



Partners  
In Health



Inshuti  
Mu Buzima

# Annual Report 2017

*From July 2016 to June 2017*

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*Cover page: Merab Niyishime, Maternal and Child Health program manager,  
takes pregnant woman's blood pressure during an Antenatal Consultation*



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# Message from our Executive Director

*Dear Colleagues, Partners and Friends,*

*We are excited to share with you this annual report for 2017 that covers the 12 months from July 2016 – June 2017. The articles in this report, the lives we have touched, the photos of the people and patients we serve in partnership with the Government of Rwanda – are a source of encouragement and inspiration to do even better in the years to come. We wish to thank the leadership and people of Rwanda, for their commitment to health and social justice that allows Partners In Health Rwanda (PIH/IMB)'s contributions to align and synergize with all partners in the country.*

*PIH/IMB over the past 12 years in Rwanda has expanded its areas of support and focus from the original programs in HIV and TB to now include the areas of maternal and child health, oncology, non-communicable diseases, mental health, nutrition as well as investing in the foundation of health systems strengthening. In addition we have invested heavily in community health systems anchored by community health workers, in taking services closer to where people live and work as well as providing social safety nets for the most vulnerable. We are also very active in translating the frontline lessons of health implementation into robust training and research departments and providing the learning platforms for the University of Global Health Equity (UGHE) and University of Rwanda and other International Universities. We thank all of the PIH/IMB staff who are engaged in these programs.*



*Dr. Alex Coutinho, PIH/IMB Executive Director together with a patient in front of Butaro Hospital cancer ward*

## Message from our Executive Director

*The success of this work is credited also to the supportive functions of Finance, Human Resources, Grants, procurement, logistics and operations as well as the district and Program On Social and Economic Rights (POSER) teams that provide leadership for a comprehensive approach for the health of the people we serve. This annual report would have not been possible without key inputs from our health informatics department and from our communications department. We thank them all.*

*We thank all of our generous partners, for their support, for their time, for their funds and other resources and for being there for us as we work in solidarity to improve the lives of the people of Rwanda and beyond. We also wish to thank PIH worldwide leadership and colleagues from PIH Boston office for their contributions to the success of our work. Let us continue to join hands and work together for a better Rwanda.*

**Alex G. Coutinho MD, MPH, FRCP, PhD**  
Executive Director

# Our Vision & Mission

## Our Vision

We envision thriving communities of healthy, happy and productive people, where social justice and universal quality health services are available to all.

## Our Mission

Our mission is to support Rwanda in designing, building and implementing a world class health system that provides equitable, accessible and high quality services to all in need.

## Where we work:

- Kayonza District in the Eastern Province
- Kirehe District in the Eastern Province
- Burera District in the Northern Province
- Kigali, the capital city





## Our values

**AGACIRO**  
*Dignity*

**UBUMWE**  
*Solidarity*

**UBUNYAN-  
GAMUGAYO**  
*Wisdom*

**KUGIRA  
ISHYAKA**  
*Loyalty*

**UBUMUNTU**  
*I am, because you are*

**UBWUBAHANE**  
*Mutual respect & trust*

**UBUPFURA**  
*Integrity*



# Our Strategic objectives

## Strategic Goals FY17-21



## PIH / IMB FY18 Priorities

- District Hospitals services and accreditation;
- Oncology;
- Community based NCDs care;
- Expansion of Mental Health;
- QI and MESH for Maternal, Newborn & Child Health;
- Laboratories accreditation and capacity building;
- Targeted Community based accompaniment;
- Medical Education;
- Research
- Data for Decision Making

## Our Sites

### **Southern Kayonza (since 2005)**

> 300,000 people

District Hospital with 150 beds

8 Health Centers



*Rwinkwavu District Hospital*

### **Kirehe (since 2006)**

> 350,000 people

District Hospital with 226 beds

16 Health Centers



*Kirehe District Hospital*

### **Burera (since 2008)**

> 300,000 people

District Hospital with  
156 beds

19 Health Centers



*Butaro District Hospital*

### **Good news!**

This year, these three district hospitals were ranked among the top 10 hospitals of Rwanda after accreditation assessment; with results of 80% and more.

