

LEADERSHIP BUILT TO LAST



2025 Annual Report



Global Health Corps (GHC) believes that bold, visionary leadership is the most powerful lever for achieving health equity. We recruit, train, and support a diverse network of leaders who transform health systems through collaboration, empathy, and collective action.

For 16 years, we’ve operated on a simple truth: **systems don’t have agency, people do.** The most brilliant policy or well-funded initiative will fail without leaders who can navigate complexity, build coalitions, and drive meaningful change.

We invest in **emerging professionals working on the frontlines of public and global health in East and Southern Africa and the United States.** Through our Leadership Accelerators, we support them to hone their leadership capacity, bolstering their retention and their impact on their organizations and communities. We continue to invest in their individual and collective impact as alumni through professional development, coalitions and chapters, and access to a global network of **1,300+** changemakers leading across **450+** institutions.

We’re changing the who of health leadership by centering those historically underrepresented in decision-making, including women, Africans, people of color, and interdisciplinary professionals. **We’re changing the how** by cultivating the skills needed to meet today’s challenges: resilience, empathy, adaptability, design thinking, and the ability to work across borders and boundaries of all kinds.

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People Health
Community

“The leaders we need are already here. When we equip them with skills and resources, connect them to networks, and amplify their voices and visions for change, transformation follows.”

Letter from Our CEO

Dear friends,

Sixteen years ago, Global Health Corps (GHC) was founded on a belief that challenges convention even today: **leadership is a powerful lever for realizing health for all.** Leadership isn't an elite status or title to be achieved. It's a daily practice of aligning action with values and influencing others to advance shared goals, even in the face of immense challenges.

Right now, that belief matters more than ever. Health systems worldwide are under siege, with resources and workforces stretched thin. The people building infrastructure and delivering programs are being asked to do more with less.

Across Malawi, Rwanda, Uganda, Zambia, and the U.S., more than 1,300 GHC leaders are proving what's possible when those closest to communities have the power to shape them. They're strengthening data systems, confronting the health implications of climate change and gender inequality, and reimagining supply chains so essential resources arrive where they're needed most. From maternal health to mental health and beyond, their work spans every dimension of health systems—and the impact ripples outward. As they rise into mid- to senior-level leadership roles, they're reshaping how their organizations approach change and influencing policy with fresh perspectives.



We don't have time to wait for the “right” leaders to emerge from traditional pipelines. **The leaders we need are already here. When we equip them with skills and resources, connect them to networks, and amplify their voices and visions for change, transformation follows.**

Despite the challenges, I believe wholeheartedly that investing in the next generation of leaders is key to transformation, today and for many years to come. Let's keep going.

With gratitude,

Heather Anderson

How GHC Works

GHC identifies rising global and public health stars already working in the field and equips them with the leadership skills to drive lasting change. Through our 9-month Leadership Accelerators in Africa and the U.S., fellows develop essential competencies and build their support networks, immediately applying what they learn to real challenges in their organizations and communities. At the end of the fellowship, they join GHC’s global alumni network of 1,300+ leaders, accessing lifelong mentorship, professional development, and collaboration opportunities. This investment creates a ripple effect: as GHC leaders rise in their careers, **they transform the systems around them and lift up the next generation.**



1

Find & Select Rising Public Health Stars

January - June

We identify and select emerging leaders (ages 21-30 in the U.S., 21-35 in Africa) already working in full-time interdisciplinary roles in public and global health organizations. The process is robust and competitive.

We encourage organizational leaders, supervisors, and peers to nominate their best and brightest colleagues. Finalists are selected for interviews and must receive sign-off from their supervisors to participate in the program.



2

9-Month Leadership Accelerator

September - May

Fellows develop essential competencies and build their professional support networks through:

- In-person national/regional retreats
- Virtual Leadership Academy Workshops
- Expert speaker series & health equity webinars
- Executive coaching, mentorship & advising
- Cross-country collaboration
- Case studies & stretch projects

3

Alumni Program & Community

Lifelong

Upon program completion, fellows join a global alumni network offering continued mentorship, professional development, collaborative partnerships, and mobilization opportunities to catalyze their growth, retention, and impact on health equity.



Our Programs & Impact

The Leadership Accelerators

Across the United States, young professionals face widening health inequities, workforce burnout, and limited resources for professional development. **In East and Southern Africa**, passionate leaders work on the frontlines of health systems but often lack access to the skill-building, networks, mentorship, and support early- to mid-career professionals need to thrive.

Our Leadership Accelerators meet these distinct challenges through two programs — one in Africa and one in the U.S. — each

designed to catalyze leadership development and deepen impact within the communities fellows serve.

Throughout the **9-month hybrid** programs, fellows continue in their roles while receiving **executive coaching**, participating in monthly virtual **Leadership Academy Workshops**, connecting with global advisors and peer mentors, and attending **in-person retreats**. Fellows implement what they’re learning in real-time and organizations see immediate results.

The Curriculum

Our award-winning curriculum is designed and delivered by team members who are nationals of each country where we operate, bringing deep knowledge and understanding of local, national, and regional health challenges. **The curriculum is designed around three pillars of leadership:**

Authentic Leadership

Months 1-3

Learning objectives focus on helping fellows develop a deeper sense of self-awareness, allowing them to leverage their assets, understand the likely impact they have on the people around them, and recognize who they need on their team to have a positive impact.

Collective Leadership

Months 4-6

Fellows focus on extending and leveraging their networks. Learning objectives include building collaborative relationships with others whose skills, perspectives, knowledge, and networks can add to fellows’ own.

Systems Leadership

Months 7-9

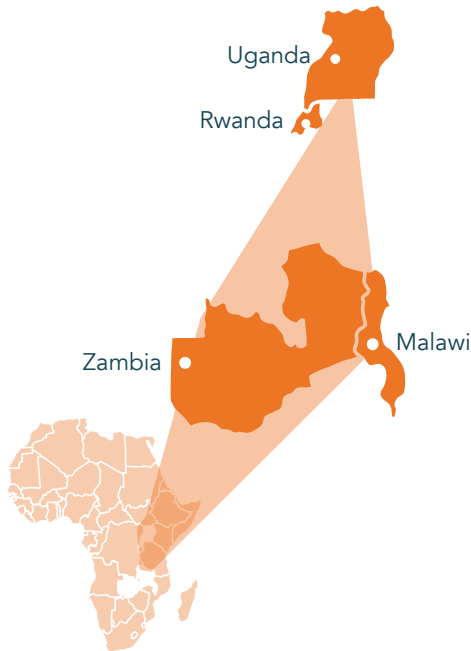
Fellows focus on how change happens in a system through leveraging their strengths, organizing key stakeholders, and working collectively to design human-centered interventions. Learning topics include coalition building, advocacy, and adaptive leadership.



