On a Saturday in February, I walked across town to the steps of the Massachusetts State House. They form an arena of willful hope, backed as they are by Saint-Gaudens’ monument to the all-black 54th regiment. His bronze soldiers, in turn, wear the shade of the oldest surviving English elms in our hemisphere. To the crowd rallying there in defense of affordable health care, I spoke to the truth of our unfolding national health care crisis: that perhaps even worse than being un-American, it is unworldly.

The hostility that has made itself so comfortable in our American discourse as of late has caused some voices to seem to matter less than others. Those of the poor. Those of the sick. Those of the oldest and of the youngest. Those of people with pre-existing conditions—being a woman, being black, having a heart. All those for whom Partners In Health is so privileged to speak.

Our organization rarely wades into domestic issues, but we are called to use our voice where empathy demands it just as we are called to use our hands where healing is needed. The work that we do in 10 other countries today is threatened by the hostility within our borders—not just spilling from health care into foreign aid, and from there into international relations and age-old norms of many kinds. At risk is the goodwill that we and others like us have labored over a generation to build.

Looming cuts to the U.S. Agency for International Development, which remain on the table as these words go to print, may strike a large blow to our budget, but more importantly, they will destabilize the places where we work. In a fiscal year bracketed on one side by Hurricane Matthew’s savaging of Haiti, and on the other side by deadly floods in Lima’s poorest reaches—and hollowed out by spare harvests across our African partner nations—stability is already an elusive prize. The next big disasters are forever readying themselves, and they will respect no president, no rule of law. We often wonder whether our most remote and isolated patients would find it more or less difficult than we do to make sense of this uniquely American moment. To hear over and over that human imagination is so often willing to chase down the impossible and so rarely willing to share the catch. That researchers this year, for example, learned how to turn mouse bones transparent, while the leading cause of maternal death—blood loss—can be stemmed by a $3 drug, but won’t be any time soon.

In the pages that follow, a look back at the past year reveals the roots of such successes in the very best inclinations of humanity. Empathy in thought. Compassion in action. On four continents, the touch of pain matched by the touch of kindness. In each image resides a colorful proof of what’s possible when medicine and imagination are encouraged to challenge each other—and of the power that exists within every person, in every part of the world.

Stateside, thank goodness, we saw the merits of affordable health care upheld by eleventh-hour bipartisanship, and an initial proposal to slash foreign aid rejected summarily—at least for now. We see these moments as evidence that there is an intrinsic unifying quality to health, to striving toward universal health. The most natural extension of this logic is that the pursuit of health care as a human right, like the pursuit of every other human right, can help to shape a framework for peace and progress at the grandest scale.

That’s what we’ll continue pushing toward, with gratitude for the steady presence of every partner. In solidarity and with great warmth,

Gary L. Gottlieb, MD
Chief Executive Officer
Witness
A widowed mother of four, Josephine Nyiramatama was diagnosed with breast cancer in 2012. At Rwanda’s Butaro Hospital, she received free chemotherapy and a mastectomy—among the first performed there. Since then, PIH has paid for her transportation to and from hospital visits, supplied her with monthly groceries, and helped her 19-year-old daughter pay for school. When we caught up with her and her grandchildren at home in March 2017, Josephine was feeling well and happy to be able to work. 

Photos by Cecille Joan Avila

Often by sheer force or will, a woman commands her family’s survival.

She stands at the core of medical decision-making, economic advancement, and her community’s well-being.

Partners In Health meets her with the promise that everywhere we work will be a place made SAFER TO BE A WOMAN.
This year the doors opened at pristine new maternal waiting homes in Haiti, Sierra Leone, and Mexico. Now more pregnant women living far away can rest easy, just steps from a PIH clinic, before going into labor. When it comes to delivery, they have access to trained nurse-midwives and referral to nearby facilities for lifesaving procedures such as cesarean sections. These women are waiting just a stone’s throw from Wellbody Clinic in Kono, Sierra Leone. The clinic hasn’t had a maternal death in more than two years. Photo by Jon Lascher

“There’s nothing better than patients telling you they’re happy.”

