rwanda
- 43 facilities supported
- 4,865 community health workers
- 955,913: catchment area
  - Begins building global health university

Malawi
- 14 facilities supported
- 989 community health workers
- 156,133: catchment area
  - Opens new clinic in Chambé
OUR VISION

WE GO.
Whether to Liberia, Rwanda, or any of the countries we work and live, we go where we’re needed most.

WE MAKE HOUSE CALLS.
We care for patients in their homes and communities.

WE BUILD HEALTH SYSTEMS.
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.

WE STAY.
And we stay, committed to accompanying the people and communities we serve for the long term.
Dear Friends,

When Partners In Health first responded to the government’s invitation to go to Rwanda, we weren’t thinking much about cancer. We certainly weren’t thinking of it as a disease that we could treat effectively with our most basic infrastructure still in its infancy, in a country without a single oncologist, without diagnostic pathology, and with no available chemotherapy.

But from the moment we opened our doors there, in 2005, cancer patients flooded in from all over—many of them children with advanced disease. It was an unusual position for PIH to find itself: our organization had grown used to running toward the fire, and now the fire was running toward us. We had to find a way to treat cancer where few had before.

One of our early patients was a 7-year-old boy named Sibo Tuyishimire. He’d spent two years feeling hopelessly ill before his family was able to bring him to our hospital. PIH doctors soon diagnosed him with Hodgkin’s lymphoma and set him on course to a full, if difficult, recovery.

Sibo was kind enough to drop by our Boston office over the holidays. Now, nearly a decade in remission, he’s applying to high school here in the U.S. It’s pretty remarkable that he’s alive—and it’s thrilling that he is thriving with a great future ahead of him. It’s even more remarkable that our cancer program in Rwanda, today a beacon of hope for all of East Africa, might never have existed if not for Sibo and his family—and many people like them—having the guts to stand up, walk through our door, and say, “This is what we need.”

Thank you all for hearing that call and answering it with your own unfettered support, in Rwanda and all around the world. The stories that follow in this year’s annual report testify, in many different ways, to the power that grows from the act of listening. It is the most essential element of empathy and the backbone of accompaniment and caregiving. With these pages we offer our gratitude for the privilege of knowing each patient’s voice, collecting it with yours, and forging in their union a better way to spread care and kindness to the people who need it most.

In solidarity and with great warmth,

Dr. Gary L. Gottlieb, M.D., MBA
Chief Executive Officer

CEO Dr. Gary Gottlieb visits Peru for the site’s 20th anniversary celebration. Photo by William Castro Rodríguez

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CEO Dr. Gary Gottlieb visits Peru for the site’s 20th anniversary celebration. Photo by William Castro Rodríguez
TOGETHER

We go
We make **house calls**
We build **health systems**
We **stay**
When Hurricane Matthew began lashing Haiti's southwest corner last October, we—like many of you—knew the devastation would be profound. And indeed it was: 1,000 lives lost, 15,000 people displaced, and a sharp spike in the number of people needing health care—including those suffering from cholera.

Because of our long history in the country, we could respond immediately, partnering with local and national Haitian officials to support Les Cayes’ Immaculate Conception Hospital, the sole public facility for that region’s 1.5 million people. We repaired the roof and other structures damaged by the storm, purchased a generator that provides electricity 20 hours a day, and installed a chlorine machine that helps decontaminate and maintain sanitation in wards.

We also supported a nearby cholera treatment center by providing medications and supplies. Perhaps most significantly, we helped Haiti’s Ministry of Health in its vaccination campaign against cholera. In November, 729,000 people received a vaccination—which means mothers, fathers, and children are safe from a diarrheal disease that can kill within 24 hours.

That’s impact.

Partners In Health isn’t a disaster relief organization by conventional standards. But to most of our patients, we are that and more.

The disasters we see are generational, and that’s why your partnership is so vital. With your support this year, we’ve been able to continue solving complex, longstanding health challenges in ways that improve lives and communities.

We’re using new tools, for example, to battle an often deadly strain of tuberculosis. As collaborators in a project called endTB, we’re bringing the first new tuberculosis drugs developed in 50 years to patients in 14 countries—this year in Peru, Lesotho, and Kazakhstan.

