PIH OFFICERS
Ophelia Dahl, President and Executive Director
Paul Zieli, Chief Operating Officer
Craig Kaplan, Chief Financial Officer and Treasurer
Edward M. Cardoza, Vice President for Development
Paul E. Farmer, M.D., Ph.D., Executive Vice President
Robin A. Domai, Esq., Clerk and outside legal counsel

PIH BOARD OF DIRECTORS
Ophelia Dahl, Chairperson
Paul E. Farmer, M.D., Ph.D.
Howard Latt, M.D.
Diane E. Kanbe
Jim Yong Kim, M.D., Ph.D.
Joseph B. Martin, M.D., Ph.D.
John H. McArthur
Todd McCormack
Amartya S. Sen
Bryan A. Stevenson

PIH ADVISORY BOARD
John Ayanian, Brigham and Women's Hospital
Jaime Bayona, Sueco En Salud
Rose-Marie Chierei, State University of New York
Mario-Flower Chippa, Zanmi Lasante
Joan Gershon, Zanmi Lasante
Father Julio Guiletti, Boston College
Jody Heymann, Harvard School of Public Health
Marie-Louise Jean-Baptiste, Cambridge Hospital
Philip Johnson, Philip Johnson Associates
Father Fritz Lafontant, Zanmi Lasante
Yolande Lafontant, Zanmi Lasante
Anne McCormack, Partners In Health
Patrick Murray, Winston and Strawn, LLP
Guitèle Nicoleau, Harvard University
Haun Said, Stanford University
Loune Viaud, Zanmi Lasante
Thomas J. White, Partners In Health

On the front cover:
The residents of Lascahobas participate in ZL’s World AIDS Day celebration in December, 2003.
We are fortunate to have significant collaborators, old and new, in this health care movement: the Brigham and Ministry of Health, we scaled-up our facilities in Cange and expanded to four new locations across the Central Plateau. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in partnership with the Haitian Ministry of Health and the Haitian Health Foundation, we have learned our most fundamental lessons from patients and coworkers alike: namely, how best to scale-up comprehensive health care; the importance of providing medicines free of charge; the effectiveness of community-based services; and the necessity of defining health in the broadest terms to include adequate housing, education, potable water, and comprehensive health care; the importance of providing medicines free of charge; the effectiveness of community-based services; and the necessity of defining health in the broadest terms to include adequate housing, education, potable water, and clean water. Thanks to increased attention in 2003 to PIH and its model of health care delivery, a groundswell of people are joining the movement to provide health care to those who need it most and to promote health as a human right. NGOs and ministries of health around the world are adopting our treatment model. Schools and colleges across the country are developing health and social justice curricula based on the work of PIH. Through our service, training, advocacy, and research efforts across the world, we hope to prove that the destitute sick should and can be treated.

PIH experienced unprecedented growth last year as we strengthened our response to the health crisis in Haiti. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in partnership with the Haitian Ministry of Health, we scaled-up our facilities in Cange and expanded to four new locations across the Central Plateau. Our ambitious expansion program addresses not only HIV/AIDS, but also other diseases prevalent in Haiti, from typhoid to malnutrition. This work would not have been possible without the support of our partners and their caregivers. Thomas J. White. He has shaped and supported the dreams which became the vision—the fruits of which we will see on these pages. We dedicate this report and all the work documented herein to Tom.

Ophelia Dahl

PARTNERS CIRCLE

We are indebted to Tracy Kidder, whose book, Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Care the World (Random House, 2003) has attracted new friends to our cause and reconnected us with many long-time supporters. To recognize and honor our invaluable donors of $1,000 or more, we inaugurated the Partners Circle. We are grateful to the following charter members of the Partners Circle who, through their generosity, have become part of our story.
TABLE OF CONTENTS

Mission ................................................3  
Vision ..................................................4  
Haiti ....................................................5  
- Scaling up comprehensive care ....9  
- Providing essential medicines ....11  
- Mobilizing and training community health workers ........13  
- Addressing underlying causes of disease ......................................15  
Building a Health Care Movement..17 
Peru ..................................................21  
Russia ................................................23  
United States ....................................25  
Supported Projects............................27  
Selected 2003 PIH Publications ....28  
Financials..........................................29  
Partners Circle..................................30

FINANCIALS

PIH 2003 Total Support and Revenue

**NOTE**
Other grants received in 2003 include awards from the David Rockefeller Center for Latin American Studies, the El Lally Foundation, the Eqwa Foundation, the John E. Poggetti International Center, the John M. Lloyd Foundation, MERLIN, the Open Society Institute, Partners HealthCare System, Pittsfield Anti-TB Association, the Rockefeller Foundation, and the RX Foundation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 5,621,543</td>
</tr>
<tr>
<td>Donated Medicines</td>
<td>$ 957,163</td>
</tr>
<tr>
<td><strong>Total Contributions</strong></td>
<td><strong>$ 6,578,706</strong></td>
</tr>
<tr>
<td>Grants - Bill &amp; Melinda Gates Foundation</td>
<td>$ 7,432,216</td>
</tr>
<tr>
<td>Grants - Other</td>
<td>$ 2,967,784</td>
</tr>
<tr>
<td><strong>Total Grants</strong></td>
<td><strong>$10,400,000</strong></td>
</tr>
<tr>
<td>Investment and Other Income (Net)</td>
<td>$ 549,427</td>
</tr>
<tr>
<td><strong>Total Support and Revenue</strong></td>
<td><strong>$17,528,133</strong></td>
</tr>
</tbody>
</table>

PIH 2003 Total Expenditures

<table>
<thead>
<tr>
<th>By Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$ 2,291,515</td>
</tr>
<tr>
<td>Medications</td>
<td>$ 2,674,547</td>
</tr>
<tr>
<td><strong>Subtotal Haiti</strong></td>
<td><strong>$ 4,966,062</strong></td>
</tr>
<tr>
<td>Peru:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$ 1,583,636</td>
</tr>
<tr>
<td>Medications</td>
<td>$ 2,498,790</td>
</tr>
<tr>
<td><strong>Subtotal Peru</strong></td>
<td><strong>$ 6,082,426</strong></td>
</tr>
<tr>
<td>Russia:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$ 709,510</td>
</tr>
<tr>
<td>Medications</td>
<td>$ 866,321</td>
</tr>
<tr>
<td><strong>Subtotal Russia</strong></td>
<td><strong>$ 1,575,831</strong></td>
</tr>
<tr>
<td>All Other Programs</td>
<td></td>
</tr>
<tr>
<td>Administration and Development</td>
<td>$ 1,145,951</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td><strong>$14,546,690</strong></td>
</tr>
<tr>
<td>Increase in Net Assets</td>
<td>$ 2,981,441</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$17,528,133</strong></td>
</tr>
</tbody>
</table>
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 (PIH™) 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 elite medical and academic institutions and on the lived experience of the world’s poorest and sickest communities. We are dedicated to providing the highest level of clinical care possible while alleviating the crushing social and economic burden of poverty that creates obstacles to health. 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. We stand with our patients, to make them well—just as we would do if a member of our own family had cancer. We believe that the moral imperative of health care is to struggle for equity and social justice.

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 elite medical and academic institutions and on the lived experience of the world’s poorest and sickest communities. We are dedicated to providing the highest level of clinical care possible while alleviating the crushing social and economic burden of poverty that creates obstacles to health. 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 family were ill. We stand with our patients, to make them well—just as we would do if a member of our own family had cancer. We believe that the moral imperative of health care is to struggle for equity and social justice.

Selected 2003 PIH Publications

Books and Chapters:

Journal Articles:
- Farmer P. Suffering That is “Not Appropriate at All.” Resiste 2003;42:7.

Businesses and Chapters:

Journal articles:
- Farmer P. Suffering That is “Not Appropriate at All.” Resiste 2003;42:7.
We began in 1983 with a personal commitment to a few villages in rural Haiti. The principle that motivated us was simple: everyone, whether affluent or poor, deserves to benefit from the same high standard of medical care. Our first step was equally direct: we asked our Haitian colleagues what ailed them. The work that followed grew complex—not because our vision was complicated, but because the sources of our patients’ illnesses ran so deep. What caused suffering for impoverished Haitians, it turned out, could not be expressed by a simple litany of diseases. Their ills had deeper roots in a legacy of social and economic inequality. To cure the infections, it was necessary to address the conditions that had given rise to them. We fought pneumonia with antibiotics while simultaneously helping people replace their thatched roofs with tin. We cured tuberculosis with antibiotics and also by training community members as doctors, technicians, and health outreach workers, so that they could help diagnose and treat their neighbors. And even as we arranged for Haitian patients to undergo heart surgery in top U.S. hospitals, we enabled our Haitian colleagues to build and equip operating rooms, laboratories, schools, and inpatient facilities. The effectiveness of the community-based model developed in Haiti has been documented in many books and journal articles. We are now employing it in poor communities around the world—in Haiti, Peru, Russia, and Boston.

