haiti: Every 100 births, a mother dies from pregnancy-related complications

sierra leone: 60% of births are not attended by skilled health staff

liberia: $66 is spent on health per person (The United States spends $8,900 per person.)

malawi: 10% of the adult population is living with HIV

russia: There are 6 physicians per 100,000 people (In the United States, there are 241 per 100,000 people.)

lesotho: 1 in 10 children dies before age 5 (In the United States, it’s 1 in 143.)

peru: There is a 74% funding gap for tuberculosis control

mexico: 43% of adults live below the poverty line

navajo nation: 1 in 8 adults suffers from diabetes

rwanda: 170,000 people live with tuberculosis
our mission

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.
Dear Friends,

Returning to Haiti after recently visiting West Africa, Paul Farmer and I are here in Cange with colleagues and partners. It seems fitting to close this year of significant growth and change at Partners In Health in Haiti, where we began. Walking around this bustling campus—and remembering the dusty, barren squatter settlement it once was—I am reminded of all that’s possible in settings of poverty: nothing less than the transformation of lives and families and whole communities.

I know our colleagues now responding to the Ebola epidemic in Sierra Leone and Liberia, especially those who’ve traveled from Haiti to help lead our work there, draw on this example as readily as they do on our decades of experience delivering high-quality care to the poor and vulnerable. Though our work in West Africa is new, the way we do it is unchanged: as in Haiti, in Malawi, in Mexico and all the other places where we work and live, we go where we’re needed most. We care for patients in their homes and communities. We work in close partnership with public officials, building capacity and strengthening health systems. And we stay, committed to accompanying the people and communities we serve for the long term.

I’m proud to share this report of another year’s progress. And I’m grateful for the opportunity to reflect on our collective accomplishments—those you’ll see in these words and pictures, and the many others, big and small, that mark the lives of our colleagues and patients. All of them are made possible by the support of our friends and partners—in its many generous forms—speaking not just our work, but all of us. And like each patient who walks, healthy, out of an Ebola treatment center—each gift, each gesture of partnership, offers encouragement and hope and promise. Thank you.
Partners In Health travels to remote places where health care options are limited or barely exist.

we go
we make house calls
we build health systems
we stay
Beyond Russia’s Ural Mountains, in the dense forests of southwestern Siberia, Tomsk has historically been a destination for exiles. Even now, many people still live on the fringes of society.

Tomsk’s harsh climate, landscape, and roads make it difficult for patients to receive care. Many people suffer from tuberculosis. The region has some of the world’s highest confirmed rates of tuberculosis and multidrug-resistant tuberculosis. Patients are poor, living in shacks or cold apartments, and lack access to proper medical care. Tomsk’s harsh climate, landscape, and roads also make it difficult for them to receive care.

Partners In Health has worked in Tomsk since 1998. Every day our nurses visit TB patients, delivering medication and food packages, and monitoring those who are most likely to struggle to complete treatment. The initiative is named “Sputnik,” a Russian word for “life partner” or “special friend.” It reflects our aim to put patients at the center of our treatment efforts, traveling to where they live and need care.

Our patient-centered approach is seeing results. This year, we released a report highlighting Sputnik’s success in the treatment of drug-resistant TB. Seventy-one percent of our patients have remained on medication since the program’s launch in 2006—a remarkable achievement for patients who otherwise would probably not have finished treatment.

Our approach is the same in all the work we do, worldwide. All of our sites are difficult to reach. In the hills of Haiti, Malawi, and Rwanda; the mountains of Lesotho and Mexico; the remote towns of the Navajo Nation; the slums of Lima, Peru; and—this year—remote areas of Liberia and Sierra Leone, PIH goes to where people lack access to high-quality health care and works to ensure they get the care they need.

Seventy-one percent of our patients have remained on medication since the program’s launch in 2006—a remarkable achievement in the treatment of drug-resistant TB.
we make house calls
we build health systems
we stay

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

Senior Community Health Representative Rebecca Tsosie visits 79-year-old Betty McCurtain at her home in Crystal, New Mexico. Photo by Rebecca E. Rollins.
PIH is helping nearly 8,000 Navajo receive high-quality care in their homes.

Every week, community health representatives travel hundreds of miles to visit patients in their homes in the Navajo Nation. (Photo by Rebecca E. Rollins)

I’m just doing my job. This is what it takes.” Rebecca Tsosie drives down the dusty roads of Crystal, New Mexico, to see her first patient of the day. An ID card—her photo under the official seal of the Navajo Nation government—swings from the rearview mirror of her truck.

Tsosie, a senior community health representative and a lifelong resident of Crystal, will visit five or six patients today to check on their health and deliver medicine, as she does every day. “I do a lot of stuff on my own,” she says. “If they need something from Walmart, I’ll try to work it into my schedule.”

Through the Community Outreach and Patient Empowerment program, a partnership among Partners In Health, the Navajo Nation, and Brigham and Women’s Hospital, PIH helps train community health representatives on the management of chronic illnesses. These diseases commonly affect American Indian communities but could be prevented with medication and early guidance on healthy behavior.

