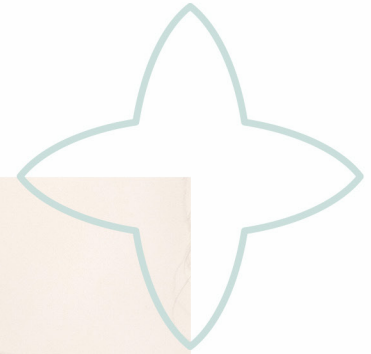


2022



Annual Report



Seed
GLOBAL HEALTH



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Overview

In 2023, we shouldn't live in a world where there are two vastly different standards of health care, but in too many places, that's still the reality. Over the past year, our team at Seed Global Health continued to challenge that status quo. This past year has brought new and alarming outbreaks of Ebola, cholera, and climate change-driven disease burden, bringing much-needed global attention to the urgent issues of pandemic preparedness and the strengthening of our global health systems.

In the face of these evolving challenges, our partners and the Ministries of Health in the four countries in which Seed works have asked us to do more: to replicate, scale, and grow our programs because they can see the difference it makes. Seed's efforts not only save lives and ensure patients receive high-quality health care, but they also serve as a model to engage in critical education and policy work that strengthens sustainable and responsive health systems. As Seed marks its first 10 years of collective global work, we join our partners to celebrate progress and prepare for the journey ahead as we seek to have even greater impact.



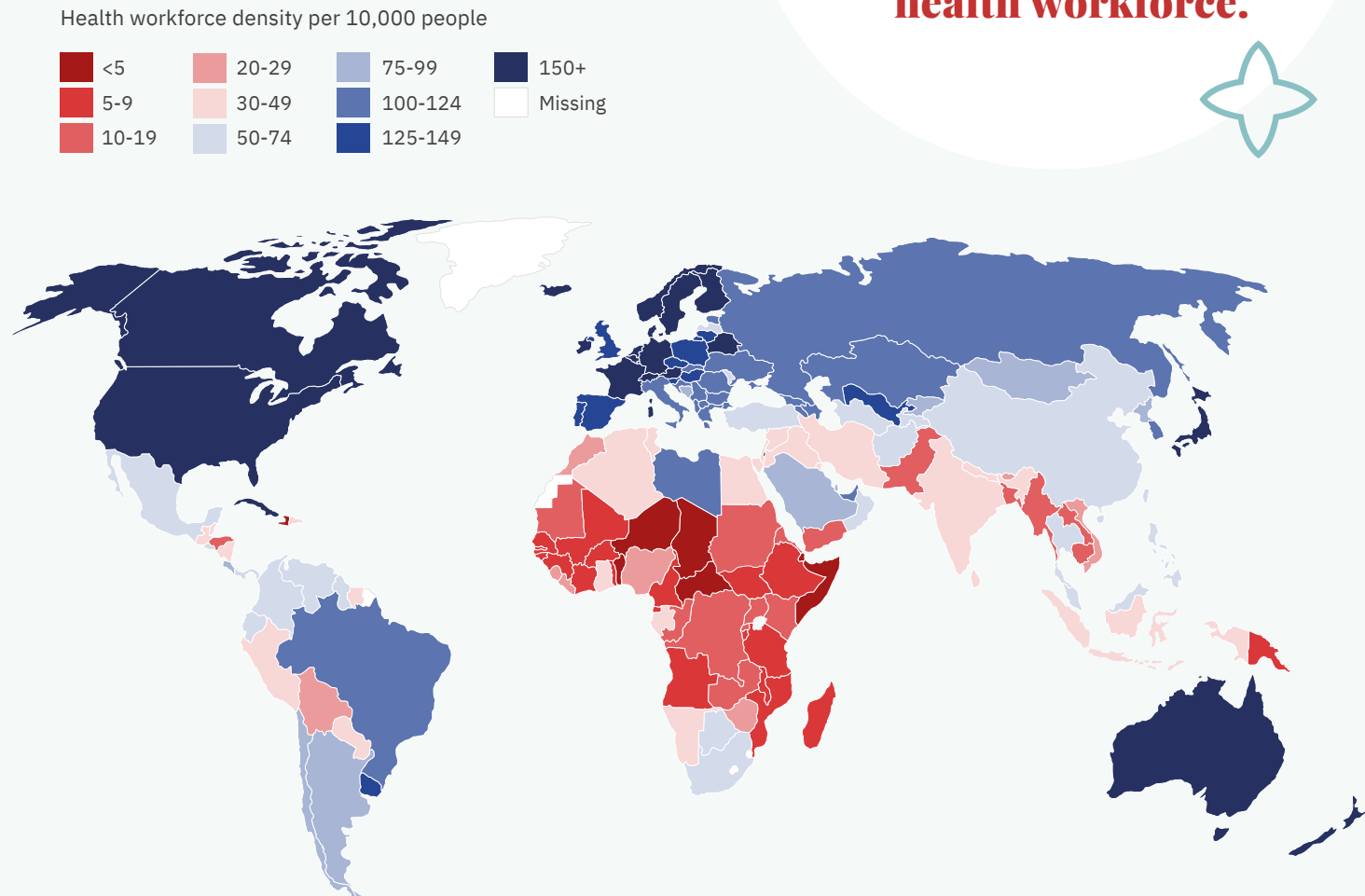
The Challenge

In 2023, there remains an unacceptable divide in the availability of comprehensive, quality health care in too many countries around the world, driven in large part by critical shortages of investment into the global health workforce. Although access to healthcare has improved in the countries where Seed Global Health partners, **Malawi, Sierra Leone, Uganda, and Zambia**, gains toward achieving universal health coverage are facing major setbacks.

For a health system already stretched thin, COVID-19 exacerbated existing challenges around health care worker burnout and gaps in skilled training. In fact, the World Health Organization estimates a shortfall of 10 million health care workers worldwide by 2030, these shortages are worst in Africa.

The global community has overlooked a critical gap in health systems: investing horizontally in holistic human resources for health – doctors, nurses, midwives, community health workers, pharmacists, lab technicians, paramedics, etc. – who make a health system run and function and who ensure high quality care to those in need. The lack of investment in the health workforce across developing economies is stunning: as reported last year in Biomed Central, **less than 7% of global health aid between 2000-2020 has been invested in the workforce itself.**

Sub-Saharan Africa experiences 24% of the global disease burden, yet has only 3% of the world's health workforce.



Map of health workers (dentists, medical doctors, midwifery personnel, nursing personnel, pharmacists) density per 10,000 population in 2020. (BMJ Global Health, 2022)

Building the health workforce requires time and large, upfront investment. However the cost of inaction is not only more expensive but detrimental to our communities, our economies, our security and to our collective health and wellbeing. These investments save lives. The WHO has reported that investing in the health workforce also has multiplier effects. It improves health, strengthens economic growth and national security, and fosters greater social protection and cohesion. The health and social sectors generate formal and secure jobs, almost 70% of which are held by women. The employment of women achieves progress toward both gender equality and poverty alleviation, bringing families into the formal sector.

