For fifty years, “HOPE” has meant much more than a wish or a dream to millions of people—it’s meant a promise realized. Health Opportunities for People Everywhere—Project HOPE, as it is known around the world—has worked person-to-person, delivering health education and humanitarian assistance wherever hope is sorely lacking. At Project HOPE, we fight communicable diseases like tuberculosis and HIV/AIDS. We train health professionals and build medical facilities in areas devastated by conflict, natural disasters, and poverty. We’ve provided more than $1 billion worth of medicines to thousands of local health care organizations and institutions. And in country after country, we’ve left a legacy of effective and compassionate care. These are the stories and these are the voices of the people of Project HOPE.
Fifty Years of HOPE

On the streets of Trujillo, Peru, in 1962, HOPE supplied milk, medicine, and health education to thousands of poor families.

“"A gleaming white ship”: Dr. William Walsh’s vision of teaching and healing made the SS HOPE the most welcomed ship in the world.

Project HOPE medical teams delivered urgently needed care to remote and impoverished regions of Brazil in 1972 and 1973.

1958
William B. Walsh, M.D., obtains President Dwight Eisenhower’s support to refit a Navy hospital vessel to become the world’s first peacetime hospital ship, the SS HOPE. With funding from the American people and corporations, the SS HOPE becomes a teaching hospital for medical professionals from disadvantaged countries. Over the next 14 years, the SS HOPE makes humanitarian voyages to these ports of call:

- Indonesia and South Vietnam 1960–1961
- Peru 1962
- Ecuador 1963
- Guinea 1964
- Nicaragua 1966
- Colombia 1967
- Sri Lanka 1968
- Tunisia 1969
- West Indies 1971
- Brazil 1972
- Brazil 1973

1963
Project HOPE helps the University of Trujillo establish the first University Hospital and School of Nursing in Peru, outside the capital of Lima. This effort is the first of many programs that Project HOPE conducts worldwide to establish and upgrade medical universities and baccalaureate and master’s level nursing school programs.

1969
At the invitation of the Governor’s Office and the Commissioner of Health of the State of Texas, Project HOPE begins its first program in the United States to improve health care for the Hispanic community in Laredo, Texas. Project HOPE trains community health assistants to increase access to health care services and establishes nursing degree programs at Laredo Junior College. On the Navajo Reservation in Ganado, Arizona, Project HOPE helps develop the first Native American–operated health care system in the United States, known today as the Navajo Nation Health Foundation.

1974
Project HOPE becomes the only U.S. private voluntary organization to work behind the Iron Curtain of Communism with a program to improve the health care system in Poland.

1981
Responding to pressing health policy needs in the United States, Project HOPE establishes the Center for Health Affairs to research, analyze, and disseminate information about the state of health care systems in the United States and throughout the world.

1983
At the invitation of China’s Ministry of Health and university medical centers, Project HOPE is the first private international health organization to make a long-term commitment to China’s health care system. Project HOPE conducts training programs for medical professionals in pediatrie care, establishes China’s first master’s degree program in nursing, and begins a preventive dentistry program for children.

1989
In Malawi, Project HOPE HIV/AIDS prevention programs work with the national Malawian Hospital Association, religious groups, private industry, community groups, and schools to eventually reach more than one million people. A HOPE-sponsored AIDS Song Contest draws more than 600 groups and individuals from all regions of Malawi.

In Armenia, Project HOPE provides emergency medical supplies to earthquake victims delivers rehabilitation treatment to more than 3,000 children, and establishes a system to teach rehabilitation specialists to care for children throughout the country.
In Banda Aceh, Indonesia, Project HOPE volunteers rushed to provide aid, immunizations, and treatment to survivors of the 2004 tsunami.

In the Republic of Guinea, Africa, in 1964, humanitarian aid and health training programs helped tens of thousands in dire need.

Project HOPE’s unique partnership with the U.S. Navy has sent volunteers to Southeast Asia, Central and South America, the U.S. Gulf Coast, and Africa to provide health education, basic health care, and humanitarian assistance to hundreds of thousands of people in need.

President George H.W. Bush asks Project HOPE to coordinate America’s medical humanitarian assistance to the New Independent States (NIS) of the former Soviet Union, leading to more than $300 million in donated medicines, medical supplies, and equipment.

The Zablocki Center, a state-of-the-art ambulatory care facility at the Polish-American Children’s Hospital, is consecrated by Pope John Paul II.

In Ecuador and Honduras, Project HOPE starts an innovative program that combines community health improvement with income generation. By providing small loans to women through Village Health Banks, Project HOPE enables women to support small businesses that generate income to put into practice healthy living habits taught at bank meetings.

Construction of the 250-bed Shanghai Children’s Medical Center accelerates with the completion of the exterior of the hospital, and HOPE training programs for its staff intensify. Scheduled to open in 1998, the center will be China’s major pediatric referral and teaching hospital and will serve more than 250,000 children a year.

Forty years after Project HOPE’s founding in 1958, total program services worldwide will reach the one billion dollar mark—remarkable testimony to the volunteer spirit that Project HOPE has encouraged and an inspiration for continued progress in the new millennium.

After severe floods strike Mozambique, Project HOPE and Swiss partners initiate a short-wave radio emergency communications network to link health units to ambulances and save hundreds of lives.

Project HOPE responds to the catastrophic Southeast Asian tsunami, sending 210 medical volunteers aboard USNS Mercy to care for survivors. A long-term refurbishing and training project begins at destroyed hospitals in Aceh Province.

Project HOPE partners with the U.S. Navy on three separate health education and humanitarian missions to Latin America, Southeast Asia, and West Africa.

Project HOPE begins Diabetes Education program in India.

Construction begins on the Basrah Children’s Hospital in Iraq.

Project HOPE helps open new pediatric cardiac tower at Shanghai Children’s Medical Center.
Recently in Mozambique, I met a smiling seven-year-old girl who proudly presented me with some beautiful stitching she had done. As I examined the old piece of burlap, my eyes were immediately drawn to the bright red stitches that formed the outline of the SS HOPE.

The SS HOPE never visited Mozambique, but this little girl, born decades after the ship was retired, expressed her gratitude for the care she had received through a Project HOPE program by hand-stitching a symbol that represents health and hope to people around the world.

While the world has undergone dramatic change since Project HOPE first began providing “health opportunities for people everywhere” in 1958, Project HOPE’s mission is as relevant today as it was 50 years ago.

I admire the humble, yet heroic beginnings of Project HOPE. For a half-century, Project HOPE has expressed the generosity and compassion of the American people in the form of health education and humanitarian assistance to people in need in virtually every corner of the globe.

Dr. William Walsh, the organization’s founding father, and the early teams of volunteers who circled the globe on the SS HOPE would be proud of the legacy they established. I am honored to be part of a new generation of HOPIES who continue the mission today.

As we celebrate our 50th anniversary, Project HOPE will again rally around the power of the word hope. Over the past five decades, we have demonstrated our ability to instill hope and improve the health of people around the world through innovative, long-term solutions to some of the developing world’s most pressing health problems. The stories on the following pages capture our historic efforts.

As we begin the next 50 years of Project HOPE, I invite you to join us in reaching out, advancing health, and saving lives—for the children of the world and for our collective future.

John P. Howe, III, M.D.
President and CEO
During the 1950s, Dr. William Walsh’s vision brought to life President Eisenhower’s People-to-People initiative. He persuaded President Eisenhower to donate a Navy ship, which would be outfitted as a floating hospital to bring improved health care to people, especially children, in the underdeveloped world.

Over a 13-year period, the SS HOPE completed 11 missions—improving health and spreading hope around the globe. The ship was retired in 1974, and Project HOPE expanded its work beyond nations that could be reached only by sea. Project HOPE became not just a single vessel, but a global organization with programs operating simultaneously on several continents.

For 50 years, Project HOPE has provided much needed health education and humanitarian aid by land and sea to more than one hundred countries, distributed more than $1 billion of lifesaving medicines and medical equipment, and trained more than two million health care professionals.

