



How can **1,000 creative young leaders** make **health equity** a reality?

**Global Health Corps**  
is finding out.

**GLOBAL  
HEALTH  
CORPS**

ANNUAL REPORT  
2014 - 2015

# MISSION

Global Health Corps' mission is to mobilize a global community of emerging leaders to build the movement for health equity. We are building a network of young changemakers who share a common belief:

**Health is a human right.**



## Dear Friends,

It has been nearly seven years since my co-founders and I were tasked with the challenge to engage the next generation of global health leaders. We believe the most powerful lever of change in global health is leadership. We remain humbled to spend every day building a movement of visionary young leaders who represent a diversity of backgrounds and are united in their commitment to ensure health equity worldwide.

When we began this journey in 2009, we never could have imagined that six years later, more than **20,000 young, creative, and driven leaders** would have applied for **nearly 600 fellowship positions** across Eastern and Southern Africa and the United States. Today, the Global Health Corps (GHC) community is impressive and far-reaching, with buzzing hubs of fellows and alumni spread across the globe. From organizing grassroots efforts that advance sexual and reproductive health rights in Zambia, to establishing community-run health centers in rural Uganda, to serving on the frontlines of the Ebola crisis and recovery efforts in West Africa, the GHC talent pipeline proves how critical resilient leadership is to improving health systems and realizing health as a human right.

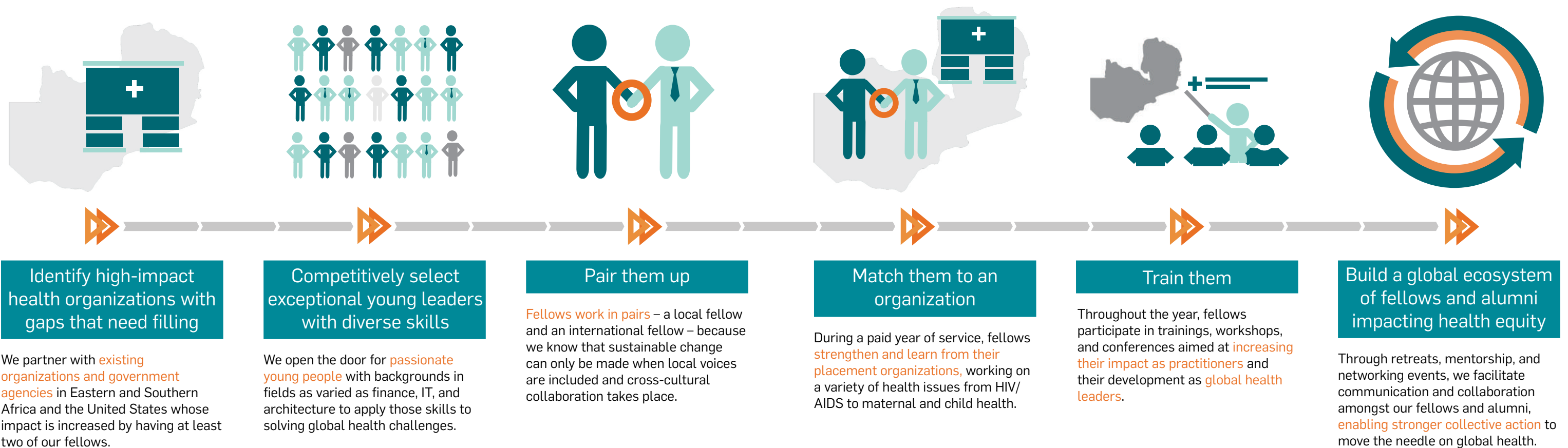
As our community and our movement continue to grow, we are grateful for the constant inspiration, guidance, and partnership we receive along the way. As collaborators in our mission, we are honored to work with each of you as we make health equity a reality for everyone, everywhere.

With gratitude,  
Barbara and the Global Health Corps Team

# LETTER

# HOW GHC WORKS

GHC fellows provide the critical skills to fill leadership and management gaps in the global health field, in turn driving improvements in health equity, in Burundi, Malawi, Rwanda, Uganda, the United States, and Zambia.



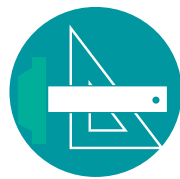


# OUR IMPACT



## Policy & Advocacy

Fellows with **PATH** in **Zambia** conducted surveillance to support ongoing research into malaria elimination strategies. Their findings were translated into the first mass drug administration campaign, which enjoyed high levels of community participation and extensive public support from traditional leaders, in order to ensure malaria, a preventable and treatable disease, did not spread during the rainy season.



## Architecture

Fellows with **MASS Design Group** in **Rwanda** worked to design the new 170,000 square foot Munini District Hospital, with 300 beds and a specialized design to reduce the spread of airborne infections.



## Communications

Fellows with **Population Media Center (PMC)** in **Burundi** improved awareness of maternal and child health issues through the use of behavior change communications, and oversaw PMC's radio-delivered health information program—an initiative providing education to improve maternal and child health behaviors through radio.



## Direct Service

Fellows at **Millennium Villages Project** in **Uganda** planned and executed a large scale event in honor of Global Hand Washing Day. Seeking to promote hand washing in schools and communities, 1,114 school children and 900 parents participated and were educated about sanitation best practices.



## Workforce Training

To implement **mothers2mothers'** Mentor Mother programming, ensuring HIV+ expectant mothers can give birth to HIV- babies in **Malawi**, fellows facilitated the recruitment process for 27 new Mentor Mothers and managed their training. They are now prepped and armed with the knowledge needed to support HIV/AIDS healthcare teams in their communities.



## Fundraising

Fellows at **ACODEV** in **Uganda** wrote a successful grant proposal and increased the operating budget by \$100,000 per year for the next four years. Through this grant, ACODEV hired four new staff members and began working with local communities to advocate for increased access to health services.



## Partnership Development

Fellows at **IntraHealth International** in **Washington, DC** collaborated with large media and policy making institutions to author a report on the incidence of violence against health workers worldwide, garnering global media coverage, including from *The New York Times*, and the passage of a UN General Assembly resolution with 62 UN mission co-sponsors.



## Technology

At **CHAMP** in **Zambia**, fellows researched and implemented new data collection technology to reduce the waiting time for test results from six weeks to one day. As a result, life-saving programmatic decisions were made in real time and communicated to the public.



## Supply Chain

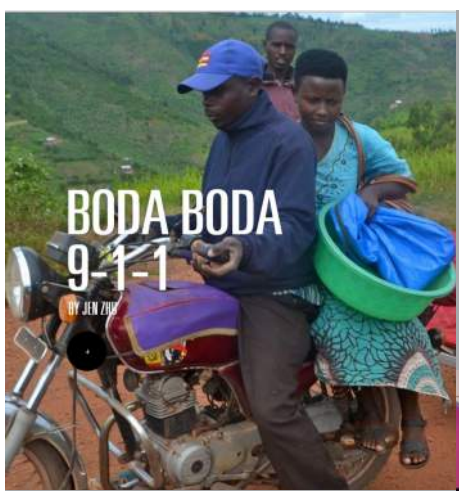
At **Inter-American Development Bank** in **Washington, DC**, fellows navigated supply chain requirements in three countries to ensure local community members had enough micronutrient supplements to feed 4,000 children every day for 18 months.



