Director’s Message

Dear friends,

In 2007, Partners In Health celebrates 20 years as an organization—a significant anniversary by any account and one that prompts us to reflect upon the achievements of the last two decades. For each of those 20 years, to meet the ever-increasing need, PIH’s recurring theme has been growth. Over the past five years, PIH’s growth has been unprecedented. The budget quadrupled and now rests close to $50 million. We expanded to three new countries in Africa in three years, bringing the total number of countries in which PIH works to nine. And in 2006 we recorded more than two million patient visits at our hospitals and clinics around the world, which is close to ten times the number we saw in 2002. Those figures don’t include thousands of community meetings, workshops and training sessions, and hundreds of thousands of home visits, all of which have also increased geometrically in recent years. It feels remarkable to all of us at PIH that we have been able to grow at this rate and still stay true to the roots of our work—namely to bring the fruits of modern medicine to those who need it most and, I would add, to show that providing comprehensive medical care to entire communities is not just possible but essential. The excellent results in varied and difficult settings have built a strong case for the PIH model to be replicated in other countries.

I’m often asked if PIH has a secret recipe—how it is that we are able to achieve results in places that have never before seen significant improvements in health outcomes. While there is no silver bullet that will transform impoverished communities, I believe strongly that there are certain key components of our approach that contribute to our success. First, PIH’s resources get to the people who need them most—94 cents of every dollar we spend goes directly to our programs and patients around the world. Second, we build on the strengths of the communities by working within public health systems and serving where there are gaps. Third, and perhaps most important, we invest directly in the communities we serve by training and employing a cadre of local community health workers to accompany our patients and their families through their care.

The ability of Partners In Health to put these three elements into practice relies almost entirely on strong partnerships—with patients, community health workers, nurses, doctors,
administrators, sister organizations, other NGOs, local and national governments, and funders. Twenty years after our founding, it is clearer than ever that Partners In Health was the right name for our organization. Though we’ve always known the importance of strong community partnerships, I’m not sure that in 1987 we realized how much of our continued success would depend on collaborations with other organizations, governments, and funding agencies. It has been a powerful lesson indeed to learn this over the years. Each of our partners brings a set of skills, expertise, and knowledge that complements ours. And like all good relationships, each contribution makes the whole much stronger.

We have much to thank our partners for this year and, as you will see in the pages that follow, we are honored to share our successes with the extraordinary people and organizations who make our work on the ground possible. In particular, I would like to highlight the vital role of our donors in this work. For the first time in twenty years, Partners In Health was not able to raise enough funds to cover the budget for the twelve months ending December 2006. Thanks to the generosity of our supporters, we were able to close the gap in early 2007. Nonetheless, the deficit has raised concerns for us as to whether we will be able to continue the remarkable growth that I’ve highlighted above. We hope that we will be able to do so, but the needs are great.

To address this, our Board of Directors and closest supporters have inspired us to establish a growth fund to provide for the continued expansion of our work. In honor of our co-founder and most generous donor, we have named this fund The Thomas J. White Fund for Innovation and Impact. We hope that the development of this fund will mirror PIH’s growth, allowing us to keep pushing the boundaries in global health and to remain always an organization that, thanks to its partners, can respond rapidly to the needs of large communities. After twenty years, we are proud to be able to describe our accomplishments—not just within specific communities but also within the broader context of global health. With you as partners, we look forward to reporting on PIH’s impact for twenty more years and beyond.

Ophelia Dahl
Executive Director, Partners In Health
Our 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.

Children in Carabayllo, the shantytown outside Lima, Peru, where SocioEnSalud pioneered community-based treatment of drug-resistant tuberculosis.
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Sewing school creates income
opportunities in Boucan Carré, Haiti
Clearly, our founders understood the pivotal importance of partnership when they created a small medical solidarity organization 20 years ago and named it Partners In Health.

They knew then that the identity, purpose and value of the fledgling group hinged on their alliance with a partner organization known as Zanmi Lasante (Partners In Health in Haitian Kreyol) located in a squatter community in central Haiti. And they knew that Zanmi Lasante’s mission and success, in turn, were rooted in a commitment to save lives and transform communities not by importing shrink-wrapped “solutions” from afar but by engaging the community as active partners in challenging and changing the conditions of extreme poverty and injustice that are the substrate of disease.

What was true then applies even more today. As we have grown over the years, as our tallies of annual patient encounters have soared from the hundreds to more than two million, as we have expanded from one small clinic in Haiti to dozens of sites in nine countries on four continents, the number and variety of our partnerships have grown even more rapidly at many levels—in the community, in the clinics, and around the world.
In all of these areas, from remote villages in the mountains of Haiti, Rwanda and Lesotho to the capitals of governments and the headquarters of international organizations and major academic institutions, we have found partners who share with us a recognition that health requires far more than a supply of medicines and the absence of disease.

It takes health systems that deliver quality care based on patients’ needs rather than on their ability to pay. It takes access to food, clean water, schools, decent housing and opportunities to earn a living. It takes partners.

**So meet the partners.**

In the following pages, we turn the spotlight on a necessarily arbitrary but representative handful of people. For every partner profiled here, there are literally thousands of others who are equally important to our work, equally deserving of recognition, equally committed to improving the lives of our patients and their communities. We hope that they and our readers will understand that these profiles represent a testimonial not only to the individuals whose names appear on the page but to all of the organizations and people whom we consider genuine partners in health.
In the community

Everything starts with our patients, with meeting their needs and fighting for their rights — quality health care for the sick, food for the hungry, schools for the uneducated, justice for the neglected and exploited.

Without their engagement and leadership there would be no Partners In Health. As we have often said, “We don’t tell them what they need. They tell us.” And they also tell, teach and show us a great deal about how to go about meeting those needs through a genuine partnership, rooted not in charity but in solidarity.

Out of the communities, too, come the accompagnateurs, community health workers who are the backbone of our model of care.

Of the roughly 5,000 people who work for PIH worldwide, fewer than 100 come from the United States and other wealthy countries. More than 3,000 are community health workers who have been trained and employed to provide health education, to refer people who are ill to a clinic, or to deliver medicines and social support to patients in their homes. Community health workers do not supplant the work of doctors or nurses. Rather, they are a vital interface between the community and the clinics. As importantly, they are agents of change who mobilize solidarity as a community-wide immune response to pandemic disease, poverty, and despair.
**Angela**  
**MDR-TB survivor**  
**Socios En Salud—Peru**

Angela had almost lost hope. “My husband was sick with TB and I knew I was next,” she recalls. A doctor had told her that nothing could be done for her husband, that she should stop crying and “think about starting over with your life because you are going to be alone.”

Then she heard about an organization called Socios En Salud (SES), PIH’s partner organization in Peru, that treated patients with severe TB. “I will never forget the way the SES doctor spoke with my husband… She came close, knelt down and said to him, ‘It may be that you are sick, but don’t get depressed because you are going to get better. We will cure you.’ I cried because no other doctor had touched him, not even to take his pulse.”

