

ANNUAL
REPORT
2017

60 YEARS
OF HOPE



project
HOPE[®]

Our Vision

We envision a world where everyone has access to the health care needed to reach life's full potential through a strong and resilient global community of health care workers.

Our Mission

We are a global health and humanitarian relief organization, committed to transforming lives and uplifting communities by empowering health care workers to expertly implement and teach innovative lifesaving solutions, in times of need and into the future.

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Dear Supporters, Partners, Colleagues and Friends,

Project HOPE is on the move to confront the many health challenges we face across the globe.

I was thrilled to come back to HOPE in 2015 to help forge a new era of innovation and capacity building in global health and I feel honored to be at the helm for our 60th anniversary year. For six decades, HOPE experts, volunteers, staff and partners have been improving the health of millions and equipping the global health workforce.

This past year was no different. With your support, we reached nearly 2.3 million people with lifesaving health programs. We partnered with local organizations to train 36,406 health care workers in 2017 and more than 210,000 in the past five years. This past year, HOPE donated \$45 million in medicines and medical supplies to areas of greatest need.

It was great to see HOPE add a new country, Ethiopia, to our portfolio, a country where I recently lived for five years and which offers so much promise. We are working hard to lower mortality rates for new mothers and babies in remote developing regions that neighbor Sudan and Somalia. We also received our largest ever grant to work in Ethiopia with partners on community-based programs to control the HIV pandemic – a goal that is within our reach.

Quite unexpectedly, as emergencies often are, HOPE was also active at home in 2017 – in our response to the unprecedented hurricanes that hit Texas, Florida and Puerto Rico. This response proved that our new model of disaster response works. It was unusual for HOPE to deploy on United States soil, but given the historic magnitude of the disasters, we felt compelled to respond and we made a difference.

Elsewhere, our work to tackle tuberculosis (TB) and multi-drug resistant TB in Central Asia built on an already

impressive record and proved that our partnerships with local health systems are stronger than ever.

In neonatal health, HOPE chalked up another first by starting work in Sierra Leone – which was devastated by Ebola – to lower neonatal mortality by introducing Kangaroo Mother Care and conducting national level training to care for sick and low birthweight babies. Similarly, in the Dominican Republic, we worked closely with the Ministry of Health to improve newborn care at a maternity hospital in Santo Domingo through upgrading the neonatal intensive care unit with state-of-the-art equipment and training hospital staff.

In China, HOPE's pediatric asthma program funded by AstraZeneca distributed 4,000 nebulizers to help more kids overcome the condition and get to school. We also launched a new program with BD, the global medical technology company, to increase access to safe and evidence-based intravenous therapy for patients. We got more involved in building health capacity in Western China and, in Wuhan, I was delighted to inspect an innovative simulation training center for nurses.

Every day, our teams across the globe are carrying out our strategy to address some of the most complex issues in global health by focusing on the health care worker. We work with local partners to maximize long-term impact. That is what sets HOPE apart. We don't impose our vision, we empower others to realize theirs.

Thank you, as always, for your support.

Tom Kenyon, M.D., M.P.H.

Chief Executive Officer and Chief Medical Officer
Project HOPE

60 Years of HOPE

In its 60 years as an indispensable force in global health, Project HOPE has treated millions of patients and provided more than \$3 billion worth of medicines to local health care organizations.

We've trained many thousands of health care workers and built medical infrastructure from the ground up in Asia, the Americas, the Caribbean, in post-Soviet Europe and in Africa. We've responded to earthquakes, hurricanes, tsunamis and refugee crises, staying on the job to build sustainable care – long after most traditional aid agencies depart.

Honoring our mission to forge human connections through the universal language of health care, Project HOPE is building a unique legacy by saving lives and training successive generations of doctors, nurses and other healthcare workers in developing nations that lack advanced medical infrastructure.

As Project HOPE heads into its seventh decade, the organization is truly fulfilling the promises first made by our founder Dr. William B. Walsh on that day in 1960 when the SS HOPE, the world's first peacetime hospital ship, set sail on its maiden voyage for Indonesia, packed with doctors and nurses eager to care for those who most needed their skills, dedication and compassion.



1958

Dr. William B. Walsh works with President Dwight Eisenhower to purchase a retired Navy hospital vessel – and refitting it to become the first peacetime hospital ship, the SS HOPE.

SS HOPE begins its humanitarian journey of training local health professionals and providing medical care to people in need around the globe.

1960s



1970s

Expanding to land-based programs including being the only U.S. private volunteer organization to work behind the Iron Curtain to improve health services to children in Poland.



1980s

Reaching those in greatest need including serving more than 1 million people in neglected communities across Latin America with maternal and child health programs.

Combating infectious diseases extends to HIV/AIDS, with prevention programs launched in Malawi, and offering medical relief assistance to those ravaged by war in Bosnia, Kosovo and Macedonia, to establishing a new state-of-the-art children's hospital in Shanghai.

1990s



Answering the call in times of disaster by providing humanitarian relief to those affected by crises like Hurricane Katrina to the tsunami in Indonesia and Southeast Asia.

2000s



HOPE staff and volunteers continue our legacy of improving global health through hands-on medical training for local health care workers, transforming health care delivery for entire communities.

2010s



Sixty years of bringing HOPE and healing to tens of millions of people in more than 100 countries, training one million health care workers and providing more than \$3 billion worth of medicines and supplies.

