



AMREF HEALTH AFRICA
IN THE USA

ANNUAL REPORT 2018





WHO WE ARE

With headquarters in Nairobi, Kenya, Amref Health Africa is the largest Africa-based healthcare non-profit, serving an average of nine million people per year across 35 countries in sub-Saharan Africa.

Our approach is community-based and makes the people we reach partners, rather than beneficiaries. Our headquarters and leadership are based in Africa so that we are always creating "African solutions to African health problems with African expertise."

OUR PRIORITIES

We strengthen health systems and train African health workers to respond to the continent's most critical health challenges:



MATERNAL &
CHILD HEALTH



INFECTIOUS &
NON-COMMUNICABLE
DISEASES



CLEAN WATER &
SANITATION



CLINICAL & SURGICAL
OUTREACH



GIRLS
EMPOWERMENT



TRAINING HEALTH
WORKERS



15 MILLION

PEOPLE REACHED WITH
HEALTH SERVICES

69,000

HEALTH WORKERS TRAINED

57%

OF HEALTH WORKERS
TRAINED WERE WOMEN



2018
AT A GLANCE

WELCOME TO OUR ANNUAL REPORT

2018 was a monumental year for Amref Health Africa and we have you – our donors, stakeholders, and partners – to thank for that. Without you, we could not proudly provide 15 million women, children and men in sub-Saharan Africa with life-saving health services and train thousands of local health workers to provide quality care.

In 2018, we saw a shift in our programming to fit the needs of a changing Africa. Non-communicable diseases such as cancer, diabetes and heart disease are on the rise and are expected to become the leading cause of death in Africa in the next few years. Thanks to you, we are prepared to meet this challenge head on and provide thousands with the health care they need including expanding access to cervical cancer screenings for women living in underserved communities.

We hope you are proud to call yourselves part of the Amref Health Africa family.

One of our most memorable moments in 2018 was seeing Nice Nailantei Leng'ete – Amref Health Africa Project Officer and advocate against Female Genital Mutilation (FGM) – named as one of TIME Magazine's 100 Most Influential People for her work in fighting FGM against all odds.

This, alongside our events helped raise Amref Health Africa's profile to a new level, enabling us to reach even more communities in Africa. Our third annual ArtBall was a smashing success – raising over \$300,000 to support our programs on the ground. We awarded artist Toyin Ojih Odutola with the Rees Visionary Award which was presented to her by her friends, singer Alicia Keys and her husband, producer Swizz Beatz.

We hope you enjoy reading about some of the programs you've helped make possible. In Kenya, we're engaging with tribal elders to put an end to FGM by training them to hold open discussions with their communities. We're also continuing our work in providing life-saving immunization services to children living in Kibera – the largest urban informal settlement in Africa. In Tanzania, we're training health workers and community volunteers to investigate and report disease outbreaks at a local level.

All of this would not be possible without you. We hope you enjoy reading about the incredible milestones you helped us reach. We look forward to another year of creating lasting health change in Africa together.

