Partners In Health

CANADA

ANNUAL REPORT 2021

Sylvia Y. Kamara, a Ministry of Health (MOH) nurse who works in the female surgical ward at Koidu Government Hospital in Sierra Leone, took part in administering COVID-19 vaccines during a nationwide campaign between March 22 and March 31, 2021. *Photo by Maya Brownstein / PIH*

ANNUAL REPORT 2021

Partners In Health CANADA

CELEBRATING *10 years*

Nyiramucyo Immaculée cares for her son Jean George, 15, during his stay in the pediatric oncology ward at Butaro District Hospital in Rwanda. *Photo by Zack DeClerck / PIH*

DEAR FRIENDS

Mark Brender
National Director

As PIH Canada enters our second decade, it's gratifying to look back to see how far we've come. In the fall of 2011, our initial goal was to provide support only to Partners In Health's work in Haiti and Rwanda. As a new Canadian organization with limited revenue, limited public awareness, and limited impact on the lives of patients we aspired to serve, we didn't think PIH Canada could credibly talk about the totality of PIH's work using the first person 'we.' Instead, we decided to send funding from a smallish group of loyal donors to to PIH's two largest countries of operation, in order to share a story of modest-but-growing Canadian impact. It was a few years before we had the courage to start communicating about the broader PIH work beyond those two countries, and five years before we saw fit to publish our first annual report.

The gratifying part is now looking at the stories of impact on pg. 6-10 and knowing that the solidarity shown by Canadian partners and supporters has touched all these areas. I hope you enjoy reading about some of the work you've made possible.

The past year has been a time of transition and growth for PIH Canada, in size and in aspirations. Looking ahead, we aspire not just to contribute more to the OnePIH family, but also, through the development of a new PIH Canada strategic plan, to be clearer about how we plan to grow and where we can have impact. Our responsibility is first and foremost to our colleagues and patients around the world, and to our staff. But to the extent that PIH's model of pragmatic accompaniment has insights we can all learn from, our responsibility is also to engage in Canadian debates about how well we're putting into practice the values we profess to hold related to international development and health equity.

The principles that have underpinned PIH's work don't just help patients get well; they also make for more effective global public investments, more effective programming, and more effective philanthropy. So it's our responsibility to talk more about long-term engagement, local ownership and decision-making, responding to the needs of the public sector, building systems based on equity, and integrating service delivery and training, and prevention and care.

When engaging with civil society, with government, and in international development and global health spaces domestically, our voice can be louder. When short-sighted policymakers sit idly by as poorer countries are systematically denied equal access to COVID-19 vaccines, for example, and when neocolonial global power structures that block the right to health for all are defended as a necessity in the name of upholding innovation in the global north, our voice can be louder. Expanding PIH Canada's impact in the second decade demands it ■

We're humbled by the more than $22-million mobilized by PIH Canada's supporters and partners over the past decade, and the countless lives that have been transformed as a result. Here are some of the ways we have put your generosity to work.

Partners In Health CANADA

CELEBRATING *10 years*

Commitment to Medical Education

A rural family medicine residency and nurse training partnership with Tubman University in Liberia. A one-of-a-kind university in Rwanda, with equity at its core. A multi-country mental health team committed to decentralized care delivery and shared learning. Whatever the location, medical education for health professionals is central to PIH's mission. Take University Hospital of Mirebalais (HUM) in central Haiti, built in partnership with the Haitian government following the 2010 earthquake that decimated an estimated 60 percent of Haiti's health infrastructure. The vision for a tertiary-level teaching hospital capable of training the next generation of Haitian health professionals has become a reality, with residency programs across nine medical specialties, a number of which PIH Canada was proud to support. Residencies include pediatrics, internal medicine, obstetrics/gynecology, surgery, and the first emergency medicine program in Haiti's history. Not only is HUM providing care never before available in Haiti's public sector, but following the August 2021 earthquake in the country's south, it was Haitian clinicians — many of whom were trained in residency programs at HUM — who led the response.

Confronting NCDs

Partners In Health provides vital care for cancer, diabetes, heart disease, mental health conditions, and other non-communicable diseases (NCDs) to vulnerable communities, all while helping governments incorporate that care into strong public health systems and share lessons globally. Collectively, NCDs kill more people annually than all other causes combined. At a policy level, PIH care delivery sites have accompanied ministries of health to establish national commissions and working groups in Haiti, Liberia, Malawi, Rwanda and Sierra Leone, and many of the recommendations that have been identified by national governments in countries PIH supports have been informed by PIH's clinical care innovations across our sites. This includes the development of local care delivery models for severe, chronic NCDs such as type 1 diabetes and rheumatic and congenital heart disease that were scaled nationally in Rwanda, and the introduction of integrated chronic care and advanced chronic care clinics in Malawi. PIH is committed to supporting and advancing NCD care by meeting the extraordinary burden with proven methodologies in early detection, prevention, and treatment to strengthen entire health systems.