- Matumisang Khasipe, Nurse-midwife, Nkau Health Clinic, Lesotho

More than 36,000 HIV-positive patients today rely on PIH for treatment and care—many of them mothers or soon to be. Isabel and Angel first learned of their HIV status when they visited our clinic, on the outskirts of Lima, while expecting their first child. Antiretroviral therapy allowed baby Javier to be born HIV-free. Three years later, his brother Andrés followed suit. In this recent photo, the boys had again tested negative at their latest check-up. Photo by William Castro Rodríguez

In Neno, Malawi, poverty prevents most young people from pursuing education past primary school. But with PIH’s support, Blessings Henry has just completed her second year of high school and is already eyeing medical school. We’ve covered fees or provided supplies for 295 high school students and 1,900 elementary students in Neno. This year, for the first time, we’re supporting more female students than male. Photo by Katie Ruffing
Unusually powerful rain storms this spring devastated settlements north of Lima, Peru, with floods and landslides killing 113 people. We tapped our deep roots in community health to bring aid to survivors—3,200 in all—many of them our neighbors and friends of 20 years. The 12 health posts that PIH maintains throughout the Carabayllo district doubled as distribution points for donated goods and anchor sites for the 50 medical brigades sweeping through the countryside with emergency care, food, water, tarps, and clothing.

It happened again, nature’s utmost: a thrashing for Haiti, a deluge for Peru, and in each country a renewed test of our organization’s staying power.

No matter when or how a STATE OF EMERGENCY arises, Partners In Health has been preparing for years.
Jazmín, 6, slipped and fell while crossing a flood-stage river, badly cutting her wrist. She found help at a PIH mobile clinic.

Flor Pérez lost her Las Brisas home when the Chillón River rose up to swallow it whole. Soon after, her one-month-old daughter Celeste grew severely dehydrated. PIH doctors escorted mother and daughter immediately to the nearest health center for treatment, and follow-up visits from a local nurse ensured the pair had the supplies they needed. Within two weeks, Celeste was healthy and stable.

“The idea is to provide the best standard of care using all of our combined experience. We can then say to the world, ‘Here all TB patients are cured. Here no patient abandons treatment.’”

– Dr. Leonid Lecca, Executive Director, Peru
“No policy or etiquette insists that we let six months or a year pass after a crisis before asking, ‘What can we do to be better prepared next time?’ In Haiti, after the earthquake, Partners In Health asked the question on the spot and answered it, soon after, by building University Hospital in Mirebalais. It has saved lives every day since.”

– Dr. Paul Farmer, Co-founder

Hurricane Matthew ultimately claimed 1,000 lives in Haiti, nearly all in the remote peninsula known as the southern claw. Throughout the storm, the lights stayed on at University Hospital, and the country’s finest medical facility did what we designed it to do. From there, PIH transferred physicians and coordinated emergency aid to the brutalized city of Les Cayes. While fielding referrals of the most severe trauma cases back to Mirebalais, we also aided the Ministry of Health in vaccinating nearly 800,000 Haitians against cholera. Early and ongoing preparations across our network of 10 dedicated cholera treatment centers prevented an uptick in reported cases of the deadly bacterial disease.

Along with mental illness, PIH expected malnutrition to make up the largest post-hurricane burden of disease. Our Nourimanba production facility just north of Mirebalais, which typically produces 1,000 kilograms of peanut-based nutritional supplement per day, was able to ramp up production by 40 percent, and we treated more than 9,000 starving children across Haiti in the past year. That’s about 130 kids each month for a clinic like the one we run in Boucan Carré, where Manise Darius (center) brought her children, Ferlanda and Stevenson (seated), following this home visit in November.
Jamson Louis, 10, was admitted to University Hospital in early December, ill and frail. After he failed to respond to various treatments, hospital staff asked Dr. Paul Farmer to consult on the case. Farmer examined the young boy and prescribed a new medication regimen to treat both HIV and TB, and by January, Jamson had gained six healthy pounds. He was well enough to return to school last spring.

“Preventable causes take the lives of 16,000 children a day. They need medicines, bed nets, and nutritional supplementation. Only about half of those with HIV are getting treatment. There is still so much work to do.”