Robert I. Wolk

Board Chair

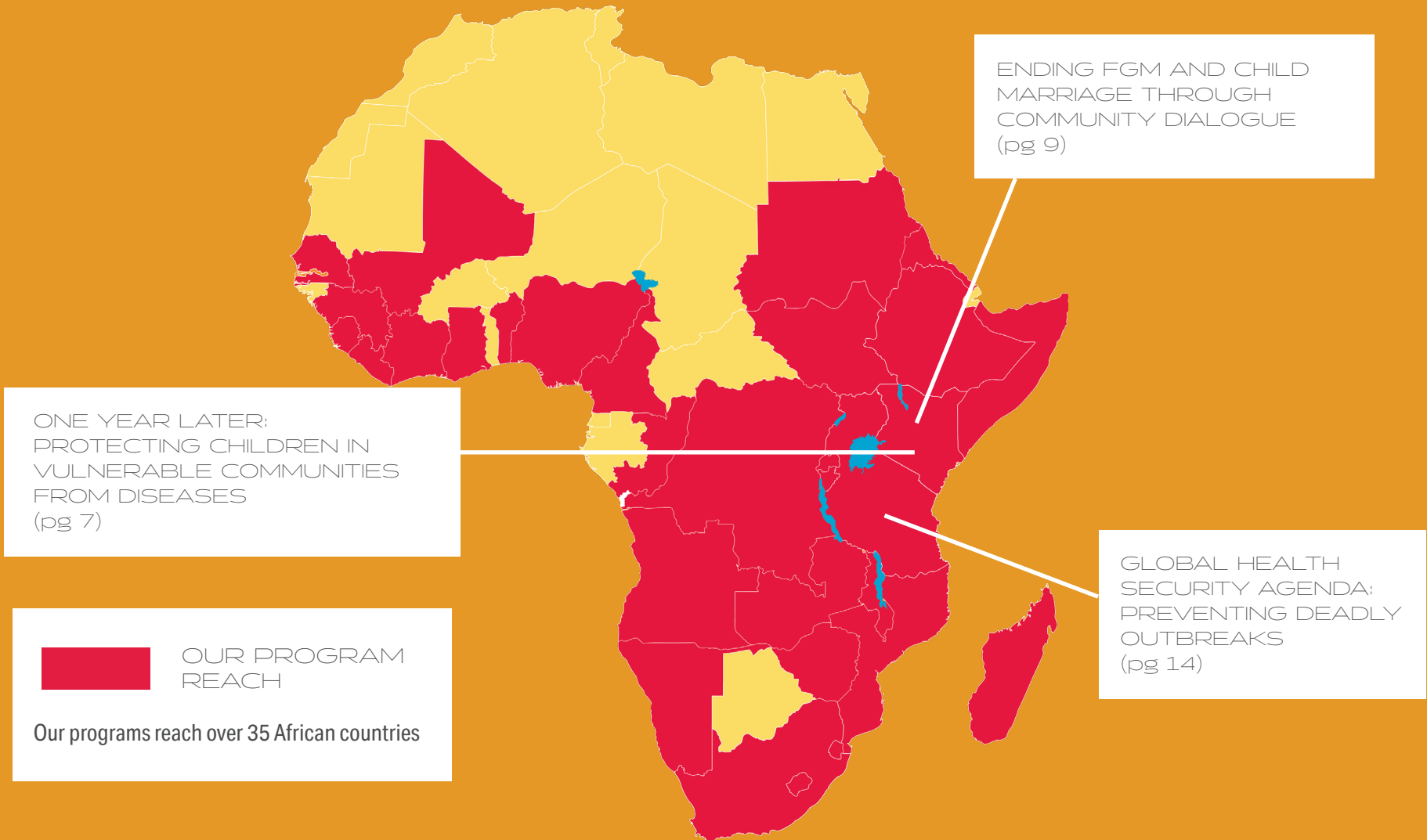
Amref Health Africa in the USA

Robert Kelty

Executive Director

Amref Health Africa in the USA

FEATURED PROGRAMS





ONE YEAR LATER: PROTECTING CHILDREN IN VULNERABLE COMMUNITIES FROM DISEASES



In last year's Annual Report, we introduced you to our partnership with Comic Relief that aims to provide children living in Kibera — the largest urban informal settlement in Africa — with vaccines against deadly diseases. A year later, we'd like to update you on what we've achieved through this program thanks to your support.

Since 1998, Amref Health Africa has operated the only public clinic in Kibera where its residents — most who live close to or below the poverty line — can receive checkups during pregnancy, family planning services, testing and treatment for HIV and TB, cervical cancer screenings and other health services that they otherwise do not have access to. In 2017, our partnership with Comic Relief allowed us to build upon our success with the clinic and offer immunization services to prevent diseases commonly found in young children such as whooping cough, tetanus, measles, TB, and hepatitis.

Through this program, we train community volunteers on how to check the immunization status of children under two, how to identify those who have not yet started immunization, and how to

identify those who have started but missed follow-up appointments and to refer them to a health facility to complete immunization. We also trained the volunteers to educate mothers and their partners on diseases and how they can prevent them, as well as encouraging them to ensure their children are fully immunized.

We trained Immunization Champions — mothers who fully immunized their own children and who felt strongly about the importance of immunization — to hold monthly forums with pregnant women and women with children under two to educate them on the importance of timely and full immunization.

We also trained professional health workers, such as nurses and clinical officers, on proper management of vaccines (such as properly storing vaccines) and on respectful maternity care so they can offer immunization services more effectively. In addition, we provided these health workers with a mobile phone platform called Chanjo Plus, which helps them keep track of mothers whose children have missed an appointment and send reminders to those mothers to bring their child to a health facility to complete immunization.

