



Partners
In Health

CANADA

ANNUAL REPORT

20
22

Annual Report 2022

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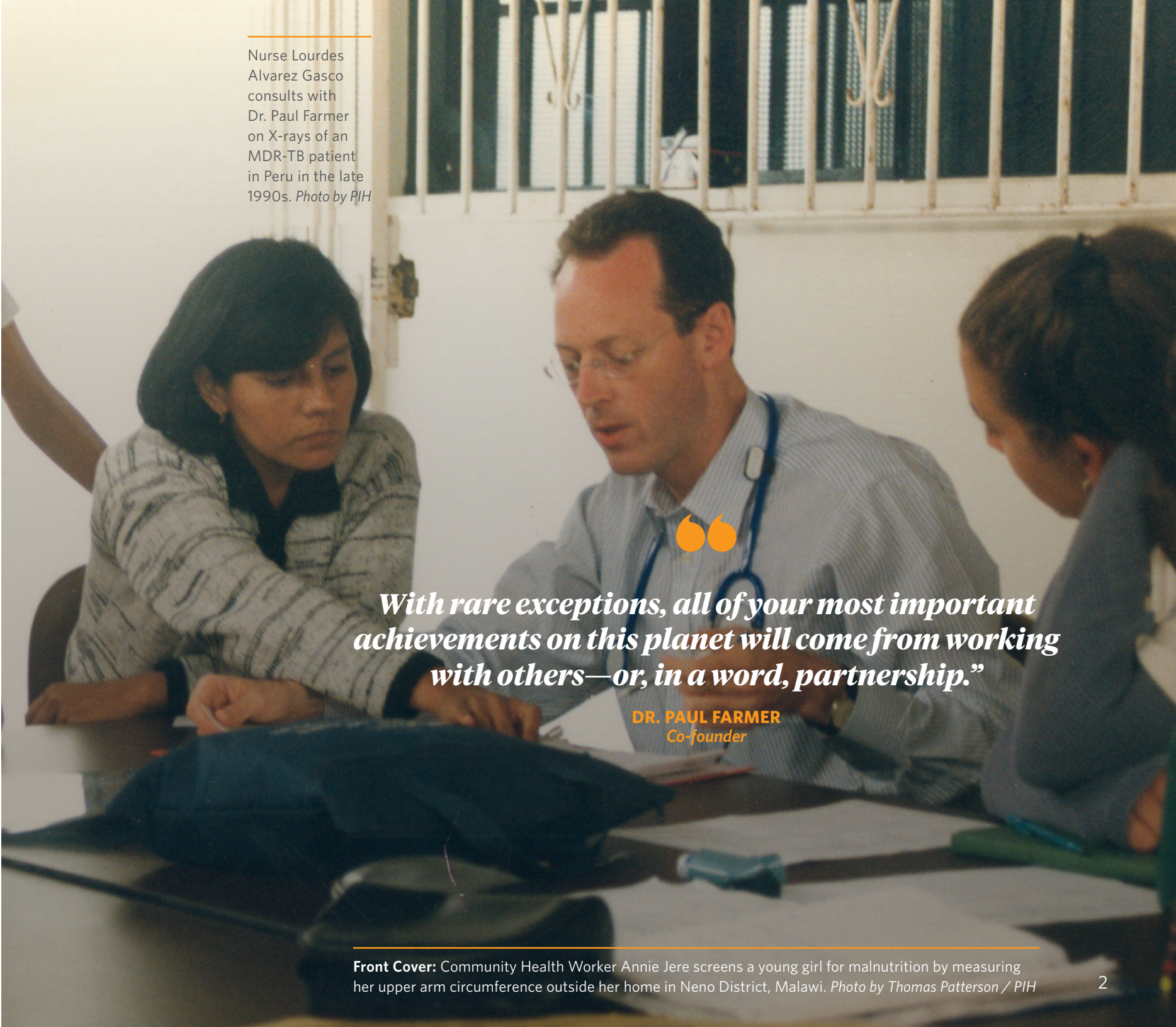
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Nurse Lourdes Alvarez Gasco consults with Dr. Paul Farmer on X-rays of an MDR-TB patient in Peru in the late 1990s. Photo by PIH



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

Front Cover: 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

WHY I AM GRATEFUL



Dear friends,

The annual report, even while highlighting the courage and expertise of our patients and Partners In Health colleagues, has always felt to me like a time to say thank you to our supporters.

