OUR MISSION

Child Family Health International (CFHI) provides community-based Global Health Education Programs for students and institutions. Our unique model fosters reciprocal partnerships and empowerment in local communities—transforming perspectives about self, healing and global citizenship.
Global Health Education Programs

CFHI is creating future global health leaders and advocates through experiences that provide an in-the-trenches understanding of poverty, complex health determinants, and global burden of disease. CFHI is dedicated to nurturing professionals and global citizens that are dedicated addressing health disparities. Through over 30 programs in 10 countries, we provide an opportunity for trainees and young professionals to learn while embedded within health systems and communities worldwide. By embedding scholars in realities that are different their frame of reference, we create disruption and space that allow for transformation and growth. Our programs encourage trainees to “let the world change you” and challenges the underlying power and resource assumptions of international development. CFHI Global Health Scholars witness the building of health systems, governmental and non-governmental collaborations, and intimate exchanges between healthcare providers and patients that uncover cultural, historical, and social influences to health and healthcare. Our Theory of Change emphasizes the strengths of sustainable, local health systems, enabling public health policies and economic development to address health disparities at home and abroad. This Theory of Change comes to life on CFHI's programs.

Advocacy and Research

CFHI’s founding 25 years ago was based on social and financial justice, placing local healthcare workers in the driver’s seat of global health education programs and sustainable solutions to global challenges. Today, CFHI continues to do research and advocate on a variety of fronts, including:

- Ethics of global health educational experiences in low and middle-income countries and other resource-limited settings
- Curriculum and content for Global Health education at graduate and undergraduate levels
- Faculty and advisors perspectives on students engaging in global health activities
- Ensuring patient safety during global health education programs
- Asset-based community engagement and host community empowerment
- Integrating trainees into existing health systems and engendering an appreciation of the investments necessary for sustainable global health solutions
- “Fair-Trade” Service-Learning and reciprocity in host communities
- Assessment of community impacts and partner perspectives of learning objectives
- Interprofessionalism and Competency-Based Global Health Education

Reciprocity in Partner Communities: Community Health Projects, Capacity Building & Fair-Trade Learning

CFHI reinvests in local partner communities through Community Health Projects, professional development and Fair-Trade Learning. Community Health Projects are led and operationalized by local community members, embodying an asset-based community development framework, while building capacity and local experience. In keeping with Fair-Trade principles, CFHI provide honorariums for clinical and NGO-based educators, as well as remuneration for homestays and other hosts. CFHI supports professional development opportunities for our partners and aims to ensure an institutional level commitment to reciprocity.
Inter-Professional Global Health Education

CFHI's Global Health Education Programs are training opportunities for undergraduate, graduate, and post-graduate trainees. Each program includes pre-departure training focusing on safety, culture, burden of disease, geopolitical history, professionalism, cross-cultural communication, ethics and more. The programs impart a macroscopic appreciation of global health while exploring themes that are particularly relevant for the local context. Programs are available for individual applicants and universities who have Academic Partnerships with CFHI.

Asset-based Community Engagement

CFHI connects with our partner communities through an asset-based approach. We ask our partners, “What are your community’s strengths that you can showcase for trainees and other communities worldwide?” By approaching partnership and program development from this angle, we engage community members as experts and set our students up to value and learn from the ‘developing’ world. Where many see lack of resources, we see resourcefulness, richness of culture, a wealth of passion, and an abundance of transformative synergies. These are the strengths that we highlight through our Global Health Education Programs.

Social Entrepreneurship

CFHI practices financial justice—compensating local communities for their efforts hosting and educating students. This remuneration provides a boost to local economies, as well as recognition of the work that goes into our standard-setting programs. Through this social entrepreneurship model, CFHI is able to run educationally beneficial programs while ensuring explicit benefits in local communities.

Academic Partnerships

Child Family Health International (CFHI) Academic Partnerships are collaborations between CFHI and schools and universities that help meet the demand for international global health-related programming. These partnerships ensure safety/security, academic rigor, ethical boundaries, and rich immersive learning that CFHI has come to be known for over our 25 year history. The partnerships are done through a process to ensure value alignment and mutual fit.

