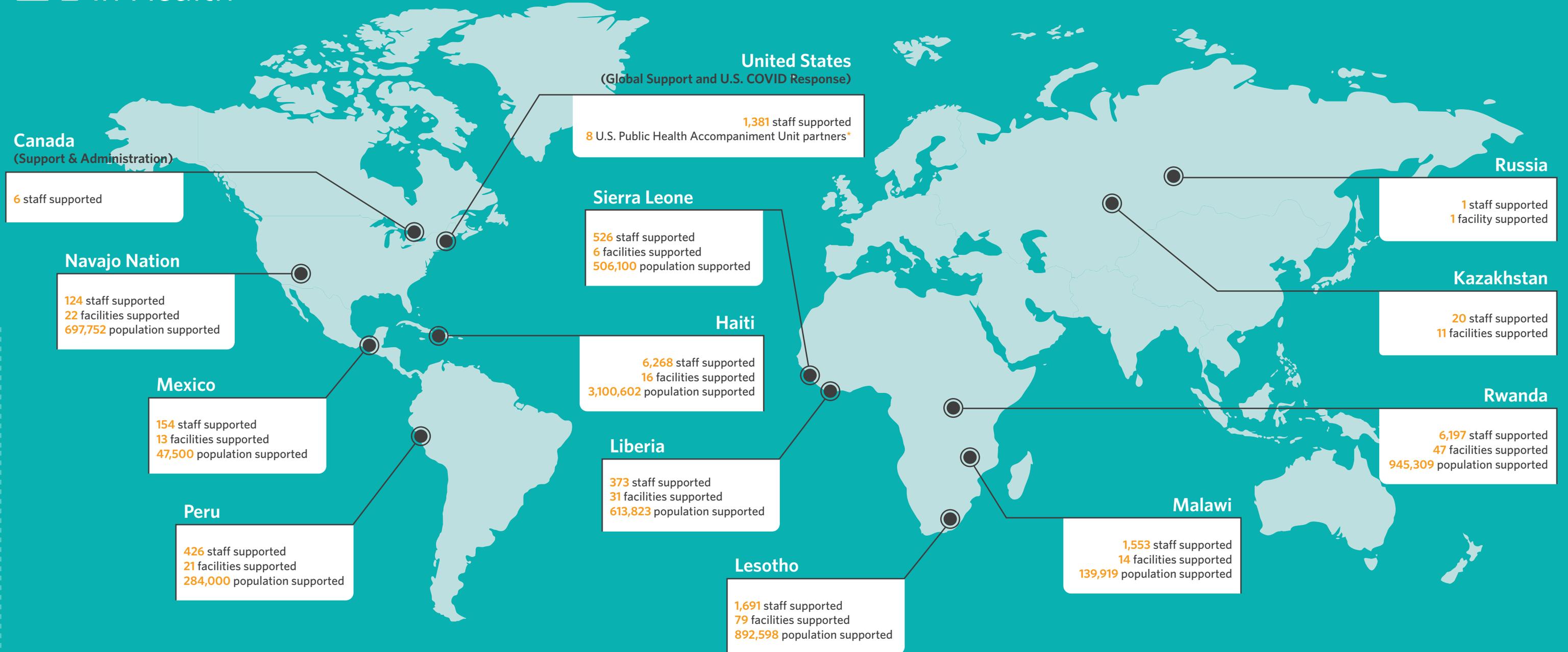




**Partners
In Health**

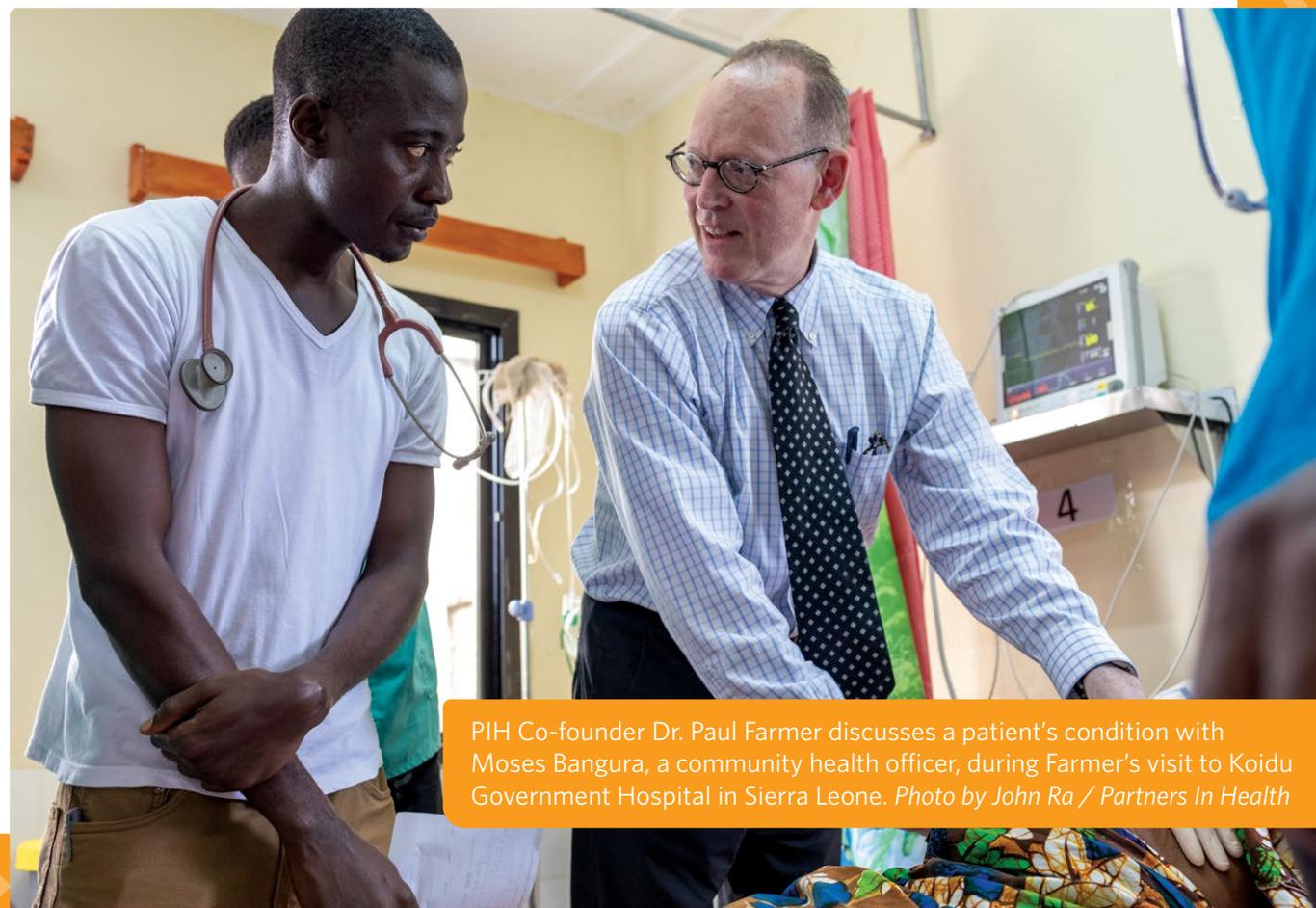
ANNUAL REPORT 2020



* Partners include states, cities, municipalities, and community organizations. ● Population supported: Number of people with access to direct care at PIH-supported facilities.

“ Even if we’ve just met this novel virus, the human responses to it are mostly old acquaintances. The most important response? Expert mercy. It stems from an alchemy that mixes compassionate fellow feeling with interventions that save the sick and slow down the spread. To be effective, outbreak responses must be merciful and humane. ”

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



PIH Co-founder Dr. Paul Farmer discusses a patient’s condition with Moses Bangura, a community health officer, during Farmer’s visit to Koidu Government Hospital in Sierra Leone. Photo by John Ra / Partners In Health

ANNUAL REPORT 2020

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Dr. Sheila Davis has been Partners In Health's CEO since 2019. She formerly was PIH's chief of nursing and clinical operations. *Photo by Zack DeClerck / PIH*

Dear Friends,

I've been so inspired this year by how, even in the most challenging of times, dedicated Partners In Health staff around the world have been able to provide the lifesaving care and support our patients deserve.

That care has included not only our global responses to COVID-19, in all 11 countries where PIH works, and not only our new programs in the United States. It also has included everything PIH does, every year.

Seeing our teams continue vital programs and services in maternal and child health, HIV, tuberculosis, mental health, cancer, and so much more, while dealing with a global pandemic, strained resources, and new safety concerns, has been nothing short of incredible.

We all have struggled, stretched ourselves, and found new strength this year.

That strength often has come from each other. One example, fittingly for 2020, has been a video call.

Several times a week, since March, our colleagues from around the world have gathered by video conference to talk about their experiences battling COVID-19, what they're seeing in their hospitals and health centers, and strategies to improve care. They take valuable time out of their day—in whichever time zone it may be—to connect and collaborate, in a beautiful display of support for one another.

Responding to the COVID-19 pandemic has been challenging in so many ways, but these regular, global calls have created a silver lining. They reflect how the PIH family has mobilized since March and expanded across the United States. They also prove that we are stronger together, and able to face any challenge when united with our shared ethic of what I call "OnePIH"—the idea that regardless of time or place, we are joined in our pursuit to ensure health is a human right for all.

