

**TOUCH** Foundation, Inc.

# Annual Report

2005



*improving lives in developing countries through health worker training*

**TOUCH Foundation, Inc.**

*P.O. Box 1420*

*New York, NY 10150*

*TOUCH Foundation, Inc. is a 501(c)(3) public charity organized under the laws of Connecticut. Contributions to Touch are tax-deductible to the extent allowed by applicable law. As required by federal law, Touch retains discretion and control over all contributions received in support of its grants to foreign charities.*

2

## Contents

<i>President's letter</i>	3
<i>Program delivery – the case for Tanzania</i>	5
<i>Board of Directors</i>	7
<i>Our stakeholders since inception</i>	9
<i>Edson Rwamugata, medical student</i>	12
<i>Audited financial statements</i>	13

## President's letter



**Since the founding of Touch**, we have seen a number of exciting developments – so many, in fact, that we decided to issue our first annual report this March, covering our starting period from inception in August 2004 to the end of our fiscal year on June 30, 2005. Later this year, we will report on our first full fiscal year of operations ending June 30, 2006.

Since we've started, we've made substantive progress in our work at the Bugando University College of Health Sciences (BUCHS). We've scaled up the number of medical students at BUCHS from 10 to 85 and are on track to educate 250 medical students each year. In addition to training medical students, we've developed plans to begin funding Allied Health Science programs, which will educate assistant medical officers, pharmacists, and lab technicians. Toward this end, we have constructed a dormitory that will house 320 students on the BUCHS campus.

We've also taken steps to formulate a longer-term plan for moving the needle on healthcare, not only in Tanzania but throughout the developing world. We held a symposium on human resources for health (HRH) at which key players from the WHO, the World Bank, the U.S. and Tanzanian governments, university deans, foundations and corporate executives shared ideas about tackling the HRH crisis. In December 2005, we launched a McKinsey strategy study to determine how to most effectively expand training infrastructure and thereby improve health outcomes in Tanzania.

Finally, we've spent much of the past year meeting new friends and finding new supporters who share the Touch Foundation's mission. In the process, we've grown from a staff of one to six full-time employees.

### **Why Touch, and why now?**

The shortage of healthcare workers in the developing world, and sub-Saharan Africa in particular, has created a burden of disease that is unprecedented in human history. Tens of millions of lives are lost each year, in large part because of the grave shortage of health professionals available to educate for disease prevention and provide proper diagnosis and treatment. Our response to this crisis could have profound implications for the people within these afflicted geographies – and its ripple effects could touch every inhabitant of the globe for generations to come.

Our mission is to increase the supply of HRH in developing nations in order to prevent death and



unnecessary suffering in these countries. The Touch Foundation is committed to developing HRH capacity and capabilities through medical training, productivity tools and metrics, health management techniques, and efficient healthcare organization design in the short, medium, and long term.

### **Innovating to save lives**

We are pursuing our mission along three parallel paths. First, Touch is nurturing programs that will increase the capacity and productivity of HRH in Tanzania through support of the BUCHS. We are developing BUCHS as a best-in-class medical training institution to serve as a model for training HRH in developing nations. Touch is collaborating with key stakeholders in Tanzania to fill short-term gaps in the HRH system while developing new programs focused on improving HRH productivity.

Second, the Touch Foundation is pursuing a

mission of awareness throughout the globe by creating a sense of urgency around health issues in Tanzania and the developing world.

Finally, Touch is planning to share the knowledge we develop on solving HRH issues with the global health community. Our aim is to produce an HRH knowledge portal that houses all leading global HRH data and information sources under one umbrella and that, over time, enables the capture and dissemination of our learnings. In so doing, we hope to create a tool for frontline players addressing the HRH crisis in developing nations.

### **The power of the partnership approach**

To accomplish these objectives, Touch has adopted a public-private partnership approach of applying rigorous for-profit practices to nonprofit outcomes. We've partnered with institutions that have provided invaluable input and financial support. McKinsey & Company houses the Touch Foundation in its New York headquarters, providing strategic consulting services and ongoing administrative assistance. The Citigroup Foundation, and Sandy Weill personally, have furnished sizable financial support to Touch. Weill-Cornell Medical College has incorporated BUCHS as an affiliate university. Stroock & Stroock & Lavan has given significant pro bono legal services. Finally, Maryknoll Fathers and Brothers and Fr. Dr. Peter Le Jacq are responsible for mobilizing the original corps of BUCHS donors, whose circle of friends now make up a large part of our support base.