Today

OUR IMPACT IN 2017

Reached nearly
2.3 MILLION
people with lifesaving
health programs

Partnered with local
organizations to train
36,406
health care workers in 2017 and
with more than 150,000 in the
past five years

**\$45.1
MILLION**
of donated medical supplies,
equipment and medicines
delivered to areas of greatest need



Our Global Health Program Priorities



Maternal, Neonatal & Child Health

Every day, **830** women die
from pregnancy and childbirth
complications and **7,000** newborns
die from largely preventable causes.



Noncommunicable Diseases

70% of all global deaths are due to
chronic illnesses such as diabetes,
hypertension, cardiovascular and
respiratory diseases.



Infectious Diseases

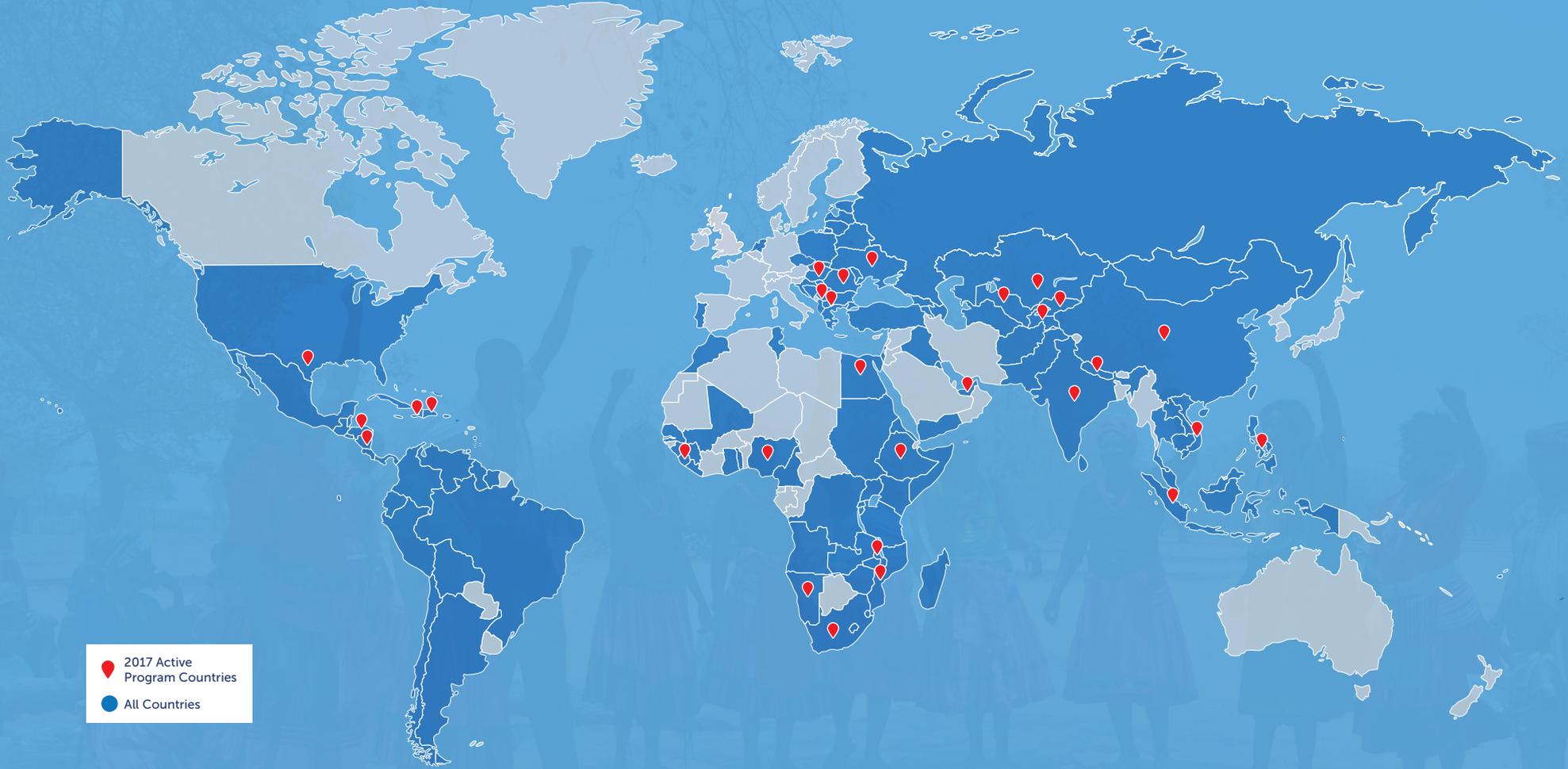
Every hour, more than **170** people
die from TB and **240** people contract
HIV infections.



Humanitarian and Health Crises

Humanitarian and natural disasters
continue to have a devastating effect
on the world's most vulnerable people.

Where We Work



2017 Active Program Countries

- | | | | | | |
|--------------------|-----------|------------|------------|--------------|----------------------|
| China | Haiti | Kazakhstan | Mozambique | Philippines | U.S.A. |
| Dominican Republic | Honduras | Kosovo | Namibia | Romania | Ukraine |
| Egypt | Hungary | Kyrgyzstan | Nepal | Sierra Leone | United Arab Emirates |
| El Salvador | India | Macedonia | Nicaragua | South Africa | Uzbekistan |
| Ethiopia | Indonesia | Malawi | Nigeria | Tajikistan | Vietnam |

A doctor or midwife. A nurse or social worker.
A public health educator or community health professional.