Our Unique Approach

Seed is one of just a few organizations focused specifically on supporting and training Africa's emerging generation of health professionals — the physicians, nurses, and midwives who deliver lifesaving care to their communities. To date, Seed has trained and supported nearly **35,000 individual health professionals who work in health facilities serving more than 73 million people.**



By The Numbers

April 2022 - March 2023

4

Countries

17

Clinical Sites

73M

Estimated Population Served

3,536

Healthcare Workers Trained

15,049

Hours Training Students

25

Educators Placed & Supported

How We Work

FLIPPING THE SCRIPT

African-Led Partnerships

Seed works only upon invitation from the national government within each of its focus countries. Seed then develops close partnerships with government, academic, and health leaders to offer bespoke training and support to address their greatest health system challenges, including:



Maternal and Child Health



Family Medicine and
Non-Communicable Diseases



Infectious Disease and
Pandemic Prevention



Trauma and Injury

HAND-IN-HAND

Accompanying Emerging Leaders

There is no shortcut to saving lives. Seed recruits highly skilled health professionals that embed with our partner institutions for one to three years, offering dedicated training and mentorship to emerging doctors, nurses, and midwives as well as faculty at local medical schools.

Seed educators help their trainees move from theory to practice, working hand-in-hand with them at the bedside, caring for real patients, in a teaching hospital-style model. **In July, we will welcome and celebrate a new Seed educator class who – for the first time ever – will be made up predominantly of physicians, nurses, and midwives of African origin (62%).**



“What we do is meaningful, fulfilling work with huge potential to make a difference.”

Dr. Caitlin Lee
Seed Physician Educator at University of Zambia



SUSTAINABLE FROM THE STARTING LINE

Strengthening Health Systems

Our goal is to work ourselves out of a job. We build the skills, know-how, and strong partnerships to ensure that the impact of Seed’s work has a ripple effect on generations to come. Our proudest days are when an existing partnership ‘graduates’ from the Seed network, marking the capability and resource to train and support health workers on their own.



ADVANCING TOWARD SUSTAINABILITY

Strengthening Pediatric Critical Care in Malawi

In a country where 50% of the population is under 16 years of age, the need for pediatric specialists is acute and rising in Malawi. Furthermore, the mortality rate remains high for children under five years old, at 41.9 deaths per 1,000 live births. To tackle this challenge, Seed partnered with Kamuzu University of Health Sciences on a five-year goal to establish pediatric critical care as a specialized area of practice in Malawi for the first time. Seed deployed two educators to support the development of a new curriculum for a master's degree program in Paediatrics Critical Care Nursing (PCC), as well as a preceptorship training program for practicing nurses at the Queen Elizabeth Centre Hospital. The preceptorship training program's

primary purpose is to upskill existing health care workers — practicing nurses — to be prepared to train the incoming pediatrics critical care nursing students when they rotate in the wards at the facility. Through the efforts of Seed's partners, educators, and team, program milestones were able to be achieved early: student enrollment in the new program launched this year, two years earlier than originally planned. The success of the advanced program means local faculty and practicing nurses are able to pivot to training students more quickly than anticipated, alleviating future need to place Seed educators in this partnership and creating a sustainable path forward to bring life saving care to the facilities where it's needed most.



The Challenge

Though access to health care has improved and more women in sub-Saharan Africa than ever before are giving birth in health facilities, maternal and newborn mortality rates across the region remain unacceptably high. In Sierra Leone, a woman is 50 times more likely to die from a pregnancy-related complication than a woman in the United States. The vast majority of these deaths are preventable, and according to *The Lancet*, quality of patient care has become one of the leading contributors to this persistent challenge. In fact, studies show that the presence of **a well trained midwife can prevent 65% of all maternal and newborn deaths and stillbirths.**

Our Response

Over 70% of Seed's partnerships focus on improving the quality of care for women and children. Seed strengthens the pipeline of midwives, nurses, obstetricians, and pediatricians who advance access to respectful, high-quality care for the 14.5 million expecting mothers and their children across the four countries where we work. Working across nine academic partnerships and eight regional and district hospitals and health centers, **Seed has trained more than 2,100 midwives, nurses, obstetricians, gynecologists, family medicine practitioners and other physicians this year** to provide high-quality, respectful maternal and pediatric care.

Seed and our partners promote respectful maternity care: the idea that every woman has the right to experience dignified, supportive care throughout her pregnancy, labor, delivery, and postnatal periods.



In Sierra Leone, a woman is 50 times more likely to die from a pregnancy-related complication than a woman in the United States.





“Throughout my 20 years as a midwife working in various settings throughout the world, I have sadly witnessed women being slapped, yelled at, blamed for bad outcomes, dismissed, and accused of being too weak or too emotional, and discriminated against based on race, religion, economic class, or ethnicity. Can you imagine being in pain, scared, unsure of what is happening to your body or your baby, and someone, in most cases a health care provider, treating you like this? So many efforts in maternal and newborn health are focused on reducing mortality and morbidity, however, this is not enough. We need to examine and address how women and newborns are receiving care. All individuals deserve compassionate, respectful, and dignified care, especially during such a vulnerable and sacred time as childbirth.”

Dr. Julie Mann | Certified Nurse-Midwife at Mt. Auburn Hospital and Associate Director of Midwifery for Seed Global Health

In **Malawi**, Seed and its partners at Kamuzu University of Health Sciences (KUHS) continued growing the country’s first-ever midwifery-led ward at Limbe Health Center, one of just a few leveraging this innovative model on the African continent. This model addresses the theory-to-practice gap between midwifery training in the classroom and what students experience in clinical practice. The midwifery-led environment supports faculty and practicing midwives to model, teach, and practice respectful maternity care to their full scope and potential. Supporting an average of 420 patients per month, the ward is already experiencing outsized demand from the midwifery students who want to learn and work there, as well as from the community and patients the health center serves.



Across town at Seed’s OBGYN partnership, also in Blantyre, we brought midwives into the fold to support physicians in providing a continuum of care. The Queen Elizabeth Central Hospital maternity ward sees upwards of 50 medium- and high-risk patients per day in a setting with 24 beds. These patients are often in even greater need of family planning options but the OBGYN physicians have very limited time and capacity to provide sexual and reproductive counseling. As a part of a Quality Improvement project and in collaboration with the midwives in Chatinkha Maternity Unit, the OBGYN team trained almost 100 nurse midwives on comprehensive contraception counseling and implant and intrauterine insertion this year to provide services to over 2,000 women. This initiative resulted in an increase in uptake across all contraceptive methods among women in the postpartum and post-abortion periods, particularly for the contraceptive implant.

