



# ANNUAL REPORT 2015

# where we work





**rwanda**

1 in 20 children dies  
before age 5

**russia**

36,000 people have  
multidrug-resistant  
tuberculosis

**malawi**

Life expectancy  
is 55 years

**lesotho**

23% of the adult  
population has HIV





# annual report 2015

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



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**Partners  
In Health**

*Previous page: Ebola survivor Yabom Koroma walks through her neighborhood in Freetown, Sierra Leone. Photo by Rebecca E. Rollins*



*Dr. Gary Gottlieb visits Sierra Leone soon after becoming CEO of PIH.*  
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.

Since joining the organization as chief executive officer in March, I've watched similar scenes unfold in the 10 countries PIH serves—places where quality health care is limited or non-existent, especially for people who are poor. I've seen that committed, gifted people and proper supplies and equipment can spark remarkable transformations, even in the midst of daunting challenges around the world.

These transformations, many of which are highlighted in this report, have come about through strong partnerships. We work with local government colleagues, 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 care.

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 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. These partnerships are also 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.

—Dr. Gary L. Gottlieb  
Chief Executive Officer

# we go

we make house calls

we build health systems

we stay

Partners In Health works in remote places where  
health care is limited or barely exists.



Dr. Dana Clutter admits a patient to Maforki Ebola Treatment Unit in Sierra Leone. Photo by Rebecca E. Rollins



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PIH is screening thousands of survivors for serious post-Ebola health complications.



**W**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 2014, we pledged to "go" to West Africa after 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 the region and possibly beyond. Everyone at PIH agreed we had a moral obligation to do our part—not just during the emergency but afterward, when the countries' decimated health systems could be bolstered.

Over the past year, we transported 200 clinicians, conducted hundreds of safety orientations, supported 21 facilities, and delivered tons of critical supplies by shipping container or suitcase. We remain a strong partner with local organizations and the governments of Liberia and Sierra Leone. While fighting Ebola, we hired 2,000 local residents, including 800 Ebola survivors, and supported staff and community health workers. Thanks in large part to the tireless dedication of our international team, we discharged 168 Ebola 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 Chief of Ebola Response Sheila Davis. "We went where we were needed most, in solidarity."

**Experts were predicting that an unchecked Ebola epidemic would infect millions.**

And we're far from done. We are seeking out, accompanying, and screening survivors for serious post-Ebola health complications, such as uveitis, an inflammation of the eye that can lead to blindness if untreated. Staff at remote mobile clinics and the Lunsar Survivor Eye Clinic have already seen roughly 1,000 of 5,000 survivors.

As one of the first steps in rebuilding health systems, PIH is leading infrastructure projects, which include a renovation to the J.J. Dossen Hospital in Maryland County, Liberia, and a similar major upgrade to the once-crumbling Government Hospital in Port Loko District, Sierra Leone. We also continue to support and improve care for pregnant women at the Ebola holding unit at Princess Christian Maternity Hospital in Freetown, the primary maternity referral center in Sierra Leone. We went, and we're staying.

Yealie Mansaray (right) examines Ebola survivors for eye complications in Port Loko District, Sierra Leone.  
Photo by Rebecca E. Rollins

we go

# we make house calls

we build health systems

we stay

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



Community health worker Athanase Mukamana checks up on a 1-year-old girl in Rwanda. Photo by Cecille Joan Avila

Mukamana is one of 7,200 community health workers we support in Rwanda.





we make house calls

A 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.

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

Mukamana, 59, is a longtime community health worker—one of 7,200 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. 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.

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 checkups.

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

Mukamana uses a tape measure to confirm 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.

*Mukamana harvests bananas from her farm. Photo by Cecille Joan Avila*

we go

we make house calls

# we build health systems

we stay

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



Dr. Luz Valderrama stocks one of our clinics in Chiapas, Mexico. Photo by Cecille Joan Avila



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



Ubaldo 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 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 chronic 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, a top Mexican medical school.

A square hole in the door served as Roblero's portal to the world for nearly a decade.

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.

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."

