Health impact today.
Health leaders tomorrow.

FIVE YEARS OF IMPACT | ANNUAL REPORT 2013-2014
Dear friend,

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.

At age 5, a child learns to hop, somersault, and skip – at Global Health Corps, we feel like doing a bit of that ourselves! This year, we turned five and celebrated a number of our own developmental milestones. Since our founding in 2009, GHC has:

- Recruited 450 young leaders to fill gaps at 90 high-impact health organizations in 7 countries
- Reviewed more than 15,000 fellowship applications
- Expanded GHC placements to include Ministries of Health and private sector companies
- Opened offices and hired staff in Burundi, Malawi, Rwanda, Uganda, and Zambia
- Welcomed 322 young leaders into our alumni corps and held our first GHC alumni retreat in East Africa

Each stride takes us one step closer to achieving health equity. We know that this goal requires strong health systems; strong health systems need talented individuals to address each of their complementary components—from commodity supply chains, to logistics, to health workers’ capacity, to monitoring & evaluation, to infrastructure, to financing.

We are inspired that each year our fellows are doing just that. Whether they’re reducing drug stock-outs in Burundi, training community health workers on mobile health technology in Rwanda, or analyzing nutrition policy in New York City, GHC fellows are working each day to ensure that health systems serve those who need them most. With 90% of our fellows’ next steps related to global health, our alumni are just beginning their journey creating systemic change as global health leaders.

Like all five-year-olds, we’re eager to grow. As we look forward to our teenage years, we are tackling a number of strategic questions, including what model of scale to pursue, what talent gaps are best served by GHC fellows, and how to maximize the impact of our ever-growing alumni community. We are grateful for those who have offered their support and guidance over the last 5 years, making it possible for GHC to ask these questions and continue to serve communities who need the talent, passion and creativity that GHC fellows bring. We hope that you will join us as co-collaborators as we work to ensure that every person can live a healthy and dignified life.

In gratitude,

Barbara Bush and the Global Health Corps Team
Community is key. Each year our fellows cite the GHC community as vital to their professional and personal success. At the start, community-building was just a by-product of our training, but we now intentionally incorporate it into each of our workshops.

Partnership is more than a buzzword. Collaborating across borders, sectors, and organizations is necessary to make systemic change. That’s why we partner with diverse organizations and why our fellows always work in cross-cultural teams of two.

Leadership takes practice. While we select GHC fellows for their leadership potential, we know that leadership is an iterative process. So we’ve identified six leadership practices (like collaboration and adaptability) as critical for making change in global health—and equip fellows and alumni to practice them throughout their fellowship and beyond.

Scale comes in all shapes and sizes. When we founded GHC, our goal was to exponentially expand the size of our fellow class. While we’re still planning for growth, we’ve realized that by amplifying the voices of our fellows and alumni—through story-telling and advocacy training—we can magnify our impact beyond our community of 450 changemakers.

Over the last 5 years that Partners In Health has partnered with Global Health Corps, I have witnessed the immense impact GHC fellows have had on increasing access to quality healthcare for the poor. Yet perhaps more importantly, I have been inspired by the unparalleled leadership potential of GHC alumni as they rise into positions of influence at organizations like PIH around the world and choose to fight for health equity.

— Paul Farmer, Chief Strategist and Co-Founder Partners In Health
We believe that the unacceptable status quo of extreme health inequity cannot be solved by a single organization, institution, or individual.

An estimated 222 million women in developing countries would like to delay or avoid childbearing but do not have access to contraception.

Less than 1 in 4 children living with HIV in 2013 had access to lifesaving anti-retroviral therapy.

Malaria is preventable and curable but caused 627,000 deaths in 2012.

Between 2000 and 2012, the number of internet users on the African continent grew at 7x the global average.

From 2000 to 2012, mobile phone penetration in sub-Saharan Africa grew from 1% to 54%.

64% of millennials say it’s a priority for them to make the world a better place.

From 2001 to 2011, the number of US undergraduate global health programs grew tenfold.

800 women die every day from preventable causes related to pregnancy and childbirth.

More than 2.1 million early child deaths could be prevented each year with access to simple, affordable interventions.

