

The logo for Global Health Corps is positioned in the upper left corner. It consists of three stacked rectangular boxes, each containing a word in white, bold, sans-serif capital letters. The top box contains 'GLOBAL', the middle box contains 'HEALTH', and the bottom box contains 'CORPS'. The boxes are slightly offset to the right, creating a sense of depth. The entire logo is set against a dark teal background that features faint, large-scale text in a lighter shade of teal.

GLOBAL HEALTH CORPS

Annual Report 2012 - 2013
Health impact today. Health leaders tomorrow.

A large group of approximately 100 diverse young adults, likely students and staff of the Global Health Center (GHC), are posed for a group photo in a grand, wood-paneled room. They are arranged in many rows, with some sitting on the floor in the front. The room features dark wood paneling, ornate light fixtures, and a large patterned rug. A teal semi-transparent box is overlaid on the bottom left of the image, containing a quote and the name of the co-founder.

“It is incredibly inspiring to see how the GHC community has grown over the past 5 years. Our first class and every class since has had an impact we never could have anticipated. It’s a great privilege to be a part of the GHC family.”

- Charlie Hale
GHC Co-founder

LETTER FROM THE FOUNDERS

Dear Friend,

FIVE YEARS AGO, Global Health Corps was just an idea ruminating in the heads of six passionate twentysomethings. In 2008, Peter Piot challenged the audience of the aids2031 Young Leaders Summit to engage our generation in solving the world's health problems. We decided to take that challenge on as our own. After a weekend retreat in Baltimore, the rough business plan for Global Health Corps was born. Our idea was to create opportunities for passionate young leaders with diverse skillsets to serve in health organizations and to equip these young people with the tools, skills, and networks to be changemakers in global health throughout their careers. Motivated by the belief that **great ideas don't change the world, great PEOPLE do**, we got to work.

As we spoke with various friends and mentors, people like Wendy Kopp, Larry Brilliant, and Paul Farmer, and met with leading organizations like Partners In Health and Clinton Health Access Initiative, it became increasingly clear that no one was doing this in the health sector. We would be the ones to pioneer it.

5 years later, GHC has grown from a big idea to an even bigger reality. Since 2009, we have increased nearly 500%: from 22 fellows in our first class to 106 fellows currently. We have worked in 7 countries, placed fellows at more than 50 leading health organizations, and supported 216 alumni across more than 20 countries who continue to address social justice issues everyday.

AS WE LOOK BACK ON THE PAST 5 YEARS, we're inspired by the positive impact our fellows have made in the communities in which they serve. From counseling homeless youth on chronic disease management in Newark, New Jersey, to building an electronic medical records system in Malawi, to implementing the first health-based human resources database for the government of Burundi, to ensuring HIV-positive mothers have the tools they need to birth HIV-negative babies in Uganda, our fellows are positively affecting the health of thousands of people around the world.

We know our work is far from over when the leading causes of under-5 mortality in low-income countries include preventable illnesses, when more than one-third of U.S. adults are obese, and when 800 women a day are dying in childbirth. But we also know we are **seeding the field of global health with the talent to solve these problems**. With each young leader who joins GHC and with each year of continued growth, the possibilities for continued widespread impact grow exponentially.

We are immensely grateful for those who have offered their generosity, advice, encouragement, and partnership over these past five years. We consider each of you collaborators in our work and are more motivated than ever to continue building this movement with you to make health equity a reality. As Temie Giwa, GHC fellow '12 says, "Thank you for being part of our tribe."

In gratitude,
Barbara Bush, David Ryan, Jonny Dorsey, Andrew Bentley,
Charlie Hale, Jenna Bush, and Katie Bollbach

OUR MISSION

Our 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.

OUR VISION

We believe that every person has the right to live a healthy, dignified life. We also believe that everyone has a role to play in advancing social justice through the health equity movement.

We embrace a philosophy of active problem solving and partnership that is designed to bring about real and sustainable progress. We are committed to creating a new breed of health sector leaders who develop innovative solutions to the most challenging health problems all over the world.





OUR APPROACH

Increase the impact of great organizations today.

Fellows work with high-impact health organizations in year-long paid positions. During their fellowship year, fellows make a significant and measurable contribution to their placement organization and the people it serves.

Train and support the leaders of tomorrow.

Global Health Corps creates a talent pipeline of young leaders for the global health equity movement. Fellows participate in a wide range of activities aimed at increasing their effectiveness as practitioners and their development as leaders, both during and after their fellowship year.

Build a global community of changemakers.

Fellows build a set of shared values, commitment and skills that they carry well beyond the fellowship year. The GHC community serves as a source of opportunity and strength throughout fellows' lives and careers.

HIV-affected women receiving support to build safe, stable houses organized by GHC fellows placed at ACODEV in Uganda.

"To truly address the myriad challenges to achieving global health equity, we must engage a broad movement of people working together across generations, borders, and disciplines. Global Health Corps is building this movement through global service and solidarity, and I am proud to be a part of it."

- Dr. Paul Farmer
Co-founder of Partners In Health



GHC alumni speaking to current fellows at GHC Training Institute 2013 at Yale University about their experiences during and after the fellowship.

THE CHALLENGE

Global Health Corps believes that the unacceptable status quo of extreme health inequity cannot be solved by a single organization, institution, or individual.

We believe that large-scale change can only be achieved by facilitating the exchange of ideas, knowledge, and skills across borders, sectors, and institutions.

2 million

adolescents between 10 and 19 are living with HIV

100 million

people pushed into poverty annually as a result of health care expenditure

99%

of maternal deaths occur in developing countries



Every 60 seconds

a child dies from malaria in Africa

1.3 million

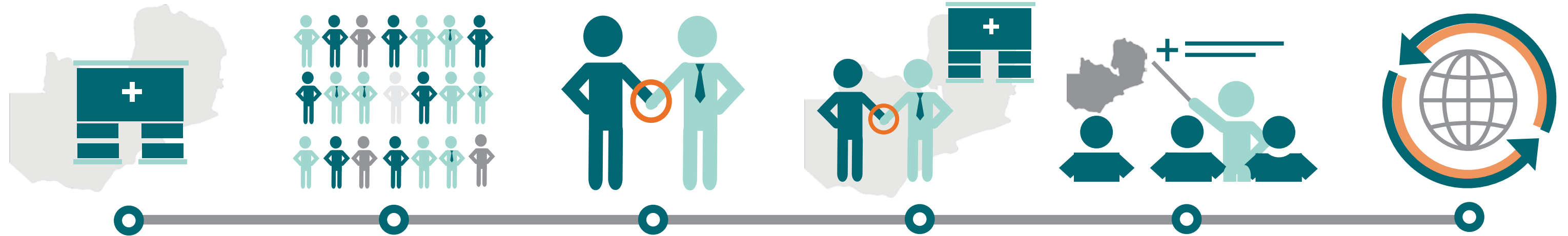
deaths from tuberculosis in 2012



Source: World Health Organization

HOW GHC WORKS

Our fellows are fighting for global health equity today and together will lead the movement in the coming decades.



Step 1: Identify high-impact health organizations with gaps that need filling.

We partner with **existing non-profit organizations and government agencies** in East and Southern Africa and the United States whose impact is increased by having at least 2 of our fellows.

Step 2: Competitively select exceptional young leaders with diverse skills.

We open the door for **passionate young people** with backgrounds in fields as varied as finance, IT, and architecture to apply those skills to solving global health challenges.

Step 3: Pair them up.

Fellows work in pairs – a local fellow and an international fellow – because we know that sustainable change can only be made when local voices are included and cross-cultural collaboration takes place.

Step 4: Match them to an organization.

During a paid year of service, fellows **strengthen and learn from their placement organizations**, working on a variety of health issues from HIV/AIDS to maternal and child health.