Then Angela fell ill herself. “The doctor said to me, ‘Just like you, I am very sad, my heart is broken. But you have to be strong. You have been so brave, and now you have to continue even if it’s difficult.’ It may be because of that doctor that I promised to finish my pills”

Angela kept her promise, even when she weighed only 70 pounds and was so weak that she fell and couldn’t get up, even when her children pleaded with her, “Mommy, don’t take that pill. It’s bad for you. Don’t take it anymore.” She told them she had to do it, “because I had made a pact to continue with the treatment.”

Now that she is cured, Angela says, “I always pray for SES. They gave us the opportunity to be their patients, and I believe that is why we are alive.

“To speak of SES is to speak of a family that receives you with open arms and makes you feel that you are important to them.”

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**Lisette Fetièrė**  
**Social Work Assistant living with HIV**  
**Zanmi Lasante—Haiti**

A widowed mother of five, Lisette Fetièrė has been a patient in Zanmi Lasante’s HIV program since 2002. She started antiretroviral therapy in 2003. Before she fell ill, Lisette had been a prominent member of the community. She served as mayor of Thomonde for 12 years, bought and sold goods at local markets, and operated a busy restaurant in the center of town.

After her HIV diagnosis, however, people stopped coming to her restaurant as they said that she was a “moun SIDA” (“AIDS person”). When this happened, a doctor at the Zanmi Lasante clinic in Thomonde asked her if she would like to work for ZL. After a month of training, she assumed the role of social work assistant, visiting patients in their homes to assess their needs, and working with the clinical staff to decide on appropriate ways to deliver food, improve housing and provide other socio-economic support. Lisette also helps organize support groups for HIV-positive parents, HIV-affected children, and guardians of children orphaned by AIDS.

“I live for and from my relationship with Zanmi Lasante,” Lisette says. The HIV treatment she receives enables her to be healthy and active in the community. And her work with ZL allows her to provide for herself and her 5 children.

“And I love the work,” she adds, “talking to people, understanding their realities, and helping them to find strength.”
In the community

François Musatsi

Living with HIV

Inshuti Mu Buzima—Rwanda

For François Musatsi, community-based care has meant not only a new lease on life but a path to peace and reconciliation. François returned to Rwanda full of hope soon after the overthrow of the regime responsible for the genocide in 1994. A few years later, he and his wife and eight children faced ruin. His small trading business faltered and he started suffering from repeated ailments and soaring medical bills.

It wasn’t until he was admitted to a health center run by PIH’s Rwandan partner organization, Inshuti Mu Buzima, that a nurse persuaded him to be tested for HIV. He was surprised when the results came back positive and even more surprised that all his symptoms disappeared when he started treatment with antiretroviral drugs (ARVs).

When he told his family that he would get his ARVs from a neighbor who works as an accompagnateur (community health worker), François recalls, “they were very worried.” Although nobody accused the accompagnateur herself of having committed any atrocities, she was Hutu, François was Tutsi, and the 1994 genocide had pitted a predominantly Hutu population and government against ethnic Tutsis and Hutu opposed to the violence. But with his life on the line, François didn’t feel he could hold someone responsible for crimes she didn’t commit. Soon he and his accompagnateur became friends and started working together to convince their neighbors to get tested. Now far more than half the people in their village have been tested, and suspicions and hostility within the community have waned.

“Inshuti Mu Buzima has been a miracle for me and for my village. It gave people positive values by eradicating stigma. And the accompagnateur system helped us discover each other in a positive way, destroying old and harmful ideologies.”
Wilfrid Charles
Accompagnateur
Zanmi Lasante—Haiti

Wilfrid Charles sets great store by education and employment, both as basic human rights and as keys to combating AIDS and improving health. He had been unemployed for three years himself when he was hired by Zanmi Lasante. Since then, his work as an accompagnateur has brought him into daily contact with poor patients and the problems they face obtaining food, housing, education, and jobs.

“Unemployment is a really big problem that contributes to AIDS,” Wilfrid explains. “People finish high school and even professional schools and cannot find jobs. So they turn to prostitution.”

Wilfrid takes pride in working with an organization that helps people break out of that vicious cycle.

“Zanmi Lasante does a lot of things for sick people. We give them jobs, build houses, and provide financial assistance and school fees for people who have very little means. Even though accompagnateurs are not paid a lot, they earn enough to feed themselves and their families and send their kids to school.”

That is what the job has done for Wilfrid, a father of two who supplements his income by running a small business. But the value of his job to Wilfrid far exceeds the salary. “When you find someone who is seriously ill and you give them their medicine, after a month or two you can really see how they are improving,” he says. “It makes me very happy to see people getting better.”
In the clinics

At all of our sites, PIH has worked to build clinical teams led and staffed by local nationals—doctors, nurses, social workers, pharmacists, laboratory technicians and other health professionals who come from the countries and communities we serve.

By making sure that medical workers have the tools and resources to use their skills and provide quality care, we combat the demoralizing conditions fueling the “brain drain” that has notoriously brought more Malawian doctors to practice in Birmingham, England, than in the entire country of Malawi. As a result, the overwhelming majority of clinical and support staff at PIH hospitals and health centers are local. Many are ministry of health employees.

Where we have worked the longest, local leadership and expertise are strongest. Our partner organizations in Haiti, Peru and Russia now provide training and support not only for other PIH projects but for ministry of health personnel throughout the countries and regions where they are based.

As striking evidence of the strength of Zanmi Lasante’s clinical resources and global commitment, a Haitian doctor now heads up one PIH clinic in the mountains of Lesotho. Still others play major roles in our collaboration with the Rwandan Ministry of Health to replicate the PIH model of comprehensive, community-based care in every rural health district in the country.
The overwhelming majority of clinical staff at PIH hospitals and clinics are local.

Dr. Roland Désiré
Zanmi Lasante—Haiti

While completing his residency in Cap Haïtien on Haiti’s northern coast, Dr. Roland Désiré recalls, “I heard of a foreign doctor who worked in Cange and visited people in their homes.” When Dr. Désiré had to serve a month of “elective time,” he decided to go to Cange and see for himself what Doktè Paul (Paul Farmer) and Zanmi Lasante were doing.

After spending a month treating patients in Cange, Thomonde, and at mobile clinics in isolated mountain communities, he was hooked. Later that year, he chose to spend his vacation working in pediatrics in Cange. And when he finished his residency, he joined ZL full time.

Dr. Désiré now works as a program doctor in Lascahobas, dealing with the full range of medical problems that walk through the door—general medicine, HIV and TB, and women’s health. This role tending to all of the community’s medical needs suits Dr. Désiré. After all, it was ZL’s approach to providing free and integrated medical care and social support that attracted him in the first place.

“We don’t just look after TB patients or pregnant women,” he says. “We look at everything together.”

