

Annual Report

2020



Adventist Health

INTERNATIONAL





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2020 Annual Report

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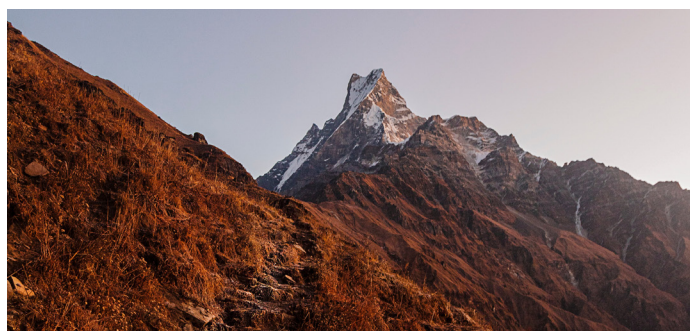
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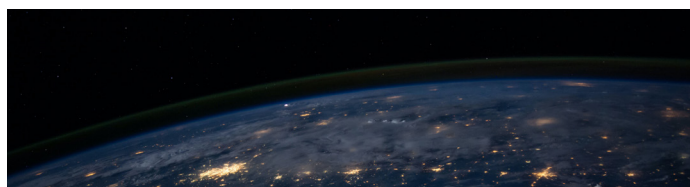


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About the Cover

Jennifer Cruz-Bracero is a Loma Linda University Health pediatric resident who completed a rotation at Malamulo Adventist Hospital in Malawi.

Annual Report design and layout by Joanna Stephan

From the President

A letter from Dr. Richard Hart

At the time of our last Annual Report, in the summer of 2020, we were looking at the front end of a pandemic that we expected to be over in a few months. As the year progressed and signs became more ominous, our thoughts naturally turned to our many global partners facing this crisis within the constraints of their individual countries. At first it seemed that somehow the limited health care systems in many developing countries might be spared the full onslaught of the virus. But gradually it moved around the world and caught everyone in its grip.

As we pivoted AHI from “routine” development and support activities to full crisis management mode, we recognized the enormity of our challenge. With many rumors complicating everything — Was the pandemic real? What “medicines” can treat it best? — we quickly mobilized both funds and people to assist in our various hospitals and clinics. Some countries, even today, deny that the virus even exists, or believe it is a man contrived threat from outside, while others have instituted control measures more effective than some used within the United States itself.

By mid-year we were distributing a financial relief package of \$500,000 to keep our hospitals afloat. Many of them survive month-to-month on patient revenue, which was meager because patients feared the hospital for even routine care. Our first tranche of funding kept many of our hospitals afloat and protected their employees during those lean months. We eventually subsidized some places even more as they struggled to meet payroll and buy supplies. For reasons that are still not completely clear, many of our rural hospitals in Africa were saved from the worst of the pandemic, perhaps due to infections in the past that built resistance over the years.

I am relieved to say that now the COVID-19 patient numbers have subsided in many countries, and life is gradually returning to normal, even without widespread vaccinations. Will another surge come? We simply do not know, and are keeping PPE supplies at the ready. We have also provided a series of global zoom conferences on handling the various aspects of prevention, treatment,

and vaccinations for our professional staff from around the world. These efforts have been deeply appreciated, perhaps more so because they close the gap and help each individual feel connected to others with more experience.

It is during crises like these that one truly realizes the value of being part of a system, a network that can help each other and build on the strengths of collaboration. AHI, with its Loma Linda backup, has provided that security and support, helping each hospital and person stay safe and able to serve others.

None of this would have been possible without the solid support of our donors. We have had our greatest year ever for donations, which is deeply appreciated. It is because of you that lives were saved and hospitals remained open. Thank you for being there during this critical time in our world's history.

Cordially,

Richard H. Hart, MD, DrPH
President, Adventist Health International



» Malamulo, MALAWI

First PAACS Graduation at Malamulo Adventist Hospital

In December 2020, Malamulo Adventist Hospital (MAH) celebrated the facility's first surgery residency program graduates.

Two graduates, Dr. Lijalem Taye Garba of Ethiopia and Dr. Constance Ndum of Cameroon, were honored during the ceremony, which marked the latest step for Loma Linda University Health and its parent Seventh-day Adventist Church to develop advanced healthcare in the region.

An estimated 93% of sub-Saharan Africa does not have access to safe surgical and anesthesia care that is timely and affordable, according to the Pan-African Academy of Christian Surgeons (PAACS). In many regions there is one surgeon for a population of 250,000, while in other areas, there may be only one surgeon for a population of 2.5 million people. Worldwide, the deaths due to lack of access to safe surgery are three-times more than deaths from malaria, TB, and HIV combined.

"Our surgery residency program at MAH is a strategic response to the dire need for surgeons in Africa," said Richard H. Hart, MD, DrPH, president of AHL. "Loma Linda University Health has partnered with PAACS to provide academic oversight and accreditation to the entire organization and its surgical residencies at 10 Christian hospitals across Africa. MAH is the only Seventh-day Adventist hospital hosting a PAACS training program and it is the first Global Campus of Loma Linda University Health."

PAACS is a non-denominational, multinational organization training medical graduates to become surgeons who are committed to remain in Africa. These graduates are certified by the College of Surgeons of East, Central, and Southern Africa (COSECSA). Each mission hospital discipled these residents to share the love and gospel of Jesus Christ with their patients under the direction of experienced, board-certified missionary and African surgeons. The goal is to train compassionate, Christ-centered surgeons for Africa. There have already been 107 PAACS graduates, with 100 residents now in training across the continent.

MAH's surgery program was launched a decade ago by Ryan Hayton, MD, FACS, FCS (ECSA), who moved his family to

Malamulo in 2010 to serve as a missionary. Hayton and a distinguished PAACS graduate, Arega Fekadu, FCS (ECSA), worked to establish a five-year plan to position MAH as Malawi's top surgical specialty hospital and a certified PAACS training site. The hospital began training its first PAACS residents in August of 2014.



"There have been many ups and downs, and some of our enrolled surgery residents did not complete their journey," Hayton said during the December 13, 2020 ceremony. "But we have found success, and today we will graduate two competent, compassionate, Christ-like, certified surgeons, Dr. Constance and Dr. Lijalem. We are very proud of them as excellent Christian surgeons."

"The goal is to train compassionate, Christ-centered surgeons for Africa."

"The PAACS program at MAH continues to grow, and six surgery residents are in training with two more to begin in January," he said.

Before starting the surgery program, MAH performed 850 surgeries a year in 2013. "The hospital's operating theatre has grown and the team now completes more than 3,000 surgeries each year," said Hayton, who attributes the growth in part to the efforts of Dr. Moses Kasumba, who currently serves as MAH's head of surgery and PAACS program director. ■

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Contributed by DonaJayne Potts, MBA



Constance Ndum, MD



Lijalem Taye Garba, MD

Malamulo, Malawi

Faith Banda* was 34 years old when she became pregnant with her second child. When her labor began, she went to the small, rural clinic in her village in Malawi. Her blood pressure was found to be elevated, and she was referred to a larger hospital where she received one antihypertensive drug, and subsequently delivered a baby girl.

Four weeks after the birth, she became severely short of breath and unable to walk or lay down. When the symptoms began, she went to another clinic and was given an oral diuretic. However, as her symptoms continued to worsen, she was prompted to come to Malamulo Adventist Hospital (MAH).

Upon arrival at MAH, she was visibly struggling to breathe and anxiously worrying about her newborn whom she had left at home. The overnight clinician on call quickly recognized the signs of heart failure and gave her a high dose of intravenous diuretic. Dr. Timothy Gobble, an internal medicine specialist who has served at MAH since 2016, saw her a few hours later. A quick ultrasound scan of her chest and abdomen revealed

dilated cardiac chambers with ventricles that were not squeezing adequately. In addition, he saw signs that fluid had accumulated in and around her lungs.

While it is not exactly clear what triggered her heart failure, the medical literature indicates that such patients need a set of medications that will block specific neurohormonal axes that directly and indirectly affect the heart's function. To give Faith's heart the best chance to recover as much as possible, she needed to take a specific set of drugs, each of which needed to be dosed and titrated correctly.

