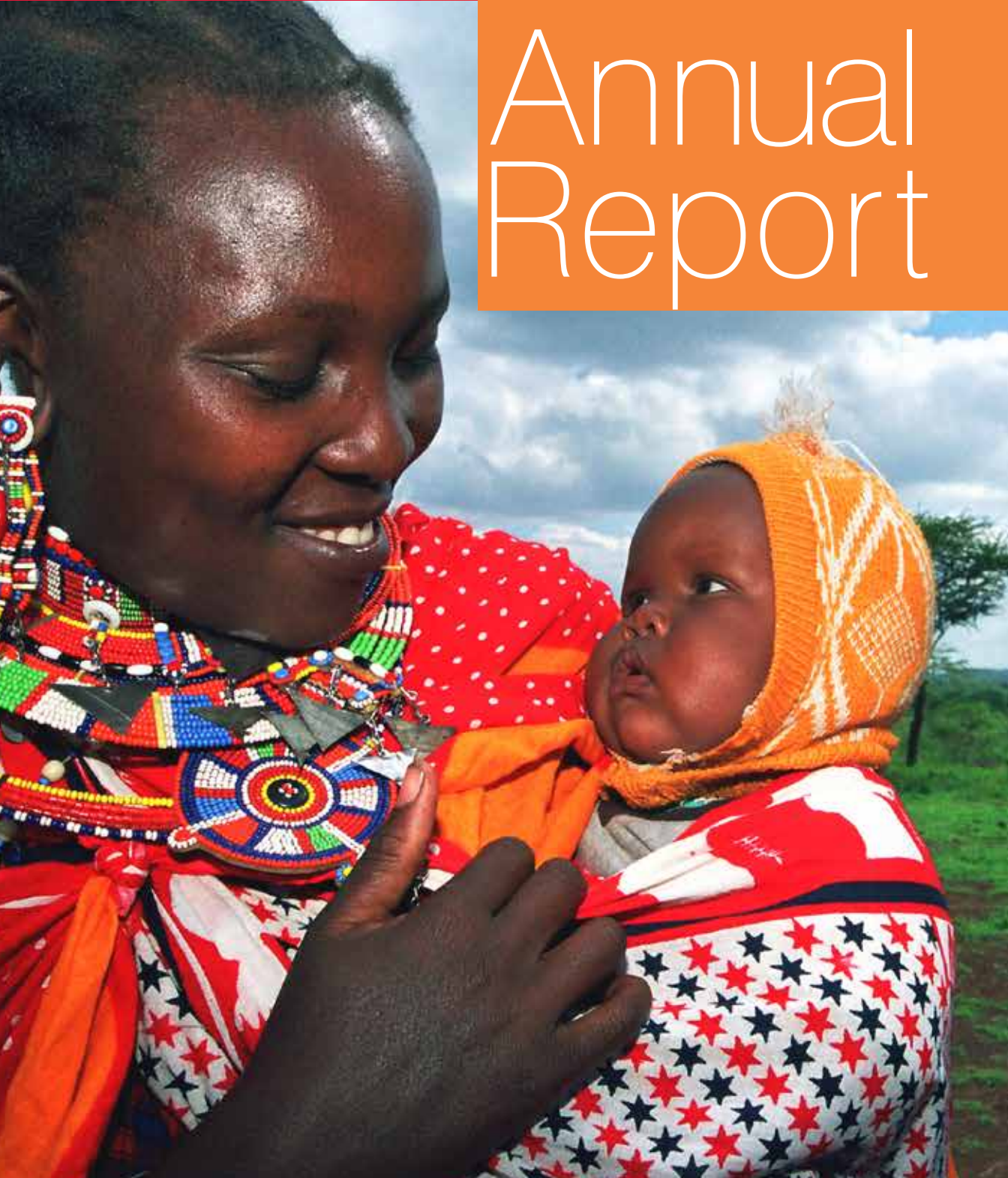


2012

Annual Report



Founded as the Flying Doctors of East Africa in 1957, **AMREF** is today the **largest Africa-based health development organization.**

AMREF's Reach



AMREF's Mission

Empower the people of Africa, through better health, to escape poverty and improve the quality of their lives.

