Achieving Better Health
Successful Partnerships and Programs in Africa

Touch Foundation
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Mission and Approach

The Touch Foundation is a not-for-profit organization dedicated to improving access to basic healthcare in sub-Saharan Africa. We are addressing the extreme shortage of healthcare workers and other weaknesses in the existing system.

Where We Started
Sub-Saharan Africa has:
• 24 percent of the global disease burden and
• only 3 percent of the world’s healthcare workers.

In responding to this crisis we have deliberately chosen to focus initially on one country to learn lessons that can then be applied across sub-Saharan Africa.

Tanzania’s healthcare crisis is acute as is the case in much of the region, yet it has a stable democracy and a government committed to improving education and public health. The U.S. government identified Tanzania among the African nations as a “regional anchor of stability” — and it is where we have anchored our work.

What We Do
Our activities are three-pronged. We are:
• increasing the national health workforce by dramatically expanding and improving the second largest medical school in the country,
• providing expertise to the Tanzanian government to further expand healthcare worker training nationally, and
• addressing critical weaknesses in the wider health system.

How We Work
In addressing this crisis, we endeavor to:
• ground our activities in rigorous analysis by diagnosing the problems and creating prioritized action plans,
• engage local leaders to ensure that our work supports national strategic goals and will continue under local ownership after we have gone,
• convene dynamic public and private partnerships to tackle challenges in the health system, and
• codify and share our knowledge, recognizing that the problems we are addressing are not unique to Tanzania.
Past Success, Future Potential

Dear Friends,

The story of Jairos Hiliza, a Bugando medical student, reflects those of his classmates. Jairos comes from a poor community in western Tanzania. Like so many of his peers, Jairos feels compelled to give back to his rural community. “I belong to the villages,” he told us, “so after my graduation, I must return to save and heal my people.”

Stories like Jairos’ and the graduation of the first 34 doctors from Bugando inspire us to do more. They are also indicative of greater things to come. There are now 397 M.D. students and 507 nurses, laboratory technicians, and other healthcare workers in training at Bugando. At this rate, the university will increase the number of doctors in Tanzania by 30 percent in only five years.

Beyond Bugando, we are helping to shape the future of healthcare in Tanzania by sharing what we have learned, and by convening action-oriented partners from the public and private sectors. In 2008, the Tanzanian Minister of Health asked us to work with him to develop a plan to scale up healthcare training across the country. The plan — published as Action Now — can double healthcare worker training capacity. The government also involved us in the successful effort to secure a $176 million grant from the Global Fund to Fight AIDS, TB and Malaria to implement the plan.

We published a second report, Catalyzing Change, which made the case for greater private investment to strengthen healthcare through targeted interventions in Tanzania’s Lake Zone, one-third of the country. With McKinsey & Company we are now bringing together public and private partners to create a business plan for the delivery of health commodities and services across the region.

USAID (U.S. Agency for International Development) also continues to support our work. We are pleased to be contributing to U.S. initiatives such as PEPFAR’s (President’s Emergency Plan for AIDS Relief) efforts to train 140,000 new healthcare workers globally over the
next five years. We also continue to benefit from a close relationship with President Jakaya M. Kikwete of Tanzania, who, along with PEPFAR Administrator Dr. Eric Goosby, has expressed deep appreciation for our ongoing work.

To increase broader awareness of the healthcare worker crisis, we have launched Who Cares? — an advocacy and fundraising campaign. Some volunteers are running marathons while others “tweet” on Twitter or write blog posts — all addressing the healthcare worker shortage in Africa. A growing network of more than 1,000 young professionals has also supported our work by attending events that have already raised more than $100,000.

In closing, we are extremely proud of how far we have come and we are glad to be in a strong position, both programmatically and financially, despite the very serious challenges posed by the wider economic climate. Careful management of our resources, increased generosity from our Board of Directors and other donors and the commitment of our staff have enabled us to weather the storm.

Our goal remains that of assisting Tanzania to develop an effective, sustainable healthcare system, helping future doctors like Jairos help their fellow Tanzanians. The hundreds of newly trained healthcare workers we have supported are already saving lives, and more are in training than ever before. These remain the ultimate indicators of our success and the motivation for our future endeavors.

Warmest regards,

Lowell L. Bryan 
President

Lee Wells 
Executive Director

Achieving Better Health
More Frontline Healthcare Workers

BUILDING A UNIVERSITY, EXPANDING REGIONAL TRAINING AND ADVISING GOVERNMENT

The Touch Foundation is addressing the extreme shortage of healthcare workers in Tanzania by helping to educate and retain more skilled healthcare professionals. We are supporting Bugando’s university, developing a model to expand medical training in the Lake Zone region, and advising the Tanzanian government on national healthcare worker expansion.
Understanding the Challenge
Tanzania faces one of the most severe shortages of healthcare workers

Imagine you are Dr. Leonard Subi — you are the only doctor in Kahama, and are responsible for approximately one million people. As the District Medical Officer, you have heavy administrative and public health responsibilities, leaving little time for direct patient care. The hospital staff is comprised of too few nurses and Assistant Medical Officers, and they are overwhelmed. They must care for two or three patients per bed and they lack basic equipment. For patients, the consequences are dire. Many pregnant women cannot reach the hospital. Of those who do, at least one dies every week giving birth.

The situation in Kahama is not unique. Dr. Subi is one of only 1,300 physicians in a country of 40 million people. One of Tanzania’s greatest health challenges remains the massive shortage of doctors and other healthcare workers.

How does one begin to tackle a problem of this magnitude and complexity? The answer is one step at a time, starting with training more healthcare workers.

While Tanzania’s population has increased, the number of healthcare workers has failed to increase proportionately. The country has just 5.2 healthcare workers per 10,000 people, one-fifth of the target ratio recommended by the World Health Organization. At this level, Tanzania is unlikely to reach key health indicators outlined in the Millennium Development Goals, such as reducing the prevalence of maternal mortality, infectious diseases and AIDS.
Building a Medical University
Bugando is now the second largest medical school in Tanzania

The first step towards addressing the healthcare crisis is to make the most of the resources Tanzania does have: its people.