Pictured: Zambian alum Nalishebo Kashina

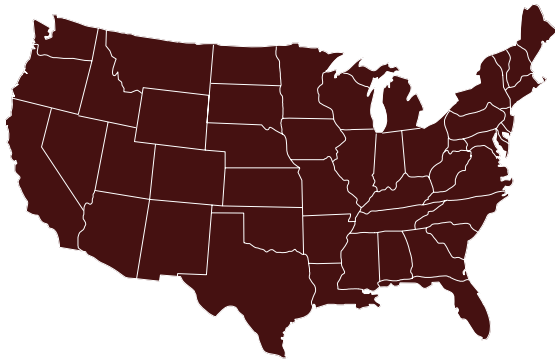
Africa Leadership Accelerator

- Where:** Malawi, Rwanda, Uganda, and Zambia
- Fellows Work At:** Ministries of Health, international and national NGOs, hospitals, community-based organizations
- Who They Are** Ages 21-35, working in non-clinical roles from supply chain and IT to policy, communications, and M&E
- The Context** Fellows navigate resource constraints, build pan-African networks, and address health system challenges across diverse structures.



U.S. Leadership Accelerator

- Where:** Across the U.S.
- Fellows Work At:** Federally Qualified Health Centers, Departments of Health, grassroots organizations, health institutions, universities
- Who They Are** Ages 21-30, working in non-clinical roles from data analysis and research to advocacy, program delivery, and communications
- The Context** Fellows tackle widening health inequities, navigate siloed systems, and develop community-based solutions rooted in lived experience.



Where Africa Fellows Work

AfriYAN Rwanda*	Makerere University, School of Public Health
Amref Health Africa, Malawi*	Malawi Liverpool Wellcome Research Programme*
Ananda Centre for Cancer Research*	Malawi Sexual Reproductive Health and Rights Alliance*
AVAC*	Uganda Youths and Adolescents Health Forum*
Center for Family Health Research	Ministry of Health – Malawi
Centre for Infectious Disease Research in Zambia	Ministry of Health – Uganda
Centre For Women’s Justice Uganda	National Health Research Authority – Zambia*
Clinical Research Education and Management Services*	On Call Africa*
Copper Rose Zambia*	Reach Out Mbuya Community Health Initiative
Tiko Uganda*	Rwanda Biomedical Center*
Front Rise Health Uganda*	Solid’Africa
GIZ*	Southern African Institute for Collaborative Research and Innovation Organisation*
Health Builders*	StrongMinds – Zambia*
JHPIEGO	University of Global Health Equity*
Luke International*	Zipline International
Lusaka Child Development Agency*	

Where U.S. Fellows Work

American Academy of Pediatrics	Moncrief Cancer Institute, UT Southwestern Medical Center*
Adventist Healthcare	National Institute of Mental Health
AISP	Partners In Health U.S.*
American Heart Association	Planned Parenthood of Illinois
Ariadne Labs	Planned Parenthood of Tennessee and North Mississippi
Arthur Ashe Institute for Urban Health*	Prism Health North Texas*
BME Strategies*	Riparian (An Envision Pharma Group company)
Bristol Health	School of Public Health-Larson Institute for Health Impact and Equity, University of Nevada, Reno
City of Providence	The Philadelphia Department of Public Health
Crossroads Rhode Island	The Wright Center
Dallas Area Rape Crisis Center*	U.S. Air Force
Earlham College – Center for Global Health	University of California, San Diego
Global Observatory on Planetary Health, Boston College	University of Michigan – Ann Arbor
Institute for Informatics, Data Science & Biostatistics - Washington University School of Medicine in St. Louis	University of Michigan Institute for Social Research
Jackson County Public Health	Yale University School of Public Health
Meadows Mental Health Policy Institute	

**Thank you to the partner organizations who contributed to the cost of the fellowship.*

Cultivating America’s Rising Public Health Leaders

Year after year, GHC recruits diverse, young public health professionals who are driving impact at health organizations across the country. The impact and evaluation data we’ve collected following each cohort proves that this program works. **Here’s what our latest fellow survey results show:**

97%

of fellows reported **increases in key leadership competencies**, including critical thinking, equity and inclusion, and career and self-development.

100%

of supervisors reported that fellows were positive or **critical to the success** of their organizations.

89%

of fellows reported that **GHC contributed** to their professional achievements in the past 12 months.

85%

of fellows **assumed greater leadership roles** (e.g. promotions, expanded scope) during the fellowship.

100%

of fellows felt that the program **met or exceeded** their expectations.

Building a Concentrated Hub of Next-Gen Leadership in North Texas

Dallas-Fort Worth is one of America’s fastest-growing regions, but demand for a skilled public health workforce continues to outpace supply. With over half of DFW residents under 35, the urgency to invest in emerging leaders has never been greater.

This year, with generous support from David and Carolyn Miller, Lyda Hill Philanthropies, the Hersh Foundation, and Texas Woman’s University we launched an inaugural sub-cohort of five DFW-based fellows within our national cohort. This concentrated approach allows fellows to collaborate closely, share resources, and drive collective impact across North Texas’ health ecosystem. By 2028, we envision 25+ GHC-trained leaders strengthening institutions across the metro. A model for how cities can future-proof their health systems by investing in the next generation.

Supporting Emerging Leaders Across Rural America

In 2025, GHC committed to developing more emerging health leaders serving rural U.S. communities in partnership with Anthem Blue Cross Blue Shield. Fellows receive experiential training, mentorship, and networking to strengthen rural health systems and bridge gaps between public health and clinical care. By 2030, the initiative aims to create a cadre of leaders driving measurable improvements in health access, provider engagement, and system coordination.



