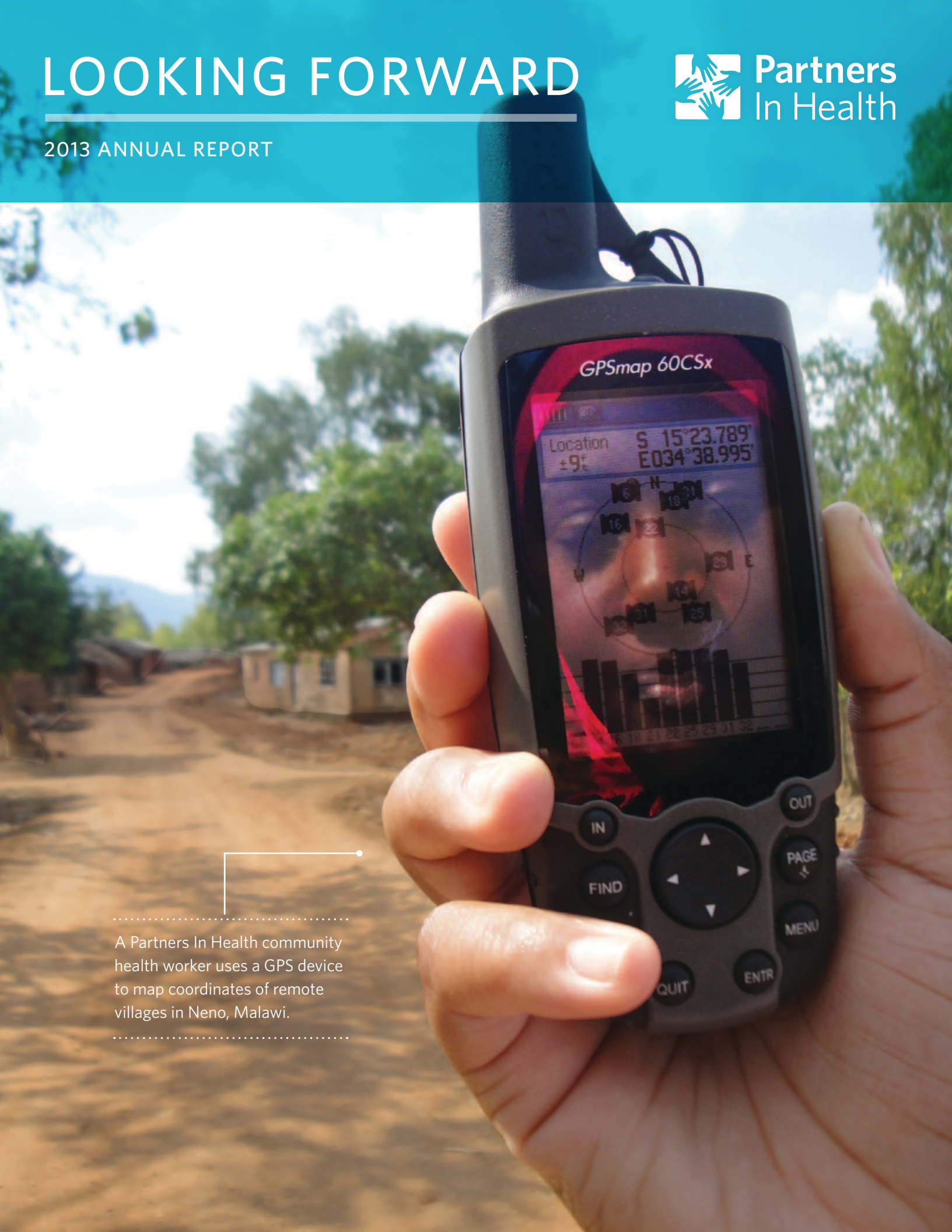
LOOKING FORWARD

2013 ANNUAL REPORT

Partners In Health



A Partners In Health community health worker uses a GPS device to map coordinates of remote villages in Neno, Malawi.

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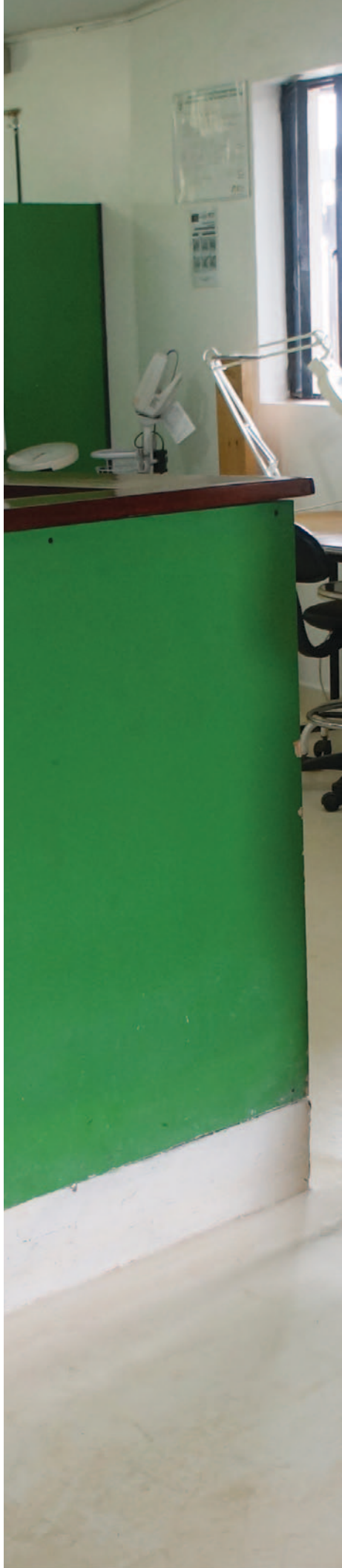


