Touch Foundation combines the best of private and public sector approaches and expertise to strengthen the Tanzanian health system across different levels of care. We focus our activities on two key elements of the health system:

- **Improving the Quantity and Quality of Health Workers**
- **Enhancing Healthcare Delivery Mechanisms**

Touch Foundation expands its impact by sharing acquired knowledge with the local and international public health community.
Dear Friends,

The past year was extremely exciting for Touch, marked both by the evolution of some of our most important work and the launch of new initiatives that will have a transformative effect on Tanzania’s health system. During 2014, we began to transition our Treat & Train program to local ownership at two Tanzanian hospitals and added a third hospital to the Network. In collaboration with the Vodafone Foundation we launched the Mobilising Maternal Health initiative to encourage mothers to deliver at health facilities where we are improving infrastructure and medical staff training. We deepened our partnerships of more than a decade with the Catholic University of Health and Allied Sciences (CUHAS) and Bugando Medical Centre (BMC), continued to build critical Tanzanian healthcare management capacity through training for hospital administrators, and hosted a phenomenal Asante fundraiser.

Looking back on the past year, it is deeply gratifying to reflect upon all that we and our partners have accomplished. When we launched in 2004, CUHAS had an enrollment of just ten MD students, linkages between hospitals in Tanzania’s Lake Zone were severely underdeveloped, and hospital infrastructure in the region was woefully inadequate to meet the needs of a growing population. Today, the training pipeline we have helped grow enrolls more than two hundred MD students each year, and has educated over 17% of Tanzania’s current physician workforce. Through targeted investments in infrastructure and capacity building, the Treat & Train Network has brought together urban and rural hospitals across Tanzania’s Lake Zone to dramatically increase opportunities for medical education and significantly improve healthcare delivery.

None of these achievements could have been realized, nor can we continue to expand Touch’s impact, without the support of our donors, board of directors, staff, and volunteers. I am also tremendously grateful for our productive partnerships with so many institutions and organizations, including CUHAS, BMC, USAID, and the Government of Tanzania. The combined momentum that we continue to build is profoundly inspiring.

When Touch’s supporters share with me their passion for our work and explain why they stay involved, they almost always cite the direct and immediate effect our programs have on the lives of Tanzanians. But just as importantly, they talk about how our work helps to bring about lasting solutions to problems within the larger Tanzanian healthcare system.

Perhaps then, the value Touch Foundation creates can best be summed up with a succinct phrase: **immediate impact, sustainable solutions**. Without a focus on both short- and long-term goals, we could not have built the local trust that has enabled our work and partnerships, we would not have secured increased support from institutions and individuals who have seen us helping our partners save and improve lives, and we would not have stimulated lasting improvements in the Tanzanian health system.

As we look to our future, we hope that you will continue to accompany us on our journey, encourage us in our efforts, and help us to further bolster Tanzania’s health system. Thank you for your continued exceptional support.

Warmest regards,

Lowell L. Bryan
Tanzania has one of the world’s lowest health worker densities. With fewer than three health workers per 10,000 people, Tanzania lags far behind the World Health Organization’s (WHO) recommended minimum ratio of 23 per 10,000 people. Exacerbating the problem, Tanzania’s limited healthcare workforce is concentrated in urban centers, while 70% of the population lives in rural areas.

Even when health workers are available, a number of other factors prevent patients from receiving quality care. Essential medicines are often unavailable, medical equipment is either inadequate or non-functioning, and health facilities are outdated and operating with inefficient management.

1 "Health workers" in this instance refers only to physicians, nurses, and midwives. In the remainder of the report, health workers will refer to all cadres of health professionals.
3 Population and Housing Census, United Republic of Tanzania 2012.