For many young Tanzanians the primary obstacle to higher education is a financial one. Students from poor families simply cannot afford to attend medical school. At the Bugando University College of Health Sciences, situated about 150 miles from where Dr. Subi is based, students are training to become doctors, nurses and other health professionals. They can do this because their tuition and living expenses are predominantly funded by the Touch Foundation.

Our support has enabled Bugando to become the second largest of five medical training institutions in the country. Bugando is now training over 900 students across eight professional specialties. Upon graduation, nurses will deliver primary care, particularly in the rural areas; Assistant Medical Officers will deliver lifesaving interventions, including Cesarean sections; and pharmacists will be equipped to safely administer critical preventive and curative medications at small dispensaries and clinics.
Students complete their clinical training at the adjoining Bugando Medical Centre, which serves over 15 million people in the rural Lake Zone. This region covers one-third of Tanzania’s land mass and is home to more than one-third of the population.

Good medical teachers remain a critical but scarce resource. While Tanzania faces an extreme shortage of doctors, those doctors who are committed to teaching the next generation are in even shorter supply. To address this teaching gap, we are working with the university’s administration to create incentives and performance management structures that will attract permanent faculty. For example, we provide stipends to physicians who allocate a portion of their time to clinical teaching.

We have also developed and coordinated “twinning” relationships with U.S. medical schools to grow and strengthen the faculty at Bugando. These visiting faculty and clinicians are helping to build long-term capacity, enhance the curricula and improve patient care on the wards.

*These figures are based on 2009 data from the Ministry of Health and Social Welfare. The increase from 1,339 to 1,736 doctors does not include graduates from the four other medical schools in the country.*

Professor Zablon Masesa teaches a Physiology class
Bugando’s university receives over 60 percent of its funding from the Touch Foundation. In addition to financial support, we provide operational assistance in the areas of procurement, budget development, financial reporting and essential infrastructure. We built a 480-bed student dormitory and renovated housing to accommodate an additional 348 students.
In a trauma ward, the ability to recognize a critically ill patient is of paramount importance, enabling healthcare workers to intervene in a timely manner. Patients are often in some form of shock, and symptoms are not always obvious. For example, a woman experiencing an ectopic pregnancy has active bleeding in her abdomen, a symptom that is not apparent at first glance.

In Bugando’s trauma unit, I have seen patients who have traveled for days in search of care, including a 23-year-old man with an arrow lodged in his chest. These heartbreaking situations mean I sometimes struggle between the urge to intervene medically in the most expeditious manner possible — the short-term solution — and the need to build longer term sustainability by training students and strengthening the existing systems. I could spend my entire day running from bed to bed trying to save lives, but if I do that, I can’t spend that time teaching medical students who will ultimately save many more lives. It’s important to have a long-term view; I try not to create situations that are dependent on my physical presence. Otherwise, I won’t have accomplished anything at the end of the day.

An analogy to American football might help illustrate my approach. I am trying to move the ball down the field at Bugando, starting with the trauma unit. But, for longer term sustainability, the quarterback has to be Tanzanian. My role is more of a coaching position. I am hoping to help catalyze change.

To this end, I try to identify teaching moments whenever possible on the ward and I recently coordinated Bugando’s first Primary Trauma Care training course for residents, specialists and doctors. The course included fundamental life-saving skills such as resuscitation and diagnostic techniques that prevent disability and death in severely injured patients. Eight of the participants took a supplemental Instructors’ Course so that they can teach the curriculum in the future.

Ultimately, I dream of creating a fully-fledged Department of Emergency Medicine at the hospital and enhancing the trauma curriculum at Bugando’s university. I am working with the Bugando administration and I have a fellow champion in a young Tanzanian orthopedic surgeon — the quarterback I have been looking for.
Improving the Clinical Training Environment

Bugando’s hospital infrastructure is critical to student education and patient care

In addition to strengthening Bugando’s university, we support Bugando Medical Centre, the hospital where students receive their clinical training.

Without the requisite infrastructure, good teachers and clinical mentors can only do so much. Imagine you are a surgeon trying to teach young doctors about infection control in a hospital without running water. Or perhaps you are a medical resident responsible for the patients in the Intensive Care Unit where the power regularly goes out. Five years ago, this was the case at Bugando Medical Centre, the second largest hospital in Tanzania. With the Touch Foundation’s installation of water pumps, plumbing and a high-capacity generator, the hospital now has water and reliable power throughout the wards. Similarly, a new medical seminar room better enables Bugando doctors to teach clinical skills. A recently renovated laboratory, thanks to Abbott Fund support, enables laboratory technicians to diagnose parasitic infections and other diseases quickly and accurately.

Hospital leaders assess critical infrastructure needs with Touch Foundation staff on an ongoing basis. As in a triage situation in which there are many competing needs, we face a balancing act requiring difficult choices. We are now addressing critical sewage system repairs, but with a list of needs including leaking roofs and broken elevators, there is always more to be done as funding becomes available.
New Doctors Dedicate Careers to Improving Healthcare in Tanzania

President Kikwete and hundreds of students, supporters and media gathered to celebrate the graduation of Bugando’s inaugural class of ten medical students. These pioneers were joined by 135 graduates from the university’s paramedical programs, all of whom received financial support from the Touch Foundation.

When these ten medical students began their education in 2003, conditions at the university were very challenging. But over the course of their program, the students noted improvements such as the renovation of student accommodations, a growth in student enrollment, and an increase in visiting faculty.

Eight of the first ten doctors chose to remain at Bugando after graduation to pursue specialized degrees and to practice medicine at the hospital. Two M.D. graduates accepted clinical postings in rural Tanzanian locations. Similarly, all 24 doctors from the second graduating class have chosen to practice in the country.

These graduates are the first of hundreds more to come. Between 2008 and 2009, enrollment in Bugando’s M.D. program grew by 80 percent. Over the next five years, the university will graduate more than double the number of doctors currently working in the Lake Zone.
The university has come a long way since we started the M.D. program in 2003. The growth in the number of M.D. students as well as students in other health cadres has been dramatic. While we still have a long road ahead, I am encouraged that fewer Tanzanians will die needlessly from the major killers that are preventable and treatable, thanks to the increasing output of committed Bugando graduates.