This year, though, appreciation for PIH's co-founder and inspiration, Dr. Paul Farmer, who passed away in February, permeates all reflection. Paul gave so much of himself. Highlighting what he meant in a sentence or two is as inadequate as his absence is painful. Still, I've been thinking about this incredible platform for engagement that Paul created. Even if that was never his first priority – the priority was always patients, people who deserved better than what they had access to – being part of Paul's vision on the privileged side was a way to alleviate some of the angst that comes with living in such an unequal and unjust world.

That's part of what Partners In Health has done for me over the past decade, if I'm being honest. Perhaps the sentiment also rings true for you.

If so, here's the best analogy I've heard about how we can continue to advance Paul's legacy.

When you are first introduced to an organization, you start out as a guest. You say hello, check out the vibe, see how you like the furnishings. Maybe you discover you share values in alignment with people in the room, and perhaps the association and your contribution to the whole becomes a compass pointing towards a better future. There are challenges, absolutely, and the work will never be done – but if you choose to listen deeply and go in with eyes wide open, you can't help but see the investments pay off. So you decide to become more involved. You invite others in, help them feel at home, ask them to stay a while. You move from being a guest to a host.

We are all hosts now, after Paul. We have to be.

Through his writings and moral clarity and generosity of spirit, Paul brought so, so many people into this movement for health equity and social justice. Over the past year, amidst so much loss, Partners In Health continued to highlight not just how global inequities and weak health systems put those most vulnerable at even greater risks to pandemics and health shocks, but what we can do about it. None of us can make the case in exactly the way Paul did, but thinking about ourselves as hosts for the movement he created is within all of our abilities.

In 2021-22, like every year since 2015, PIH Canada was able to increase our total financial contribution to our care delivery sites. We began working on our first PIH Canada strategic plan, feeding into the global PIH strategy. We made our voice heard in the fight for vaccine equity. Going forward, building on Canadian expertise and policy priority on elevating the rights of women and children, we're excited to be leading internal collaborations to strengthen gender responsive frameworks in programming across PIH care delivery sites.

There's so much to be proud of, so much reason to be thankful for this community we've created together, that I know we can take on one more challenge to advance Paul's legacy: That we all find new ways, consciously and deliberately, to be hosts for PIH Canada.

Show your family and friends and colleagues around this place. Invite them to stay for a while.

And should they ask what it's all about, you can respond with a question of Paul's from his book *Pathologies of Power*: "If access to health care is considered a human right, who is considered human enough to have that right?" Our answer, of course, is everyone.

Get in touch with us to let us know how we can help you be the best hosts you can be. And thank you, as always, for making life-affirming progress possible.

In solidarity,

Mark Brender
National Director

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
Co-founder



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

▲ Paul visits with staff at Auduzhe Mino Nesewinong, an Indigenous-led COVID-19 testing, vaccination, and support centre in Toronto, in Nov. 2021. Photo courtesy of PIH Canada



◀ Paul at Koidu Government Hospital in Sierra Leone in 2019, examining patient lab samples. 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 / PIH



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



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

WHERE WE WORK

Partners In Health collaborates with local and national governments across **four continents**, to ensure quality health care in some of the **world's most vulnerable communities**. Below is a look at some of the amounts invested per country in fiscal 2022.