We also began a new partnership with the Sicangu Lakota Nation, applying what we’ve learned in the Navajo Nation to help strengthen the health care system of this 27,000-member tribe in southern South Dakota.

Your help enables us to go where we’re needed. Together, we’re showing how comprehensive, sustainable health systems can transform lives all over the world.
Ur efforts to tackle the Ebola virus in West Africa were among the most challenging in our history. When the number of new Ebola cases finally dropped in Sierra Leone, it was a welcome relief.

But soon we learned of a new problem facing Ebola survivors. An increasing number suffered from an eye disease called uveitis, an inflammation of the eye that, if left untreated, can lead to blindness.

Thousands of people had survived one of the worst epidemics in the world, only to face the loss of their vision.

We needed to find as many Ebola survivors as possible and screen them for uveitis. Roughly 100 of our community health workers, many of them Ebola survivors themselves, fanned out across the district in which we work to spread the word about uveitis and its risks.

Going house to house, they convinced neighbors and community members wary of doctors and hospitals to come to an eye clinic we had established with the Ministry of Health. In just one month, we screened 277 people and successfully treated 50 more for uveitis.

Based on our success, we worked with government and international partners to expand this work nationally. In June, we coordinated screenings and treatments for Ebola survivors across the country, in every district. Again, our community health workers proved vital in finding these survivors and getting them to treatment. Ultimately, we screened 3,058 Ebola survivors and treated 379 for uveitis.

These are the transformations we strive for: and see, daily. And it’s because of our community-based model that our care is successful. In our work around the world, we visit people in their homes to check vital signs, encourage them to take their medicine, and determine when they need more advanced care. Then we connect them with that care.

“We helping people. That’s what I do,” says Mohamed Lamin Jarrah, a community health worker in Kono District, Sierra Leone. “There are thousands like me, willing to do the hardest work there is.”

“You are an integral part of this work. With your partnership, we provide the kind of one-on-one care that heals and saves lives. As you accompany us, we accompany our patients.”

Community health worker Mohamed Lamin Jarrah transports Elizabeth Mbayoh to the Lengema Health Clinic for medication.

Photo by Jon Lascher
The baby boy arrived 14 weeks early and weighed less than 2 pounds. Thamar Julmiste, a nurse at St. Thérèse Hospital in Hinche, Haiti, immediately noticed he wasn’t breathing. Luckily, she and a colleague knew what to do. They performed CPR on the tiny newborn and were relieved to see his birdlike ribcage rise and fall on its own.

“People didn’t think he was going to live,” Julmiste recalled. But he did.

Julmiste followed what she and her colleagues learned during a training for nurses in neonatal intensive care. Two more groups of nurses from around the country have since studied the same theory and clinical skills in a free training at University Hospital in Mirebalais. They are the first among a growing group of neonatal and pediatric intensive care nurse specialists in Haiti.

Like Julmiste’s tiny patient, everyone deserves the best level of care. But that’s only possible when health professionals receive the best level of training. Because strong health systems depend on strong “human systems,” we are intent on bringing the resources of leading medical institutions directly to the communities we serve, building each local workforce of health professionals according to the highest standard of care.

Besides trainings for nurses, our medical residency programs in Haiti continue to welcome new doctors every year in specialties such as surgery, emergency medicine, family medicine, and pediatrics. Last year alone, 37 residents enrolled in the programs. We’re also training nurses and community health workers in Liberia and elsewhere.

We’re expanding our non-clinical education as well. Last year, our first class of students at the University of Global Health Equity in Rwanda began their graduate degree in Global Health Delivery, which focuses on how to create national health care systems in developing countries. Lecturers from the Ministry of Health, Harvard Medical School, and other institutions taught students everything from epidemiology to budget management. Nearly 250 professionals from around the world have applied for 27 spots in the third class, which will start in September.

This is lasting work, made possible by compassionate, committed people like you. Thank you for giving your time and resources. Because of you, we are well-positioned to deliver high-quality global health training in some of the world’s poorest communities.
Infrastructure Manager Steve Mtewa watched as people streamed into Dambe Health Center on its opening day in Neno, Malawi, last year. He knows what people in his rural community face when they’re sick. Getting ill is possibly the worst challenge because reaching clinics is time-consuming and costly.

