

our mission

We go. We make house calls. We build health systems. We stay.

Whether to Liberia, Rwanda, or any of the countries we work and live, we go where we're needed most. We care for patients in their homes and communities. We work in close partnership with local government officials and the world's leading medical and academic institutions to build capacity and strengthen health systems. And we stay, committed to accompanying the people and communities we serve for the long term.

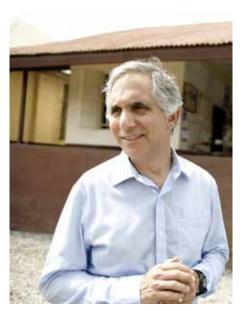
Partners In Health

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Previous page: PIH visits residents of Mtemankhawa, Malawi, to connect them to nearby PIH-supported health centers. Photo by Jon Lascher



Dr. Gary Gottlieb during a visit to Sierra Leone in August. Photo by Jon Lascher

DEAR FRIENDS,

Recently, I had the privilege of visiting our colleagues in Neno, Malawi, a district Partners In Health has served since 2007. We traveled the orange clay roads to a mobile clinic, where our clinicians treated more than 500 people for malnutrition, malaria, and other illnesses. I saw firsthand the comfort and relief on residents' faces as they received health care for their children, spouses, parents, and themselves.

I've watched similar scenes unfold in other PIH sites since joining the organization as chief executive officer in March—places where quality health care is limited or non-existent, especially for people who are poor. Yet even in the midst of daunting challenges, I've seen that committed, gifted people and proper supplies and equipment can spark remarkable transformations around the world.

These transformations, many of which are included in this report, have come about through strong partnerships. We work with local government colleagues in the 10 countries we serve, helping to identify and fill health care gaps. Our clinicians from the world's leading teaching hospitals and PIH experts from our programs in Haiti and elsewhere join skilled local nurses, community health workers, and physicians to provide communities with effective, dignified treatment.

Whether it's helping survivors and their families and neighbors recover from the Ebola epidemic in West Africa, training community health workers in Rwanda, scaling up our maternal health work in Lesotho, or providing more specialized health care in Haiti, we work together to build strong, sustainable health systems. The tragedy of the Ebola outbreak is strong evidence that weak health care systems will allow the poorest communities to be devastated while also potentially creating a global threat.

I'm most thankful for the hard work and deep commitment of our staff. We are indebted to the Ministries of Health and the people in the countries we are privileged to serve. We continue to celebrate our partnerships with Harvard Medical School and Brigham and Women's Hospital, which ensure that our work informs science and that it is fundamental to training the future global health workforce. Finally, we are so grateful for the generosity and support of our friends, donors, and investors who allow this critical work to continue and grow.

The people and communities we serve deserve the best health care on earth. Thank you for making this possible.

we go

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Partners In Health works in remote places where health care options are limited or barely exist.







hen PIH nurses and doctors arrived at Maforki Ebola Treatment Unit last fall, the former vocational school in central Sierra Leone was overflowing with critically ill and dying patients.

"It was more of a death ward than a treatment center," recalls Sierra Leonean Dr. Bailor Barrie, PIH strategic advisor.

In September of 2014, we had pledged to "go" to West Africa when the presidents of the World Bank, Sierra Leone, and Liberia asked us to join the global response. At the time, experts were predicting that an unchecked Ebola epidemic would infect millions in that region and possibly beyond. Everyone at Partners In Health agreed on a moral obligation to do our part—not just during the emergency but also to remain afterward, when the countries' decimated health systems could be bolstered. We went, and we stayed.

A year later—plus some 200 clinicians transported, hundreds of safety orientations conducted, 21 Ebola treatment facilities supported, as well as tons of critical supplies delivered by shipping container or suitcase—PIH remains a strong partner with local organizations and the governments of Liberia and Sierra Leone. In fighting back Ebola over the past many months, 2,000 local residents have been hired, including 700 Ebola survivors, as PIH support staff and community health

workers. Thanks in large part to the tireless dedication of our international team, we were able to discharge 168 Fbola survivors from care centers.

"As a global community, the world should have done more, sooner. But PIH has a lot to be proud of," says PIH Chief Nursing Officer Sheila Davis. "We went where we were needed most, in solidarity."

Partners In Health has a lot to be proud of. We went where we were needed most.

And we're not done. As one of the first steps in rebuilding health systems, PIH is seeking out, accompanying, and screening thousands of survivors for serious post-Ebola health complications, such as uveitis, an inflammation of the eye that can lead to blindness.

