



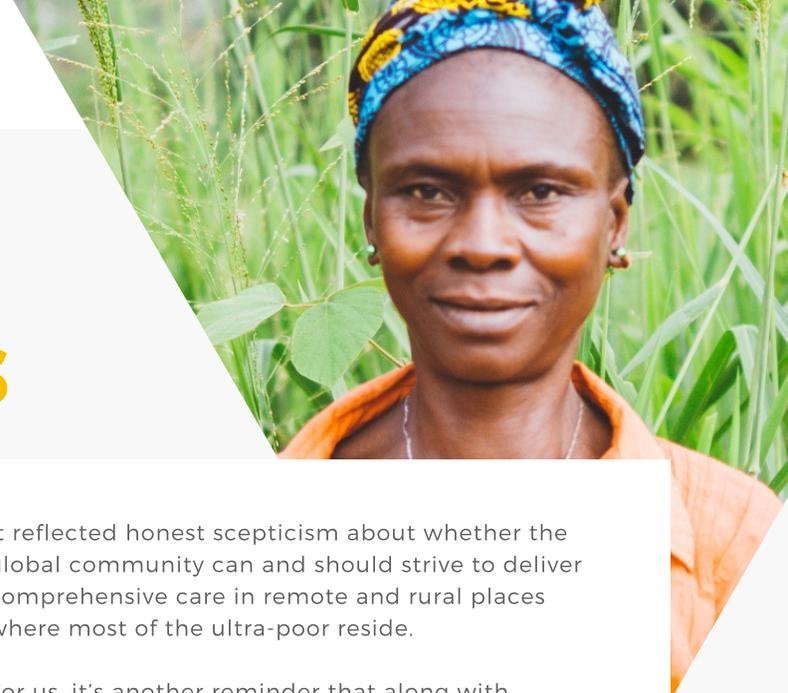
**Partners
In Health**
CANADA



ANNUAL REPORT 2018

a year's overview

THE STORIES OF OUR BOSSES



Every year, in every country where we work, Partners In Health strives to provide our patients – also known as ‘our bosses’, as front-line staff remind us – with the best care we know how to deliver. Our patients are among the most vulnerable people in the world, their health and communities negatively impacted by poverty and social forces beyond their control. If anyone deserves time as boss, it’s them.

The bosses see nothing controversial about the PIH mission of providing high quality health care to people in dire need wherever they live. We are grateful and humbled that our growing numbers of PIH Canada supporters feel the same way, though we know this assumption is not always shared.

Mark attended a conference in Toronto this summer focused on improving the lives of the 700 million people globally who live on less than \$1.90 USD/day. In a post-panel discussion, a prominent member of Canada’s international development sector wondered aloud whether health care actually ‘works’ for the ultra-poor. Empowering the ultra-poor requires addressing social perceptions around blame and stigma, as well as erecting safety nets in the obvious places: food, water, education, purchasing power. This much was agreed. But health care? For those who are most marginalized and disconnected from mainstream support systems, when deciding what needs to be done, was health care really the best investment?

Outrageous as it was, the comment was measured and not intended to be deliberately provocative.

It reflected honest scepticism about whether the global community can and should strive to deliver comprehensive care in remote and rural places where most of the ultra-poor reside.

For us, it’s another reminder that along with changing bed sheets and medications and bandages, changing mindsets of what is possible and how health care delivery can be most effective is also our responsibility.

It’s the reason we tell the stories of our patients and practitioners, again and again, to prove that the work so frequently dismissed as untenable is actually happening, every hour of every day. It’s why we talk endlessly about the necessity of trained, supervised and compensated community health workers linked to other levels of care for any health system that successfully serves the rural poor where they live.

In this Annual Report, you’ll read about Dr. Faikha Colinet and Dr. Jimmy Plantin, two of Haiti’s first homegrown emergency medicine physicians, trained and now practicing at University Hospital of Mirebalais. You’ll learn about Idah Mtunduwatha, a community health worker in Malawi who shows that love and compassion are part of the secret sauce of this work. And you’ll hear about one of our young bosses, one-year-old Marcellus Adnelson, a patient in a malnutrition program in the mountains of Haiti. Your generosity to PIH Canada allows us to serve Marcellus well.