Driving Local Leadership, Strengthening Regional Health in East & Southern Africa

Evaluation data from our inaugural Africa Leadership Accelerator cohort shows a program already shifting how emerging health leaders lead and grow in their roles. As the program evolves, we'll continue to hone our approach to measuring impact, learning, and leadership growth across Malawi, Rwanda, Uganda, and Zambia. **Here's what the data shows so far:**

85%

of fellows **assumed greater leadership** roles (e.g. promotions, expanded scope) during the fellowship.

93%

of fellows reported that engagement in the program **amplified and improved** their professional achievements and work.

100%

of supervisors reported fellows were **positive or critical** to the success of their organizations. They also noted the **concrete value** of GHC-supported fellow stretch projects to their organizations.

100%

of fellows reported their relationship with GHC **contributed to professional achievements** in the past 12 months.

Equipping Climate x Health Leaders

In 2025, GHC committed to recruiting more emerging leaders working at the intersection of climate x health and to integrating more of a climate lens into our curriculum. We aim to create a cadre of leaders equipped to address the impacts of climate change on health challenges such as food insecurity, vector-borne disease, and maternal and child health.



Expanding Impact: Partnership with The Access Challenge

At UNGA80, GHC announced a partnership with The Access Challenge (TAC) — pairing our award-winning leadership development expertise with TAC's deep networks in advocacy and coalition-building. Together GHC & TAC aim to support more emerging health leaders to unlock locally-rooted solutions and foster regional collaboration across Africa.



Leadership for the Long Haul: GHC's Alumni Program

GHC's investment doesn't stop when fellows complete the Leadership Accelerators. Through ongoing dialogue with our **1,300+ alumni**, we've built a responsive program that adapts to their changing needs throughout their careers.

This participatory approach proved essential in 2025. When global aid funding challenges upended the sector, GHC leapt into action. Within weeks, we convened career resilience workshops, connected leaders to opportunities, and mobilized our network to support one another through GHC Connect and WhatsApp groups flooded with job opportunities, strategic introductions, and mutual aid.

Our alumni program operates on three interconnected levels:

Developing leaders who excel. We partner with organizations and experts to provide critical professional development as alumni rise in their careers. In 2025, this included a Career Crossroads Series for comprehensive self-assessment, training with Narachi Leadership on inclusive leadership, and coaching sessions with Patrice Tanaka on discovering life and leadership purpose.

Cultivating leaders who influence. We create platforms for alumni to shape critical conversations in global health. Through our Shift Happens Speaker Series, hundreds of alumni engaged with peers on topics like AI in public health and innovative health financing. Our Health Equity Sessions brought experts like Professor Groesbeck Parham from WHO to discuss improving access to cervical cancer prevention and treatment.

Promoting leaders who collaborate. We facilitate peer resource groups, leadership summits, and regional chapters that drive systemic change. Our country chapters have advanced critical initiatives from Rwanda's mental health policy reform with the Ministry of Health to Zambia's Annual Mental Health Symposium and school-based SRHR programs.

When we invest in one GHC leader, **we're also investing** in a network of peers they'll support and be supported by, the hundreds of people they'll mentor, the policies they'll shape, and the systems they'll transform throughout their careers.



Spotlight: Melissa Chacko, U.S. Alumni Chapter Leader

At a time when public health leaders are being stretched in every direction, alum Melissa Chacko believes one thing remains essential: community. As the U.S. Alumni Chapter Leader in New York City, she has cultivated a space where alumni can gather to **think critically, exchange ideas, and find renewal in one another's company.**

"I believe in this community and its power," Melissa says. "No matter where you go, you find people who are committed to advancing health equity."



Melissa joined the GHC fellowship at a formative time in her career and the lessons she learned then continue to guide how she leads today. Through her time as a fellow, she found not only professional development but also a **lasting network of peers** who understand the complexities of building healthier, more equitable systems. That sense of belonging, she explains, is what makes this community so valuable.

In a field often shaped by hierarchy and institutional limits, GHC's alumni network offers something rare: **honest conversation.** "Working at an organization is temporary, but **leadership is forever,**" Melissa reflects. "Our community isn't bound by one organization's priorities. **It's built on shared values.**" When alumni meet, the exchanges are candid and generative. "We don't always agree, but we're grounded in **a shared belief that health is a human right.**"

Melissa notes that the impact of these connections extends well beyond any single gathering. As alumni return to their roles at organizations across public and global health, they carry with them the **spirit of collaboration and reflection.** "Change doesn't come from one person or one organization. It comes from **communities like ours that work every day to move the needle on progress.**"

“Change doesn't come from one person or one organization. It comes from communities like ours that work every day to move the needle on progress.”

Impact by the Numbers

The converging crises facing public and global health—from climate change to geopolitical instability to shrinking resources—underscore that **health systems are complex and fragile**. Assessing exactly how leadership development drives systems change is challenging, yet we know **this work matters now more than ever**. In 2019, we created a Theory of Impact in partnership with Dr. Amy Lockwood from UCSF to **measure influence, collaboration, and excellence**.

● **Our results are transformative. Our alumni survey shows:**

Purposeful Collaboration

75% 86% 40%

have **collaborated** with at least one other GHC leader in the last 12 months.

report that engaging in GHC’s programs and network **enhances their impact** at work.

are working at an organization with another alum, creating greater opportunities for **shared learning and collective impact** across organizations within our network.



Commitment to Global Health & Thought Leadership

91%

remain in the health sector beyond the fellowship, **at 2x the rate of their peers**.

83%

have **spoken, published writing, or participated in advocacy** efforts this past year.

Professional Advancement

90%

attribute part of their professional achievements in the last 12 months to GHC.

79%

hold **mid- to senior-level** leadership roles.

Collectively they oversee:

\$8B & 11,000

in funding

direct and indirect reports.



Our Leadership Competencies

Starting with our 2025-2026 cohorts, GHC is tracking fellows’ development across **seven core leadership competencies** using an adapted Kirkpatrick Model that measures growth in knowledge, attitudes, and practices. Through baseline, midline, and endline assessments with both fellows and their supervisors, we’re capturing not only **how participants grow** during the program, but **how they apply** these competencies to drive meaningful change in their organizations and beyond.