Reciprocity

For CFHI, reciprocity for communities who offer students a transformative training opportunity is an organization-level responsibility. In addition, projects undertaken by individual students or university partners often provide reciprocal benefit. However, it is widely recognized that trainees are often not in a position to provide immediate reciprocity for all the benefits they receive through educational programming. CFHI believes this is an appropriate limitation for individual and groups of learners. Hence at an organizational level we ensure reciprocity through Fair Trade practices, Community Health Projects (locally led projects that contribute to health and capacity building), professional development opportunities for partners, and support for staff development. We also organize quality improvement projects, research, and capacity building opportunities for qualified trainees during our Global Health Education Programs allowing for reciprocity reflecting local agendas.
GLOBAL HEALTH EDUCATION PROGRAMS

Argentina
- GLOBAL PERSPECTIVES IN NURSING
- HOSPITAL MEDICINE IN LATIN AMERICA
- PRIMARY CARE AND SOCIAL MEDICINE

Bolivia
- DOING MORE WITH LESS: HEALTHCARE IN REMOTE SOUTHERN BOLIVIA
- PEDIATRIC & ADOLESCENT MEDICINE

Ecuador
- COMMUNITY MEDICINE FROM RAINFOREST TO COAST
- ANDEAN HEALTH
- DENTISTRY & ORAL HEALTH
- INTENSIVE BEGINNER SPANISH & HEALTHCARE
- REPRODUCTIVE HEALTH
- SEXUAL HEALTH AS A HUMAN RIGHT: ECUADOR’S UNIQUE MODEL
- URBAN & RURAL COMPARATIVE HEALTH

Ghana
- CHILD HEALTH & SOCIAL DETERMINANTS
- HOSPITAL MEDICINE IN COASTAL GHANA

India
- CHRONIC DISEASE & INTEGRATIVE MEDICINE
- INTRODUCTION TO TRADITIONAL MEDICINE
- MATERNAL & CHILD HEALTH
- END-OF-LIFE & PALLIATIVE CARE
- HOSPITAL MEDICINE & INFECTIOUS DISEASE
- PUBLIC HEALTH DELIVERY INNOVATIONS & COMMUNITY MEDICINE
- RURAL/URBAN HIMALAYAN ROTATION
- SIGHT FOR ALL– OPHTHALMOLOGY ROTATION

Mexico
- INTENSIVE BEGINNER SPANISH & HEALTHCARE
- REALITIES OF HEALTH ACCESS & INEQUITIES
- TROPICAL MEDICINE & COMMUNITY-BASED CARE ON THE COAST
- WOMEN’S REPRODUCTIVE HEALTH

Philippines
- REMOTE ISLAND MEDICINE

South Africa
- HEALTHCARE CHALLENGES
- HIV/AIDS & HEALTHCARE

Tanzania
- HEALTHCARE SYSTEMS & COMMUNITY-BASED DEVELOPMENT

Uganda
- MATERNAL CHILD HEALTH, HIV, & REALITIES OF HEALTH ACCESS
- NUTRITION, FOOD SECURITY & SUSTAINABLE AGRICULTURE
- OMNIMED: COMMUNITY HEALTH WORKERS & GLOBAL HEALTH

2-week Intensives
- PUBLIC HEALTH AND COMMUNITY MEDICINE (INDIA)
- HOSPITAL MEDICINE IN LATIN AMERICA (ARGENTINA)
- HEALTH ACCESS & INEQUITIES (MEXICO)
- TROPICAL MEDICINE & COMMUNITY HEALTH (MEXICO)
- MATERNAL CHILD HEALTH, HIV, AND REALITIES OF HEALTH ACCESS (UGANDA)
Dear Friends and Colleagues,

In reflecting on CFHI’s work and legacy I am reminded of this wisdom:

*Treat the Earth Well.*
*It was not given to you by your parents,*
*It was loaned to you by your children.*
*We do not inherit the Earth from our ancestors,*
*We borrow it from our children.*

