Developing Leaders for a Healthier Future

2020 Annual Report
In every theater of our lives, we need more people focused on the bigger, broader objective beyond the next earnings call or election: a long-term vision for a more just society. Moral leadership—of all kinds, in every movement and institution, organization and community—is a prerequisite for positive change.

-Darren Walker, Ford Foundation

2018-2020 fellows in Rwinkwavu, Rwanda leading a sanitation initiative as part of their GHC cohort project.
Dear friends,

2020 was a year of milestones, for better and for worse.

Personally, I completed my eighth year on staff and first year as CEO of Global Health Corps (GHC). I supported my husband through weeks of recovering from COVID-19 as we navigated childcare for our kids. I wrestled with uncertainty and limiting gender norms while grappling more deeply with how my white skin, my education, and my economic stability insulated me from many of the systemic inequities that the pandemic has laid bare. I prioritized listening, shifting power, and leading authentically.

As a community, many of us have stayed home more than ever, while others have braved being in public to do essential work. We’ve donned masks, endured swabs in our noses, cared for and missed seeing loved ones. We’ve uttered the words “unprecedented” and “pivot” countless times, feeling acutely how words can fall short. We’ve given speeches, facilitated workshops, co-designed interventions, welcomed new colleagues, shared feedback, strategized, mourned, and celebrated on Zoom.

One of the most important things we’ve done—individually and collectively—is ask important questions.

Where can we turn for wisdom, expertise, and moral courage in times of crises?

What will it take, beyond medicine and technology, to achieve health equity for all?

What kind of leaders do we need to be and to cultivate to realize this vision?

These questions have guided our work at GHC this year. Our global community of 1000+ leaders has worked relentlessly to protect and advance health equity. They’re spearheading COVID-19 response and protecting hard-won gains in combating malaria, infant and maternal mortality, HIV, and more.

As we take stock of the long road to recovery and rebuilding that lies ahead, we find hope and purpose in the urgency of our mission to build a generation of trusted, values-driven leaders committed to transforming health systems. Thank you for your support and your belief in the power of people.

With sincere gratitude,

Heather Anderson
Chief Executive Officer
Global Health Corps

A lot of times people think about policy but sometimes forget people within it… There’s a lot of trauma and a lot of stress that folks are under. And it’s those same leaders that we’re expecting to keep fighting.

- Nat Chioke Williams,
Hill-Snowden Foundation
The Case for Leadership

All the medical and technological advances in the world aren’t enough to realize health as a human right for all.

Case in point? The U.S. has unparalleled resources and biomedical potential, but one of the highest COVID-19 death tolls globally.

There’s a long road to recovery from the pandemic in all nations, and experts predict we’ll experience more frequent global health crises in the future. We need strong, equitable health systems to meet these challenges.

So how do we get there? Systems are created, maintained, and transformed by people.

That means some of the most important work we can do right now is to equip a rising generation of leaders to transform health systems.

To prepare to meet future health crises with solidarity and strength, we need to invest in great leadership now.

The estimated cost of preparing for pandemics:

- 4.5* billion USD per year

The estimated cost of COVID-19 to LMICs**: 681 billion USD per year

Global Health Corps has developed 1000+ health equity leaders since our founding in 2009. United by the conviction that health is a human right and strengthened by differences in skill set and perspective, GHC leaders are more than their individual efforts: they’re part of a movement.

Our program is:

** Dynamic:** We address the intersection of health systems needs and our leaders’ areas of interests.

** Experiential:** We adapt our offerings in response to real-time health challenges.

** Co-designed:** We engage fellows and alumni as thought partners and co-implementers.

** Expert-driven:** We seek out subject-matter experts to join us as speakers, facilitators, and advisors.

** Aligned with our Theory of Impact:** We strategically design and implement programs to improve our leaders’ ability to lead effectively, collaborate for greater change, and influence the global health sector.

