

A smiling woman with a colorful striped headwrap and a purple wrap is carrying a young child on her back. They are in a dry, hilly landscape under a clear blue sky. The woman is looking off to the side with a joyful expression, and the child is looking towards the camera.

2020

ANNUAL REPORT



Partners
In Health

CANADA



Annual Report 2020

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▶ **Front cover:** Mantsiuoa Khahlana, 35, with her baby daughter Puleng Khahlana, 9 months, at the maternal and child health clinic at PIH's Nkai Health Center in Mochale's Hoek District, Lesotho. Photo by Karin Scherbrucker/Partners In Health.

▶ **Left:** Outside of Wellbody Clinic, PIH's model primary care facility in Kono District, Sierra Leone. Photo by John Ra/Partners In Health.

Strengthening our resolve



Mark Brender
National Director

The technology I'm most thankful for these days is the video camera on the laptop. Zoom meeting fatigue is a small price to pay for the connectedness that comes from regularly seeing the online faces of colleagues in Canada and beyond.

For the first months of the pandemic, Partners In Health staff from around the world, hundreds strong, would take part in a daily video call to discuss COVID-19 preparations, compare testing and treatment protocols, and provide updates on supply chains or government policies. Amidst so much collective anxiety, it was strength in remote numbers at its best.

More recently, in smaller gatherings (but no less disparate geographically), we have sometimes opened meetings by reflecting, talking-stick style, on what we are grateful for or what we appreciate about a particular colleague. Share a piece of your soul, lift someone up, pass it on.

Maybe this is what solidarity feels like during a pandemic. Still seeing and hearing how we're part of a larger whole, even if we can't physically touch it.

At PIH Canada, we're extremely proud of the progress we've made over the past decade, thanks to your generosity. PIH Canada was founded in the fall of 2011 in response to outreach from Canadians who wanted to give to a domestic PIH organization following the 2010 earthquake in Haiti. From the beginning, our mandate has always been to bring new resources into the broader PIH effort – financial resources, human resources, new partnerships – underpinned by well-aligned Canadian values: a commitment to universal health care as a human right and to provision of care through the public sector. If we could help push the conversation on what 'universal' truly means and why that commitment should be bound by considerations of need and equity rather than national borders, so much the better.

That big picture is the larger whole that counts most, because our direction and guidance must come from patients we serve. Which is why I found another change 2020 brought to Partners In Health, not directly related to COVID-19, so inspiring.

This summer, PIH's Boston-based CEO Dr. Sheila Davis made changes to PIH's organizational structure that, for the first time, put the executive directors of our 11 implementation country sites (see pg. 5) as the majority voices on the top leadership team of the organization ... just as they should be.

PIH has long recognized that we derive our success and insights from the wisdom and lived experience of communities where we work. Shifting formal decision-making in that direction is walking the talk, with many more steps still to be taken. The accelerated reckoning in 2020 on power structures and histories of oppression – racial, colonial, patriarchal, north-south – needs to continue.

As we look ahead to celebrating PIH Canada's 10th anniversary next year, these challenges strengthen our resolve to do even more to make health care a human right for all people, starting with those who need it most ■

▶ **Right:** Expectant mother Mampusi Taolana with other mothers waiting to give birth at the maternal waiting home at Nkau Health Center, Mphahle's Hoek District, Lesotho. Photo by Karin Scherbrucker/Partners In Health.