# Meet sisters Devota, Charlotte and Louise, PIH/IMB beneficiaries



*From left to right: Louise, Devota and Charlotte in Burera District, in August 2017*



## Together...

**We provided food packages and counselling by a PIH/IMB social worker who regularly visits the sisters**

**PIH/IMB constructed a new house for the sisters. We sponsored them to go back to school and provided money for their basic needs**

### March 2015

Sisters Devota (25), Charlotte (22) and Louise (22) have lost their mother, their only parent, due to heart failure. They are living in a decrepit house and wondering what the future holds for them. Louise and Charlotte are attending secondary school supported by PIH/IMB scholarships. Devota is doing manual labor, struggling to take care of the family's basic needs.

### March 2016

Louise and Charlotte have finished secondary school but will not be able to proceed to University due to lack of funds. They have joined their sister in making bricks to sell and earn a living. The sisters are hopeful that they would be able to save enough money to not only eat but also go to school so they can get better jobs.

Louise would like to go to University and study Business Management. Charlotte wants to become a nurse and Devota is committed to work hard and earn enough money to not only provide food for her sisters but also send them back to school. Once her sisters will have enough food and money, Devota would like to be a tailor.

### June 2017

The sisters' brand new house is comprised of 3 bedrooms, a clean restroom, a living room and an outdoor kitchen plus a storage space. Louise and Charlotte are both in their first year of university, learning Business Management and Nursing respectively. Devota is at a vocational training school learning tailoring.

When you are a sick parent, no amount of treatment will stop you from worrying about your family.  
Together with your support...



We sent  
**635 children** of  
vulnerable patients  
to school



We built **17 houses**  
for vulnerable  
patients and their  
families



We provided health  
insurance for  
**23,454 vulnerable**  
**patients and their family**  
**members**

A woman with short dark hair, wearing a light blue hospital gown, is sitting in a hospital room. She is holding a newborn baby wrapped in a blue cloth against her chest. The baby is wearing a striped orange and blue hat. In the background, there is a hospital bed with a white metal frame and a red blanket. A sign on the bed frame reads "B46". To the right, there is a white sink with a green faucet and a blue chair. A sign on the sink reads "B.ER".

# Saving the Lives of Ill and Premature Infants



*Francine practicing Kangaroo mother care with her newborn at Kirehe District Hospital*



**Call to Action: 5% of children in Rwanda die before they reach five years of age, and almost 40% of these deaths occur in the first month of life** (DHS 2014 -2015)

In 2016, PIH/IMB invested in the construction of a Neonatal Intensive Care Unit (NICU) at Kirehe Hospital which opened in July 2016. It is comprised of 4 large rooms: a high care unit, Kangaroo mother care unit, isolation room and mothers' room. It has 28 beds, 8 incubators and 4 infant warmers. It is staffed by 14 qualified nurses, one general practitioner who does daily ward rounds, and a visiting pediatrician.

Since its opening in July 2016, the NICU has cared for **617 babies**.

Infants can now be transferred from 16 primary health centers and 9 health posts throughout the district. This means that...

**...with your support, 370,000 people in Kirehe have now access to the highest quality neonatal care**

Rwinkwavu and Butaro hospitals also have NICUs. Thus, with this new service in Kirehe, we can now assert that our three supported district hospitals are fully equipped and staffed to deliver care to premature and ill newborns.



Rwinkwavu Hospital NICU



A premature baby receiving phototherapy in Butaro Hospital NICU



PIH Co-founder Ophelia Dahl visiting Kirehe Hospital NICU



A photograph of the front of a renovated maternity ward at Rwinkwavu District Hospital. The building is a single-story structure with white walls and a grey corrugated metal roof. To the right, a white ambulance with a red cross and a yellow stretcher on its roof is parked. In the foreground, several women are sitting on a concrete step, some wearing colorful traditional clothing. The scene is set outdoors with green grass and trees in the background under a blue sky with scattered clouds.

# Ensuring Safe Delivery for Mothers



*Front of the renovated Maternity of Rwinkwavu District Hospital*



## Rwinkwavu District Hospital Maternity

The maternity unit at Rwinkwavu Hospital serves as the main referral unit for Southern Kayonza district with 8 HCs and a population of over 250,000.