A rough road leads up to our clinic in Soledad, Mexico. Photo by Cecille Joan Avila

we go  
we make house calls  
we build health systems

**we stay**

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



*Our team of doctors and nurses collaborate with visiting clinicians to perform pediatric heart surgery at University Hospital in Mirebalais, Haiti. Photo by Rebecca E. Rollins*

A close-up photograph of a woman with dark skin and curly hair, smiling warmly at the camera. She is holding three young children, likely triplets, in her arms. The children are all wearing matching pink outfits with ruffled sleeves and a small floral applique on the chest. The woman is wearing a purple and white patterned top. The background is a lush green garden with pink flowers.

Manoucheca Ketan knew she was carrying triplets and that two of them were likely conjoined.



**T**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.

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

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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, Rwanda to the Navajo Nation—where we work with local governments to make lasting improvements 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.

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*Ketan proudly holds her healthy 1-year-old triplets: (left to right) Michelle, Marian, and Tamar.*  
Photo by Rebecca E. Rollins

# year in review

18,000 STAFF, 10 COUNTRIES, 7 MILLION REACHED

## ① NAVAJO NATION

PIH increased the variety of fruits and vegetables in stores by reducing costs for retailers, making healthy food available to 9,051 Navajo.

**9,051**

Navajo can buy  
healthy produce



## ③ HAITI

PIH continued to train the next generation of doctors at University Hospital in Mirebalais.

**49** Haitian residents

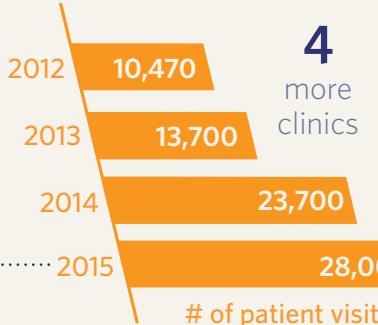
**2,600** training hours

**6** specialties



## ② MEXICO

PIH added four public clinics in rural Chiapas, allowing us to treat more patients.



## ④ PERU

In June, PIH opened Lima's first safe house for women living with chronic mental illness.



## ⑤ RUSSIA

Deaths from tuberculosis are one-third of what they were in 2005 in Voronezh, a region where PIH works.



7 LIBERIA

After refurbishing Pleeo Health Center, a small rural clinic, PIH welcomed 2,019 patients in the first month.



6 SIERRA LEONE

PIH clinicians and partners screened 1,400 survivors for post-Ebola vision problems and treated 161, with the goal to care for all 5,000 survivors.

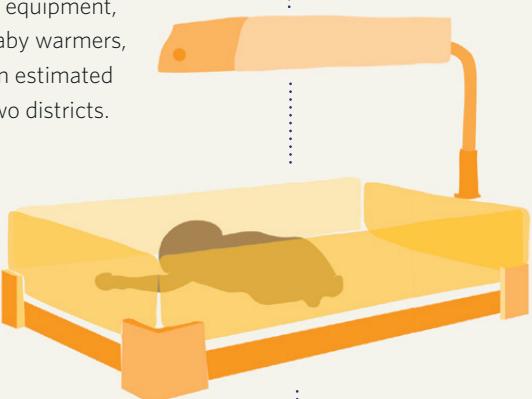


1,400 survivors screened

8 RWANDA

PIH's expertise and equipment, such as neonatal baby warmers, saved the lives of an estimated 228 newborns in two districts.

228 newborns saved



9 MALAWI

In its first six months, a novel PIH program screened 9,388 patients for health problems, including HIV, tuberculosis, diabetes, hypertension, and cervical cancer.



10 LESOTHO

PIH equipped health centers with supplies and running water so staff can safely deliver babies, increasing the number of deliveries in one district by 103 percent in only 6 months.

103%

increase in deliveries at health centers



# we need you

Partners In Health relies on its supporters. Thank you.



Nurse Natalya Shtrevenskaya gives Irina Ivanova\* and her newborn antiretroviral therapy in their home in Tomsk, Russia. Photo by Elena Devyashina for Partners In Health

\*Pseudonym by request.

