

Project HOPE Our HOPE

2006 Annual Report

Table of Contents

- 1 Letter from the President
- 3 Letter from the Chairman
- 4 Infectious Diseases: Our HOPE Faces Contemporary Challenges
- 8 Health Professional Education: Our HOPE Forms a Chain Reaction
- 12 Women's and Children's Health: Our HOPE Cultivates Communities
- 17 T-AH 19: Our HOPE of Yesterday—Today
- 20 Health Systems and Facilities: Our HOPE is a Child, Uninhibited
- 24 Humanitarian Assistance: Our HOPE Is a Conduit
- 28 *Health Affairs*
- 29 The Carter Hall Conference Center
- 30 Financial Summary



Cover: A Polish child recovers from surgery at University Children's Hospital in Krakow, Poland, February 2006. Through training of health professionals and the provision of equipment, Project HOPE has supported this facility specializing in neonatal and pediatric care since 1982.

This page: During the USNS Mercy's humanitarian deployment off Banda Aceh, Indonesia, a U.S. Navy officer and a Project HOPE volunteer study a patient's X-ray, July 2006.



Each year, as we look back on what Project HOPE has accomplished in the previous 12 months, we do our best to quantify our influence. We try to calculate the numbers of children treated, mothers educated, and local health care professionals trained. We tally the dollar value of facilities we've constructed or improved, and we add up the costs of medical equipment, medicines, and supplies shipped to countries around the world with pressing needs for humanitarian assistance, whether on an ongoing basis or as the result of a catastrophic event.

Such statistics are important and meaningful, but they tell only part of our story. The other part is told by the individuals whose lives are transformed through their interaction and relationship with Project HOPE. We share the tender stories of a few of those individuals in the pages that follow.

There's Polina, a Polish woman whose unborn baby was diagnosed with a serious heart defect. Today, her daughter, Julia, is three years old and has a bright future thanks to a Project HOPE-led training program that gave the surgical team at University Children's Hospital of Krakow the knowledge and skills to perform a delicate heart procedure. There's Eman Salman Mohamend Taie, who first came to our National Training Institute in Egypt as a trainee and who is now one of our most passionate trainers and patient advocates. And there's Diane Speranza, an emergency room nurse from

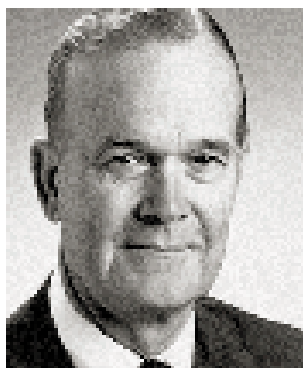
Florida who has traveled twice to the other side of the world as a Project HOPE volunteer.

However we measure success, this was another extraordinary year for Project HOPE—one that reaffirmed our position as one of the world’s leading international organizations devoted to sustainable improvements in health care. We invite you to read more about our progress and the lives that we have touched. And, as always, we thank you for your support that has allowed us to improve health and spread hope throughout the world.

A handwritten signature in black ink, appearing to read "John Howe", with a stylized flourish at the end.

John P. Howe, III, M.D.

President and CEO



Everyone who is a part of Project HOPE—our donors and lay volunteers, as well as our staff and medical volunteers—can be proud of what we achieved last year and every year since our founding in 1958. Each investment of time or resources is valuable in and of itself. And each generous contribution leverages additional investments, as well. Thanks to this ripple effect, Project HOPE is recognized as a world leader in the areas of women’s and children’s health, infectious disease, professional education, and health systems, facilities, and policy.

As we approach our 50th anniversary, Project HOPE intends to build on its extraordinary track record for success to better serve people, especially children, in areas of the world that lack human resources, expertise, or capacity. With your continued support, we will integrate medicine, health care training, and technology into a worldwide network of healing and hope. We look forward to sharing news of our activities with you in years to come.

A handwritten signature in dark ink, reading "Charles A. Sanders". The script is fluid and cursive.

Charles A. Sanders, M.D.

Chairman

Our HOPE Faces Contemporary Challenges

This year, Project HOPE continued and expanded programs around the world that address the prevention, treatment, management and social impact of HIV/AIDS and tuberculosis.

Each of the three African nations Project HOPE serves today is home to a program focusing on HIV/AIDS. Namibia joined Mozambique this year as the site of Project HOPE activities that provide assistance to families caring for orphans and vulnerable children who have lost one or both caretakers due to the disease. The new program in Namibia employs our Village Health Bank model, in which women receive small loans and health information to improve their families' quality of life. To inaugurate this important program, and to mark World AIDS Day, President and CEO John P. Howe, III, M.D., visited Africa with former Secretary of Health and Human Services and Project HOPE Board of Directors member Louis W. Sullivan, M.D. Meeting with national health authorities, Dr. Howe was told of

the health care human resources crisis that confounds the efforts of ministries of health to cover all these countries' regions and residents.

Earlier this year, Project HOPE expanded the geographic scope of an HIV/AIDS prevention program in Russia that has brought behavioral education to vocational school students ages 14 to 19 since 2003. With seminars for academic teachers, education managers, and health providers, the program aims to raise awareness of HIV/AIDS among 38,000 vocational students and to teach health care providers how to better communicate with adolescents about HIV/AIDS. This year, Project HOPE began a new phase to take the curriculum to five Russian regions for the next three years. This ambitious, four-year commitment in the world's largest country continues a history of service to Russia that began in 1989.

In the republics of Central Asia, the health workers Project HOPE has trained and the health systems it supports have treated more than 93,000 patients suffering from tuberculosis, while also helping prevent new infections. Project HOPE's training-of-trainers programs target various aspects of TB management, including laboratory diagnostics; Directly Observed Therapy Short-Course, or DOTS, implementation; national public awareness strategies; and product logistics management to monitor locations where anti-TB drugs are being distributed and used. Project HOPE's partners in the fight against TB have included the ministries of health of its host nations, the U.S. Agency for International Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the U.S. Centers for Disease Control.



Children in a small village in Mozambique. Civil war, floods, and drought have plagued this nation, as have outbreaks of infectious diseases such as cholera, measles, and meningitis.

MUSU VILTIS:

OUR HOPE IN LITHUANIA

Aligning its infectious diseases and health professional education priorities, and working with the Lithuanian AIDS Centre, Project HOPE conducted HIV/AIDS Education for Lithuania Program (HELP) earlier this year. This four-month program provides local professionals with an understanding of case management and network development; skills for developing and conducting prevention programs; and

strategies for imparting knowledge that reduce the risk of passing HIV/AIDS or re-infection.

Of the 60 trainees selected for each HELP training course, half are invited because of their existing knowledge and half are recruited from open applications. Trainees engage in team exercises that unite professionals of different disciplines—family physicians, social workers, health policymakers and specialists from the national HIV/AIDS center—whose work benefits

the same municipality. This approach reflects Project HOPE's commitment to solutions that are appropriate for the health infrastructure and cultural environment of those served. In keeping with Project HOPE's training-of-trainers methodology, one-fifth to one-half of HELP trainees will be given the knowledge and skills to instruct future courses.



Dr. Howe speaks with a patient of Katutura State Hospital in Namibia's capital, Windhoek.

