

ANNUAL REPORT 2021



Adventist Health
INTERNATIONAL

Rebuilding Community

LETTER FROM THE *President*

This past year has been remarkable in many ways. Not only has AHI continued to deal with COVID around the world, but also with so many other challenges in buildings and equipment, operational processes, and people. We are maturing three more global campuses to be recognized by Loma Linda University Health as training sites for local and international learners. With Loma Linda's Global Health Institute, we have become a major purchasing agent for the many needs our hospitals face. Our Conversations on Governance monthly zoom series continues to impact our institutions in more than 100 countries as leaders develop more effective governing boards and structures.

Let me comment more on our global campus strategy. Some years ago we recognized the value in developing a few of our larger hospitals into major teaching hospitals, providing a variety of academic programs, research options, and modeling of improved clinical practices. Malamulo was chosen as the first global campus, and has succeeded beyond our expectations. It has attracted major donors to upgrade the entire campus and become one of the best hospitals in Malawi. Now we are working on Béré Adventist Hospital in the country of Tchad, to serve French-speaking African countries. We have also chosen Haiti Adventist Hospital near Port-au-Prince as a teaching hospital serving the Americas, and Scheer Memorial Adventist Hospital in Nepal to serve Asia. We believe these four global campuses can set a standard for all our AHI institutions to grow and excel in all they do.

With the great success of our biomed training program, which gave 15 young men the maintenance and repair skills to keep equipment in our African hospitals functional, we are now tackling another key development challenge. One of our biggest hurdles has been finding and retaining quality accounting and business personnel in our institutions. Together with Malawi Adventist University, we are starting a diploma in healthcare administration for thirty promising individuals that will enable our hospitals to maintain accurate financial statements, have regular and effective audits, and manage their business activities. These candidates have been selected and will come together for a month over the next three summers, with additional assignments throughout each year. We believe this will make a huge difference in our daily operations across Africa. We are looking at similar options on other continents.



I am also impressed and delighted with the careful way AHI has developed to care for all our donations and make sure they are used as designated. We can assure every donor that through our primary use of volunteer staff and lean overhead, 100% of donated dollars go toward the designated project. From Becky Brewster's careful receipting of donations to Bob Frost's and Sandra Koenig's meticulous accounting and disbursement strategies, funds are wired out as requested on a weekly basis to institutions and projects around the world.

Without doubt, AHI has become the "go to" organization when medical needs arise in various Adventist hospitals and clinics in developing countries. We work hard to keep up with their many requests, not as a donor agency, but truly as a development organization, seeking to create progress and sustainability in each of our affiliated hospitals, clinics, and training programs.

Thank you for your support as we continue this noble work to improve health and save lives around the world.

A handwritten signature in red ink that reads "Richard Helms". The signature is written in a cursive style and is positioned below the text of the letter.

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WHAT IS *ahi*?

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

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

WE believe that every healthcare 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 healthcare professionals and encourage the establishment and/or retention of professional training programs whenever appropriate.

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KENDU BAY, KENYA



Rebuilding Community

Everyone in this world was affected in one way or another by the COVID-19 pandemic. Many lost jobs and livelihoods, while others suffered bitter losses of family and friends.

In a resource-limited country such as Kenya, these losses were magnified. In addition, they also suffered a loss of community through prolonged periods of isolation.

For Kenyans, community is an integral part of their collectivist culture; not being able to attend a worship service meant not being able to connect with God. For some, that meant not being able to receive a spiritual blessing. As you may imagine, for a country which thrives on hospitality and spirituality, Kenyans experienced profound emptiness and despair.

Coping with death is never easy, but what was especially hard during this particular period was the large number of deaths that the country experienced. It was not uncommon to hear of families losing multiple relatives within the span of weeks, while simultaneously experiencing financial collapse from exorbitant hospital bills and subsequent burial fees. These same families were often unable to conduct a traditional burial or receive community visitations due to restrictions on public gatherings.

It was during this time of immense suffering that **Kendu Adventist Hospital** incorporated palliative care training for our nursing and medical providers, recognizing the importance of end-of-life care.

Historically, palliative care focused on patients with terminal illnesses, specif-

ically on providing relief from the symptoms and stress of an illness. In Africa however, palliative care is often needed on all fronts and phases of illness. For some, the first clinic encounter may transform into a palliative visit, as staff discuss ways of transitioning to a painless and graceful death. There was no more appropriate time to carry out this training than during the pandemic.

Delivering palliative care to COVID patients and their family members at Kendu not only helped the staff bond with their patients, but also improved the delivery of clinical care services. Doctors and nurses were all able to learn how to wholistically care for patients, and address their physical, mental, and spiritual needs. Though we may not always cure disease, we can always provide compassionate and Christ-centered care through spiritual counseling, prayers, and family support.

During this period, staff at Kendu were blessed to care for and deeply connect with the family of one particular patient; they established a bond that transcended the mere physician-patient relationship.



“Mzee” was in the final stages of recurrent colorectal cancer and suffered severe pain and discomfort. His abdomen was distended, and legs constantly swollen. Throughout his multiple hospitalizations and home visits, staff shared intimate conversations about God, spirituality, and the process of death and dying. Children sang hymns at his bedside while staff families befriended his wife and daughters. The families worshiped together, shared meals, and unloaded burdens on one another. Even after his death, staff maintained their relationship with the family, even participating in the burial services and church functions. Some staff members are still close friends with the family.

Rebuilding community does not rely solely upon grandiose efforts to link together villages through national campaigns. While those efforts are helpful in establishing initial stability, it is the result of grassroots efforts and individual connections that slowly mends a broken community. Each relationship that is cherished and established or in some cases restored, helps to slowly rebuild our community through time.

The best Biblical parallel of rebuilding community is perhaps the most important and focal message of the gospel. Jesus restored the relationship between the fallen human race and God through His ultimate sacrifice on the cross. As our hospitals continue to move past the pandemic, it is our prayer that we may always be reminded of His example and seek to continue His divine work of rebuilding and restoring relationships: between ourselves and God, others and God, and each other, working toward one united community of believers.

“May the God who gives endurance and encouragement give you the same attitude of mind toward each other that Christ Jesus had, so that with one mind and one voice you may glorify the God and Father of our Lord Jesus Christ. Accept one another, then, just as Christ accepted you, in order to bring praise to God.”

Romans 15:5-7



Serving in the Midst of **WAR**

When civil war or terrorism strikes in an AHI-affiliated country, the first thought is always “How do we keep our staff and their families safe and how do we keep our patients safe?” After thorough discussion with AHI leaders in the field, the choices are often difficult and involve evacuation or a temporary suspension of services.