**Professor Jacob Mtabaji**
Principal, Bugando University
College of Health Sciences
Bugando Graduate Blazes Trail: An Interview with Stella Mongella from the First M.D. Class

Why did you choose medicine?
I wanted to give back to my country. Tanzania faces a great deficit in healthcare professionals, and I hope to play my small part by being the best doctor I can be. I hope to be able to provide much needed, quality healthcare to the many disadvantaged people.

What do you enjoy the most about being a doctor?
I enjoy the day-to-day contact with patients — admitting a patient who is very ill, doing investigations and coming up with a diagnosis, and actually helping the patient get better at the end of the day. It’s a good feeling when you’re able to help someone to return to her daily activities, especially when you know that this is a mother of five children and she has a home to take care of.

What did the Touch Foundation’s scholarship mean to you?
It has meant the possibility of becoming a doctor! I come from a family of civil servants and really can’t afford the 20 million Tanzanian Shillings. I’m not alone in the family — I have my younger siblings — so everyone has to go to school. The scholarship has meant a lot because it actually enabled me to pursue and complete my medical education.

Have you faced additional challenges?
At the end of the day, one of the biggest challenges that comes with being a female doctor is having to work your hardest so as to prove that you are as good as your male counterparts in all aspects of clinical work.

What have you been up to since completing medical school?
I finished a one-year internship at Bugando Medical Centre and I am now in my first year of Bugando’s Masters in Medicine program. Ultimately, I want to be a pediatrician.

*This is approximately $15,000 for tuition alone. By comparison, a medical student in the United States pays an average of $124,000 for his or her medical education.

To watch an interview that the PBS “NewsHour with Jim Lehrer” conducted with Stella, visit the “Films” section of our website, www.touchfoundation.org, under “News & Resources.”
Expanding Medical Training Across the Region

A program to provide more clinical training and higher quality mentoring

Meet Magdalena, a 24-year-old nurse, just out of nursing school. She has arrived at her first job, a healthcare clinic in a remote farming community where she is now the most highly trained healthcare worker. She is expected to diagnose and treat malaria, malnutrition, dehydration and to deliver babies. If there is a medical emergency, such as a patient requiring an appendectomy, there is literally no one to turn to for medical advice. The nearest hospital, the next link in the referral chain, is many miles away and there are no means of transportation. Overwhelmed, she is wondering how long she will be able to cope.

In the Lake Zone region of 15 million people, a major challenge for healthcare workers like Magdalena is the lack of opportunities for ongoing professional support, training and clinical mentoring, especially in rural locations.

With the right support and resources, Bugando’s trained teaching staff could reach out to the hard-pressed regional and district hospitals and schools across the Lake Zone. These regional institutions currently provide training for many nurses and Clinical Officers and they must expand dramatically if Tanzania is to close the healthcare worker gap.

The Touch Foundation and Bugando are therefore creating a partnership with U.S. medical schools. More U.S. faculty at Bugando will, in turn, enable Bugando to send more of its faculty to these regional schools. Increasing training capacity is essential, but higher training standards, improved quality of care and greater professional training opportunities are just as critical. For Magdalena, this may mean additional colleagues to share the workload and the opportunity for some extra clinical support — making it more likely that she will remain in her rural post.
Thoughts from Former U.S. Secretary for Health and Human Services

DR. LOUIS SULLIVAN DRAWS PARALLELS BETWEEN THE HISTORY OF MEDICAL EDUCATION IN THE UNITED STATES AND TANZANIA

In 2010, the United States is commemorating the 100th anniversary of “The Flexner Report,” which transformed the quality of medical education in North America. During the second half of the 20th century, the number of physicians graduating annually from U.S. medical schools doubled (from 8,000 in 1950 to more than 16,000 by 1980) as the number of U.S. medical schools increased from 80 in 1950 to 127 in 1981.

Morehouse School of Medicine (MSM) is one of these newer medical schools. In its 35-year history, MSM has collaborated with health programs in Zambia, Lesotho, Swaziland, Ghana, Liberia, Chad, Senegal and Burkina Faso. As one of only four predominantly African American medical schools in the United States, MSM has already gained significant experience working in Africa.

The current efforts of our friends and colleagues at Bugando share many similarities with the changes that occurred in U.S. medical schools in the early 20th century.

I am pleased that my friends and colleagues at MSM, under the leadership of President John Maupin, are working with the Touch Foundation to find ways to collaborate with the students, faculty, staff and administration of Bugando’s university. An increase in the number of healthcare professionals in Tanzania is essential to address the health needs of its citizens and to achieve a brighter future for the generations yet to come.

The potential for faculty interactions with joint educational and research programs, student exchanges and improvement in the delivery of healthcare services is exciting.

Looking forward 100 years, our biological and professional descendants in our two countries may take note of, and celebrate, what we start here in 2010.

Louis W. Sullivan, M.D., President Emeritus, Morehouse School of Medicine; U.S. Secretary of Health and Human Services, 1989-1993; and Chairman of the National Health Museum

For the full essay by Dr. Sullivan, please visit www.touchfoundation.org.
A Resource for Government
Advising the Ministry of Health on how to dramatically increase healthcare worker training

Working at Bugando since 2004, we have been learning while doing. In 2008, the Tanzanian health ministry asked us to bring what we had learned and join them in developing a plan for the dramatic increase in healthcare training across the country.

Together with a McKinsey & Company team, we visited training schools across the country, developing a detailed expansion plan for each. We also identified system-wide initiatives, including a shorter training cycle; technological tools such as virtual learning; and creative ways to ensure financial sustainability. We used the findings to articulate a practical action plan by which Tanzania could double training capacity.

Our recommendations were incorporated into the government’s national healthcare strategy and adopted as operational policy. We have since worked with the government to incorporate the plan into a successful application to the Global Fund to Fight AIDS, TB and Malaria, resulting in a $176 million grant to strengthen health systems, including healthcare worker training. The Touch Foundation continues to play a role in delivering the plan in the Lake Zone and working with the government as our assistance is requested.