Youth in sub-Saharan Africa are the most educated generation in the region.

Source: World Health Organization

Source: Forbes, The World Bank, Africa Renewal
How GHC works

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

1. Identify high-impact health organizations with gaps that need filling
   We partner with existing 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.

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.

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.

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.

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.

6. Build a global ecosystem of fellows and alumni impacting health equity
   Through retreats, mentorship, and networking events, we facilitate communication and collaboration amongst our fellows and alumni, enabling stronger collective action to move the needle on global health.
GHC grounded me in the belief that I could be an ICT professional with a sense for what was happening all around me. GHC helped me navigate my path out of the server room into the community and learn how I can use technology to influence the discussion around health inequity.

— Brian Ssennoga, 2012-2013, Uganda
Elizabeth Glaser Pediatric AIDS Foundation

Finding our fellows

Wondering what it takes to narrow down 4,771 applicants to 128 fellows?

- 18,152 # of people directly contacted during recruitment
- 5 rounds of reviews
- 1,021 # of hours of interviews to select the perfect class
- 174 # of fellows and alumni who read applications

When selecting GHC fellows, we look for a relevant professional skill set and demonstration of GHC’s leadership practices. We have identified these six practices as key to creating sustainable and transformative change in global health.

Committed to social justice
Inspire and mobilize others
Collaborate
Adapt and innovate
Self-aware and committed to learning
Get results!
2009
- Fellows: 22 (8 partners)
- Fellows work in Malawi, Rwanda, Tanzania, and the United States
- Amount contributed to cost of fellows by partners: $0

2010
- Fellows: 36 (15 partners)
- Expanded to Burundi and Uganda
- Amount contributed to cost of fellows by partners: $63,419

2011
- Fellows: 68 (30 partners)
- First government placement
- Amount contributed to cost of fellows by partners: $289,034

2012
- Fellows: 90 (41 partners)
- Expanded to Zambia
- Amount contributed to cost of fellows by partners: $572,051

2013
- Fellows: 106 (47 partners)
- Alumni committees launched in each country
- Amount contributed to cost of fellows by partners: $988,773

2014
- Fellows: 128 (59 partners)
- First private sector placement
- First alumni retreat in East Africa
- Alumni committees launched in each country
- Amount contributed to cost of fellows by partners: $1,305,497
Placed at HIPS in Washington, DC

Meet our fellows

Majo & Stephen

Having a co-fellow means being in a mentor-mentee relationship where the role of mentor is constantly shifting: Some mornings, you’re the expert; other mornings, you turn to your co-fellow to know where to start.”

— Kaylyn Koberna, 2012-2013, Malawi Ministry of Health

94% of fellows felt more prepared for their fellowship because of GHC’s Training Institute at Yale University

96% of fellows reported that GHC influenced how they think about their career

100% of fellows would recommend GHC to a friend

Originally from Guatemala, Majo received her Master’s degree in International Development from the University of Denver. Prior to GHC, she worked on sexual education for adolescents at Population Council in Guatemala and on maternal health monitoring & evaluation systems in Delhi, India. Majo is currently consulting for a Canadian and Guatemalan NGO, Tula Salud, on intercultural issues, mHealth, and maternal health. She is seeking opportunities in the HIV and sexual health fields in the U.S.

Originally from Virginia, Stephen earned his MPH at George Mason University where he researched women’s cardiovascular health and condom-use among marginalized populations in the US. Before his GHC fellowship, he worked at the non-profit FAHASS to expand HIV testing and condom distribution in Northwest Virginia. Stephen is seeking opportunities in the HIV and sexual health fields in the U.S.

Coordinated a mobile syringe access program for more than 600 injection drug users resulting in the exchange of 200,000 sterile needles and the distribution of 300,000 safer-sex supplies to marginalized communities.

Designed a client management database to track 65 “high-risk” clients. Each client was serviced weekly according to their location, resulting in improved health outcomes.

Gave multiple presentations on syringe access, harm reduction strategies, sex work, and gender issues.

Where are they now?

Capfells at HIPS

Import

Majo and Stephen were responsible for conducting health outreach to marginalized populations in D.C., providing services including syringe access, safer sex supplies, HIV testing and counseling, and drug treatment referrals.