We are implementing a new communications strategy, leveraging key global moments and cross-sector opportunities, to further amplify the voices of GHC fellows and alumni as effective, influential leaders in the health and social justice space. From writing widely circulated op-eds, to speaking on high-visibility global health panels, and being featured in top-tier media coverage, GHC is emerging as a global force. In Fall 2015, we launched our publication, AMPLIFY, on Medium, which provides a singular space for new voices in global health leadership to tackle health equity and social justice issues with a global lens.



His Excellency Paul Kagame, President of the Republic of Rwanda and the Honorable Minister of Health Dr. Agnes Binagwaho joined our year-end retreat to celebrate the accomplishments of the 2014-2015 fellowship class. As we work to strengthen and deepen our presence in each of our placement countries, ongoing support from President Kagame and the Rwandan Ministry of Health is invaluable and humbling.



2014-2015 Uganda fellow **Jen Zhu** reported a story on boda boda ambulance drivers in Ruhira Parish on **Slate's Roads and Kingdoms**, which was then re-circulated by Melinda Gates.

CEO Barbara Bush presented her "big idea" for global health on the opening night of the **2015 Aspen Ideas Festival: Spotlight Health** and moderated a panel on the future of global health leadership featuring GHC alums **Estefania Palomino** and **Bryan Eustis**.



*Fast Company* published an in-depth piece on GHC's model of bringing **non-traditional health sector talent** into the global health field, featuring a slide show highlighting the work of seven fellows and alums.

**Rebecca Rwakabukoza**, 2014-2015 Uganda fellow, was invited to deliver a TED talk at **TEDxNakaseroWomen** in May. Rebecca spoke on identity and storytelling within the context of Ugandan feminism.



*The New York Times* columnist **Nick Kristof** profiled GHC's model of harnessing the passion and commitment of millennials in his Sunday column, which was the most viewed article that week and syndicated 13 times nationwide, reaching millions.

2014-2015 Zambia fellow **Angel Chelwa** authored a narrative on **AllAfrica.com** about the "Don't MINimize Me" march she organized to address street harassment and sexualized violence in Lusaka.





# OUR FELLOWS



**98%**

of fellows reported that the GHC fellowship experience influenced the way they think about their career and future

**95%**

of fellows would like to remain actively involved in the GHC community

**50%**

of fellows were offered continuing positions at their placement organizations...

...and **25%**

will remain with their placement organizations

## Next Steps for 2014-2015 Fellowship Class

**57%**

of alumni have joined global health organizations

**15%**

of alumni are pursuing graduate & professional degrees

**13%**

of alumni have joined the private sector or start-ups

**7%**

of alumni are employed in government agencies

**7%**

of alumni work in academic and research institutions

*"My passion for studying insects has been rightly directed to a more meaningful cause; eliminating malaria, one of Africa's greatest enemies. My fellowship year has enhanced my leadership practices. My desire to remain in a field I knew so little about has deepened. I really can't see myself out of global health, not fighting for social justice. This is my life now."*

— Kochelani Saili, 2014-2015 fellow, PATH Zambia

## CAITLIN STEVENS

Health Systems Strengthening Fellow

After graduating from North Carolina State University with a degree in international studies, Caitlin completed a year of AmeriCorps service with the Philadelphia Health Corps where she co-ran a medication assistance program for under-insured patients at a community health center in West Philadelphia. She also spent time at the Philadelphia Department of Public Health, focusing on quality improvement for eight city health centers.

## IMMACULATE KYARISIMA

Health Systems Strengthening Fellow

Hailing from Kigali, Rwanda, Immaculate completed her studies in nursing sciences from the Kigali Health Institute. She then worked as a school nurse at the Rwanda Turkish International School, and at Kinyihira Hospital as Head Nurse of Surgery and Assistant Chief Nurse. Immaculate previously volunteered in a refugee camp where she assessed human rights violations in marginalized communities and advocated for refugees in different ministries.

## GAP FILLED at HEALTH BUILDERS

Demonstrating the power of the GHC network, both fellows reported to a supervisor (now Executive Director) who is a GHC alum. Caitlin and Immaculate worked to introduce continuous positive airway pressure (CPAP) devices to Rwandans suffering from acute respiratory infections (ARI), a devastating health issue primarily affecting young children. The use of CPAP devices is a sustainable intervention that is improving health outcomes for thousands of Rwandans, particularly infants.

## IMPACT

Helped deliver CPAP machines and train hospital staff in the effective use of these life-saving devices in ten district hospitals, representing catchment areas including over one million people

Efforts are responsible, in part, for a 4% reduction in deaths stemming from neonatal prematurity and ARI during the first six months of program implementation at the district hospitals

Designed data systems to track progress of their efforts, enabling comparison of the results against the baseline situation prior to the CPAP introduction

## WHERE ARE THEY NOW?

Post-fellowship, Immaculate is continuing her work at Health Builders, fueling the power of GHC leadership at the organization, and Caitlin is seeking community health and development opportunities in the United States.



Placed at  
**HEALTH BUILDERS**  
in  
**RWANDA**

Caitlin & Immaculate

# Nicole & Albertina

Placed at  
**ZAMBIA**  
**MINISTRY**  
of  
**HEALTH**



## GAP FILLED at ZAMBIA MINISTRY of HEALTH

Nicole and Albertina served to inform the Zambia Ministry of Health of where health systems successes were happening and where to best allocate limited resources, particularly around HIV/AIDS, malaria, and tuberculosis care.

## IMPACT

Improved the capacity of the Ministry's Disease Surveillance Control and Research Unit by evaluating the quality of care at all second-and-third-level hospitals, representing catchment areas of more than 8.6 million people

Supported a range of research and grant-seeking initiatives aimed to improve information collection and knowledge sharing by Zambia's health authority

Co-authored multiple peer-reviewed papers for dissemination among other researchers globally

## WHERE ARE THEY NOW?

Nicole and Albertina are both continuing their work with the Zambia Ministry of Health, Nicole as a Program Analyst and Albertina as a Knowledge Translation Officer.

## NICOLE MADDOX

Senior Research Associate

Nicole previously worked as a healthcare analyst for the Government Accountability Office. While in graduate school at the University of Arkansas studying for a degree in public service, she spent seven months in Kenya assisting the Nairobi Women's Hospital in evaluating cancer treatment protocols and creating sustainable solutions towards improving outcomes for patients with cancer.

## ALBERTINA MORAES

Senior Research Associate

Originally from Zambia's capital city, Lusaka, Albertina attended the University of Zambia where she received a Bachelor of Science in biological sciences. Driven by her desire to better the state of healthcare in her home country, Albertina then chose to pursue a Master of Public Health in population studies. As a part of her graduate studies, she researched morbidity and mortality among adolescents and their children in the Luapula province.

Placed at  
**VECNA CARES**  
**CHARITABLE**  
**TRUST**  
in **BOSTON**



# Olivier & Meg

## GAP FILLED at VECNA CARES

Olivier and Meg helped Vecna Cares sustain and scale existing projects and launch several new initiatives, focusing on building systems that close the information gaps between patients, caregivers, and decision makers across the globe.

## IMPACT

Implemented four new software projects in the US and abroad, and scaled existing work in Kenya, Nigeria, and Haiti

Developed data tools to measure the impact of Vecna Cares' CliniPAK software in Nigeria, where clinicians have been able to record over 80,000 healthcare visits with 22,102 visits with expectant mothers having at least one follow-up visit

Created a CliniPAK development and deployment system for an Ebola response workflow for organizations responding to the crisis in Liberia and Sierra Leone

## WHERE ARE THEY NOW?

Olivier was hired on full-time at Vecna Cares, where he works on the development of CliniPAK, a workflow based software solution to allow patients' data capture. Remaining situated within the GHC community, he reports to a GHC alum and works closely with a current GHC fellow. Meg is based in Rwanda, working at The Women's Bakery, a social enterprise providing business and culinary training to women in the local community.