Rocco Fazzolari
Chair, Board of Directors

Mark Brender
National Director

Malawi

THE POWER OF INDIVIDUAL COMPASSION

Idah Mtunduwatha has worked as a community health worker (CHW) with PIH in Neno District, Malawi, since 2017. A mother of one, Idah's responsibilities include providing health education and screening services to her assigned households, visiting patients with non-communicable diseases and HIV to ensure they are taking their medicines, and following up with patients who have lapsed from care. But, to one of her client's children, Idah is far more than just a CHW.

Mary (a pseudonym) was one of Idah's patients before her death in March 2018. Mary lived with HIV for many years. She was widowed and received little support from family members. When her health began to fail, she asked Idah to help look

after her children whenever she was hospitalized. Throughout the last year of Mary's life, Idah was the closest companion Mary had. Idah would escort her to the hospital, look after the children and make sure that Mary's children who were also living with HIV were taking their medication daily.

Whenever Mary was admitted to the hospital, she would get support from Partners In Health through the POSER program (Program On Social and Economic Rights). The program provided Mary with food while she was in the hospital. With the help of a private donor, PIH was also able to build Mary a house last year, as the lack of proper housing for her and her children was a source of great concern especially as her illness worsened.

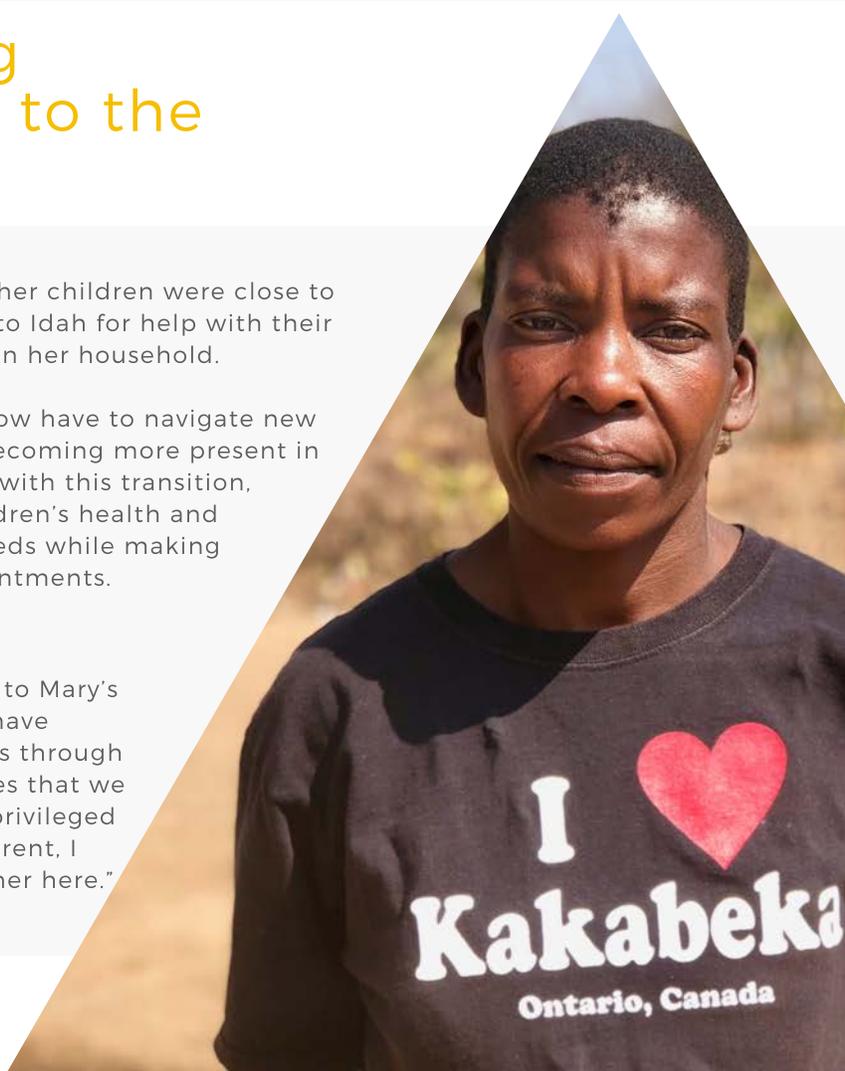
"...we are able to bring smiles and happiness to the less privileged..."