2 ***Front cover:*** *Partners In Health community health workers, such as Shareen Iman in Malawi, use GPS mapping devices to capture locations of villages.* Photo by Alexandra Rose

Our mission is 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.

Above: *Dr. Dayo Fadelu, head of oncology at Butaro Hospital in Rwanda, helps a young woman who is arriving for treatment.* Photo by Rebecca E. Rollins

FORGING INNOVATIVE HEALTH CARE SOLUTIONS THROUGH PARTNERSHIPS

In addition to donor support, global health education—including medical training and research—plays a key role in sustaining the high quality of patient care at our sites. Our efforts to prepare the next generation of global health providers are strengthened by partnerships with Brigham and Women's Hospital and Harvard Medical School, two extraordinary, world-class institutions. Working collaboratively with our partners to serve the sick in settings of extreme poverty, we are redefining the limits of what is possible in delivering health care to the poor—and inspiring others to do the same.

Above: *A colorful mosaic welcomes visitors to University Hospital in Mirebalais, Haiti. Thanks to hundreds of supporters who donated time, money, and gifts in kind, the hospital opened in March 2013.* Photo by Rebecca E. Rollins

EXECUTIVE DIRECTOR'S MESSAGE

Dear Friends,

As I look back across the achievements of our collective in 2013, which include the opening of our most ambitious facility ever, University Hospital in Mirebalais, Haiti, I'm struck most of all by the breadth of our accomplishments, spread across geographies and disciplines. Partners In Health's mandate is not only to deliver quality health care to the poor, but to teach others to do the same. And last year, with your support, we were proud to do a great deal of both, from the mountains of Chiapas to the pages of key medical journals.

The years I've spent with our colleagues in places such as Rwinkwavu and Carabayllo and Neno, in the impoverished communities where PIH works, have taught me that no temporary intervention can take the place of expertly trained local clinicians caring for patients in well-equipped medical facilities. Training the next generation of health providers—from community health workers to the clinicians who staff our clinics and referral hospitals—is essential to breaking the cycle of poverty and disease.

> No temporary intervention can take the place of expertly trained local clinicians caring for patients in well-equipped medical facilities.

In every setting in which PIH delivers services, we are ensuring that this work strengthens—and is strengthened by—training and research efforts designed to increase the capacity of local providers, improve outcomes, and add to our shared store of knowledge.

In Haiti last year, building on a pilot program established in the wake of the devastating 2010 earthquake, my friends and colleagues Drs. Michelle Morse, Paul Pierre, and Kerling Israel launched medical residency programs at University Hospital in Mirebalais. In the U.S., this type of training is the norm; in Haiti, the residents in Mirebalais are among the first to have access to hands-on training supervised by seasoned mentors in well-equipped teaching facilities.

These residency programs will have an amazing ripple effect. In addition to treating thousands of their fellow citizens, graduates will be equipped to train future generations of clinicians to deliver compassionate, high-quality care to the poor and marginalized. They will improve not only the individual lives of patients and their families, but also the health care system of an entire nation—an achievement we can replicate in other countries with increased support.

As we look forward toward the next decade, and beyond, I have drawn energy and inspiration from projects such as the new residencies, our successful maternal mortality reduction program in Lesotho, combined clinics for HIV-positive mothers and their babies in Rwanda—and especially from the dedicated and visionary colleagues who are building them. And, as ever, I am inspired and encouraged by the partnership, the solidarity, and the extraordinary generosity of PIH's remarkable supporters.

As you read about the work you've supported, and about the people whose lives have been transformed by it, I hope that you, in turn, will find it inspiring. On behalf of my colleagues, our patients, and the communities we serve, *mesi anpil*. Thank you very much.