-*Native American Proverb*

CFHI is allowing us, as parents and mentors, to inform our children (and students) about this Earth we have borrowed from them. We are providing them a richer, more authentic, and more tangible understanding of this world than many of us had at their age. They are experiencing a transformation in their perspective and skills early enough so they can put that understanding “to work.” That understanding shapes their passion and their compassion. Through CFHI Global Health Education Programs, young people see the world, the real world. They learn to interact across culture, socioeconomic divides, and language. They are pulled out of their comfort zone, and this opens them to new heights of adaptability, flexibility, and emotional intelligence. It is through the deep understanding of the human condition, provided by exposure to lands, people and worlds far away from what they are used to, that they are transformed to be Treat the Earth Well, so they may borrow a world with more justice, health, and equity from their own children.

In Solidarity,

*Evaleen Jones, MD*

Evaleen Jones, MD
Founder, CFHI
Dear Global Health Educators, Students, and Supporters

2016 has been another landmark year for CFHI, as we expand our partnerships into new geographies and aspects of Global Health. CFHI is deepening our work captured in our tagline “Let the World Change You.” Through research into career opportunities in Global Health, we have provided additional understanding of the key characteristics and skills sets necessary to get a job in Global Health. The publication of the “Reflection in Global Health: An Anthology” has brought an essential teaching tool into the Global Health education field. Our impacts on scholars who participate in our Global Health Education Programs are multi-faceted and long-lasting. Alumni Robin Baker, captures the deep connections and exchanges that occur through our immersion experiences:

My one month in Ghana was absolutely phenomenal. I connected instantly with the rehab staff, the nurses within the wards, the market women within the waiting areas, patients and their families and even CEO of the hospital. There was an instant exchange of knowledge, resources and culture throughout my experience. The patients, staff and CFHI coordinators all became family - I felt at home.

-Robin Baker, MS OTR/L

As we create linkages between local communities, leaders, and visiting students we are building the bridges of tomorrow that will allow for positive global relations, bidirectional contributions to eliminating health disparities, and collaborations to realize Global Health. Thank you for taking the time to learn more about Child Family Health International. It is only with the support of students, faculty, parents and contributors that we can remain strong and shed light on complex global health realities while creating the leaders of a better tomorrow.

All My Best,

Jessica Evert, MD
Executive Director

Dear CFHI Community,

It is with great pride that the CFHI Board of Directors and team present this Annual Report. It is difficult to capture on paper the deep and expansive impacts of CFHI’s work. Over the past few years we have grown our engagement with research and advocacy. We increasingly recognize that to maximally impact the standards of global health education and experiential learning, we must influence the practices of the entire sector- going beyond CFHI programs as the sole means of encouraging ideal practices. Partnering with GlobalSL, Better Volunteering Better Care Network, and many others, CFHI is disrupting the field of voluntourism- offering tools and partnerships to create authentic, sustainable, and ethical global health field experiences for trainees and institutions. Over the past year, in collaboration with Consortium of Universities for Global Health (CUGH), CFHI has led in defining global health competencies and learning objectives, as well as provided faculty development programming such as “Teaching Global Health Through an Interdisciplinary Lens” equipping educators to comfortably teach outside their traditional scope of expertise. CFHI remains at the forefront of global health experiential education. But it is only with the support of students, faculty, parents and contributors that we can remain strong and shed light on complex global health realities while creating the leaders of a better tomorrow.

With Best Regards,

Gunjan Sinha, MS
Board Chair, CFHI

Jessica Evert, MD
Executive Director
2016
CFHI HIGHLIGHTS

MARCH
Robin Young, Assistant Director, Africa and Asia presents to premedical and medical students at the American Medical Student Association conference

JANUARY
Publication of “Reflection in Global Health: An Anthology”

APRIL
Hema Pandey, Director of Programs in India, presents on fair-trade learning from the host partner perspective at Forum on Education Abroad

India programs alumni gathering in San Francisco

CFHI hosts workshop on standards in health-related international programs in San Francisco

The Working Group on Global Activities of Students at Pre-health levels (GASP) collaborates with CFHI to address the role of health professions admissions in encouraging unethical global health practices

JUNE
With NAAHP, CFHI works to increase the visibility of standards in global health programs abroad