When Russian forces invaded Ukraine on February 24, 2022, these very questions demanded answers. The modern, well-equipped AHI clinic located in Kiev — **Angelia Clinic** — was established in 2016. Yury Bondarenko, MD, a psychiatrist and clinic administrator, was determined to stay and help as many people as possible.

What follows is Dr. Bondarenko’s most recent report, from May 2022:

Our Ukrainian Adventist clinic, Angelia, has survived 65 working days amidst the war. It has been a full 11 weeks from the beginning of the war. And another Friday night has come.

*We are very tired — but not exhausted.
Suffering — but not overcome.
Grieving — but grateful.*

Tonight I have decided to calculate our blessings. A old good hymn has come to my mind. I started to sing and started to cry with tears of gratitude. This is the song:

*Count your blessings; name them one by one!
And it will surprise you what the Lord has done!*

*Are you ever burdened with a load of care?
Does the cross seems heavy you are called to bear?*

*Count your many blessings; every doubt will fly
And you will keep singing as the days go by.*

There are so many miracles and blessings that I could share with you, but one case in particular made me smile this week. A 76-year-old man came to our ear, nose, and throat (ENT) doctor during mobile clinic. The patient stated that he had not been able to hear out of his left ear for more than 60 years. After a thorough examination, our doctor looked in his ear and extracted a cotton ball from there! The old man's hearing recovered immediately in both ears. What a blessing of stereo hearing many years later! Can you imagine his smiling sparkling joy!?! Many of our patients leave our clinic crying. The reason is very simple but powerful — our doctor's prayer for them. What a powerful Spirit of the Lord!

So, in 65 working days, despite of all horrors of the Russian–Ukrainian war, our team of 65 Ukrainian Angelia Clinic staff (16 doctors, 17 other important medical staff, 14 technical and management support staff, and 18 regular volunteers), continued to serve the Lord. Here is how we have continued our service to our community:

- 20-40 people found a shelter in the Angelia Clinic building;
- 40 evacuation convoys were made from Kiev;
- 57 vans loaded with humanitarian aid were sent to more than 10 cities;
- 600+ people were evacuated;
- 680 free dental visits (acute care and more than this) were provided;
- 3,600 other free medical services were provided;
- 5,000 liters of fuel were used for evacuation and humanitarian aid delivery;
- 29,000 loaves of bread (~30 tons) were shipped, delivered and shared for those who are in need;
- 48,000 kilometers were covered by our drivers.

One more blessing, our mobile clinic has provided:

- 8-12 members serving on their mobile team;
- 18 days of mission trips;
- 20 cities, towns, and shelters visited;
- 668 unique patients became much happier;
- 1,980 free medical services for these precious souls were provided.

Many of our countrymen and women in western Ukraine have started to send baked bread to Kiev and many other suffering places. We have become a distribution point for giving bread to our community.

Caring people from throughout the world have invested their finances, efforts, and prayers for the good of the people of Ukraine. You have made real this support for our suffering country. May your heart be blessed with many blessings from above! Amazing help of big and small from all over the world has inspired us in the very hard days.

Yours sincerely,

Yury

Please keep this clinic in your prayers during these difficult weeks and months.

Sharing bread with the local community at Angelia Clinic



GLOBAL NURSING

LOVE TO
LEARN

Building Through
Continuing Education

Adventist Health International has launched a new educational collaboration between **Kendu Adventist Hospital (KAH)** and the nursing department at Kendu Adventist School of Medical Sciences, in Kendu Bay, Kenya. Nursing staff at KAH expressed an interest in receiving continuing education related to nursing skills and approached Denny Hong, an internal medicine specialist and LLU graduate, who is currently serving as a physician at KAH.

To respond to this, Dr. Hong contacted AHI country liaison, Emily Ndlela, vice president for finance at Loma Linda University Health. Mobilizing her network, Ms. Ndlela organized a team to support this request. The team is comprised of KAH administrators and nursing leadership, KAH School of Nursing representatives, and AHI personnel. Drs. Sabine Dunbar, assistant professor of nursing, and Jan Nick, professor of nursing at Loma Linda University School of Nursing, joined Debbie Nkumba, LLUMC staff

Scoring chart

MEWS (Modified Early Warning System)							
	3	2	1	0	1	2	3
Respiratory Rate per minute		Less than 8		9-14	15-20	21-28	More than 30
Heart Rate per minute		Less than 40	40-50	51-100	101-110	111-120	More than 120
Systolic Blood Pressure	Less than 70	71-80	81-100	101-100		More than 200	
Conscious level (GCS)	Unresponsive	Responds to Pain	Responds to Voice	Alert	New agitation/Confusion		
Temperature (°C)		Less than 35.0	35.1-36	36.1-38	38.1-39.5	More than 39.5	
Hourly Urine for 2 hours	Less than 10mls / hr	Less than 30mls / hr	Less than 40mls / hr				

EARLY WARNING SCORING SYSTEM FOR DETECTING ADULT PATIENTS WHO HAVE OR ARE DEVELOPING CRITICAL ILLNESS
 IS THE SCORE FOR YOUR PATIENT 1-2? PERFORM 2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE
 IS THE SCORE FOR YOUR PATIENT 3? PERFORM 1-2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE
 IF THE MEWS SCORE IS DEGRADATING - THE WARD S.H.O. OR DUTY DOCTOR MUST ATTEND!
 IS THE SCORE FOR YOUR PATIENT 4 OR MORE? PERFORM OBSERVATIONS AT LEAST 1/2 HOURLY, ENSURE MEDICAL
 ADVICE IS SOUGHT AND CONTACT OUTREACH TEAM (see below)

Debbie Nkumba, RN, LLUMC staff development and Jan Nick, PhD, RN, LLUSN, training KAH nurses on how to use MEWS during a recent zoom session. MEWS is a tool designed to identify patients with declining conditions, with the goal of preventing delay in intervention or transfer of critically ill patients.

development, and other nurses who have ties to Kenya and Kendu, including Beatrice Dube, Irene Oduor, and Lillian Opiyo, all RNs with backgrounds in women's health, maternity, and obstetrics care.

Stroke care, colostomy, and percutaneous endoscopic gastrostomy (PEG) site care, neonatal resuscitation, diabetes, and blood pressure management are some of the priority topics that will be addressed in these continuing education training sessions.

