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

Letter from the Chair

2022 has been a remarkable year for Global Strategies. Thank you to our partners, supporters and volunteers for all their efforts. For more than two decades we have worked side-by-side with partners in Africa to deliver high quality healthcare. We made tremendous strides. Through shoulder-to-shoulder mentorship we developed centers of excellence in HIV and maternal-child healthcare. In the process, we learned that moving beyond individual centers to improve care delivery across wide geographies requires new tools and innovations. We set out to develop those tools by using what we had learned in the eastern Congo to create digital innovations that would empower frontline clinicians beyond our project sites.

In this year’s Annual Report, we highlight how our partners are using innovative approaches and digital tools to help us achieve our mission on a larger scale. We will introduce you to three of our amazing volunteers who are using their training to help us answer critical questions about global health. We tell the story of nurses in eastern Congo who are combining hands-on training with digital tools to save newborn lives. Lastly, we share an exciting announcement about the TUMAINI Project, an international human rights initiative.

All of this work is only possible because of your generous gifts and support. Thank you for being a part of Global Strategies.

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Chair

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Our volunteers at work

I am a resident physician at Boston Children’s Hospital. My professional interests focus on the expansion of low-cost digital health technologies. My volunteer work includes a research project to evaluate whether data from the NoviGuide software developed by Global Strategies could be used to make estimates about the rates of and risk factors associated with neonatal hypothermia (cold temperatures), a major cause of newborn death. Across four health centers in Uganda, we found that more than 30% of newborns entered into the NoviGuide system were hypothermic. The NoviGuide platform stands out for its ability to bring gold standard practices to the bedside while gathering site-level data. Technologies that help clinicians care for patients can also gather data to drive quality improvement projects within health centers.

Ryan Brewster, MD
PGY-2, Boston Combined Residency Program (Pediatrics), Boston Children’s Hospital | Boston Medical Center

I am part of the University of California San Francisco’ Pharmacy residency program. My research focuses on evaluating magnesium sulfate protocols for preeclampsia and eclampsia in low-middle-income countries. Preeclampsia and eclampsia are major causes of morbidity and mortality for pregnant women globally. This is a complex problem. One aspect of this problem is that first-line treatment, magnesium sulfate, is underutilized. Magnesium sulfate is not a simple medication. We learned there are significant variations in how countries approach the preparation and administration of magnesium sulfate. In some cases, protocols may fail to provide all of the information a nurse needs to administer the medication properly. There are also challenges in adapting international guidelines to create equitable local protocols. We hope our work will aid in the development of preeclampsia and eclampsia treatment pathways that are adaptable to the resources available in places where the impact of these diseases is most severe.

Nancy Chukwumezie, PharmD
PGY-2, Oncology Pharmacy Resident, UCSF Medical Center

I learned about Global Strategies from pharmacists at the University of California San Francisco. I was immediately interested by the work the organization is doing with Congolese partners to provide HIV prevention to survivors of sexual violence. My project and volunteer work center around a specific area in HIV prevention; survivors of sexual violence or victims of sex trafficking often need what is called PEP–post-exposure prophylaxis—to prevent HIV. These are medications given after a potential HIV exposure. Yet, many of the women accessing PEP may be at ongoing risk. People at risk for HIV in the future may be eligible for PrEP—medications taken prior to an exposure. We are analyzing the HIV guidelines in sub-saharan Africa to see how they address this important issue. I am excited to work with my University of California San Francisco mentors Dr. Nicole Nguyen and Dr. Cathi Dennehy together with Global Strategies President Dr. Joshua Bress.

Victoria Nguyen, PharmD
PGY-1, Pharmacy Resident, UCSF Medical Center
The Democratic Republic of Congo has one of the highest neonatal mortality rates in the world. For more than a decade, and together with our partners, we have focused on neonatal nurse training. This training is highly specialized. Nurses learn to deliver first breaths for babies who do not cry at birth, place tiny intravenous catheters and support the nutrition of newborns who are initially too sick to feed. As our program expanded to train nurses throughout the city of Goma and surrounding towns, we encountered new challenges. How do we provide specialty training at scale? What happens when trained nurses leave and new nurses arrive? How can we rapidly train 10,000 nurses without compromising quality?