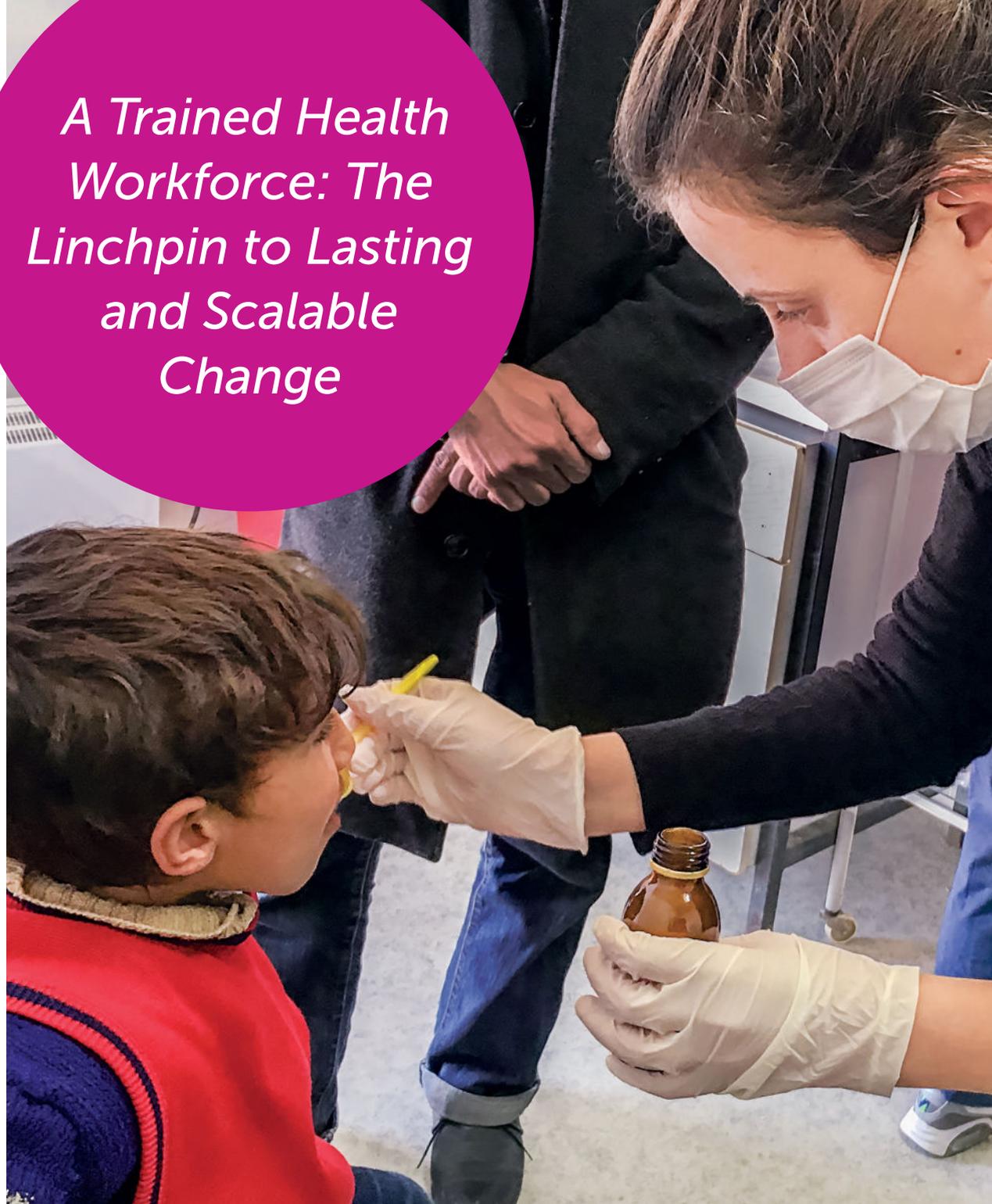
Every health issue, impacting a small family or an entire region, depends entirely on whether or not health care workers on the ground have what they need to do their jobs. The knowledge, the resources, the skills to provide quality care — all serve as the linchpin to creating lasting and scalable change.

Empowering local health care workers has been the focus of Project HOPE's work since our founding. Established as the People-to-People Health Foundation, HOPE's vision was to create a global community of highly skilled care givers. We believed that connecting doctors, nurses, specialists and public health experts with each other was the best way—the only way—to ensure everyone, no matter where they live, would have access to quality care.

While our mode of delivery has transitioned from ship to shore, our innovation prevails. We continue to bring together volunteers from every medical field to work side by side with local cohorts to ensure they have the training needed to make a lasting impact on the people and communities they serve.

Dr. Yemah Bockarie's story demonstrates how a trained health care worker, and our "train-the-trainer" model, can have a ripple effect of change in a country like Sierra Leone and how your support brings HOPE to life. (see opposite page)

A Trained Health Workforce: The Linchpin to Lasting and Scalable Change



Spotlight on Health Care Worker Training



Dr. Yemah Bockarie is a pediatrician in a resource-limited teaching hospital in Cape Coast, Ghana. In 2017, Dr. Bockarie volunteered in Sierra

Leone to train local health workers on essential newborn care training across the country.

