

ANNUAL REPORT



2019



“The effective delivery of quality health care to the poor requires dedicated partnership, the cultivation of hope and optimism, and a steadfast commitment to alleviating the suffering of others.”

DR. PAUL FARMER
CO-FOUNDER OF PARTNERS IN HEALTH

Every week, the Partners In Health team in Sierra Leone sends out a 'Monday Motivation' email to introduce one of their staff members – a driver or a community health worker, or maybe a janitor or a nurse – to others across the PIH network. The emails share what the employee has learned and what motivates them to serve. Often it's the experience of having been a patient themselves. I love reading these notes, knowing that similar stories could be told by thousands of colleagues around the world.

A number of PIH colleagues had a chance to share more of the stories that bind earlier this year in Vancouver at Women Deliver, the world's largest gathering on the health, rights and well-being of women and girls. Included among some 6,000 delegates were a dozen Partners In Health staff who joined in praise of Canada's feminist international assistance policy, which tied closely to broader conference themes.

Over three packed days, the irrepressible voices of youth, the challenges of ensuring women's sexual and reproductive health and rights, and a breathtaking array of progressive programs and policies were shared and celebrated. And whether from Lesotho or Rwanda, Haiti or Mexico, PIHers working on the front lines made easy connections because of a shared approach to serving people back home: Putting the needs of patients first. A comfortable bed, some food, a conversation. Combining care with compassion. Doing what dignity calls for.

It felt appropriate that one of our Haitian colleagues at the conference was Dr. Eddy Jonas, who has been leading PIH Canada-supported efforts to prevent and treat sexual and gender-based violence (SGBV) in Haiti since 2014 (see pg. 06) – several years before Canada's feminist assistance policy came into being.

In talking with Haitian colleagues back then, it was always clear that more SGBV activities were needed. Our Haiti team had been offering services in one small catchment area and wanted to do more, knowing they were only seeing a sliver of actual cases. Discussions with two wonderful foundation partners back in Canada made expansion possible.

So what also ties us together, when we do things right, is a shared belief that our colleagues on the front lines get to determine what is needed, as our Haitian colleagues did with SGBV programming. Too often in places of privilege, we take it as a given that those with the wealth get to decide what will be done – and what won't be done. Not just today, but tomorrow as well.

Our PIH colleagues who travelled to Vancouver were all deeply invested in women's health and rights, but they also know that cancer patients or people with diabetes or mental illness or broken legs....they need care too. When the front lines write the to-do list, everything is important.

Our supporters are the moral backbone that allow Partners In Health to push these boundaries, to advocate for ever deeper and more comprehensive investments, and make possible the inspiring stories of tomorrow. Thank you for always lifting us higher, where our patients need us to be.



A handwritten signature in blue ink that reads "Mark Brender".

Mark Brender
National Director

Front cover: Emric Ansu, 10, is HIV positive and needs antiretroviral medicines to stay healthy, but there isn't always enough food at home to support his treatment. Partners In Health began helping Emric's family earlier this year, providing free medicine, health care, food supplies and more. Emric now has rejoined his friends for a new school year and is excited to return to the classroom. Photo by Justine Nancarrow for Partners In Health.

Left: PIH Co-founder and Chief Strategist Dr. Paul Farmer consults on cases for patients like Kindia Jalloh, who was receiving care for HIV and TB at PIH-supported Koidu Government Hospital in Kono District, Sierra Leone. Photo by John Ra / Partners In Health



'I NO LONGER FELT SUBHUMAN'

Cancer in Rwanda

Ahishakiye Marciana is reclining on a Butaro Cancer Centre bed, receiving medication through an IV. She looks a little lost and small against the blue background, but when she sees her friend approach, she smiles so vibrantly that everyone who looks at her smiles too.

The 53-year-old breast cancer patient hails from a small rural village in southern Rwanda. She is raising her 10-year-old daughter as a single mother. Marciana says that she felt a lump in her breast three years ago but brushed it off because she was too busy working to support her daughter.