PIH-led infrastructure projects include a \$1.5 million upgrade to the JJ Dossen Hospital in Harper, Liberia, and a similar major upgrade to the once-crumbling General Hospital in Port Loko, Sierra Leone. PIH also continues to support and improve protocols and care for pregnant women at the Princess Christian Maternity Hospital in Freetown, the only full-care birthing center in Sierra Leone.

we go we make house calls

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Partners In Health visits patients in their homes to deliver medication and guide them through treatment.









thanasie Mukamana rises early, walks across the fertile red soil of her town in eastern Rwanda, and knocks on the door of a familiar house before the sun is up.

Mukamana hands her pills from the hospital, the two chat for a bit, and then she leaves to eat porridge and farm her banana fields.

"Mwaramutse, mwaraye mute," or "Good morning, how did you sleep?" she greets her neighbor.

Mukamana, 59, is a longtime community health worker—one of 6,000 Partners In Health supports in the three districts we serve. Elected by fellow villagers, she and her colleagues diagnose illnesses that might otherwise go unidentified, such as tuberculosis. They accompany families to the hospital, spread important messages about vaccinations and other health issues, and help patients complete tricky treatment regimens like those for HIV/AIDS.

PIH pays part of their salaries, reducing the amount they need to earn in their primary jobs, and offers advanced trainings. In return, community health workers ensure that everyone can enjoy the benefits of modern medicine.

Today's pre-dawn visit is, thankfully, routine.

Mukamana's patient, Theresie Yankurise, was sick with
HIV and shunned by her family when Mukamana met
her in 2005. "I had to take her by the arm and help her
walk to the health center," recalls Mukamana.

But after just a couple weeks of care, Yankurise's health improved. She married a year later and is now the healthy mother of two boisterous, HIV-free children.

I have been a community health worker with PIH since 2005," says Athanasie Mukamana, "and all of my patients are alive and well.

Later, Mukamana's house transforms into something like a pediatric ward. With training provided by PIH, she treats young children with malaria and other diseases, and provides regular check-ups.

Mukamana uses a tape measure to determine that a baby isn't stunted from malnutrition, slides a digital thermometer under another child's armpit, and listens for the labored breathing that would signal pneumonia in a third.

All of this and more she logs into a handful of ledgers and patient registries, which are then shared with a nearby hospital. The one for HIV patients—a big grid, with check marks for every time a patient takes his or her medication—looks like a star-filled universe. And for good reason.

"I have been a community health worker with PIH since 2005, and all of my patients are alive and well," Mukamana says.

When not doing her community health worker duties, Mukamana tends to her banana farm. Athanasie Mukamana has been a Community Health Worker with PIH/IMB since 2005. She has been a CHW for the MOH since 1995. Photo by Cecille Joan Avila

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Partners In Health works closely with national governments and other partners to improve and expand health services.









baldo Roblero, 34, lived locked inside a shack behind his family home, a prisoner to his diagnosis of schizophrenia. A square hole in the door served as his portal to the world for nearly a decade. Beyond giving him his medication, his parents didn't know how else to respond to his violent spells—that is, until Dr. Luz Valderrama visited.

Valderrama met Roblero her first week in Soledad, a village in rural Chiapas, Mexico, where she's spending her first year after medical school. She recognized Roblero was reacting poorly to his medication and helped him get to specialized care eight hours away.

Partners In Health started working with Mexico's Ministry of Health in 2011 to place pasantes—or first-year doctors—like Valderrama in rural clinics in Chiapas. Now 10 clinics have doctors, which significantly improves residents' access to health care. These young physicians provided 10,470 patient visits in 2012 and about 28,000 in 2015—a nearly 170 percent increase.

Pasantes fill a long-standing gap in Mexico's health care system. Many new doctors prefer placements in urban hospitals or research institutions. But public clinics—the ground floor of the nation's health care system—are where they're needed most. These clinics are often inactive, because the government doesn't assign doctors to the locations or does so temporarily. It's a pattern rural Chiapanecans have seen often.

PIH changed that. Our unique training program attracts pasantes who are among Mexico's top medical school graduates. Our supervisors visit them several days each month to provide mentorship and help troubleshoot complex cases. Pasantes also return to our headquarters in Jaltenango for monthly seminars created by Harvard Medical School and accredited by Tecnológico de Monterrey.

Our staff ensure pasantes have the right tools by keeping clinic pharmacies fully stocked, so people like Roblero can depend on them. Each clinic also has a laptop loaded with an electronic medical record system to track patient visits.

We place doctors in rural public clinics, which fills a longstanding gap in Mexico's health care system.

This support allows pasantes to go the extra mile. Valderrama regularly visits Roblero at home and oversees his treatment. She's happy to report that he now works in his father's coffee fields, shares meals with his family, and visits a psychiatrist in the capital of Chiapas. Locked doors are a thing of the past.