We are allies in their groups’ long, painful, and often lonely struggles to achieve equity in rights that we believe should be universal: food, clothing, housing, education, and medical care.

Since 1998, PIH has worked with a group of community health workers—themselves the victims of government-sanctioned violence—committed to serving the needs of survivors of the Guatemalan genocide. The Equipo Técnico de Educación en Salud Comunitaria (ETESC, or Technical Team for Education in Community Health) provides legal, psychological, and logistical assistance to the survivors of Guatemala’s Civil War (1960-1996) in the highland communities around Huehuetenango, as they exhume the mass graves and rebury their dead. The Guatemalan Truth Commission, established by the Oslo Peace Accords in 1996, documented over 40,000 separate human rights violations during the period from 1962-1996. Over half of these were murders, and the total number of dead and “disappeared” is estimated at over 90,000. ETESC has been working with the repatriated community since 1996, when it became safe for thousands of refugee Guatemalans to return to their homes. EITESC workers meet publicly and privately with survivors, apprising them of their legal rights in bearing witness to the murder of their relatives, friends, and neighbors. They serve as a link between families and forensic specialists working in Guatemala to ensure that victims’ bodies are exhumed and buried properly, giving at least some sense of closure to families.

For many years, the poor residents of southern Mexico—many of them indigenous peasants—have suffered discrimination and acts of violence by army units and state-supported militias. The impact has been especially devastating on access to health care and other basic social services. Since 1986, the Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC, or Health and Community Education Support Team) has worked in the rural communities of southeast Mexico, particularly in Chiapas, to improve the lives of the poor and those who suffer from injustice and disease. Despite years of threats from the Mexican army and an unstable political situation, EAPSEC has trained hundreds of community health workers who now work throughout southern Mexico to provide health care to the sick. In order to facilitate the health workers’ training, EAPSEC has written more than 20 training manuals on health-related topics. In one community, where there is only a part-time physician for a population of 18,800, EAPSEC has helped open a clinic to offer medical care to the underserved.

PIH lends technical and financial support to projects that are fighting against human rights abuses. We are allies in their groups’ long, painful, and often lonely struggles to achieve equity in rights that we believe should be universal: food, clothing, housing, education, and medical care.

SUPPORTED PROJECTS

VISION:

Guatemala: Equipo Técnico de Educación en Salud Comunitaria (ETESC)  
Since 1998, PIH has worked with a group of community health workers—themselves the victims of government-sanctioned violence—committed to serving the needs of survivors of the Guatemalan genocide. The Equipo Técnico de Educación en Salud Comunitaria (ETESC, or Technical Team for Education in Community Health) provides legal, psychological, and logistical assistance to the survivors of Guatemala’s Civil War (1960-1996) in the highland communities around Huehuetenango, as they exhume the mass graves and rebury their dead.

The Guatemalan Truth Commission, established by the Oslo Peace Accords in 1996, documented over 40,000 separate human rights violations during the period from 1962-1996. Over half of these were murders, and the total number of dead and “disappeared” is estimated at over 90,000. ETESC has been working with the repatriated community since 1996, when it became safe for thousands of refugee Guatemalans to return to their homes. EITESC workers meet publicly and privately with survivors, apprising them of their legal rights in bearing witness to the murder of their relatives, friends, and neighbors. They serve as a link between families and forensic specialists working in Guatemala to ensure that victims’ bodies are exhumed and buried properly, giving at least some sense of closure to families.

Chiapas: Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC)  
For many years, the poor residents of southern Mexico—many of them indigenous peasants—have suffered discrimination and acts of violence by army units and state-supported militias. The impact has been especially devastating on access to health care and other basic social services. Since 1986, the Equipo de Apoyo en Salud y Educación Comunitaria (EAPSEC, or Health and Community Education Support Team) has worked in the rural communities of southeast Mexico, particularly in Chiapas, to improve the lives of the poor and those who suffer from injustice and disease.

Despite years of threats from the Mexican army and an unstable political situation, EAPSEC has trained hundreds of community health workers who now work throughout southern Mexico to provide health care to the sick. In order to facilitate the health workers’ training, EAPSEC has written more than 20 training manuals on health-related topics. In one community, where there is only a part-time physician for a population of 18,800, EAPSEC has helped open a clinic to offer medical care to the underserved.

VISION:

We began in 1983 with a personal commitment to a few villages in rural Haiti. The principle that motivated us was simple: everyone, whether affluent or poor, deserves to benefit from the same high standard of medical care. Our first step was equally direct: we asked our Haitian colleagues what ailed them. The work that followed grew complex—not because our vision was complicated, but because the sources of our patients’ illnesses ran so deep.

What caused suffering for impoverished Haitians, it turned out, could not be expressed by a simple litany of diseases. Their ills had deeper roots in a legacy of social and economic inequality. To cure the infections, it was necessary to address the conditions that had given rise to them. We fought pneumonia with antibiotics while simultaneously helping people replace their thatched roofs with tin. We cured tuberculosis with antibiotics and also by training community members as doctors, technicians, and health outreach workers, so that they could help diagnose and treat their neighbors. And even as we arranged for Haitian patients to undergo heart surgery in top U.S. hospitals, we enabled our Haitian colleagues to build and equip operating rooms, laboratories, schools, and inpatient facilities.

The effectiveness of the community-based model developed in Haiti has been documented in many books and journal articles. We are now employing it in poor communities around the world—in Haiti, Peru, Russia, and Boston.

By successfully delivering quality medical care to the poor and the oppressed—those most in need of our services—we demonstrate that allegedly “untreatable” health problems can, in fact, be addressed effectively. In fulfilling our mission, we seek to inspire, enlist, and train others to deliver the same quality of care.
Can the poor present to the Lascahobas clinic in March 2003 with TB and advanced AIDS. His family had already purchased his coffin.

In March 2003, the IHSJ screened the PIH-underwritten documentary Voces de la Tierra: La Guerra Sucia en Guatemala (Voices from the Earth: The Dirty War in Guatemala) by director José Luis Reza. The film documents the exhumation of mass graves in the northern Guatemalan province of Huehuetenango, where the number of executions, torture, and forced disappearances peaked between 1978 and 1985.

A seminar held in February 2003 examined the challenges to implementing TB control in Peru under much political change and ensuing health systems reform. A second seminar, held in April, analyzed differential pricing strategies for global access to essential medicines.

In June 2003, the IHSJ hosted a screening of A Closer Walk, written and produced by Oscar-nominee Robert Bilheimer.


Together with the RFK Memorial Center for Human Rights, PIH has pressured key international financial institutions, the U.S. government, the Organization of American States, the European Union, and relevant local and international nongovernmental organizations to release and disburse long-promised loans for humanitarian relief in Haiti. PIH believes that witholding the loans is a human rights violation. In July 2003, Paul Farmer testified before the Senate Foreign Relations Committee, calling for an end to the United States-led de facto sanctions against the Haitian government. He faults the sanctions for further exacerbating the desperate health and human rights situation in Haiti.

In 2002, Loune Viaud, Director of Operations at Zanmi Lasante, received the Robert F. Kennedy Human Rights Award which paved the way for our Haiti advocacy work in 2003.
Prevention and Access to Care and Treatment (PACT) Project

Based in the Division of Social Medicine and Health Inequalities at the Brigham and Women’s Hospital, the Prevention and Access to Care and Treatment project is designed to ensure that residents of Boston’s lower income neighborhoods receive adequate HIV-related care and services.

Through a program named DOT-Plus, which combines health promotion with directly observed therapy (DOT) of ARV medications, DOT workers observe daily HIV medication therapy and work with health promoters in providing comprehensive support and education to their patients. This DOT project began in 2002 with eight patients who were administered free medications by DOT health promoters and monitored by a primary care physician.

In 2002, PACT also initiated a program called Fuerza Latina (“Latin Strength”), a comprehensive HIV and substance abuse prevention initiative targeted at Latino injection drug users. The Fuerza Latina curriculum leads its participants through stages of personal recovery, leadership development, and community organizing.