Warm regards,

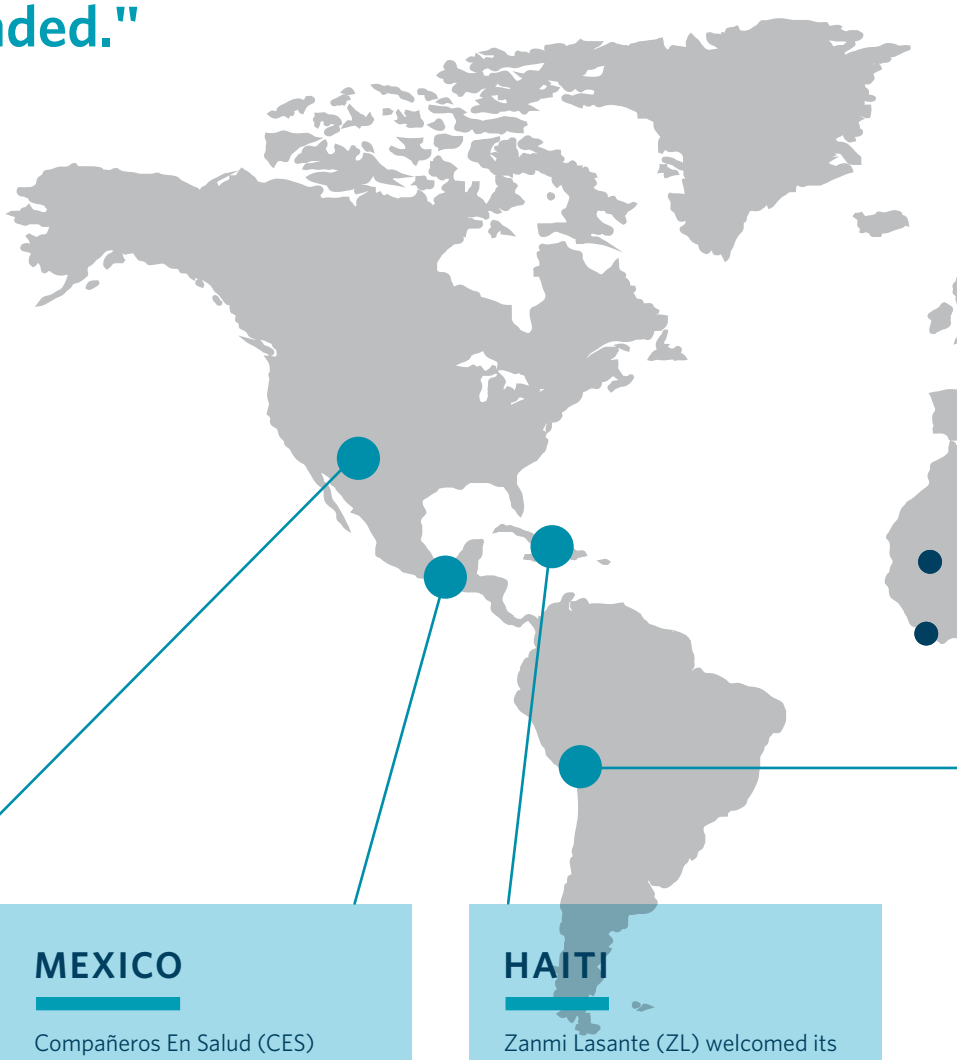
Ophelia Dahl
Executive Director, Partners In Health

Above: *Dr. Michelle Morse with Dr. Bregenet Lamour, a Haitian physician enrolled in University Hospital's new residency program. The program aims to strengthen the capacity of Haiti's health care system.* Photo by Jonathan Lascher

WHERE WE WORK

"Our goal is nothing less than the refashioning of our world into one in which no one starves, drinks impure water, lives in fear of the powerful and violent, or dies ill and unattended."

- Dr. Paul Farmer



NAVAJO NATION

PIH supports the Community Outreach and Patient Empowerment (COPE) Project, which works to improve health in the sovereign Navajo Nation. COPE accompanies Navajo Community Health Representatives, helping to build local capacity, and improving access to healthy foods. COPE's activities aim to eliminate health disparities among Navajo.

MEXICO

Compañeros En Salud (CES) is revitalizing rural clinics in the mountains of Chiapas to bring primary health care to marginalized people. CES pays community health workers to actively seek out patients suffering from chronic diseases, and recruits new Mexican doctors to provide care and receive training in global health.

HAITI

Zanmi Lasante (ZL) welcomed its first class of medical residents at University Hospital in Mirebalais. Built in partnership with the Ministry of Health, the hospital aims to build sustainable health infrastructure and human resources in Haiti. ZL also continues its work preventing and treating malnutrition and cholera across central Haiti.

