



Partners
In Health

CANADA

ANNUAL REPORT



20
23

*If access to health care is considered a human right,
who is considered human enough to have that right?*

— DR. PAUL FARMER



Dr. Paul Farmer (centre) and a team of PIH clinicians and leaders examine an 8-year-old TB patient during a home visit in Maryland County, Liberia. Photo by Cate Oswald / PIH

Cover : Cecile Itangishaka, psychosocial and community support coordinator for PIH Rwanda, chats with Solange Manirumva about her babies' health during a home visit. Photos by Asher Mubishuti / PIH

Annual Report 2023

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WHERE WE WORK

In 11 sites around the world, PIH is providing high-quality medical care and support while working hand-in-hand with local and national governments to strengthen health systems. PIH is translated differently across the four continents where we work - adapting to the local context and language, whether that be Haitian Creole, Chichewa, Kinyarwanda, Spanish, and more.

17,721

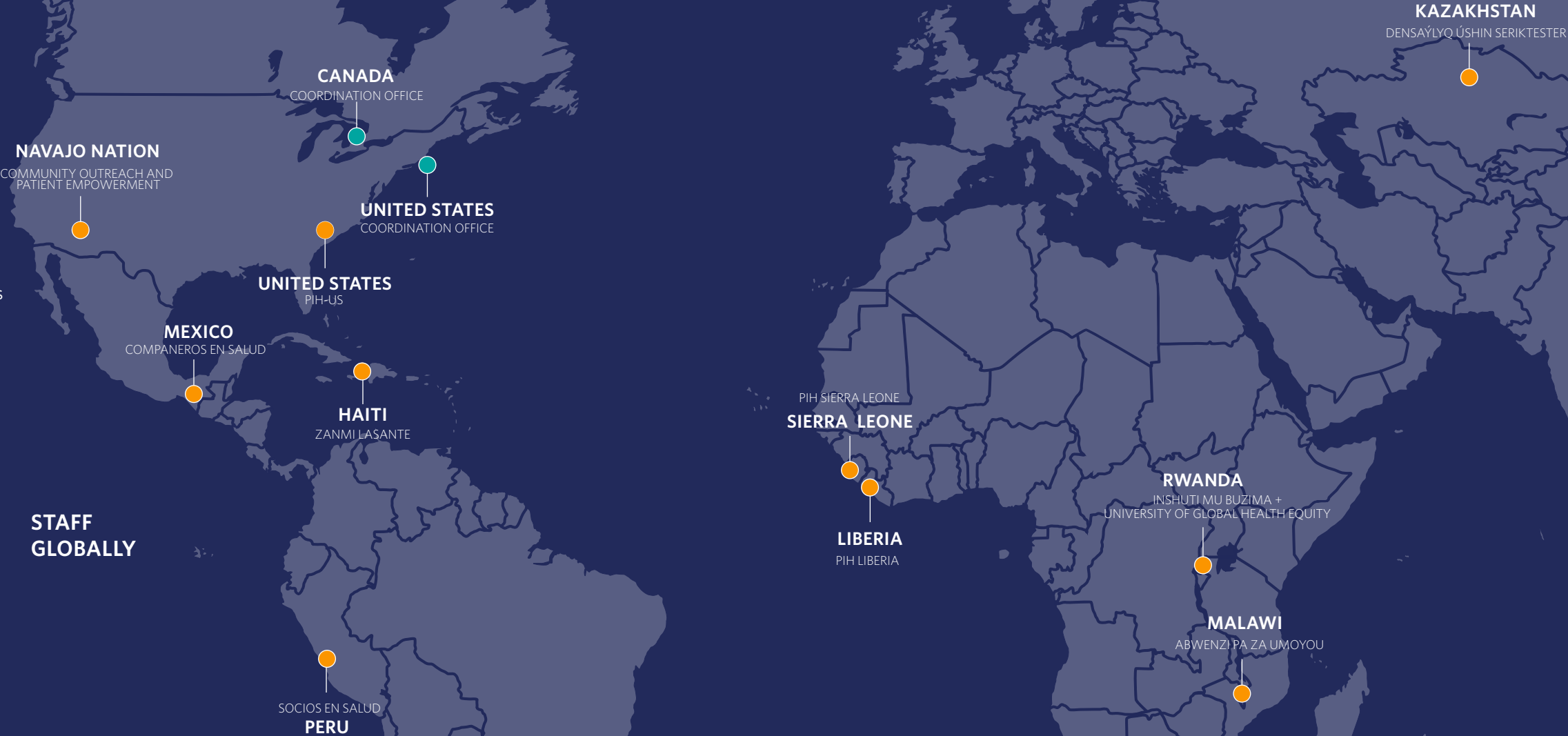
STAFF
GLOBALLY

349

FACILITIES
SUPPORTED

11

SITES
WORLDWIDE



COORDINATION OFFICE

PIH SITE

Dear friends,

On a trip to West Africa earlier this year, I had a chance to visit Partners In Health-supported Pleebo Health Center, which provides primary and secondary care to a catchment area of more than 55,000 people in Maryland County, Liberia. The health center grounds on this day were bustling with activity. Women and children waiting to be seen at the maternal and child health clinic filled the shaded bench and seating areas. A colleague told me that she had visited many health centers in the country, but what struck her when she first joined PIH Liberia and came to Pleebo was the sheer number of patients. “I never saw that before,” she said. It was as if an entire community was mobilizing to make use of an essential resource that everyone in Liberia deserved, but which few had ever seen.

The absence of patients at under-resourced facilities and the frequently overwhelming caseload at Pleebo has little to do with local customs or traditional beliefs, and much to do with rational decision-making. People will travel unimaginably long distances to receive health care that is accessible, effective, affordable, and delivered with dignity. When these things are lacking, there’s little reason to make a 10-minute walk. This has been PIH’s experience over decades, because increased demand is what always happens when we put in place what we call the five S’s: Staff, Stuff, Space, Systems, and Social Support.

Partners In Health has been using this language for only a few years to describe the

essential building blocks of a strong public sector health system, like the one now being built in Maryland County, but it has been PIH’s model for decades.

The ‘five S’s’ are now a prism for how PIH looks at organizational investments. They also provide a framing for this Annual Report, which includes examples of some of PIH Canada’s support to PIH care delivery sites in each of these areas.