## MEG NORTH

Program Manager

Meg previously worked in Rukungiri, Uganda as a program coordinator for the Initiative to End Childhood Malnutrition. While in Uganda, she completed research on integrating family planning services into current Ugandan national guidelines for treatment of malnutrition, a key component to completing her Master of Public Health from Boston University.

## OLIVIER DUSABIMANA

Program Manager

Originally from Burundi, Olivier holds a bachelor's degree in software engineering. While in school, he co-founded Geek Solution, an IT startup specializing in software development and website creation. As a lead developer, Olivier conducted and actively participated in more than seven IT projects including building websites, custom web-based applications, online radio streaming, and bulk SMS services.



## 2014 - 2015 Partner Organizations

### Burundi

CARE International  
FVS-AMADE  
LifeNet International  
Population Media Center

SOUL Foundation  
Spark Microgrants  
Uganda Health and Development Associates  
UNICD  
Uganda Village Project

### Malawi

Art and Global Health Center  
Clinton Development Initiative  
Clinton Health Access Initiative  
Dignitas International  
Imperial Health Sciences  
Malawi Ministry of Health  
mothers2mothers  
Partners In Health  
Youth Empowerment and Civic Education

### United States

Boston Public Health Commission  
Boys & Girls Club of Newark  
Children's Health Fund  
Covenant House  
Global Health Delivery Project at Harvard University  
Grameen PrimaCare  
The Grassroot Project  
HIPS  
Inter-American Development Bank  
IntraHealth International  
Last Mile Health  
Marie Stopes International  
Planned Parenthood Federation of America  
Single Stop USA  
Together for Girls  
Vecna Cares Charitable Trust

### Rwanda

Elizabeth Glaser Pediatric AIDS Foundation  
Gardens for Health International  
Health Builders  
MASS Design Group  
Partners In Health  
Rwanda Ministry of Health

### Uganda

ACODEV  
Baylor College of Medicine  
Children's Foundation Uganda  
Clinton Health Access Initiative  
Elizabeth Glaser Pediatric AIDS Foundation  
Infectious Disease Institute  
Jhpiego  
Joint Clinical Research Centre  
Kyetume Community Based Healthcare Programme  
Nyaka AIDS Orphans Project  
Ruhira Millennium Villages Project

### Zambia

Afya Mzuri  
Akros  
CIDRZ  
CHAMP  
Elizabeth Glaser Pediatric AIDS Foundation  
PATH  
Population Council  
Society for Family Health Affiliate of PSI  
Zambia Ministry of Health



**96%**

of partners reported that they would host GHC fellows again

**94%**

of partners reported that having a fellow was "critical" and "contributed positively" to the success of their organization

**68%**

of partners reported that fellows' skills exceeded those generally recruited by their organizations

**78%**

of partners reported that GHC fellows brought skills that were not previously represented at their organizations

**20%**

of partners have multiple generations of GHC fellows working for them

*"Our organization has employed 20 GHC fellows since 2010, many of whom have continued to work for us years after their fellowship period. The role of our GHC fellows has been so critical that I have no doubt our organization would not be where it is today without them."*

— Tyler Nelson, Executive Director of Health Builders, Rwanda; 2014-2015 GHC fellow supervisor; 2012-2013, GHC Rwanda fellow at Health Builders

*"A new set of fellows every year gives us a new perspective and fresh ideas."*

— Dr. Stephen Chu, Monitoring and Evaluation Coordinator, Dignitas International, Malawi; 2014-2015 GHC fellow supervisor

# OUR PARTNERS



# OUR ALUMNI

“Global Health Corps molded me into the person that I am today.”

— Nargis Shirazi, 2011-2012 GHC Uganda fellow at Millennium Villages Project, named one of Melinda Gates' 2013 "Most Inspiring Women"”



To more intensively support our growing community of nearly 600 collaborative and driven social justice leaders, GHC has built out our alumni programming over the last year to ensure ongoing professional and leadership development throughout their careers. In the past year, GHC has created a team solely dedicated to alumni leadership development and career advancement, and designed comprehensive Leadership Summits held in our community hubs: Eastern Africa, Southern Africa, and the East Coast of the United States.



## GHC Alumni Programming

We have developed a multi-pronged program based on our fellowship curriculum with a range of **initiatives** and **opportunities** to support our alumni community as they continue their careers to advocate for and improve health systems.

- 1. Connect.** GHC facilitates ongoing, tight-knit network building through Alumni Chapters and Committees at hubs around the world, providing community members a platform to share learnings, workshop professional problems, and organize for collective action.
- 2. Reflect.** GHC is committed to building a community grounded in awareness and resiliency, and offers all alumni programming in partnership with Still Harbor, a leader in interior formation framework building.
- 3. Amplify.** GHC offers ongoing advocacy and communications training and support around media, public speaking, and writing to ensure strong, effective, and diverse voices amongst our alumni community of changemakers.
- 4. Lead.** GHC provides continued professional development opportunities and coaching to our community, supporting alumni as they grow as leaders throughout their careers.

**90%**

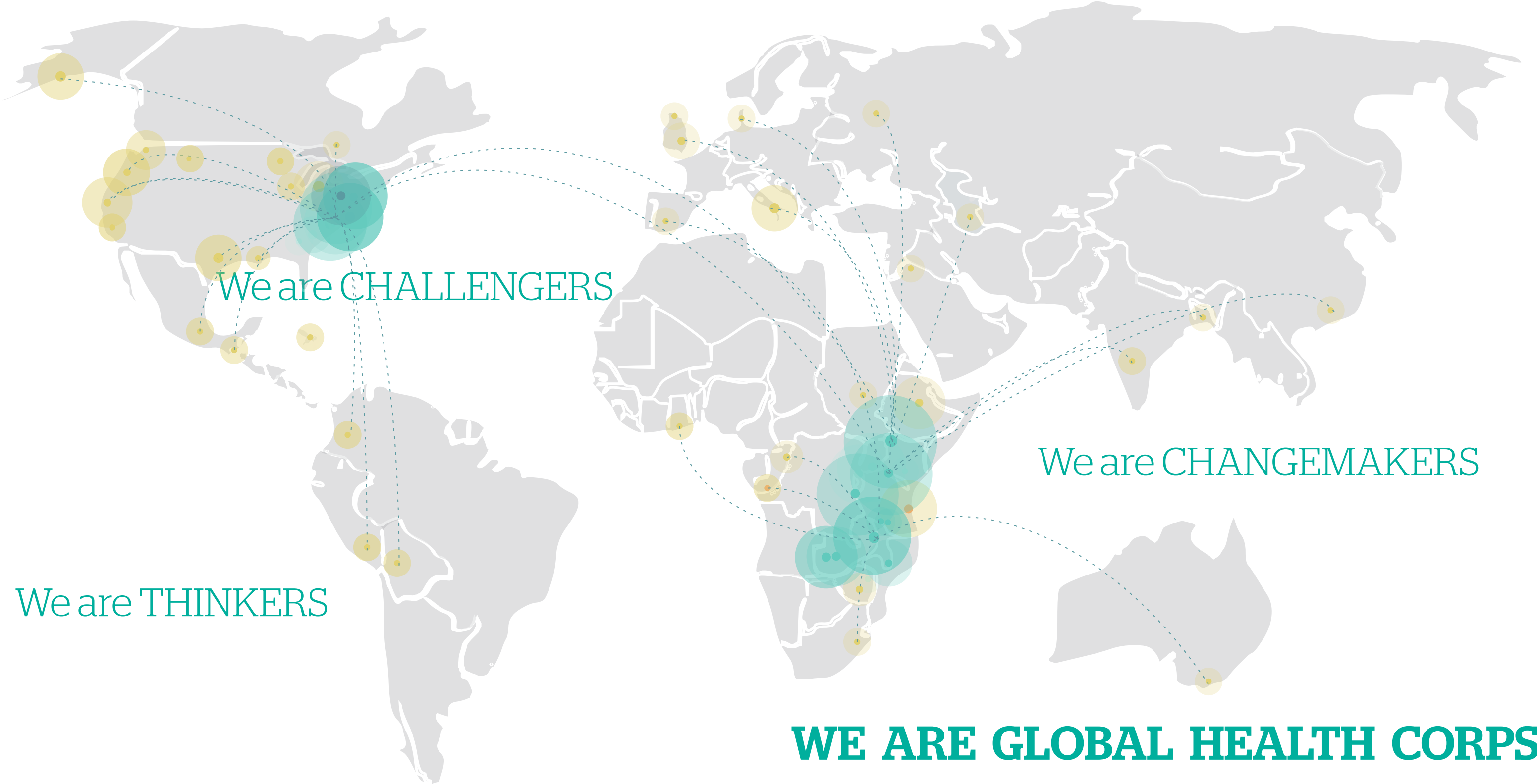
of GHC alumni continue to work on global health or social justice issues