HAITI \$75,944,710

RWANDA + UGHE \$38,847,435

PERU \$31,486,799

SIERRA LEONE \$17,907,451

LIBERIA \$12,608,108

MALAWI \$11,047,786

LESOTHO \$9,646,887

MEXICO \$4,223,479

NAVAJO NATION \$1,732,011

KAZAKHSTAN \$495,004



All figures CAD.
 For PIH Canada's contribution, see page 29.
 UGHE stands for University of Global Health Equity

PIH'S GLOBAL IMPACT

Our community has made more impact than ever before.

Together, we delivered health care and hope to more patients and their families; trained and mentored the next generation of health professionals; and further strengthened fragile health systems. Looking ahead, we will build on this progress and continue to fill gaps in care. Thank you for helping us to create a healthier, more just world for all. Figures at right are from calendar 2021.

3 MILLION
OUTPATIENT VISITS

18,322
STAFF GLOBALLY

3,300 PATIENTS
IN CANCER CARE

322 HEALTH
FACILITIES SUPPORTED

201 MILLION
PEOPLE REACHED

\$335+ MILLION
RAISED GLOBALLY

44,200
PATIENTS ON
ANTIRETROVIRAL THERAPY

1+ MILLION
COVID-19 SCREENINGS

Image: Staff members load into a Partners In Health vehicle in Neno District, Malawi. *Photo by Thomas Patterson / PIH*

THEORY OF CHANGE

CONNECTING THE DOTS BETWEEN HEALING ONE PATIENT AND HEALING THE WORLD



PIH makes long-term, open-ended partnerships with communities we serve because sustainable health outcomes demand sustained commitment. By linking service delivery, training and research with this open-ended pledge, we build health systems with staying power.

The steps of our Theory of Change—**care, training, influence with evidence, and replication**—are linked and interdependent. We lead with care. At the same time, we provide training programs for health professionals to bolster their skills. These professionals conduct research to share learnings from their work. That research generates data and evidence that opens up new funding sources and encourages governments to adopt proven approaches for health systems reform and strengthening. This continuous circle of progress generates a scalable impact far beyond PIH catchment areas. The result? We 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 their mental, emotional, and daily needs so that they can recover from illness and stay healthy. Sometimes care looks like emergency surgery after an earthquake or hurricane ... sometimes it looks like a community health worker chatting amicably with a patient after checking her blood pressure ... and sometimes it looks like social support that allows a patient to focus on getting better instead of worrying about falling into debt while sick. In all these ways and more, PIH centers patients, their families, and their communities in our provision of care.

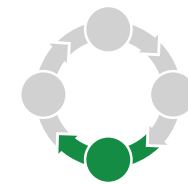
Training

Since our earliest days, PIH has recognized the need to embed professional training within settings of direct clinical care. By training thousands of community health workers, we also complement the short-term need for nurses, doctors, and specialty clinicians, who are almost always in short supply where they are needed most. Education is our most effective tool to fill the massive gap of local health care professionals in the communities in which we work, including nurses, lab technicians, pharmacists, and psychologists, to name a few. Our universities and teaching hospitals, staffed by talented local clinicians and teachers, pair the operating room with the classroom— ensuring new generations can be trained in the holistic approach of social medicine.



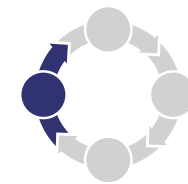
Image: Families receive nutrition education and supplements at Wellbody Clinic in Sierra Leone.
Photo by Maya Brownstein / PIH

Influence



To create genuine systemic change, we can't limit our work to the clinical setting; we must prioritize research and advocacy to drive large scale shifts in the global health landscape. 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 and passionate volunteers help inform and influence world leaders to push our movement forward.

Replication



Channeling insights gained from the lived experiences of our OnePIH staff alongside rigorous data collection and analysis, we identify the most successful frameworks for care delivery. By fostering open-source replication of these effective models—always in partnership with national governments—PIH takes proven approaches to scale. As new models spread across PIH's global network, we are intentional about convening our staff to learn from one another's challenges and victories, improving care across all our sites.

