

a n n u a l + r e p o r t



Adventist Health
INTERNATIONAL



president's report

looking back is always easier than looking forward. It is now increasingly clear that 2016 was a major transitional year for Adventist Health International. Our management structure has continued to mature and expand, with a widening network of volunteers working on AHI projects and systems both here at Loma Linda and worldwide. We are gradually bringing more structure to our processes, while seeking to maintain the flexibility and quick response time that has characterized our operations to date. It is this ability to promptly respond to crises and needs in the field that makes AHI so valuable to those on the front lines.

Success breeds success, and we are getting deluged with requests to become involved in more countries with more institutions that need help, either in stabilizing a struggling hospital, starting a new one, or growing one to the next level of service. We are sharing some of these new challenges with you in this Annual Report. What is so exciting is to see our young graduates from Loma Linda taking on some of the toughest places in the world and literally saying “Here am I, send me!”

It is you, our donors, who make all this possible. With the exception of the years where we had a “donor surge” due to the Haiti earthquake or Ebola crisis, this was our highest year ever for gifts to AHI. Each of these donations is received with gratitude, and I am deeply appreciative of the confidence so many express in their gifts to AHI and its work around the world. It is humbling, to say the least, to know that you are entrusting so much to our efforts to help in some of these neediest places. Both the gifts designated for specific projects and those that are undesignated for general use are treated with respect and care as we support a growing number of institutions and projects.

In closing, I also want to thank Lowell Cooper, who has served as our board chair for the last 15 years, a majority of the life of AHI! Lowell has retired from

his church position and as chair of the Loma Linda and AHI boards, and has earned the right to stay in the same time zone more often. He has been a huge help in maturing the AHI infrastructure with his vast experience in global issues as well as an acute sense of church politics and the ways of bureaucracies.

Thank you Lowell, for all you have meant to AHI and to me personally, as we have charted a new approach to strengthening our service to the world.

2017 already promises to be a banner year for AHI in new initiatives and support. Momentum continues to grow here at Loma Linda with increasing interest in global health work. Both the invaluable short-term volunteers and those committed to longer service are a key part of our strategy in many countries. Thank you again for those who hold us up in prayer, those who choose to serve, those who contribute, and those who help tell the stories that support this movement. You are each valued and appreciated.

Cordially,
RICHARD H. HART, MD, DRPH, PRESIDENT
ADVENTIST HEALTH INTERNATIONAL



w h a t i s a h i ?

WE are a multinational, nonprofit corporation with headquarters in Loma Linda, California.

WE provide coordination, consultation, management, and technical assistance to hospitals and health care services operated by the Seventh-day Adventist Church, primarily in developing countries.

WE believe that every health care institution must be firmly rooted in its community with concern for all aspects of development and will pursue policies and programs that accomplish this aim.

WE are committed to the education of local health care professionals and encourage the establishment and/or retention of professional training programs whenever appropriate.



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By Richard Hart

hailing from 42 countries, 320 participants graced our third Global Healthcare Conference on the campus of Loma Linda University Health, held on October 3–6, 2016.

Many of these individuals had come to Loma Linda, and even the United States, for the first time. They represent the approximately 75 Seventh-day Adventist hospitals, some with associated professional schools, from the Majority World (a term I prefer over “developing countries,” which increasingly seems pejorative). This is where more than half of this world’s 7.5 billion people live, and western diseases of affluence now compete there with long-term problems of malnutrition, infectious diseases, and poor sanitation.

I could not have been more proud of how the Loma Linda campus stepped up with pertinent lectures, fellowship and support for these colleagues with different languages, cultures and economic conditions. Organized by our Global Health Institute, working with our network of institutions in Adventist Health International and others, the conference focused on human resource issues and was titled “Recruiting, Engaging and Retaining the People You Need.”

By the responses of attendees, we could not have selected a more relevant topic. Their challenges are huge — some say overwhelming — as they seek to staff institutions in resource-depleted environments, with slim financial margins and often limited social amenities.

More than 300 participants from all across the globe travelled to Loma Linda, California, to attend the 2016 Global Healthcare Conference, sponsored by Loma Linda University Health and Adventist Health International.