## \$1 million and above

Anonymous (4) • Abbott Fund • Josh and Anita Bekenstein • Bill & Melinda Gates Foundation • Covidien • The Crown Family • Cummings Foundation, Boston • Fidelity Charitable Gift Fund • The Google Foundation • Bob and Mary Grace Heine • Reid Hoffman and Michelle Yee • Al and Diane Kaneb • Keurig Green Mountain • Margaret A. Cargill Foundation • Mead Witter Foundation • OneWorld Boston, Inc. • Open Society Foundation • Larry Page and Lucy Southworth • Sherman Fairchild Foundation, Inc. • The GE Foundation • The Leona M. and Harry B. Helmsley Charitable Trust • The Paul G. Allen Ebola Program • The Rick and Nancy Moskovitz Foundation • Vanguard Charitable Endowment Program • W.K. Kellogg Foundation • Charlotte and Herbert Wagner

## \$100 thousand to \$1 million

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## \$25 thousand to \$100 thousand

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## \$10 thousand to \$25 thousand

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## Noemí Carbajal

Noemí Carbajal first met a PIH physician when her older brother was sick with tuberculosis. She started working with us as a volunteer and, in the 20 years since, has moved her way up to director of human resources in our office on the outskirts of Lima, Peru. Finding PIH, she says, "was a miracle because it changed my life."



## \$10 thousand to \$25 thousand *continued*

Bill and Bony Levine Foundation • Becky Bilodeau-Dewey • Howard Blane • Jennie Weiss Block • Dr. Sally Blower and Dr. Nelson Freimer • C.D. and Nicole Boothe • John V. Brannen • Frank Brenninkmeyer • Susan Breyer • Katharine B. Brigham • Constance Britton • Christine A. Brown • Leslie Brunner and Ryan Wise • Thomas F. Burnol • Rob Buono and Liz Cicchelli • William and Jenny Butler • Perry Caicco and Ann Peel\* • California Community Foundation • Caroline Blanton Thayer Revocable Trust • Elizabeth and Nathaniel Carr • Patrick and Carolyn Carr • CAUSE Canada\* • The Cedar Street Foundation\* • Shui Tai Cheng • Christ Church of Greenville • Christ Church of the Ascension • City Arts & Lectures • Clovis Foundation • Coastal Community Foundation • Linda Cochran and Rick Duff • Dorothy Cochrane • The Community Foundation for the National Capital Region • an anonymous donor of Community Foundation Sonoma County • Contract Installations, Inc. • Allison Coudert • Moira Cullen • Lucy N. Dahl • Alexandra DeLaite and Tom Kuo • Denver Foundation • Carolyn Deodene • Dineh Cooperatives, Incorporated • Mark Dionne and Cynthia Mason • DMMN Foundation • Stephanie Dodson • Simon Doonan and Jonathan Adler • Steven Dorfman • Marcia and J. Peter Dowd • The Ducommun and Gross Family Foundation • The DuGan Family Trust • D. Brad Dyke, M.D. • Ecosystems Technology Transfer, Inc. • Karen Eddy • David B. Edwards • EILEEN FISHER • ElectricAid • Emergency Physicians International • R. Bradford Evans • Fairfield County Community Foundation • Marla Felcher and Max H. Bazerman • James Feldman and Natalie Wexler • Donna and Paul Fischer • Austin and Lauren Fite • Leslie Fleming • Frank J. Flaman Foundation\* • The Frederick and Margaret L. Weyerhaeuser Foundation • Seth Freeman • Richard Fried • Anita Gajdecki and Stephen Blyth • Thomas Gamble • The Gardner Grout Foundation • The George and Dorothy Babare Family Foundation • The George and Sara Stern Foundation • George Wasserman Family Foundation • Sarah and Michael Gerstenzang • Mr. and Mrs. John A. Gilmartin • Gladys and Ralph Lazarus Foundation • GlobalGiving Foundation • The Gnomon Fund • Robert and Francine Goldfarb • The Goodale Family Foundation • Robert Goodlatte • Gary L. Gottlieb and Derri Shtasel • The Grace Jones Richardson Trust • Grantham, Mayo, Van Otterloo & Co LLC • Grasshopper Shop Concord • Gray MacKay Family Fund • Rachel Gregg • Ellen Grobman • Maria Gutierrez and Gabriel Orozco • Kathleen L. Hagen • Sarah W. Hall, In memory • Holthues Trust • Monie and Chan Hardwick • Eliza Hatch • Elizabeth Hebert • Helena Hermes • The Hersher Family Foundation, Inc. • Karen Hescott • Howard H. Hiatt, M.D. • Hilti North America • Himmelstein Family Foundation • Jean Holder • Erle G. Holm Family Trust • Daniel R. Horn • Lawrence Hui • The Hunter-White Foundation • Ira N. Langsan & Lillian Langsan Philanthropic Fund of the Jewish Communal Fund • The Island Foundation, Inc. • Almon and Marjorie Ives • Mr. and Mrs. J. Atwood Ives • J.C. Cannistraro • J/P HRO • J.R. Albert Foundation, Inc. • Keith and Karen Jacobson • Jacques Perold and Amy Boesky Foundation • Jay N. Levine and Tammy L. Levine Family Foundation, Inc. • Jay W. Weiss Memorial Fund at the Miami Foundation • John Jamieson • Massoud X. Javadi • Jessica and Charles Myers Charitable Gift Fund • The Jewish Community Foundation • Jewish Community Foundation of Los Angeles • Johnsonite Inc. • Julie Marie Chavez Corporation • Charles and Mary Juster • JustGive.org • Elizabeth M. Wetterau Kaido • The Kalamazoo Community Foundation • Kaufman Family Foundation • Steven and Kathryn Keefer • Michael and Rosalind Keiser • Kenneth and Harle Montgomery Foundation • John Kern and Valerie Hurley • The Kerrigan Family Charitable Foundation • Steve Kessel and Sibyl Frankenburg • KeyBank National Association • Janet Kinnane and Conrad Smith • Knafel Family Foundation • Richard A. Koffman • David and Ginger Komar • Paul Koziol • Emily Kunreuther • Lang Foundation • Roger Langsdorf • Mr. and Mrs. Alexander Laskey • Ann Lavigne • Linda and Robert Lawrence • John Lazarus • David and Anne Lee • Paul and Eileen LeFort • The Leslie Peter Foundation • Jaime Lester and Dr. Cathleen Heffernan • Jared Leto • Marc and Kay Levinson • Stuart Licht • James Lockard • The Lubin Family Foundation • Teresa Luchsinger • Lucy Sherman Family Trust • Joel S. Lunney • The LWH Family Foundation • MacKay Shields, LLC • James and Heather Magliozzi • The Martin-Fabert Foundation • Jeff M. Masters • Bruce Mays and Cynthia Maltbie • McCarthy Properties, LLC • Christopher and Kathy McCormack • McCue Corporation • Denise and Mike McFall • Sally and Matthew McShea • Maurice Meslans and Margaret Holyfield • Microsoft • The Midvale Foundation • Mark and Goldi Miller • The Miller-Wehrle Family Foundation •