▼ Miguel Gomez, 9, has been hard of hearing his whole life and recently received hearing aids, thanks to support from PIH Mexico. *Photo by Paola Rodriguez / PIH*

Addressing Child Malnutrition

With a focus on society's most vulnerable communities, Partners In Health is determined to change the systemic injustices that prevent children from growing up healthy and strong. In many of the countries where we work, malnutrition is one of those injustices, threatening children's survival, growth and cognitive development. In Haiti, child malnutrition underscores the country's high rate of child mortality: approximately one out of every ten children will die before reaching the age of five. To address this, Zanmi Lasante (as PIH is known in Haiti), with the support of PIH Canada, piloted and scaled up an approach to treatment that saves lives and helps children thrive. Using mobile malnutrition clinics, Zanmi Lasante brings screening, diagnosis and treatment services to people in the communities where they live. This proactive approach leans heavily on community health workers (CHWs), who mobilize their communities to attend the clinics, ensure patient follow-up, and accompany severe cases to the hospital.

Comprehensive Emergency Responses

Some disasters originate in nature, but their impacts are anything but natural. Over the past decade, PIH has responded to earthquakes and to epidemics, hurricanes and mudslides, floods and fires. In all cases, the impacts have been hardest felt by those most affected by poverty and ill health. Lack of resources and infrastructure — itself a function of structural inequality — hampers response efforts and makes the communities we serve more vunerable during emergencies. It's why we have understood that crisis response must also have an eye on the long term while addressing urgent needs. Resources must be allocated and capacity built to ensure local health systems can respond to underlying conditions as readily as disasters, in order to properly provide care in any circumstance. And whether it be cholera or COVID-19, dignified care is far more than a specific clinical intervention; it also includes whatever social supports are required – food, shelter, transportation, clothing, supplies and more – to ensure all people are able to live in dignity, during emergencies and whatever comes next.

▲ Leini Escalante, a COVID-19 educator and CHW in Chiapas, Mexico, stands outside of the community clinic in Honduras de la Sierra. *Photo by Paola Rodriguez / PIH*

Naomi Williams pictured with her daughter, Ade. When Naomi suffered eclampsia and postpartum hemorrhage, clinicians at Koidu Government Hospital in Sierra Leone saved her life. *Photo by Maya Brownstein / PIH*

Fighting Gender-Based Violence

The growth of PIH Canada over the past decade has shown that big impact can come from modest beginnings. A case in point is the expanded support for Haitian colleagues responding to violence against women and girls. In 2014, PIH Canada funding from institutional and individual donors enhanced Zanmi Lasante's ability to treat and track cases of gender-based violence (GBV). Based on strong evidence of impact, the work expanded to six sites. In 2019, program learnings led to additional support from the Canadian government to again scale the program, introducing it to more rural and hard-to-reach areas. Today, Zanmi Lasante is providing comprehensive GBV medical care across 14 sites, all while bolstering the capacity of and coordination between other actors involved in the GBV response—including the judicial system, police, women's rights organizations, and educational institutions. Since 2014, the project has cared for more than 3,500 survivors of violence — and other PIH sites are building on Haiti's example.

Partnerships with Canadian Government

In Sierra Leone, Malawi and Haiti, PIH Canada's partnerships with Global Affairs Canada have helped to advance women's rights and provide a pathway for expanded sexual and reproductive health services in communities PIH serves. In Sierra Leone and Malawi, our five-year partnership with Global Affairs Canada is strengthening clinical care for women and children and bolstering the capacity of health care providers to deliver high quality, gender-sensitive and youth-friendly services. Quality improvement programs focused on strengthening care throughout pregnancy, labour and delivery have driven down the rates of maternal mortality and supported hundreds of women to safely deliver healthy babies. Services for adolescent girls are being strengthened by ensuring safe spaces to seek care and through expanded community-based and peer-support activities. We are also grateful for Canadian government support of PIH's work in times of crises, including during the Ebola epidemic in West Africa and during COVID-19.