In 2017, she was told that she had “Fumbi,” a generic local explanation for unexplained swellings on the body. She began to use local herbs and potions to fight the condition, but the lump grew and expanded over

the next two years, until it was red and tender to touch.

She sought medical care at a local health center. Upon seeing her condition, nurses quickly referred her to the University Teaching Hospital of Butare, where she was diagnosed with stage two ductal carcinoma and was encouraged to undergo surgery.

“I remember feeling so ashamed when I learned that I had cancer,” Marciana recalls. “My neighbours would always talk about cancer patients as people who were subhuman, and being told that I had cancer, I felt like less of a person.”

In early 2018, she got a mastectomy, and then was referred to PIH-supported Butaro Cancer Centre of



PIH has supported
the care of

more than 4,000

cancer patients in Haiti
and Rwanda.

Left: Breast cancer survivor Ahishakiye Marciana receiving chemotherapy at Butaro Cancer Center in Rwanda. Photo by Grace Gatera ER/ Partners In Health

Right: Manley Cenobe receives chemotherapy for Hodgkin Lymphoma at University Hospital in Mirebalais, Haiti. The treatment is administered by Ms. Guerdie Duvert, an oncology nurse. Photo by Cecille Joan Avila/ Partners In Health

Excellence for chemotherapy and post-surgical care. Marciana says that what struck her the most was how many other women had the same diagnosis.

Since June 2018, Marciana has been receiving chemotherapy twice a month. The cost of her medication as well as transportation, meals and accommodation are covered by Partners In Health.

"I would be dead now if I had not been supported," she says. "My mental health was not in a good place, and I was isolated and alone. I am so thankful for PIH. If I had not been referred to come here, my chances of my being alive would have been very low. But now, I am doing better, and I want to heal completely and go back to supporting my child. That is my main focus right now."

“

I no longer felt subhuman, having cancer became normalized for me and I began to speak and socialize again. I felt human. In fact, I have best friends now, which is something I never thought I would have with the kind of life I have experienced.”

AHISHAKIYE MARCIANA

THE ROAD TO RECOVERY

Recovering from sexual violence

Sensitive content warning

A young woman is walking home at night when a man appears on the path. This is a dangerous place to be walking alone at this time, the man says, so he walks with her. The he grabs her from behind, forces her off the path into a vacant house where he holds her for hours, and repeatedly sexually assaults her. The woman escapes at 4am and staggers home, dazed, disoriented and unable to stand. The saddest part, she says now looking back, is that her father made her believe what happened to her was her fault.

And what can a health system in Haiti do in such a horrific case? Fortunately, it can do plenty.

The woman's mother took her to a hospital run by Zanmi Lasante (ZL), PIH's sister organization in Haiti, where a gender-based violence (GBV) prevention and treatment program supported by PIH Canada has been in place since 2015. Staff helped the woman get seen by a physician trained in GBV protocols, and then accompanied her to see an on-site social worker and a psychologist.

The Zanmi Lasante team worked with the woman for the next six months. Over time, through therapy, she was able to process what happened to her and no longer wanted her life to end. She resumed her studies. Social workers came to her house and also worked with her father. He listened and learned, and began to understand that what happened was not his daughter's fault. Today he supports her fully.

Even though rates of sexual assault, domestic violence and other forms of GBV remain far too high, the services

“ [...] with the introduction of social workers at health facilities, it is so much easier for survivors of violence to follow and benefit from the medical care they have been prescribed.”



Above: Ermaze L Pierre, gender-based violence project manager for Zanmi Lasante in Haiti. Photo by courtesy Ermaze Pierre / Partners In Health



provided through PIH Canada's support have helped address an important need that has historically been neglected in Haiti. Earlier this year, the Government of Canada committed \$2-million over three years to scale up this critical work to eleven hospitals and clinics across ZL's catchment area, with outreach activities extending deep into the surrounding communities.

