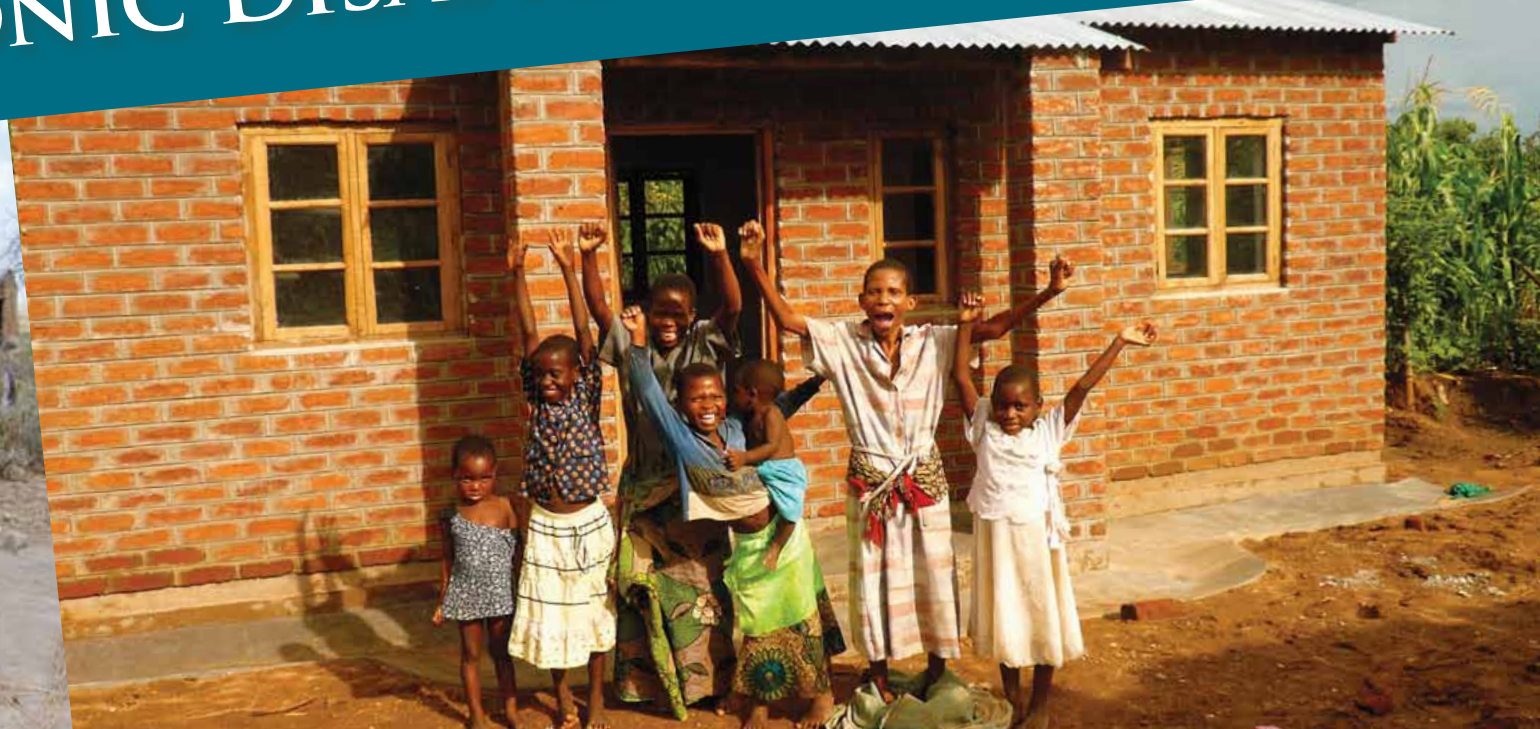




TACKLING ACUTE AND CHRONIC DISASTERS

 **Partners
In Health**
2010 ANNUAL REPORT





*Church in Cange serves
as emergency clinic*

DIRECTORS' MESSAGE

Dear Friends,

When we started Partners In Health a quarter-century ago, shortly after we met in Mirebalais, Haiti, we did not imagine that our work would grow to span twelve countries, nor to encompass a department at Harvard Medical School and a division at Brigham and Women's Hospital. We certainly didn't expect that we'd be called on as a disaster relief organization, in the wake of the worst natural disaster in the Western Hemisphere. We did know that we wouldn't be able to do any of it alone, so we called ourselves Partners In Health.

And in this most difficult year, how grateful we have been for all of our partners. Together, we faced the aftermath of the earthquake that destroyed Haiti's capital, ending the lives of a quarter-million or more. With your help, we were able to move surgeons and supplies quickly to the places of greatest need; offer prosthetics and rehabilitation to patients who had suffered amputations; support the general hospital as it accommodated a massive influx of the injured, displaced, and ill. We quickly built a new facility, Zanmi Beni, to care for some of the most vulnerable children orphaned by the earthquake. We have accompanied the government of Haiti as they respond to this most recent in a long series of blows, trying to rebuild shattered infrastructure – fragile even before the earthquake – and to provide basic rights to its citizens. As we write this, an outbreak of cholera in central Haiti reminds us yet again of the intimate connection between disease and lack of public services.

Amidst it all, our teams in eleven other countries offered their solidarity to Haiti: sending large sums from small paychecks, lending clinicians, resourcefully caring for their own patients and programs while our central teams focused on the great need in our first and largest program. As you'll see in these pages, those programs are thriving.

A beautiful new hospital opening soon in Butaro, Rwanda, will be the hub for an extensive network of health centers, and an anchor of a national strategy to strengthen district-level care. The PACT project, in Boston, is collaborating with the State of Massachusetts on an innovative effort using community health workers to serve vulnerable patients with multiple chronic illnesses. The Russia team, reporting ever-

improving treatment outcomes for their community-based program for the treatment of multiple drug-resistant tuberculosis, is helping to launch a similar program at our newest site, in Kazakhstan. In the mountains of Lesotho, in southern Africa, a new initiative is engaging traditional birth attendants in a broad effort to reduce maternal mortality.

What you might not see in these pages is the very broad team whose work underlies these programs. Everywhere, our colleagues are teaching classes, training clinicians, advocating for our patients and for the policies they know will serve them and all people living in poverty. They are evaluating the work we do, and helping us do it better; conducting research, and sharing the fruits of that research with all who would do this work; documenting and disseminating what we've learned, and nurturing communities of practice. Here at the PIH office in Boston, the procurement team is keeping all of the sites supplied, with remarkable efficiency; the training team is developing curricula, and helping teams implement them around the world. At our country sites, partner organizations are flying our doctors to remote clinics, installing potable water systems and solar panels, providing jobs and banking services and schools.

In Haiti, too, our team perseveres in the courageous service of the poor. Carrying their own grief and loss, the 4,000 members of the Zanmi Lasante team – honored collectively this year with the Thomas J. White Award, PIH's highest honor – continue to serve their communities. In the wake of the earthquake, almost none of our HIV patients suffered interruptions in their daily treatment. Our facilities, stretched to accommodate refugees from the devastation in Port-au-Prince, continued to deliver babies and malaria treatment and food packages. In Mirebalais, where PIH began, we have just laid the cornerstone for a 320-bed teaching hospital. The hospital—being

built, of course, with many partners, the Ministry of Health chief among them – will provide services not now available at any public site in Haiti, including an intensive care unit and six operating rooms equipped for thoracic surgery. This national referral and teaching facility, which will engage many subspecialists and other colleagues from U.S. teaching hospitals, will train a new generation of Haitian clinicians.

We are deeply blessed that every living person deeply involved in our beginning is working with us still: Jim Yong Kim Kim (who sent teams from Dartmouth to help address the immediate aftermath of the earthquake) and Todd McCormack and Tom White, with whom we co-founded PIH; the Lafontant family, in Cange; our own families. And as at the beginning, Tom White, our original Partner In Health, continues to enrich and inspire our work. His steadfast, openhearted support launched our first decade, and with it a commitment to taking the risks necessary for transformation. Tom's living legacy – of generosity, in all senses of the word – guides us as we respond to the daily disaster of poverty as well as to this year's disasters in Haiti.

Those of you reading this report for the first time are part of that legacy: welcome. We hope that you will be reading it for the next quarter-century, and that you will find here cause for optimism and pride.

This is the work of our lives. Thank you for making it possible.



Ophelia Dahl
Executive Director
Partners In Health



Paul Farmer
Executive Vice President
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.



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TACKLING ACUTE AN

By any measure, the earthquake that flattened much of Port-au-Prince on January 12 ranks among the worst disasters in modern history. In a matter of minutes, 230,000 people were killed, hundreds of thousands were injured, and more than 1.5 million lost their homes, possessions, and livelihoods.