University of Rwanda class on social and community medicine and palliative care taught by PIH staff and UGHE faculty member, Dr. Florence Akiiki Bitalabeho. *Photo by Zach DeClerck / PIH.*

Social Supports, Always

When PIH started working in Sierra Leone during the 2014-15 Ebola epidemic, one of the first jobs was to train and hire Ebola survivors as community health workers. The strategy recognized the importance of a regular income for so many people who were living in poverty, and the need to reduce stigma, support local economies, and build community trust. It was also a form of social support programming that focused on treating the whole patient and meeting the needs of a community, not just a particular medical condition. PIH often provides basic necessities and resources including food, housing, transportation, and even financial support for patients and their families. In Peru, COVID-19 has had compounded challenges faced by the poorest and most marginalized families, for whom food and housing security are common concerns. PIH's sister organization, Socios En Salud, expanded its services to provide food vouchers and socioeconomic support. In Haiti, Zanmi Lasante offers travel vouchers for patients undergoing chemotherapy. Many PIH care delivery sites also employ social workers who make assessments for patients in need of additional supports, easing the often bumpy road between sickness and a return to health.

Service and Equity at UGHE

Aspiring physicians in medical school at PIH's ground-breaking University of Global Health Equity (UGHE) in northern Rwanda spend much of their first year listening to and learning from community health workers. Upending traditional medical education in favour of a comprehensive focus on health equity is at the core of everything UGHE does, so it makes sense to leverage the expertise of the cadre of health workers who are closest to patients' lives. In this way, UGHE, founded in 2014, is pioneering a new model of training leaders who will emerge ready to develop health care services and systems that connect neglected communities with essential and life-saving care. Students, the majority of whom are women, come from across Africa and the globe. To attract the best candidates irrespective of ability to pay, tuition for the six-year, dual degree Bachelor of Medicine, Bachelor of Surgery program is free — but in exchange, students sign an *Umusanzu* Agreement, a commitment to serve the most vulnerable for six-to-nine years after graduation. Based on the values students learn at UGHE, we have little doubt it will be a lifelong practice. See www.ughe.org for more.

Essential Workers? Hello, CHWs

For three decades, PIH-supported community health workers (CHWs) have addressed the root causes of suffering in the poorest and most remote places by directly serving communities where they live. From accompanying HIV and TB patients to health promotion, home visits, and everyday acts of solidarity, the simple act of showing up and being of service – otherwise known as 'accompaniment' – has had transformative impacts on patient outcomes. PIH is active in global advocacy to ensure CHWs are compensated, trained, mentored and supervised, as fits their role as the eyes and ears of a health system. Over the years, as Ministries of Health are moving toward polyvalent models in which CHWs focus on a range of health issues rather than specific diseases, PIH sites including Malawi and Liberia have adopted a "household model" of CHW programming, a transition that PIH Canada has actively supported. In Malawi, for example, a CHW is assigned to each of the more than 35,000 households across the catchment area where we work, carrying out epidemiological surveillance, treatment and care services that are at the heart of Neno district's public health system. See story on Page 18.

Centering Needs of Women and Girls

In all countries where PIH works, women and girls have fewer opportunities than their male counterparts to live safely, freely, and in good health. PIH strives to address this inequity by consistently expanding access to women's health services, including by introducing and scaling up family planning services, high quality prenatal and obstetric care, and cervical cancer screening and treatment. In Haiti, PIH was among the first NGOs to embrace the HPV vaccine for girls. In Rwanda, PIH supported a successful national HPV vaccination program. It also remains a core part of our mission to radically reduce global maternal mortality. In April 2021, ground-breaking began on a state-of-the-art teaching and training center: the Maternal Centre of Excellence in Kono District, Sierra Leone. Based at Koidu Government Hospital, the center will provide high quality labour, delivery, and maternal health services and serve as an example of what is possible in a country with one of the highest rates of maternal mortality in the world ■

Community health workers and COVID-19 social mobilizers at work in Sierra Leone. These staff conduct home visits to educate and screen for COVID-19. *Photo by Jon Lascher / PIH.*

WHAT'S NEXT?

As we consider the next 10 years, we know PIH Canada needs to grow in order to increase our impact. It won't always be a linear path, but it will be grounded in equity and PIH values of commitment, partnership, humility, integrity, and accountability.

THE WAY FORWARD

When PIH Canada staff got together to think about how we can accelerate our work, here's some of what came out.

Saffiatu Sesay, 27, recieved care at Lakka Government Hospital in Sierra Leone for a case of multidrug-resistant tuberculosis that made its way to her spine and left her paralyzed. Today, she can walk and is looking to return to school to become a nurse, inspired by the care she received at Lakka. *Photo by Maya Brownstein / PIH*

Miguel Ramírez is currently the only paramedic for the Respiratory Disease Center in Jaltenango, Mexico. *Photo by Jason Amoo / PIH*

EQUITY AND CARE DURING COVID-19

Globally, PIH has continued its COVID-19 prevention and response efforts. Community health workers, physicians, nurses, lab technicians, and drivers have responded to the challenges of COVID-19 with rapid mobilization and courage.

