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

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

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

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

With gratitude,
Barbara and the Global Health Corps Team

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

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

We partner with existing organizations and government agencies in Eastern and Southern Africa and the United States whose impact is increased by having at least two of our fellows.

Identify high-impact health organizations with gaps that need filling

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.

Competitively select exceptional young leaders with diverse skills

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.

Pair them up

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.

Match them to an organization

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

Train them

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Train them

We 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.

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

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

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Pathology & Advocacy
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Our Voice

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

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

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

2014-2015 Zambia fellow Angel Chelwa authored a narrative on AllAfrica.com about the “Don’t MINImize Me” march she organized to address street harassment and sexualized violence in Lusaka.

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

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

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98% of fellows reported that the GHC fellowship experience influenced the way they think about their career and future.

95% of fellows would like to remain actively involved in the GHC community.

50% of fellows were offered continuing positions at their placement organizations...

...and 25% will remain with their placement organizations.

Next Steps for 2014-2015 Fellowship Class

57% of alumni have joined global health organizations.

15% of alumni are pursuing graduate & professional degrees.

13% of alumni have joined the private sector or start-ups.

7% of alumni work in academic and research institutions.

7% of alumni are employed in government agencies.

CAITLIN STEVENS
Health Systems Strengthening Fellow
After graduating from North Carolina State University with a degree in international studies, Caitlin completed a year of AmeriCorps service with the Philadelphia Health Corps. She then worked as a school nurse at the Philadelphia Department of Public Health, focusing on quality improvement for eight city health centers.

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

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

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

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

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

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

“...and 25% will remain with their placement organizations...”

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

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

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

— Kochelani Saili, 2014-2015 fellow, PATH Zambia

Placed at HEALTH BUILDERS in RWANDA

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

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

IMPACT  
- Improved the capacity of the Ministry’s Disease Surveillance Control and Research Unit by evaluating the quality of care at all second-and-third-level hospitals, representing catchment areas of more than 8.6 million people  
- Supported a range of research and grant-seeking initiatives aimed to improve information collection and knowledge sharing by Zambia’s health authority  
- Co-authored multiple peer-reviewed papers for dissemination among other researchers globally

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

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

NICOLE & ALBERTINA
Placed at ZAMBIA MINISTRY of HEALTH

OLIVIER & MEG
Placed at VECNA CARES CHARITABLE TRUST in BOSTON

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

IMPACT  
- Implemented four new software projects in the US and abroad, and scaled existing work in Kenya, Nigeria, and Haiti  
- Developed data tools to measure the impact of Vecna Cares’ CliniPAK software in Nigeria, where clinicians have been able to record over 80,000 healthcare visits with 22,102 visits with expectant mothers having at least one follow-up visit  
- Created a CliniPAK development and deployment system for an Ebola response workflow for organizations responding to the crisis in Liberia and Sierra Leone

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

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

OLIVIER DUSABIMANA  
Program Manager  
Originally from Burundi, Olivier holds a bachelor’s degree in software engineering. While in school, he co-founded Geek Solution, an IT startup specializing in software development and website creation. As a lead developer, Olivier conducted and actively participated in more than seven IT projects including building websites, custom web-based applications, online radio streaming, and bulk SMS services.
**Our organization has employed 20 GHC fellows since 2010, many of whom have continued to work for us years after their fellowship period. The role of our GHC fellows has been so critical that I have no doubt our organization would not be where it is today without them.**

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

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

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

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**Our Partners**

**Burundi**
- CARE International
- FVS-AMADE
- LHSNet International
- Population Media Center

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

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

**Uganda**
- ACODEV
- Baylor College of Medicine
- Children’s Foundation Uganda
- Children’s Health Fund
- Covenant House
- Global Health Delivery Project at Harvard University
- Grassroot Care
- Health Builders
- New Hope for AIDS
- United States
- Boston Public Health Commission
- Boys & Girls Club of Newark
- Children’s Health Fund
- Covenant House
- Dignitas International
- Grameen PrimaCare
- Health Builders
- Inter-American Development Bank
- IntraHealth International
- Joint Clinical Research Centre
- Kyetume Community Based Healthcare Programme
- Massachusetts Institute of Technology
- Massachusetts General Hospital
- Migrant Health Care
- Nyaka AIDS Orphans Project
- Partners In Health
- Ruhiira Millennium Villages Project

**Zambia**
- Afya Mwiri
- Akros
- CIDRZ
- CHAMP
- Elizabeth Glaser Pediatric AIDS Foundation
- PATH
- Population Council
- Population Media Center
- Population Services International
- Zambia Ministry of Health

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**2014 - 2015 Partner Organizations**

96% of partners reported that they would host GHC fellows again

94% of partners reported that having a fellow was “critical” and “contributed positively” to the success of their organization

68% of partners reported that fellows’ skills exceeded those generally recruited by their organizations

78% of partners reported that GHC fellows brought skills that were not previously represented at their organizations

20% of partners have multiple generations of GHC fellows working for them

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**OUR PARTNERS**

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

1. **Connect.** GHC facilitates ongoing, tight-knit network building through Alumni Chapters and Committees at hubs around the world, providing community members a platform to share learnings, workshop professional problems, and organize for collective action.