In line with our management philosophy is a commitment to treating donors like shareholders who have a stake in the success of our Foundation. We all have a stake in seeing countries like Tanzania build healthcare-training capacity – it's the only viable option for treating the sick and poor in the developing world. Indeed, it is the only long-term, sustainable solution for saving lives.

With warmest regards,

Lowell Bryan

## Program delivery – the case for Tanzania



**The healthcare crisis facing Africa** is emerging as perhaps the most significant humanitarian issue of the 21<sup>st</sup> century. Infant mortality rates are 25% higher and average life expectancy, at 44 years, is 25% shorter than the average of low income countries. The spread of HIV/AIDS, which has infected over 25 million people in sub-Saharan Africa and threatens tens of millions more, is overwhelming a healthcare system already under severe strain.

Clearly, underinvestment in all aspects of healthcare delivery is at the crux of this crisis. But equally important, the public-health community has begun to identify the shortage of HRH as the most significant bottleneck to any kind of meaningful response.

Skilled healthcare personnel have always been scarce in sub-Saharan Africa, but the imbalance between supply and demand is widening, driven by three primary factors:

The number of skilled healthcare personnel is failing to keep pace with population growth, resulting in increases in the already high ratio of healthcare personnel to population.

The healthcare needs of sub-Saharan Africans are becoming more complex as a result of the spread of HIV/AIDS and resurgent epidemics, increasing the need for professionals to diagnose and treat illnesses.

The productivity of healthcare personnel is deteriorating as a result of poor pay, dangerous working conditions, and a lack of equipment, supervision, and career prospects.

Correcting this growing imbalance has the potential to expand the response to the crisis in African healthcare, positively affect the economic and social progress made in Africa, and help achieve the UN's Millennium Development Goals (which include reducing infant and maternal mortality by two-thirds by 2015). Given the long lead times required to move the needle on the number of

healthcare professionals, the time to act is now.

### Tanzania's healthcare crisis

Tanzania's healthcare situation is among the worst in the world and is in dire need of support. Driven by years of underinvestment and the spread of communicable disease, Tanzania's life expectancy – already one of the lowest in the world – has declined from 52 years to 44 years over the past decade. Its infant and under-five mortality rates, which are significantly worse than peer averages, have also begun to deteriorate. And children under the age of 14 account for nearly 40% of deaths in Tanzania. These are stark facts for a country less ravaged by HIV/AIDS than other African nations; 8% of Tanzanians are infected with HIV/AIDS compared with, for example, 38% of Botswanans.

While Tanzania has made improvements in the overall number of healthcare professionals compared with other sub-Saharan African countries, its mix of doctors is among the lowest in Africa. As a result, Tanzania has one of the worst medical doctor-to-population ratios in the world: 4 doctors for every 100,000 people, compared with 266 per 100,000 in developed countries.

### Building HRH capacity

Despite the grim reality of Tanzania's healthcare situation, it has many of the conditions needed for success in improving healthcare outcomes for its people. Helping Tanzania address its healthcare issues is crucial, both in terms of saving lives and serving as a beacon to others that real progress can be made even in nations as poor as Tanzania. The potential to have real impact on improving health outcomes in Tanzania is enormous: in a nation with 36 million people, closing just half the life expectancy gap (i.e., 7 to 8 years of life)

between Tanzania and the world's lowest-income countries would add 250 million to 300 million person-years of life.

Tanzania is a peaceful, democratic nation that enjoys a relatively stable political environment. Its government is committed to improving the welfare of its people and has a history of forging successful partnerships, across government, religious, corporate and geographic lines to provide the base conditions needed to attract outside support for its efforts to improve healthcare. Tanzania has a large pool of qualified post-secondary candidates, owing to investments made in primary and secondary education. Finally, Tanzania has been able to retain a large proportion of its locally trained doctors (around 80%), in part by allowing doctors to engage in private practice to supplement their meager state incomes.

### **The Touch Foundation and BUCHS**

The Touch Foundation has a unique opportunity to help transform healthcare delivery capacity within Tanzania and generate a model for training healthcare workers throughout the developing world by investing in BUCHS. Located in the Mwanza district of Tanzania, BUCHS is situated inside the Bugando Medical Center, which is one of four national tertiary care centers and serves as the only referral hospital for approximately 12 million people in the country (one third of Tanzania's population).