– Dr. Joia Mukherjee, Chief Medical Officer

Nutrition program coordinator Esther Mahotiere measures the height of Camille Fedson, 4, at the Boucan Carré malnutrition clinic last fall. Photo by Cecille Joan Avila

Jamson Louis, 10, was admitted to University Hospital in early December, ill and frail. After he failed to respond to various treatments, hospital staff asked Dr. Paul Farmer to consult on the case. Farmer examined the young boy and prescribed a new medication regimen to treat both HIV and TB, and by January, Jamson had gained six healthy pounds. He was well enough to return to school last spring. Photo by Rebecca E. Rollins
Failures of imagination don’t happen on our watch. Over 30 years, Partners In Health has earned a reputation for redefining what’s possible in global health.

Our vision when we started remains our vision today: that the center of a community, the center of learning, the center of progress all begin at THE CENTER OF CARE.

Women await prenatal care at Pleebo Health Center in Maryland County, Liberia, which rose to the ranks of our busiest clinics last year following renovation and expansion in early 2016. Serving a region of 50,000 people, PIH clinicians here might see 150 patients a day and deliver 150 newborns a month. As word of high-quality care spreads and patient demand continues to grow, a second phase of expansion work is underway. The new space will double capacity in the delivery room and triple the beds available for post-partum care.

Photo by Rebecca F. Hilsen
Julius Kooeh, a newly minted nurse at Pleebo, dons his PIH credentials with the help of Dr. Regan Marsh. In 2015, Liberia’s only public nursing program, at Tubman University, graduated its first class of registered nurses with PIH’s guidance. This year we shepherded 15 students through a novel RN-to-BSN program, readying them to become nurse leaders, managers, and teachers, or to pursue master’s degrees in essential specialties like pediatrics. Photo by Rebecca E. Rollins

Before 2012, when PIH opened the Butaro Hospital Cancer Center of Excellence, the majority of Rwandans had no access to cancer care. A diagnosis of acute lymphoblastic leukemia would have been a death sentence for 6-year-old Frank Mugisha, whose aunt Xavera accompanied him to the hospital last spring. Instead, Butaro has become the locus of cancer care for much of East Africa. Over the past five years, we’ve treated more than 6,500 patients in partnership with cancer centers in the U.S. Photos by Cecille Joan Avila

“There is no oncologist here in Butaro. We have a physician. We have general nurses who have received training in oncology. We have our protocols, and we believe that cancer can be treated. That’s what makes our cancer center unique—that motivation, that collaboration, that commitment.”

— Dr. Cyprien Shyirambere, Butaro Hospital, Rwanda

Nurse educator Lauria Cadet makes rounds in the University Hospital NICU. She’s one of 4,000 nurses in the PIH network playing an outsized role in patient care. In Haiti, we’ve codified their leadership in the Nursing Center of Excellence at University Hospital, which this year expanded with a mobile unit. This A-team of established nurse leaders now travels to PIH sites as needed, bringing global expertise to bear on local clinical practice. Photo by Cecille Joan Avila

Our University of Global Health Equity in Kigali, Rwanda, graduated its inaugural class in May. UGHE’s campus is still being built, but this small group of students, newly equipped with master’s degrees in global health delivery, have already joined the movement to ensure that quality health care is accessible to everyone. Photos by Zacharias Abubeker for UGHE
THANKS TO YOU,

Frank completed 30 months of treatment in March 2017.

On the following pages, Partners In Health is proud to recognize those who made gifts of $5,000 or more between July 1, 2016, and June 30, 2017.

We extend our heartfelt gratitude for every single expression of support.
Fourteen-month-old Maylove Louis is recovering from malnutrition. She and her grandmother, Jeanette Desperance, live in Boucan Carré, Haiti. Photo by Cecille Joan Avila

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Patients wait in line for the pharmacy at Neno District Hospital in Malawi. Photo by Pete Malbie for PIH.
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After a number of years supporting global health care for the destitute poor, we read the New Yorker article by Tracy Kidder in 2000 about Paul Farmer and his work in Haiti. Tom White, an acquaintance of ours and founder of Partners In Health, then introduced us to Paul. Over the past 15 years, PIH has been the primary recipient of our charitable giving. We have both been privileged, as directors, to help the organization, its many partners, and thousands of local community health workers provide reliable health care, free of charge, to poor people in 11 countries.”