2. **Reflect.** GHC is committed to building a community grounded in awareness and resiliency, and offers all alumni programming in partnership with Still Harbor, a leader in interior formation framework building.

3. **Amplify.** GHC offers ongoing advocacy and communications training and support around media, public speaking, and writing to ensure strong, effective, and diverse voices amongst our alumni community of changemakers.

4. **Lead.** GHC provides continued professional development opportunities and coaching to our community, supporting alumni as they grow as leaders throughout their careers.

Global Health Corps molded me into the person that I am today.
— Nargis Shirazi, 2011–2012 GHC Uganda fellow at Millennium Villages Project, named one of Melinda Gates’ 2013 “Most Inspiring Women”

**GHC Alumni Programming**

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

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We are CHALLENGERS

We are CHANGEMAKERS

We are THINKERS

WE ARE GLOBAL HEALTH CORPS
Global Health Corps works to create impact at three levels across the global health space.

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

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

Impact Levels

Impact Level 1: Our Fellows

Building the next generation of global leaders

What makes GHC unique?

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

Why does this matter?

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

Impact Levels Chart

- 2009: 22 fellows
- 2010: 36 fellows
- 2011: 68 fellows
- 2012: 90 fellows
- 2013: 106 fellows
- 2014: 128 fellows
- 2015: 134 fellows
Impact Level 2: Our Partners
Meeting the demand of organizations on the frontlines of health equity

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

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


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

Impact Level 3: The Field
Seeding the global health field with the leadership required to end health inequity

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

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

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

— Dr. Peter Piot, pioneering researcher on Ebola and AIDS, Director, London School of Hygiene & Tropical Medicine
Bryan was a 2011-2012 GHC fellow with Partners In Health (PIH) in Liberia. In this role, Bryan has set up robust human resource, finance, infrastructure, supply chain, and logistics teams in West Africa to support PIH’s response and served as a leader in recruiting other GHC alumni to join post-Ebola recovery efforts.

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

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

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

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

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

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

A GHC CASE STUDY IN LEADERSHIP

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

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

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

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

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

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GHC fellow, Malawi, 2011-2012

Bryan was a 2011-2012 GHC fellow with Partners In Health in Malawi. He is currently the Executive Director of Partners in Health (PIH) in Liberia. In this role, Bryan has set up robust human resource, finance, infrastructure, supply chain, and logistics teams in West Africa to support PIH’s response and served as a leader in recruiting other GHC alumni to join post-Ebola recovery efforts.
Over the past year, GHC collaborated with McKinsey & Company on a pro bono strategic planning process to evaluate our program to date and plot strategic and ambitious growth over the next several years. This in-depth landscape analysis identified GHC as a unique impact model directly addressing health management and leadership gaps. McKinsey & Company also confirmed that there is no comparable program for rising global health leaders, particularly in African countries, and that GHC serves as a critical talent pipeline to seeding the field with the diverse social justice advocates needed to make sustainable change. With these findings in mind, GHC is ready to leap into the next phase of our organization.

We will...

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

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

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

**OPTIMAL GROWTH**

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

- **Supply of highly qualified applicants:** How many talented, emerging leaders can we recruit?
- **Demand from high-impact partners:** What critical gaps can our fellows address?
- **Global health landscape:** How many global health leaders do we need to reach a tipping point on health equity?
- **GHC’s “secret sauce”:** How do we continually ensure a tightknit, highly effective, and diverse global community of young leaders?
I have seen the value of how being in the right context, with the right tools, and with like-minded individuals has widened my ability to understand and begin to address some of the world’s most pressing social challenges.

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

Looking Ahead:
2015-2016 Fellowship Class

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

Over 50 fields of expertise represented:
- Public health
- Monitoring & evaluation
- Finance
- Communications
- Policy making & advocacy
- Architecture
- Supply chain
- Agriculture

Solving a range of global health issues:
- HIV/AIDS
- Maternal & child health
- Malaria
- Nutrition & food security
- Sexual & reproductive health
- Health education
- Non-communicable diseases
- Community health

25% male
75% female
20% of the 2015-2016 fellowship class comes from non-health backgrounds
20 countries represented
39 languages spoken
Average age 26.4
50% US Citizens
43% African
7% Non-African/Non-US
20% of the 2015-2016 fellowship class comes from non-health backgrounds
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Average age 26.4
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43% African
7% Non-African/Non-US

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7% Non-African/Non-US

2015-2016 Fellowship Class

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

—Marcela Laverde, 2014-2015 fellow, MASS Design Group, Rwanda
We are grateful for the generosity of the following donors who supported us during our 2015 fiscal year*

$250,000+
Global Health Fellows Program II
John Khoury
Max M. and Marjorie S. Fisher Foundation
Robertson Foundation
Sanford International Clinics
Starkey Hearing Foundation
William & Flora Hewlett Foundation

$250,000+
400 Capital Management, LLC
Anthony Schiller
Avenue Capital Group
Beatrice Snyder Foundation
George W. Bush
John Waldron
Laurie M. Tisch Illumination Fund
MDI Amelia Foundation
Ruth Sharp Altshuler
Sandi Young
Stanford University
Susaj Jayas
Turrell Fund