BUCHS began operating three years ago with ten students. Through Touch's support, BUCHS is now training 85 first, second and third-year medical students. Its first graduation of medical officers will take place in 2008. By 2009 the university will be up to capacity, educating 250 medical students annually in a country that has a total of 1,571 doctors (822 MDs and 749 AMOs, as at the last census in 2002). At the same time, the Touch Foundation is planning to help BUCHS incorporate the Allied Health Sciences program, now run through Bugando Medical Center, into its training curriculum. In the near-term, BUCHS plans to educate hundreds of students in the allied health sciences, e.g., assistant medical officers, lab technicians and radiographers.

These workers often bear the brunt of healthcare delivery in Tanzania, and the shorter lead times required will enable BUCHS to fill priority gaps in Tanzania's healthcare system while also building longer-term structural capacity with MDs.

Helping BUCHS is its status as an affiliate university of Weill Cornell Medical College. Weill Cornell will be funding two 1-year fellowships for its residents that will likely entail clinical instruction and care in the areas of pediatrics and infectious disease in Mwanza. In addition, Weill Cornell has begun working with BUCHS to integrate its computerized tools and problem-based learning programs into the BUCHS curriculum. BUCHS also has the potential to develop a "localized" curriculum, including specializations (e.g., HIV/AIDS, prenatal health, newborn-to-3-year-old health) that are most relevant in developing countries and specifically Tanzania.

### **Building solutions**

In addition to curriculum innovation, Touch is committed to finding solutions for the high startup costs associated with building the classrooms, dorms, library, and lab space needed. Touch is exploring low-cost innovative construction materials and techniques for providing the infrastructure that BUCHS, and other universities, will need to grow and flourish. We are also exploring new ways to increase training capacity, upgrade healthcare worker skills, and improve productivity in Tanzania, e.g., through continuing education and curriculum changes and by improving distribution and staffing levels in rural areas.

By creating a best-in-class model for healthcare training at BUCHS, our longer-term vision is to facilitate the education of thousands of healthcare workers each year while also developing healthcare management systems and forming partnerships throughout Tanzania and the developing world. The goal of increasing life expectancy and improving health services for millions may seem daunting – but it is far from impossible. One doctor in Tanzania may well be able to administer over 150,000 treatments in the course of a career. A single university could help heal an entire nation.

## Board of Directors

### Lowell L. Bryan, President

**Lowell Bryan is a director** of McKinsey & Company, where he serves major clients on a wide range of issues related to corporate strategy and organization.

He has spoken and written extensively – particularly on topics related to strategy, organization, and financial services – for the past 30 years. He is currently co-authoring a book on managing companies in the 21st century, a subject that reflects more than a decade's worth of research into the forces at work in the global economy and their implications for corporations. His most recent book emerging from this research was *Race for the World: Strategies to Build a Great Global Firm*, published by the Harvard Business Press in 1999.

Lowell has been the principal author of four additional books, including *Market Unbound* and *Breaking Up the Bank*. He has been a frequent contributor to the *Wall Street Journal* editorial page and has published articles in numerous periodicals, including the *Harvard Business Review* and the *McKinsey Quarterly*.

Lowell earned a B.A. from Davidson College in 1968 and an M.B.A., with distinction, from the Harvard Business School in 1970. Prior to joining McKinsey & Co. in 1975, he worked for the State Street Bank of Boston. He is a trustee of Davidson College and just completed a term on the Visiting Committee for Harvard Business School.

### Robert A. Jeffe, Chairman

**Bob Jeffe joined Deutsche Bank** in November 2004 as Chairman of the Corporate Advisory Group in the Americas. He is also responsible for Large Cap company coverage and is a member of the Mergers and Acquisitions Operating Committee. He came to Deutsche Bank after spending three years as Senior Vice President for Corporate Business Development at GE.

Prior to joining GE, Bob was an investment banker for 28 years. For over twenty years he was at Morgan Stanley, where he was Managing Director and served as Co-Head of the Corporate Finance Department, Head of the Global Natural Resources Group, and a member of the Investment Banking Management Committee. He was also a Managing Director at Credit Suisse First Boston for six years and at Smith Barney Inc. (now part of Citigroup) for two years. At both firms, he was Head of Global Energy and Natural

Resources and a member of the Investment Banking Management Committee and Global Leadership Group.

