



**Partners
In Health**

ANNUAL REPORT 2022

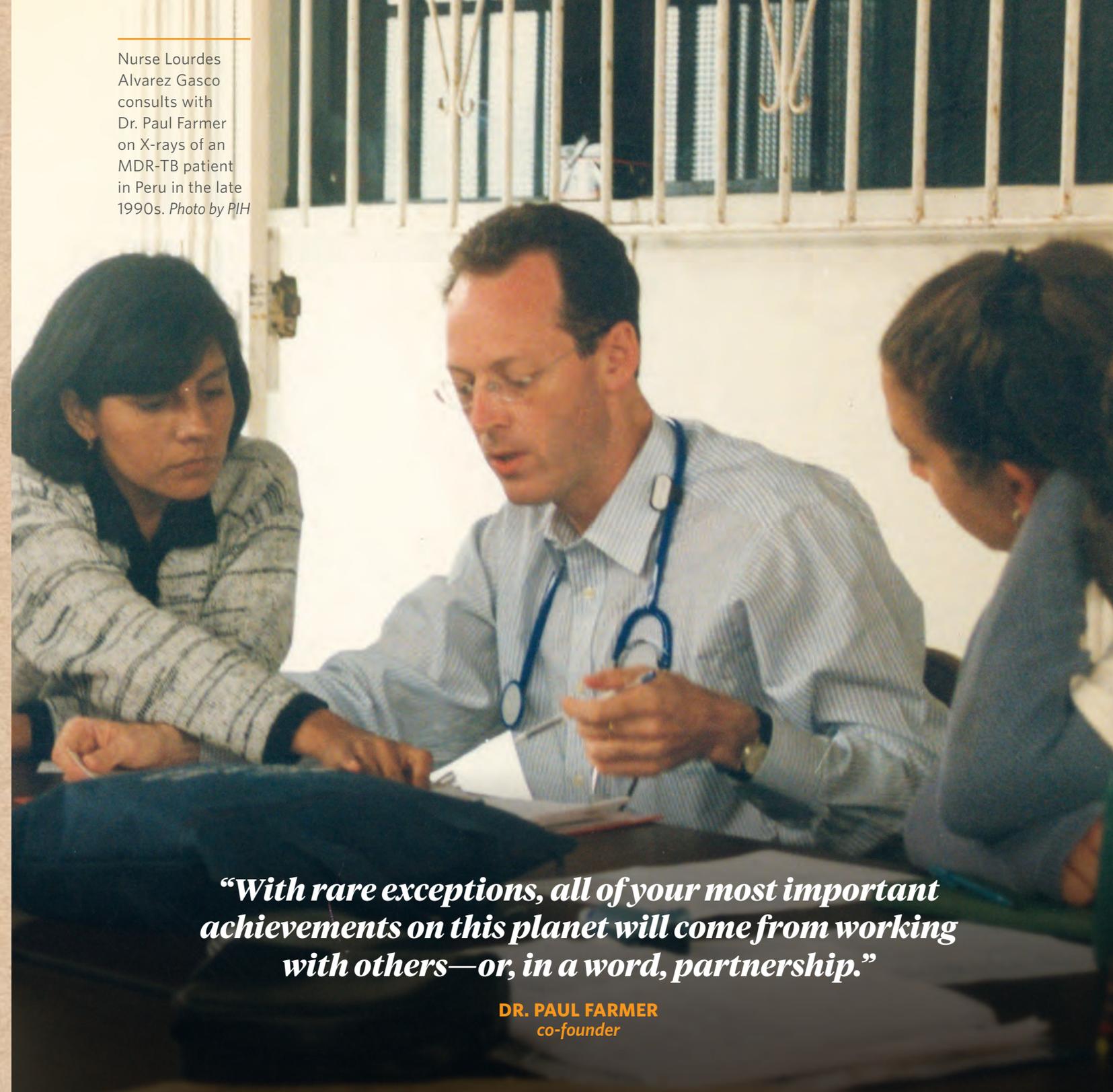
Annual Report 2022

TABLE OF CONTENTS

WHERE WE WORK.....	2
TRIBUTE TO PAUL.....	4
CEO LETTER.....	6
THEORY OF CHANGE.....	7
<i>care</i>	8
<i>training</i> AND EDUCATION.....	18
<i>influence</i> WITH EVIDENCE.....	24
<i>replication</i>	32
ACCOMPANIMENT.....	40
FINANCIALS.....	50
LEADERSHIP.....	52



Nurse Lourdes Alvarez Gasco consults with Dr. Paul Farmer on X-rays of an MDR-TB patient in Peru in the late 1990s. Photo by PIH



“With rare exceptions, all of your most important achievements on this planet will come from working with others—or, in a word, partnership.”

DR. PAUL FARMER
co-founder

WHERE WE WORK

Currently in 11 countries around the world, PIH is providing high-quality medical care while working hand-in-hand with local and national governments to strengthen health systems.

18,322

STAFF
GLOBALLY

333

FACILITIES
SUPPORTED

11

COUNTRIES CURRENTLY
SERVED



A Legacy of Compassion

Paul Edward Farmer, 1959-2022

Openhanded, openhearted, prolific in his affection, Paul's very way of being in the world challenged us. He asked us to consider the structures that surround us, our conceptions of justice and mercy, and orthodoxies over what it means to be deserving.

Paul was intentional about recruiting the right people and partnerships to achieve what others thought was impossible, always with the goal of serving the most vulnerable. Compromise was never an option. He was so full of compassion for patients. He made friends everywhere he went—and everyone called themselves Paul's friend.

Today, trees Paul planted at so many of PIH's sites are flourishing, alongside the hospitals he saw so clearly—places he did not dream, but rather willed into being. And he left us everything we need to keep doing the difficult but essential work: the keys, the compass, books full of guidance, the template for a more just and equitable world. And, of course, he leaves us one another. We are each better because of him.

OPHELIA DAHL
Partners In Health Co-founder



▲ Paul visits a young cancer patient in Rwanda in 2007. Photo by Laurie Wen / PIH



▲ PIH Co-founder Jim Yong Kim and Paul spend time with their children in Rwanda in 2007. Photo by Laurie Wen / PIH



◀ In 2019, Paul visits Koidu Government Hospital's laboratory to examine samples for two patients. Photo by John Ra / PIH



▶ Celebrating PIH's 25th anniversary with friends, including Co-founders Ophelia Dahl and Todd McCormack, in New York City in 2012. Photo by J. Arguedas for PIH



▼ Paul catches up with a young survivor of Ebola and malnutrition and her father, Sorie Sesay, in Sierra Leone in 2015. Photo by Rebecca E. Rollins / PIH



▲ Paul sits alongside a young patient in Haiti in 2000. Photo by Moupali Das / PIH



Just like the Redwood trees growing on the UGHE campus (which began as tiny seedlings that he proudly carried from California to Rwanda in his suit pocket), Paul's legacy of accompaniment will continue to reach toward the skies. Generations to come will bask in those strong, beautiful, and resilient trees, growing alongside the seeds of Paul's teaching."

