



Supporting
Mission
Hospitals



A FEW OF THE CHALLENGES FACING MISSION HOSPITALS



“Christian medical missionaries are the unsung and unheralded heroes of humanity—with inconsistent and insufficient support and without the public recognition that would elicit the resources to help them serve the poorest people in the world.

These efforts inspire the moral imagination into realizing just how much good can be done with whatever resources one can commit to their work. We confront what it means to live one’s faith through loving the stranger. We have never seen entrepreneurs who deliver as much return on investment as the Christian medical missionaries whose work and clinics AMHF supports.”

— Rabbi Erica & Mark Gerson



Dr. Tom Catena and AMHF share prestigious Aurora Prize

AMHF partner Dr. Tom Catena of the Nuba Mountains was named the Laureate of the 2017 Aurora Prize for Awakening Humanity. Dr. Catena had also been a finalist in 2016. He identified AMHF as an organization which has inspired his work and nominated us for a share of the \$1.1 million award. The Aurora Prize recognizes those who put themselves in harm’s way to save the lives of others—which certainly describes Dr. Catena. Congratulations, Tom!



\$66,500

in emergency relief for refugees seeking shelter near Gidel Mother of Mercy Hospital, Nuba Mountains. Another \$250,000 helped the hospital buy medicines and provide care. The facility sees over 40,000 patients yearly.

Mother of Mercy Hospital: Preparing for the future

Dr. Tom Catena has been the only full-time, long-term doctor serving at the hospital, which is the sole functioning facility for over a half million people. A rotating staff of expatriate health care workers supplement Tom's efforts. To truly prepare for a sustainable future, the hospital has embarked on an ambitious plan to train local Nuba to one day run Mother of Mercy. AMHF provides funding and logistical support to these trainees studying in South Sudan, Uganda, and Kenya. A total of 14 have completed or are in training, representing \$200,000 in funding. These include 1 doctor, 8 physician assistants, 2 pharmacists, and 3 nurse anesthetists. We expect to train even more in the future.

14
trainees



When your child falls out of a tree and breaks her arm, you take her to the hospital. You expect to find a trained doctor. An x-ray machine. Casting materials. Pain medicines. *What if they weren't there?*

African Mission Healthcare Foundation focuses on basic human need. We partner with health workers providing direct clinical care on the ground, day in, day out. We believe Africa deserves strong, long-term health institutions staffed by trained providers possessing the necessary equipment and supplies. Since 2010, we have supported 30 facilities in 13 countries.





Our focus areas include direct clinical care, training, infrastructure, and healthcare management



We support maternal-child health and care for HIV, which disproportionately affects women



We have sponsored degree-level scholarships for over 100 health care workers



100% of your gift goes to medical programs thanks to generous donors who cover our admin costs



We track impact, are audited annually, and publish online how we spend every single dollar

80,000+

A nurse, physician assistant, or doctor will care for this many clients over a career. Costs range from a few thousand dollars to train a nurse to \$30,000 to train a physician assistant.

88,000 patient visits funded in 2016

...including 2,200 surgeries. AMHF has made possible ~500,000 visits since its founding. A group of elders near Katawa Clinic, Malawi told us that the number of funerals has dropped dramatically thanks to AMHF's steadfast assistance.

33%

Proportion of medical care provided by mission hospitals

But that accomplishment is threatened. The number of long-term medical missionaries—who provide free, dedicated labor to the hospitals—has declined, leaving hospitals without a connection to the US or Europe. Founding churches and agencies have largely withdrawn. Hospitals built decades ago struggle with aging infrastructure. Medical care is more complex. Young African doctors lack equipment and supplies. AMHF stands in this gap.

"If ten men are carrying a log — nine of them on the little end and one at the heavy end — and you want to help, which end will you lift?"

--William Borden



The L'Chaim Prize is providing equipment to one of Burundi's only medical schools. AMHF and its mission hospital partners provide hands-on, practical instruction.

The world is becoming African.