Fourteen years ago, I left my home country of Sierra Leone with bittersweet memories of a serene childhood and searing images of a brutal civil conflict. By 2017, Sierra Leone had suffered the gruesome hit of an unprecedented Ebola outbreak that had stripped the health sector of resources and manpower. I learned that Project HOPE was collaborating closely with UNICEF and the country's Ministry of Health to roll out essential newborn care training across the country, and as a pediatrician with close ties to the country, I knew I had to volunteer. In my hospital in Ghana, we have volunteers come

in several times a year, but here I was, now having an opportunity to reverse the trend, to be a volunteer to others, and uniquely, to my country of birth.

Sierra Leone has a doctor/patient ratio of 0.02 physicians/1,000 people, and many health workers' lives were lost to the Ebola virus. The already fragile health system was fractured by the devastating consequences of the outbreak, and there was little logistical support for neonatal and pediatric care. Project HOPE was helping to restructure health services and support short and long term training needs.

The hands-on training experience was intense, but soon the 30 master trainers we had taken through the essential newborn care program in Freetown were ready to roll out to the various regions in the country to train 150 district trainers. These trainers would then carry out the training to the peripheral health units nationwide. I accompanied one of the training groups to Makeni, in the northern part of the

country, and supervised the of training to districts in that sector. Throughout the region, I was struck by the resilience and enthusiasm of all the Sierra Leonean health workers I came across. I could sense their passion to turn the tide and master the skills they had learned so they could teach others, and I could feel their innate gratitude to those who give of their time and talent to invest in their health needs.

But even more gratifying was the sense of defiance among the participants, a desire to beat the odds and make every newborn's life count. Indeed, that became our slogan through the training: Make every newborn's life count. In what many have described as one of the worst places for a woman to give birth, Project HOPE was igniting flames of hope within the inner core of these health workers. Thanks to HOPE's focus on health workers, many Sierra Leonean babies see the rising sun.



Project HOPE helps to strengthen the capacity of local governments and organizations, mitigating the effects of HIV through innovative, people-centered interventions. Our programs aim to improve HIV prevention, detection, treatment and adherence.

In 2017, HOPE was awarded its largest grant in its history: \$40 million by USAID to implement a five-year community-based program that will expand access to comprehensive HIV prevention, care and treatment services in Ethiopia and reach more than 200 priority districts.

Primarily focused in Africa, our HIV programs have also reached countries in Central and Eastern Europe, Central and Southeastern Asia and Latin America. One Community is one such program, an initiative that aims to mitigate the impact of HIV while preventing new infections in high risk areas. The initiative is funded by PEPFAR through USAID and implemented by Johns Hopkins University's Center for Communication Programs in partnership with Project HOPE, Plan International and Global AIDS Interfaith Alliance.

Community Engagement Increases HIV Prevention and Treatment

In 2017, more than 85,000 high risk individuals received HIV testing and counseling in Malawi, Namibia, Nigeria and Ethiopia thanks to Project HOPE. That outreach helped people like Meria and her daughter, Chisomo, in Malawi.

When Meria became too weak to walk to the nearest health center 10 kilometers away, she was unsure of the cause. One Community visited her village to offer health education and services at a church compound just steps away from her home and she found out she was HIV positive.

She was given a referral to receive treatment at the Chileka Health Center, but did not go. Two weeks later, she received an unexpected

visit from a Community Resource Person (CRP) with One Community. He had come back to follow up on Meria's treatment and offered further counselling. This time, she went to the health center and received Anti-Retroviral Therapy (ART) and peanut-based nutritional supplements.

When the CRP made a second home visit to check on Meria and link her to a local support group, he noticed 6-year-old Chisomo was sick. He encouraged Meria to bring all her children for HIV testing when One Community was back in the village in a few days. Chisomo tested positive.

One Community provided resources for Meria and Chisomo and taught Meria how

74%

of patients on treatment for HIV/AIDS who later stopped going to the clinic in Namibia were brought back to receive care - an increase from 52% the previous year

248,856

people received care and support in Malawi, Namibia, Nigeria, Tajikistan and Uzbekistan

453,961

people at high risk received HIV prevention services in Namibia, Malawi and Nigeria

to disclose to her 6-year-old daughter. "The first step I have taken is to inform her of the importance of taking her medication. I told her it is the reason she is not sick now. She understands and sometimes informs me that she needs to take her medication before I tell her to," explains Meria.

Motivated by the need to demonstrate positive living to Chisomo, Meria has become a community champion for HIV testing.

"My HIV status is not a secret. I disclose to everyone because I have experienced how close to death not knowing my status brought me. I do not want the same for the people around me. So now, as much as I can, I tell people to get tested," says Meria.



Spotlight on
Maternal,
Neonatal and
Child Health

19%

decrease in infection rates in newborns at the San Lorenzo de Los Mina Maternity Hospital in Santo Domingo, Dominican Republic, following HOPE support

65%

increase in newborns being breastfed immediately after birth in in Papa, Hungary, after HOPE provided support

112%

increase in women who received prenatal care and 27% increase in babies who were delivered by skilled birth attendants in one of the hardest hit districts by the 2015 earthquake in Nepal

Kangaroo Mother Care Brings HOPE to Mothers in Sierra Leone

Sierra Leone has the highest maternal mortality rate in the world and alarmingly high newborn mortality and stillborn rates. Hospitals often don't have reliable electricity, incubators for premature babies or oxygenation equipment, so the simple technique of mothers providing consistent skin-to-skin contact with their newborns, Kangaroo Mother Care (KMC), can save lives. In 2017, Project HOPE introduced the first KMC units in the country for care of preterm and low birth weight infants to Ola During Children's and Bo Government Hospitals, providing renovations, equipment, supplies, staff training and continued mentorship through expert volunteers and consultants, including through our long-term engagement of our local midwife staff.