The Touch Foundation’s rigorous analysis of scaling up the training system provides a costed blueprint to address the dire shortage of healthcare professionals.

DR. GILBERT RONALD MLIGA
Director of Human Resources Development, Tanzanian Ministry of Health and Social Welfare

More Frontline Healthcare Workers
After interviewing at 39 training schools in Tanzania, our research team found the lack of academic and clinical faculty to be one of the most critical challenges to increasing the number of healthcare workers in Tanzania.
Interventions in the Healthcare System

CREATING PUBLIC AND PRIVATE PARTNERSHIPS TO DELIVER EFFECTIVE SOLUTIONS

The Touch Foundation understands that it is not enough to train new healthcare workers if the health system in which they work is not significantly strengthened. The supply of medicines to rural areas, referral to district hospitals and better preventive care are critical.
Beyond Training Healthcare Workers
The Touch Foundation has analyzed systemic healthcare challenges in the Lake Zone and identified ways to strengthen the entire system would enable the system to deliver healthcare to an additional 3.4 million people per year in the Lake Zone over five years.

In keeping with our mission to codify and share knowledge, we have widely disseminated the published findings of this study to others in the global health community. We are now using the findings to create pragmatic interventions and to attract public and private partners for their implementation.

Healthcare workers in Tanzania face a myriad of daily challenges, including the shortage of basic medicines, insufficient support staff, a lack of management and mentors, low salaries and poor information technology.

These systemic deficiencies affect healthcare worker morale and their ability to work efficiently. To understand these challenges, the Touch Foundation, in partnership with McKinsey & Company, conducted a diagnostic study of the health system in the Lake Zone.

Using field data collection and in-depth analysis, we determined the major weaknesses of the region’s health system. The resulting report, Catalyzing Change, outlines interventions, including those for healthcare worker retention, primary care and healthcare management, that

To analyze the healthcare challenges in the Lake Zone, we visited over 50 healthcare facilities and conducted workshops and focus groups with both patients and providers.
Creating Partnerships that Deliver
Strategic partnerships can strengthen the Lake Zone’s healthcare system

The Touch Foundation has already begun to improve healthcare in the Lake Zone region by working with key partners.

With Abbott Fund, we have strengthened diagnostic capacity in the Lake Zone by renovating four laboratories. For example, these renovations mean that a pregnant woman can learn if she is HIV-positive and take antiretroviral therapy to prevent the transmission of HIV to her baby. Abbott is also enabling us to provide scholarships for several hundred laboratory technology students, ensuring adequate staffing of the laboratories.

We have also found synergy with the health initiatives of Barrick Gold, a mining company with extensive operations in the Lake Zone. When we learned of Barrick’s regional community health program, we saw an opportunity to collaborate on malaria field studies in the Kahama District. These studies provided valuable experience to Bugando students and represent the first of many useful collaborations in the region.

We are developing plans for larger and more far-reaching interventions that have the potential to dramatically improve the health system. With support from USAID and an array of private sector companies, we are creating business plans that can deliver critical health commodities and services in the underserved and rural areas of Tanzania.

Abbott Fund’s partnership with the Touch Foundation to improve laboratory capacity is bringing first class diagnostic services to more than 13 million Tanzanians. The Touch Foundation’s insights in the Lake Zone add a critical dimension to Abbott Fund’s work in strengthening the healthcare system nationwide.

Christy Wistar
Vice President, Abbott Fund Tanzania
The Touch Foundation has taken a pragmatic and analytical approach to systems development to understand how to best improve health in Tanzania and, by extension, in other countries. By creating a partnership in the Lake Zone that brings together complementary skills and the required resources, the Touch Foundation has actually been able to accomplish more through those partnerships than the partners could do on their own. They offer business acumen, technical know-how and the strong respect of the Tanzanian government. Few organizations bring this combination of assets to the table.

JEFFREY STURCHIO
President and CEO, Global Health Council
A Presidential Call to Action
Tanzania’s President calls on political and business leaders to support the Touch Foundation

Events in London and New York highlight the growing momentum behind the Touch Foundation’s plan to develop public-private partnerships to improve healthcare delivery in Tanzania.

The Touch Foundation and Barrick Gold hosted a dinner honoring President Jakaya M. Kikwete of Tanzania. President Kikwete remarked: “I came here to ask all of you to continue to assist the Touch Foundation. Build the capacity so that they can help us ... train the doctors who are going to save so many lives — the women who are in need, the children who are dying of malaria, the many people who are dying of diseases that can be cured, diseases that can be eliminated.”

The theme of the evening was the necessity for partnership across public and private sectors to achieve wider access to healthcare in Africa, especially, in Tanzania. Touch Foundation President Lowell Bryan noted that President Kikwete is demonstrating great leadership in Tanzania by prioritizing improved access to healthcare — including in the most rural areas.

Those who joined the President at the event included: Ambassador Goosby, U.S. Global AIDS Coordinator; Professor Mwakyusa, Tanzania’s Minister of Health and Social Welfare; Ambassador Mahiga, Permanent Representative of Tanzania to the UN; Ambassador Sefue, Tanzanian Ambassador to the U.S.; and Ambassadors Green and Parham, formerly U.S. Ambassador and U.K. High Commissioner to Tanzania, respectively.

The subsequent Touch Foundation event in London, hosted by the Tanzanian High Commissioner, drew together corporate and public sector leaders. This event marked the first in a series of events to mobilize the Tanzanian and business communities in the United Kingdom.
Visitors leaving Bugando Medical Centre
Raising Awareness of the Crisis

MOBILIZING PEOPLE WHO WANT TO MAKE A DIFFERENCE

Whether running a marathon, “tweeting” on Twitter, hosting fundraisers, or posting blog entries, volunteers are finding creative ways to support our work. Their efforts are raising awareness of the problem and funds for solutions.
Young Leaders Take Action

Young professionals are hosting a variety of events to support the Touch Foundation

Led by an Executive Committee of New Yorkers drawn from medicine, finance, law, the arts and other professions, the Young Leaders program is making waves.