Bob earned an MBA with honors from the Stanford University Graduate School of Business and a bachelor's degree *summa cum laude* in economics from Dartmouth College, where he was also elected to Phi Beta Kappa. He resides in Greenwich, Connecticut, with his wife Elizabeth, and has two grown children. He is also a member of the advisory boards for the Stanford University Graduate School of Business and Maryknoll Fathers and Brothers.

### David M. Kirby, Treasurer

**David Kirby is the founder** and Managing Director of Kirby Capital Advisors, an alternative investments advisory and placement agency firm established in 1994 that specializes in advising on and raising institutional capital for private partnerships. He has over 16 years of direct investment industry experience, both as a plan sponsor and as a placement agent.

David has led and completed fund raising assignments for buyout, mezzanine, venture capital, real estate and fund-of-funds partnerships (as well as placing secondary interests in such partnerships) for general partners located in the U.S., Europe, Asia and Latin America. He has personally raised in excess of U.S.\$3.1 billion-equivalent from more than 100 separate institutional investors located in North America, Europe, the Middle East and Asia. He also provides strategic consulting services to firms regarding future fund raisings, due diligence and formation of new partnerships.

Prior to establishing Kirby Capital Advisors, he was for five years the Chief Investment Officer of the Philip Morris (now Altria) pension plans, which initiated its alternative investments program during his tenure. He is a graduate of the Georgia Institute of Technology and has an MBA from Harvard Business School.

### Kevin J. Curnin

**Kevin Curnin is Special Counsel** and Director for Stroock & Stroock & Lavan's Public Service Project. He is responsible for the overall management of the program, including advising and assisting associates and partners with their pro bono litigation and transactional work, and carries

his own pro bono caseload in addition to handling commercial cases. During his tenure, the Public Service Project has won numerous awards from city, state, educational, and nonprofit organizations.

Prior to his March 2001 appointment as the Project's first Attorney Director, Kevin spent more than five years handling a wide range of commercial litigation matters for Stroock. His areas of expertise include insurance, banking, securities, and arbitration.

Before joining Stroock, he clerked for the Hon. Loretta A. Preska, USDJ for the Southern District of New York, and served as a summer law clerk for the Hon. John F. Keenan, also of the SDNY. He has also worked as a teacher and a journalist.

### Louis F. Le Jacq

**Lou Le Jacq is the founder** of Le Jacq Publishing (now LeJacq Ltd.), a medical publishing company whose journals include *The American Heart Hospital Journal*, *The American Journal of Geriatric Cardiology*, *Congestive Heart Failure*, *Journal of the Cardiometabolic Syndrome*, *The Journal of Clinical Hypertension*, *Preventive Cardiology*, *Progress in Cardiovascular Nursing*, *SKINmed*, and numerous other journals and medical textbooks.

From 1954 until 1979, Lou served as a Group Publisher, Associate Publisher and Marketing Director at Dun & Bradstreet in the Medical Journal and Industrial Journal Divisions. He began his publishing career at the *Daily News* in 1946 while still in high school at Power Memorial in New York City.

Lou holds a BS from New York University and served as a Lieutenant in the US Army from 1952-1954. He is an Honorary Fellow at the American College of Cardiology and the Association of Cardiovascular and Pulmonary Rehabilitation. He is Director of the American Irish Historical Society and the International Center for Health and Cooperation, and is a member of the Society of Geriatric Cardiology and a founding member of the Heart Failure Society of America and the Preventive Cardiology Society of America.

Lou has been married to his wife Kathleen since 1952. They have five children and eight grandchildren, and their commitment to healthcare in Tanzania dates back to their first family visit to Tanzania and Bugando Hospital in 1990.

### Vikram Malhotra

**Vik Malhotra is a director** of McKinsey & Company, where he has served major financial institutions focused on life insurance, wholesale banking, asset management, private banking, and retail banking. Vik currently leads the Northeast Office, which encompasses the New York, Boston, and Stamford offices, and is a member of McKinsey's Shareholders Council (Board of Directors) and Director Review Committee.

During his tenure at McKinsey, Vik has led McKinsey's Financial Institutions, Life Insurance, and Personal Financial Services practices, and has co-led the Emerging Markets Financial Institutions Practice. His consulting experience covers a wide range within the financial industry, including corporate strategy, business unit strategy, growth strategies, organizational design, operational improvement, and business process offshoring.

Before joining McKinsey, Vik graduated from the Wharton School of the University of Pennsylvania. Prior to his MBA he worked at the accounting firm of Ernst & Whinney in London, and received his undergraduate degree in economics from the London School of Economics.