## Makutloano Mochaph

Makutloano Mochaph (right) has been a village health worker in Lesotho since 2013. She visits Motsamai Macheli every day to deliver his medication for multidrug-resistant tuberculosis. She also accompanies Macheli to the hospital once a month for a checkup.

## \$10 thousand to \$25 thousand *continued*

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\*PIH Canada donor   ◊Deceased

<sup>†</sup>Named after Partners In Health co-founder Tom White, Tom's Circle recognizes individuals who give through their wills, retirement plans, life insurance policies, or other planned gifts. For more information, please contact us at [plannedgiving@pih.org](mailto:plannedgiving@pih.org) or 617-998-0182.

## **Steve Mtewa**

Infrastructure Manager Steve Mtewa supervises our construction projects in Neno, Malawi, including this newly opened maternity ward. A PIH employee since 2008, Mtewa says what he enjoys most about his job is seeing Neno develop one building at a time.

## **Tom's Circle** *continued*

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## **Key Institutional Partners**

Boston Children's Hospital • Brigham and Women's Hospital • Dana-Farber/Brigham and Women's Cancer Center • Dana-Farber Cancer Institute • Harvard Medical School • Harvard University • Massachusetts General Hospital • Partners HealthCare • Regis College

## **Government, Multilateral, and Other Institutional Partners**

American Red Cross • Avon Foundation for Women • Boston University • Clinton Health Access Initiative • Deutsche Gesellschaft für Zusammenarbeit (GIZ) • Digicel • Global Communities • The Global Fund to Fight AIDS, Tuberculosis and Malaria • Grand Challenges Canada • Harvard Global Health Initiative • Interactive Research and Development • Jhpiego • The Kabbalah Centre • Malawi National AIDS Commission • Médecins Sans Frontières • Northrop Grumman • Pathfinder International • Peru National Fund for Scientific, Technological Development and Technological Innovation (FONDECYT) • Qatar Haiti Fund • The Rockefeller Foundation • Sonosite • TOMS Shoes Inc. • U.K. Department for International Development • U.S. Agency for International Development • U.S. Centers for Disease Control and Prevention • U.S. National Institutes for Health • UNITAID • United Nations Children's Fund • University Research Corporation • World Bank