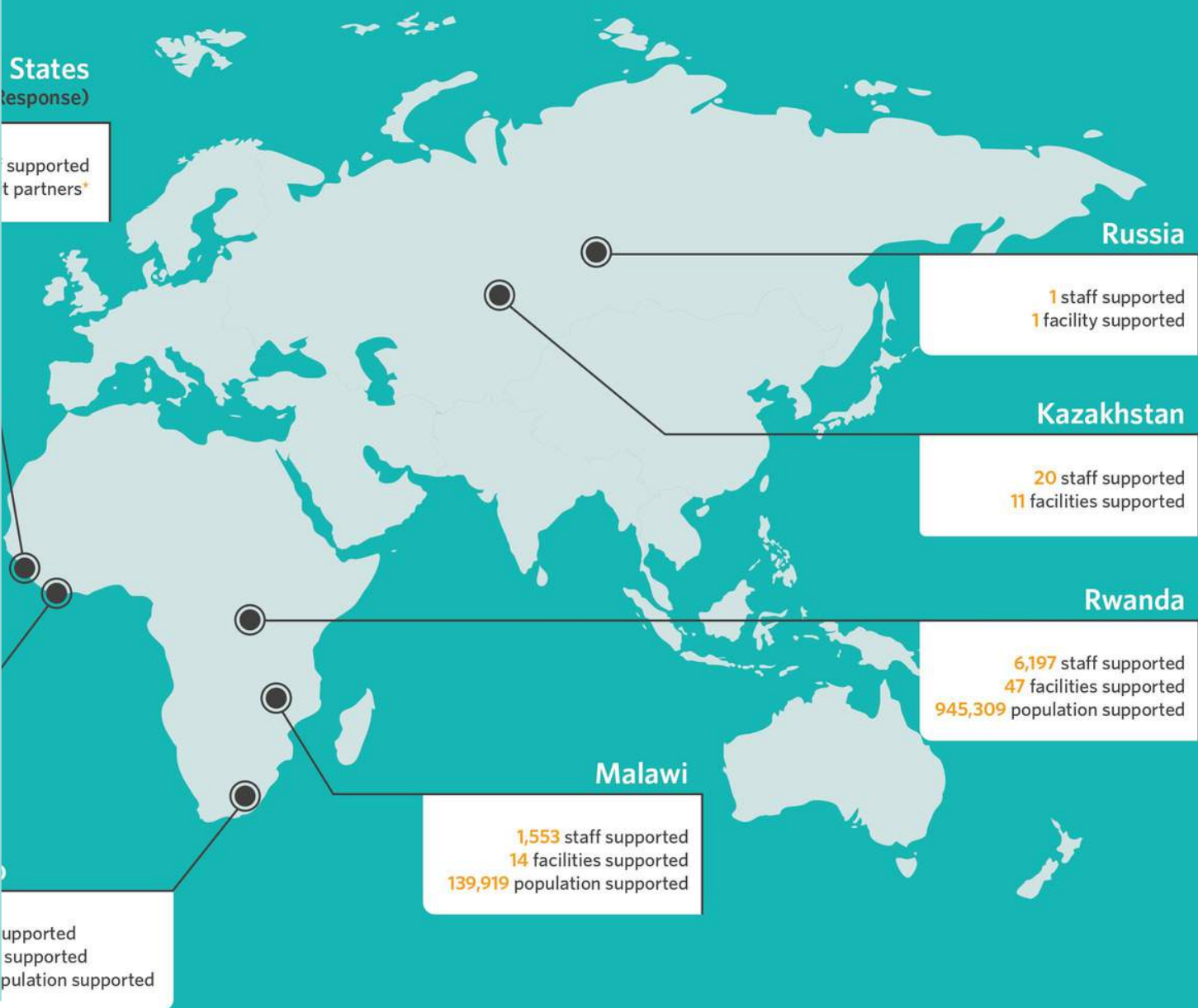




Partners In Health



WHERE WE WORK



Population supported: Number of people with access to direct care at PIH-supported facilities.

Around the world

Lesotho

PIH has worked in Lesotho since 2006, when the government invited us to support its response to the HIV epidemic. In 2014, PIH was asked to accompany the Ministry of Health in a national reform to decentralize and strengthen health services. PIH Canada efforts focus on maternal and child health at Bobete Health Center.



Kazakhstan

In 2009, the Kazakhstan Ministry of Health invited PIH to provide proper care for patients with multi-drug resistant tuberculosis (MDR-TB) in prisons and the general population. PIH is involved in TB services in 10 of Kazakhstan's administrative regions, or about 65 percent of the country.



Malawi



Known locally as Abwenzi Pa Za Umoyo, Partners In Health in Malawi is building and supporting a model of integrated care in Neno District to offer treatment for HIV, malnutrition, maternal and child health, mental health, and non-communicable diseases such as hypertension, diabetes, and sickle cell anemia. PIH Canada is active in programs that provide support and training for Community Health Workers (CHWs) and advance the sexual and reproductive health and rights of women and girls.

