



Partners
In Health

ANNUAL REPORT 2018

WHERE WE WORK

Rosebud Sioux Tribe

1 facility supported
20,000 catchment population

Navajo Nation

21 facilities supported
99 community health workers
255,800 catchment population

Mexico

12 facilities supported
95 community health workers
50,000 catchment population

Peru

21 facilities supported
600 community health workers
284,000 catchment population
31,773,839 population supported

Sierra Leone

4 facilities supported
118 community health workers
506,100 catchment population
7,396,190 population supported

Haiti

14 facilities supported
2,355 community health workers
3,100,000 catchment population
5,000,000 population supported

Liberia

3 facilities supported
98 community health workers
168,605 catchment population
4,613,823 population supported

Lesotho

75 facilities supported
2,182 community health workers
853,052 catchment population
2,203,821 population supported

Rwanda

46 facilities supported
4,865 community health workers
1,023,592 catchment population
11,917,508 population supported

Malawi

14 facilities supported
1,228 community health workers
173,451 catchment population
5,876,784 population supported

Russia

3 facilities supported
4,041,400 population supported

Kazakhstan

11 facilities supported
11,700,000 population supported

AREAS WHERE WE PROVIDE NATIONAL SUPPORT

Non-Communicable Diseases	Mental Health
Tuberculosis and/or Multidrug-Resistant TB	Oncology

“ The effective delivery of quality health care to the poor requires dedicated partnership, the cultivation of hope and optimism, and a steadfast commitment to alleviating the suffering of others.”

Dr. Paul Farmer,
Co-founder of Partners In Health



PIH Co-founder Dr. Paul Farmer with a makeshift ambulance in Cange, Haiti, circa 1993.

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CEO Dr. Gary Gottlieb, Co-founder Ophelia Dahl, Dr. Gani Alabi (left) and Community Programs Manager Russell Msiska (right) meet with a community health worker who brought her grandson to a PIH clinic in Matope, Malawi. *Photo by Lila Kerr*

DEAR FRIENDS,

I am honored to share with you an overview of PIH's achievements this past year, a year in which we touched more lives than ever before thanks to your support, and brought our world closer to achieving our highest aspiration—universal health coverage.

Together, we accomplished so much at every level of our sites' health systems. Within **communities**, we connected patients with the high-quality, essential care that every person deserves. In **clinics** and **hospitals**, we supported clinicians and staff by providing them the mentorship, tools, and technology they need to save and transform lives. With **ministries of health**, we worked together to reimagine, and recreate, reliable national health systems. And as a **global thought leader**, we advocated for health policies and practices that protect, rather than attack, marginalized people.

In the pages that follow, you'll find stories of the care we delivered to save precious lives and keep families intact. We'll take you to Sierra Leone, where our young maternal health program is ensuring that the birth of a child is cause for celebration, rather than concern. To Haiti, where a new generation of specialized clinicians graduated with the commitment to provide high-quality care to the country's poorest people. And to the Navajo Nation, where we're helping families battle chronic diabetes and obesity by providing access to fresh fruits and vegetables.

We're renewing our effort to distill lessons learned at our sites and apply them on both a national and global scale. At our University of Global Health Equity, students from around the world learned to tackle the most pressing health challenges of our time, and emerged as leaders motivated and prepared to advance health equity around the world. In Lesotho, our collaboration with the government on a sweeping national health reform is already proving the benefits of universal health coverage in a country facing some of the most extreme poverty and world's worst health outcomes. And globally, our work with key international partners in fighting multidrug-resistant tuberculosis has informed World Health Organization guidelines regarding how to best defeat this deadly disease, once and for all.

None of these achievements came easily. But this year, in the face of cynicism and constraints, we called upon our decades of knowledge and experience to prove modern medicine can thrive in settings of poverty. And we called upon the grit and hope that our patients and staff demonstrate each day as they fight for the universal right to health.

Thank you for standing shoulder to shoulder with us and making it all possible.

In solidarity, and with heartfelt gratitude,

Gary L. Gottlieb, MD
Chief Executive Officer

COMMUNITIES

We ensure access to health care, and all community members' chance to reach their full potential.