The Young Leaders engaged their communities and have raised over $100,000 to date for healthcare worker training in Africa. When asked why he joined, Michael Espiritu explained, “The health problems that occur in one part of the world never really stay just there. Living in a global community, those problems affect us, too.” Another volunteer, Matt Fitzpatrick, noted, “Many organizations aim big and accomplish little ... The Touch Foundation, on the other hand, focuses on a single country in Africa where the healthcare infrastructure is particularly dire, with the goal of driving lasting and systemic change.”

Over 550 young professionals attended the Young Leaders’ summer “Cocktails on the Terrace” benefit. Watch a four-minute video from the Films section of our website, www.touchfoundation.org.

A medical student, Michael worked as a Peace Corps volunteer in the Lake Zone. Mwavisu, from Tarime in the Lake Zone, is currently pursuing her Bachelor's degree in Medical Technology. Their first “Bongo Bash” dance party attracted a diverse group of young people, including many Tanzanians living in Michigan. We are providing ideas, materials and support to those becoming involved. Contact us to find out more!

Young professionals Michael and Mwavisu Beasley in Michigan are taking action, too.
“Who Cares?” Campaign
Mobilizing volunteers through viral marketing

The campaign name — “Who Cares?” — is a double entendre: while more doctors, nurses and other health workers are needed to care for patients in Africa, we also hope to inspire more people to act to improve health conditions in Tanzania and throughout the developing world.

The Touch Foundation’s team of 27 runners in the ING New York City Marathon sought to raise awareness. These dedicated volunteers — most of whom were first time marathon runners — also raised over $112,000 to support the Touch Foundation. They threw fundraisers and concerts, hosted yard sales, “tweeted” about the cause, and talked about the healthcare worker shortage in Africa at every opportunity. Over 1,200 people from 47 states and 16 countries donated in support of their friends, colleagues and family. All 27 successfully completed the 26.2 mile course.

The campaign continues to expand virtually, with over 11,000 followers on our “Who Cares?” blog, Twitter, Facebook, and LinkedIn networking sites. The website — www.whocarescampaign.org — serves as an information source for this expanding effort.

For me, to run a marathon required a great cause. The Touch Foundation is a great cause.

JOHN VAN RENS

Building Awareness
Directors
The Board of Directors of the Touch Foundation in the United States and its entities in Tanzania and the United Kingdom

**Lowell L. Bryan** (President) is a director of McKinsey & Company, where he serves major clients on issues related to corporate strategy and organization. He has spoken and written extensively on topics related to strategy, organization, and financial services. Lowell holds a B.A. from Davidson College and an M.B.A. from the Harvard Business School. He also serves on the Tanzanian and U.K. boards.

**Kevin J. Curnin** is a Partner and the Director for Stroock & Stroock & Lavan’s Public Service Project where 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. Kevin holds a B.A. from Dartmouth College, an M.A. from University College Dublin, and a J.D. from Fordham University. He also serves on the Tanzanian board.

**Richard M. Cashin** is the Managing Partner of One Equity Partners, which manages $6 billion of investments and commitments for J.P. Morgan in direct private equity transactions. Prior to joining OEP, Dick was President of Citigroup Venture Capital. He holds undergraduate and M.B.A. degrees from Harvard University.

**Celia Felsher** is General Counsel and Chief Operating Officer of Reservoir Capital Group, LLC, a New York-based investment management firm. Prior to joining Reservoir, Celia was a partner in the Corporate Department of Milbank, Tweed, Hadley & McCloy. Celia holds an A.B. from Princeton University and a J.D. from Columbia University School of Law. She also serves on the Tanzanian board.

**Jane Fraser** is the Chief Executive of Citi Private Bank. She sits on the firm’s Senior Leadership Committee. Prior to joining Citi, Jane was a Partner at McKinsey & Company in London and New York where she was one of the leaders of McKinsey’s Global Strategy practice. Jane holds an M.A. from Cambridge University and an M.B.A. from Harvard Business School.

**Mbagó Kaniki** is an Analyst at Anchorage Advisors. He was previously a Principal at Sageview Capital, LP; a Vice President at the Carlyle Group; and a Business Analyst at McKinsey & Company. He holds a B.A. from Harvard College.
Frederick Kigadye, M.D., serves on the Board of Governors for Bugando Medical Centre. He is a former Director of Hospitals for the Tanzanian Ministry of Health and Social Welfare and former Secretary for Health of the Tanzanian Episcopal Conference. Fred holds an M.D. and Master of Medicine from the University of Dar es Salaam. He serves on the Tanzanian board.

David M. Kirby (Treasurer) is the founder and Managing Director of Kirby Capital Advisors, an alternative investments advisory and placement agency firm which specializes in capital for private partnerships. David holds an undergraduate degree from Georgia Institute of Technology and an M.B.A. from Harvard Business School.

Vikram Malhotra is a director of McKinsey & Company, where he has served major financial institutions focused on life insurance, wholesale banking, asset management and private and retail banking. Vik is a member of McKinsey’s Shareholders Council and Director Review Committee. He holds an undergraduate degree from the London School of Economics and an M.B.A. from the Wharton School of the University of Pennsylvania.

Robert H. Niehaus is a Managing Director of Greenhill & Co. and is the Chairman, Senior Member and Founder of Greenhill Capital Partners, LLC. GCP has raised $1.3 billion in capital, focusing on the energy, financial services and telecommunications industries. Bob holds an undergraduate degree from Princeton University and an M.B.A. from Harvard Business School.

Rupin Rajani is the Chief Executive Officer of Rajani Industries Limited, based in Dar es Salaam, Tanzania. He serves on the Board of Governors for Bugando Medical Centre. Rupin holds a Masters Degree in Business Administration from the Institute of Management Development, Lausanne, Switzerland. He also serves on the Tanzanian board.

Note: At the time of print, formation of the Tanzanian and U.K. entities was being finalized.
Summary Financial Report
2008-2009

In fiscal years 2008 and 2009, the Touch Foundation’s total operating income was $6,973,158 and $6,148,625, respectively. Despite challenging economic times, private individuals constituted the largest source of giving for both fiscal years, providing 31% (FY2008) and 48% (FY2009) of our revenues.