The team has been meeting via Zoom since October of 2021, and new members are continuing to join. In the most recent group meeting, Lydia

Komugisha, the administrator of Ishaka Adventist Hospital, Uganda, joined the group.

With the goal of providing access to quality continuing education for the Kendu Adventist nursing community, the team decided to create a digital online platform to house the continuing education offerings.

The new platform, which will collate existing resources, can be used to create a forum where nurse educators from across the network of Adventist hospitals and schools of nursing can contribute videos or training modules. Anne Berit Petersen, director of global nursing at LLUSN, commented that "the LLUSN global nursing committee has regularly fielded requests from sister institutions for support with nursing and faculty competency development. While the Kendu nursing continuing education project initially began with the purpose of meeting a local need, it has now become apparent that this platform has the potential to serve the needs of the wider Adventist networks. I am particularly excited about how the forum is bringing together nursing expertise from diverse settings, including providing practicing nurses from among the diaspora with the opportunity to share their expertise."

The KAH initiative has helped create a process and an online structure that can be used for enriching global partnerships, supporting faculty development, and sharing of resources with Adventist nurse clinicians and educators around the world. This exciting development is in direct alignment with the capacity building goals of AHI and the LLUH Global Health Institute. This is yet another story of how a small group of mission-driven individuals will have a huge impact on Adventist health care.

A HEALTH CONFERENCE THAT'S TRULY *Global*

Loma Linda University Health hosted its annual conference live from the campus on November 2-4, 2021. It was the second time to meet virtually due to COVID and an opportunity for AHI and the Adventist Church to support health care leadership in developing countries worldwide.

“What a privilege to be with all of you from around the world, back again today,” said Dr. Richard Hart, president of AHI and LLUH, as he welcomed the attendees to the conference. “With all of the trouble and unrest in the world, there’s nothing like social interaction to encourage all of us.”

More than 800 people signed up for the conference, representing more than 86 different countries. The virtual format works well for many of the international hospitals, as travel costs can often be overwhelming for smaller institutions.

Many international hospitals have felt isolated during the pandemic, as travel



Richard Hart, MD, DrPH, president of AHI, welcomes the attendees to the conference. More than 800 people signed up from more than 86 countries.

has been limited, impacting both volunteers and communication. The online Global Healthcare Conference allows for more participation in a collaborative way, engaging hospital staff and others unable to attend in-person because of these unprecedented times.

This year’s conference was offered live in five languages with simultaneous translation: English, French, Portuguese, Russian, and Spanish.

The conference also provides a venue for highlighting and promoting quality improvement initiatives conducted at each institution. This led to one of the highlights for this year — the inclusion of quality improvement (QI) posters submitted by hospitals and clinics from several different continents.

Award winners were:

Best Adherence To The QI Protocol

First Prize: Kanye Adventist Hospital - Botswana

Second Prize: Garo Hills Adventist Mission Hospital - India

Third Prize: Giffard Memorial Hospital, Nuzvid - India

Third Prize: Adventist Hospital Palawan – Philippines

Best QI Protocol Outcome

First Prize: Scheer Memorial Adventist Hospital – Nepal

Second Prize: Metas Adventist Hospital, Surat – India

Third Prize: Hospital Del Sureste – Mexico

The first Global Healthcare Conference took place in 2010 in Honduras and focused primarily on the specific needs of healthcare leaders in Latin America. The conference has been held annually since 2012 and now reaches a global audience from healthcare, academic, and church institutions. To watch the conference proceedings, go to <https://ghi.llu.edu/ghc2021>.

MALARIA AND *Microscopes*

It has been a whirlwind year for Ben Siapco, a Loma Linda University graduate and retired microbiologist at Loma Linda University Health. Despite COVID outbreaks and travel restrictions, Siapco was able to travel to nine different countries. At each hospital and clinic that he traveled to, his efforts and focus varied greatly — from installing new microscopes to increasing the efficacy of identifying malaria. For Siapco, it is all in a day's work.

“I find it inspiring to teach these sharp and dedicated students from all over the world” says Siapco. “They are so gung ho in learning. We went to a university hospital lab on one campus and they expressed their desire to learn all about the equipment they laid their eyes on!”

In March and April, Siapco traveled to **Scheer Memorial Hospital**, Nepal, for lab consultancy and then off to **Cooper Adventist Hospital**, Liberia. The lab staff at Cooper took part in three weeks of intensive training, in addition to reconfiguring their lab to create space for new equipment. Siapco then headed to **Kigali Adventist Medical Center**, Rwanda, in June for a lab productivity assessment. He soon discovered that Kigali is performing as a model clinic with three successful trainees in bacteriology.

The months of June and July brought an extended trip to Malawi, where Siapco assisted **Malamulo Adventist Hospital**, Malawi, with development of plans for a future histopathology lab, practical training in basic clinical bacteriology, and where he also repaired and maintained five microscopes. Next was **Blantyre Adventist Hospital**, where he realigned the clinical lab staff skills in bacteriology, reviewed lab documents necessary for Council for Health Service accreditation of Southern Africa and discussed plans for the renovation of the clinical lab. Finally, Siapco headed to **Lilongwe Adventist Hospital** where he provided training in the use and interpretation of an epic blood gas machine. Siapco had just enough time for a quick stop at **Kendu Adventist Hospital**, Kenya for a lab productivity assessment.



Retired microbiologist Ben Siapco (center) traveled to Cooper Adventist Hospital twice in 2021 to help train and assess lab technicians.

The end of July brought a trip to **Valley View Adventist Hospital**, Ghana, to serve as instructor for the biomed tech training program. August involved trips to **Jengre, Jos, and Kurgwi**, Nigeria to develop a turn-around plan for the labs there. From there, it was back to Malawi for staff training. September brought trips to **Béré Adventist Hospital** and **Abougoudam Adventist Hospital** in Tchad and a return to Cooper Adventist Hospital, Liberia for a follow-up evaluation.

“It was encouraging to return to Cooper and see the changes that had transpired since my last visit a few months prior,” says Siapco.

He finished up 2021 with visits to Kurgwi Clinic, Nigeria, and La Loma Luz Hospital, Belize. Though it was a busy year, Siapco is proud of the work that has been accomplished and the upgrades that have occurred at AHI hospitals.

THE CRITICAL ROLE OF AHI IN THE ADVENTIST *Dental Ministry*

The dental ministry of the Seventh-day Adventist Church is made up of several categories of entities. First are a few thousand private practitioners that work to support and collaborate with the church's strategies and outreach, especially in areas of health, evangelism, and finances. Also included are five dental educational programs in various Adventist universities. Third are actual dental practices owned by Adventist entities including hospitals, schools, churches, universities, unions, and local conferences.

