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Partners In Health

Founded: 1987 by Dr. Paul Farmer
Current Leader: Ophelia Dahl
Location: HQ—Boston, MA
Sector: Healthcare Services
Website: www.PIH.org

“Look how much they care about us”

In 2000, a young boy named John was brought to Dr. Paul Farmer at Zanmi Lasante (the Partners in Health clinic in Cange, Haiti). John’s age was uncertain as his birth was undocumented, though he was roughly 11 or 12 years old. He had symptoms which indicated that he had tuberculosis (TB) in the lymph nodes of his neck; however, there were a few anomalies which made Farmer suspect that it might be cancer.

The news from tests sent to Boston was bad: John had nasopharyngeal carcinoma, an extremely rare cancer. However, when caught early, 60 to 70 percent of patients could be cured. John needed to be brought to Boston for care. This would typically cost close to \$100,00, however, Dr. Serena Koenig was able to persuade Mass General Hospital to treat him for free.

A decision needed to be made. A medevac flight for John from Cange to Boston would cost \$18,540. There was a reasonable chance of survival if the cancer had not metastasized into his bones, but there was no way of determining that. The dilemma also had consequences beyond the financial burden of the individual procedure. A Haitian Zanmi Lasante worker best described the issue: “What are we going to do if another kid like this comes to us? It’s not a one time thing. We’re not going to close the hospital after this.” There was growing concern that this was too much money to spend on one patient and that a precedent might be set that patients will all ex-

pect to be flown to Boston if they come to Zanmi Lasante when they’re sick.

The decision was made that as long as there was a chance of survival, they had to do everything they could to save John’s life. They finally got John to Boston and his care began immediately. As soon as he arrived, a team of radiologists, pediatricians, and oncologists examined John’s x-rays, bone scans, and CT scans for an hour. They found that the cancer had spread everywhere and that John was going to die. There was no way of knowing when they decided to try to save him. The question on everyone’s mind was, “Why did we bring him here?”

PIH’s mission is to use all of their available resources to make their patients well because they believe that health care is a basic human right. After this case, there was no rush of people hoping to be flown to Boston for care and PIH continued to expand its work in Cange. There was a great buzz about the event among the people in Cange, and they said, “Look how much they care about us.”

Dokte Paul

In 1983, before Farmer began med school, he traveled to Haiti and worked at Eye Care Haiti, a health care organization that provided mobile eye clinics. His transformation began as he learned about the real inequalities in a place such as Haiti. During his stay he traveled with a man named Father Fritz Lafontant, who was working to pro-



vide schooling to children in the village of Cange, in the Central Plateau area of Haiti. It was during his travel with Father Fritz that Farmer had what he called his “slow awakening.” He began to experience the extreme levels of illness among the poverty-stricken people in the central plateau. What frustrated him more than the inequalities in healthcare was the ineffectiveness of clinics attempting to provide care for those same people. Farmer decided that Cange, the village in which Father Fritz worked, needed a health clinic.

That next fall, as Farmer began his schooling at Harvard Medical School, he started traveling down to Cange every opportunity he had to try and establish a health clinic there. Along with Ophelia Dahl (a woman Farmer had met at Eye Care Haiti), Father Fritz and his wife Yolande, Farmer helped establish a community-based health project called Zanmi Lasante (ZL) (Haitian Kreyol for ‘Partners in Health’). Farmer’s connections in Boston became a huge asset to supporting the operations of ZL, from monetary donations and free medicines, to doctors that would travel to Haiti to support the clinics. What began as a small clinic soon blossomed to include: schools, a training program for outreach workers, mobile screening units, and an ongoing study of sickness within the region. Farmer soon became very well-known among the locals of Cange as “Dokte Paul” and was constantly being praised and sought out for his extraordinary skill, not only with medicine, but with people.

Later, in 1987, Partners in Health (PIH) was established in Boston by Farmer, Dahl, Tom White,

and Todd McCormack to provide a backbone of support for the activities in Cange. PIH was a nonprofit organization registered in the US to help direct resources from the states to Haiti. Jim Yong Kim (another Harvard medical student) was another medical director heavily involved in the creation of PIH.



Tom White

Tom White was the primary funder of PIH from the beginning. White had originally been an anonymous donor who (through a request to Project Bread from Farmer) donated money to ZL for a bakery. After reading about Farmer in an article, he decid-

ed that he wanted to meet the man he had supported. Farmer, when presented with this opportunity, responded, “If he wants to meet me, tell him to come to Haiti.” White obliged and after experiencing life in Haiti, soon became the main source of funding for almost all PIH operations for many years to come.