Despite many health system challenges, Tanzania has achieved significant progress in recent years. Going forward, the country presents great opportunities to generate both immediate and sustained improvements in health outcomes.
<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>17% of the total number of <strong>MEDICAL DOCTORS</strong></td>
<td></td>
<td>currently available in Tanzania trained through Touch support</td>
</tr>
<tr>
<td><strong>2,500</strong> HEATH WORKERS</td>
<td></td>
<td>trained with Touch support to date, including doctors, nurses, pharmacists, laboratory technicians, and other health professionals</td>
</tr>
<tr>
<td><strong>2,000</strong> HEALTH STUDENTS</td>
<td></td>
<td>currently enrolled at Touch-supported educational institutions, including 800 medical students (versus an inaugural class of 10 in 2004)</td>
</tr>
<tr>
<td><strong>96%</strong> RETENTION RATE</td>
<td></td>
<td>of health workers trained through Touch support</td>
</tr>
<tr>
<td><strong>65,000</strong> PREGNANT WOMEN</td>
<td></td>
<td>who will be served by an upgraded maternal-health referral &amp; transportation system in Sengerema and Shinyanga districts</td>
</tr>
<tr>
<td><strong>620,000</strong> PATIENTS</td>
<td></td>
<td>whose lives are improved or saved each year at facilities within the Treat &amp; Train Network</td>
</tr>
</tbody>
</table>
Our approach

Touch’s commitment to addressing Tanzania’s healthcare crisis is coupled with a philosophy that international development should not foster dependency, but rather create sustainable change. By collaborating with the communities in which we work, we leverage local knowledge and combine it with our global partners’ international expertise. The impact we create is immediate; the effect is lasting, and will endure as we transition program ownership and management to our local partners.

Touch applies a rigorous problem-solving approach to design initiatives that are high impact, sustainable, and scalable in the long run. We act as a catalyst by attracting local and international partners, bringing together the required knowledge and technical expertise to solve problems on the ground.

Touch’s commitment to addressing Tanzania’s healthcare crisis is coupled with a philosophy that international development should not foster dependency, but rather create sustainable change. By collaborating with the communities in which we work, we leverage local knowledge and combine it with our global partners’ international expertise. The impact we create is immediate; the effect is lasting, and will endure as we transition program ownership and management to our local partners.

Touch Foundation’s team is diverse in expertise and discipline. Our professionals have experience in fields including clinical medicine, management consulting, finance, nonprofit management, global public health, and project management. Reinforced by the knowledge and experience we have gained through years of focus in Tanzania, our team combines the best of private and public sector approaches to develop innovative and sustainable solutions. We prioritize key areas of intervention and design programs based on robust needs analyses. We then facilitate collaboration with local and international partners to drive drastic improvements in Tanzania’s healthcare landscape.
Touch Foundation creates robust and sustainable partnerships that facilitate program transition to local owners.

We ensure the longevity of our impact by partnering closely with institutions that have a vested long-term interest in the country, including domestic and international governments, local healthcare institutions, and private companies conducting business in Tanzania.

**Government Commitment**

Since inception, Touch has focused on developing a strong partnership with the Tanzanian government and in particular its Ministry of Health and Social Welfare. We also work closely with regional and district government authorities to ensure our projects are in alignment with local health priorities as well as national strategies.

**Local Health Institution Partnerships**

Integral to the work we have accomplished are our partnerships with local health institutions. In close collaboration with the Catholic University of Health and Allied Sciences (CUHAS) and the affiliated 900-bed teaching hospital Bugando Medical Centre (BMC), we have established the Treat & Train Network, a regional network of hospitals. Health facilities within the Network work together to improve student education and patient care, and extend Touch’s reach to Tanzania’s more underserved population. Today, the Treat & Train Network includes BMC and CUHAS as well as regional and district hospitals Sekou Toure Hospital, Shinyanga Regional Referral Hospital, and Sengerema Designated District Hospital.

**Private Sector Collaborations**

Touch develops key partnerships with members of the private sector who share an interest in the country’s health. The long-term support Touch receives from Vitol Foundation, the philanthropic arm of energy investor Vitol Group, has funded important aspects of Treat & Train’s educational and clinical Network, including external clinical rotations of CUHAS and BMC students. Through our collaboration with the Vodafone Foundation, we have launched Mobilising Maternal Health (MMH), a program aimed at reducing maternal and newborn mortality and morbidity. As part of MMH, we are leveraging Vodafone’s extensive mobile communication network to upgrade rural referral and transportation systems for pregnant women, reaching some of the country’s most remote areas.

