

The Ripple Effect

—
ReSurge International
2021 Annual Report



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The Ripple Effect

ReSurge International
Annual Report of
Fiscal Year 2021

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Dear friends,

We are proud to present our Annual Report for the 2021 Fiscal Year. Thanks to you and the work of our medical partners, volunteers, and generous donors around the globe, our efforts to train the next generation of reconstructive surgical teams and ensure that life-transforming reconstructive surgical care is available to all is having a ripple effect worldwide.

As I look back on the year's accomplishments, I'm struck by how we were able to turn the challenges of a global pandemic into an opportunity to inspire, train, fund, and scale more reconstructive surgical teams around the world than ever before. When the pandemic hit in 2020, we were one of the first organizations of our kind to swiftly transition into virtual training. Despite having to cancel all in-person programming, we were soon averaging one virtual lecture every 2.7 days. This allowed us to quadruple the number of trainings completed this fiscal year. We reached more surgeons, anesthesiologists, physical therapists, and nurses than we ever could have with an in-person only approach. I am truly grateful for the incredible innovation, creativity, and resilience of our staff and partners. We started new mentorship programs, established online communities, created a database of over 150 free educational lectures and publications, and we even partnered with fellow nonprofit, Ohana One, to pilot a program using surgical



One virtual lecture every 2.7 days

Quadrupled our surgical trainings

Virtual training allowed us to reach surgeons, anesthesiologists, physical therapists, and nurses across 31 countries — more than we could have with an in-person only approach

Letter from the President & CEO

smart glass technology. All these new tools and technologies will continue to multiply our impact well into the future. And even when we can return to normal travel, these hybrid programs will allow us to continue to have a greater, more robust impact.

At the end of the day, our ultimate beneficiary is a child or adult in a low-income country who does not have access to, or cannot afford, life-changing reconstructive surgery. In order to transform the lives of more patients like Arush, a five-month-old ReSurge patient whom you'll meet later in this report, we must focus on the long-term sustainability and impact of our programs. That means building reconstructive surgical capacity where it is most needed; places like Sub-Saharan Africa where 93% of the population does not have access to surgical care. It also means tackling the gender gap in global surgery and training more women surgeons to become leaders in the

sector. This focus on capacity development, equity, and inclusivity is what inspired our ReSurge International Program in Africa (RIPA), which we proudly launched in full this year, and our Pioneering Women in Reconstructive Surgery (PWRS) program. You will read more about these two important initiatives through the story of Dr. Tinga Nyoni, a promising surgeon from Zimbabwe whom we feature in this annual report.

Training and supporting reconstructive surgeons around the world means countless lives changed for the better. The work that we accomplished this year is inspiring, and I am honored to share it with you. We're grateful for your support and generosity, which allows us to create long-term, sustainable impact in global surgery so that ultimately, every child and adult around the world has access to the care they need.



Sincerely,

A handwritten signature in black ink that reads "Jeff Whisenant". The signature is written in a cursive style and is positioned above a thin horizontal line.

Jeff Whisenant

President & CEO / ReSurge International

The world needs reconstructive surgery



Worldwide, five billion people do not have access to safe, timely and affordable surgical care and 16.9 million people die every year from surgically preventable diseases.

One of the first organizations of its kind, ReSurge International has transformed the lives of children and adults through reconstructive surgical care since 1969. We are one of the few organizations that provides the full scope of reconstructive surgical care to treat congenital anomalies, traumatic injuries including burns and road traffic accidents, and malignant conditions like cancers. These conditions represent approximately 30% of the global burden of disease. That's three times more than malaria, tuberculosis, and HIV/AIDS combined.

Not only does access to free and safe reconstructive surgery transform lives; it transforms global economies. One surgery can mean that a child or an adult in a low-income country can go to school, get a job, and contribute to their family and community. When we are talking about five billion people, the implications are huge. In fact, an analysis at the 2008 Copenhagen Consensus concluded that provision

of surgical care at a regional level was among the 25 most cost-effective investments recommended across multisector alternatives (including clean water, nutrition, and environmental remedies) to save lives. In 2015, The World Bank identified essential surgical care as one of the most cost-effective health interventions available and a health priority that is within reach for countries around the world.