In 2018, we achieved the following thanks to your support:

- **1,500 children** fully immunized
- **280 children** identified as defaulters and referred to a health facility to complete immunization
- **405 children** reached directly with child welfare health services
- **50 health workers** trained on respectful maternity care and proper cold storage of vaccines
- **200 volunteers** trained to check immunization status in children under two and keep parents on track to complete immunization
- **20 Immunization Champions** trained to conduct monthly meetings with pregnant women and mothers of children under two to educate them on the importance of immunization
- **900 pregnant women and 300 mothers with children under two** reached through these monthly meetings held by the Immunization Champions



ENDING FGM AND CHILD MARRIAGE THROUGH COMMUNITY DIALOGUE



Samburu and Marsabit Counties in Kenya are home to semi-nomadic pastoralist tribes including the Samburu, the Borana, the Rendille and the Gabra. These four communities are distinct but they share similarities including their lifestyle in the most dry and arid area of Kenya. Another similarity is that they all continue to practice Female Genital Mutilation (FGM) and Child, Early and Forced Marriages (CEFM) despite Kenyan laws outlawing both in 2001.

These four communities report high prevalence rates of both practices, averaging at 76% for FGM and 70% for CEFM – almost four times higher than national rates. These four communities are all led by a council of elders who make the decisions for the rest of their community, playing a crucial role in maintaining these harmful practices.

FGM and CEFM are directly linked. Typically, when a girl undergoes FGM (between ages 8 and 15) she is considered ready to be married, and in most cases, offered as a bride to a much older man. FGM and CEFM also lead to forced removal from school which is reflected in the low enrollment rates of girls in secondary school in both counties.

Thanks to your support, we are addressing these issues that disproportionately affect the women and girls of these communities. Through funding from USAID, we created Koota Injena — which translates to “Come let us talk” in the Borana language — and are targeting 40 clans who identify as Samburu, Borana, Rendille and Gabra.



Through this three-year activity, we identify “champions” (male or female from any age group) in the community who are willing to stand up against FGM and CEFM and provide them with training to help their peers, family, and friends re-envision how girls are treated, why their rights should be respected and why they should finish their education. In addition, we educate champions on the consequences of FGM and CEFM and teach them techniques to hold productive discussions between different groups and generations who have opposing views. One of the innovative approaches of Koota Injena is to also engage clan elders to ensure that the abandonment of these practices is upheld and community-led.

Since the initiative began in 2017, the targeted communities have reported the following impact that Koota Injena has had:

- A scholarship program was established to support girls living in communities where there is a high prevalence of FGM and CEFM to continue their secondary education and to become anti-FGM ambassadors
- 763 women and their 832 daughters met in regular Mother-Daughter discussion groups and have committed to not participating in FGM and CEFM and protecting girls in their communities from these practices
- Four Child Protection Committees were created and have coordinated the rescue of 29 girls from CEFM and FGM and linked them to protective services such as health, shelter, counselling, scholarships, school materials and reconciliation and reintegration of the girls to their families
- Clan elders are welcoming women to their meetings for the first time to hear their perspectives on FGM and CEFM and show willingness to abandon these practices
- More inter-generational dialogues between youth and elders



Top: After enduring painful childbirth as a result of FGM, Dahabo became a Koota Injena champion and educates her neighbors about the negative consequences associated with FGM and child marriage.

Left: Philip is a respected village elder who had his mind changed about FGM and child marriage after attending meetings held by Koota Injena. Now he is a champion who uses his respected status to change the hearts and minds of other men his age.

In 2018 alone, your support enabled Amref Health Africa to:

- Identify and train **60 champions** to mobilize their communities to abandon FGM/C and CEFM
- Reach **99 top-level clan elders** through meetings organized by champions
- Reach **646 middle-level clan elders, 662 women, 122 female youth and 136 male youth** during monthly clan meetings facilitated by champions
- Provide **119 students** (110 girls and nine boys) with either one-year or two-year scholarships to pay for their secondary school fees





MEET MARTHA

Martha, 39 years old, lives in Marsabit County in Kenya near the Ethiopian border. She is part of the Borana tribe. Martha is an influential woman in her community; she is a matron at the local primary school, a spiritual leader, and leads a women's group where women discuss their issues, mentor children in school about drug abuse, and participate in income-generating activities such as selling chickens and renting guest houses.

Most importantly, Martha is a champion against FGM and child marriage in her community.

"I'm in a women's group and was already having discussions about FGM and child marriage before Amref came on the ground," Martha tells us in her home where she has warmly welcomed us.

Martha herself was cut when she was 7 or 8 years old. "Prevalence of FGM in the Borana community is almost 100%. There is almost no woman you see here that hasn't been cut. In our community, a person who hasn't gone through FGM goes through a lot of stigma," Martha says.

Martha decided to stand up against FGM after she had her first child: "My first child was delivered by Cesarean section because I could not give birth normally as a result of FGM. For my second boy as I was pushing that child during delivery, the wound from the first C-section operation opened and I almost died. I was told that all of this happened because of FGM."

