

PATIENCE

KNOWLEDGE

VISION

What does it take to defeat disease?

COMMITMENT

COURAGE

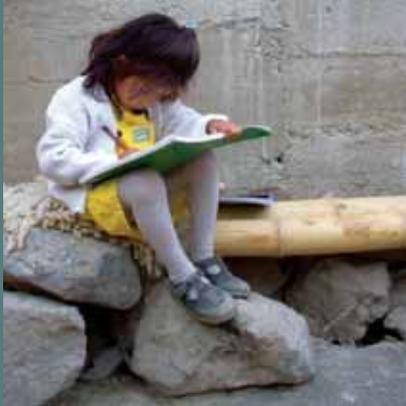
HOPES

RESOURCES



PARTNERS
IN HEALTH™
2004 ANNUAL
REPORT





DIRECTOR'S MESSAGE

The world is focused on AIDS and other treatable diseases as never before. The public health and policy community is no longer asking *if* it is possible to treat people living with the burden of illness but rather *how* best to do it. This is a welcome sea change and we're proud to have played a role in bringing these changes about. Treating the destitute sick is central to the mission of PIH. But treatment is only part of the story: we believe that the success of our programs is inextricably linked to our comprehensive approach to health care which aims not only to treat diseases but to serve the communities in which we work. This means what it always has, that PIH will advocate for our patients and their families to have access to clean water, decent housing, education and food in addition to primary health care. These are not secret ingredients but essential components of the PIH model of care. You will see in this report how these elements are combined to produce a model for tackling AIDS in rural Haiti, a model that we hope will set a standard for those working in the poorest regions of the world, where these basic rights have never yet been met.

In 2004, PIH continued to expand its programs in order to reach more people. Working in conjunction with the public health sector, the number of patient encounters was estimated to be close to a million in Haiti alone. Again, this statistic tells only half the story because early on PIH made a commitment to treat not just the patient's disease but to tackle the barriers to their care which meant addressing the conditions in which they were living. We were cautioned that providing social support to our patients and their families would complicate the work and yet we have found the opposite to be true: supplementing the medications with basic necessities such as housing and education has lead to monumental differences in patient outcomes and the health of communities.

In spite of PIH's rapid growth, the key elements of our work remain unchanged. We're committed to the same four areas of focus: namely service, training, advocacy and research. These endeavors are included in all our programs but the emphasis will be decided by variables such as local capacity and the burden of disease.

We have found over the years innovative ways to ensure that service remains at the heart of our work knowing that it would be short-lived without training local clinicians and health workers to deliver quality care and without advocating, at the highest levels, change in the policies that affect the lives of the patients. Service, training, and advocacy are all informed by research.

For almost two decades PIH has been able to report to you on an annual basis that we have grown and that the scope of our collective work has broadened in order to accommodate more patients. Now, with the worlds eye's focused on epidemic disease in the developing world, much is at stake. We must continue to find ways to develop and hone this model of care in order to replicate it and help others to do so.

PIH has many partners in this work, and only a fraction of them are listed on the back pages of this annual report. In spite of our growth we still depend, in large part, on the generosity of our individual donors. We will never be able to thank you enough and hope you know that, as supporters of the work, you are part of a team of people spread out over six countries: community health workers, doctors, nurses, drug procurement specialists, teachers, volunteers, agronomists, bookkeepers, researchers, builders, and information technologists to name only a few. You won't meet most of them but you will see the indelible imprint of their work on the pages of the report you are reading.

Ophelia Dahl

MISSION

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.



THIS YEAR, MILLIONS OF PEOPLE WILL DIE OF TREATABLE DISEASES.

None of these deaths really have to happen.

People are saying, “Wait, this is crazy. You’re telling us that we have the medicines to take care of these people, but they’re dying like flies?”

We say, “Yes, that’s just what we’re telling you.”

“You’re telling us that there are antibiotics that can cure these people, but they’re not getting where they need to go?”

And we say, “Yes, that’s right.”

But it doesn’t have to be that way.

Our patients have diseases that are treatable: AIDS, tuberculosis, breast cancer.

We can treat diseases like that in resource-poor settings.

Here’s how we do it:

Dalène Pierre, pictured here with Dr. Sonya Shin, arrived at the Boucan Carré clinic weighing just 17 pounds at age three-and-a-half. Zanmi Lasante’s socioeconomic programs, which address the communities’ desperate need for food, potable water, housing, education, and employment, is helping Dalène and her family, and thousands more like them, lead healthier lives.



THE PIH APPROACH

SERVICE

We ask the people in the communities we serve what ails them and then do whatever it takes to make them well, just as we would if a member of our own family, or we ourselves, were ill.

TRAINING

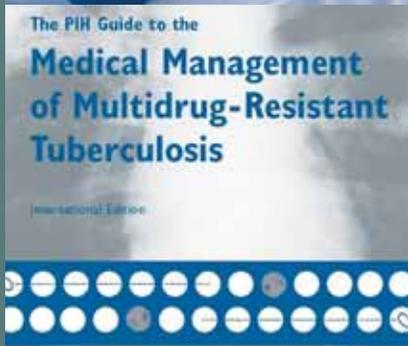
By training physicians, nurses, health workers, and administrators in settings of poverty, we develop a new generation of health providers able to deliver comprehensive, community-based care in even the poorest and most remote places.

ADVOCACY

Our patients' illnesses are rooted in poverty, so we help provide them food, potable water, and adequate housing. We also inform health policy by voicing their needs to the world's governing bodies and institutions.

RESEARCH

We translate our lived experience serving the destitute sick into research that is broadly disseminated in the scholarly literature and at academic conferences and meetings around the world.



VISION

Partners In Health (PIH®) began with a personal commitment to a few villages in rural Haiti. The principle that motivated us was simple: everyone, whether poor or affluent, deserves to benefit from the same high standard of medical care. Our first step was equally direct: we asked our Haitian colleagues what ailed them. The work that followed grew complex—not because our vision was complicated, but because the sources of our patients' illnesses ran so deep.

What caused suffering for impoverished Haitians, it turned out, could not be expressed by a simple litany of diseases. Their ills had deeper roots in a legacy of social and economic inequality. To cure the infections, it was necessary to address the conditions that had given rise to them. We fought pneumonia with antibiotics while simultaneously helping people replace their thatched roofs with tin. We cured tuberculosis with antibiotics and also by training residents as doctors, technicians, and health outreach workers, so that they could help diagnose and treat their neighbors. And even as we arranged for Haitian patients to undergo heart surgery in top U.S. hospitals, we enabled our Haitian colleagues to build and equip operating rooms, laboratories, schools, and inpatient facilities.

The effectiveness of the community-based model developed by PIH in Haiti has been documented in many books and journal articles. We are now employing it in poor communities around the world—in Haiti, Peru, Russia, and Boston.

By successfully delivering quality medical care to the poor and the oppressed—those most in need of our services—we demonstrate that allegedly “untreatable” health problems can, in fact, be addressed effectively. In fulfilling our mission, we seek to inspire, enlist, and train others to deliver the same quality of care.





HAITI: ZANMI LASANTE

Partners In Health (PIH) has been working in Haiti with our sister organization, Zanmi Lasante (ZL), for nearly two decades. The PIH and ZL (PIH/ZL) work has always been a crucible of discovery. It is where our organizations have long confronted neglected health challenges and strived to understand how best to serve the destitute sick. In doing so, PIH/ZL has developed a pioneering, community-based AIDS prevention and treatment program that is now a model for the world. In successfully tackling AIDS in impoverished rural Haiti, PIH/ZL has silenced naysayers and brought hope and new resources to bear on the most pressing human rights issue of our time.

PIH tackles AIDS in rural Haiti

Late 1970s HIV is introduced to Haiti.

1986 Zanmi Lasante (ZL) documents the first known case of HIV disease in Haiti's Central Plateau.

1988 Voluntary counseling and testing is offered free of charge as ZL focuses its efforts on HIV prevention and education during the early years of the epidemic.

1990 ZL launches a comprehensive women's health program, Proje Sante Fanm, to provide family planning, prenatal care, and treatment for sexually transmitted infections.

1992 ZL launches an AIDS education project called Une Chance à Prendre. Local patients and activists produce Chache Lavi, Detwi Lavi (Looking for Life, Destroying Life), the first candid film portrayal of AIDS in Haiti.

1993 ZL opens its first inpatient facility. More than 40 percent of patients are found to be HIV-positive.

1995 A two-year study reveals that more than half of HIV-positive patients at ZL also have active tuberculosis.

1995 ZL becomes Haiti's first clinic to offer zidovudine free of charge to all HIV-positive pregnant women to prevent mother-to-child transmission of the virus. The availability of treatment dramatically increases uptake of voluntary counseling and testing for HIV among pregnant women and lowers the rate of vertical transmission in our catchment area.

1998 ZL acquires a small amount of antiretrovirals and begins to treat 50 patients with advanced AIDS.

2000 Encouraged by the remarkable return to health among the initial cohort, ZL launches the HIV Equity Initiative to expand treatment to as many patients as possible. Drawing on PIH's experience treating multidrug-resistant tuberculosis in Peru, the HIV Equity Initiative codifies clinical criteria for beginning AIDS therapy; trains community health workers to deliver antiretroviral drugs under the same model used to treat tuberculosis in Haiti and Peru; and negotiates for preferential pricing and generic medicines on the international market, thereby decreasing the average annual cost of treatment from over \$10,000 to \$325 per patient.

2002 Haiti receives one of the first grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, thus enabling ZL to expand comprehensive medical services, including AIDS treatment, across the Central Plateau and revitalize the public health sector.

2003 ZL becomes the site for the U.S. Centers for Disease Control and Prevention's new initiative to establish a Caribbean training center for AIDS care and treatment. By the end of 2003, ZL is monitoring more than 7,000 HIV-positive patients; of these, more than 700 receive supervised antiretroviral therapy.



PIH Tackles AIDS In Rural Haiti: SERVICE

Integrating AIDS care with primary health care

From its beginnings as a small community clinic in the village of Cange, Zanmi Lasante is today one of the largest non-governmental health care providers in Haiti, with primary responsibility for health care in the Central Plateau. ZL's comprehensive, community-based model has proven successful in starting and sustaining effective HIV care and treatment that is integrated with primary health care. In each of the expansion sites, ZL has partnered with other non-governmental organizations and the Haitian Ministry of Health to rebuild or refurbish existing clinics and hospitals, introduce essential drugs to the formulary, establish laboratories, train and stipend community health workers, and complement Ministry of Health personnel with PIH-trained staff. Clinics that previously stood empty now register hundreds of patients each day. Across six sites—Cange, Boucan Carré, Hinche, Thomonde, Belladère, and Lascahobas—the average number of daily ambulatory visits has increased more than twenty-fold.