2003 ACCOMPLISHMENTS:

• Twenty participants received DOT-Plus therapy through the PACT program.
• An additional 55 participants received health promotion, harm reduction counseling, and case management services.
• Program results indicate dramatic reductions in viral load and increased CD4 counts in the patients participating in DOT-Plus.
• AIDS-related hospitalization for the 15 patients for whom six-month data is available decreased from 48 to 5 days, demonstrating that DOT-Plus might decrease medical costs by improving health and averting costly emergency room visits and hospitalizations.
• Sixteen men were enrolled in the Fuerza Latina year-long program. In July, three participants began a more advanced leadership development phase to learn to conduct street outreach and educational activities focused on HIV and substance abuse prevention as well as harm reduction within affected communities.
• PACT expanded the Fuerza Latina model to include youth from Boston’s inner-city communities.
Training held for health care workers in Tomsk

Fifteen training sessions were held for 49 tuberculous doctors, 53 nurses, and 145 feldshers in nine regions of Tomsk Oblast. Training sessions covered the epidemiology and diagnosis of TB and MDR TB, development of MDR TB, medications, regimen design, side effect management, directly observed therapy, and adherence to therapy.

Training held for health care workers beyond Tomsk

In 2003, PIH began to expand Russia’s capacity to curb the MDR TB epidemic in regions beyond Tomsk. With financial support from the Eli Lilly Foundation, PIH and the Division of Social Medicine and Health Inequalities at Brigham and Women’s Hospital launched a two-week training session for 16 prison doctors from seven other oblasts. The training program has been endorsed by the Russian Ministries of Health and Justice. Physicians completing the course are awarded Continuing Medical Education credits and a certificate from the Novosibirsk TB Research Institute. PIH plans to train 35-40 physicians during each of the next two years.
For over two decades, PIH and our sister organization, Zanmi Lasante, have been treating the poor in Haiti’s Central Plateau. Our experience has taught us that the poor can be treated; our heads and hearts tell us that the poor should be treated. We have done this by scaling up comprehensive care, providing essential medicines, mobilizing and training community health workers, and addressing underlying causes of disease.

2003 ACCOMPLISHMENTS:

Increased patient enrollment
In the Tomsk project, 165 new patients were enrolled, bringing the total number of patients to 462. PIH is committed to funding the treatment of 630 MDR TB patients in Tomsk Oblast. Unfortunately, due to steady rates of transmission, this is only about half of the patients needing treatment today.

Joseph Jeune, six months after initiation of therapy for TB and AIDS
SCALING UP COMPREHENS

The ZL Sociomedical Complex is home to a 104-bed hospital (Clinique Bon Sauveur), 30-bed infectious disease center (the Thomas J. White Center), outpatient clinic, women’s health clinic (Proje Sante Fanm), ophthalmology clinic, laboratory, pharmaceutical warehouse, radiographic services, and school (Ecole Bon Sauveur).

Partners In Health’s HIV Equity Initiative, which offers lifesaving AIDS care and treatment free of charge to patients like Joseph Jeune, has been hailed by the World Health Organization, the New York Times, and others, as a groundbreaking model for complex health interventions in resource-poor settings. In 2003, with partial funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and in partnership with the Haitian Ministry of Health, this Initiative was expanded across the Central Plateau. In the course of expanding our care of HIV-positive patients and their families, we have also significantly increased our ability to identify and treat patients with other diseases.

2003 ACCOMPLISHMENTS:

Four new sites across the Central Plateau
At the heart of our accomplishments for 2003 is the expansion services throughout Haiti’s Central Plateau. ZL inaugurated rural Haiti’s second fully outfitted AIDS clinic in the town of Lascahobas in April 2003. ZL also renovated and equipped an abandoned building in Boucan Carré and clinics in Belladère and Thomonde. The presence of a ZL clinic or hospital in these communities has renewed local faith in the health care system, stimulated demand for primary health care, reduced the stigma of HIV testing and treatment, and enhanced interest in prevention efforts. An added benefit has been the involvement of the community in the provision of health care, as local men and women were recruited as community health workers.

Increased number of patient visits
With the introduction of adequate staff and essential drugs to previously abandoned public clinics and hospitals, utilization of services has increased ten- to twenty-fold at the new sites. The Lascahobas clinic, for example, saw daily visits increase from 20 to 400 patients in less than eighteen months. By the end of 2003, more than 655,000 visits had been recorded in Cange and at the expansion sites.

Exceptional treatment outcomes
Treatment outcomes continue to be exceptional: cure rates range from 75% to 85%, depending on the number of previous failed regimens, a rate rivaling those in the U.S. In 2003, PIH and SES collaborators published the treatment outcomes for the first cohort of Peruvian patients in the New England Journal of Medicine.

Completion of Electronic Medical Records (EMR) System
During 2003, the EMR system was largely completed. Over 2,700 electronic medical records are now registered. Data entry takes place daily from Lima and Boston. Nurses and physicians use the EMR regularly for patient care; researchers have limited-use access for data extraction; and program managers use the EMR to forecast and manage drug supplies.
Cathedral, at the northern fringe of Lima, is home to some of the region’s poorest and most uprooted urban populations. Since 1994, PIH has been working with their Peruvian branch Socios En Salud (SES) to train community members in preventive health measures, screen local residents for infectious diseases and other illnesses, and treat those in need. Since 1996, SES has focused on treating multidrug-resistant tuberculosis (MDR TB).

After uncovering an MDR TB outbreak in northern Lima in 1996, PIH applied our experience with community-based TB treatment in rural Haiti to the conditions of an urban shantytown. PIH-trained outreach workers administered drugs in patients’ homes and also provided psychological and social support. Community health workers were taught to gather important medical data and socioeconomic information. At the time, the MDR TB project in Lima was the only one of its kind in the world. By proving that MDR TB patients in resource-poor settings could be cured, PIH helped change the strategy of international public health agencies regarding MDR TB treatment in poor countries.

Four years ago, SES became the hub of a multinational treatment project for patients with MDR TB (PARTNERS) funded by the Bill & Melinda Gates Foundation through a grant to Harvard Medical School, PIH, the U.S. Centers for Disease Control, the World Health Organization, and the Task Force for Child Survival and Development. Now entering its final year, this project was designed to establish a community-based treatment program throughout Peru, to build the infrastructure to support this program, and to train health personnel from other countries with high rates of MDR TB.

**2003 ACCOMPLISHMENTS:**

**Increased patient enrollment**
In September 2003, SES enrolled the last of the 1,450 MDR TB patients under the PARTNERS project. Thereafter, SES began helping the Ministry of Health enroll an additional 250 MDR TB patients to be supported with resources from the Global Fund. By the end of 2003, more than 1,900 patients had been enrolled, with some 1,800 in active treatment.

**Improved facilities and diagnostics**
The medical complex in Cange continues to expand. In 2003, ZL completed construction of a TB isolation wing, a second surgical wing for emergency surgeries and C-sections, and, in collaboration with the Haitian Red Cross, a modern blood banking facility.

With the installation of x-ray machines at Boucan Carré and Thomonde and the addition of another unit at Cange, all the sites now have x-ray capability. To improve clinicians’ ability to identify patients in need of antiretrovirals (ARVs) for advanced AIDS, we also acquired rural Haiti’s second CD4 count machine and a flow cytometer.
Science is for everyone,” said one of PIH’s AIDS patients. To facilitate communications

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

ZL’s overflowing clinic provides a stark contrast to nearby medical facilities that stand empty because their services and medications are priced beyond the reach of the local population. As the patient caseload increases, our procurement efforts and drug management systems have become increasingly sophisticated. Instead of buying retail drugs, PIH acquires generic medicines directly from manufacturers or wholesalers such as the International Dispensary Association in Amsterdam. PIH’s electronic medical record (EMR) system, developed to centralize patient data, has also helped us manage increased inventories of medicines.

In 2000, PIH worked with the World Health Organization (WHO) to establish the Green Light Committee (GLC), an innovative collaborative of pharmaceutical companies, the WHO, and MDR TB programs. With PIH clinicians serving on the committee from its inception, the GLC validates protocols to ensure treatment success without creating an innovative collaboration of pharmaceutical companies, the WHO, and MDR TB programs. With PIH clinicians serving on the committee from its inception, the GLC validates protocols to ensure treatment success without creating an innovative collaboration of pharmaceutical companies, the WHO, and MDR TB programs.

In 2000, PIH worked with the World Health Organization (WHO) to establish the Green Light Committee (GLC), an innovative collaborative of pharmaceutical companies, the WHO, and MDR TB programs. With PIH clinicians serving on the committee from its inception, the GLC validates protocols to ensure treatment success without creating an innovative collaboration of pharmaceutical companies, the WHO, and MDR TB programs.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including life-saving antiretrovirals for advanced HIV/AIDS.
1996
The village of Cange, in Haiti’s Central Plateau, is submerged due to the building of a dam on the Artibonite River. Designed and funded by international development agencies, the dam is intended to supply electrical power to the capital city of Port-au-Prince, many hours distant. Residents of Cange, all subsistence farmers, receive little compensation for their homes or land, and are forced to move to the barren hillsides as squatters.