In **Zambia**, 187 midwifery students and 36 clinical staff have been trained through the educational partnership program at Lusaka College of Nursing and Midwifery (LUCON) and Matero General Hospital in 2022. In collaboration with the Midwifery Association of Zambia, the Seed partnership has introduced a week-long, comprehensive Emergency Obstetric and Newborn Care training for all midwifery students. This initiative aims to equip all students in the LUCON midwifery program with the knowledge and skills to competently handle complicated deliveries upon graduating.



In a recent letter from the Ministry of Health of Zambia outlining their request for a growing partnership with Seed in the coming years, the Permanent Secretary wrote, “Seed Global Health provides unique value to the Ministry of Health in that it emphasizes long-term investments in the health facilities rather than short-term trainings and workshops. It embeds doctors, nurses, and midwives into the health facilities to train health care workers as close to the patient bedside as possible.”

CASE STUDY Sierra Leone

Midwives Lead the Way in Sierra Leone

Population: 8,141,343

Maternal Mortality: 443 per 100,000

Infant Mortality: 78 per 1,000 live births

Physicians: 0.024 per 1,000

Nurses & Midwives: 0.224 per 1,000

Sierra Leone has one of the highest maternal mortality rates in the world and Makeni, the largest city in the Northern Province of Sierra Leone and the region, **represents an estimated 44% of all maternal deaths in the country.** Together with our partners at the School of Midwifery Makeni (SOMM), Seed has made significant progress to help strengthen midwifery education and clinical training in Sierra Leone to save lives.

Between 2021 to 2022, Seed and partners observed and tracked a 60% decline in year-to-year absolute maternal deaths at Makeni Regional Hospital. This trend



60%

Decline in year-to-year absolute maternal deaths during Seed's training

occurred over the same period of time that Seed began its training and support to student midwives and introduced a series of trainings for midwives at the hospital.

From the beginning, Seed's intervention was designed to respond to a national needs assessment conducted in partnership with the Ministry of Health that identified existing challenges and gaps in midwifery clinical training at health facilities in Sierra Leone.

In the clinical setting, statistics show that postpartum hemorrhage (PPH) is the leading cause of maternal death. In response, Seed and partners at both Makeni and Bo partnerships have focused on delivering comprehensive training on proper management of PPH and other obstetric complications to both student and existing midwives. Seed educators and partners also focus on strengthening the labor ward communication and collaboration and improved documentation of vital signs.



Partnerships

1. Makeni
2. Freetown*
3. Bo
4. Kenema*

* Seed expansion sites

Bolstered by this success, Seed is expanding these improved practices farther and faster to save more mothers' lives. In January, Seed launched a new Midwifery Preceptor Program to increase the number of local clinicians ready to mentor midwifery graduates and improve the quality of midwifery education. Seed has now expanded its work to a new partnership in Bo, which is the second largest hospital in the country, and the Ministry of Health has directly requested support in replicating this approach at other sites across the country.

In addition, **Seed has been working closely with the Ministry of Health to build the systems and guidelines needed to reduce maternal deaths at the national level**, like the development of a Direct Entry Program to increase the number of practicing midwives in the country and supporting the development of a Human Resources for Health (HRH) plan to train health systems administrators to put into action a Sierra Leonean-led plan to improve maternal mortality nationwide that reflects the on-the-ground reality.



Seed's intervention was designed to respond to a national needs assessment conducted in partnership with the Ministry of Health.



Seed educator, Jenny Rose, training midwifery students in a practical session at the School of Midwifery Makeni lab.



The Challenge

This year, the World Health Organization announced that non-communicable diseases such as diabetes, heart disease, lung disease, and cancer are on the rise across sub-Saharan Africa, and have become the single leading contributor to mortality rates. However, the expansion of training for health care workers to manage these diseases has not happened as quickly as the shift in the burden of disease.

Countries with strong primary health care systems that are centered on skilled family medicine physicians have better outcomes, increased patient satisfaction, less hospitalization, and lower costs. Family medicine clinical and public health training enables them to be incredibly versatile in health care settings with emerging threats. A family medicine doctor is trained to diagnose and provide initial treatment of 80 percent of patient cases that might present in a district facility, and to refer only the more advanced cases to specialists in centralized hospitals, providing comprehensive care close to patients' homes and thus creating efficiencies in the health system.

Non-communicable diseases are on the rise across sub-Saharan Africa, and have become the single leading contributor to mortality rates.



Zambia

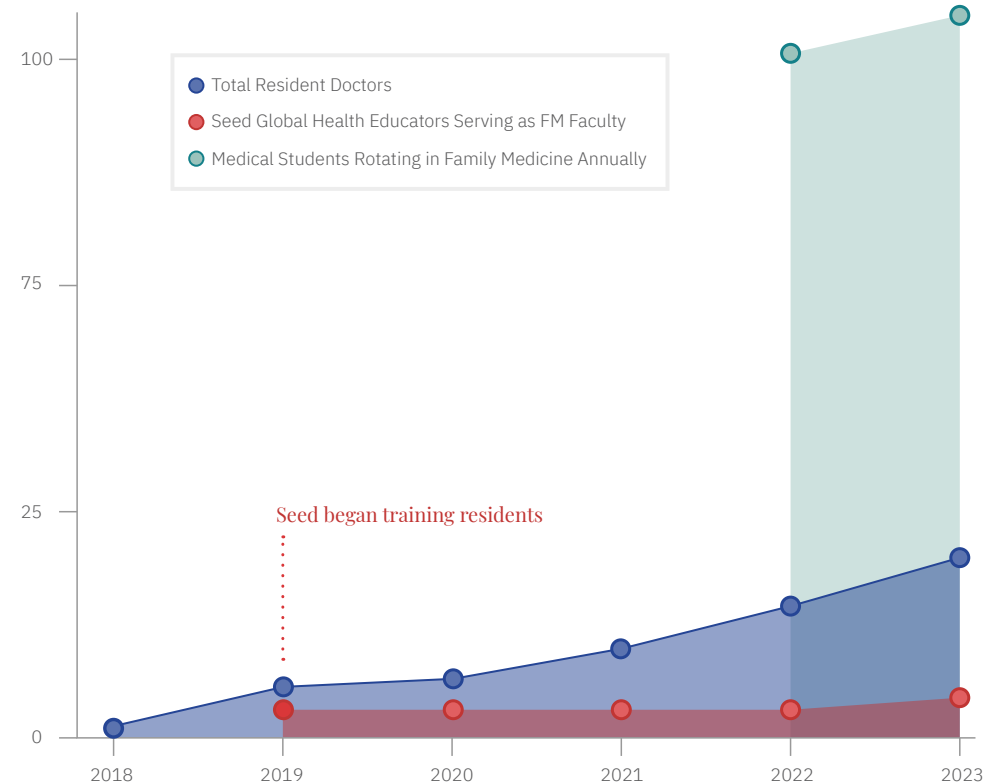
Population: **18,920,657**

Maternal Mortality: **252 per 100,000**

Infant Mortality: **46 per 1,000 live births**

Physicians: **0.16 per 1,000**

Nurses & Midwives: **1.3 per 1,000**



Our Response

Seed is training the first generation of family medicine doctors in two countries in sub-Saharan Africa to respond to this shifting burden of disease and bring much-needed versatility to the health workforce.