Over the years, the maternity ward has been showing degradations as well as lack of equipment and staff. This year, PIH/IMB renovated completely the maternity complex including delivery rooms, post delivery ward and post cesarean section ward, providing a total of 50 beds for women. In addition the facility received new equipment with support of the All Mothers and Children Count grant. PIH/IMB helped to hire new staff including 3 midwives and 2 doctors.

As of July 2016, the maternity report shows an average of 248 deliveries per month compared to 230 deliveries before renovations. The unit serves to train interns attached to the hospital in the field of obstetrics and is also an entry point for PMTCT services for HIV positive mothers delivering here.

**Less than 6 months after the doors opened, facility deliveries had increased by 8%**

## Ruhombo Health Center Maternity in Burera District

Ruhombo Health center used to have a 12 square meters maternity room, hosting only 3 beds. Thus it was a priority for us to build a maternity dignifying the people of Gitovu Sector.

The new maternity has now 12 beds with an additional 3 dedicated delivery beds and proper equipment. It was officially inaugurated in September 2016



*PIH/IMB team visiting Ruhombo Health Center new maternity*

## Kirehe Hospital Maternity

We also recently rehabilitated the Maternity of Kirehe hospital. It was completed at the end of June 2017.

The new maternity capacity is of 57 beds, compared to 45 beds before. Different medical equipment have been provided to the new building such as Delivery tables, cardio Tomography machines (CTG) as well as examination tables.



# Delivering High Quality Cancer Care



*Nurse Christophe Rwagema administers chemotherapy to Esther Kabagwira at Butaro Ambulatory Cancer Center. Esther is being treated for an early stage breast cancer*



Built in the rural highlands of northern Rwanda, the Butaro Cancer Center of Excellence provides high quality cancer care to even the poorest Rwandans and serves as a national cancer referral center. When the cancer center opened in 2012, biopsy tissues had to be sent to Boston to be examined.



*Dr. Deo Ruhangaza, Butaro Hospital pathologist, analyzing digital slides in the pathology lab*

Our brand new pathology lab funded by the American Society of Clinical Pathology officially opened in October 2016.

**Now that we have a pathology lab and a pathologist in Butaro, the average turnaround time between biopsy and results reduced dramatically from 7 weeks to 5 days.**





Being diagnosed with cancer is no longer a death sentence in Rwanda

*Dr. Egide Mpanumusingo, PIH/IMB Burera District Clinical Director, discussing with patients in the garden of the Butaro Ambulatory Cancer Center*



Anything less than the highest quality care for our cancer patients is unacceptable. Together with your support...



We provided high quality care and followed up with **3,802 patients**



We referred **100 patients** for radiotherapy



We reduced the time patients waited for biopsy lab results from 7 weeks to **5 days**





# Following up at-risk children through Pediatric Development Clinics



*Dr. Christine Mutaganzwa, PIH/IMB PDC specialist during a consultation at Kirehe District Hospital*

Children born prematurely with low birth weight, or with other conditions such as Down syndrome or birth asphyxia are at-risk from birth.

We implement Pediatric Development Clinics to follow up on these vulnerable children with increased health risks. We provide medical, nutritional and developmentally supportive programs to allow for early identification of complications and intervention to support high risk under-five children to reach their full potential. We also provide families with education on early neurological stimulation to support healthy development.

The first PDC was opened in Rwinkwavu Hospital in 2014, in partnership with the Ministry of Health and UNICEF. Over the past three years the model has been expanded from Rwinkwavu District Hospital to four health centers in the catchment area of Rwinkwavu District Hospital.

Thanks to our government partnership and donor support...

**Pediatric Development Clinics are now offered in Kirehe District**



Every Tuesdays, mothers and children are received at Kirehe Hospital PDC clinic

*Mothers and their children waiting for PDC consultation at Kirehe District Hospital*



When you become a parent, you want to give your children everything they need to survive and thrive. Together with your support...