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Lorraine is a pharmacist from Kampala, Uganda who received her undergraduate degree from Mbarara University. Prior to GHC, she worked at the Mulago Hospital in Uganda managing medicines and pharmaceutical care and at the Infectious Diseases Institute strengthening health systems, ARV medicines order tracking, and forecasting of pharmaceutical products and supplies in public facilities.

Meghan is originally from Massachusetts and completed her undergraduate studies at Harvard University where she studied post-colonial History and Literature. Prior to joining GHC, Meghan worked as a Senior Associate at the consulting firm Civitas Group where she analyzed commercial strategy for U.S. defense and government services clients.

Peter is from Malawi and received his degree in Economics from the University of Malawi. Prior to joining GHC, he worked at the Malawi Savings Bank. He also served as a District Youth Officer at the Ministry of Youth and Sports Development and is a member of Malawi’s top soccer league. Peter is active in promoting health and economic empowerment for youth through sports.

Impact

• Planned a national viral load testing program to give free access to better treatment monitoring for all HIV+ patients on anti-retroviral therapy in Uganda, in an effort to reduce morbidity and mortality.
• Trained Ugandan Central Public Health Laboratories staff to monitor drug stock and forecast commodities.

Impact

• Led team of clinical and operations staff to define a comprehensive PIH-Malawi procurement strategy, resulting in a reduction of clinical department purchases by $38,000.
• Designed an electronic inventory management system that resulted in the redistribution of $20,000 of expiring and slow-moving drugs to other districts with greater demand, ensuring that life-saving medications reached those in need.
• Trained 30 PIH staff in fire safety, enabling them to better protect $500,000 worth of Neno district’s essential medicines.

Both Meghan and Lorraine remained with CHAI - Lorraine in Uganda working as a Public Sector Coordinator for the Essential Child Medicines Program and Meghan in New York working to support negotiations with diagnostics suppliers on the Global Markets team.

Kelsey is in Boston volunteering for PIH’s Ebola response initiative and teaching Eds. Peter remained in Malawi and is working for the local NGO Partners in Hope as a Procurement Manager focused on HIV/AIDS quality improvement.

Kelsey and Peter were responsible for improving the management of PIH’s medical items supply chain, including planning and receiving international shipments, strengthening warehouse systems, improving data collection, and minimizing waste.

Kelsey and Meghan were tasked with providing technical assistance to the Ugandan Ministry of Health and the National Medical Stores in areas including HIV, child health, and commodities management.

Where are they now?

Where are they now?

Placed at Clinton Health Access Initiative in Uganda

Placed at Partners in Health in Malawi

Gap filled at CHAI Uganda

Gap filled at PIH Malawi

Kelsey and Meghan

Kelsey and Peter

Meghan and Lorraine

Kelsey and Peter

Kelsey is from Boston, Massachusetts and completed her graduate degree in Gender, Globalization and Development at the London School of Economics and Political Science. Her professional experience includes working at Management Sciences for Health and interning for the UN Development Programme where she researched gender outcomes of UNDP projects.

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Public health facilities’ expenditures dropped nearly 30% through cost optimization analyses of diarrheal treatment, one of the key cost drivers in health facility budgets.

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Placed at Partners in Health in Malawi

Gap filled at CHAI Uganda

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Lorraine and Meghan

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We are Global Health Corps
Policy & Advocacy

Fellows at the City of Newark’s Department of Child and Family Well-Being composed a report on disparities in health outcomes for minority groups in Newark, New Jersey, including recommendations to promote health awareness, disease prevention, and behavior change among male residents of color.


direct service

Fellows at PSI Burundi provided HIV/AIDS and sexual and reproductive health information to more than 1,000 Burundian youth through theatre, dance, and music.

Fundraising

Fellows with Baylor Uganda led the development and submission of 5 high-profile grant proposals resulting in a $3 million award to expand the organization’s maternal and newborn health program.

Partnership Development

Fellows with the Ministry of Health in Malawi organized meetings with representatives from more than 50 maternal health organizations in the country, allowing for greater collaboration and sharing of best practices amongst them.