Sadly, when Mary passed away, the only adult that her children were close to and could rely on was Idah. The children now turn to Idah for help with their problems, and often visit to play with the children in her household.

With the passing of their mother, Mary's children now have to navigate new relationships with their family members who are becoming more present in their lives. Idah has been there with them, helping with this transition, providing relatives with information about the children's health and encouraging them to take care of their medical needs while making sure that they continue to attend their clinic appointments.

Reflecting on her role as a CHW, Idah said:

"I am thankful to PIH for the services it is providing to Mary's children. Without this support the children would have suffered a lot... I am humbled to have this job as it is through this job and other types of support that PIH provides that we are able to bring smiles and happiness to the less privileged like these children. Although they lost their only parent, I am glad we can help them feel like they still have her here."



RAISING STANDARDS IN THE ER

Q&A with Dr. Jimmy Plantin

As one of Haiti's first locally trained emergency medicine (EM) physicians, you see some of the most difficult cases in the country at University Hospital of Mirebalais. What keeps you going?

From the beginning we knew that it would be difficult and we were prepared to face certain challenges. Every day, we admit cases that are both difficult and complex, and there are several reasons for this: perhaps the patient was not able to come to the hospital any earlier, or perhaps they were not able to receive adequate care due to lack of sanitation, limited resources, or limited access to trained personnel.

This is why we understand the importance of continuing to educate future generations of emergency doctors to meet the great demand in our country for this type of care. Just a few years ago, the majority of emergency cases were given

to newly-graduated residents who did not have adequate training in emergency medicine. We will forge ahead in our mission to educate new generations of emergency doctors so that, going forward, the sickest patients are cared for by the most qualified personnel.

Looking back to when you started your residency in 2014, what are you most proud of?

My colleagues and I were very enthusiastic about becoming emergency medicine pioneers. We knew that there was great need and that we would have to make sacrifices, work hard, and learn as much as we could from our instructors, who for the most part were emergency doctors from Canada and the USA, I am particularly proud of what we were able to learn in just three years and the fact that we will be able to teach future Haitian emergency doctors ourselves.



Q&A with Dr. Faikha Colinet

What should people in Canada know about young physicians working in Haiti? What can people here do to support your work?

There are so many patients and people are very sick. We are the busiest service in the hospital, and we are supporting other hospitals in Haiti trying to start EM too, so I think people in Canada could help us with hiring more core faculty to support and help us to teach the future residents. It's difficult for us to help all the residents and what we want is to be there for everyone. We would also like to benefit from ongoing training in order to help the residents.

For students just starting their EM residency, what would be your words of advice?

Sometimes it can be challenging taking care of a patient with stress. Sometimes parents don't understand you. But as Dr. Paul Farmer always says, the emergency medicine residency is "the front door" of the hospital, because everyone will come to us and we will be the first ones to see the patient in their worst condition. Then we will see how the patient is getting better in front of us and we will see that same patient saying thank you to us when they are leaving. For me, this is the best pleasure you can have as doctor.

EM residency graduates Dr. Faikha Colinet (left) and Dr. Jimmy Plantin pose for a quick photo before returning to the busy emergency room at University Hospital of Mirebalais. Photo courtesy of Zanmi Lasante.

Haiti

BRINGING CARE TO COMMUNITIES

When he first arrived in January 2018 at the mobile malnutrition clinic in Goyavier, near Saint-Marc, Marcellus Adnelson was 12 months old but weighed only 4.9 kg (10 lbs, 13 oz.). He was exceptionally thin, with sunken eyes, rust-coloured hair and an alarmingly small upper arm circumference. The nursing staff who saw him reported that he looked like a "little old man".

Marcellus is the youngest of six siblings. His single mother supported the family through agriculture and informal small business, but was struggling with crop losses due to drought and flooding. Marcellus's sister brought him to the mobile clinic worried about his cough, weight loss and appetite, and the nursing staff quickly diagnosed him with severe malnutrition.