Embedded in this conference was a smaller group called CAMEL, Consortium of Adventist Medical Education Leaders. These leaders included representatives from the six medical schools and five dental schools now operational within the Adventist Church. Organized by Dan Giang, vice president for graduate medical education at Loma Linda University Health, and Doyle Nick, School of Dentistry mission leader, this group looked at focused issues like reimbursement for teaching clinical faculty, research development and how to develop a culture of spiritual humility and ethics in new professionals. It was a highlight to have Wil Alexander and Lyn Behrens share with the group about Loma Linda's own journey, which has now brought us to the point where whole person care is a featured part of our culture.

The history of these hospitals in the Majority World is impressive. The Adventist Church, largely driven by Loma Linda University graduates, started an average of two new hospitals per year from 1900 to 1950. This has resulted in 25 hospitals in Africa, 14 in Inter-America, 11 in the Philippines, and 11 in India, among others. Some have been lost through the years, and others teeter on the edge of existence even today.

But others are coming back. For example, Bongo Hospital in southern Angola is now being rebuilt following an incredible story of destruction and rebirth after Angola's protracted civil war. And many other countries where we are not currently present need our brand of compassionate health care, including many in the 10/40 window of latitude, particularly across northern Africa.

It is appropriate to ask why we struggle so hard, against such huge odds, to help maintain these international institutions. An answer not to be overstated comes from the many mothers, children and families whose lives are saved and made better every day at these hospitals. These institutions also provide employment, train health professionals, and give visibility to the Adventist Church in many places around the world.

Attendees from Malawi pose with their country flag during the conference.

But one of the biggest impacts, in my mind, is on the other side of the equation — the impact on our faculty, staff and students. If we didn't take advantage of this incredible opportunity to live out our dreams of compassion and caring for others, we would be the less for it. These service opportunities shape the culture of Loma Linda, making it a better place. They provide classroom examples, laboratory projects and evening stories that mold and cement our values. Coupled with our many local opportunities for service, they provide the core of what we call mission-focused learning, truly a mantra for this university.

Our recognition of the value of this type of service is prompting an active discussion on campus about how to double the number of our students who travel abroad on mission trips each year. They now number around 400, nearly 10 percent of our student body. But we would like to double it to 800 students. This will require good mentoring and training sites, transportation, local food and housing, security, and so many other logistical issues. But the impact on young lives will ripple for years to come in the understanding and commitment to service these students will maintain during their own professional careers.

The dedicated professionals who work at these international hospitals are "community faculty" for Loma Linda University, guiding and mentoring both our professors and students as they face the real issues and challenges in the world of today.





n e w i n i t i a t i v e s

By Richard Hart

it is both exciting and somewhat intimidating to receive requests to start new hospitals in countries where we have little infrastructure. Yet, they keep asking. Let me share several of them with you and the plans that are already beginning.

p h n o m p e n h | c a m b o d i a

Sunjun Min and Anna Lee are engaged to be married in the summer of 2018. They are both second-year dental students at Loma Linda, and have already set their hearts on their life dreams. Their Korean-American and Christian backgrounds have given them a passion for service in difficult areas, and they have chosen the city of Phnom Penh, Cambodia. While they recognize the long road still ahead, they want to start planning and fundraising toward this goal.

Phnom Penh is a city of 3 million, 90 percent Buddhist, and serves as the capital of Cambodia. With a very dark past, Phnom Penh became the home of the Khmer Rouge during the Vietnam war, and retain memories of some of the most

gruesome atrocities of human behavior in modern times. It is now relatively peaceful, and offers an opportunity for engagement with Western health care. Sunjun and Anna have sensed that opening, and are making plans to bring modern dentistry to this country. AHI will start working with them to realize their dreams.

k i s a n g i | c o n g o

The northeast corner of the Congo, formerly known as Zaire, or, before that, Belgian Congo, has been one of the most politically unstable parts of Africa for years. Kisangani, sitting at the headwaters of the mighty Congo River among a confluence of tributaries, is an isolated city of more than 1.6 million people, who speak Swahili, Lingala, and French languages. Formerly called Stanleyville, the city has emerged as the third largest in the Congo, with a well-developed commercial hub on the Congo River, 1,300 miles from its outlet in the Atlantic.

