



ANNUAL REPORT 2025

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Explore our care-delivery sites through highlights from this year



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DEAR FRIENDS,

When I think of Partners In Health, I invariably reflect on the personal relationships at the heart of our work. This particularly applies over the past year, when so many lives have been thrown into crisis by U.S. attacks on foreign aid, alongside a broader retrenchment across the global aid landscape. In times of uncertainty, it's the individual connections we have to each other and to this inspirational mission, rooted in social justice, optimism, and health for all, that keep us moving forward.

Social medicine, as Paul Farmer reminded us, teaches that the best relationships between health care providers and communities they serve are personal as well as clinical. Similarly, personal relationships between PIH staff across time zones and continents provide comfort through challenges; successes in one clinic, one hospital or one country are celebrated by all.

None of this would be possible, though, without the personal connection so many of you have with Partners In Health.

The majority of PIH's funding, globally and in Canada, comes from individuals. If you're



like me, the PIH commitment to treat patients "as we would do if a member of our own families or we ourselves were ill" has deep resonance because it's a statement about what all people deserve. I want to be in company and build relationships with others who feel the same way.

Those people—our people—are found in these pages and all who read them. I hope you take personal pride in accomplishments shared here, from the mountains of Lesotho to central Haiti to coastal Peru and everywhere in between. They truly belong to all of us.

With appreciation,

Markefrend

Mark Brender National Director

THE WORLD Woh't CHANGE ohiTS OWN

AROUND THE WORLD.

Partners In Health (PIH) fights injustice by providing high-quality medical care and social support while working hand-in-hand with local governments to strengthen health systems. PIH is translated differently across the four continents where we work, adapting to the local context and language.

NAVAJO NATION
Community Outreach & Patient Empowerment

UNITED STATES Coordination Site

UNITED STATES PIH-US

HAITI Zanmi Lasante
Compañeros En Salud

17,310 PIH-SUPPORTED STAFF GLOBALLY

FACILITIES SUPPORTED

PIH SITES WORLDWIDE

PERU Socios En Salud SIERRA LEONE PIH Sierra Leone LIBERIA PIH Liberia

RWANDA
Inshuti Mu Buzima +
University of Global Health Equity

MALAWI Abwenzi Pa Za Umoyo

LESOTHO PIH Lesotho On the map, you will see our sites from July 2024 to June 2025. PIH also serves in partnership as a technical advisor in locations around the world that aren't labeled on this map.

PIH Site

KAZAKHSTAN

PIH Kazakhstan

Coordination Site

University Site

YouR **IMPACT**

These numbers help demonstrate what's possible when people have access to the right care whenever they need it. We encourage you to look at the people behind each statistic on this page, recognizing every number as someone from across the world who receives care and support thanks to your generosity.





2.2 million

FAMILY PLANNING CONSULTATIONS

showing a 14% growth in consultations since 2022

TESTS & SCREENINGS

Crucial to detect, treat, and help prevent disease

HIV TESTS

206,600 performed

TB TESTS

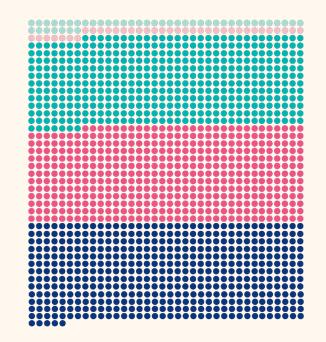
42,400 performed

CERVICAL CANCER

21,500 women screened

WHAT YOUR GENEROSITY MADE POSSIBLE

Patient care supported across PIH programs in 2024*



*Each dot in the graph represents 100 people

- **4,300** children enrolled in malnutrition care (Haiti)
- **2.600** patients started on TB treatment
- 43,300 patients receiving mental health support
- **9** 46,100 patients receiving HIV care
- 47,300 noncommunicable disease patients in care



EMAILS SENT

by PIHC supporters to Parliament through PIHC advocacy tools

STUDENT CHAPTERS

mobilized across Canada

Your support helped millions of patients this year —

THE NEXT GENERATION OF HEALTH LEADERS

Strengthening local workforces through equity-centered training, mentorship, and personalized professional advancement

30.000+ USERS

of our Centre for Global Health educational programming in Peru, from 137 countries

330 **GRADUATES**

from UGHE's Master of Science in Global Health Delivery program since 2015

287

GRADUATES

across 10 specialties trained through our medical education program in Haiti since 2012



160,800

MENTAL HEALTH VISITS

showing nearly 32% growth in visits since 2022

124,700 **INPATIENT VISITS**

3.4 million **OUTPATIENT VISITS**



293,800

MALARIA CASES TREATED

across PIH sites that have some of the highest burdens of the disease in the world