By the turn of the next century, half of the planet's people will live on the African continent. Noticeable strides have been made in the areas of education and health. However, in just eight decades, will Africa be ready to care for its populations? **Where will they receive their healthcare?** Vast regions of the continent remain under-developed, with little or no access to modern medicine. Too many talented young Africans, who could be the medical leaders of tomorrow, lack the opportunities to train. Building strong institutions now, capable of mentoring generations of health professionals who in turn care for tens of millions of people, can be our greatest legacy.

50%



THE GERSON L'CHAIM PRIZE

FOR OUTSTANDING CHRISTIAN MEDICAL MISSIONARY SERVICE

Offered by philanthropists Rabbi Erica and Mark Gerson, co-founder of AMHF, the L'Chaim Prize will provide \$500,000 annually to support the work of a Christian medical missionary—the world's largest award focused on direct clinical care.

“All is not lost and hope exists because of a group of people who are devoting their lives to the stranger, the sick, and the impoverished. These people are leaving their friends and their families behind for long periods, forsaking the comforts of the West and immersing themselves in entirely new languages and cultures in order to live their love for the stranger. L'Chaim means 'to life'—and it is this gift that the Christian medical missionaries serving in Africa provide to so many with remarkable effectiveness. The Talmud famously says that whoever saves a life—it is as though he has saved an entire world. This truth is made manifest in the work of Christian medical missionaries.”

— Rabbi Erica & Mark Gerson





**THE GERSON
L'CHAIM PRIZE**

FOR OUTSTANDING CHRISTIAN MEDICAL MISSIONARY SERVICE

Dr. Jason Fader of Kibuye Hope Hospital in Burundi—the only full-time surgeon for 2 million people—is the first laureate of the Gerson L'Chaim Prize for Outstanding Christian Medical Missionary Service. Dr. Fader is using the Prize to improve medical care and education in the world's hungriest country, where people live on a dollar a day.

The \$500,000 Gerson L'Chaim Prize is the world's largest private award focused on clinical care. In the US, half a million dollars would cover the lifetime costs of a single organ transplant. At Kibuye Hope Hospital the same amount allows 25,000 clinic visits, 10,000 admissions, 1,000 surgeries, and 800 cataract operations. Explore what the L'Chaim Prize will make possible at Kibuye and in Burundi.

What can \$500,000 accomplish in the US vs. Burundi?

Use of L'Chaim Prize



- Completion of new 48 bed surgical ward
- Burundi's first-ever internship program and new medical school teaching lab
- Orthopedic supplies for fracture surgery

48

Number of beds in the new surgical ward being completed with L'Chaim Prize funds. The current crumbling and ill-lit ward holds two patients to a bed.

350

patients will be able to walk again because of high-quality orthopedic screws, nails and hip sets. Trauma is common and survival in Burundi depends on physical labor.





\$800

To save the life of a sick newborn in Tanzania. AMHF's gifts helped save 44 babies in 2016. Drs. Stephen Swanson and Mark Jacobson at Arusha Lutheran Medical Center have built an impressive Neonatal Intensive Care Unit and trained Tanzanian staff. Survival rates are climbing. Local hospitals refer very poor and sick children for specialized care.



AMHF's 2015 funding of African health worker training will lead to 1.8 million new or improved patient encounters.

How does AMHF track the impact of its programs?

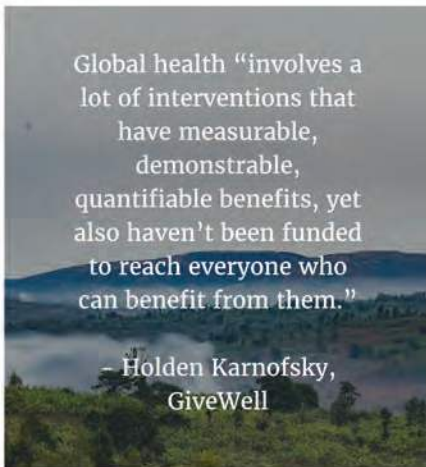
For training programs, we use a *conservative* estimate of how many patients the sponsored health worker will attend in the future. We then adjust for the proportion of funds we committed to the trainee's education in a year or period. A physician assistant will easily see 20 patients per day, 220 days per year, for 20 years. Some will see more, some less, but an average estimate is 88,000 career patients.