Winner of the
Gates Award
BILL AND MELINDA GATES FOUNDATION
for Global Health



Conrad N. Hilton Humanitarian Prize

Dear Friends,

As you know, since AMREF's inception 56 years ago, we have been implementing programs that offer local solutions to critical health challenges affecting the continent: maternal and child health, HIV/AIDS, TB and malaria, water, sanitation and hygiene, including delivering clinical outreach and laboratory diagnostic services to the most remote and marginalized areas of Africa. At AMREF, we believe in community – in transforming the lives of women, children and men by providing communities with the skills, means and knowledge to take charge of their own health. We do this through health education, training frontline health workers, facilitating

health service delivery and linking communities with the formal health system.

As the premier African-led health development organization on the continent, AMREF partners with national, regional and local governments in the over 30 countries in which we work to ensure our programs are aligned with and supported by national health strategies. With Africans comprising 97 percent of our staff, the majority of whom live in the communities in which they work, we continue to find African solutions for African problems with African expertise. And when we see tangible results with successful initiatives, such as our eLearning programs for upgrading the skills of almost 12,000 nurses in Kenya, we build on the innovations and export them to other African countries.

In this year's Annual Report we're proud to share some of our ongoing successes and new initiatives. In Tanzania for instance, with US partners including USAID, UNICEF and The CDC, AMREF has implemented the largest, country-wide HIV/AIDS program, testing and counseling over 400,000 new clients in 2012 alone. AMREF Tanzania is making real strides in fighting this terrible pandemic, with some particularly innovative strategies to tackle high incidence populations such as sex workers and men having sex with men.

Ethiopia is in the midst of a precarious shortage of frontline health workers. In partnership with the Ministry of Health, US-based Barr Foundation and Open University, AMREF is training 2,000 health extension workers to help deliver health services to five million people across the country. Newly graduated health extension worker from Oromia Region, 23-year-old Tsehay Hailu, now has the skills to manage a childbirth confidently without the support of anyone.

To help reduce the high rates of maternal mortality across sub-Saharan Africa, this past year the US launched AMREF's global campaign, Stand Up for African Mothers. The campaign aims to train 15,000 midwives by 2015 and draw attention to the vital role played by African midwives in saving the lives of mothers and children. We encourage all of our supporters to visit www.standupforafricanmothers.com to help make childbirth a time of joy for African mothers. I'm also pleased to note that Geneva-based global governance magazine, The Global Journal, ranked AMREF among the top third of 'Top 100 NGOs' based on impact, innovation and sustainability – and among the top three for health. Accomplishments like this are only possible because of your support. Thank you!

Asante sana,

Lisa Meadowcroft

Executive Director, AMREF USA



Setting clear priorities: AMREF's Strategic Directions

AMREF's vision is for lasting health change in Africa. In AMREF's business plan 2011-2014 we set forth seven strategic directions to further focus our work and ensure we are addressing the most pressing health priorities on the African continent.

1. **Making pregnancy safe and expanding reproductive health**
2. **Reducing morbidity and mortality among children**
3. **Scaling up HIV, TB and malaria responses**
4. **Prevention and control of diseases related to water, sanitation and hygiene (WASH)**
5. **Increasing access by disadvantaged communities to quality medical, surgical and diagnostic services**
6. **Developing a strong research and innovation base to contribute to health improvement in Africa**
7. **Creating a strong, unified, global AMREF**

By tackling these seven priority areas we are laying the foundation for a lasting transformation of Africa's health.

Projects funded by **US donors**

1 **Access to Clean Water and Sanitation Facilities Improves Lives in Ethiopia**

Kechene, a slum in the capital of Ethiopia, Addis Ababa, has high levels of poverty, poor housing and illiteracy. Streets and alleyways are strewn with human waste and contaminated water is everywhere. Children who play in these streets are highly vulnerable to deadly water-borne diseases and infections. In some areas there is only one latrine for every 3,000 people and only 15% of the residents have access to clean, safe drinking water. School attendance is very low and there is a high dropout rate. This is due to frequent illnesses related to the poor sanitation and the lack of clean water. Therefore, creating a sustainable water system and appropriate sanitation facilities is critical to reducing poverty and disease in Kechene. For the past four years, AMREF has been implementing water and health services in two districts in the slum and with support from The Boeing Company, the project is now benefiting almost 30,000 people. The project fosters a high level of community

involvement through training and education; this helps ensure that Kechene residents are personally invested in the project and feel a strong commitment to sustaining its work.