Over 75,000 patients come to MAH each year. An increasing portion of these patients suffer from severe non-communicable diseases. Unfortunately for most patients like Faith, they frequently receive only a fraction of the drugs they need, and what they do get is often under-dosed. This is because many drugs are expensive or unavailable and most providers have not been adequately trained. The lack of access to basic laboratory and echocardiographic imaging compounds the problems. This



Precious Ndalama is the main provider at Malamulo's Heart Clinic. He is a Malawian clinical officer who studied and trained under Dr. Timothy Gobble.

is of great consequence because when modern medical therapies are used correctly, they dramatically improve the length and quality of life for patients.

In February 2019, Dr. Gobble started a regular referral clinic at MAH specifically for heart failure patients, after seeing the needs of so many patients just like Faith. Some are elderly with longstanding hypertension, chronic lung disease, or schistosomiasis. Some are young children with rheumatic heart disease. Many, like Faith, have their own young children to care for, and do not have time to be sick, bouncing from clinic to clinic. The Heart Clinic provides all patients with access to a provider with adequate expertise, basic echocardiographic imaging, and appropriate medical therapy.

Faith regularly returns to the Heart Clinic to receive a quick exam and get her drugs refilled and titrated. She's been unable to breastfeed, but her baby girl is growing and developing well. However, to maintain this level of access to care for these patients, the services must be provided as inexpensively as possible. For the people of rural Malawi, a hospital bill of even a few dollars can be an insurmountable obstacle. Because of this, MAH developed a special fund with AHI to help these patients. Carvedilol is an essential drug for heart conditions like Faith's. It is not widely available to patients in Malawi who often only have access to much older and less effective drugs. Donated funds provide this drug free of charge to patients at the Heart Clinic. ■

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Contributed by Timothy Gobble, MD
and Wilson Thomas, MD

*Pseudonym

Lilongwe, Malawi

In 1983, Adventist Health Centre Lilongwe (AHCL) was launched as a dental clinic to serve in Malawi's capital city. In 1988, medical outpatient services were initiated. A warehouse building on the same campus was modified to create space for a medical clinic with six double inpatient rooms, a medical lab, and potential space for an operating theatre. Twenty-four hour services were initiated in 2012, and the strategic plan was formulated to recruit a surgeon to expand the institution's capabilities. In May of 2015, Greg and Kathy Saunders (general surgeon and dietitian with prior Africa experience) joined the staff of AHCL.

Launching surgical services from zero proved somewhat challenging. The space that had been allocated for the "operating theatre" had several shortcomings: too small, not well located for infection control, and already being used as the pharmacy store (with no satisfactory option for relocating). The logical option was to develop plans for a new wing in the north side of the existing facility to provide space for an operating room suite, maternity unit, 3-bed ICU, and two private rooms.



An architect, Mr. Ismail Patel, was engaged and drawings were developed and approved through the appropriate government agencies. Fundraising was embarked on through several channels, including efforts by Greg's mother, Aileen Saunders. When she married Ray Mayor in 2016 (both of them having been widowed a number of years) they requested well-wishers to contribute to the building fund for the Lilongwe surgery expansion in lieu of wedding presents. A loan from the AHI Development Fund, and a grant from the regional church headquarters in South Africa also assisted in reaching sufficient financial support.

A groundbreaking ceremony was held in November 2016, and the first phase of construction was launched, which was the operating room complex. Dr. Diosdado Largosa, the institution's business manager (and also an engineer) supervised the construction, coordinating with an AHI oversight team. Essential equipment such as lights, operating tables, anesthesia machines, an autoclave and many useful instruments and supplies were sourced by AHI. These arrived as Phase 1 was completed by the end of 2017.

As funding became available for Phase 2, construction again moved forward. With some delays for completion of the cabinet work, and assorted detailed requirements for accreditation, the completed building was ready for use by early 2019. The Grand Opening occurred in March 2020, attended by representatives from the Ministry of Health, Medical Council of Malawi, Nursing Council of Malawi, several health-insurance companies, and leadership of the church administration and sister institutions, as well as local dignitaries. The event was well-attended and publicized throughout the country. At the same time, approval was obtained to rename the institution Lilongwe Adventist Hospital, to better reflect its capabilities. ■

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Contributed by Greg Saunders, MD



Bere, Chad



Since 2010, Doctors Olen and Danae Netteburg have worked at Bere Adventist Hospital, one of AHI's partner sites in Chad. In the summer of 2020, the family took a seven-month break to hike the Appalachian Trail with their four children. Their youngest, 4-year-old daughter Juniper, is believed to be the youngest to complete the iconic 2,193-mile hike from Georgia to Maine.

Mother Danae says Juniper — whose trail name is “Beast” — completed the entire hike on her own two feet. Her trail name rang true during a steep-hilly homestretch. Juniper sat down at the base of one of the hills and began to cry. She wouldn't tell her parents why until finally she said, “Mommy is carrying my backpack, but I want



to carry it!” She took the backpack and sprinted to the top.

The Netteburgs say Juniper would often be waiting for the rest of the family to catch up—sitting patiently on a rock or fallen tree. ■

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Contributed by Donajayne Potts, MBA

Kanye, Botswana

Kanye Adventist Hospital is a mission hospital wholly owned by the Seventh-day Adventist Church, yet it functions as part of the public health system of the country of Botswana. Having the same status as a district hospital in the country, it is a referral center for lower tier institutions and also refers on to tertiary hospitals when necessary.

The hospital's participation in the fight against COVID-19 was initially at an institutional level with routine screening of staff and patients, diagnoses of cases at the hospital, and stabilization and temporary isolation of patients until they were transported to designated isolation facilities and treatment hospitals. This was done by converting one of the wards into a temporary isolation unit, along with the necessary training of staff in the various functions needed for the hospital to meet the pandemic: infection control, screening, education, specimen handling, etc.

However, as the number of cases increased in the village of Kanye, the hospital assisted in the broader public health, community based response to



the pandemic. The hospital was assigned management of the outbreak in the “catchment area” around its region. Teams from the hospital were mobilized to carry out the following essential functions in the community:

- » Contact tracing.
- » Risk assessment.
- » Monitoring of home isolated patients.
- » Transport.
- » Psychosocial support.

In addition to the homes in the vicinity of the hospital (the council ward), the hospital has care of two primary schools, one day care center, and three preschools. The operations of the various team members include the following:

- » Identification of close contacts of index cases through contact tracing.
- » Evaluation of home conditions for appropriateness of isolation.
- » Daily monitoring of all home isolated positive cases, including swabbing for COVID-19 at relevant intervals.
- » Transport of patients to the hospital's temporary isolation facility if needed. ■

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Contributed by Brendan Tombs, MD



“.....but to minister”

Kendu Bay, Kenya



Kendu Adventist Hospital (KAH) is located in Kendu Bay, part of the Western region of Kenya. KAH has 170 licensed beds and several outpatient departments. For years, the hospital wards were unable to provide sufficient privacy due to lack of resources. Curtains were needed to create separation between the patient beds.

With the support of a private donor and the Loma Linda University Medical Auxiliary, AHI provided funds to purchase and install curtains and railing in all the wards. Additional support purchased supplies to add fresh paint throughout the hospital. Feedback from the community has been overwhelmingly positive, with patients appreciating the privacy and separation between patients, especially during the COVID-19 pandemic. ■

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Contributed by Emily Ndlela, MBA, CPA

Maputo, Mozambique

Within Seventh-day Adventist circles, there is a recurring discussion to expand the Adventist work, and therefore Christianity, to populations that are still largely “unentered.” Mozambique is one of these places where our Church does not have a healthcare presence. AHI and the Mozambique Union are collaborating together to change this. Plans have been made to establish a small polyclinic on the first floor of a building owned by the

Church in the city of Maputo. With potential for growth, renovations are underway with the objective to begin offering primary care and dental services at Maputo within the next year, provided that the COVID-19 surges have ended.