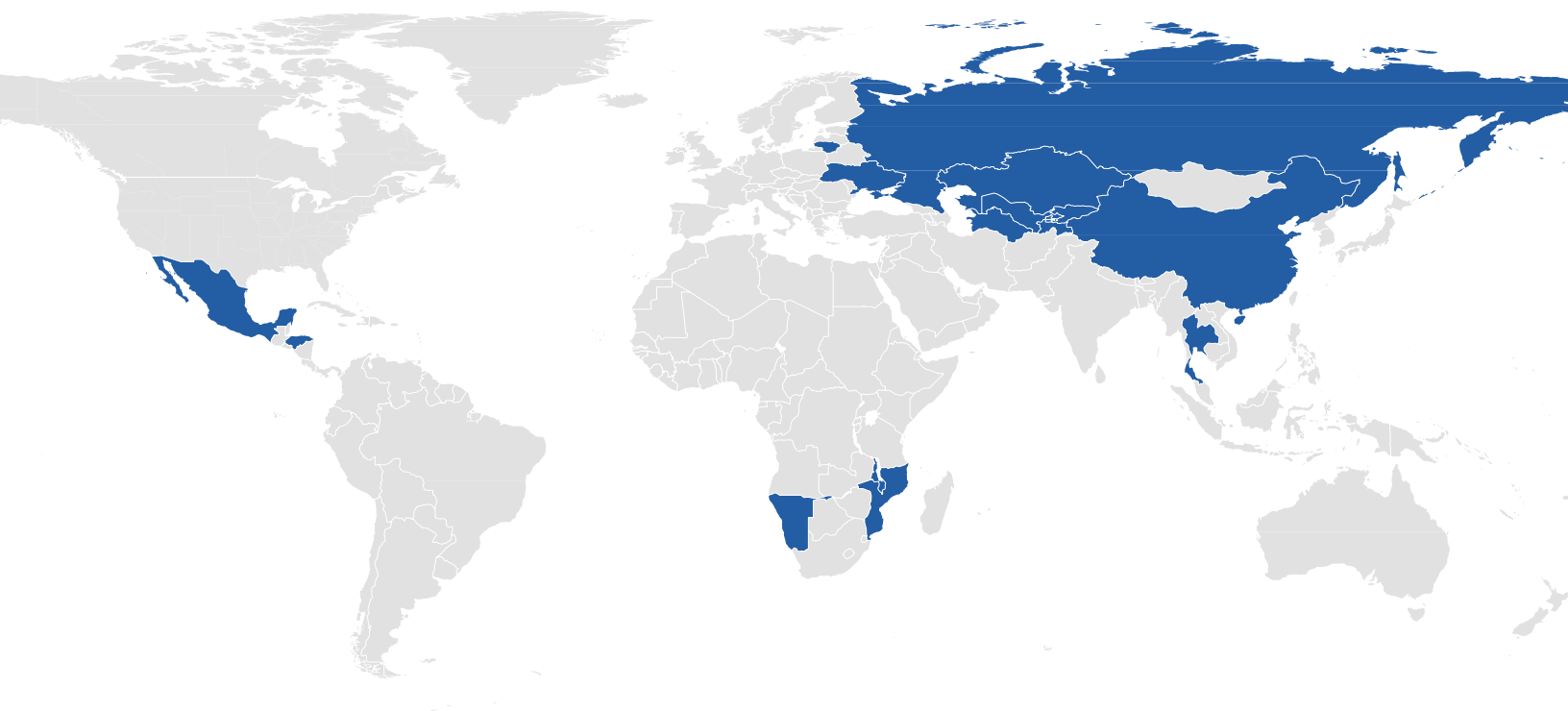


Children take shelter from heat and strong sunlight in Mozambique's Namarroi district.

Project HOPE's work in Infectious Diseases is in the following countries:

China
Honduras
Kazakhstan
Kyrgyzstan
Lithuania
Malawi
Mexico
Mozambique

Namibia
Russia
Tajikistan
Thailand
Turkmenistan
Ukraine
Uzbekistan



In Windhoek, a child receives a gift from Hon. Louis W. Sullivan, M.D., former U.S. Secretary of Health and Human Services and a member of the Project HOPE Board of Directors.



This little girl was among the children on a Namibian farm, the site of Project HOPE HIV/AIDS education in the workplace, June 2005.

Our HOPE Forms a Chain Reaction

The training of trainers has been an integral component of Project HOPE's approach to Health Professional Education since we first paired SS HOPE volunteers with their host-nation counterparts decades ago. Project HOPE continues to use its training-of-trainers model to make an impact beyond the regions that are home to its offices or program sites, and to reach audiences beyond those immediately served by Project HOPE personnel.

Project HOPE is exploring the feasibility of extending the duration and broadening the geographic reach of our existing health education programs. We are also considering opportunities to replicate successful programs in regions with similar personnel or training needs. Through this sustainable approach to Health Professional Education, Project HOPE initiates chain reactions that enable health professionals throughout the nations

served to update their skills. These efforts to widen the audience of health professional education have inspired Project HOPE's introduction to new host nations, and they mirror our work inviting new volunteers, organizations, and individuals to join the network supporting ongoing programs in 30 nations.



AMAL NA: OUR HOPE IN EGYPT

In Cairo, a 21st-century medical training facility that can impact health professionals beyond its walls has come into operation: the National Training Institute. A five-story building furnished with modern classrooms, mock-up laboratories with training mannequins, computers, and a conference auditorium wired for interactivity, this Project HOPE project links Egypt's providers of health services with its resources for medical education. It also facilitates electronic distance learning and provides an intra- and international setting for the sharing of approaches and technical skills applied in patient care.

At the NTI today, health care workers come to the institute for multi-day courses that include lecture and laboratory instruction. Many of the trainees have been practicing medicine for years and are already distinguished at their own health facilities. Their participation enables them to integrate knowledge, techniques, and tools presented by leading medical faculty such as visiting instructors from Cairo's Ain Shams University.

Consider NTI trainee-turned-trainer Eman Salman Mohamed Taie. A hospital matron with a doctoral degree, Eman is working to reverse the stigma against nursing that she observes in her country. She is eager to articulate that

a nurse's role today far surpasses that of physician's handmaiden.

Recognizing the importance of communicating to patients the complexities of their health conditions and treatment instructions in terms they understand, Eman hopes for more English language training for Egyptian nurses. She says that while English was the language of her medical education, Arabic is the language of her patients. She believes a nurse should be an excellent communicator in both languages. When Dr. John Howe visited Egypt in February, the country's Minister of International Cooperation shared Eman's hope as one of her own.

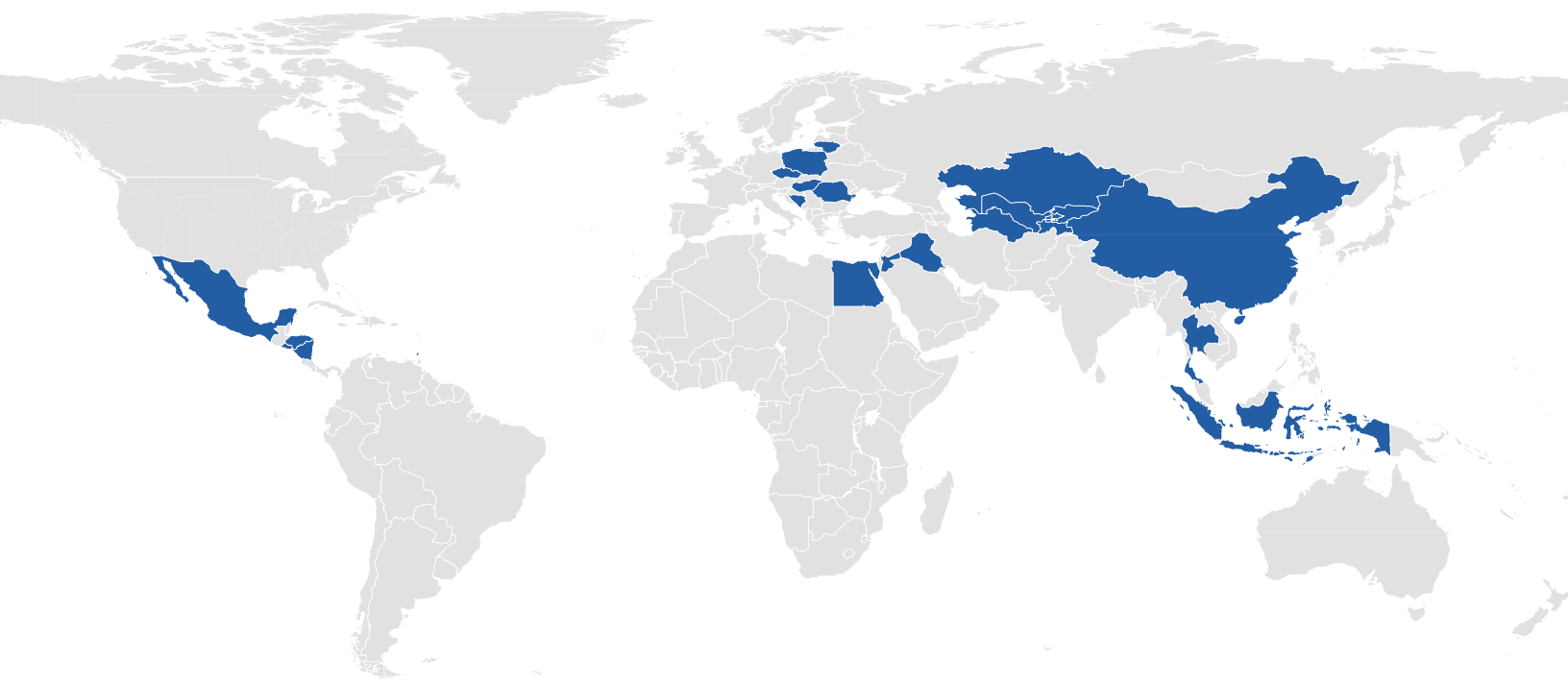


Project HOPE's work in Health Professional Education is in the following countries:

Bosnia
China
Czech Republic
Egypt
El Salvador
Grenada
Honduras
Hungary

Indonesia
Iraq
Jordan
Kazakhstan
Kyrgyzstan
Lithuania
Mexico
Nicaragua

Poland
Romania
Tajikistan
Thailand
Turkmenistan
Uzbekistan



To keep knowledge current, Project HOPE offers lectures and laboratory sessions for seasoned health professionals in the Middle East.

Our HOPE Cultivates Communities

Project HOPE is engaged in a range of activities that restore and develop health-oriented communities in locales where disaster, disease, poverty, and poor access to medical resources leave women and children vulnerable. These initiatives include Village Health Bank micro-credit programs in the Americas, Asia, and Africa, and other emerging efforts to serve host nations' needs and strengthen their local networks of health providers.