**92%**

of GHC's African alumni continue to work in African countries or are pursuing graduate work abroad

**84%**

of GHC alumni say that GHC has made them more comfortable and effective in positions of leadership



We are CHALLENGERS

We are THINKERS

We are CHANGEMAKERS

**WE ARE GLOBAL HEALTH CORPS**



# IMPACT

# LEVELS

Global Health Corps works to create impact at **three levels** across the global health space.

We work closely with front-line health organizations worldwide to help them identify gaps in their capacity to improve health outcomes. We then work to meet this demand with **highly-trained young leaders and managers.**

GHC develops individual leaders and continues to seed the health field with top talent while fostering the **strong, vibrant network** within which these young leaders are situated.

Fellows

Partners

Field

## Impact Level 1: Our Fellows

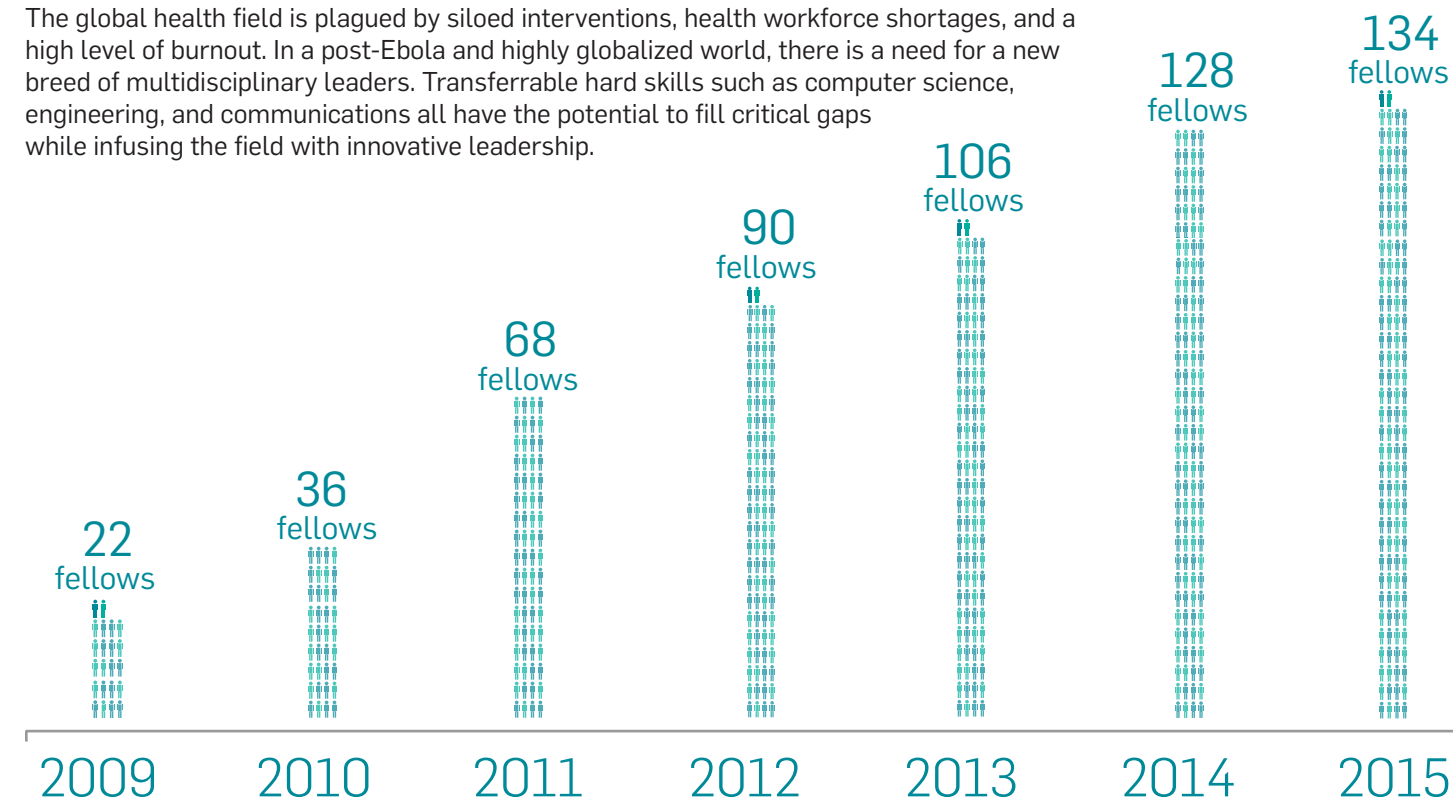
Building the next generation of global leaders

What makes GHC unique?

We competitively recruit diverse young talent from around the world. Many come from non-traditional backgrounds, nearly 45% are African, and nearly three-quarters are female – all underrepresented voices in global health leadership. Our fellows represent less than 3% of the applicants who applied. Through a comprehensive leadership training curriculum, we emphasize systems thinking and excellence in management, alongside storytelling, advocacy, and resiliency.

Why does this matter?

The global health field is plagued by siloed interventions, health workforce shortages, and a high level of burnout. In a post-Ebola and highly globalized world, there is a need for a new breed of multidisciplinary leaders. Transferrable hard skills such as computer science, engineering, and communications all have the potential to fill critical gaps while infusing the field with innovative leadership.