Seed's family medicine partnerships in Malawi and Zambia are groundbreaking and have the potential to significantly strengthen primary care in both countries.

Seed worked in partnership with local universities, governments, and professional associations over the past year to advance new curricula and standard-of-care guidelines for primary care and family medicine and leveraged our teaching hospital model to train emerging practitioners on how to provide a continuum of care that is comprehensive and community-oriented.

In 2022, Seed and our partners launched one of **Malawi's** first family medicine clinics at Mangochi District Hospital in Malawi, so that patients experiencing non-urgent medical conditions, such as hypertension and diabetes, can access care without the need to navigate the complex hospital system. Seed's partnership with KUHES is piloting a community-oriented primary care program, in which medical students have the opportunity to train at the local level and provide primary care services to patients in their home communities. This is part of a national level effort to bring primary care directly to communities by 2030. To bolster the range of care offered by this workforce, Seed has also supported the training of primary health care providers on mental health conditions, in partnership with Saint John of God College of Health Sciences and Zomba Mental Hospital to reduce stigmas and discrimination within the medical community and to increase skills in diagnosing the various types of mental health conditions and treatment options including medications, management, and referral options.

Scaling Up Family Medicine in Zambia

Zambia's **first-ever training program** for family medicine physicians started in 2019 through a partnership with Seed and the University of Zambia. The partnership has grown from two to more than 20 resident physicians in just three years. In May 2022, Dr. Mpundu Masaka graduated as the country's first-ever, Zambia-trained family medicine physician. Dr. Masaka is now faculty in the program, taking on a leadership role in training residents and advocating for family medicine in Zambia.

In addition to teaching at the University of Zambia, the Seed educators also serve as attending physicians at Chilenje District Hospital, which does not have any full time attending physicians on the adult or pediatric ward. Seed educators provide bedside clinical mentorship to family medicine students. In the last year, the partnership has developed protocols and reference resources for faculty, students, and hospital staff to better manage common chronic conditions such as diabetes and heart disease. Seed educators and family medicine resident physicians have provided care to more than 1,000 patients over the past six months, with a focus on improving quality of patient care and management at the hospital.



Seed staff and educators work hand-in-hand with family medicine residents at the University of Zambia.

The Challenge

On the heels of COVID, in September 2022, and for the first time in more than a decade, Uganda declared an outbreak of the Ebola virus. Uganda is one of many countries in Africa experiencing a rapid increase in the number of emerging zoonotic disease outbreaks: according to the UN, there has been a **63% surge in the region in the last decade alone**. The impact of climate change on health will only worsen and accelerate outbreaks like these, and studies show that despite sub-Saharan Africa being a minimal contributor to carbon emissions, it is one of the regions that will experience the greatest health and economic impact. As the effects of climate change continue to cause widespread health threats, Seed is responsive to the emergent challenges of today, while remaining steadfast in our commitment to building a fit-for-purpose health workforce able to address the burdens of tomorrow.



In 2022, for the first time in more than a decade, Uganda declared an outbreak of the Ebola virus and Seed responded.

Our Response

Seed's greatest contribution to managing infectious diseases and advancing pandemic preparedness starts far before emergency response is needed. We focus on strengthening the capacity and resilience of health workers to identify and respond to infectious diseases and other health conditions. When outbreaks do strike, Seed leans into our partnerships and are honored to often be one of the first calls made by Ministries of Health when seeking training and technical support. Seed and our partners offer in-person and remote training to frontline health care workers, developing bespoke modules based on what is most appropriate to the conditions and context. Seed also supports ministry of health coordination and crisis management efforts, including contact tracing, ambulance transfers, and personal protective equipment donation.

Between September and December 2022, Seed and partners provided extensive support to Ebola response efforts. We supported tracing of more than 8,000 contacts; trained more than 4,000 health workers on infection prevention and control; provided more than 2,500 pieces of personal protective equipment to eight districts; and supported the ambulance transfer of more than 800 patients in the epicenter of the outbreak. On January 11, 2023, Uganda was declared Ebola-free.



Between September and December 2022, Seed and partners trained more than **4,000 health workers** on infection prevention and control.



Health workers at Mulago National Referral Hospital participate in an Ebola infection, prevention and control training

At the Nexus of Climate Change and Health



Population: 16,647,681

Maternal Mortality: 439 per 100,000

Infant Mortality: 42 per 1,000 live births

Physicians: <0.3 per 10,000

Nurses & Midwives: <0.1 per 10,000

In Malawi, Seed and our partners are currently tackling an historic outbreak of cholera that emerged in early 2022 after cyclones and tropical storms impacted the country's southern region. The latest outbreak demonstrates one of the more visceral ways that climate change is affecting health outcomes in sub-Saharan Africa.

Cholera is endemic to Malawi with new cases observed during most rainy seasons, especially in flood prone districts. However, this year's outbreak transcended its typical seasonal ebbs and flows,