Project HOPE responded to the December 2004 South East Asian tsunami with ship-based volunteers and supplies during Operation Unified Assistance. Soon thereafter, we supported land-based activities in Indonesia to refurbish devastated hospitals and to provide basic health care for mothers and children in northern Sumatra. These ongoing programs renew our commitment to the first country we ever served, starting in 1960. Today Project HOPE operates from three offices in the northern communities of Banda Aceh, Medan, and Nagan Raya.

A number of the 210 Project HOPE volunteers who responded to the tsunami in early 2005 returned in smaller teams to support the ongoing land-based initiatives. These professionals have had rewarding opportunities to remain in contact and interact with young people in whom they have seen dramatic improvement over the months.

A Village Health Bank meeting presents breast health information in Guatemala in December 2005.



HARAPAN KAMI:

OUR HOPE IN INDONESIA

Project HOPE is currently implementing the World Health Organization's Integrated Management of Childhood Illnesses protocol in Nagan Raya, a district comprising coastal villages that sustained much loss of life and the displacement of thousands in the tsunami. We are also providing community health care through a *posyandu*

model—day-long events attended by mothers living within traveling distance—and developing training for midwives.

Project HOPE has formed an Indonesian staff of over twenty since the tsunami, a group that includes Dr. Nasaruddin Sheldon, Project HOPE's Program Director in Nagan Raya. A physician greatly admired by his Project HOPE colleagues and the Indonesians he has served, Dr. Nasar acts as a liaison between the program and Indonesia's local and national health authorities.

Dr. Nasar recalls a day on which local volunteers waded their way through deep mud to get to their patients, and afterward worked in wet clothes to ensure services could be provided as planned.

Project HOPE's team in Indonesia today admires both the resilience of the people of Aceh and the dedication of volunteer health workers continuing to reach out to them.



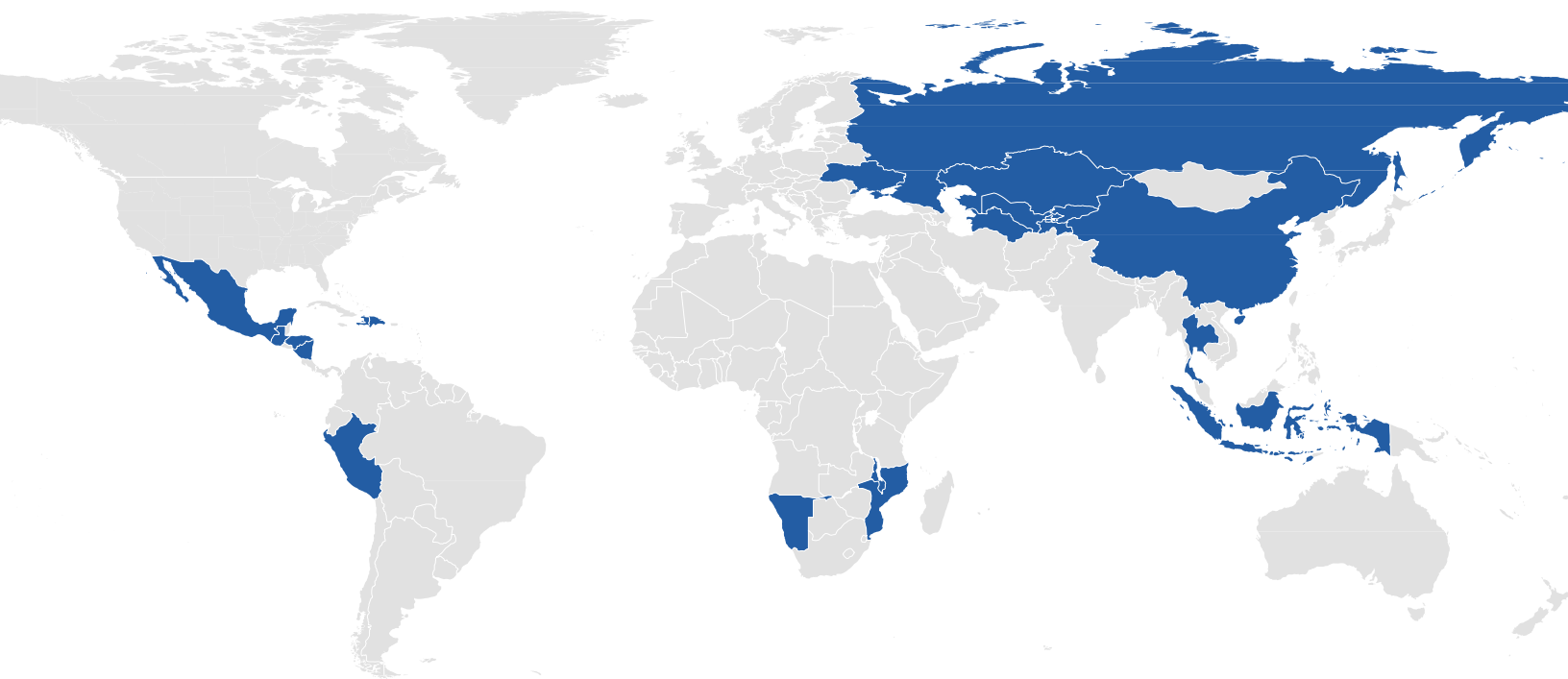
A child hangs from her mother's shoulders in Quetzaltenango.

Project HOPE's work in Women's and Children's Health is in the following countries:

China
Dominican Republic
Guatemala
Haiti
Honduras
Indonesia
Kyrgyzstan

Malawi
Mexico
Mozambique
Namibia
Nicaragua
Peru
Russia

Tajikistan
Thailand
Turkmenistan
Ukraine
Uzbekistan



Village Health Banks in the Americas empower mothers to improve health awareness among families and communities.



Mother and child await evaluation at a health clinic.

NUESTRA ESPERANZA:
OUR HOPE IN THE
DOMINICAN REPUBLIC

Project HOPE has a dynamic presence in the Americas and Caribbean, and this year marked the tenth anniversary of its partnership with the Dominican Association of the Order of Malta. Since 1996, two primary health care clinics have opened to serve Santo Domingo's Herrera neighborhood in the south and Monte Plata in the north. A third clinic is now in development for Haina, in a southern area lacking a community health facility.

Each of the two existing clinics was planned and implemented with a focus on eventual self-sustainability. After the success of the Herrera clinic, which became self-supporting in 2002, members of the Order of Malta donated land on which to build the Monte Plata facility. The two clinics are supported by modest fees for their services, which range from gynecological to pre-natal and pediatric. Today, the Herrera clinic sees about 120 patients daily, and more than 6,200 children have received checkups since the Monte Plata clinic opened in 2003.

Project HOPE President and CEO John P. Howe, III, M.D., accompanied Pfizer Global Health Fellow Zoe Kopp, RN, for the presentation of her evaluation of the clinics to Dominican Republic President Leonel Fernandez. Crediting their capable staffs and the collaborative and compassionate investments of each member, Kopp has called these two clinics the best she has seen in her work over twenty years and on five continents. Kopp's evaluation will now support the replication of the two clinics' approaches for future clinics in the Dominican Republic and other countries.



At Banda Aceh, Indonesia, a little girl explores a site where Project HOPE volunteers provided patient evaluations and immunizations.

Our HOPE of Yesterday—Today

This year, Project HOPE participated in a Humanitarian Assistance partnership that harkened back to our beginnings nearly fifty years ago: the proactive deployment of the USNS Mercy to four South East Asian nations. Supported with 50 civilian medical volunteers and a \$6.3 million shipment of partner-donated supplies, this was a mission of significance to the U.S. Navy, our 2005 tsunami and hurricane response partner. It was a mission of importance to the Project HOPE family, developing a new generation of repeat volunteers. And it was a mission of consequence for the United States, helping to dispel—through health expertise and care—the vilifying portrait those who oppose America paint for those without firsthand experience of our nation.



Fixed in the minds of many when they envision Project HOPE is an image of the SS HOPE, the hospital ship that conducted 11 medical humanitarian voyages with our volunteers between 1960 and 1974. In those years, SS HOPE went to Asia, Africa, the Americas, and the Caribbean, leaving an indelible memory of our volunteers' compassion with those served. Often, these missions catalyzed land-based activity to sustain improvements to local health care. In Indonesia's Aceh province, served by the USNS Mercy in 2005 and 2006, Project HOPE today conducts hospital refurbishment

and maternal and child health programs with a field staff operating from three offices.

The 2006 mission marked the USNS Mercy's return to the Philippines after almost twenty years. As in 1987, the 2006 mission deployed Military Sealift Command civilian mariners and medical personnel from the Air Force, the U.S. Public Health Service, and the Armed Forces of the Philippines, as well as from other host and ally nation militaries.

After departing from Manila in May 2006, the USNS Mercy and our volunteers served patients off Zamboanga, Jolo and Tawi-Tawi islands in

the Philippines. They then continued to Chittagong, Bangladesh; Nias and Simeulue islands, Indonesia; Banda Aceh, Tarakan and Kupang, Indonesia; and Dili, Timor Leste.