The impact of a disaster so large on a small and impoverished nation of 9 million people is almost impossible to comprehend. Every surviving Haitian was scarred by the loss of family members and friends and by the destruction of the institutions needed to lead them in relief and rebuilding efforts.

Explanations for why the January 12 earthquake was so devastating have been offered by experts from many fields: geology (the focus of the quake was close to the earth's surface); geography (the epicenter was just a few miles from the center of Port-au-Prince); history (Haiti's government lacked the authority and resources to enact and enforce an adequate building code); and economics (the collapse of the rural economy had accelerated a massive urban migration and centralization of all government services and businesses in Port-au-Prince), to name a few.

PIH co-founder, Dr. Paul Farmer, offered another potent explanation from medicine, his field of expertise. He diagnosed the catastrophe as a case of what doctors term "acute on chronic." In the case of Haiti, Farmer used the term to define "an already bad problem rendered immeasurably worse by the gravest natural disaster to befall this part of the world in centuries."

The diagnosis was apt, both in understanding the catastrophe as it unfolded before our eyes and in highlighting the need for a response that would do far more than simply bandage the wounds and clear the rubble. To heal Haiti, the response would need to tackle the "already bad problem," namely the chronic issues of extreme poverty—disasters themselves—that left Haiti so vulnerable to an acute catastrophe: food and water insecurity, lack of employment opportunities, and crumbling public health and education systems.

D CHRONIC DISASTERS

At Partners In Health, we do not consider ourselves experts in disaster relief. But we know a lot about dealing with acute-on-chronic conditions.

For over 20 years, we have worked with local partners to build long-term solutions to long-standing problems, while simultaneously addressing the needs of the acutely ill patients in our wards. And we have made it our mission to mobilize the same sense of urgency and the same commitment of resources triggered by tidal waves and earthquakes for our efforts to overcome chronic, slow-motion disasters like lack of access to health care, food, clean water, education, and jobs.

Consider the case of women's health, and maternal mortality in particular. Every day, nearly 900 women die from complications in pregnancy and childbirth. Almost all of the victims are poor women living in poor places. And almost all of the deaths could easily be prevented if the poor had access to what citizens of more affluent regions in the world take for granted – prenatal care and an adequate, nutritious diet; delivery assisted by a trained health professional; and access to blood transfusions, Caesarean-sections and other emergency surgical services when needed.

The 320,000 women who die in childbirth every year far outnumber those who fall victim to the earthquakes and floods we normally call disasters. But people and organizations rarely speak of or respond to maternal mortality as a disaster. We do. We have trained hundreds of traditional birth attendants in Lesotho to provide pre- and post-natal care and to accompany women to clinics to give birth. In Rwanda and Haiti, we have built, equipped, and staffed operating rooms to bring emergency obstetrical care to poor rural areas. At all of our projects, we provide family planning and reproductive health services.

Just as a doctor faces the dilemma of how to treat a patient with an acute-on-chronic condition, PIH faces the challenge of deciding what diseases to tackle first or what programs to scale up quickly. But we never resign ourselves to thinking that health problems are intractable. We are called Partners In Health because we create a platform for all of the many partners needed to join us in treating the acute-on-chronic conditions of so many communities ravaged by disease and poverty, natural disasters and social injustice.





TACKLING ACUTE AN

In the days and weeks following the earthquake, we discovered that the lessons we have learned, the partnerships we have forged, and the investments we have made in building local capacity and infrastructure to tackle chronic problems gave us precisely the platform we needed to respond quickly, effectively, and collaboratively to a devastating acute disaster.

That platform was created by:

- **A highly skilled and strongly committed local staff, with deep roots in the community:**
When the earthquake hit, Zanmi Lasante employed almost 5,000 Haitian staff with years of experience at bringing health care and social support to poor communities and working with them to break the cycle of poverty and disease.
- **Well-developed infrastructure and supply chain systems:** ZL's rapid and effective earthquake response rested on the solid foundation we have built over more than 20 years: 12 hospitals with well-trained staffs, well-stocked warehouses and pharmacies, and efficient systems for procuring and managing equipment and supplies.
- **A strong partnership with the Ministry of Health:** In the first days after the earthquake, the Haitian administrators of the general hospital in Port-au-Prince turned to PIH and ZL as partners they could trust to help restore services, to coordinate the other non-governmental organizations and volunteers who had come to their aid, and to develop and implement long-term plans to rebuild and strengthen the national health and health education systems.

As a testament to the importance of this well-developed platform in being able to help Haiti recover and rebuild, one of the first projects proposed by the Ministry of Health and approved by the Interim Haiti Recovery Commission was PIH and ZL's plan to build a new, 320-bed teaching hospital in Mirebalais, a town located at an important crossroads less than 40 miles north of Port-au-Prince. PIH broke ground for the new hospital in at the end of June 2010, less than six months after the earthquake, and construction is scheduled to be completed before the second anniversary of the earthquake on January 12, 2012.

D CHRONIC DISASTERS

The new National Teaching Hospital at Mirebalais is the keystone of PIH's \$125-million plan to help Haiti build back better after the earthquake. It is also the direct outcome of more than two decades of working shoulder-to-shoulder with local communities and national and global partners to overcome the chronic disasters of poverty and disease.

For more than 20 years, PIH staff passed through Mirebalais on the road to other communities in the Central Plateau where we partnered with the Ministry of Health to provide quality health care to the poor, regardless of ability to pay. But we never offered medical and social services in Mirebalais itself until the community demanded it. Outraged by the high costs and poor quality of care at the local hospital, they padlocked the hospital gates, drove the patients to our facilities in nearby Lascahobas, and invited us to take over responsibility for the hospital in Mirebalais. Ministry of Health officials might well have balked at asking a non-governmental organization to build and operate a public hospital. But after years of working together, they recognized PIH as trusted allies with deep local roots, valuable international connections, and an unflinching commitment to meeting the needs and respecting the rights of the poor. When the earthquake struck, destroying most of Haiti's only public teaching hospital and the adjacent medical and nursing schools, we were finalizing plans for a community hospital in Mirebalais. At the urging of Haiti's Minister of Health, Dr. Alex Larsen, and with interest and commitment from international academic and funding partners, we revised the blueprints and budget, more than doubling the size of the facility so that it could serve as a national referral and teaching hospital.

The National Teaching Hospital at Mirebalais is being constructed at the intersection of roads along which we have been accompanying three sets of partners – the poor communities of Haiti's Central Plateau; Haiti's Ministry of Health; and our academic and service partners at Harvard Medical School, Brigham & Women's Hospital, and other medical and academic institutions with a commitment to global health. Together, we will help realize Dr. Larsen's vision of a world-class teaching hospital in rural Haiti that serves as "a model for our national health system, offering high-quality medical services, a place for our clinicians to study and train, and hope and dignity to all who will seek – and offer – care there."





HAITI/ZANMI LASANTE

When a devastating earthquake struck Haiti, Zanmi Lasante was uniquely positioned both to provide emergency care and to help develop and implement plans for long-term reconstruction. ZL provided life-saving care to thousands of injured people, opened clinics to serve more than 100,000 people in four spontaneous settlement camps, and launched a \$125-million plan to help rebuild Haiti's public health and health education systems.

Highlights

- **Provided emergency care for earthquake victims:** In the first hours after the earthquake, Zanmi Lasante took immediate action to provide emergency medical care to earthquake victims both in Port-au-Prince and at our facilities in the Central Plateau and Lower Artibonite. ZL medical and engineering staff arrived at the badly damaged general hospital in Port-au-Prince just after the quake, where they helped restore electricity, deployed volunteer surgical teams and urgently needed supplies, and worked with partners to get 12 operating rooms up and running around the clock. As thousands of injured people fled the ruined capital, ZL opened up new emergency wards and brought in volunteer orthopedic teams to help perform emergency surgeries at four of our largest facilities in central Haiti. In the first four weeks after the earthquake, these facilities delivered life-saving medical care to 2,961 patients with earthquake-related injuries.



NTE EARTHQUAKE RESPONSE

- **Provided comprehensive primary care for displaced communities:** Just two weeks after the earthquake, ZL set up health clinics to serve over 100,000 displaced people living in four spontaneous settlement camps around Port-au-Prince. ZL's clinics provide comprehensive primary health care and social support services – including maternal and child health, reproductive care, HIV and TB testing, mental health care, and malnutrition treatment – to roughly 10,000 people each week. Each clinic is staffed by a team of Haitian physicians, nurses, psychologists, pharmacists, and lab technicians. ZL also trained and hired local residents to serve as community health workers at each location, improving outreach into the settlements and providing jobs and income.