2 **Scale-up of Comprehensive HIV/STI Prevention (SCHAP) in Seven Districts in Uganda**

The HIV/AIDS response in Uganda has not kept pace with the epidemic. The 2011 Uganda AIDS Indicator Survey revealed that since 2006 the National HIV prevalence rose from 6.4% to 7.3% among populations between ages 15 and 49 years. In response, AMREF has implemented a five-year program, funded through the Centers for Disease Control and Prevention (CDC), to reduce the number of new HIV and sexually transmitted infections (STIs). This program includes capacity strengthening of district and community structures to promote sexual risk reduction interventions, diagnosis and treatment of STIs, and the scale-up of new technologies for HIV prevention among high-risk populations including uniformed servicemen and fishing

communities. Studies have suggested that by providing men 15 years or older with safe male circumcision (SMC) HIV transmission can be reduced by 50%. In year one, SCHAP performed 7,098 SMCs, but has ramped up significantly over year two (2012) with 68,534 SMCs completed. The increase in SMCs was due to the many skilled SMC team members (160) in 52 health facilities performing SMCs at both static and outreach sites in the project area which has a total population of 3,147,900.

3 **AMREF Clinical and Surgical Outreach Services**

AMREF's outreach program covers over 150 hospitals in Kenya, Tanzania, DR Congo, Uganda, Somaliland, Ethiopia, and Rwanda. Outreach activities are planned annually and selected specialists - including general surgeons, orthopedic surgeons, gynecologists/obstetricians, urologists, and reconstructive surgeons, make 3-5 day visits to these hospitals. AMREF not only provides clinical and surgical outreach services to the most marginalized communities, but also gives essential training to physicians, nurses, clinical officers, and support staff at these facilities which ensures health system strengthening at all levels. In 2012, AMREF doctors, along with 300 specialist volunteers from local hospitals, provided 7,000 major operations, 27,033 consultations, 1,358 joint ward rounds, and over 10,000 hours of formal and informal training. This program empowers the very sick and disabled, who receive health restoration and physical rehabilitation so that they are able to return to a productive life.



4 **Developing Management Expertise Across Africa**

In Africa, clinicians do not usually receive management training but are still expected to run hospitals and health facilities. The Management Development Institute (MDI), established through a partnership between AMREF, Johnson & Johnson and the UCLA Anderson School of Management, is a one-week intensive program designed to enhance the leadership and management skills of program managers and leaders of sub-Saharan African organizations, governmental and non-governmental, that are devoted to delivering health care services to underserved populations. The program has been specifically designed to assist African ministries of health in implementing their particular national health priorities. Representatives from public health systems along with their NGO implementing partners learn management tools, frameworks and knowledge that enable them to increase the quantity and quality of health services they provide. The lessons are specific to the complex challenges faced by African health systems. To-date 665 managers from 31 African countries have graduated from this program.



Project highlight 1

Innovations to Reduce HIV/AIDS in Tanzania

The Angaza HIV Testing and Counseling (HTC) program, originally begun in 2001, is a USAID-funded project managed by AMREF across 18 regions in mainland Tanzania.

A second phase of the program 'Angaza Zaidi' was launched in April 2009 by AMREF and Tanzania's President Jakaya Mrisho Kikwete was himself tested in the program to encourage his fellow Tanzanians to learn their HIV status. Meaning 'Shedding More Light' in Kiswahili, the current phase of the program focuses on four key components: 1) HIV counseling and testing, 2) post-test counseling and support services for people living with HIV/AIDS, 3) prevention of mother-to-child transmission (PMTCT), and 4) HIV counseling and testing services for couples.

Targeting 2.3 million people over five years, the program seeks to rapidly scale up innovative approaches to HIV testing and counseling. AMREF works hand-in-hand with all levels of government in Tanzania to reduce new infections, eliminate stigma and extend HIV related services across the country.

Using mobile testing units, small, tent-like structures that are towed around to local events, villages and temporary work encampments (mines and fishing villages), individuals are tested with another unique innovation – the rapid HIV test kit. With a small prick of the finger and a 10-15 minute wait, Tanzanians, initially reluctant to come to HIV testing centers, where they would be seen by friends and neighbors, can now know their HIV status in record time. Annually, the program reaches approximately 500,000 individuals, out of which an estimated five percent are found positive for HIV and are linked to a continuum of care.

