

Global Strategies
2015

Dear Friends,

Ten years ago, we started what remains to this day the only pediatric HIV clinic in the eastern Congo. Since then and with your support, we have cared for nearly 700 HIV-infected children and are reaching over 100,000 newborns, children and women annually in the Democratic Republic of Congo, Liberia, Nigeria, Zimbabwe, South Africa and India. The lessons we have learned from the Children's AIDS Program guide our work with sick babies, children with disabilities and survivors of gender-based violence. We have put into action our belief that life-saving therapies available anywhere should be available everywhere.

Our passion remains engaging with the most neglected communities in the world. Working hand-in-hand with local leaders, learning from their experience and then partnering with them to deliver innovative solutions, we continue to break new ground. Your generosity has enabled us to create programs that inspire other organizations committed to using modern technology and empowering local people to create sustainable healthcare programs in their communities. On behalf of the people we serve, thank you.



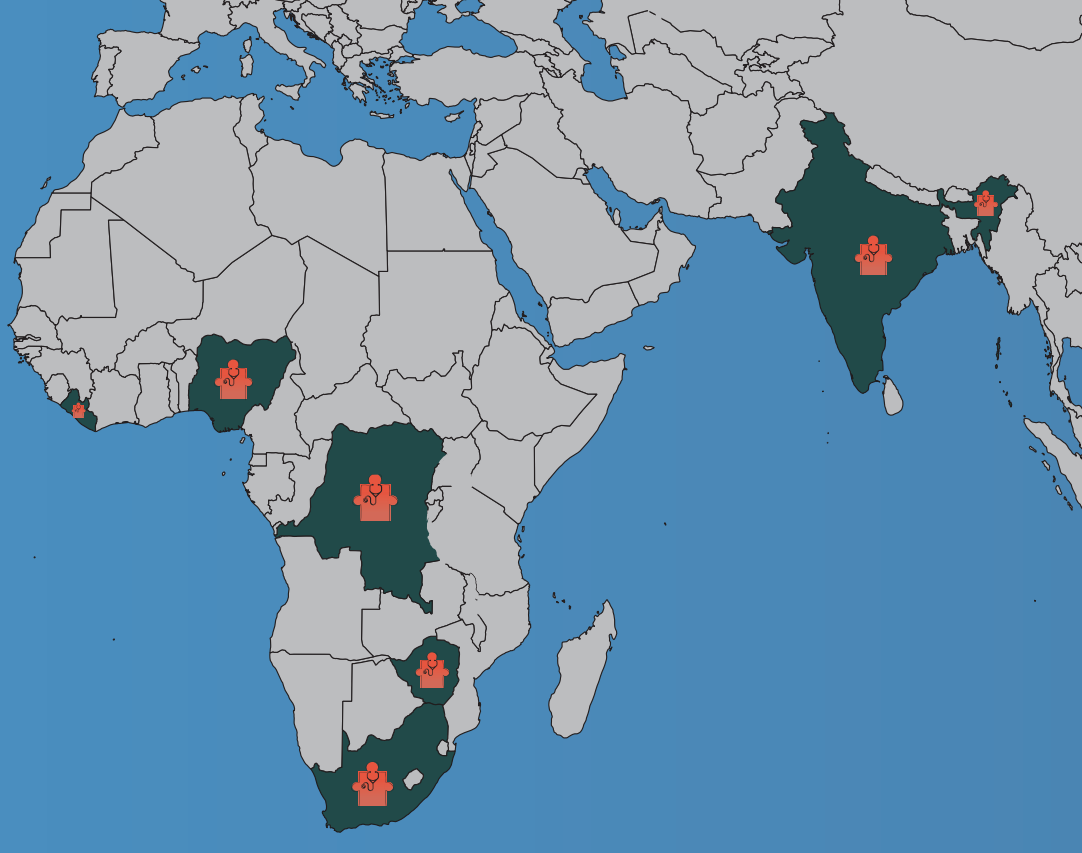
Dr. Anne-Marie Duliege
Global Strategies Chair

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Our Mission:

Global Strategies empowers communities in the most neglected areas of the world to improve the lives of women and children through healthcare.