- **Strengthened specialized clinical services to meet the needs of earthquake survivors:** Many of the more than 300,000 people wounded by the earthquake suffered crush wounds, compound fractures, spinal injuries and other severe injuries that will require ongoing and specialized rehabilitation. Tens of thousands more were scarred emotionally by the loss of family members and friends, homes and livelihoods. To meet their needs, ZL more than doubled the size of our rehabilitative medicine and mental health teams. By the end of June, the physical therapy team had distributed 400 wheelchairs and was providing care to 50 people with amputations. The mental health and psychosocial support team had offered more than 4,200 support services in spontaneous settlements, including psycho-education, counseling, and individual and group therapy.
- **Broke ground for a new national teaching hospital:** In partnership with the Haitian Ministry of Health, PIH/ZL is building a world-class, 320-bed teaching hospital in Mirebalais. The new hospital will train the next generation of Haitian doctors, nurses, and lab technicians, equipping them to take on the challenges of rebuilding and strengthening the Haitian health care system. When its doors open in late 2011, the Mirebalais hospital will be Haiti's largest public hospital outside Port-au-Prince. It will house clinical facilities not currently available in Haiti, including an intensive care unit and six operating rooms, and will contribute to the national goal of decentralizing services, including both clinical care and education for health professionals.



ZANMI LASANTE BY THE NUMBERS

2,961 earthquake victims received emergency care at ZL hospitals during the first month

146,940 patient visits at ZL clinics in four spontaneous settlements

733 volunteers sent to Haiti, including 312 nurses and 239 physicians

1.5 million pounds of supplies moved to Haiti

30,000 children under 5 examined and treated at clinics in settlements

12,000 women seen at *sante fanm* (women's health) tents in settlement clinics

4,247 psychosocial and mental health services delivered in settlement clinics

500 displaced children enrolled in ZL-supported schools

1,000 vulnerable families trained in innovative farming techniques

HAITI/ZANMI LAS

Although the earthquake overshadowed everything else that happened in Haiti this year, Zanmi Lasante registered many other notable achievements both before and after January 12, expanding and improving services and strengthening public health infrastructure.

Highlights of the Year

- **Took action to prevent and treat cervical cancer:** ZL partnered with the Ministry of Health (MOH) to pilot the country's first vaccination project for human papillomavirus – the primary cause of cervical cancer, which is one of the leading causes of female deaths in Haiti. Despite disruption from the earthquake, thousands of girls received each of the three doses required for the vaccine to be effective. ZL is



also incorporating cervical cancer screenings into routine checkups, ensuring that cases can be diagnosed and treated at an early stage. And ZL established a partnership with the Oncological Treatment Center in the Dominican Republic, allowing patients with advanced cervical cancer access to treatment not available in Haiti.

- **Expanded access to HIV/AIDS antiretroviral therapy (ART) medications:** ZL expanded services to 800 HIV-positive patients at a Ministry of Health health center in Verrettes, a town two hours north of Port-au-Prince. With this expansion, ZL is now providing ART to over 5,600 patients across our catchment area and monitoring an additional 16,374, an increase of almost 20 percent. In order to meet patient needs,



*Family receives care
from ZL mobile clinic*

ZL trained and hired local *accompagnateurs*, or community health workers, to offer emotional and social support to HIV patients, while helping them adhere to their ART regimens.

- **Improved surgical capacity and maternal health infrastructure:** ZL opened a new operating room at the hospital in Petite Rivière de l'Artibonite, allowing staff to perform needed gynecological surgeries. Additionally, the *Sante Fanm* (women's health) clinic in Lascahobas renovated its facilities, adding a full operating suite with six recovery beds. This renovation allowed ninety-two Cesarean sections to be performed for women with high-risk pregnancies. Infrastructure projects like these improve maternal health care and offer quality medical options to Haiti's poorest women.
- **Improved infrastructure to increase access to care:** ZL completed two major infrastructure projects in 2010 that will make the health center in Boucan Carré more accessible and more sustainable. With help from Digicel (the largest telecommunications provider in the Caribbean), Haiti's Ministry of Public Works, the UN, and the Boucan Carré community, a bridge was finally constructed across the Fonlanfè (Hell's Deep), a river that flooded frequently, making it impossible for patients to get medical care in an emergency. The health center in Boucan Carré also has a new and reliable source of electricity, thanks to a solar-power system provided by a partnership with Good Energies and the Solar Electric Light Fund (SELF). In the first month after it was installed, the hospital reduced its use of diesel fuel from 11 barrels to four.
- **Trained and equipped farmers to improve production and food security:** To meet the immediate needs after the earthquake, Zanmi Agrikol – ZL's agricultural program – planted and harvested an extra crop of fast-growing corn to alleviate hunger among displaced families and trained 1,000 vulnerable families in innovative and effective agricultural techniques. Additionally, ZA is employing 100 new farmers to increase production of our ready-to-use therapeutic food, *Nourimanba*, which will be given to 7,500 children suffering from acute malnutrition over the next year.



1.8 million patient visits

5,614 AIDS patients on antiretrovirals

16,374 HIV-positive patients
received care at clinics

10,493 children received educational
assistance

4,535 adults and adolescents
receiving literacy training

10,276 students received free
lunches

2,884 girls received Gardasil
vaccine to protect against cervical cancer

62 tons of ready-to-use therapeutic
food for malnourished children
produced locally

725 births and **3,284** family
planning visits per month at ZL
facilities

Staff:

1,438 medical

2,032 non-medical

2,111 community health workers

PERU/SOCIOS EN

In partnership with the Ministry of Health, Socios En Salud (SES) continued to treat and support some of Peru's poorest MDR-TB and HIV patients, expanded community outreach initiatives, strengthened services at our health care and mental health facilities, and enrolled patients in social support programs. SES works in the shantytowns around Lima and in other poor communities throughout Peru.

Highlights of the Year

- **Provided community-based care for MDR-TB and HIV/AIDS patients:** Socios En Salud (SES) supported 1,133 patients with tuberculosis through the Peruvian Ministry of Health's National Strategy for Prevention and Control of Tuberculosis. SES supplies medical treatment to patients infected with TB and HIV, while ensuring clinical assistance, strengthening family relationships, and providing access to food and housing. For patients feeling depressed, anxious or rejected, SES offers psychiatric consultations, support groups, and recreational activities where patients can exchange experiences, share fears and strengthen social networks. As part of our proactive approach to HIV, SES identified and tested 886 children at risk for HIV, starting treatment for the 145 who tested positive. In addition, SES's family support network provided food baskets and bus fare for patients as they received treatment.



*A community health
worker visits a patient*
© SES

SALUD

- **Expanded community outreach:** SES's Strengthening Collaborative Participation initiative provided primary health care at 16 community *botiquines*, small rural health posts that dispense medications at a low cost, offer medical and psychological care, and counsel people on the right to health, disease prevention, self-medication, and family planning. Other SES projects addressed malnutrition in children under six years old with the help of community promoters. SES ran height and weight campaigns throughout the year to identify malnourished and at-risk children. Treatment included providing lunches and nutritious snacks, training for mothers about nutrition, and medical check-ups.
- **Supported patients through income-generating activities:** Even after patients complete treatment for TB or begin HIV treatment, they continue to face obstacles such as poverty, unemployment, rejection and discrimination. SES helped patients affected by these diseases launch 64 small businesses, including grocery shops, clothing stores, restaurants, and seamstress services. Participants received basic training, financial advising and accompaniment in formulating their business plans. To ensure patients could begin new ventures without delay, SES offered interest-free, start-up loans. SES also carried out a pilot initiative to create organic gardens in 10 patients' homes. This initiative made better use of space in homes and created homegrown food of higher nutritional value.
- **Built partnerships to combat MDR-TB:** SES continued its commitment to the *Danos Una Mano* (Give Us a Hand) campaign to build alliances with businesses, the government, and other organizations to raise money for the fight against drug-resistant tuberculosis. SES has committed to matching donations from the civil sector, thereby doubling the project's support to patients. Thanks to over \$450,000 donated, SES was able to support 1,031 patients with a total of 16,387 support interventions.
- **Collaborated in MDR-TB clinical research:** In collaboration with the Brigham and Women's Hospital and the Harvard School of Public Health, SES is running a research project to evaluate the risk of infection in people exposed to different strains of TB. This research will be completed in 2012 and is funded by the National Institutes of Health, an agency of the US Department of Health and Social Services. The study seeks an improved understanding of the development and transmission of MDR-TB, in the hopes of applying new strategies to reduce the spread of the disease. The goal is to enroll and follow 4,000 patients with tuberculosis and 20,000 people share homes with patients.