But high-quality health care is hard to come by in the Navajo Nation. The region is one of the poorest in North America, and basic health care is underfunded. Residents live in remote areas with few clinics or trained health professionals. People are forced to travel long distances to obtain medical care and often can’t afford treatment.

Home visits from community health workers like Tsosie are critical. “Diabetes and old age—it’s really hard,” says 79-year-old Betty McCurtain, as Tsosie checks her vital signs. “Used to be strong, but not anymore.” Tsosie’s patients rely on her for the consistent care she provides.

Tsosie and her fellow community health representatives are members of the communities they serve, and their patients know and trust them. They embody the PIH ethos of accompanying patients through their illnesses, treating them like family, and doing whatever it takes to help them get well.

“I just call her my daughter,” McCurtain says, pointing to Tsosie.

Tsosie’s patients are among the nearly 8,000 Navajo that PIH is helping to receive high-quality care in their homes. Tsosie is proud of her role. The best part? “Meeting people. Helping them. Seeing what I can do to help them.”
Partners In Health works closely with national governments and other partners to improve and expand health services.

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

A health worker prepares to see patients at an Ebola treatment unit in Bong, Liberia, where PIH clinicians trained in the early days of our response. In addition to addressing Ebola, PIH is partnering with the government to build the country’s health system.

Photo by Rebecca E. Rollins
The great majority of Ebola patients can survive with high-quality care, asserts Dr. Paul Farmer, co-founder of Partners In Health. “Staff, stuff, space, and systems” are needed to combat the disease.

The Ebola death rate is high—more than 2,000 people in Sierra Leone had died as of December 2014. However, Ebola need not be fatal. Most people who are infected with and die from Ebola are poor and don’t have adequate health care available to them. As Kallon’s story shows us, recovery is possible with proper treatment.

As of December 2014, PIH is working in eight clinical sites in rural areas of Liberia and Sierra Leone. Kallon, along with other Ebola survivors, is now among our staff. He and our many partners are helping to address the crisis and develop a long-term plan to equip each country’s health system with “staff, stuff, space, and systems.” That means training local health professionals and ensuring facilities have proper tools and equipment to care for Ebola patients, as well as other people needing care.

Over time, we aim to expand our work by continuing to collaborate with the ministries of health of each country to strengthen more clinics, train more people, and build strong health systems to meet the ongoing health needs of the population.
Partners In Health makes long-term commitments to the communities we serve.
Julmiste would like to see the rehabilitation program grow even more. She recites the Haitian proverb: “Piti piti zwazo fè nich li,” which means “little by little the bird makes its nest.”

Shelove Julmiste in the recently completed rehabilitation center at University Hospital in Mirebalais, Haiti. Photo by Cecille Joan Avila

“I came up from under the building,” says Shelove Julmiste, remembering her escape from the rubble of a collapsed six-story building, “and that’s when I realized my foot was crushed.”

Julmiste is among thousands of Haitians who have lost a limb or suffered serious injury—many, like her, in Haiti’s 2010 earthquake—and who desperately need treatment. While some facilities offer surgery, almost none offer rehabilitation services. People with injuries can become permanently disabled, unable to earn an income or contribute to their families.

Julmiste, who lost her leg and was fitted with a prosthetic, is not inhibited by her injury. As a Partners in Health patient, she learned to walk on her prosthetic and regained the use of her muscles. We then recruited her to serve as a coordinator for our rehabilitation program, now at University Hospital in Mirebalais. She uses her experience to help disabled patients see that they can lead normal lives through rehabilitation.

Walking freely on her prosthetic leg, laughing and chatting, she guides patients through exercises and talks with them about their fears and progress. “Every time I find a patient who has lost courage because they have lost a limb like me, I speak with them,” she says. “I comfort them, try to encourage them, and we rehabilitate together.”

Soon, PIH will open the doors of a newly constructed 10-bed rehabilitation center on the hospital grounds. Julmiste would like to see the program grow even more. She recites the Haitian proverb: “Piti piti zwazo fè nich li,” which means “little by little the bird makes its nest.”

We began our work in the town of Cange nearly 30 years ago. Now, at 11 sites across Haiti, we look toward the future and the impact we can make, continuing to open facilities such as the rehabilitation center to fulfill the health needs of the communities we serve.
**Year in Review**

**February**

In Haiti, the opening of University Hospital in 2013 and World Cancer Day on February 4, more than 1,000 cancer patients received treatment. PIH supports the hospital in partnership with the Haitian Ministry of Health.

**January**

In Navajo Nation, 2,000 home visits per month were conducted. PIH helped train community health representatives to care for patients in their homes and guide them through treatment for chronic diseases such as diabetes.

**March**

In Haiti, 65,000 people served.

**April**

In Rwanda, nurse performance improved at health centers across the country, thanks to a national nurse mentorship program supported by PIH in close collaboration with the Rwandan Ministry of Health.

**May**

In Lesotho, 6,000 village health workers trained.