**USAID Public-Private Partnership**

We have been privileged for much of our history to be a partner of USAID’s mission in Tanzania. Through our public-private partnership, USAID matches on a 1:1 basis funds we raise privately, allowing us to double our impact. In collaboration with the Office of the U.S. Global AIDS Coordinator, USAID recently conducted a formal evaluation of our on the ground impact. Their findings indicate that Treat & Train provides a significant contribution to improving the quality of medical education in Tanzania as well as to ensuring access to previously unavailable health services.

“We truly believe in Touch’s Treat & Train model and are convinced of the centrality of MDs and Assistant Medical Officers to developing the Tanzanian health system. The student clinical rotations we fund are not only key to effectively training Tanzania’s healthcare workers of tomorrow, but they also provide rural patients with the high quality of care they need today.” — Robin D’Alessandro, CEO, Vitol Foundation
When Touch Foundation launched in 2004, we were met with a daunting healthcare environment. Tanzanian life expectancy was declining, infant and under-five child mortality was increasing, and Tanzania’s physician density was among the lowest in the developing world, even when compared to its Sub-Saharan African neighbors.

At that time, in the absence of a targeted intervention, projections estimated a 30% decline in Tanzanian human resources for health by 2015, anticipating a further deterioration of the population’s health.5

Our early programs were initiated to address this health worker crisis. Touch partnered with CUHAS, now one of the country’s largest medical training universities, and BMC, the affiliated teaching hospital—together referred to as Bugando—to quickly scale up health worker production. In addition to funding a large share of their operational costs necessary to support the rapid growth of students and patients, we invested in long-term improvements. These improvements included building the two institutions’ financial and management capacity, supporting their faculty’s professional development, and funding capital investments, such as the construction of additional student dormitories and upgraded laboratories. As a result of our support, Bugando expanded its student body from approximately 300 to nearly 2,000 and doubled the number of degrees offered, while improving the overall quality of education. Across ten years of collaboration, Touch has supported the training of approximately 17% of Tanzania’s physicians and more than 2,500 health workers.

Touch’s capacity building with Bugando generated both the need and the opportunity for the creation of Treat & Train, an integrated healthcare and education network connecting Bugando to select lower level health facilities in the Lake Zone.6 Through Treat & Train, Touch seeks to strengthen and expand delivery of care (Treat) and student clinical training (Train), allowing facilities to develop resource-sharing processes and focus on the region’s most urgent health priorities.

Core to the Treat & Train program is the implementation of external clinical rotations for Bugando students at smaller district and regional hospitals. As Bugando’s annual enrollment has grown more than six-fold in ten years, the rotation of Bugando students across the Network hospitals has facilitated clinical training in smaller class sizes and increased hands-on exposure to patients. Teams of specialists are posted to Treat & Train hospitals to teach students, provide patients with access to previously unavailable care, and enhance the skills of the existing staff. Treat & Train enables more than six hundred thousand patients each year to receive appropriate and quality medical attention.

At each of our supported Treat & Train institutions, Touch continues to invest in capacity building and collaborative processes, while preparing local partners to assume full management responsibility. We work to expand partnerships with new hospitals and extend the Treat & Train Network into new communities. By engaging community-based organizations and local NGOs, we also reinforce connections between facilities and the communities they serve, ensuring the sustainability of health system strengthening beyond our immediate impact.

5 Human Resources for Health: Requirements and Availability in the Context of Scaling Up Priority Interventions: Case Study of Tanzania, October 2003, IHRDC/LSHTM.

6 The Lake Zone comprises the western third of Tanzania, a largely rural area anchored by Mwanza, a city on the southern shores of Lake Victoria, where Touch bases its Tanzanian operations. More than 1,600 public and private health facilities are located across the Lake Zone, serving a population greater than 17 million. (Health facility data: Catalyzing Change: Molecular Strengthening of the Health System in the Tanzanian Lake Zone, Touch Foundation 2009. Population data: Population and Housing Census, United Republic of Tanzania 2012).
Touch Foundation’s *Treat & Train* Network builds connections among health facilities at the different level of care. Touch works with the Network institutions to strengthen key elements of the health system, including health worker training and patient care.

**HEALTH FACILITIES**

**MAJOR URBAN HOSPITAL & AFFILIATED MEDICAL UNIVERSITY**
The Catholic University of Health and Allied Sciences and Bugando Medical Centre are the flagship institutions of our *Treat & Train* Network. They deliver high quality education to student MDs, nurses, laboratory technicians and other health students, and provide specialized care to the 17 million people in their catchment area.