Four pillars form the basis of our leadership development model:

- Systems Thinking: We cultivate working across silos and tackling the root causes of intersecting inequities.
- Design Thinking: We encourage feedback, out-of-the-box approaches, iteration, and learning from setbacks.
- Authentic Leadership: We center our shared values and strengthen our resilience and reflection muscles for sustainable impact.
- Collective Leadership: We foster deep personal and professional relationships and foster collaboration to amplify impact across our network.

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** Low- and Middle-Income Countries, as defined by The World Bank Group

Uganda alumna Brenda Asiimwe documenting community health needs in Busia district.
An Ecosystem Approach to Health Systems Change

Health doesn’t exist in a vacuum. It’s time leaders lead accordingly to accelerate progress.

The pandemic makes it clear that health and other societal factors are deeply interdependent. That’s why we place our fellows across health ecosystems, from grassroots organizations to international NGOs and Ministries of Health.

We equip our fellows and alumni to mobilize their broader networks for cultural and policy change for health issues such as safe abortion access, stronger primary healthcare, and better health financing mechanisms.

GHC Leaders
Professional Affiliation
Health System
Global Health Sector

The GHC fellowship is an entry point into an impactful career.

96% of partners said fellows met or exceeded goals of work assignments during their fellowship year.
82% of alumni remain in the fields of global health or human development beyond their fellowship year.

GHC leaders influence the global health sector.

92% of alumni found GHC offerings useful for their leadership development.
76% of fellows and alumni have spoken publicly, published writing, or participated in advocacy efforts this year.
23% of alumni from GHC’s first four cohorts now hold senior-level decision-making positions.

The GHC network is a powerful force for change.

77% of alumni have collaborated with each other since their fellowship.
70 alumni in 8 countries engaged in COVID-19 Collective Action Coalitions, funded and supported by GHC.
40,000 USD

Alumni in 6 countries competed for via the GHC & D-Prize Social Entrepreneurship Challenge.
How GHC Works:
Our Fellowship Program

STEP 1: We seed global health with fresh, diverse talent through our fellowship program. As the entry point to the GHC community, the year-long program instills foundational skills and provides access to a powerful network of global health experts, mentors, and peers.

Find & Place Talented, Diverse Leaders

Through a cost-share model, GHC selectively partners with high-impact health organizations and Ministries of Health in Malawi, Rwanda, Uganda, and Zambia looking for fresh talent.

The entire GHC community recruits and selects leaders ages 21-30 to fill fellowship roles.

Foster Experiential Learning & Bespoke Training

From an initial intensive Training Institute to quarterly retreats throughout the year, fellows build community, sharpen their leadership skills, and amplify their impact.

Fellows gain frontline experience, working in bi-national co-fellow pairs to foster support and cross-cultural learning.

Develop Resiliency, Empathy, & Boldness

Fellows receive executive coaching and training to work through personal and professional challenges and deepen self-awareness and resiliency.

With funding from GHC, fellows pool their skills and networks to implement a health project in their communities. They also pursue an individual stretch project and tap into a professional development fund for greater impact.

Launch Fellows into Collective Leadership Community

Fellows are mentored by two alumni throughout their fellowship and for the first six months of their post-fellowship careers. They access community wisdom and resources via GHC’s digital community portal.

Equipped with more confidence, sharper skills, and a stronger network, fellows transition to our alumni community.
This program channels resources, time, and talent via GHC alumni chapters and issue-area coalitions, like our COVID-19 Coalitions, to amplify health systems impact on a national scale.
Health Equity Requires Gender & Racial Equity

The tightly bound chains of colonialism endure in global health. It’s time to enact a lasting power shift.

We’re infusing diverse, young talent into the global health sector and harnessing our platforms to drive sector-wide change.

Our leaders...

- speak 45+
- hail from 48 countries
- languages
- work at 400+ health organizations

There’s a distressing predictability in how crisis reinforces existing inequalities, and how the people in power who are making decisions at all levels will lean on existing scripts, biases, and power structures that not only fail to solve the problem, but often make matters worse.