Félix Melgar, who lives in Carabayllo, Peru, faced COVID-19 as well as chronic disease and housing insecurity. *Photo by Bryan Salinas / PIH.*

COVID-19 RESPONSE

Close to two years after SARS-CoV-2 was first identified, it continues to spread around the world. The assertion so frequently touted in the pandemic's early days—that COVID-19 was a great equalizer, making no differentiations due to wealth, race, gender, and age—was quickly proved a fallacy. COVID-19 exposed and exacerbated the divisions that exist within society, but as it did, it reinforced a core premise on which Partners In Health is built: that solidarity saves lives. From the care delivered across an expanding PIH network to global advocacy and accompaniment efforts, PIH advanced a response rooted in the reality that equity is in everyone's best interest. No one is safe until everyone is safe.

PIH has worked in partnership with governments, clinicians, and local administrators in a global effort to mobilize equitable care and build resilient health systems capable of responding to the pandemic and future health emergencies. Our approach has focused on mobilizing communities around prevention; advising public health entities to scale up effective, comprehensive, and rights-based responses; and accelerating long-term solutions to COVID-19 through advocacy, evidence, education, and innovation.

For Socios En Salud (SES) in Peru, mounting a pandemic response meant thinking beyond COVID-19, prioritizing care that would enable people to overcome the systemic barriers affecting their health and wellbeing. While SES reacted quickly to the crisis, conducting tests for more than 41,330 people and providing care to over 18,000 people who tested positive as of summer 2021, it also pushed back against the pandemic's economic and psychological toll by providing patients with food vouchers and socioeconomic support, and by prioritizing mental health care.

Félix Melgar contracted COVID-19 in Peru. As an epileptic with high blood pressure, his doctors warned him that his diagnosis could be dangerous. But health was not his only concern. As his sickness and the mandatory quarantine put him and his family out of work, food and housing concerns loomed large. Without any savings, financial ruin felt inevitable. Then Socios En Salud showed up. They helped him access essential supplies, such as masks and hand sanitizer, and provided him with food and housing assistance, relieving the family of the financial burden imposed by COVID-19.

In Mexico, COVID-19 vaccines began to arrive in the country in December 2020. Seven months later and during the pandemic's third wave, only 21% of Mexicans had been fully vaccinated. Unlike in many other parts of the world, the low rate of vaccination was not due to lack of supply; nearly 20 million of Mexico's 91 million available doses remained unused. In the state of Chiapas where Compañeros En Salud (CES) works, there was a lot of uncertainty about the vaccine—a factor that contributed to Chiapas having one of the lowest vaccination rates in the country. To address this, CES's community health workers (CHWs) mobilized to fight misinformation in rural communities.

One key to countering misinformation is listening. Another is trust. The CHWs listened and shared information, and over time clinics began to see a steady increase in vaccination rates. In Honduras de la Sierra, one of the villages served by CES, a successful two-day campaign vaccinated 500 people against the virus.

Compassionate care and outreach have been critical across Chiapas, Mexico. Armando Torres was admitted for COVID-19 and placed in critical condition at the Respiratory Disease Center in Jaltenango. Placing his trust in the medical team, Torres's family was also provided with personal protective equipment so that they could visit him—those family visits were vital to his recovery.

By late March 2021, all PIH-supported countries in Africa (Lesotho, Liberia, Malawi, Rwanda, and Sierra Leone) had received their first batch of vaccines from COVAX, the global initiative aimed at equitable access to COVID-19 vaccines. Despite delays, PIH is working with the ministries of health in each country to roll out equitable vaccine campaigns and will continue to fight for equitable vaccine access at local, national, and international levels.

Beating COVID-19 requires vaccinating and treating the whole world—it's both a moral and pragmatic imperative. We are fiercely advocating for increased global supply of vaccines and their equitable distribution to all ▪

237 million
COVID-19 cases, globally, as of June 2021

170,000+
new COVID-19 cases worldwide, every 7 days as of June 2021

Sandra Vázquez — community manager with Compañeros En Salud's infection, prevention and control team — speaks with residents of Letrero, one of nine communities in the Sierra Madre region of Mexico, where Compañeros En Salud works, in an effort to dispel misinformation about COVID-19 vaccines. *Photo by Paola Rodriguez / PIH*

We have doctors and senior residents in emergency medicine, anesthetists, and internists alongside the nurses who form a multidisciplinary clinical team for the care of patients. The availability of national and international intensive care physicians and pulmonologists represents a major asset in improving the quality of care.