We provided **1,080 at-risk** children under 5 with pediatric development services



We ensured that **6 health facilities** have fully-staffed, well-equipped Pediatric Development Clinics

# Scaling up Evidence-based Interventions



*Kirehe Hospital NICU nurse taking care of a premature newborn*

**Call to Action: In Rwanda, 20 out of 1000 babies die within 30 days after their birth; 43.6% of these deaths occurred during the first day of life, when mother and child were likely at a health facility** (DHS 2014-15)

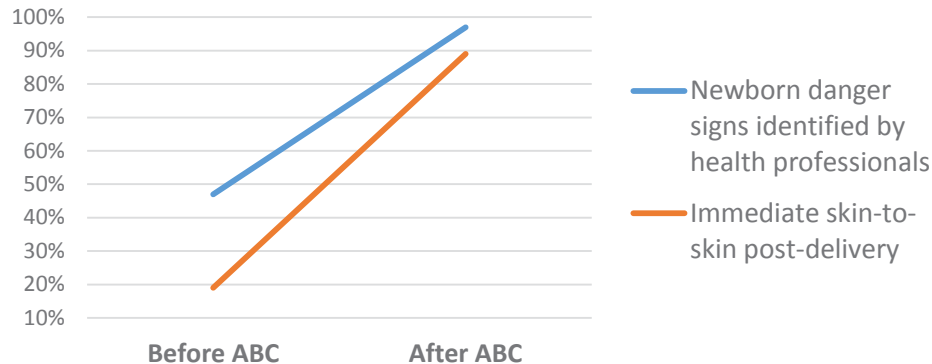
## **All Babies Count**

All Babies Count (ABC) was designed as an 18-month change acceleration process implemented in Kayonza and Kirehe to end preventable neonatal deaths in facilities and ensure patients receive the highest quality of care through:

1. Provision of essential equipment and consumables for the delivery of newborn care based on Ministry of Health norms
2. Hiring a dedicated ABC Mentor to provide clinical mentorship, training, and QI coaching to staff at hospitals and health centers
3. Establishing Learning Collaboratives, led by the ABC Mentor, to promote a culture of peer-to-peer learning and continuous quality improvement



## ABC Dramatically Improved Care of Newborns



At the end of ABC implementation, 100% of health centers had at least two nurses trained in the newborn package. Staff were supported by on-site mentorship visits nearly once per month to every health center across Kirehe and Rwinkwavu catchment areas. There was also an increase in 4 ANC coverage and increase in facility deliveries.

## Saving Lives At Birth

Based on this success, PIH/IMB and the Ministry of Health were awarded a \$2 million dollar grant from Saving Lives at Birth (SL@B) to scale-up the ABC initiative to seven new district hospital catchment areas over 3.25 years starting in June 2016. The ABC scale-up will cover 7 hospitals and their surrounding 69 health centers.



**Scale-up progress of SL@B as of July 2017**  
 (Health facilities in green represent those where ABC initiative has already been expanded)

SL@B is a partnership between United States Agency for International Development (USAID), Norwegian Ministry of Foreign Affairs, Bill and Melinda Gates Foundation, Grand Challenges Canada, Department for International Development, United Kingdom of Great Britain and Northern Ireland (DFID) and Korea International Cooperation Agency (KOICA)



# Evolution of community health workers accompaniment for HIV positive people



*Community Health Worker Mukamana showing her toolbox*

For the past 10 years, in the districts we support, PIH/IMB implemented a community-based accompaniment (CBA) program, where community health workers conduct active case finding, provide daily Directly Observed Therapy (DOT) and psychosocial support to HIV patients, and link patients to the health system for routine clinical monitoring. This approach was successful as patients enrolled in the program overall demonstrated good clinical outcomes.

However nowadays, with the decentralization of Antiretroviral Treatment (ART) clinic sites across the country, improved single-daily dose regimens with decreased side effect profiles, and earlier testing and linkage to care, there is a growing cohort of patients who now are able to successfully manage their illness without additional support. In fact, in Rwanda nationwide, over 83% of patients have demonstrated viral load suppression, indicating that they can successfully take their medication as prescribed.

After more than a decade of treatment experience, many of these patients have reported in a survey done by PIH/IMB that given they are now thriving socially and professionally, they feel ready to transition off daily CBA visits and assume full responsibility for their own care. PIH/IMB considered all this to be in favor of a timely alignment with the national strategy, thus allowing a harmonization with the rest of the country.




The Community Health and the HIV Divisions in RBC have agreed to support PIH/IMB in the adaptation of the existing CBA model to target those patients with proven adherence challenges, as measured by unsuppressed viral load, estimated at approximately 15% of all patients, while transitioning off those patients with fully suppressed viral load and without adherence barriers.