# IMPACT LEVELS

## Impact Level 2: Our Partners

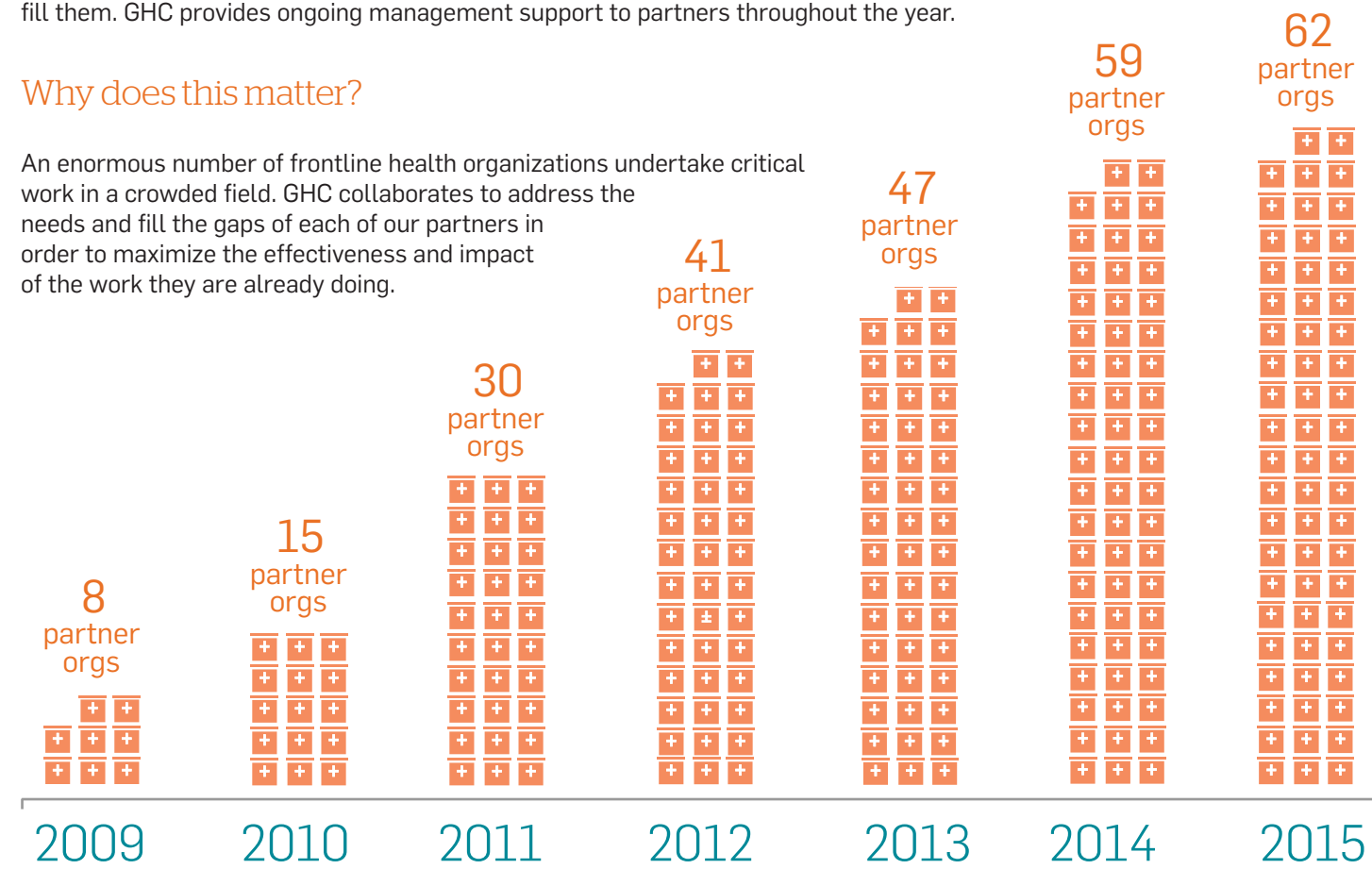
Meeting the demand of organizations on the frontlines of health equity

What makes GHC unique?

Our partners competitively apply to host fellows and contribute financially to support fellows' impact. We work with partners to identify gaps, develop correlative fellowship positions, and recruit top talent to fill them. GHC provides ongoing management support to partners throughout the year.

Why does this matter?

An enormous number of frontline health organizations undertake critical work in a crowded field. GHC collaborates to address the needs and fill the gaps of each of our partners in order to maximize the effectiveness and impact of the work they are already doing.



GHC partner organizations invested **\$1.8 million** to support fellows in 2015 – up from \$0 in 2009

## Impact Level 3: The Field

Seeding the global health field with the leadership required to end health inequity

What makes GHC unique?

We work in urban and rural areas in both developed and developing countries because health inequity is global and pervasive. Our partners represent a wide range of organizational size and issue areas. Our fellows represent an array of backgrounds and skillsets. Global health challenges are immense, and our approach to tackling them is comprehensive and sustainable.

Why does this matter?

Demand from frontline organizations drives the multi-sector talent we are recruiting and developing, thus compounding the potential for dramatic impact on the field.



*I'm a big fan of Global Health Corps. They engage non-medical people in global health, [addressing] a central challenge worldwide.*

— Dr. Peter Piot, pioneering researcher on Ebola and AIDS, Director, London School of Hygiene & Tropical Medicine



# THE EBOLA CRISIS

Ameet was a 2009-2010 fellow with Clinton Health Access Initiative in Tanzania. Ameet first became a supply chain expert while working at Gap, Inc. to manage inventory; he then applied those skills to GHC, working to reduce stock outs of life-saving drugs in local clinics during his fellowship. When the Ebola outbreak began, Ameet moved to Sierra Leone to implement emergency medication supply chain systems to ensure Ebola patients were quickly receiving care.

**Ameet Salvi**  
Supply Chain Manager  
Partners In Health, Sierra Leone  
GHC fellow, Tanzania, 2009-2010

Devy was a 2012-2013 fellow with the Infectious Disease Institute in Uganda, where she worked to implement education rubrics for healthcare workers in sub-Saharan Africa. Today, Devy is a CDC contractor doing lab research and project coordination, and participated in the CDC Ebola Response as a lab coordinator/lab systems specialist in Freetown, Sierra Leone.

**Devy Emperor**  
Research Laboratory Technician  
Centers for Disease Control and Prevention  
GHC fellow, Uganda, 2012-2013

**Breeanna Lorenzen**  
Deputy Country Director  
Last Mile Health, Liberia  
GHC fellow, Uganda, 2012-2013

Breeanna was a 2012-2013 fellow with Action Africa Help in Uganda. She is currently the Deputy Country Director for Last Mile Health in Liberia. Over the last two years she has led the organization from a start-up, through the Ebola outbreak, and now works closely with the Liberian government to nationally scale a community health worker program.

**Melissa Mazzeo**  
Associate, Health Sector Recovery  
Clinton Health Access Initiative  
GHC fellow, Uganda, 2013-2014

Bryan was a 2011-2012 GHC fellow with Partners In Health Malawi. He is currently the Executive Director of Partners In Health (PIH) in Liberia. In this role, Bryan has set up robust human resource, finance, infrastructure, supply chain, and logistics teams in West Africa to support PIH's response and served as a leader in recruiting other GHC alumni to join post-Ebola recovery efforts.

Melissa was a 2013-2014 fellow with Baylor College of Medicine Children's Foundation-Uganda, focusing on resource mobilization. Today, she is working in Sierra Leone on post-Ebola recovery efforts with Clinton Health Access Initiative, focusing on rebuilding healthcare infrastructure and ensuring communities have the resources they need to stay healthy post-Ebola.