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Abbott • Axios International • BD • Belair Instrument Co • Bingham McCutchen • BioMedica Diagnostics • Biomet, Inc. • Blue State Digital • Bridge of Life, DaVita Trust • Brigham and Women's Hospital • Brigham and Women's Hospital Pathology Department • Campos Soccer • CEVA Logistics • Boston Children's Hospital • Claire Hunt • Contract Installations, Inc. • Covidien • Crowell & Moring LLP • Currier • Dana-Farber Cancer Institute • Direct Relief • Epicor • ERT • Fragomen • GE Foundation • Global Soap Project/Clean the World • Hilti North America • Integra • Jeff Gordon Children's Foundation • Johnsonite, Inc. • Kirk Humanitarian • Load Zero Foundation • M•A•C AIDS Fund • Medtronic • Microsoft • NRF Distributors • Nuvasive • Oxford Pathology Inc • Parkland Medical Center • Penske Automotive Group • Point Innovate • Sir Richard's Condom Company • St. John's Preparatory School, Inc. • SRZ • Susan's Special Needs • Symmetry Surgical • Teleflex • UNMEER • Windover Construction LLC

<sup>\*</sup>PIH Canada donor   <sup>◊</sup>Deceased

This list reflects contributions of \$10,000 and more made during Partners In Health's 2015 fiscal year, 7/1/14–6/30/15.

# financials

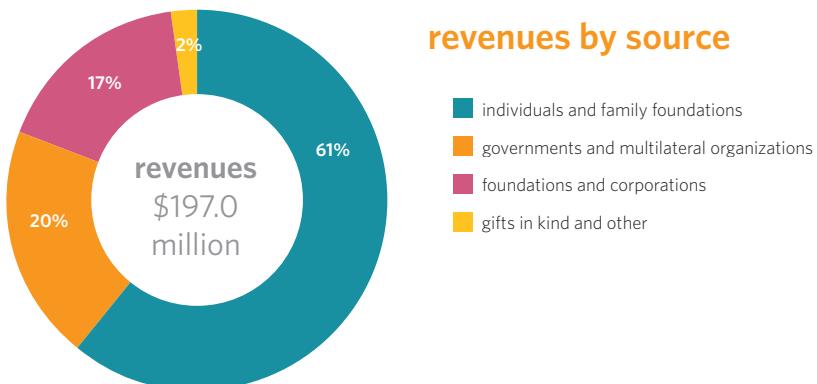
Partners In Health carefully manages your contributions to bring high-quality health care to more people in need.



Clerk Lauren Weaver stocks fruits and vegetables at Teec Nos Pos Trading Post, a store in the Navajo Nation participating in PIH's new healthy eating program. Photo by Cecille Joan Avila