In July 2016, PIH/IMB and RBC officially launched that new initiative.

By end June 2017:

**10.9% of the patients we support were beneficiaries of the targeted Community Based accompaniment.**

All the others (approximately 9,000 people) are now fully responsible of their treatment, picking up their ART at the Health Center once a month and having quarterly clinical consultations. In continuity, we are planning to shift 70% of them to 3 month drug refills and biannual clinical consultation; our criteria being the viral load as well as the adherence to ART.



# Increasing Access to NCD Care



*Nurse Clemence during her first consultation at the new NCD Clinic of Rutare Health Center*

Diseases more commonly associated with wealthy countries such as diabetes, hypertension, and heart failure are both prevalent and rising in developing countries. In Rwanda we developed in collaboration with Rwandan Ministry of Health an innovative model that integrates treatment of hypertension, heart failure, diabetes, and asthma. The disease groups share resources, including clinic space, staff, medical equipment, supply chain, clinical protocols and electronic medical records.

Our Non Communicable Diseases (NCD) clinics accelerate the early detection and follow up of both complex and non-complex NCD conditions while reducing socioeconomic burden imposed by the cost of long distance travel.

**The MOH has decided to implement NCD clinics nationwide based upon our model.**

This fiscal year we have contributed to the opening of 3 new Health center level NCD clinics in Southern Kayonza district, and 4 in Kirehe. That translates to **100% and 50% coverage respectively, in the decentralization of NCD services.**



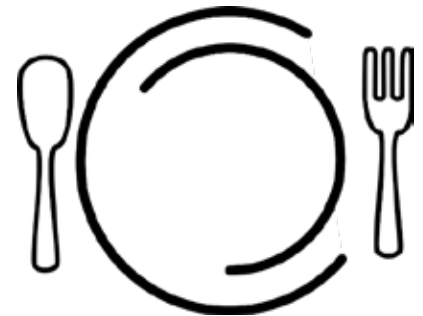
Non communicable diseases lead to more deaths globally than all other causes combined.  
Together with your support...



We provided high quality care and followed up with **3,438 patients**



We have seen **90% of our NCD patients** attend their next scheduled appointment these past 6 months



We helped **60% of our diabetes patients** achieve glycemic control (Hba1C<8%)

# Integrating Mental Health Into Primary Care



*Bashar, beneficiary of our mental health program, and his two sisters sit near the family's home together with the MOH nurse from Kinyababa health center and Sifa Dorcas, PIH/IMB Mental Health Community and Social Support coordinator who are visiting them*



PIH/IMB and the Rwandan Ministry Of Health have been partnering on a project to integrate a core package of mental health services for severe mental disorders and epilepsy into routine primary health care. This provides affordable, community based mental health care, and to increase the use of effective treatments by non-specialists by expanding PIH/IMB's proven model of extended clinical mentorship to include mental health care.

**After 2 years, Mental health care is now integrated in 19 health centers (HC) of Burera District.**

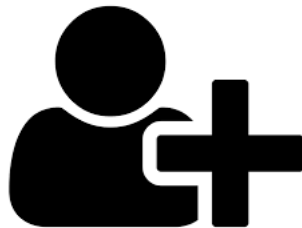
As part of this project, 48 primary care health center nurses received intensive decentralized training on the practical aspects of clinical care of patients with severe mental disorders and epilepsy. Nurses were then supervised by psychiatric nurse mentors for a total of 446 supervisory visits, in addition to completing 15 systems-based quality improvement projects. 946 CHWs were trained on the identification of patients with severe mental disorders, and supported by PIH/IMB to ensure appropriate patient follow up and integration between all levels of care, and to provide accompaniment and social services to vulnerable patients

Thanks to the good results of this initiative, it is now expanding to Musanze District (Northern Province) and we are seeking support to expand it to Southern Kayonza and Kirehe District



We work to bring high quality mental health care to those who need it by implementing a model that is effective in rural low-income settings.

Thanks to Ministry of Health and the grant received for our Mental Health activities...