Cange: PIH/ZL's first site is now a sprawling sociomedical complex boasting a full-service hospital (Clinique Bon Sauveur) with 104 beds and two operating rooms; adult and pediatric inpatient wards; infectious disease, ophthalmology, and general medicine clinics; a women's health center; a dozen schools; housing, social services, and community health programs; and a Red Cross blood bank; 350 patient visits/day

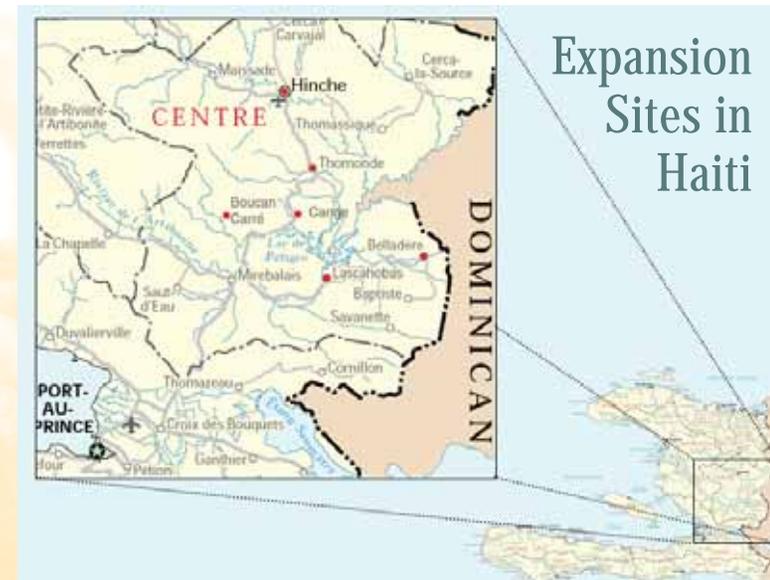
Belladère: Renovated Ministry of Health hospital near the Dominican border; fully functional operating room; emphasis on mobile clinics to address the needs of the migrant population; 150 patient visits/day

Boucan Carré: New 12-bed public hospital built by ZL in collaboration with the Ministry of Health, inaugurated in July 2004; 14-room staff dormitory; operating room being established; nutrition program; reforestation and bakery initiatives; 250 patient visits/day

Lascahobas: Newly constructed 15-bed public hospital; enhanced obstetrical services, and management of complicated deliveries; 400 patient visits/day

Hinche: Renovated 66-bed Ministry of Health hospital and TB inpatient ward; HIV, TB, dental, and ophthalmology clinics; fully functional operating room; training center site; 250 patient visits/day

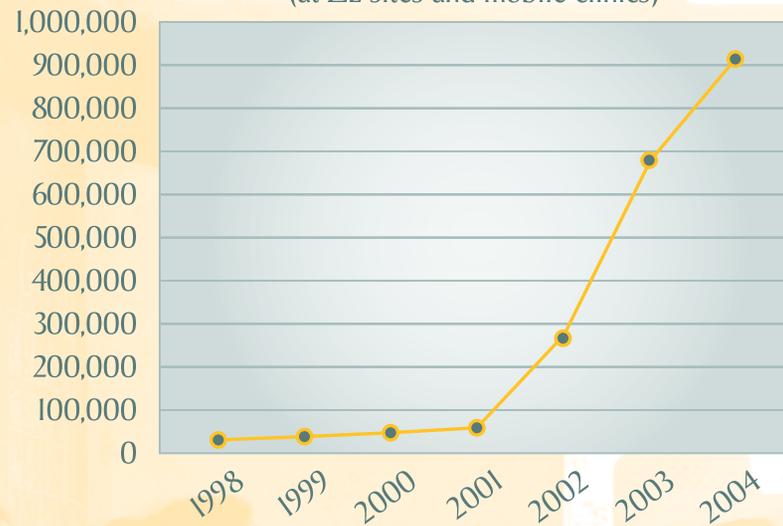
Thomonde: Renovated Ministry of Health clinic; new public hospital now under construction; community health project in collaboration with Project Medishare in Miami; 250 patient visits/day



Expansion Sites in Haiti

Annual Patient Encounters

(at ZL sites and mobile clinics)



“PIH has been visionary in delivering HIV care in poor countries,” said Anil Soni of the Global Fund to Fight AIDS, Tuberculosis and Malaria. “It’s a small organization with a model that has been adopted by the WHO. That’s saying something.”

(Florida Times, February 2004)





PIH Tackles AIDS In Rural Haiti: SERVICE

The HIV Equity Initiative

In 1998, ZL launched the world's first program to provide free, comprehensive HIV care and treatment in an impoverished setting. In 2000, this pilot effort was expanded across central Haiti and became known as the HIV Equity Initiative. In spirit and execution it is based on our longstanding model of community-based tuberculosis control and care, which emphasizes adherence to treatment by enlisting community health workers to deliver therapy and provide social support.

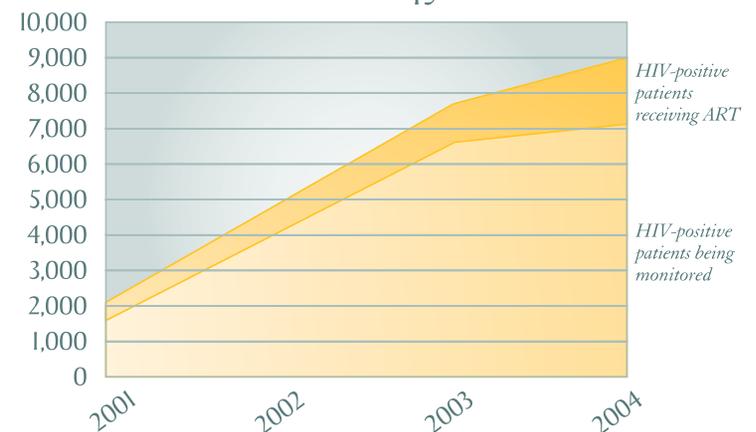
The “Four Pillars” of the HIV Equity Initiative:

- ① AIDS prevention and treatment in the context of primary care
- ② Advancing tuberculosis care
- ③ Improving screening and treatment of sexually transmitted infections
- ④ Emphasis on women’s health

① AIDS prevention and treatment in the context of primary care

The provision of general medical services is the fundamental intervention necessary for engaging the community and improving overall well-being. ZL’s mandate to fight AIDS in Haiti is thus underpinned by improving access to comprehensive primary health care. As ZL expands across the Central Plateau, it has registered a steady increase in the number of HIV tests performed (more than 40,000 in 2004), the number of HIV-positive patients monitored (more than 8,000 at the end of 2004), and the number of HIV-positive patients on antiretroviral therapy (1,446 at the end of 2004).

HIV-positive patients monitored and on antiretroviral therapy, 2001-2004



② Advancing tuberculosis care

Tuberculosis is the leading cause of death among HIV-positive people worldwide. Haiti has the highest prevalence rates in the Western Hemisphere of both HIV and TB, and we thus battle the two diseases in tandem. Tuberculosis detection and treatment skyrocketed at each of the expansion sites after ZL introduced appropriate diagnostics, medications, and personnel, including community health workers to provide directly observed therapy. In 2004, more than 1,500 patients were treated for tuberculosis; one-third of these patients were also HIV-positive.

③ Improving screening and treatment of sexually transmitted infections

Untreated sexually transmitted infections (STIs) can elevate the rate of HIV transmission up to tenfold, cause cervical cancer and infertility, and put pregnant women and their babies at increased risk for preterm delivery, miscarriage, and neonatal complications. ZL has developed a comprehensive women's health program that centers on the aggressive screening and treatment of STIs. In 2004, over 38,000 patients were screened for STIs, and 500 women were screened for cervical cancer. New algorithms for the screening and treatment of chlamydia and gonorrhea, two very prevalent and difficult to identify STIs in Haiti, have improved ZL's detection rate to nearly 98 percent.

④ Emphasis on Women's Health

Reducing maternal mortality

Childbirth is the second leading cause of death for women in Haiti, who are forty times more likely to die from pregnancy-related complications than are women in the United States. Family planning services and timely OB/GYN care dramatically improve the survival and well-being of women and their families. Each Zanmi Lasante site is staffed by a family planning nurse as well as community health workers who travel throughout the countryside teaching men and women about sexually transmitted infections (including HIV), distributing condoms and oral contraceptives, and referring pregnant women and others to ZL clinics. To reach even more communities, PIH/ZL also trains a network of traditional birth attendants to assist with home births and refer high-risk pregnancies. ZL has four full-time OB/GYN doctors on staff, and two of its sites have fully-equipped operating rooms that can accommodate Cesarean sections and other OB/GYN emergencies. In 2004, Zanmi Lasante saw more than 25,000 pregnant women.

Preventing mother-to-child transmission of HIV

Mother-to-child transmission of HIV at birth or through breastfeeding, now nearly unheard of in the United States, remains a ranking problem in most of Haiti. In addition to its comprehensive women's health services, Zanmi Lasante's targeted efforts to reduce viral transmission from mother to infant has resulted in a local vertical transmission rate of under 2 percent. All pregnant women are tested for HIV; in 2004, 150 HIV-positive pregnant women were identified and treated with antiretroviral therapy. Monthly education sessions for pregnant women and new mothers are a popular forum for sharing information about safe pregnancy, HIV prevention, and child care. Infant formula and all the necessary supplies for safe formula-feeding (including access to clean water) are provided to all HIV-positive mothers to prevent postpartum transmission of HIV via breast milk.

Earlier HIV diagnosis for newborns

In 2004, ZL piloted an inexpensive test to confirm an infant's HIV serostatus within one to four months of birth. Previously, an infant's serostatus could not be confirmed until 18 months of age, which delayed care and treatment for infants who had in fact contracted the virus from their mothers. In 2004, 89 infants were tested; all ZL sites are now performing this test for HIV in babies born to HIV-infected mothers.

PHARMACIE



PIH Tackles AIDS In Rural Haiti: TRAINING

Mobilizing and training community members to deliver care

In the world's poorest and sickest communities, health care projects are hamstrung by an apparent lack of human resources. PIH/ZL has addressed this shortage by identifying, training, and stipending members of the community to become health care workers at each of our sites. Zanmi Lasante's community health workers—nearly one thousand *ajans sante*, *ajans fanm* (specializing in women's health), and *accompagneurs* (providers of daily directly observed therapy for patients with AIDS and tuberculosis)—serve as the essential link between remote villages and the ZL clinics. The community health worker program, in addition to strengthening the health infrastructure, also boosts the local economy by creating paying jobs. Many of our community health workers are former patients who themselves benefited from the care of other community health workers.

Strengthening local capacity: new National Training Center in Hinche

In collaboration with the International Training and Education Center on HIV/AIDS (I-TECH) and the Caribbean HIV/AIDS Regional Training Initiative (CHART), in 2004 PIH/ZL established a National Training Center in Hinche to train health workers from Haiti and other Caribbean nations in all aspects of HIV care and treatment. In 2004, more than 300 health care workers—doctors, nurses, nurses' aides, pharmacists, lab technicians, community health workers, and support staff—participated in PIH-led trainings. The training curriculum was developed by PIH/ZL based on *The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings*.

Training staff to use information technology to link our remote sites and improve patient care

In settings without reliable electricity or telecommunications, harnessing technology has allowed PIH/ZL to improve patient care and save countless lives. ZL's remote sites in rural Haiti, separated by mountainous terrain and treacherous roads, are linked by satellite Internet. Our Web-based electronic medical records (EMR) system, initially developed for tuberculosis care in Peru, tracks HIV patients over the course of their ongoing therapy, flagging patients in need of follow-up and offering real-time decision support to clinical staff. The EMR system also underpins our complex drug procurement and pharmacy systems, supports efficient and accurate medical and programmatic management, and enables the collection and analysis of data for the clinical and operational research that is so vital to expanding AIDS treatment efforts around the world.



Community-based care during political upheaval

The strength and sustainability of ZL's community-based approach was especially evident after the February 2004 coup d'état that deposed Haiti's democratically elected president, Jean-Bertrand Aristide. Despite the ongoing unrest and violence, all six of ZL's clinics remained open. From ZL's staff of over a thousand employees, only six—the entire non-Haitian contingent—were temporarily displaced by the coup. Most importantly, no AIDS patients missed a single dose of their medications. This unwelcome test of ZL's community-based health care system in central Haiti shows that a decentralized, locally-based model can withstand even the most disruptive social and political upheaval.