Russia



In recent years, PIH has revived its work in Russia through participation in the Zero TB Initiative, a global effort to eliminate TB in key regions as part of the World Health Organization's goal to drastically reduce TB incidence and mortality worldwide by 2035. PIH's participation in Russia now is centered in the city and oblast of Vladimir, east of Moscow.

Rwanda



Known locally as Inshuti Mu Buzima (IMB), PIH has worked in Rwanda since 2005, helping the government fight HIV, improve maternal and child health, and bring integrated high-quality health care across Burera, Kayanza, and Kirehe districts. PIH Canada is a key partner in IMB's state-of-the-art cancer program, which provides lifesaving diagnosis and therapy to hundreds of Rwandans and patients from neighbouring countries each year.

Haiti



PIH Canada works in close collaboration with Zanmi Lasante (ZL), our sister organization in Haiti, on a range of activities, from community outreach for child malnutrition to gender-based violence, from facility-based pediatric care to medical residency programs. ZL is Haiti's largest non-governmental health care provider, working in partnership with the Haitian Ministry of Health across a network of 16 hospitals and clinics, serving a catchment area of 3.1 million people.

Navajo Nation



Through a partnership with COPE (Community Outreach and Patient Empowerment), PIH supports Navajo Nation's Community Health Representatives (CHRs) to better serve their patients, and also runs programs on cancer treatment, healthy foods, and youth leadership.

Sierra Leone



In partnership with the government, PIH supports six health facilities across three districts in Sierra Leone. It's an effort to build a health system that protects every Sierra Leonean's right to health, especially those most vulnerable to sickness and injustice. PIH Canada plays a significant role in activities that improve health service provision and utilization for women, children, and youth.

Peru



In the last two decades of working in Peru, *Socios En Salud* has treated more than 10,500 people for drug-resistant tuberculosis and achieved cure rates of 83 percent—among the highest in the world. PIH has since expanded work in Peru to include programs in mental health, maternal and child health, HIV, and noncommunicable diseases.

Liberia



When faced with an Ebola outbreak in 2014, the Liberian government, aware of PIH's background in infectious diseases, requested our support. In the years since, we have helped strengthen the country's health infrastructure by tackling systemic issues that contributed to the outbreak and laying the groundwork to make health care more dignified and accessible for the most vulnerable. PIH Canada supports nursing care, maternal health, and the expanding household model Community Health Worker (CHW) program.

Mexico



Since 2011, Partners In Health has staffed and supported nine rural primary care clinics, a birthing center, and a community hospital in the coffee-growing, Sierra Madre region of Chiapas—one of the most marginalized states in the country. Young Mexican doctors seek opportunities to work with PIH because of the support and training they receive.



Emily Antze, Senior Manager,
Programs & Development

Koidu town in Kono District is at the heart of Sierra Leone's diamond mining industry. An enormous mountain of gravel – waste rock from the mine – looms over the town and its one hospital, Koidu Government Hospital (KGH). Since 2015, PIH has supported the operations of KGH, funding essential items the under-resourced Ministry of Health cannot afford, from construction to basic medical supplies to staff salaries.

Before traveling to Sierra Leone last year, I knew that the country had one of the world's highest maternal mortality rates; a woman has a one-in-20 lifetime risk of dying in childbirth (the equivalent figure in Canada is one in 6,100). A few days in Koidu brought those risks alive. A PIH colleague who works as a nurse-midwife at the hospital told me over dinner about her difficult week at work, during which more than one woman with labour complications had arrived at the hospital too late for her team to save their lives, or those of their unborn babies. These were women who, if they had sought expert care sooner or not been delayed by the rainy season's washed-out roads, could have been holding healthy babies in their arms.