- Brian Simpson, Global Health NOW

We support our community to write and speak on global stages to influence the sector.

- We published 38 pieces on our publication AMPLIFY, many on leading through crisis and decolonizing global health.
- Fellows and alumni raised their voices for health equity in 90+ global platforms.
- We championed the cause of diversifying leadership on our social media platforms, engaging our 100,000+ followers through takeovers, chats, and broadcasts.

Artwork co-created by artist Pekoe and fellows, alumni, and staff in GHC’s PSiCHArt: Health Equity x Racial Justice virtual event.
The gender gap in leadership impedes global health progress. It’s time to invest in women.

Women comprise more than 70 percent of the global health workforce, but hold less than 25 percent of the sector’s top leadership roles. It will take an estimated 54 years* to reach gender parity in senior management roles in global health – without COVID-19’s impact.

Race is a leading social determinant of health globally. It’s time to lead like Black Lives Matter.

From toxic stress caused by the threat of state-sanctioned violence to sub-par treatment in doctors’ offices and hospitals, Black people in the U.S. and globally face numerous health challenges rooted in and exacerbated by systemic racism. We’re deepening our commitment to advance equity at the intersection of race and health.

Our community is majority Black and people of color, including 43% African Nationals.

We provided 40 Black community members of varying nationalities access to world-class management training through McKinsey’s Black Leadership Academy.

We hosted PsiCHArt x Health Equity and Racial Justice, a virtual collaboration with alumna Georgina Denis’ social impact tech start-up SURU Together and alumna Eliza Ramos’ coaching start-up Circles International.

This year, we convened our community to commemorate Juneteenth with RAPtivism’s Aisha Fukushima.

We launched a Racial Justice Learning Hub on the GHC Community Portal.

We’ve invested in these leaders through our programs and amplified the movement to close the sector’s gender gap this year through key partnerships and platforms, including:

*2020 Global Health 50/50 Report “Power, privilege & priorities”
Meet GHC’s
2020-2021 Fellows

They hail from and are working on the front lines of health in Malawi, Rwanda, Uganda, and Zambia.

They are researchers, storytellers, policy wonks, finance gurus, data analysts, architects, and more.

They collectively speak 13 languages.

They bring experience from across the private and public sectors and academia.

They are our first-ever all-African nationals cohort (with international fellow placement paused by COVID-19 travel restrictions).

Our 2020-2021 fellow cohort joined us in July 2020. Who are these inspiring and adaptive leaders?

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Gisele Ingenere, Ministry of Health (MOH) - Rwanda

Hometown: Kigali, Rwanda
Motivation for joining GHC: Searching for a community of others health equity advocates
Background: Business development and finance management in private sector
Fellow role: As Finance Program Officer, she helps manage a nationwide savings scheme for nurses, doctors, lab technicians, and other paramedics to boost healthcare worker retention in Rwanda throughout the pandemic.

Charles Mwanje, Ministry of Health (MOH) - Uganda

Hometown: Kyankya District, Uganda
Motivation for joining GHC: Personal experiences with lack of access to quality healthcare
Background: Social science research
Fellow role: As Mental Health and Control Substance Abuse Program Officer, he manages psychosocial support at three quarantine centers in Kampala and represents MOH at national COVID-19 stakeholder meetings.

August-October: Leadership Academy, a series of five live workshops on topics like writing for social change, managing up, and building a feedback culture.

October-November: Quarterly Trainings brought together fellows in each country of professional development and community building.

October-November: Essentials of Global Health, a six-week online course with Yale University’s Dr. Richard Skolnick.

Ongoing: Weekly digest of program offerings and resources, check-ins with Country Team staff, writing and speaking support, and access to mentorship and our virtual alumni programming.