The project will address the most urgent clinical needs of survivors of GBV; engage people in positions of authority in health, judicial and community settings to support victims and victims' rights; and empower girls, women, boys and men to transform norms around the acceptability of violence and the status of women.

Recounting her experience, the woman who was assaulted said she will never forget what the man did to her – nor will she forget the Zanmi Lasante staff and the services they provided. With their support, the woman has taken back her life and is moving forward with determination.

“ I support Partners In Health because of their work to improve health and hope for the future. I believe health, education and dignity for all are essential for our collective future. As a donor, I was looking for an organization that shares my values and I was inspired by the approach of PIH in developing lasting, respectful and meaningful relationships with global communities.



Peg Dawkins, Sarnia, ON

Below: PIH staff walk across the hillside on the outskirts of Mirebalais, Haiti to reach the home of a patient. Photo by Leslie Friday / Partners In Health



472

female survivors of sexual violence were provided medical care by ZL/PIH staff in fiscal 2019



WHEN CARE BEGINS AT HOME

CHWs on the frontlines

Odeta Aaron, a 22-year-old from Chiomba Village, Dambe, Malawi, checks in on the Chikwakwa family almost daily. Odeta is the area's Community Health Worker (CHW) and regularly visits all households in her community, providing care and support for mothers like Maria Chikwakwa, and her teenage son Sam.*

For Maria and Sam, Odeta's support has been vital. Sam has HIV, epilepsy, and organic psychosis, a challenging combination of conditions to live with anywhere, let alone in rural Malawi.

Odeta visits Maria and Sam's home to make sure Sam is taking his medications. She encourages him to keep on track with his treatments, even when he becomes discouraged and refuses to listen to his mother. She also accompanies him to his medical appointments, keeping him calm and making sure he receives the care he needs.

"Odeta has been a strong support system for me and my family," Maria says. "And since she lives just nearby, I am able to quickly send for her whenever my son becomes restless or violent. And she comes to help settle him down."



Odeta's regular home visits and compassionate manner have led her to become a source of strength for Maria in challenging times.

Thanks to Odeta's committed work and the CHW household model implemented by Partners In Health, families like Sam and Maria are able to receive the care they need.

The household model, introduced in Malawi in 2017, assigns CHWs to entire households instead of just focusing on patients with specific diseases like HIV or TB. This holistic approach is critical for patients like Sam, who suffer from several conditions – and it provides additional support to primary caregivers like Maria.

With regular visits to each household in their neighbourhood, CHWs like Odeta often form strong bonds with the patients and families under their care.

▶ **Above:** Maria Chikwakwa receives care for her family through Partners In Health's CHW household model. She is pictured in front of her home. Photo by Hannah Lieberman / Partners In Health

▶ **Right:** Odeta Aaron, PIH Malawi community health worker, near her home. Photo by Hannah Lieberman / Partners In Health

All households, regardless of whether or not any member is currently sick, benefit from the services of CHWs through regular screening, health education, and linkages to other levels of care when needed.

In Malawi, over 1,200 CHWs are integrated into the Household Model, serving a catchment area of more than 170,000 people.

Odetta says the new model helps her and other CHWs provide more value for the families they serve. They are now able to quickly identify new cases of illness and respond appropriately, accompanying those in need to further clinical services. Previously, some of these patients would have been missed or identified very late in their illness, if at all.

For PIH, the evolution of the household model is another critical step in leaving no one behind.

*Sam's name has been changed for this story.