Establishing this healthcare presence in the former Portuguese colony shows the Father's compassion through healthcare. ■

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Contributed by Albin H. Grohar, PhD

Kendu Adventist Hospital is First SDA Laboratory in Africa to be ISO Certified

In April 2020, Kendu Adventist Hospital became the first Seventh-day Adventist laboratory in Africa to receive accreditation by the International Organization for Standardization (ISO) as a certified Medical Testing Laboratory.

With the help of AHI's clinical lab specialist volunteers, Eric Aldovino and Ben Siapco, MS, the dedicated hospital staff were able to attain this significant milestone.

“This achievement is important to the history of all the Seventh-day Adventist hospitals and clinics scattered throughout Africa.”





The new Community Resiliency Model (CRM) building

The year 2020 was a challenging but productive one for Waterloo Adventist Hospital. Early in the year, the hospital set out to complete long needed renovations. Previously, it was difficult to roll a wheelchair down the hall as the tiles were uneven. Not only did the project improve the floor, there was also all new electrical wiring, a new roof, and a fresh coat of paint. The areas included in the project were the male ward, the accounts offices, staff offices, and the operating theatre. The physical therapy department also had toilets installed so the disabled patients didn't have to move to other buildings to use the facilities.

In the capital city of Freetown, the hospital started transforming a building into a dental clinic and doctor's quarters. Dr. Jeff Bartley, a dentist from the United States, lived in Sierra Leone for several months to help make the major decisions for the design, layout, and outfitting of the space.

The Community Resiliency Model (CRM) team, supported by Loma Linda University School of Behavioral Health, built an office building on the hospital compound to help coordinate their frequent outreach and training exercises in the surrounding communities. They completed several projects and trained almost 100 students, teachers, and

parents in resiliency techniques. When coronavirus struck, the hospital collaborated with Sierra Leone's National COVID-19 Emergency Response Centre (NACOVERC). The entire hospital was devoted to the effort for several months as the hospital closed services to the general public. The government saw the needs of the hospital and provided a transformer dedicated to the hospital compound which will provide a more stable and constant electricity supply. The CRM building was temporarily used as a one room clinic/ward while the main hospital focused on COVID-19.

Two new departments had their beginnings in 2020. Firstly, a U.S.-educated ultrasound tech was able to train one of the Community Health Officers (CHO), Momoh James Koroma, in the use of the ultrasound machine. The Christian Health Association of Sierra Leone donated a new ultrasound machine and the radiology department was opened with routine and emergency ultrasound being offered to the community. Secondly, with Sierra Leone's maternal mortality rates being one of the highest in the world, plans were completed and the foundation of a new maternity ward was laid.

In 2020, AHI funds purchased a new anesthesia machine for the operating room. One patient came to the hospital

when their small intestine was literally hanging out of the abdomen for several weeks. After multiple operations and the tireless efforts of the operating theatre staff, the patient's life was saved. This would have been impossible without the anesthesia machine.

Throughout 2020, we saw God's providence and protection at our hospital in Sierra Leone. The Lord both protected our staff from the pandemic and allowed us to start the groundwork in several areas that will develop the hospital for years to come. ■

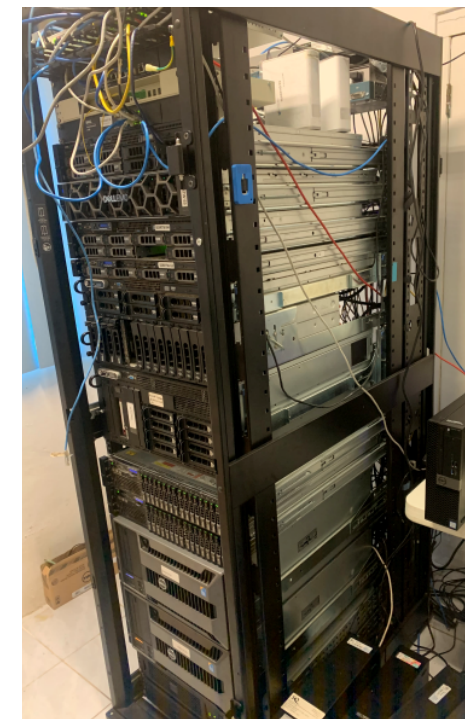
Contributed by Juana Kabba, MD

Watch Waterloo Adventist Hospital's Music Video

To watch this video, visit ghi.llu.edu/waterloo

PACS Update

In January 2020, Antillean Adventist Hospital (AAH) in Curacao completed the installation and upgrading of their digital x-ray Picture Archival and Communication System (PACS), a project which initially began in 2016. Through several discovery meetings, a list of requirements and a timeline based upon the installation of a new Electronic Medical Record (EMR) system were created. As the project progressed, however, it became clear that the implementation of a new EMR would delay the progression of the PACS for an unacceptable amount of time.



It was decided that the PACS would need to be able to function on its own for management of patient medical record numbers, scheduling, and report distribution. Additionally, it would need to capture hazards and allergies, scan insurance information, run sheets and questionnaires, track room productivity, and complete other tasks which are usually done in an EMR.

Fortunately, the system that was selected could operate as a stand alone without an EMR. A system is only as good as the people involved in deploying, using, and supporting it, and in this we were blessed with a true partnership between the radiologists, technical and support staff, hospital administration, and vendor.

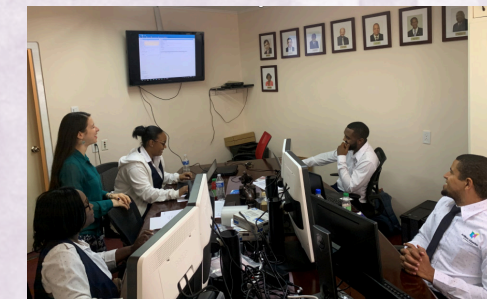
From a technological perspective, we invested in a new server, software, and reading station computers for the radiologists. There was a good server room with climate control and power, but the network outside of that and between facilities needed some work. The on-site staff set up both internal connections to the modalities as well as an external presence to the internet for the system referring physicians. This project could not have been successful without their efforts.

The team at AAH were "All-In." From the front desk clerical staff doing check-in and scheduling, to the technologists testing patients, to the transcriptionist who transitioned from cassette tapes to computer dictation — the acceptance of the PACS system was amazing. Through partnership and planning, the installation and Go Live occurred in a short two-week period.

With new system capabilities there are several follow-up needs, including educating referring clinicians on the new access capabilities, training an on-site PACS support staff, and migrating the legacy reports and images to the new system for safeguarding important patient information. When a new EMR is eventually employed at AAH, a full PACS to EMR integration will need to be completed.

"The PACS system had a positive impact on AAH because of what it brought to the table with the Web interface and database," reports Cenaida Pannefle, CEO at AAH. "Now doctors and patients can see their results online." ■

Contributed by Mike Haman



Behind the Scenes

A Picture Archival and Communication System (PACS) electronically stores x-ray images and reports. The system will obtain patient demographics and orders from an Electronic Medical Record (EMR) system and subsequently send results back to the EMR for storage and distribution. Over the past several years, Mike Haman, director of imaging informatics at Loma Linda University Health, has worked with AHI to implement PACS systems in several of its hospitals, including Haiti Adventist Hospital in Haiti and Malamulo Adventist Hospital in Malawi.

Valle de Ángeles, Honduras

Hospital Adventista Valle de Ángeles, also known as HAVA or the Adventist Hospital in the Valley of the Angels, is a 50-bed hospital located at 5,000-foot altitude and a 45 minute drive from the country's capital of Tegucigalpa. About 15 years ago, HAVA was in severe straights financially. Due to its rural location, it only had 2-3 patients, and significant debts to the Church, the country's tax collecting entity, and employees' retirement funds.



focused, and visionary. Reynaldo Canales, the hospital's administrator, leads this team in collaboration with an active Board. This progress illustrates how thoughtful evaluation, perseverance, and innovative ideas can help an institution thrive. Particular appreciation is expressed to Joel (MD) and Jennifer (DNP) Mundall who have served there for more than a decade. ■

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Contributed by Albin H. Grohar, PhD

HAVA's turnaround has been exemplary in many ways. It is paying consistently on its Church debts, has an 80% census that combines acute and long-term care patients, and has had a positive operating statement for more than five years. In addition, it is developing an income generating satellite clinic in Tegucigalpa.