These seven evidence-based competencies are **essential** for transforming health systems — and **they work together**. A leader with systems thinking but without teaming skills can diagnose problems but struggle to implement solutions. A leader skilled in mobilization but lacking self-awareness may replicate the very power dynamics they’re trying to dismantle. Together, these competencies **build the foundation** for leadership that is effective, collaborative, and influential.



Stories from Our Community

Paying it Forward: Alumni Impact in Action



The Legacy Builder — Bryan Murphy-Eustis

Alum Bryan Murphy-Eustis transforms his own catalytic fellowship experience into sustained investment in emerging public health leaders.

When Bryan Murphy-Eustis reflects on his time as a Global Health Corps fellow back in 2011, one word comes up repeatedly: **transformative**.

“Global Health Corps was such a profound experience in my life—a **launching pad to dedicating my career** to ensuring more people can live healthy lives in the U.S. and around the world. I’d always had the passion, but GHC gave me the structure, clarity, and community to translate that into impact.”

After the fellowship, Bryan expanded his scope with **Partners In Health**, where he spent nearly a decade leading teams **responding to the Ebola outbreak** across Sierra Leone, Liberia, and Boston. Along the way, he hired many GHC alumni to his teams, drawn by their excellence and shared commitment to health equity.

“The network of fellows and alumni is **the most collaborative, generous, and values-driven community** I’ve ever been part of. I’ve carried that ethos into every role I’ve held.”

Today, **Bryan leads BME Strategies**, a health systems consulting firm he founded that’s grown rapidly in recent years. Guided by the belief that health is a human right everywhere, BME partners with public health departments across Massachusetts to strengthen capacity, improve quality, and advance equity.

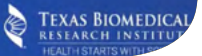
That belief—and his enduring connection to the GHC community—led Bryan to give back in a tangible way this year: hosting a fundraiser in the home he shares with his wife (and another GHC alum!) Lauren Marcell and **sponsoring Kyla Botsian**, a member of his team at BME, to participate in GHC’s U.S. Leadership Accelerator.

“To be able to sponsor a fellow for this special experience means so much to me. **GHC was catalytic for my own career**, and I hope this opportunity will do the same for Kyla—so she, in turn, can **multiply that impact** in the communities she serves.”

Since joining BME, Kyla has already led a statewide assessment engaging more than **300 local health departments in Massachusetts**. Through the Accelerator, she’s honing the leadership tools and networks that will amplify her impact even further.



Think Global, Act Local



For Bryan, this investment in leadership is about **sustaining the ripple effect** that began years ago with his own fellowship.

“Right now, we’re seeing an urgent need to retain and nurture talent in public health. Programs like GHC’s create the conditions for that—**keeping people inspired, connected, and equipped to lead**. That’s how we strengthen health systems for the long term.”

● **The Impact Multipliers — Kate Segal and Natasha Mwila**

Kate Segal and Africa Leadership Accelerator fellow Natasha Mwila work 8,000 miles apart, connected by their roles at AVAC and something deeper: a shared belief that leadership isn't about titles but influence.

When Kate Segal joined GHC as a 2017-2018 fellow, she discovered a new understanding of leadership that has shaped every chapter of her career since.

"Before I joined GHC, I had a certain image of what a leader is," she recalls. "I always thought a leader was loud and extroverted. What I learned is that **leadership can take many forms**. My strength is building relationships and **influencing through trust**." That belief now defines her work as Senior Program Manager for Product Introduction and Access at **AVAC**, an organization that works through global partnerships to accelerate the ethical development

transformational the program could be. "GHC propelled my career forward. It gave me the tools, frameworks, and confidence to **grow into a more self-aware and adaptable leader**. I wanted Natasha to have that same opportunity."

Their working relationship reflects those very lessons. Through moments of change at AVAC, they've cultivated an environment of **trust, open communication, and shared growth**. "I really trust Tasha to execute," Kate says. "That trust has been a **steadying force through challenging times**."

For Natasha, Kate's mentorship and the ALA experience have deepened her understanding of leadership. "Having Kate as my manager has been one of the best things," she says. "She **creates space for reflection and growth**." Through the Accelerator, Natasha has built new skills in giving and receiving feedback, managing up, and leading teams with empathy. "I used to think leadership was about position," she reflects. "Now I see it as **helping others discover their strengths** and role in creating change."

And she's already passing it forward. In her role, **Natasha leads an advisory group of young HIV prevention advocates** and is passing along critical lessons from the fellowship to help them cultivate their own leadership potential.

Kate and Natasha show up authentically, communicate openly, and trust each other completely. That foundation ensures that while the world changes around them, **the communities they serve continue to get the care they need**.



and equitable delivery of HIV prevention options. When Natasha Mwila joined Kate's team as Program Coordinator, Kate immediately recognized a familiar spark of curiosity and potential. Drawing from her own GHC experience, **she encouraged Natasha to apply** to the 2025-2026 Africa Leadership Accelerator knowing how

● **The Confidence Builder — Gloria Rukomeza**

Gloria Rukomeza creates pathways for young women in DRC to find their voices and step into leadership through mentorship rooted in her own bilingual journey.

Gloria Rukomeza remembers what it feels like to **struggle for the right words**. As a bilingual learner herself, she knows the determination it takes to pursue academic goals while navigating language barriers and finding confidence to speak up.

That lived experience now shapes how she shows up for young women at **Cornerstone Leadership Academy in Goma, DRC**. Through her mentorship work, Gloria supports students with professional development, focusing on the same leadership competencies she developed during her time as a GHC fellow: **confidence, self-awareness, and collaboration**.

Many of the students she first met were hesitant to express themselves in English. Today, **they speak clearly about their goals and future plans**. For Gloria, these moments represent more than language acquisition. They reflect a **deeper transformation** in how young women see

themselves and their potential to lead.

"Moments like these remind me of my own bilingual journey and the determination it took to pursue academic goals," Gloria reflects.