PIH Tackles AIDS In Rural Haiti: ADVOCACY

PIH/ZL's efforts to tackle HIV/AIDS in rural Haiti do not stop at enrolling patients on antiretroviral therapy. Taking medicine requires clean water and proper nutrition so that the medicine can have its desired effects. Throughout ZL's sites in the central plateau we continue to provide and advocate for the social and economic rights of our patients through improving access to potable water, nutrition, education, and financial services.

Improving access to potable water

Unclean water is a major contributor to disease and mortality worldwide, particularly among children. In rural Haiti, PIH/ZL is implementing long-term solutions to address the lack of potable water, including the installations or repair of spring caps, wells, and hydraulic pumps. In 2004, eleven villages benefited from new spring caps and wells installed by Zanmi Lasante. This potable water is being used for, among other things, providing formula to mothers with HIV/AIDS so that they can properly nourish their babies without the fear of vertical transmission.

Nutrition program for children and AIDS patients

In our expansion sites, severe malnutrition is estimated to be 17%. By the end of 2004, ZL had treated 2790 children, many with the help of the World Vision program. The Cange clinic nutrition program continues to provide meals to 3000 children and 200 infants daily. All patients receiving antiretrovirals also receive daily liquid nutritional supplements, amounting to close to 1200 patients in 2004.

Supporting schoolchildren and the crumbling education infrastructure

In addition to enrolling more than 800 students at the Ecole Bon Sauveur in Cange, PIH paid the annual school fee for nearly 500 orphans and children whose parents are patients at ZL clinics. We also supplemented the salaries of 25 teachers in Cange and the surrounding area who are part of a nationwide adult literacy initiative.

Providing microcredit loans through a partnership with Fonkoze

As a means of investing in the well-being of all patients and their families, ZL has partnered with Fonkoze, a Haitian-based microfinance organization, to provide group and individual loans. A Fonkoze branch office opened in Boucan Carré in July 2004.

Agriculture and Reforestation Projects

In accordance with the belief that good health cannot exist with hunger, agricultural projects are integral to ensuring patient success. In the latter half of 2004, 14,000 trees, including 5 species of fruit trees, were planted throughout Cange and Boucan Carré. Through the help of two major grassroots peasant organizations, produce is being cultivated on 40 hectares of land, providing food for patients at the hospital sites.



New hope in the battle against AIDS: the Global Fund and PEPFAR

The demonstrated success of the HIV Equity Initiative contributed to the formation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, a multilateral, public-private partnership to finance the fight against the world's deadliest infectious diseases. The decision by G8 countries to establish and support the Global Fund followed a call in April 2001 by UN Secretary General Kofi Annan for the creation of a "war chest" to fight AIDS. Since its launch in 2002, the Global Fund has created an innovative, demand-driven model where country-level grant applications are developed and submitted by a consortia of NGOs, government agencies, and organizations representing people living with HIV, TB, and malaria. Furthermore, the Fund's procurement system helps countries and projects navigate purchases of low-cost, high-quality medicines, including antiretrovirals for AIDS.

Zanmi Lasante's track record and innovative treatment protocols spurred the Global Fund to award Haiti one of its first grants in 2002. A strong endorsement of ZL's community-based approach, the award, along with new funding from the U.S. Centers for Disease Control and Prevention and the President's Emergency Plan for AIDS Relief (PEPFAR), has allowed Zanmi Lasante to expand its medical services across the Central Plateau, with the goal of strengthening the public health infrastructure while providing antiretroviral therapy to more than 4,000 AIDS patients over the next three years.



PIH Tackles AIDS In Rural Haiti: RESEARCH

Our Haitian staff, along with their American colleagues, presented clinical and operational findings at international scientific conferences, including the XV International AIDS Conference in Thailand and A Multicultural Caribbean United Against HIV/AIDS in the Dominican Republic. Presentation and workshop topics included HIV prevention and treatment, disease stigma, community-based health care, treatment adherence, drug procurement, sexually transmitted infections, women's health, and electronic medical records systems that support the delivery of health care in resource-poor settings. By participating in these conferences, PIH and ZL staff disseminate to colleagues and projects around the world the lessons we have learned in scaling-up comprehensive HIV prevention and care across Haiti's Central Plateau.

Presentation at the XV International AIDS Conference (Thailand, 2004)

- *From the Market to Mothers Clubs: Community Mobilization and Improving Access to Care and Prevention of HIV in Haiti.* Fernet Leandre, MD
- *Forced Sex and HIV Prevention. Implication of Findings among Women accessing Health Services in Rural Haiti.* Joia S. Mukherjee, MD, MPH

Posters at XV International AIDS Conference (Thailand, 2004)

- *Adherence and Cost of Treatment: The Need for a Biosocial Approach in the Understanding of User-Fees and its Impact on Adherence to Antiretrovirals.* Arachu Castro, Ph.D., MPH, Paul Farmer, MD, Ph.D.
- *Public Health Pitfalls: The Use of Economic Arguments to Fight AIDS in the Caribbean.* Arachu Castro, Ph.D., MPH, Paul Farmer, MD, Ph.D.
- *AIDS-Related Stigma and Access to Comprehensive AIDS Care: From Social Theory to Clinical Practice in rural Haiti.* Arachu Castro, Ph.D., MPH, Fernet Léandre, MD, Maxi Raymonville, MD & Paul Farmer, MD, Ph.D.
- *Scale-up of an HIV treatment program in rural Haiti.* LC Ivers, D Niyizonkiza, G Jerome, K Joseph, H Fraser, PE Farmer, JS Mukherjee, F Léandre.
- *Accuracy of Empiric Algorithms for Detection of STDs in Rural Haiti: Implications for the Reduction of HIV Transmission.* Salazar JJ, Lambert W, Singler JM, Léandre F, Nevil P, Bertrand D, Claude MS, Bertrand J, Louissaint M, Joanis L, Mukherjee J, Farmer P, Smith Fawzi MC.
- *Integrating HIV prevention and care improves the overall quality of primary health care in central Haiti.* Léandre F, Farmer P, Nevil P, Lambert W, Raymonville M, Koenig S, Ferrer J, Walton D, Walker B, Orélus C, Smith Fawzi MC, Mukherjee J.
- *Procurement and distribution of antiretroviral therapy in rural Haiti.* M Sauveur, K Kempton, M. Mosely, L Ivers, MD., L Viaud, P Farmer, MD., Ph.D., D Niyizonkiza, J Mukherjee, MD., M Raymonville, MD.

Posters at the Multicultural Caribbean United Against HIV/AIDS Conference (DR, 2004)

- *An Electronic Medical Record System to Support HIV Treatment in Rural Haiti.* Patrice Nevil.
- *Procurement and distribution of antiretroviral therapy in rural Haiti.* M. Sauveur.
- *Prevalence and risk factors of STDs in rural Haiti: implications for policy and programming in resource-poor settings.* Wesler Lambert, MD.
- *Presenting Diagnosis Among HIV-Infected Patients at Two Health Centers in Rural Haiti: The Link Between Prevention and Treatment.* Wesler Lambert, MD.
- *Integrating Women's Health with Scale-Up of AIDS Prevention and Care: Five Lessons from Rural Haiti.* Maxi Raymonville, MD.
- *Prevention of Mother-to-Child Transmission of HIV in Rural Haiti: The Partners In Health Experience.* Maxi Raymonville, MD.
- *Preliminary Outcomes of Directly Observed Treatment of Advanced HIV Disease with ARVs (DOT-HAART) in Rural Haiti.* Fernet Léandre, MD.
- *Integrating HIV prevention and care improves the overall quality of primary health care in central Haiti.* Fernet Léandre, MD.
- *Directly observed therapy (DOT) and other adherence strategies in the delivery of HIV care.* Fernet Léandre, MD.
- *Scaling up of ART at Zanmi Lasante: the rural experience.* Fernet Léandre, MD and GHESKIO.
- *Understanding Social Vulnerability: Implications for AIDS Prevention and Care.* Paul Farmer, MD, Ph.D.

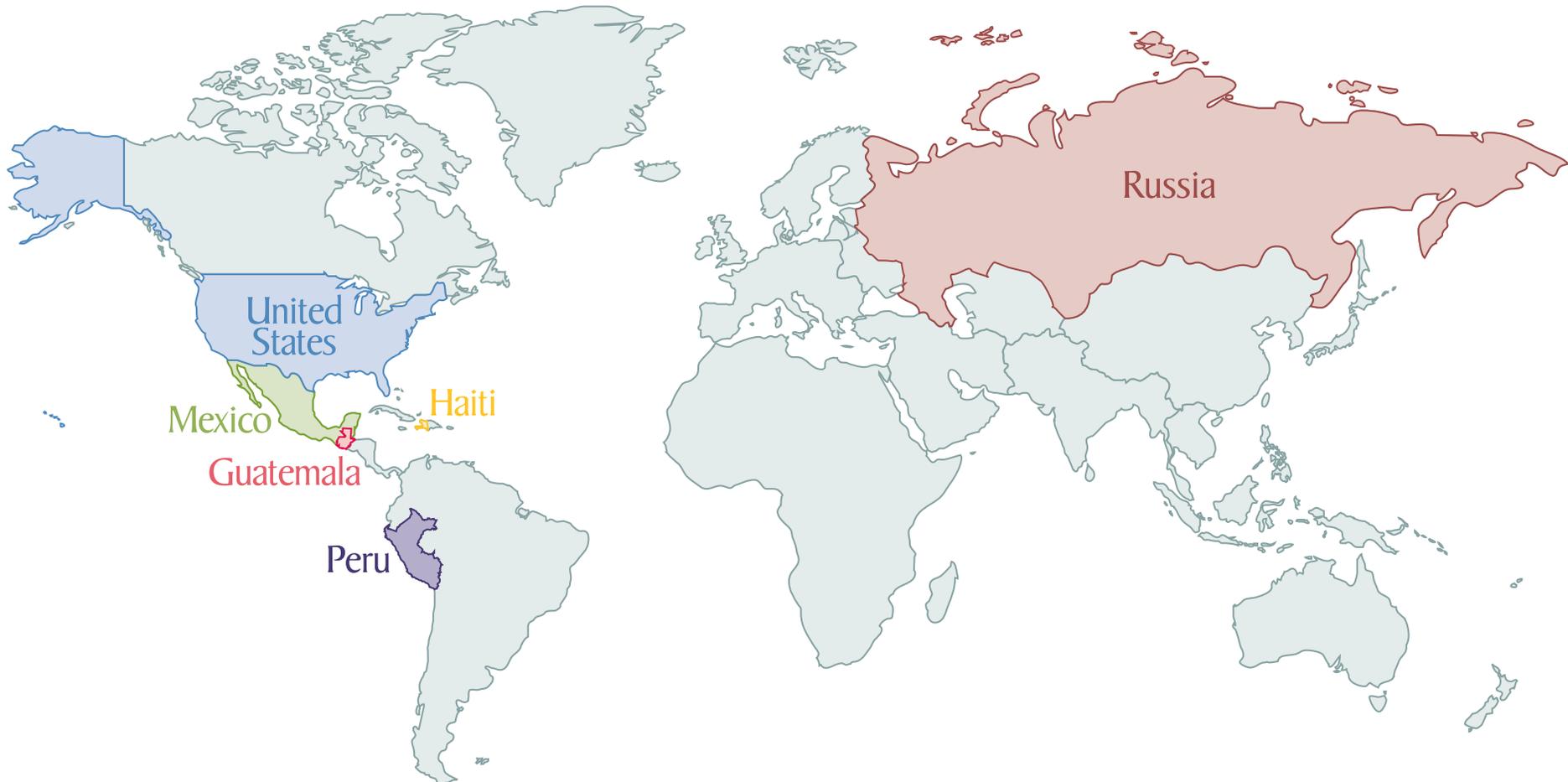
“Ti Liv SIDA”

In July 2004, Partners In Health launched the *PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings* at the XV International AIDS Conference in Bangkok, Thailand. This pocket guide is one of the first comprehensive handbooks developed by and for health care workers engaged in AIDS prevention and treatment in settings where laboratory capacity and specialist care are often unavailable. “Ti Liv SIDA,” the little AIDS book, has been embraced by health care workers around the world: we are currently in our second press run, and a revised edition will be published in 2005.