Putting the five S’s into practice requires long-term commitments and relationship-building with patients, communities, local leaders, and governments. On the same trip in Sierra Leone, I heard that, at one Catholic school, PIH’s efforts to introduce family planning education were initially met with fierce resistance by the school’s head nun. Three years later, with persistence and dialogue around teenage pregnancy and the benefits of girls staying in school, the head nun’s attitude has totally changed. She is now the biggest champion for PIH Sierra Leone’s adolescent and youth friendly services and refers girls to access care every week.

In 2022-23, your solidarity allowed PIH to continue to raise ambitions for what model health systems in resource-poor settings can look like. **We are deeply grateful for your partnership.**

Mark Brender

Mark Brender
National Director



Agatha Baker, 19, holds her 3-year-old daughter, Pauline Baker, in Agatha’s aunt’s home in Putuken, Liberia. Photo by Caitlin Kleiboer / PIH



OUR IMPACT

Your support for Partners In Health has a deep and lasting impact. PIH's more than 17,700 staff provide expert medical services and social support every day in hundreds of communities and public sector facilities across four continents. We visit patients in their homes, respond to emergencies and infectious disease outbreaks, and give health care professionals the tools and training they need to provide dignified care. We work in partnership with local and national governments to strengthen health care systems and global health policy. **Thank you for partnering with us in this fight for a healthier and more just world.**



HAITI

Photo by Thomas Patterson / PIH

1,200 CHILDREN CURED OF MALNUTRITION IN HAITI

PIH tackles malnutrition through a multipronged approach to alleviate the clinical, economic, and social factors that drive hunger.



HAITI

Photo by Zanmi Lasante

600+ PEOPLE RECEIVED TREATMENT FOR GENDER-BASED VIOLENCE (GBV) IN HAITI

Partners In Health provides direct care, counselling and advocacy for victims of violence in Haiti's Central Plateau and lower Artibonite regions. Since 2020, work supported by PIH Canada has assisted over 1,950 women and men affected by GBV.



LIBERIA

Photo by Caitlin Kleiboer / PIH

1,922 SAFE, FACILITY-BASED DELIVERIES IN LIBERIA

A facility-based birth helps ensure that mother and baby remain safe and healthy. PIH clinicians are trained to handle emergencies during labour, delivery, and recovery.



SIERRA LEONE

Photo by Douglas Miller / PIH

1,027 SOCIAL SUPPORT PACKAGES DELIVERED TO ADOLESCENT GIRLS IN SIERRA LEONE

PIH's social support programs address a range of challenges faced by people living with poverty and illness. We provide food, housing, economic opportunity, and transportation and cash supports for vulnerable patients and their families to help break the cycle of poverty and disease.



MALAWI

Photo by Zack DeClerck / PIH

1,105 ADOLESCENT GIRLS STARTED ON CONTRACEPTION IN MALAWI

We work to improve sexual, reproductive, and maternal health outcomes for women and adolescent girls, empowering them to live healthy lives and make informed choices around their sexual and reproductive health and rights.