Step 5: Train them.

Throughout the year, fellows participate in trainings, workshops, and conferences aimed at **increasing their impact as practitioners** and their development as global health **leaders**.

Step 6: Build a global ecosystem of fellows and alumni impacting health equity.

Through retreats, networking events, and mentorship, we facilitate communication and collaboration amongst our fellows and alumni, **enabling stronger collective action** to move the needle on global health.



Eat. See. Speak.

“Prior to this year, neither of us had experience in health service delivery. Global Health Corps provided a much-needed platform to transition us from working in theoretical settings to applied settings, where we directly improved local and international women's health.”

– Lisa Grossman and Neil Malilwe
2012-2013 fellows with Center for Infectious Disease Research, Zambia

OUR PROGRAM

Global Health Corps equips fellows and alumni with the tools and leadership practices they need to make transformative change in global health through:

Trainings

In partnership with the Yale Global Health Leadership Institute, GHC trains fellows quarterly to equip them with the skills, knowledge, and frameworks they need to be leaders in global health. By fostering knowledge-transfer, collaboration, problem-solving, and relationship-building, our trainings prepare fellows to be changemakers during the fellowship year and beyond.

Community Building

Collaboration across sectors, countries, and backgrounds is the KEY to innovation in health. So we invest heavily in creating a tight ecosystem amongst our diverse group of fellows, alumni, and partners via distance learning platforms, community-wide events, panels, and activities.

Professional Development

We want our fellows to be poised to occupy key decision-making positions in the field of global health. To that end, we provide opportunities for both fellows and alumni to connect with the broader global health movement, strengthen professional skills, and build networks.



Committed to
social justice

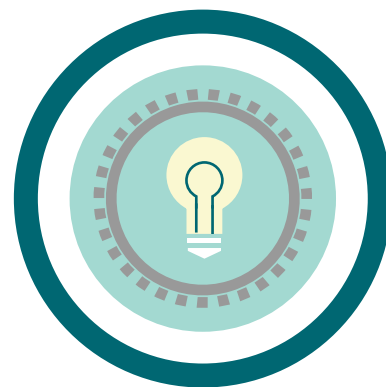


Inspire and
mobilize others



Collaborate

GHC fellows embody these
Leadership Practices



Adapt and innovate



Self-aware,
committed to learning



Get results!



OUR PROGRAM

Accompaniment Program

Together with the organization Still Harbor, GHC provides emotional, spiritual, and mentorship support for fellows. This program helps fellows develop the practices and skills needed to cultivate inner strength and resilience. As a result of the support, fellows are able to overcome challenges during their fellowship year and are equipped to sustain themselves in their careers as servant leaders.

Advisor Program

GHC pairs fellows with advisors who are experts in fields ranging from supply chain management, to tech systems, to global health. Advisors coach and mentor fellows professionally to increase their effectiveness and help them navigate their careers and decisions as global health leaders.

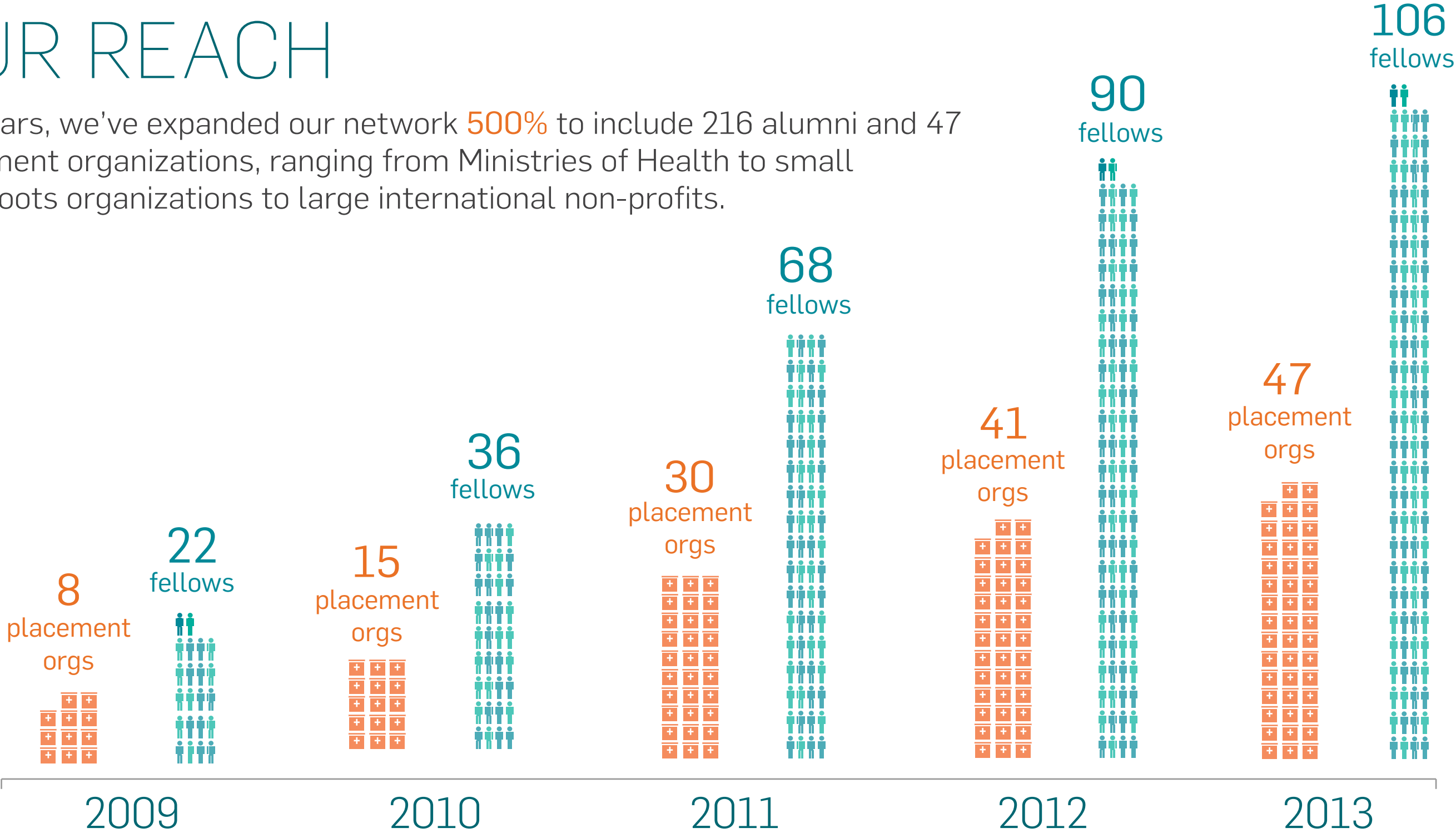
Public Engagement

Sustainable and widespread change in health requires the participation of often under-represented diverse, multi-cultural, and young voices. GHC equips our fellows to clearly articulate their vision for a more equitable world by training them in op-ed writing and public speaking and offering them opportunities to speak at conferences, write for publications, and contribute to the larger dialogue on global health.

Solange Impanoyimana, 2012-2013 fellow with Gardens for Health International, participates in a GHC quarterly retreat in Rwanda.

OUR REACH

In 5 years, we've expanded our network **500%** to include 216 alumni and 47 placement organizations, ranging from Ministries of Health to small grassroots organizations to large international non-profits.



OUR REACH



216 alumni
106 current fellows
24 citizenships
47 organizations
6 placement countries

Our fellows work with high-impact health organizations in **Burundi, Malawi, Rwanda, Uganda, the United States** and **Zambia**. After the fellowship, fellows join the alumni corps, a global network of young leaders working together to propel the health equity movement forward.