$100,000+
Bank of America Charitable Foundation
Bob & Dottie King
Bohemian Foundation
ExxonMobil Foundation
Goldman Sachs & Co.
Johnson & Johnson
Mulago Foundation
Rainwater Charitable Trust
S. javaid Anwar
Segal Family Foundation

$50,000+
Abbott Fund
AbbVie Foundation
Bloomberg Philanthropies
Brookby-Myers Squibb Foundation
Child Relief International
Emerson Collective
Mary D. Fisher Fund
Rusty & Diddle Rose

$50,000+
Aimee Dickerson
David Solomon
Donald Cappuccia
George C. Lee III
Jared Kushner
JP Morgan Chase
Neil Cerri
Peter Kellner
Quadrant Capital Advisors, Inc.
Robert A. Day Foundation
Ruma Bose
Vernon Everson

$10,000+
Alex Robertson
Bill & Melinda Gates Foundation
Diamond Family Foundation
Diamond Family Foundation
Jonathan Hughes
Kenneth Mehlman
Matt & AK L’Heureux
Pershing Square Foundation
Sherwood Foundation
Sol Kumin
Stapleton Charitable Trust
William E. Mayer

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

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


— unnamed donor
**Statement of Financial Position**

<table>
<thead>
<tr>
<th>Assets</th>
<th>FY2015 (unaudited)</th>
<th>FY2014 (audited)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash</strong></td>
<td>1,392,297</td>
<td>1,958,126</td>
</tr>
<tr>
<td><strong>Receivables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate and Foundation Grants</td>
<td>1,589,030</td>
<td>493,996</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>342,134</td>
<td>162,755</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>3,078,212</td>
<td>2,578,534</td>
</tr>
<tr>
<td><strong>Property and Equipment, Net</strong></td>
<td>20,313</td>
<td>47,880</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td>124,480</td>
<td>37,016</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>3,223,005</td>
<td>2,663,430</td>
</tr>
</tbody>
</table>

| Liabilities & Net Assets                   |                     |                  |
| **Liabilities**                             |                      |                  |
| Accounts Payable & Accrued Expenses         | 510,397              | 263,977          |
| Payroll Withholding                         | 35,682               | 21,575           |
| **Total Liabilities**                       | 546,089              | 285,552          |
| **Net Assets**                              |                      |                  |
| Unrestricted                                | 1,214,140            | 1,156,989        |
| Temporarily Restricted                      | 1,443,775            | 1,221,989        |
| **Total Net Assets**                        | 2,657,916            | 2,378,878        |
| **Total Liabilities and Net Assets**        | 3,223,005            | 2,663,430        |

**Revenue Detail FY2015 (unaudited)**

- Program Services
  - Program Personnel Expenses: 632,904
  - Fellow Living Stipends & Benefits: 681,582
  - Fellow Housing: 502,196
  - Fellow Operations: 342,134
  - Fellow Health Insurance & Vaccines: 162,755
  - Completion Awards: 136,676
  - Fellow Professional Development: 67,718
  - Fellow Travels & Visas: 59,719
  - Fellow Recruitment: 32,568
  - Fellow Selection: 11,696

- Alumni Support & Development
  - Alumni Personnel Expenses: 129,630
  - Alumni Professional Development: 74,151
  - Alumni Operational Expenses: 70,075

- Total Expenses: 4,790,990

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

**Statement of Activities**

<table>
<thead>
<tr>
<th>Expenses</th>
<th>FY2015 (unaudited)</th>
<th>FY2014 (audited)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corporate &amp; Foundation Grants</strong></td>
<td>4,202,047</td>
<td>3,104,895</td>
</tr>
<tr>
<td><strong>Individual Contributions</strong></td>
<td>482,900</td>
<td>253,894</td>
</tr>
<tr>
<td><strong>Event Revenue</strong></td>
<td>261,262</td>
<td>0</td>
</tr>
<tr>
<td><strong>In-Kind Contributions</strong></td>
<td>in progress</td>
<td>200,424</td>
</tr>
<tr>
<td><strong>Interest &amp; Foreign Exchange Gain/Loss</strong></td>
<td>2,033</td>
<td>8,315</td>
</tr>
<tr>
<td><strong>Total Revenue &amp; Support</strong></td>
<td>4,848,241</td>
<td>3,587,128</td>
</tr>
</tbody>
</table>

**Revenue & Support**

- Corporate & Foundation Grants: 4,202,047
- Individual Contributions: 482,900
- Event Revenue: 261,262

**Expense Detail FY2015 (unaudited)**

- Program Services
  - Program Personnel Expenses: 632,904
  - Fellow Living Stipends & Benefits: 681,582
  - Fellow Housing: 502,196
  - Fellow Operations: 342,134
  - Fellow Health Insurance & Vaccines: 162,755
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  - Alumni Personnel Expenses: 129,630
  - Alumni Professional Development: 74,151
  - Alumni Operational Expenses: 70,075

- Total Expenses: 4,790,990

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