OUR IMPACT

PIHC Impact Report



SCAN HERE

A YEAR IN REVIEW

AMPLIFYING HAITIAN VOICES

In December 2022, amidst ongoing gang violence and social unrest in Haiti, PIH Canada National Director Mark Brender amplified our Haitian colleagues' urgent requests for assistance before a parliamentary Subcommittee on International Human Rights in Ottawa. He spoke of the courage and dedication of Zanmi Lasante staff in continuing to provide care while also underlining the country's critical needs for fuel, medical supplies, solar capacity, and additional supports for treatment of cholera. The message was clear: Canada can help in all of these areas right now.



Photos by PIH Malawi

PIH CANADA PROJECT VISITS

In February 2023, APZU (PIH Malawi) hosted Ms. Carine Khawam, the Canadian High Commissioner to South Africa, and Ms. Andisiwe Gcali, Development Officer at the High Commission, representing Global Affairs Canada. The Canadian delegation, warmly received by key government stakeholders, toured Canada-funded project sites. This included visits to the youth corner at Chifunga Health Centre and participation in events such as the Screening for Health and Referral at Facility (SHARF), Screening for Health and Referral at Community (SHARC), and SKILLZ BLA (Healthy Future Clubs for adolescents). Ms. Khawam and Ms. Gcali expressed gratitude to APZU, offering positive feedback on the project activities.



Photo by PIH Canada

HAITI DIASPORA EVENT

Members of Montreal's Haitian community gathered at a popular Haitian restaurant to learn about Partners In Health Canada's support of Zanmi Lasante (as PIH is known in Haiti), and the work Zanmi Lasante has been doing for more than three decades to advance healthcare as a human right. Our special guests from Haiti, Zanmi Lasante Executive Director Marc Julmisse and Deputy Executive Director Dr. Wesler Lambert, shared perspectives on keeping staff and patients safe while continuing to deliver care for Haiti's most vulnerable populations. The event fostered promising new relationships and served as a catalyst for partnership discussions between Haitian medical professionals in Montreal and Zanmi Lasante's medical education initiatives.

"The idea that some lives matter less is the root of all that is wrong with the world."

- DR. PAUL FARMER, PIH CO-FOUNDER



4TH INTERNATIONAL AIDS CONFERENCE

PIH Canada staff joined almost 13,000 delegates from 173 countries at the 24th International AIDS Conference in Montreal from July 29 to August 2, 2022. The conference called on delegates to re-engage and follow the science, emphasizing the risk to the global HIV response if scientific innovations and evidence-based policies are not implemented with renewed energy. The conference also highlighted the need to overcome inequities in global health, citing evidence that over 70% of new infections in 2021 occurred among key populations – a group that includes men who have sex with men, people who inject drugs, sex workers and trans people. Countering this unequal burden of disease among the world's most marginalized requires putting community leadership at the heart of the HIV response – a philosophy that is central to the PIH model.