Accompaniment



Accompaniment, partnership, and community health systems are inextricable components of the healing process. By accompanying our patients, we also learn about other non-clinical needs that are just as important as medicine, such as food, transportation, housing, employment, and the constant support of a compassionate ally. Though they may never meet in person, our philanthropic partners accompany our patients each and every day. Our donors and partners supply the resources needed to fuel our work, help us challenge the status quo, and advocate for true global health.

Partners In Health Lesotho has been providing primary health care including HIV services in seven health centers in the hardest-to-reach areas of the country. As COVID-19 spread, straining health systems around the world, many countries experienced a shortage of health workers. Prior to the pandemic, Partners In Health engaged two Village Health Workers (known as VHWs) in each rural village; one was dedicated to providing services to patients living with HIV, and the other VHW was assigned to cases related to maternal and child health. As the pandemic surged, these VHWs grew in numbers to continue comprehensive care to those who need it most and dispel disinformation with education around COVID-19.

Image: Seven hours from Maseru, L. Majake (18) gets an HIV test and medical checkup at the Lebakeng Health Center in rural Eastern Lesotho. *Photo by Thomas Patterson / PIH*



INTEGRATING PANDEMIC RESPONSE INTO PRIMARY CARE

Expanding the role of Village Health Workers during COVID-19

LESOTHO "No one is protected, until everyone is protected".

It is a saying that was popular in the early days of the pandemic, when it was already clear a global challenge required a global response based on solidarity. Instead, rich countries raced to procure and then hoard vaccines while people in the Global South, suffering from lack of supply, were left behind. We're left with the question: in the case of a pandemic, when fast action is critical, how can equity continue to be a guiding light?

Top: Laboratory coordinator, Monaheng Tsoeute, processing viral load testing in Botsabelo Laboratory in Lesotho. *Photo by Lepolesa Mpitso / PIH*

The lessons learned from PIH Lesotho's COVID-19 response show clearly that an equity-informed response can not only be fast, but also better.

The Kingdom of Lesotho is a small, mountainous country in the south of Africa. Famous for its beautiful landscapes, it has also earned a name for itself as a leader in the prevention and response to HIV. Between 2000 and 2018, new HIV infections fell by 37%, and before COVID-19 arrived, HIV-related deaths fell by 45%. At that time, 23.3 million people living with HIV were receiving antiretroviral therapy (ART) globally. But COVID-19 threatened this progress. It risked overwhelming the health system and disrupting the care people living with HIV needed to avoid their disease progressing to AIDS.

PIH Lesotho's Chief Medical Officer, Dr. Afom Tesfalem Andom, knew PIH's experience provided a path forward. When COVID-19 arrived in Lesotho, Dr. Afom and PIH Lesotho's team of Village Health Workers (VHWs) mobilized for this new public health threat by integrating COVID-19 services into existing HIV care.

Pre-pandemic, VHWs would visit the homes of HIV-positive patients to support them in taking their medication and address their health concerns. When necessary, VHWs would also accompany patients to a health facility for additional follow-up. During the pandemic, VHWs integrated four additional components into their work: COVID-19 screening, education, referral, and contact tracing.

The results were better than even Dr. Afom could have expected. The activities of the VHWs effectively controlled the spread of COVID-19, not only among people living with HIV but among the communities PIH Lesotho serves more broadly. What's more, treatment outcomes for HIV-positive patients actually improved during the pandemic. The percentage of patients who were virally suppressed – an important marker of good health – increased from 78% to 95%.

In July 2022, Dr. Afom was selected to share his team's findings with the global scientific community at the International AIDS Conference in Montreal, an example of what is possible when emergency response is grounded in a community health system with equity and care for the most vulnerable at its core. ●

Around the world, gender inequality leads to stark health inequities for women and people who confront unique health issues and barriers to care.