**Bryan Eustis**  
Executive Director  
Partners In Health, Liberia  
GHC fellow, Malawi, 2011-2012

*The biggest challenge has been witnessing inequality be yet again the root cause of untimely death. That almost 10,000 West Africans have died from Ebola and every single American and the vast majority of Europeans who contracted Ebola have survived, is a strong reminder of the global health disparities that need to be addressed.*

– Bryan Murphy-Eustis, 2011-2012 GHC fellow and Executive Director of Partners In Health, Liberia

**A GHC CASE STUDY IN LEADERSHIP**

GHC fellows' commitment to health equity goes well beyond the fellowship year. When the Ebola crisis hit, the need for systems thinkers and innovative problem solvers was never more apparent and many of our alumni were perfectly poised to step into high impact roles. To date, **GHC alumni from every fellowship class** have been involved in the Ebola response in West Africa, with many assuming leadership positions in Sierra Leone and Liberia. From developing Electronic Medical Records systems to track Ebola patient progress, to building out supply chains to support post-Ebola recovery, to creating and implementing operational guidelines for healthcare workers in Liberia, our alumni have been an integral part of the success of the Ebola response.

As one global public health expert noted in our strategic planning process with McKinsey & Co.,

*The Ebola response was hindered most by an inability to build isolation units, distribute information and protective clothing...there was an entire infrastructure that didn't exist.*

# LOOKING AHEAD: Strategic Priorities 2016-2018

Over the past year, GHC collaborated with McKinsey & Company on a pro bono strategic planning process to evaluate our program to date and plot strategic and ambitious growth over the next several years. This in-depth landscape analysis identified GHC as a unique impact model directly addressing health management and leadership gaps. McKinsey & Company also confirmed that there is no comparable program for rising global health leaders, particularly in African countries, and that GHC serves as a critical talent pipeline to seeding the field with the diverse social justice advocates needed to make sustainable change. With these findings in mind, GHC is ready to leap into the next phase of our organization.

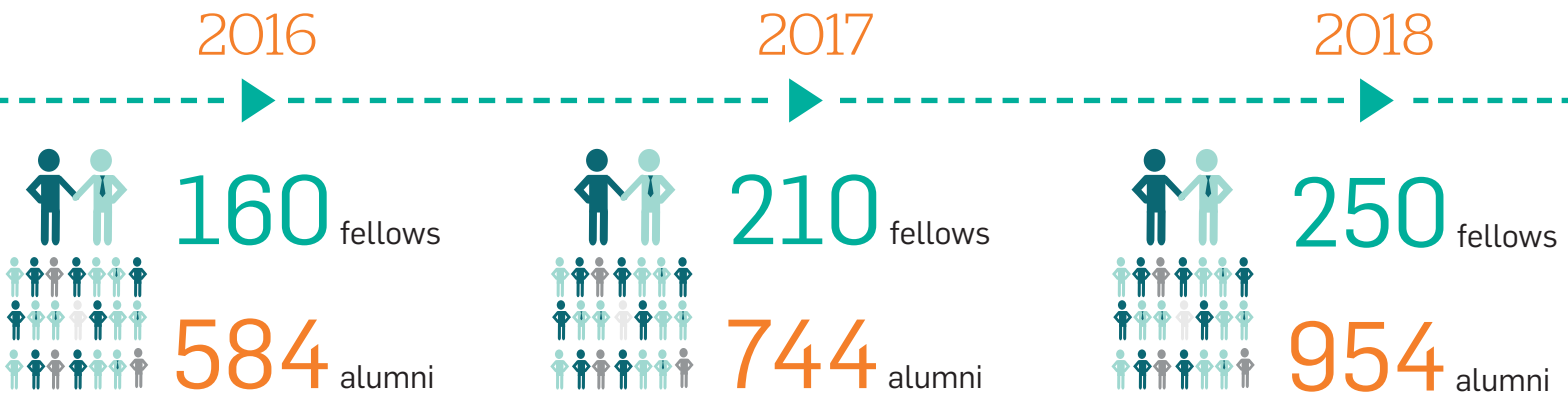
**We will...**

**1. Refine** our fellow recruitment and selection process to more strategically engage the brightest young leaders from across sectors and further define immediate and long-term impact.

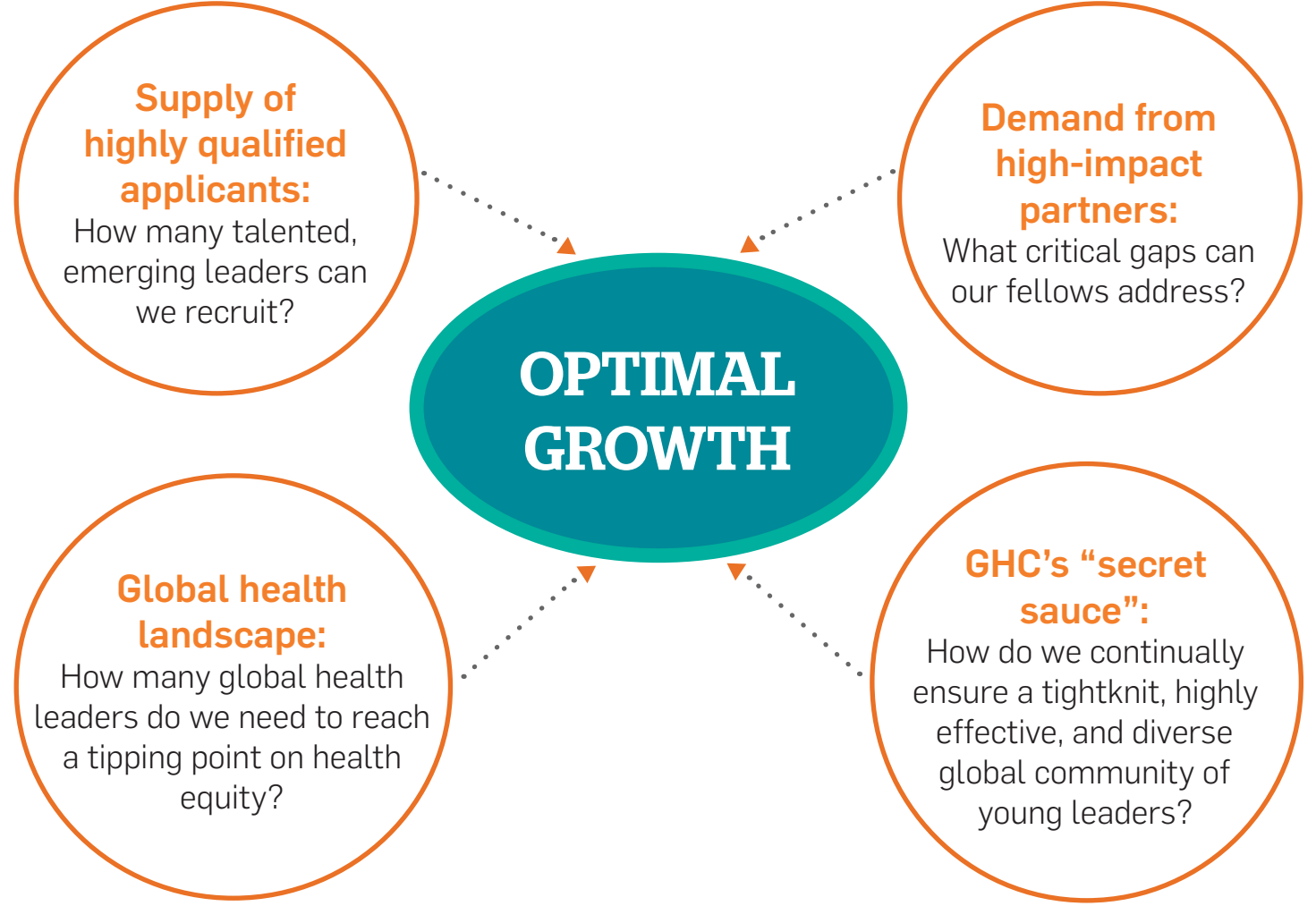


**2. Intensify** our leadership development curriculum for both our fellows and alumni in response to the most pressing needs within a changing global health landscape. We will build out trainings and resources to support more intensive leadership development.