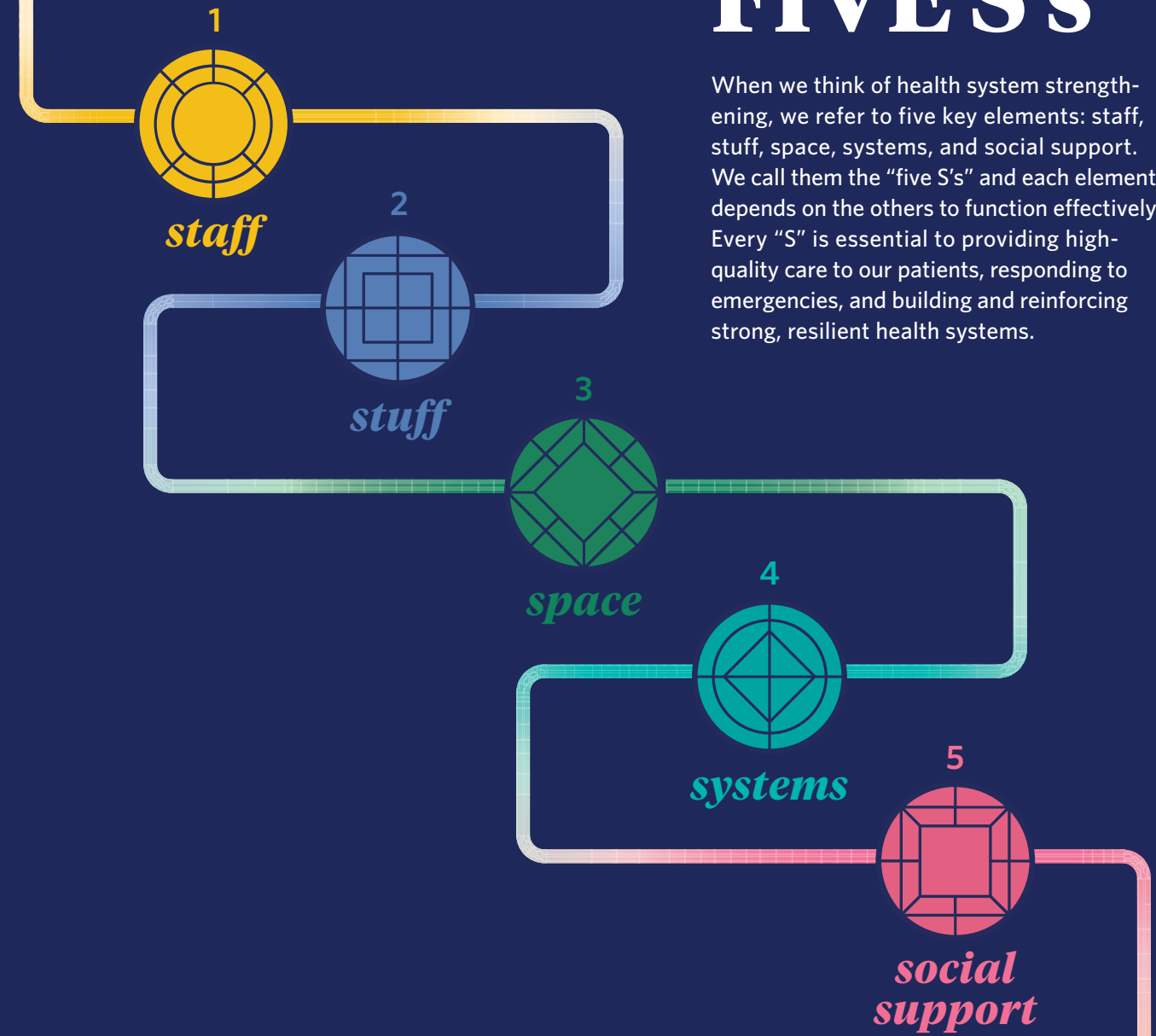
Photo by PIH Canada



Settea Benard receives a blanket and food package from Abwenzi Pa Za Umoyo, as Partners In Health is known in Malawi. Photo by Caitlin Kleiboer / PIH

THE FIVE S's

When we think of health system strengthening, we refer to five key elements: staff, stuff, space, systems, and social support. We call them the "five S's" and each element depends on the others to function effectively. Every "S" is essential to providing high-quality care to our patients, responding to emergencies, and building and reinforcing strong, resilient health systems.





— 1 —

staff

WELL-TRAINED,
QUALIFIED STAFF WHO
MEET PATIENTS' NEEDS

Partners In Health's more than **17,300 global staff** – physicians, nurses, community health workers, drivers, supply chain experts, and so many others – are the heart of the organization. More than 98% of all staff are from the countries where we work, inspired and deeply committed to serving their own communities.



PIH holds a community health event in Chapita village which falls under the catchment of Chifunga Health Center in Lower Neno, Malawi. Photo by Zack DeClerck / PIH

One of the best ways to invest in health is to invest in people. It is a lesson that PIH has learned repeatedly in its four-decade history, but perhaps the best example comes from Haiti, where Zanmi Lasante- ('Partners In Health' in Haitian Creole) and Ministry of Health-led investments in graduate medical education have had a marked effect on the health care system, especially over the past decade. PIH Canada is proud to play a small part in this work by supporting Zanmi Lasante's pediatric and family medicine residency programs — in particular, helping 27 residents pursue specialist qualifications that will help



them deliver a higher quality of care to thousands of children at Hôpital Universitaire de Mirebalais and Hôpital Saint-Nicolas in St. Marc.

After the devastating 2010 earthquake, Haiti's already fragile health systems were strained to the limit. At the time, there were just 1.4 physicians per 10,000 people—well below the World Health Organization's minimum recommendation of 10 per 10,000 people—and efforts to train and retain doctors were far from meeting the country's needs. With few professional development opportunities available to them, many Haitian doctors left the country to pursue advanced training, and few returned when their education was complete. →



More than ever, the health system needed to be revitalized to address the immediate and long-term health needs of Haitians. That is when graduate medical education became a top priority for Zanmi Lasante and the Ministry of Health.

In 2013, the Hôpital Universitaire de Mirebalais (HUM)— a 243-bed flagship teaching hospital in Zanmi Lasante's network— opened its doors to patients, providing services to a tertiary catchment area of more than three-million people. Seven years later, HUM became the first facility in a low-income country to receive institutional accreditation from an international graduate medical education oversight group. This prestigious milestone indicates that the hospital meets the highest standards for graduate medical education in the world.