CFHI, CUGH, Loyola University of Chicago and University of Pittsburgh sponsor the 4th Annual Global Health Reflection Essay Contest

JULY
7th annual midwife training in Puerto Escondido, Mexico, in collaboration with NUAID and the Oaxacan Ministry of Health

CFHI partner Dr. M. R. Rajagopal co-authors a piece in the Lancet

Dr. Geoffrey Anguyo and Martin Ngabirano, our local partners in Kabale, Uganda, attended the 21st International AIDS Conference in Durban, South Africa as part of their commitment to fighting high HIV rates within southern Uganda

MAY
CFHI presents on ethical global health experiential learning approaches at Pegasus Conference in Toronto

CFHI headlines NAFSA at Colloquium on the Internationalization of Health Professions in Denver

AUGUST
Publication of “Taking it Global: Structuring Global Health Education in Residency Training” in Journal of General Internal Medicine

SEPTEMBER
CFHI engages with AAFP and FMX on thought leadership during international medical rotations at Global Health Workshop

CFHI presents on research examining impacts of students in communities abroad to International Association of Service Learning and Community Engagement

OCTOBER
CFHI featured in Global Service Learning Conference at Kansas State University

Publication of “Host community perspective on trainees participating in short-term experiences in global health” in Medical Education

Publication of “Will there be enough jobs for trained global health professionals” in The Lancet Global Health

DECEMBER
CFHI’s approach to ethical global health experiential learning featured at Albert Einstein College of Medicine Global Health Conference

Publication of “Improving the safety and security of those engaged in global health traveling abroad” in Global Health: Science and Practice

Publication of “Partnering with Parteras: Multi-Collaborator International Service-Learning Project Impacts on Traditional Birth Attendants in Mexico” in International Journal of Research on Service-Learning and Community Engagement

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Community Health Projects

CFHI’s efforts to pave the course for responsible global engagement often come to fruition within our host communities. CFHI’s Community Health Projects (CHPs) are a shining example of this. They are a means for CFHI to express deep gratitude for the expertise, energy, and passion of its expanding network of local leaders across ten countries. These projects take root from local perspective and grow into creative, often self-sustaining, health initiatives that place ownership in the hands of local leaders and inevitably transform the health and wellbeing of the community.

Center for the Empowerment of Young Mothers
Centro de Empoderamiento de Madres Jovenes
El Alto, Bolivia

As a seasoned pediatrician providing care for young mothers and their children at a municipal hospital in El Alto, CFHI La Paz Medical Director, Dra. Cecilia Uribe de Chavez, repeatedly witnessed the barriers faced by young women in escaping the poverty trap plaguing the city. Despite El Alto being recognized as one of Bolivia’s fastest growing urban centers, it is also a place where residents easily get pinned under numerous hardships with grim hope for escape. Since opening its doors in 2013, the Center for the Empowerment of Young Mothers (EMJ) has instilled hope, optimism, and opportunity in the lives of hundreds of young woman native to El Alto. The center provides vital support by allowing them to further their studies, build professional skills, access primary health care services and health education, and utilize the day care center where their children receive nutritious food and psychosocial support and interaction with other children in the community. In 2016, each child at the center has shown improved nutritional status, psychomotor development and overall general health. All of the women attending the EMJ center are committed to using a safe and effective family planning method and continuing their studies and/or work. They have also amplified their voices and exercised their rights by uniting to form support groups, collaborating to explore small business ventures. Outreach efforts are also extended within to community to offer sexual health education, including increased awareness around the impacts of teen pregnancy, and access to reproductive health services, including contraceptives.
Patti Healthy Village Clinic
Patti, Uttarakhand, India

One of CFHI’s longest running community health projects, this primary healthcare clinic has served as a lifeline for the villagers of Patti and thousands of others inhabiting 28 villages within India’s remote, northern Himalayan region. In 2016, the Patti Clinic served an estimated 2,500 patients, carried out 32 health outreach camps, and trained 9 female village health promoters to serve their communities. It plays a vital role in the prevention of water borne diseases and seasonal health problems and has motivated communities to adopt improved waste management techniques to support good health and hygiene and to be more receptive towards natural remedies and local medicinal plants, slowly restoring the belief in indigenous medicine amongst villagers. The clinic also arranges mobile health camps focused on hygiene, family planning, nutrition, and proper care of the elderly, as well as serving as a platform to support fundraising attempts for expensive treatments, surgeries and emergencies. CFHI’s partners in northern India collaborate to ensure the clinic operates at full capacity day in and day out and at times, take great measure to trek miles over treacherous ground to deliver care to isolated communities.