She continues: "Giving birth to my first baby at the hospital was the first time I learned about FGM. **That's when I first realized that FGM was truly dangerous because I almost died both times.** This is why I don't want to have another baby. I'm afraid that I might die the next time I have a baby.

As I began to talk to other women about FGM, I noticed that because they thought FGM happened to everyone, these women didn't realize that the difficulty they had while giving birth was abnormal. I had to tell them this. **When you give birth as a woman with FGM, that's when you truly realize how dangerous it is."**

Even though she was already having discussions about FGM with her community, Martha became even more active against the practice after attending seminars and discussions through Koota Injena, which trains community anti-FGM advocates. Other organizations had tried to come to Martha's community to get them to give up FGM but they were unsuccessful. Martha tells us why Koota Injena is different:

"Before Koota Injena, people were being forced to give up the cut. **But with Koota Injena, it's an invitation to discuss and learn, so people are talking now and not being forced.** FGM is part of the culture and has been for thousands of years, you can't just stop it in one day. Before

"WHEN YOU GIVE BIRTH AS A WOMAN WITH FGM, THAT'S WHEN YOU TRULY REALIZE HOW DANGEROUS IT IS."



"GIRLS ARE THE MOST IMPORTANT PEOPLE IN THE COMMUNITY, THEY REALLY HELP THEIR FAMILIES WHEN THEY ARE EDUCATED."

they would arrest people. But with Koota Injena, people talk, people discuss this issue unlike before."

Koota Injena teaches champions like Martha how to hold productive discussions about these sensitive topics and equips her with messages that she can use to slowly bring people to her side.

To educate those around her, Martha holds meetings every Saturday, going from village to village. She has also taught her women's group the same skills she learned through Koota Injena: "I also use my women's group. I teach them the messages and tell them to spread them as well. One thing I tell people is that FGM is part of our culture. It is something that we have created, it is something that we continue, but we can also end it. FGM can be abandoned."

Although Koota Injena only came to her community less than one year ago, things are

gradually changing, and a new generation of girls is growing up without the cut. There is of course, still some resistance: "As a woman, I have been insulted so many times by both men and women in the community." In Martha's community, women typically have no say in community issues and are taught to just follow the men's lead. This has proved challenging for getting some women to abandon the practice.

Despite these challenges, Martha has hope for her community: "The youth listen and are open to new ideas. Old men see women like me as dangerous, as women who want to corrupt the children and the culture. Also, a woman taking lead is a problem because it's not normal for women to lead here."

She continues, "It is a gradual process, so people are taking these messages, but slowly. The people who are supporting Koota Injena the most are young people, and the young men are already saying they won't marry circumcised girls. They are really helping."

When asked about what kind of future she envisions for the girls in her community, Martha says, "**Girls are the most important people in the community. They really help their families when they are educated. So it is really important that girls are educated. My dream is to see the girls continue their education, have value in the eyes of others, and to see FGM end.** My dream is also to continue working with Koota Injena. It's not only here that FGM is being practiced; I want to see these messages reach more interior communities where many girls do not even have the chance to get an education."

GLOBAL HEALTH SECURITY AGENDA: PREVENTING DEADLY OUTBREAKS IN TANZANIA



Top: A community volunteer learning to refer patients to the closest hospital

An infectious disease threat anywhere can be a threat everywhere. When a country does not have strong health systems that can respond to diseases, not only are residents of that country at risk, but so is the rest of the global community. The Global Health Security Agenda (GHSA) is a partnership of over 64 countries that want to ensure that countries with weak health systems have a trained health workforce and the tools needed to prevent, detect and respond rapidly and effectively to disease outbreaks.

Tanzania is prone to infectious diseases such as cholera, malaria, diarrheal diseases, TB, and HIV/AIDS; non-communicable diseases such as diabetes; and diseases targeted for eradication like polio. Tanzania also shares porous borders with several East African countries including Kenya, Uganda and the Democratic Republic of Congo. A deadly disease outbreak in Tanzania would mean these countries and the rest of the East African Community would be under threat as well.

Through funding from the Centers of Disease Control and supporters like you, Amref Health Africa is working to ensure that Tanzania can protect its communities from deadly disease outbreaks in line with GHSA standards. With a goal of detecting threats early, Amref Health Africa is strengthening the capacity of five selected districts: Ngorongoro District Council, Longido District Council, Siha District Council, Moshi District council and Mwanza District Council to detect priority diseases early, improve early warning systems, ensure the reliable transmission of information from communities to the national level, and enable rapid and effective responses.

In the first two years of the project, we trained 669 community volunteers and 132

health workers on Community Based Surveillance – where community volunteers and health workers collect health information and report to health facilities to monitor the overall health of the community and be alerted to any illnesses as early as possible. 59% of the volunteers and 78% of the health workers trained were women.