Since 2012, Zanmi Lasante's graduate medical education programs have trained more than 200 clinicians across 11 specialties and subspecialties, including surgery, pediatrics, and emergency medicine.

Most graduates (77%) have stayed to work at clinics and hospitals in rural Haiti, and 75% of training programs are now led by alumni. Two residency programs, Family and Internal Medicine, were accredited in line with international standards in July 2023.

Even in the midst of staggering security challenges, these efforts have helped the country move its doctor-to-patient ratio from 1.4 to 2.4 per 10,000 people. There is still so much more to do, but after nearly 40 years we know this much for sure: Our Haitian colleagues and Zanmi Lasante's graduate medical education programming will continue to push the envelope of what is possible in global health care delivery. ■

Opposite: Nursing students at Hôpital Universitaire de Mirebalais (HUM) in Mirebalais, Haiti. Photos by Nadia Todres / PIH



— 2 —

stuff

THE MEDICATION, TOOLS,
AND RESOURCES NEEDED
FOR CARE DELIVERY

The world of “stuff” needed to supply a health system is varied and vast. Just think about medications and surgical equipment, generators and vehicles, internet and electricity cables, infection control supplies and portable oxygen... and that’s only scratching the surface. PIH’s global supply chain team has an ever-expanding list of more than **2,518 different items** to keep track of in procurement processes, along with different protocols and formularies in countries where we work.

CHW Lucia Samanyada visits with Iditn Tepete and her four children, checking on their health in the rural village of Daelo, Malawi. Photo by Thomas Patterson / PIH



Before 2011, cancer care was virtually non-existent in Rwanda, leaving patients with nowhere to go for care and treatment, including chemotherapy. Together, PIH and the Rwandan Ministry of Health were determined to change that.

Nestled within the lush landscapes of the Butaro District in Northern Rwanda, the Butaro Cancer Center of Excellence (BCCoE) stands as a beacon of hope. Since opening in 2012, the Center has continued to expand its capacity to connect the growing number of patients from rural and marginalized communities with specialized staff, innovative technologies, and lifesaving medications. PIH Canada has been directly supporting this work for nearly a decade.

The journey toward comprehensive cancer care at BCCoE has never been just about medical interventions. Our Rwandan colleagues always knew that to truly serve the needs of cancer patients, we needed additional supplies, resources, and advanced diagnostic and staging technologies to support care delivery.

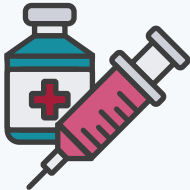
State-of-the-art technologies, such as a CT scanner and flow cytometry (used to detect and measure physical and chemical properties of groups of cells), are being incorporated. These advancements further establish BCCoE as a hub for cancer treatment and research in Rwanda, and broader sub-Saharan Africa, given its limited access to free, life-saving cancer and chemotherapy treatment. →

From July 2022 through June 2023, more than 2,000 patients recieved chemotherapy treatment at BCCoE through nearly 5,000 patient visits.



2 ADDITIONAL ONCOLOGISTS WERE ONBOARDED

Their expertise provides comprehensive care to those in need.



INTRODUCTION OF PEGFILGRASTIM INJECTIONS

To combat common side effects of cancer treatments that weaken the body's defenses.



The BCCoE also offers counselling services to help patients and their families navigate the emotional complexity of a cancer diagnosis. Transportation and accommodation support ensures that patients can access care even if they live far away.

Renovations and expansion at the newly accredited Butaro Level 2 Teaching Hospital — include a state-of-the-art, 30-bed oncology ward. The facility will serve as a platform for teaching the next generation of healthcare professionals while offering world-class care to patients and will effectively double BCCoE's

capacity. PIH clinicians and staff recently provided national baseline cancer training to providers from 20 hospitals in Rwanda — an example of how BCCoE's investments in oncology capacity building have national impact.

When it's all put together, this essential work is proof that when the right 'stuff' is in place, high-quality cancer care can thrive even in resource-limited settings —and stronger, more equitable health systems are the result. ■



— 3 —

space

PROVIDING SAFE AND WELL-EQUIPPED SPACES FOR PATIENTS

High quality care for patients isn't possible without safe and dignified health care facilities. In collaboration with our partners, Partners In Health builds, expands, renovates and equips health care spaces so that they meet clinicians' needs and provide a healing environment for patients. PIH supports more than 300 public sector hospitals, health centers, and clinics around the world. Too many facilities in remote and rural environments where PIH works still don't have reliable electricity and clean water, but with your support we're reducing that number every day.