Total expenses in fiscal years 2008 and 2009 were $8,922,896 and $6,995,199, respectively. In addition to our ongoing support of Bugando’s university and hospital, FY2008 activities included completion of the construction of student accommodations at Bugando as well as two diagnostic studies (published in FY2009). In FY2009 we partnered with Abbott Fund to refurbish two regional lab facilities.

Copies of our financial statements, audited by KPMG LLP, are available on our website, www.touchfoundation.org. On behalf of Tanzania’s medical students and recently graduated health professionals, and their patients, we thank you sincerely for your continued support.

Kasia Biezychudek
Director of Finance

Statement of Financial Position
As of June 30, 2008 and June 30, 2009

<table>
<thead>
<tr>
<th>Assets</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$1,997,669</td>
<td>$371,975</td>
</tr>
<tr>
<td>Contributions and Grants Receivable</td>
<td>2,042,737</td>
<td>2,381,391</td>
</tr>
<tr>
<td>Prepaid Assets</td>
<td>29,358</td>
<td>40,983</td>
</tr>
<tr>
<td>Property and Equipment, Net of Accumulated Depreciation</td>
<td>35,885</td>
<td>51,316</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$4,105,649</td>
<td>$2,845,665</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities And Net Assets</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable and Accrued Expenses</td>
<td>$547,418</td>
<td>$38,583</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>—</td>
<td>9,700</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>958,362</td>
<td>1,044,087</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>1,505,780</td>
<td>1,092,370</td>
</tr>
<tr>
<td>Net Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>195,631</td>
<td>32,500</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>2,404,238</td>
<td>1,720,795</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>2,599,869</td>
<td>1,753,295</td>
</tr>
<tr>
<td>Total Liabilities and Net Assets</td>
<td>$4,105,649</td>
<td>$2,845,665</td>
</tr>
</tbody>
</table>
Statement of Activities
For the years ended June 30, 2008 and June 30, 2009

Support and Revenue

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$2,760,189</td>
<td>$3,799,436</td>
</tr>
<tr>
<td>Government Grants</td>
<td>1,143,000</td>
<td>841,606</td>
</tr>
<tr>
<td>Donated Goods and Services</td>
<td>2,618,708</td>
<td>1,297,540</td>
</tr>
<tr>
<td>Donated Stock</td>
<td>170,002</td>
<td>205,852</td>
</tr>
<tr>
<td>Fundraising Event Income, Net of Cost</td>
<td>173,608</td>
<td>(15,051)</td>
</tr>
<tr>
<td>Investment Income</td>
<td>107,651</td>
<td>19,242</td>
</tr>
<tr>
<td><strong>Total Support and Revenue</strong></td>
<td><strong>$6,973,158</strong></td>
<td><strong>$6,148,625</strong></td>
</tr>
</tbody>
</table>

Expenses

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant and Program Activities</td>
<td>$7,365,592</td>
<td>$5,082,015</td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>719,219</td>
<td>767,424</td>
</tr>
<tr>
<td>Fundraising</td>
<td>838,085</td>
<td>1,145,760</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$8,922,896</strong></td>
<td><strong>$6,995,199</strong></td>
</tr>
</tbody>
</table>

Increase (Decrease) in Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase (Decrease)</strong></td>
<td>(1,949,738)</td>
<td>(846,574)</td>
</tr>
</tbody>
</table>

Net Assets, Beginning of Year

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,549,607</td>
<td>2,599,869</td>
</tr>
</tbody>
</table>

Net Assets, End of Year

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,599,869</td>
<td>$1,753,295</td>
</tr>
</tbody>
</table>

Revenue by Donor Category

**FY 2008**

- **31%** Individuals
- **14%** Corporations & Foundations
- **16%** Government
- **37%** Donated Goods and Services
- **2%** Interest & Other

**FY 2009**

- **48%** Individuals
- **17%** Corporations & Foundations
- **14%** Government
- **21%** Donated Goods and Services
- **0%** Interest & Other
### Donors and Supporters

We are grateful for the support of individuals, families and institutions. This list reflects financial and in-kind contributions made during the period from July 1, 2007 through December 31, 2009.

#### $350,000—$2M+
- Lowell L. Bryan
- Cashin Family Fund
- Celia Felscher & John Cecil
- Robert & Kate Niehaus
- John van Rens & Sarah Lutz
- Sarita Kenedy East Foundation
- The Clinton Family Foundation
- Alice Shaver Foundation
- The Malcolm Hewitt Wiener Foundation
- The Daniel & Nanna Stern Family Foundation
- The Hirschhorn Foundation
- The McCollion Foundation
- The Goldstone Family Foundation
- The Goldstein Family Foundation

#### $50,000–349,999
- Robert II & Karen Porter
- Michael & Juliet Patsalos-Fox
- Bob Meyer & Terri Edersheim
- Vikram & Mary Malhotra
- Louis & Kathleen Le Jacq
- David & Rita Kirby
- Steven & Patricia Kelmar
- Douglas & Sharon Karp
- John and Kelly Ivanoski
- Charles & Jan Raymond
- Robert Rosiello & Barbara Mullin
- Martin & Carolina Manhusen Schwab
- The John H. & Dorothy M. Scully Trust
- Theodore & Vada Stanley
- Jack Stephenson
- The Daniel & Nanna Stern Family Foundation
- Thomas & Sharon Tele
- Paul & Susan Tierney
- Victoria Park Charitable Trust
- Don & Karen Waite
- Peter & Francine Walker
- Paul & Katherine Watson
- Joan & Sanford I. Weill
- Lynne Wheat
- The Malcolm Hewitt Wiener Foundation

