

25TH Partners In Health ANNIVERSARY DRIVE



A HISTORY OF INNOVATION AND IMPACT

HOW IT ALL BEGAN

Caring for Our Patients and Addressing the Root Causes of Disease

IN HAITI THERE IS A SAYING, *TOUT MOUN SE MOUN*, OR “EVERYONE IS HUMAN.” This saying had profound meaning and life-changing consequences for Paul Farmer and Ophelia Dahl as they witnessed the poverty and suffering of entire communities in Haiti more than 20 years ago. They and a group of friends began acting on these simple words in a small squatter settlement called Cange in Haiti’s Central Plateau.

Together with their Haitian partners, who were already running a school, they set up a small clinic and began providing quality primary health care regardless of their patients’ ability to pay. They soon realized that local medical needs were greatly affected by conditions rarely addressed by traditional medical systems—poverty, hunger, water quality, sanitation, and education. In addition, many patients were too sick or lived too far away to access health care.

Paul and Ophelia, and PIH co-founders Jim Yong Kim, Todd McCormack, and Thomas J. White knew they could not ignore this social context. So with the help of other partners, they supplied more than medicines. They provided the village with clean water, opened more schools, initiated home visits, and helped make transportation to and from the clinic possible. The team enlisted local residents, training and employing them to help with medication adherence, patient education, first aid, and family planning. These community health workers were also trained in identifying medical and social problems within the community.



Rather than limiting their engagement to the giving of charity, the founders of PIH embraced the challenge of working alongside the people of central Haiti in their struggle to improve their lives.

Partners In Health is an international non-governmental organization dedicated to delivering quality health care to people and communities devastated by the joint burdens of poverty and disease. PIH’s work has three goals: to care for patients, to alleviate the root causes of disease, and to share lessons learned around the world.

KEEPING OUR PROMISES PUSHING THE BOUNDARIES ENSURING A SUSTAINABLE FUTURE

themselves, to provide accompaniment with daily visits to make sure patients receive and take their medicines. Default rates have been close to zero—so much lower than the rates in the developed world that PIH has replicated the community-based model of care for HIV/AIDS patients, not only in rural Africa, but also in poor, urban communities in the United States. In 2002, PIH co-founder Jim Yong Kim was appointed to head HIV/AIDS activities at the WHO, where he was instrumental in launching the “3x5” campaign to expand treatment in developing countries. Today WHO calls for universal access to treatment and more than three million patients in poor countries are receiving ARVs.

■ *A sustainable approach to delivering comprehensive, high-quality health care*



Because PIH works to strengthen public primary health care systems, our patients and the communities we serve have new faith in their local clinics and hospitals, resulting in increased service uptake, improved health outcomes, and sustainable, long-term operations. For years, this approach was criticized by global health experts for being too costly and complex. Our example and influence helped change that. Over the

past few years, “health systems strengthening” has emerged as a priority on the global health agenda and on the budgets of major funding organizations. The Global Fund added health systems strengthening into their grant-making framework, which was previously based only on programs for specific diseases. Similarly, PEPFAR now authorizes use of their funds to renovate hospital and health center infrastructure.

■ *Integration of social and economic services with health care delivery*

The risk of disease and death skyrockets when people drink dirty water and don't get enough to eat or when sick and healthy family members are crammed together in leaky, smoke-filled huts. To address the root causes of disease, PIH sometimes prescribes food, new housing, water filters, and economic assistance to our patients just as if we



were prescribing medicines. This integrated approach to social, economic, and health services bolsters the health of our patients and revitalizes their communities. Other organizations that provide and fund health care have begun to take notice. Strategic alliances between complementary organizations have become more common and major funding sources like PEPFAR have fully endorsed including food in treatment packages for HIV patients, along with health infrastructure improvements, such as clean water systems.

In 2007, Partners In Health celebrated 20 years of success in bringing health care to the poor in neglected communities around the world. In addition to the direct care provided for millions of patients and their families, PIH endeavors to demonstrate that what should be done can be done and advocates for the adoption of these high standards of care in global health policy.

With funding from the Bill & Melinda Gates Foundation, SES, PIH and PIDSC bring the world's first community-based MDR TB treatment program to scale across Peru.

Партнеры во имя Здоровья is established in Russia as an extension of PIH's MDR TB program.

Inshuti Mu Buzima (IMB) is established in Rwanda, in collaboration with the Rwandan Ministry of Health and the Clinton HIV/AIDS Initiative (CHAI).

Bo-Mphato Litsebeletsong tsa Bophelo is established in Lesotho with the support of CHAI and the FXB Center for Health and Human Rights.

Abwenzi Pa Za Umoyo is launched in Malawi, in partnership with the government of Malawi and the Clinton-Hunter Development Initiative.

WHAT IT HAS BECOME

Leveraging Our Success through Lessons Learned

THE SMALL CLINIC HAS GROWN into one of the most effective and widely admired health care programs in the developing world, proving that it is indeed possible to provide quality health care for all even in the poorest of settings. PIH has since extended its work across ten countries and achieved numerous advances in global health.