Makatleho Monyake and her 4-month old baby prepare to ride home on horseback with a food package following an appointment at Bobete Health Center in Lesotho. Photo by Zack DeClerck / PIH



by Marleigh Austin

Lesotho is known as the “Kingdom in the Sky”, and as the 4-by-4 drove up and down its windy, mountainous roads this past summer, my stomach doing somersaults throughout, my mind kept drifting to thoughts of the many women who had made this same journey. But on a donkey. And in the painful throes of labour. They were somber thoughts.

These women were on my mind because I was in Lesotho to get a deeper appreciation for the maternal health landscape. Lesotho has one of the highest rates of maternal mortality globally: 1 in 55 women will die from a maternal cause. Underscoring this statistic is the uncomfortable truth that in resource-limited settings like Lesotho, the majority of maternal deaths occur as a result of delays in accessing emergency obstetric care.

Many deliveries in Lesotho occur at home, with women often aided by a traditional birth attendant or family member who lacks the skills or equipment to effectively respond when things go wrong, and specialized care is needed.

In the PIH catchment areas, women travel an average of 3.5 hours by foot, horse, or donkey over difficult mountain roads to reach the nearest health facility. Even by car, the roads are challenging to navigate, and in the rainy season, flooding of the rivers can prevent vehicles from reaching the health centre. For women experiencing an obstetric emergency, this journey can be lethal. ➔

Since 2006, the team at PIH Lesotho (PIHL), in partnership with the Government of Lesotho, has tackled this challenge head on, scaling up a comprehensive maternal mortality reduction program, the aim of which is to ensure all women in PIHL’s catchment area give birth in an adequately staffed and equipped health facility. Maternal waiting homes – spaces for pregnant women built near a facility with essential obstetric services – allow women to travel several weeks before delivery, wait for the onset of labour, and then be quickly transferred to the facility for safe delivery.

The maternal homes are one part of a multi-faceted strategy to enhance safe pregnancy, labour, and delivery, and they have helped PIHL drive progress on ending preventable maternal deaths. At Bobete

Health Center, for example, the rate of facility-based deliveries reached 97% last year – up from 5% before the maternal waiting home was introduced there more than a decade ago – and there was not a single maternal death.

Today, spaces like PIH Lesotho’s maternal waiting homes are transforming the landscape of care. With these efforts, Lesotho is rising to new heights in the fight against maternal mortality, reimagining what is possible in the provision of healthcare for all, empowering women to live healthy and safe lives. ■

Marleigh Austin is Associate Director, Gender & Youth Programming for PIH Canada.



A MOTHER’S JOURNEY IN LESOTHO

Ntumiseng Molisana, a 16-year-old from Ha Matona Semenanyane in Thaba-Tseka district in Lesotho, walked for seven hours from her village to the maternal waiting home at the Bobete Health Center prior to her due date. She had been wondering why more and more women in her village no longer delivered at home, but when she saw the facilities and the provisions she was equipped with, she understood. Molisana ultimately had a safe delivery, welcoming a healthy baby into this world.

“I was in disbelief and very happy about this.”

NTUMISENG MOLISANA



— 4 —

systems

SUPPLY CHAIN AND MANAGEMENT ACROSS GLOBAL SITES

With so many moving parts, how do we know things are working together as they should? By paying close attention to health care systems everywhere we work. This includes leadership, governance and administrative processes for solid decision-making; financial and accounting systems to track income and expenses; supply chain management to ensure well-stocked health facilities; communication platforms linking clinics and communities; medical informatics expertise for nimble record-keeping, and much more.

Worker Isatu Jalloh at the Maternal Center of Excellence construction site in Sierra Leone.
Photo by Jon Lascher / PIH



A snapshot from the 8am all-staff briefing in the maternal and child health unit in a PIH-supported hospital in early 2023: A woman in the maternity ward a few days post-delivery had successfully delivered her baby, but due to underlying health issues it was clear the woman would need to be on oxygen when released.

How would this be managed? Who will link with the internal medicine team for continuity of care? How will oxygen canisters be transported and maintained? What support might the woman have at home or in the community, and how quickly can the community health team be involved?

This was just one patient, but it shows how much internal coordination is required among care providers both inside and outside the hospital to ensure an optimal outcome. Over the years, PIH has learned the importance of addressing continuity-of-care challenges are part of what we do, both for individual patients and at all levels of the health system.