During their four rotations with the USNS Mercy, Project HOPE volunteers of various medical and nursing disciplines helped transport and receive 705 patients for major surgery—preparing these patients for the OR, performing their operations and later caring for them in the ship's Post Anesthesia Care Unit and patient wards. Dispatched from the ship to local health and community facilities, volunteers



Clockwise from bottom left: Project HOPE volunteer Don Chaffer, M.D., examines a patient at Chittagong, Bangladesh; Child at Banda Aceh, Indonesia; Volunteer Charles Thornsvard, M.D., at the Central Sanatorium

of Mindanao; A boy sits in line for evaluation at Zamboanga, Philippines; Navy Cmdr. Lynn Leventis and HOPE volunteer Mary Herlihy, M.D., operate together to remove a large fibroid tumor; Helping to celebrate

his birthday, volunteer Diane Speranza, RN, accompanies Jolo's Ben for a scan prior to surgery; Five-year-old Bryan waits to be seen by an American physician at Recodo Elementary School.

also helped provide evaluations for patient after patient, prescribing medications and administering more than 10,000 immunizations. Throughout their mission, the HOPE volunteers interacted with patients and their families through shipmates and local health workers serving as translators. They worked long hours in harsh environments, performing universally recognized acts of compassion. Through service on the USNS Mercy, volunteers met unforgettable shipmates and patients, and some experienced joyful reunions with people they helped after the December 2004 tsunami.

Like the American ambassadors who visited the USNS Mercy during the ship's 2006 deployment, Mercy's integrated military and civilian crewmembers were ambassadors of health extraordinary and plenipotentiary. These skilled, giving professionals from every corner of the United States represented fellow health professionals and fellow Americans well, supported by the high-tech, high-capacity facilities of a tertiary-care hospital ship functionally similar to America's largest trauma hospitals.

Returned to the U.S. Navy in the 1970s, the ship SS HOPE no longer exists. However, its legacy of

ship-based, land-applied concepts of medical humanitarian assistance and medical diplomacy is as tangible as the artifacts housed at International Headquarters today. Looking forward, and with your help, our hope is that patients of Mercy in 2006 will one day tell Project HOPE, as patients and colleagues of SS HOPE and the USNS Mercy's 2005 mission already have, *We remember when the ship was here, and then you came back.*



HEALTH SYSTEMS AND FACILITIES:

Our HOPE is a Child, Uninhibited

Children are our collective future. As Project HOPE approaches its golden anniversary in 2008, we have placed a special emphasis on the health of the world's children by designating and supporting regional Centers of Excellence.





Project HOPE's Centers of Excellence showcase our effectiveness in the needs-tailored planning of health facilities, the development of health education curricula, and the delivery of vital medicines and technology. The 50th anniversary Centers of Excellence include the three pediatric hospitals Project HOPE has helped develop in the years since 1982—the University

Children's Hospital in Poland, the Shanghai Children's Medical Center, and the Basrah Children's Hospital in Iraq. Looking ahead, Project HOPE recognizes that sustained support of these hospitals is essential, as they face challenges to meet the high demand for their services and to maintain an up-to-date and full inventory of pediatric equipment.

NASZA NADZIEJA:
OUR HOPE IN POLAND

Project HOPE's oldest pediatric Center of Excellence is the University Children's Hospital of Krakow (formerly the Polish American Children's Hospital). The center serves as a refuge for families from across Eastern Europe who are in need of complex neonatal procedures for their most vulnerable members. The facility is a 567-bed tertiary care specialty hospital with 21 inpatient wards, a neonatology operating theater, and a rehabilitation pool among its features.

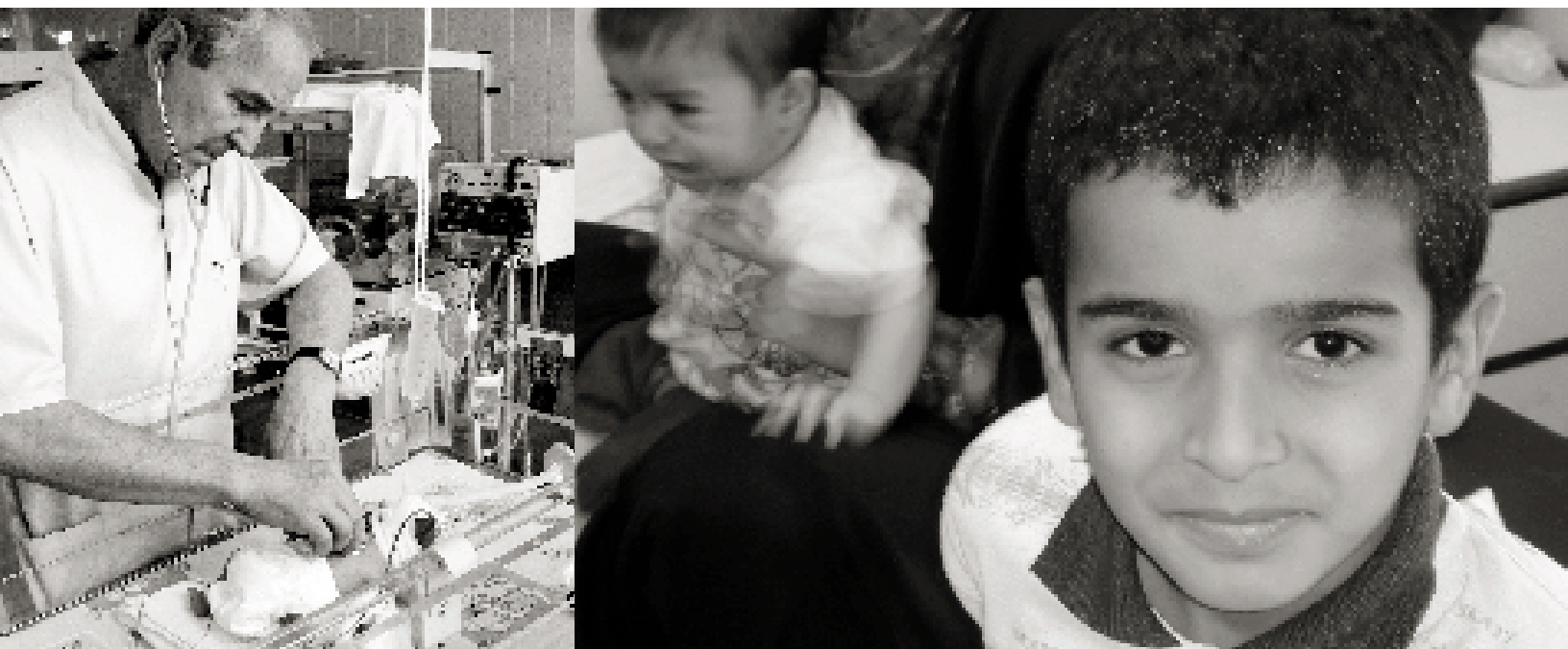
UCH's expert staff and volunteers have saved many lives and improved countless others dramatically—including

ing that of a now three-year-old girl named Julia, who was diagnosed with a heart defect while her mother, Polina, was still pregnant. Predicting that Julia would have a life of poor quality and short duration if she survived, the family's health providers recommended terminating the pregnancy. Seeking an alternate solution, Polina came to University Children's Hospital, where she underwent a successful surgery.

Children like Julia are the reason we hope for a brighter future for so many others who live near an existing or planned Center of Excellence. Their successes provide one motivation for Project HOPE volunteers and partners to invest greatly of their time and

energy. Their successes also explain why in Shanghai, over 29,000 volunteer hours of vital services have been shared with the children of China since a second pediatric hospital continued this legacy in 1998.