Banneh Daramy is a Sierra Leonean midwife trained in KMC procedures and working for Project HOPE.



Project HOPE's Kangaroo Mother Care (KMC) initiative is a low-technology but highly successful intervention for small babies that encourages early,

prolonged and continuous skin-to-skin contact between the mother and her baby. Trained health workers provide the skills for support for breastfeeding positioning, feeding by cup and tube, prevention and management of infections and managing breathing difficulties to ensure premature and low weight babies thrive instead of perish.

Twin brothers James and Joseph are a beautiful example of how this care works. Born premature, both the babies were under 4.5 pounds at birth. Ruth, a first time mother,

delivered the babies by cesarean section after finding out just prior to their birth that she was carrying twins and that they both were in breech position. The twins were prime candidates for the newly established KMC program, so when Ruth recuperated from surgery, I explained how the program allows mothers and their babies to stay in a facility connected with the hospital for several days after the birth while practicing techniques that will help the babies.

The babies' weights and vitals were constantly monitored and Ruth was supported by trained health care workers to learn the KMC method. With the constant monitoring, feeding and KMC care, the babies gained weight and grew stronger. They were able go home just six days after their birth.

I made three home visits to the new family. Ruth continued to use KMC and the newborn brothers continued to improve. After the third visit, James and Joseph were up to 2.55kg (5.6 pounds) and 2.94kg (6.5 pounds) respectively.

James and Joseph were healthy and gaining weight thanks to Project HOPE's KMC program.

By allowing mothers to learn techniques, particularly when equipment may not be available, more babies are able to thrive. From June through December 2017, 148 babies benefitted from the KMC unit in Ola During Children's Hospital and 54 babies were helped by the KMC unit in Bo District. The Bo District hospital had no newborn deaths in relation to the KMC unit.



Spotlight on Disaster & Health Crises

Project HOPE has responded to the most devastating humanitarian and natural disasters worldwide, from Haiti to Nepal and within the United States for the past 30 years, with most of our activities occurring since 2004. Our emergency response strategy focuses on supporting local health systems, partners and communities with both immediate and long-term relief. We immediately deploy a multi-disciplinary assessment team to coordinate with local government officials and in-country partners and identify gaps in health services and infrastructure. We then coordinate rotations of staff and volunteers and procure needed medicines and equipment to meet the most urgent and specific needs of those affected.

Sadly, 2017 was the year of disasters – including Hurricanes Harvey, Irma and Maria. Project HOPE played a significant role at the center of these emergency relief efforts as the trio of hurricanes that barreled into Texas, Florida and Puerto Rico hit communities especially hard. Project HOPE responded by providing mobile medical services, medicines and supplies in the weeks and months immediately following. In Texas and Puerto Rico, we are continuing to help strengthen resilience and improve health through longer-term efforts in line with our model. In 2017, in Haiti, we completed a Cholera Treatment Center in partnership with a local hospital that was identified as a critical need following Hurricane Matthew.

Rebuilding Lives after Hurricane Maria

Dr. Elisabeth Poorman is a physician in Everett, Massachusetts, and traveled to Puerto Rico in November 2017 to support our emergency response.

I spent my time in Puerto Rico caring for hundreds of patients a day along with fellow volunteers. I was exhausted, but also amazed by the resiliency of everyone, from doctors and nurses to ordinary citizens who were calmly carrying on. The entire experience was rewarding; what I took away from it most was the ability to help others with their long-term needs.

In a remote town, I went door to door and came across a man who had cancer and was in a lot of pain. The remote medical units bring hope and a reminder that family caretakers and patients are not alone. After the hurricane, his usual access to health care was gone. His frail wife cared for him well, but without medical resources, the man was stuck in his bed and incredibly depressed. I worked with his wife to determine a plan that would help make his days as comfortable as possible despite the circumstances.

As immediate medical needs waned in Puerto Rico, HOPE's approach to providing care for chronic needs helped to return a normalcy to the island. Whether it's domestically in Puerto Rico, or internationally in Haiti or Syria, Project HOPE is dedicated to responding to the immediate needs of disasters while also working with the local communities to improve the health systems for the long term.

7,320

hours were donated by
77 volunteers

\$2,591,475

of donated medical
supplies, medicines and
supplies distributed

4,152

patients were reached with
mobile health services
across 47 municipalities



"Our medical volunteers are going community to community, reaching isolated and hard to reach areas that have still received little help since Hurricane Maria," said Andrea Dunne-Sosa, HOPE's Regional Director of the Americas and Volunteer Programming. "We were able to provide patients with well-rounded care and let them know that we have not forgotten them."



"I was educated about tuberculosis, the project and the importance of timely examination. I was diagnosed with tuberculosis and received support to adapt to hospital conditions and to prepare myself for a long treatment."

Damir, TB patient helped by Project HOPE program

Containing Tuberculosis' Deadly Spread

Kazakhstan's Almaty region has a thriving economy where many migrants find work in the booming energy and mining industries. Migrants from all over Kazakhstan, as well as from neighboring countries, arrive in the Almaty region often unaware of their health problems. Because Kazakhstan has among the highest incidence of multidrug-resistant tuberculosis (TB) in the world, the large influx of migrants has posed serious challenges.