Determination CAN RADICALLY TRANSFORM the world



STORIES OF INFLUENCE

HIGHLIGHTING OUR IMPACT ON APPROACHES TO GLOBAL HEALTH

Partners In Health was founded to advance health care as a human right—for everyone, everywhere. Your partnership is a testament to what is possible when we refuse to accept lower standards for others. Together, we are building a future where dignified care is not the exception, but the norm—informing global policy & research, improving access, and shaping the future of health care delivery. —>

↑ Accompanied by live music, PIH Sierra Leone staff marched through town to Koidu Government Hospital in honour of the site's 10-year anniversary. *Photo by Chiara Herold / PIH*

THE FUTURE OF PUBLIC HEALTH FUNDING

In 2025, the U.S. administration carried out an unprecedented attack on global health funding, destabilizing decades of progress. By revoking \$8 billion in foreign aid, systems of care were dismantled, patients abandoned, and clinics shuttered. While Canada has not pursued cuts of the same scale, recent reductions in international assistance have limited our collective ability to respond to escalating global health crises.

PIH's funds remain intact, but our work has been deeply affected as public institutions and long-term partners faced sudden shortfalls that put millions of lives at risk. These shifts undercut hard-won progress in health system strengthening. In response, we are pivoting quickly: activating our networks, standing in solidarity with those most affected, and pushing forward with urgency.

More than **225 supporters** signed the Global Health Justice Pledge and sent letters to their Members of Parliament, demanding action and a renewed commitment to health equity worldwide. Our supporters are amplifying their voices and strengthening a movement that refuses to accept health as a privilege.



Photo by PIH Canada

"PIH Canada is fortunate to have passionate, courageous supporters who are willing to speak out and take action for global health and social justice. *Thank you!*"

EMILY ANTZE

Associate Director, Policy & Advocacy





Global Health **Justice Week**

In April 2025, our community came together for a five-day digital challenge that encouraged people to slow down, learn intentionally, and take small actions that raise awareness. Participants dug into patient stories, hunted for hidden clues across our website, joined conversations on global health justice, and tried new ways of advocating in their own circles.



IN SOLIDARITY

"There will be no equity without **SOLIPARITY.** There will be no justice without a Social Molement. "

DR. JOIA MUKHERJEE

PIH Senior Advisor to the CEO, Clinical & Academic Strategy



↑ A NATIONAL GUIDE FOR TREATING POST-TB LUNG DISEASE Socios En Salud. as PIH is known in Peru, is working alongside the local Ministry of Health and the Peruvian Society of Pulmonology to develop the first national guidelines for treating post-tuberculosis (TB) lung disease. The development of this guide marks a milestone in the management of TB in Peru. For the first time, it prioritizes the care of those who face TB's aftereffects. Photo by Diego Diaz Catire / PIH



Nine-month-old Lereko. Botsabelo Hospital's youngest MDR-TB patient, is cared for by his great-grandmother as community nurses support his daily treatment. Photo by Cecille Joan Avila / PIH



ADVANCING EQUITY IN TB CARE

Tuberculosis (TB) remains the world's deadliest infectious disease despite being preventable, treatable, and curable. Millions continue to fall ill simply because of where they live, with those in impoverished communities routinely denied access to lifesaving care.

In 2024, Partners In Health Canada authored the TB & Gender Report, revealing how stigma, gender roles, and inequities determine who receives care. The report highlights practical solutions already driving change: mobile screening camps in Pakistan that doubled women's participation; Zambia's commuter-route clinics reaching men who rarely seek care; and India's 99DOTS initiative reducing stigma

while supporting treatment at home. The evidence is clear: gender-responsive approaches improve detection, treatment outcomes, and equity.

These findings build on decades of PIH leadership proving TB care is possible for all. In Lesotho, PIH is implementing the Search, Treat, Prevent model as a national strategy, while PIH-led research helped inform WHO approval of safer, shorter regimens. Together, these efforts bring us closer to a world where every person will be able to receive effective TB treatment.





CELEBRATING TWO DECADES OF WORK IN RWANDA

In 2025, Inshuti Mu Buzima (IMB), as PIH is known in Rwanda, turned 20. In 2005, PIH was invited by the Rwandan government to focus on providing antiretroviral therapy to address HIV in rural communities. Since then, IMB has supported the national health system in also addressing noncommunicable diseases, malnutrition, cancer, mental health, developmental delays, and other conditions while continuing to prove how local innovation can drive national transformation.

"We are humbled that many IMB initiatives have resulted in broader and sustained impact across the national

health system," said Nadine Karema, IMB executive director. "Our success is primarily attributed to enduring local partnerships with the Government of Rwanda, the communities, and the generous supporters of our work."