### Charles V. Raymond

**Chip Raymond is Managing Director** of the Strategic Wealth Advisory for the Global Wealth Management Group, which provides advisory services – including philanthropic, family, art, and multi-dwelling and farm advisory – to ultra-high-net-worth clients. He was President of Citigroup Foundation from 1999 to 2005, prior to which he was President of the Travelers Foundation. While at Travelers, he also served as Chief Administrative Officer for the Law Departments and Vice President for Training and Operations.

Before joining Travelers Group, Chip held a variety of positions, including Commissioner of the NYC Department of Homeless Services, Deputy Commissioner of the NYC Department of Housing Preservation and Development, and Managing Director of the New York City Ballet.

He received a Bachelor of Arts degree from the Maxwell School at Syracuse University and attended graduate school at Syracuse University and New York University. In addition to serving as a board member for Touch, he is also on the Board of Directors of the Bowery Residents' Committee, The After School Corporation, the Meaningful Assets Fund, and the Civic Capital Corporation.



## Our stakeholders since inception

### \$1,000,000 and above

Robert & Elizabeth Jeffe  
Citigroup Foundation  
Lowell L. Bryan

### \$250,000 to \$999,999

Louis & Kathleen Le Jacq  
McKinsey & Company  
Joan & Sanford I. Weill

### \$100,000 to \$249,999

Stroock & Stroock & Lavan LLP

### \$25,000 to \$99,999

Daniel & Maureen Cahill  
Citigroup Inc.  
Adolf & Josephine DiBiasio  
Juan & Lorena Ferrara  
Andrew Fisher  
Sarita Kenedy East Foundation  
Richard M. & Elizabeth S. Cashin Family Fund  
General Atlantic LLC.  
Chris & Robert Kleinert  
Sarah Lutz & John van Rens  
Paul & Katherine Watson  
Lynne Wheat

### \$10,000 to \$24,999

Christian & Amanda Briggs  
John & Barbara Burns, Jr.  
Catholic Foreign Mission Society  
Richard Comeau  
Kevin & Dee Conway  
Dennis & Eileen Denihan  
Deutsche Bank  
The Fifth Child Foundation  
The Winifred & William O'Reilly Foundation  
Mr. & Mrs. Rolando Gonzalez-Bunster  
Sarah & Tony Howell  
David & Rita Kirby  
Jeffrey & Jane Lightcap  
Vikram Malhotra  
MeadWestvaco  
Bruce & Elizabeth Miller  
Robert Rosiello & Barbara Mullin  
Robert & Kate Niehaus  
Mary Pedersen  
Thomas Peterffy  
Salim Ramji  
Jack Stephenson  
Weill, Gotshall & Manges LLP  
Carl A. Tietjen & Frances Tietjen Wiener

### \$5,000 to \$9,999

Anonymous  
Dominic Barton  
Kevin Brine  
Clare Byrne  
Roger Vincent Coleman  
Terrence & Maura Connolly  
Barbara Cook  
D. Ronald Daniel  
Francis & Anne Darcy  
John & Nancy Donnelly  
William & Cathleen Ellsworth  
Financial Sec. Assurance, Inc.  
The Charles A Mastronardi Foundation  
Elizabeth & Frank Ingrassia Foundation  
Jeremy Bulow & Rhona Mahony Philanthropic Fund  
Janet Grace  
Jeanne Hardy-Sloan  
William & Anne Harrison, Jr.  
John & Maureen Kenlon  
Northern Trust  
Craig Overlander  
Robert & Karen Porter  
Emily & Philip Restifo  
Charles & Diana Revson  
Richard & Ellen Richman  
The John H. and Dorothy M. Scully Trust  
Francis Coughlin, Jr. & Ellen Waznik

### \$1,000 to \$4,999

Zack Alcyone  
Jurek & Stephanie Antoszewski  
Jonathan & Jessika Auerbach  
Karen Aylward  
Susan & Jim Azzarito  
Tom and Michelle Blair  
Martin Brady  
Sarah Briggs  
Ruth Broderick  
Anthony Calenda  
Chelsea Clinton  
Adam Cioth & Beth Cobert  
Kevin & Mary Connolly  
James & Delores Conway  
Raymond & Carol Cook  
Laura Corb  
Kevin Dann  
Toos Daruvala  
Robert & Lisa Davies  
James & Anne DeNaut  
Donald & Deirdre Denihan  
Michael & Doris Denihan  
Kenneth Deregt

