

**Partners In Health  
at a glance:**

- A nonprofit organization based in Boston, USA.
- Delivers health care services while addressing basic social and economic needs in poor communities in Haiti, Rwanda, Lesotho, Malawi, Peru, Mexico, Guatemala, Russia and Boston.
- Employs more than 6,000 people worldwide, including doctors, nurses and community health workers. More than 98 percent of PIH staff are local nationals based in the communities we serve.
- Among the pioneers to first deliver comprehensive prevention and treatment for MDR-TB (Peru, 1996) and HIV (Haiti, 1998) in resource-poor settings.
- Now providing antiretroviral therapy to more than 9,000 HIV patients in Haiti, Rwanda, Lesotho and Malawi.
- Leverages institutional ties with Harvard Medical School, Brigham and Women's Hospital and the Harvard School of Public Health to translate experience working with the destitute sick into clinical and operational research, education and training programs, and policies that reduce health disparities and improve treatment outcomes.

**Partners In Health: A Model for Delivering  
Health and Social Justice for the Poor**

**Partners In Health (PIH)** brings modern medical care to destitute communities around the world. The work of PIH has three goals: to care for our patients, to alleviate the root causes of disease in their communities, and to share lessons learned around the world.

Starting with an impoverished squatter community in central Haiti, PIH has spent over two decades working with local partner organizations to prove that allegedly “untreatable” health problems, such as multidrug-resistant tuberculosis (MDR-TB) and HIV, can be addressed effectively in poor settings.



Today, combating these diseases and others that disproportionately affect the poor is considered imperative, not impossible. In response, PIH has expanded its operations across Haiti, as well as to the continent of Africa.

In 2005, the Rwandan government invited PIH to bring its model to two rural districts in the eastern part of Rwanda. With support from the Clinton Foundation and private donors, PIH and its Rwandan partner IMB (Inshuti Mu Buzima—Kinyarwanda for Partners In Health) quickly transformed a derelict hospital in Rwinkwavu into the hub of a network of clinics, medical staff, community health workers and social support programs. In an impoverished area that previously boasted not a single doctor, more than 420,000 people now have access to HIV/AIDS prevention, testing and antiretroviral treatment, as well as a wide and growing range of medical and social support services, including maternal and child health, and food packets for HIV and TB patients and their families. IMB, the Rwandan Ministry of Health and the Clinton Foundation are now scaling-up IMB's comprehensive, community-based model of care to all 27 districts and 9 million residents of rural Rwanda.

PIH and its partners soon began discussing other African countries to work with to again replicate the successful rural model. In 2005, PIH launched a project in Lesotho after receiving an invitation from the Lesotho government. The project quickly began delivering high quality health care to remote mountain villages—so remote that most are accessible only by air or on horseback. The following year, PIH and its newest partner organization, Abwenzi Pa Za Umoyo (APZU), started treating patients and training community health workers in the southwestern corner of Malawi, one of the poorest and most densely populated countries in Africa.

The PIH model is based on five principles:

**1. Access to primary health care**

A strong foundation of primary care is critical to successfully treating specific diseases, such as AIDS. People seek care because they feel sick, not because they have a particular disease. When quality primary health care is accessible, the community develops new faith in the health system, which results in increased use of general medical services as well as services for more complex diseases. Therefore, PIH integrates infectious disease interventions within a wide range of basic health and social services.

**2. Free health care and education for the poor**

The imposition of user fees has resulted in empty clinics and schools, especially in settings where the burden of poverty and disease are greatest. Because both health and education are fundamental routes to development, it is counterproductive to charge user fees for health care and education to those who need these services most and can afford them least. PIH works to ensure that cost does not prevent access to primary health care and education for the poor.

**3. Community partnerships**

Health programs should involve community members at all levels of assessment, design, implementation, and evaluation. Community health workers may be family members, friends, or even patients who provide health education, refer people who are ill to a clinic, or deliver medicines and social support to patients in their homes. Community health workers do not supplant the work of doctors or nurses; rather, they are a vital interface between the clinic and the community. In recognition of the critical role they play, they should be compensated for their work. PIH doesn't tell the communities we serve what they need—they tell us.

**4. Addressing basic social and economic needs**

Fighting disease in impoverished settings also means fighting the poverty at the root of poor health. Achieving good health outcomes requires attending to peoples' social and economic needs. Through community partners, PIH works to improve access to food, shelter, clean water, sanitation, education, and economic opportunities.

**5. Serving the poor through the public sector**

A vital public sector is the best way to bring health care to the poor. While non-governmental organizations have a valuable role to play in developing new approaches to treating disease, successful models must be implemented and expanded through the public sector to assure universal and sustained access. Rather than establish parallel systems, PIH works to strengthen and complement existing public health infrastructure.

**Delivering the model:  
*Accompagnateurs***



A key component of PIH's model of care has been training and hiring thousands of community health workers (*accompagnateurs*) to prevent illness, monitor medical and socioeconomic needs and deliver quality health care to people living with diseases such as AIDS and tuberculosis. The success of the model lies in its comprehensive approach: nutritional and social support are provided along with life-saving medicines; and treatment is closely linked to prevention and to other health services. Community health workers provide the "missing infrastructure" that is often posed as an obstacle to AIDS care in poor countries.

***Learn more about the PIH model at <http://model.pih.org>***

Partners In Health • 641 Huntington Ave • Boston, MA 02115 • USA  
+1 617-432-5256 • [info@pih.org](mailto:info@pih.org) • [www.pih.org](http://www.pih.org)