Her approach centers on **creating space where young people can reflect, share ideas, and lead with purpose**. The sessions prepare students to take on leadership roles within their schools and communities, passing forward the very lessons Gloria learned as a fellow. When she teaches self-awareness, she's drawing on skills that helped her navigate complex health systems. When she builds collaboration, she's sharing practices that strengthened her own work. When she cultivates confidence, **she's offering what was once offered to her**.

What began during Gloria's fellowship year continues to **ripple outward through every young woman she mentors**. The leadership skills GHC cultivated in her are now taking root in a new generation, **strengthening communities one mentorship session at a time**.



Climate Health

Climate change is a full-scale health crisis. Infectious diseases spread into new regions. Food systems collapse under extreme weather. Heat-related deaths surge among the most vulnerable. The health of our planet and the health of our communities are inseparable, and those on the frontlines of climate change are already paying the price. Across the climate and health sectors, GHC leaders are connecting the dots between environmental threats and human wellbeing, developing solutions that protect both people and the planet.

The Systems Thinker — Amira Iwuala

Amira Iwuala sees what others miss: the threads connecting climate health, food sovereignty, and racial justice.

As Policy Associate at **Vital Village Networks**, U.S. alum Amira Iwuala leads food systems advocacy that starts with a simple principle: **no decisions without community involvement**.

She works with the organization’s **Community Food Systems Fellowship**, equipping fellows across the U.S. with tools to achieve food access and build healthier communities. Her platform encourages healing and well-being through policy change, from supporting **Black farmers’ access to federal nutrition programs** to advancing **land sovereignty for farmers of color**.

It’s work that sits at the **intersection of multiple crises**. “When communities lack access to nutritious food, health suffers.

When farmers of color are denied land ownership and resources, environmental stewardship suffers. When climate patterns shift and extreme weather threatens crops, food security suffers. These aren’t separate issues. **They’re interconnected challenges that require interdisciplinary solutions.**”

Amira learned to see those connections through working alongside other GHC fellows. “The fellowship cultivated a space to **see things on a more systemic level**,” she reflects. Amira recalls how her pod group’s final case study on migrant farmers traced the issue from individual experiences up through institutional barriers and policy failures. “You can’t ignore one facet of someone’s health. There needs to be a **big picture approach to public health work**, particularly in climate health and food systems.”

GHC helped Amira understand her calling in public health and carry that lens everywhere, even as her work evolves beyond traditional public health roles. Now when she talks about food sovereignty or land stewardship or climate justice, she sees them for what they are: **public health issues that demand public health solutions**.



The Climate Mobilizer — Kullein Ankunda

Kullein Ankunda bridges climate policy, refugee response, and public health to build community-led solutions for Uganda’s most vulnerable populations.



Kullein Ankunda arrived at her GHC fellowship in 2019 carrying a conviction shaped by years working with youth, refugees, and frontline communities: **climate change is the most urgent health threat of her generation**, and young leaders must drive the solutions.

That conviction has only sharpened. As Learning Hub Manager at **Save The Children in Uganda**, Kullein elevates community-driven insights from refugee settlements and host communities, informing national localization strategies and supporting more responsive, resilient systems. Her work operates at the **intersection of three often-siloed worlds: climate policy, refugee response, and public health**.

During her fellowship year, Kullein’s influence expanded rapidly. As a rising voice in the **Global Shapers Kampala Hub**, she was selected to represent the region at the **World Economic Forum’s Annual Summit in Istanbul**, joining global climate leaders to shape next-generation climate agendas. There, she contributed to dialogues on equitable energy access, localized climate adaptation, and the responsibility of leaders to **center those most affected in decision-making**.

Back in Kampala, she put these principles into action. Kullein facilitated **community climate activations across the city**, mobilizing local volunteers to improve urban resilience and raise awareness about environmental health risks. The work demonstrated what she’d learned through GHC’s leadership model — **adaptive leadership, systems thinking, and collaborative practice** matter most when applied to real communities facing real threats.

Today, Kullein stands at the **leading edge of Uganda’s climate and health movement**. She helps steer conversations about youth leadership in global climate policy while elevating data and lived experience from communities long excluded from climate decision-making. Her approach refuses to separate environmental action from health equity or refugee rights, recognizing that **climate resilience requires addressing all three simultaneously**.

With GHC’s support, Kullein has grown into the kind of leader the climate crisis demands. Someone who **brings people together, builds solutions from the ground up**, and advocates for a healthier, more resilient future that doesn’t leave the most vulnerable behind.

Mental Health

For too long, mental health has been global health’s blind spot. Our network is changing that by training community health leaders, destigmatizing care-seeking, and influencing policy to extend care that millions need but too few can access. Strong leadership is closing the treatment gap one community at a time.

The Healer — Natasha Chikalipa

For Natasha Chikalipa, healing is not just a process. It’s a calling.

As Social Enterprise Manager of **Sanity House Rehabilitation Centre**, Natasha Chikalipa is helping rebuild lives with compassion and care. “Our approach is **home-like and therapy-driven**,” she explains. “We integrate counseling, skills development, and family reintegration support.” Under her leadership, Sanity House now runs **five centers**. The newest, **Blossom House, is Zambia’s first female-only rehabilitation center**, which was built with funding Natasha helped secure. “Our aim is to **normalize conversations around mental health** and ensure access to compassionate care at every level.”

That same commitment to care extends into her work providing mental health support for incarcerated women at **Chinama Correctional Facility**. “Many of the women we meet carry deep trauma, shame, and unresolved pain,” she says. “Through counseling, psychoeducation, and storytelling sessions, we’ve seen

remarkable emotional breakthroughs.

Several have reconnected with their sense of worth and even

expressed a desire to become advocates for mental health upon release.”

As President of the GHC Zambia Alumni Chapter, Natasha extends that same empathy into communities across the country. This year she led the **third Annual Mental Health Symposium**, convening **100+ young people, government partners, and faith leaders**. A highlight was the Healing Circles, small group sessions led by trained counselors on topics like grief, suicide ideation, and addiction. “What makes me most proud is how inclusive the space has become,” Natasha reflects. “It is now a **safe environment for vulnerability, learning, and healing**. Seeing young people leave with renewed hope and practical tools to support their mental health is deeply rewarding.”