— ***Dr. Christophe Millien , Chief Medical Officer on his staff's capacity to meet the third COVID-19 surge,***
University Hospital of Mirebalais, Haiti

IN TIMES OF NEED, CHWs ARE THERE

When helping others access care, human connection goes a long way.

Mustafa Sesay (middle) pictured with Sierra Leone mental health CHWs, Hawa Musa and Lansana Kamara. On their weekly outreach visits, the CHWs noticed behavior that indicated Mustafa was in need of care; he was diagnosed with schizophrenia and is now on medication. Mustafa says he feels much better now since being enrolled in care, and today, alongside eight other patients, is taking a course to learn tailoring, in order to become a tailor and earn a living. Photo by Maya Brownstein / PIH

OVERCOMING BARRIERS TO CARE

Specialized training for CHWs brings immediate results

It's understandable amid the anxiety of COVID-19 that people all over the world have been asking a similar question: Is it more dangerous to seek medical care, or more dangerous not to?

In late 2020 in Neno, Malawi, Partners In Health community health workers (CHWs) could see clearly the pandemic's impact among households they supported. It was evident in economic hardship, isolation, and fear, but also in stigma towards those infected or affected by the disease.

CHWs expressed fear themselves because their job exposed them to so many people. Some households were no longer welcoming their visits because CHWs were perceived to be potential vectors of the virus. As a result, patients in need of non-COVID-related care were not getting to health facilities. If not addressed, these challenges would result in even more negative health consequences.

In response, PIH Malawi developed and implemented a psychological first-aid training which they delivered to 1,200 CHWs in Neno district. Collectively these CHWs served a population of 140,000 people. The training helped CHWs learn how to care for themselves, support their struggling clients, and address community fears and stigma surrounding COVID-19. Its effect was immediate.

The period after the first aid training, from April – June 2021, saw a nearly two-fold increase in the number of clients who were accompanied to a health facility by CHWs compared to the previous three months. The increase was especially noticeable among mothers seeking post-natal care and pregnant adolescents. Those with danger signs were much more willing to be accompanied by a CHW to get the care they needed. Once again, CHWs proved indispensable to compassionate and effective care.

For decades, PIH has trained and compensated trusted local residents—the people who know their communities best—for leadership and guidance, and to serve as the eyes and ears of the health system. Their expertise underpins PIH medical and social support, strengthens health systems, and accompanies vulnerable communities around the world. These CHWs are often elected to their positions by communities themselves.

A PIH community health promoter conducts a routine monthly houshold visit in Harper, Liberia during the COVID-19 emergency period. *Photo: Partners In Health*

Mini health campaigns were carried out between November and December 2020 in the Casa de la Salud El Polvorin, in the district of Carabayllo, Lima, Peru. Health workers provided mental health and community health screening as well as maternal and child health assistance. *Photo: Partners In Health*

PIH's earliest work with CHW programs was in Haiti and in Peru, both of which focused on patients with specific diseases such as multidrug-resistant tuberculosis and HIV. CHWs would conduct home visits to patients enrolled in PIH's care, supporting them to take their medications, access treatment, and cope with the mental and emotional challenges associated with having a debilitating disease. This approach, known as directly observed therapy, enabled better adherence to medication, allowing patients to benefit from treatment as intended.

In countries including Malawi, Liberia, and Mexico, PIH is now applying the lessons from that disease-focused approach to a household model of CHW programming, a transition that PIH Canada has actively supported. Under the household model, CHWs are assigned to households rather than patients and focus on a set of priority conditions based on the local public health landscape. This model enables a health system to improve coverage and linkages to more specialized care for a broader range of conditions. It also reduces stigma sometimes associated with the disease-specific model, and in doing so results in strong clinical outcomes and community cohesion.

In Malawi, CHWs who had previously worked with a distinct patient group, such as people living with HIV or TB, were trained to also address maternal and neonatal health, sexually transmitted infections, family planning, tuberculosis, pediatric malnutrition, and non-communicable diseases. The program now reaches 98 percent of the district—over 29,000 households—and sees an average of 1,800 patients referred for care or accompanied to a health facility each month.

Governments are also seeing value in the model and are adapting PIH's experience to local contexts. PIH accompaniment of public sector community health structures is noticeable in Liberia, where the Partners In Health team is supporting the government in hosting the fourth International Symposium on Community Health, scheduled to take place in Liberia in November 2022 ■

▲ A monthly meeting in December 2020 of community health promoters (CHPs) in Central Hoffman Station, Harper District, Maryland County, Liberia. *Photo: Partners In Health*

FOCUS ON PATIENT NEEDS ADVANCES CANCER CARE

With PIH support, Rwanda will soon have access to a new cancer treatment that will save resources and elevate quality of care.