Much of HAVA's turnaround is the result of the hospital's administrative team that has been mission-driven, financially

Carrefour, Haiti



January 12, 2010 at 4:53 pm. Every person in Haiti over about 13 years of age remembers exactly where they were at that moment. Almost all have friends and family who perished in the earthquake disaster that took the lives of more than 200,000. Unfortunately, it sometimes takes a tragedy to remind us about what is most important in life. This is true for many of us on a personal level, but it was also true for Hôpital Adventiste d'Haiti (HAH). Prior to the earthquake, this mission hospital was suffering from financial issues, a declining reputation, and no ability to care for poor people.

The last decade has brought unprecedented donations and expertise to HAH. The aftermath of the earthquake allowed an outpouring of services for those with no means to pay.



10-year earthquake commemoration event on January 12, 2020

Now 10 years later, this still remains a priority. In addition, HAH has provided services never before possible in Haiti and is now the most advanced center for orthopedics in the country. The laboratory, imaging center, emergency room and operating room are also offering some of the best services in the country. We thank our staff for their compassion and their devotion. We thank our volunteers and donors for all that they have made possible. And most of all we can be thankful for God's rich blessings on this hospital. As we enter the next decade, there are even greater blessings in store as long as we can continue to do our part. ■

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Contributed by Scott Nelson, MD

Willemstad, Curacao

Antillean Adventist Hospital (AAH) is a medium-sized hospital on the island of Curacao that exists under the shadow of the large government hospital, the only other hospital on the island.

In 2018 as part of its strategic plan to become Curacao's premier hospital, AAH decided that becoming accredited by Joint Commission International (JCI) would be an important step to enhance its reputation. In January 2019, AHI sent a safety specialist to assist AAH in determining its environment of care vulnerabilities. A clinical team was sent in May 2019 to review AAH's status in the 12 reviewable clinical areas. AHI has also continued on-going consultative assistance in establishing the intricacies of organizing a medical staff and developing a model medical staff office.

Over the past two years, AAH upgraded many of its policies and infrastructure. Major initiatives have included upgrading the Imaging department with installation of an MRI; renewing the employee handbook; installing digital temperature monitoring of all refrigerators and cool rooms (kitchen, wards and pharmacy); introducing standard two patient identifiers for all inpatients; installing spill kits and eyewash machines in the laboratory; completing the relevant CPR, BLS or ACLS for all hospital employees; establishing a modern system for collection and disposal of biohazardous materials; and updating the quality management system, including training and implementation of the root cause analysis process, among many other transformations.

AAH's biggest achievement is in the development of a large-hospital medical staff bylaws system with a positive change in the medical staff's commitment (together with the nursing and support staff) toward improving the quality of patient care delivered in a "Just Culture." ■

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Contributed by Cenaida Panneflek, MBA



Santa Elena, Belize

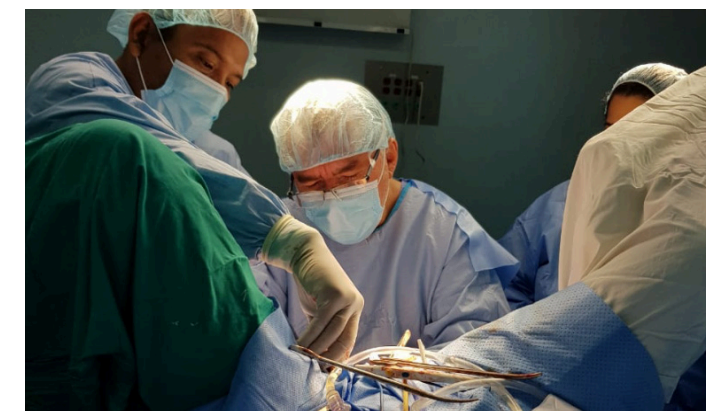


At La Loma Luz Adventist Hospital in Santa Elena, Belize, construction has progressed on physician residence buildings. Housing is important since La Loma Luz is served by seven local physicians, as well as a handful of visiting specialists each year.

When the global pandemic reached Belize, services were temporarily limited, but the hospital remained open every day to care for patients in need. Funding from the General Conference and AHI was used to adequately stock PPE for staff and patients. ■

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Contributed by Steven Brooks, MBA, CPA

Estelí, Nicaragua



In Nicaragua's northern region lies the city of Estelí, where Hospital Adventista de Nicaragua is located. Five years ago, the hospital rented a nearly dilapidated house where health professionals mostly provided primary care. Dr. Socorro Ubeda, an anesthesiologist with a mission oriented vision and commitment, took the helm as administrator. Dr. Ubeda quickly set out to raise and borrow funds to build a four-story, primary and tertiary care entity, one of the few private hospitals in a country where socialized medicine is the norm. Today, Hospital Adventista serves 10,000 patients annually, some of whom come from as far as Honduras for services. The Hospital is licensed by the central and regional governments and has positive operating finances that are audited annually. ■

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Contributed by Albin H. Grohar, PhD

Barquisimeto, Venezuela

The socio-political situation in Venezuela is well known. Hyperinflation, severe lack of food, absence of medications, and lack of basic services such as electricity and water are continuing to have an impact. It is estimated that in the last two years, about five million Venezuelans have left the country, fleeing to other countries in South America and as far away as Europe. The people that leave are those that may have some means to do so. The rest of the estimated 25 million individuals do what they can in a chaotic, panic-driven situation.

The Church's work continues in this setting. As one can imagine, the country's current situation particularly affects what health professionals can do in places such as Hospital Adventista de Venezuela, located in Barquisimeto in the country's north-central region. There are virtually no medications, no replacement parts for equipment, and little opportunity to import any of these even if monetary resources were available.

It is in this setting that Bianne Pirela is taking on the responsibility as the Hospital's new CEO. Bianne is qualified as a leader, having been a leading member of Venezuela's non-profit vegetarian food producing industry. She joins the Hospital eagerly, already setting a new vision for Hospital Adventista de Venezuela. ■



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Contributed by Albin H. Grohar, PhD

Kyiv, Ukraine

Angelia Medical Center (AMC) was blessed to continue serving the local community through the uncertain days of the pandemic. Much needed PPE and medical supplies were secured through the thoughtful donations of AHI and others, which enabled AMC to continue its outreach activities.

Olga* worked as a nuclear control engineer in a lab in the Chernobyl area. For the past five years, she suffered

from depression before going to Angelia Medical Center for treatment.

Three weeks after she was discharged, she returned with her beloved husband, also employed in Chernobyl. While they were both expressing their appreciation for the care she received, the husband fainted right in the doctor's office. Fortunately, the family doctor was nearby to tend to his needs and discovered he had been suffering from

diabetes and high blood pressure.

A week later, Olga sent a message: "Many thanks to God. I am free from depression and it is so good that my husband fainted in Angelia as it helped him to receive amazing care from your family doctor and resolve his very long problem with sugar and blood pressure."

When Olga returned to her home, she listened carefully to the online emotional health recovery program, which is a joint public evangelism project in collaboration with the Ukrainian Union and Angelia Medical Center. She is reading the Bible and praying daily.

Thank you to all who continue to share in the ministry of AHI and help us to reach the Ukrainian people with the healing helping touch of Jesus. ■

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Contributed by DP Harris, PhD

*Pseudonym



Banepa, Nepal

For the last six decades, Scheer Memorial Adventist Hospital operated on recurring 5-year memorandums of agreement with the Government of Nepal. In 2017, a government was elected that was much less favorable to mission hospitals or foreign doctors coming to work in Nepal, insisting that hospitals must register with a government entity. The previous arrangements would no longer be honored.

Prior administrators had warned against registering as a non-governmental organization (NGO) with the Social Welfare Council because of the cumbersome bureaucratic procedures required to get anything done, as well as the twenty percent "tax" on any funds brought into the country to fund capital improvements or support special projects.

Another option was to register as a private company, but that would not have allowed any foreign oversight or international governance. Additionally, there is a history of such companies being taken over and run as a personal business, which is not in the interest of the Seventh-day Adventist Church and makes it extremely difficult to raise international donations.