2012-2013 FELLOWS

Our fourth class included **90 fellows** from **12 countries**.

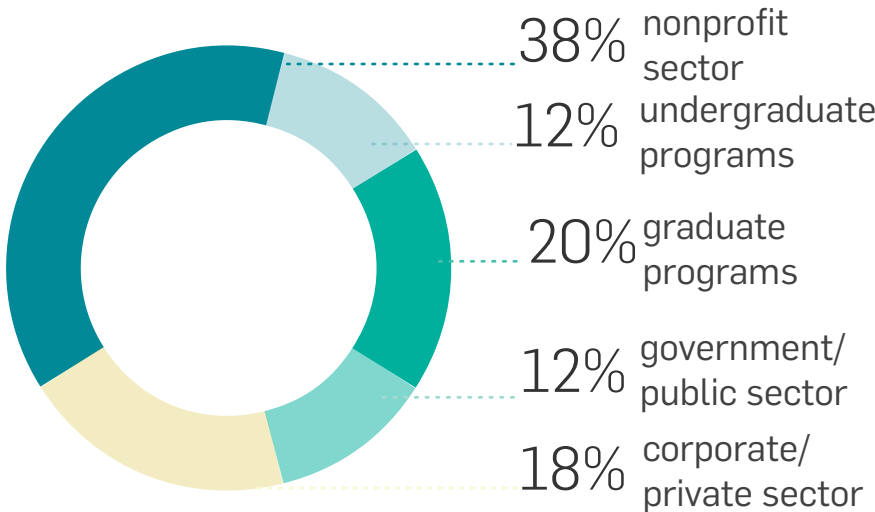


They worked with **41 organizations** in **6 countries** in the US and East and Southern Africa.

Over 45 fields of expertise are represented including:

public health, architecture, computer science, international relations, finance, medicine, agriculture, pharmacy, education, civil, biomedical and environmental engineering.

GHC fellows come from a wide range of sectors and professional backgrounds:



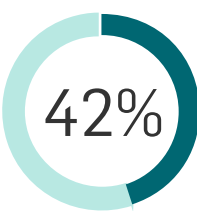
“Movement toward health equity requires that everyone play a part. Global Health Corps allowed two people from different backgrounds and opposite sides of the world to put our minds together to think about global health issues in a new way.”

– Serena Parcell and Jonathan Mtaula
2012-2013 fellows with CHAI Malawi

Selected from over

4100
applicants


26
average age



have **graduate degrees** including Master's of Public Health, MA in Architecture, Master's of Policy Administration, Master's of Social Work, and Master's of Education

They speak
38 languages



A photograph of four young women, likely healthcare workers, standing outdoors in front of a building. They are all wearing matching light pink short-sleeved uniforms with white collars and cuffs. They are smiling and looking towards the camera. The woman on the far right is holding her hands together in front of her. The background shows a building with a brick wall and some trees.

"As a fellow, the growth, experience, and inspiration you get through the work of the other fellows is invaluable. The experience I got through working in a team has helped me easily integrate into different health teams in different African countries, supporting these countries to develop their health systems."

– Jeffrey Misomali
2010-2011 fellow with CHAI Malawi

Midwives and nurses at Iwemba Health Center III in Bugiri district, Eastern Uganda. GHC fellows with ACODEV engaged these health workers to build the capacity of the district and health facility.



MEET OUR FELLOWS...



20,000 infants

in Uganda are infected with HIV through transmission from their mother each year.

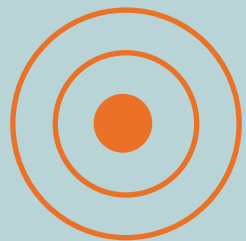
21% of children

ages 0-14 in Uganda who were HIV+ in 2011 were receiving lifesaving anti-retroviral therapy.

Malaria prevalence in Uganda is more than

6x higher

than the global average.



Placement Organization: Clinton Health Access Initiative, Uganda

Position: Access to Medicines Analysts

Location: Kampala, Uganda

BRIAN NGWATU



Originally from Uganda, Brian is a medical doctor by training with a **degree in medicine and surgery** from Mbarara University of Science and Technology. Most recently, he worked as a care and treatment specialist at Baylor-Uganda in a health-systems strengthening project in the West Nile region of Uganda.

CJ SCHELLACK



Originally from New Jersey and Vermont, CJ was a policy director in the **National Security Council in the White House** prior to her GHC fellowship. In this position she advised senior White House staff, supported the government policymaking process, and authored reports for the President and National Security Advisor.

GAP FILLED AT CHAI:

Brian and CJ were tasked with providing technical assistance and oversight to the Ugandan Ministry of Health in areas including HIV, malaria and commodities management.

IMPACT

Pioneered HP-developed GSM printer technology to provide **near-immediate Early Infant Diagnosis HIV tests**, significantly reducing the turnaround time of test results. This allows for the early initiation of anti-retroviral therapy - critical for reducing HIV-related morbidity and mortality in infants.

Forecasted Uganda's entire demand for pediatric drugs and Early Infant Diagnosis commodities, **procuring \$2 million worth of these commodities** with UNITAID funds.

Wrote the national training manual on Option B+, used across Uganda at public sector facilities. Option B+ provides life-long treatment for all HIV+pregnant women, preventing mother-to-child transmission of the virus.

Supported **national scale up of intravenous Artesunate** for severe malaria, a drug with lower side effects and better clinical outcomes in the treatment of severe malaria in children than the previously preferred Quinine.

WHERE ARE THEY NOW?

Both CJ and Brian **remained with CHAI Uganda** after their fellowships. CJ is an HIV Systems and Drug Access Coordinator and Brian is a Country Support Technical Associate.

10%

of adults in Malawi are living with HIV/AIDS.

In 2009,

90%

of Malawians lived on less than \$2/day.

As of 2008,

Only 9%

of local health facilities in Malawi provided the full government-approved list of essential drugs.



Placement Organization: Partners In Health, Malawi

Position: Procurement & Logistics Coordinators

Location: Neno, Malawi

FATSANI BANDA



Originally from Malawi, Fatsani worked as a bank teller at the **Standard Bank of Malawi** before joining GHC. Prior to that she worked for the National Audit and the Tobacco Control Commission where she audited all the procured pharmaceuticals at one of the central hospitals in Malawi.

JEFFREY TILLUS



Born in Haiti, Jeffrey graduated with a degree in Economics, Health Care Policy, and Management and Legal Studies from University of **Pennsylvania's Wharton School of Business**. Before joining GHC, he interned in health care investment banking at Jefferies & Company.

GAP FILLED AT PARTNERS IN HEALTH:

Fatsani and Jeffrey were responsible for a \$500,000+ budget for the purchase and delivery of clinical items as well as the construction of new surgical wards.

IMPACT

In partnership with the Ministry of Health and UNICEF, implemented an electronic stock management system for tracking drugs and essential commodities. This **ensured no stock-outs of essential medicines** between November 2012 and March 2013, a time when the national stock-out level was 75% for essential medicines.

Spearheaded construction of a cell tower which **doubled network coverage and improved communications** with Lower Neno, one of the poorest regions in Africa where half of PIH Malawi's patients are located. The improved communication allowed PIH to increase and improve the services provided and the number of supplies and drugs delivered to Lower Neno.

Achieved at least a **10% discount** on each drugs and commodities purchase, which resulted in cost savings of more than **\$50,000**.

WHERE ARE THEY NOW?

Fatsani **remained with PIH Malawi** as a Clinical Administrator. Jeffrey is currently working with another GHC placement organization, **CHAI Malawi**, on the Health Financing and Drug Access teams handling malaria initiatives.

45%

of 3 to 5 year olds in Newark are overweight or obese.

23%

of total deaths in Newark in 2008 were caused by heart disease.