**3. Grow** our fellowship class size and our core staff team to meet the growing demand for global health leadership and deepen the impact fellows have in the field. We will begin exploring expansion into new geographies.



Over the next three years, GHC will grow with intention, taking into account four key factors:





# LOOKING AHEAD: 2015 - 2016 Fellowship Class

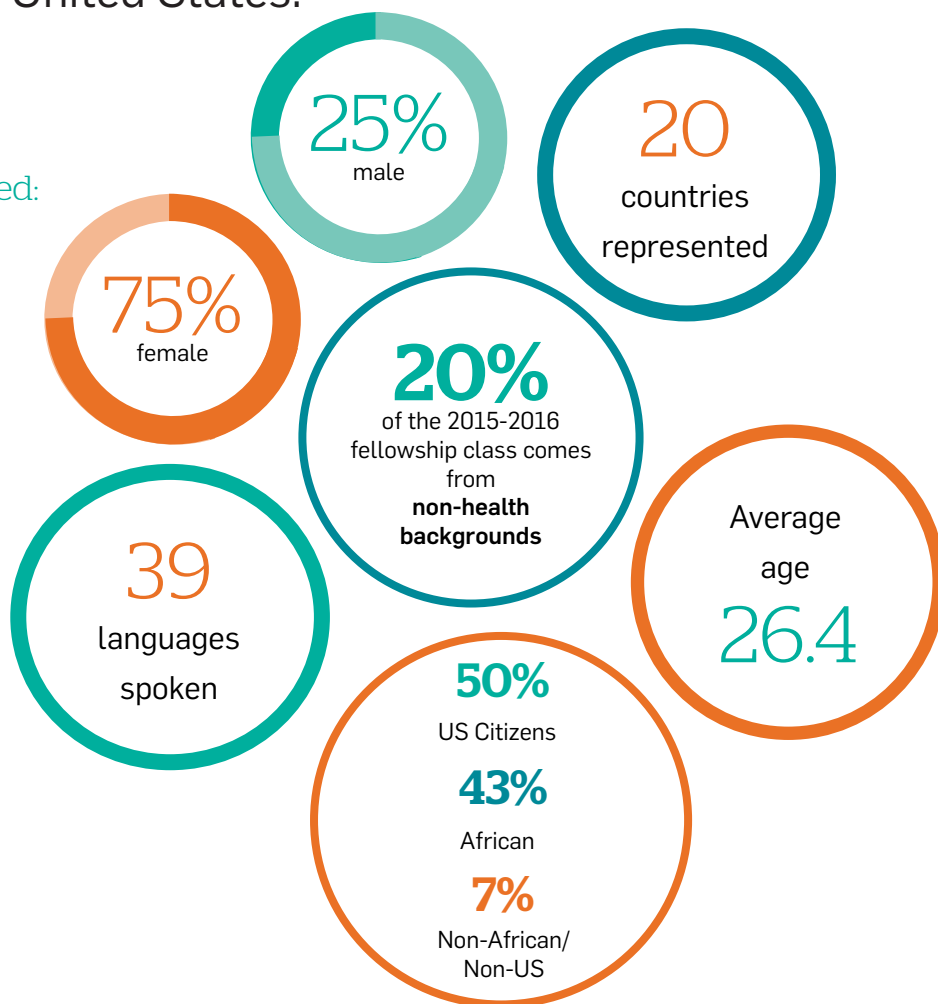
Selected from **5,095 applicants**, **134 fellows** are currently serving in **62 partner organizations** in **5 countries** in Eastern Africa, Southern Africa, and the United States.

## Over **50 fields of expertise** represented:

- public health
- monitoring & evaluation
- finance
- communications
- policy making & advocacy
- architecture
- supply chain
- agriculture

## Solving a **range of global health issues**:

- HIV/AIDS
- maternal & child health
- malaria
- nutrition & food security
- sexual & reproductive health
- health education
- non-communicable diseases
- community health



*I have seen the value of how being in the right context, with the right tools, and with like-minded individuals has widened my ability to understand and begin to address some of the world's most pressing social challenges.*

—Marcela Laverde, 2014-2015 fellow, MASS Design Group, Rwanda



# OUR SUPPORTERS



We are grateful for the generosity of the following donors who supported us during our 2015 fiscal year\*

## \$250,000+

Global Health Fellows Program II  
John Khoury  
Max M. and Marjorie S. Fisher Foundation  
Robertson Foundation  
Sanford International Clinics  
Starkey Hearing Foundation  
William & Flora Hewlett Foundation

## \$100,000+

Bank of America Charitable Foundation  
Bob & Dottie King  
Bohemian Foundation  
ExxonMobil Foundation  
Goldman Sachs & Co.  
Johnson & Johnson  
Mulago Foundation  
Rainwater Charitable Trust  
S. Javaid Anwar Segal Family Foundation

## \$50,000+

Abbott Fund  
AbbVie Foundation  
Bloomberg Philanthropies  
Bristol-Myers Squibb Foundation  
Child Relief International

Emerson Collective  
Mary D. Fisher Fund  
Rusty & Deedie Rose

## \$25,000+

400 Capital Management, LLC  
Anthony Schiller  
Avenue Capital Group  
Beatrice Snyder Foundation  
George W. Bush  
John Waldron  
Laurie M. Tisch Illumination Fund  
MCJ Amelior Foundation  
Ruth Sharp Altshuler  
Sandi Young  
Stanford University  
Sujay Jaswa  
Turrell Fund

## \$10,000+

Alex Robertson  
Bill & Melinda Gates Foundation  
Diamond Family Foundation  
Jonathan Hughes  
Kenneth Mehlman  
Matt & AK L'Heureux  
Pershing Square Foundation  
Sherwood Foundation  
Sol Kumin  
Stapleton Charitable Trust  
William E. Mayer

## \$5,000+

Annie Dickerson  
David Solomon  
Donald Cappocia  
George C. Lee III  
Jared Kushner  
JP Morgan Chase  
Neil Crespi  
Peter Kellner  
Quadrant Capital Advisors, Inc.  
Robert A. Day Foundation  
Ruma Bose  
Vernon Evenson

## \$1,000+

Andrew Ward  
Barry Segal  
Beth Comstock  
Bonnie Weiss  
Collister "Coddy" & Carrie Johnson  
Craig Nerenberg  
Cyrus Massoumi  
David Gold  
David Tufts  
Don Evans  
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Elizabeth Cutler  
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Liana Ryan  
Marc Ackerman  
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Nadim Barakat  
Nellie Diamond  
Olmstead Properties, Inc.  
Open Hands Initiative  
Peter Lease  
Savannah Guthrie  
Tom & Andi Bernstein  
William Olesik  
Valerie Keller  
Vanessa Barboni

## In-kind donations

Chelsea Piers  
EvensonBest  
Kaye Scholer  
McKinsey & Co.  
Yale University Office of the President

*GHC leaves me with the desire to stay in public health, fight for social justice, and thrive to make health a global human right.*

— Aime Nshizirungu, 2014-2015 GHC fellow, Elizabeth Glaser Pediatric AIDS Foundation, Rwanda

\*This list includes donations made between August 1, 2014 - July 31, 2015.