We examined all options, but none seemed to satisfy the requirements of both the government and the Church. It was after a meeting the hospital leadership had with the Health Minister that the Lord provided the answer. Mr. Singh, a senior legal advocate, had attended the meeting and overheard our discussion. He said, "Why don't you consider establishing an International Trust?" This was a completely new option that had just become available. In fact, Mr. Singh had recently drafted the law that had been enacted by the government only months earlier!

We began working with our lawyer to draft the Memorandum of Incorporation or bylaws for the trust. On several occasions, Mr. Singh accompanied us when visiting various officials. His position as a senior advocate to the Supreme Court of Nepal opened many doors, and he was able to explain the new law as one of its authors.

The key provisions were: (1) the composition of the Board of Trustees must be at least one third Nepali residential citizens, but the other two thirds could be foreign nationals, thus allowing international governance; (2) the trust could not only run the hospital, but other educational and social welfare institutions as well, allowing for future expansion; and (3) if the trust was dissolved, property of the trust could be transferred to a sister organization or an organization with similar objectives. Therefore, under the trust the hospital property would be more secure than it was under the old agreement that stipulated all movable and immovable property would transfer to the Government of Nepal should the operating agreement not be renewed.



We established the very first International Trust in Nepal, but this created a number of problems and delays. We visited many government departments, offices, and ministries only to be told "this can't be done" or "it may be the law, but there are no implementing regulations" or "this will take many years and the health ministry has only given you a few months." After dozens of trips into Kathmandu, hundreds of hours of waiting in offices, numerous conversations with scores of government officials, and many prayers for the Holy Spirit to soften hearts, we found friendly ears and kind hearts in the Ministry of Land Management and the Environment. They worked with us to rapidly develop the implementing regulations, and soon we were able to register the trust with the Office of Land Management in Kathmandu. When we had exhausted all our resources to get things done using our own abilities, God stepped in and "closed the deal."

We now have an International Trust providing strategic guidance for our medical and educational work in Nepal. It is my belief that the greatest achievements still lie ahead for our work in one of the world's poorest countries, as long as we continue to trust in the Lord and benefit from His many blessings. ■

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Contributed by Dale Mole, DO

First Regional Global Healthcare Conference Held in India



Adventist Health International, along with Loma Linda University Health, held its first regional conference in India January 22-25, 2020, primarily serving healthcare administrators in the Seventh-day Adventist Church's Southern Asia and Southern Asia-Pacific divisions.

Nearly 150 Seventh-day Adventist healthcare leaders from India, Nepal, Bangladesh, Malaysia and the United States attended the four-day event in Pune in the western state of Maharashtra.

The global healthcare conferences are instrumental in providing a venue for collaboration between sister Adventist institutions. These events encourage dialogue, and leaders share challenges, successes, and practical solutions.

The conference addressed five health system building blocks: strategic planning, staff development, health information systems, finance, and leadership. Attendees participated in peer consultations designed to improve identified

institutional challenges. Concurrent break-out sessions were held for dentists who manage dental practices, and nurse management.

Ezras Lakra, MA, president of the Seventh-day Adventist Church's Southern Asia Division, said during the opening ceremony that the conference was a push to initiate change. "The global nature of our church brings together the best healthcare consultants like Loma Linda University Health and Adventist Health International to share their time and resources," he said.

Collaborating organizations for the regional conference included Adventist Health International, the Southern Asia Division, General Conference of Seventh-day Adventists Department of Health Ministries, and the Loma Linda University Health Global Health Institute. ■

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Contributed by Donajayne Potts, MBA



Ten Years of Global Healthcare Conferences

2020 marked Loma Linda University Health's 10th year of hosting the Global Healthcare Conference!

» 2010 GHC by Numbers

Registrants	45
Countries	10

» 2020 GHC by Numbers

Registrants	1,185
Countries	81
Live sessions	9
On-demand videos	172
Hours of content	167
Languages	4



The first GHC was held in 2010 at Hospital Adventista Valle de Ángeles in Honduras.

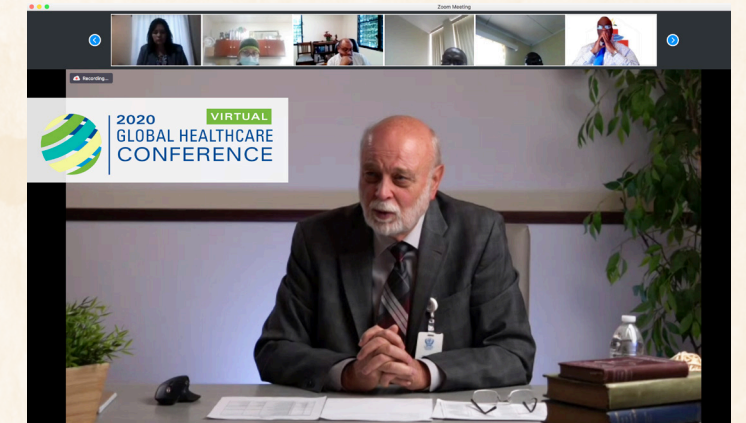
First Virtual Global Healthcare Conference Supports Growth and Education of Seventh-day Adventist Healthcare and Educational Leaders

For the first time, Loma Linda University Health held its annual Global Healthcare Conference in a virtual format to continue its ongoing international initiative to support the development of the church's global healthcare and educational institutions.

Nearly 1,200 Seventh-day Adventist healthcare and church leaders from 81 countries registered for the 10th Global Healthcare Conference held online, November 2-5, 2020.

The annual conference provides an opportunity for professional development and networking among international Seventh-day Adventist healthcare staff and administration at hospitals and educational institutions.

This year's program included nine live sessions and a library of 170 on-demand videos accessible in four languages: English, French, Russian, and Spanish. Topics included clinical laboratory, COVID-19, finance, human resources, and quality improvement in medicine, nursing, and pharmacy.



The need for healthcare education among our global partners has only increased during the pandemic. The online Global Healthcare Conference has allowed for more participation in a new way, engaging hospital staff and others unable to attend in-person because of these unprecedented times.

Rejoice and God's Timing

..... Dental Ministry Feature

This is a story that spans two continents and four years. It is a story of a God who deftly assembles the pieces of a puzzle before anyone even sees. It began in 2018 with an email that said that Rejoice Marozva, a senior dental student at Adventist University of the Philippines (AUP) was going to drop out of the dental program because the Adventist Church entity for which her father worked had discontinued educational subsidies. What a heartbreak to be so close and yet so far after five years of hard work, tuition, and learning!

This is the kind of challenge that the National Association of Seventh-day Adventist Dentists (NASDAD) responds to on a regular basis. A particularly faithful donor was presented with the situation, and he agreed to fund the final year of Rejoice's training. She was thrilled to be helped in this way and doubled down to finish her education.

Rejoice is a citizen of Zimbabwe with a heart for Adventist dental ministry and for missions. It was not a challenge for her to accept the sponsorship terms that NASDAD normally requires: "Three year's volunteer service in an Adventist dental clinic somewhere in the world." With similar arrangements, there have been several dentists who have served in clinics ranging from the Pacific Islands to the heart of Africa. No one knew where Rejoice might provide dental care in exchange for personal satisfaction and a living stipend, but it was apparent that she was willing.

"It is a story of a God who deftly assembles the pieces of a puzzle before anyone even sees."

Meanwhile, Rejoice's graduation was held up because of a lack of the patients with the specific needs that would help her finish her clinical educational requirements. In fact, much of her class was held over for more than a year with the same difficulty. Then, the world was changed by COVID-19, which caused further delays. Through it all, the same faithful donor continued to make the payments month after month,

as well as cover immigration and school fees. Finally, in 2020, Rejoice graduated and, diploma in hand, she returned to Zimbabwe.



Dr. Rejoice Marozva, upon her graduation in 2020 from the dentistry program at Adventist University of the Philippines.