Natasha, who joined GHC as a fellow in the 2022-2023 cohort, believes leadership development is central to lasting change. “**Leadership development is the missing link** in many health systems,” she says. “Emerging leaders who are empowered with the right skills, values, and support can **disrupt stigma, design inclusive programs, and influence policy sustainably**. In mental health specifically, we need leaders who can bridge the gap between clinical care and community engagement. When young leaders are nurtured to think innovatively and lead compassionately, **the ripple effect strengthens not just systems but lives.**”

Through her work, Natasha reminds us that **healing is not only possible but contagious**. When leaders lead with empathy, communities rediscover their capacity to heal themselves.



The Movement Builders — Malawi Alumni Chapter Mental Health Coalition

Malawi’s Alumni Chapter brings youth leaders and government partners together to build momentum for mental health policy and community-driven care.

In July, more than **70 leaders from youth-led organizations** gathered in Lilongwe for the **Youth Mental Health Workshop**, an initiative that signaled a shift in how Malawi approaches mental health advocacy. Organized by **GHC’s Malawi Alumni Chapter in partnership with the Ministry of Health**, the conference created space for candid conversation about a reality too often left unspoken: **only 3% of Malawi’s national health budget goes to mental health**.

among those already involved in mental health outreach and community work about required roles and existing policies. It helped **researchers understand what communities already know** and where knowledge gaps persist. And it gave the Ministry of Health an opportunity to explore **community engagement strategies** in response to rising suicide rates and growing mental health needs.

Alumna Tilinao Lamba emphasized why bringing diverse stakeholders together matters: “It’s raising awareness of the people who are already

involved in mental health outreach, community work, advocacy so that they may know what are the required roles.”

The Ministry of Health has worked to ensure services are provided within hospitals, but Ministry Technical Advisor Noel Kasomekera recognized the conference as “an opportunity to now see how far we can also **engage the communities** looking at the rise of suicide and also issues of

mental health in the communities.”

By building momentum for mental health advocacy and **creating alignment between youth-led organizations and government partners**, the chapter is helping close gaps in service delivery while strengthening the visibility of **mental health as a policy priority** in Malawi.

The gathering addressed a fundamental challenge in mental health work. Alumna Lucky Gondwe noted that mental health requires “**stronger coordination and collaboration**,” precisely the kind of systems-level work GHC fellows and alumni are trained to lead.

The conference served multiple purposes simultaneously. It **raised awareness**



AI & Health Tech

Technology is reshaping health care at breathtaking speed, but without intentional leadership, it risks widening existing gaps. GHC leaders are ensuring that AI and digital health tools serve everyone. They're piloting diagnostic algorithms that support rural health workers, building data systems that protect patient privacy, and ensuring that technological advances answer to communities, not just markets.

The Innovative Empath — Jessica Mayenda

GHC helped Jessica Mayenda hone her leadership skills. Even more than that, the fellowship fundamentally changed how she shows up in the world.

When Jessica Mayenda joined GHC's 2017-2018 cohort, she was already working in health technology across Africa. But the fellowship gave her something she didn't know she needed: **permission to lead with her whole self.**

"GHC taught me to **listen actively, lead with love, and stay grounded in purpose** even in complex environments," Jessica reflects. "Leadership is as much about managing personalities and relationships as it is about controlling outcomes."

That shift transformed her approach to scaling digital health solutions across East, Southern, and Western Africa. Now, when she's working to expand telehealth platforms or digital triage tools, she **leads with empathy first**. The results are tangible. Digital health platforms she's helped scale with **VillageReach**, like the **Health Centre**



by Phone model, have been adopted into national health strategies across multiple countries. Communities that once struggled to access primary care can now connect to providers through innovations like health call centers. "It wasn't just about the technology, but about **co-creating solutions that people trusted and owned,**" Jessica reflects.

The GHC community also gives Jessica confidence to shape the field at the highest levels. Through the connections she's built within GHC's global network, she now contributes to **WHO consultations and digital health strategy sessions** alongside senior leaders in the field. "The exposure GHC gave me to global health discourse has been invaluable," she says. "It helped me find my voice."

And that network keeps delivering. Jessica regularly meets fellow GHC alumni at conferences and convenings across the continent. "When you know someone not just as a professional contact but as a **fellow leader shaped by shared values,** it's easier to build trust, mobilize support, and move work forward."

The Crisis Innovators — Gideon Abako and Timothy Kavuma

Gideon Abako and Timothy Kavuma are building AI tools designed with frontline health workers to strengthen crisis response in refugee settlements and disaster zones.



In humanitarian health systems, **delays in data, shortages of skilled workers, and fragmented service delivery cost lives.**

Gideon Abako and Timothy Kavuma saw this reality up close during their GHC fellowships and refused to accept it as inevitable.

Both alumni became increasingly frustrated by the gap between what frontline health workers needed and

what existing digital tools could deliver. Together, they co-founded the **International Foundation for Recovery and Development (IFRD)** and began building an **AI-powered solution designed specifically for crisis-affected settings:** technology that could strengthen decision-making, support overstretched health workers, and ultimately save lives.

Their innovation gained serious traction in 2024 when IFRD was selected for **Elrha's Humanitarian Innovation Fund**, one of the most competitive global platforms for early-stage humanitarian technologies. The recognition enables them to test and scale their AI solution across **refugee settlements and disaster-prone regions**, improving the timeliness, accuracy, and coordination of health responses.

What makes their approach distinctive is the process behind it. Timothy and Gideon **built their AI tool with frontline workers, not just for them.** They understand that technology in humanitarian settings must strengthen rather than replace human capacity, especially in low-resourced systems facing overlapping crises. Their model has drawn coverage across the humanitarian sector precisely because **it keeps equity at the center of technological innovation.**

Both credit GHC with sharpening the leadership practices that now define their work: **grounding systems change in community voice, collaborating across sectors, and maintaining focus on the people most affected by crisis.** These aren't abstract principles. They show up in every design decision, every partnership conversation, every choice about how the technology functions in real emergency settings.