Through strategic partnerships with academic institutions, governments, multilateral agencies, and other non-governmental organizations, Partners In Health has leveraged its success to catalyze transformations in international policy and reallocation of global resources. PIH's example and influence helped pave the way for the formation of the World Health Organization's (WHO) Green Light Committee (GLC), which coordinates programs to treat drug-resistant tuberculosis; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and the President's Emergency Plan for AIDS Relief (PEPFAR).

Partners In Health has helped inspire a movement for global equity in public health and medicine by pioneering and encouraging the adoption of:

■ *A model for treating multi-drug resistant tuberculosis (MDR TB)*

As recently as the mid-1990s, contracting MDR TB, a treatable disease, amounted to a death sentence for the poor. Official WHO policy explicitly stated that "MDR TB is too expensive to treat in poor countries." But PIH lifted the death sentence by successfully treating MDR TB patients in Haiti and in the slums of Lima, Peru, using a model based on accompaniment—daily visits by community health workers delivering individualized treatment regimens to patients in their homes and providing social support for patient families. More than 75 percent of PIH's first group of patients in Peru were cured, rivaling cure rates in the United States and other rich countries. With this success, PIH successfully lobbied for WHO to change its policy. In 2006, WHO issued new guidelines that call for treating all MDR TB patients using an approach based on PIH's model of accompaniment. Today, countries around the world, including some of the poorest, are treating patients with MDR TB.

■ *A model for treating HIV/AIDS*



When PIH began providing anti-retroviral (ARV) medications to HIV patients in Haiti in 1998, health experts roundly criticized the initiative as well-intentioned but naïve. In a special *Bulletin of the World Health Organization* (2001), experts predicted that patient default rates "could be as high as 60%." The editor of the special *Bulletin* argued that the barriers to extensive ARV treatment in poor countries were insuperable and that "Farmer and his colleagues do not give us a clear idea of how to overcome these major constraints." But these constraints have been overcome, mainly by training and employing people from the community, many of them patients

Partners In Health is founded in Boston to support the work started several years earlier by Zanmi Lasante (ZL) in Haiti.

Socios En Salud (SES) is established on the outskirts of Lima, Peru.

SES begins the first large-scale treatment of multidrug-resistant tuberculosis (MDR TB) in a poor country.

The Program in Infectious Disease and Social Change (PIDSC) is founded at Harvard Medical School to provide academic and research support to PIH.

ZL challenges conventional wisdom and starts providing free, comprehensive care for AIDS patients, using community health workers to deliver antiretroviral drugs and other services to patients' homes.

The Prevention and Access to Care and Treatment (PACT) project is established to help care for AIDS patients in Boston.

25TH Partners In Health ANNIVERSARY DRIVE

“During the long reauthorization process, many organizations, including Partners In Health, pushed for and won measures to address what they saw as obstacles to PEPFAR’s sustainability and long-term effectiveness.”

*The Lancet
July 26, 2008*



WHERE IT IS GOING

Spreading the Model through Research, Training and Advocacy

We are living in what could and should be the best of times for global health. Governments, multilateral organizations and private foundations have committed unprecedented resources to tackling infectious disease in some of the most impoverished areas of our planet. Breakthroughs in medicine and technology have yielded powerful new tools to prevent, control, treat, and often cure deadly and debilitating diseases and medical conditions. Yet progress in delivering the benefits of increased investment and modern medicine to the people who need them most has been agonizingly slow. For the hundreds of millions who live in extreme poverty, for the 15 million or more who die each year of preventable and treatable diseases, these remain the worst of times.

In order to guarantee that investments and medical innovations achieve their potential impact, we must collectively demonstrate that finding effective ways to deliver medical care and treatment to the people who need them most is as important as the medicines and technologies themselves; that access to high-quality health care is both a fundamental human right and an indispensable tool for improving human development and well-being; and that foreign-aid dollars can be used to strengthen public health systems, helping break the vicious cycle of poverty and disease. That is what Partners In Health has been doing for more than two decades. Now, through strategic partnerships with academic, scientific, corporate, nonprofit, multilateral, and governmental institutions, we are developing large-scale research, training, and advocacy projects to document and disseminate lessons distilled from the success that PIH and other organizations have achieved in delivering quality health care to those who need it most.

Working in close concert with the Global Health Delivery Program, led by Jim Yong Kim and involving faculty from Harvard’s Medical, Public Health and Business Schools, PIH is committed to developing and sharing tools designed to jumpstart effective scale-up of quality health care worldwide. Many of our training programs, from community health worker training to project management guides, are being formally documented and shared online with other global health practitioners. Elements of our projects in Haiti, Rwanda, Peru and Boston have been turned into case studies for teaching at Harvard and beyond. And our approach of working within Ministries of Health and focusing on integrating disease-specific interventions into primary health care is being evaluated and extolled by multilateral and governmental organizations as an example of how public health systems can be strengthened with foreign-aid money.



Building on a record of innovation and impact in health care delivery, these efforts in research, training, and advocacy will help build the knowledge and commitment that will reduce inequalities in health care, strengthen public health systems around the world, and help realize at last the best of times for global health.

Partners In Health
641 Huntington Ave.
Boston, MA 02115
617.432.5256
www.pih.org