Volunteers are trained to make household visits and perform basic check-ups, identify symptoms to diseases as early as possible, to refer patients to health facilities for treatment when needed, and report any disease cases they come across. Health workers such as nurses are trained to better identify diseases, provide treatment to patients and to report cases of disease to a national database.

In 2018, thanks to your support, we mentored and supported those volunteers and health workers in data collection, analysis and reporting of their communities' health information.

Other key achievements reached in 2018:

- **113 volunteers and 43 health workers** trained to manage Ebola in high risk areas
- Volunteers visited over **144,000 households** where they provided basic check-ups and provided information on how to prevent diseases and stay healthy
- **Over 30,000 suspected** cases of disease reported by volunteers to a nearby health facility
- **Over 17,000 patients** referred to nearby health facilities for treatment by volunteers and 100% of these patients successfully received treatment
- Cases of rabies and cholera which can easily become epidemics were successfully detected, reported, and treated successfully

Right: Paskazia is a community health volunteer in Tanzania trained by Amref Health Africa. She makes household visits in her community to provide health education. She says she wishes she had a bike to help her reach even more households.

Bottom: A CDC epidemiologist facilitating a training session with community volunteers in Mwanga District





ARTBALL 2018

ArtBall 2018 was our biggest event yet. ArtBall was created in 2016 to not only to raise awareness and funds for Amref Health Africa and our work but also celebrate and highlight the human resources of Africa, particularly the contemporary artists emerging from the continent today. ArtBall happens during Frieze Art Week and features a contemporary African Art Auction, an award ceremony to honor an artist, entertainment, and opportunities to learn about Amref Health Africa.

The event raised over \$300,000 to support our health programs on the ground. Solange Knowles and Jack Shainman joined as honorary hosts for the evening. ArtBall 2018 honored artist Toyin Ojih Odutola with the Rees Visionary Award for bringing forth critical African cultural and transcultural perspectives, that inspire and embolden the viewer through these challenging times.

Her friends Alicia Keys and husband Swizz Beatz presented the award to her during the evening's award ceremony – a highlight of the night. Actress Megalyn Echikunwoke introduced Nice Nailantei Leng'ete as the keynote speaker during the award ceremony. This

Opposite: Producer Swizz Beatz and singer, Alicia Keys with the ArtBall 2018 Honoree, Toyin Ojih Odutola



Top Left: Alicia Keys with Amref Project Officer Nice Nailantei Leng'ete

Top Right: Actress Megalyn Echikunwoke and Comedian Chris Rock

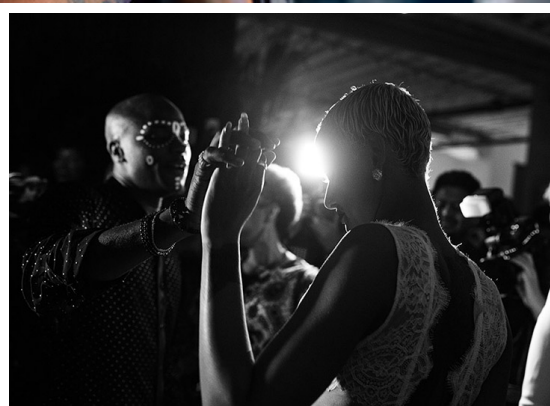
Opposite: Toyin Ojih Odutola speaking during the night's award ceremony

Bottom Left and Right: ArtBall attendees dancing the night away

26 WORKS OF ART SOLD

750 GUESTS

\$300,000 RAISED



same year, Ms. Leng'ete was named Time Magazine's 100 Most Influential People for her work in advocating against FGM in communities that continue to practice it.

Over 750 guests were in attendance. Notable guests included Chris Rock, Antwaun Sargent, Joeonna Bellorado-Samuels and Hank Willis Thomas among others.

The contemporary African art auction featured work from notable artists including Esther Mahlangu, Lina Iris Viktor, Serge Attukwei Clottey, Lakin Ogunbanwo, and Zina Saro-Wiwa among others. Of the 29 pieces of artwork donated to the event by the artists, we sold 26 pieces, with 228 bids from 137 bidders.

THANK YOU TEAM
AMREF 2018!

Thomas Carragher
Cesar Carrion
Kayla Dellefratte
Megaly Echikunwoke

Daniela Lewy
Patricia Moscibrodzki
Carlos Patterson
Carimah Thomas



TCS NEW YORK CITY MARATHON

The TCS New York City Marathon is the largest marathon in the world with around 50,000 runners participating each year. 2018 marked our fourth year in a row as a trusted partner in the TCS NYC Marathon's Official Charity Partner Program, comprised of a handful of select charities. Through the partnership, each charity is awarded with entries to the exclusive race who give back by helping their charity of choice fundraise.