As we look to the future, IMB will carry on fostering hope through improved, accessible health care. With your support over the past 20 years, IMB has worked jointly with the Rwandan government to serve as a model for health care across Africa.

as PIH is known in Rwanda, gather for Global Health Justice Week, a week of action to honour the legacy of late PIH Co-founder Dr. Paul Farmer. Photo by Pacifique Nshuti Mugemana / PIH

At Butaro Level II Teaching Hospital in Rwanda, a medical oncologist, Dr. Nicaise Nsabimana, provides care to Musabyimana Esperance, a patient diagnosed with breast cancer with lung metastasis. Photo by Asher Habinshuti / PIH



STORIES FROM THE FRONTLINE

In spring of 2025, PIH Canada hosted Stories from the Frontline, a panel featuring Dr. Gerald Ekwen, Chief Surgeon at PIH Liberia, and Dr. Eugene Niyirera, Surgical Lead at PIH Sierra Leone. Fresh from a month-long surgical exchange at Queen's University and Kingston Health Sciences Centre, Dr. Ekwen and Dr. Niyirera shared how PIH's efforts are improving access to lifesaving surgeries in Liberia, Sierra Leone, and beyond. Photo by PIH Canada

RADICALLY REDUCING MATERNAL MORTALITY

The Paul E. Farmer Maternal Center of Excellence will begin providing patient care in early 2026, following the ribbon cutting in October 2025. The opening of this new facility at Koidu Government Hospital in Kono, Sierra Leone, is made possible by thoughtful partners like you. Photo by Abubakarr Tappiah Sesay / PIH



Photo by Chiara Herold / PIH

10 YEARS OF IMPACT IN WEST AFRICA

Your generosity and accompaniment have sustained over a decade of patient-centered care in Liberia and Sierra Leone.

The Ebola epidemic that hit West Africa in 2014 proved a critical point: health emergencies require strong systems, not just emergency response. Since PIH began working alongside both governments in 2015, your support has helped strengthen health systems in both countries. PIH's efforts have included opening the first and only multidrug-resistant tuberculosis ward outside Monrovia, Liberia's capital, and helping to lowering Sierra Leone's maternal mortality rate by more than half, even before opening the Maternal Center of Excellence. Ten years on, PIH's investements in West Africa stand as a powerful reminder of what long-term partnership can achieve.



Training the Next Generation

Africa carries 24 percent of the global disease burden but has only three percent of the global health workforce. The University of Global Health Equity (UGHE) helps close this gap by training future health leaders from across the continent. Ranked fourth among universities in sub-Saharan Africa by Times Higher Education, UGHE—supported by the Rwandan government, the Gates Foundation, and other generous donors is preparing clinicians and researchers to build more equitable health systems worldwide.

ACT BOLPLY OUT OF LOVE FOR OTHERS



STORIES OF CARE

COMPREHENSIVE HEALTH SERVICES CENTERED ON PATIENTS

We provide care to communities who are often left behind. With strength, compassion, and a deep desire to heal the world, patients remain at the heart of all our work. You help make this transformative care possible for those who have suffered from past and present injustices. —>

↑ Nutritionist Andrea Flores checks in with Marvin and his mother, Elva Calle, during a home visit as part of Socios En Salud's Maternal, Infant, and Adolescent Health Program in Peru. Photo by Diego Diaz Catire / PIH

MOBILIZING CANADIANS FOR EQUITABLE CARE

In November 2024, PIH Canada supporters, advocates and partners came together in Toronto for Staying Power, an inspiring evening of community building and mobilization for global health equity. The event sparked new connections and renewed momentum among Canadian supporters taking action for health as a human right.

Photo by PIH Canada





Photo by Nishant Chandrasekar / PIH

A Home for Healing from TB

Housing is one of many factors that can help patients with tuberculosis (TB) recover. After 4-year-old Pauline Baker received treatment for multidrug-resistant TB in Liberia, adequate housing was crucial to her long-term health. Dr. Maxo Luma, PIH Liberia executive director and the clinician who initially diagnosed Pauline, collaborated with the local health department and community to build a home for Pauline and her mother, Agatha. Through comprehensive support, you're helping our patients break the cycle of poverty and disease.





Photo by Janissa Delzo / PIH

Tuberculosis Contact Tracing

After a tuberculosis (TB) diagnosis, the crowded home of 73-year-old Thobei Tlake became a high-risk environment for exposure. From left, Ts'eliso Tobaka and 'Maposholi Posholi, PIH Lesotho TB screeners, visited Tlake's home to screen the eight others living there for infection. When their tests returned negative. Posholi recommended that they take daily TB preventive medication to mitigate their risk. Through thoughtful intervention, PIH Lesotho is bringing hope to families like Tlake's for a healthier, TB-free tomorrow.



Despite experiencing common tuberculosis (TB) symptoms, Rhoda Mbengo kept testing negative at a local clinic near her home in Malawi. Looking for answers, she was referred to Neno District Hospital, supported by Abwenzi Pa Za Umoyo (APZU), as PIH is known locally. There, a chest X-ray finally revealed her infection.