**June**

In Mexico, 9 out of 10 medical students who completed a year of training with PIH in Chiapas chose social medicine. PIH completed a 9-year project that enrolled more than 1,800 drug-resistant tuberculosis patients on treatment in Tomsk.

**July**

In Haiti, 65,000 people served.

**August**

In Peru, 8,000 children reached.

**September**

In West Africa, 24 first-year medical residents and 10 nurse anesthetists graduated. PIH launched the Ebola Response, a long-term plan to work with the governments of Liberia and Sierra Leone to address the crisis and strengthen public health systems.

**October**

In Mexico, PIH and the Mexican Ministry of Health opened a new hospital in Tomas, which offers basic services to more than 7,000 residents who had to embark on a two-hour walk to reach a health facility.

**November**

In Malawi, PIH celebrated the anniversary of a new operating room at Neno District Hospital, which PIH supports. Expectant mothers needing a C-section can now go to the hospital instead of traveling for 3 hours to Mwanza District Hospital.

**December**

In West Africa, PIH hired more than 200 Ebola survivors in Liberia and Sierra Leone to help expand our response to the crisis.
we couldn’t do this without you

Partners In Health relies on its supporters. Thank you.

Sixty-five-year-old Morales developed a severe cough and lost weight. Although he sought care where he could, his illness wasn’t identified. He came to a clinic that PIH supports in Chiapas, Mexico, where we diagnosed him with tuberculosis and started him on medication. He has since stopped coughing, gained weight, and is doing well.

Photo by Rebecca E. Rollins

Bernerando Morales
Partners In Health carefully manages our supporters’ contributions to bring high-quality health care to more people in need.

Olivier Kayitsinga

Forty-year-old Kayitsinga developed a psychotic illness in his early twenties. Previously a science and math teacher, his illness prevented him from performing even the most basic daily tasks. After years without proper care, he now receives critical mental health services at PIH-supported Nyamugali Health Center, Burera District, Rwanda. He hopes to return to teaching soon.

financials
Masebina Francina Mpae

Mpae joined PIH in 2007. She is a professional driver and helps PIH transport visitors and staff across Lesotho’s mountainous landscape. With Mpae’s help, we are able to distribute food packages to patients living far from health centers.

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**Fiscal Year 2014 Financial Summary**

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
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<tr>
<td><strong>Total Revenues</strong></td>
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<tr>
<td><strong>Program Services</strong></td>
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<tr>
<td>Contributions, grants, and gifts in kind</td>
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<td>Foundations and corporations</td>
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<td>Governments and multilateral organizations</td>
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<td>Gifts in kind and contributed services</td>
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<td>Other income</td>
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<td><strong>Total Operating Expenses</strong></td>
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<td>Program Services</td>
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<td>Development</td>
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<td>Administration</td>
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<td><strong>Total Operating Expenses</strong></td>
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<td><strong>Increase (Decrease) in Net Assets</strong></td>
<td>(61)</td>
<td>(3,699)</td>
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**Statement of Activities**

**Revenues**

- Contributions, grants, and gifts in kind
- Foundations and corporations
- Governments and multilateral organizations
- Gifts in kind and contributed services
- Other income

**Operating Expenses**

- Program services
- Development
- Administration

**Statement of Financial Position**

**Assets**

- Cash and cash equivalents
- Contributions receivable
- Grants receivable
- Prepaid expenses and other assets
- Investments, at fair value
- Property and equipment, net

**Liabilities and Net Assets**

- Foreign currency translation adjustments
- Undesignated
- Board-designated: Thomas J. White Fund

**Net Assets**

- Total unrestricted net assets
- Temporarily restricted

**Total Liabilities and Net Assets**

- Total current liabilities
- Total assets

*Revenues and operating expenses include: a) contributions to PIH Canada, an organization established in Canada in 2010 to support the movement for global health equity, and b) $8.2 million in funding from the Haiti Reconstruction Fund for University Hospital in Mirebalais.
PIH expenses increased slightly from $95.6 million in fiscal year 2013 to $97.1 million in fiscal year 2014. In fiscal year 2014, 93 percent of funds expended were for direct program costs, and only 7 percent went to fundraising and administration.

In fiscal year 2014, PIH received $97.1 million in revenue, reflecting a 5.6 percent increase as compared to fiscal year 2013. Of this, $44.1 million came from generous individual donors, $14.0 million came from foundations and corporations, and $31.3 million came from the public sector. In addition, PIH recorded $6.5 million in gifts in kind and contributed services and $1.1 million in other income.

In fiscal year 2014, PIH recorded $97.1 million in expenses. Of this, 93 percent went to program services, 7.7 percent went to development, and 2.7 percent went to administration.
board of trustees

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Charity Navigator is America’s premier charity evaluator. Since 2003, Partners In Health has earned Charity Navigator’s highest rating, certifying our commitment to accountability, transparency, and responsible fiscal management. Only one percent of rated organizations have received this distinction for over eight consecutive years, placing PIH among the most trustworthy nonprofits in the United States.