DR. SHEILA DAVIS
Partners In Health CEO

Dear friends,

As I reflect on the past year, I am moved by the remarkable leadership of Partners In Health’s dedicated staff. Through some truly challenging times—from political instability to climate disasters and the ongoing COVID-19 pandemic—PIHers in 11 countries have continued to deliver compassionate health care in impoverished communities around the world—all while driving transformative change across national health care systems and advocating for a more just global health landscape.

You are part of PIH’s expansive global community, and I thank you for the role you play in advancing global health justice. This community has been particularly important to me this year, as we continue to mourn the loss of Dr. Paul Farmer, our beloved co-founder and friend. But even in the midst of grief, we have proven unshakable in our resolve to follow the path he expertly laid before us.

We believe Paul left us a clear roadmap to achieve his vision, and it flows through four areas of work we call our theory of change.

By providing direct **care** and support, we help patients heal and maintain good health. We embed **training** and education everywhere we work—from hospitals and clinics to affiliated universities—as we build and strengthen the health care workforce in impoverished communities.

Through our research and advocacy, we **influence** global and local leaders with evidence of our model that sparks systemic change. And we take our proven models of care and multiply their impact through **replication**, always in partnership with national governments.

As we continue to fulfill Paul’s vision of health equity, I am heartened by the courage and commitment of our PIH community. Paul taught us so much—how to treat HIV, MDR-TB, Ebola, and so many other maladies; how to practice pragmatic solidarity; and how to integrate dignity, beauty, and social support into care delivery. But, most importantly, he taught us that our lives are in service to others. Every single day, I see that guiding principle as the driving force at each PIH site around the globe.

As you read on, I hope you feel inspired by PIH’s transformational work around the world. Know that we remain resolute and hopeful in our collective fight for health justice. Thank you, as always, for accompanying us on this journey.

In solidarity,



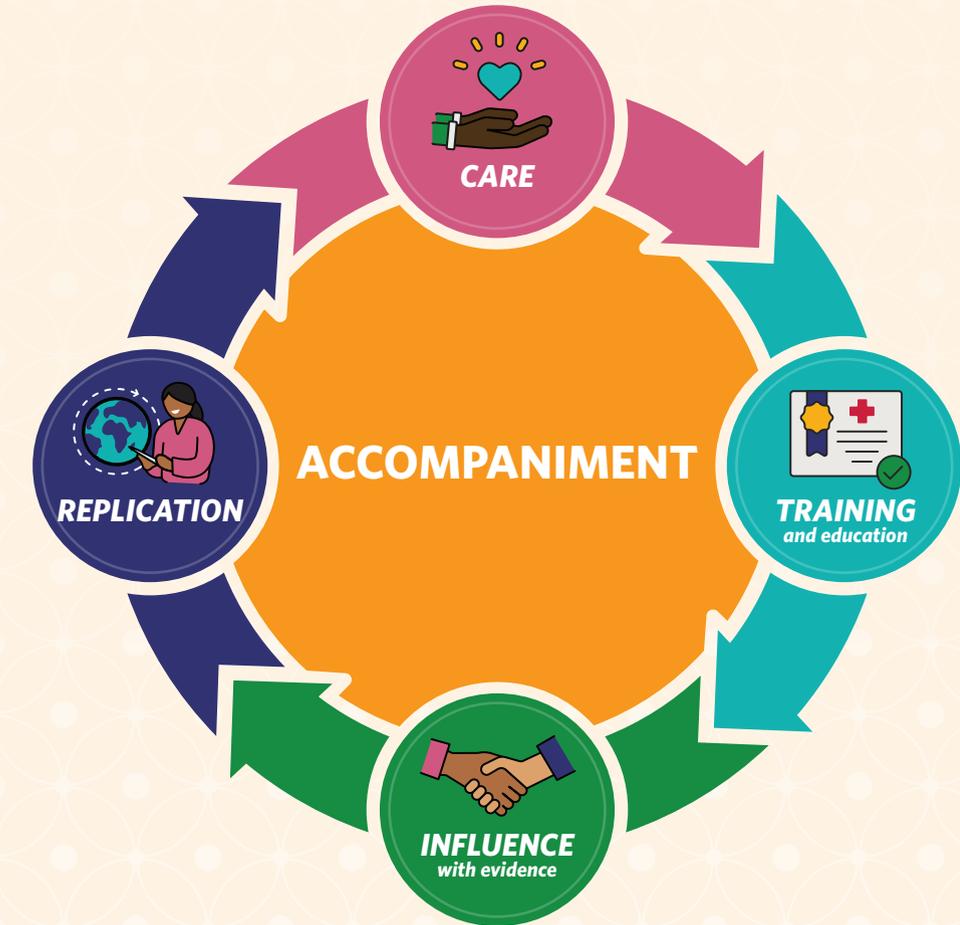
Dr. Sheila Davis
Chief Executive Officer



Above: CEO Dr. Sheila Davis plants a coastal redwood tree in honor of Co-founder Dr. Paul Farmer on the campus of the University of Global Health Equity in Butaro, Rwanda. *Photo by Pacifique Mugemana / PIH*

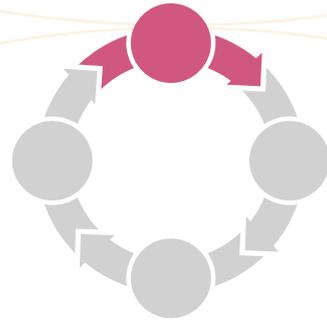
Theory of Change

CONNECTING THE DOTS BETWEEN HEALING ONE PATIENT AND HEALING THE WORLD



All the stages of our Theory of Change—**care**, **training**, **influence**, and **replication**—are linked and interdependent. Each stage works to strengthen the next. Direct patient care provides a training ground for new health professionals, who in turn pursue and publish clinical research. That research generates data and evidence to influence global policy and funding, which facilitate replication of successful models of care by governments enacting major health reforms.

Open-ended commitment to help those who suffer, for as long as they need it, is what we call “accompaniment.” Accompaniment is required at every turn of our Theory of Change to generate a scalable impact that allows PIH to care for patients today while preventing future suffering.



care

Placing patients at the center of care is key to PIH's approach.

Our comprehensive model meets not only patients' physical needs, but also their mental, emotional, and social needs so that they can recover from illness and stay healthy. Sometimes care looks like emergency surgery after an earthquake or hurricane, or a community health worker chatting with a patient after checking her blood pressure, or financial support that allows a patient to focus on getting better instead of worrying about falling into debt. In all these ways and more, PIH prioritizes patients, their families, and their communities in our provision of care.



Right: Community Health Worker Annie Jere screens a young girl for malnutrition by measuring her upper arm circumference outside her home in Neno District, Malawi. *Photo by Thomas Patterson / PIH*



A BOLD SOLUTION to the Maternal Health Crisis

SIERRA LEONE. Women in Sierra Leone face a 1 in 20 lifetime risk of dying in pregnancy or childbirth. We are expanding our work so women can look forward to childbirth as a moment to celebrate, not fear.

Alongside the ministry of health, PIH is building the Maternal Center of Excellence (MCOE), a state-of-the-art teaching hospital at PIH-supported Koidu Government Hospital (KGH).

When PIH began working at KGH in 2014, fees were high and the quality of services was low. When a woman needed an emergency C-section, she and her family would have

to cover the cost of fuel to run the hospital's generator and hope the surgery went smoothly without properly sterilized instruments, a functioning blood bank, or an obstetrician.