In 2008, nearly

6,000 citizens

of Newark were living with HIV/AIDS.



Sources: Rutgers State Health Policy Center,
City of Newark: Dept of Child and Family Well-being

Placement Organization: City of Newark: Department of Family and Child Well-Being

Position: Health Policy Fellows

Location: Newark, New Jersey

SONYA SONI



Sonya was raised in Newport Beach, California and her family comes from Punjab, India. Sonya recently completed her **Master's in Medical Anthropology** at Harvard University, where she served as a teaching fellow for Dr. Paul Farmer. Sonya has devoted her efforts to the community-based nonprofit health sector in rural South Africa, Nepal, Haiti, Bolivia, and Mexico. She also co-directs her family's all-female orphanage and widow home in Dehra Dun, India.

ADANNA CHUKWUMA



Originally from Nigeria, Adanna obtained her medical degree from the University of Nigeria in 2009 and completed her **Master's in Global Health Science** at the University of Oxford in 2012. In her most recent position, she served as a development knowledge facilitator with Millennium Development Goals Advocacy Project focusing on combating malaria and parasitic diseases in Northern Nigeria.

GAP FILLED AT CITY OF NEWARK:

Adanna and Sonya were tasked with researching and presenting data to inform health policy decisions for the City of Newark and providing technical assistance to the Community Outreach team and City Partnerships.

IMPACT


Created an **HIV training curriculum** that will serve as a standard model used at government-run and community-based health facilities across Newark.

Developed a comprehensive **chronic disease prevention report** detailing environmental solutions to the 10 top causes of death in Newark.

Evaluated **Let's Move! Newark**, a city-wide version of Michelle Obama's national initiative aimed at eliminating childhood obesity. The research involved more than 65 partners, and the results were shared with Partnership for Healthier America and National Let's Move! to further improve programming to reduce childhood obesity and other preventable diseases.

WHERE ARE THEY NOW?

Adanna is currently pursuing her Doctor of Science in Global Health and Population at **Harvard University School of Public Health**. Sonya is working as a **Maternal Nutrition Consultant at UNICEF** in Kampala, Uganda before she returns to complete her Ph.D in Medical Anthropology at Harvard University in 2014.

A photograph of the Newark skyline across a body of water. The skyline includes several prominent buildings: a tall, light-colored building with 'IDT' and an American flag on its side; a building with '550' on its facade; and a historic building with a tall, ornate tower on the right. A 'Mobil' sign is visible in the foreground. The sky is blue with some clouds. A teal rectangular box is overlaid on the left side of the image, containing white text.

“Working as a health policy fellow for the City of Newark provided me with the opportunity to bring best practices from my ancestral lands of rural India to Newark. Striving to adapt India's national community health worker model to one of America's most marginalized cities truly taught me the definition of global health equity.”

- Sonya Soni
2012-2013 fellow with City of Newark

FELLOW IMPACT

Our fellows impact a variety of health issues. Below are a few highlights of their work:

Policy & Advocacy



Fellows at **ZCAHRD** in **Zambia** served as Junior Survey Coordinators to implement the first National Tuberculosis Prevalence Survey to assess the number of people suffering from TB. Zambia is now the first and only country to have a fully electronic survey, the results of which will help accurately distribute health resources and prevent the spread of the disease.

Fundraising



Fellows at **Last Mile Health** in **Boston, MA** raised over \$1 million to fund the organization's rural health programs in Liberia, more than doubling revenue totals from the previous year.

Partnership Development



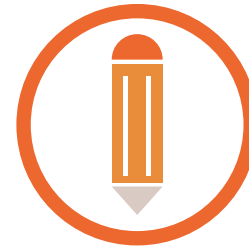
Fellows at **LifeNet International** in **Burundi** established and managed relationships with the Ministry of Health, Ministry of Foreign Affairs, Medical Chiefs of Provinces, and church partners to facilitate LifeNet's expansion into new clinics, where it provides nurse and management training, pharmaceutical, distribution, and growth financing.

Health Infrastructure



Fellows at **MASS Design Group** in **Rwanda** helped design a new health center and high-quality doctors' housing with the aim of attracting and retaining skilled physicians in rural Rwanda.

Communications



Fellows at **IDI** in **Uganda** designed and implemented 5 eLearning courses for health care workers on comprehensive HIV prevention, pediatric ART management, online data management, and computer training. Fellows trained over 80 health workers on the eLearning

Direct Service



Fellows at **HIPS** distributed 104,899 sterile needles throughout **Washington, D.C.**, helping to curtail the spread of HIV, Hepatitis C, bacterial infections, and other infections common in intravenous drug users and sex workers. This year, the grade for syringe access services in DC increased to an A- from a B, and work at HIPS is specifically cited as one of the reasons for this progress.*

*http://www.dcappleseed.org/library/131110_ReportCard8.pdf

Health Workforce Training



Fellows at **Health Builders** in **Rwanda** oversaw the national scale-up of a community health worker training in SMS-based tracking system for pregnant women, resulting in the training of over 20,000 CHWs (46% of the CHWs in the country) who will now be able to more easily track and deliver healthcare to pregnant women.

Monitoring & Evaluation

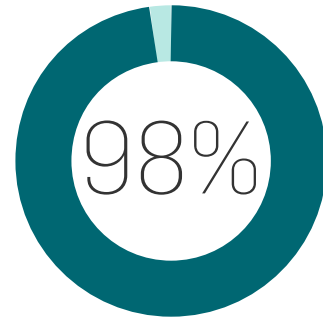


Fellows at **EGPAF Malawi** developed standardized M&E tools for the organization and trained 152 EGPAF sites on the tools, improving the implementation and impact of the organization's projects. Fellows also supported 6 community based organizations in monitoring and implementing Prevention of Mother-to-Child Transmission services, which reached over 2,200 HIV-positive women last year.

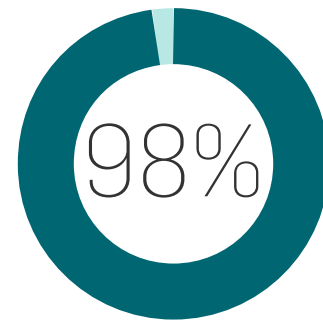
FELLOW FEEDBACK



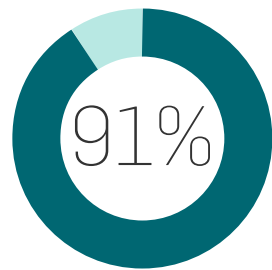
Oliver Ho and Solange Impanoyimana, 2012-2013 fellows with Gardens for Health International.



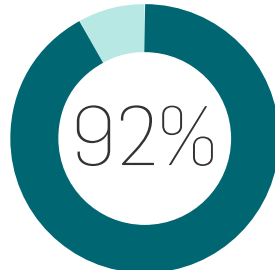
of fellows would recommend the GHC fellowship to a friend



of fellows reported that the fellowship improved their collaboration skills



of fellows reported that the fellowship increased their commitment to social justice



of fellows found GHC programming events to be essential during their fellowship year



Vincent Lau Chan and Gisela Rodriguez, 2012-2013 and 2011-2012 fellows at the Inter-American Development Bank, creating a social network map of maternal and child health decision-making processes in Honduras.

“Global Health Corps led me towards a greater understanding of social justice and gave me the tools to become a more effective servant leader. I gained a deeper understanding of development challenges at the grassroots level which now informs my work as the Director of Operations for the Segal Family Foundation. Though my fellowship year is over, I regularly call on my GHC community for referrals, advice, inspiration, and moral support.”

- Ashley Rogers

2011-2012 fellow with Mpoma Community HIV/AIDS Initiative

PARTNER FEEDBACK

“The GHC fellows program is a real ‘win-win’ situation for our team at the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Zambia and our work to eliminate mother-to-child transmission of HIV. Our two fellows quickly become a core part of our team and I look forward to working with another pair of fellows next year!”