AMREF has also been targeting high risk populations, including sex workers, truck drivers and men having sex with men (MSM), to reduce the very high incidence of HIV/AIDS among these vulnerable groups. It is not easy to access such marginalized populations. By conducting HIV seminars in bars where sex workers meet clients and going door-to-door to meet with them one-on-one, AMREF was able to connect with these women on their turf providing much needed prevention information. Through its mobile HTC services, AMREF tested a total of 136 sex workers, resulting in eight percent testing positive and referred to care and treatment.

Long taboo in Africa, men who have sex with men are a very difficult group to access, as they live in fear of prosecution. Through establishing 'influencers' in various networks of MSM, AMREF has been able to gain trust, provide testing services and refer those who tested positive (72 %) for treatment and counseling.

Another innovative approach implemented by AMREF Tanzania this past year involves creating 'post test clubs' at HIV volunteer testing centers to help people living with HIV/AIDS achieve a minimum level of independence.

(See story next page)



Living Positively With HIV/AIDS

Ostracized, alone in supporting her children and accused of witchcraft by her friends and family after the 'mysterious' death of her husband, Moshi, a 50-year-old widow living with HIV/AIDS in the Kilimanjaro region of Tanzania, had lost all hope and simply expected to die. Now, 13 years later, she not only earns an income for herself, but is able to build additional housing for her children and pay for their school fees.

Moshi discovered AMREF's post test club (PTC) at one of our HIV testing and counseling (HTC) sites, where she tested positive for HIV/AIDS. AMREF established PTCs, support groups linked to the HTC clinics within the Angaza Zaidi program, to counteract the poverty so often experienced by people living with HIV/AIDS. Moshi was one of the original seven members of her local PTC in 2007, since jumped to 97.



The primary aim of these groups is to provide opportunities for continuous, supportive counseling for HIV positive individuals, create a forum to discuss health and general life issues and to access spiritual and legal support. PTCs also provide opportunities to break the cycle of poverty among HIV positive individuals by facilitating income-generating activities through innovative microcredit models.

A new microcredit model – Village Community Banks (VICOBAs) – have proven a successful tool in helping HIV positive individuals get back on their feet. How do VICOBAs work? Members pool their savings and buy shares in the group, qualifying them for a loan from the VICOBA pool to start a small business or meet a sudden cash need (e.g. school fees, rent, etc.). Shares from all members facilitate a loan to one member at a time. Interest is paid when the loan is returned and divided among all members. A separate 'social fund' is interest-free for emergencies such as the death of a loved one, sickness, or other urgent situations.

VICOBA loans are affordable and have enabled Moshi to buy chickens, which led to selling eggs, which allowed her to buy goats, whose milk she sold to buy pigs, to then sell their offspring. Her animal husbandry now provides her with more than enough money to live comfortably and to support her family.

*"I am alive today because of **AMREF's post test club, ARVs** and family support." – **Moshi***

Project highlight 2

Building Ethiopia's Health Workforce—Year Two

Despite major progress in the last 15 years, Ethiopia's health care system is one of sub-Saharan Africa's least developed. Under-five and maternal mortality rates, at 101 per 1,000 and 590 per 100,000, respectively, remain among the highest in the world. This is due largely to a crisis in the health workforce, where the density of health workers at all levels is less than a third of the minimum needed as determined by the World Health Organization (0.7 v 2.28 workers per 1,000 population). As in most African countries this crisis is exacerbated in rural areas by the migration of health professionals to urban centers, leading to increasingly inequitable access to health care within and between regions of the country.

To help address the human resource crisis, the Ethiopian government launched an ambitious program in 2004 to train thousands of new healthcare staff, including 34,382 Health Extension Workers (HEWs) deployed to date in more than 15,000 rural communities. This new cadre of frontline community health workers

— mostly young women — quickly became the backbone of rural healthcare delivery, and last year was credited with considerable improvements in infant and under-five mortality rates.

With funding from the Barr Foundation, and in collaboration with Open University and the Ministry of Health, AMREF is now in its second year of implementing a three-year project to upgrade the skills of 2,000 HEWs. This will be accomplished through the development of a more rigorous curriculum, strengthening of 20 Health Science Colleges (HSCs) in six regions of Ethiopia, and intensive training of existing instructors and master tutors to provide more solid support to students during the program. Upon graduation, the newly upgraded HEWs will be known as 'community nurses'.