Timothy and Gideon envision a future where health workers in humanitarian emergencies have **real-time, AI-driven tools** that help them anticipate risk, allocate resources, and deliver care more effectively. For them, this work represents more than innovation. It's about ensuring that when the next crisis hits, **the people responding on the ground have what they actually need to save lives.**

Sexual & Reproductive Health

This year brought significant funding and policy shifts that challenge reproductive health worldwide, but GHC leaders responded by expanding what’s actually available on the ground. They’re training providers, strengthening contraceptive supply chains, and educating communities to address stigma and access challenges.

The Bridge Builder — Precious Mutoru

Alumna Precious Mutoru forges strategic partnerships across Uganda’s public and private sectors to create sustainable sexual and reproductive health systems.

Strengthening sexual and reproductive health in Uganda means bringing everyone to the table: government ministries, private sector innovators, development partners, and the communities themselves. Precious Mutoru has made this **collaborative vision her mandate**.

As Senior Manager of Advocacy and Partnerships at **Population Services International Uganda (PSIU)**, Precious leads the organization’s program and policy influence efforts. Her work centers on a critical insight: sustainable progress in sexual and reproductive health requires more than good programs. It demands **strategic alignment across sectors** and deep collaboration between public and private stakeholders.

This spring, Precious convened **Uganda’s first Private Sector Engagement Summit** on reproductive, maternal, newborn, child, and adolescent health and family planning. With over **50% of Ugandans accessing healthcare through private channels**, the summit united stakeholders around a shared vision of public and private sectors working in concert to achieve universal access to quality services.

“The private sector is not just a service provider,”

Precious reflects. “It is **a formidable partner, an innovator, and a key driver of sustainable, equitable health systems.**”

Her partnership-building extends beyond traditional health actors. Working under the Ministry of Gender, Labour, and Social Development, Precious has helped embed **Gender Transformative Approaches** into health policies and community action. Through collaborative analysis and stakeholder convenings, she’s creating space to challenge harmful norms around reproductive decision-making and **elevate positive masculinities**. Safe motherhood, she recognizes, “goes beyond women’s issues.” Precious has been instrumental in the **rollout of injectable contraceptives in pharmacies**, aligned ministerial priorities around self-care innovations, formalized strategic partnerships, and **mobilized funding amid shifting global health landscapes**.

Her approach reflects the distributed leadership model that GHC cultivates in its fellows: transforming health systems requires **building bridges across sectors**, centering the voices of those most affected, and creating partnerships designed for sustainability from the start.

As Uganda works toward its **Vision 2040 health goals**, Precious continues to champion what she calls “**shared stewardship**,” where government leadership, private innovation, domestic resource mobilization, and community voice converge to build resilient health systems that serve everyone, especially those in the “**missing middle**” who fall through the gaps of existing care models.



The Health Educators — 2024-2025 Africa Leadership Accelerator Fellows in Rwanda

2024-2025 Rwandan fellows partnered with community organizations to create spaces where adolescent girls can explore reproductive health, bodily autonomy, and their own narratives about healthy futures.

Adolescent girls in Rwanda have questions about their bodies, their health, their futures. But opportunities to find answers that center their voices and experiences remain limited. When adolescent girls **access accurate information about their bodies and choices**, they’re more likely to seek care, demand quality services, and disrupt cycles of preventable illness.

The 2024-2025 Rwandan fellows saw this gap and chose to act. Partnering with the **Sherrie Silver Foundation**, they designed workshops for **more than 50 school-aged girls** to explore menstrual health, family planning, and bodily autonomy on their own terms. The students engaged in dialogue, asked hard questions, and **crafted their own narratives about healthy futures**.

What made these sessions distinctive was the commitment to creating **safe**

spaces where young people could explore critical life skills through open conversation and creativity. The fellows didn’t lecture. They facilitated, allowing girls to shape discussions around what mattered most to them: mental health and emotional resilience, sexual and reproductive health education, leadership and decision-making skills, and gender equality in relationships.

The fellows also recognized that education alone wasn’t enough. By distributing **reusable sanitary pads made by women and teen mothers** supported by the Sherrie Silver Foundation, they helped **girls stay in school during menstruation** while linking reproductive health to economic opportunity. The approach reflected **systems thinking in action**, connecting health education to gender equity to economic empowerment.

This wasn’t designed as a one-day event but as the start of **sustained commitment to adolescent health and dignity**. The fellows applied leadership competencies developed through GHC’s Africa Leadership Accelerator to design programming that goes beyond information delivery and creates **genuine space for youth voice and agency**.

By building environments where these girls can explore questions about their own bodies and futures, GHC leaders in Rwanda are helping shape **a generation better equipped to advocate for themselves** and access the care they deserve.



Let's Keep Going

Thank You to Our Supporters

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** Denotes current or former GHC Board Member*

Partnership in Focus: Starr International Foundation & GHC

Global Health Corps is grateful to Starr International Foundation, a dedicated supporter of our programs across the US and Africa. The GHC team was thrilled to welcome Courtney O'Malley, Director of the Starr International Foundation, for an afternoon with our Uganda community. Courtney joined fellow Rehema Nakato for a health education session on HIV and gender-based violence with local youth, then connected with other fellows, alumni, and staff in Kampala. The visit was an opportunity to share the impact of Starr's partnership in fueling achange across Uganda and beyond.



“**Starr International Foundation (SIF)’s humanitarian mission strongly aligns with Global Health Corps’ commitment to developing the next generation of health leaders. GHC fellows and alumni tackle urgent health challenges in their own communities while also driving collective action on global health challenges. Together, these U.S. and African health leaders are catalyzing health system change that ultimately saves and improves lives.**

Courtney O'Malley,
Director of the Starr International Foundation

Our Board

Our Board of Directors remained committed to supporting GHC as we expanded programs and welcomed even more leaders into our community this year. The Board comprises engaged leaders who bring expertise in healthcare policy, human rights law, media, marketing, finance, and business.

- Barbara Bush**
Co-Founder and Board Member, Emerita

Charlotte McClain-Nhlapo
Global Disability Advisor, World Bank Group

Dominic McDonald
Executive Director, Search & Evaluation–Oncology, R&D Business Development, GSK
Finance & Audit Committee Lead

Dr. Martha Mukaminega
Associate Director, Pediatric and Adolescent services at Elizabeth Glaser Pediatric AIDS Foundation
- Julie Bernstein**
Global Health Strategist, Advocate, & Leadership Coach
Board Chair

Monica Richter
Strategic Partner, Digital Prism Advisors, Inc.