There is still a negative stigma associated with TB, yet Project HOPE's community-based approach to creating migrant-friendly access to health care has helped migrants find social support services.

Damir Bakhytzhonovich Doshchanov was one of those migrants who knew something was wrong when he fell ill last September. "I felt faint and I was coughing for several weeks. I was sweating and lost my breath very easily," said the 27-year-old migrant from Uzbekistan.

Doshchanov sought help in a local hospital where he met Banu Kalmagambetova, a social worker from one of Project HOPE's partners.

One of the challenges in treating patients is that treatment can take a long time and, if at any time the treatment is interrupted, the disease may worsen, which may require even further treatment and a case of TB that is much more difficult to overcome.

Because it is difficult to convince some patients to complete their treatment, it is very important for these programs to stress the fact that TB is curable. Project HOPE educates patients and stands with them every step of the way to make sure their needs are met, including providing transportation and immigration assistance if needed.

"After being discharged to the outpatient stage of treatment and continuing monitoring, I had difficulty paying for train tickets. The program helped me again to ensure I adhered to treatment. I am very grateful to everyone for their attention, support and assistance. Now I am sure that I will be healthy and be able to return to my family," Doshchanov said.

396,151

people in Malawi and Namibia were screened to see if they should get TB testing

141,700

vulnerable people in Kazakhstan, Tajikistan and Uzbekistan received outreach, education and TB services

Nearly
98%

of people in Tajikistan diagnosed with Drug Resistant TB started treatment with mortality rates dropping **37.7%**

Since July 2015, Project HOPE has established the "Safety Route" project: "Measures aimed at cross-border control and treatment of TB, MDR-TB and TB/HIV among migrant workers" in Kazakhstan's Almaty region. The main objective of the project is to improve access to universal services in diagnostic and qualitative tuberculosis treatment and to reduce the stigma associated with the disease by increasing access to migrant-friendly medical and social services.



Project HOPE works extensively around the globe to address the growing risks of noncommunicable diseases (NCDs) such as diabetes, cardiovascular and respiratory diseases and cancer. Through education, community outreach, as well as health care worker training, HOPE enables more effective prevention, diagnosis and treatment of NCDs.

As the most common noncommunicable childhood disease, asthma affects around 10 million children in China, with Shanghai having the highest prevalence rate of pediatric asthma. Unfortunately, there are limited medical resources available to adequately care for the enormous number of pediatric asthma patients.

The Shanghai Children's Medical Center (SCMC) is the only pediatric hospital in Pudong District, the largest district of Shanghai, with a population of 600,000 children under 14 years old. The huge patient flow overwhelms the staff and medical teams resulting in day-long wait times to receive treatment.

Project HOPE helped SCMC address this challenge to make care more accessible and affordable for families. HOPE has a long history of collaboration with SCMC dating to 1987, with the goal of establishing SCMC as an advanced pediatric medical treatment center focused on the health of children, as well as a national resource for the training of physicians, nurses, administrators and allied health personnel throughout China.

Expanding our Efforts to Address Noncommunicable Diseases

The inability to access proper asthma care was worrisome for the parents of Xiao Yu. During the first two years of Xiao Yu's diagnosis, his parents took him to the hospital only when he had an asthma attack. Because Xiao Yu was not receiving consistent care, his condition worsened. His asthma eventually became so bad, he could no longer play sports and he became isolated from his friends and classmates.

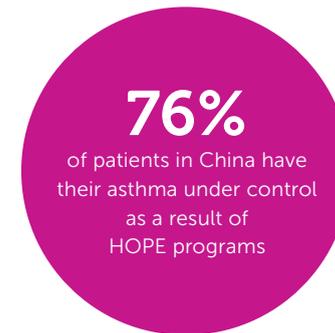
One day, Xiao Yu's father, Wen Zhijun, saw that Project HOPE was opening an asthma clinic in a nearby community health center. After some hesitation, he decided to visit the center since it was within walking distance of his home.

Project HOPE worked with the Shanghai Children's Medical Center (SCMC) and 14 community health centers in the Pudong District of Shanghai to establish asthma clinics in each health center by donating medical equipment and training health professionals. Project HOPE also worked closely with the local governments to approve pediatric asthma drugs in these centers and, as a result, the costs are now lower for patients seeking care.

During Xiao Yu's final visit, Dr. Chen congratulated him for being the first child to successfully graduate from the program and awarded a certificate to his father and him.

"I can't be more grateful," Wen Zhijun says of Project HOPE. "His doctor said Xiao Yu can play any sport he likes now. I feel finally released after these years of suffering. I hope more and more children will graduate from their asthma treatment. Thank you. Thank you!"

By the end of September 2017, the National Lung Function Test Training and the Respiratory Disease Diagnosis Training reached 10 cities and 29 provinces in China, covering 613 hospitals and training more than 33,492 healthcare professionals. Project HOPE also donated 64,100 nebulizers to more than 7,000 hospitals in the country.



"Thank you HOPE for taking care of my child. I never thought that my son's condition could be so well-controlled. He hasn't had an asthma attack since his first visit. It's unbelievable!"



Health Affairs
Timely, High-Impact
Health Policy Analysis

Project HOPE's journal, *Health Affairs*, continues to be the leading multidisciplinary peer-reviewed journal dedicated to the serious exploration of domestic and international health policy. 2017 was a year of changes in health policy, in the United States and abroad and *Health Affairs* covered it all, becoming required reading for an ever-growing group of health policy experts and consumers.