Representing the single largest, advanced training of a community health worker cadre in sub-Saharan Africa, this initiative is aimed at improving the health and quality of life in remote communities.



Project highlight 3

Stand Up for African Mothers campaign

Saving lives by training midwives

Giving life should be a time of joy, not death. Yet in sub-Saharan Africa, almost 200,000 women die needlessly each year. In fact, one in 39 women is at risk of dying in pregnancy or childbirth in their lifetime, compared to one in 4,300 in developed countries. Why? Simply because they lack access to basic medical care. That's why AMREF launched its Stand Up for



Stand Up For African Mothers also involves the symbolic nomination of AMREF-trained Ugandan midwife, Esther Madudu, for the 2015 Nobel Peace Prize. By signing the online petition at www.standupforafricanmothers.com, supporters can stand up for Esther Madudu's candidacy and give all African mothers and midwives a voice with governments and international organi-

zations. AMREF's goal is to collect one million signatures from around the world to proclaim support for African mothers.

"African women are at the center of the social and economic development chain. The death of a mother while giving birth is a big setback for African society. By training more midwives, AMREF is helping deliver an immediate, sustainable solution to reduce maternal mortality in Africa. A healthy Africa needs healthy mothers and African mothers need African midwives."

— Dr. Teguest Guerma, Director General, AMREF.

African Mothers campaign. A global effort, the campaign has a dual aim: to bring the world's attention to this tragic and unnecessary loss of life and to train 15,000 midwives by 2015 to provide the basic, but quality care that will reduce the unacceptably high rates of maternal mortality in Africa.

As of June 2013, 4,909 midwives at various levels in five different countries had either graduated or begun their training. This means that through to the end of the year, more than one million more African women will receive vital health education and trained assistance while giving birth.

"I am thrilled to join **AMREF** on this wonderful initiative... **Women** have been neglected...this initiative is to reverse that. **Let's work together...** It's a challenge that **you and I** have to accept."

— Graça Machel Mandela, Patron, Stand Up for African Mothers Campaign

More About our Work in Africa

In the previous section, we highlighted 7 programs funded by our generous U.S. donors. This is just a small selection of AMREF's work: At any point in time, AMREF runs more than 100 programs and projects across the continent. In 2012 alone, we touched close to 14 million lives through our activities. If you would like to read more about our work, please visit www.amref.org or give us a call at (212) 768-2440.

AMREF USA Is Part of the Global AMREF Family

AMREF is based and headquartered in Africa. Our U.S. office, AMREF USA, is one of the 12 offices in Europe and North America whose function is to raise funds and awareness for AMREF's work. We also advocate to the U.S. Government and organizations like the United Nations, encouraging them to focus on specific health challenges that will lead to the greatest changes in people's lives and stability in Africa. Below, please find the financial statements for AMREF USA.

AMREF USA Financial Report

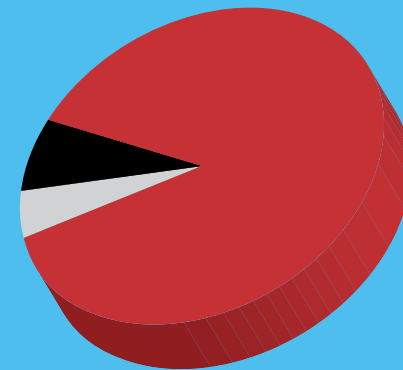
Statements Of Activities And Changes In Net Assets
Years Ended September 30, 2012 and 2011