As an example, he recalls a case from his early days in Lascahobas: “A four-year-old child was admitted for malnutrition. After 12 days of treatment, he wasn’t improving, even though all of the tests came back normal, including one for TB. I remembered that severely malnourished children often test negative for TB even if they have it because their immune systems are too weak to mount a response to the test. So we decided to treat him for TB and he recovered quickly… In another setting without integrated care, such as a program only for malnutrition, this child would have died.”
In the clinics

Manzi Anatole
Nurse
Inshuti Mu Buzima—Rwanda

“After the genocide [in Rwanda] in 1994, I watched people with AIDS dying every day,” says Manzi Anatole. “I saw too many people suffering from famine, from poverty. I was dreaming of an organization that could help people with HIV, poor people, patients who had no one to take care of them, children who were suffering, orphans. It was in my dream, but I never thought this dream could happen.” So when a neighbor told him about PIH’s Rwandan partner organization, Inshuti Mu Buzima, he applied for a job right away.

A nurse and trained psychologist, Manzi began working at Rwinkwavu Hospital in 2005. “It was horrible at the beginning because so many people were suffering and dying,” he says. “But we saved lives, we started taking care of HIV-positive patients, and started patients on ARVs every week.”

Knowing that many patients would be too sick or poor to travel to the hospital, Manzi began riding his motorcycle to remote villages, finding up to 30 new HIV patients each week, and bringing medicine, food, money for children’s school fees, and other social support services.

“It was the first time people in these communities had ever seen a health worker come to their village.”

Manzi currently runs the HIV program at Rukira Health Center in the southeastern corner of Rwanda. He has taken a special interest in the AIDS epidemic’s youngest victims. “Many children don’t have their parents [having lost them to AIDS],” he says. “They are orphans, they need someone to look after them, they may have psychological problems, they need counseling, they need food, they need medicine. And PIH is providing all of these. PIH is just like my dream.”
Yverta Edmond
Laboratory Technician
Zanmi Lasante—Haiti

When a fire forced Zanmi Lasante to close down the laboratory in Boucan Carré for a few days, Yverta Edmond could easily have taken some well-deserved time off. So Dr. Louise Ivers was somewhat surprised to find her filing charts and pulling records in the overcrowded medical records room. “It’s a really thankless job,” Ivers remarked, “which just demonstrates Yverta’s particular dedication.”

Yverta has been demonstrating that dedication since she started working with ZL in 2003. With three years of training in medical technology at the University of Haiti Medical School, Yverta could almost certainly earn more working in Port-au-Prince, where she could also live full-time with her husband and son. But has already done that and decided she would rather work where her skills are needed most.

“I love the job, I give all my time for it and I never feel tired,” Yverta said. “People living out here need help to survive and they find free care thanks to PIH.

“When I was working in Port-au-Prince, I used to welcome well-to-do people who come and pay for the service. Now, in the setting where I am working, there are more people who are really in need. Working with PIH is an opportunity to be at their service.”

Lesole Mokele
HIV Counselor
Bo-Mphalt'o Litšebelešong tsa Bophelo—Lesotho

Lesole Mokele takes special pride and satisfaction in his work counseling and testing for HIV at the health center operated by PIH’s partner organization in Nohana, high in the mountains of Lesotho. He knows from personal experience just how important that work is.

Just three years before he started working with PIH, Lesole himself was critically ill, coughing day and night and suffering from a persistent fever, diarrhea, night sweats, and an alarming loss of weight. “I suspected that I had AIDS, but I was scared to get tested,” Lesole recalls. When he did eventually go for counseling and testing, results confirmed that he was infected. At first Lesole was afraid to tell anyone. Finally he told his sister, who became his treatment supporter when he started antiretroviral therapy (ART). From that point forward, Lesole became an outspoken leader for people infected with HIV.

“I met other patients and we started a support group for people living with HIV,” Lesole says. “Today that group is known as the Lesotho Network of People Living with HIV/AIDS and I am its current vice president.”

Lesole has played a major part in the successful launch and rapid growth of the PIH project in Nohana. “We now have more than 1,000 HIV patients in follow-up, 400 on ART and 220 receiving TB treatment. Everything we do for our patients is free – medicine, food, and formula for babies born to HIV-positive mothers.”

The impact has been dramatic and gratifying.

“I remember two months ago someone came to me and said, ‘Nowadays we don’t see coffins every day here in Nohana. But before PIH started its program, people died like flies here, mostly from TB and HIV.’ I wasn’t surprised to hear him say that, because I know what we are doing for our patients.”
Since PIH was founded, we have considered it part of our mission to “draw on the resources of the world’s leading medical and academic institutions” to work in partnership with “the world’s poorest and sickest communities.” Our “pillars of institutional support” at Brigham and Women’s Hospital, Harvard Medical School and the Harvard School of Public Health allow us to do just that, providing invaluable support for clinical care, research, and training.

An absolutely essential partnership in every country where we work is with the local Ministry of Health.

While non-governmental organizations like PIH have a valuable role to play in developing new approaches to treating disease, only the public sector can assure universal and sustained access to health care as a fundamental human right.

As we have expanded our efforts to address our patients’ needs for food, clean water, schools, housing and jobs, we have also forged new partnerships with non-governmental and multilateral organizations whose programs and expertise complement our own.

The Clinton Foundation, for example, has been an indispensable partner at our three projects in Africa, mobilizing resources for agricultural and community development, reducing the costs of essential medicines, and strengthening coordination with governments and international donors.

Our other global partners range in size from globe-spanning UN agencies like the World Food Program and UNICEF to the Lesotho branch of Mission Aviation Fellowship, without whose overstretched team of pilots and single-engine planes we simply could not operate health centers that are often six hours walk from the nearest road. These partners are far too numerous to list and too valuable to pass over without collective acknowledgement and an expression of our profound appreciation.
Haitian Ministry of Public Health and Population

Dr. Raoul Raphaël, MD, MPH
Director, Central Department

Dr. Raphaël first came into contact with Zanmi Lasante in 2000, shortly after he was put in charge of the Haitian Ministry of Public Health and Population (MSPP) in the Central Department, which includes the central plateau where ZL has worked for more than 20 years.

As one of his first acts, Dr. Raphaël conducted an inventory of all the non-governmental organizations involved in health activities in the area. What he learned about ZL must have made a positive impression. Soon afterward, he invited ZL to help upgrade facilities, improve staffing and salaries, and procure drugs and equipment for MSPP hospitals and health centers. He has been working closely and regularly with ZL staff ever since.

“The most important aspect of ZL’s work is their focus on serving the poor,” Dr. Raphaël says. Most people in Haiti’s impoverished central plateau suffer from lack of food, clean water, adequate housing and regular work, which has a direct and dire impact on their health.

For health to be improved and social justice to be achieved, Dr. Raphaël argues, “everyone must have access to health services.” He values ZL’s contributions to making that possible.