Above: *Dr. Paul Farmer sees patients at Neno District Hospital in Malawi.*

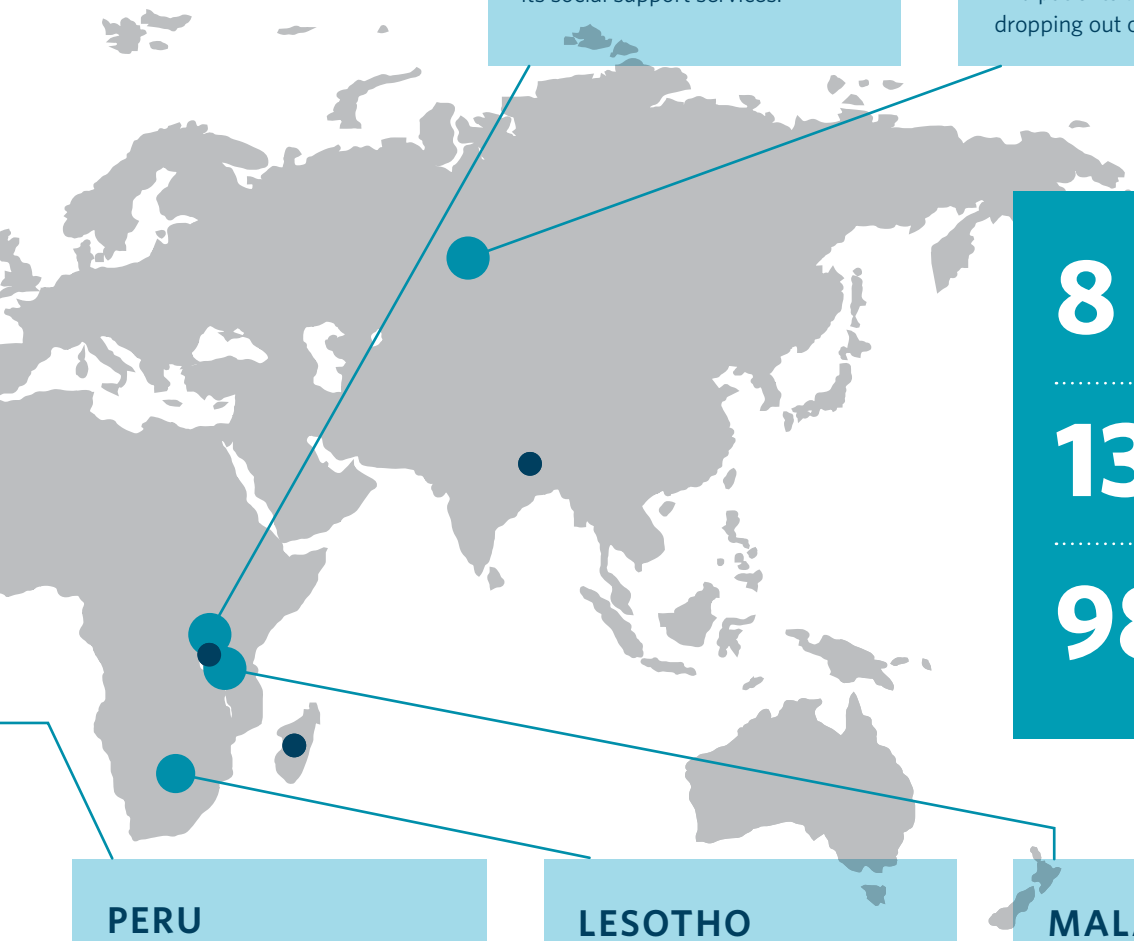
Photo by Rebecca E. Rollins

RWANDA

Inshuti Mu Buzima (IMB) continues to advance its work in HIV treatment and non-communicable diseases, particularly cancer. Staff inaugurated the Butaro Ambulatory Cancer Center in 2013. Rwandan-led research is also a growing component of IMB's work, as are its social support services.

RUSSIA

PIH/Russia scaled its multidrug-resistant tuberculosis program in Tomsk, bringing treatment, social, and psychosocial support to prisoners and other vulnerable people. Staff train tuberculosis health providers from across Russia in multidrug-resistant tuberculosis care, and actively find patients who are at risk of dropping out of treatment.



8 COUNTRIES

13,600 STAFF

98% OF STAFF ARE FIELD-BASED

PERU

Socios En Salud (SES) supports the government in providing treatment for multidrug-resistant tuberculosis in poor communities. Staff recently piloted a program to treat extensively drug-resistant tuberculosis. SES conducts world-class research programs, runs mass community education efforts, and provides support to tuberculosis patients in the slums of Lima.

LESOTHO

PIH/Lesotho provides services for HIV, tuberculosis, and maternal and child health to eight communities in Lesotho. PIH/Lesotho also manages the national program to treat multidrug-resistant tuberculosis, which it continues to expand in partnership with Lesotho's Ministry of Health.

MALAWI

Abwenzi Pa Za Umoyo (APZU) continues to scale its work in HIV, noncommunicable diseases, tuberculosis, and maternal and child health in the district of Neno. APZU employs more than 800 village health workers who identify and treat patients and renovate houses to improve their living conditions.

● **Dark blue dots:** Our mission partners work to implement the PIH model across the globe, bringing high-quality health care to rural and marginalized areas: *Burundi/Village Health Works; Liberia/Last Mile Health; Madagascar/PIVOT; Mali/Project Muso; Nepal/Nyaya Health.*

Our approach to fighting poverty and disease is based in our ethos of accompaniment.

We accompany the people we serve—we are present in their lives and we challenge ourselves to provide what they need. In homes and communities, with health workers, nurses and physicians, and local governments, Partners In Health shares in the struggle to build health care where it is needed most.

The following stories show our philosophy of accompaniment at work.

Above: *PIH/APZU Clinical Officer Atupere Phiri evaluates an elderly stroke victim during a home visit in Nsambe, Malawi.* Photo by Rebecca E. Rollins

BRINGING HEALTH CARE TO THE

In Neno, one of the most remote and rural districts in Malawi, getting from one place to another isn't easy. Villages are scattered, the terrain is mountainous, and the majority of roads consist of packed dirt and rock.

