



Celebrating
25 YEARS
of
INNOVATION
and
IMPACT



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Together, we can save lives.

Since our founding in 1987, Partners In Health has counted on like-minded supporters to transform global health and save lives in some of the poorest places in the world. With your partnership, we will create even more profound change over the next 25 years. We are deeply committed to stewarding our donors' dollars well. **Ninety-four cents of every dollar donated go directly to our programs.**

Join the movement. Visit www.pih.org/25years.



Saving lives, revitalizing communities, changing the world.

Partners In Health was founded 25 years ago to support a one-room health clinic serving a destitute squatter settlement in rural Haiti. Today, the humble clinic has grown into a hospital; the squatter settlement has been transformed into a community vibrant with shops, schools, and jobs; and Partners In Health has expanded to provide high-quality health care to poor communities in 10 countries around the world.

By sharing lessons from this success, we have forged partnerships, shifted policies, and mobilized resources to improve access to health care for the poor on a world scale.

Front Cover: A social worker visits a boy in his home in Rwanda.
Photo by Ilvy Njiokiktjien.

Above: Young people carry water in rural Haiti.
Photo by Elizabeth Whelan.

Over
the past
25 years,
we have
transformed
global
health.

Local Innovation

Twenty-five years ago, the founders of Partners In Health (PIH) focused on partnering with the community in Cange both to deliver healthcare services and to overcome the lack of food, clean water, housing, education, and jobs that is the principal cause of disease and death among the poor. In partnership with others, they piped clean water to the village, opened more schools, and employed local residents as community health workers to provide care and support to patients in their homes. They believed in access to health care as a fundamental human right, treating the sick regardless of their ability to pay.

Rather than limiting themselves to charity, the founders of Partners In Health worked alongside the people of Haiti in their struggle to improve their lives.

Global Impact

With the help of our partners, we've served millions of patients, tackling diseases that others deemed too expensive and too difficult to treat in poor settings. Time and again, we've proven the positive impact of integrated, community-based care delivered by community health workers. We've been a leader in the movement that helped to catalyze initiatives like the Global Fund to Fight AIDS, Tuberculosis, and Malaria and the US President's Emergency Plan for AIDS Relief that have invested billions of dollars in global health.

As we look to the next 25 years, we seek to create even more profound and lasting change. We will leverage the successes at our sites around the world through training, research, and advocacy, creating impact far beyond the patients and communities we serve directly. Our ongoing efforts will help build the knowledge and commitment needed to continue saving lives, revitalizing communities, and changing priorities and policies on a world scale—ensuring access to high-quality health care for those who need it most.

Right: A patient receives care at Rwinkwavu Hospital in Rwanda.
Photo by Laurie Wen.



In 25 years, we have...

THEN

“In developing countries, people with multidrug-resistant tuberculosis usually die, because effective treatment is often impossible in poor countries.”

—WHO, 1996

NOW

“Findings from a series of projects have clearly demonstrated that MDR-TB can be effectively treated in low-income countries.”

—WHO, 2006

Treated “Untreatable” Diseases in Poor Settings

When Partners In Health discovered an epidemic of multidrug-resistant tuberculosis (MDR-TB) in 1995 in the shantytowns of Lima, Peru, the World Health Organization (WHO) called for treating only TB that could be cured with standard, first-line drugs in poor countries—letting patients with MDR-TB die. “MDR-TB is too expensive to treat in poor countries,” one WHO document stated. Partners In Health and our Peruvian sister organization, Socios En Salud, pioneered a strategy to cure patients and stop transmission of MDR-TB through accompaniment—daily visits by community health workers who deliver individualized treatment to patients in their homes. Research proved that cure rates among PIH’s MDR-TB patients in Peru rivaled rates at hospitals in the United States. With this documented success, PIH and our partners pressed for reduced drug prices and changes in global policies. In 2006, the WHO released new guidelines calling for universal access to treatment for MDR-TB.

Tackled the Root Causes of Sickness

The risk of disease skyrockets when people cannot afford adequate food, clean water, and other necessities. To address these underlying causes of disease, PIH and our partners prescribe food, water filters, and economic assistance to our patients—just as if we were prescribing medicines. In Haiti, we treat malnutrition with Nourimanba, a fortified peanut paste that PIH produces locally. Thousands of hungry children receive the best treatment for severe malnutrition. Dozens of poor people get jobs. And hundreds of local farmers are guaranteed a market for their crops. The entire community benefits both medically and economically. Other organizations have taken notice. Healthcare company Abbott and the non-profit Abbott Fund have donated \$6.5 million and provided expertise to build a new Nourimanba production facility that will significantly expand production, spur local markets for jobs and peanuts, and enable PIH to treat up to 50,000 malnourished children per year.