1997
At the urging of longtime PIH supporter Father Jack Roussin of the Society of St. Paul Farmer and his colleagues are joined by Paul Farmer and the Ophelde Dahl. Together they establish Zanmi Lasante (ZL) and begin a community health assurance and plan for the Clinique Bon Sauveur.

1998
The first group of drug-resistant TB patients in Carabaylo completes the two-year course of treatment and is cured of tuberculosis. PIH and PEPFAR extend international health expertise to Boston to discuss clinical findings from the ZLS project. ‘DOTS-Plus’ is born.

1999
PIH staff publish an innovative study on the global impact of drug-resistant tuberculosis, in collaboration with HMS and the Open Society Institute. The report highlights the importance of community-based care in treating this and other emerging infectious diseases. Paul Farmer and Jim Yong Kim are appointed by the World Health Organization to help lead the international response by establishing pilot MDR TB treatment programs and organizing effective delivery systems for antibiotics.

2000
In most countries, AIDS is a death sentence for the poor. In rural Haiti, ZL has provided lifesaving antiretroviral therapy to patients since 1998. Thanks to the tireless work of activists around the world, we have seen the prices of AIDS medicines drop dramatically. PIH has worked with generic drug manufacturers and procurement agents to obtain antiretroviral regimens at greatly reduced prices. In 2002, the wholesale annual cost of an AIDS drug regimen was $10,220 per patient. In 2003, PIH obtained the same regimen for approximately $800 per patient.

2003
In most counties, AIDS is a death sentence for the poor. In rural Haiti, ZL has provided lifesaving antiretroviral therapy to patients since 1998. Thanks to the tireless work of activists around the world, we have seen the prices of AIDS medicines drop dramatically. PIH has worked with generic drug manufacturers and procurement agents to obtain antiretroviral regimens at greatly reduced prices. In 2002, the wholesale annual cost of an AIDS drug regimen was $10,220 per patient. In 2003, PIH obtained the same regimen for approximately $800 per patient. At a drug prices decline, we are able to increase the number of patients to whom we provide ARVs. By the end of 2003, ZL was monitoring 7,000 HIV-positive patients. Of these, 700 needed and were put on supervised ARV treatment.

“Lack of access to antiretroviral treatment is a global health emergency…to deliver antiretroviral treatment to the millions who need it, we must change the way we think and change the way we act.”
— J. W. Lee, Director-General, World Health Organization
In Haiti’s Central Department, where Cange is located, there are fewer than 2 doctors per 100,000 inhabitants. Community health workers (CHWs) are therefore the critical human infrastructure for the delivery of health care. PIH has been employing community health workers for two decades to provide basic medical diagnoses and treatment and, when necessary, referrals to clinics. CHWs also provide a range of associated support services in patients’ homes. PIH long ago expanded the CHW model to include delivery of directly observed therapy (DOT) for tuberculosis, and, more recently, AIDS. CHWs have achieved high adherence rates to both these complex drug regimens. We believe that community health workers are the future of health care in resource-poor settings, especially for the management of complex, chronic diseases such as HIV/AIDS and TB.

2003 ACCOMPLISHMENTS:

Expanding the community health worker program
ZL employs two types of community health workers, accompagnateurs and ajans sante. Accompagnateurs are community members whose primary responsibility is to provide daily DOT for AIDS or TB patients. They receive training on the medicines, possible side effects, patient confidentiality, and the importance of adherence to therapy. Ajans sante are responsible for monitoring the progress of pregnant mothers and the health and nutrition of young children. They take part in an intensive, three-month community health course at a training facility near Port-au-Prince. In 2003, close to 750 ajans sante and accompagnateurs were trained and employed by ZL.

Through service, training, advocacy, and research, Partners In Health is building a global health care movement—one that promotes health as a fundamental human right.

For over ten years, we have been exporting lessons learned in rural Haiti to projects in Russia, Peru, and the United States. In each setting, social inequalities contribute to unequal burdens of disease and suffering; in each setting, high-quality, free, community-based care, delivered in partnership with local organizations and government agencies, has revitalized deteriorating public health infrastructures and found solutions for so-called intractable problems.

In Boston, we work collaboratively with the Program in Infectious Disease and Social Change at Harvard Medical School (www.hms.harvard.edu/dms/) and the Division of Social Medicine and Health Inequalities at the Brigham and Women’s Hospital (www.bwh.harvard.edu/socialmedicine/) to produce the research that informs policy and to train a new generation of clinicians and academics to stand in pragmatic solidarity with the destitute sick worldwide.

In June 2003, PIH co-founder Jim Yong Kim took a leave of absence from PIH and moved to Geneva to assume a post as senior advisor to the Director-General of the World Health Organization (WHO), Dr. Jong-Wook Lee. Jim subsequently became Director of the Department of HIV/AIDS at WHO. In this capacity he is responsible for the design and implementation of WHO’s “3 x 5 initiative,” which intends to secure antiretroviral treatment for 3 million people living with AIDS in poor countries by the end of 2005.
Referrals for high-risk pregnancies

In September 2003, the Boston Globe profiled the role of PIH’s community health workers (CHWs) in saving the lives of pregnant women and their babies. In Haiti, women face a 1 in 16 lifetime chance of dying during childbirth; only 24 percent of births occur with skilled attendants present. But CHWs can help fill the gap. “The community health workers are the most important thing in the system,” said Dr. Maxi Raymonville, Zanmi Lasante’s chief obstetrician. “They are the base of the system. I have no idea what’s going on in the villages. I can’t be everywhere.” By getting women to the clinic, Raymonville said, the CHWs are saving lives: “The maternal mortality rate here in this clinic is zero, because we have everything we need to treat patients. I cannot remember when I last saw a woman die here during pregnancy.” (Boston Globe 2003)

“No program to treat people in the poorest countries has more intrigued experts than the one started in Haiti by Partners In Health—which has succeeded by enlisting help from hundreds among Haiti’s vast pool of unemployed and underemployed workers.”


Spreading the word: Zanmi Lasante’s annual health and human rights symposium

All community health workers participate in continuing health education meetings on a monthly basis. In August 2003, ZL hosted its annual health and human rights symposium in Cange for over 2,000 health care providers, patients, and social justice activists, one of the largest meetings of its kind in Haiti.
PIH has long championed the need for social as well as medical support for our patients. Properly caring for our patients means not just providing them with medication, but also making sure they have potable water, adequate food and housing, schooling, and economic opportunities. Through our Program on Social and Economic Rights (POSER), ZL has worked with numerous partners in Haiti and the U.S. to initiate projects across the Central Plateau to address the social inequalities that put our patients at increased risk of disease.

2003 ACCOMPLISHMENTS:

**Increasing access to potable water**
In a 2002 study by the U.K.-based Centre for Ecology and Hydrology, Haiti ranked 147th out of 147 countries surveyed for water quality and supply. Tens of thousands of people, mostly children, die each year from diseases related to the lack of clean water. In partnership with local residents, ZL has undertaken dozens of water projects across the Central Plateau. As of December 2003, spring caps and/or wells were completed in 11 villages.

**Ensuring education for all**
Only half of the children between 6 and 12 years old in Haiti actually attend school. During the 2002-03 school year, ZL employed 32 teachers who taught over 800 students at the ZL school, Ecole Bon Sauveur. In 2003, PIH made it possible for an additional 450 children whose families were affected by TB or HIV to attend school. In addition, over half of Haiti's adult population is illiterate. Since August 2003, ZL has employed 24 teachers in Cange and the surrounding area as part of a nationwide government adult literacy initiative.

**Combating hunger**
Malnutrition, both adult and pediatric, is endemic in rural Haiti. The United Nations Development Programme reports that half of the population is undernourished. At each of its sites, ZL sponsors nutrition programs for patients and their families. In Cange alone, each day 2,000 children and 200 infants are fed through the clinic’s nutrition program.

**Housing**
A large majority of our patients live in substandard houses, often one-room shacks consisting of dirt floors and thatched-roofs, inadequate for one occupant, much less six to ten. These conditions weaken their already-compromised immune systems and place them at a very high risk of poor health outcomes. When health workers visit patient’s homes, they assess the adequacy of living conditions, especially of those patients in the grimmest circumstances or suffering from the worst diseases. Then, depending on need and local resources, we build one of two types of houses, either timber and rock frame or concrete block. In 2003, ZL built 52 houses in the Central Plateau.

**Combating hunger**
Malnutrition, both adult and pediatric, is endemic in rural Haiti. The United Nations Development Programme reports that half of the population is undernourished. At each of its sites, ZL sponsors nutrition programs for patients and their families. In Cange alone, each day 2,000 children and 200 infants are fed through the clinic’s nutrition program.