Kumba Gbetu (right) lost both her hands during Sierra Leone's civil war. The 67-year-old also lost her husband and four children. For years afterward, she relied on begging and the assistance of her neighbors to survive. Today, thanks to PIH's social support program, Kumba no longer has to beg. She lives a happy, full life in her community, spending time with neighbors and friends like Sia Komba (left), who helps with day-to-day tasks like cooking and cleaning. The two women also enjoy gardening together. *Photo by Douglas Miller*





Martha Cassemond was 12 years old when she visited PIH's hospital in Cange, Haiti, with a painful, swollen abdomen. Biopsy results revealed she had a rare form of leukemia. The prognosis was grim, as the treatment she needed was extremely expensive and unavailable locally—until the Max Foundation, our key partner who provides innovative oncology treatments typically unobtainable in underserved communities, stepped in to **supply the pills that would save Martha's life**. Thirteen years later, Martha remains in good health and lives in Mirebalais, a stone's throw from University Hospital, with her partner and 2-year-old son. She is a resource and pillar of support for her community, advising friends and family to visit the doctor if they fall ill and serving as living proof that a cancer diagnosis doesn't have to be a death sentence. *Photos by Cecille Joan Avila*

To date, PIH has supported the **care of more than 4,000 cancer patients** around the world, providing hope and new life to people who otherwise would have no access to chemotherapy or other critical treatments.



Community health worker Ida Mathala makes home visits to 38 households throughout Neno, Malawi, and brings along health education materials to teach and empower patients. She and her fellow community health workers also support patients through difficult treatments, connect them with social and economic assistance, and conduct community-wide screenings for everything from HIV, diabetes, and hypertension to tuberculosis, malnutrition, and family planning needs.

Thanks to their work, more Neno residents now receive crucial testing, monitoring, and referral to lifesaving follow-up care at clinics and hospitals. In 2006, a year before PIH began working in Neno, a mere five HIV patients received treatment at one of two district hospitals. Today, there are nearly **8,000 people enrolled in antiretroviral therapy at PIH-supported facilities in Malawi**. *Photo by Zack DeClerck*



Likomisi Thamae was diagnosed with HIV as a 7 year old, and with multidrug-resistant tuberculosis as a teenager. Living in the remote mountains of Lesotho, Likomisi was too sick to walk hours to the country's only MDR-TB hospital, which PIH supports, and his family was too poor to pay for a cab ride. Without access to care, Likomisi grew weaker and weaker.

So PIH stepped in to help. **With free meals, transportation to the hospital, medication, assistance adhering to treatment, and management of the drugs' side effects, Likomisi's condition improved.** In December 2017, after two years of treatment, doctors pronounced him cured of MDR-TB. Nurses call him "one of our most successful patients."

Photo by Cecille Joan Avila



In the Navajo Nation, poverty and a severe shortage of grocery stores mean most people aren't able to buy nutritious foods. This causes devastating health outcomes—half of all Navajo children are unhealthily overweight, and the rate of diabetes among adults is the third-highest in the world. PIH's Fruits and Vegetables Prescription Program, also known as FVRx, is turning the tide by stocking local stores with fresh produce that families can purchase with "prescriptions," or vouchers, from their doctor. Slowly but surely, Navajo residents like Rayetta Johnson (bottom) and sisters Nizhoni and Nataznabah Nez (top) are growing healthier. **After six months of FVRx, almost a third of overweight children had reached a healthy weight.** *Photos by Cecille Joan Avila*





CLINICS

We provide vital primary care that saves lives and keeps families healthy.

At PIH-supported Wellbody Clinic in Kono District, Sierra Leone, women receive pre- and postnatal care and deliver their babies with help from doctors, nurses, and midwives trained to handle complications. This basic, high-quality maternal care is helping save women and infants' lives in Sierra Leone, the world's most dangerous place to be pregnant. In 2018, Wellbody celebrated its second year of zero maternal deaths at the facility. *Photo by Aubrey Davis*

- ▼ For years, Timoteo Roblero Gutierrez, 32, searched for a cure for a **mysterious illness that caused him sudden bouts of blindness**. He exhausted his savings traveling throughout Mexico to consult doctors and specialists. Times got so tough that he and his wife sold their house to pay for care. But no one could restore his sight. **At a PIH-supported clinic in Chiapas, he finally found the help he needed.** PIH staff connected him with specialists, accompanied him on hospital visits, and eventually found the right doctor in Mexico City who properly diagnosed and treated Timoteo's rare condition of amaurosis fugax. In the fall, Timoteo was happy to report that it had been more than one year since his last blindness spell. *Photo by Cecille Joan Avila*

Last year, PIH provided lifesaving, lifelong antiretroviral treatment to **30,000 men, women, and children** living with HIV.