**REGIONAL & DISTRICT HOSPITALS**
Regional and district hospitals provide treatment to their surrounding populations and clinical training to selected health student cadres.

**RURAL FACILITIES**
Health centers and dispensaries are located in the most rural villages, providing basic health services and counseling to the population.

**COMPLEMENTARY HEALTH SYSTEM ELEMENTS**
Touch approaches the health system as an interconnected web of elements, all of which need to be functional to enable delivery of care.

- Facilities Improvement
- Drug and Equipment Availability
- Technology Adoption and Maintenance
- Policymaking
- Healthcare Management

**METHODS FOR STRENGTHENING THE HEALTH SYSTEM**

**HEALTH WORKER TRAINING**
Select Bugando health students complete clinical rotations at peripheral hospitals under the oversight of Bugando specialists. The posted faculty help improve the quality of patient care and the small class sizes allow students to gain valuable hands-on experience.

**PATIENT CARE**
Upon graduation, doctors and other health workers are deployed throughout the health system, providing critical care to patients across the country.

Touch and community-based partners harness new technologies to support the identification, referral and transportation of high-risk patients from villages to hospitals at the different levels of care.
CURRENT PROJECTS

Mobilising Maternal Health

Under our Mobilising Maternal Health program, Touch Foundation has developed a suite of initiatives with the goal of improving maternal and newborn health in two rural districts of Tanzania. With more than 50% of Tanzanian women delivering at home, incidence of mother and child death due to complications is needlessly high. Targeted interventions are therefore required to encourage mothers to deliver at health facilities, while improving the health system infrastructure and the health workers’ skills at these facilities.

Instrumental to high-quality emergency obstetric care is a solid referral and transportation system able to reach pregnant women in the most rural villages. In collaboration with our partners, the Vodafone Foundation and Pathfinder International, Touch is developing a system utilizing mobile technology that provides local health workers with information on their community’s expecting mothers. The system enables proper identification of high-risk pregnancies and coordinates follow-up visits and transportation to promote deliveries in facilities at the adequate level of care.

In 2014, Touch constructed new maternal health facilities at Sengerema Designated District Hospital (SDDH), including a dedicated C-section operating theatre. These infrastructure investments will better equip SDDH to accommodate the over 10,000 deliveries it experiences annually and to handle the expected increase in complicated deliveries due to the newly developed referral and transportation system. Additionally, Touch arranges for the procurement and delivery of essential maternal care supplies. Donated by the Afya Foundation, these supplies mitigated persistent equipment limitations and shortfalls of critical medical consumables such as syringes and wound dressings. Touch has further ensured adequate treatment of pregnant women by training SDDH’s clinical staff in Comprehensive Emergency Obstetrics and Newborn Care (CEmONC).

A physician and mother weigh a baby at BMC.

A physician and mother weigh a baby at BMC.
Network Expansion into Shinyanga

In collaboration with BMC, Touch is working to extend the Treat & Train Network and its external clinical rotations to the Shinyanga Regional Referral Hospital. We are currently working on completing infrastructure upgrades and procuring the necessary clinical and teaching equipment to host student rotations starting in October 2015.

The inclusion of Shinyanga hospital will continue to decongest Bugando clinical wards and expose students to an additional 90,000 outpatients, 21,000 inpatients, and 7,000 deliveries per year, further decreasing the student-to-faculty ratio. In a hospital with a single ob-gyn specialist and no surgeon available, Shinyanga patients will greatly benefit from the posted specialists. By collaborating with Bugando physicians and students, Shinyanga staff will also improve their clinical skills and be better equipped to provide quality healthcare.

Healthcare Management Training

Touch’s approach is based on the ultimate goal of transitioning full management of programs to local ownership. The Tanzanian health system, however, currently suffers from a lack of qualified hospital managers. Many hospital administrators are doctors without formal management training. In collaboration with Rush University Medical Center of Chicago and with the local Christian Social Services Commission (CSSC) of Tanzania, Touch has developed a set of continuing professional development modules for hospital managers on the topics of operations, human resources, financial management, and quality and safety. In 2014, CUHAS instructors used the modules to train approximately sixty senior healthcare professionals from across the country. We continue to work with our partners to scale up the delivery of these modules and standardize Tanzania’s healthcare management training.