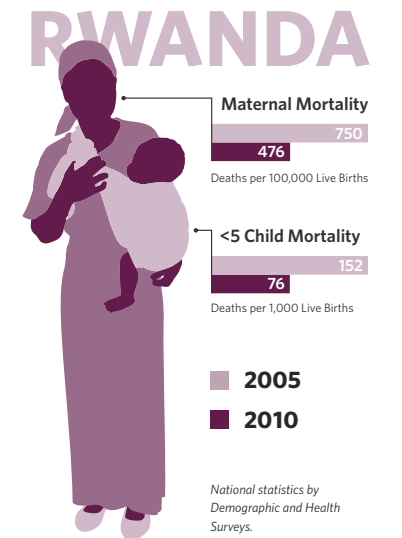
Left: Local Zanmi Lasante employees sort peanuts at the Nourimanba facility in Haiti. Photo by Andrew Marx.



Strengthened National Health Systems

The Rwandan government and the Clinton HIV/AIDS Initiative (CHAI) invited Partners In Health to Rwanda in 2005 to do two things—to jumpstart the national AIDS program and to help provide high-quality primary care in two of the country’s poorest districts. Within two years, we enrolled 2,000 HIV patients in therapy; transformed a derelict hospital with no doctors into a well-staffed facility serving more than 200 patients a day; and employed hundreds of community health workers to provide treatment and social support to patients in their homes. A CHAI study confirmed that our entire package of health care and social services cost less than \$30 per person. Based on this success, the national Ministry of Health asked PIH to partner with them to bring community-based care to every rural district in the country. As this initiative has strengthened health systems, the country has achieved a staggering 50 percent drop in under-5 child mortality in a span of just five years.

Above: Support groups at Rwinkwavu Hospital in Rwanda allow youth affected by HIV to stay in school and develop solidarity in the face of stigma. Photo by Andrew Marx.



1987



Partners In Health (PIH) is founded in Boston by Jim Kim, Ophelia Dahl, Paul Farmer, Todd McCormack, and Thomas J. White to support activities started in Haiti.

1990

In Haiti, Zanmi Lasante launches its comprehensive women's health program, Pwoje Sante Fanm.



1994



In Peru, PIH's sister organization, *Socios En Salud*, is established in Carabayllo, a shantytown on the outskirts of Lima.

1997

A gift from Thomas J. White establishes the Program in Infectious Disease and Social Change at Harvard Medical School.

2000



PIH and Harvard Medical School win a \$44.7 million Gates Foundation grant to fight drug-resistant TB.

In Haiti, Zanmi Lasante's HIV Equity Initiative is one of the first in the world to provide antiretroviral therapy in resource-poor settings.

2002



PIH's Prevention and Access to Care and Treatment project (PACT) begins offering care to HIV patients in Boston.

PIH project in Haiti is one of the first to receive funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

2006

PIH launches a new project in Lesotho in southern Africa, bringing primary care and HIV and TB testing and treatment to two remote clinics high in the mountains.



2009



PIH begins the Maternal Mortality Reduction Program in Lesotho, leading to a 350 percent increase in facility-based deliveries.

2011

PIH begins support of the COPE program in the Navajo Nation in the southwest United States.

Building on previous work, PIH establishes a program in the Dominican Republic.

With the Rwandan government, PIH opens a teaching hospital in Butaro that brings high-quality care and medical education to the entire east Africa region.



1987

PIH and its Haitian sister organization, Zanmi Lasante, launch a community-based program for treating tuberculosis.



1989

1993

PIH co-founder Paul Farmer wins a MacArthur "genius" grant and uses it to establish the Institute for Health and Social Justice, PIH's research and advocacy arm.



1996

PIH and *Socios En Salud* launch a community-based treatment program for patients with drug-resistant TB in Carabayllo.



1998



In Haiti, Zanmi Lasante initiates a pilot program to provide antiretroviral therapy to 50 AIDS patients.

Drug-resistant TB patients in Peru complete treatment with cure rates of 80 percent, leading the World Health Organization to revise recommendations for treating drug-resistant TB.

2001



PIH takes over primary responsibility for clinical care at the TB project in Tomsk, Siberia.