**Housing**
A large majority of our patients live in substandard houses, often one-room shacks consisting of dirt floors and thatched-roofs, inadequate for one occupant, much less six to ten. These conditions weaken their already-compromised immune systems and place them at a very high risk of poor health outcomes. When health workers visit patient’s homes, they assess the adequacy of living conditions, especially of those patients in the grimmest circumstances or suffering from the worst diseases. Then, depending on need and local resources, we build one of two types of houses, either timber and rock frame or concrete block. In 2003, ZL built 52 houses in the Central Plateau.
PIH has long championed the need for social as well as medical support for our patients. Properly caring for our patients means not just providing them with medication, but also making sure they have potable water, adequate food and housing, schooling, and economic opportunities. Through our Program on Social and Economic Rights (POSER), ZL has worked with numerous partners in Haiti and the U.S. to initiate projects across the Central Plateau to address the social inequalities that put our patients at increased risk of disease.

2003 ACCOMPLISHMENTS:

Increasing access to potable water
In a 2002 study by the U.K.-based Centre for Ecology and Hydrology, Haiti ranked 147th out of 147 countries surveyed for water quality and supply. Tens of thousands of people, mostly children, die each year from diseases related to the lack of clean water. In partnership with local residents, ZL has undertaken dozens of water projects across the Central Plateau. As of December 2003, spring caps and/or wells were completed in 11 villages.

Ensuring education for all
Only half of the children between 6 and 12 years old in Haiti actually attend school. During the 2002-03 school year, ZL employed 32 teachers who taught over 800 students at the ZL school, Ecole Bon Sauveur. In 2003, PIH made it possible for an additional 450 children whose families were affected by TB or HIV to attend school.

In addition, over half of Haiti’s adult population is illiterate. Since August 2003, ZL has employed 24 teachers in Cange and the surrounding area as part of a nationwide government adult literacy initiative.

Combating hunger
Malnutrition, both adult and pediatric, is endemic in rural Haiti. The United Nations Development Programme reports that half of the population is undernourished. At each of its sites, ZL sponsors nutrition programs for patients and their families. In Cange alone, each day 2,000 children and 200 infants are fed through the clinic’s nutrition program.

Housing
A large majority of our patients live in substandard houses, often one-room shacks consisting of dirt-floors and thatched-roofs, inadequate for one occupant, much less six to ten. These conditions weaken their already-compromised immune systems and place them at a very high risk of poor health outcomes. When health workers visit patient’s homes, they assess the adequacy of living conditions, especially of those patients in the grimmest circumstances or suffering from the worst diseases. Then, depending on need and local resources, we build one of two types of houses, either timber and rock frame or concrete block. In 2003, ZL built 52 houses in the Central Plateau.
Referrals for high-risk pregnancies
In September 2003, the *Boston Globe* profiled the role of PIH's community health workers (CHWs) in saving the lives of pregnant women and their babies. In Haiti, women face a 1 in 16 lifetime chance of dying during childbirth; only 24 percent of births occur with skilled attendants present. But CHWs can help fill the gap. "The community health workers are the most important thing in the system," said Dr. Maxi Raymonville, Zanmi Lasante's chief obstetrician. "They are the base of the system. I have no idea what's going on in the villages. I can't be everywhere." By getting women to the clinic, Raymonville said, the CHWs are saving lives: "The maternal mortality rate here in this clinic is zero, because we have everything we need to treat patients. I cannot remember when I last saw a woman die here during pregnancy." (*Boston Globe* 2003)

"No program to treat people in the poorest countries has more intrigued experts than the one started in Haiti by Partners In Health—which has succeeded by enlisting help from hundreds among Haiti’s vast pool of unemployed and underemployed workers."


Spreading the word: Zanmi Lasante’s annual health and human rights symposium
All community health workers participate in continuing health education meetings on a monthly basis. In August 2003, ZL hosted its annual health and human rights symposium in Cange for over 2,000 health care providers, patients, and social justice activists, one of the largest meetings of its kind in Haiti.

Patients, community health workers, and medical staff attend the 2003 health and human rights symposium.
In Haiti’s Central Department, where Cange is located, there are fewer than 2 doctors per 100,000 inhabitants. Community health workers (CHWs) are therefore the critical human infrastructure for the delivery of health care. PIH has been employing community health workers for two decades to provide basic medical diagnoses and treatment, and, when necessary, referrals to clinics. CHWs also provide a range of associated support services in patients’ homes. PIH long ago expanded the CHW model to include delivery of directly observed therapy (DOT) for tuberculosis, and, more recently, AIDS. CHWs have achieved high adherence rates to both these complex drug regimens. We believe that community health workers are the future of health care in resource-poor settings, especially for the management of complex, chronic diseases such as HIV/AIDS and TB.

2003 ACCOMPLISHMENTS:

Expanding the community health worker program
ZL employs two types of community health workers, accompagnateurs and ajans sante. Accompagnateurs are community members whose primary responsibility is to provide daily DOT for AIDS or TB patients. They receive training on the medicines, possible side effects, patient confidentiality, and the importance of adherence to therapy. Ajans sante are responsible for monitoring the progress of pregnant mothers and the health and nutrition of young children. They take part in an intensive, three-month community health course at a training facility near Port-au-Prince. In 2003, close to 750 ajans sante and accompagnateurs were trained and employed by ZL.

Through service, training, advocacy, and research, Partners In Health is building a global health care movement—one that promotes health as a fundamental human right.

For over ten years, we have been exporting lessons learned in rural Haiti to projects in Russia, Peru, and the United States. In each setting, social inequalities contribute to unequal burdens of disease and suffering; in each setting, high-quality, free, community-based care, delivered in partnership with local organizations and government agencies, has revitalized deteriorating public health infrastructures and found solutions for so-called intractable problems.

In Boston, we work collaboratively with the Program in Infectious Disease and Social Change at Harvard Medical School (www.hms.harvard.edu/dsm/) and the Division of Social Medicine and Health Inequalities at the Brigham and Women’s Hospital (www.bwh.harvard.edu/socialmedicine/) to produce the research that informs policy and to train a new generation of clinicians and academics to stand in pragmatic solidarity with the destitute sick worldwide.

In June 2003, PIH co-founder Jim Yong Kim took a leave of absence from PIH and moved to Geneva to assume a post as senior advisor to the Director-General of the World Health Organization (WHO), Dr. Jong Wook Lee. Jim subsequently became Director of the Department of HIV/AIDS at WHO. In this capacity he is responsible for the design and implementation of WHO’s “3 by 5 Initiative,” which intends to secure antiretroviral treatment for 3 million people living with AIDS in poor countries by the end of 2005.
1956
The village of Cange, in Haiti’s Central Plateau, is submerged due to the building of a dam on the Artibonite River. Designed and funded by international development agencies, the dam is intended to supply electrical power to the capital city of Port-au-Prince, many hours distant. Residents of Cange, all subsistence farmers, receive little compensation for their homes or land, and are forced to move to the humid hillsides as squatters.

1962
Father Fritz and Velinda Lalouette begin work to provide schooling to the children of the displaced peasants of Cange. They report levels of illness and death that rank among the worst in the world.

1964
The Lafontants establish their health care initiatives and are forced to provide services for the displaced peasants of Cange. They establish Ecole Bon Sauveur (ZL) and begin a community health assessment and plans for the Clinique Bon Sauveur.

1981
The primary school Ecole Bon Sauveur is established to educate youth in Central Haiti.

1983
The village of Cange, in Haiti’s Central Plateau, is identified as the epicenter of TB. The disease has become prevalent in Haiti’s urban slums.

1986
The first case of MDR TB is found in Carabayllo. An extensive drug-resistant TB training program is initiated for community health workers, a mobile unit that screens residents of area villages for treatable diseases, and an ongoing study of sickness and health among the poor of rural Haiti.

1994
At the urging of longtime PIH supporter Father Jack Roussin of the Society of St. James in Boston, PIH teams up with the Lafontants in Cambridge, Massachusetts, continuing the work started in Haiti’s Central Plateaus.

1996
The first group of drug-resistant TB patients in Carabayllo complete the two-year course of treatment and are cured of tuberculosis. PIH and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) work to improve treatment outcomes for TB patients in Carabayllo.

1999
The University of Massachusetts Medical School and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) support PIH in its efforts to improve treatment outcomes for TB patients in Carabayllo.

2000
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
PIH is honored by the World Health Organization for its work in TB control.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.