Infrastructure Upgrades at Bugando

Touch has continued to fund and supervise critical capital projects focused on enhancing patient care and training capacity at Treat & Train institutions.

With funding from USAID’s American Schools and Hospitals Abroad (ASHA) program, we recently completed construction of a fully equipped new mortuary building and an upgraded low-emission medical waste incinerator at BMC. These improvements create a safer environment for health workers, patients, and the surrounding community.

Community Engagement at CUHAS

Touch is working with CUHAS’s School of Public Health to build relationships with local NGOs and foster collaboration with Lake Zone communities by providing undergraduate health students research opportunities. In 2014, we arranged for Bugando medical students to work with select community-based organizations and develop improvement initiatives targeted at local priorities. The exposure of medical students to rural settings early in their training enhances their familiarity with remote environments and may increase their willingness to work in these areas upon graduation. Touch is supporting a second round of CUHAS student community field projects in 2015.

A father and child at Sengerema Designated District Hospital
In fiscal year 2014, Touch Foundation’s gross revenues were $5,819,265. Contributions of $2,166,995 and Donated Goods and Services valued at $1,454,497 constituted 37% and 25% of Touch’s gross revenues, respectively, with the remaining 38% comprised of $2,197,119 in government funds provided by USAID and $654 of investment income.

Total expenses in fiscal year 2014 were $5,687,202. Ongoing support for CUHAS and BMC, along with the expansion of our Treat & Train program to smaller urban and rural communities, constituted $3,324,466 of our total expenditures in fiscal year 2014. Implementation of our Mobilising Maternal Health initiative, which seeks to reduce maternal and newborn mortality and morbidity in Tanzania through a combination of health system improvements and innovative mobile solutions, contributed the second largest area of cost, comprising $664,263 of our fiscal year 2014 expenditures.

Touch’s unrestricted net assets grew by $373,654 in fiscal year 2014, bringing our reserves to $552,064 and helping to ensure Touch’s financial health and long-term sustainability.

Touch has been awarded the highest rating of 4 stars by Charity Navigator, the U.S.’s largest independent charity evaluator. Contributing to this ranking was an assessment that rated Touch with 4 stars on both Financial Performance and Accountability and Transparency indices as compared to peer institutions.

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

Noah Leff
Chief Financial Officer
# Statement of Financial Position

As of September 30, 2014

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$ 1,483,299</td>
</tr>
<tr>
<td>Contributions and Grants Receivable</td>
<td>483,453</td>
</tr>
<tr>
<td>Donated Materials and Supplies Receivable</td>
<td>404,886</td>
</tr>
<tr>
<td>Prepaid Assets</td>
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</tr>
<tr>
<td>Property and Equipment Net of Accumulated Depreciation</td>
<td>3,750</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 2,417,491</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable and Accrued Expenses</td>
<td>$ 111,763</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>248,368</td>
</tr>
<tr>
<td>Grants Payable</td>
<td>527,220</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$ 887,351</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$ 552,064</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
<td>978,076</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$ 1,530,140</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$ 2,417,491</strong></td>
</tr>
</tbody>
</table>

# Statement of Activities

For the Year Ended September 30, 2014

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 2,166,995</td>
</tr>
<tr>
<td>Government Grants</td>
<td>2,197,119</td>
</tr>
<tr>
<td>Donated Goods and Services</td>
<td>1,454,497</td>
</tr>
<tr>
<td>Investment Income</td>
<td>654</td>
</tr>
<tr>
<td><strong>Total Support and Revenue</strong></td>
<td><strong>$ 5,819,265</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant and Program Activities</td>
<td>$ 4,696,430</td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>540,146</td>
</tr>
<tr>
<td>Fundraising</td>
<td>450,626</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$ 5,687,202</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (Decrease) in Net Assets</td>
<td>$ 132,063</td>
</tr>
<tr>
<td>Net Assets, Beginning of the Year</td>
<td>1,398,077</td>
</tr>
<tr>
<td><strong>Net Assets, End of the Year</strong></td>
<td><strong>$ 1,530,140</strong></td>
</tr>
</tbody>
</table>
We recognize and acknowledge the leadership, guidance, and generosity of Touch Foundation’s Board of Directors. Their advice and involvement has been invaluable to our work, and we thank them for their continued support. We welcome in particular our two new directors, Claudio Braz Ferro and Claudia Joyce.