Important, Wide-Ranging Topics. There were six *Health Affairs* thematic issues in 2017: the work/health relationship; delivery system innovation; market concentration; global health policy; health equity (see photo at left) and advanced illness and end-of-life care. One of the studies in the end-of-life issue continues to be quoted among policy makers and the news media, including a widely-shared 2017 NPR blog.

Donna Washington of the Veterans Affairs Health Services presents the study she authored in the June 2017 Pursuing Health Equity theme issue; the study is titled "Racial And Ethnic Disparities Persist At Veterans Health Administration Patient-Centered Medical Homes."



Underscoring its role as a neutral convener of health policy community leaders, in June, Health Affairs organized a discussion about the Affordable Care Act's future, featuring (right) the Chairman of the House Health Subcommittee, Michael Burgess (R-TX), and its ranking member, Gene Green (D-TX) (left).

Between
250 & 450
 monthly media citations

More than
2.8 Million
 journal page views in the first half of 2017

Health Affairs readers in over
230
 countries

Chronicling The Affordable Care Act (ACA) In The New Administration

Health Affairs continued to serve as a trusted and widely-shared source for balanced and impartial analysis and commentary. On the Health Affairs blog, Timothy Jost produced blogs for the *Following the ACA* series, sometimes publishing as many as four posts a week. Jost also contributed a new monthly feature for the Journal, EYE ON HEALTH REFORM. These offerings were complemented by another new feature, an Obamacare to Trumpcare website.

"The United States has never experienced a sea change in national health policy like that which occurred in early 2017." – Timothy Jost, "Eye On Health Reform, First Steps Of Reform, Replace, And Repair" Health Affairs Journal, March 2017



Health Affairs Website Relunched

In October, Health Affairs released its new website. The new site integrates all content into one platform, making the site more accessible for phones and tablets, as well as more flexible, secure and modern so that it can embrace future change.

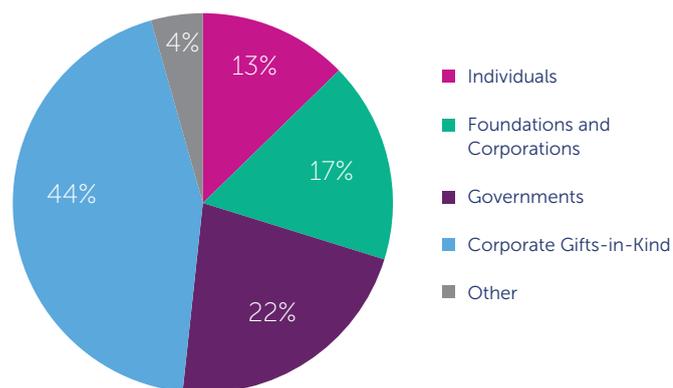
HEALTH AFFAIRS 2017 SUPPORTERS

- Robert Wood Johnson Foundation
- Gordon and Betty Moore Foundation
- Kresge Foundation
- California Health Care Foundation
- The John A. Hartford Foundation
- Blue Shield of California Foundation

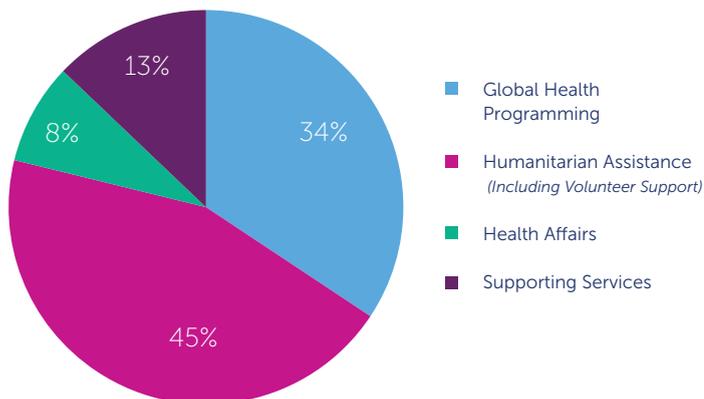
Financial Summary

For the 12 Months
ending December 31, 2017
(in thousands)

FY 2017 Revenue



FY 2017 Expenses



REVENUE AND SUPPORT

	2017
Individual giving	\$12,632
Foundations and corporations	17,012
Corporate gifts-in-kind	43,629
Governments	21,765
Subscription revenue	2,646
Other revenue	1,707
Total revenue and support	99,391

EXPENSES AND CHANGES IN NET ASSETS

<i>Programs services</i>	
Health education and assistance programs	79,824
Health policy programs	8,273
Total program services	88,097
<i>Supporting services</i>	
Fundraising	8,361
Management and general	4,644
Total supporting services	13,005
Total expenses	101,102
Changes in net assets from operations	(1,711)
Nonoperating changes in net assets	
Net gain on investments	1,169
Net gain on sale of property	2,628
Pension Liability adjustment	383
Change in net assets	2,469
Net assets, beginning of fiscal year	26,631
Net assets, end of fiscal year	\$29,100

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

Management Report

In Fiscal Year 2017, revenue and support totaled more than \$99 million in contributions, including Individual Giving, Foundations and Corporations, Government, Gift-in-Kind and subscription revenue.

Project HOPE continued to maximize the programmatic impact of its spending by ensuring that more than 90 percent of total expenses - among the highest of all philanthropic organizations - were directed to our global health, humanitarian response and health policy efforts. Less than 10 percent of expended resources went towards management and fundraising costs.