CFHI’s India Program Director, Hema Pandey, proudly shares that “in 2016, due to the extensive efforts of the clinic staff, there was a major decline in malnutrition amongst children and adolescents, the success rate of family planning and waste management programs has increased dramatically, and villagers are expressing confidence and trust in the clinic’s health initiatives.”

Reaching the Unreached & Catch Them Young
Pawananagar, Maharashtra, India

CFHI’s Pune Medical Director, Dr. Shripad Mahadev Dabak, is passionate and determined to tackle the multitude of social determinants that affect the health outcomes of the local community in Pune and rural communities on the outskirts of the city. Workshops are designed to educate adolescents on the importance of education and remaining in school, avoidance of early marriage and teenage pregnancy, and STD awareness and prevention. In 2016, approximately 1800 adolescents attended workshops through the Catch Them Young program. Health education outreach targeting pregnant women is carried out to encourage hospital delivery, birth spacing, child immunization, and breastfeeding consultation. In collaboration with government-run primary healthcare clinics and hospitals, critical antenatal treatment was provided to more than 800 women in 2016. Despite numerous challenges—poverty, illiteracy, stigma, male dominance, hazardous weather—the number of women seeking antenatal care and delivering at the hospital has increased, the average age of a female’s first pregnancy rose to 20 y/o, and the gap between pregnancies has increased to 2/2.5 years.
Traditional Midwives Project
El Proyecto de las Parteras Tradicionales
Puerto Escondido, Oaxaca, Mexico

Despite the lack of official recognition by the public healthcare system, traditional midwives-parteras tradicionales-contribute greatly to the health outcomes of local communities throughout Mexico, with 40% of women seeking out a midwife at least twice during their pregnancy and overseeing an estimated 20-25% of live births in the region. In the southern state of Oaxaca access to medical facilities is often limited due to distance, cost and cultural barriers, and midwives help to bridge the gap until there is access to acceptable and professional healthcare services for all women and children. To shine light on the prominent role midwives play in the delivery of obstetric care, CFHI, in collaboration with Oaxaca’s Ministry of Health and Northwestern Feinberg School of Medicine, facilitate an annual training for nearly 40 midwives from remote communities scattered throughout Oaxaca’s coastal region to receive continuing education, professional development, and an opportunity to network with fellow healthcare providers. For the majority of the midwives invited to attend the 4-day workshop, it is the only source of formal education available to them. It is an extraordinary opportunity for each midwife to take part in the in Puerto Escondido, especially those traveling from remote villages of Oaxaca’s coastal region. In 2016, 37 midwives attended, several of whom returned from previous years and quickly showed leadership within the group. These women are often leaders within their communities and held in high esteem. They return to their villages and share knowledge and resources gained during the training.

KIHEFO Community Health Outreach
Kabale, Uganda

Kigezi Healthcare Foundation’s (KIHEFO) founder, Dr. Geoffrey Anguyo, declares that the community is their biggest resource. Even in the most challenging of circumstances, CFHI’s partner organization in Kabale, Uganda-KIHEFO-defies extreme weather, impassable roads, vehicle breakdowns, and limited resources to deliver health services to remote communities in southwestern Uganda. Regularly, a small team of KIHEFO volunteers and staff, including former patients who are HIV positive now serving as peer counselors and health workers, travel miles outside of Kabale in a rusty, hollowed-out ambulance to provide HIV testing, antiretroviral medication, follow up care, and HIV/AIDS education to sensitize communities and encourage them to confront the disease. Dental and primary care outreach efforts are also brought to communities who face insurmountable challenges traveling to Kabale to receive care at KIHEFO’s health facilities. On average more than 500 people are attended to per outreach. The demand is overwhelming as health accessibility and outcomes have improved for communities with no access to proper medical care. In 2015, more than 8,000 people benefited, spanning from more than 20 communities throughout Uganda’s southern Kigezi region. This is a sharp increase from 6,000 individuals spanning 10 communities in 2015, highlighting the great need for outreach efforts within the Kigezi region.
Children's Growth & Development Centre
Arusha, Tanzania