Our Work:

Global Strategies invests in long-term relationships with local healthcare workers. We identify excellent local providers, train additional people when needed, and provide them with the tools and resources necessary for them to help their own communities.

Our Strategy:

INNOVATE - Pioneer programmatic and monitoring solutions that meet the urgent medical needs of our partners and integrate community-based efforts with new technology.

EDUCATE - Identify and train local partners to deliver quality healthcare and become leaders in their communities.

CONNECT - Link our partners to other local and global organizations to coordinate efforts, efficiently use resources and ensure sustainability.

IMPACT - Rigorously evaluate our programs and develop models that can be used globally.

2015 IMPACT Statistics:

378 Healthcare workers and staff supported
1497 Healthcare workers trained
121,352 Women, children, and men treated

EBOLA

In 2014-15, Global Strategies partnered with Mother Patern College of Health Sciences and the Catholic Health Network in Liberia to respond to the largest Ebola outbreak ever recorded. Since the first case was identified in March 2014, 28,607 cases have been confirmed with 11,314 deaths.

“Fear ruled all around,” says Sister Barbara Brilliant, Dean of Mother Patern College of Health Sciences. “At first people were in fear of the clinics because so many health workers were dying, but then they saw that training was going on and that the health workers were protecting themselves. The communities trusted the local church-run facilities and they understood that Ebola was real.”

With funding from Global Strategies and numerous other supporters, Sister Barbara Brilliant and her team implemented a broad Ebola campaign built on four key strategies:

- (1) Training healthcare providers in the use of personal protective equipment
- (2) Distribution of personal protective equipment
- (3) Provision of emergency salary support to Liberians on the frontlines
- (4) Educating communities about Ebola prevention

“Our long and productive relationship with Sister Barbara and her team enabled us to respond rapidly and with flexibility to a highly dynamic emergency,” says Global Strategies President Dr. Joshua Bress. Efforts began immediately to train healthcare personnel on infection prevention and control throughout the country. Staff was trained in safe triage of

potential Ebola cases, disposal of hazardous material and correct application of personal protective equipment. This essential safety preparation allowed for the safe referral of potential Ebola cases while allowing the clinics to remain open and continue to serve non-Ebola patients.

The Catholic Health Network Ebola response extended beyond health clinics and into communities. Healthcare workers helped raise awareness among community leaders about Ebola prevention and Ebola stigmatization. These trainings, coupled with hand-washing stations, were also provided to nursing schools.



In addition, the Liberian team conducted weekly home visits to 751 children who lost both parents during the Ebola epidemic. Those visits included providing food and supplies, and educating the children's new caregivers about Ebola.

“When we at Global Strategies look for partners in communities, we ask ourselves ‘Who do local people trust during a crisis?’” says Global Strategies Program Director Pamela Mann.

“The Catholic Health Network had established trust with the community through decades of work in Liberia. This connection allowed them to be incredibly effective during this historic outbreak.”

“The Children’s AIDS Program-Celebrating 10 Years”

From Dr. Vindu

Director of the Children’s
AIDS Program

The beginning

“I was a doctor in the HEAL Africa Department of Pediatrics. We had two children who came regularly for respiratory problems. I knew that opportunistic infections from HIV could cause this clinical picture. We did the HIV test and the results came back positive. I tested more children and found 7 cases. I knew we needed to do something for these children.”

Fears

“Fear was just about survival. How many years will these children have on earth? And as the disease is chronic how are we going to keep the clinic going?”

Lessons learned

“Early treatment saves lives. Also, orphan children need special care because of the stigma they suffer at home.”

The importance of the clinic

“These innocent children suffer from a disease made worse by war and sexual violence. Yet I believe they are the future of our country and can be among the makers of this country. We must continue caring for them until drugs to eliminate HIV are discovered.”