Project HOPE has given hope and health to thousands of children and adults in communities around the world who until we came had neither. All of us at Project HOPE are grateful for your support during the past five decades. We would not have been able to make the difference in the lives of so many in need without you. We look forward to your continuing generosity and partnership as we begin our next 50 years fully committed to our mission of humanitarian aid and helping people help themselves.

Charles A. Sanders, M.D.
Chairman
Launching HOPE

The Founding Vision

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<th>Washington, D.C.</th>
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<td>Project HOPE</td>
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The request was as simple as it was audacious.

Dr. William Walsh wanted a ship. A 15,000-ton hospital ship, to be exact, property of the United States Navy.

Given that the Navy is not in the habit of parceling out its vessels to private citizens, the answer Walsh received was even more remarkable than the request itself. The Navy said yes.

Credit that response to the power of Walsh’s bold vision, a vision that would, over the next half-century, change countless lives around the world. Walsh had served as a medical officer aboard a destroyer during World War II, and he had seen firsthand the dire need for improved medical care and health education in the world’s poorest countries. Walsh planned to launch a floating medical center that could span the globe, teaching and healing where it was most urgently needed. To make his plan a reality, Walsh enlisted the support of leaders in government, medicine and the military, including one particularly influential Washingtonian. “I have been impressed with the merit of the proposal,” President Dwight D. Eisenhower wrote to Dr. Walsh in 1959, promising his administration’s assistance and the provision of “a hospital ship in operating condition.”

That ship, the USS Consolation, was soon refitted and rechristened the SS HOPE, the world’s first peacetime hospital ship. It would carry doctors, nurses, and critically needed medical supplies to developing nations, providing not only immediate aid but also long-term solutions to health care challenges. While treating the sick, Project HOPE’s volunteers would train medical professionals to continue their healing work after they had gone.

Dr. Walsh’s vision has proved an enduring one. “The SS HOPE has lived up to its name,” he wrote years after it was launched from San Francisco in 1960. “That short, bright challenge painted boldly on the side of a white ship.”
We started with $150 and a lot of faith in the American people.

Project HOPE founder William B. Walsh, M.D.

The third voyage of the SS HOPE sent its teams of medical professionals into the crowded city streets and desperately poor villages of Ecuador. Working both in local hospitals and aboard the ship, Project HOPE volunteers treated widespread tuberculosis, parasitic diseases, malnutrition, and congenital cataracts. Project HOPE led a nutrition program for poverty-stricken Ecuadorians and worked with their South American counterparts to improve health care for women and children.

The 1964 mission to Guinea on the west coast of Africa brought Project HOPE to its third continent. The people of Project HOPE encountered overwhelming problems there: appallingly low survival rates for Guinean newborns, and just 10 home-grown doctors to serve a nation of three million. Project HOPE volunteers provided teaching and healing programs aimed to tackle the diseases that thrive among poverty and lack of education, including tuberculosis, malaria, and intestinal parasites. In all, Project HOPE personnel immunized 75,000 children against diphtheria, whooping cough, tetanus, and polio. They also established orthopedic, public health, and laboratory technician training programs to enlist local medical personnel in solving the nation’s health problems.
Taking First Steps

The Inaugural Voyage

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<th>Ambon Island, Indonesia</th>
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<td>Humanitarian Assistance</td>
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First steps, tentative and halting as they may be, are always triumphs.

Harati, a three-year-old Ambon Islander, had not had the chance to take her first steps until the SS HOPE arrived in the island’s vast harbor on its initial voyage. Sailing from San Francisco, the ship and its volunteer medical staff were on a yearlong voyage of healing and teaching in Indonesia and Vietnam. Along the way, the people of Project HOPE would train hundreds of doctors and nurses, open an orthopedic rehabilitation center and other medical facilities, and treat thousands of patients suffering from leprosy, cancers, infections, malnutrition—the full range of human affliction. From crowded cities and remote villages, people made their way to the SS HOPE and its land-based clinics, seeking help. Harati’s case was not an unusual one. She had been disabled by a polio-like disease and given no chance of ever walking.

But aboard the SS HOPE, Harati was outfitted with a splint and a pair of crutches, and began a course of physical therapy under the direction of an Indonesian therapist trained by volunteers from the SS HOPE. With her mother watching, amazed, Harati was soon taking her first steps.

Harati’s story was just one example of the healing work of Project HOPE on that inaugural voyage. But the voyage was a teaching mission, too, and the young doctors, nurses, and students of Southeast Asia, newly inspired and empowered by Project HOPE, represent another legacy of that voyage. “To teach,” Dr. Walsh liked to say, “is to live forever.”

Like Harati, Project HOPE had taken its first steps—and those steps were a triumph.
“The milk from HOPE is here,” came the cry of a four-year-old running through the streets of a Cartagena barrio. The “Iron Cow” aboard the SS HOPE turned water and milk powder into 30,000 pints of fresh milk each week, to be distributed free to children. As the mothers of Cartagena fed the milk to their infants, they listened to Project HOPE personnel teach about diet, child care, and hygiene. In Colombia, Project HOPE trained 700 Colombian medical personnel, launched one of the first clinical pathology departments in South America, and supported the opening of a new hospital.

The diseases we see are so far advanced—so clinically identifiable—that physical examination only keeps up appearances. We see cases of tapeworm, kidney disease, rheumatic fever, and juvenile diabetes.

Alex Sahagian-Edwards, M.D., Ecuador
The reception was hardly encouraging. Peru’s government had invited Project HOPE to make the sunny, northern city of Trujillo its destination for its second voyage of healing and teaching. Its mission: to work with the Peruvian medical community to modernize medical education and treat the underserved poor.

But when the SS HOPE reached Trujillo, it was greeted by a small knot of anti-American protesters.

However, the doctors and nurses aboard the hospital ship were undaunted. Over the next 10 months, they would fan out into the neighborhoods and medical schools to work with Peru’s health professionals. They helped develop new medical education and nursing curricula, introduced Peru’s first program to train special education teachers, and established health centers in impoverished neighborhoods to encourage a patient-centered approach to medical education. HOPE volunteers helped found Peru’s first school of nursing at the University of Trujillo.

At the same time, they treated people suffering from hookworm, skin infections, tuberculosis, cleft palates, and malnutrition. On daily milk runs, they distributed thousands of gallons of milk to poor families. For many of their patients, the package of vitamins or the bottle of medicine they received from Project HOPE doctors was the first medication they had ever received.

Their work did not go unnoticed by their Peruvian hosts. When the SS HOPE readied for its return voyage to the United States, after nearly a year in Peru, they were sent off by an appreciative crowd of some 45,000 people. One of those Peruvians asked a Project HOPE volunteer to carry a message home to the United States. “Tell your people to send us more ships of hope,” he said.
Restoring Vision

Mission to an Island Nation

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Sri Lanka Mission to an Island Nation

Two teenage brothers seeking help had made their way to the SS HOPE from the Sri Lankan School for the Blind. Congenital cataracts, distressingly common on the island nation, had left them without vision. Sri Lanka’s medical community, understaffed and overwhelmed by a staggering case load, had given them no hope of ever seeing.

But aboard the SS HOPE, making its seventh overseas voyage and anchored off the capital city of Colombo, the boys found the care they needed. Examined for the first time ever by doctors, their conditions were diagnosed and both were scheduled for surgery. Dr. Bob Harley, a Project HOPE volunteer from Philadelphia, removed their cataracts without complication, and examinations soon revealed that both boys had healed perfectly. With newly prescribed glasses, the brothers were able to see, care for themselves, and move around their ward on the hospital ship.

Such dramatic interventions were just a small part of Project HOPE’s mission to Sri Lanka. HOPE doctors provided training for their Sri Lankan colleagues in retinal surgery and plastic ophthalmological work, supplied specialized equipment and instruments needed for delicate eye procedures, and traveled to the leper colony at Hendala to treat the special eye disorders that were common there. They also introduced Sri Lankan counterparts to heart-valve surgery and initiated training programs in cancer scanning for women.

“I have no words to thank you for all the help, advice, and encouragement you have given me during your stay here,” one Sri Lankan doctor wrote to his American counterpart after the SS HOPE had departed. “I will never be able to forget you.”