From October 2023 to April 2024, Mbengo embarked on her journey to recovery, adhering to her medication and attending each appointment. Unfortunately, at the end of her treatment, the APZU team discovered she had developed

fibrotic lesions, areas of scarring that thicken and stiffen lung tissue, due to her infection.

APZU clinicians recommended physical exercise and a specialized three-month therapy program at Neno District Hospital for patients who face challenges following TB treatment. APZU also supported Mbengo by providing housing and food.

On June 30, 2024, Mbengo finally returned home, radiating a newfound energy thanks to the care she received.

SUPPORTING THE RIGHT TO HEALTH CARE

At 31 years old, Samuel Musabimana, paralyzed from the waist down and without a diagnosis, thought he was going to die. Having spent all his savings trying to get answers in other clinics, he heard about Inshuti Mu Buzima (IMB), as PIH is known in Rwanda, and its support for patients unable to afford care. Desperate for answers, he sought help.

He joined IMB's Right to Health Care program—which ensures people in poverty can access specialized medical services and support without financial barriers—and was diagnosed with extrapulmonary tuberculosis (TB), which affects the body outside the lungs.

PIH covered the cost of Musimbimana's care and social support. Now, after nearly two years of medication and physiotherapy, Musabimana has regained his strength and can manage daily tasks on his own, activities he once thought impossible.



Comprehensive Treatment Restores Hope

When the PIH Kazakhstan team first met Igor*, he was in despair after being diagnosed with tuberculosis (TB).

"If I don't go to work, everything will collapse," Igor told his treatment team. "The world will simply fall apart."

Starting in August 2024, with PIH-supported therapy, he found renewed hope, and he was empowered to care for himself and his family. Now, Igor continues treatment with hope for the future. He is a responsible father and husband, knowing that to take care of others, you must start with yourself.

Sia Fengai and her newborn daughter, also named Sia, return home after recovering from her cesarean section at Koidu Government Hospital in Sierra Leone. Photo by Chiara Herold / PIH Tour IMPACTIVE Sierra Feone ,270 LIFESAVING C-SECTIONS performed at Koidu Government Hospital

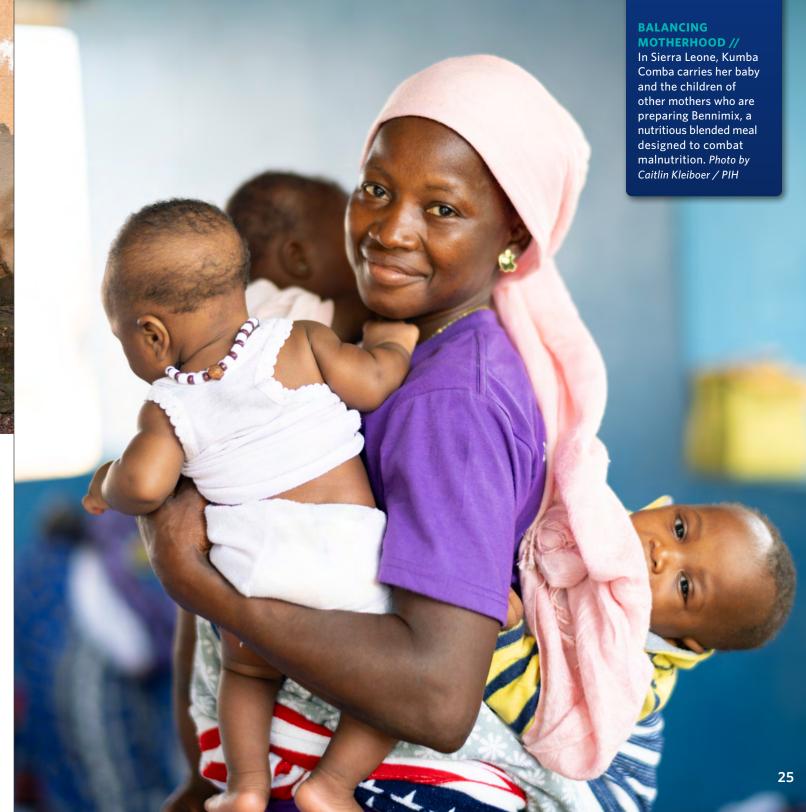
THOUGHTFUL CARE FOR A HIGH-RISK PREGNANCY

Sia Fengai stopped eating when the smell of fish—her favorite food—became unbearable. At a local health clinic in Sierra Leone, she learned she was pregnant.

Due to her petite frame and height—less than 5 feet—her pregnancy was classified as highrisk, and she was referred to PIH Sierra Leone. On October 1, 2024, Fengai was admitted to the maternal waiting home at Wellbody Clinic to receive care before her delivery.

When she reached 39 weeks and 6 days, Fengai was transferred to PIH-supported Koidu Government Hospital (KGH) for a cesarean section. On October 29, her baby girl, also named Sia, was born.