We treated 108 people that day, among them five patients with such severe hypertension they were at risk of stroke, four with suspected tuberculosis, and 47 who tested positive for malaria—and it wasn’t even malaria season.

This center will serve 30,000 people in and around Dambe; the staff at other facilities we built and renovated around the world this year will care for hundreds of thousands more. By investing in infrastructure, mobilizing equipment and medicine, and providing clinical expertise, we are prepared to respond to immediate and long-term crises.

New maternity waiting homes in Malawi, Haiti, Lesotho, and Mexico provide safe, clean places expectant mothers can stay before and after delivering their babies. When it comes to delivery, women have access to trained midwives and, if complications arise, they are referred to a nearby facility for lifesaving procedures.

We worked with the Ministry of Health to improve infrastructure and care at the National Tuberculosis Hospital in Monrovia. We also began improvements to Pleebo Health Clinic and a nearby referral facility, J.J. Dossen Memorial Hospital.

In Haiti, we opened the Stephen Robert and Pilar Crespi Robert Regional Laboratory, which sits next to University Hospital. The proximity means that oncology patients who previously waited three months to receive a diagnosis can now get one in three weeks.

Our investments in infrastructure, equipment, and operations are evidence of our long-term commitment to the communities we serve.

In Rwanda, we began construction on a 250-acre campus for the University of Global Health Equity. When complete, classrooms, administrative buildings, a library, and dorms will drape a picturesque hill in northern Burera District. Thousands of students and health professionals from around the world will learn not only how to treat patients, but how to build health systems—eventually enabling them to run the provision of health care in their home countries.

That is the goal that drives our work. Whether a new waiting home, refurbished hospital, or cutting-edge university, these investments are symbols of our long-term commitment to the communities we serve.
SNAPSHOT: PIH LIBERIA

J.J. DOSSEN HOSPITAL

- Emergency Room
  - blood bank space
  - patient waiting area
  - X-ray machine
  - GeneXpert
  - intake road

- OR and Sterilization
  - scrub areas
  - pre-op space
  - waiting area
  - autoclave
  - anesthesia machine

- Maternity
  - infant warmers
  - roof

- Electrical
  - generator
  - wiring

19 HEALTH CLINICS

- % of deliveries accurately monitored

- Number of babies delivered

- Number of tuberculosis patients

- Number who completed treatment

Pleebo is one of the busiest health centers, offering care to women before and after pregnancy. Photo by Rebecca E. Rollins

Junior Doe, an 8-year-old with tuberculosis, is examined in his home by Dr. Paul Farmer and a team of clinicians. Photo by Cate Oswald

Sarah Dennis is among hundreds of women who received improved maternal health services at clinics where we work. Photo by Rebecca E. Rollins

Peebo is among the busiest health centers, offering care to women before and after pregnancy. Photo by Rebecca E. Rollins

Our investments in health care systems around the world changed people’s lives in 2016. PIH prevented diseases, cured illnesses, healed injuries, and more. Below, a snapshot of just some of the progress in a single location where we work, Maryland County, Liberia.
You make our work possible.
Thank you.
Partners In Health extends heartfelt gratitude to partners and supporters who made gifts of $10,000 and more during our 2016 fiscal year, July 1, 2015, to June 30, 2016.

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Robert and Bobbie Ritchie
Nina Rittler
Stephen Robert and Filare Creepie Robert, trustees of Source of Hope Foundation
Emerson and Judy Robinson
Rowan T. O’Reilly Family Foundation
Thomas A. and Georgina T. Russo
Henry and Elizabeth Satzalova
Zal Sarkari and Caroline Greene
Haun Saussy and Olla Silnikova
Paul and Carol Ann Sax
Ken and Corinne Sawyer
John Scheide

$10 thousand to $25 thousand continued

Sara and Michael Schnitzer
Schulte Roth & Zabel, LLP
Sharpe Family Foundation/Sarah Angel Sharpe
Michael Singer and Baharuk Asetzadeh
Sarah Singh
Anne and Ruth Sorenson
Finnegan Southby
Jerrold and Carol Spady
Brian and Kathleen Matthew, and Olivia Spear
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Hans Spreiter
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Margaret Starnsplots
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Kimberly and John Thacker
The Theodore A. Von Der Ahe, Jr., Trust
Jane Thorne
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Trinity Church
Union for International Cancer Control
University of California, Los Angeles
H. C. and Katherine Van Schaack
Van Strum Foundation
Elizabeth and Joseph Walters
Jana Wang
Brian Wegner
Ken and Audrey Wei
Alica White
Michael and Elizabeth White
Whittier Trust Company
Ann Wudus and Keith Hart
Wekey Foundation
Barbara E. Wolkman
Daniel and Brienne Wright