Children like Marcellus would typically be referred to the health centre in Saint-Marc for weekly visits, but the facility is 1.5-hours from Marcellus's home. The \$5 transportation costs were prohibitive for his family, and his mother could not afford to take time away from her other children and her work. The mobile clinic was much more accessible to his family. It probably saved his life.

Over the next eight weeks, Marcellus was treated with the ready-to-use therapeutic food product, Nourimanba, produced locally by Zanmi Lasante (PIH Haiti). He received antibiotics, multivitamins, iron supplements, and a deworming agent. Nurses closely monitored his progress and watched his health improve dramatically; by his eighth week of treatment, he had reached 6.8 kg (15 lbs) with an upper arm circumference of 102 mm. The nurses downgraded his status to moderate acute malnourishment and continued his treatment with Nourimanba. A complete pediatric evaluation in Saint-Marc confirmed Marcellus showed no signs of complications, and a pediatrician recommended that his treatment and follow-up be continued in the community.

Marcellus's severe malnutrition has been reversed and he is on course to grow up healthy and strong.

▶ Right: Marcellus Adnelson, 1 year old, sits with his mother after 8 weeks of treatment at a mobile clinic in Goyavier, Haiti. Courtesy of Zanmi Lasante



Canada

BUILDING A MOVEMENT

PIH Canada Spark, a self-organized collective of volunteers across Canada, builds movements for global health equity and social justice. Dedicated volunteers support the mission of PIH through public education, fundraising, and engagement. Dilani Logan, PIH Canada Spark Coordinator shares her motivation for getting involved:

“ Every time I read an article or watch a story about PIH's incredible journey, I'm reminded of the enormous impact a small group of dedicated people can make. Through Spark, I feel that sense of joint passion. What I love most about Spark and PIHC is the sense of camaraderie around raising awareness and starting a movement in Canada for global health issues.”

DILANI LOGAN



THANK YOU TO OUR SUPPORTERS

Partners In Health Canada relies on the generous support of Canadian individuals and organizations from across the country. We thank all of our donors for their exceptional solidarity and commitment to global health equity and social justice. Gifts of \$1,500 or more between July 1, 2017 and June 30, 2018 are listed below.

\$100,000 +

Canadian Foodgrains Bank /
Presbyterian World Service &
Development

The Dianne and Irving Kipnes
Foundation

Pathy Family Foundation

The Pindoff Family Charitable
Foundation

The Primate's World Relief and
Development Fund

The Samuel Family Foundation

The Slight Family Foundation

\$10,000 - \$99,999

Anonymous (3)

Kathleen Byers and William Farr

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Grand Challenges Canada

Horne Family Charitable
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Alexandra and Brad Krawczyk

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Unifor Social Justice Fund



We support PIH because its approach of accompaniment demonstrates faith in people. PIH supports people with thoughtful, holistic systems change that enables human capability. No ideology, just sophisticated long term problem solving. The result? Sustainable health for all. PIH is a game changer."

**PERRY CAICCO AND
ANN PEEL**

\$5,000 - \$9,999

Anonymous (1)

Duncan Dee and Mary O'Neill

Focus On Development

Derrick Pringle and Laura Price

\$1,500 - \$4,999

Anonymous (6)