- ▲ Moses Lamin learned he was living with HIV after he fell ill and visited Wellbody Clinic in Sierra Leone. Clinicians explained what it meant to be HIV positive, the benefits of the newest treatment, and what he needed to get healthy. **Moses returned home with lifesaving medication**, a stipend for food, which ensured he was able to take his drugs, and a mattress, so that he no longer slept on the floor.

Photo by Douglas Miller

HOSPITALS

We treat patients with sophisticated, specialized care and empower clinicians to tackle challenging health problems.

Nadine Kamikazi (left) and Lucie Ingabire (right) both delivered premature babies who weighed less than two pounds at the PIH-supported Rwinkwavu Hospital in Rwanda. The women received support to help their babies grow strong and reach healthy weights. Now, they are teaching and inspiring women to do the same as part of PIH's Expert Moms program, which launched last year. As "expert moms," Kamikazi and Ingabire don't just teach and train—they also instill hope. "The mothers who feel desperate that their babies are going to die feel more motivated and hopeful because I tell them about my baby," Ingabire said. *Photo by Cecille Joan Avila*





In the bustling emergency room at University Hospital in Mirebalais, Haiti, residents on the night shift pass patient information to their morning shift counterparts. These emergency medicine doctors-in-training work and learn alongside residents and fellows in pediatrics, surgery, obstetrics and gynecology, nurse anesthesiology, neurology, and internal and family medicine. University Hospital's residency and fellowship programs are a cornerstone

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of PIH's partnership with the W.K. Kellogg Foundation and the Haitian Ministry of Health, to build and retain the next generation of health care professionals in Haiti. Thanks to our collaborative efforts, 35 clinicians graduated from our residency programs this year. They join the ranks of 54 other University Hospital-trained clinicians, **94 percent of whom have remained in Haiti, with the vast majority choosing to work in PIH facilities.**

Photo by Leslie Friday

▶ Access to blood is critical to save the lives of countless women who suffer postpartum hemorrhaging, the leading cause of maternal death in Sierra Leone. At PIH-supported Koidu Government Hospital last year, **we modernized the blood bank so staff are now able to safely screen and store blood**—the majority of which is sent to mothers like Umu Dicko, above, who received a lifesaving blood transfusion and medication after suffering a postpartum hemorrhage. As a result, giving birth is significantly less dangerous for the roughly 110 women who deliver at the hospital every month.

Photo by Jon Lascher



Partners In Health provides about two-thirds of all its services to women and their children—representing close to **1 million women's health checkups, family planning visits, and deliveries** each year.



When Meme Kamara (name changed) found out she was pregnant last winter, it was joyous news—she had been trying to have a baby for 12 years. Her pregnancy soon became risky, however, when she experienced bleeding at eight weeks, and at 24 weeks developed preeclampsia. Staff at PIH-supported J.J. Dossen Hospital in Liberia conducted weekly tests to monitor Meme's health and ensure her baby's survival. Eventually, PIH's Dr. Sarah Anyango (left) performed an emergency cesarean section that saved the lives of mother and daughter. **Meme named her new baby Sarah, after the doctor who cared for them.** *Photo by Aubrey Davis*

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A man wearing a red baseball cap and a white t-shirt is shouting into a large white megaphone. He is standing on a paved road. In the background, a young girl with a backpack is walking away from him, and a man in a white shirt and brown trousers is standing nearby. The scene is set in a rural area with lush green hills and trees in the background.

MINISTRIES OF HEALTH

We partner with governments to make high-quality health care available across the countries where we work.

Sidra Doux, a PIH health agent, walks through central Mirebalais, Haiti, with a megaphone to encourage people to get cholera vaccinations at University Hospital. In November 2017, PIH and Haiti's Ministry of Health launched an ambitious cholera vaccination campaign with the goal of reaching all 100,000 residents of Mirebalais District. Vaccination teams visited schools, churches, health centers, and homes to administer two oral doses per person, over the span of several weeks. In all, PIH and the Haitian government's efforts protected more than 80,000 people against the deadly disease. *Photo by Cecille Joan Avila*

Lesotho's Lifesaving National Health Reform

A visionary partnership between PIH, the Skoll Foundation, and the Ministry of Health is **transforming the public health system in Lesotho**, a country racked by some of the world's worst health problems.