To the supporters of the clinic

“I hope everyone finds the same joy I have found in these children.”

On the first child from the Children’s AIDS Program attending university

“I feel like a fish in the sea and think that God is good.”

NEONATAL CARE IN CONGO

Of the 8.2 million children under the age of five who die every year around the world, 3.3 million die in the first month of life. Of those, nearly 2 million die on the first day. Yet, nearly all of these babies could be saved with low-cost and low-tech tools. In a unique partnership between

Now a year into the program, Dr. Bress reflects on the results.

Why is this program important?

Put simply, there are babies surviving today that would not have survived if they were born three years ago.

What are CPAP and High Flow Nasal Cannula?

They are respiratory therapies for newborns used around the world. Reasons to need these therapies are prematurity, pneumonia or transitioning after birth.

What made you think that introducing this therapy in Congo would be successful?

There is an outside perspective that caring for small babies is rocket science. I believe that if you can do a C-section, you can and should be able to do CPAP. I knew the quality of the Congolese nurses and had confidence in their abilities.

How did the nurses react to this new program?

I spoke with one of the senior nurses during my last visit. Through a translator I asked her a number of questions---What did she think about the machines? Did she like working with American and British nurses? Did she like caring for the premature babies? Did she encounter any problems cleaning and maintaining the machines? She just looked at me and said in French, “moins de décès”--fewer deaths.

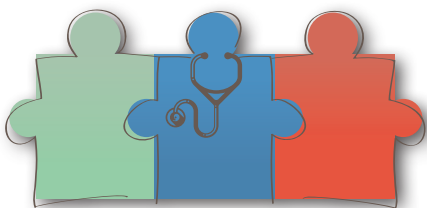
What lessons have you learned from this project?

The people delivering the care must be able to see its impact and that means thinking boldly about our goals.



Nick Connolly, a member of the Birthlink team, explains CPAP to nurses in Bukavu.

Global Strategies, the British non-profit Birthlink and Panzi Hospital, babies are receiving life-saving respiratory therapies, CPAP (continuous positive airway pressure) and High Flow Nasal Cannula, in the city of Bukavu. These simple interventions, when applied early, can dramatically reduce neonatal mortality.



HEALTH AND TECHNOLOGY

“When I see nurses using tablets to collect data and then interpreting that data to deliver better care to babies--that is empowering communities. The data collected are meaningful to the people collecting it,” says Global Strategies Program Director Pamela Mann. Every morning Nurse Elysa Samvura checks in at the neonatal unit at HEAL Africa Hospital in Goma, Congo, changes into scrubs and washes her hands and then turns on her tablet. She opens up the software application Magpi and begins to enter data. How many babies were born in the last 24 hours? How many babies were admitted into the neonatal intensive care unit? Of the admissions, how many were transfer cases? Were there any neonatal deaths or stillbirths? In some cases the information she needs is in the neonatal unit where she works. For other data, she goes next door to labor and delivery. Elysa knows the questionnaire well--she helped design it. After completing the questionnaire she double checks her work, connects to the WiFi hotspot Global Strategies placed in the neonatal unit and hits “send”.

“We receive daily data from the eastern Congo,” says Global Strategies Program Coordinator Jean Armas, “and our role is to make sure the information is accurate and then return it to nurses like Elysa in a way that can guide action.” From her office in Albany, California, Jean combs through the incoming data streams looking for ways to improve care thousands of miles away. Looking at hospital data at this level of detail, Global Strategies is able to identify areas for improvement that would disappear into national statistics. “I remember when we identified that more babies were dying across all of our sites during the Christmas holidays,” Jean recalls, “Increased newborn deaths during the holidays, when hospitals reduce staffing, was an unexpected and painful discovery. It is also likely a globally underreported phenomenon that would have been missed without daily data collection. We were able to go back to our partners and say ‘we should increase Christmas staffing and here’s why.’”