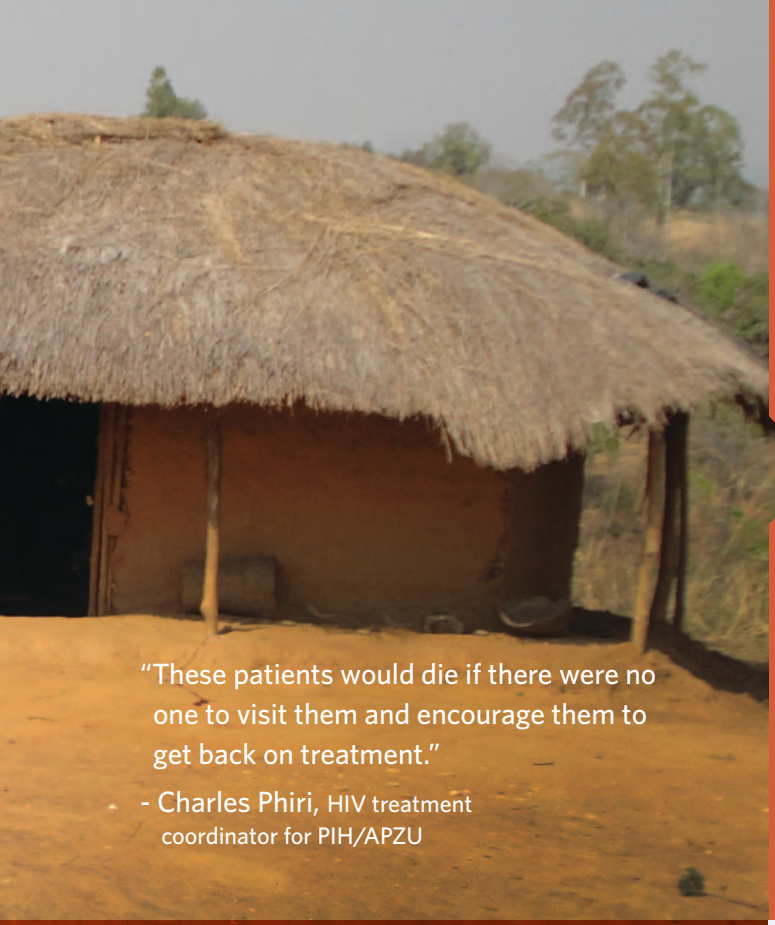
Making home visits is a crucial part of the work of PIH and its Malawian sister organization, Abwenzi Pa Za Umoyo (APZU). No one understands this better than Charles Phiri, an HIV treatment coordinator for PIH/APZU, whose work focuses on identifying and meeting with HIV-positive patients who have stopped taking their antiretroviral therapy.

"I visit patients at least three times a week," says Phiri. "I talk to them about their lives, why they've stopped their treatment, and the consequences of stopping. These patients would die if there were no one to visit them and encourage them to get back on treatment."

To help community health workers like Phiri reach out to high-risk patients, PIH/APZU partnered with the nonprofit organization Riders for Health to secure a number of dirt bikes. In addition to

Above, large: *PIH/APZU Coordinator Sam Msiska arrives at a patient's house in Neno, Malawi.* Photo by Alexandra Rose

Above, small: *Clinical Officer Atupere Phiri visits a patient at her home to deliver treatment in Neno, Malawi.* Photo by Victoria Smith



"These patients would die if there were no one to visit them and encourage them to get back on treatment."

- Charles Phiri, HIV treatment coordinator for PIH/APZU

COMMUNITY

A ROADMAP FOR MALAWI: REDEFINING HIV TESTING AND TREATMENT

POPULATION:
16 MILLION

LIFE EXPECTANCY AT BIRTH:
50 YEARS

ADULT PREVALENCE OF HIV:
1 IN 10 IS HIV-POSITIVE

being better suited for cross-country riding, the bikes are cheaper to obtain and more fuel-efficient than the four-wheel vehicles in PIH/APZU's limited fleet. Most important, they help community health workers cover more ground—roughly 4,000 miles each month—and support more patients as a result.

Other tools PIH/APZU uses to strengthen its care delivery model are Geographic Information Systems (GIS) to map locations of remote villages. (Handheld GPS devices like the one featured on the cover of this report are used with these systems.) A recent mapping project identified the precise locations of villages where patients live and their proximity to the nearest health center, pinpointing areas where care is least accessible and where outreach is needed most. Equipped with this information and better transportation, community health workers can do even more to accompany patients to better health—one home visit at a time.

PIH RETENTION OF HIV PATIENTS IN TREATMENT:

MORE THAN **90%**

NATIONAL RATE: **LESS THAN 80%**

Above: *The mountainous terrain of rural Malawi.* Photo by Rebecca E. Rollins

ACCOMPANYING MOTHERS TO

As a mother of five who is enrolled on antiretroviral therapy, Malineo Sethobane intimately understands the hopes and concerns of the HIV-positive women she accompanies as a maternal health worker for PIH/Lesotho.