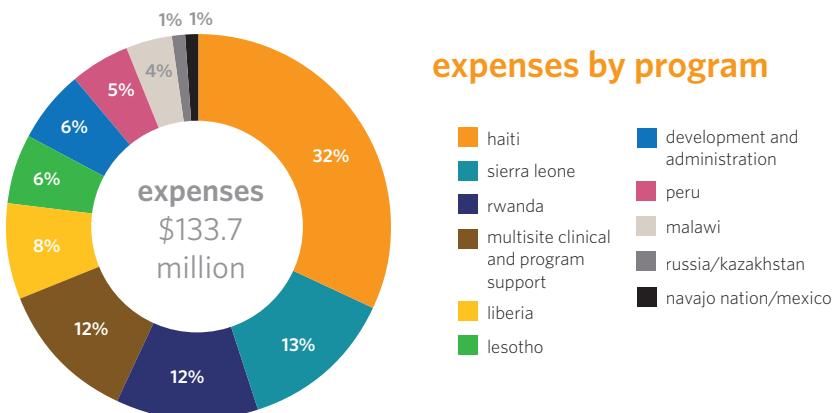
# fiscal year 2015 financial summary

statement of activities dollars in thousands	revenues*		
		june 2015	june 2014
contributions, grants, and gifts in kind			
individuals and family foundations	120,411	44,138	
foundations and corporations	32,904	14,034	
governments and multilateral organizations	39,282	31,345	
gifts in kind and contributed services	3,505	6,457	
other income	915	1,091	
	<b>total revenues</b>	<b>197,017</b>	<b>97,065</b>
operating expenses*			
program services	125,384	90,273	
development	2,322	3,212	
general and administration	6,012	3,641	
	<b>total operating expenses</b>	<b>133,718</b>	<b>97,126</b>
	<b>surplus (deficit)</b>	<b>63,299</b>	<b>(61)</b>
statement of financial position dollars in thousands	assets	june 2015	june 2014
cash and cash equivalents	84,630	25,717	
contributions receivable	82	2,425	
grants and other receivables, net	14,098	6,931	
prepaid expenses and other assets	3,021	2,027	
investments, at fair value	1,433	1,486	
property and equipment, net	6,588	4,512	
	<b>total assets</b>	<b>109,852</b>	<b>43,098</b>
liabilities and net assets			
	<b>total current liabilities</b>	<b>8,706</b>	<b>4,809</b>
net assets			
foreign currency translation adjustments	(533)	(91)	
undesignated	9,602	9,551	
board-designated: Thomas J. White Fund	57,603	15,580	
	<b>total unrestricted net assets</b>	<b>66,672</b>	<b>25,040</b>
	<b>total temporarily restricted net assets</b>	<b>34,474</b>	<b>13,249</b>
	<b>total net assets</b>	<b>101,146</b>	<b>38,289</b>
	<b>total liabilities and net assets</b>	<b>109,852</b>	<b>43,098</b>



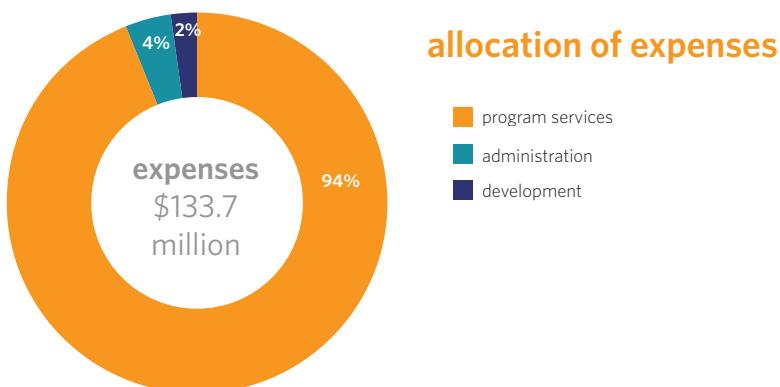
### revenues by source

- individuals and family foundations
- governments and multilateral organizations
- foundations and corporations
- gifts in kind and other



### expenses by program

- | Program                                | Percentage |
|--|------------|
| haiti                                  | 32%        |
| sierra leone                           | 13%        |
| rwanda                                 | 12%        |
| multisite clinical and program support | 12%        |
| liberia                                | 8%         |
| lesotho                                | 6%         |
| development and administration         | 6%         |
| peru                                   | 5%         |
| malawi                                 | 4%         |
| russia/kazakhstan                      | 1%         |
| navajo nation/mexico                   | 1%         |



### allocation of expenses

- program services
- administration
- development

### revenues

In fiscal year 2015, PIH received \$197.0 million in revenue, a 103% increase over fiscal year 2014. Of this, \$120.4 million came from individual donors, \$32.9 million came from foundations and corporations, and \$39.3 million came from the public sector. In addition, PIH recorded \$3.5 million in gifts in kind and contributed services, and \$0.9 million in other income.

### expenses

PIH expenses increased from \$97.1 million in fiscal year 2014 to \$133.7 million in fiscal year 2015, a 38% increase. The majority of this increase is due to PIH's expansion into Liberia and Sierra Leone. In fiscal year 2015, 94% of funds were for direct program costs and 6% went to fundraising and administration.

### surplus (deficit)

PIH ended fiscal year 2015 with a surplus of \$63.3 million. This surplus is comprised of a large gift to the board-designated T.J. White Fund and funding related to PIH's expansion into West Africa. The funding related to West Africa will be carried forward and spent in fiscal year 2016.

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