In areas where Adventist Health International is active there are three dental schools and about 55 church-entity-owned dental clinics. More than a dozen clinics are planned or undergoing significant expansion and AHI works closely with other local and international entities, including the Health Ministries Department of the Seventh-day Adventist Church and the National Association of Seventh-day Adventist Dentists (NASDAD) to facilitate this development and optimize existing clinics.

Currently activity is ongoing in Sierra Leone, Mozambique, Angola, Madagascar, Malawi, St. Vincent, Jamaica, Kenya, Nepal, and Zimbabwe. Equipment, collected, stored, repaired, and packed in the AHI/NASDAD warehouse are sent to many locations every year. A few of the many other forms of support are: collaborative funding of projects, personnel recruitment,



The newly renovated dental clinic at Blantyre Adventist Hospital in Malawi is now upgraded with modern equipment and a spacious floor plan.

support of volunteer personnel, and many other forms of collaboration. About one-hundred thousand dental patients are served each year compassionately, skillfully, and carefully, by caring AHI-facilitated dental teams. The essential impact of AHI however, is what is done by God for patients in that close and personal space of the dental clinic. The essential dental impact of AHI is healing and witness.

COUNTRY *Reports*

ANGOLA

Angola is anchored by two major hospitals, **Huambo Medical Centre**, located in the heart of Angola, and **Bongo Mission Hospital**, located about one hour west of Huambo. The Bongo mission began in 1924 and has a storied history, both in its beginnings and through the Angolan civil war. Now almost 100 years old, the hospital continues to reach out to its local community. One highlight over the past year was the restarting of its Manna Nutritional Plan. This program is groundbreaking in how it works to address the needs of local children and nurture them physically, mentally, and spiritually. At the end of October, there were 37 children in the program, but after the hospital added workshops for those that do not attend school, the program ballooned to 56 children. There are many testimonies that could be shared about this wonderful program, but what stands out the most to hospital employees, beyond seeing the children begin to add healthy weight, is the change in the



The mayor of Huambo (front, left) visited and commended the services of Huambo Medical Centre during their health expo in Huambo, Angola.

countenance of the children. You can see it in their eyes as they play and sing. The children are now smiling and happy.

Huambo also held several activities in their local community in 2021. The hospital has been active in bringing healthcare to the prison community and to the public in general. The most significant event over the past year was the health expo, a highly attended event that even brought out the mayor of Huambo.

BOTSWANA

Kanye Adventist Hospital (KAH) has served as the sole hospital for all of the Southern District of Botswana since 1921. Now functioning as a district hospital as part of the Public Health Service of Botswana, KAH is under the leadership of Brendan Tombs, MD.

Beginning in April 2020, Botswana experienced various levels of COVID restrictions, which severely affected community participation. This had widespread effects on the operations of the hospital on several levels. Within the hospital, non-essential gatherings were suspended and numbers in physical meetings were greatly reduced, which affected devotional services for staff and patients. In the community, all home visits were stopped to reduce spread of the virus. However, with the increasing availability of COVID vaccination, Botswana was able to begin easing of the restrictions on public gatherings. As a result, KAH has reaffirmed its position in the community. Several programs have already returned to success, including a 10 Days of Prayer event held for staff and the outpatient department. The public health department of Kanye Adventist Hospital had an outreach to its home-based care clients to celebrate the restarting of

services and small gifts of appreciation were delivered to clients. Additionally, the gender affairs department held a community event to recognize women in leadership. The event was held at Kanye Main Kgotla (a community meeting place) and was well-attended.

GHANA

Valley View Adventist Hospital is a 60-bed hospital located in Techiman, Ghana. Asare Aning-Agyei Emmanuel, MD, serves as the medical director there and has been working to provide health outreach to the local community. In the past year, healthcare professionals from Loma Linda University Health and other global partners traveled to Techiman to host a four-day health services program. This program, offered free of charge to the local community, was able to reach more than 3,000 individuals. From surgery and dentistry to eye care and ear, nose, and throat cases, the hospital was able to re-engage those in need in a big way. Additionally, the health services program provided one additional benefit — 33 individuals were baptized!



Kgomotso Mokgano (left) public relations officer, Kanye Adventist Hospital (KAH), poses for a photo with Milo Matsoga, matron at KAH, during the Kanye Main Kgotla (traditional court or council meeting place) for the gender affairs department event: Recognition of Women in Leadership.



Patients lined up for the health outreach program provided by Valley View Adventist Hospital in Ghana. The program offered surgery and ear, nose, and throat care and dental care free of charge to the local community. More than 3,000 individuals showed up for the event.

MADAGASCAR

Madagascar is a large island nation, second only to Indonesia as the largest country consisting of only islands. Though classified by the United Nations as one of the least developed nations in the world, almost half of the population adheres to Christianity. The Adventist health message came to Madagascar through irregular medical missions during the 1940s and 1950s. The first medical institution in Madagascar was built in 1969 at Ambatoharanana. The small dispensary, under the direction of Mildred Vel from the Seychelles, grew quickly to become a dispensary with a 10-bed maternity ward. In 1972, it was decided to build a hospital and **Andapa Adventist Hospital**, located at the north end of the island, was established in 1976. With 64 beds now, Andapa is steadily increasing capacity and services. In 2021, Andapa began utilizing its new operating room and was able to improve the provision of COVID vaccines. This was largely due to the addition of a solar chlorinator, solar refrigerator, and health kit center,



Two new guesthouses have recently been completed at Andapa Adventist Hospital in Madagascar.

provided from the Malagasy government. Additionally, the hospital completed construction on two new guest houses, funded through Maranatha and the One Day Church initiative.

The **Polyclinique Adventiste Soamanandriny** in Antananarivo has also grown significantly during the COVID years. The clinic, located in central Madagascar, expanded to 17 beds in 2021. It has experienced record numbers of inpatients and surgeries. There are high hopes that the continued success of this clinic will provide a significant boost to healthcare in the country.

MALAWI

Malawi is well known throughout Africa for its warm and hospitable people. One needs only to walk through the countryside to experience this. It is for this reason that the country is referred to as “the warm heart of Africa.” **Lilongwe Adventist Hospital**, located in the capital city of Lilongwe, has been feeling the pinch for some time when it comes to space for medical records. Additionally, termite infestation has caused damage to the cashier window.