SOCIOS EN SALUD BY THE NUMBERS

1,757 MDR-TB and **754** HIV patients supported

4,119 people received nutritional support

64 micro-enterprises launched as income-generating opportunities for patients

1,315 people supported through medical and psychological consults at *botiquines*

665 psycho-emotional supports for MDR-TB patients

180 patients received housing support

1,038 people trained, including 13 doctors, 200 nurses, and 58 health promoters

Staff:

25 medical

102 non-medical

111 community health workers

RWANDA/INSHUT

With the construction of a new district hospital in Burera and the opening of a district pharmacy in Kayonza, Inshuti Mu Buzima (IMB) further strengthened public health infrastructure in three of Rwanda's poorest rural districts. In keeping with PIH's model of providing care to the most vulnerable, IMB also expanded its clinical services to include intensive neonatal care and treatment of chronic, non-communicable diseases.

Highlights of the Year

- **Built a flagship hospital in Burera District:** In partnership with the Rwandan Ministry of Health (MOH) and the local community, IMB constructed a state-of-the-art, 150-bed hospital in Burera, the only remaining district in the country without a district hospital. Featuring modern measures for infection control, expansion of existing and new services, and brand new, high quality medical equipment provided by the MOH, this flagship project generated over 2,000 local jobs and will serve as a model for how to build a modern hospital in rural Africa. The vision for the hospital is to create a center of excellence and innovation by establishing a scientific community of clinical and non-clinical staff with the hope that people will come not only to seek care, but also to deliver care, teach and learn.
- **Created a model for treatment of chronic disease:** Even in places where health facilities exist, adults and children with non-communicable chronic diseases such as asthma, epilepsy and heart disease are often left



I MU BUZIMA

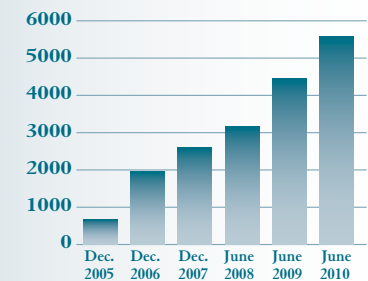
INSHUTI MU BUZIMA BY THE NUMBERS

untreated. IMB has adapted the core elements of PIH's successful approach to HIV care to provide comprehensive, community-based care for patients with chronic diseases. Rather than debating whether treatment of diseases such as cancer is even possible in resource-poor settings, IMB is already caring for thousands of chronically ill patients and developing a best practice model. After hosting an international summit on non-communicable disease care in Rwinkwavu this year, IMB began working with the MOH to develop a training curriculum, clinical guidelines and policies for national and international scale-up.

- **Reached the most vulnerable through neonatology:** In Rwanda, nearly one child in ten dies before his or her first birthday, often in the first hours and days of life. Although pediatric care has improved dramatically in the areas where we work, the need remains to strengthen services and, in particular, to expand to the next frontier of neonatal care to save the lives of children. In partnership with Children's Hospital Boston and the MOH, IMB has developed an ambitious program of training, infrastructure, staffing, and equipment that together will give hope to premature and other at-risk newborns who currently struggle to survive. Butaro Hospital houses the first of two planned neonatal intensive care units.
- **Supported our patients through the national health insurance system:** Rwanda's national health insurance system (*mutuelle*) provides coverage for a small annual fee of approximately \$2, plus co-pays for services averaging 40 cents. This fee, however, still serves as a barrier to care for many of Rwanda's poor. To ensure access for the poorest, IMB covers the annual cost and visit fees for those who cannot afford to pay. In 2010, IMB covered subscription fees for 35,000 patients in Kayonza, Kirehe, and Burera districts. In addition to supporting those most in need, IMB also strengthens the *mutuelle* system by providing financial support for necessary supplies, job management training and mentoring, and participation in *mutuelle* sensitization campaigns.
- **Strengthened the public health system through creation of a district pharmacy:** By merging the MOH medical supply chain with the one IMB first established when we entered the country in 2005, IMB and the MOH opened a new district pharmacy in Kayonza district. This joint effort reduces redundancies, saves money, and helps streamline and strengthen Rwanda's health care system. The pharmacy will supply all the health centers and the hospital in the district with medicine and equipment, and will be fully operated and staffed by the MOH.



5,576 HIV patients on therapy



74,246 patients tested for HIV

769,346 patient visits

109,221 cases of malaria diagnosed and treated

17,551 babies delivered

2,871 food packets distributed each month

294,360 family planning visits

Staff:

574 medical

705 non-medical

2,490 community health workers

LESOTHO/BO-MP TSA BOPHELO

PIH Lesotho continued to bring comprehensive primary health care and treatment for HIV and tuberculosis to remote and impoverished mountain communities, and increased our services in maternal health and community-based health education. We also helped make Lesotho's national MDR-TB program a model for treatment of drug-resistant tuberculosis and HIV/TB co-infection and trained health professionals from other African countries who came to learn from our experience.

Highlights of the Year

- **Improved maternal and child health:** PIH Lesotho (PIH-L) initiated an innovative approach to reach and serve more pregnant women. In a pilot project funded by the Elton John AIDS Foundation UK, PIH-L provided training to traditional birth attendants to expand their roles as specialized community health workers (CHWs) who can more effectively educate women in their villages and accompany pregnant women to the health center. This initiative significantly increased the number of women who received antenatal care, testing for HIV, and support during childbirth from a skilled nurse-midwife or doctor at a health center. The program also helped identify and treat pregnant women who are HIV-positive while helping prevent transmission of HIV from mother to child.

HATO LITŠEBELETSONG

- Expanded MDR-TB Treatment and Training:** PIH-L supports the national, community-based MDR-TB treatment program, as well as the Botsabelo MDR-TB Hospital for critically ill patients. Under this program, specially trained CHWs visit patients' homes twice a day to ensure they take their medications and help them cope with the painful side effects and socioeconomic challenges of the two-year treatment. Lesotho has earned a reputation as a center of excellence in MDR-TB treatment, with special expertise in treating patients co-infected with MDR-TB and HIV. In FY10, the Lesotho team hosted 68 African health professionals for training in MDR-TB treatment, including teams from Zambia, Zimbabwe, Ethiopia, Tanzania and Malawi. And in collaboration with the World Health Organization, PIH Lesotho published *Management of MDR-TB: A Field Guide*.

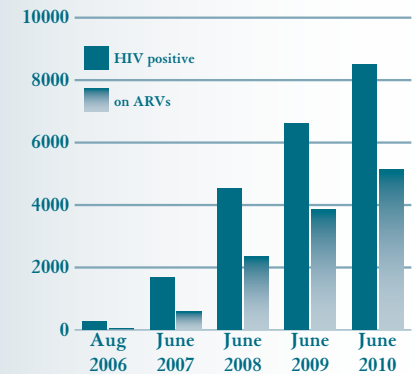


- Rural Health Care:** PIH-L continued to improve infrastructure and services at seven remote rural health centers in the country's hardest to reach regions. With critical help from more than 1,000 trained CHWs, these clinics provide primary care, HIV testing and treatment, TB screening and treatment, as well as food distribution and the provision of other basic needs. Clinic staff and CHWs conducted *pitsos*, or health education gatherings, at clinics every morning and in villages on weekends. In collaboration with the World Food Program and Catholic Relief Services, the team distributed food packages to HIV and TB patients, malnourished children and orphans. In partnership with the Solar Electric Light Fund (SELF) and Club Penguin, we also installed improved solar power systems at three clinics and upgraded to more powerful systems at four more. These systems reduce our reliance on fuel-powered generators and provide a cleaner, more consistent source of power to remote clinics.



PIH LESOTHO BY THE NUMBERS

*Patients testing positive for HIV
and patients receiving ARVs*



13,564 patients tested for HIV,
of whom **2,301** tested positive

1,268 HIV patients receiving
antiretroviral therapy

658 cases of TB diagnosed, of whom
52% are co-infected with HIV

456 MDR-TB patients received
treatment of whom 67% are coinfectd
with HIV

More than **1,000** households
received food supplements each month

Staff:

79 medical

134 non-medical

1,610 community health
workers



*Community health workers
in Malawi attend monthly
training sessions*

MALAWI/ABWENZI

Abwenzi Pa Za Umoyo (APZU), PIH's partner organization in Malawi, continued to transform the public health infrastructure in Neno District. This year, APZU worked with local officials and community organizations to provide social services, empower the underserved and combat chronic disease.

Highlights of the Year

■ **Strengthened infrastructure and services through public-sector partnerships:**



APZU has strong partnerships with the Ministries of Health, Persons with Disabilities and the Elderly, Local Government, and Gender, Children, and Community Development. With their help, APZU constructed a dormitory and kitchen at the shelter for homeless elderly people in Chifunga village, provided additional monetary subsidies to more than 300 Ministry of Health employees, hired 16 community health workers to work with people with disabilities, completed road repair, and trained instructors and provided materials for 21 adult literacy classes.