Providing a Preferential Option for The Poor in Health Care

Lack of access to health care is an issue in all developing nations. The socioeconomic determinants of health in Haiti are similar to those in Peru, Rwanda, and elsewhere. A lack of economic opportunity within a certain area can lead to such issues as poor hygiene and malnutrition, which are direct causes of sickness, but can also lead to circumstances such as lack of education that can decrease knowledge of, and familiarity with, health services. The poverty which was the root cause of these factors also leaves the affected in-



dividual unable to pay for healthcare even if they were aware of the services available to them. Farmer observed this and noticed that there were limitations of health care provided only in clinics. Farmer's solution was that the clinics need to be more proactive in working for their patients. The developed world thought their models couldn't work in developing nations, Farmer saw that a new model needed to be catered to their needs.

Model of Care

The PIH Model of Care was built out of this dedication to making healthcare work for its patients. PIH believes that health is a fundamental human right, not a privilege, and all operations were built to serve this value. The Model of Care is made up of five principles:

1. *Providing universal access to primary health care.* The belief was that communities need to have a foundation of general health services that they can rely on and trust.
2. *Making health care and education free to the poor.* Farmer says, "It is counterproductive (not to mention immoral) to charge user fees for health care and education to those who need these services most and can afford them least."
3. *Hiring and training community health workers.* PIH involves community members in assessment, design, implementation, and evaluation of all health programs. Specifically, community health workers are a vital interface that they utilize between the clinic and the community to not only administer many services but to be the voice of the community for the clinic.
4. *Addressing basic social and economic needs.* Fighting disease also means fighting poverty: through community partners, PIH works to improve access to food, shelter, clean water, sanitation, education and economic opportunities.
5. *Partnering with local and national governments.* PIH believes in serving the poor through the public sector by strengthening and complementing



existing public health infrastructure.

These principles lead to three overarching goals of PIH : to care for their patients, to alleviate the root causes of diseases in their communities, and to share lessons learned around the world.

Since it's inception, PIH has now grown to be a multinational organization serving underserved patients in: Peru, Russia, Rwanda, Lesotho, USA, Malawi, Mexico, and Kazakhstan. Their models of care for treating diseases such as HIV and Tuberculosis have revolutionized the way that the world deals with their treatment. It has been a steady balance of medical acumen, unrelenting dedication to their mission and constant improvements to their model in order to better serve their patients that have made PIH so successful.

PIH runs many complimentary socio-economic development programs alongside health care in conjunction with other non-profit organizations and local governments. They have also developed open-source training materials to share best practices with any organization that wishes to implement a similar health care program.

Future of PIH

From the opening story we can see the dilemma of an NPO providing free health care. PIH has expanded its reach rapidly but has also never been starved of resources. It will undoubtedly continue to be an impactful organization, but how far can it go? We have seen how important Tom White was in funding PIH's initial growth, however, he sadly passed away in 2011. Paul Farmer has played an enormous role as the face of PIH and has drawn needed attention and driven many donations to their work . However, people have wondered if a program like PIH can thrive as it has in the past once it's founder and leader has moved on. PIH's model to train local leaders should ensure long-term programmatic success, but can PIH aim to be truly financially sustainable? These concerns, however important, will certainly not distract PIH from it's mission to treat the world. Whatever it takes. ■

Author: Tim Spittle | **Editor:** Esther Chou | **Executive Editor:** Prof. Dennis Shaughnessy

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About the Social Enterprise Institute

The Social Enterprise Institute (SEI) is grounded in the belief that business can be a powerful tool in helping to alleviate poverty in the developing world. Through this vision, the Institute offers resources and programs for students to act as agents and proponents for social change by using business solutions as a sustainable way to assist the poor. The Institute equips students with knowledge on social entrepreneurship and social enterprise development through our growing academic course offerings in Social Entrepreneurship and areas such as micro-finance, social investment and impact measurement. Additionally, the Institute provides students with field exposure with partner organizations in countries all over the world with hands on learning experience, preparing undergraduates at both the academic and 'practitioner' level. For more information about the SEI please visit: <http://www.neu.edu/sei>

About the Case Series

The purpose of the Social Enterprise Case Series is to help spread awareness of social enterprises operating today and to shed light on the issues affecting this rapidly expanding sector. We hope to make information about social entrepreneurship easily accessible to all students interested, no matter their academic discipline. We believe in the power of social enterprise and, more importantly, believe that learning about the extremely diverse approaches within this sector is crucial to driving innovation for new, impactful social enterprise models. In order to accelerate our mission of spreading awareness of social enterprise, we are committed to sharing our publications on an open and free platform.