Katawa Clinic in Malawi cared for 27,000 patients in 2016, over 11,000 of whom had malaria. Each visit—nurse, tests, & drugs—costs \$8. In 2016, AMHF made possible 10,300 visits, including 3,800 malaria treatments—support which we have provided since 2010. During the rainy season, 40% of Malawian children under the age of 5 contract malaria.

\$8

Global health “involves a lot of interventions that have measurable, demonstrable, quantifiable benefits, yet also haven't been funded to reach everyone who can benefit from them.”

— Holden Karnofsky,
GiveWell





10% of African children still die before age 5.
More than 20% will die before age 15.

Without effective action, childhood mortality is expected to rise in Africa by the year 2030. Many countries lack the resources and skilled personnel to care for their young populations. AMHF supports pediatric surgeries in Ethiopia, Kenya and Tanzania; primary tropical pediatrics and adolescent HIV care in Malawi; and maternal-child health in South Sudan.

Proportion of
preventable deaths
in Africa
attributable to
surgical conditions

12%

Surgical care is often considered to be too expensive or hard to deliver in Africa—although the number of deaths due to operative conditions such as trauma, congenital abnormalities, and obstetrical complications may exceed deaths from infectious diseases. Research shows that surgical care can be as cost-effective as HIV treatment, which has been a tremendous success. A surgery usually less than \$1,000 can change a patient's life for decades. **AMHF likes to do those things which few others are doing. Where is our marginal impact the greatest?** We have sponsored surgical training, educated nurse anesthetists, renovated theaters, procured x-ray machines, supplied orthopedic implants, and partnered with watsi.org to bring surgery to the poor.





20%

What if you needed a C-section and couldn't get one? That is the reality for one of every five women who need a C-section in Africa. Failure to receive a C-section can lead to maternal or fetal death or lasting injury. Imanirankunda from Burundi had lost other babies before but received a C-section and gave birth to a live infant with the help of Watsi and partner Virika Hospital.



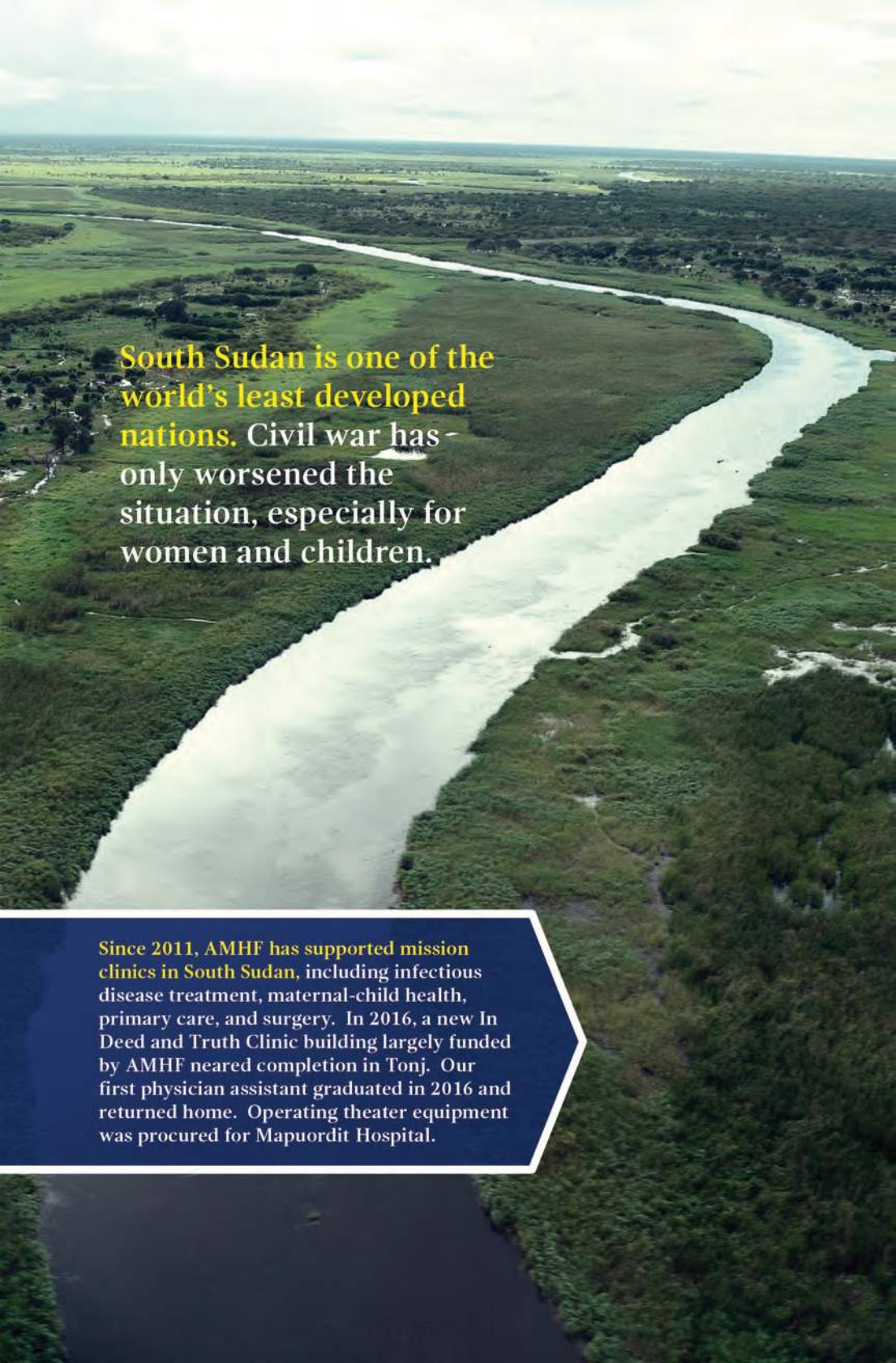
3500 surgeries sponsored since 2013 in partnership with Watsi, each with a unique story and struggle like Imanirakunda and Kazungu—and each treated with dignity thanks to the generosity of others.