Providing Answers for the Future

The Final Voyages

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In some of Brazil’s most impoverished regions, children under five accounted for half of all deaths, and an acute shortage of medical personnel frustrated attempts to provide the needed care. Project HOPE took on these overwhelming problems with its 10th and 11th voyages to Brazil. Project HOPE personnel responded to patient after patient in dire need; aboard the SS HOPE, they performed the first corneal transplant ever attempted in the region. Besides providing care for patients, each case functioned as a means of instruction, with Project HOPE personnel introducing their Brazilian counterparts to their methods and technologies. Project HOPE helped create new outreach facilities, a postgraduate course in medicine and surgery for faculty of the Federal University, and Brazil’s first master’s degree program in dentistry.
The SS HOPE, having lived up to its name in 11 teaching and healing voyages that spanned the globe over 14 years, was retired in 1974. A victim of old age and escalating operational costs, the great white ship was eulogized as “the most welcomed ship in the world,” even as Project HOPE was continuing its work with new land-based missions.

Creating a Health Science Education Center

Carter Hall

Millwood, Virginia 1978

It was built in the 18th century, but the historic 20-room mansion called Carter Hall would produce some of the most farsighted thinking about the future of worldwide public health. Donated to Project HOPE in 1978, the organization’s 20th anniversary year, the building was transformed into a health science education center that included administrative offices, classrooms for overseas personnel, and a health sciences library. Over the years it would attract scholars, policy makers, and health care professionals to discuss, plan, and begin implementing solutions to the world’s most pressing health care problems.

Exploring the Issues

Health Affairs Journal

Bethesda, Maryland 1981

As changes in the world of health care delivery and management have become increasingly complex, Project HOPE recognized the need for a forum debating and explaining those changes. The result was Health Affairs, the multidisciplinary journal from Project HOPE that explores the major health policy issues facing the U.S. and international health care communities. Today the journal boasts millions of online readers and thousands of influential print subscribers, and has been called “the bible of health policy.”
In its first seven voyages abroad, Project HOPE had worked in some of the poorest and most underserved communities in the world. Recognizing that some of the same conditions persisted within parts of the United States, Project HOPE brought its mission home in 1969, introducing health education programs on the vast Navajo reservation of Arizona.

The Navajo were faced with daunting health care challenges. The rate of infant deaths among Native Americans was almost twice that of white America. Tuberculosis was six times more likely to strike a Native American than a white American. And people of the Navajo nation had to cope with the same problem poor people around the world faced—an appalling dearth of medical professionals to serve the overwhelming needs of the population.

Project HOPE aimed to address these problems by helping the Navajo play a part in providing their own solutions. Project HOPE would train people from the Navajo nation as nurses, medical and lab technicians, paramedics, nurse’s aides, and public health workers of all kinds. These new health education programs would tap into the vast resource that is the local community to find people ready to improve their own lives while serving others.

Through two-year training programs, young Navajo began preparing for careers in x-ray technology, physical therapy, pharmacy, and community health. Working with Navajo leaders, Project HOPE would eventually help establish the first Native American–operated health care system in the U.S. “We’re ready to share our knowledge and help our own people,” explained one Navajo HOPE trainee.

At the same time, Project HOPE launched similar initiatives among Hispanic communities along the Rio Grande in Texas. In Laredo and El Paso, Project HOPE addressed the shortage of health professionals by initiating health education programs at community colleges.
Delivering Health Care for Children

The Polish-American Children’s Hospital
Krakow, Poland 1974

Word spread rapidly. When news got out that Project HOPE was in Krakow, teaching new techniques in pediatric open-heart surgery, hopeful families seeking help for their ailing children emerged by the thousands. At the Polish-American Children’s Hospital, they would find the care they so desperately sought.

This was one of Project HOPE’s first ventures since the retirement of the SS HOPE, which had taken doctors and nurses on 11 voyages of teaching and healing around the world. Now, as the response in Krakow demonstrated, the needs to be addressed by its land-based missions would be every bit as pressing.

Project HOPE initiated education programs for health professionals and improved the quality of care and facilities at the hospital, and was the only U.S.-government-supported medical facility in Communist-controlled central and eastern Europe. A medical exchange program brought Polish doctors to the United States for advanced training, and new programs in intensive care medicine, gastrointestinal surgery, renal dialysis, nursing, and leukemia research enhanced the quality of care for young patients.

As Project HOPE efforts in Krakow have continued, the hospital has emerged as the premier center in the region for the treatment of congenital heart disorders and Poland’s top pediatric teaching hospital. Now known as the University’s Children’s Hospital of Krakow, the hospital includes a state-of-the-art neonatal intensive care unit and a rehabilitation center, both opened in partnership with Project HOPE. The hospital serves as a training center that improves neonatal and pediatric care throughout eastern and central Europe.

Preparing Nurses to Provide Exceptional Care

| Nursing Education          | Wuhan, China | 1983 |

Nurses play a crucial role in providing complete health care. Working at the invitation of China’s Ministry of Health and university medical centers since 1983, Project HOPE has reformed nursing education in China to prepare nurses to play a key part in patient care. Project HOPE helped establish China’s first master’s degree program in nursing in 1983 and has reformed nursing education at Wuhan University, creating a School of Nursing within the university’s Faculty of Medicine. Innovative new curricula there have helped prepare a corps of highly skilled leaders and educators who in turn share their expertise and training at other institutions.

Honoring Project HOPE’s Founder


President Ronald Reagan conferred the Presidential Medal of Freedom, the nation’s highest civilian honor, on Dr. William B. Walsh, founder of Project HOPE, in a White House ceremony. The president praised Dr. Walsh’s humanitarian efforts and contributions to world health improvement: “Dr. William B. Walsh has spent a lifetime giving hope to others. Dr. Walsh is reaching people wherever there is need and, as always, is giving of himself so that others might find hope. He is a credit to his profession and his country.”
Responding to a request from President George H. W. Bush, Project HOPE took the lead in coordinating a massive humanitarian aid effort in the republics of the former Soviet Union. Facing dire conditions, including elevated rates of death from infectious disease and acute shortages of medicines, Project HOPE organized a campaign that harnessed the resources of government, industry, and charitable organizations. In all, the effort distributed more than $300 million in medical supplies—antibiotics, vaccines, cardiac and cancer drugs—to some 290 hospitals. An evaluation by the U.S. Agency for International Development described the initiative as the best organized, most strategically targeted, and most highly valued of humanitarian aid efforts.

The scope of the HIV/AIDS catastrophe in southern Africa is staggering. In some regions, one-third of adults are infected. Traditional attitudes, beliefs, and behaviors have contributed to the spread of HIV/AIDS, and infection rates in sub-Saharan Africa are higher than anywhere in the world. Project HOPE began battling HIV/AIDS in southern Africa with public education programs aimed at tribal leaders, traditional healers, and young people. Working with churches, schools, and other institutions, Project HOPE spread lifesaving knowledge about HIV/AIDS and trained religious leaders in prevention and counseling. In Malawi, Project HOPE’s educational programs reached more than a million people, and in Swaziland, rural counseling centers delivered AIDS prevention information to remote communities.
Helping Children on the Path to Recovery

**Pediatric Rehabilitation**

| Armenia   | 1988 |

**Health Systems and Facilities**

It was approaching noon, and schoolchildren in the cities and villages of Armenia were getting ready for lunch, when the earthquake struck. Its impact was sudden and devastating. The 1988 earthquake killed more than 25,000 people, injured some 15,000, leveled entire cities and left half a million homeless. Project HOPE responded to the disaster immediately, providing emergency relief and arranging an airlift to bring dozens of the most seriously injured children to the United States for treatment.

But that was only the beginning. Recognizing that opportunities for pediatric rehabilitation in Armenia were severely limited, Project HOPE sought to improve long-term care for Armenian children with a five-year program that combined training for Armenian health professionals with active treatment programs. Project HOPE first established pediatric rehabilitation units to help injured children along the path to recovery. There, teams of surgeons, nurses, and physiotherapists from the United States, working with their Armenian counterparts, cared for thousands of injured children in the immediate aftermath of the earthquake. They also trained their Armenian counterparts in the latest advances in rehabilitative therapy, orthopedic surgery, and critical care. Still other Armenian health professionals traveled to the U.S. for intensive training; when they returned to their native country, they took the lead in training their Armenian colleagues. Residency and professional training programs launched by Project HOPE spread the lessons of advanced care throughout Armenia’s medical community.