Now, thanks to investments from PIH, the hospital boasts a top-notch team of clinical specialists, medications and essential equipment, as well as 24-hour electricity and running water. **The MCOE will be the next leap forward to improve maternal health care in Sierra Leone.**

This work is made possible by our donors, including Sarah and John Green and Katherine and Hank Green, who have supported PIH for over

10 years. As accomplished authors and vlogbrothers, John and Hank rally their incredible community to join and amplify the maternal health movement. We are deeply grateful for their families' commitment, generosity, and leadership.

PIH celebrates as the foundation is laid for the MCOE's South Ward, the first corner of a vast facility dedicated to saving and transforming lives—and standing as a testament to the value of every woman and girl's future. ●

▼ In preparation for MCOE construction, PIH's infrastructure team relocates a transformer that provides Kono District with electricity, freeing up land and bringing the MCOE one step closer to becoming a reality. *Photo by Maya Brownstein / PIH*



Above: Naomi Williams (left) delivered her daughters at Koidu Government Hospital in Sierra Leone. Clinicians saved her life after she suffered from eclampsia and postpartum hemorrhage. *Photo by Maya Brownstein / PIH*



BRINGING SURGICAL CARE CLOSER TO HOME

MEXICO. Dr. Andrea Jiménez is one of more than 100 first-year clinicians who have served with *Compañeros En Salud* (CES), as PIH is known in Mexico. And she's one of dozens who have returned to Chiapas to care for even more patients.

In the communities where CES works, there were once no gynecologists. Women would travel up to eight hours to see specialists. This need inspired Jiménez to pursue a residency in gynecology and return to Chiapas. She has since performed surgeries ranging from C-sections to tubal ligations at the CES-supported hospital in Jaltenango, thanks to the generous support of foundations. ●

Above: Dr. Andrea Jiménez checks the ears of a young patient during a home visit. *Photo by Aaron Levenson / PIH*

WELCOMING MOTHERS AND BABIES TO A NEW MATERNITY WARD

HAITI. Zanmi Lasante (ZL), PIH's sister organization in Haiti, is celebrating the launch of the beautiful new maternity ward at Saint-Michel Health Center in Boucan Carré, created to encourage facility-based births and reduce maternal and infant mortality. Thanks to the generosity of the Hawk Foundation, **pregnant women are now welcomed by ZL staff to a new waiting room, a triage area, three consultation booths, a delivery room, and 16 additional patient beds.**

In 2021, out of 409 babies born in Boucan Carré, 327 were delivered at the health center. Staff anticipate that maternity ward improvements will only encourage more women to choose a facility-based versus home birth.

The new maternity ward is gaining a reputation for quality care even outside of the local community. Anita, a shop-keeper living in Port-au-Prince, was born in Boucan Carré. Braving insecurity due to gang violence, Anita regularly made a 46-mile journey to Boucan Carré to receive quality and affordable pre- and post-natal care for her new baby. She feels confident in her choice. "I did not pay one cent—the services were free," Anita said. "I am a mother of four, and all are healthy. That's really what makes me happy." ●



▲ Anita Descamps cuddles her newborn baby girl at Saint-Michel Health Center in Boucan Carré, Haiti, where her three youngest children were born. Photo by Mélissa Jeanty / PIH

“
I am a mother
of four, and all are
healthy. That’s
really what makes
me happy.”

ANITA DESCAMPS
patient



TACKLING A DEADLY CHOLERA OUTBREAK

MALAWI. Earlier this year, Tropical Storm Ana devastated communities throughout Malawi. In Neno District alone, more than 7,500 homes were destroyed. In Neno and Chikwawa Districts, residents faced increased food insecurity and a deadly cholera outbreak. Abwenzi Pa Za Umoyo, as PIH is known in Malawi, mounted a strong emergency response in partnership with the ministry of health and institutional donors—including setting up a cholera treatment center, conducting safe water and household chlorine distribution, and launching a cholera vaccine campaign. These deadly storms underscore how climate change impacts public health and disproportionately affects the global poor. ●



Above: The sole bridge in Chikwawa collapsed, cutting off access to care at Chapananga Health Centre for many in the community. Here, people cross the Shire River on foot. Photo by Thomas Patterson / PIH
Circle: Dorothy Sinkhani holds her child, who receives an oral cholera vaccine at Dambe Health Centre in Neno District, Malawi. Photo by Janet Mbwadzulu / PIH



CELEBRATING 10 YEARS OF CARE IN RURAL COMMUNITIES

MEXICO. A decade ago, a team of clinicians and health advocates in rural Chiapas, Mexico, united under a simple yet radical vision: every person has a right to health. They had been providing health care in the region for years and knew just how many challenges patients faced: dirt roads flooded and impassable, medications often out of stock, and clinical staff left unsupported.

In 2011, Compañeros En Salud (CES), as PIH is known in Mexico, was born. Since then, CES has grown from a small,

grassroots organization to a team of 200 people—from doctors to drivers to community health workers. The team has completed more than 133,000 consultations in areas ranging from maternal health to chronic diseases in some of Chiapas' most remote communities.

The mission has always been more than medical. Through the Right To Health Care program, CES tackles health inequity at the root, helping patients navigate complex referrals so that they can receive specialized care in hospitals that are often hours away from their homes. To accomplish this, CES ensures patients receive food, transportation, and housing assistance—key social supports—throughout their care journey.

With the generous partnership of the AbbVie Foundation, a Partners In Health supporter since 2013, **CES has doubled the number of patients community health workers serve annually in Chiapas. Currently, 109 community health workers connect patients to 12 health centers and one hospital in the region.** Through successful partnerships, CES continues the fight to ensure health is a human right for all. ●

Left: A young cancer survivor takes a walk with her sisters near their home in Chiapas, Mexico. *Photo by Caitlin Kleiboer / PIH*

TREATING COVID-19 AND TB SAFELY

LESOTHO. Patients in Lesotho face some of the highest tuberculosis (TB) rates in the world, making COVID-19 care an even bigger challenge. When TB patients are hospitalized with COVID-19, they must be isolated to keep other patients and hospital staff safe from both diseases. In partnership with the ministry of health, and thanks to support

from Unitaid and the Global Fund, PIH created an isolation and treatment center to help these patients get well, while preventing community spread of both diseases. ●

Below: Mojakisane Ramoeletsi tests blood samples in the laboratory at PIH-supported Botšabelo Hospital in Maseru, Lesotho. *Photo by Thomas Patterson / PIH*



OUR HOLISTIC APPROACH TO FIGHTING MDR-TB

KAZAKHSTAN. A year ago, Marat* began coughing up blood and losing weight. He continued to work, but things only got worse. Eventually, Marat was diagnosed with multidrug-resistant tuberculosis (MDR-TB) and needed to be hospitalized for six months. Leaving his wife and children seemed unfathomable. But after talking with the doctor, Marat became one of 754 patients across seven countries in a clinical trial through the Unitaid-funded endTB project. This international partnership is using the first new TB drugs developed in more than 40 years—bedaquiline and delamanid. PIH and several organizations supported Marat's family with food, school supplies, and other resources until he finished his treatment at the hospital and returned home. ●

**Name changed to protect patient privacy*

► During COVID-19 lockdowns, endTB site investigators conducted field and home visits to protect patients' safety while continuing to collect important clinical trial data.