* PIH Canada donor

Oksana Kustova (right), a PIH social worker in Russia, plays with Elizabeth, who was born three months premature. Her mother, Elena Gavrilova (left), is HIV-positive and started taking antiretrovirals before the birth of her daughter, who has tested negative for the virus. Photo by Elena Devyashina for Partners In Health
Gifts In Kind
Abbott
Axios International
Baystate Health
BD
Blue State Digital
Brigham and Women’s Hospital
Brigham and Women’s Hospital Pathology Department
Continental Office
Dana-Farber Cancer Institute
Direct Relief
eResearch Technology
Faber Dauerl & Trarco PC
Global Healing
Kirk Humanitarian
Medtronic
Microsoft
Mission Relief Services
PIH Canada donor
Pfizer, Inc.
Sakura Finetek USA, Inc.
Schulte Roth & Zabel LLP
Susan’s Special Needs
TOMS Shoes
US Fluid Tech Corp.

Government, Multilateral, and Other Institutional Partners
European Union
FHI 360
GDS Services International Ltd
Global Communities
The Global Fund to Fight AIDS, Tuberculosis and Malaria
GOAL Global
Grand Challenges Canada
Harvard Global Health Initiative
Instituto Nacional de Salud del Niño
Interactive Research and Development
Japan International Cooperation Agency
Jhpiego
Korea International Cooperation Agency
Medecins Sans Frontieres
Northrop Grumman
Pathfinder International
Patient-Centered Outcomes Research Institute (PCORI)
Peru National Fund for Scientific, Technological Development and Technological Innovation (FONDECYT)
President’s Emergency Plan for AIDS Relief (PEPFAR)
Primates World Relief and Development Fund (PWDRF) *
U.K. Department for International Development
U.S. Agency for International Development
U.S. Centers for Disease Control and Prevention
U.S. National Institutes of Health
UNITAID
United Nations Children’s Fund
United Nations Development Programme
University of Toronto
University Research Corporation
World Bank
World Health Organization

Global Health Partnership
Boston Children’s Hospital
Brigham and Women’s Hospital
Dana-Farber/Brigham and Women’s Cancer Center
Dana-Farber Cancer Institute
Harvard Medical School
Harvard T.H. Chan School of Public Health
Harvard University
Massachusetts General Hospital Partners HealthCare
Regis College
The University of California, San Francisco
The Novartis Foundation for Sustainable Development

Village health worker Enclusa Manyamba (right) accompanies Violet Paulo and her 6-week-old daughter, Vanessa Joseph, to a check-up at Chifunga Health Center in Neno District, Malawi. Photo by Jeanel Drake

* MI Canada donor
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Anandamayi Baker
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Emily Dalgarno
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Michael and Sheryl DeGennering
Patricia Devitt
Annie Dillard and Robert Richardson
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Reginald Dyck and Kaori Fujishiro
Lee and Carolyn Engdahl

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David Findlay
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Irene Boyomsick Trust 1
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* PIH Canada donor
1 Deceased
2 PIH Canada donor

For more than 20 years, co-founder Tom White supported Partners In Health and created a lasting legacy for this organization. While he is no longer with us, our work remains a testament to his belief that all people deserve high-quality health care. It is our pleasure to recognize the individuals listed here as members of Tom’s Circle. Like Tom White, they are helping save lives in the world’s poorest places for generations to come.