Our small but mighty team of eight runners went above and beyond, raising over \$54,000 to support our work in making quality maternal care more accessible for women in Africa. Our team was comprised of runners from a diverse set of professional and personal backgrounds including actress Megaly Echikunwoke.

Since 2015, Team Amref has collectively raised over \$179,000 to support bringing life-saving maternal care to women in vulnerable communities.

FEELING INSPIRED?
JOIN THE TEAM!

Run in the TCS NYC Marathon on behalf of Amref Health Africa.

Visit amrefusa.org/nyc-marathon for more details and to apply.

FINANCIALS

FINANCIAL POSITION

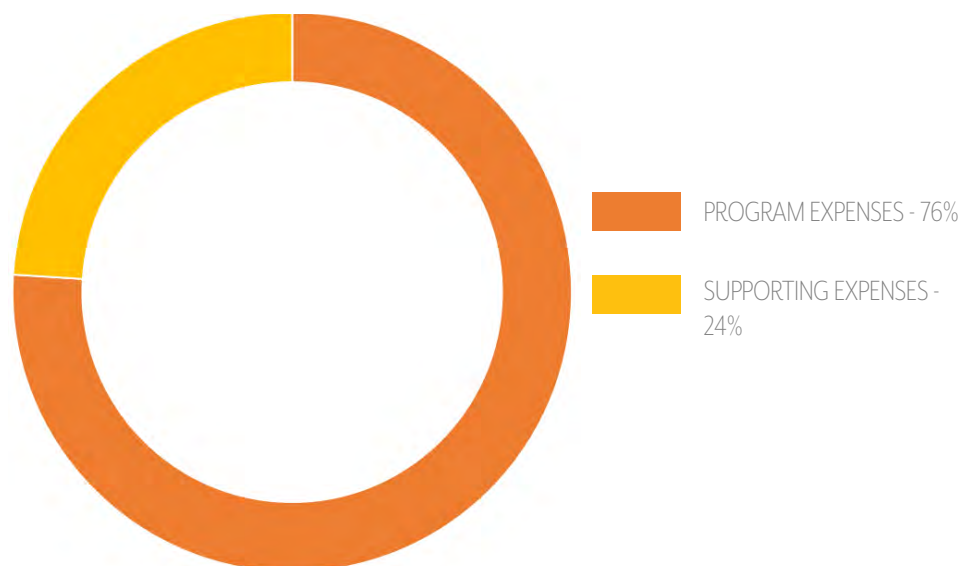
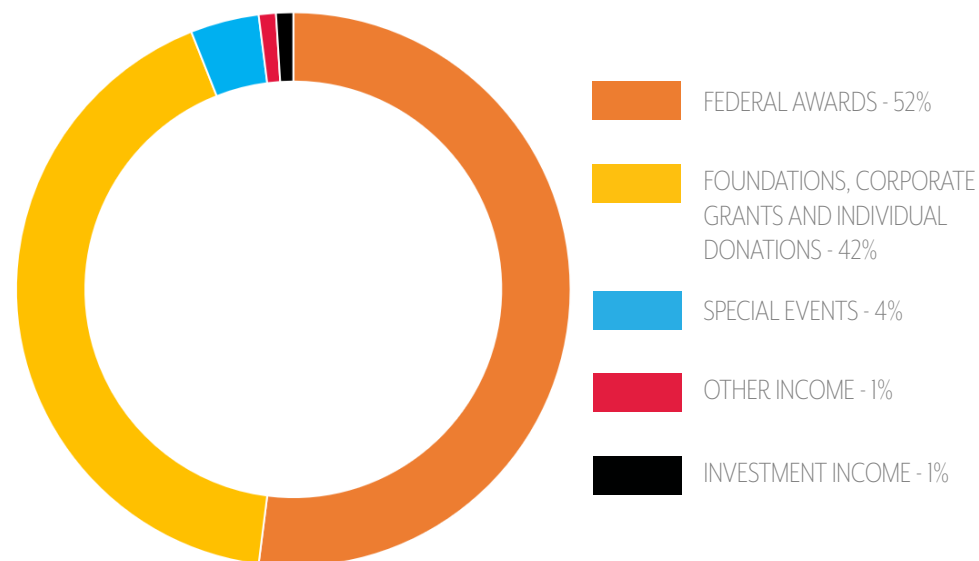
	2018	2017
ASSETS		
CASH AND CASH EQUIVALENTS	\$1,608,166	\$1,698,420
INVESTMENTS	1,908,019	1,839,894
GRANTS RECEIVABLE FROM US GOVERNMENT	341,591	218,669
OTHER	83,552	155,897
NOTE RECEIVABLE	-	250,000
PREPAID EXPENSES AND OTHER ASSETS	93,679	155,779
FURNITURE AND EQUIPMENT	29,887	4,185
SECURITY DEPOSITS	66,174	78,943
TOTAL ASSETS	4,131,068	4,401,787
LIABILITIES AND NET ASSETS		
<i>LIABILITIES</i>		
ACCOUNTS PAYABLE AND ACCURED EXPENSES	109,296	129,455
DUE TO AMREF HEALTH AFRICA IN KENYA	316,620	317,228
DEFERRED REVENUE	59,578	-
DEFERRED RENT	56,843	-
TOTAL LIABILITIES	542,337	446,683
<i>NET ASSETS</i>		
UNRESTRICTED	2,415,636	2,469,869
TEMPORARILY RESTRICTED	1,173,095	1,485,235
TOTAL NET ASSETS	3,588,731	3,955,104
TOTAL LIABILITIES AND NET ASSETS	4,131,068	4,401,787