Photo courtesy of PIH Kazakhstan



BRINGING LIFESAVING OXYGEN TO COVID-19 PATIENTS

PERU. Medical oxygen can mean the difference between life and death. Hospitals and health centers typically access medical oxygen through oxygen plants, tanks, and portable concentrators. This year, Socios En Salud (SES)—as PIH is known in Peru—also constructed temporary oxygen centers for patients suffering from mild to moderate COVID-19 symptoms, thanks to support from USAID and Unitaid. **The centers feature beds and portable oxygen concentrators, providing a safe place for patients to recuperate while freeing up hospital ICU beds for patients with more severe symptoms.** Carlos Quispe, 57, received care at a temporary oxygen center in Carabayllo, where SES delivered 51 concentrators and beds. "I arrived in a bad state...I couldn't breathe well," says Quispe. "Today, I feel much better." More than 115 patients have been discharged from the center since its opening in February. ●

Above: SES staff inspect oxygen tanks at a health clinic in Trujillo, Peru. *Photo by Marco Zambrano / PIH*

Your Impact

Thanks to your generous support, patients around the world received quality care, from vaccinations and routine check-ups to surgeries and chemotherapy. Here's how:



1,206
LIFESAVING
C-SECTIONS

performed at Koidu Government Hospital in Sierra Leone



20,220
FACILITY-BASED
DELIVERIES

across PIH-supported facilities in Haiti



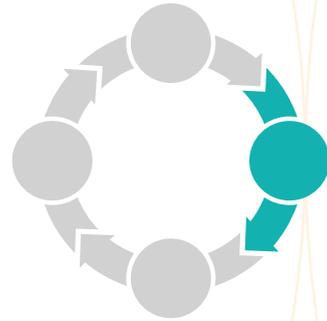
87,352
PATIENTS

received the recommended two doses of oral cholera vaccine in Malawi



2,300
PATIENTS RECEIVED
TREATMENT

for tuberculosis across PIH-supported sites



training

AND EDUCATION

Since our earliest days, PIH has recognized the need to pair professional training with direct clinical care. By training thousands of community health workers, we address the immediate need to increase patients' access to care. Meanwhile, we fill the massive gap of local health care professionals in the communities where we work through medical residency and training programs for nurses, doctors, pharmacists, psychiatrists, and more. Our universities and teaching hospitals pair clinical practice with classroom instruction—ensuring new generations can be trained to provide medical care rooted in social justice.

Right: Dr. Ninza Sheyo helps direct the care of a tuberculosis patient at PIH-supported Botšabelo Hospital in Maseru, Lesotho. *Photo by Thomas Patterson / PIH*





THE LASTING IMPACT

of Medical Education

HAITI. The 7.2-magnitude earthquake that struck 80 miles southwest of Port-au-Prince, Haiti, in August 2021 left more than 2,200 people dead, 1,800 injured, and hundreds of families displaced. Authorities reported 97 health centers were damaged or destroyed.

Zanmi Lasante (ZL), Partners In Health's sister organization in Haiti, was approached by the government and local organizations to assist in launching a comprehensive emergency response, based on ZL's depth of experience in critical care and response to the 2010 earthquake. Together, they provided direct care and support in the region, triaged complicated cases to neighboring hospitals,

and, in some cases, airlifted patients to Hôpital Universitaire de Mirebalais (HUM).

Unlike in 2010, the vast majority of first responders and clinicians in the 2021 response were Haitian—including graduates of HUM, which received international accreditation as a teaching institution. Last August's earthquake highlighted the need to develop orthopedic residency and emergency nurse training programs. ZL leaders are now mapping out curricula for these programs, which they plan to launch at health facilities in Saint-Marc and Mirebalais.

Since 2012, HUM's medical education program has trained 187 Haitian clinicians across specialties, including family medicine, pediatrics, surgery, emergency medicine, and OBGYN. Of those graduates, 98% chose to stay in Haiti, with 88% working in ZL-supported or other rural health facilities. ●

▼ Paul stands with Dr. Leontes Louibain, a general surgery resident at Hôpital Universitaire de Mirebalais, following a lecture he gave in August 2021. *Photo by Nadia Todres for PIH*



Above: Clinicians at Hôpital Universitaire de Mirebalais review patient cases after the earthquake on August 14, 2021. *Photo by Nadia Todres for PIH*



SURGERY AS ESSENTIAL CARE

LIBERIA. Surgery is a non-negotiable for quality health care. Yet before PIH began working in Liberia in 2014, 9 of 10 patients needing emergency and lifesaving surgery were likely to die or suffer severe disability. There was not a single surgeon in the southeast, where people used to die from injuries such as broken bones because they needed to travel three days to reach care.

Today, the story is different. At PIH-supported J.J. Dossen Hospital in Maryland County, surgeons have conducted **more than 2,000 lifesaving surgeries since PIH's arrival, making essential surgical care accessible to those who live farthest from the capital.** Crucially, PIH Liberia is also investing heavily in training medical residents and interns in basic surgical skills and nurses in critical care. Building local capacity in this way will ensure even greater access to care for future patients. ●

Above: Dr. Gerald Ekwen, PIH Liberia's general surgeon, and his team in an operating theater at J.J. Dossen Hospital in Harper, Liberia. *Photo by Wellington Dennis / PIH*



“
**UGHE is a laboratory
 in education that
 moves constantly...
 towards excellence”**
DR. AGNES BINAGWAHO
*Vice Chancellor, University
 of Global Health Equity
 (Retired)*

A MODEL FOR GLOBAL HEALTH EDUCATION

RWANDA. The University of Global Health Equity (UGHE) in Rwanda was cited by UNESCO as a “high-quality health sciences institution” in its February report.

communities in coordination with their home country’s ministry of health.

UGHE, which pairs an education in human rights and social justice with community-based medical training, was launched in 2015 with the Rwandan government, thanks to catalytic funding from the Bill & Melinda Gates Foundation and the Cummings Foundation.

As UNESCO’s report notes, Africa bears 27% of the global burden of disease but has just 1.7% of the world’s doctors. UGHE’s equitable approach to health education is working to cure that injustice worldwide. ●

All students receive full or generous scholarships, averaging 95% of tuition and room and board, ensuring those from disadvantaged backgrounds can access a high-quality education. Graduates agree to serve six to nine years in vulnerable

Above: UGHE Professor Dr. Ornella Masimbi teaches medical school students with the assistance of state-of-the-art anatomical models. *Photo by Olivier Habiwaremye for PIH*

Your Impact

Globally, PIH is expanding the pipeline of health care professionals through training and education programs. Because of your support, there are now:



187

HAITIAN CLINICIANS TRAINED

across 10 specialties through Zanmi Lasante’s medical residency program since 2012



137

GRADUATES

of UGHE’s Master of Science in Global Health Delivery program since 2017



10

GLOBAL NURSE EXECUTIVE FELLOWS

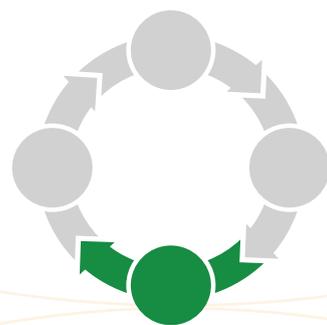
from seven countries implementing health system improvement projects



603

HAITIAN NURSING STUDENTS

who have interned at Hôpital Universitaire de Mirebalais since 2019



influence

WITH EVIDENCE

To create genuine systemic change, we cannot limit our work to hospitals and clinics; we must engage in research, advocacy, and public policy to drive large-scale shifts in global health. Many of our clinicians are prolific scholars and researchers whose work is routinely published in the most prestigious international medical journals. Through this important academic work, we seek to influence with evidence to prove that, with the right approach, we can achieve equity in health care. Armed with this proof, our advocacy staff, public policy experts, and passionate volunteers help inform and influence local, national, and world leaders to push our movement forward.