PARTNERS IN HEALTH AROUND THE WORLD

PIH's work in 2004 also spanned Peru, Russia, Guatemala, Mexico, and the United States. As in Haiti, each of our projects integrates the elements of service, training, advocacy, and research in ways that directly benefit the destitute sick.







PERU: A biosocial approach to TB research

SOCIOS EN SALUD

Since 1994, PIH has been working to treat disease and to train community members in preventive health measures through its Peruvian organization Socios En Salud (SES). Based on PIH/ZL's experience with community-based tuberculosis treatment in rural Haiti, SES registered remarkable successes in confronting an epidemic of multidrug-resistant tuberculosis in the slums of Lima and, as a result, instigated major changes in global health policies. In 2000, SES became the hub of a multinational tuberculosis treatment project (PARTNERS) funded by the Bill & Melinda Gates Foundation through a grant to Harvard Medical School, Partners In Health, the U.S. Centers for Disease Control and Prevention, the World Health Organization, and the Task Force for Child Survival and Development. Today, SES is a global leader in clinical training and operational research on MDR TB, and new support from the Global Fund to Fight AIDS, Tuberculosis and Malaria since 2003 has enabled the Peruvian Ministry of Health (MINSA) to expand our cooperative treatment efforts.

2004 ACCOMPLISHMENTS:

Expanding MDR TB treatment in partnership with the Peruvian Ministry of Health

- Treatment outcomes continue to be excellent: 77 percent of patients with fewer than two previous treatments were cured of their multidrug-resistant tuberculosis.
- Responsibility for MDR TB patients was officially transferred from SES to MINSA in September 2004. Of the original 1,450 patients treated by SES under the PARTNERS project, only 438 patients remained on treatment by the end of 2004; these patients will continue receiving care under the PIH/SES model and are expected to complete treatment by September 2005.
- MINSA received approval from the Green Light Committee to treat an additional 2,000 MDR TB patients; 980 new patients from across Peru were enrolled by the end of 2004.
- SES equipped a new centralized distribution center for medicines and supplies.

Strengthening Peru's MDR TB treatment capacity through training and technical assistance

- SES held 58 TB-related courses and training sessions for 1,570 participants. Trainees included 1,380 MINSA health workers—doctors, nurses, lab technicians, and bio-safety consultants—who cover the nine health districts in Peru inhabited by our patients.
- SES reinforced infrastructure for specialized DOTS-Plus care and treatment at 60 local health centers where our patients receive their daily morning therapy.
- With assistance from MINSA and CDC collaborators, an educational multidrug-resistant tuberculosis flip book targeted to patients was developed and distributed widely in both Spanish and English.

Strengthening our presence in the community

- In 2004, SES repeated the population census that we first conducted in three Carabayllo communities in 1994. Results of this survey will allow SES to evaluate the impact of our interventions to date and better identify current needs.
- The new Lois and Thomas White Community Center in San Gabriel, Lima, inaugurated in February 2004, provides general medical care and hosts and supports a number of community groups, including afterschool and summer activities through the Salud Infantil (Child Health) Program; Mujeres Unidas (United Women), a women's group that makes crafts to raise funds for local communities; and Amigos por Siempre (Friends Forever), a peer leadership group whose recent activities included the launch of a toy library at the community center, several fundraisers, and sexual education workshops for teenagers.

A biosocial approach to tuberculosis research

Perhaps unique among NGOs, Partners In Health addresses through scholarly research the complex web of biomedical, socioeconomic, and structural issues underlying our patients' illnesses. Our approach is biosocial in nature, drawing on methodologies from disciplines as diverse as medicine, anthropology, epidemiology, political economy, and molecular biology. Data from our research allow us to improve prevention efforts and treatment outcomes, strengthen local capacity through training and operational assistance, and advocate on behalf of our patients in boardrooms, conference rooms, and the halls of power worldwide.

The clinical and operational issues we face in Peru are common to many tuberculosis programs in resource-poor settings, and Socios En Salud has been a leader in TB research since its inception. Current research projects focus on improving treatment outcomes, advancing diagnostics, and understanding epidemics. SES researchers are evaluating the cost and effectiveness of new, more rapid diagnostic tools and of the various MDR TB management strategies we have applied during the past eight years. We are exploring the underlying social, economic, and medical reasons for delayed diagnosis and treatment non-adherence so that we can better target appropriate interventions. And, as our research capacity expands, SES has begun to host clinical trials for MDR TB: the first will test novel therapies for patients whose disease cannot otherwise be cured. New aerosolized delivery systems for antituberculous agents, currently under development by SES affiliates, are one promising avenue. SES is also establishing a trial to assess the effect of reinforcing MINSA's standardized regimen with newer, more potent antituberculous agents. Other ongoing work elaborates the epidemiology of TB disease in Peru and evaluates the effects of appropriate preventive therapy for contacts of MDR TB patients.



Essential to the research program at SES is a commitment to training a new generation of multi-disciplinary investigators. Efforts toward this goal have included multiple training workshops in study design; data collection, entry, and quality control; and human subjects protection. In addition, three SES nurses are nearing completion of their masters-level research projects and will serve an increasingly central role in our research efforts. We also continue to provide support for SES and MINSA personnel to publish their findings and attend TB conferences and meetings, thus ensuring that our biosocial approach to tuberculosis care and treatment is disseminated in academic and policy circles.



UNITED STATES:

Prevention and Access to Care and Treatment Project (PACT)

The core vision of the Prevention and Access to Care and Treatment (PACT) Project comes from community activists. In 1999, PIH was approached to help establish a collaborative project that would train people from inner-city Boston to improve health outcomes among poor and marginalized AIDS patients. With support from the Brigham and Women's Hospital, the PACT Project has succeeded in creating a highly innovative HIV treatment intervention by modifying PIH's community-based model to fit a developed-country urban setting. PACT's health promoters work with their clients to address obstacles to care, from poverty to substance abuse to mental illness, and help them navigate a complex and often disjointed web of medical and social services. PACT's Prevention Program recruits and trains individuals from at-risk communities to become prevention and harm reduction leaders around the issues of substance abuse and HIV infection. The newly-launched Youth for Prevention, Action, and Change through Thought (YPACT) is an intensive, innovative empowerment program that trains Boston teens to become peer leaders and organizers for HIV prevention in their schools and communities

2004 ACCOMPLISHMENTS:

- Improved health outcomes: after 12 months in the PACT program, patient CD4 counts (a reflection of immune system strength) increased from a dangerously low average of 133 cells/mm³ to an acceptable level of 293 cells/mm³. Patients are considered to have AIDS (rather than just being infected with HIV) when they have a CD4 count below 200 cells/mm³. In the pilot cohort, 73 percent of patients achieved undetectable viral loads.
- Reduced medical costs: high-risk AIDS patients enrolled in the PACT Project experienced a 17 percent decrease in the number of hospitalizations and a 37 percent drop in cost per inpatient stay (as measured at one Boston-area hospital).
- Launched Youth for Prevention, Action, and Change through Thought (YPACT) to empower at-risk Boston teens. In September 2004, more than 60 referrals were received from local schools and communities for the 40 spots in the six-month program.
- In order to be more accessible to the communities it serves, PACT relocated its offices to Codman Square, in the heart of Dorchester.

Service close to home

Service close to home

AIDS is on the decline in the United States, but racial, ethnic, and economic disparities are reflected in increasing transmission and mortality rates among subaltern populations. Many poor people are never even tested for HIV, let alone treated. According to the Institute of Medicine, poor, uninsured HIV-positive people are 85 percent more likely to die prematurely of their disease. In Boston in 2004, the HIV/AIDS incidence rate among black males was 67.9 percent higher than that for males overall, and the incidence rate among black females was 172.3 percent higher than that for females overall.

The PACT Project's approach to supporting AIDS patients is based on the HIV Equity Initiative in rural Haiti. Patients who are failing treatment are referred by their physicians to the PACT Project, where they receive directly observed therapy and social services. While many of these patients receive quality clinical care at Boston's top research hospitals, an overwhelming constellation of personal challenges—from poverty to substance abuse, from mental illness to language and cultural barriers—can exacerbate their health problems and disrupt adherence to complex AIDS treatment regimens. PACT's health promoters, like accompagnateurs in Haiti, work with their patients to ensure adherence to therapy, address obstacles to care, and access medical and social services.

Thinking Globally, Acting Locally

from The Boston Globe, 25 December 2004

"This is a whatever-it-takes approach to health care," says Lamour-Mede, 33, [a PACT community health promoter] who used to work in a battered women's shelter. "With the poor, there's a lot going on, and to treat them effectively, you have to look at the entire environment." She and [her AIDS patient] Louis-Maire have an easy, bantering relationship. "This woman gives me a hard time," says the patient. "How am I supposed to remember to take that one last pill at night?" She had tried to take it every night during *Wheel of Fortune*, her favorite show, but she kept forgetting.

Finally, the two women hit on a scheme: Louis-Maire will set an alarm clock to go off during *Wheel of Fortune*. When it does, she'll take the pill. But will she remember to set the alarm? And will she be able to find her pill box, which has a habit of getting misplaced? "I'm gonna be on my best behavior," Louis-Maire promises. "Is there anything else, Miss Pain-in-the-Butt?" she asks her advocate, grinning.



UNITED STATES:

The Institute for Health and Social Justice (IHSJ) was founded in 1993 as PIH's public education and advocacy arm and to provide a forum for staff, researchers, scholars, interns, and health practitioners to work together on health, human rights, and social justice issues. In 2004, IHSJ staffers and interns co-authored two of the reports of the United Nations Millennium Project's Task Force Five on HIV/AIDS, malaria, TB, and access to essential medicines; these reports provide concrete recommendations for the United Nations to help impoverished countries meet the Millennium Development Goals.

Amplifying the voices of the poor: PIH's advocacy efforts

Our conviction that health care is a human right has been bolstered by our success in demonstrating that complex health interventions are in fact feasible in resource-poor settings. Through our advocacy efforts, PIH has helped to bring significant new resources to bear in the fight against the infectious diseases that disproportionately afflict the poor

PIH has been instrumental in the global campaigns to lower the cost of second-line drugs for tuberculosis and antiretrovirals for AIDS. Based on PIH's successful efforts to treat MDR TB in Peru, the Green Light Committee (GLC) was formed in 2000 by the World Health Organization and a consortium of partners—academic institutions, civil society organizations, bilateral donors, and government agencies—to facilitate treatment of MDR TB in poor settings. The GLC provides technical assistance, reviews MDR TB treatment proposals, and assists in the pooled procurement of second-line antituberculous drugs at preferential prices. The GLC mechanism has been extremely successful in supporting the expansion of MDR TB treatment in resource-poor settings, with 35 pilot projects currently approved and many more in the pipeline. The success of the GLC has resulted in increased momentum for DOTS-Plus, a strategy of directly observed therapy for MDR TB using regimens of four to seven antituberculous medications to which the patient remains sensitive. The WHO and its partners are now finalizing new DOTS-Plus guidelines based on the experiences and evidence collected from the GLC pilot projects.