Our fight against COVID-19 happens in parallel with our steadfast provision of care in so many other critical areas.

The stories and information gathered in these pages embody that comprehensive approach to health care—and the dedication that makes it possible.

This year's work has included quarantine support in Navajo Nation, tuberculosis treatment in Lesotho, maternal care in Mexico, and professional training and education across many locations—from the internationally accredited University Hospital in Mirebalais, Haiti, to the University of Global Health Equity in northern Rwanda.

At PIH, we are no strangers to responding to the urgent needs of our patients in the wake of an outbreak or natural disaster. It's embedded in our mission to go where we're needed most, find solutions when there seem to be none, and accompany our communities as long as necessary.

Your commitment to health equity worldwide is a fundamental part of that accompaniment. We deeply appreciate your support, and can't thank you enough.

As we look to the months ahead, we must carry that spirit of accompaniment with us, by taking care of ourselves and each other as we continue moving forward, together.

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

With warmth, solidarity, and hope,

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

Dr. Sheila Davis
Chief Executive Officer

Health workers with Socios En Salud, as PIH is known in Peru, work in full PPE to provide vital care and support in Lima. Photo by William Castro Rodriguez for PIH

RESPONDING TO COVID-19

Our teams around the world have mobilized in response to COVID-19 this year, supporting screening, testing, care, safe quarantine, and social support to fight the pandemic and help communities stay healthy and safe.



Socios En Salud staff provide rapid COVID-19 tests to residents north of Lima, Peru. Photo by William Castro Rodriguez for PIH

EXPERT CARE

On the morning of March 20, Haiti’s Ministry of Health and Zanmi Lasante, PIH’s sister organization in Haiti, received the country’s first two patients with positive tests for COVID-19.

They were brought to the isolation ward at internationally accredited University Hospital in Mirebalais, our flagship facility in the country where PIH was founded. Three more patients with positive tests soon followed.

They were some of the first COVID-19 patients seen at our health facilities, along with early cases seen by Socios

En Salud, as PIH is known in Peru. From the start, the care those patients and their communities received followed a model of pandemic response that we would rapidly implement globally, emphasizing contact tracing and social support in addition to clinical treatment.