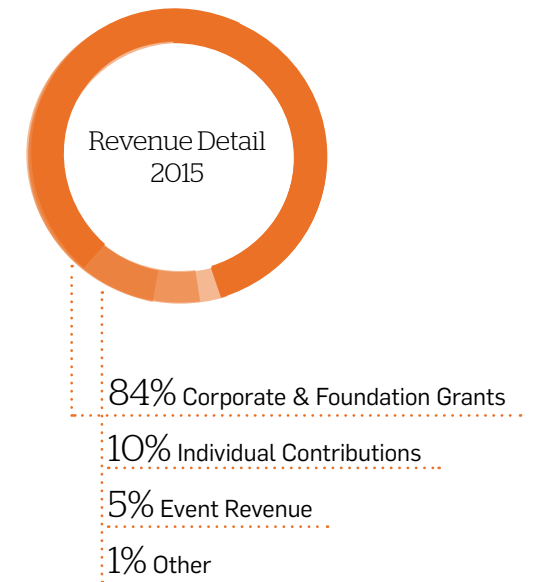
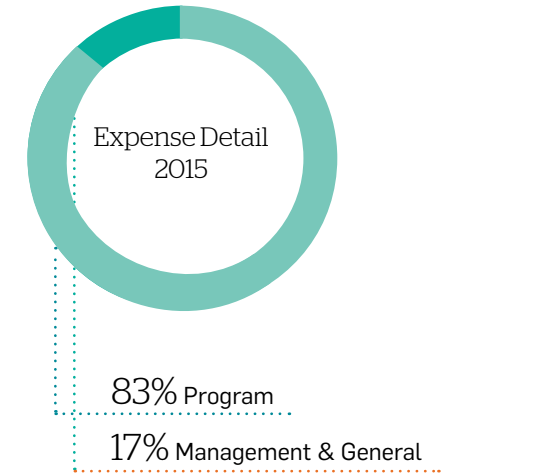


## Statement of Activities

	FY2015 (unaudited)	FY 2014 (audited)		FY2015 (unaudited)
<b>Revenue &amp; Support</b>			<b>Expense Detail</b>	
Corporate & Foundation Grants	4,102,047	3,104,693	Program Services	
Individual Contributions	482,900	253,694	Program Personnel Expenses	632,904
Event Revenue	261,262	0	Fellow Living Stipends & Benefits	661,582
In-Kind Contributions	in progress	200,424	Fellow Housing	502,196
Interest & Foreign Exchange Gain/Loss	2,033	8,315	Fellow Operational Expenses	342,134
<b>Total Revenue &amp; Support</b>	<b>4,848,241</b>	<b>3,567,126</b>	Fellow Health Insurance & Vaccines	162,755
<b>Expenses</b>			Completion Award	136,675
Program Services			Fellow Professional Development	67,718
Fellows and Partners Support	2,609,946	1,961,893	Fellow Travels & Visas	59,719
Fellows Training & Development	1,077,338	908,033	Fellow Recruitment	32,568
Alumni Support & Development	273,857	0	Fellow Selection	11,696
Management and General	829,848	649,667	Fellow Training & Development	1,077,338
<b>Total Expenses</b>	<b>4,790,990</b>	<b>3,519,593</b>	Alumni Support & Development	
Change in Unrestricted Net Assets	57,252	47,533	Alumni Personnel Expenses	129,630
Change in Restricted Net Assets	221,786	1,069,072	Alumni Professional Development	74,151
Net Assets, Beginning of the Year	2,378,878	1,262,273	Alumni Operational Expenses	70,075
<b>Net Assets, End of Year</b>	<b>2,657,916</b>	<b>2,378,878</b>	Management and General	829,848
			<b>Total Expenses</b>	<b>4,790,990</b>

## Statement of Financial Position

	FY2015 (unaudited)	FY2014 (audited)
<b>Assets</b>		
Cash	1,392,297	1,958,126
Receivables		
Corporate and Foundation Grants	1,589,030	493,996
Prepaid Expenses	96,885	126,412
<b>Total Current Assets</b>	<b>3,078,212</b>	<b>2,578,534</b>
Property and Equipment, Net	20,313	47,880
Other Assets	124,480	37,016
<b>Total Assets</b>	<b>3,223,005</b>	<b>2,663,430</b>
<b>Liabilities &amp; Net Assets</b>		
<b>Liabilities</b>		
Accounts Payable & Accrued Expenses	529,397	262,977
Payroll Withholding	35,692	21,575
<b>Total Liabilities</b>	<b>565,089</b>	<b>284,552</b>
<b>Net Assets</b>		
Unrestricted	1,214,140	1,156,889
Temporarily Restricted	1,443,775	1,221,989
<b>Total Net Assets</b>	<b>2,657,916</b>	<b>2,378,878</b>
<b>Total Liabilities and Net Assets</b>	<b>3,223,005</b>	<b>2,663,430</b>



\*GHC's fiscal year runs from Aug 1, 2014-July 31, 2015.  
At the time of print, GHC's FY2015 statements were not yet audited.

# OUR LEADERSHIP

To continue guiding and supporting our fellows as our community grows, GHC's core staff has grown in [scale](#) and [specialization](#). We are continuing to [expand](#) and [diversify](#) our Board of Directors and Advisors. We are a strong team of [passionate](#) and [diverse leaders](#) based in Africa and across the US.



## Staff

Alida Bivegete, *Rwanda Operations Associate\**

Armand Giramahoro, *Burundi Country Manager/Uganda Operations & Program Manager*

Barbara Bush, *CEO & Co-founder*

Barbara Kayanja, *Africa Regional Director*

Carrie Rubury, *Special Assistant to the CEO\**

Diana Nambatya Nsubuga, *Uganda Country Manager\**

Eliza Ramos, *Alumni Program Manager*

Elizabeth Jones, *Strategic Partnerships Associate\**

Gillian Morgan, *Senior Associate of Advocacy & Communications\**

Gwen Hopkins, *Chief of Staff\**

Haroun Habib, *Alumni Program Coordinator\**

Heather Anderson, *Senior Vice President of Programs*

Isabel Kumwembe, *Malawi Program & Operations Associate*

Jacob Gomez, *Impact & Learning Manager\**

Jean Rene Shema, *Rwanda Country Director*

Jessica Mack, *Senior Director of Advocacy & Communications\**

Jessica Wahlstrom, *Professional Development Director\**

Kim Sullivan, *Admissions & Operations Manager*

Mark Vibbert, *Global Security & Operations Manager\**

Martin Kanjadza, *Malawi Country Manager\**

Meghan Kappus, *United States Country Manager\**

Mpindi Abaas, *Uganda Program Coordinator*

Naeha Vora, *Junior Operations Associate\**

Nchimunya "Eric" Chiyombwe, *Zambia Country Manager*

Sarah Endres, *Senior Program Associate*

Tali Shmulovich, *Vice President of Operations*

Victoria Choong, *Finance & Operations Manager\**

Yael Silverstein, *Director of Global Talent\**

\*notes new GHC staff member since January 2015

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Dr. Rajesh Gupta

Jonathan Hughes

William Mayer

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Dr. Mark Dybul

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# THANK YOU!

*Content by Barbara Bush, Elizabeth Jones, and Jess Mack*

*Design by Ali Cashman*





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