Hope is HERE
2011 Annual Report

Where there is Disease
India

Where there is Poverty
New Mexico

Where there is Disaster
Haiti

South Africa
Nicaragua
Japan

Project Hope
Founded in 1958
Project HOPE creates a healthier future for the world by working here and now. We offer lasting solutions to the world’s most urgent health problems. We fight disease with farsighted prevention and vaccination programs and education for health professionals. We deliver aid to those who need it most in areas devastated by poverty and natural disaster. We save the lives of the world’s most vulnerable by raising standards of care. Our focus on education and training creates healthier communities for years to come. In country after country, for more than 53 years, Project HOPE has left a legacy of effective and sustainable care. Wherever disease, disaster or despair has taken its toll, you will find HOPE at work. The need has never been greater. Here and now is where HOPE meets the future.
Over my past decade at Project HOPE, I have had the remarkable opportunity of witnessing, firsthand, the impact of our life-saving programs. • As I recall the kind eyes of an elderly woman in Nicaragua, thankful for a vaccine that will protect her from pneumonia, the number one cause of death in Latin American, I am grateful that HOPE is here. • As I experienced the joy and relief of a humble Tibetan couple who just received the news of their son’s successful surgery to repair his congenital heart defect at the Shanghai Children’s Medical Center, I am mindful of HOPE’s presence around the world. • Also, as the global chronic disease crisis now takes center stage, I am proud that Project HOPE is already on the front-lines, in the midst of battling these diseases, and will share in the leadership of a worldwide effort to address the challenges of these preventable illnesses. • Thank you for your steadfast support which allows HOPE to continue to save lives and alleviate the suffering of children, families and communities every day.

I am honored to be a part of an organization that has such a vital mission—saving lives and making a difference in the lives of vulnerable individuals and communities throughout the world. • Our programs train health care professionals and educate patients in faraway places such as Tajikistan and address disparities in chronic disease care right here in the United States with prevention education and health screenings. All across the globe, our medical volunteers take care of thousands who otherwise might not receive care. • Yet, despite the immediacy of our work, Project HOPE continues to look to the future. This year, we launched the HOPE in the Face of Crisis capital campaign to help expand this lifesaving work. As part of this effort, we announced a $1 million endowment from the North Carolina GlaxoSmithKline Foundation in honor of Project HOPE’s Chairman, Dr. Charles A. Sanders. The endowment will inspire more young physicians to bring health education and improved care to needy communities around the world. • Thank you for your continued support to help us train additional volunteers, expand our health education efforts to remote locations and prepare to respond for the time when disaster strikes.
India’s rapid economic growth has lifted millions from lives of deprivation to relative comfort in its cities’ booming middle-class neighborhoods. But along with opportunity have come new health risks. Many in India’s emerging urban and professional classes have adopted sedentary lifestyles and unhealthy diets that have contributed to a nationwide explosion of diabetes. Some 50 million people in India have diabetes, a disease characterized by high blood sugar levels that can lead to blindness, heart failure and amputated limbs. Project HOPE has been battling the problem since 2007, when it launched the India Diabetes Educator Project, a pioneering national effort to combat the disease’s rapid growth with focused training for health care professionals. HOPE is training 3,000 diabetes educators—nurses, nutritionists, physical therapists and other health professionals—to encourage healthier living and to consult with physicians treating patients with new anti-diabetic drugs and insulin therapy. Each year, about 36 million people die of non-communicable diseases such as diabetes, cancer, cardiovascular and respiratory diseases. These diseases are responsible for more than 60 percent of deaths worldwide. The project is one example of how HOPE is fighting the global threat of diabetes and other chronic diseases.

Project HOPE showcased its more than a decade of experience in chronic disease programs at the 38th Annual Global Health Council Conference. Programs highlighted included India, Mexico, China, United States, Egypt, Poland, Iraq, Guatemala, Honduras and Peru.
Project HOPE is reducing morbidity and mortality due to smoking by assisting the Egyptian Ministry of Health in conducting a smoking cessation program.