This year, thanks to your support, PIH staff around the world have gone above and beyond to provide compassionate, expert care, while doing all they can to ensure the safety of patients and health care workers.

IMPACT

ONE PIH



748,964

Screenings conducted by PIH-supported staff globally for people with COVID-19 symptoms, from March through July



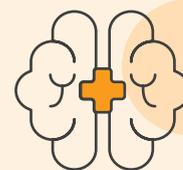
12,000

Community health workers trained in COVID-19 protocols through July, to safely monitor patients and ensure access to care



222

Orders that PIH’s supply chain placed from March through June for COVID-19 support, including: PPE, sanitation products, and medical supplies



1,900+

People trained in psychological first aid and mental health response, as part of PIH’s global response to COVID-19



27,672

COVID-19 patients treated or supported through July

“

The last eight months have proven once again how committed we are to accompaniment. It warms my heart and gives me hope when I see how we are all more connected because of another battle, COVID-19. Ultimately, we will get through this, as OnePIH.

”

— Loune Viaud, executive director, Zanmi Lasante

Trucks line up for cleaning and new drivers near the Rwanda - Tanzania border. Supporting governments' interventions for safe crossings, screenings, and quarantine at international borders was one of many roles for PIH teams responding to COVID-19 around the world. *Photo courtesy of Inshuti Mu Buzima*

BUSY BORDERS

Several PIH teams this year have helped national and local governments manage busy, high-traffic borders to control the spread of COVID-19 and support safe quarantines.

Following Haiti's first confirmed COVID-19 case in March, the Haitian government closed the country's main points of entry, including the border with the Dominican Republic. For more than 15 years, Zanmi Lasante, our sister organization in Haiti, has been providing health care near that border, in Belladère.

Zanmi Lasante collaborated with the region's health director to place a medical team at the busy border crossing, where they screened migrants for symptoms. It was just one example of how borders have shaped our COVID-19 response this year, from Haiti to Rwanda to Navajo Nation.

Another example arose in late May, when the national response team in Rwanda began seeing one cause of rising COVID-19 cases: truck drivers coming from Tanzania.

The trend immediately concerned Inshuti Mu Buzima, as we are known in Rwanda, because much of that traffic was entering Kirehe District, where we support Kirehe District Hospital and 17 health centers.

Working closely with Rwanda's Ministry of Health and district teams, we screened truckers and other travelers at the border, quarantined people with suspected cases, and helped ensure a clean and safe transfer of trucked goods.

Similar concerns arose on Navajo Nation, where sister organization Community Outreach and Patient Empowerment, or COPE, worked tirelessly in the pandemic's early days to support screening and safe quarantines at local hotels, ensure patients had access to food and water, and manage COVID-19 in a region bordered by four states.

COPE also provided PPE for health care workers, sent surge staffing to support local responses, and coordinated public education about COVID-19 safety and prevention.

HAITI

Zanmi Lasante

April - July 2020



1,200+

migrants who Zanmi Lasante staff tested for COVID-19 at the Haiti border



584

staff trained for COVID-19 response



609

patients admitted to Zanmi Lasante-supported health facilities

NAVAJO NATION

COPE

As of May 2020



1,500

N95 masks, 5,000 gloves, and 7 pallets of PPE delivered to Indian Health Service



30

additional health care providers coordinated by COPE to support response



20+

tons of emergency supplies sourced and delivered to hard-hit communities in quarantine

THANKS TO YOUR SUPPORT



Dr. Doris Altuzar (left) trains a nurse to manage triage areas at the community clinic in Honduras, a community in Chiapas, Mexico. Photo courtesy of Compañeros En Salud

INNOVATION IN CARE

An enormous part of our global COVID-19 response this year has been about maintaining the vital care we support and provide every day, from maternal and child health to HIV, non-communicable diseases, and mental health.

In Kazakhstan, that has meant adapting a groundbreaking clinical trial for tuberculosis to COVID-19 conditions.

Despite a nationwide lockdown that began in March, PIH clinicians have continued to examine and provide treatment—in person and online—for enrolled TB patients.

Clinicians have communicated regularly with police to cross through checkpoints and have used their own vehicles as testing sites, checking patients' vision, hearing, and vital signs for treatment-related side effects from the seat of a car.

Kazakhstan is one of seven countries participating in the clinical trial for the endTB partnership, a multi-year, international effort to fight the world's deadliest infectious disease.

In Mexico, the pandemic has dramatically changed day-to-day health care delivery in rural Chiapas. Staff with Compañeros En Salud, as PIH is known in Mexico, have adapted triage protocols in community clinics, trained community health workers how to safely conduct home visits, and conducted public education campaigns about COVID-19 symptoms and prevention measures.