Right: A patient living with schizophrenia (foreground) speaks with members of Socios En Salud's mental health team in Comas, Peru. Photo by Melissa Estefany Toledo Soldevilla / PIH





The PAUL FARMER Memorial Resolution

UNITED STATES. A new coalition in the U.S. House of Representatives recently announced one of the most ambitious global health agendas in Congress: The Paul Farmer Memorial Resolution.

Led by Representatives Jan Schakowsky, Barbara Lee, and Raul Ruiz, the coalition is proposing what they termed a “21st century global health strategy,” based on Paul’s lifelong work. The resolution proposes a path toward achieving global universal health care, which would prevent over 100 million unnecessary deaths per decade by shifting the flow of trillions of dollars in the global economy.

Above: In April 2020, Dr. Paul Farmer helps announce the formation of the Community Tracing Collaborative, a partnership between PIH and the Commonwealth of Massachusetts created to mitigate COVID-19’s spread across the state. *Photo by Joshua Qualls for PIH*

That path, which would put us on the road toward universal health care, must include the following actions:

- Increase U.S. government global health spending to \$125 billion per year
- Reform global health aid
- Make the global economy more fair, just, and democratic
- Ensure reparations, including award, apology, and guarantee of non-repetition of harms for the institution of slavery, colonialism, imperialism, and ecological breakdown

As Paul pointed out time and time again, impoverished countries have been exploited by rich countries for hundreds of years. Reversing this trend is a matter of justice. **This resolution enshrines Paul’s vision for global health equity and will serve as a “North Star” for global health policies for years to come.** ●



▲ In 2016, Dr. Paul Farmer and Dr. Ferle Jean Sauvener consult on patient cases in the pediatrics ward at Hôpital Universitaire de Mirebalais, Haiti. *Photo by Rebecca E. Rollins / PIH*



PROMOTING HEALTHY FOOD AND BEVERAGE CONSUMPTION

NAVAJO NATION. Community Outreach and Patient Empowerment (COPE), PIH’s sister organization on the Navajo Nation, is addressing chronic conditions, such as diabetes and high-blood pressure, by helping people access healthy food and drinks. The Fruits and Vegetable Prescription Program (FVRx) provides vouchers for fresh and traditional foods coupled with nutrition education sessions to promote access to healthy foods.

The Water Is K’é program is also striving to promote consumption of water by leveraging cultural teachings and knowledge. Over the past several years, this has included working with early childhood centers and schools on activities such as infused water recipes and, most recently, lessons that incorporate cultural teachings to encourage water as a healthier alternative to soft drinks. ●

Above: COPE supports community members across Navajo Nation to have access to nutritious food options in 2019. *Photo by COPE staff / PIH*



87%
OF HEPATITIS C
PATIENTS
WERE CURED

EXPANDING LIFESAVING HEPATITIS CARE

RWANDA. Hepatitis C—which can cause liver damage, cancer, and death—affects 3% of the population in Rwanda. But for years, patients had little access to screening or treatment. Inshuti Mu Buzima (IMB), as PIH is known in Rwanda, and the Rwandan government were determined to change that.

In 2014, a new hepatitis C drug was approved in the United States, with cure rates approaching 100%. IMB and our partners began clinical studies to determine if these drugs would be effective among patients in Rwanda. **The results were groundbreaking: 87% of patients were cured.** Two follow-up studies with other drugs determined how to best treat these patients, amassing a body of evidence in support of making the new drugs free and accessible in Rwanda.

The results from all three studies were published in *The Lancet*—and the momentum didn't stop there. IMB supported the Rwandan Ministry of Health in providing free screening and treatment to over 50,000 patients, expanding the health workforce, and capturing data to monitor progress. The program is already being replicated in other nations, potentially saving thousands more lives. •

Left: Staff conduct a screening campaign for hepatitis B and C in Kayonza, one of three PIH-supported districts in Rwanda. *Photo by Asher Habinshuti / PIH*

► Sheku Kamara, a patient with diabetes, receives a visit from the PIH Sierra Leone non-communicable disease (NCD) team at the secondary school where he is principal. Two days a week, nurses travel to patients throughout Kono District. *Photo by Maya Brownstein / PIH*



EXPANDING A SUCCESSFUL MODEL FOR TREATING CHRONIC DISEASES

FOUR COUNTRIES. In the early 2000s, PIH clinicians in **Rwanda** began to see a pattern: hospital beds filling up with patients living with chronic diseases such as diabetes and childhood coronary heart disease—known as non-communicable diseases (NCDs). But connecting these patients and others with chronic care was a challenge, as most lived in rural communities and such care required specialized staff and medical equipment. That dilemma led to a solution that would change NCD care—training nurses and other health workers to provide chronic care at more remote district hospitals. This integrated approach, called PEN-Plus, an expansion of the WHO's Package of Essential Non-communicable Disease Interventions, has since served as a model for other PIH-supported countries, such as **Liberia, Malawi, and Haiti.**

The burden of NCDs continues to grow across Africa. The number of people living with diabetes, for example, is expected to increase to 47 million by 2045—compared



to 19 million in 2019. As this health crisis looms, the WHO African Region was inspired by PIH's example to change its policy on NCD care in rural settings and launch a regional strategy to implement PEN-Plus. This important shift will provide chronic care for thousands of patients across at least 10 other countries who previously had been left behind. •

Circle: A young boy living with sickle cell anemia visits PIH's Advanced Non-Communicable Disease Clinic at PIH-supported Lisungwi Community Hospital in Neno District, Malawi. *Photo by Karin Scherbrucker for PIH*

Your Impact

With your support, PIH's public policy and advocacy efforts have reshaped global health. Through daily accompaniment of our colleagues in ministries of health, calls made to congressional representatives, and direct actions by grassroots activists, PIH staff and volunteers advocate for health care as a human right.



201 Million

PEOPLE REACHED

by PIH-supported national health policies and plans across Africa



500+

ACTIVE VOLUNTEERS

in **67 PIH Engage teams** advocating for policies that advance global health equity



100

CONGRESSIONAL MEETINGS

and **491 calls and emails** made to U.S. Congress by PIH Engage volunteers

PIH's advocacy efforts change lives. PEN-Plus, a program piloted by PIH clinicians and supported by Harvard Medical School and Brigham & Women's Hospital colleagues, will now be a regional standard of care for thousands of patients living with chronic diseases. In 2022 alone, at least 10 governments across sub-Saharan Africa and South Asia followed PIH's example and began PEN-Plus services.