Eddie and Carolina Perry both graduated from Loma Linda University School of Medicine, in 2012 and 2014, respectively. Eddie has completed, and Carolina is in

Anna Lee and Sunjun Min are planning to bring modern dentistry to Phnom Penh, Cambodia.

her third year of Family Medicine, where she is also specializing in tropical medicine. Working with the Congo Frontline Mission, they have secured land on the riverbank near Kisangani and dream of establishing a clinic and small hospital to serve the huge, unmet medical needs in that area. Over the past several years they have been working hard to pay off debts, purchase medical equipment and building supplies, learn to fly and get a lightweight boat for river transportation. In the process, they have visited Kisangani multiple times, and done all the other things necessary to make this project happen. AHI has established a fund for this project, which has raised more than \$100,000 to date, and shares their commitment to establishing the Kisangani Life Hope Center in Kisangani.

t i r g u m u r e s | r o m a n i a

Located in north central Romania in the beautiful rolling hills of the Transylvania plains, Tirgu Mures is a city of around 150,000 with a strong educational presence. Around 50 percent of the population are Romanian Orthodox in their religious beliefs. Nick and Valentina Dan, along with a group of supporters, developed a very successful lifestyle center on the outskirts of Tirgu Mures, called Herghelia, some 20 years ago. Now a group of Adventist businessman and devel-



Loma Linda University graduates Eddie and Carolina Perry are exploring health care work in Kisangani, Congo.



AHI personnel met with Adventist Church leaders in Bangladesh to discuss health care work in the country.

opers have launched a dream of building the first Adventist hospital in Romania. They recognize the rapidly developing nature of health care in the country, and believe that a cancer hospital would fill a huge need and be financially sustainable.

Land has been donated along the riverbank on the outskirts of Tirgu Mures, and plans are being laid for developing a financial plan, fundraising and personnel development. While it is a very long road ahead, the potential and passion is real. This could be a growing center of influence in this rapidly developing country, seeking to improve its health care services.

b a n g l a d e s h

One of the most densely crowded countries in the world, Bangladesh has around 170 million, half the entire USA population, in a country the size of the state of North Carolina. While a majority are Muslim, there are significant Hindu and a smaller Christian population as well. It is in this context that we have been asked to assist the Adventist church to strengthen a fledgling School of Nursing and establish a health facility. A clinic and eventually hospital is needed to provide critical clinical care to the population and a training site for the nursing students.

Initial pledges of \$250,000 have been made toward this project and AHI is exploring both the people and funding requirements to make this happen. It would be a huge blessing to develop a small oasis of Christian compassion and caring in this country and we look forward to assisting in this project.

a new medical
school in africa



africa has seen a tremendous amount of growth, now approaching 1 billion people. With one of the fastest growth rates in the world, Africa is in desperate need for health care professionals. Life expectancy at birth is hovering around 55 years in many countries. While urbanization is marching forward, millions are still living in the vast rural areas, scratching out a subsistence with methods that were old a thousand years ago.

The Adventist University of Central Africa (AUCA) was established in western Rwanda in 1978 to serve French-speaking Africa. The university has recently moved to a beautiful, 50-acre site just outside of the capital city of Kigali. With new buildings and a bustling economy in Rwanda, AUCA is committed to developing a Division of Health Sciences that will serve the regional needs of Central Africa. They have reestablished their School of Nursing based at Mugonero

Hospital, training students at the Bachelors of Science in Nursing (BSN) level. They are now developing plans for a School of Medicine and are assembling partners to assist in this bold venture.

Loma Linda University Health (LLUH) and Adventist Health International have spent considerable effort and time discussing the future of health care in Africa with leaders throughout the continent. We believe now is the time.

With a solid record of establishing five medical schools around the world, LLUH is already establishing a solid foundation to help develop faculty for a new institution in Rwanda.

Through the Malamulo Field Station, based in Malawi, and the Pan African Academy of Christian Surgeons (PAACS), LLUH has contributed to the devel-

Adventist University of Central Africa (AUCA) in Rwanda has a modern campus and is now ready to welcome a new medical school.

opment of faculty expertise in the challenges of working in resource-limited environments, requiring innovative solutions to provide quality education.