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Stan and Susan Kromar
Lilian Larford
Kevin and Lisa Lange
Howard Langer and Barbara Jaffe
Marty Langlois and Jean Brinich 4
Ann Lavigne
Linda and Robert Lawrence
Anne and Matthew Leary 3
Paul and Eileen LeFort
The Lebowitz and Greenway Family Foundation
Lawrence Lebowitz
The Leslie Peter Foundation
Michael and Valerie Leuck

Craig and Monette Leva
Jay and Tamara Levin
Marc and Kay Levinson
Liberty Mutual
Stuart Leicht
MaryAnn and Jamie Lockard 4
Antonio Lopez, Sr.
Loring Wolcott & Coolidge
Anthony Lorts
Louis & Anne Abrons Foundation, Inc.
Love Meyer Family Foundation
Teresa Luchinger
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MacKay Shields, LLC
James and Heather Magliozzi
James Mazer
Marriott International, Inc.
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Linda M. McGuire and Andrés A. Ballins
Mark McLaughlin
Anna Walsh McNulty
Sally and Matthew McShea
Mary Meelia
Pamela and Don Michaels
The Miller-Wehrle Family Foundation
Rebecca and Stephen Milliken
The Milner Family Foundation
Elizabeth Moran
Morgan Stanley
Tracey and Gregory Morzcano
George and Lara Moynihan
Mushett Family Foundation, Inc.
Julie A. Nelson 4
Karen Nelson and Daniel Greenberg
New Beginnings Community Church

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Norman Hirschfield Foundation
Howard and Patsy Norton

Noteworthy
John and Karen Nystrom
The O’Shea Family Foundation
Karen O’Toole and Robert Reetz
Tim and Lynne Palmer
Ralph and Stephanie Parchment
Trevor Parish

Pamela Parker
Paul and Didi Farmer Family Foundation, Inc.
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Kathy and Tim Philip
The PIMCO Foundation
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Lisa and William Poonvu
Abby Pott
Project 7 International, Inc.
Marcel Przymusinski
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Joshua Rabinovitz
The Randi and Clifford Lane Foundation, Inc.
Gregory and Jan Ranger
Michael and Paula Rantz
The Rathmann Family Foundation
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Nancy and Matthew Rebold
Rebecca and Gautham Reddy
Regis College
William and Eleanor Revelle
The RFP Fund, Inc.
Richard P. and Claire W. Morse Foundation
Nina Ritter
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Emerson and Judy Robinson
The Rosenthal Family Foundation
Rowan T. O’Reilly Family Foundation
Kathleen and Donald Rybbrandt
Marjorie Samose
Zal Sankari and Caroline Greene
Haun Sausoy and Olga Soloviova
Sara and Michael Schmitz
Daniel Schreiber
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VNR Foundation
Elizabeth and Joseph Walters
Jane Wang
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Mawesin Wesoledzi
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Mr. Wolff and Mrs. Lindeke
Sandra Wonders
Susan and Jon Wooley
Barbara E. Workman
Daniel and Brienne Wright
Teresa and Kabir Yamaha
Tae Yoo
YourCause
Sara Zimet

36

37

Thabo Selia-Liu attends a checkup at Botšabelo Hospital in Lesotho, showing significant improvement following the treatment of his MDR-TB.
Photo by Joalane Makaka
$5 thousand to $10 thousand

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Antonia and Gregory Adams
Kathryn Adams
Kiku Adatto and Michael Sandel
Leslie Aulto and Richard Bruce
Alcoy Foundation
David Aththuler
Amazon.com
American Foundation-Amy H. and Sportsman Family Charitable Fund
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David and Dave Anderson
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Patricia Arthur
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Ayadar Foundation
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Debra Dinaldon and Brian Kelley
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$5 thousand to $10 thousand continued

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Annis Falk
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† Text’s Circle
MDR-TB patients Monitha Johnson, Monimon Gaye, and Samuel Morris sit outside the TB annex in Monrovia, Liberia.