Sandra Mapemba
Technical Advisor, Policy & Advocacy, Pallidium: Make It Possible

Spotlight: Julie Bernstein, GHC’s New Board Chair

Julie Bernstein’s connection to GHC runs deep. After supporting our work as a funder during her tenure at the Gates Foundation, **she joined our Board of Directors in 2020, serving as Chair of the Nominating Committee.** Now, as Board Chair, she brings her passion for health equity and leadership development to guide GHC’s next chapter.



Julie’s **path to global health leadership began early** as the kid who spoke up when things weren’t fair, often landing in ‘good trouble.’ That instinct deepened during her Peace Corps service in rural Papua New Guinea, where she **co-launched an HIV education program** and became a trusted source of sexual health information for students. “I saw firsthand how my small efforts could raise awareness and possibly save a life. That felt powerful and purposeful.”

Her leadership philosophy centers on **courage, compassion, and authenticity.** “Confidently step into the unknown, it’s where the magic happens,” she says—advice **shaped by a decade at the Gates Foundation leading advocacy and communications teams,** and refined through her recent work as a Leadership Coach.

What drew Julie to GHC? The organization’s understanding that how we lead matters as much as what we do. She recalls visiting a vaccine clinic in New Delhi, where community health workers built trust by carefully answering parents’ questions. “How you lead a vaccine campaign can literally save a child’s life. GHC gets this: **leadership is a powerful lever for change.**”

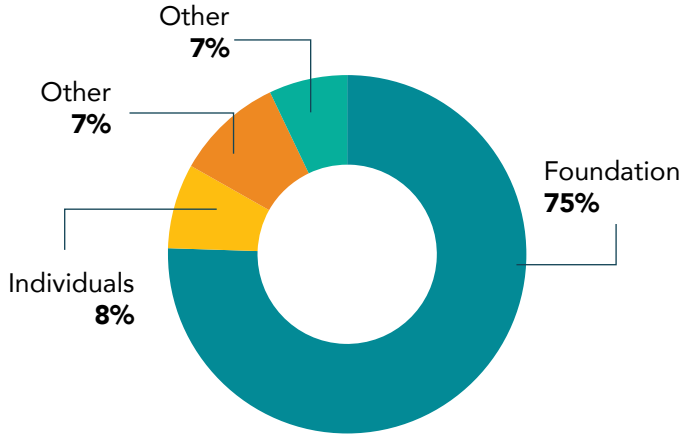
Julie remains motivated by the belief that there’s always more to learn and give. Her message to rising leaders? Pay it forward. **“Your impact multiplies when you invest in others.”**

Our Finances

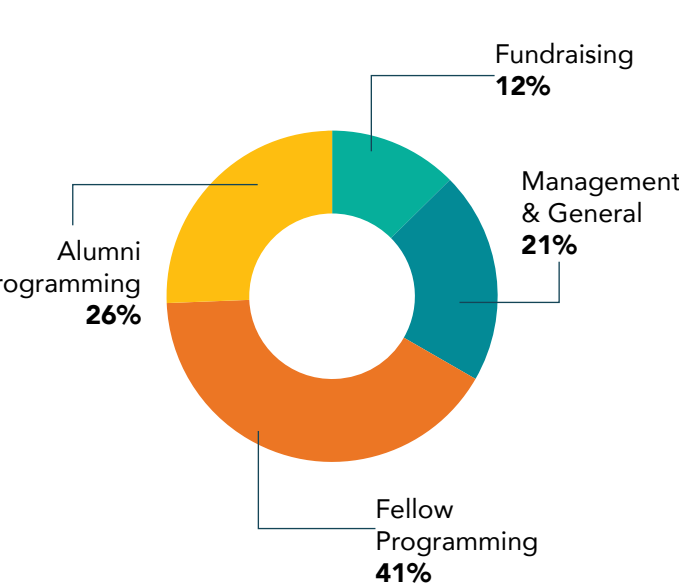
Information for year ending July 31, 2025 (unaudited)

REVENUES, GAINS AND OTHER SUPPORT	
Public Support and Contributions	\$3,052,884
Fees and Other Revenue	\$261,176
Total revenues, gains, and other support	\$3,314,060
EXPENSES	
Program Expenses	
Fellow Support & Development	\$1,313,369
Alumni Support & Development	\$ 821,604
Management and General	\$ 663,235
Fundraising	\$ 403,536
Total operating expenses	\$ 3,201,744
Change in Net Assets from Operations	\$ 112,316
NET ASSETS	
Net Assets, Beginning of Year	\$ 3,578,283
Net Assets, End of Year	\$ 3,690,599

FY25 Funding



FY25 Expenses





Our Global Team

Our team has an unwavering commitment to helping people realize their fullest potential. Based across Malawi, Rwanda, Kenya, Uganda, the United States, and Zambia, we bring our wide-ranging expertise and perspectives to equip young leaders to transform health systems.

Alida Bivegete
Rwanda Operations Manager

Awurama Ng'oma
Fellowship Program Associate

Bailey Borchardt
Communications Manager

Brittany Cesarini
Senior Director of Communications & Development

David Kamau
Chief Program Officer

Erin Gilbert
Grants Manager

Gina Rogers
Development Coordinator

Hanif Munthali
Impact & Learning Manager

Hannah Taylor
Senior Director of Community Impact

Heather Anderson
Chief Executive Officer

Hima Patel
U.S. Program Director

Jean René Shema
Director of Strategic Partnerships & Rwanda Country Director

Kirsten Zook
U.S. Programs Senior Coordinator

Lynnet Akatwijuka
Uganda Program & Operations Coordinator

Mwayi Mbonyera
Finance Coordinator

Namuyamba Muyunda
Community Impact Senior Manager, Southern Africa

Patricia Mazuru
Senior Director of Africa Programs

Sarah Kajumba Kwehangana
Director of People & Culture

Regina Koki Mutuku
Chief Operating Officer

Sheila Sibajene
Zambia Country Director

Simon Simkoko
Malawi Country Director

Tiffany Handford
Director of Finance & Operations



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