Eric, 18, does his homework with Clementine, 52, a fellow cancer patient staying at the Butaro Cancer Support Center while receiving outpatient care. *Photo by Pacifique Mugemana / Inshuti Mu Buzima (PIH Rwanda)*

Uwimana Marie Gorethe speaks with oncology program manager Jean Bosco Bigirimana while receiving chemotherapy treatment at Butaro District Hospital. She is from Gakenke district, Nemba sector. *Photo by Pacifique Mugemana / Inshuti Mu Buzima (PIH Rwanda)*

CANCER CARE

In delivering quality health care to those historically denied it, our responsibility begins with the needs of individual patients, but it doesn't end there. We are also accountable to our staff, to communities and governments we are privileged to serve, and to the long-term needs of the broader health system.

There's perhaps no better illustration of how those obligations come together — and of the impact we can have when decisions are made with all those factors in mind, even during a pandemic — than through the work of the Butaro Cancer Center of Excellence (BCCoE) in northern Rwanda.

BCCoE is housed within the 150-bed Butaro District Hospital, run by the government of Rwanda and supported by Partners In Health since its opening in 2011. As Rwandan clinicians started seeing an increased cancer burden more than a decade ago — in part due to the government's success in rebuilding the primary care system and improving life expectancy in the early 2000s — the need for expanded cancer capacity became clear. In response, PIH opened BCCoE in 2012 as the first national cancer center in the country.

BCCoE has served more than 10,000 patients over the past eight years, training staff and delivering therapies for breast, cervical, and pediatric cancers, while carrying out surgical biopsies, mastectomies and lumpectomies, all previously unavailable for most Rwandans.

Dr. Louis Mujyuwisha (Pediatric Oncologist), and Nurse Esperance (Pediatric Oncology ward line Manager) walking toward the Butaro Cancer Center of Excellence's infusion center to infuse an intrathecal chemotherapy to pediatric patients. *Photo by Pacifique Mugemana / Inshuti Mu Buzima (PIH Rwanda)*

And yet, there are many important oncology services that still can't be done at BCCoE. One of them is brachytherapy, a type of internal radiation therapy that inserts a radiation source into the body via seeds or capsules for more exact targeting of tumors, often for cancers of the head and neck, breast, cervix, or prostate. For several years, PIH Canada has been supporting medical care, transportation, and social support costs for BCCoE patients who travelled to Nairobi to receive this specialized treatment. This travel stopped during the pandemic — but it also kick-started long-held ambitions to bring brachytherapy services to Rwanda.

With PIH Canada's support, this year our Rwandan colleagues are purchasing Rwanda's first brachytherapy machine, to be located at the public Rwanda Military Hospital (RMH) in Kigali thanks to a close partnership with Rwanda's Ministry of Health.

The new brachytherapy machine will save money over the long term as patients will no longer need to be referred outside the country.

Rwanda's public health insurance program, called Mutuelle, will cover 90% of the treatment costs for patients, and Partners In Health will cover the rest. Patients seen at BCCoE can be referred to RMH, as can other patients from all over the country.

At the same time, a long-anticipated expansion of Butaro Hospital is now underway. Additions will include new isolation spaces, an ICU unit, and imaging services. In the coming year, the BCCoE team will also continue to expand the drug formulary to include more targeted therapies in cancer treatment, provide specialized training for existing personnel, and hire additional staff to expand BCCoE's human resources.

By centering the needs of patients, providing clinicians with vital equipment and supplies, and responding to needs of our public sector partners, PIH continues to leverage our investments for health system impacts over a much wider area — and elevate standards for the high quality care that all people deserve ■

TRANSFORMING MATERNAL HEALTH

From outreach deep into rural communities to high-quality facilities capable of emergency obstetric care, PIH takes a comprehensive approach to reducing maternal mortality.

Partners In Health, local Kono government officials, and representatives from Sierra Leone's Ministry of Health participate in a ground-breaking ceremony for the Maternal Center of Excellence. *Photo by Maya Brownstein / PIH*

EXPANDING MATERNAL SERVICES

A woman in Sierra Leone faces a 1-in-20 chance of dying in childbirth. In Canada, it's 1 in 6,100. While no maternal death is acceptable, the stark difference in risk faced by women in these distinct settings raises the inevitable question: What makes pregnancy, labour and delivery so much more life threatening in resource poor settings? And what can be done about it?