■ **Mobilized rural communities:**

Since August 2009, APZU has worked with the Neno Community Support Initiative for Patients Living with HIV/AIDS, a community-based organization, to increase the scope and reach of its activities by holding monthly meetings around the District. By offering a range of activities – including performances by local musicians, dances and plays – these meetings routinely attract attendance of more than

I PA ZA UMOYO

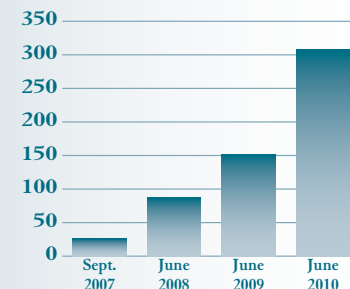
500 people, drawing a diverse crowd of patients and high-profile leaders from local government, traditional authorities, religious groups, and the media.

- **Empowered women in Zalewa:** With support from the Raising Malawi Foundation, APZU dramatically changed the lives of 23 former sex workers in the town of Zalewa by empowering them to start a new business, the Mtendere Restaurant. Located in an area that is reputed to be a hub of commercial sex work, Mtendere is already a profitable business. APZU is also providing the women with job training and classes in adult literacy and English as a Second Language at APZU's adjacent Zalewa Center.
- **Tackled chronic disease:** APZU continued to support the Malawian Ministry of Health by conducting a bi-weekly Chronic Care Clinic (CCC) at the Neno District Hospital. One of the few clinics of its kind in rural Malawi, CCC provides care to patients suffering from cardiovascular disease, chronic respiratory diseases, epilepsy, diabetes and other chronic ailments. APZU also supported the MOH with much-needed medications, diagnostic equipment and technical assistance from PIH doctors. In its first year, the CCC registered more than 300 patients who are now receiving regular care from a team of clinicians and village health workers.
- **Supported sustainable food production initiatives:** The Program on Social and Economic Rights (POSER) significantly increased its support of agriculture initiatives targeting Malawi's poorest citizens. The Model Permaculture Farmer program trains HIV patients in sustainable agriculture practices. Launched this year, the pilot program provided seeds, tools and training to help 85 model farmers establish their own permaculture gardens, thereby creating a scalable method of providing agricultural support across the district. POSER also hired and trained 13 permaculture assistants to manage 10 demonstration gardens linked to community-based organizations, support groups, and health centers, to train people to implement sustainable agriculture techniques. APZU also distributed 100 treadle pumps and 1,000 bags of fertilizer, reaching 500 more farmers than last year.



ABWENZI PA ZA UMOYO BY THE NUMBERS

308 Ministry of Health staff in Neno district supported by APZU



17,606 patients tested for HIV

2,684 HIV patients receiving antiretroviral therapy

332,619 outpatient visits across 12 APZU facilities

889 children received tuition support

12 clean water points constructed

7 antiretroviral therapy sites

Staff:

220 medical

342 non-medical

621 community health workers

*Patient receives
care at clinic*

RUSSIA/Партнеры

PIH Russia worked to improve treatment and outcomes for TB patients, disseminated evidence-based practices and training for TB and MDR-TB control, and provided intensive technical support to help four territories in Russia launch and expand new MDR-TB programs.

Highlights of the Year

- **Expanded treatment for MDR-TB and TB in Tomsk:** PIH Russia continued to enroll new MDR-TB patients from both civilian and prison populations in our program in Tomsk Oblast in Siberia; as a result, 177 new patients began treatment. We also worked with our partners in Tomsk to secure a six-year, \$13.1 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The grant will enable us to sustain and expand our work carried out under a five-year grant that ended in December 2009 and to extend coverage to all TB patients in Tomsk. In addition, the grant will help PIH Russia provide TB and MDR-TB trainings and technical assistance to 20 regions in Siberia and the Far East.
- **Provided TB testing and prevention services for HIV patients:** While the number of patients with HIV is relatively small in Tomsk Oblast, the rate of new infections is alarming, particularly among groups who are at high risk of infection by TB. To reduce the risk of HIV/TB co-infection, PIH Russia provided tuberculosis skin tests to 458 HIV-positive patients. Of that population, 116 patients tested positive for TB and were prescribed prophylactic medication and additional food support to prevent latent infections from developing into active cases of TB.



ВО ИМЯ ЗДОРОВЬЯ

- **Trained health care specialists in MDR-TB:** PIH Russia provided training in innovative models of care and effective program management for TB and MDR-TB control to 275 health care specialists from 25 Russian regions and six neighboring countries. The training sessions feature senior physicians from Tomsk, as well as Russian and international experts in MDR-TB management, who draw on PIH's experience in Tomsk and international standards of care to teach evidence-based best practices for TB and MDR-TB control.
- **Assisted MDR-TB programs in new territories:** With help from the Eli Lilly and Company Foundation and the Russian Health Care Foundation, PIH Russia helped launch MDR-TB programs in Novosibirsk and Altay Kray, territories bordering Tomsk, as well as Saratov Oblast and Mari El Republic in western Russia. In total, 1,974 patients were enrolled in MDR-TB treatment in the four territories.
- **Continued research initiatives in Russia:** PIH Russia emphasizes research projects to help improve TB policy and TB programs in Russia. In collaboration with Harvard Medical School and the Brigham and Women's Hospital, PIH Russia is studying the effectiveness of alcohol interventions among TB patients. Ultimately this research may enable us to expand our work and recommend including alcohol interventions in routine TB care in Russia.
- **Improved adherence among the most vulnerable MDR-TB patients through community-based care:** Since it was launched in 2006, PIH-R's *Sputnik* program has rewritten the rules of MDR-TB treatment in Russia. Unlike the existing model that treated patients exclusively in clinics, *Sputnik* – Russian for “travelling companion” – replicates PIH's successful model of community-based care to provide directly observed therapy and comprehensive social, nutritional, and medical support to patients in their homes. By visiting the poorest and most high-risk patients regularly and developing one-on-one relationships with them, *Sputnik* has increased their daily adherence to 94 percent, from a previous rate of 40. Based on this evidence of success in Tomsk, the project is now being expanded to five other regions in Russia with support from USAID.



Партнеры во имя Здоровья BY THE NUMBERS

804 new TB patients and **177** new MDR-TB patients enrolled

0% default rate for TB patients and **9.9%** default rate for MDR-TB patients in Tomsk city

469 TB and MDR-TB patients received daily nutritional support

275 participants from 25 Russian regions and six Central Asian countries trained in MDR-TB management

1,974 patients enrolled in MDR-TB treatment in four territories receiving intensive support from PIH Russia

Staff:

6 medical

13 non-medical

USA/PACT

The Boston-based Prevention and Access to Care and Treatment (PACT) Project expanded its training and technical assistance work to provide community health workers (CHWs) to new patients in the established HIV program, to a diabetic population at a community health center in the Dorchester section of Boston, and to a Medicaid population in Cambridge and Somerville. Through these initiatives, PACT positioned its CHW model as a key to transforming primary care in a way that both improves outcomes and reduces costs.

Highlights of the Year

- **Adapted successful HIV model for patients with multiple chronic diseases:** PACT's community health worker model has been adopted by the Commonwealth Care Alliance and Network Health, a Medicaid managed-care organization, to provide care to the 10 percent of their patients who are managing multiple chronic diseases and are least likely to be engaged effectively in the healthcare system. Services were launched in January 2010 for 2,500 patients in the Cambridge/Somerville area of greater Boston. By early 2012, the initiative will expand to four of five Massachusetts Medicaid regions and serve more than 6,000 adult and pediatric patients suffering from chronic diseases and conditions.
- **Launched community-based diabetes care program:** After two years of planning, training, and program development, PACT and the Codman Square Health Center in Boston's Dorchester neighborhood launched an innovative community-based program for high-risk diabetes patients.
- **CHW model demonstrated savings, recognized for innovation:** PACT's CHW model demonstrated a 16 percent net savings to Massachusetts Medicaid for HIV patients over a two-year period after enrollment. These savings were the result of a 60 percent reduction in inpatient expenses. With increased adherence to their medications and engagement with their care, patients shifted to less costly outpatient and pharmaceutical expenditures. The demonstrated savings helped PACT's model earn recognition from the Agency for Healthcare Research and Quality as a US healthcare innovation with an invitation to present at the agency's 2010 Innovators Conference.
- **Provided technical assistance to other CHW programs:** PACT's technical assistance team provides training and organizational support to other programs around the country that use CHWs and directly observed therapy for patients with HIV or other chronic conditions. This year, the team was invited to expand training for managers and CHWs to 28 HIV clinics under the New York City Department of Mental Health and Hygiene and to start collaboration with the Navajo Nation in New Mexico.

MEXICO/EAPSEC

Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC) continued to train and support community health promoters (promotores) throughout the state of Chiapas, with support from Green Mountain Coffee Roasters. EAPSEC also contributed to regional efforts to build a movement for health care as a human right and to study the impact of global economic events on health at the community level.