Project HOPE is launching an integrated chronic disease care program on the outskirts of Johannesburg, South Africa that will focus on poor communities with limited ability to maintain a healthy lifestyle.

Project HOPE is improving chronic disease management at tertiary and community level health facilities in China, with a focus on cardiac, respiratory, and cerebrovascular diseases through the training of 1,550 health care workers.

Chronic disease is not only an international problem. It is the leading cause of death and disability in the U.S. Project HOPE is increasing access to health care to 3,000 patients and 150,000 community members in underserved rural areas in New Mexico through the use of a mobile clinic that provides education, screenings, training and telemedicine.

To date, Project HOPE has graduated 2,091 health care professionals from the India Diabetes Educator Project certificate program.
In the global fight against tuberculosis, HIV/AIDS and other infectious diseases, one of the biggest barriers to effective treatment is the social stigma that accompanies disease. In some societies, women with infectious diseases are threatened with spousal violence and the withdrawal of economic support. Fearful of being ostracized by the community, many delay seeking needed care. In Kazakhstan, Project HOPE is working with community leaders and health care providers to improve diagnosis and treatment of infectious diseases with health outreach programs. The effort starts with training sessions that aim to reduce the social stigma and discrimination directed at those with infectious diseases. The project is part of a five-year effort funded by USAID in partnership with Population Services International to improve access to health care in the Central Asia Republics. By increasing community understanding of tuberculosis and HIV/AIDS, HOPE intends to eliminate the barriers to treatment.

Project HOPE’s five-year Quality Health Care Project is improving TB services in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan by integrating the general health system and TB system.

Project HOPE’s Bikes for Malawi Campaign provided 60 bicycles to community volunteers enabling the volunteers to deliver collected samples and test results much faster, therefore allowing people with TB to be diagnosed and cured more quickly.

Project HOPE is working to improve the well-being of orphans and vulnerable children (OVC) and provide tuberculosis (TB) treatment to 19,000 OVC and 12,000 TB suspects in six regions in Namibia.

Project HOPE, in partnership with Merck, collaborated with the Honduran Ministry of Health to vaccinate more than 675,000 adults ages 60 and older against pneumococcal infections, a major cause of pneumonia.
The young mothers who gathered at a clinic in Monte Plata in the Dominican Republic recently for a Project HOPE sponsored meeting received a welcome bit of good news: they already had at their disposal one of the most effective ways to ensure their children’s health. Breast milk protects babies from the most deadly childhood illnesses, including pneumonia and others that afflict many impoverished families in places around the world. But mothers in developing countries find it increasingly difficult to breastfeed. Isolated from child care traditions by urbanization and full-time employment, they too often abandon this most basic form of child health care. Project HOPE’s maternal and child care programs around the world offer mothers and their employers the education and support needed to encourage breastfeeding. They promote its many benefits—for mother and child—and dispel myths about its putative risks. These programs represent one way Project HOPE is empowering mothers to help save the lives of the world’s most vulnerable children.
Volunteers are providing hands-on clinical training and mentoring to doctors and nurses in services such as obstetrics, pediatrics, neonatal care, midwifery and gynecology as part of The Volunteer Medical Rotation Program at the Maria Rosa Nsisim Hospital in Yaounde, Cameroon.

Project HOPE is training 60 health care managers on best practices in risk management, quality assurance and infection control to increase patient safety in 15 hospitals in the Czech Republic.

Project HOPE is piloting a new gestational diabetes project in Mexico to educate women on the importance of diabetes screening during pregnancy. So far, 100% of the participants have agreed to screening.

Project HOPE launched a campaign to raise $30 million to expand the fight against disease and disaster and to bring treatment within reach of some of the world’s most vulnerable people.

Volunteers are providing hands-on clinical training and mentoring to doctors and nurses in services such as obstetrics, pediatrics, neonatal care, midwifery and gynecology as part of The Volunteer Medical Rotation Program at the Maria Rosa Nsisim Hospital in Yaounde, Cameroon.