By this time, it was apparent that one location where her skills could be utilized was at a rural Adventist hospital in Angola. This institution had been largely destroyed by rebels in the civil war that began just after the country declared independence in 1975 and continued, on and off, until 2002. In recent years, Seventh-day Adventist Church leadership have been working to revive the hospital and an Argentine nurse and her husband have been instrumental in this. They have recognized the dental need of the community for years, and although volunteers have provided some dental



Lusaka Adventist Dental Services in Zambia.

care from time to time, a sustainable dental clinic was sorely needed. Unfortunately, the financial realities of this rural location and its population make it very difficult to finance a new dental clinic. That is where a dedicated professional and volunteer, like Rejoice, can make such a difference.

Equipment for the dental clinic in Bongo was donated by NASDAD and shipped by AHI to that location so that working dental chairs and other needed equipment is available for patient care.

As an adjunct to Rejoice's training, AHI arranged for her to spend several months observing and assisting in Lusaka Adventist Dental Services (LADS) in Zambia. LADS has matured into an influential, current, and quality dental clinic led by Dr. Wesley Arnold and other Loma Linda University dental alumni who have served as international dentists there. This experience helped Rejoice see the possibilities of dental practice in Africa and view closely an international

standard of practice management and clinical care. Following her observation in Zambia, Rejoice transitioned to the Bongo Dental Clinic. It is expected that even in this remote and poor location, the modest dental clinic will become self-sustaining in a year or so and the people will benefit from quality oral care and better over-all health.

AHI continues to support many international dental clinics which are so needed but which are difficult to establish and maintain because of cost, organizational challenges, complicated logistics, and vision. Active dental clinics are located in Bongo, Angola; Jengre, Nigeria; N'Djamena, Chad; Maputo, Mozambique; Freetown, Sierra Leone, and others across the world. ■

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Contributed by Doyle Nick, DDS

Building Nurse Leadership in Global Seventh-Day Adventist Institutions

Loma Linda University School of Nursing (LLUSN) offers an off-campus master's degree program in nursing education to prepare practicing nurses for leadership roles within Seventh-day Adventist education and healthcare systems worldwide.

The off-campus master's degree program was created in 2005 in response to the global need for Seventh-day Adventist (SDA) nurse educators to obtain an advanced degree. This program addresses some of the barriers that have prevented SDA nurses from obtaining advanced degrees, including limited access to higher education, and required course work on Saturdays — which Seventh-day Adventists hold as the biblical Sabbath.

In July 2020, Loma Linda University School of Nursing launched the fifth cohort with 46 nurses accepted into the program — the largest to date. Each student was nominated to the program by their home institution, and each had to commit to serve at their sponsoring institution for a minimum of three years following graduation. Partnering with 22 Seventh-day Adventist nursing schools and hospitals spanning 14 countries, the diverse student base includes females and males, aged 24 to 51+. Because of the COVID-19 pandemic, the program began completely online.

The current leadership of the off-campus master's degree program in nursing education include Jan M. Nick, PhD, RN, FAAN, Director; Anne Berit Petersen, PhD, MPH, CNS, RN, and Dolores Wright, PhD, RN, as assistant directors. Petersen, who also serves as Director of Global Nursing at LLUSN, believes this concentration prepares nurses for the pivotal role of educating future nurses in classroom

and practice settings. "Nurse educators are crucial in providing quality educational experiences that equip nursing students with the competencies they need to join the healthcare workforce," says Petersen. "Currently, many of the institutions within our network are facing external pressure from their respective Ministries of Health to have graduate prepared faculty at both the master's and PhD level, making this program one of the most substantive ways the LLUSN can support our international sister institutions."

The curriculum draws from the practice of nursing, teaching and learning theories, and management and related fields as well as administrative, research, and clinical components. It provides learning in an environment that fosters autonomy, flexibility, and creative scholarship. Nick states, "the nature of the program

facilitates rich global networking opportunities among SDA nursing educators and clinical leaders. There is something powerful about bringing together diverse thought, experiences, and shared values to address challenges and devise solutions to improve the health of people worldwide. We learn from and with each other."

To date, there have been 100 off-campus graduates from 11 of the Seventh-day Adventist Church's world Divisions. Dr Wright, one of the assistant directors states, "Our graduates have advanced professionally and are in leadership positions within their educational institutions or in the hospitals which supported their education. Some graduates work for international health organizations like the Red Cross while others have pursued advanced degrees. We are aware of at least seven that completed PhDs. Their work and education continue to be recognized by the institutions they serve and the professional organizations in their countries."

To demonstrate, in a recent survey conducted among the alumni, Lendeh T. Seboe, Dean, College of Health and Science Adventist University of West Africa, Liberia wrote, "The off-campus program made me a better educator and leader. I've been equipped with the right tools to make sound judgments; my decisions are well informed.

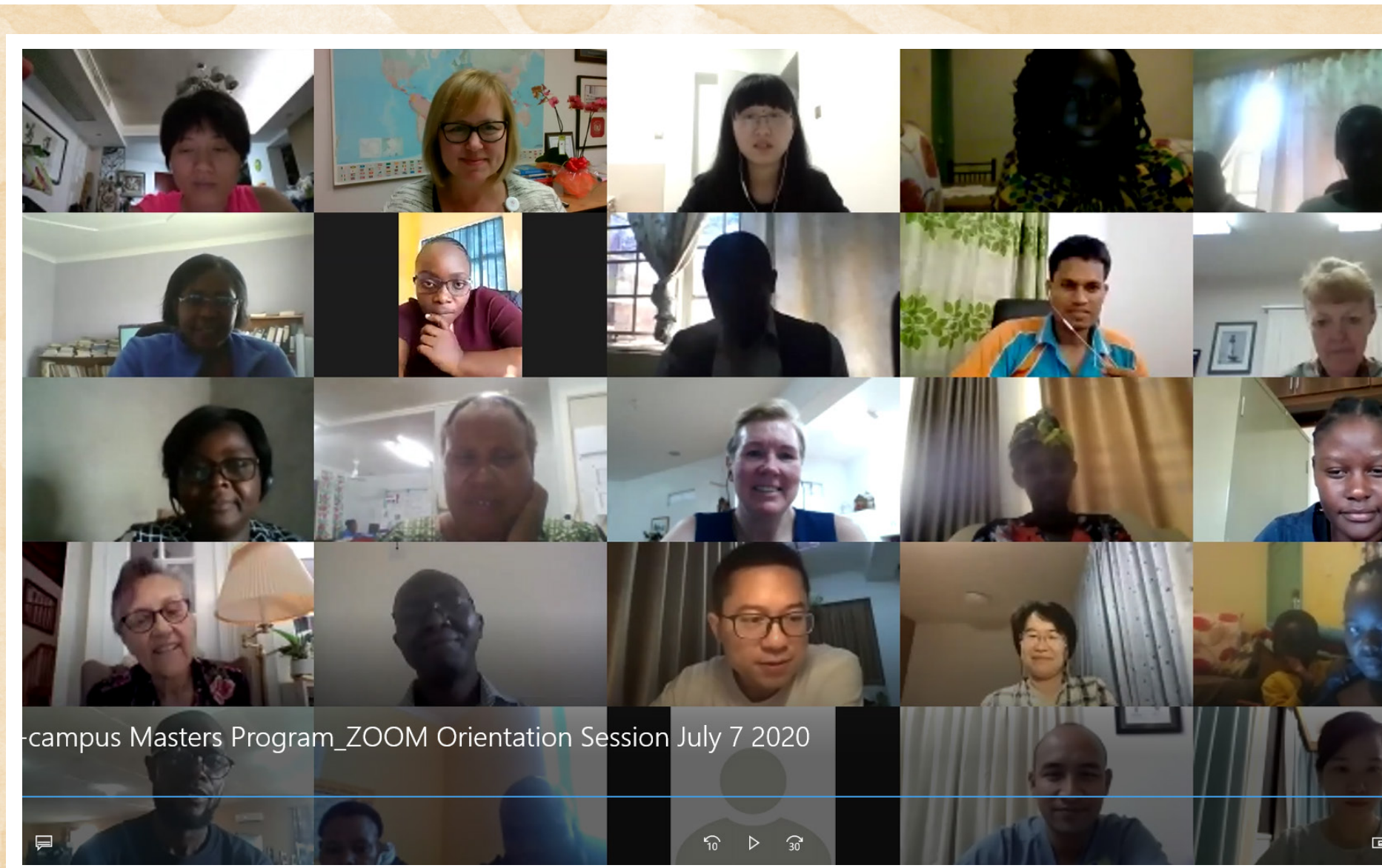
We now have a bigger team of LLU off-campus master's alumni and we share the same values. The Liberian Board of Nursing and Midwifery has recognized our efforts as a fully functional and accredited program and has nominated us to their Education, Training, and Continuing Professional Development Committee."