“Zanmi Lasante’s philosophy of directing their activities and support toward the poor helps the Ministry build on its limited resources to serve the needs of the people of the Central Department.”
Mission Aviation Fellowship

Tim Vennell
Pilot, Lesotho

Love of flying and love for humanity have landed Tim Vennell in the mountains of Lesotho in southern Africa, far from his roots in Amarillo, Texas.

His long and winding flightpath started when Tim first encountered mission aviation during a three-month church mission to Tanzania in 1989. Having “grown up poor,” Tim had always thought of a pilot’s license as a ticket to a good salary. But he came back from Tanzania determined to find a way to combine flying with helping poor, sick and isolated people and communities.

After completing a degree in Mission Aviation Technology at Moody Bible College, Tim was ready to take off on a career with Mission Aviation Fellowship (MAF). He and his family touched down first in the Democratic Republic of Congo before landing in Lesotho in 2003.

Three years later, Tim had what he describes with a laugh as “a God-ordained meeting.” On a commercial flight to South Africa he met a doctor from Boston with a fear of flying. Dr. Jen Furin was just laying the groundwork for the new PIH project in Lesotho. She had never heard of MAF. But she would soon learn that working in the mountains of Lesotho necessarily meant working with MAF, since many of the mountain clinics are accessible only by air.

Within months, Jen and her colleagues at PIH topped MAF’s list of frequent flyers, Jen had shed her fear of flying and donned her own headset, and the relationship between PIH and MAF had blossomed into a partnership marked equally by affection and respect.

“It’s been a lot of fun working with people who are so skilled and dedicated,” Tim said. Then, echoing the PIH mission statement, he added, “We’re willing to do whatever it takes to make sure these patients are cared for.”
Clinton HIV/AIDS Initiative
Pascal Bijleveld
CHAI Country Director, Rwanda

Pascal Bijleveld’s first day on the job as head of the Clinton Foundation HIV/AIDS Initiative (CHAI) in Rwanda could not have been more daunting. After a discussion involving Dr. Innocent Nyaruhirira, the Minister of State in Charge of HIV/AIDS, Ira Magaziner, the Chairman of CHAI, and Paul Farmer, it was decided that Rwanda wanted to scale-up PIH’s “Rwinkwavu model” nationwide. But what would it take and how much would it cost? Suddenly all eyes turned to Pascal.

Since that February morning, Pascal and his small team at the Foundation have been working with PIH and the Ministry of Health to help develop a National Scale-up Plan. Six months on, the national plan is complete and four district implementation plans are ready to roll.

Continuing with the strong partnership established in Rwanda between the Clinton Foundation’s “management perspective” and Partners In Health’s “clinical expertise,” the next challenge will be to help the Ministry of Health translate the plans into action in the four selected districts and then roll out the model across the whole country.

“Working with Michael [PIH Country Director Michael Rich] and his team has been a real eye-opener,” Pascal says. “The fine balance between common sense and pragmatism on the one hand and ‘doing whatever it takes’ to save lives on the other has been mastered to perfection.”

Brigham and Women’s Hospital/ Harvard Medical School
Dr. Sonya Shin
Clinician and researcher

Sonya Shin started working with Socios En Salud in Peru more than a decade ago, when she was a third year student at Harvard Medical School. She landed in the front lines of an epidemic of multidrug-resistant TB, a disease that global health experts and government officials then considered too expensive and too complicated to treat in poor communities.

Sonya soon recognized that “people were dying of the policy, not the disease per se.” And she was embarked on a career that has combined expert clinical care with rigorous research “that will inform better decisions and help build programs that meet the needs of patients in resource-poor settings.”

Both of her current research projects illustrate the point. One study examines the impact of integrating treatment for alcoholism into TB programs in Russia, where many TB patients have dropped out of treatment because of widespread alcohol abuse. A second research project aims to assess the effectiveness of providing 18 months of community-based directly observed therapy and psychosocial support to people infected with both HIV and TB in Peru, using the community health worker model PIH has employed successfully in both Haiti and Boston.

“I believe in research that actually benefits the people who are being studied and helps lay down the infrastructure that will continue to help patients after the study has been completed.”
Zanmi Lasante continued to deepen and broaden its services to the poor of Haiti in 2006, inaugurating new facilities, programs and partnerships. Even as Zanmi Lasante mourned the tragic death of Jean Gabriel fils (Ti Jean), who had led and inspired construction of dozens of new homes and other activities of the Program on Social and Economic Rights (POSER), ZL staff found new resolve to carry on his commitment to social justice.

**Highlights of the Year**

- **EXPANDED THE HIV EQUITY INITIATIVE:** In 2006, Zanmi Lasante expanded its groundbreaking HIV Equity Initiative beyond the Central Plateau to two new sites in the Artibonite region of Haiti. The Artibonite clinics were rapidly scaled up to offer people living with HIV the same PIH model of comprehensive care—including accompaniment, socioeconomic support, and free medical care—that has proven so successful since Zanmi Lasante launched the HIV Equity Initiative in 2000.

- **STRENGTHENED HUMAN RESOURCES FOR CHILD SURVIVAL:** With the support of the U.S. Agency for International Development (USAID), Zanmi Lasante expanded its child survival and maternal health programs in 2006 to cover all ZL sites. ZL hired and trained new staff to work on pediatric programs in clinics and expand community outreach activities. With ZL staff running mobile vaccine clinics, rally posts and door-to-door distribution, access to childhood vaccinations increased dramatically. In addition, approximately 70-80 traditional birth attendants per site received ongoing monthly training in safe delivery care.
OPENED NEW CLINICAL FACILITIES: In August 2006, Zanmi Lasante and the Haitian Ministry of Health inaugurated a medical center in the Central Plateau town of Thomonde. This new facility provides comprehensive primary care and HIV/AIDS services to an average of 200 patients per day. During 2006, ZL also officially inaugurated a new clinic in Cerca La Source, a new hospital wing in Hinche and the Sante Fanm women’s health center in Cange.

TREATED CHILD HUNGER WITH A KNOWN REMEDY — FOOD: Zanmi Lasante rolled out an extensive child nutrition program in the Central Plateau in 2006, with support from the Johnson and Johnson Foundation, Meds and Food for Kids, the M•A•C AIDS Fund and the World Food Program. More than 9,000 children received daily school lunches free of charge through the program. ZL also began local production of nutritionally fortified therapeutic food for malnourished children.

CONTINUED TI JEAN’S WORK — BUILDING HOUSES: Colleagues and friends of Jean Gabriel fils (Ti Jean), founder of Zanmi Lasante’s Program on Social and Economic Rights (POSER), promised that Ti Jean’s tragic death on May 28 would not derail his life work of building new homes for destitute people in the Central Plateau. And they kept their promise. Shortly after the end of 2006, POSER completed construction of the last of 70 houses that had been identified as top priorities for the year. Throughout the Central Plateau, hundreds of sturdy houses attest to Ti Jean’s tireless commitment to social and economic rights for the poor.
Working in partnership with the Peruvian Ministry of Health, Socios En Salud (SES) played a leading role in expanding treatment of multidrug-resistant TB beyond Lima and in building and upgrading hospitals, laboratories and other infrastructure needed to fight the epidemic. Recognized worldwide for its expertise in treating MDR-TB, SES also adapted its model of community-based care to expand a successful, new HIV program that combines directly observed antiretroviral therapy with economic and social support.