146,870

NON-COMMUNICABLE DISEASE VISITS

to PEN-Plus clinics across four PIH-supported countries



86%

OF TYPE 1 DIABETES PATIENTS

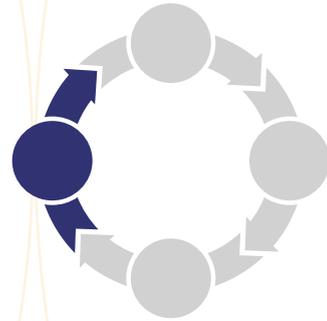
on insulin at PEN-Plus clinics across four PIH-supported countries



38,359

PATIENTS ENROLLED

at PEN-Plus care sites across four PIH-supported countries since 2018



replication

We combine the lived experiences of our staff with rigorous data collection and analysis to identify the most successful approaches for support and care delivery. We then replicate and scale up these models—always in partnership with national governments—to ensure the greatest global impact for our patients and their families.

Right: Community health workers and others join a parade during the 15th anniversary celebration of PIH's work in Neno District, Malawi. Photo by Thomas Patterson / PIH





STRENGTHENING COMMUNITY-LED HEALTH SYSTEMS

UNITED STATES. PIH adapted lessons from our global experience fighting disease outbreaks to support some of the hardest-hit communities in the United States with their COVID-19 response. With an initial investment from The Audacious Project, PIH eliminated barriers for residents to resources like food, housing, testing, and vaccines. While closing gaps in access to COVID-19 care and prevention, we also saw an opportunity to advance long-term systemic change by addressing the stark inequities that have permeated the U.S. health system for centuries.

In October 2021, PIH-US was formalized and now works alongside public health and community organizations in **seven locations across the U.S.** to create stronger, more just health systems and a more robust community health workforce.

Alongside our partners, PIH-US builds public health programs and policy that, like our global work, are driven by local leadership in response to a community's needs. This experience drives our state and federal advocacy for investment in health and social systems that seek to dismantle structures of oppression.

This year, **PIH-US invested over \$8 million** directly into community-based organizations. With our partners, PIH-US hired over **350 community health workers** and reached over **5.5 million individuals** with COVID-19 vaccine outreach, education, and social support. ●



Left: PIH-US and New Bedford Health Department staff conduct a joint meeting in New Bedford, Massachusetts. *Photo by Zack DeClerck / PIH* **Circle:** Nilda Menendez, a vaccine mobilization coordinator with one of PIH-US's Chicago partners, speaks with a young child at a community event. *Photo by Caitlin Kleiboer / PIH*

BRING O2: HELPING PATIENTS BREATHE EASIER

FIVE COUNTRIES. Oxygen is life. It is an essential part of care for countless conditions, including childhood pneumonia, tuberculosis, and COVID-19. Yet globally, 1 of 5 patients in low- and middle-income countries lack access to oxygen therapy. As many as 320,000 pneumonia deaths a year could be prevented by increasing access to oxygen. And that doesn't include COVID-19.

PIH refuses to accept a world in which patients suffer and die gasping for breath. With funding from Unitaid and in partnership with Build Health International and PIVOT Health Madagascar, PIH launched Building Reliable Integrated and Next Generation Oxygen Services, or BRING O2, to accelerate access to oxygen in **Lesotho, Madagascar, Malawi, Peru, and Rwanda.** This initiative grew out of prior successes in Haiti and Lesotho, where PIH developed robust medical oxygen systems.

To date, BRING O2 has purchased two new oxygen production plants and conducted nearly a dozen on-site technical assessments of existing oxygen plants to plan repairs and upgrades. Over time, BRING O2 will repair 25 oxygen plants and over 100 oxygen concentrators, install piping to deliver oxygen to more than 550 hospital beds, establish regional networks to deliver oxygen to hospitals without production plants, train dozens of biomedical technicians, and educate over 500 health care workers on oxygen delivery. ●



▲ Yamikani Frank, an oxygen plant operator, moves cylinders used to supply medical oxygen to health centers across Neno District, Malawi. Photo by Thomas Patterson / PIH

EXPANDING A HUB FOR INNOVATION

RWANDA. Construction is underway on the next phase of growth for PIH-supported Butaro District Hospital in Burera, Rwanda, where PIH is known as Inshuti Mu Buzima. The ambitious project will further establish the hospital as a leading medical and educational institution.

The hospital's growth since opening in 2011 has been striking. As word has spread of quality care at the hospital, many wards have become overcrowded. That is set to change, with construction on track to be completed in August 2023.

Phase one will add an ICU, CT scan equipment, additional beds in the pediatrics and surgical wards, and an OBGYN-specific operating room. The

construction will double the number of surgeries the hospital can perform, as well as add a 10-bed emergency department. Phase two will add 54 beds for oncology patients and create a 16-bed isolation facility, among other improvements.

This project will establish Butaro District Hospital as a leading scientific institution, paving the way for accreditation as a teaching hospital. It is already a fertile training ground for students from PIH's nearby University of Global Health Equity. This expansion will help the hospital and university grow together as a hub for care, education, and innovation. ●



◀ Dr. Nicaise Nsabimana is an oncologist working at Butaro Cancer Center of Excellence in Rwanda. Photo by Zack DeClerck / PIH



TRANSFORMING RURAL COMMUNITY HEALTH CENTERS

SIERRA LEONE. For years, Wellbody Clinic in Kono District served as a shining example of the quality care possible in Sierra Leone through comprehensive investments in staff, stuff, space, systems, and social support, especially for expectant mothers and newborns.

Wellbody inspired PIH's expansion to remote public clinics across Kono District, including last year's expansion to Kombayendeh Community Health Center, so more patients can access quality care closer to home. PIH's investments in Kono, at the hospital and primary care facilities, have led to improved availability of maternal care in the district.

Now, Sierra Leone's Ministry of Health and Sanitation wants to replicate the comprehensive investments we made in Kono. PIH will support the ministry in a new World Bank project to rehabilitate 14 health facilities across five districts in Sierra Leone, expanding access to care. ●

Above: Sulalman Sawaneh, a pharmacy assistant, can better serve patients with a well-stocked pharmacy at PIH-supported Kombayendeh Community Health Center in Sierra Leone. *Photo by Maya Brownstein / PIH*

COMPREHENSIVE CARE FOR MOTHERS AND BABIES

HAITI. Launched by Zanmi Lasante (ZL), PIH's sister organization in Haiti, the Journey to 9 Plus (J-9) program supports women and newborns throughout pregnancy and the baby's first year of life. Thanks to generous support from the W.K. Kellogg Foundation, **J-9 has accompanied more than 2,000 women through prenatal and pediatric appointments, psychosocial support, community-based care, and hospital services.**

Typically, only 36% of women in Haiti give birth at a health care center instead of at home, contributing to the country's devastating maternal mortality rate. But since 2019, nearly every woman in J-9 has had a facility-based delivery. As more women ask to enroll, the team expanded J-9 to the ZL-supported hospital in Hinche in 2021, with more expansions on the horizon. ZL clinicians also have trained colleagues in Mexico and Peru to replicate the program. ●



▲ Rosemitha Martial sits beside her twin girls, delivered by emergency C-section and cared for in the NICU at Hôpital Universitaire de Mirebalais, Haiti. *Photo by Mélissa Jeanty / PIH*

Your Impact

From pre- and postnatal care to family planning and well-child visits, PIH clinicians provide a full spectrum of services—with your support—to women and children, who compose two-thirds of our patients around the world.