Highlights of the Year

- **Expanded network of Community Health Promoters:** Chiapas families often cannot afford the trip to the nearest healthcare facility – which may be dozens of miles away on often impassable roads – let alone the cost of actually seeing a doctor or purchasing medication. EAPSEC's *promotores* offer people access to treatment and information about prevention, in their own communities, at almost no cost. EAPSEC helps *promotores* educate their communities about common health issues and provides ongoing medical mentorship. This year, EAPSEC continued its support for groups in the communities of Huitiupan, Siltepec, and Amatan, for a group of women from several highland communities, and for health coordinators from two autonomous municipalities in eastern Chiapas.
- **Helped organize International People's Health University:** EAPSEC participated in the design, organization, development and evaluation of the International People's Health University, an event that provides training and support to community health organizations and activists who believe health care is a human right. EAPSEC helped local activists who live in communities adversely affected by mining development attend the conference, and arranged for them to march for the International Day of Mother Earth (*Pacha Mama*) in Guatemala.
- **Studied the impacts of macroeconomic policies on community health:** EAPSEC is participating in a regional Central American research project to study the impact on community health of macroeconomic events, such as mining and dam development, fluctuating prices for coffee and other local commodities, and migration pressures. EAPSEC staff trained members in 10 communities to survey local residents about how these issues affect their health. The research will be used to generate discussion, and is likely to be used as a reference in other communities affected by these events. The data is currently being analyzed, and results are expected in early 2011.



A promotore delivers care to a patient

MEDICAL INFORMATICS

The PIH Medical Informatics team continued to expand the use of OpenMRS at our sites. OpenMRS is an open-source electronic medical record (EMR) system that PIH has been developing and refining since 2004 in collaboration with several partner organizations. Medical organizations in more than 40 countries now use OpenMRS to keep track of patient records.

Highlights of the Year

- **Enhanced reporting from OpenMRS:** PIH continued to improve reporting tools developed for OpenMRS through support from the Rockefeller Foundation. Results were presented at the annual OpenMRS Implementers meeting. Site-based staff were trained to create clinical summaries and indicator reports. PIH implemented a new initiative aimed at developing routine indicators for cross-site monitoring and evaluation which will draw from OpenMRS data.
- **Expanded point-of-care electronic medical records:** PIH worked with Baobab Healthcare in Malawi to add support for HIV/AIDS treatment to its point-of-care EMR system at Neno District Hospital. The system allows clinicians to update records on-site using touch-screen technology. With funding from the Doris Duke Charitable Foundation, PIH developed similar software for our primary care clinics in Rwanda.
- **Developed software for logistics management:** In response to requests from several PIH sites and to the acute needs in Haiti following the January 12 earthquake, the Medical Informatics team developed new software to support logistics management of pharmaceuticals and other supplies. The work was funded by a Rockefeller Foundation grant.
- **Built local programming capacity:** PIH ran an E-Health software development training course for a second year, with funding from the International Development Research Centre. Twelve Rwandan computer science students received intensive training, enabling them to support the Rwandan government's plan to implement OpenMRS on a national level. The course focuses on developing high-quality software and gives the students a foundation in medical informatics. This also supports the government's strategy of developing a strong information technology sector.
- **Improved MDR-TB software and expanded data collection:** PIH improved the reporting and clinical summary features in OpenMRS to support the treatment of multi-drug resistant tuberculosis (MDR-TB) in Haiti. Exemplifying the power of the open-source software community, these improvements can also be utilized in Rwanda, Botswana, and Pakistan by other organizations that already use OpenMRS to manage MDR-TB care.

TRAINING

PIH's training department aims to strengthen training programs and systems in each of our project sites through standardized, high-quality curricula and dedicated training teams. The work of the department grew in scope and impact in 2010, as we produced training materials for use both to improve the quality and maximize the impact of our own work and to help other organizations working to alleviate poverty and disease around the world.

Highlights of the Year

- **Trained community health workers to provide individualized patient care:** PIH worked to strengthen community health worker (CHW) training across our sites, using a “train the trainer” model in which clinicians at the health center level were taught how to provide training to CHWs. This year, in Rwanda, PIH trained 206 trainers and 1,171 new CHWs to deliver care in patients’ homes. Approximately 2,160 CHWs across all 33 health centers supported by PIH received training each month, in topics ranging from management of childhood illnesses, nutrition, malnutrition, household surveying, and information technology.
- **Strengthened mentoring and supervision of clinicians:** In Rwanda, PIH launched the Mentoring and Enhanced Supervision at Health centers (MESH) initiative. Clinical mentors have been hired to establish infrastructure for training nurses across all three districts where we work. To date, the initiative has been piloted in the Eastern Province, where nurses have received clinical training, learned how to monitor for quality improvement, and were mentored in maternal and child health.
- **Prepared and disseminated new materials for clinicians and program managers:** The January 12 earthquake in Haiti dramatically increased the need for training as Zanmi Lasante rapidly took on new staff and new responsibilities. The training team responded by developing training materials on an aggressive schedule, especially for CHWs. In addition to earthquake-related training, PIH developed a curriculum for HIV training and a guide for program managers in other organizations seeking to replicate PIH’s successful approach to strengthening health systems in resource-poor settings. The HIV Curriculum will begin pilot testing in Rwanda and Haiti in January 2011. Topics include: a human-rights based approach to care; comprehensive HIV diagnosis and treatment; management of HIV/TB co-infection; management of sexually transmitted infections; and women’s health. The Program Management Guide, which provides a model for program planning and implementation, will be disseminated online early in 2011.





ADVOCACY

With continued, generous support from the Skoll Foundation and the John M. Lloyd foundation, PIH focused our advocacy efforts on building support for additional global health funding, rights-based approaches for development, Haiti relief and recovery, and policies that bridge the gap between vertical, disease-specific programs by encouraging governments and NGOs to adopt PIH's comprehensive primary health care approach.

Highlights of the Year

- **Garnered support for Haiti post-earthquake:** Following the earthquake, PIH took immediate steps to mobilize support from all of our constituencies – from students to partner organizations to members of Congress. Through a combination of personal outreach and high-profile public engagements – including PIH co-founder Paul Farmer's testimony to the Senate Foreign Relations Committee about Haiti relief and testimony by Loune Viaud, Zanmi Lasante's Director of Strategic Planning and Operations, at the Inter-American Commission on Human Rights – PIH was able to inform policy makers of the dire situation and reflect the priorities and needs of the Haitian people.
- **Encouraged a rights-based approach for relief and recovery in Haiti:** PIH and several long-standing partners, with whom we collaborate to advocate for better aid policies for Haiti, released a position paper on a rights-based approach to aid that would include more transparency on donor-funded programs and involve recipients of the aid (in this case, the government and people of Haiti) in developing and evaluating programs. We met with representatives from several key donor countries and multi-lateral agencies to encourage them to adopt more rights-based approaches to development.
- **Advocated for increased resources for global health and improved foreign aid policies:** When President Obama's Global Health Initiative was announced with disappointing monetary commitments, PIH collaborated with other NGOs to draft an alternative vision, which included a request for significantly higher funding. The alternative initiative was presented to representatives of the State Department, Congress and several other NGOs in late October 2009. PIH also actively participated in activities to encourage US support for a currency transaction levy on large foreign currency exchanges – a significant percentage of which would go towards funding global health – as well as other innovative financing mechanisms for health and development.



RESEARCH

The feedback loop provided by research conducted with our partners at the Brigham and Women's Hospital (BWH), Harvard Medical School, and the Harvard School of Public Health is essential to monitoring the effectiveness and impact of our work and providing an evidence base for efforts to strengthen, expand, and replicate our approach.

Highlights of the Year

- **Studied poverty and food insecurity as causes and consequences of infectious and chronic diseases:** In a study on poverty traps, Harvard economist Matt Bonds developed a theoretical framework demonstrating the dynamic feedback between poor health and poverty. Louise Ivers, a BWH physician and PIH's Chief of Mission in Haiti, documented the relationship between HIV, under-nutrition and food insecurity and showed that food assistance improves outcomes among people living with HIV in Haiti. In Peru, a team of researchers led by Molly Franke, a Harvard Medical School epidemiologist, showed that food insecurity predicted non-adherence to antiretroviral therapy. In separate ongoing projects, Ivers and Bonds have received funding from the National Institutes of Health (NIH) to continue studying the reciprocal relationship between economic vulnerability and disease.
- **Focused on the role of community health workers in providing high quality care to vulnerable populations:** Studies from Mexico, Peru, and Haiti documented the role of community health workers in effective TB control and the delivery of antiretroviral therapy. The ongoing Doris Duke Charitable Foundation project in Rwanda will allow us to evaluate the impact of accompaniment in the delivery of primary health care in an impoverished rural setting: it compares outcomes in populations where accompaniment is provided, with others where it is not.
- **Continued to study the scope of the MDR/XDR-TB problem and document the impact of treatment strategies:** Ted Cohen of BWH, who was honored as an NIH "new innovator of the year" for his work on MDR/XDR-TB, was lead author of an autopsy study in South Africa that documented the frequent occurrence of undetected drug-sensitive and resistant TB among people who died in a community with high prevalence of both HIV and TB. Sonya Shin, also of BWH, studied the determinants of XDR-TB in Tomsk, Russia. PIH Lesotho Country Director Hind Satti evaluated the early outcomes of MDR treatment in a high-HIV prevalence setting in Lesotho. In Peru, Mercedes Becerra of Harvard Medical School documented low rates of relapse among patients with MDR-TB receiving aggressive treatment regimens.