Highlights of the Year

- **IMPROVED AND EXPANDED TREATMENT FOR DRUG-RESISTANT TB**: SES worked with the Peruvian Ministry of Health and with local health officials to expand treatment for MDR-TB patients both within and beyond Lima. In Arequipa, a major city in the south, the Regional Health Directorate committed to working with SES and began enrolling patients in the DOTS-Plus program. In Lima, almost 500 patients were declared completely cured; another 500 continued to receive medical treatment as well as nutritional, social, and economic support.

- **STRENGTHENED INFORMATION SYSTEMS**: In May 2006, the National TB Program declared they would utilize the PIH Electronic Medical Records System to track treatment of MDR-TB patients. This collaboration with the Ministry of Health will further the transfer of responsibility for TB care to the public sector, and will continue to improve quality of care among MDR-TB patients.
EXPANDED HIV/AIDS CARE: By the end of 2006, 79 HIV-positive patients were receiving comprehensive care through the SES HIV program launched the previous November. More than 90 percent of these patients were clinically stable and had an undetectable viral load. The HIV team worked with 17 health workers who administered life-saving antiretroviral drugs to patients and gave them critical emotional, economic, and nutritional support. The team also worked in tandem with the Ministry of Health’s National HIV program to improve patient enrollment and adherence to treatment.

BUILT NEW HEALTH FACILITIES: SES worked to strengthen the Peruvian health care infrastructure by supporting the construction and maintenance of two operating rooms dedicated to surgeries for MDR-TB patients, two in-patient hospital wings for TB and MDR-TB patients, a national reference laboratory for diagnosis of MDR-TB, and an ambulatory care wing for a regional hospital.

PROVIDED EDUCATION AND TRAINING: SES continued to train fellow Peruvian healthcare professionals in the management of MDR-TB and collaborated with our colleagues in Haiti to provide a two-day training program to the Haitian Ministry of Health. SES doctors and nurses (along with one intrepid translator) traveled to the Zanmi Lasante training center in December 2006, and shared their 10 years of experience with their Haitian counterparts. SES also adapted the curriculum developed at PACT in Boston for use by Peruvian HIV community health workers and conducted trainings in community-based HIV/AIDS care.

“To speak of SES is to speak of a family that receives you with open arms and makes you feel that you are important to them.”
—Angela MDR-TB patient (page 9)
During our second year in Rwanda, PIH and our Rwandan partner organization Inshuti Mu Buzima (IMB) continued to renovate and expand our clinical facilities, scaled up our comprehensive HIV care program dramatically, more than doubling the number of patients on antiretroviral therapy, and expanded our support for nutrition, housing and other social and economic needs.

**Highlights of the Year**

- **BUILT A PEDIATRIC WARD AND INPATIENT MALNUTRITION CENTER:**
  The 30-bed pediatric care center at Rwinkwavu Hospital, built with support from the Clinton Foundation and UNICEF, serves as a referral facility for complicated pediatric cases from all IMB sites.

- **INAUGURATED AN OPERATING SUITE:**
  In October 2006, Rwinkwavu Hospital officially opened its fully renovated operating room. Doctors at Rwinkwavu Hospital immediately began performing emergency Cesarean sections. Prior to renovations, emergency obstetrical cases had to be transferred to the closest hospital—more than an hour away.

- **IMPROVED STAFFING AND FACILITIES AT FIVE OTHER SITES IN SOUTHEASTERN RWANDA:** The sites include four health centers in Kirehe health district serving a population of more than 350,000 people. At the Kirehe health center, clinical and laboratory facilities were expanded, pending construction of a new district hospital.
EXPANDED NUTRITIONAL SUPPORT FOR PATIENTS WITH HIV AND TB: In 2006, IMB distributed more than 1,500 food packages per month to HIV and TB patients and their families, and signed an agreement with the World Food Program for another 1,000 per month.

SUPPORTED SOCIAL AND ECONOMIC RIGHTS: During the course of 2006, IMB built more than 35 houses, paid secondary school fees for almost 400 students who would otherwise have been unable to go to school, and established a carpentry and welding workshop that provides both jobs for local residents and furnishings for IMB clinical facilities. In addition, IMB dispersed 40 microcredit loans to income-generating projects for associations of HIV patients in Rwinkwavu and Kirehe.

PROVIDED COMPREHENSIVE CARE FOR CHILDREN AFFECTED BY HIV/AIDS: IMB enrolled more than 150 children living with AIDS on lifesaving antiretroviral therapy and instituted comprehensive prevention of mother-to-child transmission programs at all six clinical sites in 2006. Children living with AIDS and their families meet for monthly pediatric counseling groups, where IMB staff provide education and psychosocial support.

EXPANDED ACCESS TO HIV TREATMENT: By the end of 2006, about 2,000 patients had been enrolled on antiretroviral therapy. Patients are visited daily by more than 800 community health workers, trained by Inshuti Mu Buzima to distribute medications and provide social support.

“Many children are orphans. They need someone to look after them. They need counseling. They need food. They need medicine. And PIH is providing all of these.”

–Manzi Anatole nurse (page 14)
Highlights of the Year

- TRAINED VILLAGE HEALTH WORKERS: In June 2006, staff from PIH Lesotho led the first village health worker training at the Nohana Health Center, our first clinical site in Lesotho. More than 75 village health workers participated in the training, which focused on HIV/AIDS care, prevention and treatment.

- DELIVERED FOOD TO THE HUNGRY IN NOHANA: On November 16, 2006, a first shipment of food was delivered to Nohana Health Center under an agreement between PIH Lesotho and the World Food Program that will provide nutritional support to HIV patients and their families.
IMPROVED TREATMENT FOR TUBERCULOSIS AND SOUGHT OUT CASES OF DRUG-RESISTANT TB: Testing in Nohana confirmed high rates of tuberculosis and of HIV-TB coinfection. PIH Lesotho identified almost 100 active cases of TB, among whom almost 90 percent are coinfected with HIV. Outbreaks of multidrug-resistant and extensively drug-resistant tuberculosis (MDR-TB and XDR-TB) in neighboring South Africa raised concern about drug-resistant tuberculosis in Lesotho. In response, PIH Lesotho partnered with the National Tuberculosis Program of Lesotho to conduct a rapid survey of two Lesotho districts bordering the affected region of KwaZulu-Natal Province, South Africa, during October and November of 2006. The survey provided a snapshot of the extent of MDR-TB and XDR-TB in Lesotho and spurred plans to launch a program to combat drug-resistant TB in 2007.