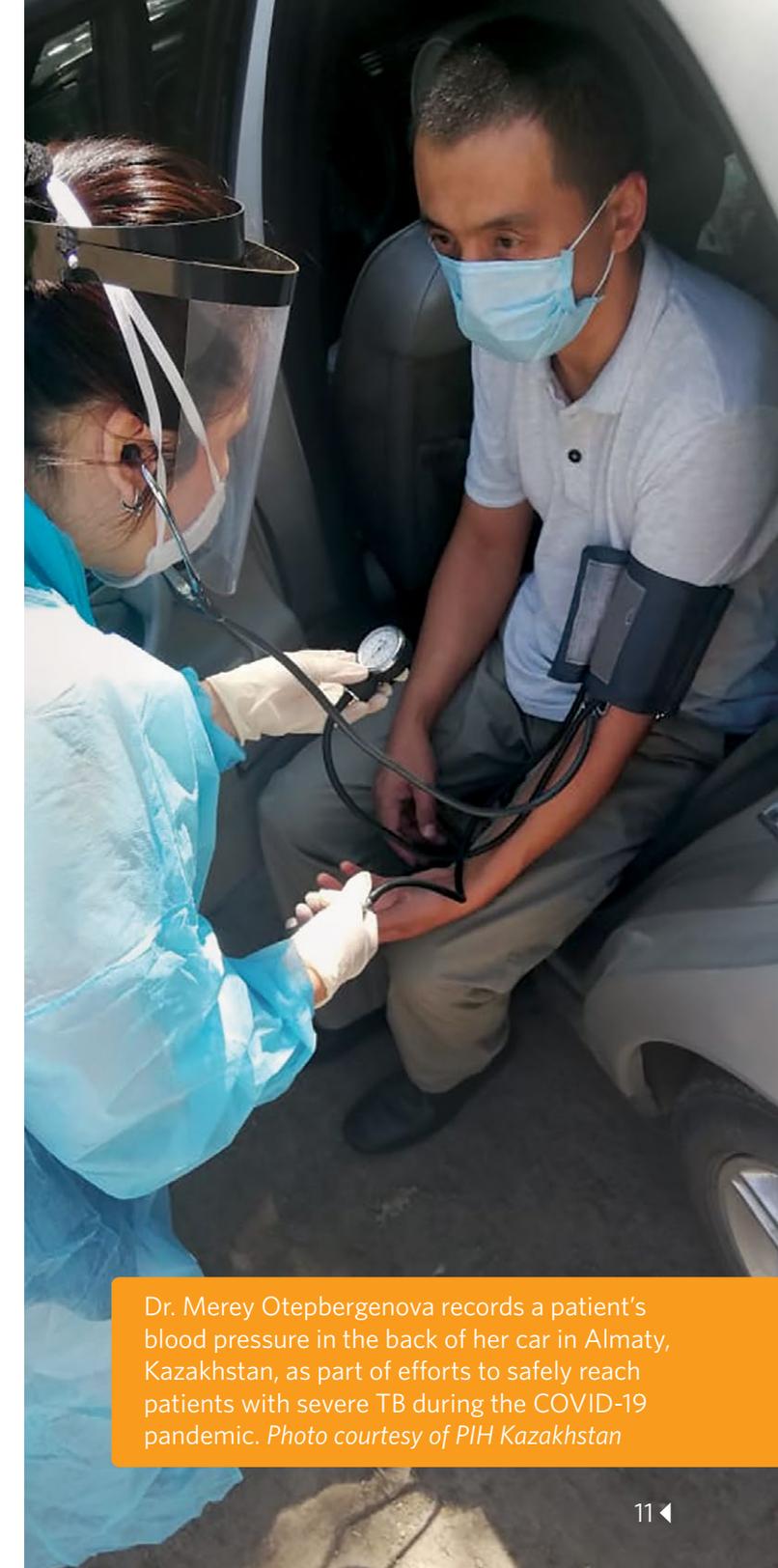
From PIH-supported Jaltenango Hospital to rural health clinics, we have responded with compassionate care—the same ethos that has driven our work in the area for nearly a decade. And it wouldn't be possible without your support.

“

Support is very important for places like Chiapas. It's one of the most vulnerable places in Mexico.

”

— Dr. Diana Sánchez,
first-year physician,
Compañeros En Salud



Dr. Merery Otepbergenova records a patient's blood pressure in the back of her car in Almaty, Kazakhstan, as part of efforts to safely reach patients with severe TB during the COVID-19 pandemic. Photo courtesy of PIH Kazakhstan



Dr. Joia Mukherjee, PIH's chief medical officer, said expanding contact tracing in Massachusetts will help "shine a light" on the COVID-19 pandemic. Photo courtesy of Massachusetts Governor's Office

A NEW PARTNERSHIP

This spring, we brought our decades of global experience in epidemic response back to Boston, partnering with the government to launch the Massachusetts Community Tracing Collaborative

PIH has never shied away from a public health crisis—and 2020 proved that's as true in Massachusetts as it is in Malawi, Mexico, or Maryland County, Liberia.

On April 3, PIH Co-founder and Chief Strategist Dr. Paul Farmer and Chief Medical Officer Dr. Joia Mukherjee joined Massachusetts Gov. Charlie Baker at the State House in Boston for a landmark announcement: A new initiative to accelerate the state's efforts to contain the spread of COVID-19, by dramatically scaling up the state's contact tracing through a new partnership—the first large-scale effort of its kind in the U.S.—the Massachusetts Community Tracing Collaborative (CTC).

The CTC is designed to not just flatten the curve of COVID-19, but bend it downward to more rapidly reduce the number of cases in Massachusetts. We've drawn on our more than three decades of experience in community-based health care, including responses to infectious disease epidemics such as Ebola in West Africa, cholera in Haiti, tuberculosis in Lesotho, and HIV in Rwanda.

"We're humbled to be part of the team selected by Gov. Baker to fight COVID-19, and hope that PIH's experience fighting epidemics around the world will help stem the grim tide of the COVID-19 epidemic in Massachusetts."

— CEO Dr. Sheila Davis

Dr. Farmer said contact tracing is vital to early detection and triage for people who could slip through the public safety net and be at risk for rapid declines in health.

USA

Massachusetts Community Tracing Collaborative

Through June 2020



350,000
outbound calls made



75% of all cases reached, and

79% of all contacts of positive cases reached



30,892
cases traced



25,551 contacts of positive cases identified



10,000 social support referrals to care resource coordinators made

“

You have to really be able to read the situation you're in, because when you pick up the phone, you really just don't know what you're getting. When that phone line rings, you just have no idea.

”

— Alex Cross,
COVID case investigator,
Massachusetts CTC

A NATIONAL EFFORT

As PIH made national news for our Massachusetts partnership to fight COVID-19, other state and local governments reached out for help—and our U.S. Public Health Accompaniment Unit was born

The United States' struggle to respond to COVID-19 has exposed significant weaknesses in its public health system. Those weaknesses have proven to be particularly devastating for vulnerable populations. When state and local governments reached out following news of our work in Massachusetts, PIH saw an opportunity to share its expertise with many U.S. partners, who were desperately trying to launch community contact tracing programs.