Lowell L. Bryan, Touch Foundation Founder and President

Lowell L. Bryan retired in January 2012 from McKinsey & Company after 36 years at the firm and continues to serve as Director Emeritus. He served as Director for 27 of those years, helping found and lead McKinsey’s financial institutions and strategy practices. Lowell also provides advice and counsel to the top management and the boards of directors of several clients through his own advisory firm. In addition, he currently serves as the Lead Independent Director for DST, a public company. Lowell holds a B.A. from Davidson College and an M.B.A. from Harvard Business School.

Kevin J. Curnin

Kevin J. Curnin is a Partner of Stroock & Stroock & Lavan LLP and the Founder and Director of Stroock’s Public Service Project. He is responsible for the program’s overall management, advising transactional and litigation clients, and assisting associates and partners with their pro bono work. Kevin holds a B.A. from Dartmouth College, an M.A. from University College Dublin, and a J.D. from Fordham University.

Celia Felsher

Celia Felsher is Chief Operating Officer and General Counsel 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. She holds an A.B. from Princeton University and a J.D. from Columbia University School of Law.

Claudio Braz Ferro

Claudio Braz Ferro is the Chief Supply Officer and member of the Executive Board of Management for Anheuser-Busch InBev, the leading global brewer. Claudio, a Brazilian citizen, holds a degree in Industrial Chemistry from the Universidade Federal de Santa Maria, RS, Brazil and studied Brewing Science at the Catholic University of Leuven, Louvain-La-Neuve, Belgium.

Jane Fraser

Jane Fraser is Chief Executive Officer of U.S. Consumer and Commercial Banking and Global Mortgage at Citi. She sits on the firm’s Operating Committee. Prior to joining Citi, Jane was a Partner at McKinsey & Company in London and New York for 10 years, serving clients in the financial services industry. Jane holds an M.A. from Cambridge University and an M.B.A. from Harvard Business School.

Claudia Joyce*

Claudia Joyce is Executive Director, Strategy at Skadden, Arps, Slate, Meagher & Flom LLP. Prior to joining Skadden in 2011, Claudia was a Principal with McKinsey & Company. She was with the firm for nearly 15 years, serving as the head of McKinsey’s Global Professional Services Practice and working in McKinsey’s Financial Services and Organization Practices. She holds an M.B.A. from the Kellogg School of Management at Northwestern University and a B.A. from the University of Chicago.

Mbago Kaniki

Mbago Kaniki is Chief Executive Officer of Adansonia Management. He was previously a Managing Director and the Head of Strategic Investments at 40 North Industries, a Senior Analyst at Anchorage Capital Group, a Principal at Sageview Capital, a Vice President at The Carlyle Group, and a Business Analyst at McKinsey & Company. Mbago holds a B.A. from Harvard College.

* Joined in fiscal year 2015
Steven Kelmar

Steve Kelmar is Executive Vice President, Corporate Affairs of Aetna, Inc. He also serves as Chief of Staff to Aetna’s Chairman and CEO and is a member of the company’s Executive Committee. Prior to joining Aetna, Steve was Head of Global Public Affairs and Policy for Merck and Co. and served in a similar position at Novartis AG. He has also worked as Senior Vice President of External Relations for Medtronic, Inc. Steve holds a B.A. from Pennsylvania State University.

Robert H. Niehaus

Robert H. Niehaus is the Chairman and Founder of GCP Capital Partners LLC, which currently manages four private equity funds totaling $1.8 billion in committed capital, consisting of three U.S. private equity funds and a European private equity fund. Bob holds an undergraduate degree from Princeton University and an M.B.A. from Harvard Business School.

Salim Ramji

Salim Ramji is Senior Managing Director and the Global Head of Corporate Strategy at BlackRock. Before joining BlackRock in April 2014, Salim was a Senior Partner at McKinsey & Company. He was a corporate finance and mergers and acquisition lawyer in London and Hong Kong prior to joining McKinsey. Salim holds a B.A. from the University of Toronto and a J.D. from Cambridge University.