"We're still watching and waiting," Valderrama says, "but his treatment has gone really well."

Luz Valderrama walks through the community of Soledad with Dr. Dan Palazuelos (in grey) and bootcamp participants
Jessica Bradford (in pink) and Irene Ritterman (in green). Luz Elena Valderrama, 24, is the pasante for the community of
Soledad. She is originally from Monterrey. As of August, she is six months into her social service year. Photo by Cecille Joan Avila

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Partners In Health makes long-term commitments to the communities we serve.









here are times when Manoucheca Ketan collapses at the end of a long day, her muscles tired from the strain of running after her triplet daughters. Just over 1 year old, Marian, Michelle, and Tamar are starting to walk and can be a handful for the 35-year-old mother. But she wouldn't have it any other way.

Ketan came to University Hospital in Mirebalais, Haiti, a 300-bed facility PIH opened in 2013, about halfway through her pregnancy. She knew she was carrying triplets and that two of them were likely conjoined. Dr. Christophe Milien, the hospital's director of obstetrics and gynecology, confirmed that two of the girls shared a liver.

It was a weighty case for the young hospital, but staff stood up to the challenge. After months of bed rest and specialized care, Ketan delivered the triplets four weeks early by cesarean section in November 2014. None required ventilation, and all were at least 5 pounds. Nearly six months later, the twins were separated during a seven-hour procedure conducted by a national and international team of experts.

The girls' birth and the conjoined twins' separation were welcome and unprecedented successes in a country like Haiti, where even basic medical care is a luxury. PIH has proven it doesn't have to be that way. We've been in Haiti for nearly 30 years, after sprouting from a small rural clinic in Cange and spreading to 12 communities

across the Central Plateau and Lower Artibonite—two of the country's poorest regions.

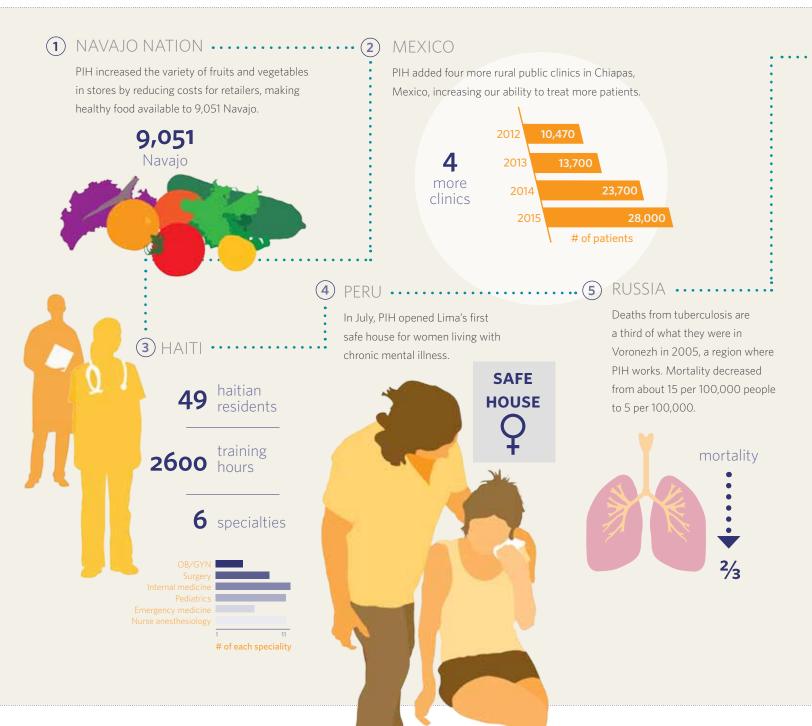
University Hospital is the latest example of that long-term commitment. The facility is home to a host of specialty services, from surgery and pediatrics to physical therapy and obstetrics and gynecology. All were necessary to provide quality care for the triplets.

We've been in Haiti for nearly 30 years—spreading from a small rural clinic to 12 sites across the country's poorest regions.

Our work in Haiti isn't done. We're busy recruiting and training the next generation of specialists, doctors and nurses who will no doubt perform their own medical miracles. We've taken our approach in Haiti and adapted it in other countries around the world—from Peru to Russia, and Rwanda to the Navajo Nation—where we work with local governments to make lasting change to health care systems.

Ketan is part of PIH's mission; she recently started teaching mothers how to care for their newborns. She's an expert, after all—three times over.