Project HOPE, in partnership with Abbott, is improving the clinical nutrition support for pediatric patients in China by expanding activities in a nutrition center for excellence established at Shanghai Children’s Medical Center.
At the height of Haiti’s summer rainy season, the cholera treatment center at Hôpital Albert Schweitzer in Deschapelles was filled to capacity. More than 300 patients crowded inside the hospital’s tents, victims of the vast cholera outbreak that followed the earthquake of 2010. Project HOPE helped make sure the hospital could handle the extraordinary need. HOPE gathered donated medicines and supplies from corporate partners, including antibiotics, IV starter sets, needles, catheters and cots. HOPE also deployed a force of 20 volunteer health care professionals to support the Albert Schweitzer hospital staff. It was just the latest of HOPE’s efforts in Haiti in the wake of the devastating earthquake. In Haiti and around the globe, Project HOPE is committed to not only providing emergency aid in the wake of catastrophe, but also to meeting long-term needs. In Central Asia, HOPE distributed $13 million of lifesaving medicines to treat 100,000 weakened by heart, liver and kidney diseases and the influenza virus in Kyrgyzstan, and $21 million in medicines for impoverished communities in Tajikistan. In the United States, Project HOPE donated nearly $70,000 of medicines, medical supplies and equipment to the Delta Health Alliance (DHA) and their health care programs in the Mississippi Delta, one of the poorest regions in the United States. That donation enabled one of the DHA clinics to stay open one day a week for an entire year, making possible 1,500 patient encounters.
Health Affairs, the peer-reviewed journal published by Project HOPE, is the nation’s leading journal of health policy. So it was perhaps no surprise when the new Center for Medicare and Medicaid Innovation asked the journal to help convene a conference highlighting the most innovative ideas for improving the delivery of health care while also lowering the cost. Hundreds of health care providers, policymakers and others gathered at a December 2010 national conference on innovation in Washington, D.C. sponsored and organized by the journal, with the support of other distinguished organizations such as the Peterson Foundation, the Aetna Foundation, the American Hospital Association, the American Medical Association and The Commonwealth Fund. The ideas presented at the conference became the basis of a special issue of the journal published in March 2011.

With implementation of national health reform, and the fiscal pressures facing the country, there has never been a greater emphasis on innovation and cost-saving in health care. No information source has done more to shine a light on these topics than Health Affairs. The innovation conference was one example of how Health Affairs provides a national forum for the leading voices in health policy and practice. In widely read monthly issues and on its indispensable website, Health Affairs offers a trusted take on the most critical issues facing health policymakers. That’s why the Washington Post has called Health Affairs “a must-read for anyone with a serious interest in medicine, health care, and health care policy.”

In briefings and conferences, Health Affairs acts as a trusted neutral convener, gathering the leading voices in health care from all points on the political spectrum. U.S. Health and Human Services Secretary Kathleen Sebelius, U.S. Representative Dave Camp (R-MI), chairman of the House Ways and Means Committee, and many others turn to Health Affairs to address the health policy community and the nation. Health Affairs is engaged globally, as well, identifying strategies to tackle the world’s most pressing health needs, from chronic disease prevention to vaccine development. The research and discussion offered by Health Affairs is part of the solution to the health challenges facing the nation and the world.

- The December 2010 issue featured approaches to battling chronic disease around the world, including improved prevention programs and a greater emphasis on primary care.
- Health Affairs received the inaugural Health Policy Innovation Leadership award from the National Business Group on Health in March.
- The June 2011 Health Affairs focused on the challenge of developing and delivering vaccines in the developing world.

In 2011, Health Affairs was cited 36 times in Congressional testimony; 8 times in the Federal Register; 39 times in the New York Times; 29 times in the Wall Street Journal; 20 times in the Washington Post; and 4 times in USA Today.

In May 2011, U.S. Representative Dave Camp (R-MI), chairman of the powerful House Ways and Means Committee, spoke on health reform at a Health Affairs event that drew coverage from the New York Times, Bloomberg, National Public Radio and many others.