The number of Mental Health patients visit at Health Centers increased from 2,252 (FY16) to **3,351** (FY17)



Patients experienced an average of **54% improvement** in symptoms after 6 months

# Improving Financial Revenues for District Hospitals



*Rwinkwavu Hospital nurse entering services provided to patients into the e-billing system*

Public hospitals in Rwanda receive revenue through a combination of Ministry of Health financial transfers, community based insurance payments and patient payments, with some supplements by NGOs. In this complex environment, hospitals need help organizing their finances for audits and improved management of income through tracking of patients' received services, payments, and unpaid billable services.

This fiscal year, the RBC and PIH/IMB Health Information Systems (HIS) teams jointly implemented electronic Billing (eBilling) at Rwinkwavu and Kirehe District Hospitals. This includes PIH/IMB support of software enhancements, hardware deployment, software usage training, and where needed, computer literacy training. eBilling is an additional feature to the openMRS-based Electronic Medical Records System (EMR) currently used by both hospitals.

**Today, outpatient departments in Kirehe District Hospital and Rwinkwavu District Hospital use eBilling.**

The plan is to expand to other hospital departments and use the system to help determining how PIH/IMB can better support hospitals in the future.



A photograph showing a woman in a pink shirt, identified as Hepatitis C Study Coordinator Alphonsine Imanishimwe, sitting at a desk and counseling a patient. The patient is wearing a yellow headwrap and a pink and white striped shawl. The woman is holding a small white card and looking at it while talking to the patient. On the desk, there is a laptop, some papers, and a pen. In the background, there is a sink and blue curtains.

# Fostering Evidence-Based Decisions Through Research



*Hepatitis C Study Coordinator Alphonsine Imanishimwe counsels a new patient through her first dose of medication*

## SHARED study: Ledipasvir/sofosbuvir for cure of Hepatitis C in Sub-Saharan Africa

SHARED: Simplifying Hepatitis C Antiviral therapy in Rwanda for Elsewhere in the Developing World

The SHARED study is currently taking place at the Rwanda Military Hospital (RMH), in collaboration with University of Rwanda (UOR), Stanford University, and Rwanda Biomedical Center. The study has two overarching goals: to increase the number of patients in Rwanda that can be treated for Hepatitis C with safe and effective medication and to build a public health delivery system for Hepatitis C in Rwanda. In this study, 300 participants are be enrolled and treated with ledipasvir/sofosbuvir for three months with five study visits over six months.



The study officially started onsite at RMH in October 2016. To date 293 have completed 3 months of treatment with very promising results. Results will soon be published in an international peer reviewed journal.

## Trial of a low cost, re-usable and electricity-free Infant Warmer

Kangaroo mother care remains the standard of care for Thermoregulation - a critical component of the care of all newborn infants, and is especially challenging in those born preterm, growth restricted, or ill. However, in multiple circumstances where Kangaroo mother care is either temporarily or permanently not possible, there are few safe affordable and functional options especially in rural developing Africa.

A prospective study to assess safety, usability and functionality a low Cost, re-usable Electricity-Free Infant Warmer is still underway. PIH/IMB in partnership with the Ministry of Health and other partners are testing this device in rural Hospitals and health centers as a safe, affordable, scalable and effective alternative to Kangaroo mother care.





Research is our strongest tool to advocate for policy change and improve health outcomes.

Thanks to our Research Committee, our dynamic teams, as well as our partnership with Harvard Medical School...



**12 manuscripts**  
were published  
this year in peer  
reviewed scientific  
journals



**4 institutions\***  
contracted us to  
elaborate and  
implement research  
protocols for them

*\*These institutions are: UNICEF, Bayer, Massachusetts Institute of Technology (MIT) and National Institutes of Health (NIH)*



# Investing in Current and Future Health Professionals



*Pacifique Ntirenganya, former PIH/IMB pharmacy program manager, training health facilities staff at Rwinkwavu Training Center*

**PIH/IMB is a University without walls in many ways.** We teach at the bedside of the patient, in the classroom, in a house in the community, in the kitchen garden of the home of a patient and in the marketplaces of the community. Our students come from within PIH/IMB, from the grassroots in the Community, from the health facilities, from the University of Global Health Equity (UGHE) and from University of Rwanda (UOR).