Our pioneering U.S. Public Health Accompaniment Unit—launched thanks to generous seed funding from The Audacious Project—is engaging U.S. government agencies, local jurisdictions, and their implementing partners through technical advising; access to a Learning Collaborative, which includes an open-source resource library and programming to connect practitioners to share best practices; and a focus on national advocacy and movement-building.

As with our work around the world, this unit is designed to help the most vulnerable communities—such as Immokalee, Florida.

Immokalee, a rural community in Collier County, emerged as a hotspot in southern Florida's outbreak. Migrant workers make up the majority of the population and are especially at risk for COVID-19 due to systemic inequities, from occupational exposure to crowded living conditions.

We are collaborating with Collier County health officials and community organizations, such as the Coalition of Immokalee Workers, to establish a community health worker program, recruiting residents with the linguistic and cultural competency to work directly with Spanish- and Haitian Creole-speaking neighbors.

It's just one example of the Accompaniment Unit's work, which has rapidly grown to include jurisdictions from New York City to California.

U.S. PHAU advising partners as of June:

Newark, New Jersey

Illinois

Immokalee, Florida

Ohio

Navajo Nation

North Carolina

New York City

California

The systemic inequities present in Immokalee, Florida, have made the community less equipped to weather crises like COVID-19 or Hurricane Irma, when Immokalee took far longer than the rest of the state to recover. *Photo courtesy of Getty Images*





Viola Karanja (right), deputy executive director for PIH Liberia, participates in the groundbreaking ceremony for a new emergency care facility at Pleebo Health Center. *Photo by Amy McLaughlin / PIH*

University Hospital in Mirebalais, Haiti.
Photo by Todd McCormack / PIH



INTERNATIONAL ACCREDITATION

When University Hospital in Mirebalais, Haiti, received accreditation from an international oversight group in January, affirming that the hospital meets the highest global standards as a teaching institution, Dr. Paul Farmer had to reach for a seat.

“There’s a Haitian expression—‘News that demands a chair,’” said Farmer, PIH co-founder and chief strategist. “Usually it’s bad news, but this is truly exceptional.”

ACGME-I, the international arm of the U.S.-based Accreditation Council for Graduate Medical Education, notified Zanmi Lasante of the institution’s accreditation after a multi-year process and extensive analysis.

University Hospital joins internationally accredited facilities in just seven other countries and is the first in a low-income country.

Dr. Sterman Toussaint, director of medical education at University Hospital, emphasized that distinction.

“This is a big achievement,” Toussaint said. “Most of the time, institutions in high- and middle-income countries get access to accreditation—not institutions in low-income countries like Haiti. This is a reflection of the commitment of PIH and Zanmi Lasante to education.”

HAITI

Zanmi Lasante

Since 2012



123

medical residents have graduated



98%

of the trained medical residents remained to work in Haiti



60%

of the medical resident graduates work at Zanmi Lasante-supported facilities



116

residents are currently enrolled in training

“

I have no way to express my gratitude and admiration to the Zanmi Lasante team. They have been tireless.

”

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

THANKS TO YOUR SUPPORT



Cathy Conteh, community health officer at Koidu Government Hospital, listens to a group of community health workers and psychosocial counselors who serve Kono District, Sierra Leone. Photo by John Ra / PIH

MENTAL HEALTH OUTREACH

"With support from PIH, people have the knowledge that mental illness is a condition, just like malaria. It can be treated."

— Cathy Conteh, community health officer

In February 2019, PIH Sierra Leone formally established a community mental health program in partnership with the country's Ministry of Health. This has made mental health care accessible to thousands of people in a country contending with historic and ongoing trauma from slavery, colonialism, civil war, the largest Ebola outbreak in history, and the day-to-day realities of extreme poverty.

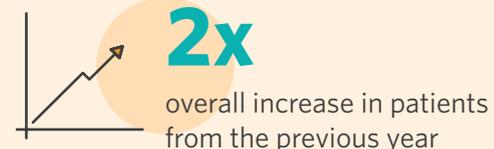
Thanks to your support, those efforts have grown significantly this year. Based at Koidu Government Hospital and Wellbody Clinic in Kono District, our mental health team makes routine visits to patients' homes, ensures patients have access to therapy and medication, and works to destigmatize mental health conditions through community education.

That work has already made an impact. **By December 2019, more than 750 patients were receiving mental health care at Koidu Government Hospital—up from 115 patients the previous year.**

SIERRA LEONE

Psychiatric Teaching Hospital

July 2019 - June 2020



Nataliya Sidorenko (right), a PIH nurse in Russia, visits Alexander, 29, who was cured of MDR-TB. Photo by Elena Devyashina for PIH

EXPANDED TB CARE

Russia has long struggled with some of the highest burdens in the world for tuberculosis and its more severe, drug-resistant variants

PIH first began working in Russia in 1998 in the Tomsk region in western Siberia, establishing a long-term program to decrease incidence and mortality rates for multidrug-resistant TB (MDR-TB).

This year, we've revived our work in Russia through participation in the Zero TB Initiative, part of the World Health Organization's goals to drastically reduce TB incidence and mortality worldwide by 2035.

Our participation in Russia is centered in Vladimir, east of Moscow.

Partners In Healthcare, as PIH is known in Russia, provides early detection and effective treatment, with patient-centered approaches to care such as video-observed treatment and mobile health care teams who reach patients in their homes and communities.

PIH's work in Vladimir focuses on those who are the most vulnerable to TB: people exposed to others with active TB; people living with HIV or other immunity disorders; people who are experiencing homelessness; and people with high occupational risk of tuberculosis, such as health care and prison workers.