Technology

Fellows at EGPAF Zambia developed a tool to monitor the functionality and use of the Zambia electronic health record system, SmartCare, in government health facilities.

Architecture

In collaboration with Partners in Health and the Rwanda Ministry of Health, fellows with MASS Design Group in Rwanda oversaw the construction of an extension wing of the Rwinkwavu Hospital, including an Operating Room with necessary support services, a new Neonatal Intensive Care Unit, and a mother’s ward.

Workforce Training

Fellows with Health Builders in Rwanda organized trainings for more than 20,000 community health workers in the use of RapidSMS, an mHealth technology that allows them to quickly report maternal health emergencies and provide ambulatory care to patients.

Supply Chain

Fellows at CHAI Malawi established a three-year procurement plan for ready-to-use therapeutic foods to combat child malnutrition and restructured the organization’s supply chain to ensure beneficiaries have access to nutrition therapies at all times.

It’s been a unique pleasure to witness the impact that three subsequent years of GHC fellows have had on the community of Neno, Malawi. The GHC model of long-term capacity building has led to Neno recently being identified as the District with the lowest stock-out rate of essential medicine in the country. That’s no small feat and I know our whole team is grateful for GHC’s help toward that accomplishment.

— Bryan Eustis, 2011-2012, Malawi Partners In Health
GHC fellows had new ideas and ways of carrying out activities, which staff can emulate.

— Barbara Sentiba
Human Resources Manager
Baylor-Uganda

The GHC fellow was a critical member of our team, and given our small staff size, every contribution she made was meaningful.

— Sandie Taylor, Senior Communications and Business Development Officer
Together for Girls, Washington, D.C.

This year, we partnered with 47 placement organizations ranging from international NGOs, to Ministries of Health, to small grassroots organizations.

The fellows were extremely valuable to the growth and sustainability of our organization.

— Galia Boneh, Executive Director
Art and Global Health Center, Malawi

89% of partners found the GHC co-fellowship model valuable for increasing fellows’ effectiveness

124 organizations applied to be GHC placement organizations for the 2014-2015 class of fellows

87% of partners reported that having a fellow was “critical” or “contributed positively” to the success of the organization

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2013 - 2014 Placement Organizations

Burundi
ANSS
CARE
LifeNET International
The Cries of a Child
PSI

Malawi
Art and Global Health Center
Dignitas International
Elizabeth Glaser Pediatric AIDS Foundation
Girls Empowerment Network
The Lighthouse Trust
Ministry of Health
Partners In Health
Riders for Health

Rwanda
Clinton Health Access Initiative
Gardens for Health International
Health Builders
Health Poverty Action
MASS Design Group
Ministry of Health
Partners In Health

Uganda
Action Africa Help International
ACODEV
ASSIST Project
Baylor College of Medicine
Children's Foundation
Clinton Health Access Initiative
Elizabeth Glaser Pediatric AIDS Foundation
Infectious Diseases Institute

United States
Children’s Health Fund
City of Newark
Covenant House
HPS
Inter-American Development Bank
Single Stop USA
Together for Girls/UNAIDS
The Grassroot Project
Last Mile Health
Veena Cares

Zambia
Afya Mzuri
Elizabeth Glaser Pediatric AIDS Foundation
CHAMP
Center for Infectious Disease Research Zambia
ZCAHRD/Ministry of Health

Kyetume Community Based Health Care Program
Mpora Community HIV/AIDS Initiative
Management Sciences for Health
Ruhiru Millennium Villages Project
Reproductive Health Uganda
Reach Out Miyu
Strengthening Decentralization for Sustainability Program
Our alumni

98% of alumni want to remain involved in the GHC community

In January, we convened our first-ever alumni retreat in Jinja, Uganda!

322 alumni

Nearly half of alumni received job offers from their placement organizations after the fellowship.

90% of alumni remain in the global health and social justice field post-fellowship.

Over the past five years, we’ve learned that GHC’s yearlong program is just the beginning of a lifetime of global health service for our fellows. Our inaugural alumni retreat in Uganda is just one example of our increased investment in GHC alumni’s growth. Through our alumni programming, we are building a talented pool of emerging leaders who are poised to effect systemic change over the course of their careers.
Celebrating GHC’s 5th birthday is humbling and motivating. As we look forward to our next 5 years, we’re excited to share what’s on our horizon.