#### $10,000–49,999
- Anonymous (2)
- Dominic & Sheila Barton
- Scott & Roxanne Bok
- Daniel & Maureen Cahill
- Daniel H. & Lisa W. Callahan
- Dennis & Eileen Denihan
- Dolf & Josephine DiBiasio
- Jane Fraser & Alberto Piedra
- Leonard & Geraldine Genovese
- Arthur & Elisabeth Golden
- Craig & Tracey Huff
- John and Kelly Ivanoski
- Douglass & Sharon Karp
- Stephen & Patricia Kelmar
- Charles & Jan Raymond
- Robert Rosiello & Barbara Mullin
- Martin & Carolina Manhusen Schwab
- The John H. & Dorothy M. Scully Trust
- Theodore & Vada Stanley
- Jack Stephenson
- The Daniel & Nanna Stern Family Foundation
- Thomas & Sharon Tele
- Paul & Susan Tierney
- Victoria Park Charitable Trust
- Don & Karen Waite
- Peter & Francine Walker
- Paul & Katherine Watson
- Joan & Sanford I. Weill
- Lynne Wheat
- The Malcolm Hewitt Wiener Foundation

#### $5,000–9,999
- Anonymous (2)
- Aetna Foundation
- Christian & Amanda Briggs
- Carlson Family Foundation
- Terence & Maura Connolly
- Francis II & Ellen Coughlin
- Kevin & Annemarie Curnin
- Andre Dua
- Financial Securities
- Assurance, Inc.
- Anna Gannon
- Robert & Judy Gibbons
- Goldman, Sachs & Co.
- Matching Gift Program
- Gary & Nancy Goodenough
- Antonio & Anita Gotti
- Gridiron Capital, LLC
- Gupta Family Foundation
- Judith Hazlewood
- Healey Family Foundation
- Vincent & Anne Mai
- Elizabeth McCaul
- William B. McGuire, Jr.
- Family Foundation
- The MCJ Amelior Foundation
- Merck Partnership for Giving
- Joseph and Lesley O’Connell
- Richard Ostrander & Raj Seshadri
- Craig & Nancy Overlander
- Richard & Laura Parsons
- Parsons Family Foundation
- Saul Rosenberg
- James & Nancy Shifren
- Taormina Sales Company

#### $1,000–4,999
- Anonymous (2)
- Aetna PAC
- Shantanu Agrawal
- Ali Ahsan
- Mitchell & Kathleen Alden
- American Express Foundation
- Yael Amit
- Anchorage Advisors, LLC
- Katie & Colin Anderson
- Anderson Charitable Fund
- Jurek Antoszewski
- Jonathan & Jessika Auerbach
- Awl Industries, Inc.
- William Benjamin & Jill Kowal
- Andreas Beroutos & Abigail Hirschhorn
- The Bialkin Family Foundation
- BMB Foundation
- Serino Bonnist Charitable Trust
- James M. Brasier III & Jon Ambrose
- Thomas Brennan
- Sally Briggs
- Michael & Ruth Broderick
- Drew Brownstein
- Deborah B. Bryan
- Buckland Partners
- Management
- Kevin S. Buehler
- John, Jr. & Barbara Burns
- Clare Byrne
- Byron & Allie Callan
- Charles & Kathleen Carey
- Carnegie Corporation of New York
- Jeremy Cherry
- Adam Coth & Beth Cobert
- Michael Conway
- The Cook Family Fund
- Robert & Susan Cotter
- Alberto & Raffaella Cribiore
- Crosland, LLC
- Tom & Miriam Curnin
- Paul Curnin & Penny Shae
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- Ronald Daniel & Lise Scott
- Toos Daruvala
- Anne Delancey
- Matthew DeNichilo
- Dennis & Eileen Denihan
- Doris Denihan
- Richard Denihan
- Michael C. Denihan
- Peter DeYoung
- Joseph & Judy Donovan
- Emma Dorn
- Bernard & Tracy Dowd
- Vijay D’Silva
- Jack & Christine Edwards
- Brian Elliott
- Oliver Engert
- Daniel Ennis
- Melvin & Rachel Epstein
- Ahmet Onur Erzan
- Scott Raymond Evans
- Foundation
- Philip & Erika Farsee
- Martha Farnsworth
- Barbara M. Federowicz
- Jose Feliciano
- Juan & Lorena Ferrara
- Peter Ferrari
- Bernard & Linda Ferrari
- William & Mary Beth Fessler
- The Fifth Child Foundation
- Kevin & Maryellen Finnerty
- Holly Fogle
- Glenn Forman
- Friedman Family Foundation
- General Electric Foundation
- Vincent & Linda Geoffroy
- Janna Davidson Gilbert
- Christopher & Maureen Golden
- The Goldstone Family Foundation
- Foundation
- Ezra Greenberg
- Vartan & Clare Gregorian
- Donald W. Gross
- Harvard Business School, Section H20 OS
- Joyce Lynn Heilig
- Benjamin Heineman & Christine Russel
- John Herbert & Patricia Gauvey
- Richard & Wendy Hokin
- D. Gregory & Judith Anne Horrigan
- Hanneli Hudock
- The Huisking Foundation
- Douglass Hymas
- Valentina Isakina
- Julius & Joan Jacobson
- Paul Tudor & Sonia Jones
- James & Claudia Joyce
- Steve Justus
- Mbago Kaniki
- Leo, Jr. & Katherine Karl
- The Kathleen M. Kelly Trust
- Lee S. Kempler & Allison Pease
- Somesh Khanna
- Byron Knief
- Joseph & Candace Kolars
- KPMG LLP
- Ida Kristensen
- Alok Kohrsagar & Swati Apte
- John & Deborah Libassi
- Kucharczyk
- Steve Lackey
- Peter & Diane Leverich
- David Levin
- Robert & Susan David Lewin
- Ludwig Family Foundation