ACTIVITIES AND CHANGES IN NET ASSETS

	2018	2017
SUPPORT & REVENUES		
FEDERAL AWARDS	\$2,957,357	\$3,001,699
FOUNDATIONS, CORPORATE GRANTS & INDIVIDUAL DONATIONS	2,402,453	3,748,369
SPECIAL EVENTS	199,783	92,476
OTHER INCOME	42,000	56,087
INVESTMENT INCOME (LOSS)	47,546	88,584
RELEASED FROM RESTRICTION	-	-
TOTAL SUPPORT & REVENUES	5,649,139	6,987,215
EXPENSES		
<i>PROGRAM EXPENSES</i>		
HEALTH TRAINING, EDUCATION AND PRIMARY CARE	3,259,187	2,230,604
CLINICAL SERVICES	1,310,574	1,721,827
EVALUATION AND OPERATIONS RESEARCH	40,096	24,434
TOTAL PROGRAM SERVICES	4,609,857	3,976,865
<i>SUPPORTING SERVICES</i>		
MANAGEMENT AND GENERAL	711,248	765,843
FUNDRAISING	694,407	550,514
TOTAL SUPPORTING SERVICES	1,405,655	1,316,357
TOTAL EXPENSES	6,015,512	5,293,222
INCREASE (DECREASE) NET ASSETS	(366,373)	1,693,993
NET ASSETS		
BEGINNING	3,955,104	2,261,111
END	3,588,731	3,955,104

INCOME





THANK YOU TO OUR DONORS

We sincerely extend our deepest thanks to all of those who have contributed to our work in transforming African health from within Africa. The life-saving work we do is not possible without these individuals, foundations, corporations, partners, government agencies, NGOs, and multilateral agencies that supported Amref Health Africa in the USA during the 2018 fiscal year (October 1, 2017 to September 30, 2018).



THANK YOU TO OUR DONORS

\$1,000,000+

- Centers for Disease Control and Prevention

\$250,000 - \$999,999

- The United States Agency for International Development
- The Bill and Melinda Gates Foundation
- Johnson & Johnson
- Anonymous
- World Vision

\$25,000 - \$249,000

- Chemonics
- Chris Rock
- Comic Relief
- Flying Doctor's Society of Africa
- Michael J. Cushing
- PATH
- The Nommontu Foundation

\$10,000 - \$24,999

- Artsy
- Bruce E. Rosenblum
- Diane Lindenheim
- El Anatsui
- Hensley Evans

- Inosi M. Nyatta
- Iemlem Foundation
- Liz Rees
- Peter S. Goldstein
- Robert I. Wolk
- Ruth A. Geisbuhler
- Timothy S. Wilson
- Tyler Phillips

\$5,000 - \$9,999

- Amran Hussein
- Desire Vincent
- Dorothy Albee
- Global Impact
- Goldman, Sachs & Co. Matching Gift Program
- Kathy L. Echernach
- Pfizer Foundation Matching Gifts
- Pule Taukobong
- Schwab Charitable Fund
- Scott Rudin
- Sergio Marchionne
- Stephen Powers
- The Benevity Community Impact Fund
- William H. MacArthur
- World Bank Community Connections Fund