* For Canada donor
† Paul’s Partner

Photo by Rebecca E. Rollins
$5 thousand to $10 thousand continued

†PIH Canada donor  †Paul’s Partner  †Tom’s Circle  †Discussed

We first learned about PIH by reading Mountains Beyond Mountains. The book opened our eyes to the suffering and lack of basic health care in much of the world that we take for granted. PIH is a force for good in the world. That’s why we’re proud to make a monthly donation to support this important work."

John and Maura Jennings, Paul’s Partners, Lower Gwynedd, PA

"To join Paul’s Partners with a recurring monthly gift to PIH, visit pih.org/pauls-partners or call 857-880-5600.

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Janet Gurler
María Gutierrez and Gabriel Orozco
Mr. and Mrs. Peter Hadden
Christopher L. and Sherrie G. Hall
Selden Hall and Cheryl Hanks
Elaine and Robert Halliday
Keith Hammonds and Jacqueline Dyer
Deceased

$5 thousand to $10 thousand continued

†PIH Canada donor  †Paul’s Partner  †Tom’s Circle  †Discussed

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Traditional foods are displayed as part of a healthy cooking demonstration in the Navajo Nation, where PIH takes a holistic approach to food insecurity and chronic diabetes through interventions like the Navajo Fruit and Vegetables Prescription (FVRx) program.

Photo by Ryan Dennison
Co-founder Tom White (1920-2011) supported Partners In Health for more than 20 years, creating a legacy of philanthropy that endures today. Our work remains a testament to his belief that all people deserve high-quality health care.

Members of Tom’s Circle help to endow our future by naming PIH in their will, trust, retirement plan, life insurance policy, or annuity.

For more information about planned giving, or if you should be listed here, please contact us.
plannedgiving@pih.org // 857-880-5717
It’s remarkable to me how many people Partners In Health helps given the resources available. The organization is extremely efficient, so my contributions go further here—doing more good for more people—than they would anywhere else. I was involved with PIH for six years before deciding to remember them in my will and retirement account. It was the first time I’d done anything like this, but purely a matter of focusing on what I want to do with the material resources available to me in my lifetime. There’s no time like the present to resolve that question. For me, it was simple: I can’t think of a mission that is more worthy—I can’t think of another organization more thoroughly dedicated to its mission—than PIH.”

Mitchell Adams, Tom’s Circle, Boston, MA

In Chiapas, Mexico, Dr. Martha Arrieta (right) visits Alejandra, a new mother to twins, whom she first met in her sixth month of pregnancy. PIH supported advanced care for Alejandra when the newborns arrived this spring, two months early. Photo by Mary Schaad
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AmerisourceBergen
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Becton Dickinson
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Cepheid Inc.
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Coburn
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Dana-Farber Cancer Institute
Direct Relief
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ERT
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Kirk Humanitarian
Kirkland & Ellis International LLP
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Massachusetts General Hospital
The Max Foundation
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MedShare International
Medtronic
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Northern Focus Optical
Novartis
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SAP SE
Siemens Medical Solutions USA, Inc.
Bruce Smith
Susan’s Special Needs
Tinder
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FHI 360
Global Communities
The Global Fund to Fight AIDS, Tuberculosis and Malaria
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Massachusetts General Hospital
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Pathfinder International
Patient-Centered Outcomes Research Institute (PCORI)
Pero National Fund for Scientific, Technological Development and Technological Innovation (FONDECYT)
President’s Emergency Plan for AIDS Relief (PEPFAR)
U.K. Department for International Development
U.S. Agency for International Development
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United Nations Children’s Fund
United Nations Development Programme
University of Toronto
University Research Corporation
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Massachusetts General Hospital
Partners HealthCare
Regis College
The University of California at San Francisco
The University of Pennsylvania

Baxter’s mission is to save and sustain lives. Thanks to our collaboration with Partners In Health, we can help improve access to quality health care in underserved communities worldwide.”

José (Joe) E. Almeida, Chairman, President and Chief Executive Officer, Baxter International Inc., Deerfield, IL

*MHI Canada donor
PIH conducts an oral cholera vaccination campaign in Kaningo, a neighborhood of Freetown, Sierra Leone, in September 2017.