By reclaiming some adjacent wasted space and reconfiguring the medical records area, a new entrance has been constructed that also improves the privacy, security, and climate control for employees in these two areas. Another exciting addition at LAH is the renovation of the former guest living space. This area has been transformed into a two-bedroom guest house, complete with a small kitchen, living room, and dining area, as well as shower and toilet.

When COVID first appeared at **Malamulo Adventist Hospital**, like many institutions and facilities, the hospital curtailed as many group activities as possible. Malawi, on the whole, was spared significant waves of COVID, with the Beta variant having the most effect on our community in the early months of 2021.

The most significant community effort at Malamulo is the Guardian Shelter facility. Many of the patients come some distance to be at the hospital and most have a guardian or family member who cooks food for them and attends to other needs of the patient may have that the hospital cannot provide. The Guardian Shelter provides a place to sleep, cook, shower, and remain close to



The recently completed Guardian Shelter at Malamulo provides living and cooking space for patient families.

their family members in the hospital. This has been a multi-year project with a variety of donors. The intention behind the project was that the community would have a large share of the responsibility for maintaining the space as a common benefit and that the ongoing expenses to the hospital would be kept to a minimum.

For the last several years, **Blantyre Adventist Hospital** has effectively reached out into surrounding communities with an extensive network of clinics. One of the clinics, located in the village of Chokwe in the Chikwawa District about two hours from Blantyre, provided medical outreach to the village in conjunction with a Seventh-day Adventist local church elder. Blantyre was able to provide services to this community in 2021, assisting more than 300 patients with various medical needs. Another medical outreach project was completed in Monkey Bay with an additional 281 patients assisted.

NIGERIA

Several structural developments and renovations occurred in Nigeria in 2021, among these are **Jengre Hospital, Kurgwi Clinic, Arum Tumara Clinic, and Maigamo Clinic**. At Jengre, the Yvonne Eurick Vocational Center was renovated. This renovation and several others in nearby clinics were funded through the Romanian Adventist Church in Loma Linda, the Northern Nigeria Union Conference, AHI, and the federal government of Nigeria. Ben Siapco brought needed upgrades to lab equipment during his visit to Northern Nigeria. These upgrades have resulted in more accurate results and interpretation of tests. Thanks to the work of Siapco and others, the labs at Jengre, Kurgwi, and Jos are gradually becoming referral labs due to the caliber of tests that can now be run there. Additionally, a health expo was offered to members of the local community. More than 165 people received free consultations, tests, and medication, providing considerable impact to those in need.

RWANDA

God's special grace has been with **Kigali Adventist Medical Center**, Rwanda, through the last year. Tommy Wuysang, MD, medical director, and his staff labored to rebuild the community from the aftermath of COVID. The community has drawn closer to the hospital, providing a unique opportunity to spread the love of Jesus as the medical professionals gave tender loving care to their patients. It has been an amazing experience for Kigali staff to

watch as many critically ill patients — both those who have been brought and those who have come on their own for treatment at our facility — were miraculously healed. The staff are so grateful to God that every patient left with a testimony of God's love and healing mercy in their lives. In addition to many wonderful stories, Kigali is improving its facilities, both administration and admission buildings, to better serve the communities.

SIERRA LEONE

Following the pandemic, 2021 was a rough and bumpy year for **Waterloo Adventist Hospital**. The year had started with hope, with several strategic planning meetings charting the course of the hospital over the next year. Although things did not go exactly as planned, administration there did achieve more than 70% of what they wanted to accomplish. Several staff traveled and took part in activities within and outside of Sierra Leone. The hospital also enjoyed the company of many visitors like Ginger and Rebecca Smithson and celebrated the arrival of the Bersabas to open the dental clinic. Hospital administration also collaborated with Ministry of Health, World



The Yvonne Eurick Vocational Center, located on the campus of Jengre Hospital in Nigeria, was recently renovated.

Health Organization, and Nacoverc to train many staff. The hospital complied with the Government of Sierra Leone Ebola and COVID-19 vaccination drives and braved the delta wave of COVID. During the pandemic, most of the ongoing renovation and building projects were suspended, including the maternity ward, old mission building, and dental clinic to name a few. One other unexpected side-effect of COVID was that the hospital experienced an increase in security breaches with a significant amount of property stolen — both hospital and personal. The hospital completed staff training in Microsoft Office, repaired various equipment throughout the hospital and regularly provided food and oil to members of the community and to staff in need. Despite the challenges of COVID, staff salaries were always paid with zero back-log owed to staff. To date, not one of our staff has tested positive for COVID. The hospital has put into place several plans for 2022 to renew their campus and revitalize healthcare in their community. Among these improvements are hospital-wide access to Internet and a closed-circuit camera security system.

TCHAD

The global pandemic made its impact in Tchad with transportation and borders shut down and large gatherings, events, and religious



Hospital staff pose for a picture during the Women's Day event at Béré Adventist Hospital, Tchad.



Staff from Waterloo Adventist Hospital, Sierra Leone, pose for a photo.

services banned for some time. Life in Béré experienced its first indication that things were returning to normal with their Women's Day event. This annual event had been put on hold for the past few years. It helps give the women of **Béré Adventist Hospital (BAH)** a reason to celebrate the support that they receive from the community. This support helps women face the difficulties of life in Tchad — one of the most difficult countries in the world for women due to high maternal mortality rates, low education and literacy rates, young marriages, and expectation for large numbers of children, polygamy, and other cultural norms. Hospital staff have discovered that the small community feeling in Béré enhances meaning in the difficult lives of both men and women in Tchad. A visitor to Béré might often hear the phrase, "On est ensemble!" In English, this means, "We are together!" This phrase is used to express a sense of camaraderie and interdependence. Pandemic or no pandemic, for the Tchadian and non-Tchadian staff alike, this sense of need to lean on one another cannot be shaken. Thanks to this feeling of togetherness, there is now a sense of normalcy returning to Béré, with events resuming, such as the Women's Day celebration, religious services, and sporting events. Additionally, vaccines are now available in Tchad and many BAH patients travel from very distant locations to receive them even at this small rural hospital.

CURAÇAO

When the nearby government hospital became the designated hospital to treat COVID patients, it left **Antillean Adventist Hospital (AAH)** with the task of supporting non-COVID patients. When the vaccine was introduced, skepticism was high, even among the physicians. However, as the potential of the vaccine to lower COVID-19 infection and death in the community was realized, AAH worked with government health authorities in promoting the vaccination campaign. AAH became the second vaccination center where employees and others in the community could be vaccinated, with the hope to soon start rebuilding the local community. The pandemic impacted lives and many lost their job due to rapidly closing businesses. The need in the community grew and hospital staff, headed by the chaplain, Mr. Boekhoudt, distributed food and other items from the little they had to support those suffering and hurting in the community. Working with ADRA, hospital staff also provided weekly food to the homeless.