From financial and accounting systems for effective budgeting, to supply chain management for well-stocked health facilities, to communication platforms connecting faraway communities with referral facilities, effective systems and a well-articulated strategy for linking them together are essential for any individual work stream to function effectively. →



Photo by Zack DeClerck / PIH

Opposite:
Mefa Sulani assists HIV patient Ellen Galeta through the IC3 clinic at Neno District Hospital. In 2022, PIH discovered that Ellen’s high viral load was caused by TB. She promptly began treatment and no longer has TB.
Photo by Zack DeClerck / PIH

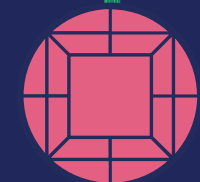


At PIH Canada, we don’t serve patients directly, but systems and strategy are no less important for our contribution to PIH’s global efforts. In 2022-23, we began implementing a PIH Canada strategic plan that, for the first time, allows us to contribute to PIH’s full theory of change. This includes care delivery, training for health professionals, influencing with evidence through research and advocacy, and replicating the model through government and institutional accompaniment.

PIH Canada was founded in 2011 with the mandate to raise funds and build partnerships to support the work of our colleagues at PIH care delivery sites. Resource mobilization will always remain a major pillar of what we do, but our strategic plan also defines outcomes we want to achieve related to programmatic accompaniment and learning, advocacy and social mobilization, and strengthening our own internal systems.

And because “global health equity” means equity for all, whether it be across the ocean or around the block, we’re thrilled that the plan provides us with a platform to leverage PIH’s decades of global experience to strengthen community-based systems of care for equity-deserving populations in Canada.

We are honoured to be working behind the scenes with Call Auntie, a brilliantly talented and dedicated group of Indigenous and settler health practitioners serving the health and wraparound support needs of Indigenous populations in Toronto. Part of our accompaniment will be supporting information collecting and reporting systems that promote Indigenous health data sovereignty, so decisions on how to use the data and stories from Call Auntie’s work can be made and owned by the community it serves. ■



— 5 —

social support

PROVIDING SUPPORT AND
RESOURCES FOR PATIENTS

Four decades of listening and learning from patients has taught us that addressing the social determinants of health and providing a social safety net is as critical to patient health and livelihood as anything we do. Our social supports come in many forms: food for patients on taxing tuberculosis treatment regimens; travel vouchers for cancer patients who need to make regular chemotherapy appointments; or housing repairs to ensure a family home stays dry during the rainy season.

Community health worker Ramatu Jalloh visits with Fanta Kanawa at her home in Koidu City, Sierra Leone.
Photo by Caitlin Kleiboer / PIH



The specilaity care baby unit at PIH-supported Koi-du Government Hospital in Sierra Leone is a special-ized unit that provides advanced, lifesaving care for newborns. Photo by Caitlin Kleiboer / PIH

Maternal Center of Excellence construction site in Sierra Leone. Photo by Sabrina Charles / PIH

Opposite: Kumba Sandy holds her newborn baby boy on the day they are being discharged to go home after giving birth at Koidu Government Hospital. Photo by Caitlin Kleiboer / PIH

In Sierra Leone, nearly one-third of children under the age of five grapple with malnutrition, threatening their growth, cognition, and overall well-being. The causes of child malnutrition are complex, but family-level poverty is almost always a big part of it. This is why PIH makes social support a critical piece of our health care services.

In Kono District in the east of the country, PIH community health workers (CHWs) are intimately familiar with the needs and social conditions in communities they serve. They are the front lines of a system that, in 2022-23, accompanied over 4,000 patients to receive care at health facilities; provided 2,289 cash payments to patients to help with their daily needs for food, shelter, and livelihood; screened more than 6,500 children aged 0-59 months for malnutrition; and provided nutritional support for more than 1,000 malnourished children.

This work is a testament to the power of community-based care in the fight against malnutrition and non-communicable diseases. And the impact is incredible.

Take the example of Kumba Kpakama, a resilient 20-year-old single mother who has faced a tumultuous upbringing marked by uncertainty in her caregivers, living arrangements, and the financial burden of school →



fees. Kumba’s life took an unexpected turn when she became pregnant while working in Guinea to support her education. Malnutrition cast a dark shadow over her pregnancy and her baby’s early life, and reasons for hope were few and far between.

Thankfully, Kumba’s neighbour, Isata, told her about malnutrition services offered through PIH. Kumba’s baby was quickly enrolled in the moderate acute malnutrition (MAM) program, and the transformation was profound.

“I became a happy mother. Seeing my baby grow in a healthy way makes me happy.”

KUMBA KPAKAMA

Across the district, CHW Francis Samai dedicates himself to providing quality healthcare to Kono’s most vulnerable residents. He remembers the day he received the offer to work as a CHW as a moment of pure joy. “Getting the offer at that time was the best thing that has ever happened to me.”

For nearly three years, Francis has been a pillar of strength in the community for those facing their most challenging moments. In the MAM program, he conducts screenings and offers nutritional assistance to children under five and their caregivers. The challenges are real, but the rewards are immeasurable. Francis describes it as a “lifesaving



mission,” one that fills him with pride as he witnesses babies grow healthy and happy.