Launched in the desperate moments following the disaster, the program succeeded not only in meeting urgent needs, but also in laying the foundation for dramatically enhanced care for Armenia’s injured and handicapped children.
For millions of children in southern Poland, the Clement J. Zablocki Ambulatory Care Center provides crucial services never before available in the region: a day surgery facility and cancer treatment facilities, a blood bank, and a family hostel that allows parents to remain closely involved with their children’s care. Pope John Paul II consecrated the center and blessed the children receiving treatment there during his visit in 1992. The Pope praised the center, which is the result of years of Project HOPE’s commitment in Poland, as “brought to birth by love and human solidarity.”

“This is my idea of foreign aid. While treating the sick we also are training the nation’s doctors to do the job after we leave. What we are undertaking is an educational program that will benefit the people long after we’re gone.”

Mark A.R. Kuhn, M.D., Guinea

In the wake of Communism’s fall in Europe, Project HOPE led the effort to provide advanced training for national health leaders in central and eastern Europe. In Hungary, Poland, and the Czech and Slovak Republics, Project HOPE initiated health care management training programs that introduced hospital administrators, policy makers, and executives to issues in policy analysis, marketing, human resource management, and financial analysis. The programs provided leaders with the skills and knowledge needed to transform health care in their countries.
On a calm June night in 1989, two trains rushed through a narrow gap in the Ural Mountains. Sparks from the metal wheels of the trains ignited a nearby leaking fuel line, setting off a catastrophic explosion. More than 300 passengers were killed. Hundreds more were badly burned—and many were children who had been making their way to summer camp.

There was little cause for hope for the survivors. Burn units in the region were ill prepared to meet the emergency, hampered by shortages of basic medical equipment and limited access to technology. Too many victims of the disaster would have to contend with disabling scars because of a lack of modern follow-up therapy.

In the wake of the disaster, Project HOPE rushed in to solve these problems. Teams of burn specialists traveled to Children’s Hospital #9 in Moscow, where many of the most serious cases had been sent. They brought with them seven tons of supplies, drugs, and equipment. Within two weeks of their arrival, they had performed dozens of lifesaving surgeries.

Project HOPE’s efforts did not end there. Establishing a fully modernized burn center at the hospital, the specialists began training Russian doctors in new burn treatment techniques that involved the prompt surgical removal of burn-damaged tissue and immediate repair with skin grafts. The technique promised to dramatically reduce mortality due to infection.

In its first year, the program yielded impressive results. It reduced patient mortality by 71 percent, infection rate by 90 percent and hospital stays by 32 percent. And Project HOPE’s educational efforts aimed to ensure long-term progress in patient care. In the years following the disaster, Project HOPE introduced a specialized burn nurse certification program and offered training in rehabilitation therapy.
Battling Tuberculosis

When 15-year-old Dilya, one of some two billion people around the world infected with tuberculosis, arrived at the children’s hospital in Tashkent for treatment, she feared she would never be cured. Indeed, health statistics seemed to bear out the girl’s despair. Though the disease is curable, treatment in too many places around the world is inadequate, and 5,000 people die of TB each day.

Since 1993, Project HOPE has been working to change that, supporting the largest and most comprehensive regional tuberculosis program in Central Asia. Project HOPE specialists train Central Asian health professionals in the most up-to-date treatments and diagnoses. They educate communities about ways to prevent, recognize, and seek treatment for the disease. And they work to ensure that patients like Dilya stay with their treatment regimens, providing hope that they will one day be cured.

Project HOPE–trained health professionals in Central Asia have diagnosed and treated tens of thousands of people with TB—cases that in many instances would have proved fatal without intervention.

After treatment from Project HOPE doctors, Dilya won her battle with TB. Inspired by her experience, she went on to enroll in medical school. Her goal: to become a children’s tuberculosis specialist.

Project HOPE launched Nursing Clinical Centers of Excellence in Hungary, Poland, and the Czech Republic, designed to serve as models of quality patient care and nursing practice. Funded by Johnson & Johnson, the centers offer training both for practicing nurses and nursing students. They also serve as training centers for nursing educators from the region, who help spread and sustain the lessons learned there.
The first of Project HOPE’s innovative Village Health Banks began combining community health improvement with modest loans for women to help them start or expand small businesses. By providing the means to make their businesses thrive and generate income, the program empowers women to put into practice healthy living habits taught in health education classes. Since 1993, HOPE has delivered health education and more than 157,000 loans worth some $25 million. More than 50,000 women have participated, taking part in 40,000 health education classes.

When war broke out in Bosnia, Project HOPE was quick to respond, rushing humanitarian aid and equipment to a health care system overwhelmed by the conflict. Project HOPE has continued to work in Bosnia, helping to implement long-term, sustainable health care reform. Since 1997, Project HOPE’s United Kingdom office has teamed with GlaxoSmithKline to fund a pediatric physical rehabilitation program that delivers classroom and clinical training for Bosnian professionals. Dozens of physical therapists and doctors have trained at clinical sites around the country. Other Project HOPE programs in Bosnia focus on family medicine, nursing leadership, and continued humanitarian assistance.

Our mission was no ‘pill and Band-Aid handout.’ We didn’t just patch up and go. Every nurse, doctor, and health specialist on the ship lined up with his Brazilian counterpart and is leaving behind a legacy of medical knowledge and training.

Harry D. Roberts, M.D., Brazil
Bringing Health Care to Migrant Families

Child Survival in Central America

| Guatemala | 1997 |

Health Professional Education

In the coffee-growing regions of Guatemala’s remote Boca Costa, families of migrant agricultural workers on large plantations share overcrowded, shack-like barracks that often lack plumbing and adequate ventilation. Their deplorable living conditions make them vulnerable to diseases common in such subtropical climates. The region has one of the highest infant and maternal mortality rates in Central America.

Since 1997, Project HOPE has been working to improve the health of small children and women of reproductive age in the region through its Child Survival program. The mission: to prevent disease and provide prenatal care and immunization for some 160,000 children and 171,000 women. Project HOPE workers began training health professionals on the large plantations to prevent and treat respiratory infections, pneumonia, anemia, and diarrheal disorders, among other maladies. They worked with Guatemalan public health officials to improve the quality of care available to pregnant women. They enhanced nutrition for small children by integrating nutrition counseling into medical consultations.

Beginning in 1999 with the expansion of its innovative Village Health Bank program, they also empowered poor Guatemalans to help provide for their own health care and nutrition needs. Village Health Banks provide small loans while educating families about health care, hygiene, nutrition, and financial management. More than 3,000 women have benefited from the loans, experiencing an average 20 percent increase in family income.

By helping Guatemalans help themselves, Project HOPE provides solutions that can be sustained for years to come.

Treating War’s Human Toll

<table>
<thead>
<tr>
<th>Medical Relief</th>
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<tbody>
<tr>
<td>Kosovo and Macedonia</td>
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</table>

War in the former Yugoslavia ravaged the region’s health care system in the 1990s, so Project HOPE stepped in to provide medical aid to victims of the conflict. One of the most urgent needs was for medicines and supplies for Kosovar refugee families in temporary camps and in host communities in neighboring republics. The Project HOPE medical relief campaign not only delivered critical supplies—including drugs for diabetes, asthma, and other conditions—but also helped rebuild the health care infrastructure.
After a series of devastating earthquakes hit Turkey in 1999, Project HOPE drew on its extensive experience in responding to disasters and developed a plan to meet immediate and long-term health needs in the area. Project HOPE established a rehabilitation center in Izmit, near the epicenter of the first earthquake, where the human toll was particularly heavy. The center not only provided essential medical treatment for the injured, but also served as a training site for Turkish health care professionals. With facilities for physical and occupational therapy, and space for the treatment of post-traumatic stress syndrome, the center proved to be a crucial resource for a community recovering from disaster.