5 billion people do not have access

to safe, timely and affordable surgical care

17 million people die every year

from surgically preventable diseases

Every 2 seconds

someone dies from a neglected surgical disease. That death toll is 5x greater than HIV/AIDS, TB and malaria combined



The World Bank identified essential surgical care as one of the most cost-effective health interventions

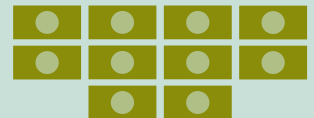
Improved access to safe, timely, and high-quality surgical, obstetric, trauma, and anesthesia care contributes directly to preventing individuals from falling into extreme poverty



Surgical care is a necessary component of Universal Health Coverage and the United Nation's Sustainable Development Goals



For every dollar invested in global surgery, ten dollars are gained in productivity



What we do



At ReSurge International, we inspire, train, fund, and scale reconstructive surgical teams in low-income countries to provide life-changing care to patients with the greatest need.

Through our programmatic and advocacy work, we are strengthening local capacity and developing surgical systems and pipelines in low-income countries to transform more lives, strengthen more economies, and ensure that no one suffers needlessly because of a lack of access to reconstructive surgical care that is safe, affordable, and timely.



ReSurge
INTERNATIONAL

1

Training for Impact

We build capacity in low-income countries by training local reconstructive surgical teams in techniques that will allow them to better care for their communities. Through our Visiting Educator and Virtual Training programs, we are training the next generation in reconstructive surgery and creating a multiplier effect of long-term impact. A Stanford University study found that the economic benefits of our Visiting Educator program were particularly cost-effective and, on average, had a 22-fold return on investment*.



*Nasser JS, Billig JI, Sue GR, Chang J, Gosain AK, Chung KC. Plast Reconstr Surg. 2019 Sep;144(3):485e-493e. PMID: 31461047.



2

Treatment for Care

We provide direct surgical care for the underserved at *no cost* to the patient. We do this by funding the work of ReSurge qualified Surgical Outreach Partners in low-income countries and our Surgical Team Trip program. Our local partners are best suited to find, treat, and connect with families living in poverty who need care the most—that's why 90% of all our surgeries are performed by local partners. Our surgical trips were found to have an 18-fold return on investment.

3

Partnership for Equity

We bridge gaps in equity and access by connecting surgical teams in low-income countries directly to top reconstructive surgeons, anesthesiologists, pediatricians, nurses, and physical therapists. Visiting educators, ReSurge staff and board members come from Johns Hopkins University, Stanford University, Yale University, and other top U.S. academic medical institutions. ReSurge also partners with hospitals and colleges around the world, including the College of Surgeons of East, Central, and Southern Africa (COSECSA) and the College of Anesthesiology of East, Central and Southern Africa (CANESCA).



4

Advocacy for Sustainability

We engage with governments and multilateral organizations to prioritize surgery as a cost-effective and indispensable component of health care, working with international medical societies, academia, advocacy groups, and other surgical NGOs. We are proud to be one of the founders of the global surgery movement, having contributed more than 30 academic, peer-reviewed articles to the global surgery literature.

Creating A Ripple Effect



THE
EFFECT IN
ACTION

At ReSurge we scale our mission by focusing on the long-term sustainability and impact of our programs. That means building reconstructive surgical capacity where it is most needed, and tackling the most pressing gaps in surgical training.

Training and capacity building are a major focus for us at ReSurge. In a recent study we conducted in Nepal, we found that by training one surgeon in a procedure that they can perform for the rest of their working life has an economic impact of approximately \$25 million annually. That surgeon will then go on to treat an average of 9,000 patients in their lifetime.

The cycle is then repeated when these ReSurge surgeons train others—resulting in a ripple effect of impact. This multi-generational approach translates into long-term sustainability and allows us to transform more lives, strengthen more economies, and ensure equitable access to healthcare for all.