2.1 Million

WOMEN'S HEALTH VISITS

including deliveries, family planning, and prenatal visits



96%

OF WOMEN ENROLLED IN THE J-9 PROGRAM

deliver at a health facility instead of at home in Haiti



133

PIH-SUPPORTED MATERNAL WAITING HOMES

where women with complicated pregnancies await labor near a medical facility



accompaniment

As our philanthropic partners, you accompany our patients each and every day. Through your compassionate support, you supply the resources needed to fuel our work, help us challenge the status quo, and advocate for global health equity and justice. In the following pages, you will learn how PIH supporters this past year connected vision with passion to deliver lifesaving health care across the globe.

Right: Mayra Ramirez (left), leads a team of 30 community health workers with Compañeros En Salud, as PIH is known in Mexico. *Photo by Paola Rodriguez / PIH*





LEAVING A LASTING LEGACY

In the early 2000s, Al and Diane Kaneb (circle image) were inspired by Tracy Kidder’s article “The Good Doctor” in *The New Yorker* and wanted to learn more about Dr. Paul Farmer and PIH. They knew PIH Co-founder Tom White, and asked Tom for an introduction.

“PIH stands out by its commitment to long-term partnership,” Al Kaneb said. “It takes decades of commitment to make a lasting impact on disease and impoverishment.”

Al generously served on PIH’s Board and Finance Committee for over 20 years. He and Diane decided to remember PIH in their

estate plan with a legacy gift (a deferred gift by will, trust, annuity, or other accounts). Legacy gifts sustain PIH’s work by allowing the organization to be agile, innovative, and financially resilient.

PIH’s legacy society, Tom’s Circle, is named after Tom White. Tom was PIH’s very first donor and put PIH on the global health map. Al and Diane’s legacy through Tom’s Circle will save lives for decades to come.

Learn more about Tom’s Circle or share your planned gift intention and join the legacy society today:

• legacy.PIH.org
 • giftplanning@PIH.org
 • 857-880-5717

Above: Wearing a PIH mask, Mahase rows clinicians and community members across the Senqu River to reach Lebakeng Health Center in rural Lesotho. *Photo by Thomas Patterson / PIH*

WOMEN’S ALLIANCE CELEBRATES FIVE YEARS OF ACCOMPLISHMENTS

The Partners In Health Women’s Alliance of Chicago celebrated their fifth anniversary this year. Founded by PIH Trustees Marjorie Benton, Lisa Gregg, and Liz Cicchelli (circle: listed from left to right), the Women’s Alliance has grown to nearly 30 members and raised over \$10 million for Partners In Health. In addition to their incredible fundraising efforts, the Women’s Alliance has packed and sent over 2,000 New Mothers Kits to the Kay Manmito maternal care center in Mirebalais, Haiti. The kits contain critical items new mothers need to care for their little ones, including onesies, blankets, baby lotion, breast pumps, milk storage, and more. Under leadership of the new Chair, Jen Lane Landolt, and Vice-Chair, Stacey Kaniewski, the PIH Women’s Alliance of Chicago has committed to raising \$15 million over the coming five years. **If you’re interested in learning more about the Alliance or starting one in your area, please contact Cate Walters at cwalters@PIH.org.**



▼ Families receive nutrition education and supplements at Wellbody Clinic in Sierra Leone. *Photo by Maya Brownstein / PIH*





Making an Impact

When I learned about the 2021 Haiti earthquake, I wanted to support an organization whose work I knew I could trust. PIH immediately came to mind. I first learned about PIH during the time of the devastating 2010 earthquake. I was moved by Paul Farmer’s efforts to support the people of Haiti, and his passion for the community stuck with me.

As the child of Haitian immigrants, I feel deeply connected to the culture. I was grateful for the opportunity to give back by hosting the “Black Boston for Haiti” event, benefitting PIH’s earthquake relief efforts. Often, the media portrays the poorest communities as helpless and hopeless, but with PIH I see a different perspective—one in which the people of Haiti are equipped to actively engage in their own uplift with support from the diaspora.

FARRAH BELIZAIRE
Boston, MA

A Lifelong Dedication to Improving Health

Rachel and I have dedicated our careers to improving women and children’s health. We admire PIH’s approach of addressing health care disparities and the underlying structural and historical injustices that have led to them.

I first met Dr. Farmer in 2003 when I was a medical student at Boston Children’s Hospital, and his work helped inspire me to obtain my MPH degree in health policy. Dr. Farmer’s work also played a role in Rachel’s decision to pursue a master’s degree in medical anthropology. It seems strange to feel such a kinship to a man we hardly knew—what a testament to how inspirational Dr. Farmer was and continues to be.



RACHEL TJOENG & DR. TIONG HAN
Honolulu, HI

Young People Fighting for Health Equity

I joined PIH Engage after reading *Mountains Beyond Mountains*. After that, I read everything I could find by Paul. I was struck by his ideas about pragmatic solidarity, accompaniment, and care. His dedication to equity and the excellence he achieved in its pursuit were unparalleled. PIH Engage embodies this mission by bringing brilliant young minds together in the fight for health equity.

Before joining the University of Washington PIH Engage team, I had never contacted my members of Congress. Now, I regularly communicate with several offices on key public health issues. I’ve trained advocates nationwide, spoken at a vaccine equity conference, and facilitated over 50 meetings with Congressional offices where Engagers discussed the most ambitious global health legislation introduced in Congress—the Paul Farmer Memorial Resolution. Our PIH Engage community never ceases to amaze me.

CHLOE DAHLEEN
Seattle, WA



Hope for Haiti

I read *Mountains Beyond Mountains* before going to medical school and was inspired to know that one person’s passion for helping others could blossom into a global movement. We visited University Hospital in Mirebalais when it was under construction and knew that our family wanted to play a role in ensuring people in the community could access lifesaving care.

We realize with our family situation and safety concerns in Haiti presently, the most impactful and sustainable way for us to support healthcare needs and promote health equity is as donors to PIH.

PIH has roots and commitment to the people of Haiti and refuses to turn their back on its mission. The PIH staff is resolute in their role in building local capacity and expertise. As an emergency physician, I want to help PIH bring the kind of care to the people of Haiti that I seek to provide to my patients in Central Florida.

BAUDELAIRE ST. LOUIS & TRACY MACINTOSH
Kissimmee, FL



Breaking Barriers to Maternal Healthcare

I have traveled to PIH sites in Haiti, Liberia, and Rwanda, and seeing PIH’s impact on patients firsthand is incredible. The mission statement of The Haley Foundation includes support for maternal and child health and welfare. So visiting the maternal waiting home for new moms in Mirebalais, Haiti was especially powerful. The success of this important work is the reason I became a donor.

For the past few years, I have designated my donation to the Liberian effort. I was able to visit the maternal hospital in Liberia as it was being built and it has been wonderful to witness PIH serving moms and babies today! The gratitude shown by the patients brought tears to my eyes. Each PIH facility is built with beauty and comfort along with advanced medical care. I appreciate that respect for patients and their families always comes first.