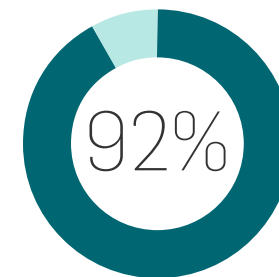
- Dr. Susan Strasser,
Zambia Country Director,
Elizabeth Glaser Pediatric AIDS Foundation



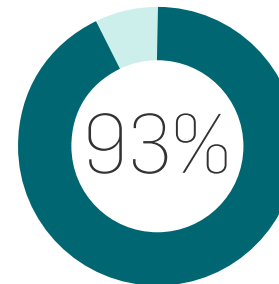
Jourdan Schiffer McGinn, 2012-2013 fellow with AC-ODEV-Uganda, mentoring community-based organizations in



of placement organizations
would recommend
GHC fellows to other
organizations.



of placement organizations
reported that GHC fellows
had a very positive or positive
impact on their organization.



increase in applications to be
a GHC placement organization
in 2013.



Latifah Kiribedda, 2012-2013 fellow
with SDS Uganda, discusses global
health options at Youth Career Day.



MEET OUR ALUMNI...



Our 216 alumni continue to build the health equity movement everyday.



Ann Marie Brouillette
Access to Medicines Analyst
Clinton Health Access Initiative
Uganda, 2011 - 2012

Prior to joining Global Health Corps, Ann Marie spent two years working at Credit Suisse in New York where she focused on

the Asian equity markets. Ann Marie has spent the past two years working in Uganda with CHAI, first as a GHC Access to Medicines fellow and then as part of the global Laboratory Services Team. Her experiences in Uganda demonstrated a need for people with a strong management and results-based orientation in global health work. Currently, Ann Marie is pursuing her MBA at Harvard Business School. She hopes that her studies will help her develop as an effective leader in the movement for health equity.



Hezekiah Shobiye
Health Literacy Fellow
University of Medicine and Dentistry of NJ
Newark, NJ, 2011 - 2012

Hezekiah is originally from Nigeria. Prior to GHC, he worked with the Nigerian Institute of Medical Research on Malaria and Nutrition

projects and was an HIV/AIDS Peer Education Trainer for a UNICEF project in Nigeria. He then earned his MBA in International Healthcare Management from the University of Aberdeen in Scotland. After his GHC fellowship, Hez returned to Nigeria to co-found Promenade Youth Initiative, a social enterprise that uses education as a catalyst to empower disadvantaged youth. In 2013, he was selected as a CYFI fellow (a U.S. Consulate General, Lagos Initiative). Hez now works as an advisor for the Business Leadership Council Foundation, supporting the Government of Nigeria to achieve a generation born HIV-free.



Nargis Shirazi
Quality Improvement Coordinator
Millennium Villages Project
Uganda, 2011 - 2012

Nargis is from Kampala, Uganda. After completing her GHC fellowship, she co-founded Woman to Woman Foundation to promote sexual and reproductive health

of women and girls in Uganda. In 2013, Women Deliver named Woman to Woman one of the top 10 social enterprises working for women and girls and invited Nargis to attend the 2013 annual conference as one of 100 Young Leaders honored. Nargis consults with the International Health Sciences University to build a health promotion and education department. Nargis is also a playwright who uses the arts to promote health. Her play on male involvement in family planning was featured on PBS. Currently, Nargis is attending the COADY Institute of Leadership at St. Francis Xavier University in Antigonish, Canada.

"Because of Global Health Corps..."

"After two years working in finance, I decided to pursue a career in global health. GHC was the perfect launching pad for that career. Not only was it an entry point to an exciting organization and a challenging role, but it also introduced me to a rich network of people working towards the same goals as mine."

- Ann Marie Brouillette

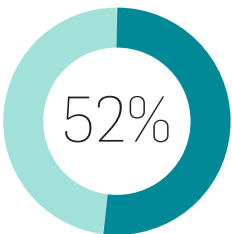
"Because of GHC, I have grown as a leader. I now have a better understanding of how to drive change and also be a voice for that change. My fellowship experience gave me a renewed resolve to find ways to improve healthcare delivery in Nigeria, while at the same time fostering innovations that will reduce healthcare costs and increase access for the Nigerian people."

- Hezekiah Shobiye

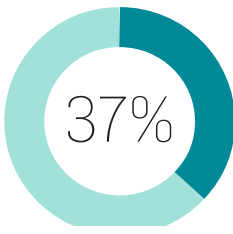
"Because of GHC, I discovered that social justice and health equity are not just about governments, they are about people! Change begins when communities embrace knowledge and work together towards one goal."

- Nargis Shirazi

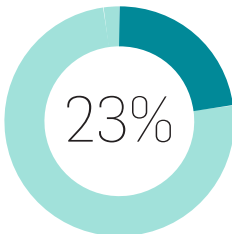
PROPELLING THE MOVEMENT



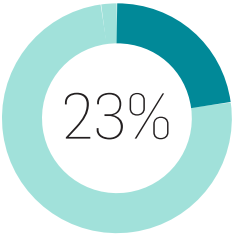
of GHC alumni are offered full-time positions with their placement organizations



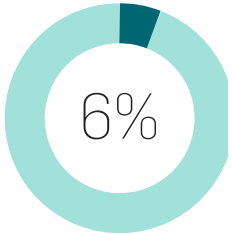
of GHC alumni are employed at non-profit organizations including UNICEF, One Acre Fund and UN Foundation



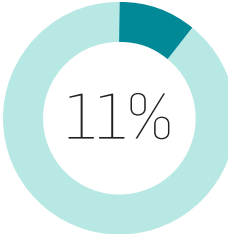
of GHC alumni are employed at GHC placement organizations including Partners In Health and MASS Design Group



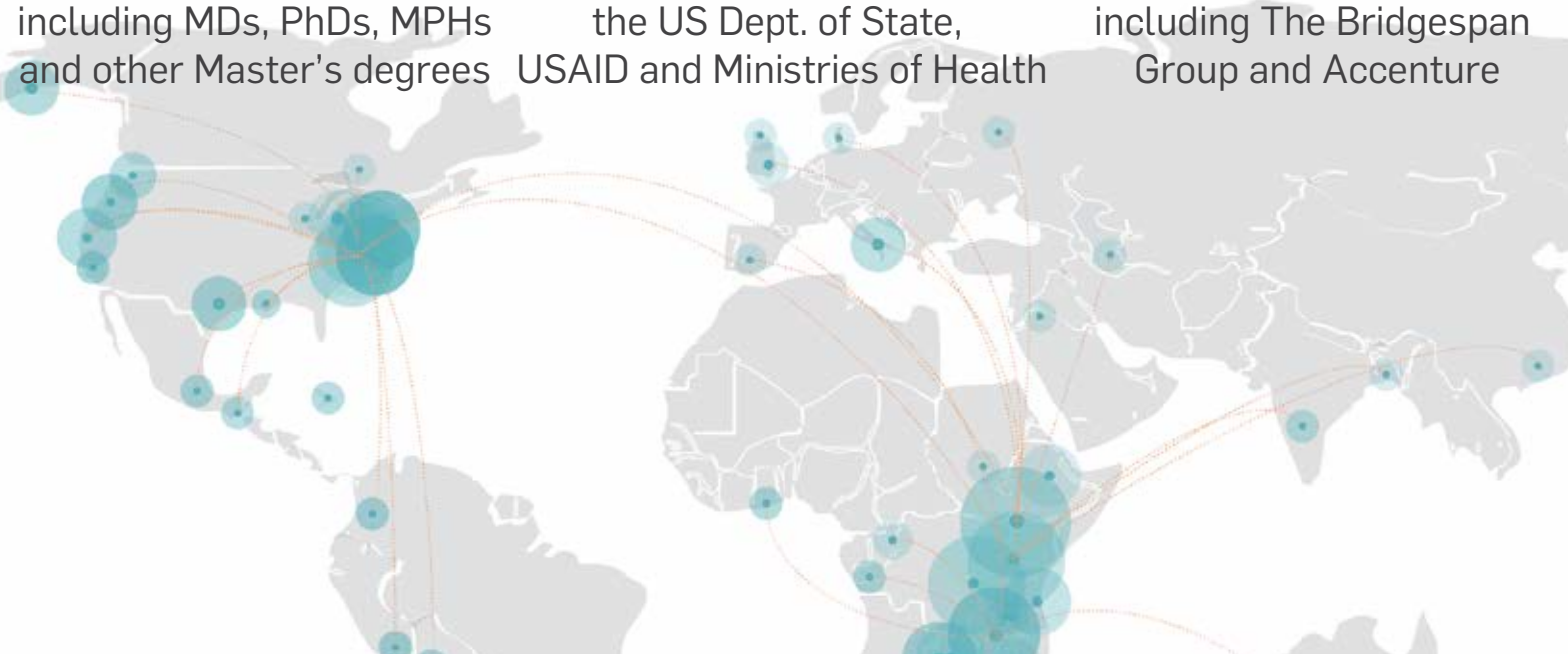
of GHC alumni are pursuing graduate degrees including MDs, PhDs, MPHs and other Master's degrees