**New strategy map:** We are creating a refreshed strategic plan for the next 5 years. Through this process, we are learning from our fellows, alumni, partners, founders, and board what they consider to be GHC’s big wins and pain points over the past 5 years, and what they wish for GHC’s future. We’re using this to map out how to amplify GHC’s existing impact and build an even stronger internal organization.

**More alumni programming:** It’s no secret that GHC alumni are doing big things to improve health equity – from Nargis Shirazi (’12) being named one of Melinda Gates’ most inspiring women in 2013, to Bryan Eustis (’12) and Ian Mountjoy (’10) leading PIH’s Ebola Response efforts in West Africa, to James Arinaitwe (’13) publishing an op-ed in the New York Times, our alumni’s impact has only just begun. To catalyze that impact, we’re investing significantly more in alumni programming, ensuring that GHC alumni continue to develop the professional skills, leadership practices, and network they need to end up in positions of influence – and advocate effectively on behalf of the poor when they get there.

**Improved M&E systems:** We have no doubt that our fellows are improving health outcomes and access for the poor – our partners, fellows, and alumni love to tell us so! But we’re excited to develop robust new M&E tools to quantify our impact across 18 health issues and 17 job functions, measure the strength of our network across 6 countries, and better assess the effectiveness of our leadership development programming.

Because of GHC, I now have a stronger sense of professional direction and purpose rooted in a commitment to social justice and high-impact work that motivates me in my current management position, and continues to inspire my future goals.

— Natalia Espejo, 2013-2014, Zambia

*Afya Mzuri*
GHC helped me discover the role that my skills can play in promoting global health equity and connected me to an international community of practice. I will forever be grateful to my co-fellow and colleagues for being part of such a tremendous group!
— Colin Gerber, 2013-2014, Rwanda Partners In Health

Our sixth class

128 fellows from 22 countries working with 59 partner organizations in 6 countries in the US and East and Southern Africa

Selected from nearly 5,000 applicants

25.7 Average age

29 Number of Languages spoken

45% have graduate degrees including MPH, MPA, MA in Architecture, MSW, and Ed. M

Over 45 fields of expertise represented:
public health
architecture
computer science
economics
finance
political science
agriculture
pharmacy
monitoring and evaluation
program management
engineering

Working on a range of global health issues:
maternal health
HIV/AIDS
homelessness
nutrition and food security
health policy and advocacy
water/sanitation
health communications
architecture
supply chain management

Our 2014-2015 fellows come from a wide range of sectors and professional backgrounds:

29% nonprofit sector
21% directly from graduate programs
11% directly from undergraduate programs
19% private sector
10% government/public sector

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health policy and advocacy
water/sanitation
health communications
architecture
supply chain management

Global Health Corps
Class of 2014-2015
We are grateful for the generosity of the following donors who supported us during our 2014 fiscal year*

$250,000+  
- Bill & Melinda Gates Foundation  
- Global Health Fellows Program II  
- Max M. & Marjorie S. Fisher Foundation  
- Rainwater Charitable Foundation  
- Robertson Foundation  
- William and Flora Hewlett Foundation

$100,000+  
- Bank of America Charitable Foundation  
- Bohemian Foundation  
- DSM  
- Denny Sanford ExxonMobil Foundation  
- Johnson & Johnson  
- The King Innovation Fund  
- Robert Wood Johnson Foundation  
- Segal Family Foundation

$50,000+  
- Abbott Fund  
- Anonymous  
- August A. Busch III Charitable Trust  
- Binston-Myers Squibb Foundation  
- The Greenbaum Foundation

$25,000+  
- AbbVie Foundation  
- Avenue Capital Group  
- Beatrice Snyder Foundation  
- Cisco Systems, Inc.  
- Laurie M. Tisch Illumination Fund  
- President and Mrs. George W. Bush  
- Ruth Sharp Altshuler  
- Tunnell Fund

$10,000+  
- Condé Nast  
- KKR  
- Leonard Levy Fund  
- Matt and AK L’Heureux  
- Medtronic Foundation  
- Robert Angelica