From the close monitoring at the maternal waiting home to KGH's blood bank and the skilled surgeons who ensured a safe and successful C-section, your support enables PIH Sierra Leone to provide quality maternal care for patients like Fengai. With the opening of the Maternal Center of Excellence on KGH's campus next year, even more women like her will have access to the comprehensive maternal care they deserve.





Supporting Every Child's Potential

Inshuti Mu Buzima (IMB), as PIH is known in Rwanda, helps families thrive through its Pediatric Development Clinic. The program offers structured medical, nutritional, and developmental care to high-risk children. Thanks to donors like you, the program also offers psychosocial support, health education, parenting guidance, and transport assistance for families facing financial hardship. IMB aims not only to treat the child but also to improve the well-being of the whole family.

5,000+
CHILDREN HAVE
BENEFITED
from the Pediatric
Development Clinic
since 2014



Photo by Francisco Terán / PIH

A MODEL OF CARE CENTRED ON WOMEN

Compañeros En Salud (CES), PIH's sister organization in Mexico, has built two spaces centred on women's health and rights known as Casas Maternas—one in Jaltenango and one in Siltepec. In each Casa Materna, CES's team of midwives, nurses, and clinicians has worked to improve the experience for women in local communities, ensuring every patient feels confident, respected, and comfortable seeking care.

These spaces were created in collaboration with the community, reflecting local needs and priorities. The respectful childbirth model recognizes patients' autonomy and empowers them to make decisions about delivery, including birthing positions, medication preferences, and labour room setup. By offering a space grounded in dignity, equity, and support, CES is shaping a model for maternal health care that prioritizes the well-being of women, babies, and families.



LIFESAVING MATERNAL WAITING HOMES

Determined to have a safe delivery, Ntsoane Mofao traveled to Nohana Health Center's maternal waiting home, one of 73 such homes supported by PIH Lesotho. These homes provide a place for women from remote areas to access medical professionals before and after delivery. Photo by Justice Kalebe / PIH

A MIDWIFE'S PERSPECTIVE

Martina Wesseh, officer in charge of PIH-supported Edith Wallace Health Center, can testify to the significant improvements in making patient care accessible with PIH Liberia's support. She recalls a woman who, afraid she couldn't afford an ambulance, was shocked to discover her care would be free because of PIH's public sector partnership. Photo by Luther N. Mafalleh / PIH





INTENSIVE CARE FOR PREMATURE PATIENTS

In January 2025, at six months pregnant, Belita Lameck discovered she would be having twins and was referred to PIH-supported Neno District Hospital in Malawi. The babies were born the next morning, weighing only around 2 pounds each.

Both twins were referred to the hospital's neonatal care unit (NCU) immediately. Unfortunately, one didn't survive. The other, named Chimwemwe Cham'bwinja, remained in the NCU for another month, receiving around-the-clock care to help her tiny body gain strength.

In March, she was finally healthy enough to be discharged from the hospital in the arms of her mother. Chimwemwe is now progressing well and regularly attends the Pediatric Development Clinic for checkups.

"Chimwemwe was born so small and fragile, I nearly lost hope.

But thanks to the CARE from Neno District Hospital, she's now growing strong and healthy."

BELITA LAMECK, mother of Chimwemwe





Photo by Lahai Khumala / PIH

The First Psychiatrist Trained in Sierra Leone

After completing medical school and starting a family, Dr. Haja Jalloh requested a post in psychiatry. She was placed at the PIH-supported Sierra Leone Psychiatric Teaching Hospital, home of the first psychiatry residency program in the country. After her three years of training, she graduated as the first West Africanaccredited psychiatrist in the nation, a milestone not only for her career but also for the future of mental health care in Sierra Leone.



A BEACON OF HOPE DURING CRISIS

As Haiti continues to grapple with severe political instability, escalating violence, and a deepening humanitarian crisis, Zanmi Lasante (ZL), PIH's sister organization in Haiti, continues providing care and hope for countless communities.

For Odilia Paul, 25 (pictured above at right), ZL's mobile clinics have been transformative during this time. Living in a remote mountainous community, Paul has struggled

with daily tasks, such as fetching food or medicine, due to reduced mobility from the loss of a foot. When she heard ZL was hosting a mobile clinic in a nearby village, she was one of the first to arrive the next day, where she received medical care, personalized advice, and medication.

"Thanks to you, I received quality care without spending a penny," Paul said, referring to Zanmi Lasante. 'You went where few others dare to go. You treated us with dignity, and I hope these clinics continue so others



Photo by Johnson Olibry / PIH



A routine visit to a free screening campaign led Isabel Alegre to a life-changing diagnosis: stage II breast cancer. Through the ALMA project, Socios En Salud (as PIH is known in Peru) helped her navigate appointments, exams, and treatment in Peru's complex health system, providing both guidance and emotional support. Early detection allowed Isabel to begin care quickly. Now post-surgery and chemotherapy, she continues treatment and says she finally feels healthier, stronger, and supported.