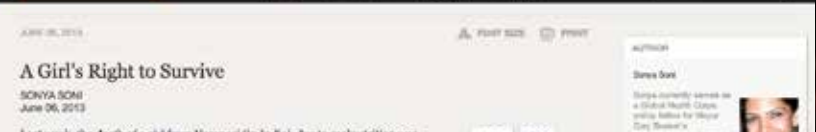
of GHC alumni are employed in government including the US Dept. of State, USAID and Ministries of Health



of GHC alumni are employed at private sector organizations including The Bridgespan Group and Accenture



2012-2013 GHC fellows Vincent Lau Chan, Maxime Billick, and James Arinaitwe presenting at the Consortium of Universities for Global Health.



Adanna Chukwuma, 2012-2013 fellow with City of Newark speaks at the 2013 Social Innovation Summit.



How I Joined The Movement For Global Health Equity

Posted: 04/19/2013 10:12 am



CHANGING THE CONVERSATION

Our fellows write op-eds, post blogs, present at TedX, and participate in conferences, making sure their voices are heard in the dialogue about improving health outcomes and access.



Mine Metitiri, 2012-2013 fellow with ZCAHRD, presents at Eat. See. Speak. Zambia.

“Once you are a GHC fellow,
you are always a fellow.

You take it with you. Being a fellow and having the support and mentorship of the GHC community, I further developed and matured my personal career mission and philosophy - one where health is a human right and we all have something to contribute in making our world more just and equitable.”

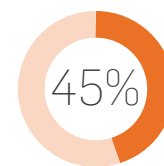
- Emily Bearse
2009-2010 fellow with CHAI Malawi

LOOKING FORWARD



This year, our fifth class has **106 fellows** from **16 countries**.

Selected from almost
4000 applicants.



have **graduate degrees** including Master's of Public Health, Medical Doctorate, Master's of Architecture and Master's of Policy Administration

They are working with
47 placement orgs
in **6 countries** in the
US and East and
Southern Africa.

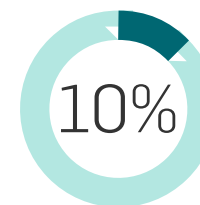
26.6
average age

Over **45 fields of expertise** are
represented including:

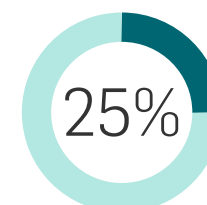
Public Health, Architecture, Computer Science, International Relations, Economics, Finance, Community Health, Medicine, Political Science, Epidemiology, Agriculture, and Pharmacy.

They speak **29 languages**.

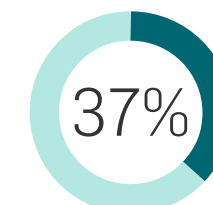
Our 2013-2014 fellows come from a wide range of sectors and professional backgrounds:



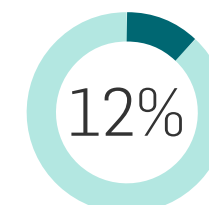
directly from
undergraduate programs



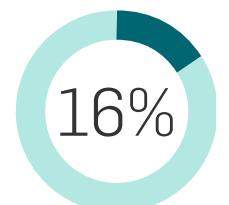
directly from graduate
programs



nonprofit
sector



government/
public sector



corporate/
private sector



WHAT'S NEXT FOR GHC

OUR WISH FOR THE NEXT FIVE YEARS is to provide opportunities for even more young leaders to join the global health movement, increasing our impact in a greater number of communities worldwide. The demand for GHC's growth is motivating: nearly 4,000 applicants applied for our 106 current fellowship positions (that's a 2.6% acceptance rate!) and a record 120 organizations applied to host fellows next year (we currently work with 47 organizations!). We intend to recruit, select, and train more than 130 fellows in our next class – an increase of 23%.

In addition to continuing our growth, we are focused on deepening and strengthening our current program.

In particular, our 216 GHC alumni are top of mind. The full extent of our impact will only be realized by harnessing the diversity and energy of our alumni community. That's why we are creating opportunities for alumni to collaborate, problem solve, and brainstorm to address health challenges. We've already seen our network in action, with alumni serving as advisors to current fellows, and country-established alumni committees drafting collective impact strategies. We'll continue to invest in, and grow these opportunities.

In 15 years, our dream is to have GHC fellows represented at all major global health decision-making tables. As one of our fellows only half-joked, "Imagine what we'll accomplish when I'm the Minister of Health in Malawi, Soline is the Minister of Health in Rwanda, and Diego is running the Gates Foundation."

Our fellows and alumni are equipped to change
the health landscape today AND tomorrow
— thank you for helping them do this.

A man in a blue t-shirt with "CITY CHARTER GRIND" on it is standing and speaking to an audience. He is holding a piece of paper. In the background, there are yellow posters with photos on a wall. The room has high ceilings and framed artwork.

“Global Health Corps
is developing the next generation of
global health leaders, and they are
stepping up and making an impact
today. In every respect, GHC is
synonymous with leadership.”

- Paul Ellingstad
Director, Human Progress Initiatives
HP Corporate Affairs

PLACEMENT ORGANIZATIONS

Since 2012, our fellows have worked with the following high-impact health organizations:



OUR EXTENDED FAMILY

We are grateful for the following partners who have supported our work since January 2012.