PROVIDED ACCESS TO LIFESAVING TREATMENT FOR AIDS: In July 2006, PIH Lesotho started its first 16 AIDS patients on antiretroviral therapy at the Nohana Health Center. As news of the remarkable recovery of these patients spread throughout the area, the number of people seeking HIV testing or treatment at the Nohana Health Center increased dramatically. Within just six months, more than 160 patients were receiving ART at the Nohana Health Center and over 450 were enrolled in pre-ART care.

“I remember two months ago someone came to me and said, ‘Nowadays we don’t see coffins every day in Nohana. But before PIH started its program, people died like flies here, mostly from TB and HIV.’”

–Lesole Mokele
HIV counselor
(page 15)
Russia/Партнёры во имя Здоровья

PIH Russia reached major milestones in 2006, both in a training program aimed at improving care for multidrug-resistant tuberculosis (MDR-TB) throughout the Russian Federation and in strengthening delivery of treatment to patients in Tomsk Oblast, Siberia.

Highlights of the Year

- TRAINED DOCTORS TO TREAT MDR-TB: Working in collaboration with the Russian Ministry of Health and the World Health Organization, PIH Russia led three comprehensive training sessions on management of MDR-TB. Two sessions held near Moscow and one in Novosibirsk, Siberia, provided training to 213 physicians serving almost 80 percent of the territory of the Russian Federation. With continuing support from the Eli Lilly and Company Foundation, two more sessions were planned for 2007 to extend training to the entire country.

- EMPLOYED COMMUNITY HEALTH WORKERS TO REACH THE NEEDIEST PATIENTS: In November 2006, PIH Russia and Tomsk Oblast TB Services launched the “Sputnik Program,” the first use in Russia of what has long been a key component of PIH’s model of care in other countries – recruiting, training and paying community health workers to provide directly observed therapy and comprehensive social, nutritional and medical support to improve treatment adherence and support for the poorest and most neglected MDR-TB patients in the region.

- EXPANDED ACCESS AND IMPROVED THE QUALITY OF TB CARE: The Global Fund to Fight AIDS, Tuberculosis and Malaria approved phase two (years 3-5) of a grant to PIH Russia for the treatment of MDR-TB in Tomsk Oblast. PIH is the primary recipient of this grant, providing clinical, financial and programmatic monitoring for all TB patients in the Oblast. PIH Russia also received approval from the World Health Organization’s Green Light Committee to enroll 350 additional MDR-TB patients in treatment.

**By the Numbers**

- 680 MDR-TB patients enrolled
- 203 prisoners
- 477 civilians
- 1,337 TB and MDR-TB patients received nutritional support
- 72% success rate among DOTS-Plus MDR-TB patients
- Staff
  - 6 medical
  - 11 non-medical

Directly observed therapy for MDR-TB in Tomsk

THE YEAR IN REVIEW
The Prevention and Access to Care and Treatment (PACT) Project in Boston expanded both its health promotion and directly observed therapy services for marginalized HIV/AIDS patients. PACT also expanded harm reduction and HIV prevention efforts with vulnerable populations in the area, including substance abusers and commercial sex workers. In addition, PACT established collaborative relationships that could lead to replication of the PACT model in several other communities around the United States.

**Highlights of the Year**

- **SCALED UP HEALTH PROMOTION:** During 2006, enrollment into PACT health promotion and directly observed therapy for HIV patients increased by 115 percent. PACT staff began an extensive outreach campaign designed to reach patients who have experienced difficulty accessing care and adhering to treatment.

- **EXPANDED ACCESS TO CARE:** PACT services expanded from the inner-city neighborhoods of Dorchester and Roxbury to serve the greater Boston area, as PACT developed new partnerships with healthcare providers to reach more of the area’s most vulnerable communities.

- **DESIGNED TOOLS TO HELP OVERCOME BARRIERS TO CARE:** PACT staff developed a curriculum to train community residents as health promoters. The curriculum teaches promoters and patients problem-solving skills needed to overcome common barriers to treatment adherence faced by the communities served by PACT.

**By the Numbers**

- **87** patients receiving health promotion services
- **17** patients on directly observed antiretroviral therapy
- **251** total patients served since program started
- **259** Latino men and women trained in street outreach for drug prevention
- **13,000** condoms distributed in 2006
- **1,330** street encounters to promote harm reduction and HIV prevention
- **Staff**
  - **3** medical
  - **26** non-medical
  - **6** contracted

A PACT patient talks with her health promoter.
Recovery from the devastation of Hurricane Stan and further training and support for community health promoters were the main themes of 2006 at EAPSEC (Equipo de Apoyo en Salud y Educación Comunitaria), a PIH-supported project in Chiapas, Mexico. In neighboring Guatemala, another PIH-supported project, the Association and Technical Team for Education in Community Health (ETESC), continued its work identifying victims and providing mental health support for survivors of massacres perpetrated by government forces and paramilitaries.

**Highlights of the Year**

- **EXPANDED THE NETWORK OF COMMUNITY HEALTH PROMOTERS:** EAPSEC staff trained 137 health promoters to work in 11 municipalities and 83 communities across four regions of Chiapas, serving an area of approximately 16,900 people.

- **PROVIDED MEDICAL CARE TO HURRICANE VICTIMS:** EAPSEC continued to support and staff emergency clinics in Belisario Dominguez and Honduras, two of the communities hardest hit by Hurricane Stan.

- **INITIATED SOUTH-SOUTH COLLABORATIONS:** Together with Socios En Salud, PIH’s sister organization in Peru, EAPSEC initiated a Chiapas-Peru collaboration to share best practices for training health promoters.

- **ASSISTED VICTIMS OF REPRESSION:** ETESC continued its work of exhuming, identifying and reburying victims of Guatemala’s repressive military, inspecting five hidden mass graves, exhuming remains from a site where 36 people had been massacred, and holding four commemorative ceremonies.

- **PROVIDED DENTAL CARE:** ETESC also conducted dental clinics, providing examinations, fillings, extractions and preventive dental care.
CLINICAL and TECHNICAL GUIDES

Partners In Health; Program in Infectious Disease and Social Change, Harvard Medical School; Division of Social Medicine and Health Inequalities, Brigham and Women’s Hospital, François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health. The PIH Guide to the Community-Based Treatment of HIV in Resource-Poor Settings. Second edition. Boston: Partners In Health; 2006.

ARTICLES


REVIEWS, CHAPTERS, and EDITORIALS


Weighing a child at a neighborhood clinic in Peru
Partners In Health supports its work through the generosity of individual donors, foundation grants and contracts with governments and multinational organizations. Each year, PIH has to raise almost its entire budget anew, and the challenge of doing so increases dramatically as we continue to expand our work.

As shown on the pages that follow, PIH had $10.3 million in Unrestricted Net Assets at December 31, 2005 to support its work in 2006. We spent $31.1 million in 2006, ran an operating deficit of $609,000, and ended the year with $9.9 million in Unrestricted Net Assets at December 31, 2006. In 2007, PIH changed from a calendar year end to a fiscal year that runs from July 1 to June 30. In the six-month period ended June 30, 2007, PIH generated an operating surplus of $1.1 million, yet concluded the fiscal period with just $8.5 million in Unrestricted Net Assets to support an expanded budget for programs and services of $51.7 million in FY 2008.