Co-fellow Spotlight

Looking Ahead:
Recruiting & Selecting Our 2021-2022 Cohort!
Namwaka Mungandi, Lab Scientist Turned Advocate

Namwaka is deeply passionate about the one thing nearly everyone on Earth agreed we needed this year: increased access to viral testing. She’s been combining advocacy savvy and biomedical science expertise to combat COVID-19 in her home country of Zambia.

A few years ago, Namwaka was working at a government-run laboratory in Zambia’s Copperbelt region. It was her first foray into the health sector, and the sobering lack of resources and subsequent tragedies she encountered nearly made it her last. But she sought out a community of other health equity professionals to weather the long haul and found it in GHC.

Namwaka recalls joining GHC in 2017 as a quiet, methodical scientist. Today, she is known for asking tough questions, setting ambitious timelines, and mobilizing diverse groups to accomplish shared goals. Over the last few years as Program Manager Laboratory Systems with Clinton Health Access Initiative, Namwaka has architected an HIV viral load testing program reaching over a million Zambians.

This year, Namwaka brought her background in advocacy and biomedical science to the task of expanding Zambia’s COVID-19 testing capacity. She’s drafted national plans for decentralizing testing, organized virtual meetings with the Ministry of Health in Zambia’s laboratory services directorate and other stakeholders, and advised labs by phone on appropriate testing protocol and results dissemination. She is also an active member of GHC’s COVID-19 Collective Action Coalition in Zambia, leading initiatives to increase mask-wearing.

As a fellow with the Centre for Infectious Disease Research in Zambia, Neil and his co-fellow led the development of a distance learning initiative for community health workers treating cervical cancer. Since then, Neil has deepened his commitment to leveraging tech to improve health outcomes and stepped into a leadership role with African Union’s Office of the Youth Envoy. When COVID-19 hit, Neil spearheaded digital outreach to equip youth across Africa and the diaspora to respond to the pandemic in their communities.

At the same time, Neil noticed that few Zambians were able to access or interpret the country’s COVID-19 data through the official reports. With the urban-rural digital divide in mind, he designed a user-friendly, quick-to-load COVID-19 data visualization micro-site dubbed COVIZAP. The first people Neil turned to test COVIZAP and provide feedback were GHC community members.

Beyond his work at African Union and COVIZAP, Neil is also a newly elected GHC Zambia Alumni Chapter leader. He’s committed to deepening collaboration to strengthen the nation’s health system and bolster his own ability to persevere when facing challenges. His biggest sources of inspiration? The determined, diverse people he’s surrounded by and high-speed internet.
Eliza got her start in the global health sector as a 2012-2013 fellow at Partners In Health in Rwanda. As an GHC alumnus, she joined GHC staff to expand opportunities for other alumni rising through the ranks in global health. Since then, she’s been on a mission to build a culture of mental health and resilience among the sector’s leaders.

In 2017, Eliza launched Circles International (CI) to drive this mission forward. As CEO and principal consultant, she leads the CI team to help leaders across the U.S., Central and South America, and East Africa thrive, which in turn fuels their sustained impact. Grounded in her experiences as a social worker and global health practitioner, she’s a champion for the GHC leadership value of sustainable resilience.

Globally, many mental health efforts were sidelined to emergency COVID-19 response at a time when they were needed most. Tapping into GHC’s COVID-19 Collective Action Coalition for support and funding, GHC alumni in Rwanda designed an initiative to prevent this from happening despite the nation’s shortage of psychiatrists.

Building on the Ministry of Health’s National Mental Health Policy and Guidelines, they developed strategic partnerships with mental health providers and community health facilities to ensure sustainability. Their vision is to strengthen Community Health Workers capacity for providing mental health support services in 2021 and beyond.

I’ve been covering and uncovering my workspace with a piece of Rwandan kente fabric to signal separation from work at the end of the day and an intentional commitment to do my best work each morning.