\$500,000+
Starkey Hearing Foundation
S. Javaid Anwar

\$300,000 - \$499,999
Hewlett-Packard
Max M. & Marjorie S. Fisher Foundation

\$200,000 - \$299,999
ExxonMobil Foundation
Bank of America Charitable Foundation, Inc.
Rainwater Charitable Foundation
Robertson Foundation

\$100,000 - \$199,999
Annette Simmons
The King Innovation Fund
Bohemian Foundation
Caris Foundation
DSM
McKool Smith
Global Health Fellows Program II
Segal Family Foundation
T. Denny Sanford

\$50,000 - \$99,999
Abbott Fund
Bristol-Myers Squibb Foundation, Inc.
Cisco Systems, Inc.
Draper Richards Kaplan Foundation

Emerson Collective
Goldman Sachs & Co. Johnson & Johnson
Family of Companies Contribution Fund
Pfizer, Inc.
Rees-Jones Foundation

\$20,000 - \$49,999
AbbVie Foundation
Amy Fleck Simmons
Avenue Capital Management II, LP
Beatrice Snyder Foundation
Becton Dickinson
Bradford M. Freeman
Dee Ann and Marshall Payne
Echoing Green
President and Mrs. George W. Bush
The Greenbaum Foundation
Helen Lho
John Khoury
KKR
Laurie M. Tisch Foundation
Marc Holtzman
MCJ Amelior Foundation
Poongsan America Corporation
Tim Washington
Turrell Fund

\$10,000 - \$19,999
Bob Schlegel
Elaine L. Chao

Mr. and Mrs. Craig Stapleton
The Chernin Family Foundation, Inc.
George Lee
Interstate Hydrocarbon, LLC
Jonathan P. Hughes and Magy Hughes
Kenneth W. Hitchner
Leonard Levy Fund
The Mulago Foundation
Saks Jandel
Steve and Anita Westly Foundation
William Sanders

\$5,000 - \$9,999
Alex Robertson
Basa Resources, Inc.
Brian O. Casey
David W. Black
Donald and Susan Evans
Gary and Carolyn Eden
Glendela, LP
Imago dei Fund
Jacquelin L. Sewell
James C. Musselman
Joel D. Kaplan
Joshua B. Bolten
Martin D Shafiroff and Jean Shafiroff Foundation
PattyJo H. Turner
Robert Earl

The Mulago Foundation
Weldon Johnson
Worldwide Express Operations LLC / DBA
WWE Operations, LLC

\$1,000 - \$4,999
Betsy Sowell
Buffy Cafritz
Carolyn Kramer
Cinda Cree Hicks
Constance Milstein
Delma Chesshir
Frank Adams
George Sifakis
Google Matching Gift Program
Gordon Johndroe
Harriet Miers
Hedda Gioia Dowd
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Hunter Hunt
Jason Denby
Kate Saunders
Kenneth Mehlman
Kit T. Moncrief
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Laura Samberg Faino
Mark Dybul
Michael Foster
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Pamela Perella
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Robert Koch
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Tammy Haddad
Thomas M. Dunning
Timothy Herman
Tom and Andi Bernstein Fund
Tracie Klein
Vamsikrishna Kalapala
Veronica Dillon
Vice President & Mrs. Richard B. Cheney
William David Tobin
William T. Sledge

\$500 - \$999
Alex Mistri
American Endowment Foundation
Andrew Bentley
Anita McBride
Blake Gottesman
Bobbie Kilberg
Bradley Williams
Caroline Cunningham
Carter Tolleson
Cary Christensen Deuber
Cheryle W. Wanner-Doggett
Christine Ciccone
Chuck Dages
Deanna Ballard
Deborah Ingram

Deborah Ryan
Douglas Bitonti Stewart
Douglas Deason
Edwin and Susan Nowlin
Elaine Agather
Eleanor Lemak
Elizabeth Gore
Eva Stalnaker
Gentry Beach
James & Sandra Langdon
James Karen
James Lee
Janet Berman
Jared Brecher
Jared Guerin
Jeanne Linder Phillips
John Hicks
Jon Brown
Jonathan Price
Julie Louise Gerberding, MD
Karl Hoffman
Kendell Hall
Leslie P. Champlin
Linda Swartz
Mack Hicks
Marcia Jackson
Marcia Rafkin
Marcus Duron
Margo Tennison
Marty Page
Marvin Bush
Mary DeMaris
Mary Scheible
Matthew Taylor

Melinda Johnson
Meredith Gitomer
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Mr. and Mrs. James B. Francis, Jr
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W.H. Francis Foundation
Wicky el-Effendl
In-kind
Chelsea Piers
Covenant House
Hewlett-Packard
Yale University Office of the President
Kaye Scholer, LLP
Landor Associates

FINANCIALS

Statement of Financial Position

		FY2013 (unaudited)	FY2012 (audited)
Assets	Cash	865,630	1,426,685
	Receivables		
	Corporate and foundation grants	170,068	207,565
	Prepaid expenses	199,368	27,679
	Total current assets	1,235,066	1,661,929
	Property and equipment, net	96,464	84,107
	Other assets	66,446	20,089
	Total	1,397,976	1,766,125
Liabilities and Net Assets	Liabilities		
	Accounts payable and accrued expenses	122,747	81,787
	Payroll withholdings	12,957	10,259
	Total liabilities	135,704	92,046
	Net		
	Unrestricted	1,109,355	1,227,079
	Temporarily Restricted	152,917	447,000
	Total net assets	1,262,272	1,674,079
	Total Liabilities and Net	1,397,976	1,766,125

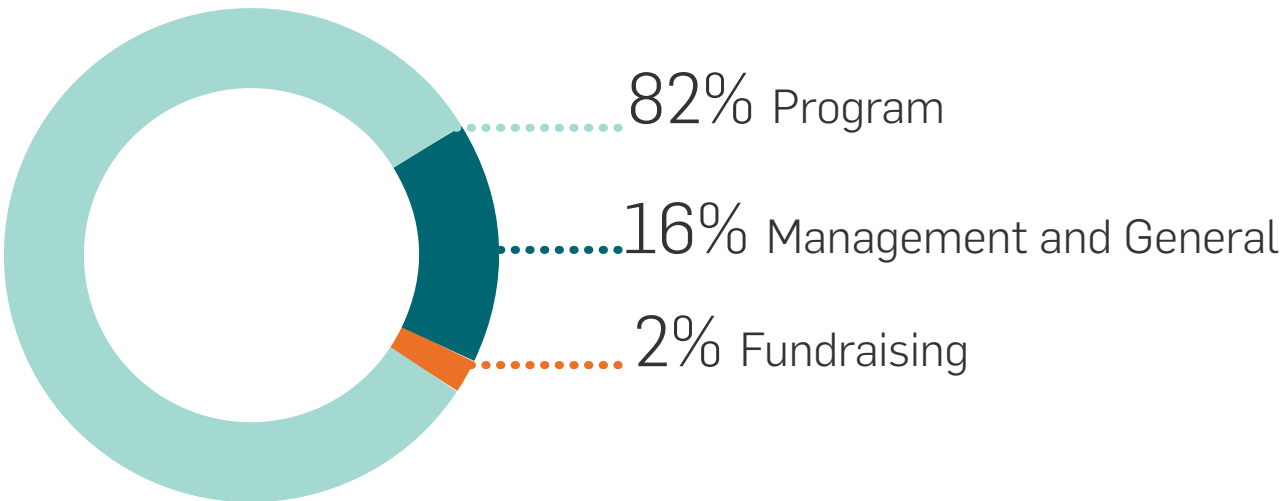
Statement of Activities

		FY2013 (unaudited)	FY2012 (audited)
Revenue and Support	Corporate and foundation grants	2,500,915	2,298,029
	Individual contributions	562,128	488,474
	Fundraising events	0	256,390
	In-kind contributions	228,109	150,734
	Interest	2,254	673
	Net assets released from restrictions	-768,833	0
	Total Revenue and Support	2,524,573	3,194,300
Expenses	Program Services		
	Fellows and partners support	1,669,957	998,937
	Fellows training and development	738,804	441,358
	Management and general	457,119	707,620
	Fundraising	70,500	42,003
	Total Expenses	2,936,380	2,189,918
	Increase in Net Assets	-\$411,807	1,004,382
	Net assets, beginning of year	1,674,079	669,697
	Prior period adjustment	0	-
	Net Assets, End of Year	1,262,272	1,674,079