"My main concern was knowing who could help me, because I don't have the financial means [to face the disease]... If I had arrived alone, I wouldn't have known what to do."

Isabel Alegre, supported through ALMA



Exceptional Support in A Time of Great Need

In July 2025, Partners In Health Canada received a \$1-million grant from The **Slaight Family Foundation** to help sustain essential health services in Sierra Leone and Malawi amid major global funding reductions.

The support reinforces maternal and adolescent care, protects frontline staffing, and helps maintain core operations such as waiting homes, clinics, and in-service training during a period of significant system strain. We are deeply grateful for the solidarity and compassion shown by The Slaight Family Foundation and all of our generous donors.

Stories of CARE // 31



41 RECEIVED SOCIOECONOMIC SUPPORT

to assist their adherence to HIV treatment

353

TRANS WOMEN

accessed free testing for HIV and syphilis

ASSISTING TRANSGENDER WOMEN

Azul is one of more than 30 transgender women in Lima, Peru, participating in new job skills workshops from Socios En Salud, as PIH is known locally. The workshops are part of the JunTrans program, a community initiative that provides health and social support to trans women funded by Gilead. Photo by Diego Diaz Catire / PIH



Following a life-altering intestinal cancer diagnosis, Sania* received mental health support through PIH Kazakhstan's mental health program, where she learned techniques to help manage her emotions and support her recovery. Photo by Serik Kozhabekov / PIH



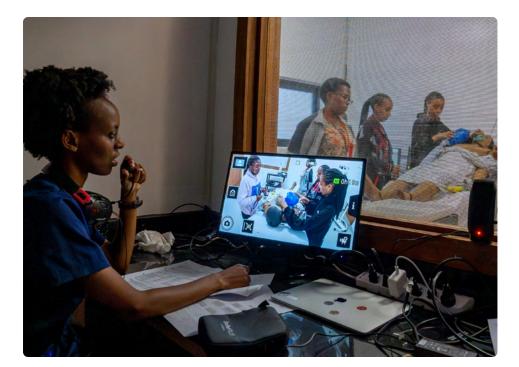




Expanding Academic Partnerships in Canada

Canadian academic and

clinical collaborations supporting the work of University of Global Health Equity (UGHE) in Rwanda are about to get a big boost. **Dr. Phaedra Henley**, the former Inaugural Chair of UGHE's Center for One Health, is stepping into a new role as Senior Advisor of Strategic Partnerships (Canada), with a mandate to elevate UGHE's visibility, foster high-impact academic partnerships, and support recruitment and research efforts.



↑ SIMULATION TRAINING The University of Global Health Equity hosted the Rwandan Simulation Health Equity Network's third consortium, a coalition advancing the use of simulation-based education to address training gaps across the country. With coordinated efforts, Rwandan students everywhere will have the same hands-on practice opportunities. Photo by Asher Habinshuti / PIH



////// Treating Children with Malnutrition ///////

Kedson, barely 16 months old, lost his mother just a month after his birth. Without her breast milk and care, Kedson fell ill. Juma Charles, community health worker with Zanmi Lasante (ZL), PIH's sister organization in Haiti, connected his father with ZL's nurses and nutritionists, who diagnosed Kedson with acute malnutrition and began treatment immediately. Thanks to ZL's under-five malnutrition treatment program supported by Canadian Foodgrains Bank and Presbyterian World Service & Development, Kedson is gaining weight and getting healthier.



LIFESAVING PEDIATRIC SURGERY

In rural Maryland County, Liberia, Dorcas arrived at J.J. Dossen Hospital with a dangerously swollen abdomen after months of pain. Clinicians diagnosed a congenital kidney malformation and performed surgery that saved her life. She recovered over a month in care, where her grandmother says staff treated them with compassion and "never asked for a cent." Photo by Luther N. Mafalleh for PIH

THE GIFT OF A GOAT

This year, Aliness Kasimu was one of the recipients of a goat from Abwenzi Pa Za Umoyo (APZU), as PIH is known in Malawi, through APZU's Program on Social and Economic Rights (POSER). POSER initiatives promote financial resilience and interdependence for vulnerable community members. Photo by Joseph Mizere / PIH



34 Stories of CARE // 35



Canada's Students in Solidarity for Global Health

In 2024, PIH Canada hosted two student-led global health case competitions—one in Toronto in September and another in Vancouver in October bringing together more than 121 emerging leaders to tackle one of the world's most urgent health inequities: maternal mortality in Sierra Leone. Students analyzed structural barriers, historical injustices, and gaps in care, then proposed bold, equity-driven interventions aligned with SDG 3.1 to reduce maternal deaths. Their work exemplified the power of solidarity and fresh perspectives in global health.