\$25 million
annually

is the possible economic
impact from ReSurge
training just one surgeon



9,000 patients

on average will be treated
by that surgeon



The cycle is
repeated when
a ReSurge
surgeon trains
others



Fiscal Year at a Glance

Donations recieved

\$2,424,278

\$0

a ReSurge patient's
cost for treatment

Value of donated
equipment and services
from ReSurge Volunteers

\$1,114,066

1,696

Operations performed



1,164

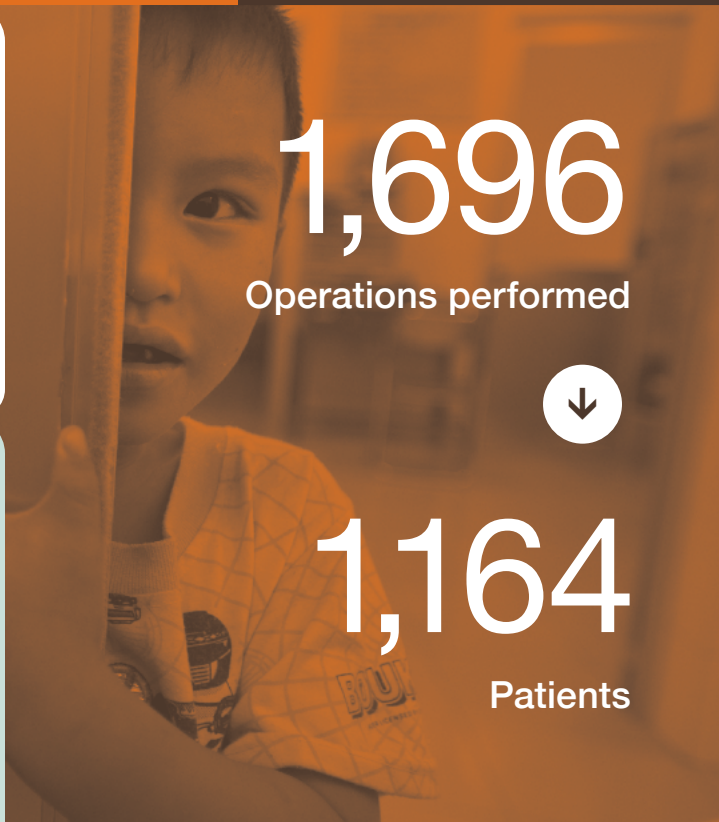
Patients

100%

of surgeries
done by local
partners

19

Local
surgeons
funded



Fiscal Year at a Glance



Advocacy

12 global health letters signed

advocating for initiatives such as global surgery funding and COVID-19 response funding

Partnered with global surgery advocates

to add language to the FY2022 State, Foreign Operations, and Related Programs appropriations, including a US \$100 million allocation for neglected surgical conditions and surgical systems

Training & Technology

36 ReSurge International Program in Africa (RIPA) trainings completed

Seven new annual scholarships added

162 lectures and publications added to our free online database of learning resources