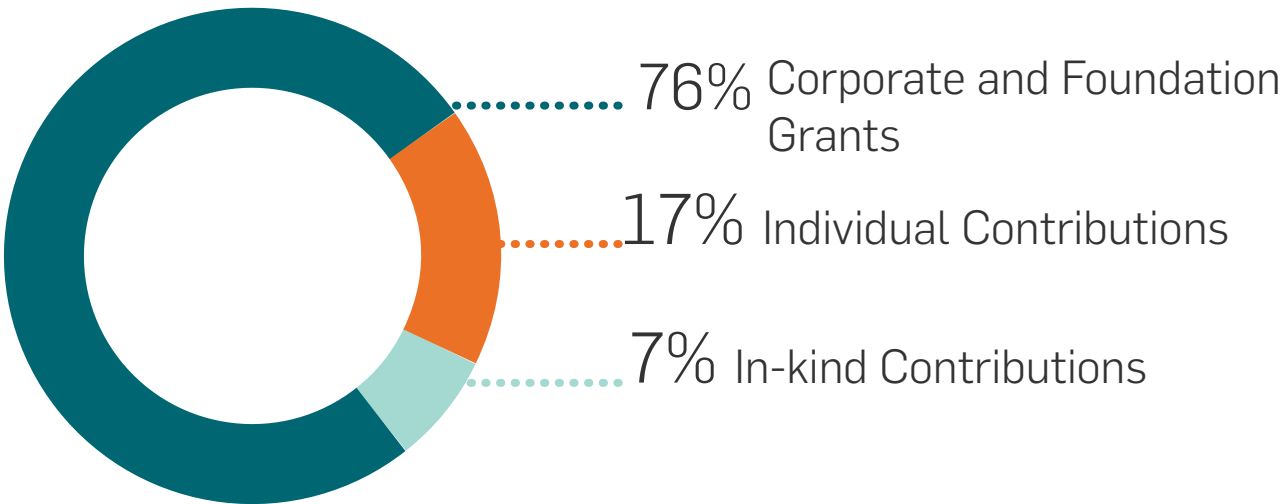
FINANCIALS

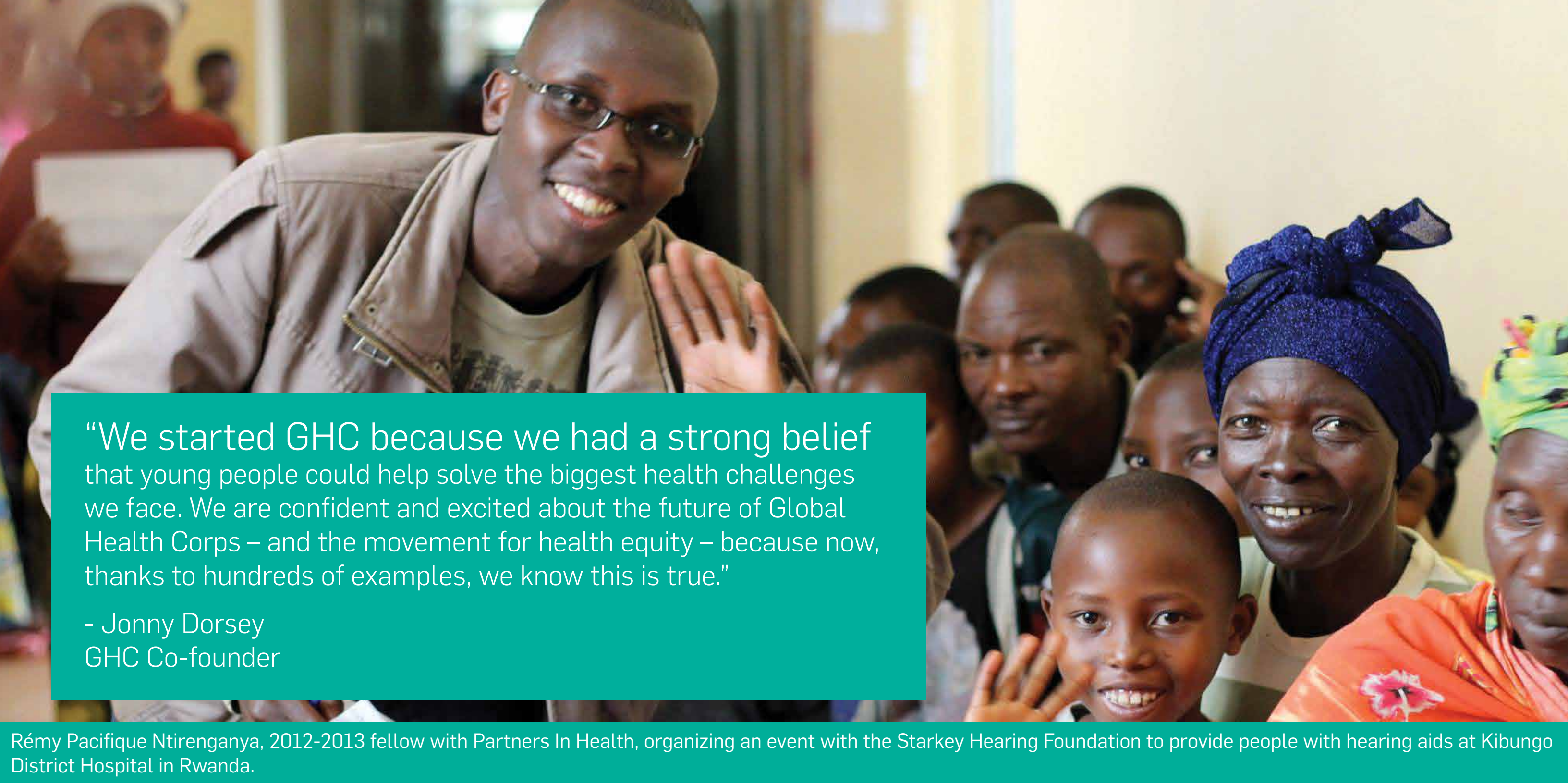
Expense Detail	2013 (unaudited)
Program Services	
Fellow living stipends and benefits	420,978
Fellow completion awards	130,969
Fellow housing	259,523
Fellow health insurance and vaccines	114,270
Fellow professional development	55,259
Fellow recruitment	12,805
Fellow selection	5,116
Miscellaneous fellow expenses	44,246
Program personnel expenses	414,581
Program operational expenses	212,210
Fellow training expenses	738,804
Management and General	457,119
Fundraising	70,500
Total Expenses	2,936,380

Expense
Detail 2013
(unaudited)



Fundraising
Detail 2013



A photograph of Jonny Dorsey, a man with glasses and a light-colored jacket, smiling and waving. He is in the foreground, leaning forward. Behind him is a group of people, including a woman wearing a blue headwrap and a young child, all looking towards the camera. The background is slightly blurred, showing an indoor setting with other people.

“We started GHC because we had a strong belief that young people could help solve the biggest health challenges we face. We are confident and excited about the future of Global Health Corps – and the movement for health equity – because now, thanks to hundreds of examples, we know this is true.”

- Jonny Dorsey
GHC Co-founder

Rémy Pacifique Ntirenganya, 2012-2013 fellow with Partners In Health, organizing an event with the Starkey Hearing Foundation to provide people with hearing aids at Kibungo District Hospital in Rwanda.

GHC'S LEADERSHIP THANKS YOU



Our Staff

Barbara Bush, CEO and Co-founder
Heather Anderson, Vice President of Programs
Tali Shmulovich, Vice President of Operations
Barbara Kayanja, East Africa Regional Director
Jean René Shema, East Africa Program Manager
Jennifer Gottesfeld, U.S. Program Manager
Helen Todd, Malawi Program Manager
Jean Marie Karikurubu, Burundi Program Manager
Nchimunya "Eric" Chiyombwe, Zambia Program Manager
Anne McPherson, Community Engagement Associate
Emily Moore, Operations Associate

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Thank you!



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