The health care challenges facing the Caribbean island nation of the Dominican Republic are daunting. In Herrera, one of the poorest barrios in the Dominican capital of Santo Domingo, open sewers run through an overcrowded community, and children die from the dehydration that accompanies diarrheal diseases. It was here in 1996 that Project HOPE, working with the Dominican Association of the Order of Malta, opened the first of its community clinics, offering a broad range of badly needed services, from immunizations to dental care and from HIV testing to pre- and post-natal care. The clinic and its outreach programs have reduced the number of children requiring treatment for life-threatening dehydration by 50 percent. In 2003, Project HOPE opened a second clinic in Monte Plata. In their first 10 years, the clinics have provided more than one million health services to nearly 50,000 people.

"Project HOPE has shown that, by improving health services and education, we can also promote social and economic development and foster greater understanding among nations."

President Bill Clinton
The first patient to seek treatment at the newly opened Shanghai Children’s Medical Center carried with her a story every bit as remarkable as the facility itself.

Her name was Su-hui Peng, she was eight years old, and she was suffering from chest pains. Desperate to help the girl, her parents had traveled by train with Su-hui more than 600 miles from their home in Yangzhau, after reading a newspaper article about the hospital’s opening. They had heard that the hospital, a unique collaboration where medical professionals from Project HOPE would work side-by-side with their Chinese counterparts to train them in state-of-the-art pediatric care, would offer the best care available for China’s 300 million children. Su-hui and her parents arrived at the hospital even before it had officially opened, but Project HOPE–trained doctors at the hospital launched into action. They quickly performed an echocardiogram, diagnosed congenital heart disease, and within days, operated successfully on the girl.

Su-hui’s treatment illustrates both the immense need for the new medical center and the awesome promise that it offers for families like Su-hui’s. Today, about a quarter million children find the medical care they need each year at the teaching hospital, which was built through Project HOPE’s efforts in China dating to 1983. HOPE’s initiatives have addressed maternal health, preventive dentistry, pediatric heart surgery, and many other areas. William Walsh Jr., then president and CEO of Project HOPE, accompanied First Lady Hillary Clinton to the opening ceremonies for the hospital in 1998. Mrs. Clinton called the hospital partnership “an extraordinary public-private collaboration between our two countries.”
Diagnosing a Life-Threatening Disease

Nesma Initiative

For more than a decade, there were no answers for Nesma, an Egyptian girl suffering from Gaucher’s disease. In desperation, her mother had taken Nesma from doctor to doctor seeking someone who could treat her daughter. Gaucher’s disease is as difficult to diagnose as it is deadly. An inherited enzyme deficiency, it often strikes in early childhood and can cause skeletal disorders, anemia, and neurological complications.

There is no cure for Gaucher’s disease, but a partnership between Genzyme Corporation and Project HOPE is providing answers and treatment for young people like Nesma. Based in Egypt and China, the Gaucher Initiative is providing therapy free of charge to patients in critical need. It also aims to educate physicians and health care workers about the disease and ensure that patients are correctly diagnosed and treated. The initiative has trained several hundred physicians, treated some 230 patients, and shipped about $138 million worth of Cerezyme, the primary drug used to treat Gaucher’s disease, to patient sites.

The Gaucher Initiative has produced impressive results—none more dramatic than Nesma’s recovery. Undergoing treatment, she is now healthy enough to lead a full and normal life, including planning for her upcoming wedding.
Hubei Province, a predominantly rural region of China, experienced particularly high rates of HIV infection, largely because of flawed plasma donations. Yet for too long, training to deal with HIV/AIDS was limited to health care providers in large cities. Project HOPE, with the support of Abbott and Pfizer, reached out to health care providers in Hubei Province with an HIV/AIDS professional education program that works on Project HOPE’s proven train-the-trainers model. Beginning with a corps of master trainers—physicians with prior experience in HIV/AIDS care—Project HOPE offered intensive training in treating HIV/AIDS and provided instructional techniques to allow master trainers to, in turn, train their colleagues. The initiative has provided training for 9,940 health care workers and has educated another 14,849 people about HIV/AIDS care and prevention.

Victoria, a Namibian wife, mother and shopkeeper, had tested HIV-positive and so had her husband. She was determined to keep her small business running and to generate the income her family needed to thrive.

She found help from a Project HOPE Village Health Bank. The banks provide small loans for women, while offering health education and support. Victoria used a small loan to buy stock for her shop, and after repaying the loan, was able to secure a second, which helped her expand her business. Her income allowed her to provide nutritionally sound meals and needed medicine for her family. Inspired by the program’s health classes, she even took in a six-year-old nephew who was suffering from malnutrition, and nursed him back to health.

Since they were launched in 1993, Project HOPE Village Health Banks have distributed 157,000 loans worth $25 million to more than 12,000 women in six countries.

For women like Victoria, the program means both improving community health and building more hopeful futures for their families.
It was the greatest natural disaster in U.S. history. After Hurricane Katrina raged through New Orleans and the Gulf Coast in 2005, not only were thousands left stranded, homeless, destitute, and in need of care, but many of the hospitals and clinics where they would have sought help had been destroyed or left inoperative. Treating the injuries and illnesses caused by the storm required a massive public and private response, and Project HOPE played a key role.

Immediately after Katrina struck, Project HOPE arranged for donated medicines, first-aid kits, and other critical items requested by officials in the Gulf Coast to be sent to those communities and institutions where they were most urgently needed. HOPE then enlisted some 75 volunteer physicians, nurses, social workers, and counselors from some of the nation’s leading hospitals and universities to provide medical care aboard the U.S. Navy hospital ship Comfort. Recognizing the critical need for nurses in the region, Project HOPE recruited 25 volunteer nurses from across the country to cover nursing shortages at the Coastal Family Health Center in Mississippi, where some 30 percent of the nursing staff had been lost to evacuations.

Finally, Project HOPE helped rebuild and equip health facilities in the region, working with Merck & Co., Inc. to establish a new primary care center in Mississippi that was treating patients just months after the hurricane struck. Project HOPE also helped create and equip a mobile dental clinic to serve low-income populations affected by the disaster.

Project HOPE recognized five global health care companies that have contributed more than $100 million each to the organization’s programs to deliver health education and humanitarian assistance. At a ceremony in Washington, Project HOPE President and CEO John P. Howe, III, M.D., honored the five—Genzyme Corporation, GlaxoSmithKline, Johnson & Johnson, Merck & Co., Inc., and Wyeth—for their support, saying “Millions of lives around the world have been improved or saved as a result of Project HOPE’s programs, and this tremendous accomplishment could not be possible without our partners.”
When the December 26, 2004, tsunami struck Indonesia and Southeast Asia, Project HOPE organized a corps of medical volunteers to provide humanitarian aid to the region aboard the U.S. Navy hospital ship Mercy. It was a mission for which HOPE was uniquely suited; the organization’s beginnings date back to its launching of the world’s first peacetime hospital ship, the SS HOPE. Volunteers from 37 states worked aboard the Mercy to provide care for thousands of tsunami survivors. Project HOPE also delivered more than $9 million in humanitarian aid to hospitals and clinics in the region.

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Since 1998, Project HOPE has been combatting diabetes in China by improving patient education and providing comprehensive diabetes training for health care providers. In 2007, Project HOPE extended its commitment to the fight against diabetes, which affects an estimated 30 million people in China. Too many of those living with diabetes remain unaware of measures—including proper diet, exercise, and insulin therapy—that can help control complications associated with the disease. With its corporate partners—Becton, Dickinson and Company, Eli Lilly and Company, and Roche Diagnostics—Project HOPE launched a new public awareness campaign and continued its collaboration with the Chinese government to provide better community care. Already, Project HOPE’s initiative has trained nearly 37,000 physicians and educated about 170,000 nurses, health care workers, and patients.
Some of Project HOPE’s work around the world—the lifesaving interventions, the innovative approaches to health education—is the stuff of high drama. But every bit as critical are the seemingly simple tasks that can mean the difference between life and death. Take the crucial process of providing orphaned and vulnerable children with a birth certificate. Without this simple piece of paper, children can be denied access to health care and education. In Mozambique and other places ravaged by epidemic diseases like HIV/AIDS, thousands of orphaned children who do not have records of their birth end up in the custody of caregivers. Worse still, many of these caregivers, overburdened by the hard work of providing for their charges, remain unaware of the importance of birth certification and don’t know how to get the documentation that can save young lives.