In 2016, CFHI's partner in Tanzania, Child Growth and Development Center (CGD), a community-based nonprofit organization, collaborated with two prominent women's groups—comprised of nearly 200 women—to foster female empowerment within a very male dominant culture. The women's groups were already working to address a major problem in Arusha by finding homes for orphaned children within their own Masai communities and selling homemade crafts to raise funds to cover health and other necessary costs for the children. CGD together with the women's groups visited almost 90 orphanages to link children with the government for support. Studies are increasingly finding that orphanages are not a sustainable solution to address the care, development and health of children who have been orphaned. Orphanages can even be sites of exploitation of children, especially when international volunteers are involved. CGD realized that there were staggeringly high numbers of orphans living in their community on the outskirts of Arusha. This was due in great part to increasing HIV rates in the community. Rather than raising funds to construct an orphanage, CGD is raising funds to provide much-needed (and requested) training and education for the women's groups in order to help them grow their businesses and learn about providing support and services for children. These women are stepping in as mothers and providing an essential familial structure to children who are most at risk in their communities—most at risk for exploitation, assault, health issues and addiction.

21st International AIDS Conference
Durban, South Africa

Child Family Health International (CFHI) is a fierce advocate for local capacity building within our partner communities across the globe. One mechanism used to support this effort is through funding of professional development opportunities for our international partners. CFHI Local Medical Director in Kabale, Uganda, Dr. Geoffrey Anguyo, and Founder of Kigezi Healthcare Foundation (KIHEFO), CFHI's partner organization in Kabale, attended the 21st International AIDS Conference in Durban, South Africa along with his colleague, Martin Ngabirano, Volunteer Projects Coordinator at KIHEFO. The conference provided Dr. Anguyo and Martin with a unique set of tools and an expanded network within the global HIV/AIDS community to continue their efforts with renewed strength and a fresh perspective back home in southern Uganda. Dr. Anguyo specializes in HIV/AIDS. In more than twenty years of practicing medicine in Uganda as a primary care physician, in private and government hospitals and through non-profit healthcare delivery, he has devoted himself to the cause and inspired his team at KIHEFO, as well as members of his local community, to join the march. They both plan to engage CFHI participants in these efforts, which will prove to be a valuable learning opportunity for those who take part in either of the two program tracks offered in Kabale.

Martin commented excitedly, “The conference has renewed my confidence in working with available resources both local (our nature and wildlife) and beyond borders, like CFHI participants, to inspire us to change our lives.”
Northwestern University’s Masters of Science in Global Health:

CFHI’s programs served as practicum sites for 9 students participating in Northwestern University’s Masters of Science in Global Health (MSGH) program. Projects included students contributing to new research documenting the impact of community health workers (CHW) interventions in the Mukono District of Uganda, helping to generate important new findings about the role of volunteer CHWs in reducing maternal and infant mortality and morbidity in the area. In India, MSGH students conducted continuous quality improvement projects focused on leprosy and tuberculosis to help CFHI’s partner organizations examine and improve existing services. In Arusha, Tanzania, and MSGH student worked in various healthcare centers as well as alongside Maasai women’s groups to learn about and document opportunities to improve nutrition for children and communities in the region despite drought and food scarcity. CFHI’s programs, through the work of our global partners, serve as strong scaffolding for Master’s level projects and practicum opportunities, and we are grateful for this partnership with Northwestern University.