Since 2010, Sethobane has accompanied women during their pregnancies and made hundreds of home visits to expectant mothers in the rural village of Lipeneng. When her own daughter became pregnant, Sethobane was there to support her—not just as a mother but as a trained maternal health expert. She advised her daughter on antenatal care and helped arrange her delivery at the Nohana Health Center, one of the eight health facilities pioneering PIH/L's Maternal Mortality Reduction Program (MMRP).

PIH is committed to addressing the vulnerability of women in childbirth and launched the program in 2009 in response to Lesotho's dismal maternal mortality ratio, a measure of how many maternal deaths occur per 100,000 live births. Lesotho had one of the worst ratios in the world, at 1,155 per 100,000—55 times higher than in the U.S.

"There is no reason a woman should die during pregnancy or while giving birth," says Dr. Hind Satti, executive director for PIH/L. "We all started with that spirit, and the entire community—from village leaders to mothers to midwives—has been committed to seeing the program succeed."

At 600 strong, maternal health workers (MHWs) are the undisputed backbone of the MMRP. In addition to monthly door-to-door visits to identify pregnant women, MHWs educate expectant mothers about antenatal care, facilitate their appointments, and accompany them to the nearest health facility when it comes time to deliver. MHWs also serve as a conduit to other health services, such as HIV testing and programs for preventing mother-to-child transmission of HIV. "Addressing maternal mortality is a gateway to addressing women's health, more broadly" says Dr. Satti. "The MMRP not only helps women with pregnancy and delivery issues but also with family planning, their children's health, and their relationships with their partners and their community."

Working with the government of Lesotho, PIH/L hopes to ensure that every woman in Lesotho has access to a clinic where she can safely deliver her baby.

Above, small: *PIH/L Maternal Health Worker Malineo Sethobane helps mothers deliver their babies safely at Nohana Health Center in Lesotho.*
Photo by Rebecca E. Rollins

CLINICAL CARE

LESOTHO & RWANDA

LESOTHO:
100% OF BIRTHS IN THE VILLAGES WE SERVE TAKE PLACE IN OUR CLINICS, COMPARED TO 10% IN 2009.

RWANDA:
TRANSMISSION RATE OF HIV FROM MOTHER TO CHILD IS AS LOW AS **2%** IN OUR SUPPORTED DISTRICTS

Rwanda is on track to become one of the first countries in sub-Saharan Africa to eliminate mother-to-child transmission of HIV, thanks to an innovative care delivery model spearheaded by PIH, its sister organization Inshuti Mu Buzima, and the Rwandan Ministry of Health.

At PIH/IMB's combined health clinics, HIV-positive mothers receive comprehensive care for themselves and their infants during the same appointment. When mother of eight Christine Niyonsaba makes her monthly visit to the Karama Health Center in eastern Rwanda, for example, a nurse measures her CD4 count and other indicators to check the effectiveness of her antiretroviral therapy. The nurse then evaluates Niyonsaba's baby girl, Iratuzi, to make sure she's developing properly and receiving her daily medication that reduces her susceptibility to HIV transmission from her mother.

This one-stop model is convenient for mothers because it reduces the time and money spent on traveling to medical appointments each month. It also yields exceptional health outcomes. PIH/IMB's combined clinics serve over 700 mother-infant pairs, and the most recent comprehensive study showed that the clinics had achieved a very low mother-to-child HIV transmission rate—under 2 percent. Globally, the average rate of mother-to-child HIV transmission is as high as 25 percent.

"This model is one of a kind in the region and shows that integrating many services into one point of care is, in fact, possible," says Dr. Neil Gupta, deputy clinical director of PIH/IMB. Given how successful the combined clinics have been in the three rural districts where PIH/IMB works, the Rwandan government is looking into implementing the model nationwide.

"Together, PIH/IMB and the Rwandan Ministry of Health are showing that elimination of mother-to-child transmission of HIV—and an AIDS-free generation—is possible," adds PIH/IMB Clinical Director Dr. Felix Rwabukwisi Cyamatare. "And for mothers like Niyonsaba, that possibility is already becoming a reality."

Above, large: *A healthy baby boy is delivered at Nohana Health Center in Lesotho. His mother was accompanied to the clinic by a PIH maternal health worker.* Photo by Rebecca E. Rollins | ***Above, small:*** *Christine Niyonsaba and her baby girl, Iratuzi, make their monthly visit to Karama Health Center in Rwanda. Their treatment regimen ensures HIV is not transmitted from mother to child.* Photo by Aubrey Davis

FROM HERE ON: WORLD-CLASS

"It's hard to believe that in a hospital this big there are doctors who really understand people," says patient Isemelie Bazard of her experience at Hôpital Universitaire de Mirebalais (University Hospital). The state-of-the-art teaching hospital in Mirebalais, Haiti, is built and operated by PIH and its sister organization Zanmi Lasante (PIH/ZL) in collaboration with Haiti's Ministry of Health. "The doctors listened to me, they did surgery for me, and they really looked after me."

As the first patient to undergo surgery at University Hospital, Bazard experienced a new era of health care in Haiti. Never before in the country's history has such advanced care been available at a public facility. For cancer patients like Bazard, this unprecedented offering is nothing short of a lifeline in the face of a disease that has been a death sentence for many Haitians.