Project HOPE’s programs for orphans and vulnerable children aim to help the families who care for orphaned children. Project HOPE professionals educate caregivers about the need for documentation and team up with local health officials to make documents affordable and easy to get. In 2006 alone, Project HOPE provided birth certificates for 791 orphans and vulnerable children.

Documentation alone cannot solve the problems of poverty and disease, but it can ensure access to the health services and the schooling that are so urgently needed. It’s a small step that can make a huge difference.
Submit Your Favorite Story of HOPE

We’ve presented a few of the most inspiring stories of Project HOPE, but many more remain to be told. As we celebrate our 50th year of providing health education and humanitarian aid around the world, we’re asking the people of Project HOPE—volunteers, donors, employees, and the many whose lives have been touched by HOPE—to share their memories. Visit us at www.projecthope.org, to enter your own story on our 50th anniversary scrapbook page.
From expanding health care opportunities to providing health education and humanitarian assistance to people in need, 2007 was another year of achievement for Project HOPE. Here are just a few of the highlights:

### Infectious Disease
- Project HOPE supports the single largest and most comprehensive regional tuberculosis program in the Central Asian Republics.
- Project HOPE’s TB efforts were recognized by the Global Fund to Fight AIDS, Tuberculosis and Malaria with a $1 million grant to support TB programs in Tajikistan.
- In Mexico, Project HOPE worked through its Center for HIV/AIDS Prevention Education to form stigma-free health care referral networks in three major cities, with a donation of 2,000 rapid HIV tests that use saliva to deliver results in 20 minutes.

### Women and Children’s Health
- In Wuhan, China, Project HOPE trained 19 clinical physicians from 16 counties of the Hubei Province. These fellows trained an additional 1,181 health care workers and educated 175 community members impacting the lives of over 3,000 people living with HIV, and contributed to a drop in mortality rates from 49 percent to 8.8 percent over a four-year period.
- In Mozambique, Project HOPE strengthened health care providers’ skills and mothers’ abilities to prevent illness by training nearly 500 doctors and nurses and distributing hundreds of mosquito nets.
- In Indonesia, a child-to-child program initiated in elementary schools trained older siblings on healthy child-rearing practices (such as the importance of good nutrition and immunizations). The students then influenced their parents’ practices at home. The Ministry of Education expanded the successful program to all of the elementary schools in the district.

In Nicaragua, Project HOPE’s five-year child survival project increased the number of children vaccinated against infectious diseases from 69 percent to 87 percent, and postpartum consultations increased from 32 percent to 52 percent.

Thailand’s Cervical Cancer Prevention program resulted in an increase of Pap smear screening among rural women from 3 percent to 50 percent.

In Kyrgyzstan, Project HOPE trained reproductive health specialists introduced a new contraceptive method, and community health committee members communicated the importance of child birth spacing.

In Mozambique and Namibia, Orphans and Vulnerable Children programs have served 21,937 children and trained 2,167 caretakers. A total of 6,473 caregivers are currently receiving training.

The Ministry of Education expanded the successful program to all of the elementary schools in the district.
Health Professional Education
Project HOPE’s China Diabetes Education program—which established diabetes training centers, introduced a state-of-the-art training model to local medical and health care providers and developed diabetes education and training materials—has impacted 800 local hospitals and community care centers and successfully trained nearly 37,000 physicians and about 170,000 nurses, health care workers, and patients.

In Egypt, Project HOPE helped upgrade the emergency medical services (EMS) staff, training physicians, emergency medical technicians (EMTs), and ambulance service directors and their deputies from all of Egypt’s 27 governorates. Project HOPE provided training for 125 ambulance drivers, who in turn will train more than 1,000 ambulance drivers nationally, and created the paramedic position and trained 100 new paramedics.

In Hungary, a new three-year Leaders-to-Leaders program is developing a core of well-trained leaders in the country to provide continuity of informed and responsible leadership during ongoing health reforms. Health professional leaders from Slovakia, the Czech Republic, Macedonia, Poland, and Romania are also participating in the program.

Humanitarian Assistance
Project HOPE again partnered with the U.S. Navy in 2006 to continue medical relief efforts in parts of Indonesia and Bangladesh, still recovering from the devastating 2004 tsunami. Health services provided on the USNS Mercy and on shore included more than 10,500 immunizations, nearly 15,000 optometry exams, 6,000 teeth extractions, and 41,000 prescriptions filled. Volunteers also conducted more than 6,000 training courses for their host nation counterparts on topics ranging from training in CPR to emergency obstetrics procedures.

In 2007, Project HOPE and the U.S. Navy continued their partnership embarking on a 12-country humanitarian assistance mission to Central and South America on board the USNS Comfort and a five-country, four-month mission aboard the USS Peleliu to Southeast Asia and Oceania. Volunteers will treat more than 110,000 patients, the majority of them children.

Project HOPE initiated a new International Food Relief Partnership program in Nicaragua to improve the nutritional status of children under age five.
“Health Affairs has spanned content of interest to academe, government, and the private sector,” says Iglehart. “Project HOPE provided the editorial independence that enabled Health Affairs to become a credible source of information to the political left, right, and center.”

Health Systems and Facilities
A new Cardiac Tower at the Shanghai Children’s Medical Center opened this year and will bring more pediatric heart surgery capabilities and increased capacity to care for children with heart problems.

The Basrah Children’s Hospital in Iraq is 70 percent complete and scheduled to open in 2008. To date, Project HOPE has secured equipment and supplies valued at more than $10 million and coordinated training for nearly 200 nurses and more than 40 physicians.

A mobile dental clinic, in partnership with Coastal Family Health Center, helped restore dental care accessibility to low-income residents along the Gulf Coast, still impacted by Hurricane Katrina.

Health Affairs Journal
The journal published its first thematic volume devoted to a specific disease state with a January/February 2007 issue devoted to cardiovascular disease.

Celebrating its 25th anniversary, the journal is expanding its in-depth examination of health policy globally. The July/August 2007 issue marked Health Affairs’ first thematic issue on global health, published under a five-year grant from the Bill and Melinda Gates Foundation.

With the retirement of founding editor John Iglehart, University of California at Berkeley scholar James Robinson, Ph.D., became the journal’s new editor-in-chief.

Health Affairs Founding Editor Retires
After a distinguished 25-year tenure, Health Affairs founding editor John K. Iglehart stepped down from the helm of the journal on September 4, 2007.

Under Iglehart’s leadership, since its first issue in winter 1981, Health Affairs, published by Project HOPE, has grown into the nation’s leading journal of health policy and its website receives more than 16 million online page views per year.

The Washington Post referred to Health Affairs as “the bible of health policy” and described it as “the indispensable journal” for following health care reform.

Iglehart has continually taken Health Affairs into new areas. “I greatly appreciate the opportunity that Project HOPE has afforded me over the last 25 years to create a new health policy journal that crossed many different disciplinary boundaries.”

A Robert Wood Johnson Foundation–sponsored survey found that Health Affairs is read by more than 60 percent of the staff of congressional committees with jurisdiction over health care—more than quadruple the readership rate for any other health publication.