The current cholera outbreak has affected all

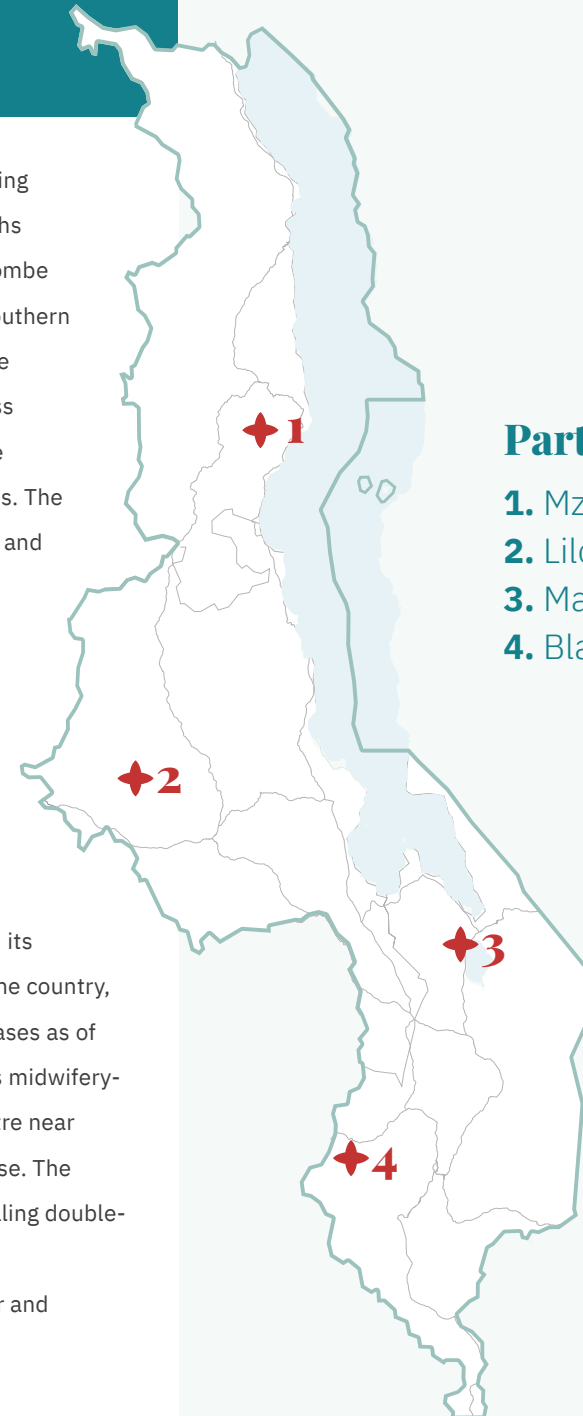
29

districts in Malawi.



enduring nearly a year in length and bringing historic levels of hospitalizations and deaths following Tropical Storm Anna, Cyclone Gombe and Cyclone Freddy, which affected the Southern district of Malawi. These storms left people in flood prone districts displaced, homeless with unsafe drinking water, minimal latrine coverage, and very poor sanitary conditions. The outbreak even caused schools in Lilongwe and Blantyre to temporarily close to prevent new infections. And these outbreaks have increased not just in Malawi, but also in flood-hit Pakistan, Nigeria, and Mozambique in just the last year.

The current outbreak — declared on March 3rd, 2022 — has been one of the toughest in decades, both in its length and its reach as it has affected all 29 districts in the country, affecting resulting in 57,897 cumulative cases as of April 30, 2023 as of April 30, 2023. Seed's midwifery-led ward partnership at Limbe Health Centre near Blantyre is at the center of cholera response. The midwives we partner with at Limbe are pulling double-duty working with cholera patients as well as their regular antenatal and labor and delivery patients.



Partnerships

1. Mzuzu
2. Lilongwe
3. Mangochi
4. Blantyre

In addition to cholera, vector-borne diseases—from malaria to lyme disease—that are caused by viruses, bacteria and parasites, but carried to humans by insects, are dangerously affected by climate change. Warmer temperatures mean some of these vectors are able to survive and explore new regions, causing the disease to spread further than before, increasing the risk of pandemics.

Seed is at the forefront of advancing global discussions on the nexus of climate change and health, especially where climate change is driving growing disease burdens that disproportionately impact the most vulnerable. Increased investments in the health workforce will be a critical adaptation to manage these health impacts. Over the last year, Seed has participated in high level discussions at the United Nations Climate Change Conference (COP27), are supporting planning for the health and climate discussions at COP28, and sharing the impact of our work to respond to climate-driven disease like the recent cholera outbreak in Malawi.



In December, the Minister of Health of Malawi reached out to Seed for support with clinical case management, infection prevention control in treatment units, surveillance and diagnosis, and community awareness and behavior change initiatives to prevent the spread of cholera. Seed's response focuses on building capacity in cholera clinical case management, training frontline health workers to treat cholera patients, and providing critical medical supplies such as IV fluids and more to the hospitals we support.



The Challenge

Over half of deaths in low- and middle-income countries are caused by conditions that could be addressed by effective emergency care. However, emergency medicine is a nascent field in all of the countries where Seed works. In Uganda, for example, fewer than nine percent of emergency ward staff have received specific training on management of medical emergencies, fewer than 27 percent of all medical facilities have permanent staff in their emergency units, and less than 25 percent of high-volume health centers offer 24-hour emergency care. Further, accredited programs to train physicians in emergency care at a graduate level are few and far between. Lack of affordable and reliable ambulance services and lack of robust referral systems also complicate the ability to serve communities with the emergency services they need.



In Uganda, fewer than 27% of all medical facilities have permanent staff in their emergency units.