All faculty involved in administration and teaching of this program believe strongly that cultural diversity enriches classroom discussions, social interactions, and student-faculty conversations. Nick also points out, "The program continues to be a life-changing experience not only for the students but also for the faculty. The faculty count it a privilege to teach the students and observe their diligence and growth despite working full time. It is inspiring to be involved in meeting the global need for qualified and well-prepared nurse leaders."

For current students who have recently completed the first course, the experience has already made a difference in their lives. Comments made in the anonymous course evaluations in December 2020 express common sentiments:

- » [I]t was an awesome experience taking a class on Teaching and Learning Theory. I have already started using the active learning strategies that I learnt during the departmental Scope of Practice presentations that we have in the Emergency Department at [my hospital].
- » I am an assistant lecturer and have already started to apply the new knowledge from the Teaching and Learning Theory course. ■

.....
 Contributed by Donajayne Potts, MBA;
 Jan Nick, PhD, RN, FAAN;
 Anne Berit Petersen, PhD, MPH, CNS, RN;
 and Dolores Wright, PhD, RN



The first meeting of LLUSN's off-campus master's degree program in nursing education on July 7, 2020.

AHI Donors Create Record

Over the past year, COVID-19 has transformed all of us in a myriad of ways. On the positive end, organizations in the United States and across the world have had to explore new ways of flexing their entities to deal with the crises brought about by the pandemic. Many organizations, including Loma Linda University Health, where AHI is physically headquartered, have dealt creatively and innovatively in partnering with our institutions to face the challenges created by COVID-19.

It has been heart-wrenching to see the human cost brought about by the pandemic. In addition to seeing the many patients facing demise, our healthcare workers are still giving their all to save as many of the afflicted as they can. Many are fatigued and overwhelmed by the loss of lives they have seen, and the exhausting schedules they have had to keep. Even for the most “professional” health workers, seeing the pandemic’s human toll is difficult. And now, as the pandemic still spreads, we are seeing its impact at our AHI hospitals.

In the midst of all this, AHI’s donors recognized that our hospital staff on the ground need assistance. What the donors accomplished in 2020 still seems incredible as they have made a record philanthropic year for AHI to receive a total of \$3,900,000.

The giving dynamics in 2020 are most inspiring:

- » Donors’ generosity encompassed a wide range, from \$5 to six figure gifts.
- » More than 1,500 gifts were made by 738 donors.
- » The General Conference of Seventh-day Adventists awarded an unrestricted grant of \$600,000, enabling AHI to provide equipment, supplies, access to staff, and financial support in areas of most need.
- » A major philanthropist made a grant of slightly more than \$1,000,000.
- » Versacare, a private, independent foundation, awarded AHI a \$150,000 grant.
- » The Winnifred Stevens Foundation awarded \$134,000 to improve patient services at Waterloo Adventist Hospital in Freetown, Sierra Leone.
- » Mrs. Melanie Coto continued her supportive work for female patients at Malamulo Adventist Hospital through a gift of \$35,000.
- » The Loma Linda University Medical Auxiliary granted \$106,000 to assist hospitals that host at least one Loma Linda University medical alumnus. It is also well to note that over the past 10 years, the Auxiliary has raised and

granted AHI more than \$1,000,000 for patient services at our AHI hospitals.

- » In previous annual reports, we have highlighted the philanthropic work of Richard and Nancy Noble. They have established a series of patient charity funds at more than a half dozen AHI hospitals. In 2020, the Nobles continued this dynamic charity work through gifts totaling \$101,000. Their work focuses on assisting patients who cannot pay for services at “out of the way” rural AHI hospitals.

With utmost gratitude, we note that over the past 24 years individual and organizational donors have gifted AHI totaling more than \$30,000,000 to support overseas healthcare mission work. Thank you! ■

.....
Albin H. Grohar, PhD
Philanthropic Services

Interview with Dick Noble

Some years back, Dick Noble, a retired lawyer, engaged with AHI in exploring what he and his wife, Nancy, might be able to do philanthropically for individuals and families that access AHI hospitals for care. Their interest in particular, though not exclusively, focused on the African continent. That relationship with AHI over the years led him to create more than a half dozen patient funds to help people who cannot afford to pay for healthcare. As his type of support is unique among AHI philanthropists, I interviewed him, striving to better understand his driving force to give.

Albin H. Grohar (AG): Dick, what you do with your philanthropy is unique for us at AHI. Why do you do this?

Dick Noble (DN): We have visited a number of places, especially in Africa, where the degree of poverty is truly heart breaking. If someone in the family gets sick, there is no money for them to pay the unanticipated cost of a hospital visit. The amazing thing to us has been that despite very difficult lives, they are no different from the rest of us except for the misfortune of being born in a society where there is almost no opportunity to acquire the basic things we think of as necessities. We have had the opportunity to visit several AHI hospitals in some of these same areas and decided we would like to help.

AG: What led you to create the many patient-benefiting funds you have?

DN: It just struck me as a terrible injustice that these people, with all of their struggles, might not be able to obtain decent medical care when needed. I know the AHI hospitals would like to be in a position to offer free care to anyone who is too poor to pay for it. But I also know that the hospitals themselves cannot survive without collecting fees for services. We thought we could provide funds to pay part, or if necessary, all, of the hospital fees for those who might otherwise be turned away because they were too poor to cover the cost of their care. I believe that the funds have been helpful and it has been amazing to me how much can be accomplished by small amounts of money. For example, Malaria is a common disease in many parts of Africa, and Cerebral Malaria can be fatal especially for small children. It only takes about \$30 to admit and successfully treat a baby with this condition. A woman with an obstructed delivery can receive a potentially lifesaving C-section for only \$150. The hospitals send reports and occasional pictures of the patients that they treat with these funds. They make my day.

AG: Are you okay with how this has gone forward?

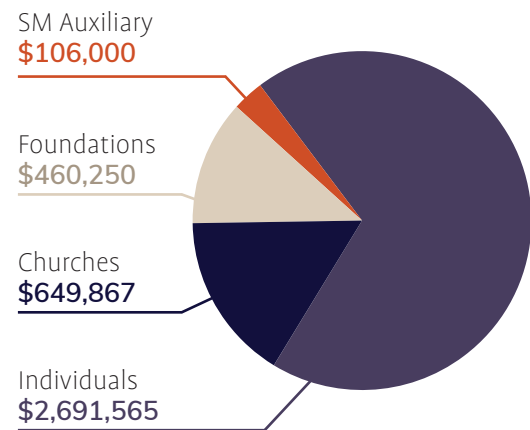
DN: Nancy and I are happy about our relationship with AHI. One reason is the people at the top of the organization serve without pay. Also, their financial reports are transparent and we are able to see that almost all of the money they receive in donations is used to help people in need. Probably most important to me is that I have seen the work they are doing for people who truly need their help.



*To each of our donors,
we sincerely thank you.*

Philanthropic Summary

» GIFTS BY SOURCE



» SUPPORT BY PROGRAM

Angola	\$11,000
Belize	\$4,750
Cameroon	\$6,160
Chad	\$186,611
Congo	\$38,200
Curacao	\$15,000
General	\$1,663,629
Haiti	\$142,955
Honduras	\$31,142
Jamaica	\$4,000
Kenya	\$49,416
Liberia	\$61,550
Malawi	\$390,460
MMCC	\$1,043,749
Mozambique	\$2,405
Nepal	\$12,000
Nigeria	\$15,600
Rwanda	\$10,000
Sierra Leone	\$189,808
Trinidad	\$300
Ukraine	\$18,947
Zambia	\$10,000
Total	\$3,907,682

» GIFT SUMMARY

Number of Gifts	1,527
Number of Donors	738
Average Gift	\$2,559
Average Per Donor	\$5,295
Largest Gift	\$1,043,749
Smallest Gift	\$5

» PHILANTHROPIC GIFTS 1997-2020

2020	\$3,907,682
2019	\$1,873,923
2018	\$3,226,137
2017	\$1,901,445
2016	\$1,811,520
2015	\$1,744,849
2014	\$2,322,757
2013	\$1,362,849
2012	\$1,017,039
2011	\$1,058,086
2010	\$1,758,109
2009	\$1,230,718
2008	\$1,113,694
2007	\$966,865
2006	\$966,865
2005	\$966,865
2004	\$841,589
2003	\$549,639
2002	\$459,775
2001	\$135,766
2000	\$135,766
1999	\$86,881
1998	\$236,022
1997	\$7,275

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Our work is made possible only through the generous support of individuals, organizations, churches, and corporations.