One area that the hospital has focused on post-pandemic, is building and training local entrepreneurs. These individuals were very much impacted by COVID. AAH collaborated in the Global Entrepreneurship Week with a health education seminar for these entrepreneurs. This presentation was sponsored by the hospital, and the speakers taught simple ways to eat healthy meals and simple exercises that can be done anywhere and anytime, considering that a healthy body will guarantee a healthy mind.



Antillean Adventist Hospital became a vaccination center for the Caribbean island of Curaçao.

HONDURAS

At **Hospital Adventista de Valle de Angeles (HAVA)**, the process of vaccination and immunization of the population allowed the hospital to provide medical services to orphanages and reception centers that had not received medical attention for more than a year. One of them was an orphanage for girls, ages 2-17 years old, who were abandoned or rescued from domestic violence. HAVA took a dental brigade to the orphanage and provided an oral inspection and fluoride dose to each girl. When the activity ended, HAVA staff gave the girls Christian books, and as their gratitude in return, they gifted HAVA staff with a beautiful musical concert. Through the clinic in Tegucigalpa, HAVA took a medical brigade to a teenage shelter there. Staff attended more than 80 teens who received nutrition and dental attention, as well as preventive health talks. The hospital also made an open call to the population to donate blood and opened the hospital's doors to receive the community for this purpose. Hospital staff have also been traveling to nearby remote communities, bringing medical supplies and food and providing limited medical care.

HAITI

On August 14, 2021, a 7.2 earthquake again devastated the nation of Haiti. The epicenter was approximately 70 miles southwest of our hospital, near the community of Les Caye. **Hôpital Adventiste d'Haïti (HAH)** was the closest hospital that had trauma experience, as well as skilled orthopedic surgeons. Over the next six weeks, HAH performed more than 325 surgeries, with funding largely provided by the generosity of humanitarian organizations, including ADRA, AHI, and Amistad International. With such a large influx of victims, it became immediately obvious that additional medical personnel, as well as space to care for the victims post-surgery, was a desperate need. A volunteer pipeline was established between AHI and HAH, bringing more than 250 volunteers. The improved outcomes of the victims of this earthquake when compared to the outcomes of the victims of the 2010 earthquake are remarkable and speaks to the training and skill of HAH surgeons.

JAMAICA

The effects of the pandemic created opportunities and challenges for **Andrews Memorial Hospital (AMH)**. With the arrival of COVID, a significant source of income providing physical exams for people immigrating to



Earthquake victims waiting in line for surgery at Hôpital Adventiste d'Haïti.

the United States, ceased. Additionally, the hospital lost 40 nurses to other jobs, adding to an already existing shortage. This caused the closure of a 15-bed nursing unit. The hospital now has a plan in place to recruit, orient, train, and retain nurses. AMH participated with the Jamaican government in providing vaccinations to the public and rendering outpatient care to symptomatic patients. Unfortunately, the hospital could not provide inpatient care because the ICU was not functional. Highlights from the year include an upgraded clinical lab with three new pieces of equipment. The future for AMH looks bright, especially as the world moves to a post-pandemic posture.

MEXICO

Southeast Hospital (SH) acted decisively during the pandemic to increase staff training in providing healthcare during difficult scenarios. Hospital staff converted necessary space for COVID-specific care and implemented new processes for this purpose. As the pandemic worsened and government hospitals were overwhelmed, SH looked at ways to offer patients more comprehensive services. This included an expansion of their COVID-specific units with appropriate triage centers to determine levels of COVID severity. Additional equipment was also purchased, including high-flow ventilators and volumetric ventilators. Through the crisis, hospi-

tal administration realized how much confidence the Tabasco government and community had in Southeast Hospital. Currently SH is expanding its services and ability to provide care.

NICARAGUA

Hospital Adventista de Nicaragua initiated an infrastructure recovery plan following the COVID pandemic. There were concerns that the hospital offered no space in the event surgical complications occurred. The plan includes several infrastructure upgrades including recovery spaces. Also included as part of their plan is the creation of an intensive care unit so serve patients who need to be ventilated. Hospital administration is working to acquire equipment that will complement their infrastructure plan and fully prepare the hospital to be able to respond to community health care needs including construction of a surgical medical center. When this is completed, they will be able to better address the needs of their local community.

TRINIDAD

Community Hospital of Seventh-day Adventists is a 45-bed mission hospital located at the foothills of the Cocorite community on the outskirts of Port-of-Spain, the capital of Trinidad & Tobago. The hospital was formally established on December 2, 1962, and is the oldest private hospital in the country that offers full services to the population. Over the past few years, there has been a lull in local community engagement and other involvement activities because of a number of mitigating circumstances.

A few months prior to the onset of the COVID pandemic there was a change in leadership at the institution. Current administration has embarked on engagement efforts within the community as it seeks to build back its programs, staff, and facilities to better serve the community. In 2021, the hospital began a number of initiatives. Most significantly was the implementation of a turn-around plan. This plan included a restructuring of the current services offered by the hospital and the introduction of several new services that target the needs of the local community. The emergency room services have been expanded to 24-hours/seven-days-a-week and the operating theatre has been refurbished and upgraded. Staff and volunteers staged a massive clean-up and facelift drive on the hospital campus, presented a medical lifestyle evaluation day for denominational workers and community residents, and held a community health fair. These activities were very impactful and have helped to raise awareness and attract past users and new patients from the community.



Hospital staff from Hospital Adventista de Venezuela pose for photo with the special license to operate a new intensive care unit and emergency area.

VENEZUELA

The overall political and economic situation in Venezuela is well-known and devastating. Severe hyperinflation, political dynamics, and lack of food and replacement parts of all kinds are the norm. Additionally, there is a severe shortage of pharmaceuticals, which particularly affects the delivery of health care.

The broken infrastructure throughout the country has been a constant part of Venezuelan daily life for at least two decades. The Venezuelan population suffers much, particularly of hunger. Despite all of this, however, the central government allows the work of the Adventist Church to continue, more or less unrestricted. Thankfully, this also includes the health care work.