PIH's success in convincing the world to confront multidrug-resistant tuberculosis has directly informed our ongoing efforts to improve access to AIDS treatment in impoverished settings. The HIV Equity Initiative in Haiti was one of the models that shaped the development of major funding and programmatic initiatives such as the Global Fund and the WHO's 3x5 Initiative; PIH co-founder Dr. Jim Yong Kim was tapped to lead this important effort. In the last three years, the Global Fund has awarded over \$50 million in grants to our local partners in Haiti, Peru, and Russia to sustain and expand the AIDS and MDR TB treatment efforts initiated by PIH.

Health as a human right, advocacy on behalf of the destitute sick



Loune Viaud accepts the Thomas J. White Prize on behalf of herself, Dr. Fernet Léandre, Dr. Maxi Raymonville, and all the members of the ZL staff.



Dr. Joia Mukherjee, PIH Medical Director, and U2's Bono at CityYear Boston, advocating for debt relief and AIDS treatment for poor countries. (Photo courtesy The One Campaign)

11th annual Thomas J. White Symposium

To a standing room-only crowd, Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, delivered the keynote address at PIH's annual Thomas J. White Symposium, entitled "Meeting the Global Challenge: Scaling up HIV Treatment." The 2004 Thomas J. White Prize was awarded to our colleagues Loune Viaud, Dr. Fernet Léandre, and Dr. Maxi Raymonville for their outstanding work in keeping Zanmi Lasante running at full speed despite political upheaval, devastating floods, and violent uprisings.



R U S S I A :

Expanding MDR TB treatment capacity through training

Russia's epidemic of drug-resistant tuberculosis is one of the worst in the world. Economic decline, the breakdown of social safety nets, a growing AIDS epidemic, alcoholism, and a high incarceration rate have been key factors in the dramatic increase in tuberculosis cases and the subsequent rise of drug-resistant strains. In Tomsk Oblast, Siberia—where Partners In Health has been working since 2000 to expand our successful MDR TB treatment model—16.3 percent of new TB infections are multidrug-resistant. The tuberculosis epidemic is especially complex in the prison system, where drug resistance is even more prevalent.

2004 ACCOMPLISHMENTS:

Strengthening the DOTS-Plus model in Tomsk Oblast

- Enrolled 168 new MDR TB patients, 142 from the civilian sector and 26 from the prison sector. Preliminary analyses indicate projected cure rates of nearly 80 percent in the first cohort of 244 patients.
- Renovated the Third Ward of the Tomsk Tuberculosis Hospital, where the most challenging patients are treated.
- Assisted Tomsk partners in securing \$10.8 million over five years from the Global Fund to Fight AIDS, Tuberculosis and Malaria for scale-up of TB treatment efforts in Tomsk Oblast. PIH is currently serving as principal recipient.

Improving MDR TB treatment in Russia through training, technical assistance, and research

- Led comprehensive training initiative supported by the Eli Lilly Foundation.
- Disseminated PIH-developed training and educational materials throughout the former Soviet Union. *PIH Guide to the Medical Management of Multidrug-Resistant Tuberculosis* adapted for the Russian setting and translated.
- Ongoing research to identify critical barriers to treatment success: areas of focus include DOTS, DOTS-Plus, operational research, TB mortality, and alcohol abuse.
- Developed, implemented, and disseminated models for monitoring and evaluation of DOTS and DOTS-Plus programs.

Expanding MDR TB treatment capacity through training

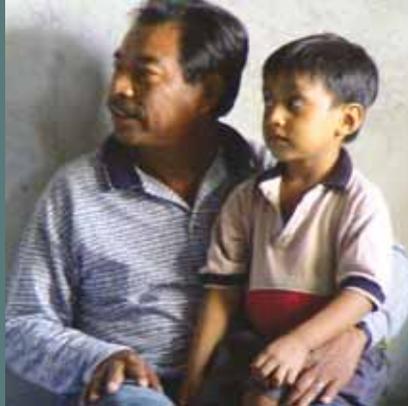
PIH is working with our Russian partners to expand the country's capacity to effectively address the TB epidemic now and in years to come. The foundation of these efforts is our MDR TB training and research initiative, funded by the Eli Lilly Foundation and endorsed by the Russian Ministries of Health and Justice. The four-year training initiative draws on the experiences of PIH-supported treatment programs in Russia, Haiti, and Peru as well as on the expertise of Russian doctors themselves. Following a two-week didactic course, participants receive clinical training at Tomsk-area hospitals, ambulatory facilities, and laboratories. The third component of the training consists of PIH-led site visits to the participants' home institutions, thus providing support to the physicians and their colleagues in applying their training under local conditions.

The trainees are experienced tuberculosis physicians representing a broad range of civilian and prison health care systems, but they are limited in their ability to effectively treat MDR TB due primarily to a lack of specialized training, a historical dearth of evidence-based medicine, and inadequate administrative support for the effective management of MDR TB programs. PIH has led trainings for 57 doctors from 15 regions across Russia to date and conducted four site visits in 2004 to the doctors' home institutions.

A long-term goal is to integrate the principles and methods of PIH's evidence-based, patient-centered treatment model into the official Russian medical education curriculum. To that end, during the summer of 2004 PIH sponsored four Russian physicians' participation in the Program in Clinical Effectiveness at the Harvard School of Public Health, an intensive program for established clinicians seeking advanced training in quantitative and analytic skills for clinical research and health care administration. PIH is working with the Moscow Medical Academy to introduce a similar clinical effectiveness program in Russia, and we are confident that these four doctors—and others to follow—will play key roles in fostering our ongoing partnership.

PIH's multifaceted approach in Russia is characteristic of our work in each of our project sites. By first providing much-needed technical consultation on a critical health need, we established a reputation for our commitment to quality health care for marginalized populations. We worked closely with local partners to improve clinical outcomes among MDR TB patients. Building on this successful intervention, we created a training center to disseminate the DOTS-Plus model across the region. In addition to developing training programs based on ever-changing needs, we continue to advocate for resources to put treatment projects on solid financial footing for years to come.





CHIAPAS

Bringing health care to underserved highland communities

The residents of the southern Mexican state of Chiapas, mainly indigenous Maya, have long struggled with poverty, political violence, and dismal health conditions, including Mexico's highest infant, maternal, and tuberculosis mortality rates. Since 1989, Partners In Health has worked in Chiapas with the Equipo de Apoyo en Salud y Educación Comunitaria (Team for the Support of Community Health and Education) to improve access to health care for the indigenous poor. In an area where violence by state-supported militias and federal army units has crippled access to basic health care, PIH and EAPSEC have recruited and trained hundreds of community health workers, known as promotores, to provide community-based care to those in most need.

2004 ACCOMPLISHMENTS:

- Supervised 96 promoters in four regions of Chiapas state—Amatán, Tapachula, Diaconías Indígenas, and Guatemala Border region—to address basic health care needs.
- Constructed, equipped and inaugurated a clinic in the town of Amatán in the Northern region of Chiapas. The new 1,200 square foot clinic includes a small pharmacy, a community meeting space, and four examination rooms to serve a population of nearly 20,000. Since opening its doors in August 2004, the clinic has registered 217 patient visits for conditions such as respiratory illnesses, gastrointestinal diseases, sexually transmitted infections, malnutrition, trauma, mental health issues, and eye and skin infections.
- Conducted 40 community workshops on such topics as maternal health, waterborne diseases, dental health, and tuberculosis case detection.

PIH visitors and the EAPSEC team at the new clinic in Amatán.

GUATEMALA

Health and healing in the wake of civil war and genocide

When Partners In Health first asked members of the Guatemalan highland community of Huehuetenango what they needed in order to be well, their response surprised us: after years of state-sponsored violence that had resulted in hundreds of thousands of deaths and “disappearances,” victims’ loved ones wanted help in exhuming mass graves, identifying the dead, and, if possible, reburying them properly so that they could rest “with their eyes shut.” Since 1998, PIH has been supporting the work of Equipo Técnico de Educación en Salud Comunitaria (ETESC) as they support the living by helping them care for their dead.

2004 ACCOMPLISHMENTS:

- Held 14 workshops to provide psychosocial support to family members of disappeared victims of the Guatemalan Civil War.
- Found and revealed seven clandestine cemeteries.
- Exhumed four mass graves (31 since 2000).
- Identified the remains of 36 victims (189 since 2000).
- Erected four monuments to commemorate the victims of the Guatemalan Civil War (11 monuments since 2000).
- Provided technical assistance for the launch of 90 new community-based organizations in 10 municipalities for victims of internal conflict.
- Led three demonstrations to demand the implementation of the promised peace accords.



Monument commemorating the missing and disappeared in Huehuetenango.



THE “THREE PILLARS”

PIH’s institutional collaborators

The work of Partners In Health is uniquely situated within “three pillars” of institutional support at our headquarters in Boston, Massachusetts. Longstanding alliances with Harvard Medical School and one of its teaching hospitals, the Brigham and Women’s Hospital, enable us to translate our lived experience serving the destitute sick into clinical and operational research, education and training curricula, and health programs and policies that reduce disparities in disease burden and improve treatment outcomes both at home and abroad.

This unique collaboration between a non-profit organization, a world-renowned medical school, and a major teaching hospital is a new and fruitful model for leveraging the resources of the world’s leading institutions to inspire, enlist, and train others to address the pressing health inequalities of our times. Working alongside local staff from our sister organizations at each of our project sites, clinicians and researchers from across the “three pillars” provide care to patients and train colleagues and junior staff. They also conduct cross-disciplinary, biosocial research on AIDS, tuberculosis, and other diseases of the poor and advocate on behalf of those they serve.

Partners In Health (PIH)

- Nonprofit corporation, founded in 1987.
- In 2004, 25 staff providing administrative, managerial, and programmatic support to projects in Haiti, Peru, Russia, and Boston.

Program in Infectious Disease and Social Change (PIDSC)

Department of Social Medicine, Harvard Medical School

- Academic program, launched in 1997.
- In 2004, 6 faculty members trained in anthropology, epidemiology, and public health.

Division of Social Medicine and Health Inequalities (DSMHI)

Department of Medicine, Brigham and Women’s Hospital

- Teaching hospital division, launched in 2001.
- In 2004, 31 physician-scientists specializing in infectious diseases, pediatrics, cardiology, and informatics.

We translate our lived experience serving the destitute sick into research that is broadly disseminated in the scholarly literature and at academic conferences and meetings around the world.