AMHF works with crowd-funding charity Watsi.org to provide surgery to the poor. Watsi's unique online giving platform allows donors to fund surgery for patients like Imanirakunda. AMHF and its partner hospitals make sure that care happens. Since 2013 our partnership with Watsi has grown to include 8 hospitals in 4 countries. In 2017 we plan to add 3 new hospitals with a goal of 1,500 cases sponsored.

Two percent of all women aged 15-49 in Uganda suffer from obstetric fistula, a result of complicated labor and lack of access to a timely C-section. Victims cannot control their urine and are ostracized--women like Kazungu, who, for \$290, underwent successful repair of obstetric fistula at Virika Hospital, Uganda. The average woman waits 11 years for surgery.

2%





South Sudan is one of the world's least developed nations. Civil war has only worsened the situation, especially for women and children.

Since 2011, AMHF has supported mission clinics in South Sudan, including infectious disease treatment, maternal-child health, primary care, and surgery. In 2016, a new In Deed and Truth Clinic building largely funded by AMHF neared completion in Tonj. Our first physician assistant graduated in 2016 and returned home. Operating theater equipment was procured for Mapuordit Hospital.

A photograph of a river in South Sudan. In the foreground, the back of a person's head and shoulders is visible, looking out over the water. The river is calm, reflecting the sky. On the right bank, there are tall green reeds. The sky is blue with scattered white clouds.

64,000 patient visits

made possible in 2016 with AMHF support in the world's youngest nation of South Sudan. During a time of conflict, when the government shuts down, mission clinics are called upon to do more. AMHF shipped additional medicines to meet the need.

South Sudan: the most dangerous place to give birth in the world

For every 100,000 women giving birth in South Sudan, 2,054 die. At least half of the country's health facilities are closed due to unrest. AMHF supports four maternity facilities staffed by missionaries and Africans dedicated to improving this appalling statistic. We have sponsored training of 23 South Sudanese nurse anesthetists in Kenya so that more women can access safe C-sections.