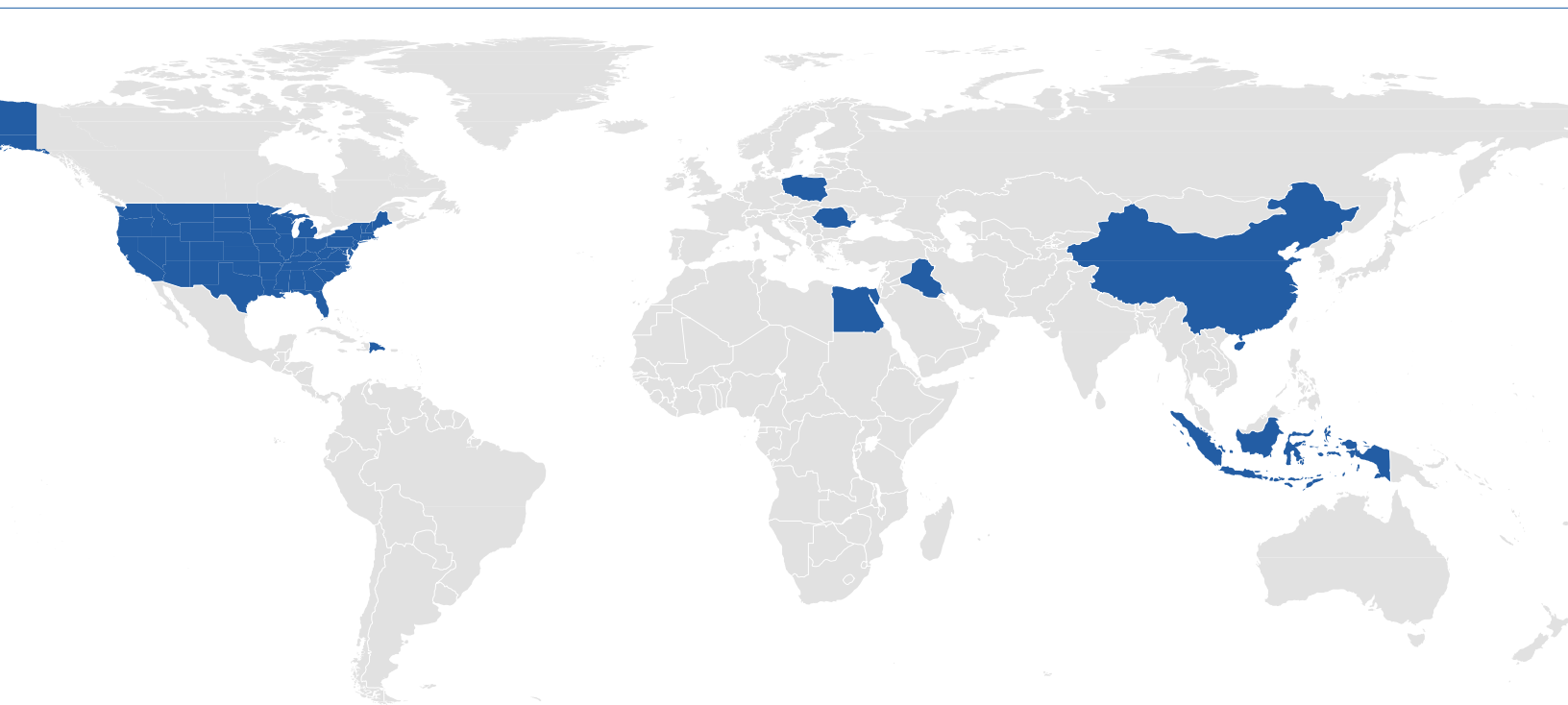
Whether opening a training center to modernize the skills of a country's existing professionals; partnering with a nursing school to avoid a future human resources crisis among health workers; or placing specialized equipment in the reach of professionals who can use it to save lives, Project HOPE identifies and builds on existing beacons of hope, right on the doorsteps of those we serve.



University Children's Hospital of Krakow, Poland, a Project HOPE regional center of excellence, specializes in neonatal and pediatric surgery.

Project HOPE's work in Health Systems and Facilities is in the following countries:

China	Iraq
Dominican Republic	Poland
Egypt	Romania
Indonesia	United States




In December 2005, a child walks through mountains of waste at a dump in Nicaragua.



Our HOPE Is a Conduit

In 2005 Project HOPE resumed the activities with which it started nearly five decades ago in South East Asia. In 1958, Project HOPE received stacks of applications in response to its rallying cry for America's health professionals to cross oceans to help people help themselves. This year Project HOPE volunteer teams once again embarked for service abroad with a hospital ship for their vehicle.



The ships that were home to the volunteers for intervals of three weeks to over three months, the USNS Mercy and the USNS Comfort, are modern-day equivalents of the U.S. Navy vessel USS Consolation, which later became SS HOPE. Variations on the concepts of help and compassion, these ships' names express the values put into action by the ships' medical crews and by Project HOPE volunteers.

Oil tankers modified to contain floating hospitals in the 1980s, the USNS Mercy and the USNS Comfort are each nearly 900 feet long and house a Medical Treatment Facility that provides the same services offered by modern trauma hospitals. Through the unique partnership with the U.S. Navy, Project HOPE medical volunteers worked side-by-side with the Navy medical personnel to deliver care to people living in poverty and with health issues most Americans would

find intolerable. Leaving loved ones and the comforts of home, Project HOPE volunteers this year shared their professionalism and compassion with struggling communities that, in the words of one volunteer, "had no clue" Americans cared. They laid the groundwork for land-based programs that, after their departure, extended Project HOPE's presence in communities they and their shipmates had served.

Project HOPE volunteer Diane Speranza, RN, administers immunizations at Banda Aceh, July 2006.

**SPERANZA NOSTRA:
OUR HOPE IN THE
LEGACY OF SHIP-BASED
VOLUNTEERS**

Through its 50-year history, Project HOPE has known many repeat volunteers for whom “hope” could be a middle name. Today, their legacy rests with individuals like Diane Speranza, RN, a Florida emergency room nurse who has built a second career as a volunteer for organizations including Project HOPE.

Diane had previously traveled to volunteer her services during the conflicts in Kuwait and Bosnia. After the South East Asian tsunami in 2004, Diane wanted to help the people of Banda Aceh in person. Through Project HOPE and its partnership with the USNS Mercy for Operation Unified Assistance, Diane fulfilled her desire.

In October 2005, after one mission aboard the USNS Mercy, Diane and her husband attended a reunion of Project HOPE alumni in San Francisco. Asked then if she would return

should the USNS Mercy and Project HOPE partner in the future, she said, “Absolutely. I would love to do another mission.” And she did, participating in three of four consecutive rotations.

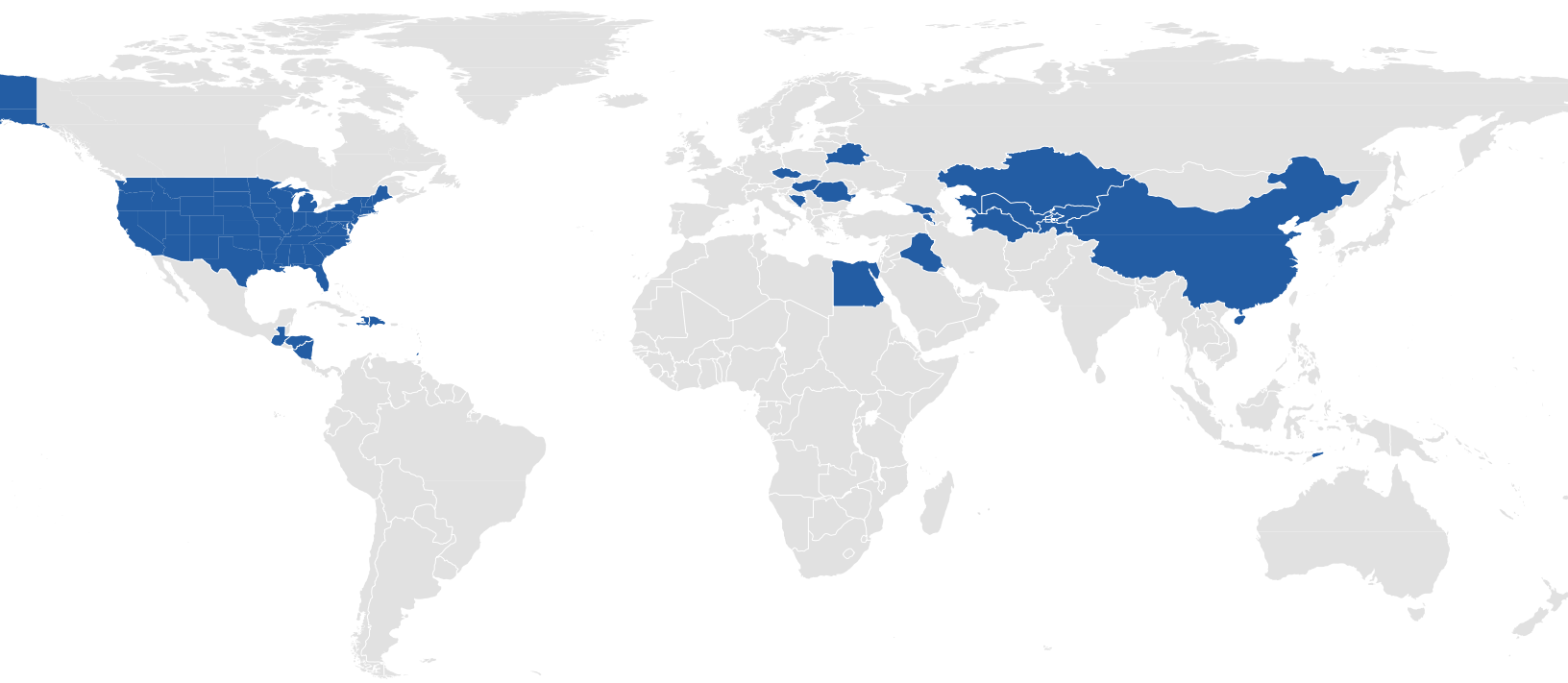
Whenever health providers find themselves willing but unable to go to the other side of the world to address a disaster or persisting need, we hope they will remember people like Diane, and know that they can.



Responding to the May 27, 2006, earthquake at Yogyakarta and supporting its volunteers aboard the USNS Mercy, Project HOPE delivered a \$6.3 million shipment of medical supplies to South East Asia.