| | 2012 | 2011 |
|--|------------------|------------------|
| REVENUES | | |
| Federal awards | \$ 6,145,600 | \$ 4,872,110 |
| Foundations, corporate grants and individual donations | 2,449,121 | 2,479,576 |
| Special events, net of expenses of \$0 and \$92,445 in 2012 and 2011, respectively | – | 89,535 |
| Investment income | 79,304 | (39,339) |
| Total unrestricted revenues and support | 8,674,025 | 7,401,882 |
| EXPENSES | | |
| Program Services | | |
| Health training, education and primary care | 2,297,138 | 2,516,921 |
| Clinical services | 3,935,765 | 2,623,208 |
| Evaluation and operations research | 1,260,687 | 1,406,019 |
| Total program services | 7,493,590 | 6,546,148 |
| Supporting Services | | |
| Management and general | 512,047 | 418,078 |
| Fundraising | 616,214 | 411,467 |
| Total supporting services | 1,128,261 | 829,545 |
| Total expenses | 8,621,851 | 7,375,693 |
| Increase (decrease) in unrestricted net assets | 52,174 | 26,189 |
| Net Assets | | |
| Beginning | 2,325,630 | 2,299,441 |
| End | \$ 2,377,804 | \$ 2,325,630 |

*This summary is based upon figures from the accounts and records prepared by the African Medical & Research Foundation, Inc. (United States), which is classified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and is thus qualified for charitable contribution deductions. An independent audit of our accounts is available on our website www.amrefusa.org.

AMREF USA's Efficiency Rating

For the eighth year in a row, Charity Navigator, America's premier charity evaluator, has awarded AMREF USA its highest, four-star rating for sound fiscal management. Only 1% of the charities rated by Charity Navigator have received at least eight consecutive 4-star ratings. We have also been certified to display the Better Business Bureau's Charity Seal. The Seal assures our donors that we meet all 20 of the rigorous standards established by the BBB Wise Giving Alliance.



87% of every dollar we spend goes directly to our **life-saving** and **life-changing** programs



Awards and Recognition

AMREF is the only African NGO to have received both the Bill and Melinda Gates Award for Global Health and the Conrad N. Hilton Humanitarian Prize. AMREF has also been awarded the World Federation of Public Health Associations 2012 Organizational Award and the Discovery Health Channel Medical Honor. Please visit <http://www.amref.org/awards/> to see the full list of awards that we have received.

**Winner of the
Gates Award
BILL AND MELINDA GATES FOUNDATION
for Global Health**



Conrad N. Hilton Humanitarian Prize

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“If **YOU** want to **go fast**, go alone...
If **you** want to **go far**,
go together” – African Proverb

Partner and Membership Organizations



Our donors

We express deep gratitude to those who help us empower the people of Africa, through better health, to escape poverty and improve the quality of their lives.

Below we salute the generous individuals, foundations, corporations, governments, non-governmental organizations, and multilateral agencies that supported AMREF USA during the past fiscal year, which began October 1, 2011, and ended September 30, 2012.

\$500,000 and up

The Centers for Disease Control and Prevention (CDC)

\$250,000 to \$499,999

Anonymous
Barr Foundation
Johnson & Johnson
The Smile Train

\$50,000 to \$249,999

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The Peter and Carmen Lucia Buck Foundation, Inc.
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The Search Foundation
Starr International Foundation
USAID: The American Schools and Hospitals Abroad
World Vision

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Audrey Irmas Foundation For Social Justice
Christina White

\$10,000 to \$24,999

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Timothy S. Wilson

World Bank Community Connections Fund

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IMC2 Health & Wellness

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David Wheeler
Lacey F. Williams

Thanks

also goes to our friends who supported us this past year by donating either time and talents or in-kind gifts and services. The heart and spirit you contribute are essential to achieving our mission.

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Robyn Barker
Betsy Kovacs

Amy Leveen
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Ben Nottingham
David Olson
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Ayesha Ferdouse
Angelica Jacinto
Nicole Levin
Henrietta Lewis
Jane Maina
Bridget Moran
Courtney Rodman
Elizabeth Wilk



How YOU can help

Your generous contributions allow AMREF to continue its work to develop health solutions that are practical, cost-effective, and sustainable in the African context. Together, we are taking a vital step toward creating a healthy, stable and prosperous Africa.

Please consider these ways of contributing to AMREF USA.

Donate

One-time gifts

You can mail a check or money order (payable to AMREF USA), make a donation over the phone at (212) 768-2440, or donate at www.amrefusa.org

Recurring gifts

Join our Health-for-Africa Monthly Giving Club to make automatic monthly contributions.

Tribute and memorial gifts

Honor someone special in your life or recognize an important event with a commemorative gift.

Matching gifts

Ask if your employer will match or increase your charitable gift to AMREF USA.