MELISSA HALEY
Boynton Beach, FL

Reducing Maternal and Child Mortality

There is nothing inevitable about the fact that women in Sierra Leone are hundreds of times more likely to die in childbirth than women giving birth in Germany or Sweden. That reality is the result of historical forces—enslavement, colonialism, racism, and war—and we know that this injustice has a cure. That’s why PIH is building the Maternal Center of Excellence at Koidu Government Hospital in Sierra Leone. The MCOE will radically reduce maternal and child mortality while also serving as a teaching hospital for the next generation of nurses, doctors, and midwives.



We really value the way PIH takes an expansive view of healthcare, acknowledging the role that nutrition, wellness, and mental health play in global health. One of us (John) has lived with serious mental illness his whole life, so seeing PIH expand access to mental health treatment is really heartening.



The difference between PIH and other organizations is that PIH doesn’t just show up—they stay.

JOHN & SARAH GREEN
Indianapolis, IN

► Nurse Mohlomi Mapute conducts a pediatric checkup at Lebakeng Health Center in rural Lesotho. Photo by Thomas Patterson / PIH

Partnering to Grow a Global Laboratory Network for Disease Diagnoses

Takeda Pharmaceuticals has been a long-term supporter of PIH’s work in communities and is now partnering to build laboratory capacity across PIH’s global network. Through this knowledge-sharing partnership, Takeda will support PIH in its efforts to build diagnostic capacity in low-resource settings to provide more accurate, reliable, and timely diagnoses for patients and clinicians. Takeda and PIH staff will collaborate on concrete projects, benefitting from Takeda’s technical expertise, resourcing, and partnership—strengthening care delivery across PIH. Ultimately, well-equipped labs with trained and skilled staff and strong operational management systems will translate to better care for patients and stronger, more equitable health systems.



Thank You!

As a generous supporter of Partners In Health, you play a critical role in advancing health equity around the globe. Fighting injustice requires rallying a movement of people who are both compassionate and driven to create transformative change. Together with our clinicians, community health workers, patients, advocates, and staff, you are helping build a world that is filled with abundant health and opportunity.

**WE APPRECIATE YOUR PASSION
AND YOUR PARTNERSHIP.**

PIH staff load into a vehicle in Neno, Malawi, bound for Mwanza District Hospital. Photo by Thomas Patterson / PIH



fiscal year 2022 FINANCIAL SUMMARY

STATEMENT OF ACTIVITIES

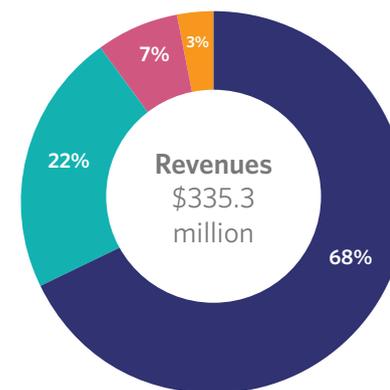
U.S. dollars in millions

Revenues	2022	2021
contributions, grants, and gifts in kind		
individuals and family foundations	226.6	127.4
foundations and corporations	24.2	21.8
governments and multilateral organizations	74.9	150.8
gifts in kind and other income	9.6	13.2
total revenues	335.3	313.2
Operating expenses		
program services	220.1	263.4
development	8.6	7.3
general and administration	14.8	11.9
total operating expenses	243.5	282.6
operating surplus	91.8	30.6

STATEMENT OF FINANCIAL POSITION

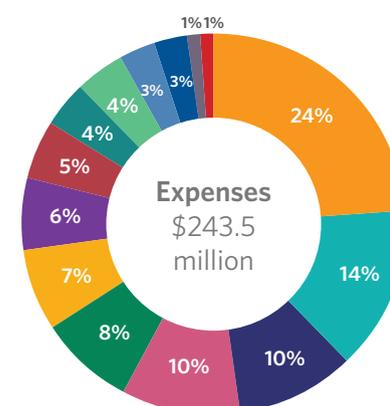
U.S. dollars in millions

Assets	2022	2021
cash and cash equivalents	174.5	99.0
grants and other receivables, net	15.3	13.6
prepaid expenses and other assets	11.7	6.8
investments, at fair value	63.3	45.4
property and equipment, net	18.0	14.6
total assets	282.8	179.4
Liabilities and net assets		
liabilities		
accounts payable	26.9	21.8
deferred revenue	18.3	11.3
total liabilities	45.2	33.1
net assets		
without donor restrictions	124.8	60.4
with donor restrictions	112.8	85.9
total net assets	237.6	146.3
total liabilities and net assets	282.8	179.4



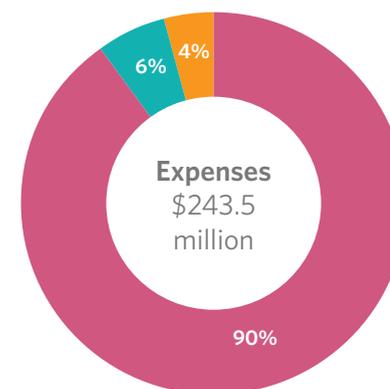
Revenues by source

- Individuals and Family Foundations (68%)
- Governments and Multilateral Organizations (22%)
- Foundations and Corporations (7%)
- Gifts in Kind and Other Income (3%)



Expenses by program

- Haiti (24%)
- U.S. Strategy (14%)
- Peru (10%)
- Development and Administration (10%)
- Multi-Site Clinical and Program Support (8%)
- Rwanda (7%)
- Sierra Leone (6%)
- Liberia (4%)
- Malawi (4%)
- Lesotho (3%)
- EndTB (3%)
- Navajo Nation (COPE) (1%)
- Mexico (1%)
- University of Global Health Equity (5%)



Allocation of expenses

- Program Services (90%)
- General and Administration (6%)
- Development (4%)

revenue:

In fiscal year 2022, PIH received \$335.3 million in revenue, a 7% increase over fiscal year 2021, which was driven by an increase in individual and family foundation gifts. Fiscal year 2022 revenue was comprised of \$226.6 million from individuals and family foundations (68% of total revenue), \$74.9 million from governments and multilateral organizations (22% of total revenue), and \$24.2 million from foundations and corporations (7% of total revenue). In addition, PIH received \$9.5 million in gifts in kind and other income (3% of total revenue).

expenses:

PIH expenses decreased from \$282.6 million in fiscal year 2021 to \$243.5 million in fiscal year 2022. This \$39.1 million change was driven by a decrease in COVID-19 response efforts in the United States. In fiscal year 2022, 90% of funds were for direct program costs and 10% went to fundraising and administration.

net financial position:

Thanks in part to significant one-time contributions, PIH ended the fiscal year with a \$91.8 million operating surplus. These resources are funding the current fiscal year's lifesaving projects and fueling future innovation. We continue to rely on support from donors like you to fulfill our commitment to our communities and patients.

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**Paul, an avid gardener, planted seeds
wherever he went, determined for
every patient to heal surrounded by
greenery and beauty. He also planted
the seeds of our movement.**

**In honor of Paul, we will nurture those
seeds and continue to grow together.**

(Remove this seed paper, plant it, and watch it grow.)

CHECK OUT THIS REPORT
AND MORE AT
PIH.org/AR-2022



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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.