Members of Tom’s Circle support the continuation of our work by naming PIH in their wills, trusts, retirement plans, life insurance policies, annuities, or through other planned gifts. For more information about leaving a legacy gift to PIH, or if you should also be listed among the members of Tom’s Circle, please contact us at plannedgiving@pih.org or 857-880-5717.
Community health workers Yadira Roblero (left) and Magdalena Gutierrez walk along rugged terrain to visit their patients’ homes in Chilapa, Chiapas, Mexico, March 2012.
Fiscal year 2016 financial summary

<table>
<thead>
<tr>
<th>Revenues</th>
<th>June 2016</th>
<th>June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, grants, and gifts in kind</td>
<td>58,088</td>
<td>120,411</td>
</tr>
<tr>
<td>individuals and family foundations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundations and corporations</td>
<td>18,402</td>
<td>32,904</td>
</tr>
<tr>
<td>Governments and multilateral organizations</td>
<td>30,072</td>
<td>39,282</td>
</tr>
<tr>
<td>Gifts in kind and contributed services</td>
<td>4,289</td>
<td>3,505</td>
</tr>
<tr>
<td>Other income</td>
<td>2,383</td>
<td>915</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>113,234</strong></td>
<td><strong>197,017</strong></td>
</tr>
</tbody>
</table>

Operating expenses

| Program services | 134,966 | 125,384 |
| Development | 3,284 | 2,322 |
| General and administration | 9,270 | 6,012 |
| **Total operating expenses** | **147,520** | **133,718** |
| **Operating surplus (deficit)** | **(34,286)** | **63,299** |

Assets

| Cash and cash equivalents | 30,758 | 84,630 |
| Contributions receivable | 4 | 81 |
| Grants and other receivables, net | 5,725 | 13,934 |
| Prepaid expenses and other assets | 5,260 | 3,385 |
| Investments, at fair value | 29,828 | 1,434 |
| Property and equipment, net | 4,945 | 6,588 |
| **Total assets** | **78,510** | **109,852** |

Liabilities and net assets

| Total current liabilities | 11,814 | 8,706 |
| Foreign currency translation adjustments | (697) | (533) |
| Undesignated | 3,950 | 9,602 |
| Board-designated: Thomas J. White Fund | 35,088 | 57,603 |
| **Total unrestricted net assets** | **43,993** | **66,672** |
| Total temporarily restricted net assets | 17,868 | 34,474 |
| **Total permanently restricted net assets** | **4,835** | **0** |
| **Total net assets** | **78,510** | **109,852** |

Revenues

<table>
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</table>

Expenses

| Program services | 134,966 | 125,384 |
| Development | 3,284 | 2,322 |
| General and administration | 9,270 | 6,012 |
| **Total operating expenses** | **147,520** | **133,718** |

Surplus (deficit)

PIH ended fiscal year 2015 with a surplus of $63.3 million, attributable to the aforementioned extraordinary revenue. PIH ended fiscal year 2016 with a $34.3 million deficit, which reflects a planned spend-down of the fiscal year 2015 surplus to support the development of new programs in West Africa and growth of key programs elsewhere.

Expenses by program

- Haiti
- Multisite clinical program support
- Rwanda
- Development and administration
- Liberia
- Mozambique
- Malawi
- Russia/Kazakhstan
- Navajo Nation/Mexico
- EndTB

Allocation of expenses

- Program services
- Administration
- Development

Revenues by source

- Contributions, grants, and gifts in kind
- Governments and multilateral organizations
- Foundations and corporations
- Gifts in kind and other

Expenses

PIH expenses increased from $133.7 million in fiscal year 2015 to $147.5 million in 2016, a 10% increase. The majority of this increase is due to PIH’s expansion into Liberia and Sierra Leone. In fiscal year 2016, 92% of funds were for direct program costs and 8% went to fundraising and administration.

Statement of financial position

In fiscal year 2016, PIH received $113.2 million in revenue. Of this, $58.1 million came from individual donors, $18.4 million came from foundations and corporations, and $30.1 million came from the public sector. In addition, PIH recorded $4.3 million in gifts in kind and contributed services, and $2.4 million in other income. This contrasts with $197 million of total revenue in 2015, which included a large one-time gift to the board-designated T.J. White Fund and funding from multiple sources to support PIH’s expansion into West Africa during the Ebola epidemic and immediately thereafter.
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Executive Director, Liberia  
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Executive Director, Novo Nation  
Loune Viald  
Co-executive Director, Haiti  
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* Director  
Emeritus Member  
Founder  

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Emeritus Member  
Founder  

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Chief Partnership Integration Officer  

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 audible 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.