Additionally, PAACS, a project of the Christian Medical and Dental Society, has a bold aim to train 100 Christian surgeons in Africa by 2020 through a network of participating Christian hospitals. With 10 institutions now on board, PAACS is on target to reach their goal with remarkable success in keeping these committed young professionals serving in their sponsoring institutions across the continent.

Using inter-professional education and distance education will also greatly improve our ability to educate faculty in Rwanda. Our approach to inter-professional education places a variety of health professional students together for selected experiences in the classroom and clinical settings, learning their respective skills and boundaries. It enables new professionals to relate more effectively to each other after graduation and allows each professional to work to their full potential. It requires unique and dedicated mentoring with the goal of mutual respect and collaboration.

Similarly, distance education will play a vital role at AUCA. Medical education can overwhelm most faculties with the breadth of topics to be covered. Utilizing distance education via the Internet can extend the knowledge of the faculty. Additionally, becoming comfortable with this technology prepares graduates for life-long learning with skills that can be used in their professional lives as telemedicine becomes increasingly available across the vast landscape of Africa.

Rwanda is now one of the fastest-developing countries in Africa, with a focused government intent on establishing itself as a modern nation in all respects. In recent conversations with both the ministers of health and education, it is clear the government will be supportive of this endeavor by AUCA, providing a range of assistance. They have offered to sponsor 50 percent of the medical students enrolled in the proposed School of Medicine as well as provide clinical teaching sites at provincial hospitals. They also recognize the need

for this endeavor to be multinational, providing educational opportunities for students from other countries.

Fundraising efforts are already under way at AUCA, with promising results. AUCA plans to follow the British six-year model of medical education, accepting students after high school graduation. While this may delay for several years the need for students' traditional clinical rotations, current thought suggests learning occurs best when the students are exposed early in their education to real clinical issues and practices.

There are still major hurdles for this noble venture to overcome. At the present time, AUCA does not have its own teaching hospital. It will be essential to develop an AUCA teaching hospital in sufficient proximity to the main campus to allow easy exposure for clinical experiences. These clinical rotations under qualified mentors are the most essential part in developing quality professionals. Several ideas have been offered. No matter how the health care work in Rwanda progresses, Adventist Health International stands ready to assist.



Construction has already begun on many of the AUCA support structures.



a h i — n e a r i n g 2 0 y e a r s

By Lowell Cooper

it has been a privilege to be associated with Adventist Health

International (AHI) for the past 15 years during which AHI has achieved a positive impact on many mission hospitals as well as on many medical students. Established in 1997, AHI aspired to partner with Adventist mission hospitals, especially those facing economic and infrastructure challenges, to ensure a thriving ministry of health care modeled upon the ministry of Jesus Christ.

AHI adopted some bold objectives, including:

- ♦ Recovery of economic health in struggling mission hospitals
- ♦ Enhancement of governance and leadership capacity (i.e. effective institutional boards)

- ♦ Strategic assessment of mission hospital opportunities in the national health care environment
- ♦ Assistance in capital resource development
- ♦ Facilitating a sense of linkage among medical professionals serving in mission hospitals
- ♦ Fostering a resurgent interest in mission hospital health care careers for medical students

As expected, the challenges for AHI were daunting. Most of its activities depended on volunteers. It had no established source of financial revenue—a donor base had to be developed over time. AHI itself had the minimum of infrastructure. There were no tried and true organizational models to imitate for an undertaking of this

From left, Thomas Lemon, current AHI Board of Trustees chair; Richard Hart, AHI president; and Lowell Cooper, former AHI Board of Trustees chair.

kind. AHI's close association with Loma Linda University and Loma Linda University Medical Center (now jointly operating as Loma Linda University Health) provided access to the health care ministry, intellectual capital and the volunteer mentality of the 13,000+ employees at Loma Linda and its alumni.