Massachusetts General Hospital Institute for the Health Professions

CFHI formed a partnership with the Massachusetts General Hospital Institute for the Health Professions. The MGH Institute of Health Professions is the only degree granting institution of Partners HealthCare, New England’s largest healthcare provider. We had the honor of hosting the first student from the institute at one of our newest programs in Mysore, India. Bennett Shake, a third-year student in the MGH Institute’s Doctor of Physical Therapy program, spent a month in Mysore and Sargur Village in southwest India, working in a rehabilitation center focused on children with disabilities in a rural hospital, and doing rural health outreach and education campaigns for the largely indigenous farming population in the region. This served as just as the beginning of what is looking like a thriving partnership. We are grateful to be highlighted by the MGH Institute of Health Professions and look forward to serving it’s 1,500 graduate students.
2016 FINANCES

Support & Revenue

- Program Fees
- In-Kind Support
- Grants & Donations

Total Revenue $2,488,411

Expenses

- Program Services
- General & Administrative
- Fundraising

Total $2,495,359
ARGENTINA

Carlos Giavay Waiss, JD, Program Director
Andres ‘Charly’ Alegre, Local Coordinator
Dr. Dora Felipoff
Lic. Laura González
Dr. Marianelli
Dr. Marcela Cisternas
Dr. Mengarelli
Nicolás Loyola
Constanza Fox
Dr. Fuentes Javier
Lic. Maria Berta Olave

BOLIVIA

Dr. Cecilia Uribe, Medical Director
Gonzalo Claure, Local Coordinator
Dr. Victor Hugo Velasco
Dra. Daisy Bocangel
Dra. Salette Tejerina
Dr. Jorge Galindo
Dra. Astrid Riveros
Dra. Guadalupe Gutierrez
Dra. María Luisa Santivañez
Dr. Alicia Cruz Santiago
Dr. Midori Trinidad Hernández
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Dr. Diana Paulina Calvo Cortez
Dr. Antonia Vasquez Mendoza
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Julio Cesar Arellanes
Dr. Rodolfo Flores Canseco
Dr. Jesus Betanzos Gomez
Dr. Felipe Guillermo Ríos Aguirre
Dr. Karina Gamarra, Medical Director
Fabricio Uribe, Local Coordinator
Dra. Amanda Delgadillo
Dra. Eva Mariscal

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Dr. Patricia Carrasco
Dra. Estela Vargas
Dr. Alejandro Palacios
Dr. Marco Antonio Moscoso

Ecuador

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Rosita Tamayo, Local Coordinator
Viviana Lopez, Local Coordinator
Dr. Julián Cadena
Dr. Dan Benedick
Dra. Narcisa Brito
Dra. Ana Serrano
Dr. Carlos Delgado
Dr. Luis Manzano
Sr. Ramon Moncayo
Lcda. Narcisa Sánchez
Lcda. Rosario Rubio
Dr. Jose Carlo Espin
Dr. Susana Alvear, Medical Director
Rosita Tamayo, Local Coordinator
Dra. Mónica Andrade
Dra. Silvia Sancho
Dr. Fabián Salazar
Dr. Leonardo Márquez
Dr. Ramiro Gómez
Dra. Maria Guamán
Dra. Dora Carrera
Dr. Francisco Barrera
Dra. Matilde Díaz
Dr. René Vargas
Dr. Patricio Hidalgo
Dr. Edgar León
Dr. Javier Mendoza
Dr. Santiago Palacios
Dr. Antonio Dominguez
Dr. Fernando Castellanos
Olga Juana Pazmino Salazar
Lcdo. Efrain Soria, Equidad Local

Coordinator
Dr. Carlos Ortiz, Medical Director

Ghana

Dr. Charles Chineme Nwobu, Medical Director
Nore Oye Abbew, Local Coordinator
Sandra Boakye, Local Coordinator
Augustine Bimpong, Local Coordinator
Dr. Eric Sifah
Dr. Isaac Abban
Dr. Mame Yaa Nyarko
Dr. Daniel Asare
Dr. Eric Nguedu
Dr. Stephen Laryea
Dr. Margaret Neizer
Dr. Faye Boamah Mensah
Dr. Edem Tetteh
Dr. Glover Addy
Dr. Victor Etwire
Mr. Stephen Tuureh
Milicent Ofosu Appiah
Raymond Affrim
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Miss Stella Opare
Mrs. Georgina Norrey
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