Ali Ardakani

Allan Brender and Freda
Gottesman-Brender

Mark Brender and Anne-Marie
Kaskens

Alexander Ervin

Rocco Fazzolari

Estate of Lilian May Hadfield

Andrew Jainchill

Timothy Kingsbury

Vahan and Susie Kololian

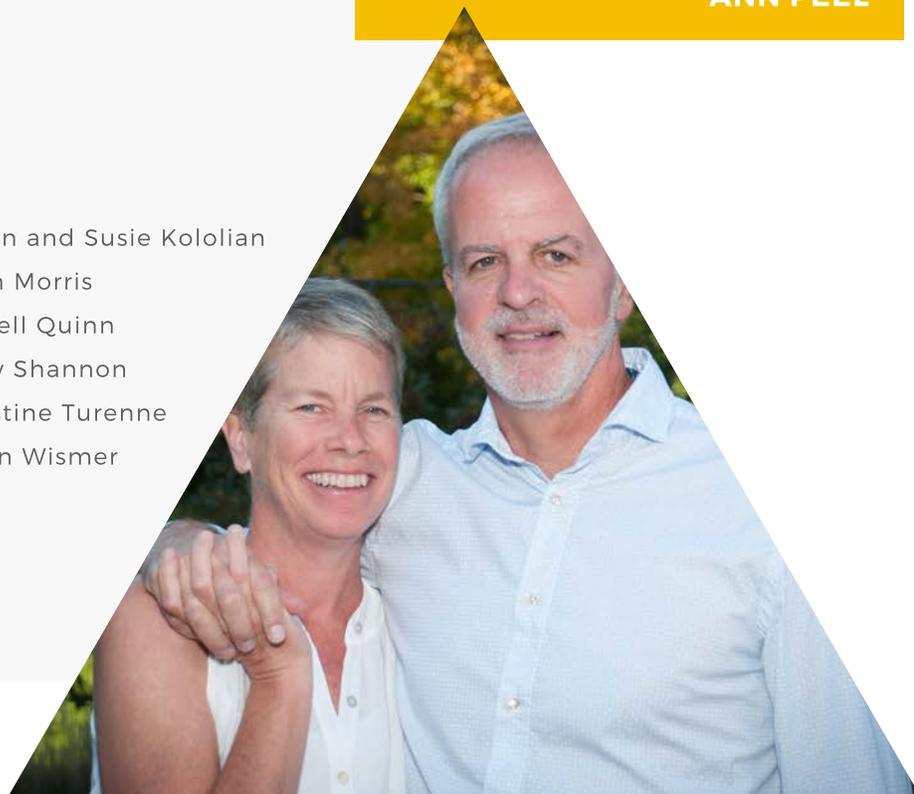
Brian Morris

Russell Quinn

Tracy Shannon

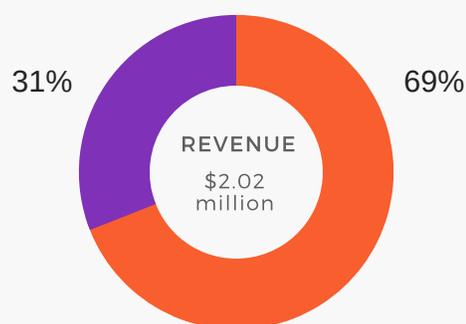
Christine Turenne

Susan Wismer



FISCAL YEAR 2018 FINANCIAL SUMMARY

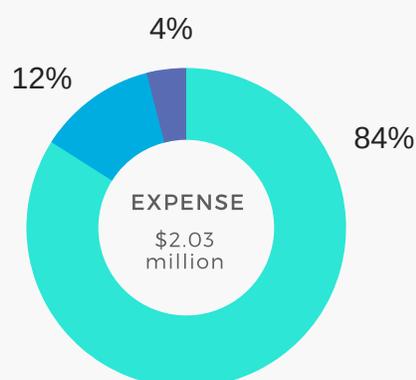
The information below covers Partners In Health Canada's 2018 fiscal year (July 1, 2017 - June 30, 2018). To view our fiscal 2018 audited financial statements, visit www.pihcanada.org/financial-statement.



REVENUE BY SOURCE

- Individuals and Family Foundations (69%)
- Foundations and Corporations (31%)

In fiscal 2018, PIH Canada received \$2.02-million in revenue. Approximately \$1.4-million came from individuals and family foundations and \$621,000 from foundations and corporations. The total revenue represents a 9% increase from fiscal 2017 (\$1.86-million).



EXPENSE BY PROGRAM AND ALLOCATION OF EXPENSE

- Program Services (84%)
- Development (12%)
- Administration (4%)

PIH Canada expenses of \$2.03 million in fiscal 2018 represent a \$194,000 increase over the previous year. Nearly all of the increase was related to increased programmatic support to country sites (totaling \$1.69-million vs. \$1.15-million in fiscal 2017) including Haiti, Liberia, Malawi, Rwanda, and Sierra Leone.

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