$5,000+  
- Imago dei Fund  
- Martin D Shafranoff and Jean Shafranoff Foundation  
- Peter Kellner  
- Rusty and Dede Rose  
- Stapleton Charitable Trust

$1,000+  
- Greater Tampa Chamber of Commerce  
- Howell L. Ferguson  
- Interstate Hydrocarbon LLC  
- Kate Saunders  
- Laura Samborg Fains  
- Matt Sealegh  
- Tom and Andi Bernstein Fund  
- Vamsikrishna Kalapala  
- William Sledge

In-kind donations  
- Chelsea Piers  
- Covenant House  
- Hewlett-Packard  
- Yale University Office of the President

*This list includes donations made between August 1, 2013 - July 31, 2014

GHC is not only creating change by training one person but by creating networks of change.  

— Melinda Gates, Co-Chair and Trustee  
Bill & Melinda Gates Foundation
Statement of Financial Position

**FY2014 (unaudited)**

### Assets
- Cash: $1,895,199
- Receivables:
  - Corporate and Foundation Grants: $493,996
  - Prepaid Expenses: $195,715
- Total Current Assets: $2,584,910
- Property and Equipment, Net: $37,723
- Other Assets: $33,440
- Total Assets: $2,656,073

### Liabilities & Net Assets
- Liabilities:
  - Accounts Payable and Accrued Expenses: $262,977
  - Payroll Withholdings: $29,296
  - Total Liabilities: $292,273
- Net Assets:
  - Unrestricted: $1,221,989
  - Temporarily Restricted: $1,221,989
  - Total Net Assets: $2,656,073

### Net Assets, Beginning of the Year
- $1,262,272

### Prior Period Adjustment
- $0

### Net Assets, End of Year
- $2,363,800

### Total Liabilities And Net Assets
- $2,656,073

Statement of Activities

**FY2014 (unaudited)**

### Revenue & Support
- Corporate and Foundation Grants: $3,727,567
- Individual Contributions: $360,048
- Government Grants: $333,845
- In Kind Contributions: $70,985
- Earned Income: $7,053
- Interest: $1,262
- Total Revenue & Support: $4,506,760

### Expenses
- Program Services:
  - Fellows and Partners Support: $1,939,529
  - Fellows Training and Development: $908,148
  - Management and General: $557,553
  - Total Expenses: $3,405,230

### Increase in Net Assets
- $1,101,528

### Net Assets, Beginning of the Year
- $1,262,272

### Prior Period Adjustment
- $0

### Net Assets, End of Year
- $2,363,800

### Total Expenses
- $3,405,230

Statement of Financial Position

### Revenue Detail FY2014
- Program: 84%
- Management and General: 16%

### Expense Detail FY2014
- Corporate and Foundation Grants: 83%
- Individual Contributions: 8%
- Government Grants: 7%
- In Kind Contributions: 2%

### Percentage Breakdown
- Program: 83%
- Management and General: 17%
Our leadership

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, Senior US Program Manager
Helen Todd, Malawi Program Manager
Nichimunya “Eric” Chiyombe, Zambia Program Manager
Armand Gramahora, Burundi Program Manager
Johnny Cooper, Director of Business Development
Emily Moore, Strategic Partnership Manager
Sarah Endres, Program Associate
Mpindi Abaas, Uganda Program Associate
Isabel Kunwembe, Malawi Program & Operations Associate
Eliza Ramos, Alumni Coordinator
Ben Schwarz, Operations Associate
Kim Sullivan, Operations Associate

Board of Directors
Barbara Bush
Dr. Rajesh Gupta
Jonathan Hughes
William Mayer
Bill Roedy
Dave Ryan

Board of Advisors
Dr. Michele Barry
Dr. Susan Blumenthal
John Bridgeland
Dr. Mark Dybul
Dr. Paul Farmer
Jessica Jackley
Geeta Rao Gupta
Dr. Peter Piot

Our wish is to see GHC alumni take up leadership roles in their country governments as policymakers to change the health systems and serve those traditionally left out.
— James Arinaitwe, 2012-2013, US

Single Stop

Content by Emily Moore and Barbara Bush
Design by Sarah Endres