Sensitivity and urgency drive push for health, justice

PIH Canada is working with our colleagues and the communities they serve in Sierra Leone and Malawi through the five-year No Woman or Girl Left Behind (NWOGLB) project, launched in 2019 through the support of Global Affairs Canada. The intervention aims to improve access to sexual and reproductive health and rights (SRHR) services, especially for adolescents; strengthen care for survivors of sexual and gender-based violence (SGBV); and increase the availability of high-quality obstetric care. Sierra Leone and Malawi are nearly 6,000km apart at opposite ends of the African continent, and their contexts, cultures and landscapes are radically different. And yet, there are common themes of women's disenfranchisement, SGBV, and the under-resourcing of SRHR and adolescent health – and also incredibly talented and dedicated staff and activist organizations pushing every day for resources and justice, and advocating for the rights of their patients.

In Neno, Malawi, I heard concerns from health providers, traditional authorities and youth leaders about the high rates of sexual exploitation of minors, domestic abuse and teen pregnancy in their communities, and how little information young people have about their health and rights. One of our implementing partners, Grassroot Soccer, has since developed

an play-based curriculum for 10-to-14-year-olds covering puberty, healthy relationships, consent, accessing health services, gender inequality and more. In February 2020, a training on SGBV brought together PIH medical personnel, local police and social welfare officers; it gave rise to a district-wide task force on SGBV which had an immediate impact on the quality of medical and psychosocial care for survivors and their connection to legal recourse. One of our nurses told me it was the first instruction he had ever received that covered legal definitions of statutory rape and sexual abuse. Back in Sierra Leone, PIH is beginning a partnership with local NGO the Rainbo Initiative, which specializes in care, support and advocacy for survivors of SGBV; there, too, the need is great.

Over the next four years, the NWOGLB project will continue to train health workers, resource and deliver clinical care, offer health education programming for young people, and conduct community-based work to raise awareness about women's and girls' rights. It is an honour and privilege to collaborate so closely with our dedicated colleagues in Malawi and Sierra Leone – the real heroes of global health – as they work with sensitivity and urgency to care for extremely vulnerable populations ■

In Haiti

Reducing barriers to care



Marleigh Austin, Manager,
Programs & Development



Esther Mahotièrre,
Nurse Manager, Zanmi
Lasante

In 2017, Haitian sister organization Zanmi Lasante and PIH Canada launched a three-year intervention for the community management of acute malnutrition for children under five years of age in St. Marc, Haiti. With the financial support of Canadian Foodgrains Bank and Presbyterian World Service & Development, the project uses mobile clinics to bring malnutrition prevention and treatment services direct to the communities we serve. This means that parents and children no longer have to travel long distances on difficult roads to access care at Hôpital Sainte-Thérèse, but can instead walk from their homes for regular growth monitoring and, if necessary, malnutrition treatment.

Miss Esther Mahotièrre, Nurse Manager for Zanmi Lasante, has provided clinical and programmatic leadership on the project since its inception and has been vital to its success. In an interview with Marleigh Austin, PIHC's Manager of Programs and Development, she reflects on the project's successes, challenges and impacts.

**This interview has been edited and condensed.*

▶ **Bottom:** A gathering at a mobile clinic targeting child malnutrition near St. Marc, Haiti. Photo by Marleigh Austin/PIH Canada.



What's the project's biggest success?

Without a doubt, the project's biggest success is the reduction in deaths among children with severe malnutrition and medical complications. The design of the project allowed us to focus on prevention and identify malnourished children earlier in their disease progression, thereby interrupting and reversing dangerous declines in child health and wellbeing before more intensive inpatient treatments were required.

What was it like to work on the project?

It was incredibly enriching. For the first time, we were able to see patients in their unique social contexts, which allowed us to detect and address problems in a child's environment that might negatively impact their recovery. This approach was so beneficial as it gave us deeper insight into their religious beliefs, taboos and financial situation, enabling us as healthcare providers to prescribe the best, custom-tailored medical care.

What challenges has COVID-19 presented for malnutrition programming?

Rates of malnutrition in Haiti were alarming even before COVID-19, and this unprecedented and rapidly evolving pandemic is only exacerbating the situation. The pandemic is also making treatment more difficult: In our hospitals, we have had to reduce the number of patients we see on a daily basis to ensure we can meet COVID-19 infection prevention and control measures. We also had to cancel all group-based community education activities, which were previously an important tool for promoting infant and young-child feeding practices.