2005



PIH expands to sub-Saharan Africa, bringing community-based HIV treatment and primary care to two districts in rural Rwanda.

2007

PIH begins work in Malawi, launching testing and treatment programs for HIV and TB in Neno District.

2010



PIH brings the accompaniment model of TB care to Kazakhstan.

PIH and Zanmi Lasante respond to a 7.0 earthquake in Haiti with lifesaving emergency care and a plan to strengthen Haiti's public health system.

2012



PIH launches a new project in Mexico.

PIH constructs a public flagship hospital in Mirebalais: a center of medical excellence, a national teaching hospital, and a major investment in building back better in Haiti.

2012



Over
the next
25 years,
we seek
to create
even more
profound
change.

Above: A mother in Malawi waits to collect school supplies provided through Partners In Health's program for social support.
Photo by Leslie Tuttle.

We will...

Lessen the Burden of Disease

The world's poorest people are the most vulnerable to disease. Life expectancy for babies born in Lesotho is under 50 years. In many wealthy countries, it's over 80. While the birth of a child should be a cause for joy, nearly 1,000 women die from complications of pregnancy and childbirth every day—more than 99 percent of them in poor countries. And conditions such as cholera, tuberculosis, and chronic hunger—so deadly among the poor—are all but nonexistent in the developed world. We are determined to change this by providing comprehensive, integrated care to those who need it most.

Strengthen Capacity

In addition to dilapidated facilities and a lack of essential equipment and medicines, the developing world faces a critical shortage of health professionals. Malawi, for example, has only two doctors and 30 nurses for every 100,000 people—compared to 230 doctors and nearly 1,000 nurses in the United States. By putting systems in place to train doctors, nurses, and community health workers, we will foster a generation of health professionals better able to address the needs of their communities. And our investments in strengthening health systems will give them the tools they need to provide the highest possible standard of health care.