Gender inequality is one of the oldest and most pervasive forms of inequality in the world – and one that is embedded in all the systems and structures that govern our lives, including the health system. PIH has increasingly sought to elevate gender equality in our work by advancing women in leadership positions; ensuring gender equitable access to training and education; and implementing policies for the prevention of sexual harassment, exploitation and abuse. PIH Canada is keen to accelerate this work by drawing on our experience in gender-responsive programming, learning from and working alongside care-delivery site colleagues to embrace new approaches and deepen our collective efforts.

Image: Anita Descamps, mother of 8-day-old baby girl, Lucanëlle, being interviewed at the Saint-Michel Hospital Center in Boucan Carré in Haiti. *Photo by Mélissa Jeanty / PIH*



Girls wear pink, boys wear blue. Girls like dolls, boys like trucks. Girls are sensitive, boys are tough.

These familiar refrains might seem innocuous, but our gendered world has lasting effects on how children grow up to understand themselves, the choices they make and the situations they confront - and critically, this gendered world has a powerful impact on health. Take, for example, the fact that globally, road traffic injuries are more frequent in men than in women, reflecting male gender norms related to driving, risk-taking and alcohol use. Likewise, in certain societies where girls are seen as a lesser financial asset than boys, parents invest less in girls' health and education, reflected in differences in access to care for common childhood illnesses.

These examples show that advancing gender equality and health for all requires an understanding of the spoken and unspoken rules societies have about acceptable male and female behaviour, and the impact these rules have on the likelihood of illness or injury.

In recent years, PIH Canada has emerged as an internal resource on this topic within the PIH network. We have worked side-by-side with our colleagues in Haiti to gender-disaggregate data from mobile malnutrition clinics, allowing us to ask important questions about why we are seeing higher rates of malnutrition among girls under the age of five.

ADVANCING GENDER EQUALITY

Dismantling gender assumptions holds benefits for all



After Tropical Storm Ana in January 2022, the sole bridge in Chikawa, Malawi collapsed, cutting off access to care at Chapanaga Health Centre for many in the community. Here, people cross the Shire River on foot. *Photo by Thomas Patterson / PIH*

We have supported our colleagues in Sierra Leone, Haiti and Malawi to strengthen services for survivors of gender-based violence, which is most often experienced by women but perpetrated by men. And here in Canada, we have updated our employee leave policies so they can better act as levers for gender equality at work and at home.

Looking to the future, we hope to expand on this role by proactively exploring opportunities to support our colleagues in the design, delivery, monitoring and evaluation of gender-responsive programs. Our starting point will be to deepen our understanding of the incredible work our colleagues are already doing in the space, and then to identify the ways in which we can magnify their impact.

The aid landscape in Canada is strongly influenced by the federal government's Feminist International Assistance Policy, which aims to eradicate poverty and build a more peaceful, inclusive and prosperous world by advancing gender equality and empowering women and girls. Deepening our work in this space will bring direct benefit for the populations and public sector partners PIH aspires to serve.

We are excited to begin work on this new initiative, and look forward to sharing updates about its impact in the months and years to come. •

Left: PIH's adult education program in Port Loko District, Sierra Leone, has grown beyond basic literacy and numeracy to include business planning and financial savings. This program paved the way for Mabinti Sesay to jumpstart her small business. *Photo by Maya Brownstein / PIH*

In order for adolescents to make informed decisions about their bodies and health, access to youth-friendly care, education and resources all have to be part of the package.

In Malawi and Sierra Leone, Canadian support for youth-friendly centres is helping to create a safe environment for open discussions on sexual and reproductive health. The availability of peer education groups and family planning services increase opportunities for girls and young women to live healthy lives and realize their full potential.