Importantly, though, the team was still able to problem-solve to keep services going: Community health workers ended up going door-to-door to deliver ready-to-use therapeutic food to all malnourished children. It's this type of dedication and ingenuity from the staff team that has made this project a success.



At a glance

COVID-19 Response

Leveraging decades of experience fighting infectious disease and health crises, PIH staff around the world – community health workers and cleaners, physicians and nurses, lab technicians and drivers – responded to the challenges of COVID-19 with rapid mobilization and courage. These pages are a small snapshot of PIH's global effort over the first months of the pandemic to provide testing, contact tracing, compassionate care and social support, and technical assistance to government and community partners.

1



The isolation ward at University Hospital of Mirebalais (HUM), run by Zanmi Lasante in partnership with the Haitian government, receives the country's first two patients to test positive for COVID-19. HUM is the first facility across the 11 countries where PIH works to provide direct care to COVID-19 patients.

MARCH 20, 2020

4



In collaboration with Liberia's Ministry of Health, Partners In Health Liberia is operating a 26-bed quarantine center in the coastal city of Harper, supporting the government's COVID-19 response across Maryland County in Liberia's southeast.

JUNE 5, 2020

5



In the fight against COVID-19, workers with Socios En Salud (SES) in Peru go door-to-door in communities where cases have been identified to offer free screening and testing. SES draws from past lessons in fighting infectious diseases, specifically the multidrug-resistant TB epidemic of the 1990s.

JULY 8, 2020

2



PIH is asked to assist Massachusetts with a comprehensive contact tracing and social support response. Shortly after, PIH would add a Public Health Accompaniment Unit that, among other initiatives, includes technical assistance for Indigenous-led testing and contact tracing work in Toronto.

APRIL 14, 2020

3



PIH co-founder Dr. Paul Farmer speaks with Nahlah Ayed on CBC Ideas, offering his perspectives on the COVID-19 pandemic, the damage done when we are conditioned to be “socialized for scarcity on behalf of other people,” and the need for pragmatic solidarity to ensure the right to health care for all.

MAY 1, 2020

6



Despite Kazakhstan’s nationwide lockdown that began in March to contain COVID-19, Partners In Health clinicians find innovative, safe ways to continue to examine and provide treatment—in person and online—for tuberculosis patients enrolled in a groundbreaking clinical trial.

AUGUST 21, 2020

7

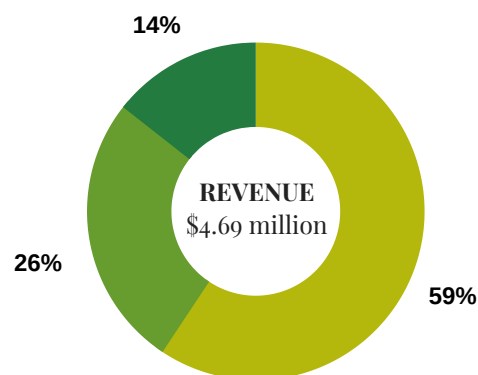


Partners In Health Lesotho receives an award from the United Nations Development Program (UNDP) for the country’s best community-based COVID-19 program, with special recognition of PIH’s work to reach people and families in remote, mountainous regions.

SEPTEMBER 7, 2020

FISCAL YEAR 2020 FINANCIAL SUMMARY

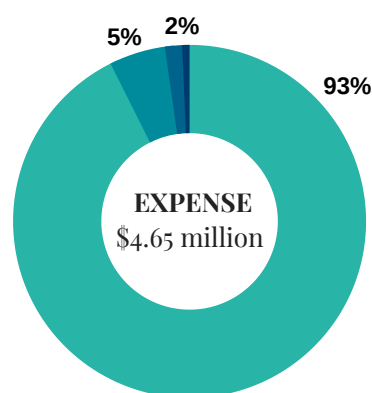
The information below covers Partners In Health Canada's 2020 fiscal year (July 1, 2019 – June 30, 2020). To view our fiscal 2020 audited financial statements, visit www.pihcanada.org/financial-statements.



REVENUE BY SOURCE



In fiscal 2020, PIH Canada received \$4,694,651 in revenue: \$2,784,811 from individuals and family foundations, \$1,233,496 from public sector sources (Global Affairs Canada); and \$676,344 from institutional foundations and corporations. The total revenue represents 68% growth from fiscal 2019 (\$2.80-million).