Quadrupled

our number of trainings, averaging one virtual lecture every 2.7 days

\$1 million worth of service donated

by 89 global medical volunteers and trainers

98 virtual lectures

2,800 medical professionals trained across 31 countries

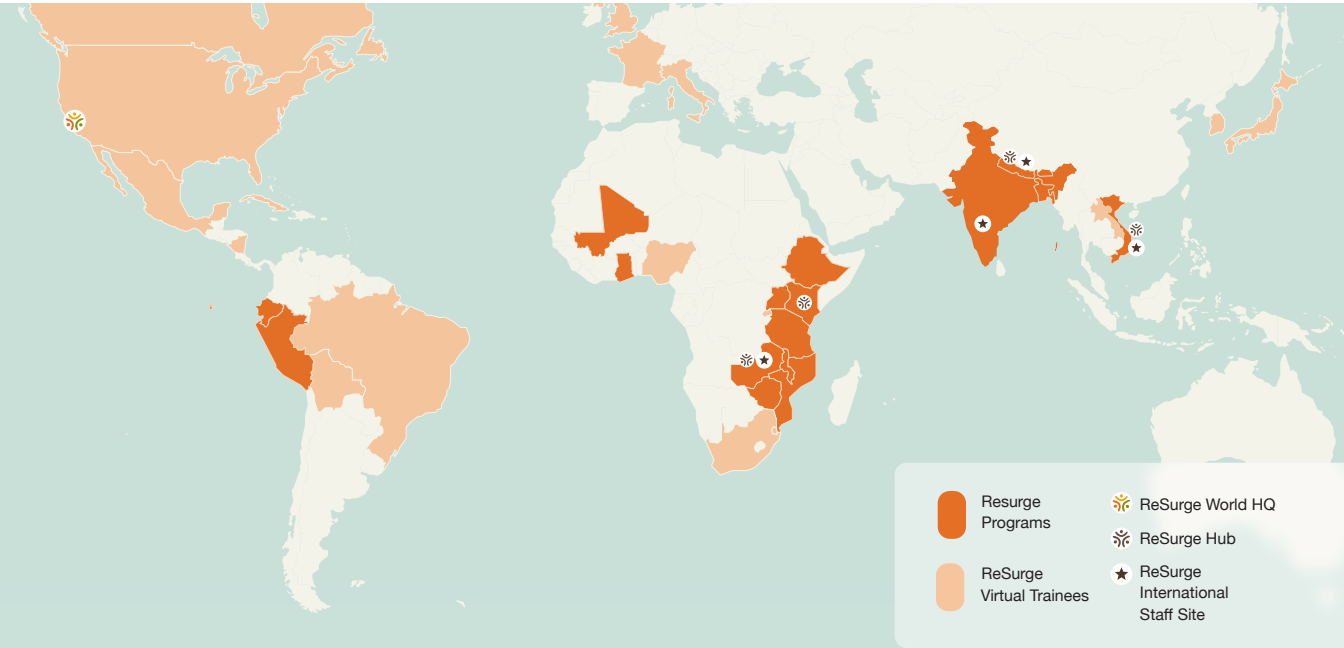
Mentorship program established for our Pioneering Women

in Reconstructive Surgery (PWRS) program with twelve mentors from six institutions and trainees from nine countries

Augmented Reality Surgical Smart Glass Technology implemented at ReSurge sites

in Nepal, India, Tanzania, Uganda, Vietnam, and Zimbabwe through a partnership with Ohana One

Where we work



ReSurge Programs by Country

- ReSurge Surgical Outreach Partner Site
- ReSurge Funded Scholar
- E-Learning Center
- In-Person Training Trips
- Virtual Learners
- Pioneering Women in Reconstructive Surgery (PWRS) Surgeon
- Smart Glasses Mentorship Site (Partnership with Ohana One)

BANGLADESH	● ● ○ ●
BHUTAN	● ○ ●
BOLIVIA	● ○
BRAZIL	○
CANADA	○
CUBA	●
ECUADOR	● ● ○ ●
ESWATINI	○
ETHIOPIA	● ○
FRANCE	○
GHANA	○
INDIA	● ● ○ ● ○

ITALY	○
JAPAN	○
KENYA	● ○
KOREA	○
LAOS	○
MALI	● ○
MEXICO	○
MALAWI	● ○ ●
MOZAMBIQUE	● ● ○ ●
NEPAL	● ● ○ ● ○ ○
NICARAGUA	● ○
NIGERIA	○

PERU	● ● ○
RWANDA	○
SOUTH AFRICA	○
TANZANIA	● ○ ●
UGANDA	● ○ ● ○ ○
UNITED KINGDOM	○
VIETNAM	● ○ ○
ZAMBIA	● ● ○ ● ●
ZIMBABWE	● ● ○ ● ○

Patient Story

Hope in Nepal: A Mother's Journey

A child born with a cleft lip in Nepal has a tough journey ahead. Difficulty breast and bottle-feeding due to an inability to latch, can cause chronic malnutrition, concerns that are only exacerbated by poverty and a global pandemic.

The World Health Organization (WHO) estimates that more than 800,000 children's lives could be saved every year, if all children under 23 months were optimally breastfed. Left untreated, a cleft can also cause multiple speech, dental, and ear problems. Mothers and children are often shunned from their communities, and the chance at a self-sufficient life, due to the stigma of an untreated cleft lip or palate.

The family of Arush, a five-month-old baby girl born with a cleft lip, knew the odds were stacked against their daughter. Together, they decided to risk everything and make the 12-hour journey from the Eastern low hills of Nepal to a ReSurge partner in Kathmandu for the chance at a life-changing surgery. Every parent wants what is best for their child, and Arush's parents were determined. They made it to the capital, right before the horrific second wave of COVID-19 surged through Nepal. But the journey didn't end there. There was a problem.