It’s a journey marked by compassion, dedication, and the resolute belief that even in the face of malnutrition and myriad social challenges, hope can prevail. ■



THANK YOU FOR YOUR GENEROSITY

Partners In Health supporters walk with our patients and staff on the path towards global health equity. With compassion and commitment, together we can create a world in which all people have access to high quality and dignified health care, alongside the necessary social supports that make health care effective. This movement for justice is stronger with all of us. We are deeply grateful for your ongoing support and solidarity.

Supporters



Irving and Dianne Kipnes
Edmonton, AB

“ I had the privilege to collaborate with Partners In Health about 10 years ago and was profoundly inspired by its groundbreaking approach to providing high-quality health care rooted in social justice and solidarity. Since then, I’ve remained galvanized by its unwavering commitment, relentless persistence, and deeply human-centered mission to provide modern, effective, accessible, and life-saving medical care to the world’s most vulnerable communities. I’m grateful to be able to support Partners In Health’s vital and transformational work. ”

Deanna Chow
Montreal, QC

W e are deeply grateful to PIH Canada donors at all giving levels for their generosity. This year, we say a special thank you to Irving and Dianne Kipnes, who have been incredible supporters of PIH’s cancer work in Rwanda since 2014. Irv and Dianne, from everyone at Partners In Health, thank you for your unshakeable solidarity over the past decade, and for your foundational belief in health as a human right for all. Your partnership has saved and transformed countless lives, with positive impacts continuing for generations to come.

Photo by Zack DeClerck / PIH



Clinical mentor Rachael Mwanza provides clinical services at Somo, Chikwawa, Malawi where a camp for displaced Cyclone Freddy survivors was established. Photo by Zack DeClerck / PIH

Fiscal year 2023 Financial Summary

REVENUES
In fiscal year 2023, PIH Canada received \$7.2-million in revenue; \$3.8-million from individuals and family foundations; \$3-million from public sector sources; and \$398,00 from institutional foundations and corporations. The total revenue is down less than 1% from fiscal 2022.

EXPENSES
Partners In Health Canada expenses of \$7.1-million represent a 2% increase from fiscal 2022 (\$6.9-million). A slight decrease in programming funds sent to PIH care delivery sites (\$5.9-million vs \$6-million in fiscal 2022) was offset by a similar increase in deferred revenue due to timing of grant spending. PIH Canada programming supported care delivery sites in Haiti, Lesotho, Liberia, Malawi, Rwanda, and Sierra Leone.

Statement of Activities

Revenues

Contributions and Grants	
Individuals and Family Foundations	3,820,118
Public Sector	2,995,652
Institutional Foundations and Corporations	388,680
Total Revenues	7,204,450

Expenses

Programs and Education	6,319,867
Development	559,731
Administration	230,547
Total Expenses	7,110,145

Canadian Dollars

Revenues by Source

- Individuals and Family Foundations (53%)
- Public Sector (42%)
- Institutional Foundations and Corporations (5%)

Allocation of Expenses

- Programs and Education (89%)
- Development (8%)
- Administration (3%)

leadership

PIH FOUNDERS

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

GLOBAL LEADERSHIP

Sheila Davis
Chief Executive Officer

Yerkebulan Algozhin
Executive Director, Kazakhstan

Bailor Barrie
Executive Director, Sierra Leone

Katie Bollbach
Executive Director, United States

Mark Brender
National Director, Canada

Megan Carbone
Principal, Chief Finance & Systems Officer

Luckson Dullie
Chief Leadership Development & Engagement Officer

Francesco De Flaviis
Principal, Chief Advancement & Communications Officer

Marc Julmisse
Interim Executive Director, Haiti

Leonid Lecca
Executive Director, Peru

Nadine Karema
Executive Director, Rwanda

Basimenye Nhlema
Executive Director, Malawi

Maxo Luma
Executive Director, Liberia

Valeria Macías
Executive Director, Mexico

Cory McMahon
Chief Nursing Officer

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Joia Mukherjee
Chief Medical Officer

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Executive Director, Lesotho

Cate Oswald
Principal, Chief Program officer

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

Kate Rojko
Chief Human Resources Officer

Hannah Sehn
Executive Director, Navajo Nation

Lori Silver
General Counsel

Patrick Ulysse
Chief Operations Officer

Loune Viaud
Chief Gender and Social Equity Officer

Andy Wilson
Chief Development Officer



The palliative care and POSER (Program on Social & Economic Rights) teams visit James Willo and his mother Edina Stefano in Nyakoko, Neno, Malawi. Photo by Zack DeClerck/ PIH

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.



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