Photo by Jessey Dearing / PIH

A GROWING NETWORK: STUDENTS FOR PARTNERS IN HEALTH CANADA

Across Canada, student leaders are building a growing movement for the right to health. Our 10 chapters bring together high school and university students who organize events, spark conversation on campus, and advocate for health equity in their communities.

Together, these chapters engaged 120 active student members, joined 41 monthly check-ins, and attended 5 workshops that helped strengthen support for PIH's work around the world.

"By building real pathways to act, through training and mentorship, students were able to step in and grow a vibrant, expanding right-to-health movement."

ZEINA SHABAAN,

Manager, Digital Communications and Grassroots Strategy



ADVOCATE POR A BETTER existence



VOICES OF PIH

THE PEOPLE WHO ENABLE OUR WORK AROUND THE WORLD

The triumphs, healing, and lifesaving efforts shared in these pages are a fraction of the care made possible by PIH supporters in Canada and around the world. Hear directly from members of the PIH community about what inspires them to give, partner, and stand with us to advance health care as a human right. —>

↑ Dr. Girum B. Tefera, right, HIV/TB program manager at Lakka Government Hospital, where PIH helped open Sierra Leone's first multidrug-resistant tuberculosis treatment program. At left is medical superintendent Dr. Ronnie Harding. *Photo by Chiara Herold / PIH*



Dr. Kangar O. Diggs sees a patient during mobile clinic outreach, organized by PIH Liberia, aimed at caring for and treating the sick in underserved areas. Photo by Ansumana O. Sesay / PIH

LEAVING A LASTING LEGACY

We often hear from supporters who want their impact to extend far beyond their lifetime. Inspired by Dr. Paul Farmer's belief that health care is a human right, many ask how they can help ensure this work continues for future generations.

Legacy giving, such as including PIH Canada in your will or estate plan, is one meaningful way to reflect your values and protect the causes you care about most. Thoughtful planning can bring clarity and peace of mind, while also strengthening the work you believe in.

Every legacy gift, no matter the size, helps us accompany patients, train clinicians, and support communities as they build strong, resilient health systems. It creates a durable foundation for care that will outlast all of us.

If you're thinking about making this kind of lasting commitment, we'd be honoured to speak with you and share simple steps for including PIH Canada in your plans.

Learn more about legacy giving or share your gift intention with our team today.

Contact Laura Kim, Director of Philanthropy, at: Ikim@pih.org | (416) 646-0666



YOUR STORY, YOUR FUNDRAISER, YOUR IMPACT

Many PIH supporters look for ways to deepen their involvement beyond a single gift. For some, hosting a peer-to-peer fundraiser becomes a natural next step: a way to honour a birthday, mark a milestone, or simply share why global health equity matters to them.

These personal campaigns invite friends and family into the story, creating small circles of solidarity that add up to meaningful impact. They reflect what this movement is built on: people reaching out to one another, using whatever they have to help ensure care reaches those who need it most.

If you're curious about starting your own fundraiser, you can visit **pihcanada.org/start-a-fundraiser**.

↑ Twitezimbere cooperative members harvest bell peppers in Rwanda's Kirehe District, where PIH's social support programs help families build income and stability. Pictured: Mukaburanga Christine. *Photo by Asher Habinshuti / PIH*



"I was inspired to choose Partners In Health Canada for my 25th birthday fundraiser because of the great work they do to get us a step closer to global healthcare equity. As a previous employee, I saw firsthand how important gifts, big or small, are to advancing this goal. My 25th birthday was the perfect time to rally my network to support PIH, and I would encourage anyone to do the same!"



Rebecca Dyck
MONTHLY DONOR

"For many years I taught nursing in Lesotho, an experience which indelibly marked my world view. The interconnectedness of health policies, global and local structures, economic injustice, human rights and the need for advocacy is manifested in the work of PIH. For the past 36 years I've taught nursing in Montreal, QC, with a particular focus on maternal-child health, and it gives me much satisfaction to know that this is one of the PIH projects in Lesotho. By supporting them, I feel that I'm still contributing to the well-being of mothers and babies there. Thank you PIH for offering us this chance to be involved!" ■

"I first learned about Partners In Health through the Maternal Center of Excellence project in Sierra Leone. What struck me right away was the long-term commitment to community partnership and training, and the clear understanding that quality health care doesn't exist in a vacuum. Health outcomes are shaped by access to food, housing, transportation, and community support, and PIH's dedication to addressing those realities is what really stood out to me.

My experience with PIH has shown me that when enough people refuse to look away from complicated problems and instead choose to act with care, compassion and an understanding of what a community truly needs, long-lasting, positive change is possible and lives will be saved. I respect the work that PIH does so much and it gives me hope for a better future."