Spotlight on Alumni Impact

Eliza Ramos,
Social Entrepreneur & Coach for Health Leaders

An award-winning social entrepreneur, activist, healer, and advocate for social justice, Eliza Ramos spends her days pouring into leaders around the world who are giving their all to protect and advance health equity during and beyond crises like COVID-19.

Throughout the pandemic, Eliza has been striving to practice what she preaches as she’s continued this work from her home in the Bay Area. When asked how she’s coping, she shared:

Protecting Mental Health through GHC’s COVID-19 Coalition in Rwanda

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Eliza (second from right), along with other speakers in GHC’s webinar on Protecting Mental Health during COVID-19, from the left: Kruger Nyasulu (2013–2014 Malawi fellow, Rootwise Leadership Facilitator); Annie Bonz (GHC Advisor and Technical Director, Resilience Programs at HIAS); and alumna Shayni Geffen (2018–2019 U.S. fellow, MsC student in Global Mental Health).
Since 2008, GHC has worked with a range of partners across Malawi to address the country’s most pressing health challenges. As COVID-19 hit the global stage in early 2020, GHC fellows and alumni rose to the challenge of combating the spread.

GHC in Malawi

Spotlight on Malawi Community Impact: An Ecosystem Approach to COVID-19 Response

2019-2020 fellow Lily Mwandira developed a policy brief for MOH with evidence-based recommendations on epidemiological models and potential high-impact interventions.

2020-2021 fellow Revelation Nyirongo trains CHWs to use Effort and Limbani’s tools and curriculum for COVID-19 contact tracing.

The Malawi Alumni Chapter created educational videos in Chichewa and English to amplify government-approved COVID-19 prevention messaging on national media outlets.

2020-2021 fellow Louiser Kalitera is developing Malawi’s COVID-19 Syndromic Surveillance Survey to monitor trends in morbidity, mortality, and indicators for access to care.

2015-2016 fellow Elizabeth Wetzel spearheads Baylor College of Medicine Children’s Foundation Malawi’s partnership with MOH to procure PPE for 120 government health facilities nationwide.

2019-2020 co-fellows Jemimah Nyirongo and Madeline Stark supported COVID-19 initiatives to protect HIV-positive clients through the Tingathe program.

As CEO of a manufacturing company, 2017-2018 fellow Ceaser Chembezi is producing affordable hand sanitizer and donating to GHC alumni-led initiatives.

As the CEO of Truss Group in Malawi, 2016-2017 fellow Sachi Shah is leading education and PPE outreach to Malawians in high-density, low-income townships.

2014-2015 fellow Mphatso Bokosi spearheaded an initiative to provide PPE, water, and soap in Bunda-Lilingwe.

2013-2014 fellow Trinitas Kunashe led a project to drill boreholes in Mzimba and promote hand-washing.

The Malawi Alumni Chapter coordinated outreach and PPE delivery to Mlodza Primary School, garnering national media attention in Nyasa Times.

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Global Health Corps (GHC) and LifeNet International launched their partnership in 2012. With both organizations in their early years, two GHC fellows filled critical capacity gaps in project management and monitoring and evaluation on LifeNet’s team in Burundi. In 2015, the partnership evolved as fellows began working with LifeNet Uganda. GHC’s infusion of talent is accelerating LifeNet’s progress towards their bold goal of transforming care for more than 10,000,000 patient visits annually, across 10 African countries by 2023.

Josh Guenther, LifeNet’s Uganda Country Director and a GHC fellow supervisor, credits the partnership with deepening his team’s impact:

“GHC provided access to excellent talent that allowed us to grow sustainably and punch above our weight as a small organization. Massive shifts in how we’ve been reporting about our work and operating can be traced to GHC fellows and alumni.”

William Mugabi is one of those alumni. He joined LifeNet as a 2016-2017 GHC fellow because his work in private healthcare clinics opened his eyes to deep systemic inequities. He brought his background in software engineering and healthcare management to his role as a Management Officer, working to deliver logistics, training, and supply chain support to health centers.