Among the health care entities in the country is the hospital in Barquisimeto, in the north-central region, **Hospital Adventista de Venezuela** (HAV). This hospital has existed for 60 years. Barquisimeto is a prominent city with close to one million people and an Adventist population of about 100,000. The church's work is prominent, as is the health care work of the hospital. The hospital has been striving to build a new facility for the past 25 years. Construction progress in Venezuela is often severely delayed by lack of resources, and bureaucratic complications are often impacted by corruption. While the entire new building is still under construction, the first floor will be used as an ICU and emergency area, and has been completed. That event received special recognition by the municipal government. A recognition and special license to operate the new area was extended during a ceremony attended by scores of church and other officials. Representing the hospital were Dr. Leo Acosta, board chair, and Bianney Pirela, CEO.

The hospital continues to serve 5,000 to 10,000 patients annually and offer comprehensive health care services.

AHI Leadership

as of 2021

BOARD OF DIRECTORS

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Angeli Yutuc, MPH

Financial STATEMENT

Statements of Financial Position

	12.31.21	12.31.20
	Unaudited	Audited
Assets:		
Cash and cash equivalents	\$7,282,763	\$5,297,810
Other receivables	174,135	55,057
Other current assets	100,000	100,000
Other assets	143,481	161,581
Total Assets	\$7,700,379	\$5,614,448
Liabilities and net assets:		
Accounts payable	\$374,282	191,873
Deferred grant income	940,220	1,189,152
Other current liabilities	1,380,654	10,224
Total Liabilities	\$2,695,156	\$1,391,249
Net assets:		
Without donor restrictions	933,196	919,862
With donor restrictions	4,072,027	3,303,337
Total net assets	5,005,223	4,223,199
Total Liabilities and Net Assets	\$7,700,379	\$5,614,448

2021 Financial Statement

Statements of Activities

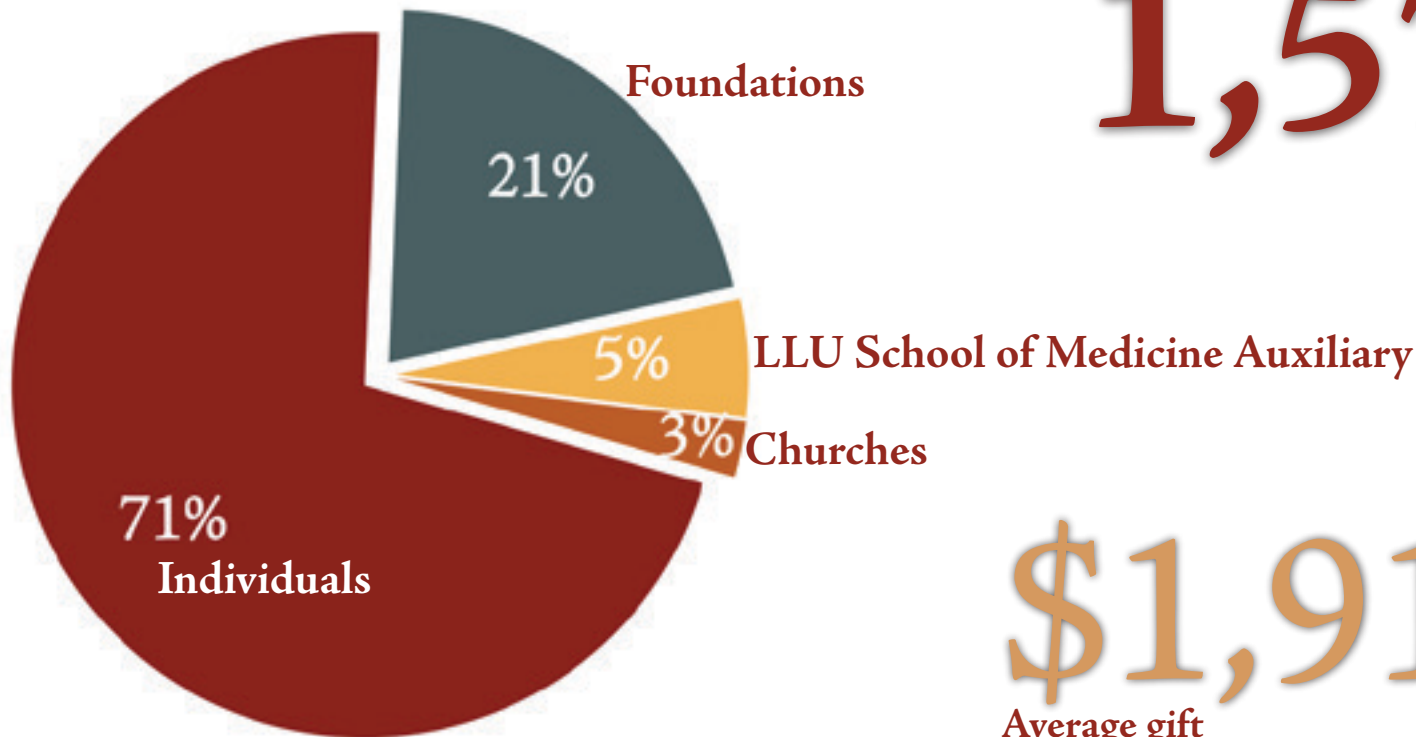
For the years ended December 31, 2021 and 2020

	2021	2020
	Total	Total
Support and revenue:		
Contributions	\$3,353,171	\$3,323,838
Investment income	38,063	27,739
Other income	107,670	91,700
Total Support and Revenue	\$3,498,904	\$3,443,277
Expenses:		
International programs	\$2,307,937	\$2,361,504
General and administrative	387,487	223,479
Fundraising	21,456	32,059
Total Expenses	\$2,716,880	\$2,617,042
Change in net assets	\$782,024	\$826,235
Beginning net assets	\$4,223,199	\$3,396,964
Ending Net Assets	\$5,005,223	\$4,223,199

Philanthropic SUMMARY

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

We deeply appreciate you and your continued support.