UOR students with PIH/IMB team at Rwinkwavu training center after Mrs. Antoinette Habinshuti's class on PIH/IMB's work alignment with the Sustainable Development Goals



Mr. Sebu Gaston (PIH/IMB agriculture program coordinator) leading a field visit on kitchen gardens in Rwinkwavu, organized for UGHE students



Because figures speak for themselves, below is a selection of data showing the amplitude of our engagement in training and building capacity of health professionals

In FY17

**117 trainings**  
held in our  
supported districts

**1113 healthcare  
workers** trained  
in various  
disciplines

**1065 mentoring  
visits** conducted  
using the MESH  
approach

**49 students**  
trained in  
Management  
skills

**96 students**  
trained in  
Research

**72 hospital staff**  
trained in quality  
improvement  
techniques

**4665 Community  
Health** workers  
trained in varying  
areas of health care  
service

**31 healthcare  
workers** were  
trained in  
IMCI

## About the Social and Community medicine (SOCOMED) program

The Social and Community Medicine Program partners with the University of Rwanda in training all medical students to become Rwandan doctors who are both patient focused and Family and Community oriented.

The program brings to life the effects of the social determinants of health by having a curriculum that takes the student from the classroom and patient wards to where the patient spends their life and exposes them to the multifactorial impact of their environment and culture and lifestyle on their health.

Last year 94 students were trained in SOCOMED and in this current year PIH/IMB has risen to the challenge of training 370 students.



Dr. Alex Coutinho teaching SOCOMED students

“SOCOMED opened my eyes to what the real issues in disease causation are and how it takes more people in the community especially Community Health Workers to ensure their health. Now I will always remember where my patient comes from as I decide on how to manage their disease. I will not see them as just a textbook diagnosis”

Testimony from 4th year medical student from University of Rwanda



# About our staff



*PIH/IMB Mental Health team going on home visit in Burera District*



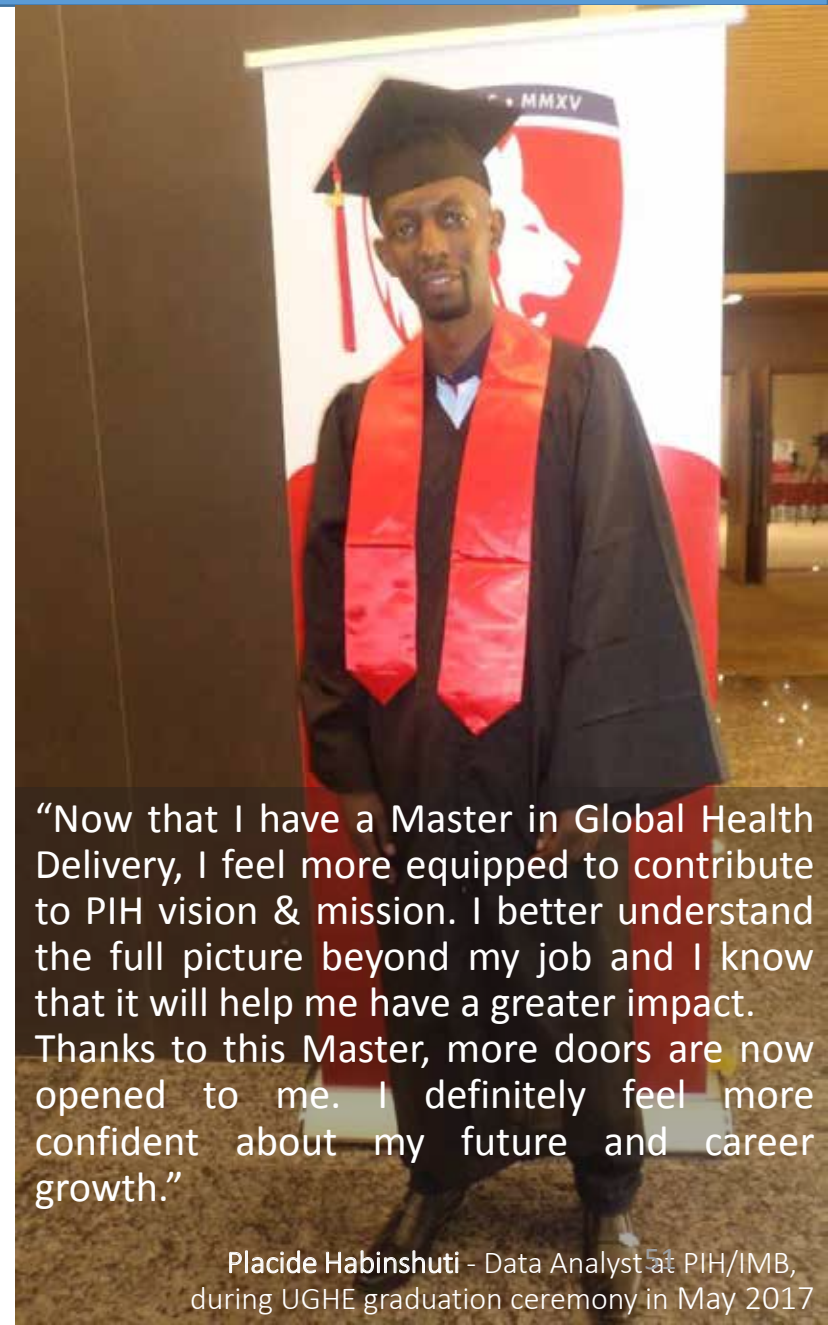
At PIH/IMB, we constantly train students as well as health care professionals from our partnering institutions. Nevertheless, we know that our staff should be the first beneficiaries of education opportunities. For this reason we decided to give a dozen of scholarships every year.