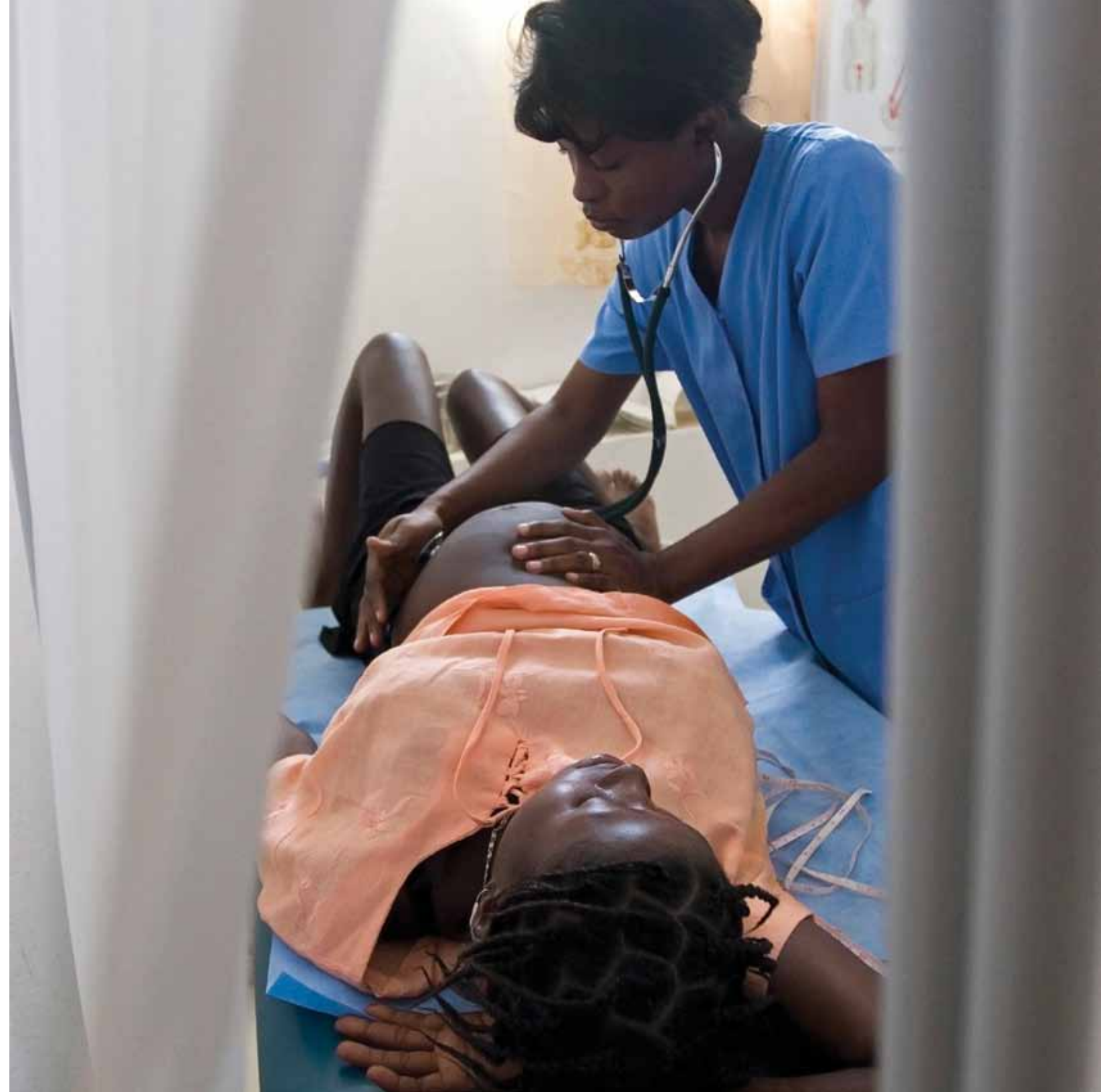
Break the Cycle of Poverty

Poverty and poor health are inextricably entwined. Poor people cannot afford to pay for things like food or hospital fees, and people who are hungry and sick often cannot get the education or earn the income that would enable them to escape from poverty. This vicious, deadly cycle ensures that the poor get sick and the sick stay poor—from one generation to the next. Working with partners, we seek to break the cycle by treating and preventing illness as well as providing access to food, schools, agricultural tools and training, and income-generating opportunities. These investments in better health and social support will enable people to lead healthier, more productive lives.

Build a Movement

The inequalities in global health are unacceptable. Not even half of those who need treatment for HIV/AIDS in developing nations receive it. One out of every eight children in Africa dies before reaching the age of five—the vast majority from diseases that can easily be prevented or treated, like pneumonia, malaria, and diarrhea. We are committed to marshaling evidence and applying pressure to change this reality. We will build a global movement to fight for a world in which people are not condemned to preventable disease and death simply because they were born into poor families and impoverished communities.

Right: Boucan Carré Hospital in Haiti offers prenatal services as part of its women's health program.
Photo by Rose Lincoln.



The way forward.

Over the next few years, Partners In Health will make measurable progress toward a series of objectives that we see as essential to achieving our long-term, transformational goals.

Among them are plans to support reconstruction in post-earthquake Haiti, sharply reduce maternal mortality worldwide, strengthen our community health worker model, and increase the scope and quality of care provided at all of our sites.

Building Back Better In Haiti

In 2012, Partners In Health is inaugurating a spectacular 180,000-square-foot, 320-bed teaching hospital in the town of Mirebalais, just 30 miles north of Port-au-Prince. As Haiti recovers from the 7.0 earthquake that killed more than 250,000 people in 2010, the hospital will offer a standard of patient care and medical education never before available at a public hospital in Haiti.

Eliminating Preventable Maternal Deaths

In the mountainous African country of Lesotho, our Maternal Mortality Reduction Program has more than tripled deliveries at health centers and sharply reduced maternal deaths. The innovation and success of the program lie in its integrated approach, strengthening maternal health services at the community, clinic, and hospital levels. We will use lessons learned to strengthen maternal health programs at all of our sites.

Empowering Community Health Workers

Community health workers (CHWs) have been the linchpin of our approach. Now, programs in Rwanda, Haiti, Lesotho, and Malawi will give CHWs more training, supervision, and responsibilities. The goal is to create networks of CHWs capable both of treating patients with chronic diseases like HIV and of recognizing and addressing common ailments like malaria and malnutrition.

Caring for Chronic Diseases

With attention and resources focused on the fight against infectious diseases, the world's poor are often left to deal with chronic conditions on their own. Partners In Health will fill this gap by increasing access to surgery and treatment for diseases such as cancer, heart disease, and mental disorders. In 2012, PIH is opening a pediatric cancer center in Butaro, Rwanda—the first specialized center in central Africa to offer prevention, diagnosis, chemotherapy, and surgery.

Left: Maternal health workers serve villages in the rural mountains of Lesotho.
Photo by Andrew Marx.