Louis Dicerbo II  
 Thomas Dodge  
 Judy Donovan  
 Michael & Hanne Donovan  
 Emma Dorn  
 Richard & Katherine Drago  
 Christine Edwards  
 Andrew & Pamela Farley  
 William & Mary Beth Fessler  
 Marisa Lago & Ronald Finiw  
 The Healey Family Foundation  
 The Husking Foundation  
 The Parsons Family Foundation  
 Jane Fraser  
 Michael & Dorothy Freeburg  
 Thomas & Dolores Gahan  
 Wayne & Valerie Gattinella  
 Geraldine Genovese  
 Anita Gilbert  
 John & Patricia Glynn  
 Gary & Nancy Goodenough  
 Peter & Beth Greene  
 Donald Gross  
 Andre & Hillary Haroche  
 Brian & Laura Hull  
 James & Mary Judge  
 Martha Jeffrey  
 Brian & Ann Jennings  
 Paul & Sonia Jones  
 Claudia Joyce  
 Joann & Art Kalaka  
 Leo & Katherine Karl  
 Brian Kelly  
 John & Kathleen Kelly  
 Robert Kligerman  
 Roger & Susan Kline  
 John & Deborah Ann Kucharczyk  
 Stephen Lackey  
 Madeline Lacovara  
 Thomas Carroll & Judith Lavelle  
 Rev. Dr. Peter Le Jacq  
 Peter & Diane Leverich  
 James & Paula Liang  
 Jim & Cricket Lockhart  
 Larry & Victoria Lunt  
 Lionel & Catherine Mailloux  
 Herbert & Lori McCooley  
 Mary McDermott  
 Asheet Mehta  
 Lenny Mendonca  
 Timothy & Theresa Miller  
 Tom & Jackie Nastos  
 Colleen O'Hora  
 Patrick & Sandra O'Neill  
 Michael & Julia Papa  
 The Pavlovich Family  
 Lester Petracca

Nicholas Petraglia  
 Barnet & Sharon Phillips  
 Harrison & Margaret Pierce  
 Leslie & Eileen Quick, III  
 R. Patrick & Marjorie Quinn  
 Charles & Jan Raymond  
 John Grimes & Laura Rutledge  
 Edward & Joanne Shapoff  
 John & Pamela Shilling  
 John Gardell & Vera Silvestro-Gardell  
 Victoria & Spyrous Skouras  
 Mary & Dana Streep  
 Thomas & Sharon Teles  
 Charles & Geraldine Trunz, III  
 Robert & Ruth Anne Vagt  
 Diodato Villamena  
 Kevin & Donna Wang  
 Howard & Anne Ward  
 Barraud & Lynn Watson  
 Seth & Sheila Waugh  
 Oded Weiss  
 Nicholas Prouty & Valentina Whitlock  
 Veronica Whitlock  
 Donald & Patricia Wiesen  
 Fred & Abbie Wyman  
 Michael & Crissy Zimmerman

### \$500 to \$999

Charles Aysseh  
 Donald Bendernagel & Sally Brazil  
 Deborah Bryan  
 Lawrence & Jeanne Ceriello  
 Daniel Chao  
 Gustave Chappory  
 Marilyn Chinitz-Pozzi  
 Alexandre Martinez Colillas  
 Frank & Mary Collins  
 Ronald & Suzanne Connors  
 Christian & Jeanne Corin  
 Cecilie Cruger  
 Gail Cunningham  
 Kevin & Annemarie Curnin  
 Ryan Davies  
 Glenn & Virginia Desimone  
 Brian Dineen  
 Mr. & Mrs. Richard Donsky  
 James & Lynn Dowd  
 Theodore & Marea Ann Dumbauld  
 Mary Feloney  
 Edgar Fitzsimmons  
 Michelle Forrest  
 The Nickle Foundation  
 The Peter and Caroline Striano Foundation  
 The Simmons Family Foundation  
 The Purchase Fund  
 Dominick Gadaleta  
 John Genovese