Selected 2004 PIH publications

- Behforouz HL, Farmer PE, Mukherjee JS. From directly observed therapy to *accompagneurs*: enhancing AIDS treatment outcomes in Haiti and in Boston. *Clinical Infectious Diseases* 2004;38:S429-36.
- Behforouz HL, Kalmus A, Scherz CS, et al. Directly observed therapy for HIV antiretroviral therapy in an urban U.S. setting. *JAIDS* 2004;36:642-5.
- Castro A, Singer M, eds. *Unhealthy Health Policy: A Critical Anthropological Examination*. Walnut Creek, CA: Altamira Press, 2004. (Includes chapters by Castro, Keshavjee, Paluzzi, and Farmer.)
- Chávez Pachas AM, Blank R, Smith Fawzi MC, et al. Identifying early treatment failure on Category I therapy for pulmonary tuberculosis in Lima Ciudad, Peru. *International Journal of Tuberculosis and Lung Disease* 2004;8:52-8.
- Choi SS, Jazayeri DG, Mitnick CD, et al. Implementation and initial evaluation of a web-based nurse order entry system for multidrug-resistant tuberculosis patients in Peru. *Medinfo* 2004;202-6.
- Cohen T, Becerra MC, Murray M. Isoniazid resistance and the future of drug-resistant tuberculosis. *Microbial Drug Resistance* 2004;10:280-5.
- Farmer PE. An anthropology of structural violence. *Current Anthropology* 2004;45:305-26.
- Farmer PE. Political violence and public health in Haiti. *New England Journal of Medicine* 2004;350:1483-6.
- Farmer PE, Furin JJ, Katz JT. Global health equity. *Lancet* 2004;363:1832.
- Farmer PE, Gastineau Campos N. Rethinking medical ethics: a view from below. *Developing World Bioethics* 2004;4:17-41.
- Fraser HSF, Jazayeri D, Nevil P, et al. An information system and medical record to support HIV treatment in rural Haiti. *British Medical Journal* 2004;329:1142-6.
- Mukherjee JS. Basing treatment on rights rather than ability to pay: 3 by 5. *Lancet* 2004;363:1071-2.
- Mukherjee JS. The International AIDS Conferences from Vancouver to Bangkok: How far have we come in eight years? *Revista Panamericana de Salud Pública/Pan American Journal of Public Health* 2004;16:75-7.
- Mukherjee JS, Rich ML, Soccia AR, et al. Programmes and principles in treatment of multidrug-resistant tuberculosis. *Lancet* 2004;363:474-81.
- Paluzzi JE. A social disease/a social response: Lessons in tuberculosis from 1930s Chile. *Social Science and Medicine* 2004;59:763-73.
- Seung KJ, Gelmanova IE, Peremitin GG, et al. The effect of initial drug resistance on treatment response and acquired drug resistance during standardized short-course chemotherapy for tuberculosis. *Clinical Infectious Diseases* 2004;39:1321-8.
- Shin S, Furin J, Alcantara F, et al. Hypokalemia among patients receiving treatment for multidrug-resistant tuberculosis. *Chest* 2004;125:974-80.
- Shin S, Furin J, Bayona J, et al. Community-based treatment of multidrug-resistant tuberculosis in Lima, Peru: 7 years of experience. *Social Science and Medicine* 2004;59:1529-39.
- Vásquez-Campos L, Asencios-Solis L, Leo-Hurtado E, et al. Drug-resistance trends among previously treated tuberculosis patients in a national registry in Peru, 1994-2001. *International Journal of Tuberculosis and Lung Disease* 2004;8:465-72.
- Vega P, Sweetland A, Acha J, et al. Psychiatric issues in the management of patients with multidrug-resistant tuberculosis. *International Journal of Tuberculosis and Lung Disease* 2004;8:749-59.
- Walton DA, Farmer PE, Lambert W, et al. Integrated HIV prevention and care strengthens primary health care: lessons from rural Haiti. *Journal of Public Health Policy* 2004;25:137-58.

PARTNERS CIRCLE

Foundation Grants

Alvin and Fanny Blaustein Thalheimer Foundation, Inc.
Atkinson Foundation
Atlantic Philanthropies
Dannath Foundation
Eli Lilly and Company Foundation
Faucett Family Foundation
The Bill & Melinda Gates Foundation
Grassroots International
The Conrad N. Hilton Foundation
Iovino Family Foundation
Henry J. Kaiser Family Foundation
Kimball Foundation, Inc.
LLL Foundation
Stewart R. Mott Charitable Trust
Norcross Wildlife Foundation, Inc.
The People Bridge Charitable Foundation
The Public Welfare Foundation
Wallace Global Fund
Weatherspoon Charitable Foundation

Government, Multilateral, and Other Grants

Centers for Disease Control and Prevention
Caribbean HIV/AIDS Regional Training Network (CHART)
Fogarty International Center
The Global Fund to Fight AIDS, Tuberculosis and Malaria
International Training and Education Center on HIV (I-TECH)
Partners HealthCare System, Inc.
Pittsfield Anti-Tuberculosis Association
The President's Emergency Plan for AIDS Relief (PEPFAR)
United Nations Development Program

Matching Gifts

Amgen Foundation
Dun & Bradstreet Corporation Matching Gifts Program
GlaxoSmithKline
The Conrad N. Hilton Foundation
John Hancock Financial Services
Loomis, Sayles & Company, L.P.
Merck Partnership for Giving
Microsoft Matching Gift Program
David and Lucile Packard Foundation
The Pfizer Foundation
Pitney Bowes Corporation
The Rockefeller Foundation
Sallie Mae Fund
Survey Sampling International
U.S. Bancorp
UnumProvident
Wal Mart

Individuals, Family Foundations, and Organizations

\$100,000 and above
Anonymous
The Boston Foundation
Jack and Eileen Connors
Dreamworks SKG
Paul Farmer and Didi Bertrand
Mary and Robert Heine
Hershey Family Foundation
John & Mary Corcoran Family Foundation
Diane and Al Kaneb
Ronald McDonald House Charities
Sterling Stamos Capital Management LP
Waterfall Foundation
White Flowers Foundation
Mr. and Mrs. Thomas J. White

\$50,000 - \$100,000

1991 Corcoran Foundation
Anonymous
Annie Dillard
Fred Eychaner
Malcolm and Lee McComb
Todd and Anne McCormack

\$10,000 - \$50,000

Anonymous
Timothy Armour and Nina Ritter
Birmingham Foundation
Philip and Maureen Bonanno
Paul and Catherine Buttenwieser
John S. Campbell
Bennett and Alice Clark
Buck Close
Stephen Coit
Marjorie and William Coleman
Andrew and Katherine Constan
Brian and Karen Conway
Beverly Cowart
Mr. and Mrs. Gerald Curtis
Ophelia Dahl
Guido and Hennie Deboeck
Virginia Deknatel
DeLaCour Family Foundation
Doylestown United Methodist Church
Steven and Marilyn Emanuel
Paul and Jean English
Janice and Arthur Fiske
Leslie Fleming
Frank B. Mazer Foundation
Julie and Bayard Henry
Heymann Wolf Foundation
Brian and Julie Hufford
The Kalamazoo Community Foundation
Michael Kaneb
Tracy and Frances Kidder
Jim Yong Kim and Younsook Lim
Lesley and William King
Kirby Family Foundation
Richard Koenig
Robert and Myra Kraft
Esther Lazarson
Sandy and Mark Lipten

Richard Lubman
Mr. and Mrs. Peter Lynch
MADRE
Mr. and Mrs. James Magliozzi
James McGuire
Nancy Peery Marriott Foundation
Narnia Foundation
New England Patriots Foundation
Charles and Marie O'Brien
J. M. and Jane S. O'Neal
John and Karen O'Toole
Timothy and Katherine Philip
John Quinlan
Rhode Island Foundation
Richard A. Busemeyer Atheist Foundation
Robert Richardson
Robert and Ardis James Foundation
Robert and Myra Kraft Family Foundation
Courtney Ross-Holst
Sayres Rudy and Laura Hirschfield
Gordon Russell
Haun and Yu-lin Saussy
Cherylanne and Alan Schieber
Michael Sherman
Nancy and George Soule
Springs Industry, Inc.
Basil P. Stamos
Angelo Tomedi
Mr. and Mrs. Kevin White
Michael and Elizabeth White
A. Morris and Ruth Williams
Paul Zintl and Lisa Frost

\$1,000 - \$10,000

Amy and David Abrams
Charles C. Adams, Jr.
Audrey Ades
Susan Adler
Advocate Health Care
Albert & Pamela Bendich Charitable Foundation
Alice Alexander
Susie Allen
Camille Alleyne
Jessica and Eric Allina-Pisano
Alnylam US, Inc.
Patrick and Jeannine Alwell
Mary and Thomas Amory
Sally and John Amory
Amy Mandel and Katrina Rodis Fund
Elizabeth Good Angle and Frank King
Anonymous
Susan Anzaldi
Joshua Arend
Ariel Capital Management
Alfred and Patricia Austin
Mark and Peggy Austin
Paul and Sally Austin
Aurora A. Austriaco
Cynthia Ayres
Lenore Azaroff
Martha Baer and Sara Miles
Roberto Bajandas
Mary Jo Bane and Kenneth Winston
Paul Baribeau
Martin Baron
John and Beverly Barry
Christina and Charles Bascom
Batey Relief Alliance
Carl and Myla Battaglia
Michael Bauer
Steven and Joanne Bauer
George and Barbara Beal
Carol Beasley
Mercedes Becerra and Salmaan Keshavjee
Ralph Begley
R. Tyler and Phyllis Bennett
Charles and Majorie Benton
Lee F. Benton
Eric and Kathleen Berger
Robert Schoen and Nancy Bernstein
Elsie D. Bickford
James and Debra Bishop
Elizabeth Blanchard and Franklin Ellis
Phil Blank
Timothy and Patricia Blank
Veronica Blette
Elise Bloustein
Sally Blower and Nelson Freimer
Bette and Edward Boddy
Myev and Erik Bodenhofer
Thomas Bombelles
Boston College
Boston Common Asset Management, LLC
Sarah and Shamell Boulos
Erika Bourguignon
Richard and Brenda Boyce
Janet Brashler
Vern Brethour
Wendy Breuer
Jonathan and Susan Britt
Katherine Brobeck
Christopher Uhrich and Julie Brogan
Richard Brookmann
Brookside Congregational Church
Emily Brown
Hilary Brown and Charles Read
Sherrod Brown and Connie Schultz
Ellen and John Buchanan
Thomas Buck
William Buffett
Thomas Bumol
Earl and Adelaide Burch
Peter Burian
Leonard and Melissa Burman
Chris and Patricia Burns
Chris and Ann Butler
Jeanne A. Butterfield
Deborah Winston Callard
Helen Callbeck
Luke and Louise Carlson
Lyle and Patricia Carlson
Elizabeth Carr
Michael Reilly and Debbie Carson
Margaret W. Casey
Lawrence and Jacqueline Castagnola
Caswell F. Holloway and Marie Holloway Foundation
Cathedral of the Sacred Heart of Jesus

Catholic Diocese of Richmond
Curtis Chang
Ruth Chappell
John Chaves and Karen McIvlena
LeFort-Martin Fund of the Chicago Community Foundation
Mel Chin and Helen K. Nagge
Christ Church of Oyster Bay
Nancy Christensen
Church of the Holy Family
Thomas Clancy and Diana I. Green
Ann F. Clark and Peter M. Nicholas
Doris Clark
Miriam Clasby
Clements & Clements, LLP
The Clements Foundation, Inc.
Ben and Cindy Clements
Nancy Heselton and Jeffrey Clements
Lynne Cleveland
Thomas Coddington
Andrew and Christina Cohen
Faith Coleman
Michael Coleman
Rebekah Coleman
Colleen A. Griffin Charitable Foundation, Inc.
Kevin Collins
Michael F. Collins
Edward V. Colvin
Megan Comfort
The Community Foundation of Greater Chattanooga, Inc.
The Berry-Hulin Family Fund of The Community Foundation of Greater New Haven
The Julie & Andrew Peskoe Advised Fund of The Community Foundation of Middle Tennessee
The Community Foundation of New Jersey
The Donald and Diane Ryan Fund of The Community Foundation of Southern Wisconsin
Brian and Mary Connolly
Ted Constan and Alison Franklin
Loann Crane
Paul Cravedi
Dan D. Crawford
Irene and Charles Creecy
James and Sherrie Croker
Noreen Cullen
Diane Currier
Lucy Dahl
Karin Daly
Murray Dalziel
Phillippe Daniel
Danvers Savings Bank
Larry Dart
Dartmouth College
Charles Davies
Danny Davis
Robert Davis
Sally and Robert Davis
Robert Lapsley and Elisabeth Dekker
Alan Del Castillo
Frederick N. Dello Russo, Jr.