Beyond his technical skills, Josh points to William’s leadership potential as a major factor in the steady expansion of his scope and influence on the LifeNet team:

“William was an obvious choice when it was time to select our next team lead. Like all the fellows GHC has sent our way, he has always had a fire to learn and grow, regardless of position.”

William is in good company among other GHC alumni including James Kaggwa, Safaa Garelnabi, and Julius Kirya, critical LifeNet team members who have led family planning and non-communicable disease initiatives. The team also partnered with alumnus Brian Ssennoga to roll out an mHealth app designed to help clinicians and nurses in rural areas treat patients with high blood pressure.

Current 2020-2021 fellow Steven Twinomugisha is leveraging his design and storytelling expertise to spearhead the launch of LifeNet’s online distance learning platform, which provides partner health facilities with accurate COVID-19 information and more. Josh and William say they’ve benefited from Steven’s flexibility, a trait GHC trains fellows to hone and one that COVID-19 has demanded of leaders everywhere.

In addition to recruiting a new fellowship pair for the Uganda program, recruitment is now underway for two fellows to bolster LifeNet’s team in Malawi starting in July 2021. Josh says it’s a timely development:

“As we head into our fourth year of operations in Malawi, integrating GHC fellows into the programs early boosts our capacity to grow and scale much sooner than we otherwise could.”

Among frontline health organizations in GHC’s countries of operation, demand is high for the diverse talent and quality training GHC provides through our fellowship program.

- Each year, we receive an average of twice as many applications for fellow placement organizations as we can accept.
- 75% of our placement organization partners return year-over-year.

Placement organizations cover a percentage of fellow expenses through a tiered cost-share approach driven by each organization’s budget.
COVID-19 has revealed the weakness and fragmentation of global supply chains. In particular, disruptions in the supply chains of pharmaceuticals, personal protective equipment (PPE), medical devices and supplies, blood, and even food have threatened the health and wellbeing of populations around the world.

John transitioned from the biodiesel production sector to global health when he joined GHC as a fellow in 2010. A decade of sharpening his leadership skills and technical expertise prepared him to mobilize his team to meet the supply chain challenges sparked by COVID-19 this year. Throughout the pandemic, he’s overseen supply chain operations from the central medical store to health facilities across Rwanda in partnership with the Ministry of Health and a range of NGOs.

The skills honed and connections made during Joseph’s fellowship year as a Supply Chain and Procurement Officer at Partners In Health (PIH) are vital to his leadership at Zipline. In March, Joseph and his team launched an innovative partnership with PIH to use drones to deliver medication to thousands of cancer patients at home during lockdown.

A vocal advocate for sexual and reproductive health, Athanase heads up efforts to procure health commodities, including contraceptives, throughout the pandemic. Harnessing his GHC training in collaborating across silos and building strong synergies, he has continued to advance HDI’s goal of providing consistent stigma-free quality service for all patients at each of the organization’s clinics.

In the eight years since completing his fellowship working on supply chain with PIH, Morris’ commitment to advancing equity has remained steadfast. He founded Vine Pharmacy, the only 24 hour pharmacy in Rwanda, to expand access to critical medicines and supplies. When COVID-19 hit, he leveraged the GHC network to design and execute a plan to deliver medical supplies to patients’ homes for continuity of care.
Thank You to Our Partners

Transforming systems requires collective efforts. We’re grateful to all the individuals and organizations who have joined us in envisioning and working for a more equitable world. A special note of thanks to the following partners with whom we’ve had the honor of working closely throughout the past year.

2019-2020 Fellowship Placement Organizations

Ministry of Health Partners
- Malawi
- Zambia
- Rwanda
- Uganda

Additional Program Partners
- AKROS
- Jhpiego
- PATH
- Population Council
- Partners In Health
- Rootwise Leadership
- McKinsey & Company
- FD-PRIZE
- CIRCLES International
- SURU
- Raptivism
- Bank of America
- IDEO-ORG

All of our funders share our belief in the power of people to transform health systems. We are grateful for their steadfast commitment to our movement and their generous support for our work developing the next generation of leaders.