THANKS TO YOUR SUPPORT



In Chiapas, expectant mothers participate in a staff training to improve maternal and child care in Haiti, Mexico, and Peru. *Photo by Nina Peskanov / PIH*

MODEL MATERNAL CARE

Supported by the W.K. Kellogg Foundation, PIH's Journey to 9 Plus program, known as J-9, aims to reduce maternal mortality and improve neonatal health through early detection of complicated pregnancies, group prenatal sessions, facility-based deliveries, and routine well-baby visits. Our maternal health staff accompany enrolled mothers throughout their pregnancies and continue support of mothers and newborns during the infants' first year of life.

The program began in Haiti at University Hospital in Mirebalais in 2019 and saw tremendous success within its first year. More than 800 women enrolled

in the program, with 95% choosing a facility-based delivery—compared to a national rate of 36%.

Maternal health colleagues in Mexico and Peru expressed interest in replicating the program, and so Haiti's J-9 team traveled to Chiapas in February 2020 to conduct a week-long training on how to adapt the program for patients living in Mexico and Peru.

Each country's program is just getting off the ground, but all three—Haiti, Mexico, and Peru—promise to deliver culturally appropriate care that helps expectant mothers care for themselves and their growing families.



134,000+

prenatal care visits provided annually by PIH-supported clinicians



58,000+

safe deliveries provided annually at PIH-supported facilities

THANKS TO YOUR SUPPORT



Nurse Malineo Ts'oeunyane measures the length of 9-month-old Puleng Khahlana during a well-baby visit at PIH-supported Nkau Health Center in Lesotho. Puleng's mother had prenatal visits there and stayed at Nkau's maternal waiting home until she safely delivered. *Photo by Karin Schermbrucker for PIH*

Andrew Hale, experiencing homelessness at the time of this photo, received a negative COVID-19 test and PPE before his stay at St. Joseph's Shelter in Gallup, N.M. *Photo by Robert Alsborg / COPE*

DELIVERING SOCIAL SUPPORT

The belief that health care is a human right is fundamental to PIH. Making that belief a reality means providing patients the care and support they need to recover and remain healthy.



Didi Bertrand Farmer (center), who leads the Women and Girls Initiative, has helped serve more than 600 disadvantaged girls and young women in Haiti and Rwanda since 2008. *Photo by Nadia Todres for PIH*

EMPOWERING WOMEN AND GIRLS

"Together, we are working to ensure our adolescent girls and young women remain engaged and hopeful for their better, brighter future in Haiti."

— Didi Bertrand Farmer,
Women and Girls Initiative founder

PIH supports the Women and Girls Initiative (WGI), which promotes girls' and young women's social protection, empowerment, and leadership in Haiti and Rwanda, through scholarships and youth activities.

Since 2008, WGI has served more than 600 women and girls, who often come from conditions of hardship or poverty, by awarding academic scholarships, organizing youth resource centers, and hosting summer leadership academies.

As COVID-19 took hold over the course of 2020, the WGI team knew it would have a negative impact on the health, education, and employment of women and girls. They responded by providing cash transfers; technology kits; and health and wellness activities such as guided meditations, yoga, and journaling. Additionally, small grants and sewing machines have helped girls and young women sew face masks to generate income to support their families.



Clinical Officer Medson Boti gives a checkup to 10-year-old Harvey Chisanu, who has sickle cell anemia, during a visit to PIH's Advanced Non-Communicable Disease Clinic at PIH-supported Lisungwi Community Hospital in Neno District, Malawi. Harvey's mother, Georgina Udason (left), holds her 16-month-old daughter, Chisomo Chisanu. The family lives more than nine miles away and does not have a vehicle, so PIH covers the cost of transportation for Harvey's monthly visits. *Photo by Karin Schermbrucker for PIH*



Marcy Martinez and her daughter, Reanaanah Bitsilly, work in a community garden together in Ramah, New Mexico. *Photo by Rebecca E. Rollins / PIH*

WATER IS K'É CAMPAIGN

The Navajo Nation's Department of Water Resources has estimated that 30 percent of residents lack access to running water

Across the 27,000 square miles of Navajo Nation in the southwestern U.S., lack of access to clean, potable water is a constant threat to public health, as many families turn to sugary drinks that are cheaper than bottled water.

Community Outreach and Patient Empowerment (COPE), a PIH sister organization on Navajo Nation, launched a community education program, called Water is K'é—the Diné word for kinship—to remind residents to choose water as a way to maintain good health.

Water is K'é uses awareness campaigns and other activities to promote healthy choices. As a first step, COPE staff did a community assessment around people's thoughts and attitudes on water, then tailored the Water is K'é program to meet the community's needs. The initiative gained momentum and community members began doing 30-day water challenges on their own. Some participants mentioned that since making water their first choice, they have lost weight and are making healthier beverage choices for their families.

The Water is K'é program is one part of COPE's efforts to support healthy families. The Food Access Program has stayed connected with partners during COVID-19 lockdowns, for example, and the Fruit and Vegetable Prescription (FVRx) program has continued to support healthy food vouchers across Navajo Nation. Meanwhile, the Healthy Navajo Store Initiative has helped stores remain open by supplying them with PPE, informational posters, and training videos.

NAVAJO NATION

COPE



35

convenience stores and trading posts partnered with COPE to help provide healthier food options



2,500 +

people from more than 500 families enrolled in the Fruits and Vegetables Prescription Program

IMPACT



Willy Chisindo, a Ministry of Health nurse, runs the sexually transmitted infection clinic at PIH-supported Neno District Hospital. Photo by Emily Antze / PIH

SUPPORTING SURVIVORS

In Neno District, Malawi, district health records from 2019 showed zero cases of sexual or gender-based violence. But no one working in health care in the rural, mountainous district believed that to be true.