As these figures demonstrate, PIH has been successful in raising an increasing amount each year to fund the growth in its health programs for the poor. Yet, as a percentage of budget, unrestricted net assets have been declining each year. This raises concerns about our capacity for continued expansion and long-term sustainability.

To help strengthen our financial position, PIH Board members and other supporters have created a new fund – The Thomas J. White Fund for Innovation and Impact. Launched with a $10 million gift in 2005, the fund has now grown to $16 million. These resources are critical to our ability to continue expanding our work without jeopardizing existing commitments. We are determined to increase this fund substantially over the next two to three years, even as we continue to raise the resources needed to meet our operating expenses.

On behalf of our patients around the world, we thank you for your continued interest in and support of Partners In Health.

Donella M. Rapier
Chief Financial Officer
## Financials

### Statement of activities

<table>
<thead>
<tr>
<th></th>
<th>Twelve months ended December 31</th>
<th>Six months ended June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
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<tr>
<td><strong>Support and revenue</strong></td>
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<tr>
<td>Contributions</td>
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<td>Grants and gifts in kind</td>
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<td>Contributions to Thomas J. White Fund</td>
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<td>Investment and other income</td>
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<td>Total support and revenue</td>
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<td>32,896</td>
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<td><strong>Expenditures</strong></td>
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<td></td>
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<tr>
<td>Programs</td>
<td>21,620</td>
<td>29,597</td>
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<tr>
<td>Development</td>
<td>518</td>
<td>705</td>
</tr>
<tr>
<td>Administration</td>
<td>683</td>
<td>802</td>
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<tr>
<td>Total expenditures</td>
<td>22,821</td>
<td>31,104</td>
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<tr>
<td><strong>Net assets</strong></td>
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<tr>
<td>Change in net assets – Operating</td>
<td>3,028</td>
<td>(609)</td>
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<tr>
<td>Change in net assets – Capital fund</td>
<td>10,354</td>
<td>2,402</td>
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<tr>
<td>Total change in net assets</td>
<td>13,382</td>
<td>1,793</td>
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### Program costs 2004-2006

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<tr>
<th></th>
<th>Haiti</th>
<th>Peru</th>
<th>Russia</th>
<th>PACT</th>
<th>Rwanda</th>
<th>Lesotho</th>
<th>Other</th>
<th>Total</th>
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<tbody>
<tr>
<td>2004</td>
<td>6.6</td>
<td>5.1</td>
<td>1.1</td>
<td>0.3</td>
<td>0.3</td>
<td>0.6</td>
<td>0.6</td>
<td>13.7</td>
</tr>
<tr>
<td>2005</td>
<td>10.7</td>
<td>5.2</td>
<td>3.4</td>
<td>0.4</td>
<td>0.2</td>
<td>0.6</td>
<td>0.6</td>
<td>21.6</td>
</tr>
<tr>
<td>2006</td>
<td>14.1</td>
<td>3.8</td>
<td>4.3</td>
<td>0.2</td>
<td>4.9</td>
<td>0.8</td>
<td>1.5</td>
<td>29.6</td>
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</tbody>
</table>

Note: In 2007, PIH changed from a calendar year end to a fiscal year ended June 30.
Revenue by source 2006

- $9 million
- $8.6 million
- $12.5 million
- $1.1 million
- $1.7 million

- 26%
- 27%
- 38%
- 5%
- 4%

Expense components 2006

- Programs 95%
- Administration 3%
- Development 2%

Balance sheet

(dollars in thousands)

<table>
<thead>
<tr>
<th></th>
<th>December 31</th>
<th>June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
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<tr>
<td>Cash and cash equivalents</td>
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<td>7,997</td>
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<tr>
<td>Receivables</td>
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<td>4,451</td>
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<td>Prepaid expenses and other assets</td>
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<td>302</td>
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<tr>
<td>Investments</td>
<td>14,570</td>
<td>15,879</td>
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<tr>
<td>Real estate and equipment, net</td>
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<td>527</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>26,895</td>
<td>29,155</td>
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<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
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<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>696</td>
<td>963</td>
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<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
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<tr>
<td>Currency translation adjustments</td>
<td>(94)</td>
<td>107</td>
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<tr>
<td>Unrestricted</td>
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<td>9,904</td>
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<td>Temporarily restricted</td>
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<tr>
<td>Thomas J. White Fund</td>
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<td>14,613</td>
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<tr>
<td>Permanently restricted</td>
<td>25</td>
<td>25</td>
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<tr>
<td><strong>Net assets, end of year</strong></td>
<td>26,199</td>
<td>28,192</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>26,895</td>
<td>29,155</td>
</tr>
</tbody>
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Foundation Grants

Anonymous
A Chance…Fund, Inc.
The Alvin and Fanny B. Thalheimer Foundation
Arkinson Foundation
The Baobab Fund
Bill & Melinda Gates Foundation
Blue Cross Blue Shield of Massachusetts Foundation
The Boston Foundation
Children Affected by AIDS Foundation
Clinton Foundation HIV/AIDS Initiative
Clinton Hunter Development Initiative
 Conservation Food & Health Foundation
Deloitte
Eli Lilly and Company Foundation
Fenway Community Health
General Service Foundation
The Grace River Foundation
Grace Jones Richardson Trust
General Service Foundation
The Ford Foundation
Clinton-Hunter Development Initiative
Children Affected by AIDS
The Boston Foundation
Blue Cross Blue Shield of Massachusetts Foundation
The Baobab Fund
UBS Foundation USA GivingStation

Government, Multilateral and Other Grants

Brigham and Women’s Hospital
Caribbean HIV/AIDS Regional Training Network
Center for AIDS Research Centers for Disease Control and Prevention
Fogarty International Center
French Development Agency
Global Fund to Fight AIDS, Tuberculosis and Malaria
International Training and Education Center on HIV/AIDS
National Institute of Mental Health
National Institutes of Health
President’s Emergency Plan for AIDS Relief
United States Agency for International Development
World Health Organization