Back in Congo, Elysa and the pediatric team, together with Dr. Givano Kashemwa, Global Strategies Program Manager in the DRC, review the aggregated statistics. The data they are reviewing is current, reflecting last month’s cases. The Congolese team knows that the data shows their neonatal intensive care unit to be one of the best in the entire country, but they are not satisfied with the results. For babies born at HEAL Africa, the mortality rate is very low, but for babies transferred in after being born either at home or in another facility, the rate is nearly 20-fold higher. “Congolese people need to have these data systems,” says Dr. Givano Kashemwa, “because they are the ones in place to do something about it.”

As a result of this data collection, HEAL Africa nurses are now conducting outreach activities and mapping the most common sites transferring cases to the neonatal unit. Trainings are highly targeted on the first minutes of life and the safe stabilization of newborns prior to transfer. “Though there are recurring themes,” says Jean, “one of the key findings from all of this information is that all health is local.”



Keeping the Promise

"I need a teen club," Dr. Vindu told me when I last visited her. "You know how teenagers are. I want them learning skills, being creative and using their brains and not just getting into trouble or wasting the day. The clinic cannot be just about medicines." As I sat there in her office looking out over Rue Lyn Lusi in Goma, Democratic Republic of Congo, it reminded me of a similar conversation I had with the neonatal nurses in Bukavu the week before. "We need a refrigerator to store breastmilk for the preterm babies," they had said, "And we would like a refresher training on how to feed them and how to keep them warm. And what about jaundice?" With both conversations our team listened closely and took notes. That night, as we sat beside Lake Kivu, we pulled out our computers and started to look for ways to address the concerns the local teams had raised.

After a few hours of number crunching, I stopped and turned to Dr. Givano Kashemwa, who has tirelessly led our work in Congo, and said, "Can you believe it?"

He looked up from his computer, "Believe what?"

"We have teenagers. We have preterm babies."

I often think back to those first seven children in the Children's AIDS Program – one for every day of the week. I think about Dr. Vindu together with our founder Dr. Art Ammann, committing themselves to these children before there was a clinic, before there were nurses and before we had secured medications. The Children's AIDS Program--and from it all of our programs with mothers, babies and children around the world--began not as an idea or a project, but as a promise. And it is a promise we have kept.



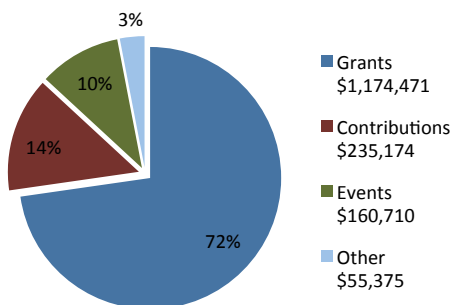
"There is no greater happiness one can feel than knowing one took part in changing the lives of others," Dr. Givano told me during my last visit. As you read about the heroic work fighting Ebola in Liberia, the 10th anniversary of the Children's AIDS Program and the lifesaving initiatives with newborns, I hope that you know it is your support that makes it possible. Thank you again for being part of Global Strategies.

Sincerely,

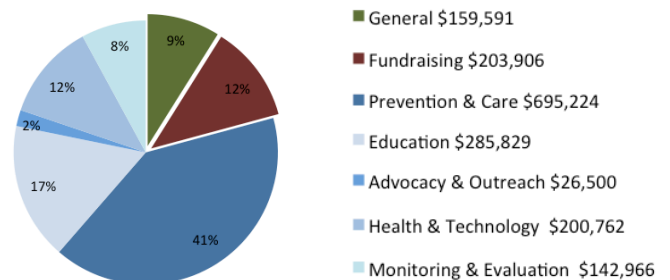
Joshua Bress, M.D.

Financials

Income FYE 2015 \$1,625,729



Expenses FYE 2015 \$1,714,778



**Complete audited financial statements can be found on our website.*

global strategies

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