Louise & Malcolm Goodridge  
Frances Gormley  
Margaret Grace  
John & Antonina Grazioli  
Kevin & Mary Ellen Grimm  
Robert Kane & Linda Haase  
Thomas & Laura Hanley  
Scott & Alissa Hartman  
Edward & Angela Henderson  
Scott Herrick  
Anita Fouilhoux Houston  
Chris Hussey  
Rajive Johri  
James Kaufman  
Somesh Khanna  
Ann Marie Kinberg  
William King  
Kathleen Knight  
Elizabeth Kontulis  
Brett & Mark Kristoff  
Thomas Leddy  
Eleanor Lorig  
Thomas & Janice Luddy  
George & Kathleen Malhame  
Manhasset High School  
Mark Manley  
Robert Marks  
Paula & Andrew Martin  
Samarjit Marwaha  
David Mau  
Thomas & Patricia McGrath  
Kevin McLaughlin  
Thomas & Rosemary Mulligan  
Frank Noto  
Keith & Kim Overlander  
John & Laura Papa  
Mr. & Mrs. Carl Pate  
Joanne Pearson  
Percy & Ali Pine, IV  
Philip Pope  
Elizabeth & John Procaccino  
Edmund & Anne Marie Resor  
Laura Roosevelt  
Furio & Lisa Savone  
David Schoeman  
Ron Segal  
Spencer Segura  
Nadine Seltzer  
Nicholas & Claire Sotell  
St. John's Episcopal Church  
Rowan & Julie Taylor  
John & Susan Thompson  
Timothy & Kathleen Thornton  
Richard Ung  
Christina Vanderlip  
Cynthia Vanneck  
Leigh Weiss  
Alan & Frances Wiener



## Edson Rwamugata, medical student



### Third year, Bugando University College of Health Sciences

*Q: Tell me a little bit about yourself.*

A: I'm 26 years old. I come from the Kigara region in the Lake Victoria zone. I have two younger brothers and five younger sisters. I grew up in a simple village where my father is a teacher and my mother is a housewife.

*Q: Will you be the first in your family to become a doctor?*

A: Not only am I going to be the first doctor in my family but I am also the first in my family to attend university.

*Q: What made you want to become a doctor?*

A: I've wanted to be a doctor since I was very young. It's something that comes from my heart. I remember going to the hospital when I was a child and seeing many people waiting to be treated by a doctor who never came. I was sick and very scared, and at that moment I said to myself, "Why shouldn't I be among these very important people? Why shouldn't I be a doctor so that I can heal others and save lives?" It was then that I decided what my profession would be.

*Q: Is there a medical specialty in which you are interested?*

A: I've been planning on becoming a gynecologist. Many of the healthcare problems in this country are faced by women in the rural areas and many of their problems relate to gynecology. I think I can do the most good by focusing in this field.

*Q: Do you know where you want to practice medicine?*

A: I'd like to return home to my village and practice there.

*Q: How many people live in your village?*

A: Not many people live in my village, but in my district there are about 800,000 people.

*Q: Do you know how many doctors practice in your district?*

A: There are very few. I know of only one medical officer [doctor]. The rest are assistant medical officers but because there are so few doctors we often refer to the assistant medical officers as doctors.

*Q: Is there a subject you've learned that interests you most?*

A: Of course, I enjoy obstetrics and gynecology, which is where I think my focus will be. But I am really looking forward to beginning my clinical rotations next year and gaining exposure to all the departments, such as pediatric surgery and internal medicine. I think I'll reserve judgment on my favorite subject until after I've completed all my courses and graduated.

*Q: Can you tell me what you think are some of the greatest healthcare challenges facing Tanzanians?*

A: Without question, the biggest problem we face is not having enough doctors. Right now, we have something like 1 doctor for every 25,000 people. It is not enough. Too many people do not get proper treatment. Too many people are dying because of it.

## Financial statements



### Independent Auditors' Report

To the Board of Directors of  
TOUCH Foundation, Inc.

We have audited the accompanying statement of financial position of TOUCH Foundation, Inc. as of June 30, 2005, and the related statements of activities and changes in net assets, functional expenses and cash flows for the period August 5, 2004 (date of inception) to June 30, 2005. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of TOUCH Foundation, Inc. as of June 30, 2005, and the changes in its net assets and its cash flows for the period from August 5, 2004 (date of inception) to June 30, 2005, in conformity with accounting principles generally accepted in the United States of America.