#### $100,000–$50,000
- Andrew Armitage
- The Addie & John A. Barr Foundation
- The Barrick Gold Corporation
- The Bristol-Myers Squibb Foundation
- Citi
- McKinsey & Company
- Stroock & Stroock & Lavan, LLP
Ian Lutz
Sally Lutz
Marshall & Karen Lux
MacNeil/Lehrer Productions
Kevin & Diana Mahaney
David Mann
Mutuma Marangu
Jacqueline Mark
Alexandre Martinez Colillas
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Henry & Lisille Matheson
Richard Mayberry
Frederick McCarthy & Patricia Karam
James McGovern
Ashleet & Kirtna Mehta
Lenny & Christine Mendonca
Fr. Carl Meulemans, MM
Milbank Memorial Fund
Bruce & Elizabeth Miller
Johnny Miller
Burke Montgomery
J. Tom & Carol Morgan
Kevin M. & Diane Murphy
Frederic & Cortney Nauck
Kazuhiro Ninomiya
Christine Nounou
Adesunloye Obatoyinbo
Robert C. O’Brien
Open Society Institute
Greg & Amanda Heron Parsons
Nehaben Patel
Robert & Laura Pavlovich
Scott Pearson & Diana Farrell
Nicholas Petraglia
Emily Pfahler
Peter Pfeiffer
Ronald Piervincenzi
Philip & Polly Pope
Babak Poushanchi
Alfred Parrington
Percy R. IV & Alison Pyne
Salim Ramji & Parisa Jaffer
James & Mary Regan
Charles & Diana Revson
Richard & Ellen Richman
Rockefeller Foundation
Financial Services
Juan Rosas Rodrigo
Stanley Rohrer
HE Karen Pierce & Charles Roxburgh
Donald & Shelley Rubin
The Richard Salomon Family Foundation
Robert Schift
Ishaan Seth & Neda Daneshzadeh
Tariq Shaukat
John & Pamela Shilling
Jeanne Short
Richard & Vivienne Silver Charitable Fund
Seth & Lisa Slotkin
Gordon & Helen Smith
Kevin Sneader
Pam Solo
Emilio Sosa
Mary Spencer
David and Pam Sprinkle
St. John’s University
Starry Night Fund
Craig Stewart
Claudio Storelli
Carol Storey-Johnson
Jon Stryker
Charbel Tagher
Zubin Taraporevala
Diodato Villamena
Iain D. Ware
Barraud & Lynne Watson
John Weber
Donald & Patricia Wiesen
Gregory Wilson
Frederick & Abbie Wyman
Judy F. Zankel
Michael Zea

$500–$999
American Charities-AARP
Avon Products, Inc.
Brooke Barrett & John Galbraith
Peter & Fay Bisson
Stephan Braig
Byram Hills Preschool Association
Susan Cahn
David & Maria Eugenia Campagna
Robert Catell
Aida Causevic
Ala Chan
Frank A. Chervenak
Frank Chu
Nichollie Clayton
Tim & Celeste Cole
Susan Colotti
Ronald & Suzanne Connors
Thomas & Brenda Curnin
John & Stephanie Dains
Selam Daniel
Mirna Daouk
Bruce & Debbie Darden
Eric David & Lacy Crawford
Mitchell Denburg
Brian Dineen
Basil & Elisabeth Donnelly
Steven Donovan
Peter Dopsch & Alison Lowg
Christina Ducharme
Alexander & Gourí Edlich
Electronic Arts Matching Gift Program
William & Cathleen Ellsworth
John Ettinger
Robert Farror
Sherrie Feinstein
John & Maureen Ferrari
Jared Fisher
Matthew Fitzpatrick
Michael Fox
David & Mika Frechette
Dominick & Lynn Gadaleta
Leslie Giordano
Mandy Gonzales
Michael Graff
Andre Gregory
Jason Griffith
Peter Groves
Gregory Hall & Candace Killam
Ed & Anita Hall
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Daniel Kolb
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David Langdon
Nick Lovegrove
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Kathleen McGill
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Luisa Medrano
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Eugene Moy
Priscilla Munoz
Katie Murphy
Rahul Nand
Frank Noto
Carmen Hooker Odom
Patrick H. O’Neill
Sueann O’Shea
Stephan Owens
Elizabeth Pavlovich
Elliot Peters
William & Heather Prince
Adeel Qalbani
Paul E. Raether
Lucia Rahilly
Lewis Ranieri
Wendell & Kathryn Rawls
Jason Rico
Michael Robson
Angel Asier Rodriguez Alvarez
Craig Russell & Pamela Jones
Ronald Safran
St. Vincent de Paul Society:
St. Helen Church
David Schoomane
Charles & Malissa Schwartz
David & Stacey Seldin
Nadine Selzter
Tariq Shaukat
TC Group
Michael Sherman
Timothy Simons
Angad Singh
Emily Slota
Mary Olive Smith
Sophie Stenbeck
Triangle Equities Management
Daryl Tufimieri
Richard Ung
Jordan & Jane VanLare
VenBerg Foundation
Kent & Kathlyn Vilendrer
Visa Givingstation
Matthew & Saranne Warner
WCMC Dept. of Gynecology
Allen Weinberg
Jane Williams-Vale
Kathryn Wissel
Edward Woodcock
Gregg & Mariko Zeitlin

$200–499
Aaron Aboagye
Elizabeth Abraham
Amichaim & Ralph Abramson
Yaw Agyenim-Boateng
Aditya Ajwani
Kathryn Alford & Angus O’Shea
David & Lee Allen
Albert & Irena Appel
Anita Balaji
Barbara Bankoff
John Barnhill
Donald Bendermael & Sally Brazil
Michael Benevento
James Benkard
Alan & Roxanne Bennett
Claudia Benshimo
Meredith Bergman
James Bernard & Effie Han
Alexis Bernard
Neeta Bhandari
Anthony & Marie S. Bianco
Deborah Bielak
Judith Bishop
Mary Bladel
Marianne Blum
Robin Bonnist
Michael Booth
James Bragg
Barbara Brennan
Susan Jane Brett
Martha Brooks
Melvin & Linda Brosterman
Arnold Brown
Robert & Dena Brumpton
Nathaniel & Kristin Bryan
Samuele Butera
Jeremy Buzzard
Fraser Cameron
David Caplan
Seamus & Noreen Carey
Cheryllyn Carkhuff
Michael Carroll
Justin Carroll
Forrest III & Nina Cavalier
Rachel Cecil
Philippe Chappatte
Stephen Cho
Emily Christner
Heidi Clark

Achieving Better Health
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