Bazard first sought care in March at the PIH/ZL cancer clinic in Cange. After examining a lump in Bazard's left breast, PIH/ZL Director of Oncology Dr. Ruth Damuse ordered a biopsy, which was diagnosed as breast cancer at Brigham and Women's Hospital in Boston. Damuse then worked with an oncology team at the Dana-Farber/Brigham and Women's Cancer Center to develop a treatment plan that included a mastectomy and follow-up chemotherapy.

Above, large: *Doctors Angela Jaques and Mirrielle Bien-Aime staff the emergency room at University Hospital in Mirebalais, Haiti.* Photo by Rebecca E. Rollins

Above, small: *Isemelie Bazard was the first patient to undergo surgery at University Hospital.* Photo by Rebecca E. Rollins

"I've learned to care for patients better, and with all our capacity and materials in the hospital, we are more comfortable in our diagnostic ability."

- Dr. Mirrielle Bien-Aime,
University Hospital Emergency Department

CARE IN HAITI

On May 23, 2013, two surgeons at University Hospital—Dr. Michelson Padovany, a native of Mirebalais, and Dr. Ainhoa Costas, a Harvard Medical School Paul Farmer Surgery Fellow—performed surgery on Bazard. The historic event also marked the first time many of the hospital's departments—from nursing to anesthesiology to housekeeping—were up and running as a cohesive unit. "Surgeons cannot do surgery by themselves," says Costas. "It's a collaborative effort, with a lot of little pieces coming together and functioning as one."

The roles of University Hospital as both an advanced care facility and a teaching hospital are equally important. PIH/ZL is partnering with leading medical programs and institutions around the world to establish the hospital as a world-class clinical training destination for Haitian health professionals. The first group of Haitian medical residents began training in October 2013.

A VISION UNFOLDING:
DELIVERING ALL LEVELS OF CARE ACROSS CENTRAL HAITI

PIH-SUPPORTED HEALTH FACILITIES

EXPERT CARE, SERVICES, AND TRAINING AT UNIVERSITY HOSPITAL

1 FIRST TO PROVIDE FREE COMPREHENSIVE CANCER CARE IN HAITI'S PUBLIC SECTOR

ONLY CT SCANNER AVAILABLE IN THE PUBLIC SECTOR

TECHNOLOGY PLATFORMS
FOR REAL-TIME, LONG-DISTANCE LEARNING FOR PHYSICIANS

ACCESS TO COMPLEX CARE
FOR 3.4 MILLION PEOPLE

Above: *University Hospital in Mirebalais*
Photo by Rebecca E. Rollins

FINANCIALS

Partners In Health finances returned to expected levels this past fiscal year following three years of intensive work in Haiti responding to the 2010 earthquake and subsequent cholera crisis. With funds donated in response to the earthquake, we completed the building of University Hospital in Mirebalais to replace and increase health care capacity in the country. Even with such organizational focus on Haiti, we expanded our health care facilities and programs in Rwanda, Malawi, Lesotho, Peru, and Mexico, thereby bringing greater hope and care to more people in need.

DOLLARS IN THOUSANDS

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30,

REVENUE	2013	2012	2011
Contributions, grants, and gifts in kind:			
Individuals and family foundations	52,831	42,861	39,596
Foundations and corporations	15,224	27,806	19,900
Governments and multilateral organizations	20,220	25,365	23,220
Gifts in kind and contributed services	4,262	4,462	4,450
Other income	1,162	612	1,898
TOTAL REVENUE	**93,699**	**101,106**	**89,064**
OPERATING EXPENSES			
Program services	90,697	112,896	109,642
Development	3,719	4,172	3,793
Administration	2,938	3,806	3,153
TOTAL OPERATING EXPENSES	**97,354**	**120,874**	**116,588**
INCREASE (DECREASE) IN NET ASSETS	**(3,655)**	**(19,768)**	**(27,524)**

STATEMENT OF FINANCIAL POSITION

ASSETS (As of June 30,)	2013	2012	2011
Cash and cash equivalents	25,725	13,766	7,899
Contributions receivable	1,929	2,556	825
Grants receivable	7,947	5,475	7,687
Prepaid expenses and other assets	4,471	2,215	535
Investments, at fair value	2,118	20,650	46,971
Property and equipment, net	2,563	2,934	2,886
TOTAL ASSETS	**44,753**	**47,596**	**66,803**
LIABILITIES AND NET ASSETS			
TOTAL LIABILITIES	**6,266**	**5,454**	**4,893**
NET ASSETS			
Foreign currency translation adjustments	47	3	399
Undesignated	11,192	12,893	8,165
Board-designated: Thomas J. White Fund	15,431	13,970	17,374
TOTAL UNRESTRICTED NET ASSETS	**26,670**	**26,866**	**25,938**
Temporarily restricted	11,817	15,276	35,972
TOTAL NET ASSETS	**38,487**	**42,142**	**61,910**
TOTAL LIABILITIES AND NET ASSETS	**44,753**	**47,596**	**66,803**

Revenue includes contributions to PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity.