In FY17, we had 186 employees. Among them, **12 received a new scholarship while 14 others were still enrolled in an educational program** thanks to a scholarship we awarded them previously.

### About the University of Global Health Equity (UGHE)

Launched in 2015, UGHE is a university training the next generation of Rwandan and global leaders in health care delivery. In 2017, three of our staff graduated with a Masters degree from UGHE.

Learn more about this new PIH initiative here: [www.ughe.org](http://www.ughe.org)



“Now that I have a Master in Global Health Delivery, I feel more equipped to contribute to PIH vision & mission. I better understand the full picture beyond my job and I know that it will help me have a greater impact. Thanks to this Master, more doors are now opened to me. I definitely feel more confident about my future and career growth.”

Placide Habinshuti - Data Analyst at PIH/IMB, during UGHE graduation ceremony in May 2017





PIH/IMB staff in Rwinkwavu with PIH Co-founder Ophelia Dahl, and PIH board member Luke Kelly



PIH/IMB staff in Kirehe with PIH Co-founder Ophelia Dahl, PIH board member Luke Kelly and UGHE Vice Chancellor Agnes Binagwaho



PIH/IMB staff in Butaro with PIH CEO Gary Gottlieb



PIH/IMB staff in Kigali with PIH Co-founder Ophelia





**Mrs. Nadine Karema**  
Head of Medical Informatics



**Mrs. Antoinette (Toni) Habinshuti**  
Deputy Executive Director



**Dr. Fredrick Kateera**  
Head of Research



**Mrs. Alice Uwingabiye**  
Chief Human Resources Officer



**Mr. Richard Musuhuke**  
Chief Finance Officer



**Dr. Alex G. Coutinho**  
Executive Director



**Dr. Florence (Akiiki) Bitalabeho**  
Head of Medical Education and Training



**Dr. Christian Rusangwa**  
Deputy Chief Medical Officer  
In charge of Chronic care



**Mr. Gilbert Rwigema**  
Chief Operations Officer



**Dr. Evrard Nahimana**  
Deputy Chief Medical Officer  
in charge of Health System  
Strengthening



**Dr. Joel Mubiligi**  
Deputy Chief Medical Officer  
in charge of Primary Health Care



**Mr. Brian Kasigazi**  
Grants & Resources  
Mobilization Director



# Murakoze!

*"Together we can do great things"*

# Thank you!



*Four patients supported by PIH/IMB joining their hands in reference to PIH logo*



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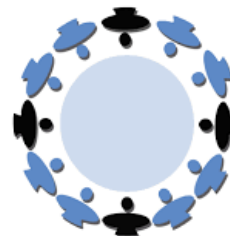


**MASS.**

Ted & Karen Philip



CROWN FAMILY PHILANTHROPIES



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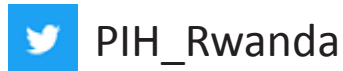
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*Partners In Health financial statements for FY17 are available [here](#)*