Can you discuss the role of the hospital leadership and physicians in your work?

The leadership at HEAL Africa is supportive of innovations and our work with the NoviGuide. We also know Global Strategies from many years of friendship. Physicians appreciate how this tool helps us take care of newborns even when the doctor has not yet arrived.

How do you see this in the context of your existing neonatal nurse training program?

NoviGuide needs to be distributed beyond our training center to the peripheral sites where we already have trained nurses. We know the people we have trained, having spent months with them in our neonatal unit. These relationships will help expand the NoviGuide. Many clinics have general doctors; with trained nurses and with the NoviGuide they could understand how to take care of a newborn with a problem.

Can you talk about your experience thus far with the NoviGuide?

NoviGuide constantly reminds us of the essentials without replacing the nurse. The name is right, it is a guide. It is a very important tool because it keeps our focus on a newborn’s main problem. It reminds us of the guideline and helps us get there.

How long have you been working as a nurse and where do you currently work?

I have been working at Heal Africa since February 2005, it’s almost 17 years!

Can you talk about your experience thus far with the NoviGuide?

We use NoviGuide to assess any new baby that comes to our service, whether the baby is sick or not. We evaluate them all. What has changed in our work is, among other things, the elimination of the risk of error when calculating the pediatric doses to be used for our babies because NoviGuide does this automatically for us. This saves us a lot of time. When we were given the NoviGuide, we were told it was not mandatory to use it, it was our choice to use it. We quickly discovered it facilitates our work.

We work with newborns. Newborns can get sick quickly, but also respond quickly to our efforts. The sooner we take care of them, the better their response. Thanks to NoviGuide, we are doing what we know how to do, only faster and without delay.

Where do you see your career in the next five to ten years and how do you think NoviGuide could help you achieve your goals?

I think that in 5 to 10 years, I will really become an expert in NoviGuide. Additionally, I do think I will be able to contribute to the development of NoviGuide because of my knowledge of our community.

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TUMAINI Project launches

Global Strategies is pleased to announce a new partnership, called TUMAINI, with Panzi Foundation and the International Health Unit and the Hygiene Observatory of the University of Montreal. The initiative aims to improve the health and protect the rights of women, adolescents and children in the Democratic Republic of Congo and Burundi. The project is funded by Global Affairs Canada.

TUMAINI has three components: improving the delivery and management of health services, improving the accessibility of health services, and promoting research-based health care policies, legal frameworks, and services. Global Strategies will support this initiative through its Prevention Pack Program. The program uses grassroots advocacy and digital technology to improve access to medical care after sexual violence.

“We have always known that our work is but one piece of a larger struggle to treat survivors with dignity and stop the violence,” said Program Manager Jean Armas. “TUMAINI provides a platform for integrating our medical work into a holistic, human rights initiative.”

The work is already underway. Global Strategies is partnering with researchers at the University of Montreal, under the leadership of Professor Marie Hatem, to understand how data gathered by Panzi Foundation about where women are accessing care can be used to detect surges in violence and highlight gaps in access.

“Panzi’s work on the Prevention Pack Program shows that there are undeniable patterns to the violence in Democratic Republic of Congo,” says Dr. Givano Kashehma, DRC Program Manager for Global Strategies. “With the TUMAINI Project, we can better understand these patterns, allocate resources more effectively and ensure that all survivors have access to care.”

The project, launched in September 2022 and will include four health zones in the South Kivu Province as well as expansion to neighboring Burundi.

2022 IMPACT HIGHLIGHTS

- **100** Hospitals/clinics providing post-violence care
- **715** Children receiving malnutrition and HIV care
- **11,700** Pregnant women receiving HIV testing and counseling
- **68** Healthcare workers receiving advanced medical training
- **54** Clinical staff directly supported
- **4,196** NoviGuide total assessments completed

**Income FYE 2022**
- Grants 83% $1,385,073
- Contributions 11% $195,577
- In-Kind 5% $85,293
- Other 1% $15,236

**Expenses FYE 2022**
- Program 80% $1,024,089
- General and Administrative 15% $197,031
- Fundraising and Development 5% $67,408

* Includes net assets released from restriction

* Complete audited financial statements can be found at globalstrategies.org