Lesotho's Ministry of Health launched the National Health Reform in 2014, with PIH as principal technical advisor and a goal of replicating our health care model across the country. Patients are connected with care through village health workers, and arrive at well-stocked, well-staffed clinics run by clinicians and administrators who now receive the managerial support and supervision they need to do their jobs well. As a result of these changes, **thousands more families in Lesotho are accessing life-saving health services**—such as prenatal care, vaccinations, and treatments for HIV and TB.

This year marked an important milestone: the successful completion of the first phase of the reform, reaching all public primary health care centers across four of Lesotho's 10 districts. The results have been stunning, and signal **the reform's vast potential to revolutionize a country beset by poverty and poor health outcomes**. This challenging, rewarding work is only possible because PIH, the national government, implementing partners, and generous supporters are committed to building a truly accessible universal health care system in Lesotho. *Photos by Cecille Joan Avila*



Between 2014 and 2018, PIH and ministry partners revamped 72 inadequately resourced and understaffed health centers, which collectively serve about 40 percent of Lesotho's 2.1 million people. In the coming years, PIH will build on the Skoll Foundation's catalytic investment to expand this model to the remaining 60 percent.

As PIH and Lesotho's Ministry of Health have expanded access to health care, the reform districts have seen:

133% increase in **HIV treatment enrollment** at health centers

42% increase in the number of **children fully immunized** at age one

95% of health centers providing **facility-based deliveries**—up from 3% before the Reform

91% **availability of essential drugs** at hospitals and health centers—up from 58% in 2010



▲ Johannes Tsola, a traditional healer and PIH village health worker, began working this year to support multidrug-resistant tuberculosis patients. Thanks to Johannes and other village health workers, nearly **950 people were cured of tuberculosis** in one year of the reform, compared with 149 the year before it launched.

▼ Malieketso Ntele delivered her son, Tlala Ntele, last summer at Pontmain Health Center in Leribe, one of Lesotho's four reform districts. Malieketso stayed at the nearby maternal waiting home to avoid walking nine miles—in active labor—from her house to the health center. **Thanks to the reform, all PIH-supported district clinics have a maternal waiting home.**





GLOBAL THOUGHT LEADERSHIP

We advocate at the highest levels for innovative approaches to global health and policies that value and protect all people, no matter where they live.

This June, PIH's University of Global Health Equity celebrated its second class of Master of Science in Global Health Delivery graduates. Photo by Jean Christopher Kitoko



At PIH's University of Global Health Equity in Rwanda, new leaders in global health are emerging with the skills essential to recognize and reduce inequities in health care.

This year, the university's second cohort of students graduated with master of science degrees in global health delivery. Trained in finding and implementing sustainable solutions for health problems, these clinicians and program managers will return to their home countries to advance health equity in clinics, hospitals, nonprofit organizations, and governments.

In 2018, with continued support from the Cummings Foundation and Gates Foundation, UGHE also offered intensive executive education courses to students from 22 countries, and appointed its founding Dean of Health Sciences to oversee the launch of its first clinical degree. Next year, a state-of-the-art campus in Butaro (right) will welcome its first medical residents, creating a hub for health care innovation in East Africa.

Photo courtesy of CHARIS Rwanda



17-year-old Adolphe Joseph (seated center, with his mother and sisters) lives with Type 1 diabetes in Mirebalais, Haiti. He is able to properly manage his condition, attends school, and looks forward to becoming a computer scientist. Adolphe receives lifesaving insulin, medical care, and social support because of a powerful partnership between PIH, the Helmsley Charitable Trust, and Harvard Medical School's Department of Global Health and Social Medicine. Through this innovative collaboration, **PIH has established unprecedented access to care for Type 1 diabetes and other complex, non-communicable diseases** (such as rheumatic heart disease and sickle cell anemia) in Rwanda, Haiti, Malawi, and Liberia. We are also advocating for patients like these on national and global scales, pushing governments and world leaders toward policies that increase treatment options for non-communicable diseases in rural, poor settings.

Photo by Leslie Friday



Patients and clinicians like Randy Robles and Dr. Epifanio Sanchez, pictured below in Peru, know that treatment for tuberculosis, the world's deadliest infectious disease, is punishing. Now, for the first time in nearly 50 years, two new TB drugs offer reprieve. Many, if not most, TB patients will no longer need months of daily injections or treatments that last up to two years.

PIH is leading endTB, a UNITAID-funded project that, with Médecins Sans Frontières and Interactive Research and Development, is treating 2,700 patients across 17 countries, including Peru. The partnership is **helping patients with multidrug-resistant and extensively drug-resistant TB access the new drugs and reach long-awaited cures.** Over the past year, it has also expanded its revolutionary clinical trial, which is developing shorter, more tolerable treatment regimens that will cure more patients worldwide.