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A mobile dental clinic, in partnership with Coastal Family Health Center, helped restore dental care accessibility to low-income residents along the Gulf Coast, still impacted by Hurricane Katrina.
Financial Summary

### Revenue and Support (in thousands)

<table>
<thead>
<tr>
<th>Source</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual giving</td>
<td>14,991</td>
<td>14,505</td>
</tr>
<tr>
<td>Foundations and corporations</td>
<td>12,334</td>
<td>11,788</td>
</tr>
<tr>
<td>Corporate gifts-in-kind</td>
<td>139,757</td>
<td>106,554</td>
</tr>
<tr>
<td>Governments</td>
<td>11,245</td>
<td>13,344</td>
</tr>
<tr>
<td>Subscription revenue</td>
<td>1,699</td>
<td>1,674</td>
</tr>
<tr>
<td>Other revenue</td>
<td>2,576</td>
<td>2,838</td>
</tr>
<tr>
<td><strong>Total revenue and support</strong></td>
<td>182,602</td>
<td>150,703</td>
</tr>
</tbody>
</table>

### Expenses and Changes in Net Assets

#### Program services

<table>
<thead>
<tr>
<th>Service</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education and assistance programs</td>
<td>156,193</td>
<td>135,374</td>
</tr>
<tr>
<td>Health policy programs</td>
<td>5,354</td>
<td>4,733</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>161,547</td>
<td>140,107</td>
</tr>
</tbody>
</table>

#### Support services

<table>
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<tr>
<th>Service</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
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<tbody>
<tr>
<td>Fund-raising</td>
<td>7,949</td>
<td>6,935</td>
</tr>
<tr>
<td>Management and general</td>
<td>4,963</td>
<td>4,859</td>
</tr>
<tr>
<td><strong>Total supporting services</strong></td>
<td>12,912</td>
<td>11,794</td>
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### Total expenses

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<thead>
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<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
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<tbody>
<tr>
<td>174,459</td>
<td></td>
<td>151,901</td>
</tr>
</tbody>
</table>

### Changes in net assets from operations

<table>
<thead>
<tr>
<th>Changes in net assets from operations</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,143</td>
<td></td>
<td>(1,198)</td>
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</tbody>
</table>

### Non-operating changes in net assets

<table>
<thead>
<tr>
<th>Net gain on investments</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,624</td>
<td></td>
<td>860</td>
</tr>
<tr>
<td>Pension liability adjustment</td>
<td><em>(2,217)</em></td>
<td>—</td>
</tr>
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### Change in net assets

<table>
<thead>
<tr>
<th>Change in net assets</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,550</td>
<td></td>
<td>(338)</td>
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### Net assets, beginning of fiscal year

<table>
<thead>
<tr>
<th>Net assets, beginning of fiscal year</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
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</thead>
<tbody>
<tr>
<td>44,041</td>
<td></td>
<td>44,379</td>
</tr>
</tbody>
</table>

### Net assets, end of fiscal year

<table>
<thead>
<tr>
<th>Net assets, end of fiscal year</th>
<th>2007 (in thousands)</th>
<th>2006 (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51,591</td>
<td></td>
<td>44,041</td>
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</tbody>
</table>

Project HOPE's complete audited financial statements with an unqualified opinion by KPMG LLP are available upon request.

*The pension liability adjustment is due to new accounting regulations.
Project HOPE marked record-high donations at the close of the 2007 fiscal year. We attribute this growth to a 31 percent increase in corporate gifts-in-kind and continued support from individual, corporate, and foundation gifts. These gifts totaled more than $182 million in cash contributions, donated medicines and medical supplies, and volunteer support.

Our significant increase in gifts-in-kind and a 21 percent growth in total revenue allowed us to expand program services to women, children, and families around the globe. At the same time, we maintained our historic practice of dedicating more than 90 percent of every dollar directly to our health education, humanitarian assistance, and health policy efforts. We are proud of these accomplishments.

We understand that financial stewardship is important to our donors. Project HOPE’s management prepared and is responsible for the integrity of the financial statements as well as all other financial information presented in this report.

In meeting this responsibility, Project HOPE’s management maintains a comprehensive internal control framework. This framework is designed to protect the foundation’s assets and to compile reliable information for the preparation of Project HOPE’s financial statements in accordance with generally accepted accounting principles. Management asserts, to the best of its knowledge and belief, that the financial report is complete and reliable in all material respects.

The financial statements have been audited by KPMG LLP, independent public accountants. Highlights of the audited financial statements are presented on the adjacent page. To receive a copy of the full report, please contact Project HOPE’s Donor Relations at 800 544-HOPE (4673).

The Audit Committee assists the Project HOPE Board of Directors to fulfill its fiduciary responsibilities. The Committee is composed of seven independent members who meet three times a year as part of regularly scheduled board meetings.

The Committee has the responsibility to initiate an external audit of Project HOPE’s financial records. In addition, the Committee has met and held discussions with Project HOPE’s management, internal auditor, and independent auditors to review matters pertaining to financial reporting and internal control processes, as well as the nature, extent, and results of their work.

The Committee also has met independently with both the external auditing firm, KPMG LLP, and Project HOPE’s internal auditor, without the presence of management, to discuss the audit of Project HOPE’s financial statements.

At the conclusion of the audit, the Committee assessed the findings and reported the results to the Board of Directors.

Stephen Rusckowski
Chairman

Deborah R. Iwig
Vice President and
Chief Financial Officer
Supporting Project HOPE

Our donors know they are making a sound investment in improved human health and dignity because Project HOPE is recognized as one of the world’s best-managed and most efficient nonprofit organizations. Private sector support is fundamental in enabling us to maintain the high quality of services and expertise required to improve the quality of people’s lives around the world. Donations may be designated for use in specific programs or geographic areas.

Gifts by Bequest
A bequest enables a donor to make a significant contribution to Project HOPE while reducing estate taxes. To include a bequest to Project HOPE in your will, we suggest this simple statement:

I give, devise, and bequeath to Project HOPE — People-to-People Health Foundation, Inc. (commonly known as Project HOPE), at Millwood, Virginia 22646, the sum of ______ dollars (or ______% of my residual estate, otherwise describe the gift) for the general purposes and uses of the Foundation at the discretion of the Board of Directors.

Matching Gifts
Many companies match donations made by employees and their spouses, and retirees. Please check with your human resources office.

Planned Gifts
Other creative planned giving opportunities can be in the form of a charitable gift annuity, charitable remainder trust or lead trust, or by the transfer of appreciated securities or real estate, personal residence or farm, or life insurance policies. Project HOPE’s Planned Giving Office can provide additional information or assistance with any of these gift opportunities.

Foundation and Corporate Support
Corporations provide support through a number of vehicles. In addition to contributions of cash for general operating purposes and for specific programs, companies donate pharmaceuticals, medical supplies, equipment, information systems, and building materials, which support HOPE’s international programs and humanitarian relief efforts.

Project HOPE also receives cash support from private and family foundations that share its mission of helping people help themselves. For more information about how you can support Project HOPE’s work around the world, visit us at www.projecthope.org or call 800 544-HOPE (4673) or, if you prefer, write in care of:

Attention: Anthony T. Burchard
Vice President, Development and Communications
Project HOPE
255 Carter Hall Lane
Millwood, Virginia 22646-0250
Foundations and Corporate Support
3M Company
3M Foundation
Abbott
Advamed
Alcon Laboratories, Inc.
AMB Foundation
American Association of Health Plans
American Medical Association
Ariel Corporation
Avon Products Foundation, Inc.
Baker Hughes Incorporated
Baxter International Foundation
BB&T Charitable Foundation
BD
Blue Cross and Blue Shield Association
BP Corporation North America Inc.
Bristol-Myers Squibb Company
Bristol-Myers Squibb Foundation
C. R. Bard Foundation, Inc.
California Healthcare Foundation
Communication Automation Corp.
Covidien
Drager Medical & Safety Equipment
Eli Lilly & Company
Elizabeth Taylor AIDS Foundation
Ethicon, Inc.
Exxon Mobil Foundation
FedEx
Fulbright & Jaworski LLP
Genentech, Inc.
General Electric Foundation
Genzyme Corporation
GlaxoSmithKline
Hewlett Packard
Hospira
J. T. Tai & Company Foundation, Inc.
John A. Hartford Foundation Inc
John Wiley & Sons, Inc.
Johnson & Johnson
King Pharmaceuticals
Kuwait-America Foundation
McNeil Consumer Products
Merck & Company, Inc.
Northstar Travel Media, L.L.C.
OM Neurologics
Partners Health Care Systems
Pentair Foundation
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Praxair Foundation, Inc.
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sanofi-aventis
Schering-Plough Corporation

Contributor
Burroughs Wellcome Fund

* The majority of the sponsorship donations were received in fiscal year 2008.
Legacy of HOPE