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 Long Creek SDA Church
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Adventist Health
INTERNATIONAL

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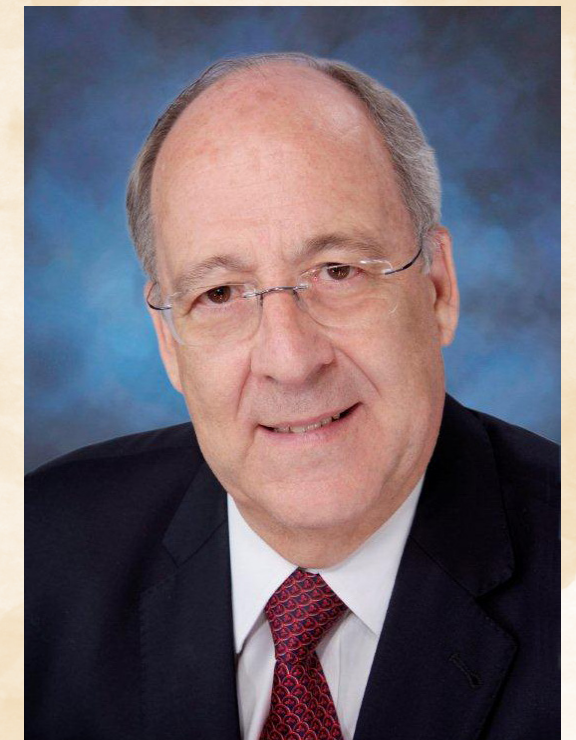
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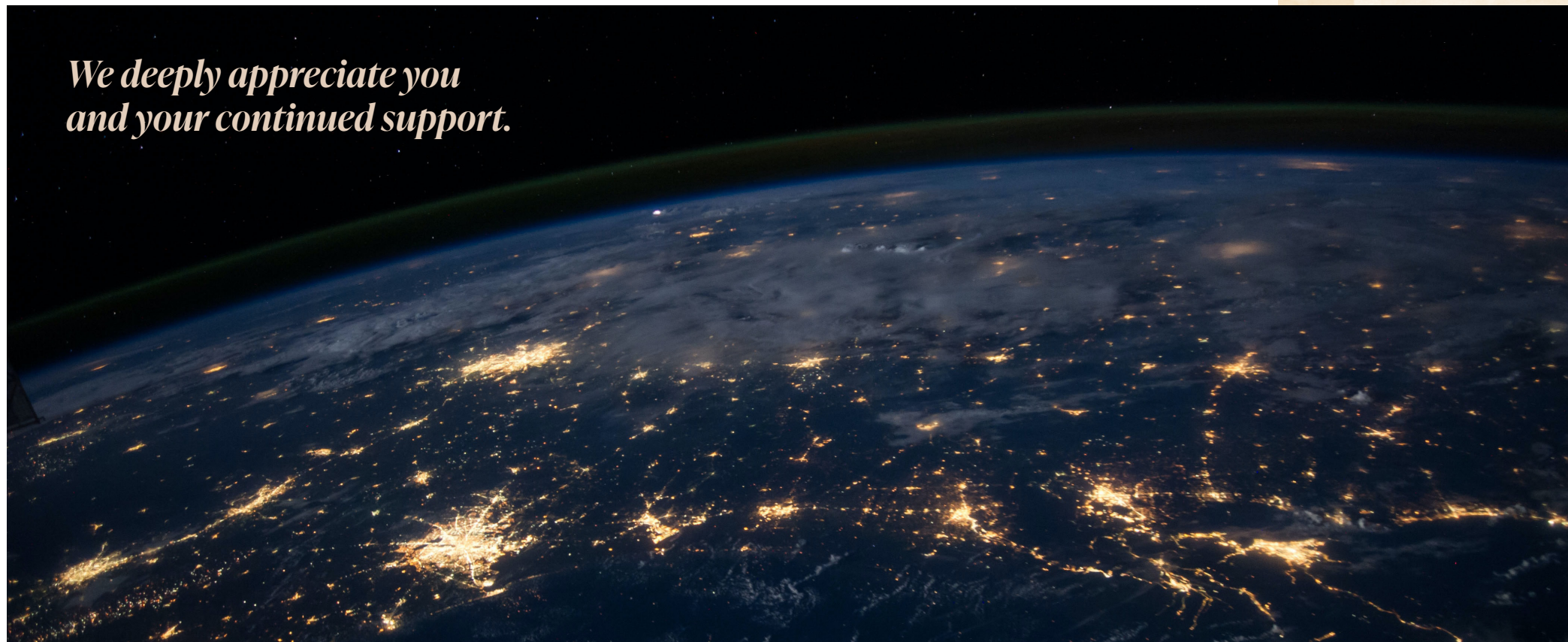
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Collaboration Between GC and AHI

The General Conference's Department of Health Ministries supports the growth of Adventist healthcare institutions and educational programs around the world. A robust collaboration is emerging between Adventist Health Ministries and AHI, in conjunction with several world Divisions, to further develop healthcare capacity. These efforts include bringing the annual Global Healthcare Conferences to a broad audience. The COVID-19 pandemic was truly a global event, and virtually no institution was untouched. A collective response between the General Conference and AHI was leveraged to provide financial assistance to the hospitals in the AHI network. The needs around the world are great, and this continued partnership makes a positive difference in the communities we serve.



Peter Landless, MB, BCh, MMed
 Director, Adventist Health Ministries



*We deeply appreciate you
 and your continued support.*

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Financial Statements

» STATEMENT OF FINANCIAL POSITION

	12/31/2020 (unaudited)	12/31/2019 (audited)
ASSETS		
Cash & Cash Equivalents	\$5,306,737	\$4,007,684
Other Receivables	59,481	65,478
Other Current Assets	101,000	100,000
Other Assets	166,000	134,856
Total Assets	\$5,633,217	\$4,308,018
LIABILITIES & NET ASSETS		
Accounts Payable	\$191,170	\$241,872
Deferred Grant Income	1,189,151	630,944
Other Current Liabilities	10,224	26,502
Total Liabilities	\$1,390,546	\$899,318
NET ASSETS		
Without Donor Restrictions	\$926,378	\$455,046
With Donor Restrictions	3,316,293	2,953,654
Total Liabilities	\$4,242,671	\$3,408,701
Total Liabilities & Net Assets	\$5,633,217	\$4,308,018

» STATEMENT OF FINANCIAL ACTIVITY

	2020 Total	2019 Total
SUPPORT & REVENUE		
Contributions	\$3,312,107	\$2,635,806
Interest Income	40,109	124,880
Other Income	8,607	110,308
Total Support & Revenue	\$3,360,823	\$2,870,994
EXPENSES		
International Programs	\$2,231,867	\$2,033,558
General & Administrative	284,123	429,766
Fundraising	10,863	21,634
Total Expenses	\$2,526,853	\$2,484,957
Change in Net Assets	\$833,971	\$386,036
Beginning Net Assets	\$3,408,701	\$3,022,664
Ending Net Assets	\$4,242,671	\$3,408,701

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 developing countries.

We believe
 that every healthcare
 institution must be firmly
 rooted in its community with
 concern for all aspects of
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 policies and programs that
 accomplish this aim.

We are committed
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 healthcare professionals
 and encourage the
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 appropriate.



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