SELECTED PUBLICATIONS

Books

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Articles

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Koenig SP, Schackman BR, Riviere C, Leger P, Charles M, Severe P, Lastimoso C, Colucci N, Pape JW, Fitzgerald DW. Clinical impact and cost of monitoring for asymptomatic laboratory abnormalities among patients receiving antiretroviral therapy in a resource-poor setting. *Clin Infect Dis*. 2010 Sep 1;51(5):600-8.

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Surkan PJ, Mukherjee JS, Williams DR, Eustache E, Louis E, Jean-Paul T, Lambert W, Scanlan FC, Oswald CM, Fawzi MS. Perceived discrimination and stigma toward children affected by HIV/AIDS and their HIV-positive caregivers in central Haiti. *AIDS Care*. 2010 Jul;22(7):803-15.

A wide-angle photograph of a lush, terraced landscape in Rwanda. The hills are covered in green terraces, some of which are brown, suggesting recent cultivation or erosion. A dirt path winds through the foreground, where a person is walking away from the camera, carrying a large, light-colored basket on their head. The background shows more rolling hills under a cloudy sky. The overall tone is peaceful and scenic.

FINANCE & GOVERNANCE

*Rwanda, land of
a thousand hills*



FINANCIAL REVIEW

The massive earthquake that struck Haiti on January 12, 2010, engendered an incredibly generous response, both from long-standing PIH supporters and from thousands of others moved by the suffering of the Haitian people. Many turned to Partners In Health – knowing of our network in Haiti of over 4,000 people staffing our 12 hospitals and healthcare centers and knowing our reputation as an organization that gets things done. This drove our revenues in fiscal year 2010 to a level of \$152 million, an enormous increase over the fiscal year 2009 revenues of \$63 million.

Of the \$152 million of revenues in fiscal year 2010, \$112 million were designated for Haiti, of which \$86 million were specifically designated for earthquake relief and rebuilding. Total spending in Haiti was increased to \$54 million, more than double the \$24 million we had planned to spend during the year. At the end of our fiscal year, we had a resulting surplus for Haiti of \$58 million, which is being spent in accordance with our relief and reconstruction plan in fiscal years 2011 and 2012.

We also realized a small additional surplus of \$2 million in our general funds. This non-Haiti surplus helps offset the operating loss of \$0.6 million in fiscal year 2009 and will help bolster our reserves and working capital.

The unspent funds for Haiti have been invested conservatively in the near term in cash equivalents and fixed income securities given that the horizon for investment is short. Other investments represent The Thomas J. White Fund, established in 2005 with a remarkable gift of \$10 million. The Fund now totals \$15 million as of June 30, 2010, after absorbing investment losses during the market correction in FY09. Working capital in Boston and across the sites accounts for another \$10 million of operating reserves as of June 30, 2010 (excluding the carryforward for Haiti), adequate for ongoing operations, but certainly lean considering our 60 facilities with nearly 13,000 staff and community health workers.

Every year, PIH has set more and more ambitious goals and has devoted nearly every dollar raised to spending within the year. To assure ourselves of a sustained level of increased revenues to support our expanded work, we are investing in our development efforts and growing our development staffing levels. In the near term, we plan to hold spending in sites other than Haiti at current levels with the exception of projects that come with new funding. We are hopeful that the new awareness of PIH arising from the terrible tragedy in Haiti will result in long-term generous commitments of support.

With tremendous gratitude for all that you do.

Donella M. Rapier

Chief Financial Officer

Statement of Activities

(dollars in thousands)

For the year ended

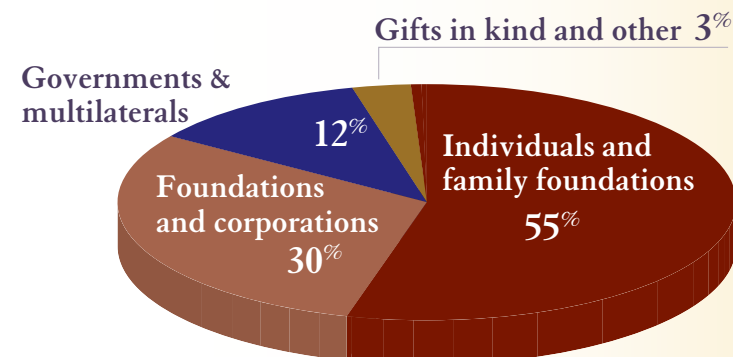
June 30, 2010

June 30, 2009

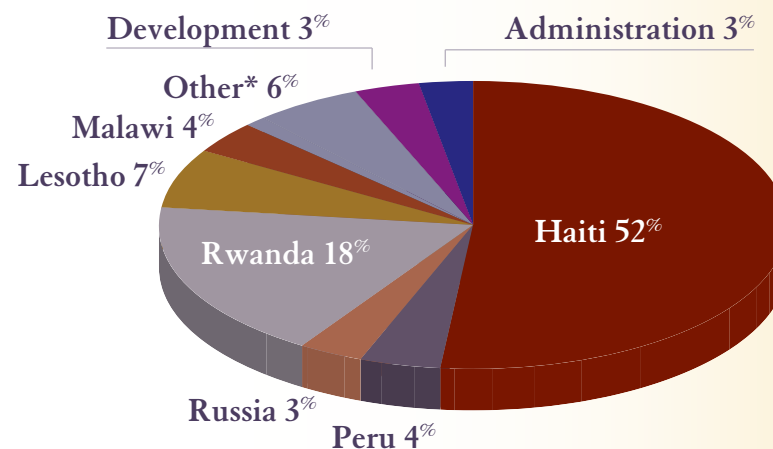
Revenue		
Contributions, grants and gifts in kind		
Individuals and family foundations	\$83,546	\$32,311
Foundations and corporations	46,039	14,915
Governments, multilateral & research institutions	17,428	14,468
Gifts in kind and contributed services	4,770	1,523
Other income	175	152
Total revenue	151,958	63,369
Expenses		
Program services	86,314	60,118
Development	3,042	1,590
Administration	2,520	2,227
Total expenses	91,876	63,935
Excess/(shortfall) of revenue over expense	60,082	(566)
Investment income/(loss)	569	(3,324)
Change in net assets	60,651	(3,890)
Currency translation adjustments	56	(59)
Net assets at beginning of year	28,727	32,676
Net assets at end of year	89,434	28,727

Note: Just 6 percent of total expenditures in FY10 went toward administration and development, with the vast majority of funding going directly to program activities.

Revenue by Source FY2010



Program Costs FY2010

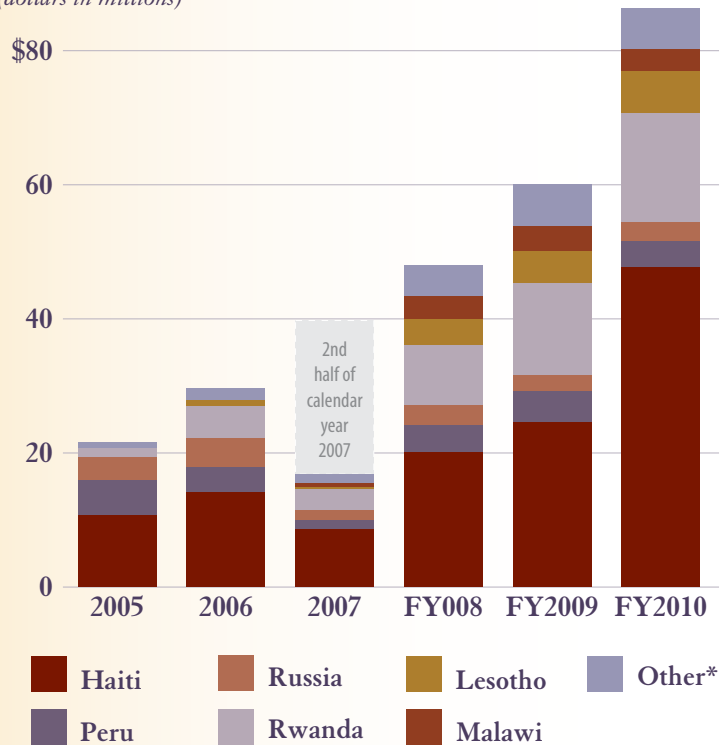


* Other consists of expenditures for training, medical informatics, advocacy, and program support in the United States (PACT), Mexico, and Guatemala.