Photo by Jon Lascher
## Fiscal Year 2017 Financial Summary

### Revenues

<table>
<thead>
<tr>
<th>Source</th>
<th>June 2017</th>
<th>June 2016</th>
<th>June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, grants, and gifts in kind</td>
<td>69,781</td>
<td>58,087</td>
<td>120,411</td>
</tr>
<tr>
<td>individuals and family foundations</td>
<td>69,781</td>
<td>58,087</td>
<td>120,411</td>
</tr>
<tr>
<td>foundations and corporations</td>
<td>25,942</td>
<td>18,402</td>
<td>32,904</td>
</tr>
<tr>
<td>governments and multilateral organizations</td>
<td>31,255</td>
<td>30,072</td>
<td>39,282</td>
</tr>
<tr>
<td>gifts in kind and contributed services</td>
<td>3,353</td>
<td>4,289</td>
<td>3,505</td>
</tr>
<tr>
<td>other income</td>
<td>2,399</td>
<td>2,384</td>
<td>915</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>132,730</td>
<td>113,234</td>
<td>197,017</td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>June 2017</th>
<th>June 2016</th>
<th>June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>134,544</td>
<td>134,966</td>
<td>125,384</td>
</tr>
<tr>
<td>Development</td>
<td>4,991</td>
<td>3,284</td>
<td>2,322</td>
</tr>
<tr>
<td>General and administration</td>
<td>9,559</td>
<td>9,270</td>
<td>6,012</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>149,094</td>
<td>147,520</td>
<td>133,718</td>
</tr>
</tbody>
</table>

### Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>June 2017</th>
<th>June 2016</th>
<th>June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>22,320</td>
<td>30,758</td>
<td>84,630</td>
</tr>
<tr>
<td>Grants and other receivables, net</td>
<td>10,451</td>
<td>5,730</td>
<td>14,015</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>4,299</td>
<td>5,203</td>
<td>3,185</td>
</tr>
<tr>
<td>Investments, at fair value</td>
<td>29,952</td>
<td>29,828</td>
<td>1,434</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>5,481</td>
<td>6,945</td>
<td>6,588</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>72,495</td>
<td>78,512</td>
<td>109,852</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>Liabilities</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>12,716</td>
<td>8,467</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>9,316</td>
<td>245</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>22,072</td>
<td>8,706</td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>24,350</td>
<td>66,672</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>21,716</td>
<td>34,474</td>
</tr>
<tr>
<td>Permanently restricted net assets</td>
<td>4,697</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>50,423</td>
<td>101,146</td>
</tr>
</tbody>
</table>

### Revenues by Source

- **Individuals and family foundations (53%)**
- **Governments and multilateral organizations (23%)**
- **Foundations and corporations (20%)**
- **Gifts in kind and contributed services (2%)**
- **Other income (4%)**

### Expenses by Program

- **Haiti (32%)**
- **EndTB (7%)**
- **Lesotho (4%)**
- **Sierra Leone (5%)**
- **Peru (5%)**
- **Multi-site clinical and program support (11%)**
- **University of Global Health Equity (4%)**
- **Mexico and Peru (2%)**
- **Liberia (7%)**
- **Navajo and Mexico (2%)**
- **Russia (1%)**
- **Kenya (4%)**
- **Liberia (7%)**
- **Russia (1%)**
- **Kenya (4%)**

### Allocation of Expenses

- **Program services (96%)**
- **General and administration (3%)**

### Surplus (deficit)

PIH ended fiscal year 2017 with a $16.4 million surplus, which reflects a planned spend-down of a fiscal year 2015 surplus to support the development of new programs in West Africa and growth of key programs elsewhere. We are projecting a small surplus for fiscal year 2018.
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Ann Quandt
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Joia Mukherjee
Chief Medical Officer

Ann Quandt
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Hugo Flores
Executive Director, Mexico

Jonathan Lascher
Executive Director, Sierra Leone

Farrell Leandro
Co-executive Director, Haiti

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Abena Leto
Executive Director, Lesotho

Olksana Ponomarenko
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Sonya Shin
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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.