Project HOPE's work in Humanitarian Assistance is in the following countries:

Armenia	Georgia	Kyrgyzstan
Belarus	Grenada	Nicaragua
Bosnia	Guatemala	Romania
China	Haiti	Tajikistan
Czech Republic	Honduras	Turkmenistan
Dominican Republic	Hungary	United States
East Timor	Iraq	Uzbekistan
Egypt	Kazakhstan	



A Project HOPE registered nurse volunteer checks a boy's vital signs aboard the USNS Mercy in the Philippines, June 2006.

As *Health Affairs* approaches twenty-five years of publishing the leading edge of health policy thought and research, the journal continues to grow in readership and impact. Published by Project HOPE since late 1981, the print subscriber base has risen to an all-time high of 11,300, with nearly 40,000 print readers. The online readership grew 37 percent from 8 million pageviews in FY05 to nearly 11 million in FY06. As of January 2006, the journal is averaging 1 million pageviews per month, and user sessions reached nearly 3 million in FY06.



Impact: *Health Affairs'* impact in bridging the gap between research and policy-making was highlighted this past year when Founding Editor John K. Iglehart was awarded the AcademyHealth Chair Award in June 2006 for significantly contributing to moving health services research into policy and practice. He is only the third honoree to receive this prestigious award. Surveys also point to *Health Affairs'* impact on the legislative process. From January to June 2006, the journal was cited 18 times in testimony before Congress—more than any other health policy journal and comparable to the level of policy citations from the *New England Journal of Medicine* and *JAMA*. Press mentions—another measure of impact—also reached over 2,000 for FY06, including many citations in the *Washington Post*, *New York Times*, *Wall Street Journal*, and NPR, among others.

Theme issues: The journal continued its pattern of publishing five of its six bimonthly issues as theme issues. An additional theme issue was published online. The September/October 2005 issue focused on health care information technology (HIT) and was hailed as a “tour de force” by national HIT coordinator David Brailer. Other theme issues included:

- Rethinking Health Reform
- Hospital Mission Vs. Market
- Global Health Priorities
- Mental Health: Progress & Pitfalls
- Health and Spending of Future Elderly (Web-based theme issue; Sept 26, 2005)

Global health policy: *Health Affairs* made strides in expanding its global health policy content and outreach through its five-year grant from the Bill and Melinda Gates Foundation. In September, Philip Musgrove, an economist formerly with the World Bank, joined the journal staff as Deputy Editor in charge of global health content. Several papers on vaccine and new drug development for diseases plaguing the developing world were published in the March/April 2006 issue, highlighted at a press conference, and cited in congressional testimony in April.

New topic area: *Health Affairs* launched a new editorial effort in FY06 to build a dialogue between the worlds of health policy and science/innovation. Barbara Culliton, a top scientific journalist and elected member of the Institute of Medicine, was hired as deputy editor for this project. To launch the project, she has conducted interviews with major biomedical research leaders, including National Institutes of Health Director Elias Zerhouni and Nobel Laureate David Baltimore, both of which were published online at www.healthaffairs.org. Merck Foundation and Institute for Health Technology Studies (InHealth) were the initial project funders. The Pew Charitable Trusts also has joined as a funder.

Funding highlights:

- Robert Wood Johnson Foundation renewed a \$1.8 million three-year grant to publish two theme issues, continue Health Tracking and GrantWatch sections of the journal, and reach out to the media on health policy issues
- The number of corporate funders doubled from five in FY05 to ten in FY06

THE CARTER HALL CONFERENCE CENTER

Rooted in Project HOPE's history, The Carter Hall Conference Center has become a place where we draw from an inspiring past, looking forward to an equally inspiring future, and share this special place of inspiration with conference and retreat groups.



The Carter Hall Conference Center is located on the grounds of the 18th Century Northern Virginia estate Carter Hall, a National Register of Historic Places property since 1973. Hosting conferences for today's health care leaders and Project HOPE supporters, The Carter Hall Conference Center fulfills a purpose the foundation recognized when establishing its headquarters in Millwood in 1977, through the generosity of long-time supporters, to provide a quiet, historic setting for discussion of worldwide health opportunities and challenges, as well as their solutions. In addition to Project HOPE's annual Leadership Conference, The Carter Hall Conference Center has hosted a number of organizations with international interests, including the U.S. Food & Drug Administration; Save the Children; and China's Wuhan University.

The Clarke County Educational Society met and stayed at Carter Hall for the first time this year. This progressive organization brought together an international group of individuals from the academic, business, government, and scientific communities and included Nobel Prize winners and congressional representatives. Guest speakers brought heightened awareness to issues surrounding the directive to improve math and science school programs for the county's high school students. For two days, the group discussed perspectives on how to impart knowledge to students while preserving their creativity and the ways that advances in science and technology have changed teaching methodologies.

Eleanor Smalley, the Superintendent of Clarke County Public Schools, stated,

"The education summit was a tremendous success for the Clarke County Schools. Part of that success is attributable to the beautiful surroundings and facilities at Carter Hall. You and your staff are to be commended for your work in assisting us in making this a memorable event."

The Carter Hall Conference Center, the centerpiece of the 212-acre property in the Shenandoah Valley, offers the latest in conference technology, comfortable guest accommodations, and a commitment to individualized service. In expanding the Carter Hall guest list, Project HOPE continues to fulfill the original vision for the property—that Carter Hall should be used to support and promote groups coming together to create a better world for not only those less fortunate, but also to help inspire and elevate those individuals who have the drive and desire to be catalysts for change.

FINANCIAL SUMMARY

For the years ended June 30, 2006 and 2005

Project HOPE—The People-to-People Health Foundation, Inc.

	2006	2005
	(in thousands)	(in thousands)
Revenue and Support		
Individual giving	14,505	17,646
Foundations and corporations	11,788	15,549
Corporate gifts-in-kind	106,554	92,758
Governments	13,344	15,011
Subscription revenue	1,674	1,497
Other revenue	2,838	1,881
Total revenue and support	150,703	144,342

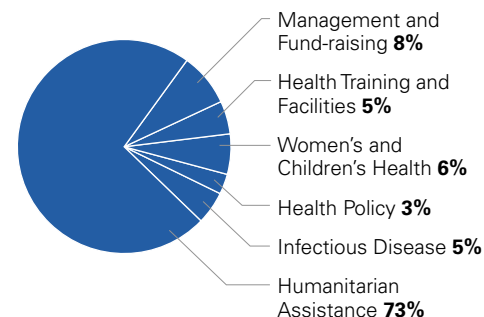
Expenses and Changes in Net Assets

Programs services		
Health education and assistance programs	135,374	122,194
Health policy programs	4,733	4,334
Total program services	140,107	126,528
Supporting services		
Fund-raising	6,935	5,985
Management and general	4,859	4,589
Total supporting services	11,794	10,574
Total expenses	151,901	137,102
Changes in net assets from operations	(1,198)*	7,240
Nonoperating changes in net assets		
Net gain on investments	860	806
Change in net assets	(338)*	8,046
Net assets, beginning of fiscal year	44,379	36,333
Net assets, end of fiscal year	44,041	44,379

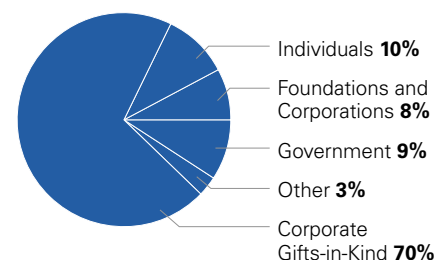
Project HOPE's complete audited financial statements with an unqualified opinion by KPMG LLP are available on request.

* The shortfall of revenues against expenses for 2006 reflects in-kind donations received during 2005 which were not expensed until the beginning of 2006.

FY 2006 Expenses



FY 2006 Revenues



MANAGEMENT'S REPORT AND LETTER FROM THE AUDIT COMMITTEE CHAIR

From day-to-day operations to management decisions, accurate and timely financial information improves the efficiency and effectiveness of Project HOPE's activities worldwide. Project HOPE has a responsibility to accurately account for the funds you have entrusted to us and is committed to ensuring that every doctor, nurse, educator, and family we serve receives the most from your donation.

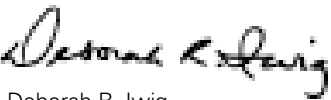
At the close of the 2006 fiscal year, Project HOPE marked record-high donations. We attribute this growth to an increase in corporate gifts-in-kind and strong support from individual, corporate, and foundation gifts as well as government grants. These gifts totaled more than \$150 million in cash contributions, donated medicines and medical supplies, and volunteer support.

We also continued our historic practice of dedicating more than 90 percent of every dollar to program activities. We are proud of both 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 previous page. To receive a copy of the full report, please contact Project HOPE's Finance Department at (800) 544-HOPE (4673).