FINANCIAL REVIEW

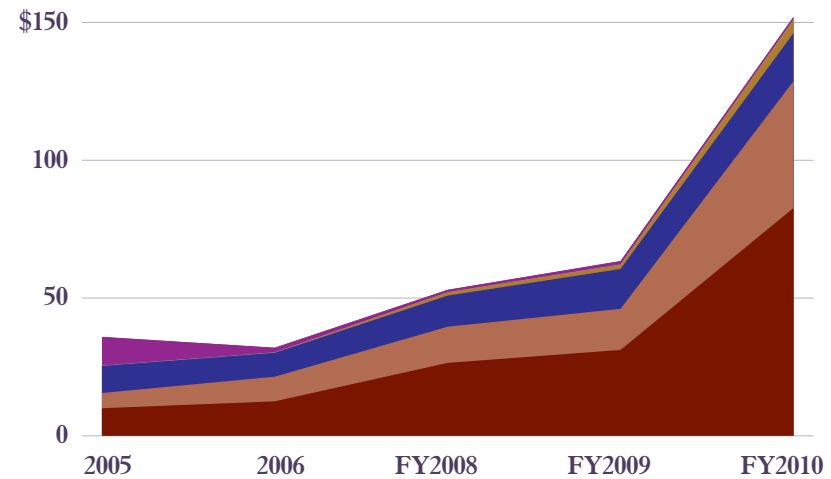
Program Costs 2005-FY2010

(dollars in millions)



Revenue by Source 2005-FY2010

(dollars in millions)



* In 2007, PIH changed from a calendar year end to a fiscal year ending June 30. As a result, 2007 has been excluded due to only 6 months of operating results in that fiscal year.

Statement of Cash Flows

(dollars in thousands)

For the year ended June 30,
2010 2009

Cash flows from operating activities		
Change in net assets	\$60,651	(\$3,890)
<i>Adjustments to reconcile change in net assets to net cash provided by/(used in) operating activities:</i>		
Depreciation and amortization	652	460
Net realized and unrealized losses on investments	(155)	3,634
Currency translation adjustments	56	(60)
<i>Changes in:</i>		
Contributions receivable	256	(2,127)
Grants receivable	(6,487)	(493)
Prepaid expenses and other assets	(169)	(30)
Accounts payable and accrued expenses	1,134	591
Net cash provided by/(used in) operating activities	55,938	(1,915)
Cash flows from investing activities		
Additions of property and equipment	(974)	(569)
Sales of investment securities	4,486	11,329
Purchases of investment securities	(60,192)	(7,550)
Net cash provided by/(used in) investing activities	(56,680)	3,210
Cash flows from financing activities		
Borrowings on line of credit	–	3,500
Repayments on line of credit	–	(3,500)
Net cash provided by financing activities	–	–
Net change in cash and cash equivalents	(742)	1,295
Cash and cash equivalents at beginning of year	5,218	3,923
Cash and cash equivalents at end of year	4,476	5,218

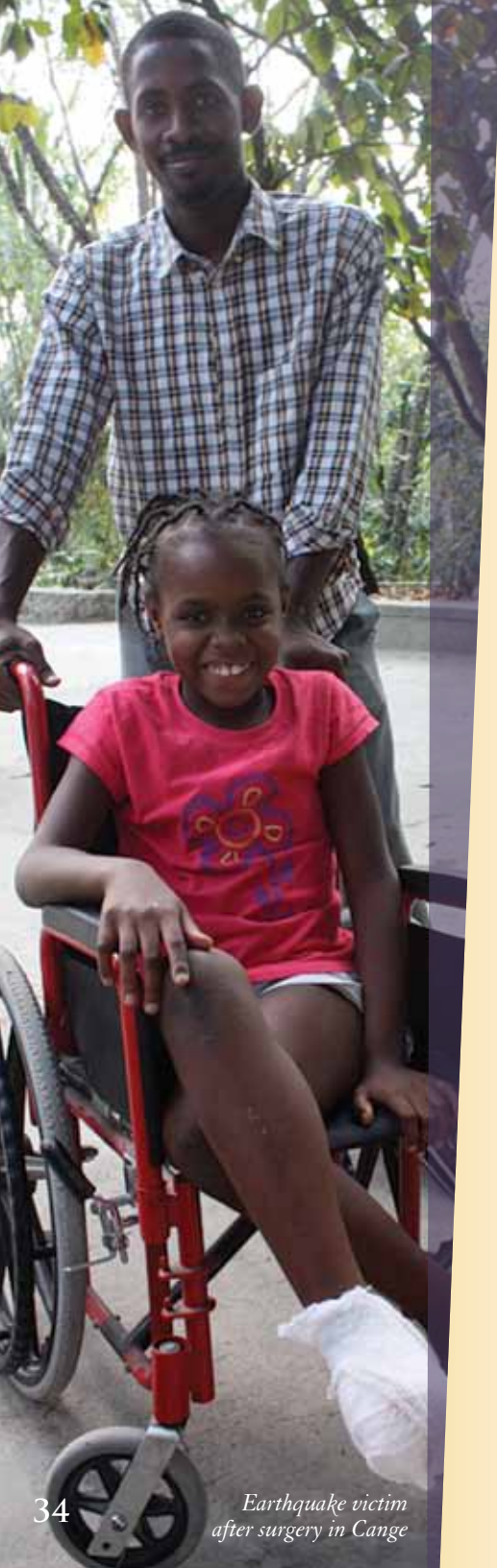
Balance Sheet

(dollars in thousands)

as of June 30,

2010 2009

Assets		
Cash and cash equivalents	\$4,476	\$5,218
Contributions receivable	2,106	2,362
Grants and other receivables, net	11,687	5,199
Prepaid expenses and other assets	311	142
Investments, at fair value	71,510	15,649
Property and equipment, net	3,047	2,725
Total assets	93,137	31,295
Liabilities and net assets		
Liabilities		
Accounts payable and accrued expenses	3,312	2,322
Amounts owed – fiscal agencies	391	246
Total liabilities	3,703	2,568
Net assets		
Unrestricted		
Currency translation adjustments	298	242
Undesignated	9,687	7,093
Thomas J. White Fund	15,382	13,641
Total unrestricted net assets	25,366	20,976
Temporarily restricted	64,068	7,751
Total net assets	89,434	28,727
Total liabilities and net assets	93,137	31,295



FINANCIAL REVIEW

Earthquake relief and reconstruction in Haiti

Through June 30, 2010 Partners In Health received a total of \$86 million in contributions from individuals, organizations and institutions to support relief and recovery work in Haiti, including a substantial sum designated specifically for long-term rebuilding and strengthening of Haiti's public health system.

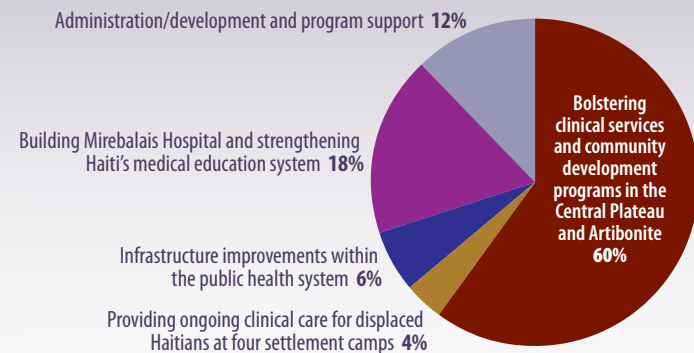
Of that amount, we expended \$30 million through the end of FY10. The table on this page presents a summary of how that money was spent and the graph below it provides our two year projection for the remaining \$95 million of our \$125 million Stand with Haiti Fund.

These projections are consistent with the general parameters outlined when the Stand with Haiti Fund was established. They have been and will continue to be refined and adjusted regularly based on our understanding of shifting needs and priorities.

Expenditures in FY10 (dollars in thousands)

Facility-based care	\$15,229
Medical services within settlement camps	3,413
Social and economic support services	4,932
Rehabilitative care	82
Mental health and psychosocial services	152
Mirebalais Hospital architecture and engineering services	61
Right to Health Care program (care for earthquake survivors in US)	373
Communications/IT equipment	681
Medical volunteer program	1,424
Transportation/logistics	905
Total direct expenses	27,252
Administration/development (6%) and program support (6%)	2,683
Total expenditures	\$ 29,935

Estimated expenditures FY11–FY12 (July 1, 2010 – June 30, 2012)



FY11-FY12 Total = \$95.1 million

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*Girls wait in line at ZL
 settlement camp clinic*



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*Doctor and patient in
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