Health Affairs’ website receives more than 70 million page views per year. www.healthaffairs.org

The March 2011 issue of Health Affairs placed the spotlight on innovative health care practices that work. The issue grew out of a Health Affairs-sponsored conference that featured a keynote from Richard Gilliland, M.D., acting director of the U.S. Center for Medicare and Medicaid Innovation.
The news from the doctors at Shanghai Children’s Medical Center was distressing. A week-old baby named Deng arrived at the hospital with congenital heart defects that would require immediate surgery. The child’s parents, farmers from Hunan province, feared that their inability to pay for the needed medical attention would doom their child. That’s where Project HOPE stepped in. Working with funds donated by Roger and Ian Hanks, American merchants based in Hangzhou, Project HOPE helped facilitate the surgery that saved Deng’s life. The child’s recovery went so well that he was discharged from the hospital just weeks after surgery. The lifesaving intervention was just one of several made possible by the Hanks Brothers fund. Around the world, Project HOPE works with donors like the Hanks brothers to provide the resources that save lives.

With one of the nation’s highest poverty rates and a relative dearth of primary care physicians and specialists, New Mexico residents are at risk of severely diminished quality of life and premature death, especially those with chronic diseases such as diabetes and heart disease. • With this challenge in mind, Project HOPE recently teamed up with UnitedHealth Group to bring much-needed health care services and resources to underserved communities in New Mexico’s southern border and frontier regions. • The program’s centerpiece is HOPEmobile, a 64-foot trailer outfitted with sophisticated telemedicine equipment. Staffed by a nurse, HOPEmobile travels to the state’s remote areas to provide free health screenings for high blood pressure, heart disease, diabetes and other chronic conditions. • The UnitedHealth Group-HOPE collaboration is crucial for New Mexico, where scores of residents go without essential primary care services and convenient access to medical specialists who can help patients better control various chronic conditions. • HOPEmobile also serves as a platform for Project HOPE’s ongoing Habits for Life initiative, a health education campaign that teaches healthy lifestyle habits such as nutrition and fitness. • Thanks to UnitedHealth Group, Project HOPE is making a difference in the lives of thousands of New Mexicans right here and now.
**Financial Summary**

*For the Years Ended June 30, 2011 and 2010 (in thousands)*

### REVENUE AND SUPPORT

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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<tbody>
<tr>
<td><strong>Individual giving</strong></td>
<td>$17,338</td>
<td>$13,111</td>
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<tr>
<td><strong>Foundations and corporations</strong></td>
<td>12,319</td>
<td>13,747</td>
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<tr>
<td><strong>Corporate gifts-in-kind</strong></td>
<td>165,117</td>
<td>156,853</td>
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<tr>
<td><strong>Governments</strong></td>
<td>5,778</td>
<td>6,217</td>
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<tr>
<td><strong>Subscription revenue</strong></td>
<td>2,083</td>
<td>1,774</td>
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<tr>
<td><strong>Other revenue</strong></td>
<td>4,212</td>
<td>3,101</td>
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<tr>
<td><strong>Total revenue and support</strong></td>
<td><strong>206,847</strong></td>
<td><strong>194,803</strong></td>
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### EXPENSES AND CHANGES IN NET ASSETS

#### Programs services

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<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>Health education and assistance programs</strong></td>
<td>185,250</td>
<td>166,022</td>
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<tr>
<td><strong>Health policy programs</strong></td>
<td>7,915</td>
<td>7,306</td>
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<tr>
<td><strong>Total program services</strong></td>
<td><strong>193,165</strong></td>
<td><strong>173,328</strong></td>
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#### Supporting services

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<tr>
<th></th>
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<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>Fund-raising</strong></td>
<td>8,610</td>
<td>6,682</td>
</tr>
<tr>
<td><strong>Management and general</strong></td>
<td>4,022</td>
<td>3,994</td>
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<tr>
<td><strong>Total supporting services</strong></td>
<td><strong>12,632</strong></td>
<td><strong>10,676</strong></td>
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**Total expenses**

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>205,797</strong></td>
<td><strong>184,004</strong></td>
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**Changes in unrestricted net assets from operations**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td>68</td>
<td>2,448</td>
<td></td>
</tr>
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</table>