Matching Gifts

Abbott Laboratories
ABN AMRO
ADP, Inc.
AstraZeneca Foundation,
Inc.
American International Group, Inc.
Ameriprise Financial
Amgen Foundation
Arch Chemicals
AXA Foundation
Bank of America
Bearing Point
Bill & Melinda Gates Foundation
Charles Schwab Foundation
Chubb & Son
Cisco
Cincinnati Reds Foundation
Clarion Foundation
Clorox Company Foundation
CNA Foundation
Coach
Computer Associates International
CRT Capital Group LLC
David and Lucile Packard Foundation
Delta Dental
Deutsche Bank Americas Foundation
Dun & Bradstreet Corporation
Eilen Fisher
Eli Lilly and Company Foundation
FactSet Research Systems, Inc.
Fannie Mae Foundation
Flora Family Foundation
FM Global Foundation
GE Foundation
Genentech
Goldman, Sachs & Co.
Google
Hogoboon Mifflin
IBM Corporation
John Hancock Financial Services
JP Morgan Chase
Juniper Networks
Kraft Foods/Oscar Mayer
Loomis, Sayles & Company, L.P.
Mass Mutual Financial Group
May Department Stores Company Foundation
MBIA Foundation
McGraw Hill Companies Employee Giving Campaign
Merck Partnership for Giving
Merrill Lynch
Microsoft
Millipore Foundation
Motorola
National Grid
Open Society Institute
Oracle Corporation
Pateros
PepsiCo Foundation
Pfizer Foundation
Prudential Foundation
S&PX Corporation
Star Tribune Foundation
State Street
Sun Microsystems
Susquehanna International Group, LLP

$100,000 and above

Anonymous
Arnold Family Foundation
Lauren and Hank Cardwell
Dokum Family Foundation
Paul Farmer and Didi Bertrand
J. Christopher Flowers and Mary White
Mary and Bob Heine
Hershey Family Foundation
Howard and Doris Hunt
Al and Diane Kanib
MaldenMcComb
John and Margaritte McNeice
White Flowers Foundation

$50,000 - $100,000

Anonymous
Mark and Katherine Bellissimo
Cathedral of the Sacred Heart of Jesus
Chinook Charitable Trust
Ophelia Dahl
Annie Dillard
Lesley and William King
Rule 4 World Health
River Street Development Foundation
Ker and Michael Thompson

$25,000 - $50,000

Anonymous
Areteus Fund
Richard and Brenda Boyce
Paul and Catherine Buttenwieser
Andrew and Katherine Constan
Cullen-Martin Family Foundation
Felicity Dahl
Philippe Daniel
Delacour Family Foundation
Generous Returns
Glenn Haddor and Cynthia Gray

Rick Hayman
Michael and Dorothy Jones
Anna Lane
William Lee Matteson
Keith and Laura Rothman
Dorothy Shane
Michael Sherman
Stephanie H. and David A. Spina
Family Foundation
Trinity Church
Wellington Management Company, LLP
Paul Zimel and Lisa Frost

$10,000 - $25,000

Anonymous
Amy and David Abrams
Victor Ambros
Eric and Cindy Arbanovella
Matthew and Margaret Bairstans
John and Beverly Barry
Philip and Maureen Bonanno
Anna Borden
The Joan B. Brack Charitable Foundation
Leslie Breaux
Harold and Ella Brehm
Barbara Bryant
CAF American Donor Fund
Maryann Carroll
Clements Foundation
Angela and Richard Comeau
Congregational Church of Weston
Beverly Cowart
Dan D. Crawford
Joel and Randi Culler
Da Capo Fund
Guido and Hennie Deboock
Virginia Deknatel
Gary and Mitchell Dillahouse
DMMN Foundation
Gordon and Karen DuGan
Steven and Marilyn Emanuel
Robert and Pamela Fair
Robert and Marie Ferbrich
Felcher/Bazerman Fund
Leslie Fleming
Byron G. George Marital Trust
Richard and Rhoda Goldman Fund
Julie and Bayard Henry
Rowan O’Reilly and William Kaiser
Amalie M. Kass Fund of the Boston Foundation
Steven and Kathryn Kefee
Tracy and Frannie Kidder

Jim Yong Kim and Yousook Lim
Janet Kinnane and Conrad Smith
Kirby Family Foundation
Lance and Richard Evans
Enrie Lacombe
John Lechner and Mary Higgins
Sandy and Mark Lipton
Richard and Terry Lubman
Zella Luria
Mr. and Mrs. James Maglizzi
Marta Maguire
Mattis Family Foundation
Elizabeth McCarthy and Brian O’Leary
McCae Corporation
Denise and Michael McFall
Middleton Family Foundation
Josa Mukherjee
Christine and Patrick Murray
Marc Noble/Elizabeth Stumpf Memorial Foundation
J. M. and Jane S. O’Neal
John and Susan Pap
Hilary Peatue
Michael Reh
Robert Richardson
Nina Ritter
Mr. and Mrs. Larry Roberts
Robert and Betty Romer
St. Margaret Mary Church
Hau and Yu-Im Saussy
George Schaefer
Cherylann Schieber and Alan Barton
Leo and Diane Schlinkert
Wendy and Frank Serrino
Thomas Crane and Susan Shaw
Silent Mountain Foundation for the Arts
Lawrence and Ann Smith
Rachael Solom
Nancy and George Soule
Chris Stamos
Elizabeth Stowe
Stilpoint Foundation
Mary Ellen and Mark Stinski
The Stonestate/Kindsley Family Fund of the Seattle Foundation
Valerie and Paul Street
Patricia and Alan Symonds
Gerard and Marjorie Thomas
Angelo J. Tomedi, M.D.
Villanova University
Stephen and Melissa White
Kevin and Eileen White
Mr. and Mrs. Thomas J. White
Michael and Elizabeth White
Ann Wiedie and Keith Hartrt
A. Morris and Ruth Williams
Heymann Wolf Foundation
Barbara Wootch Carr
Ellen and George Woodzell
Cathy Yarbrough

$1,000 - $10,000
Charles C. Adams, Jr.
Michael Adams
Audrey Ares
Susan Adler
Aetna Foundation, Inc.
AIDS Housing of Washington
Alice Alexander
Alexander Allain
Altman-Stiller Foundation
Auschwitz Family Fund
Patrick and Jeanine Atwell
Mehrdad Amanat
Edouard Amar
Jeremy Amar
Lizzie Amicco
Sally and John Amory
Francis Angio, Jr.
Elizabeth Good Angle and Frank

Anonymous
Armand Antoninmaris and Cali
Matheny
Susan and Michael Anzaldi
John Artholz and Julia Slavin
Arson Foundation
R. Scott Asen
Drew and Diane Asson
Dr. Hugh Achron
Benjamin Auspitz
Paul and Sally Austin
Budget Austin
Alfred and Patricia Austin
Mark and Peggy Austin
Sonia G. Avastian, Ph.D.
John Ayanian and Anne Fox
Cynthia Ayres
Lenore Azaroff
Kent Bailey
Roberto Bajandah
Nick and Maura Balaban
Ann and Charles Balch
Ben Bellagio
Baltecorps
Mary Jo Bane and Kenneth Winston
Devon J. Bane
George Bard
Tanya Barnett and Jay Geck
David Barrett
We would also like to extend a special thank you to those individuals and groups who have taken on fundraising for Partners In Health as their own cause, including but not limited to:

Athletes Racing for Charity
FACE AIDS
Princesse
Wilderness Point Foundation
Marjorie Joy

And to the countless other supporters whose creativity in spreading the message has inspired us all.
Officers & Boards

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Carrying water in Haiti