ALLOCATION OF EXPENSE



PIH Canada expenses of \$4,652,755 in fiscal 2020 represents a 73% increase from fiscal 2019 (\$2.70-million). Nearly all of the increase was related to programmatic support to implementation country sites (totaling \$4.30-million vs. \$2.38-million in fiscal 2019) including Haiti, Liberia, Malawi, Lesotho, Rwanda, and Sierra Leone.

BOARD

PIH Canada is grateful for the leadership of our volunteer Board of Directors that oversees the organization's operations.

Rocco Fazzolari (Chair)	Duncan Dee^	Hugh Scully
Marika Anthony-Shaw	Chris Dendys*	Tracy Shannon
Andrew Boozary	Lucie Edwards^	Suzanne Shoush
Trevor deBoer	Paul Farmer	
Adrienne Chan	Jia Hu	

*new member in 2020-2021

^term completed in 2020-2021

STAFF



Mark Brender
National Director



Emily Antze
Sr. Manager, Programs
& Development



Marleigh Austin
Manager, Programs
& Development



Nikita Chowdhury
Manager, Annual Giving
& Engagement



Laredo Liwanag
Finance Director



Isabelle Kim
Grants Manager



Ian Pinnell,
Development Coordinator



▶ **Right:** Cylvan B. Kargbo received lifesaving care for multidrug-resistant tuberculosis (MDR-TB) at Lakka Hospital in Freetown, Sierra Leone, where PIH and Sierra Leone's Ministry of Health and Sanitation founded and operate the country's first and only MDR-TB program. Photo by John Ra/ Partners In Health.

SIDE BY SIDE

Partners In Health Canada relies on the generous support of individuals and organizations from across Canada. We thank all of our donors for their exceptional solidarity and commitment to global health equity and social justice. Donors and partners at \$2,500 or more between July 1, 2019 and June 30, 2020 are listed below.

\$100,000 +

Canadian Foodgrains Bank/ Presbyterian World
Service & Development
The Dianne and Irving Kipnes Foundation

Global Affairs Canada
Pathy Family Foundation
Pindoff Family Charitable Foundation

The Primate's World Relief and Development Fund
Samuel Family Foundation
The Slight Family Foundation

\$10,000 - \$99,999

Anonymous (2)
Russell Arrell
Zita and Mark Bernstein Family Foundation
The Blossom Foundation
The Elementary Teachers' Federation of Ontario
Humanity Fund

Giselle Foundation
The Horne Family Charitable Foundation
Jia Hu
The Krawczyk Family Foundation
Plus One/Half Moon Run

AJ and Victoria Richardson
Scotiabank
Unifor Social Justice Fund
VLN Reach Foundation

\$5,000 - \$9,999

Anonymous (4)
Kathleen Byers and William Farr
Ching Kwok Buddhist Temple of Toronto

Peg Dawkins
Derrick Pringle

\$2,500 - \$4,999

Anonymous (13)
Kris and Christine Aubrey-Bassler
Rocco Fazzolari

Focus On Development
Craig Lapp
Plus One/Chromatics

Russell Quinn
Vanessa Redditt





OUR MISSION

Our mission is 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.

WHAT MAKES PIH UNIQUE



**Our work is fueled
by partnerships**

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.



**Our work is driven
by solidarity, not
charity alone**

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



**We have
no exit plan**

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.



**We are social justice
activists with a
plan that works**

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 system strengthening. We believe that access to quality care is a universal human right and is the foundation for a more equitable society.

STAY CONNECTED:



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▶ **Left:** Rorisang Lerotholi (white shirt), nurse in charge at PIH's Nkau Health Center in Mohale's Hoek District, Lesotho, talks about maternal health during a home visit with 19-year-old Moselantja Ntaote and her 3-month-old son, Atlehang Ntaote, in the village of Ha Mosi. Photo by Karin Schermbrucker/Partners In Health.

▶ **Next page:** Lake Burera, Rwanda. Photo by Alex Coutinho/Partners In Health.







Partners
In Health

CANADA

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