**1 maternal death
for every
50 births**

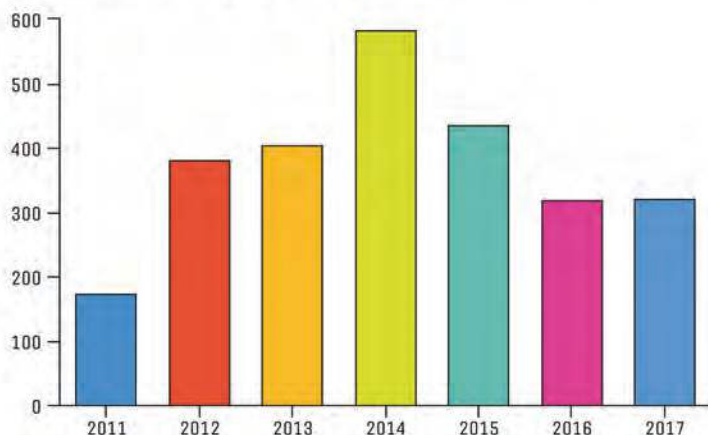


AMHF has partnered with Maua Methodist Hospital in Kenya to improve clinical services, especially surgery, through the training and recruitment of key personnel, provision of adequate back-up power, and procurement of critical equipment and supplies.

Maua serves 400,000 people in rural Kenya. After sponsoring the surgical education of Dr. Tony Mwenyemali of Congo, AMHF brought him to Maua and equipped the theater with back-up power, a mobile C-arm for surgical x-rays, a retractor set, and the SIGN nail system for repairing fractures. We sponsored a nurse for anesthesia training and even recruited and supported a new CEO for the hospital. During the long government doctors' strike of 2016-17, these services were a lifeline to surgical patients with no other options.



2600 Kenyan health workers trained in HIV care



Leaders in HIV clinical training

Despite recent successes, HIV continues to be the leading cause of years-of-life lost in Kenya, which has the fourth highest number of infections in the world. Our team has been training HIV care providers in hands-on workshops since 2005. AMHF and its in-country partners are now the largest provider of training using the Kenyan National Harmonized Curriculum for HIV. Our teams train mission, private and government health care workers at three different mission hospitals. Trainees see patients, view x-rays, and interact with experienced mentors. Each will go on to improve care for hundreds of clients.



The value of 30 years in Africa

Dr. Claire Smithson, a Methodist missionary at Maua Hospital, Kenya, has seen and done it all over three decades on the field. She found her passion caring for those with HIV and built a model care program. Now AMHF support allows her to share that knowledge and experience with young Kenyan HIV care providers.

Fragments: Struggles in African Health

Realities. A hospital in central Africa. Two patients starved on the wards. Three fainted from low blood sugar. The families had gone to look for food. Here, few hospitals can feed patients. A donor now provides 600 meals every day, a minimum caloric requirement for each patient and guardian. No one becomes a doctor and plans such an intervention. Reality dictates plans.

Marking progress. Same hospital. 300 day laborers are busy on construction projects. They earn \$1 per day, the country's middle class. The facility is the largest employer in the nation's second biggest town. "Are you seeing an economic impact?" I ask. "Oh, yes," the missionary engineer replied. "At first, no one had shoes. Now, some do."

Rationing healthcare. An ophthalmologist at the same hospital joined a team from Kenya which AMHF sponsored to conduct a cataract camp in South Sudan. A son brought his blind mother in a wheelbarrow. Unable to see, she had fallen and broken her leg. In agony from the fractured bone, she still wanted to go to the cataract camp first, because "who knows when there will be an eye surgeon here again." Matthew 11: *The blind shall see, and the lame shall walk.* And sometimes it shall be the same person.

A good deal. The same cataract camp. A widow brings her three young children. All three have cataracts. Maybe a family condition. Maybe it killed the father. All three have their cataracts removed. 3 kids X 2 eyes each X \$35 / eye = \$210. Of course, it does really cost more, but the Kenyans are working for free, and the missionary is working for free, and so these kids and 500 others get to see.