\$1,000 – \$4,999

- Aaron Reitkopf
- Abbvie Employee Engagement Fund
- Alvin Massy
- Amy W. Bilkey
- Anonymous
- Asha Richards
- Benjamin Glover
- Brian M. Stewart
- Brooklyn Bowl
- Bruce Bodner
- Capucine Milliot
- Carol Jenkins
- Catherine Kimmel
- Charlie Gilmore
- Christina Ring
- Cynthia Wachtell
- Eberhard Neutz
- Eddie Gilbert
- Eddy Yablans
- Elisabeth Sann
- Elsa Palanza
- Give with Liberty
- Greg Muir
- Helen & William Mazer Foundation
- Hessa Al-Thani
- Howard Karloff
- Jamie Hodari
- Jason Weinberg
- Jeffrey Sloss
- Jennifer Nadeau
- Jes Cornette
- JPMorgan Chase Foundation
- Katharine B. Morgan
- Kenan Inal
- Landmark Charitable Foundation
- Lawrence Daniels
- Lazare Kaplan International
- Lindy McHutchinson
- Madison Performance Group
- Margaret Quinn
- Mary C. Bunting
- Mbago Kaniki
- Melody Downes
- Michael J. Folk
- Michael S. Anderson
- Nicole Bain
- Northeastern Mosquito Control Association
- Nyagaka Ongeru
- Open Society Institute
- Philip W. Johnson
- Rabin Martin
- Reed Kendall
- Richard Allen
- Richard Sine
- Robert Kelty
- Roshan Rahnema
- Sabine Hagemann
- Sandra Shaffer
- Seymour and Sylvia Rothchild Family 2004 Charitable Foundation
- Stephanie Pagan
- Stephen Cummings
- Stephen M. Fish
- Sumangala Prabhu
- Sylvain Fresia
- Teal Black
- Terry L. Rolleri
- Tom Varkey

\$500–\$999

- Topher Boswell
- Tori L. Gregorios
- A. Guthery
- Accenture
- Alexander Obbard
- Alison Gondosch
- AYCO Charitable Foundation
- Bank of America Matching Gift
- Boston Scientific Employee Giving
- Caroline Phitoussi
- Charles H. Mott
- Charmaine Picard-Gelobter
- Chevron Matching Employee Funds
- Christine Gondosch
- Dennis Reid
- Dennis Walto
- Donald W. Weaver
- Elizabeth L. Colton
- Elizabeth R. Cooke
- Fidelity Charitable Gift Fund
- Francisco Rotich
- George Gibson
- George J. McCartney
- Helen & William Mazer Foundation
- Hugo F. Keunen
- J. W. Hernandez
- James C. Hunter
- Janet Waterous
- Jeffrey B. West
- Jennifer Pickett
- Jim Malsch
- John E. Wright
- Kayla Dellefratte
- L. J. Haywood
- Maarten C. Bosland
- Mackenzie Colgan
- Marcia A. Summers
- Matthew S. Neiger
- Megalyn Echikunwoke
- Mike Jackson
- Miriam R. Alper
- Molly Dobelle
- Nancy Federspiel
- Nicole London
- Patricia Rubin
- Phillip Marriott
- Plattformme
- Richard Brenner
- Robert J. Schweich
- Samuel Rosenblatt
- Sandra Dooley
- Sharon George
- Steve Levine
- Tanya Shewchuk
- Terance Takyi
- Thomas Carragher
- Timothy Kloehn
- United Talent Agency
- Wanjiru Mwangi
- William L. Patterson
- Yacine Bongo



BOARD OF DIRECTORS

Robert I. Wolk, *Chair*
William H. MacArthur, *Treasurer*
Sarah Elizabeth Rees, *Secretary*

Michael J. Cushing
Hensley Evans
Carol Jenkins
Defina Maluki
Marisa Mueller
Nyagaka Ongeru
Joseph E. Pegues, Jr.
Roshan Rahnama
Aaron Reitkopf
Timothy S. Wilson

YOUNG PROFESSIONALS BOARD

Mackenzie Colgan	Bridget Moran
Kayla Dellefratte	Patricia Moscibrodzki
Lauren Diamond	Devin Nagle
Azizat Famuditimi	Brittany Pavon Suriel
Kaitlin Hearn	Altaf Yassin
Alvin Massey	Katherine Yeagley

STAFF

Robert Kelty, *CEO*

Jasmine Clerisme
Emily Correale
Selome Ejigu
Christie Hubbard
Angelica Jacinto
Agnes Mestrich
Joyce Ollunga
Sarah Sadiq



www.amrefusa.org

Follow us @amrefusa



© Amref Health Africa in the USA 2019

Written & Designed by Angelica Jacinto

Photos by: Madison McGaw, Chilo Oostergetel, Jeroen Van Loon, Sam

Vox