2019-2020 fellows Enock Nsokolo and Sarah Anderson at Training Institute in Rwanda; Credit: 2019-2020 fellow Nick Carney

Thank You to Our Donors

Information for year ending July 31, 2020 (unaudited)

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- Dr. Alex Coutinho
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- Pauly Rodney
- Raj Gupta
- Sujay Jaswa
- Victoria Hausman

In honor of Global Health Corps’ 10 year anniversary, 162 alumni donated to our work.
Developing a generation of great leaders takes great leaders, especially through the tumult and uncertainty of the past year.

**Our Team**

We strive to walk the talk.

We cultivate our own empathy, humility, self awareness, and resilience.

We hold joy and pain, setbacks and breakthroughs, patience and urgency, in beautiful tension.

We work hard and push for progress each day while pacing ourselves for the long game.

Above all, we strive to show up - for each other, for our community, and for the world.

Our team has deepened our efforts to heal, to cultivate accountability, and to nurture diversity, equity, and inclusion (DEI) within our team, including key efforts underway:

- Launching an internal DEI task force to set and drive change through FY21
- Working to Hiring DEI consultant(s) to help shift our culture, practices, and policies as needed
- Collaboratively drafting a DEI vision to guide our work
- Providing staff with wellness days and creating virtual opportunities to process, connect, and support each other

Alex Munzinda
Facilities Proprietor

Alida Bivegete
Rwanda Operations Manager

Anita Namuyaba
Community Impact Manager

Brittany Cesarini
Director of Communications

Eleanor Grams
Admissions & Operations Senior Associate

Fauzia Dawood
Vice President of Development

Gabriela Lopez
Senior Manager, People

Hannah Taylor
Director of Community Impact

Hannah Wood
Development Associate

Heather Anderson
Chief Executive Officer

James Mayinja
Facilities Proprietor

Jean Rene Shema
Rwanda Country Director

John Cape
Vice President of Programs

Lena Derisavifard
Alumni & Operations Manager

Livia Foo
Vice President of People & Operations

Mera Grozier
Strategic Partnerships Manager

Miezi Mtambalika
Malawi Program & Operations Coordinator

Naeha Vora
Admissions & Operations Manager

Namuyamba Muyunda
Community Impact Manager

Phillip Kakande
Impact & Learning Manager

Rose Anderson
Director of Labor & Compliance

Ruth Achillah
Director of Fellowships

Sarah Endres
Grants Manager

Sheila Sibajene
Zambia Senior Country Manager

Shivani Mulji
Finance & Operations Coordinator

Simon Simkoko
Malawi Senior Country Manager

Victoria Choong
Finance & Operations, Senior Director
Our Finances

REVENUES, GAINS AND OTHER SUPPORT

- Public Support and Contributions: $3,890,767
- Fees and Other Revenue: $169,071
- Total revenues, gains and other support: $4,059,838

EXPENSES

Program Services
- Fellow Support & Development: $1,614,630
- Alumni Support & Development: $1,159,699
- Total program services: $2,774,329

Supporting Services
- Management and General: $524,506
- Fundraising: $470,944
- Total supporting services: $995,450

- Total operating expenses: $3,769,779
- Change in Net Assets from Operations: $290,059
- Non-Operating Adjustments to Net Assets: $(1,401,975)

NET ASSETS

- Net Assets, Beginning of Year: $4,578,016
- Net Assets, End of Year: $3,466,100

In addition to the $1.6 million that Global Health Corps invested to support fellows, our partner organizations contributed another $300,000.

Thank you for fueling our movement. Let’s keep going!

Information for year ending July 31, 2020 (unaudited)
The future looks bright!

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