Uganda

Population: **47.1 million**

Maternal Mortality: **336 per 100,000**

Infant Mortality: **43 per 1,000 live births**

Physicians: **4 per 100,000**

Nurses & Midwives: **9 per 100,000**

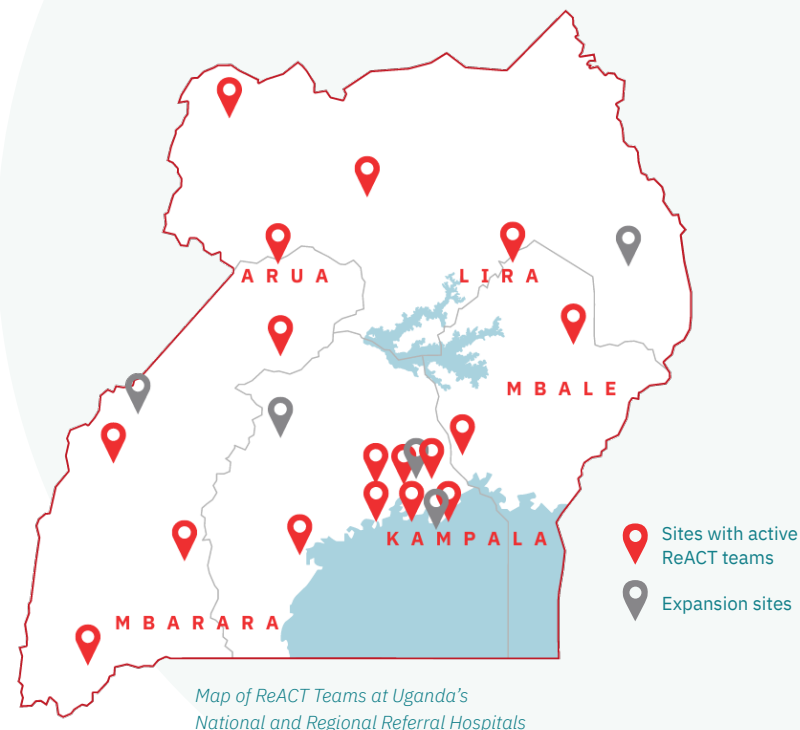
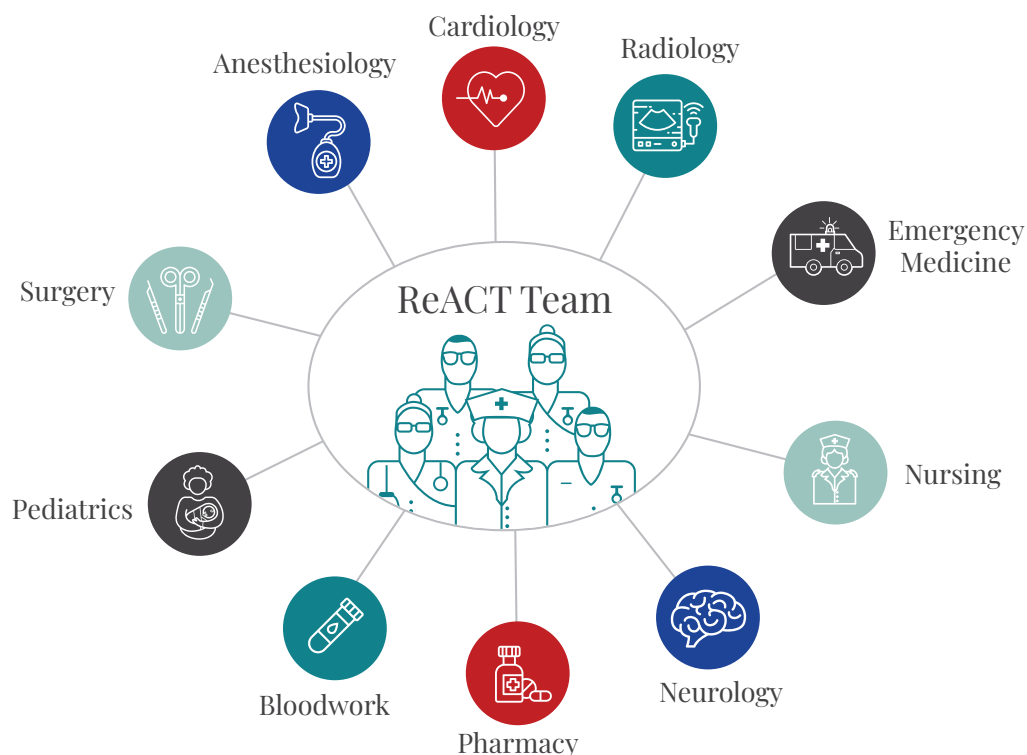
Since 2018, Seed Global Health has partnered with the Ugandan Ministry of Health to build the emergency care workforce and improve education and training for frontline responders. Seed supports the only two emergency medicine resident programs in the country - at Makerere University and Mbarara University, where educators and partners work closely with clinical care facilities to expand knowledge and skills in diagnosing and treating emergency conditions. With Seed's support, the country has moved from having zero Ugandan trained emergency physicians to 15 Ugandan trained Emergency Physicians in 2023. Three of these graduates now work as faculty supporting the residency programs and three are working in the public health system.

In addition to our partnerships focused on improving training and education, Seed leveraged a tele-mentorship program developed by Project ECHO to provide clinical learning opportunities for emergency care providers in health facilities nationwide. Since its launch in November 2021, Seed has trained almost 8,000 providers in more than 200 health facilities in Uganda on its emergency care curriculum via the Project ECHO platform.

Resuscitation Action Teams (ReACT)

While the Emergency Care ECHO fills a gap in knowledge and skills training for health care providers in emergency care, there remains a gap in coordinating services in an emergency unit to provide timely comprehensive care to patients. The average time for a patient to receive care in emergency situations exceeds one hour, which indicates operational challenges and the need for timely well coordinated emergency response.

To address this, Seed and the Ministry of Health developed Resuscitation Action Teams (ReACTs) in May 2022 to integrate patient care with facility-wide operational response. These are multidisciplinary teams, composed of ten to fifteen members including emergency medicine, nursing, surgery, anesthesiology, bloodwork, pharmacy, radiology, and other specialists, that work together as one functional unit to respond to emergencies and save lives. ReACT teams have been developed at 17 regional referral hospitals to date.



Our goal is for ReACT to be embedded in all of Uganda's emergency departments of hospitals and health facilities, starting with national and regional referral hospitals and followed by general hospitals and lower level health facilities. Building on the clinical focus of the Emergency Care ECHO, ReACT teams will receive hands-on mentorship on response coordination and guidelines to frequently-encountered emergencies, as well as troubleshooting operational challenges in response.

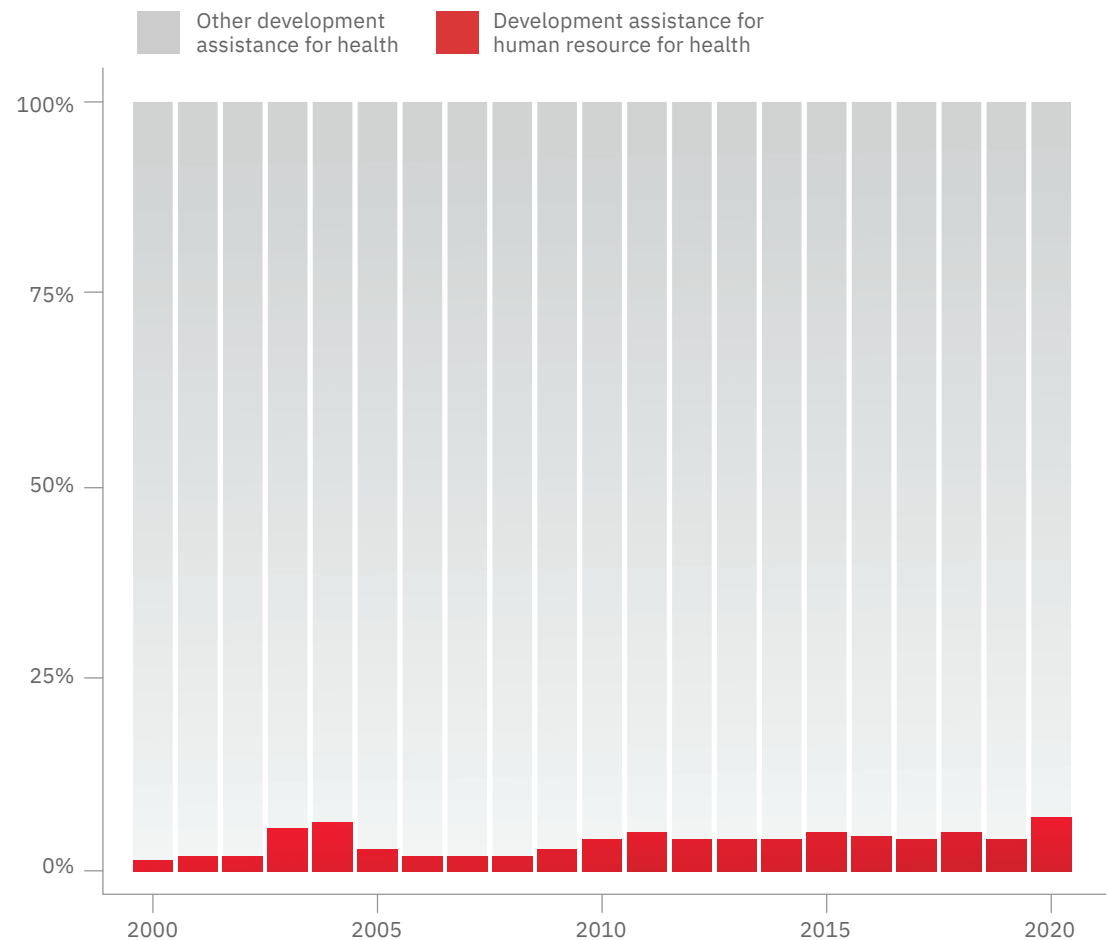
ReACT teams are equipped to provide a range of care, from daily emergencies to mass casualty situations. In the face of critical emergencies, such as disease outbreaks, instead of having to create new response teams. Uganda now has teams in place who are ready and equipped, significantly strengthening the country's infectious disease and pandemic preparedness efforts. ReACT teams were formed and deployed at the onset of the Ebola outbreak, and will continue to be built throughout 2023.