On the day of the surgery, something wasn't right. Even though Arush's blood report



was normal, the doctors noticed that she was beginning to run a slight fever. Concerned for her safety and the safety of the medical team, Arush was given a COVID-19 test. She was positive. Going through with the surgery would put Arush's life in danger, and the family would have to wait for her to recover before they could proceed. All of this was happening as the entire nation started to move into a lockdown

Patient Story

due to the alarming surge of COVID-19 cases. The family was stranded, but they were not alone. Luckily, our ReSurge Surgical Outreach Partners in Nepal understood the predicament Arush's family was facing. They were able to find a partner organization to house Arush and her mother while her father returned home to work to provide for the family.

After six long weeks of waiting, Arush finally tested negative. As soon as the results came in, our ReSurge surgeon advocated for the five-month-old, and was able to get her into

the surgery that same day. Arush's mother was overjoyed that this long journey had finally come to an end. Against all odds, Arush got the surgery she needed, and a new chance at life. This little girl's journey did not begin and end with one cleft lip surgery. Every step of the way, she needed people to take care of her and advocate for her needs.

At ReSurge, our patients always come first. We are committed to providing families like Arush's with care that doesn't just start, or stop, in the operating room.



This little girl's journey did not begin and end with one cleft lip surgery. Every step of the way, she needed people to take care of her and advocate for her needs.

The village of Kurtipur, on the outskirts of Kathmandu, Nepal, where ReSurge's partner hospital is located

Surgical Partner Profile

Optimism in Peru: Dr. Percy Rossell-Perry

Dr. Percy Rossell-Perry is one of 19 ReSurge Surgical Outreach Partners, and is based out of Edgardo Rebagliati Hospital of EsSalud in Lima, Peru. He is a leading worldwide academic on cleft care, and was introduced to ReSurge by volunteers Dr. Kirschbaum and Dr. William Carter in 1993.

An average of 90% ReSurge surgeries are performed by qualified Surgical Outreach Partners. And this fiscal year, that number was 100%. We fund the work of these local partners to provide direct care at no cost to the patient.

Dr. Rossell-Perry recalls a patient from Huaraz, a city in Peru's northern Callejón de Huaylas valley. This patient, we'll call her Marisol, lived on the streets and begged for her livelihood. Dr. Rossell-Perry noticed Marisol was always covering her face. She appeared to have a severe defect due to a leishmania infection. She could not eat or speak well because her mouth was completely exposed. Dr. Rossell-Perry's humanitarian team reached out to her and was able to perform two surgeries. The surgeries restored Marisol's form and function, and also allowed her to get a job and reintegrate into her community. Marisol is now no longer living on the street. Her life was changed, but if you ask Dr. Rossell-Perry, it's his life that has benefited.



"I thought that through reconstructive surgery I was going to change the lives of many people, but now I can say that ReSurge changed my life by allowing me to help so many people during all this time," said Dr. Rossell-Perry.

Unfortunately, COVID-19 has had a devastating effect on Dr. Rossell-Perry's ability to help many in need.

"This is a very difficult time for everybody and the impact on health and the economy is great," he reports.

Surgical Partner Profile

"Many children in need of non-urgent surgeries have been deprived. Health systems were already overwhelmed by the backlog of surgical need, and having to pause to address the global pandemic in countries like Peru has only created an even more dire need."

While the surgical backlog has severely impacted patients' ability to access care, Dr. Rossell-Perry has still been able to do academic and advocacy work. He recently published two papers in PRS Global Open Journal about primary cleft rhinoplasty.

- *The Surgical Nasoalveolar Molding: A Rational Treatment for Unilateral Cleft Lip Nose Deformity and Literature Review*
- *Rotational Composite Flap Technique for Primary Incomplete Cleft Nose Deformity*

He points out that even today many surgeons defer nasal surgery of patients with cleft lip or palate until adulthood. He argues, however, that the psychological impact of the deformity is great for these children during infancy and adolescence. He believes an optimal primary cleft nasal repair is mandatory and should be provided to the patients in order to prevent psychological consequences which can be very difficult to correct and address later in life.



Many children in need of non-urgent surgeries have been deprived. Health systems of many countries like Peru were not in a condition to respond to the medical demand arising in this pandemic.