2003
The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) provides PIH and the Lafontants with the money needed to open a TB clinic in Carabayllo.
### PROVIDING ESSENTIAL MEDICINES

In promoting health as a human right, PIH commits to providing care and treatment to everyone regardless of their ability to pay. In Haiti’s Central Plateau, where poverty is endemic, we offer a range of medicines free of charge. We believe that the destitute sick deserve no less than the best medications available, including lifesaving antiretrovirals for advanced HIV/AIDS.

**ZL’s overflowing clinics provide a sharp contrast to nearby medical facilities that stand empty because their services and medications are priced beyond the reach of the local population. As the patient caseload increases, our procurement efforts and drug management systems have become increasingly sophisticated. Instead of buying retail drugs, PIH acquires generic medicines directly from manufacturers or wholesalers such as the International Dispensary Association in Amsterdam. PIH’s electronic medical record (EMR) system, developed to centralize patient data, has also managed increased inventories of medicines.**

In 2000, PIH worked with the World Health Organization (WHO) to establish the Green Light Committee (GLC), an innovative collaboration of pharmaceutical companies, the WHO, and MDR TB programs. With PIH clinicians serving on the committee from its inception, the GLC validates protocols to ensure treatment success without creating drug resistance in exchange for preferential pricing for quality-controlled medications for projects worldwide.

#### 2000
- **2000 ACCOMPLISHMENTS:**

  **Stocking four new pharmacies:**
  Our expenditures for medicines more than doubled in 2000 as we stocked pharmacies at each of the four new sites, Lascahobas, Boucan Carre, Belladere, and Thomonde. While the Global Fund paid for the purchase of HIV/AIDS medicines, PIH also provided each pharmacy with other essential drugs and supplies, including antibiotics, antiparasitics, diagnostic instruments, and in some instances, chemotherapy.

  **Managing patient treatment and drug supplies through state-of-the-art information technologies:**
  The Haitian EMR, accessible over satellite Internet connections and otherwise offline, has been developed for patient care and program management. It currently contains over 1,400 patient records. The EMR monitors warehouse drug supplies and needs, and tracks lab samples. Utilizing a drug inventory system modeled after traditional World Health Organization stock cards, the EMR displays current inventories in the warehouse and provides analyses of predicted usage and costs based on patients’ regimens. This is valuable for planning project expansion and advising other groups intending to treat HIV in similar settings.

- **2000 HAI: ZAN PROVIDING ESSENTIAL MEDICINES**

  **An ophthalmic clinic is built:**
  A foreign aid mission on Haiti’s Central Plateau site-agencies as a result, the patient load in Cange climbs dramatically to over 4,000 per year.

- **2000 PACT:**

  **The Brigham and Women’s Hospital announces the creation of a division dedicated to addressing health disparities through training, education, research, and service:**
  The Division of Social Medicine and Health Inequalities (DSMIH) works in collaboration with PIH and PACT. PIH co-founder Paul Farmer and Dr. Yong Kang are appointed as division chiefs of the DSMIH.

### TIMELINE

#### 1999
- **In Boston, the Prevention and Access to Care and Treatment project (PACT) is started.**
- **Inequalities and the Health of the Poor is published.**

#### 1998
- **The Thomas J. White Centers, a 30-bed infectious diseases treatment center, is built.**
- **WHO launches the HIV Equity Initiative.**

#### 1995
- **ZL introduces ART to prevent the transmission of HIV and stops the child-to-child transmission of HIV by providing TB treatment and counseling in the programs clinics to increase from 30% to 90% in the following year.**

#### 2002
- **The Haiti operational plan is endorsed by the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as methods first developed by PIH in the Dominican Republic are being tested in Haiti.**
- **The Bill and Melinda Gates Foundation to fund MDR TB treatment and research.**
- **Haiti’s HIV Equity Initiative is officially launched.**

---

*Science is for everyone,* and one of PIH’s AIDS patients. To facilitate communications between our far-flung sites, PIH installed satellites for telephone and Internet connectivity.
Familia, an HIV patient who was given ARVs during her pregnancy, beams after receiving test results that indicate her daughter is free of the virus.

An emphasis on women’s health: Proje Sante Fanm

In 2003, Proje Sante Fanm, ZL’s women’s clinic, provided clinical services to 15,000 women and served an additional 200,000 others through outreach in the countryside. Clinical services included family planning, pre- and post-natal care, vaccination of women and children, and screening and treatment of sexually transmitted diseases and cervical cancer.

Improved facilities and diagnostics

The medical complex in Cange continues to expand. In 2003, ZL completed construction of a TB isolation wing, a second surgical wing for emergency surgeries and C-sections, and, in collaboration with the Haitian Red Cross, a modern blood banking facility.

With the installation of x-ray machines at Boucan Carré and Thomonde and the addition of another unit at Cange, all the sites now have x-ray capability. To improve clinicians’ ability to identify patients in need of antiretrovirals (ARVs) for advanced AIDS, we also acquired rural Haiti’s second CD4 count machine and a flow cytometer.

2003 ACCOMPLISHMENTS:

Increased patient enrollment

In September 2003, SES enrolled the last of the 1,450 MDR TB patients under the PARTNERS project. Thereafter, SES began helping the Ministry of Health enroll an additional 250 MDR TB patients to be supported with resources from the Global Fund. By the end of 2003, more than 1,900 patients had been enrolled, with some 1,800 in active treatment.

An emphasis on women’s health: Proje Sante Fanm

In 2003, Proje Sante Fanm, ZL’s women’s clinic, provided clinical services to 15,000 women and served an additional 200,000 others through outreach in the countryside. Clinical services included family planning, pre- and post-natal care, vaccination of women and children, and screening and treatment of sexually transmitted diseases and cervical cancer.
SCALING UP COMPREHENS

The ZL Sociomedical Complex is home to a 104-bed hospital (Clinique Bon Sauveur), 30-bed infectious disease center (the Thomas J. White Center), outpatient clinic, women’s health clinic (Proje Sante Fanm), ophthalmology clinic, laboratory, pharmaceutical warehouse, radiographic services, and school (Ecole Bon Sauveur).

Partners In Health’s HIV Equity Initiative, which offers lifesaving AIDS care and treatment free of charge to patients like Joseph Jerome, has been hailed by the World Health Organization, the New York Times, and others, as a groundbreaking model for complex health interventions in resource-poor settings. In 2003, with partial funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and in partnership with the Haitian Ministry of Health, this Initiative was expanded across the Central Plateau. In the course of expanding our care of HIV-positive patients and their families, we have also significantly increased our ability to identify and treat patients with other diseases.

2003 ACCOMPLISHMENTS:

Four new sites across the Central Plateau
At the heart of our accomplishments for 2003 is the expansion services throughout Haiti’s Central Plateau. ZL inaugurated rural Haiti’s second fully outfitted AIDS clinic in the town of Lascahobas in April 2003. ZL also renovated and equipped an abandoned building in Boucan Carré and clinics in Belladère and Thomonde. The presence of a ZL clinic or hospital in these communities has renewed local faith in the health care system, stimulated demand for primary health care, reduced the stigma of HIV testing and treatment, and enhanced interest in prevention efforts. An added benefit has been the involvement of the community in the provision of health care, as local men and women were recruited as community health workers.

Increased number of patient visits
With the introduction of adequate staff and essential drugs to previously abandoned public clinics and hospitals, utilization of services has increased ten- to twenty-fold at the new sites. The Lascahobas clinic, for example, saw daily visits increase from 20 to 400 patients in less than eighteen months. By the end of 2003, more than 655,000 visits had been recorded in Cange and at the expansion sites.

Exceptional treatment outcomes
Treatment outcomes continue to be exceptional: cure rates range from 75% to 85%, depending on the number of previous failed regimens, a rate rivaling those in the U.S. In 2003, PIH and SES collaborators published the treatment outcomes for the first cohort of Peruvian patients in the New England Journal of Medicine.

Completion of Electronic Medical Records (EMR) System
During 2003, the EMR system was largely completed. Over 2,700 electronic medical records are now registered. Data entry takes place daily from Lima and Boston. Nurses and physicians use the EMR regularly for patient care; researchers have limited-use access for data extraction; and program managers use the EMR to forecast and manage drug supplies.
For over two decades, PIH and our sister organization, Zanmi Lasante, have been treating the poor in Haiti’s Central Plateau. Our experience has taught us that the poor can be treated; our heads and hearts tell us that the poor should be treated. We have done this by scaling up comprehensive care, providing essential medicines, mobilizing and training community health workers, and addressing underlying causes of disease.

When the Soviet Union collapsed in the late 1980s, so too did the strong public health system that had cared for the basic health needs of its citizens. Poverty and illness skyrocketed, and an increase in petty crimes led to an explosion in the prison population. Russia’s incarceration rate, 606 per 100,000 population, is second only to that of the United States. In addition, what had previously been an internationally renowned system of TB care and control crumbled as funding disappeared. Rates of TB and MDR TB climbed rapidly across the former Soviet Union. In the prisons, approximately one out of every ten inmates is infected with TB, with more than 20 percent of those patients affected by drug-resistant strains. In some prisons, TB is reported to account for up to 80% of inmate deaths.