When staff for Abwenzi Pa Za Umoyo, as Partners In Health is known in Malawi, began talking about how to strengthen services for survivors of sexual- and gender-based violence, nearly every health worker had a story. The young child presenting with a sexually transmitted disease. The local teacher known for sexually assaulting his students. The woman who had endured years of domestic violence.

That's why, this year, PIH in Malawi began working to address those gaps with a program called No Woman or Girl Left Behind. Funding began in July 2019 through a five-year grant from Global Affairs Canada, which is also supporting a similar program with PIH in Sierra Leone.

No Woman or Girl Left Behind helps ensure patients do not fall through the cracks or miss access to essential services for physical and emotional healing.

Willy Chisindo, a Ministry of Health nurse who runs the sexually transmitted infection clinic at PIH-supported Neno District Hospital, said his team was previously not confident in how to manage cases of gender-based violence. But after a January multi-day training event on the topic, he has seen immediate change.

“When we have a client who has been sexually violated or sexually abused,” Chisindo said, “we know what we should really focus on, we know how to provide psychological counseling, we know how to examine them [and] what to look for.”



Two women rest in the maternal waiting home at PIH-supported Neno District Hospital in Malawi. A program to improve treatment and support for survivors of sexual or gender-based violence is making significant, lasting changes in the district. Photo by Zack DeClerck / PIH

Right to left, Tseleng and Pulane Matsuma sit with their TB treatment supporter, Makhojane Ngoanapoli, at their home in Maseru District, Lesotho. *Photo by Karin Schermbrucker for PIH*

CREATING SYSTEMIC CHANGE

As we reflect on the challenges and triumphs of the past year, we look toward the future—grounded by our vision of a world where no one lacks access to quality health care, and committed to finding innovative solutions to age-old problems.

COVID-19 has disproportionately affected communities of color across the U.S. because of systemic racism in the health care system and long-standing inequities in access to care. *Photo by Zack DeClerck / PIH*

ADVOCACY AND POLICY ENGAGEMENT

“We have done medical work for 35 years across a dozen countries. And we always believe that this kind of work, this community work, is about care. It's about compassion.”

— Dr. Joia Mukherjee, chief medical officer

PIH has never shied away from a public health crisis—and this year has shown more than ever that advocacy and engagement are vital pillars of PIH's efforts to improve public health systems in the U.S. and globally.

In the U.S., PIH has urged the national government to support coordinated COVID-19 testing, contact tracing, and safe isolation, along with increased resources for the global COVID-19 response.

Across the 11 countries where PIH works, our sustained collaboration with government agencies is shaping more equitable health systems, advancing universal health care,

and supporting movements for monetary and structural reparations.

Meanwhile, PIH Engage, a network of volunteer community organizers, held more than 100 constituent meetings with U.S. congressional offices in just two months. Largely because of these efforts, the U.S. House of Representatives included priorities for a more equitable COVID-19 response in a proposed relief bill.

We know it is no accident that the global COVID-19 pandemic tracks the fault lines of inequality. **Far from being an equalizer, COVID-19 has amplified pre-existing systemic injustices tied to race, class, and geography, which increase risks for disease and decrease access to health care worldwide.**

By investing in local communities, we can upend these systemic inequities, dismantle racist policies, and rebuild public systems to meet the needs of historically marginalized populations.



Peace Ingabire (left), a dual-degree student in UGHE's Class of 2025, checks the blood pressure of a patient at a free non-communicable disease screening clinic in Butaro, Rwanda. *Photo courtesy of UGHE*

INNOVATIVE MEDICAL EDUCATION

This was the first academic year for students in the University of Global Health Equity's new medical program, in which students earn dual degrees over more than six years of study, training, clinical immersion, and community involvement on and around the campus in Butaro, Rwanda.

Students arrived on campus in summer 2019 and immediately dove into an integrated curriculum. As Prof. Abebe Bekele described, UGHE's medical students don't just spend their first two years in a classroom or lab; they get exposure to clinics, health centers, and community-based care through progressive clinical immersion.

In January, students began basic sciences training that is integrated with clinical care. They spend time in the hospital with patients as well, learning vital communication skills alongside clinical skills, such as cancer diagnosis and treatment.

“We teach our students about equity in everything we do; it is the centerpiece of academics at UGHE.”

— Prof. Abebe Bekele, founding dean of the University of Global Health Equity



Mariama, an expectant mother, awaits a prenatal appointment at Wellbody Clinic in Kono District, Sierra Leone. Photo by John Ra / PIH

TRANSFORMING MATERNAL CARE

1 in 20 women run the lifetime risk of prematurely dying during pregnancy or childbirth in Sierra Leone, compared to 1 in 3,000 in the U.S.

Sierra Leone has one of the highest maternal mortality rates in the world, making it one of the most dangerous places to give birth.

We believe no woman should die giving life.

With the Ministry of Health, PIH began improving the maternal care available at Koidu Government Hospital in Kono District, Sierra Leone. The hospital now has 24-hour electricity to support C-sections, a blood bank to respond to post-partum hemorrhages, and a fully stocked pharmacy in labor and delivery. Clinicians also receive training to improve their skills and provide better care to patients.

Thanks to the support of the families of John and Hank Green, both bestselling authors, educators, and global health advocates, PIH will continue and expand this transformative work so that every pregnant woman can look forward to childbirth as a moment to celebrate, not one to fear.



Tseleng Matsuma and her father, Moholi Moleko, are TB survivors and stand outside their home in Ha Rasekoai, Lesotho. Photos by Karin Schermbrucker for PIH

NEW TREATMENTS, NEW FUTURES

“I know that I have to give good care to them—because these people have to live.”

— Makhojane Ngoanapoli, TB treatment supporter

When Matankiso and Moholi Moleko learned in 2018 that three members of their family—two of their daughters and one granddaughter—had been diagnosed with a severe form of tuberculosis, they were devastated.