of donors **802**

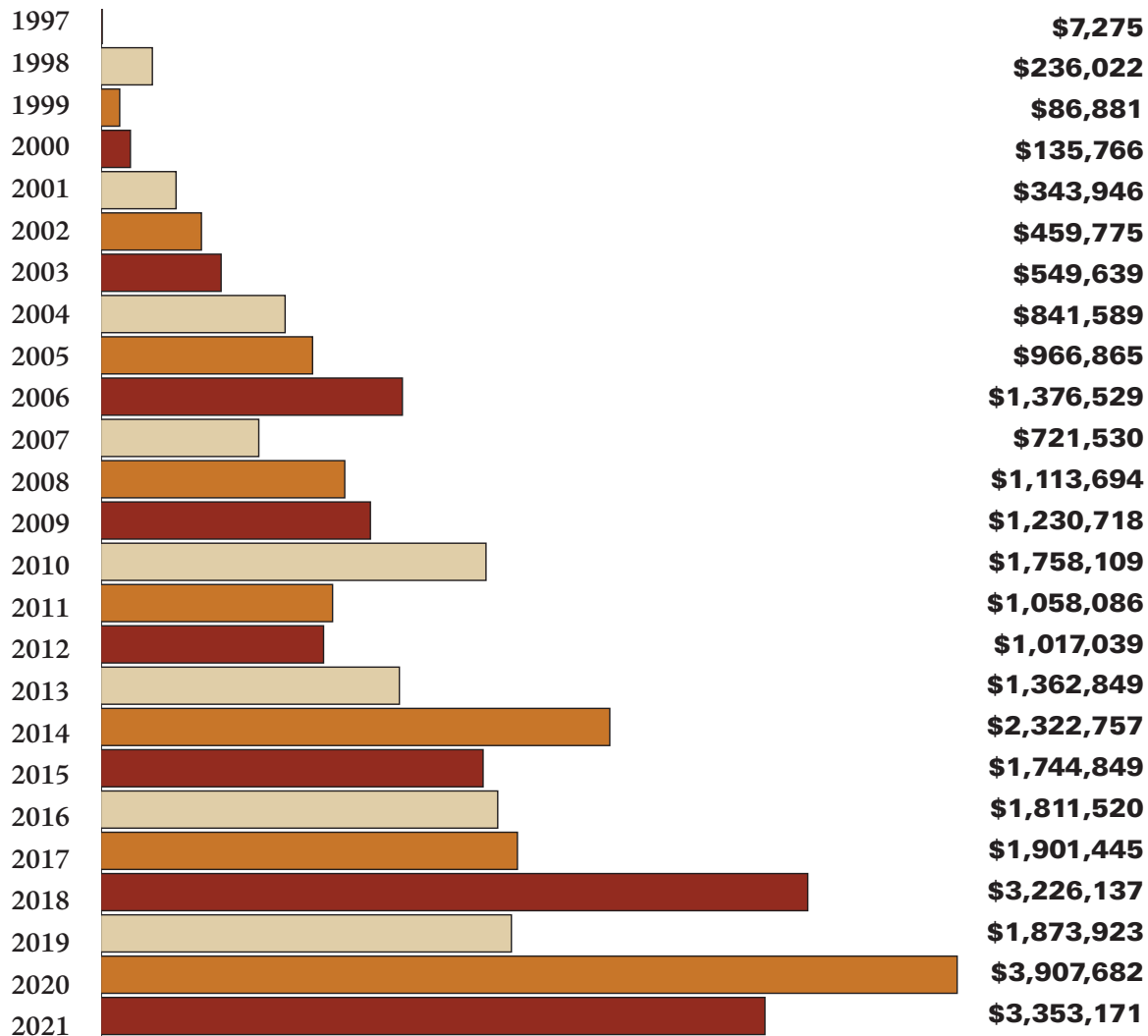
of gifts **1,579**

Average gift **\$1,919**

Average per donor **\$3,779**

Philanthropic SUMMARY

Summary by year



Summary by country

Angola	\$32,585.00
Belize	\$3,100.00
CAAP	\$5,375.00
Cameroon	\$7,409.00
Congo	\$10,250.00
Curacao	\$85,400.00
Ethiopia	\$400.00
General	\$799,454.08
Ghana	\$4,255.00
Guyana	\$35,500.00
Haiti	\$334,190.54
Honduras	\$40,300.00
India	\$25,700.00
Jamaica	\$39,000.00
Kenya	\$54,799.19
Liberia	\$28,012.00
Malawi	\$615,048.65
Mozambique	\$11,100.00
Nepal	\$38,800.00
Nigeria	\$7,800.00
Puerto Rico	\$250.00
Rwanda	\$12,500.00
Sierra Leone	\$155,354.00
Tchad	\$552,575.81
Trinidad	\$75,000.00
Ukraine	\$52,005.86
Venezuela	\$3,000.00
Zambia	\$1,725.00

Philanthropy, NOT CHARITY

When AHI was started in 1997, it wasn't much more than a concept — an idea that the overseas hospitals of the global Adventist Church needed assistance. This assistance could bring these hospitals back to a level where they could compete in their health care environments and fulfill the mission for which they were created.

We all realized that for the idea to truly work, it would require significant resources to re-build infrastructures, energize staffing, and re-define politics and relationships. Much more than that, however, we would need to address accumulated debts, neutralize isolation, and re-build confidence that mission hospitals could again truly be a service beacon to the world.

Success for AHI would require much more than charity — it would take true “philos anthros” philanthropy, that is, a love of humanity. It is that love of humanity that is exactly what AHI donors have demonstrated across a quarter century, contributing more than \$33 million to build this organization and its service capacity.

The year 2021 represented another period in which AHI donors strongly demonstrated their philanthropic efforts as they contributed more than \$3 million. We are grateful to each of AHI's 802 donors in 2021. What a magnificent way of showing your philanthropic caring! A bit of a brief profile of some of these donors:

- ✦ Versacare, a foundation in Riverside, California, contributed a grant of \$150,000 in support of hospital projects in Trinidad, Guyana, Jamaica, Haiti, and Tchad.
- ✦ Richard Noble continued his extraordinary support by establishing patient charity funds through gifts totaling \$140,000.

- ✦ The Loma Linda University Medical Auxiliary provided gifts that totaled more than \$160,000 in support of AHI hospitals that host at least one LLU medical alumnus/a.
- ✦ Restore a Child, a charity supporting children globally, provided gifts totaling \$75,000.
- ✦ The Winifred Stevens Foundation made grants totaling \$350,000 to support hospital projects in Haiti, Tchad, Nepal, India, and Sierra Leone.

As someone noted a long time ago, the vineyards of philanthropy are very productive and AHI's donors exhibit this. Thanks to each of you who support the work of AHI's hospitals and clinics.



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Caribou Adventist Fellowship
Central Adventist Church
Florida Living Adventist Church
General Conference World Headquarters
Loma Linda Romanian Adventist Church
Quiet Hour Ministries
Sandstone Chapel Adventist Church
Summersville Adventist Church
Three Angels Broadcasting Network

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Conrad N. Hilton Foundation
E.N.T. Facial Plastic & Laser Center
Family Office Foundation, Inc.
Global Health Institute, LLUH
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Harmon Construction Company
Healthy On Purpose
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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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