This deadly combination of factors led to an outbreak of MDR TB in the Russian prison system and subsequently in the civilian sector. In 1997, public health experts realized the urgency of developing a plan for containment and treatment. In 1998, PIH provided consultation and services for prisoners and civilians with MDR TB. We collaborated with a group of nongovernmental organizations and government agencies to extend our successful MDR TB treatment model to Tomsk Oblast, a large province in Western Siberia.

In 2001, PIH assumed primary clinical responsibility for the first on-the-ground MDR TB project in Russia, for both the prison and civilian sectors. With funding from the Bill & Melinda Gates Foundation, the Open Society Institute, and the Eli Lilly Foundation, PIH currently trains TB doctors, nurses, and feldshers (mid-level health care providers); as well as equips laboratories; provides medications and social support to patients; transports health care workers to patients’ homes to ensure directly observed therapy; and conducts research projects.

**2003 ACCOMPLISHMENTS:**

*Increased patient enrollment*

In the Tomsk project, 165 new patients were enrolled, bringing the total number of patients to 462. PIH is committed to funding the treatment of 680 MDR TB patients in Tomsk Oblast. Unfortunately, due to steady rates of transmission, this is only about half of the patients needing treatment today.
Training held for health care workers in Tomsk

Fifteen training sessions were held for 49 tuberculosis doctors, 53 nurses, and 145 feldshers in nine regions of Tomsk Oblast. Training sessions covered the epidemiology and diagnosis of TB and MDR TB, development of MDR TB, medications, regimen design, side effect management, directly observed therapy, and adherence to therapy.

Training held for health care workers beyond Tomsk

In 2003, PIH began to expand Russia’s capacity to curb the MDR TB epidemic in regions beyond Tomsk. With financial support from the Eli Lilly Foundation, PIH and the Division of Social Medicine and Health Inequalities at Brigham and Women’s Hospital launched a two-week training session for 16 prison doctors from seven other oblasts. The training program has been endorsed by the Russian Ministries of Health and Justice. Physicians completing the course are awarded Continuing Medical Education credits and a certificate from the Novosibirsk TB Research Institute. PIH plans to train 35-40 physicians during each of the next two years.
Prevention and Access to Care and Treatment (PACT) Project

Based in the Division of Social Medicine and Health Inequalities at the Brigham and Women’s Hospital, the Prevention and Access to Care and Treatment project is designed to ensure that residents of Boston’s lower income neighborhoods receive adequate HIV-related care and services.

Through a program named DOT-Plus, which combines health promotion with directly observed therapy (DOT) of ARV medications, DOT workers observe daily HIV medication therapy and work with health promoters to provide comprehensive support and education to their patients. This DOT project began in 2002 with eight patients who were administered free medications by DOT health promoters and monitored by a primary care physician.

In 2002, PACT also initiated a program called Fuerza Latina (“Latin Strength”), a comprehensive HIV and substance abuse prevention initiative targeted at Latino injection drug users. The Fuerza Latina curriculum leads its participants through stages of personal recovery, leadership development, and community organizing.

2003 ACCOMPLISHMENTS:

- Twenty participants received DOT-Plus therapy through the PACT program.
- An additional 55 participants received health promotion, harm reduction counseling, and case management services.
- Program results indicate dramatic reductions in viral load and increased CD4 counts in the patients participating in DOT-Plus.
- AIDS-related hospitalization for the 15 patients for whom six-month data is available decreased from 48 to 5 days, demonstrating that DOT-Plus might decrease medical costs by improving health and averting costly emergency room visits and hospitalizations.
- Sixteen men were enrolled in the Fuerza Latina year-long program. In July, three participants began a more advanced leadership development phase to learn to conduct street outreach and educational activities focused on HIV and substance abuse prevention as well as harm reduction within affected communities.
- PACT expanded the Fuerza Latina model to include youth from Boston’s inner-city communities.
Joseph Jeune, age 26, presented to the Lascahobas clinic in March 2003 with TB and advanced AIDS. His family had already purchased his coffin.

**Institute for Health and Social Justice**

The Institute for Health and Social Justice (IHSJ) — the research, educational, and advocacy arm of PIH — celebrated its 10th anniversary in 2003. Established in response to a need for critical analyses of the health problems of the poor, the Institute examines the influence of poverty, and other inequalities, on disease by linking scholarly analysis with community-based experience.

**2003 ACCOMPLISHMENTS:**

- In January 2003, the IHSJ screened the PIH-underwritten documentary *Voices of the Earth: The Dirty War in Guatemala* by director José Luis Reza. The film documents the exhumation of mass graves in the northern Guatemalan province of Huehuetenango, where the number of executions, torture, and forced disappearances peaked between 1978 and 1985.
- A seminar held in February 2003 examined the challenges to implementing TB control in Peru under much political change and ensuing health systems reform. A second seminar, held in April, analyzed differential pricing strategies for global access to essential medicines.
- In June 2003, the IHSJ hosted a screening of *A Closer Walk*, written and produced by Oscar-nominee Robert Bilheimer.

**PIH and RFK Memorial Center for Human Rights Collaborate on Haiti Advocacy**

Together with the RFK Memorial Center for Human Rights, PIH has pressured key international financial institutions, the U.S. government, the Organization of American States, the European Union, and relevant local and international nongovernmental organizations to release and disburse long-promised loans for humanitarian relief in Haiti. PIH believes that withholding the loans is a human rights violation. In July 2003, Paul Farmer testified before the Senate Foreign Relations Committee, calling for an end to the United States-led de facto sanctions against the Haitian government. He faults the sanctions for further exacerbating the desperate health and human rights situation in Haiti.

In 2002, Loune Viaud, Director of Operations at Zanmi Lasante, received the Robert F. Kennedy Human Rights Award which paved the way for our Haiti advocacy work in 2003.
We began in 1983 with a personal commitment to a few villages in rural Haiti. The principle that motivated us was simple: everyone, whether affluent or poor, deserves to benefit from the same high standard of medical care. Our first step was equally direct: we asked our Haitian colleagues what ailed them. The work that followed grew complex—not because our vision was complicated, but because the sources of our patients’ illnesses ran so deep.

What caused suffering for impoverished Haitians, it turned out, could not be expressed by a simple litany of diseases. Their ills had deeper roots in a legacy of social and economic inequality. To cure the infections, it was necessary to address the conditions that had given rise to them. We fought pneumonia with antibiotics while simultaneously helping people replace their thatched roofs with tin. We cured tuberculosis with antibiotics and also by training community members as doctors, technicians, and health outreach workers, so that they could help diagnose and treat their neighbors. And even as we arranged for Haitian patients to undergo heart surgery in top U.S. hospitals, we enabled our Haitian colleagues to build and equip operating rooms, laboratories, schools, and inpatient facilities.

The effectiveness of the community-based model developed in Haiti has been documented in many books and journal articles. We are now employing it in poor communities around the world—in Haiti, Peru, Russia, and Boston.

By successfully delivering quality medical care to the poor and the oppressed—those most in need of our services—we demonstrate that allegedly “untreatable” health problems can, in fact, be addressed effectively. In fulfilling our mission, we seek to inspire, enlist, and train others to deliver the same quality of care.
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 (PIH™) 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 elite medical and academic institutions and on the lived experience of the world’s poorest and sickest communities. We are dedicated to providing the highest level of clinical care possible while alleviating the crushing social and economic burden of poverty that creates obstacles to health. 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. We stand with our patients, to make them well—just as we would do if a member of our own

SELECTED 2003 PIH PUBLICATIONS

Books and Chapters:

Journal articles:
- Bikker S, Farmer P. Predicting the Public Health Impact of Antiretrovirals: Preventing HIV in Developing Countries. AIDSScience 2003:1 online.
**FINANCIALS**

**PIH 2003 Total Support and Revenue**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$5,621,541</td>
</tr>
<tr>
<td>Donated Medicines</td>
<td>$957,163</td>
</tr>
<tr>
<td><strong>Total Contributions</strong></td>
<td>$6,578,706</td>
</tr>
<tr>
<td>Grants - Bill &amp; Melinda Gates Foundation</td>
<td>$7,432,216</td>
</tr>
<tr>
<td>Grants - Other</td>
<td>$2,967,784</td>
</tr>
<tr>
<td><strong>Total Grants</strong></td>
<td>$10,400,000</td>
</tr>
<tr>
<td>Investment and Other Income (Net)</td>
<td>$549,427</td>
</tr>
<tr>
<td><strong>Total Support and Revenue</strong></td>
<td>$17,528,133</td>
</tr>
</tbody>
</table>