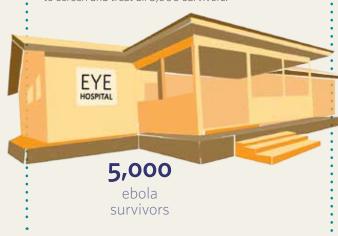
Triplets Marian, Michelle and Tamar were born at University Hospital of Mirebalais on November 24, 2014. Marian and Michelle were conjoined at birth (trunk / liver), and then surgically separated at UHM on May 22, 2015 by an international team of clinicians. The successful separation of these conjoined twins was the first of its kind at UHM. Mom, Manoucheca Ketan holds, L-R, Michelle, Marian and Tamar outside of the Kay Hotel Apartments in Mirebalais. Photo by Rebecca E. Rollins



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6 SIERRA LEONE

PIH clinicians and partners screened 1,000 Ebola survivors for post-Ebola vision problems and treated 150, on schedule to screen and treat all 5,000 survivors.



7 LIBERIA

2,019 patient visits occurred in the first month after PIH refurbished Pleebo Health Center, a small 24-hour rural clinic.

2,019 patient visits in first month



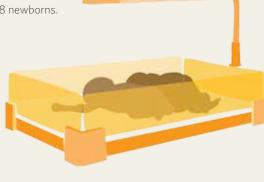
8 RWANDA

In two districts, new expertise and equipment such as neonatal baby warmers saved the lives of an estimated 228 newborns.

infant warmer saves

228

newborns



9 MALAWI

A novel program screens patients for health problems including HIV, tuberculosis, diabetes, hypertension, and cervical cancer. 9,388 screenings took place in the program's first 6 months.

9,388 screenings in 6 months

10) LESOTHO

Newborn deliveries in health centers in Berea District increased by 103 percent in 6 months.



103%

increase in 6 months

we need you

Partners In Health relies on its supporters. Thank you.



(prod note: the type treatment for these lists will be finalized once the copy has gone through its final edits)

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financials

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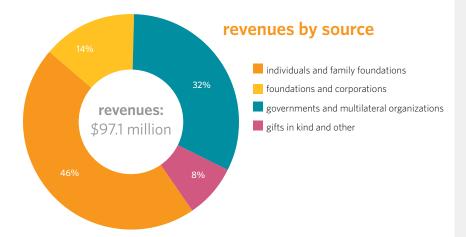


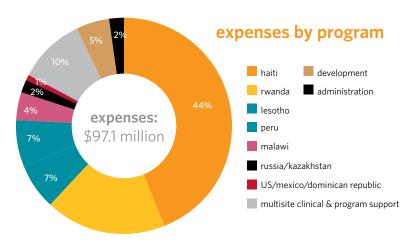
fiscal year 2014 financial summary

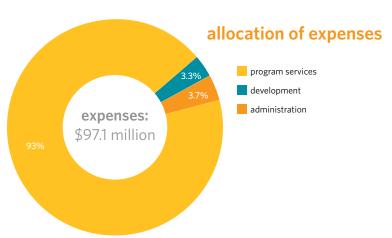
revenues*	2014	2013
contributions, grants, and gifts in kind:		
individuals and family foundations	44,138	51,980
foundations and corporations	14,034	15,182
governments and multilateral organizations	31,345	20,190
gifts in kind and contributed services	6,457	3,418
other income	1,091	1,118
total revenues	97,065	91,888
operating expenses*		
program services	90,273	89,298
development	3,212	3,351
administration	3,641	2,938
total operating expenses	97,126	95,587
increase (decrease) in net assets	(61)	(3,699)
assets	2014	2013
cash and cash equivalents	25,717	25,725
contributions receivable	2,425	1,929
grants receivable	6,931	7,947
prepaid expenses and other assets	2,027	4,472
investments, at fair value	1,486	2,118
property and equipment, net	4,512	2,563
total assets	43,098	44,754
liabilities and net assets		
total current liabilities	4,809	6,266
net assets		
foreign currency translation adjustments	(91)	47
undesignated	9,551	11,192
board-designated: Thomas J. White Fund	15,580	15,431
total unrestricted net assets	25,040	26,670
temporarily restricted	13,249	11,818
total net assets	38,289	38,488
total liabilities and net assets	43,098	44,754

^{34 *}Revenues and operating expenses include: a) contributions to PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity, and b) \$8.2 million in funding from the Haiti Reconstruction Fund for University Hospital in Mirebalais.

financials to be updated







expenses

PIH expenses increased slightly from \$95.6 million in fiscal year 2013 to \$97.1 million in fiscal year 2014. In fiscal year 2014, 93 percent of funds expended were for direct program costs, and only 7 percent went to fundraising and administration.

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