Marco Spinelli

Marco Spinelli is the Global Product Manager for Economics and Macro Strategy at UBS. Previously, Marco was the Co-CEO of a conglomerate of industrial companies in Brazil, Head of Analytics at Bridgewater Associates, held multiple roles over his six-year tenure at Morgan Stanley, and was a consultant for McKinsey & Company. He holds a B.S. and an M.S. in Electrical Engineering/Automation and Control from University of Sao Paulo, and an M.B.A. from the Wharton School of Business.

Charbel Tagher

Charbel Tagher is the President of Specified Technologies, Inc. (STI), a provider of fire-stopping products and solutions he co-founded in 1990. Prior to STI, he spent eight years with McKinsey & Company and was Vice President of Thomas and Betts. Charbel holds a B.B.A. from the American University of Beirut and an M.B.A. from the Wharton School of Business.

Tom Teles

Tom Teles is the global head of Securitized and Government Investments, Global Head of the Duration Strategy, and Co-Head of the Cross-Sector Strategy within the Global Fixed Income team in Goldman Sachs Asset Management. He is also a member of the Fixed Income Strategy Group, which oversees all Global Fixed Income and Currency portfolios. Prior to joining the firm, Tom was the Assistant Investment Officer at Travelers Insurance Group. Tom holds a B.A. from the University of Maryland and an M.B.A. from The University of Chicago.

Fr. Dr. Peter Le Jacq, MM

Volunteer

David Lowden

Secretary

ABOVE, FROM LEFT TO RIGHT: Touch Directors Mbago Kaniki, Lowell Bryan, Celia Felsher, and Charbel Tagher at a Leadership Council Planning Summit in Dar es Salaam, Tanzania
Expanding Mobilising Maternal Health

Touch Foundation is expanding Mobilising Maternal Health (MMH) to the Shinyanga district, extending our impact to a total of approximately 65,000 pregnant women between Shinyanga and Sengerema, where Touch is currently implementing MMH.

In collaboration with local government authorities, we are currently prioritizing upgrades needed to develop an effective system for maternal and newborn care in the district. We expect Touch’s investments to include the construction of a new C-section theatre and the upgrade of maternity ward infrastructure and equipment, as well as the delivery of comprehensive emergency obstetrics and newborn care training to Shinyanga hospital clinical staff.

Building Further Capacity at Bugando

To accommodate increased student numbers, Touch will build a larger, modern dissection laboratory on Bugando’s campus that will provide a safe environment for hands-on anatomy training. The dissection lab will be complemented by a new histology lab to be constructed in 2016. Together with the pathology lab in the recently built mortuary, the dissection and histology labs will form part of a new state-of-the-art training complex for Bugando students.

Improving Healthcare Technology Management

We are in the midst of launching a restructuring project for the BMC engineering department that will establish it as a center of excellence for healthcare technology management and link it to other hospitals across the Lake Zone. The initiative will improve key functions including preventive maintenance, technology planning, and donation management at partner hospitals, while establishing a regional network for engineering services. In collaboration with international experts and local training institutions, we will develop a sustainable educational platform to ensure the appropriate supply of local, skilled technicians.

Addressing Strategic Priorities of the Health System

Touch is working on the ground with McKinsey & Company to assess the Tanzanian health system and determine its strategic priorities moving forward. The assessment builds upon earlier collaborations with McKinsey that culminated in reports published in 2003, 2006, and 2009. Recommendations from these reports helped inform the Government of Tanzania’s policies and framed Touch’s programs over the last decade. We expect this next assessment to similarly guide our work with the Ministry of Health and Social Welfare and local government authorities to optimize health worker deployment and retention.

Outreach and Knowledge Sharing

We continue to broaden our support networks and attract international interest to support sustainable improvements in the delivery of care to Tanzanians.

This October 22nd, the 7th Asante Supper will be held at New York’s iconic American Museum of Natural History. Asante, meaning “thank you” in Swahili, recognizes Touch’s leading supporters and honors the tremendous work being accomplished through Treat & Train.
A nurse leads a maternal health education seminar at BMC