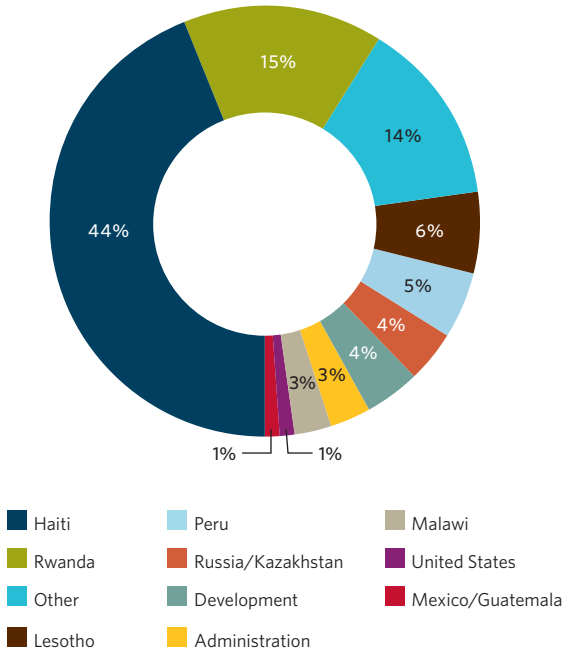
REVENUE:

In fiscal year 2013, Partners In Health received $93.7 million in revenue. Of this, $52.8 million came from generous individual donors, a 23 percent increase over last year. Revenue from foundations and corporations declined from $27.8 million in fiscal year 2012 to $15.2 million in fiscal year 2013 due to significant funding received for University Hospital construction in fiscal year 2012. Similarly, public sector funding in fiscal year 2013 fell from $25.4 million in fiscal year 2012 to $20.2 million in fiscal year 2013 due to emergency cholera funding received during fiscal year 2012. We are very grateful to the many individuals and organizations who believe in our mission and enable us to deliver quality health care to many who are suffering.

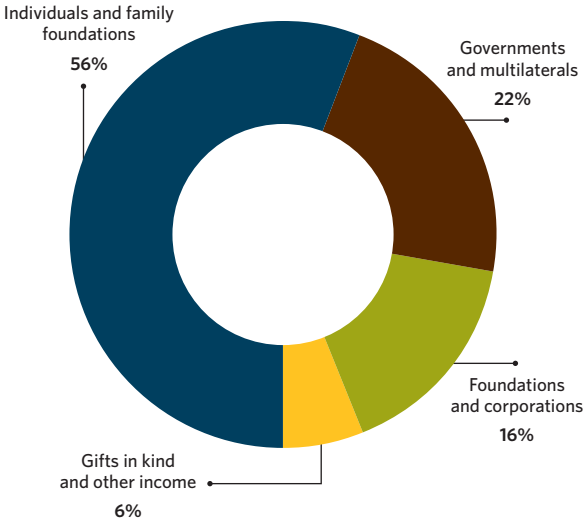
EXPENSES:

Partners In Health expenses declined 19 percent in fiscal year 2013 as compared to fiscal year 2012, from $120.9 million to $97.4 million, primarily due to the completion of University Hospital construction in fiscal year 2012. In fiscal year 2013, 93 percent of funds expended were for direct program costs, and less than 7 percent went to fundraising and administration. PIH is committed to maximizing value for our patients through careful financial management and strong stewardship of our contributions.

EXPENSES BY PROGRAM
FY2013

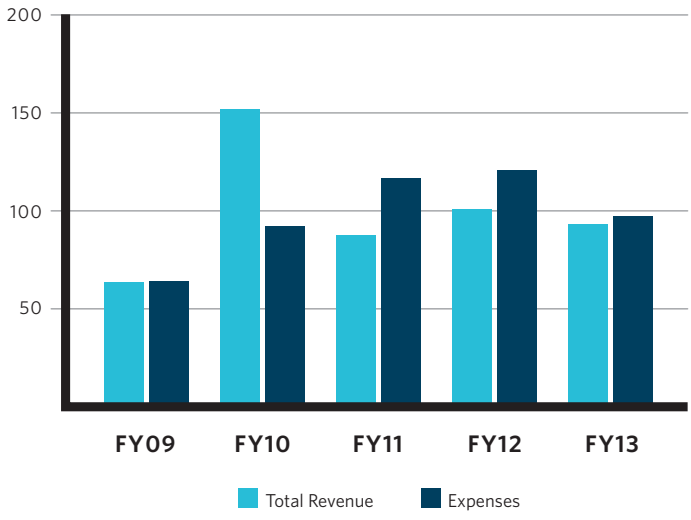


REVENUE BY SOURCE
FY2013



TOTAL REVENUE AND EXPENSES
FY2009 - FY2013

(DOLLARS IN MILLIONS)



Charity Navigator is America's premier charity evaluator. Since 2003, Partners In Health has earned Charity Navigator's highest rating, certifying our commitment to accountability, transparency, and responsible fiscal management. Only 1 percent of rated organizations have received this distinction for over eight consecutive years, placing Partners In Health among the most trustworthy nonprofits in the United States.

Partners In Health

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