**Changes in restricted net assets from operations**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>982</strong></td>
<td><strong>8,351</strong></td>
<td></td>
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</table>

**Nonoperating changes in net assets**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net gain (loss) on investments</strong></td>
<td>1,670</td>
<td>1,495</td>
</tr>
<tr>
<td><strong>Pension Liability adjustment</strong></td>
<td>3,448</td>
<td>2,221</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td><strong>6,168</strong></td>
<td><strong>14,515</strong></td>
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</table>

**Net assets, beginning of fiscal year**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>44,280</strong></td>
<td><strong>29,765</strong></td>
<td></td>
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</table>

**Net assets, end of fiscal year**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>50,448</strong></td>
<td><strong>44,280</strong></td>
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**Management’s Report**

Focused resource management and shared fiscal responsibility throughout the organization helped make this a successful year for Project HOPE and the individuals we serve. A $9 million planned increase in our Gifts-in-Kind program and our donors’ generous support of our HOPE in the Face of Crisis campaign contributed to revenues totaling over $206 million in cash contributions, donated medicines and medical supplies and volunteer support during fiscal year 2011. At the same time, Project HOPE continued to ensure that more than 92 percent of total expenses were directed to our health education, humanitarian assistance and health policy efforts.

As we continue to tightly manage our valuable resources, we are also enhancing HOPE’s abilities to obtain public and private sector grants in 2012 to expand the reach of our health education programs around the world. We must do both to provide for the health needs of people around the world and remain a viable, sustainable and valued organization.

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.

We understand that financial stewardship is important to our donors and it continues to be our highest priority.

Thank you for your enduring support.

Deborah R. Iwig
Vice President and
Chief Financial Officer

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**Letter from the Audit Committee Chair**

The Audit Committee assists the Project HOPE Board of Directors to fulfill its fiduciary responsibilities. The Committee is composed of six 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 holds discussions with Project HOPE’s management, internal auditor and independent auditors to review matters pertaining to risk assessment, internal control processes and financial reporting as well as the nature, extent and results of their work.

The Committee meets independently, without the presence of management, with the external auditing firm, McGladrey & Pullen, LLP, to discuss the audit of Project HOPE’s financial statements and also meets independently, without the presence of management, with Project HOPE’s internal auditor.

The results of each committee meeting are reported to the Board of Directors.

George B. Abercrombie
Chairman
Project HOPE is working here and now to provide a healthier future for people around the world. Our donors are an indispensable part of that work. When they team with Project HOPE they can be confident they are making a sound investment because we are 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 peoples’ lives around the world. • Corporations provide support through a number ways. In addition to contributions of cash for general operating purposes and for specific programs, companies donate pharmaceuticals, medical supplies, equipment, information systems, building materials, and even volunteer help which support HOPE’s international health education 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: Cary Kimble
Interim Vice President, Development and Communications
Project HOPE
255 Carter Hall Lane
Millwood, Virginia 22646-0250
A Legacy of HOPE

Project HOPE thanks a special community of supporters who have taken steps to ensure that HOPE will continue to save lives around the world for years to come. Project HOPE established the Legacy of HOPE Society to honor individuals who have remembered Project HOPE in their estate plans through bequests, life income gifts, insurance policies and other gift planning vehicles. Through their gifts, they demonstrate their commitment to provide people around the globe with HOPE for the future. For more information about planned giving options, visit www.projecthope.org or contact Barbara Kabakoff, Director, Planned Giving & Major Gifts, via email at bkabakoff@projecthope.org or call her at 1-800-544-HOPE (4673).

Board of Directors

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Richard T. Clark
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Spencer Stuart/Worldwide

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Project HOPE

Phoebe Novakovic
Executive Vice President & Group Executive Marine Systems Group

General Dynamics

Drs. Eli and Janet Marley Rose
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Hon. Lillian K. Sing
Joseph W. Kwok
Honorary Member

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Dr. Teresa McCarthy
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Mr. and Mrs. Jesse C. Dutra

Frank and Madeleine Drew

Carolyn M. Derr

Ms. Doris E. Denney

Tom L. and Annette W. Deleot

Atul Dalal

Elinor Heller Crandall

Dr. and Mrs. H. James Cornelius

Mary (Morrison) Chisholm

Eunice A. Charles

Perky Campbell

Flora M. Butler

Kenneth H. Burrows

Stanley Bohrer, M.D., M.P.H.