Inez Abrahamson
Michael J. Ackerman
Peggy Ahlgren
Margaret Anderson
Frank Babbott
John T. Bailey
Mary Balfour
Laird H. Barber
Harry W. Bassett
Mary R. Beatty
Elizabeth Berry
Stanley Bohrer
Marianne Brannon
Virginia Breed
Mrs. Mary Jo Aden Burton
Flora M. Butler
Perky Campbell
Robert J. Carlson
Wally Chipman
Wilbur M. Clark
Valerie Cook
H. James Cornelius
William D. Crooks III
Joe and Pamela Cunningham
Carol Davis
Tom L. and Annette W. Deleot
Pat J. Delmore
Ms. Doris E. Denney
Carolyn M. Derr
Jeanne B. Dillon
Harold and Friederika Dorough
Frank and Madeleine Drew
Mr. and Mrs. Jesse C. Dutra
Mr. and Mrs. James C. Eaton
Mr. Alfred D. Egendorf

Maj. Christine D. Ehlers, USA Ret
Dale and Lillian Eickman
Mary R. Ewing
Eleanor A. Finnin
Mary E. Flowers
Henry P. Forman
Mary Forman
Florence M. Frazier
Dorothy G. Frieh
Henriette Gill
Benedicta Ginkiewicz
Judith D. Ginn
William Goggin
A. Marianna Graham
Gary Green
James Grindlinger
Martha Hacala
Eugenie Hamner
Dr. and Mrs. James Harris
Robert Hewitt
Gwynne Horwits
John F. Hayward
Walter Jacobs
Dr. Joanne Jene
Maurice Johnston
Armen Kandarian
Michael J. Kara
Mary Kasbohm
Hildegard Katz
Frances Vactor Kehr
Reti Kornfeld
Daniel Kubacki
Wallace Kuoni
Royce Ladd
Gretchen Lally
Mr. and Mrs. Daniel M. Lam
Renee Levin
Caroline Lowsma
Jane W. Lusk
Charmain Maitland
Stuart and Dorel Manley
Carmel McKay
David McKehnie
William McMillon
William O. Mehlich
Grace Miller
Hannah Moyer
Barbara Neff
Theodore Nicou
Mary Louise Oates
Mary Louise O’Day
Monsignor Patrick O’Neill
Ms. Elizabeth D. Orr
Margaret Palecek
Betty Patterson
Cynthia Payne
Vieno P. Pope
Margaret A. Poythress
Richard W. and Karen J. Roberts
Helen F. Roeske
Helen P. Rogers
Eli Rose
Doris A. Rubsam
John Staskavitch
Ada Schoch
Anna E. Schneider
Beverly Schneider
Helen Schneider
Carol Sorensen
R. F. Stearn
Hideko Tamanaha
Jon Tanja
Edward Tarte
Marjorie Thatcher
Fran Thomas
Effie Geraldine Tinkham
Florence Twyman
Edith Vaughn
Emily Vincent
Ruth Creighton Webster
Eloise Wellington
Constance White
Mrs. Roger Crawford White, Jr.
H. Frederick Whitney
Nina Yarnell
Mrs. Eugene M. Zuckert
## Board of Directors

**Project HOPE**  
*Board of Directors*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles A. Sanders, M.D.</td>
<td>Chairman</td>
</tr>
<tr>
<td>John P. Howe, III, M.D.</td>
<td>President and CEO</td>
</tr>
<tr>
<td>John W. Galiardo, Ph.D.</td>
<td>President</td>
</tr>
<tr>
<td>Jack M. Gill, Ph.D.</td>
<td>President</td>
</tr>
<tr>
<td>Robert A. Ingram, Ph.D.</td>
<td>Vice Chairman</td>
</tr>
<tr>
<td>Joseph M. Mahady, Ph.D.</td>
<td>Senior Vice President</td>
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<tr>
<td>Gerhard N. Mayr</td>
<td>Senior Vice President</td>
</tr>
<tr>
<td>Viren Mehta, Pharm.D.</td>
<td>Senior Vice President</td>
</tr>
<tr>
<td>William Montgomery</td>
<td>Senior Vice President</td>
</tr>
<tr>
<td>Robert J. Robison</td>
<td>Senior Vice President</td>
</tr>
<tr>
<td>Dayton Ogden</td>
<td>Senior Vice President</td>
</tr>
<tr>
<td>Arno Bohn</td>
<td>President and CEO</td>
</tr>
<tr>
<td>John P. Howe, III, M.D.</td>
<td>President and CEO</td>
</tr>
<tr>
<td>William F. Brandt, Jr.</td>
<td>Director and Co-Founder</td>
</tr>
<tr>
<td>Mrs. Edward N. Cole</td>
<td>Advisor</td>
</tr>
<tr>
<td>Nancy T. Chang</td>
<td>Advisor</td>
</tr>
<tr>
<td>Richard T. Clark, Ph.D.</td>
<td>Advisor</td>
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<tr>
<td>Sue Desmond-Hellmann, M.D., Ph.D.</td>
<td>Advisor</td>
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**Advisory Board**

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<tr>
<td>Hans-Dietrich Genscher</td>
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<tr>
<td>Norbert Quinkert</td>
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<tr>
<td>Dr. Irmgard Schwaetzer</td>
<td></td>
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<tr>
<td>Selina Gaw Cha, Ellen Chan</td>
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<tr>
<td>Patrick Conley</td>
<td></td>
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<tr>
<td>Stuart Fong</td>
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<tr>
<td>Walter S. Fong</td>
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<tr>
<td>Wing K. King, M.D., Ph.D.</td>
<td></td>
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<tr>
<td>Joseph W. Kwok, Irene Yee Riley, Hon. Lillian K. Sing, Hon. Mae C. Woo, Jessa Wu</td>
<td></td>
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**Executive Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>John P. Howe, III, M.D.</td>
<td>President and CEO</td>
</tr>
<tr>
<td>C. William Fox, Jr., M.D.</td>
<td>Executive Vice President and Chief Operating Officer</td>
</tr>
<tr>
<td>Anthony T. Burchard</td>
<td>Vice President and Development</td>
</tr>
<tr>
<td>Deborah Carli</td>
<td>Human Resources and Administration</td>
</tr>
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**Project HOPE United Kingdom**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Bradley A. J. Wilson</td>
<td>Chairman</td>
</tr>
<tr>
<td>Lista Cannon</td>
<td>General Manager and SVP</td>
</tr>
<tr>
<td>Eddie Gray</td>
<td>GlaxoSmithKline – UK</td>
</tr>
<tr>
<td>Brian Gunson, Munro &amp; Forster Communications</td>
<td>Project HOPE</td>
</tr>
</tbody>
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**Administrative Board**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>John P. Howe, III, M.D.</td>
<td>President and CEO</td>
</tr>
<tr>
<td>James C. Robinson, Ph.D.</td>
<td>Vice President and Editor Health Affairs</td>
</tr>
</tbody>
</table>

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**Clive Holland**  
*Executive Vice President*  
*Grey Worldwide*

**John P. Howe, III, M.D.**  
*President and CEO*  
*Project HOPE*

**Nicholas Lowcock**  
*Managing Director*  
*Warburg, Pincus International LLC*

**Dr. Teresa McCarthy**  
*Consultant, Pharmaceutical and Health Care*

**Charles A. Sanders, M.D.**  
*Chairman*  
*Project HOPE*

**Keith Thomson**  
*Project HOPE Deutschland Management Board*

**Arno Bohn**  
*Chairman of the Board*  
*Becton, Dickinson and Company*

**Wolfgang Bayer**  
*Siemens AG – Medical Solutions*

**Dr. Wolfgang Blumers**  
*Kanzlei Blumers & Partner*

**Michael Dreher**  
*Philips Medical Systems*

**Rüdiger Plessner**  
*Global Health*

**Jan van den Berg**  
*Christian Weinrank Medtronic GmbH*

**Gail R. Wileński, Ph.D.**  
*Senior Fellow*
MISSION
To achieve sustainable advances in health care around the world by implementing health education programs and providing humanitarian assistance in areas of need.

VISION
To become the highest people-impact and donor-preferred international organization that works to improve health through education.

VALUES
Integrity, excellence, respect, compassion.
REACHING OUT.
ADVANCING HEALTH.
SAVING LIVES.

PROJECT HOPE
1958–2008