They had been down that road too many times before. Over the span of several years in the early 2000s, the parents had lost three of their 10 children to TB, the deadliest infectious disease in the world.

Moholi had personal battles with TB himself, catching and overcoming the airborne disease three times as a younger adult, while working in mines in South Africa. All of that history meant the new diagnoses struck the family incredibly hard.

But with the support of Partners In Health-Lesotho, all three family members diagnosed in 2018 are now healthy and in recovery.

They received treatment—including new TB medication—at PIH-supported Botšabelo Hospital, the only facility in the country dedicated to multidrug-resistant tuberculosis (MDR-TB), a severe strain of the disease.

Additionally, all three family members have benefited from new TB medications, which PIH in Lesotho, known locally as Bo-mphato Litsebeleetsong Tsa Bophelo, is using as part of the endTB partnership. The new medications have shown positive results in clinical trials across several countries. Influencing global TB policy and advocating for new treatments has helped PIH support families like the Molekos.

Married for 46 years, Moholi and Matankiso now have 16 grandchildren. Matankiso said the biggest problem the family has is a happy one: “When they are all home for holidays, there is nowhere to sit, because it is so crowded.”



241

MDR-TB treatment supporters who worked with PIH in Lesotho in 2019



244

MDR-TB patients across Lesotho reached and accompanied by treatment supporters in 2019

THANKS TO YOUR SUPPORT

FINANCIALS

OUR FISCAL YEAR SUMMARY

July 1, 2019 through June 30, 2020

FISCAL YEAR 2020 FINANCIAL SUMMARY

STATEMENT OF ACTIVITIES

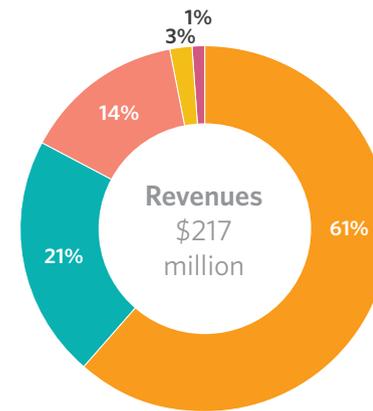
dollars in thousands

Revenues	2020	2019
contributions, grants, and gifts in kind		
individuals and family foundations	132,293	95,484
foundations and corporations	29,445	23,003
governments and multilateral organizations	45,111	33,444
gifts in kind and contributed services	7,482	3,194
other income	2,863	4,448
total revenues	217,193	159,573
Operating expenses		
program services	156,856	133,411
development	7,366	7,650
general and administration	10,421	10,054
total operating expenses	174,642	151,115
operating surplus (deficit)	42,551	8,457

STATEMENT OF FINANCIAL POSITION

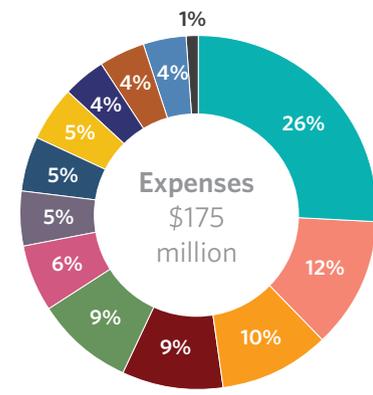
dollars in thousands

Assets	2020	2019
cash and cash equivalents	77,702	30,200
grants and other receivables, net	9,748	12,887
prepaid expenses and other assets	8,769	5,125
investments, at fair value	35,511	35,053
property and equipment, net	13,221	14,074
total assets	144,950	97,339
Liabilities and net assets		
liabilities		
accounts payable	23,366	20,171
deferred revenue	6,401	4,328
total liabilities	29,767	24,499
net assets		
without donor restrictions	34,879	24,860
with donor restrictions	80,304	47,980
total net assets	115,183	72,840
total liabilities and net assets	144,950	97,339



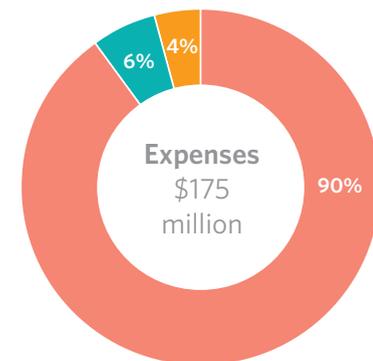
Revenues by source

- Individuals and Family Foundations (61%)
- Governments and Multilateral Organizations (21%)
- Foundations and Corporations (14%)
- Gifts in Kind and Contributed Services (3%)
- Other Income (1%)



Expenses by program

- Haiti (26%)
- Rwanda (12%)
- Development and Administration (10%)
- U.S. Strategy (9%)
- Multi-Site Clinical and Program Support (9%)
- Peru (6%)
- Sierra Leone (5%)
- Liberia (5%)
- University of Global Health Equity (5%)
- EndTB (4%)
- Lesotho (4%)
- Malawi (4%)
- Mexico (1%)



Allocation of expenses

- Program Services (90%)
- General and Administration (6%)
- Development (4%)

Revenue:

In fiscal year 2020, PIH received \$217.2 million in revenue, a 36% increase over fiscal year 2019, which was primarily driven by COVID-19 response efforts. Fiscal year 2020 revenue was comprised of \$132.3 million from individuals and family foundations (61% of total revenue), \$45.1 million from governments and multilateral organizations (21% of total revenue), and \$29.5 million from foundations and corporations (14% of total revenue). In addition, PIH received \$7.5 million in gifts in kind and contributed services, and \$2.9 million in other income (4% of total revenue).

Expenses:

PIH expenses increased from \$151.1 million in fiscal year 2019 to \$174.6 million in fiscal year 2020. In fiscal year 2020, 90% of funds were for direct program costs and 10% went to fundraising and administration.

Surplus (deficit):

PIH ended fiscal year 2020 with a \$42.6 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.

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Injustice has a cure

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