6,800

mental health patients
in care across PIH
sites in 2018

Top: Dr. Talama checks on a 27-year-old HIV patient at Neno District Hospital in Malawi in late 2018. She was suffering from severe depression. PIH provided her with both HIV counselling and psychiatric help. Photo by Zack DeClerck / Partners In Health

Students for Partners In Health Canada (SPIHC) is a student-led movement for global health equity and social justice. Students support the mission of PIH through public education, fundraising and engagement. Hannah Marcus, a SPIHC member, shares her motivation for getting involved:

“

My commitment to Partners In Health began when I started reading some of the scholarly work of Dr. Paul Farmer. As I read his early works, many ideas deeply resonated with me and radicalized my perspective on many contentious issues in the field of global health. As I learned about his founding of Partners In Health and the organization's embodiment of many of these ideals, I immediately saw it as an avenue for pursuing further engagement. Ever since, I have maintained a lasting drive to support Partners In Health in any way I can, both personally and hopefully one day professionally.”



Hannah Marcus is a fourth-year undergraduate student at McMaster University currently pursuing a degree in Health Sciences with a minor in globalization studies.

THANK YOU TO OUR DONORS

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 at \$2,500 or more and Paul's Partners monthly donors between July 1, 2018 and June 30, 2019 are listed below.

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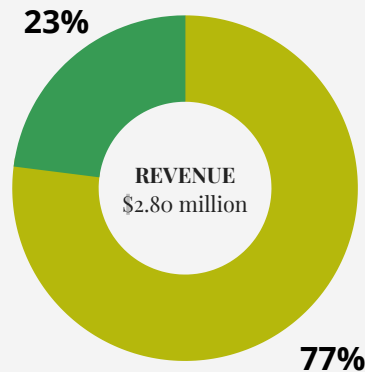
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FISCAL YEAR 2019 FINANCIAL SUMMARY

The information below covers Partners In Health Canada's 2019 fiscal year (July 1, 2018 - June 30, 2019). To view our fiscal 2019 audited financial statements, visit www.pihcanada.org/financial-statement.

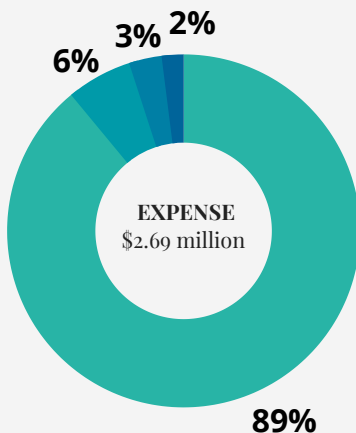


REVENUE BY SOURCE

Individuals and Family Foundations (\$2,154,835)

Institutional foundations and corporations (\$647,378)

In fiscal 2019, PIH Canada received \$2,802,213 in revenue: \$2,154,835 from individuals and family foundations and \$647,378 from institutional foundations and corporations. The total revenue represents 39% growth from fiscal 2018 (\$2.02-million).



ALLOCATION OF EXPENSE

Programs (\$2,383,918)

Development (\$157,817)

Administration (\$89,192)

Education (\$60,469)

PIH Canada expenses of \$2,691,396 in fiscal 2019 represents a 33% increase from fiscal 2018 (\$2.03-million). Nearly all of the increase was related to programmatic support to country sites (totaling \$2.19-million vs. \$1.68-million in fiscal 2018) including Haiti, Liberia, Malawi, Rwanda, and Sierra Leone.

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*new board member in 2019-2020



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.

YOU CAN HELP

Eliminate Preventable Deaths by fighting for a culture in which 21st century people are no longer condemned by 18th century diseases- or standards of care- simply because they were born into poverty.

Break the Cycle of Poverty that ensures the poor get sick and the sick stay poor - from one generation to the next- by coinvesting in complementary infrastructure and relief programs alongside best-in-class health care.

Change the Face of Global Health by showing how comprehensive, integrated health care systems are not just possible but practical in settings of poverty, and essential to any humane reckoning of our shared prosperity.

Save Lives Today by supporting Partners In Health Canada with your voice, your actions, your gift - and your relentless commitment to freeing people from injustice wherever the need is great.

CONNECT WITH US

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Top: Otolina Luka (left) and Nana Mwanyodola (right) rest at Neno District Hospital's maternal waiting home in late 2018 in Malawi. Photo by Zack DeClerck / Partners In Health