Financial stewardship, accountability and compliance are of utmost importance to us as an organization, to our donors and to those we serve, and they continue to be one of our highest priorities. We will continue to diligently manage our resources in 2018, while investing in critical strategic areas and initiatives to enable us to both serve the health needs of people around the world and remain a viable, sustainable and valued organization.

Project HOPE's management prepared and are responsible for the integrity of the financial statements and other financial information presented in this report.

Thank you for your support. We value your trust and believe it to be one of our greatest assets.



Rabih Torbay
President and Chief Operating Officer
Project HOPE



Project HOPE Board of Directors 2017 - 2018

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Vice Chairman**
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Secretary**
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As Project HOPE celebrates its 60th year of improving the health of vulnerable children and families around the globe, I am honored to serve as its Chairman of the Board of Directors. While many things have changed over the course of HOPE's history, our entire organization remains focused on empowering health care workers to heal and save lives. That core belief has always been the heart of our mission. Innovation also continues to be at the forefront of everything we do, from training and education to diagnosis and treatment. Our commitment is to deliver effective programs and solutions that can have the most impact while maintaining our position as responsible stewards of donor funds. This 2017 Annual Report reflects our approach through the stories and insights of volunteers, beneficiaries and staff. Thank you for your critically important support of our mission and for your enduring commitment to delivering HOPE to others in need.

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Key 2017 Highlights

Innovative GPS Technology Leads to Faster TB Diagnoses in Kyrgyzstan



Project HOPE in Kyrgyzstan hosted a discussion with key local officials, global organizations and NGOs to highlight an innovative program that uses advanced digital technologies in TB control and a critical model to transport biological material for diagnosis. Using software and mobile devices, the labs, primary health care facilities and non-medical personnel can communicate easily, and samples are protected by special thermo-boxes. Results show that the program cuts time between diagnosis and the start of treatment and it is now being introduced across the country.

The Global Health Checkup Podcast



Project HOPE launched the Global Health Checkup Podcast on World Health Day in 2017 to promote a dialogue around the challenges we face in global health development and humanitarian assistance. The podcast features renowned experts across the global health landscape and is available at www.projecthope.org/podcast and on iTunes, Stitcher, SoundCloud and Libsyn.

2017 HOPE Volunteer of the Year



Jahn Moeller, a registered nurse from Australia, was recognized as Project HOPE's 2017 Volunteer of the Year. Mr. Moeller contributed 1,104 volunteer hours in 2017 training health care workers in Haiti, which included creating an education program for new RNs and local staff.

Building the Capacity of the Health Workforce in India

Noncommunicable diseases (NCDs), which are also referred to as chronic diseases, account for 60 percent of deaths in India each year and 82 percent globally. Project HOPE, with support from Takeda Pharmaceutical Company, organized a National Consultation in Delhi on "Optimizing the Skills of the Health Workforce to Tackle Chronic Diseases in India." Government officials, academics, NGOs, health experts and advocates discussed the most recent innovations, trends, challenges and solutions to address NCDs. Dr. Laxmikant Palo, Regional Director for Project HOPE Southeast Asia, said, "The quality of NCD-related health outcomes is dependent on the availability of a skilled, motivated and well-supported health workforce and adequate health infrastructure. We must continuously improve the skills of the health workforce to effectively respond to the growing burden of NCDs in India."

Carter Hall Conference Center Hosts Next Generation of Emergency Responders



Owned and operated by Project HOPE, the Carter Hall Conference Center in Millwood, Virginia, hosts groups from around the world. In 2017, the Conference Center substantially exceeded its revenue goal, hosting 39 events.

Clients represented a wide range of organizations from the nonprofit, corporate, religious and health sectors. Among the most unique events hosted last year were three week-long skills workshops on security and humanitarian training for first responders and other professionals involved in international aid work.



Over the past 60 years, Project HOPE has been committed to transforming lives and uplifting communities by empowering health care workers to provide quality medical care when and where it's needed most. Our work to deliver innovative solutions for health care systems around the world and help communities change the way they care for patients continues every day and none of this would be possible without your ongoing support.

Thank you for continuing to be a part of the Project HOPE mission.

WAYS TO GET INVOLVED

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Submit your application

Spread the Word:

Follow us on social media

Start a Fundraiser:

Use our online tools

Become a Partner:

See how your organization can be a Partner in HOPE

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Make a Donation:

Impact our programs today

Join the Circle of HOPE:

Support our work monthly

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CONTACT US

For more information on how you can support Project HOPE's global health programming, please call 1-800-544-HOPE or reach out to healthcare@projecthope.org

International Headquarters

Project HOPE

255 Carter Hall Lane
P.O. Box 250
Millwood, Virginia 22646
800-544-HOPE (4673)
projecthope.org

**Project HOPE Washington, D.C.,
Metro Office**

7500 Old Georgetown Road
Suite 600
Bethesda, Maryland 20814
301-656-7401

Project HOPE United Kingdom

B10 1-3 Ironbridge Road
Stockley Park West
Uxbridge, Middlesex,
UB11 1BT
United Kingdom

Project HOPE e.V.

Hummerichs Bitze 13
53229 Bonn
Germany
info@projecthope.de
projecthope.de

**Project HOPE Swiss International
Foundation**

c/o Reliance Trust
6 rue de Saint-Léger
1205 Geneva, Switzerland

For Field Office locations, contact
HOPE@projecthope.org

**project
HOPE**