Alfred de Maria Jr. and Susan M. Case
Dennis Talbot, Inc.
Denver Foundation
Jay Deratany
David G. Desjardins
Dan and Laura Ann Dewitt
Linda DeYoung
Kathleen Diener
Lisa Dobberteen
Christopher Doeblin
Liam Donohue
Katherine and Robert Doolittle
Dow Chemical Company
Mary and Timothy Doyle
Doylestown United Methodist Preschool
Joshua Drennen
Mr. J. Barry Driscoll
Louis and Bette Drummeter
Laura Dudgeon
Dudley P. & Barbara K. Sheffler Foundation
Robin A. Dumas
Robert and Louise Dunbar
John Durkin
Paul and Dorothy Dvorak
Alex Dworak
Paul Edgerley
Edith Hendrickson Family Foundation
Byron and Regenia Edmond
Kevin and Susan Egan
Mary Ann Ek and Joel B. Witteberg
Samuel and Maryann Ellsworth
Patricia and Harris Elvebak
Shelly Errington
Robert and Beverly Evans
Kate and Bill Ewall
Myriel and Bill Eykamp
Krista Farey
Christopher and Ann Fay
Robert and Marie Fehribach
J. Edgar Fennie
Santiago Festa
Fife Family Foundation
Paul Fingersh
David Finkbeiner
First Congregational Church of Winchester
First Parish in Concord
First Parish in Lincoln
First Unitarian Church of Orlando
Donna and Paul Fischer
David J. Fitzgerald and Lea Ann Moricle
Timothy and Diana Fitzpatrick
Lindsay N. Flynn
Katherine J. Foran and Mark S. Hinojosa
Mary and Paul Fox
Don Foxworthy and Sharon Siwicz
Peter and Eliza Fozzard
Marc Franklin
Lisa Frantzis
Ellen Freedman and Auden Schendler
Clark Freifeld
Evelyn Frost
Janet and Ronald Fullmer
Brian Funck
Jennifer Furin

Kathy Furin and Giovanni Campbell
Steve Gabbard
Karen Kames and Chris Gaffney
Madge and Ann Galfano
Anne Gallagher
Mr. and Mrs. M. Dozier Gardner
Eva Garrouette
Elizabeth and Michael Germain
John Gershman and Deborah Yashar
Bruce Giantonio
Robert Gibbons
Martha Girolami
Reverend Julio Giuliatti, S.J.
Carol Givton
Susan Gladin
Mary E. Glass
Joan and Alfred Goldberg
Mark Goldberg and Ursula Kaiser
Sue J. Goldie
Byron and Mary-Jo Good
Daniel and Carol Goodenough
Toby R. Gordon and Laurence R. Tobin
Grace Church Parish Corp
Jennifer Grant
Labyrinth Books
James Maloney and Anne Greenwood
John F. Griffin
William Guarente
Guilford High School
Mark Cover and Kristin E. Hahn-Cover
Hale Foundation
Christopher and Sherrie Hall
Paula and Van Hall
Gene and Nancy Haller
Cynthia Hampton
Jean Handy
Lynn Hanganu
Chandler and Monie Hardwick
John Harper
James M. Harris
David Harrison and Joyce Millen
Donna Harsch and George Loewenstein
John Hart
F. Hartog-Levin
Isabella Harty-Hugues
Kristin Harvey
Paul and Victoria Hasse
M. Gary Hattem
Paul Hawken
David and Melinda Hay
Dr. and Mrs. Harley A. Haynes
John Held
Sarah Hemphill
Mary Claire Doyle and Patrick B. Herson
Phillip Hertzler
Hess Foundation
Philip and Anne Heymann
Louisa Heyward
Susan and Jeffrey Hill
Benjamin and Francine Hiller
June Hime
David Hinchen
Margaret and Michael Hinzman
Paul Nakada and Christine Hoang

Michael Dore and Molly Hoffer
Nancy Hoffman
Lisa Hofmann
Albert A. Holman, III
Patricia Holt
Charles and Marjorie Hopkins
Kim Hopper and Nancy Travers
Horowitz Associates, Inc.
Caroline Horstmann
Bryan Hotaling
Mr. and Mrs. Amory Houghton, Jr.
John Howe
Christine Howey
Harley Erdman and Sally Hudson
Lam Hui
Daniel J. Hulseberg
Kimberly Hult and Robert Pasnau
Mr. and Mrs. Mark Hunter
Hyde Park Union Church
Valerie and David Hyde
Rosemary Hyson and David Junius
Irwin Johnson and Alwyn Johnson Family
Foundation
Lydia Irwin
Jennifer Jackson
Gertrude Jacoby
Helen Jacoby and Peter Cannavo
John Jarcho and Jean Cummings
Jerome H. Stone Family Foundation
Jonathan Lopatin and Brenda Berry
Philanthropic Fund of The Jewish
Communal Fund
Jewish Community Federation of Cleveland
Jocarno Fund
Katherine and Jeffrey Johnson
Lee Johnson and Maurice Solis
Philip Johnson and Donna Gordon
Steve and Rosemarie Johnson
Walter Johnson
Ben Johnston and Mary Jo Marino
Judith and William Jones
Pamela Jorgensen and Adam Jaffe
Erns and Viviane Joseph
Georgia Joseph
Jorge Jovicich
William Paly and Amy Judd
James and Celia Judge
Neerja Kairam
Kristen and Peter Kalajian
John A. Kaneb
Emily Kaplan
Amalie Kass
William and Judith Kates
Kathleen Kauffman
Robert and Julie Kebartas
Steven and Kathryn Keefer
Thomas and Julie Keenan
The Kellcie Fund
Eric A. Kelling
James and Francesca Kelly
Luke Kelly
Kenerson Associates
John Kenerson and Lisbett Hanson
Kenneth and Harle Montgomery Foundation

William Kenney
Nannerl and Bob Keohane
Scott and Cheryl Kerns
Sharon Kerrigan
William Keske
Madeleine Keville
Kevin D. Gorter Memorial Foundation
Reine T. Kidder
James and Elizabeth Kilbreth
Soyeon Kim
Mary King and Drew Devereux
Janet Kinnane and Conrad Smith
Ruloff F. Kip, Jr.
Anne Kleinman and Thomas Wong
Klinik Lenkanasyon Foundation
Rita Knorr
Eric and Sarah Knutzen
Mariana and Robert Kopacz
Edward Kramer
Bruce Kraus
Douglas Kreitzberg
Nicholas Krol
Elizabeth Kunkel
Ira Kurzbau
Janice Kvam
Tracy Smith and Thomas Kvinge
Lanny Lake
Tim Landes and Sierra W. Valuation
Lang Foundation
Steven Lauryn
Dori Lawrence
Dawn Lawson
Eileen and Paul Le Fort
John Lechner and Mary Higgins
James and Katherine Ledwith
Sandra and Bruce Lefenfeld
Richard and Patricia Leggat
Karen Lennon
Cynthia Lenox
Helaine Lerner
Margaret Lester
Sidney and Diane Levin
Judith Lidsky
Kathy and Phil Lieberman
Robert and Janet Lieberson
Kee Hak and Jihyon Lim
Anne and Colin Lind
Linda C. Wisniewski William Collatos Family
Foundation
David and Margaret Link
Gerald T. Lins
Penny Livesay
Dorothy Lloyd
Patricia Lockwood
Charles Logan
Edith Ann Lohman
R. Keith McCormick and Eva B. Lohrer
Kevin and Christine Loughlin
Susan Lowery
Mary Luddy
Ann Lurie
Mary Lyons
Mary Therese Lysaught and William M. Riker
Mary Macneil

Ann and Richard Madigan
Janet Magnani
James and Liliana Maguire
Martha Maguire
Pat and Joan Mahon
Holt Family Fund of the Maine Community
Foundation
George and Cynthia Malanos
Magnus Marcuson
Marin Community Foundation
Marin Interfaith Task Force on Central
America
Carl Martignetti
Dr. and Mrs. Joseph B. Martin
Jennifer Martinez
Manabu Masaoka
Alix Mathieu
William Lee Matteson
James and Majorie Matthews
John and Netilia McArthur
Charles F. McCannon, Jr.
Nancy McCormack
Richard and Rosemary McCready
Stephen and Janet McDonald
Stephen McElhennon
Denise and Michael McFall
Anita McGahan
Ann and Jon McGee
Frank and Cathy McGrath
Elizabeth Ackerson and Alan McIlhenny
Bill and Mary McKay
Peter and Elizabeth McKelvey
Christine McKenna
Patricia McLean
Mr. and Mrs. John A. McNeice, Jr.
Robert Meier
Memorial Congregational Church
Curtis D. McKinney and Joan M. Menard
James Mendelson
Susan L. Merrill and Tom W. Fanueff
Jeffrey Meyer
Jean Miewald
Carol S. Milam
Bill and Diane Millen
Carole Mitnick and Chris Johnson
Jamaluddin Moloo and Janice Ricci
Jack Mommson
Michelle and Michael Morgan
Robert and Emily Morrison
Peter Morrissey
Harold and Julie Morse
Morsman Family Foundation
Joia Mukherjee
Patricia Mukherjee
JoAnne Yates and Craig Murphy
Christine and Patrick Murray
Michael and Doris Murray
Arthur Naiman
Ann and Terence Naumann
Macey and Roberta Goldman
Nepheli Foundation
Michael Newhouse
Harry Newton
Norman Hirschfield Foundation

Oberod Foundation
Thomas O'Brien
Patricia O'Connor
James and Susan O'Donnell
Quentin and Paula Ogren
Sarah O'Leary and Michael Parry
Judith A. Bradeen and Jeff B. Olson
Charles T. O'Neill and Mary E. Neylon
Monique O'Neill
Olaperi and Frances Onipede
Terence and Sandra O'Rourke
Kelly Orringer
Stephanie and John Ottavi
Jeanne and Dan Ouellette
Karl Owens
Donald and Ann Parfet
Suzanne Parish and Norm Carver
Pamela L. Parker
Alan and Christina Parkinson
Claudia Parola
Michael F. Parry
Michael Payne
Julia Pedigo
Thomas Peil
Michael Peri
James L. Perkins
James T. Perkins
Samuel Peters
Kathryn Peyton and Tyler Brown
Philip and Helen Brecher Charitable Fund
Dayton Pickett
Donna Pignatelli
Renvy Pittman
Cecilia Plum
Alexander and Harriet Pollatsek
Marie Louise Poteau
David and Jane Potrykus
Donna and David Potts
Alexander and Paula Powers
Fredric Price and Ellen Wilson
Kathleen Reilly Quinn
R & R Foundation
R.J. Grey Junior High School
Mary Rabion
Susan and Carl Racine
Margaret Randall
John Randolph
Pamela Rasmussen
Joan Rastegar
V. Gwendolyn Rawlings
Sughra Raza
Emily and Greg Redinbo
Donald Reilly
Gary and Sylvia Reiser
Joan Reller
Renaissance Foundation
Kenneth and Kimberly Reppart
William P. Reynolds, Sr
Bruce Rich
Michael Rich
Simon Rich
Wendy Riches