Florence Bognar

Louise M. Berman

Harry W. Bassett

Laird H. Barber

John T. and Dona Bailey

Cynthia H. Babbott

Ms. A. M. Austin, C.R.N.A. (Ret.)

Peggy Ahlgren

Michael J. Ackerman

about planned giving options, visit www.projecthope.org or contact Barbara Kabakoff, Director, Planned Giving & Major Gifts, via email at bkabakoff@projecthope.org or call her at 1-800-544-HOPE (4673).
In the global fight against disease and disaster, Project HOPE provides long-term and lasting results. That’s one reason why Project HOPE’s health education and humanitarian aid programs are more urgently needed than ever. They help educate people on virtually every continent to prevent, recognize and treat the world’s deadliest diseases. Now a historic campaign to raise $30 million will allow HOPE to expand its global reach. The HOPE in the Face of Crisis campaign will bring Project HOPE’s lifesaving work to more people around the world: Educating communities. Enhancing the skills of health professionals. Empowering local volunteers. Increasing access to care. The campaign will allow for expanded vaccine programs and education to stem the spread of infectious disease; increase community-based outreach and screening programs to detect, treat and manage chronic diseases; a more robust volunteer corps to serve those stricken by disaster; and funds for developing the most innovative solutions to the world’s most urgent health needs. Project HOPE aims to reach its $30 million goal by 2013.
Reasons to Give

Project HOPE’s farsighted health education and humanitarian aid programs are more urgently needed than ever. The work Project HOPE does here and now creates healthier communities around the world for years to come. Here are four reasons why you should support our work:

**A LIFESAVING MISSION**

From educating communities on ways to prevent chronic disease to training health care workers in best practices to delivering medical aid in the wake of natural disasters, HOPE saves lives in more than 35 countries on five continents.

**PROVEN RESULTS**

For 53 years, Project HOPE has been delivering improved medical care and health education where it is needed most. It has been at the forefront of preventing and treating chronic disease in the developing world for more than a decade.

**LONG-TERM IMPACT**

Decades of partnerships with the world’s leading health care and pharmaceutical companies and with the United States and foreign governments has strengthened HOPE’s ability to teach and heal where the need is greatest.

**A SOUND INVESTMENT**

More than 90 percent of Project HOPE expended resources—among the highest of all philanthropic organizations—support our lifesaving health projects around the world.

WHERE WE WORK

Our work includes educating health professionals and community health workers, strengthening health systems, fighting diseases such as TB, HIV/AIDS, diabetes, obesity, heart disease and cancer; providing humanitarian assistance through donated medicines, vaccines and supplies and volunteer medical help and health policy. In 2011, our lifesaving programs, humanitarian efforts and volunteer outreach impacted people around the world.

2011 ONGOING PROGRAMS

- Bosnia & Herzegovina
- China
- Czech Republic
- Dominican Republic
- Egypt
- Guatemala
- Haiti
- Honduras
- India
- Indonesia
- Iraq
- Jordan
- Kazakhstan
- Kosovo
- Kyrgyzstan
- Macedonia
- Malawi
- Mexico
- Mozambique
- Namibia
- Nicaragua
- Peru
- Poland
- South Africa
- Tajikistan
- Turkmenistan
- Ukraine
- United States
- Uzbekistan

2011 VOLUNTEER PROGRAMS

- Cameroon
- Colombia
- Costa Rica
- Ecuador
- El Salvador
- Ghana
- Guatemala
- Haiti
- Jamaica
- Japan
- Indonesia
- Federated States of Micronesia
- Liberia
- Mongolia
- Papua New Guinea
- Timor Leste
- Tonga
- Nicaragua
- Peru
- Vanuatu
- Vietnam