**PIH 2003 Total Expenditures**

<table>
<thead>
<tr>
<th>By Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$2,291,515</td>
</tr>
<tr>
<td>Medications</td>
<td>$2,674,547</td>
</tr>
<tr>
<td><strong>Subtotal Haiti</strong></td>
<td>$4,966,062</td>
</tr>
<tr>
<td>Peru:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$1,583,636</td>
</tr>
<tr>
<td>Medications</td>
<td>$2,498,790</td>
</tr>
<tr>
<td><strong>Subtotal Peru</strong></td>
<td>$6,082,426</td>
</tr>
<tr>
<td>Russia:</td>
<td></td>
</tr>
<tr>
<td>Programmatic expenses</td>
<td>$709,510</td>
</tr>
<tr>
<td>Medications</td>
<td>$866,321</td>
</tr>
<tr>
<td><strong>Subtotal Russia</strong></td>
<td>$1,575,831</td>
</tr>
<tr>
<td>All Other Programs</td>
<td>$1,145,953</td>
</tr>
<tr>
<td>Administration and Development</td>
<td>$776,418</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>$14,546,690</td>
</tr>
<tr>
<td>Increase in Net Assets</td>
<td>$2,981,443</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$17,528,133</td>
</tr>
</tbody>
</table>

**NOTE**

Other grants received in 2003 include awards from the David Rockefeller Center for Latin American Studies, the Ela Luffy Foundation, the Fels Foundation, the John E. Fogarty International Center, the John M. Lloyd Foundation, MEDLIN, the Open Society Institute, Partners HealthCare System, Pittsfield Anti-TB Association, the Rockefeller Foundation, and the RX Foundation.

**TABLE OF CONTENTS**

Mission ...........................................3  
Vision ...........................................4  
Haiti .............................................5  
- Scaling up comprehensive care ....9  
- Providing essential medicines ....11  
- Mobilizing and training community health workers ......13  
- Addressing underlying causes of disease ..................15  
Building a Health Care Movement..17  
Peru ............................................21  
Russia .........................................23  
- United States ...............................25  
- Supported Projects.........................27  
- Selected 2003 PIH Publications .......28  
Financials......................................29  
Partners Circle...............................30
Building a health care movement

The cover of this Annual Report shows a huge crowd of people who have gathered to celebrate World AIDS Day 2003 in central Haiti. The photograph was taken during a time of great political upheaval and social unrest, but despite the chaos, an overwhelming number came together to stand in solidarity and make their voices heard. These people are the vanguard of a movement to bring health care to those who would otherwise go without—a movement to provide health care as a human right.

This movement brings us back to our roots, to the work that began in Haiti over twenty years ago and remains at the heart of our mission. Haiti is still a place where survival is a daily struggle for most people. But since we first arrived, we have learned our most fundamental lessons from patients and coworkers alike: namely, how best to scale up comprehensive health care; the importance of providing medicines free of charge; the effectiveness of community-based services; and the necessity of defining health in the broadest terms to include adequate housing, education, potable water, and nutrition. Partners In Health has taken these lessons from Haiti and applied them to our programs in Peru, Romania, China, and wherever we can help tackle the twin pandemics of poverty and disease.

Thanks to increased attention in 2003 to PIH and its model of health care delivery, a groundswell of people are joining the movement to provide health care to those who need it most and to promote health as a human right. NGOs and ministries of health around the world are adopting our treatment strategies. Schools and colleges across the country are developing health and social justice curricula based on the work of PIH. Through our service, training, advocacy, and research efforts across the world, we hope to prove that the destitute sick should and can be treated.

PIH experienced unprecedented growth last year as we strengthened our response to the health crisis in Haiti. With support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and in partnership with the Haitian Ministry of Health, we scaled-up our services in Cange and expanded to four new locations in the Central Plateau. Our ambitious expansion program addresses not only HIV/AIDS, but also other diseases of poverty, such as meningitis; typhoid to malnutrition. This work would not have been possible without the supporters of PIH who have so generously funded our work.

We are fortunate to have signified new, old, and new, in this health care movement: the Brigham and Women’s Hospital, Harvard Medical School, the Health Work Foundation, and the Global Fund, to name only a few, we would have been unable to provide the unerring support and mentorship of Tom and Thomas J. White. He has shaped and supported the dream which became our vision—the fruits of which you will see on these pages. We dedicate this report and all the work documented herein to Tom and Thomas J. White.

The cover of this Annual Report shows a huge crowd of people who have gathered to celebrate World AIDS Day 2003 in central Haiti. The photograph was taken during a time of great political upheaval and social unrest, but despite the chaos, an overwhelming number came together to stand in solidarity and make their voices heard. These people are the vanguard of a movement to bring health care to those who would otherwise go without—a movement to provide health care as a human right. This movement brings us back to our roots, to the work that began in Haiti over twenty years ago and remains at the heart of our mission. Haiti is still a place where survival is a daily struggle for most people. But since we first arrived, we have learned our most fundamental lessons from patients and coworkers alike: namely, how best to scale up comprehensive health care; the importance of providing medicines free of charge; the effectiveness of community-based services; and the necessity of defining health in the broadest terms to include adequate housing, education, potable water, and nutrition. Partners In Health has taken these lessons from Haiti and applied them to our programs in Peru, Romania, China, and wherever we can help tackle the twin pandemics of poverty and disease.

Thanks to increased attention in 2003 to PIH and its model of health care delivery, a groundswell of people are joining the movement to provide health care to those who need it most and to promote health as a human right. NGOs and ministries of health around the world are adopting our treatment strategies. Schools and colleges across the country are developing health and social justice curricula based on the work of PIH. Through our service, training, advocacy, and research efforts across the world, we hope to prove that the destitute sick should and can be treated.

PIH experienced unprecedented growth last year as we strengthened our response to the health crisis in Haiti. With support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and in partnership with the Haitian Ministry of Health, we scaled-up our services in Cange and expanded to four new locations in the Central Plateau. Our ambitious expansion program addresses not only HIV/AIDS, but also other diseases of poverty, such as meningitis; typhoid to malnutrition. This work would not have been possible without the supporters of PIH who have so generously funded our work.

We are fortunate to have signified new, old, and new, in this health care movement: the Brigham and Women’s Hospital, Harvard Medical School, the Health Work Foundation, and the Global Fund, to name only a few, we would have been unable to provide the unerring support and mentorship of Tom and Thomas J. White. He has shaped and supported the dream which became our vision—the fruits of which you will see on these pages. We dedicate this report and all the work documented herein to Tom and Thomas J. White.
On the front cover:
The residents of Lascahobas participate in ZL’s World AIDS Day celebration in December, 2003.

PIH OFFICERS
Ophelia Dahl, President and Executive Director
Paul Zieli, Chief Operating Officer
Craig Kaplan, Chief Financial Officer and Treasurer
Edward M. Cardoza, Vice President for Development
Paul E. Farmer, M.D., Ph.D., Executive Vice President
Robin A. Dumas, Esq., Clerk and outside legal counsel

PIH BOARD OF DIRECTORS
Ophelia Dahl, Chairperson
Paul E. Farmer, M.D., Ph.D.
Howard Hee, M.D.
Diane F. Kineb
Jon Sung Kim, M.D., Ph.D.
Joseph B. Masto, M.D., Ph.D.
John H. McArthur
Todd McCormack
Anu N. Sen
Bryan A. Stevenson

PIH ADVISORY BOARD
John Ayanian, Brigham and Women’s Hospital
Jaime Bayona, SUICED En Salud
Rose-Marie Chérino, State University of New York
Marie-Floré Chippa, Zanmi Lasante
Jean Gabriel Elé, Zanmi Lasante
Father Julio Guilti, Boston College
Judy Heymann, Harvard School of Public Health
Marie-Louise Jean-Baptiste, Cambridge Hospital
Philip Johnson, Philip Johnson Associates
Father Fritz Lafontant, Zanmi Lasante
Yolande Lafontant, Zanmi Lasante
Anne McCormack, Partners In Health
Patrick Murray, Winston and Strawn, LLP
Geoff Nicolino, Harvard University
Haun Saussy, Stanford University
Loune Viaud, Zanmi Lasante
Thomas J. White, Partners In Health

PARTNERS IN HEALTH
641 Huntington Avenue, 1st Floor • Boston, MA 02115
617-432-5256 • Fax 617-432-5300 • www.pih.org

PIH is a 501(c)(3) nonprofit corporation and a Massachusetts public charity.
Copyright 2004 © Partners In Health. All Rights Reserved.