There were painful lessons to learn. However, as AHI anticipates its 20th year of operation there have also been notable accomplishments:

- ✦ AHI has some form of partnership or consultancy with more than 30 hospitals in more than 20 countries.
- ✦ Numerous mission hospitals facing very threatening circumstances have been placed on a sustainable footing. Hospitals in Ethiopia, Guyana, Tchad, Curacao, Haiti, and Malawi come immediately to mind. You can see stories of these and other mission hospitals at ahiglobal.org.
- ✦ AHI, in cooperation with the General Conference Health Ministries Department and the Loma Linda University Global Health Institute, has convened both regional and global health care conferences attended by large numbers of mission hospital personnel.
- ✦ A stable and committed donor base has been established. AHI is grateful to each contributor who has enabled its work. There is room and need for expanding this base.
- ✦ More and more highly qualified professionals are finding opportunities for volunteer service in hospitals that are partnered with AHI.
- ✦ Students at LLU have a heightened interest in mission service—and an irrepressible enthusiasm for service when they return to the homeland. I find this the most fascinating and perhaps most significant long-term impact of AHI.

I am convinced that AHI is needed, for many reasons, as an agency that stimulates, supports and strengthens Adventist health care ministry worldwide.

Sincerely,

LOWELL C. COOPER, MPH

FORMER BOARD OF TRUSTEES CHAIR, AHI



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c h a n g i n g l i v e s



Contributions to AHI

January 1 to December 31, 2016

Global Fund	\$616,963
Congo	53,543
Guyana	29,000
Haiti	26,794
Honduras	36,890
Liberia	83,967
Madagascar	655
Malawi	383,089
Nigeria	16,000
Rwanda	8,900
Sierra Leone	215,535
Tchad	199,324
Trinidad	2,276
Zambia	138,084
Zimbabwe	500

Total **\$1,811,520**



Sierra Leone

Liberia

Ghana

Nigeria

Cameroon

Tchad

Ethiopia

Rwanda

Zambia

Malawi

Madagascar

Botswana

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Nepal



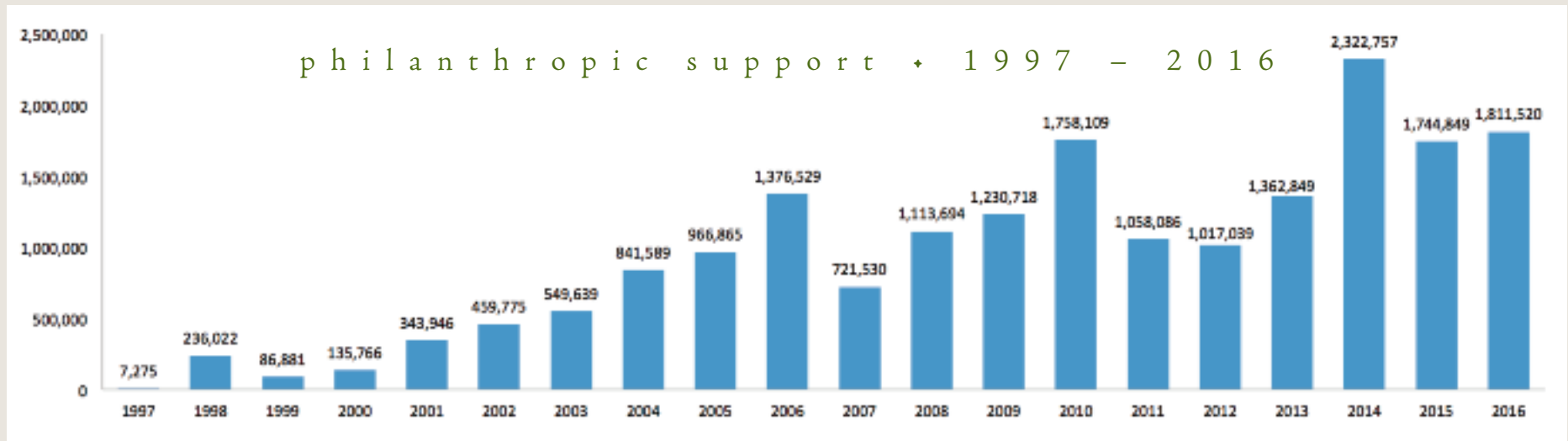
helping ahi deliver its mission

by Albin Grohar

donors to AHI made 2016 a strong philanthropic year. Except for years in which AHI had to respond to global crises (the Haiti earthquake or Ebola outbreak), 2016 was a record philanthropic year for this organization. Individual and organizational donors have always enabled AHI to define and fulfill its mission—to capacity-build overseas church hospitals and clinics—over the organization’s 20-year

history. Adventist Health International donors did so again in 2016, contributing more than \$1.8 million to move this work forward.