Shelby Cockhill

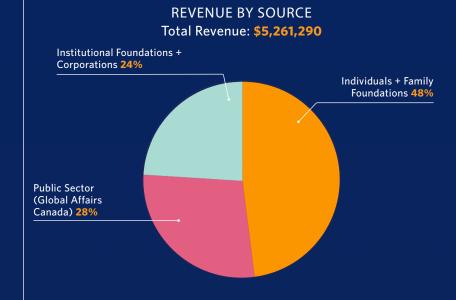
MONTHLY DONOR

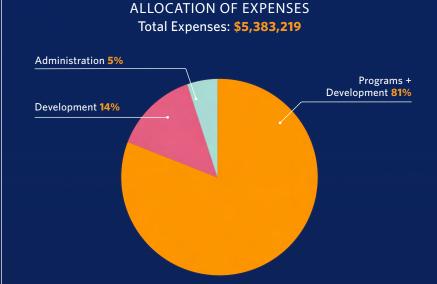
2025 FINANCIAL REPORT

Advancing PIH's mission through sound financial stewardship

PIH Canada is cultivating long-term financial health in alignment with our commitment to bold and sustained action. Guided by our strategic plan, this commitment is rooted in our values and in the belief that building a resilient, financially healthy organization will propel the fight for health as a human right for years to come.

In fiscal year 2025, PIH Canada navigated a challenging funding environment by maximizing our support for PIH care delivery sites to ensure uninterrupted care for patients.





Read our full financial report at pihcanada.org/financial-report-2025

FOUNDERS

Ophelia Dahl

Member, PIH Board of Directors and Board of Trustees

Paul Farmer

Chair, PIH Board of Trustees, In Memoriam

Jim Yong Kim

Member, PIH Board of Directors and Board of Trustees; Chancellor, University of Global Health Equity

Todd McCormack

Member, PIH Board of Directors; Co-Vice Chair, PIH Board of Trustees

Thomas J. White In Memoriam

SENIOR LEADERSHIP

Sheila DavisChief Executive Officer

Yerkebulan Algozhin Executive Director, Kazakhstan

Katie Bollbach Executive Director, United States

Mark Brender National Director, Canada

Megan Carbone
Principal, Chief Finance
& Systems Officer

Phil Cotton
Vice Chancellor,
University of Global
Health Equity

Luckson Dullie Chief Leadership Development & Engagement Officer

Marc Julmisse Chief of Clinical Systems Support

Nadine Karema Executive Director, Rwanda Wesler Lambert Interim Executive Director, Haiti

Leonid Lecca *Executive Director, Peru*

Maxo LumaExecutive Director,
Liberia

Valeria Macías Executive Director, Mexico

Cory McMahon *Chief Nursing Officer*

Joel Mubiligi Chief Innovation & Growth Planning Officer

Joia Mukherjee Senior Advisor to CEO, Clinical & Academic Strategy

Basimenye Nhlema Executive Director, Malawi

Cate Oswald *Principal, Chief Program Officer*

Gabriella Palmi Interim Chief of Resource Generation

Mathemba Radebe
Executive Director,
Lesotho

Vicky Reed *Executive Director, Sierra Leone*

Joseph Rhatigan Chair, Global Health Delivery Partnership; Chair, Board of University of Global Health Equity

Kate Rojkov Chief Human Resources Officer

Hannah Sehn Executive Director, Navajo Nation

Lori Silver General Counsel

Lauren Spahn Chief of Staff

Sterman ToussaintChief Medical Officer

PIH CANADA BOARD MEMBERS

Dr. Adrienne Chan Max FineDay Christine McNab

Virginia Cirocco Cynthia Harrison Jonathan Rose

Steve Dixon Dr. Jia Hu

and Acronyms

APZU: Abwenzi Pa Za

Umoyo, Malawi

Site Names

Partners In Health

CES: Compañeros En Salud, Mexico

COPE: Community Outreach and Patient Empowerment, Navajo Nation

PIH Kazakhstan: Kazakhstan

IMB: Inshuti Mu Buzima, Rwanda

PIH Lesotho: Lesotho

PIH Liberia: Liberia

PIH Sierra Leone: Sierra Leone

PIH-US: United States

SES: Socios En Salud, Peru

UGHE: University of Global Health Equity, Rwanda

ZL: Zanmi Lasante, Haiti

↑ PIH CANADA IN ACTION Members of the PIH Canada team and board came together in Ottawa in fall 2025 to call for renewed commitments to global health funding. Photo by PIH Canada

THANK YOU!

As part of the global Partners In Health family, you are critical to the movement for global health equity. The passion and generosity of Partners In Health supporters fuel the lifesaving work of our clinicians, community health workers, government partners, advocates, and staff around the world. We are so grateful for your partnership. Together, we will continue to fight injustice and fortify health systems so all people can receive the dignified health care they deserve.

READ THIS REPORT AND MORE AT pihcanada.org/annual-report-2025





Photo by Justice Kalebe / PIH









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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.