Bequests

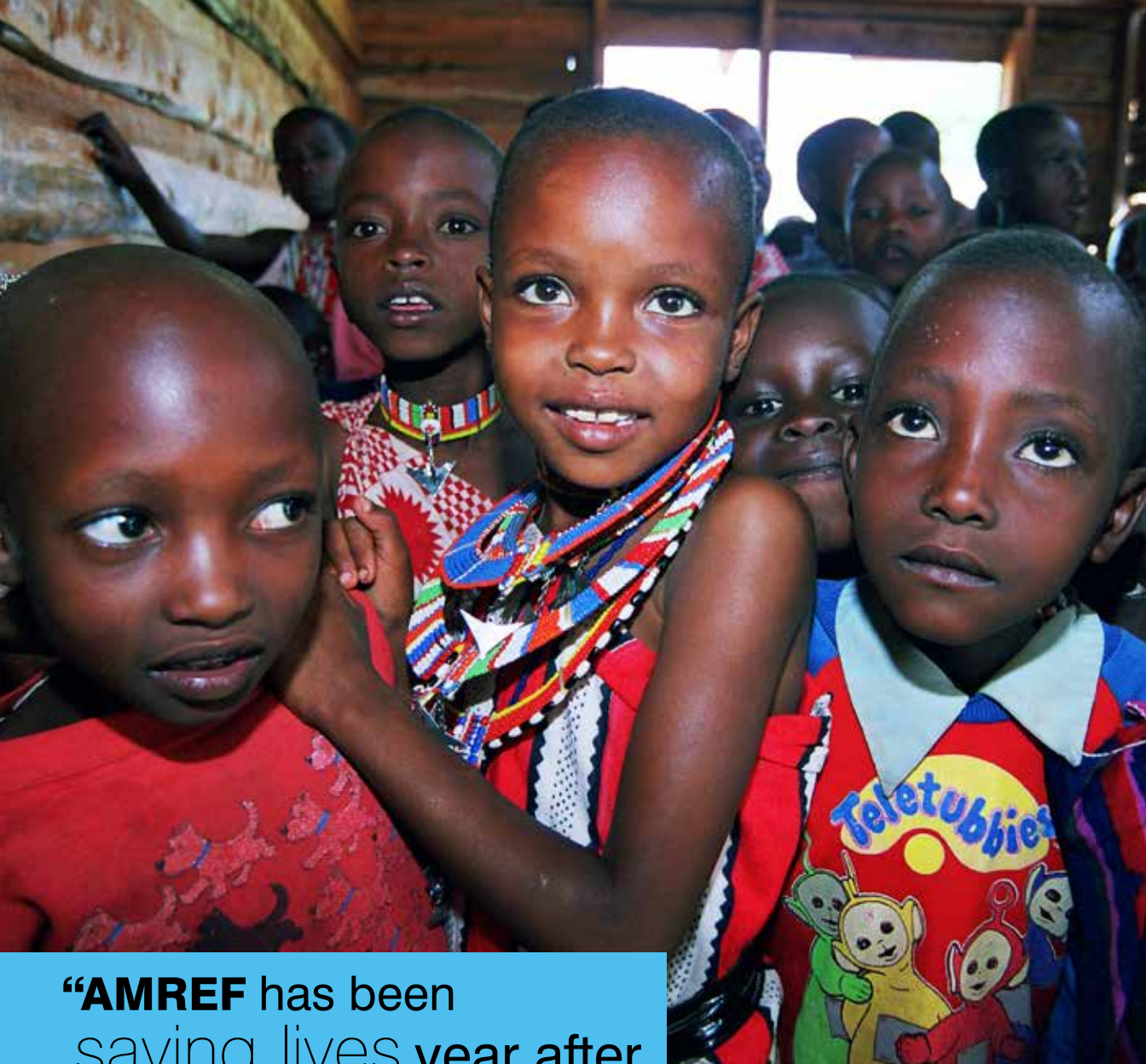
It isn't complicated to arrange to leave a lasting legacy. By including AMREF in your will, you will make a permanent difference in the health of future African generations. Please call us at (212) 768-2440 for more information.

Raise funds

Please contact us for ideas and support. You can get started by visiting www.amrefusa.org/fundraise



“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.” – Margaret Mead



“AMREF has been saving lives year after year for decades, and should give **us all hope** that even the most complex health challenges can be overcome.” –**Bill Gates**



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