Our hearts are softened with gratitude to each of our contributors. We are humbled by each of the gifts we receive. AHI would not, could not, exist without this philanthropic support.



Some brief facts about our donors' gifts:

- 2016 saw a 32 percent increase in the number of gifts, and a 35 percent rise in the number of donors, compared to 2015.
- Thirty-four percent of gifts made were unrestricted. As our donors know, these undesignated gifts allow AHI to meet needs flexibly as they may arise around the globe.
- Contributors also designated gifts to 15 different hospital projects around the world, in Africa, South and Central America, and the Caribbean.
- Donors made a wide spectrum of gifts, from \$3 to \$145,000. Each of the 1,109 gifts made matters for AHI to deliver on its mission to assist overseas hospitals and clinics. This network of entities serves more than 1

million patients annually.

- Across its 20-year history, AHI donors have contributed more than \$19 million to the organization. These contributions brought AHI into existence and sustain its ability to strengthen the health care entities around the world.

As requests from around the globe for AHI assistance continue to multiply, the significance of donors' financial gifts takes on added weight.

We live in an uncertain political climate in which some policy-makers seem less inclined to invest in healing social ills. Our donors' financial contributions thus become much more foundational to AHI's work. To each of our contributors, again, thank you many times over, for your past and future gifts.

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supporting partners

Our work is made possible *only* through the generous support of individuals, organizations, churches and corporations. We deeply appreciate you and thank you for your continued support.

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AHI personnel work to fix the CT scanner at La Loma Luz hospital in Belize.

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 Nancy Hoyt Lecourt
 Ms. Grace Lee
 Hobart Lee, MD
 Mr. Jed Daniel Lee



OB/Gyn resident Malcolm Hardy makes new friends during his time at Malamulo Adventist Hospital, Malawi.

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 Mr. Larry Lee
 Mr. Shaun Lemnah
 Elder Thomas Lemon
 Dr. Mark Lepore
 Ms. Mary E. Lester
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New construction at Community Hospital in Trinidad.

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financial report

2016 financial statement

Statements of financial position

	(unaudited) 12.31.16	(restated) 12.31.15
Assets:		
Cash and cash equivalents	\$ 2,786,943	\$ 2,790,852
Other receivables	102,475	96,514
Other current assets	5,632	5,087
Other assets	5,061	0
Total assets	\$ 2,900,111	\$ 2,892,454
Liabilities and net assets:		
Accounts payable	\$ 65,047	\$ 104,382
Total liabilities	65,047	104,382
Net assets:		
Unrestricted	313,743	267,139
Unrestricted, board-designated	228,784	219,866
Temporarily restricted	2,147,599	2,159,471
Permanently restricted	144,938	141,596
Total liabilities and net assets	\$ 2,900,111	\$ 2,892,454



Statements of activities

For the years ended December 31, 2016 and 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	2016 Total	2015 Total
Support and revenue:					
Contributions	\$ 559,363	\$ 1,194,386	\$ 0	\$ 1,753,749	\$ 1,772,839
Interest income	87,465	5,687	3,342	96,493	101,281
Other income	0	7,431	0	7,431	44,346
Total support and revenue	646,828	1,207,503	3,342	1,857,673	1,918,466
Expenses:					
International programs	0	1,434,849	0	1,434,849	1,226,014
General and administrative	358,183	0	0	358,183	234,206
Fundraising	17,649	0	0	17,649	6,465
Total expenses	375,832	1,434,849	0	1,810,681	1,466,684
Net transfers	(215,474)	215,474	0	0	0
Change in net assets	55,522	(11,872)	3,342	46,992	451,782
Beginning net assets	487,005	2,159,471	141,596	2,788,072	2,336,290
Ending net assets	\$ 542,527	\$ 2,147,599	\$ 144,938	\$ 2,835,064	\$ 2,788,072

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*Occasionally, conditions in the
field may alter program goals
or activities. If this occurs,
AHI will redirect funds to
similar projects.*



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