Julia Riseman and Nicholas Horton
Jack and Betsy Rix
Robert Earl McConnell Foundation
Harrison L. Robinson
Rock Bridge High School
Mara Rockliff
Hays and Linda Rockwell
Lynn and Nathaniel Rockwell
Roger L. Daniels and Gloria F. Daniels
Charitable Foundation
Richard Romell and Kathleen Zinner
Pam Moore and Charles Rose
Max Rosen
Margaret Rosenfeld and Daniel Weld
Charles and Mariana Ross
Roth Family Foundation
Shelley Roth and Jed Weissberg
Peter and Ann Rothschild
Jesse Rothstein
Doffie Rotter
Colleen Ryan
Daniel and Barbara Rylko-Bauer
LeDee Sachs
San Francisco Foundation
Jay Sandvos
Mary H. Sarr and Stephen P. Regan
Sate Foundation
Michael and Janet Savage
Paul and Carolyn Sax
Valerie Scanlon
Robert Schiller
Keri Ehninger and Carl Schmidt
Mary Ellen Schmittlein
Steven Schnur
Ruah and Frank Schwamb
Timothy Searchinger
Erin Segal
Olga and Lee Seham
Joseph and Janet Senna
Stephen Senna
Aaron Shakow
Jane Share and Roger Stix
Carol Shepherd
Marina Shevelev
The Shifting Foundation
Yong Shin
Susannah Falk Shopsis
Stephen Shore
Michael and Kelly Siegel
Scott Sikorski and Nhan Tai
John Sirois
Stan Sloan
Chris Slusher
Carole Smarth and Tim Johnson
Charles and Margaret Smith
Jill Smith and Leon Green
Susan Smith and Joe Yevak
Mary K. Smith-Fawzi and Wafaie Fawzi
Howard C. Snider
Elliott and Cynthia Socci
Elizabeth Soffer
David and Lori Soglin

Katherine Somers
Ernest Sota
Elizabeth Spangler
Matthew Spates
Jackie Spencer
Robert H. Spencer
Gayle Spurr
St. Andrew's Episcopal Church
St. Bartholomew Parish Youth Ministry
Janet St. Goar
St. John's Episcopal Church
St. John's United Methodist Church
St. Paul's Episcopal Church
St. Thomas More Catholic Church
Anne Stack and Tim Dumbier
Barbara P. Stafford
Spiro and Katherine Stamos
Stanford University
Vincent and Mary Alice Stanton
Orin Starn and Robin Kirk
Roseanne and Dan Stead
Carolyn and Eric Stein
Jane Stein
Cynthia Stern
Jane and Peter Stewart
Lou and John Stolzenberg
Thomas and Valerie Stone
Andrew Strauss
Stronge Family Foundation
Jonathan Strongin and Ellen Seely
Lawrence J. Suffredin and Gloria J. Callaci
Ellen Sullivan
Jeanne and Joseph Sullivan
Sunshine Foundation
John and Kim Swanson
Ralph and Christina Sweetland
Patricia and Alan Symonds
T. Rowe Price Program for Charitable Giving
William Tagliani
Kevin and Martha Tansey
Stephen Taylor
Arnold Teasdale
Anne and Don Teddlie
Thendara Foundation
Jeffrey Thomas
Alexandra Thusy
Diane Traiger
Heather Trees
John Trotter
Anne Troutman
Ruth Tucker
Allison Turner
Rebecca Turner-Chapman
Winona Tyler
U.O. Inc.
Unique Homes
United Way of King County
United Technologies
Rachel Unkefer
Valerie Ann Briehl Family Foundation
Amy and Paul Vargo
John and Kate Vaughan-Fowler

Jack C. Vaughn, Jr.
Rama P. Vemulapalli
Charles Vickery, Jr.
Brian and Jennifer Vosburgh
W.T. Rich Company, Inc.
David and Jeanne Waite
Walnut Hill Foundation
Lauren Walters
Michael Ward
James Washburn
Marcy Wasilewski
Alisse Waterston and Howard Horowitz
Jennifer Watson
George and Sarah Wattendorf
Steven Wegmann
Sanford and Anne Weiss
Steven Weiss
Mary and Jeffrey Werbalowsky
Jeremy Werth
Patricia Maher and Michael R. Wessels
Bonnie M. Wheaton
Carol White
Christina White
Denise M. White
Peter and Joan White
Andy White and Nancy Branberg
James Whitehead
Rose P. Whiteside
Douglas Wholey
Ann H. Wiedie and Keith D. Hartt
Thomas and Suzi Wilder
Ellen Williams and Lawrence Miller
Kathryn Williams
Aileen Williamson
Douglas F. Willson
Thomas Wilmore
Fiona Wilson and Tor Archer
Nelse Winder
Elizabeth Wineberg
David Winner
Winston & Strawn LLP
John Winter
Paul Wise and Janice Lowe
Joseph Wolak
Wolf Creek Partners
Marshall and Katharine Wolf
Worldwide Documentaries
Anson Wright
Rebecca L. Wright
Susan Wright
Timothy Wyant
Susan Wyly
Yale University
Nancy Young
Nicholas and Charlotte Zavos
Sabine Zerarka

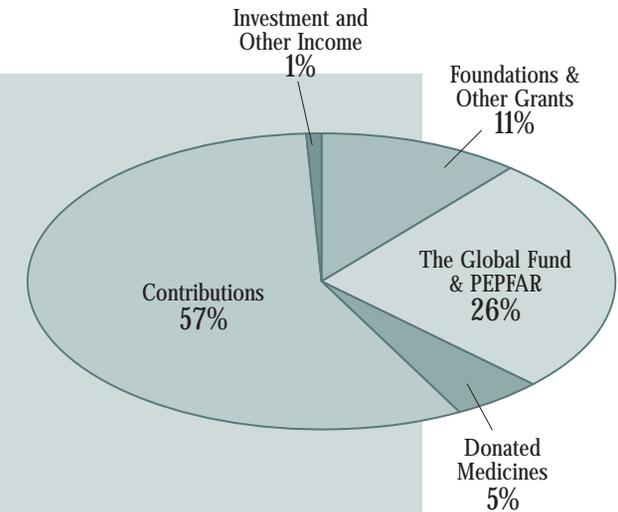
Partners In Health would like to thank all of our donors for their support. Unrestricted donations from individuals make up more than half of our annual revenue and are critical to our work. They allow us to fund activities central to our mission which are often not covered by larger, more targeted grants. It is precisely this comprehensive approach that is at the heart of our mission and makes our model of health care unique.



FINANCIALS

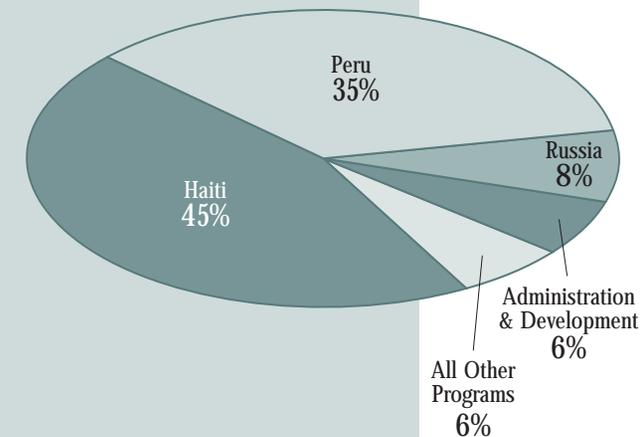
PIH 2004 Total Support and Revenue

<i>Category</i>	<i>Amount</i>
Contributions	\$ 9,958,945
Donated Medicines	\$ 838,269
Total Contributions	\$ 10,797,214
The Global Fund to Fight AIDS, Tuberculosis and Malaria; President's Emergency Plan for AIDS Relief (PEPFAR)	\$ 4,531,527
Foundations and Other Grants	\$ 1,968,492
Total Grants	\$ 6,500,019
Investment and Other Income (Net)	\$ 194,894
Total Support and Revenue	\$ 17,492,127



PIH 2004 Total Expenditures

<i>By Program</i>	<i>Amount</i>
Haiti: Programmatic expenses	\$ 4,686,539
Medications	\$ 1,952,363
Subtotal Haiti	\$ 6,638,902
Peru: Programmatic expenses	\$ 3,738,221
Medications	\$ 1,377,627
Subtotal Peru	\$ 5,115,848
Russia: Programmatic expenses	\$ 966,475
Medications	\$ 145,294
Subtotal Russia	\$ 1,111,769
All Other Programs	\$ 874,099
Administration and Development	\$ 937,549
Total Expenditures	\$ 14,678,167
Increase in Net Assets	\$ 2,813,962



OFFICERS

Ophelia Dahl, *President and Executive Director*

Paul Zintl, *Chief Operating Officer*

Craig Kaplan, *Chief Financial Officer and Treasurer*

Edward M. Cardoza, *Vice President for Development*

Paul E. Farmer, *Executive Vice President*

Ted Constan, *Vice President for Program Management*

Robin A. Dumas, *Clerk and Counsel*

BOARD OF DIRECTORS

Ophelia Dahl, *Chairperson*

Jack Connors

Paul E. Farmer

Howard Hiatt

Diane E. Kaneb

Jim Yong Kim

Joseph B. Martin

John H. McArthur

Todd H. McCormack

Amartya K. Sen

Bryan A. Stevenson

ADVISORY BOARD

John Ayanian, *Brigham and Women's Hospital*

Jaime Bayona, *Socios En Salud*

Rose-Marie Chierici, *State University of New York*

Marie-Flore Chipps, *Zanmi Lasante*

Jean Gabriel Fils, *Zanmi Lasante*

Jody Heymann, *Harvard School of Public Health*

Marie-Louise Jean-Baptiste, *Cambridge Hospital*

Philip Johnson, *Philip Johnson Associates*

Fr. Fritz Lafontant, *Zanmi Lasante*

Yolande Lafontant, *Zanmi Lasante*

Anne McCormack, *Partners In Health*

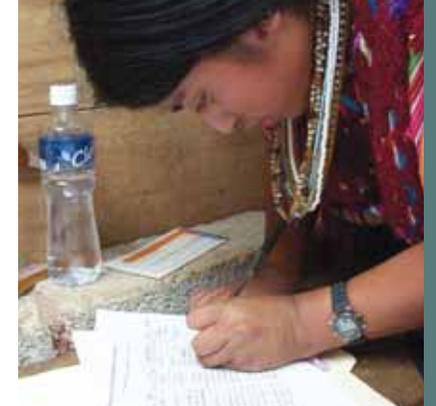
Patrick Murray, *Winston and Strawn, LLP*

Guitèle Nicoleau, *Harvard University*

Haun Saussy, *Yale University*

Loune Viaud, *Zanmi Lasante*

Thomas J. White, *Partners In Health*





PARTNERS IN HEALTH™

641 Huntington Avenue, 1st Floor • Boston, MA 02115

617-432-5256 • Fax 617-432-5300 • www.pih.org

PIH® is a 501(c)(3) nonprofit corporation and a Massachusetts public charity
Copyright 2005 © Partners In Health. All Rights Reserved.