Anchin, Block & Anchin LLP  
New York  
August 18, 2005

### Statement of Financial Position

*June 30, 2005*

#### Assets

Cash and cash equivalents	487,192
Pledges receivable, net	1,973,000
Prepaid assets	1,123
Property and equipment, net of accumulated depreciation of \$1,309	5,737

---

***Total assets*** ***2,467,052***

#### Liabilities and net assets

##### *Liabilities*

Grants payable	400,000
Accounts payable and accrued expenses	15,308
Total liabilities	415,308

##### *Net assets*

Unrestricted	1,273,744
Temporarily restricted	778,000
Total net assets	2,051,744

---

***Total liabilities and net assets*** ***2,467,052***



## Statements of Activities and Changes in Net Assets

For the period from August 5, 2004 (Date of Inception) to June 30, 2005

	Unrestricted	Temporarily Restricted	Total
<b>Revenues and public support</b>			
Contributions	\$2,433,129	\$778,000	\$3,211,129
Donated services	302,114	--	302,114
	2,735,243	778,000	3,513,243
Special event income	79,850	--	79,850
Direct benefit to donor	(12,650)	--	(12,650)
Net special event income	67,200	--	67,200
Interest income	535	--	535
Total revenues and public support before net assets released from restrictions	2,802,978	778,000	3,580,978
<i>Net assets released from restrictions</i>	--	--	--
<b>Total revenues and public support</b>	<b>2,802,978</b>	<b>778,000</b>	<b>3,580,978</b>
<b>Expenses</b>			
Program services	1,111,242	--	1,111,242
Supporting services:			
Management and general	218,955	--	218,955
Fundraising	199,037	--	199,037
Total supporting services	417,992	--	417,992
<b>Total expenses</b>	<b>1,529,234</b>	<b>--</b>	<b>1,529,234</b>
<b>Changes in Net Assets</b>			
<i>Change in net assets</i>	<i>1,273,744</i>	<i>778,000</i>	<i>2,051,744</i>
<i>Net assets - August 5, 2004 (date of inception)</i>	<i>--</i>	<i>--</i>	<i>--</i>
<b>Net assets - June 30, 2005</b>	<b>\$1,273,744</b>	<b>\$778,000</b>	<b>\$2,051,744</b>

## Statement of Functional Expenses

For the period from August 5, 2004 (Date of Inception) to June 30, 2005  
Supporting Services

	Program Services	Management and		Subtotal	Expenses
		General	Total Fundraising		
Grant to BUCHS	\$1,000,000	\$.-	\$.-	\$.-	\$1,000,000
Depreciation	327	327	655	982	1,309
Donated services	59,099	157,679	85,336	243,015	302,114
Maintenance	105	105	210	315	420
Miscellaneous expenses	1,380	1,380	2,759	4,139	5,519
Office supplies and other misc.	59	59	400	459	518
Printing and publications	-.	9,133	9,133	18,266	18,266
Professional and consulting fees	27,792	27,792	55,585	83,377	111,169
Salaries and related expenses	21,309	21,309	42,616	63,925	85,234
Telephone and postage	224	224	449	673	897
Travel	947	947	1,894	2,841	3,788
<b>Total expenses</b>	<b>\$1,111,242</b>	<b>\$218,955</b>	<b>\$199,037</b>	<b>\$417,992</b>	<b>\$1,529,234</b>

15

## Statement of Cash Flows

For the period from August 5, 2004 (Date of Inception) to June 30, 2005

### Cash flows from operating activities

Change in net assets	\$2,051,744
<i>Adjustments to reconcile change in net assets to net cash provided by operating activities:</i>	
Depreciation	1,309
Increase in:	
Pledges receivable	(1,973,000)
Prepaid expenses	(1,123)
Increase in:	
Grants payable	400,000
Accounts payable and accrued expenses	15,308
<b>Net cash provided by operating activities</b>	<b>494,238</b>
<i>Cash flows from investing activities</i>	
Acquisition of property and equipment	(7,046)
<i>Net increase in cash and cash equivalents</i>	<i>487,192</i>
Cash and cash equivalents - beginning of period	-.
<b>Cash and cash equivalents - end of period</b>	<b>\$487,192</b>

### Supplemental Disclosure of Cash Flow Information

Non-cash donated goods and services	\$302,114
-------------------------------------	-----------

For a complete copy of the audited financial statements, please write to the Director of Finance, Touch Foundation, Inc., P.O. Box 1420, New York, NY 10150.



**Population per MD in the United States –  
400.**

**Population per MD in Tanzania –  
40,000.**



**Life expectancy in the United States –  
78.**

**Life expectancy in Tanzania –  
44.**