Image: The Williams family, Naomi (17) and her two children (3-year-old Esther and 6-month-old Ade) visit PIH-supported Koidu Government Hospital in Sierra Leone. Naomi delivered Esther at age 15, and suffered eclampsia and postpartum hemorrhage; hospital clinicians saved her life. *Photo by Maya Brownstein / PIH*



Left | Top: PIH Sierra Leone team members travelled from Kono to Neno, Malawi in a cross-site learning trip where they learned about PIH Malawi’s sexual and gender-based violence interventions, observed community dialogue sessions, and participated in adolescent activities. *Photo by Billy Mawindo / PIH*

Africa has the youngest population in the world, with 70% of sub-Saharan Africa under the age of 30. Such a high number of young people is an opportunity for the continent’s growth – but only if these new generations are fully able and empowered to live up to their potential.

It is in pursuit of this goal that PIH Canada is proud to be working in partnership with our colleagues in Malawi and Sierra Leone to deliver the No Woman or Girl Left Behind (NWOGLB) project – a five-year intervention funded by the Government of Canada to empower young people to lead happy, healthy lives.

EMPOWERING ADOLESCENTS

Outreach and training programs impact patients and staff alike

The intervention delivers a robust package of services that meets adolescents where they are at – developmentally, emotionally and geographically – and represents a significant shift in approach.

Historically, adolescent health has attracted little interest and few resources. In many ways, that makes sense: adolescence is one of the healthiest times of life, sitting between the peaks of childhood illness and death and chronic disease later in life. From the point of view of health service providers, adolescents seemed to have the fewest needs, so it made sense to focus limited resources elsewhere.

In recent years, that perspective rightly has been upended. In the face of an ever-expanding body of evidence, the global health community has come to realize that investments in adolescent health are essential for unlocking opportunities, not only for the health and wellbeing of young people themselves, but also for the future of society and future generations.



Through the NWOGLB project, our commitment to adolescent health is realized through a two-pronged approach that builds young people’s knowledge about their health through fun and engaging outreach activities while also capacitating the health system and training health care workers to provide specialized care.

For example, PIH Sierra Leone opened a new adolescent- and youth-friendly clinic in 2020. Located at Koidu Government Hospital, the clinic delivers tailored services to young people free of charge. When it opened, it was an instant success: in just four days, it reached as many young people with contraception as it had in the first half of the previous year. Uptake of services has been strong ever since, with 3,500 adolescent visits recorded in 2021.

In Malawi, a major success has been the “Healthy Futures” recreational program delivered to over 1,200 boys and girls aged 10-14. In this program, co-designed with our partner Grassroot Soccer, adolescents learn through sport and play-based activities about their rights, gender norms, family planning, sexual and gender based violence, HIV, sexually transmitted infections, and healthy relationships. Through these activities, they grow more comfortable navigating the health care system and acting as self-advocates.

The programs and others, together with interventions to enhance social and economic wellbeing of young people, are creating better life outcomes for adolescents and the next generation. ●



As a generous supporter of PIH Canada, 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 to build a world that is filled with abundant health and opportunity. We celebrate your passion and your partnership.

THANK YOU

WE APPRECIATE YOUR PARTNERSHIP



"My family has received outstanding health care when we've needed it, and I'm so grateful for that. Partners In Health believes everyone has the right to the same high-quality care that we're fortunate to have here in Canada - and they make it happen. They do the essential work of building public sector health systems, training local doctors, nurses and pharmacists, building and refurbishing hospitals and health centers, and working in close partnership with local communities and governments to ensure the system operates properly. They do amazing work and I'm proud to support them."

MACK YOUNG
Kitchener, ON

"After two years in Haiti in the early 70's, I became committed to and inspired by the indomitable spirit of the people of Haiti. My connection to Haiti remains strong and PIH is a wonderful way to support health and healing there. "Bending the Arc towards Justice" as a main principle of PIH is the reason I continue to support you. The inspiring growth and outreach in Haiti and around the world in a relatively short period of time is awe-inspiring. Thank you beyond words for the work you do."