Our Global Reach- Challenging the Status Quo

One of Seed's primary advocacy goals is advancing the case for investing in a global, fit-for-purpose health workforce - an area where there is currently a critical shortage of investment. As reported last year in Biomed Central, less than seven percent of global health aid between 2000 and 2020 has been invested in the health workforce, even though evidence underscores the positive impact and return on investment of training and workforce development initiatives.

However, over the past year, awareness of the importance of our global health workforce has started to gain momentum. The World Health Organization recently published a new global blueprint for health workforce planning, and has invited Seed to become co-chair of a health workforce working group on knowledge sharing and communications. Seed was also selected to host a panel discussion at the Fifth Global Forum on Health for Human Resources in April 2023. There is a prime window of opportunity to surge our support, particularly as it relates to policy and advocacy, and to advance our mission.

As reported last year in Biomed Central,
**less than seven percent of global health aid
between 2000 and 2020 has been invested in
the health workforce...**





AFRICA LEADS THE WAY

A Health Workforce Fit for the 21st Century

In 2022, Seed Global Health joined long-standing partners from four ministries of health — Malawi, Sierra Leone, Uganda, and Zambia — as well as Amref Health Africa, in announcing a historic \$100 million commitment at the Clinton Global Initiative on the sidelines of the UN General Assembly. The commitment aligns to the Africa CDC vision for a New Public Health Order and will build a pan-African movement to tackle the serious health worker shortage across

the continent. This African-led strategy will tackle the serious health worker shortage on the continent. Partners will determine and be accountable for shared targets for investments, programming, and policy, which are required for complete investments in the continent's health workforce in alignment with the African Union Agenda 2063 and the Africa CDC's New Public Health Order.

“Everybody thinks that tech is going to solve the (global health) problem ... But we’re leapfrogging the fundamentals, which are **the human beings that are needed to leverage that tech.** AI doesn’t actually see a woman in hemorrhage and hang a bag of blood and make sure she gets it.”

Dr. Vanessa Kerry | CEO, quoted in **POLITICO**



Skoll World Forum, the World Health Assembly, the Clinton Global Initiative, COP27