The uncomfortable truth is that most maternal deaths are not caused directly by poverty, but by poor systems — specifically, systems that fail to address three delays: delays in deciding to seek appropriate medical help for an obstetric emergency; delays in reaching an appropriate obstetric facility; and delays in receiving adequate care when a facility is reached. When a maternal health system is designed to eliminate these delays, lives are saved.

Or, as Basimenye Nhlema, Chief Operating Officer of PIH in Malawi, puts it; "Dealing with health challenges like improving sexual and reproductive health outcomes for girls and women can only be effective and sustained if they are comprehensive and integrated into functioning health systems."

Prior to 2006, when PIH was invited by the Government of Lesotho to help support its national health service, most women where PIH now works delivered at home. The alternative was to make an hours-long trek on foot or by donkey down a mountainous road, all in the throes of labour. Most women understandably went with the first option. This effectively denied them access to emergency obstetric care if and when they needed it — a reality that contributed to Lesotho having some of the highest rates of maternal deaths on the African continent.

In the fifteen years that followed, PIH has collaborated with the government to reform the existing system in a way that respects traditional expertise while expanding access to facility-based care. Working in the Thaba-Tseka district, for example, PIH engaged an existing cadre of traditional birth attendants, reinforcing and enhancing their skills so that they could take on new roles as maternal mortality reduction assistants.

These assistants accompany women from pregnancy to post-partum, standing by their side as they attend facility-based pre- and post-natal visits, helping them identify danger signs during pregnancy and, when needed, accompanying them to the health facility for immediate medical care.

In Mexico, Maricruz Morales Hernándex prepares for an ultrasound in her third trimester with obstetric nurse, Mónica Alfaro. *Photo: Partners In Health*

The maternal and newborn ward at Pleebo Health Center in Liberia. *Photo by Jason Amoo / PIH.*

PIH also built maternal waiting homes where women could arrive two weeks before their due dates in order to ensure delivery at the health facility. Through these reforms, PIH has contributed to increasing the rate of health facility-based deliveries in Thaba-Tseka from only 5% in 2009 to 97% in 2021.

Isata Dumbuya, in charge of maternal health for PIH Sierra Leone and a key leader in planning for the Maternal Center of Excellence (scheduled to open in 2023), takes a similar community-based approach to improving access to care.

"We chip away at this a little bit at a time, talking to people, not just staying within the hospital grounds, but going out there in small groups to the villages... trying to find out why they're not coming in," Dumbuya said. "Then from those responses, working with them to put more things in place that would encourage people to seek primary and secondary health care options within the right settings."

In Liberia, in addition to opening a new maternity ward at Pleebo Health Center in February 2021, PIH has built strong, inter-professional teams that extend care from facilities into the community. The PIH Liberia team has also enhanced early diagnosis and referral systems for potential complications through clinical mentorship and supportive supervision of health staff. Nurses provide wraparound support services for young mothers and children at discharge.

While many challenges remain, system-strengthening approaches can put even the most vulnerable mothers and children on the path to a healthy, thriving future ■

SIDE BY SIDE
SUMMARY OF SUPPORT

PIH Canada relies on the generous support of individuals and organizations from across Canada. We thank all of our donors for their exceptional solidarity and continued commitment to global health equity and social justice. Donors and partners at $2,500 or more between July 1, 2020 and June 30, 2021 have been listed.

$1,000,000 +

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The Canadian Medical Foundation
Peg Dawkins
Joseph and Lynne DiStefano
The Elementary Teachers' Federation of Ontario Humanity Fund
Allison Reinheimer Moore
Brian Morris
Ian Reynolds
AJ and Victoria Richardson
SiteRocket Labs
Yaffe Feld Fund

$5,000 - $9,999

Anonymous (3)
Allison and Jason Chang
Horne Family Charitable Fund B
Janine McCready
Derrick Pringle and Laura Price
Suzanne Shoush

$2,500 - $4,999

Anonymous (9)
Andrew Aaron
Kris and Christine Aubrey-Bassler
Alan Cohen
Kai Exos
Allana Fantin
Rocco Fazzolari
Glenn and Joanne Griener
Mikhail Klassen
Craig Lapp
Dale Murphy
Rohith and Gisela Shivanath
Christine Turenne

** Pro-bono services*

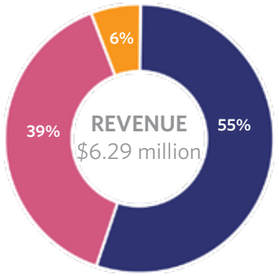
Photo: Partners In Health

FINANCIALS

OUR FISCAL YEAR SUMMARY

FISCAL YEAR 2021 FINANCIAL SUMMARY

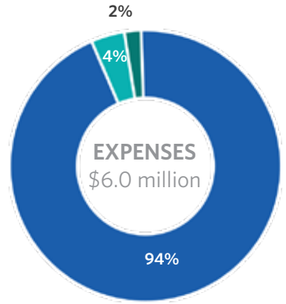
The information below covers Partners In Health Canada's 2021 fiscal year (July 1, 2020 - June 30, 2021). To view our fiscal 2021 audited financial statements, visit **pihcanada.org/financial-statements**.