Deborah R. Iwig
*Vice President and
Chief Financial Officer*

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 the auditing firm KPMG LLP, 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

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 non-profit 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, pooled income fund, or by the transfer of appreciated securities or real estate, personal residence or farm, or life insurance policies. Project HOPE's Gift Planning 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 1-800-544-HOPE (4673) or, if you prefer, write in care of:

Attention: Anthony T. Burchard
Vice President, Development and Communications
Project HOPE
Millwood, Virginia 22646-0250

**Foundation and
Corporate Support**

3M Company
3M Foundation
7 Eleven, Inc.
AARP Andrus Foundation
Abbott Laboratories
Abbott Pharmaceuticals
AdvaMed
Alcon Laboratories, Inc.
AMB Foundation
American College of
Cardiology
American Medical Association
Amgen, Inc.
AstraZeneca
B B & T Charitable Foundation
Baxter International
Foundation
BD
Beverly Enterprises
Blue Shield of California
Foundation
Boehringer-Ingelheim Corp.
Boston Scientific Corp.
Bristol Myers Squibb
Company
Bristol-Myers Squibb Medical
Imaging
C. R. Bard Foundation, Inc.
California Healthcare
Foundation
California Wellness
Foundation
Cardinal Health
Cephalon, Inc.
Clinton Foundation
Commonwealth Fund
Computer Sciences Corp.,
Inc.
Corina Higginson Trust
Dibner Fund, Inc.

Eli Lilly & Company
Ernst and Gertrude Ticho
Charitable Foundation
Ethicon, Inc.
ExxonMobil Foundation
Federation of American
Hospitals
FedEx
Foundation for the MidSouth
Fulbright & Jaworski LLP
Genzyme Corporation
GlaxoSmithKline
H.C.R. Manor Care
Hospira, Inc.
Institute for Medical
Technology Innovation
J. T. Tai & Company
Foundation, Inc.
J.E. Roberts Companies
John A. Hartford Foundation,
Inc.
John D. and Catherine T.
MacArthur Foundation
Johnson & Johnson
King Pharmaceuticals
Loomis, Sayles & Company
Mary Lynn Richardson Fund
Massachusetts General
Hospital
McNeil Consumer Products
Co.
Medtronic, Inc.
Merck & Co., Inc.
Morgan Stanley
National Philanthropic Trust
Newman's Own Foundation
Northstar Travel Media, L.L.C.
Nutrogena
O P I Products, Inc.
Orthomerica Products
Partners Health Care Systems
Pentair Foundation
Pew Charitable Trusts

Pfizer Foundation
Pfizer, Inc.
Pharmaceutical Research and
Manufacturers of America
Philips Medical Systems
Physicians Practice Inc.
Praxair Foundation, Inc.
Procter & Gamble
Project HOPE Japan
Project HOPE League of
Metropolitan Detroit
Rand Corporation
Robert Wood Johnson
Foundation
Roche Diagnostics
Ronald McDonald House
Charities
S.R.A. International, Inc.
San Antonio Area Foundation
Sandoz Pharmaceuticals
sanofi pasteur
SBC Services, Inc.
Schering-Plough Corporation
Shur-Lok Corporation
Southern Surgical Association
Thomas Anthony Pappas
Charitable Foundation
Toward Sustainability
Foundation
Trammell Crow Company
Tyco Healthcare
U.S. Oncology
United Health Group
Valero Energy Foundation
W. K. Kellogg Foundation
W. W. Norton
Warburg Pincus Foundation
Winthrop, Inc.
Women's Division for Project
HOPE
Wyeth Pharmaceuticals
Young Green Foundation

Project HOPE has established a Legacy of HOPE Society to honor individuals who have remembered Project HOPE in their estate plans or have established life income arrangements for Project HOPE. If you have already remembered Project HOPE in your estate plans, please contact Beverly Schreck at 1-800-544-HOPE (4673) and let her know so that we can thank you appropriately for such a meaningful commitment and welcome you into the Legacy of HOPE Society.

Inez Abrahamson	Ms. Nancy L. Bruen	Mary R. (Mrs. John C.) Ewing
Michael J. Ackerman	Mary Jo Aden Burton	Mr. and Mrs. Henry T. Feige
Ms. Julia E. Adkins	Theodore Busk/trust f/b/o Shirley E. Busk	Eleanor A. Finnin
Peggy (Margaret) Ahlgren	Flora M. Butler	Paul Flick
Frederick D. Amsler	Dorothy B. Campbell	Mary E. Flowers
Dorman and Janice Anderson	Robert J. Carlson	Mrs. H.P. Forman
Margaret Anderson	Ms. Lynne Cartland	Ms. Mary Forman
Robert Anderson	Mr. and Mrs. Wally Chipman	Florence M. Frazier
Kathe Arzdorf	Mary Chisholm	Robert B. Friedman
Ms. Ada M. Austin	Mario Christovao	Ms. Evelyn B. Froise
Dr. Frank L. Babbott	M. Malcolm Chubb	Joseph T. Gaffney
John T. Bailey	Bret Cipes	Ronald Gerega
Mary Balfour	Wilbur M. Clark	Stan M. Getz
Mrs. Carl B. Ballengee	Valerie Cook	Dorothy T. Geyer
Ms. Virginia M. Bankhard	Dr. and Mrs. H. James Cornelius	Henriette J. Gill
Laird Barber	William D. Crooks III	Benedicta Ginkiewicz
Dorothy Barre	Margaret A. Crowl	E. Earl and Judith Ginn
Jean Barton	Joe and Pamela Cunningham	William E. Goggin
Anne H. Bayless	Jacquelyn R. Dabney	Ms. Caroline Goldsmith
Philip and Virginia Beach	Miss Carol B. Davis	Ms. (Alexandra) Marianna Graham
Mrs. Mary R. Beatty	Hermine S. Dawson	Norma Gray
Renee Beauregard	Tom L. and Annette W. Deleot	Gary Green
Mrs. Lenore Bechtoldt	Mr. Pat Delmore	James Grindlinger
Dan and Leola Bedsole	Mrs. Carolyn Derr	Mrs. Martha (Edward) Hacala
Ms. Wilhelmine E. Behnken	Mrs. Jeanne B. Dillon	Roberta Abbe Hallowell
Paul D. Bendit	Nimrod C. and Ellen T. Dinar	Eugenie L. Hamner
Evelyn Benz	Barbara J. Doerner	Dr. and Mrs. James H. Harris
Elizabeth J. Berry	Frank and Madeleine Drew	John Hayward
Dr. Patricia Blackman	Jane C. (Mrs. William C.) Drorbaugh	Ruth Hazlett
Ruth Bloechle	Mr. and Mrs. Jesse C. Dutra	Graham Heikes
Stanley Bohrer	Mr. James C. and Mrs. Margaret N. Eaton	Donald P. Heim
John P. Boright	Alfred D. Egendorf	Mrs. Beatrice C. Herdman
Marianne Brannon	Christine D. Ehlers	Robert W. Hewitt
Ms. Virginia Breed	Dale and Lillian Eickman	Mr. and Mrs. Robert H. Hiller
Martha Briscoe	Esty Epstein	Ms. Evelyn M. Hinkamp
Ms. B. Broemsen	Edward Escher	Martha Hoess
Dorothy M. Brogan		Mrs. Julius H. (Sibyl) Holder

Dr. Gwynne L. Horwits	Robert Luth	Betty D. Patterson, Ph.D.	Marjorie A. Thatcher
Mr. and Mrs. Robert W. Hungate	Ann MacGregor	Cynthia Payne	Ms. Fran and Friedman Thomas
Judith Segard Hunt	Dr. Edward Maggione	Betty Andrews Peckman	Dr. Audrey Tillmann
Dorothea M. Isleib	Mrs. Charmian and Charles T. Maitland	Dagmar Pfander	Effie Geraldine Tinkham
Walter J. Jacobs	Daniel Manfredi	Roy Phelps	Leroy G. Trowbridge
Joanne Jene	Stuart and Dorel Manley	Suzanne K. Plumly	Ms. Hope Troyer
Ms. Marilyn Johnson	Mrs. L. Margolese	Vieno P. Pope	W. Kenneth Trunnell
Maurice F. Johnston	Leo Markowski	Margaret Poythress	Ms. Charlotte M. Turner
A. Armen Kandarian	Florence Marous	Thomas S. Purvinis	Florence E. Twyman
Michael J. Kara	Eva M. McCroskey	Fred C. Raesecke	Edith E. Vaughn
Mrs. Mary B. Kasbohm	Ms. Carmel McKay	Edward Rawson	Ms. Mary C. Vawter
Hildegard Katz	David McKechnie	Mrs. John C. Reece	Ruthe E. Vigness
Ms. Frances V. Kehr	Robert K. McKee	Ms. Helen Doss Reed	Ms. Yvonne Villate
Elizabeth Kennedy	Mildred O. McMahon	Richard and Karen Roberts	Emily N. and Bobby E. Vincent
Diana Kincannon	William K. McMillon	Ronald R. Robinson	Ms. Jane W. Waterhouse
Dr. Robert Kirk	Mae Belle McPherson	Helen F. Roeske	Mrs. Ruth Creighton Webster
Julia Koehler	William O. Mehlich	Mrs. Helen P. Rogers	Marjory F. Weiss
Arthur Kohn	Leon D. Menke	Drs. Eli and Janet Marley Rose	Harvey M. Weitkamp
Reti Kornfeld	Sandra E. Merritt	Duane E. and Doris A. Rubsam	Nancy Welfer
Wm. F. and Maria H. Krause	Miss Dorothea S. Meyers	Garrett Rush	Eloise Wellington
David and Lynn L. Krigbaum	Mrs. Grace Miller	Oliver Scheele	Constance V. R. White
Daniel C. Kubacki	Frank J. Mininni	Hubert J. Schlafly	Mrs. Roger Crawford White
Emma B. Kuehnle	Hannah Moyer	Jerald Schmidt	Mr. and Mrs. H. Frederick Whitney
Wallace A. Kuoni	Mrs. Eleanor A. Murphey	Helen L. Schneider	Ms. Virginia H. Wilcox
Mr. and Mrs. Royce W. Ladd	Mrs. Barbara A. Neff	Beverly A. Schneider	Sarah Rowland Wilson
Gretchen (Gluben) Lally	Henry W. Nelson	Anna E. Schneider	Clara L. Winter
Daniel Lam	Theodore J. Nicou	Mrs. Jeanette E. Sills	Nina L. Yarnell
Mr. Richard L. Ledman	Mrs. Mary-Louise (Foltz) and Anderson O'Day	Walter Skorupski	Eugene and Mary Zak
Dr. Edmon B. and Mrs. Vita C. Lee	Monsignor Patrick O'Neill	Carol E. Sorensen	Mrs. Helen Zuckert
Louis Levi	Mary Louise Oates	Mrs. Julian (Margaret) Stanley	
Mrs. Renee Levin	Ms. Elizabeth D. Orr	John Staskavitch	
Ms. Charlotte Y. Lin	Ms. Patricia C. Ostrow	Mrs. R. F. (Vesta B.) Stearn	
Caroline Lowsma	Margaret E. Palecek	Ms. Wei Su	
Ms. Rosemary Ludwig	Lilly Pappas	Ms. Hideko Tamanaha	
Mr. and Mrs. Donald R. Lundgren	Ms. Carmen Pappas	Jon J. Tanja	
Jane W. Lusk		Donna Tanner	
		Edward C. Tarte	