ROSLYN MACGREGOR
Montreal, QC

Right: 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 Schermbrucker / PIH*
Top: During a disastrous pregnancy and labour, Bertha Kevin's life was saved thanks to available medical oxygen and clinicians. She and her mother-in-law Elechita Madeu returned to Chapananga Health Centre in rural Chapananga, Malawi. *Photo by Thomas Patterson / PIH*

fiscal year 2022 CANADA'S FINANCIAL SUMMARY

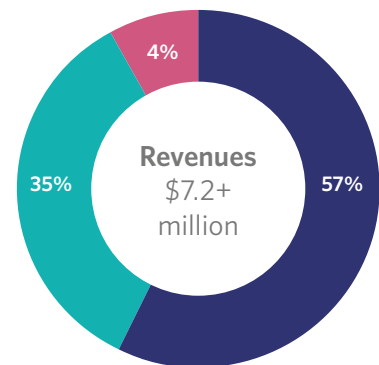
STATEMENT OF ACTIVITIES

Canadian Dollars

Revenues JUNE 30, 2022

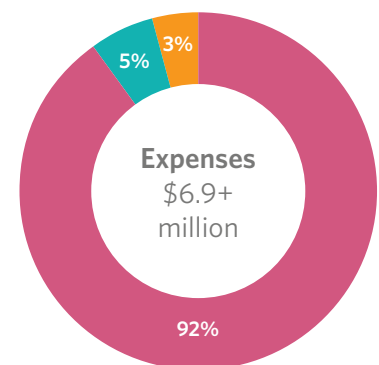
Contributions, Grants, and Gifts in Kind	
Individuals and Family Foundations	4,102,603
Institutional Foundations and Corporations	575,824
Government	2,542,165
Total Revenues	7,220,592

Expenses	
Programs and Education	6,359,973
Development	374,932
Administration	213,078
Total Expenses	6,947,983



Revenues by Source

- Individuals and Family Foundations (57%)
- Government (35%)
- Institutional Foundations and Corporations (4%)



Allocation of Expenses

- Programs and Education (92%)
- Development (5%)
- Administration (3%)



Image: PIH Sierra Leone team visited Neno District, Malawi on a cross-site learning trip centered on adolescent health and education. Photo by Billy Mawindo / PIH

Revenues:

In fiscal year 2022, PIH Canada received \$7.22 million in revenue; \$4.1 million from individuals and family foundations, \$2.54 million from government sources; and \$575,824 from institutional foundations and corporations. The total revenue represents 14.8% growth from fiscal 2021 (\$6.29 million).

Expenses:

Partners In Health Canada expenses of \$6.9 million represent a 15% increase from fiscal 2021 (\$6.0 million). Nearly all of this increase was related to increased programmatic support at implementation country sites (totaling \$6.3 million vs. \$5.6 million in fiscal 2021) including Haiti, Lesotho, Liberia, Malawi, Rwanda, and Sierra Leone.

WE GO
WE MAKE HOUSE CALLS.
WE BUILD
HEALTH SYSTEMS.
WE STAY.



PIH global ambassador Winston Duke (center, in blue) relaxes with staff at the University of Global Health Equity during a visit to Rwanda in June 2022. Photo by Pacifique Mugemana / PIH

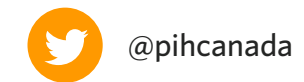
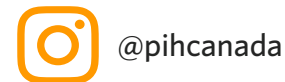
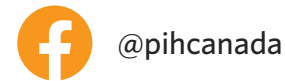
BOARD OF DIRECTORS

Chris Dendys (Interim Chair)
Marika Anthony-Shaw
Andrew Boozary
Adrienne Chan
Michael Ghobros
Jia Hu
Rosemary McCarney
Hugh Scully
Suzanne Shoush

PIH FOUNDERS

Paul Farmer
Ophelia Dahl
Thomas J. White
Todd McCormack
Jim Yong Kim

STAY
CONNECTED



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.



**Partners
In Health**

CANADA

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