Photo by William Castro Rodríguez





FINANCIALS

Our fiscal year summary

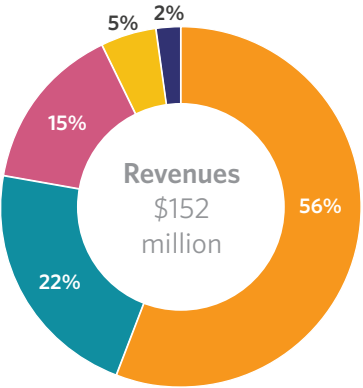
PIH staff walk back to the car after visiting a patient at home in Butaro, Rwanda. *Photo by Cecille Joan Avila*

FISCAL YEAR 2018 FINANCIAL SUMMARY

dollars in thousands

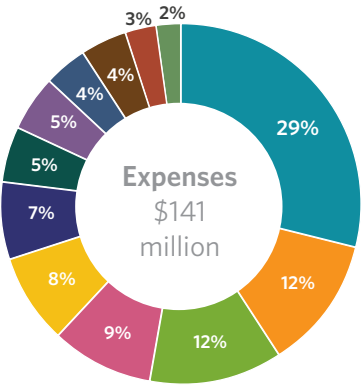
dollars in thousands

Revenues		June 2018
contributions, grants, and gifts in kind		
individuals and family foundations		84,240
foundations and corporations		23,003
governments and multilateral organizations		33,719
gifts in kind and contributed services		8,043
other income		2,747
total revenues		151,752
Operating expenses		
program services		124,345
development		6,398
general and administration		9,881
total operating expenses		140,624
operating surplus (deficit)		11,128
Assets		June 2018
cash and cash equivalents		27,567
grants and other receivables, net		7,989
prepaid expenses and other assets		5,709
investments, at fair value		28,101
property and equipment, net		12,352
total assets		81,719
Liabilities and net assets		
liabilities		
accounts payable		14,498
deferred revenue		2,399
total liabilities		16,897
net assets		
unrestricted net assets		31,280
temporarily restricted net assets		27,593
permanently restricted net assets		5,949
total net assets		64,822
total liabilities and net assets		81,719



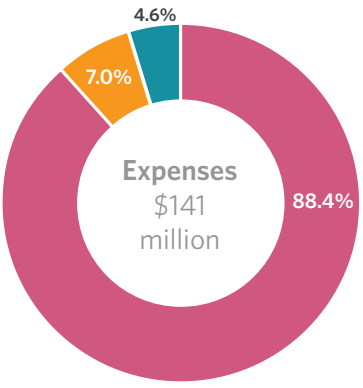
Revenues by source

- individuals and family foundations (56%)
- governments and multilateral organizations (22%)
- foundations and corporations (15%)
- gifts in kind and contributed services (5%)
- other income (2%)



Expenses by program

- haiti (29%)
- rwanda (12%)
- development and administration (12%)
- multi-site clinical and program support (9%)
- endTB (8%)
- peru and russia (7%)
- lesotho (5%)
- malawi (4%)
- sierra leone (4%)
- university of global health equity (3%)
- navajo and mexico (2%)
- liberia (2%)



Allocation of expenses

- program services (88.4%)
- general and administration (7.0%)
- development (4.6%)

Revenues

In fiscal year 2018, PIH received \$151.8 million in revenue, a 14% increase over fiscal year 2017. Fiscal year 2018 revenue was comprised of \$84.2 million from individual donors (56% of total revenue), \$23.0 million from foundations and corporations (15% of total revenue), and \$33.7 million from governments and multilateral organizations (22% of total revenue). In addition, PIH received \$8.0 million in gifts in kind and contributed services, and \$2.7 million in other income (7% of total revenue).

Expenses

PIH expense decreased from \$149.1 million in fiscal year 2017 to \$140.6 million in fiscal year 2018. In fiscal year 2018, 88% of funds were for direct program costs and 12% went to fundraising and administration.

Surplus (deficit)

PIH ended fiscal year 2018 with an \$11.1 million operating surplus. This is comprised of \$6.4 million of funds restricted for activities that will be conducted during fiscal year 2019, \$1.1 million of endowment assets related to the University of Global Health Equity, and \$3.6 million in unrestricted assets.

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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.

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