Project HOPE Board of Directors

Charles A. Sanders, M.D.,
Chairman
Retired Chairman & CEO
GlaxoSmithKline

Arno Bohn
Bohn Consult GmbH
William F. Brandt, Jr.
Director and Co-Founder
American Woodmark

Mrs. Edward N. Cole
Briar Patch Ranch
Nancy T. Chang, Ph.D.
Chief Executive Officer
Tanox, Inc.

Richard T. Clark
President & CEO
Merck & Company, Inc.

Sue Desmond-Hellmann, M.D.
President, Product Development
Genentech, Inc.

John W. Galiardo
Jack M. Gill, Ph.D.
President
The Gill Foundation

Franz B. Humer
Chairman & CEO
F. Hoffman-LaRoche, Ltd

Robert A. Ingram
Vice Chairman
GlaxoSmithKline

Joseph M. Mahady
Senior Vice President
Wyeth

Gerhard N. Mayr
Retired Executive Vice President
Pharmaceutical Operations,
Eli Lilly & Company

J. Michael McQuade, Ph.D.
Senior Vice President,
Science and Technology
United Technologies Corporation

Viren Mehta, Pharm. D
Mehta Partners LLC

Dayton Ogden
Chairman
SpencerStuart Worldwide

Steven B. Pfeiffer, Esq.
Chair of the Executive Committee
Fulbright & Jaworski LLP

James E. Preston
Retired Chairman
Avon Products, Inc.

Stephen H. Rusckowski
Chief Executive Officer
Philips Medical Systems

Curt M. Selquist
Company Group Chairman
Johnson & Johnson Healthcare
Systems

Louis W. Sullivan M.D.
President Emeritus
Morehouse School of Medicine

Henri A. Termeer
Chairman, President & CEO
Genzyme Corporation

Karen Welke
Retired Group Vice President
3M Company

Bradley A. J. Wilson
Chief Executive
OnMedica Group Plc

Asia Advisory Board Members

Göran S Malm, Chairman
Chairman & Chief Executive Officer
Boathouse Limited

Philip S. Carmichael
Ivy Chiang

Ms. Vivien Chou
Director
Sutherland Management Co Ltd.

Dr. Anita Chan, MBE, JP
Chairman & Chief Executive
Bonds Group of Companies

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

F. K. Hu
Chairman and Senior Managing Director
Ryoden (Holdings) Ltd.

Herman S M Hu
Executive Director
Ryoden (Holdings) Ltd.

Katsuto Kohtani
Chairman
Agilent Technologies Japan, Ltd.

J. S. Lee
Lee Hysan Estate Co Ltd.

Vincent H. S. Lo
Chairman
Shui On Holdings Ltd.

Christine Mar
Senior Executive Director
Project HOPE Hong Kong
Foundation Limited

Steve Chen-nan Tsai
Chairman
Hsin Lai Construction Co. Ltd.

Mr. Edmund Tse
Chairman & Chief Executive Officer
American International
Assurance Co Ltd.

C. C. Tung
Chairman
Orient Overseas (International) Ltd.

George Ty
Chairman
Metropolitan Bank & Trust
Company

William B. Walsh
Vice President
Inmed Org

Project HOPE United Kingdom

Bradley A. J. Wilson, Chairman
Chief Executive
On Medica

Eddie Gray
General Manager and SVP
GlaxoSmithKline-UK

John P. Howe, III, MD
President & CEO
Project HOPE

Nicholas Lowcock
Managing Director
Warburg, Pincus & Co
International LLP

Dr. Teresa McCarthy
Consultant, Pharmaceutical and Healthcare

Charles A. Sanders, M.D.
Retired Chairman & CEO
GlaxoSmithKline

Clive Holland
Executive Vice President
Grey Worldwide

Mr. Brian Gunson
Chairman
Munro and Forester
Communications

Keith Tompson

Project HOPE Deutschland

Management Board

Arno Bohn, Chairman
Chairman of the Board
Bohn Consult
Unternehmerberatung

Gerhard Krammer, Dipl. Ing.
Vice Chairman of the Board

Wolfgang Bayer
Siemens AG – RD Med

Dr. Wolfgang Blumers
Kanzlei Blumers & Partner

Michael Dreher
Philips Medical Systems

Rüdiger Plessner
Jan van den Berg

Christian Weinrank
Medtronic GmbH

Administrative Board

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

Professor Dr. Claude Krier
Medical Director
Katharinen Hospital Stuttgart
Dr. Konrad Westrick

Advisory Board

Hans-Dietrich Genscher
Bundesminister a.D.

Norbert Quinkert
CEO
Motorola GmbH

Dr. Irmgard Schwaetzer
Bundesministerin
a. D., mdB

San Francisco Advisory Board

Anthony Chan
Larry Chan
Art Chase
Patrick Conley
Stuart Fong
Walter S. Fong
James Ho
Dr. Wing K. King
Joseph W. Kwok
Justice Harry W. Low
Irene Yee Riley
Hon. Mae C. Woo
Barbara C. Yee

Executive Staff

John P. Howe, III, M.D.,
President & CEO

James B. Peake, M.D.,
Executive Vice President and Chief Operating Officer

Anthony T. Burchard
Vice President
Development and Communications

Deborah Carl
Vice President
Human Resources and Administration

John Iglehart
Founding Editor
Health Affairs

Deborah R. Iwig
Vice President and Chief Financial Officer

Stuart L. Myers
Interim Senior Vice President
International Operations

Gail R. Wilensky, Ph.D.
Senior Fellow

PROJECT HOPE ONGOING PROGRAMS

Africa

- 1 Malawi
- 2 Mozambique
- 3 Namibia

Latin America and the Caribbean

- 4 Dominican Republic
- 5 Grenada
- 6 Guatemala
- 7 Haiti
- 8 Honduras
- 9 Mexico
- 10 Nicaragua
- 11 Peru

Asia and the Pacific

- 12 China
- 13 Indonesia
- 14 Thailand

Central and Eastern Europe

- 15 Bosnia
- 16 Czech Republic
- 17 Hungary
- 18 Lithuania
- 19 Poland
- 20 Romania

Middle East

- 21 Egypt
- 22 Iraq
- 23 Jordan
- 24 Oman

Russia/Eurasia

- 25 Kazakhstan
- 26 Kyrgyzstan
- 27 Russia
- 28 Tajikistan
- 29 Turkmenistan
- 30 Ukraine
- 31 Uzbekistan



International Headquarters Project HOPE

Millwood, Virginia 22646
800 544-HOPE (4673)
540 837-1813 (fax)
www.projecthope.org

Washington, D.C., Office

7500 Old Georgetown Road
Suite 600
Bethesda, Maryland 20814
301 656-7401
301 654-0629 (fax)

Project HOPE United Kingdom

c/o Wilson Building
Stockley Park West
Uxbridge, Middlesex
UB11 1BT
United Kingdom

Project HOPE Deutschland e.V.

Hummerichs Bitze 13
53229 Bonn
Germany



Project HOPE
International Headquarters
Millwood, Virginia 22646
800 544-HOPE (4673)
540 837-1813 (fax)
www.projecthope.org