BYOF. My former colleagues in Malawi "shocked" a man's fibrillating heart back to life, and the patient along with it. The family thought he was dead and was preparing to make funeral arrangements. Now, instead, the resurrected had to be flown to South Africa urgently, Malawi having no advanced cardiac care. Night had fallen, the power was unreliable, and the airport had no fuel to run a generator for runway lights. The intrepid and affluent relatives brought their own fuel to the airport. The patient recovered.



Dr Jon Fielder

Dr. Fielder is President of AMHF, which he co-founded with friend Mark Gerson in 2010. Trained at Johns Hopkins, Jon began his missionary career as an HIV doctor in Kenya in 2002 and later worked in Malawi. He now lives with his family in Kenya, where he teaches and practices at Maua Methodist Hospital. He travels widely in East and Southern Africa. The Fielders raise their support to serve with AMHF in Africa.

Bigger problems. A richer African country, a more fertile region. I review a child with a knee contracture before he goes to theater for correction by a visiting orthopedic surgeon. There is concern about a heart problem. The child, perhaps 12 years, hops around on one leg, his absurdly thin frame an extended pogo stick. His emaciated mother looks on, knowing this window of opportunity is the only chance for the leg to be fixed. I tell the orthopedic surgeon: The heart is fine. But the child is starving. If you don't operate, he will never be able to work, and won't survive, so go ahead.

More about shoes. Same richer country, same more fertile region. An orphan lives with his grandmother. So poor is he, and so dirty his feet, that a severe case of athlete's foot takes hold. It is there that tetanus from the soil enters, as likely he never received a booster shot. Tetanus commandeers his muscles, forcing them to contract inexorably, mercilessly, for days on end. The interns—with little supervision—give massive doses of sedatives to calm the irritated muscles, despite the lack of a mechanical ventilator. By the time I meet him, he has recovered.

A simple fall, a lost arm. A young boy from the same region falls from a tree and breaks his arm. At the government health center, plaster is applied without anyone noticing that the bone has broken through the skin. Unattended, the arm becomes gangrenous under the cast. By the time the child reaches Maua Methodist Hospital, the infection has raced up the limb, threatening to jump the shoulder joint into the chest. Once doing so, the boy is lost. The 74-year-old Kenyan surgeon, one of the first ever trained, makes the drastic but necessary decision to remove the entire arm (disarticulation, in medical terms), saving the child's life. The surgeon had chosen to work in mission hospitals after his own son was lovingly cared for in a church facility following a road accident.

The limits of math. A young woman, hailing not far from these children, seeks care at a referral mission hospital after a man throws acid in her face. She has no money. The hospital operates anyway, four times. AMHF sponsors the next surgery, with Watsi, but still she "owes" the hospital \$4,000. So much for financial "sustainability."

"There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy." — Hamlet. Like heedless compassion, blind love, unbounded conviction, unflagging commitment. (Written by Jon Fielder)



Jonathan Mwiindi, MHA

Mr. Mwiindi is AMHF's Vice President for Programs. A native of Kenya, Jonathan has a background in pharmacy and extensive experience in African healthcare, having set up global health programs for the universities of Maryland and Texas. He oversees partners in Kenya, Uganda, and South Sudan and provides management consulting to mission hospitals. Jonathan raises his own support to serve with AMHF. He lives in Indiana with his wife and children.

We work in Africa because Africans bear a disproportionate burden of disease. The continent has 24% of the global disease burden but only 3% of the health workforce and 1% of health expenditure—despite being home to 15% of the planet's population. This great challenge is also a great opportunity to have an outsized impact on the health system.

1%

AMHF is an IRS-registered 501(c)3 tax-deductible public charity

Founded in 2010, we have partnered with 30 existing hospitals, clinics, and schools in 13 countries. Focus areas include infrastructure and equipment, medical education and training, hospital management consulting, and direct clinical care. In practical terms, these activities encompass procuring and installing x-ray equipment, renovating operating theaters, building houses for trainees and staff, sponsoring surgeries, offering health professions scholarships, and shipping medications and supplies. AMHF's senior leadership has over forty years' experience in African health. Our President and Vice-President raise their own support like the missionaries they serve, and a small group of donors covers all administrative fees so that 100% of other gifts go straight to the field.



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