Seed in the Media

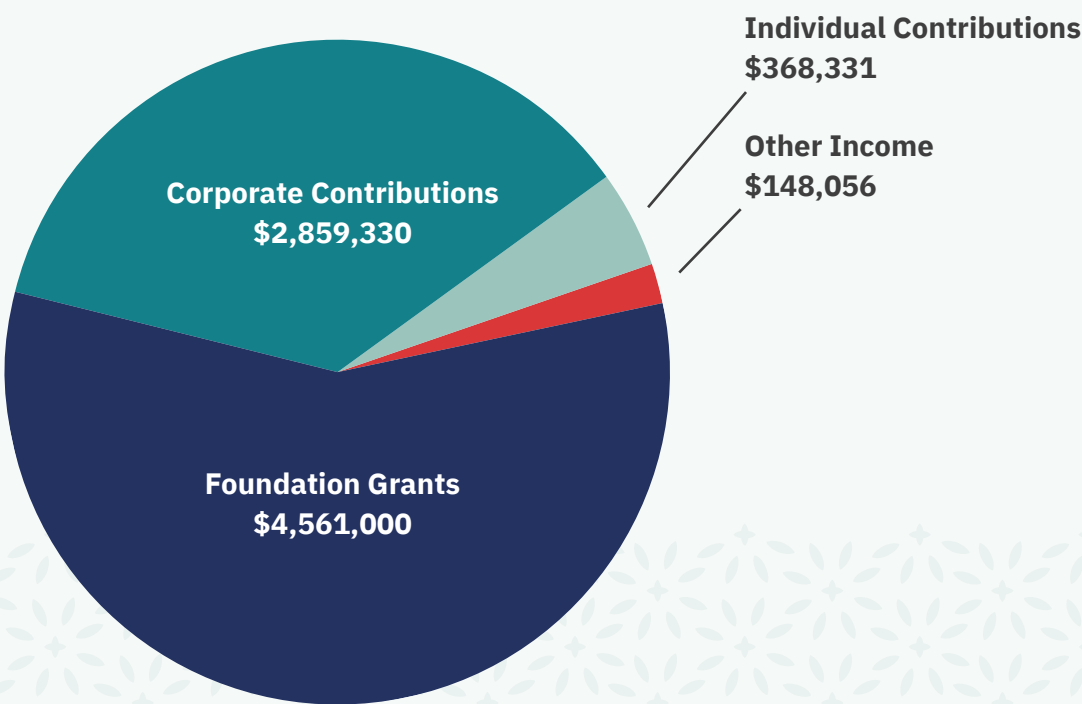


The Telegraph POLITICO Daily Monitor The Boston Globe

Financials at a Glance

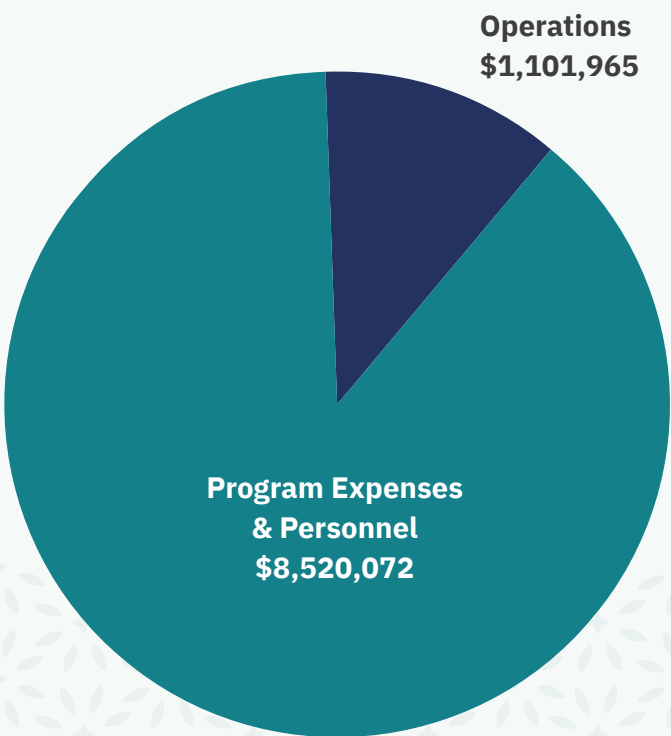
As a philanthropically-funded, mission-driven organization, Seed Global Health is committed to transparency and accountability. We are a 501(c)3 nonprofit, EIN 45-3064098 with a 4/4 Charity Navigator rating. Below, please find our estimated revenue and expenditures for fiscal year 2023¹ and our latest audited financials and 990s [here](#).

**FY23 Revenue
through March 31, 2023**



Total Revenue \$7,936,717

**FY23 Expenditures
through March 31, 2023**



Total Expense² \$9,622,037

¹ The FY23 figures provided in these figures are provisional and will be finalized at the time of Seed’s FY23 annual audit in late 2024.

² In accordance with GAAP standards for non-profits, the full value of a multi-year award is recognized in the year it is awarded. As a result, in some years the annual revenue may appear lower than expenses, as Seed is utilizing funding from a previous year’s revenue to fund its annual expense budget.

Our Team

As Seed's programs have grown and evolved over the past year, so too have our operations and strategy to ensure that we have the right support systems to sustain and advance our mission. We are proud to have welcomed multiple new staff members, **growing our team from 19 full-time staffers to 42 in just the last five years.**

Seed also celebrated the promotion of longtime Seed team member, Dr. Bonaventure Ahaisibwe, to managing director of impact and innovation, leading all of our program work. The team also welcomed a new Managing Director of Development, Lauren McKown; a Senior Director of Communications, Andrea Dickson; and will soon hire a Chief Operating Officer, Director of Policy Engagement, and Director of Monitoring, Evaluation, and Learning.



In 2022, we celebrated the addition of three new board members:



Ndeye Koroma

Chief Executive Officer of the Millennium Challenge Coordinating Unit in Sierra Leone



Patty O'Hayer

Global Head of Corporate Affairs, Government Relations & Strategic Partnerships for Reckitt



Her Excellency Toyin Saraki

Founder-President of the Wellbeing Foundation Africa

Letter From Our Leadership

Dear friends of Seed,

Over the past ten years, with your support, Seed has trained over 34,000 individual nurses, doctors, and midwives in seven countries to offer the highest quality of care to the patients who need it most.

But we must be ambitious: as we look to the future, there is so much more to do.

In the next ten years, we will double the number of Seed trainees we've reached over the last ten, supporting a rising generation of an additional 80,000 nurses, doctors, and physicians reaching at least an estimated 95M people continent-wide.

The road won't be easy: the COVID-19 pandemic laid bare the vast inequities in our health systems, and the growing threat of climate change is increasing the burden of non-communicable and infectious disease in countries already experiencing outsized demand for health care services.

Each new outbreak reminds us that without investment in a resilient, highly trained workforce, we remain too vulnerable to each new pandemic or disruption. The impact is not only in poor health but in economic stagnation, gender inequity and social disruption. Most importantly, we are losing the opportunity - failing - to ensure people have access to the care they need and deserve.

But with your help, Seed and its partners can support health care workers to rise to the challenge and transform health systems for the better.

We ask you to join us as we continue to challenge the status quo.

Onward,



Dr. Vanessa Kerry

CEO and Co-Founder



Dr. Bonaventure Ahaisibwe

Managing Director for Impact and Innovation

Our Partners

Seed has a proven legacy of working closely with our partners—governments, academic and clinical institutions, associations and councils, coalitions, funders, and other organizations—to **create durable change that improves quality of care and strengthens health systems.**

Together, we respond to an urgent need for a bold, long-term movement that will save lives today while strengthening the next generation of health professionals.

Malawi

- Ministry of Health of Malawi
- GAIA Global Health
- Blantyre District Health Office- Limbe Health Centre
- Kamazu University of Health Sciences
- Mangochi District Hospital
- Mercy James Center for Pediatric Surgery and Intensive Care
- Nurses and Midwives Council of Malawi
- Queen Elizabeth Central Hospital
- St. John of God Hospitaler
- Zomba Mental Hospital

Uganda

- Ministry of Health of Uganda
- Ministry of Education and Sports
- Busitema University
- Lira University

Seed Global Health is grateful for the generosity of our corporate and foundation partners. Your partnership enables our impact to reach farther and deeper in 2022.

- **Anonymous (2)**
- **Bancel Philanthropies**
- **The Charles Engelhard Foundation**
- **CRI Foundation**
- **The ELMA Foundation**
- **The Godley Family Foundation**
- **Hobson/Lucas Family Foundation**
- **Izumi Foundation**
- **Moderna Foundation**
- **National Academy of Medicine**
- **Pfizer**
- **Providence-Saint Joseph Health**
- **Santander**
- **Schooner Foundation**
- **Serum Life Sciences**
- **Takeda Pharmaceuticals**
- **Vitol Foundation**
- **Wagner Foundation**
- **The Wyss Medical Foundation**

- Makerere University
- Mbale Regional Referral Hospital
- Mulago National Referral Hospital
- Muni University
- MUST/Mbarara Regional Referral Hospital
- Mulago National Referral Hospital
- National Council for Higher Education

Sierra Leone

- Ministry of Health of Sierra Leone
- Bo Government Hospital
- Makeni Regional Hospital
- School of Midwifery Bo
- School of Midwifery Makeni

Zambia

- Ministry of Health of Zambia
- Association of Family Physicians Zambia
- Lusaka College of Nursing
- Midwives Association of Zambia
- University of Zambia

Seed Global Health thanks our generous leading individual and family supporters — **each of whom have made a gift of \$5,000 or more in the last year** — and make our work possible.

- Ambassador Elizabeth Frawley Bagley
- Jenna & Aaron Bates
- Jane & Alan Batkin
- Katie & David Beeston
- Fiona & James Benenson
- Esther Benjamin
- Susan & Paisley Boney
- Timothy Porter & Elizabeth Brookhiser
- Barbara & Michael Eisenson
- Georgia & Jesse Feldman
- Elizabeth & Michael Fish
- Richard Friedman
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- David Osborne
- Anne & David Poole
- Deborah & Joe Robbins
- Josh Klevens & Anna Sinaiko
- Ambassador David Thorne & Rose Thorne



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SeedGlobalHealth.org