REVENUE BY SOURCE

- **INDIVIDUALS AND FAMILY FOUNDATIONS (55%)**
- **PUBLIC SECTOR (39%)**
- **INSTITUTIONAL FOUNDATIONS AND CORPORATIONS (6%)**

In fiscal 2021, PIH Canada received $6.29 million in revenue: $3.43 million from individuals and family foundations, $2.45 million from public sector sources (Global Affairs Canada); and $403,712 from institutional foundations and corporations. The total revenue represents 34% growth from fiscal 2020 ($4.69 million).



ALLOCATION OF EXPENSES

- **PROGRAM SERVICES (94%)**
- **DEVELOPMENT (4%)**
- **ADMINISTRATION AND EDUCATION (2%)**

PIH Canada expenses of $6.0 million fiscal 2021 represent a 29% increase from fiscal 2020 ($4.65 million). Nearly all of the increase was related to increased programmatic support to implementation country sites (totaling $5.6 million vs. $4.3 million in fiscal 2020) including Haiti, Lesotho, Liberia, Malawi, Rwanda, and Sierra Leone.

Nyampinga Olive and her child, Ndayishimiye Leonidas, visit Butaro District Hospital in Rwanda to receive care for Leonidas's burn injury. *Photo by Zach DeClerck / PIH*

MGHD '20 graduate students on Butaro Campus following their commencement in August 2020.
Photo: Partners In Health

OUR TEAM

Ebenezer Addei
Director, Finance & Administration

Emily Antze
Senior Manager, Programs & Development

Marleigh Austin
Senior Manager, Programs & Development

Mark Brender
National Director

Alex Burton
Manager, Annual Giving & Engagement

Allison Coady
Senior Development Officer

Cara Peticca
Marketing & Communications Specialist

Tamara Udugama
Development Coordinator

MISSION

Our mission is to provide a preferential option for the poor in health care. By establishing long-term relationships with sister organizations 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.

WHAT MAKES PIH UNIQUE

Since the beginning, it was clear to us that real advancement is only possible through strong partnerships. We partner with national governments, local districts, the private and public sectors, civil societies, and some of the world's most prestigious academic institutions. Only by working closely with our partners can we aspire to bring the benefits of modern medical science to those who need it most.

We are driven by solidarity and compassion. We purposefully take sides with those who have been denied effective and dignified health services, with the vulnerable and marginalized. Our mission is moral, and our goal is to achieve global health equity.

Change is always hard and never quick. PIH recognizes that the lack of health care in impoverished communities is the result of centuries of oppression and neglect; therefore, we make long-term and open-ended commitments to the individuals, families, communities, and countries in which we work.

PIH's fight is for social justice, but we have a clear and demonstrated plan on how to achieve it through service delivery, research, training, advocacy, and health systems strengthening. We believe that access to quality care is a universal human right, and is part of the foundation for a more equitable society.

BOARD

PIH Canada is grateful for the leadership of our Board of Directors in overseeing the organization's operations. Special appreciation goes to our outgoing Chair Rocco Fazzolari and to Trevor deBoer, who are stepping down after nine years on the board; and to Chris Dendys, who assumes the position of Interim Chair.

BOARD OF DIRECTORS

Chris Dendys (Interim Chair)
Marika Anthony-Shaw
Andrew Boozary
Trevor deBoer^

Adrienne Chan
Paul Farmer
Rocco Fazzolari^
Michael Ghobros*

Jia Hu
Hugh Scully
Suzanne Shoush

** New Member in 2021-2022* *^ Term Completed in 2021*

SOCIALS

Skillz BLA day (or 'Healthy Futures') in Malawi. *Photo: Partners In Health*

STAY IN TOUCH

@PIHCANADA

@PartnersInHealthCanada

@PIHCANADA

@PIHCanada

890 Yonge St., Suite 603
Toronto, ON, M4W 3P4

pihcanada.org
(416)646-0666

Charitable Registration Number 80367 0660 RR0001

University Hospital in Mirebalais, Haiti. *Photo: Partners In Health*

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