Special Report

ReSurge International Program in Africa (RIPA)

Sub-Saharan Africa has the most acute shortage of reconstructive surgical care in the world, with approximately one reconstructive surgeon for every 10 million people.

The ReSurge International Program in Africa (RIPA) confronts this deficit by increasing the pipeline of medical professionals to provide reconstructive surgery in the region, while also providing financial support to qualified reconstructive surgeons in the region who provide care for the poor.

The RIPA program provides training, curriculum development, scholarships, regional study exchanges, exam and membership fees, and eLearning centers for places of study. ReSurge is proud to partner with the College of Surgeons of East, Central, and Southern Africa (COSECSA).

“The partnership between ReSurge and COSECSA will be instrumental in changing the way reconstructive surgery is taught and performed throughout the continent. Thanks to ReSurge’s partnership with COSECSA, currently all plastic and reconstructive surgery trainees in COSECSA are supported, and there is no trainee that is left behind.”
—Dean Abebe Bekele, Deputy Vice Chancellor of Academic and Research Affairs, and Dean of the School of Medicine at the University of Global Health Equity (UGHE).



RIPA 2021 Milestones

This past fiscal year, we were excited to name and launch our ReSurge International Program in Africa (RIPA) in full. While we were not able to facilitate international travel or in-person training due to the pandemic, COVID-19 actually allowed us to expand our reach by getting to know more reconstructive trainees in countries that we had not originally planned for. Our robust virtual training offerings are evidence of ReSurge's commitment to continual evolution in our training practices.



“One thing this pandemic has taught us is the importance of focusing on local capacity building and thinking outside the box in terms of finding unique ways to connect and train surgical teams.”

Natalie Meyers

Director of Africa Programs & Advocacy

Here is a look at some of our achievements this past fiscal year:

Established a new partnership with Mulago Hospital in Kampala, Uganda

Established seven new scholarships to support month-long regional study exchanges and cover the exam fees and five years of COSECSA memberships to promising African reconstructive surgeons

Hosted 36+ virtual trainings for African surgeons

Served more than 350 patients

Added a new Surgical Outreach Partner, Dr. Peter Nthumba at AIC Kijabe in Kenya

Kicked off a monthly series of lectures with the College of Anesthesiologists of East, Central and Southern Africa (CANECSA)

eLearning Center

Our robust program of virtual training and lectures for surgeons, nurses, therapists, and anesthesiologists have allowed us to expand our reach and impact all over the world.

But, like with all new systems, it quickly became apparent that there was a gap in the model. Several of our reconstructive surgical trainees in Uganda were logging into ReSurge's virtual trainings from their personal cell phones and the data charges required to access these free lectures were cost prohibitive. Dr. Rose Alenyo, the Mulago Hospital Program Director, shared this obstacle with ReSurge, and we quickly worked together to figure out how to arrange for the trainees to gain reliable internet access and a dedicated place to learn and study. ReSurge was

able to help sponsor an eLearning Center which was completed in the spring of 2021, giving Mulago Hospital in Uganda a safe place for reliable wi-fi and learning. The impact of this eLearning center at Mulago Hospital has been huge. This training center is available not only to reconstructive surgical trainees, but also to nurses, anesthesiologists and other clinicians. By increasing access to learning resources, there is a significant impact on the number of patients who will be treated each year as well as the quality of patient care.



Meet Dr. Seif Nuru

Dr. Seif Nuru, a general surgeon from Tanzania, studying at Mulago Hospital in Uganda, is our first Annual Reconstructive Surgery Scholarship recipient.

This full scholarship allows one promising young surgeon to spend one year at a ReSurge training hub in Africa to learn reconstructive surgery and then return to his or her home country to treat local patients. Dr. Seif Nuru is from a rural area in Tanzania, a country of 58 million people and only one certified reconstructive surgeon, who graduated as recently as December 2020. With such a scarcity of reconstructive surgeons, Dr. Nuru, a general surgeon, became passionate about reconstructive surgery after working with a number

of ReSurge visiting surgical volunteers during our trips to his country, and because of the large burden of burn cases he receives due to open fire cooking in the rural setting where he works. To further the career of this promising reconstructive surgeon, we provided him with our first annual scholarship award to study for one year with surgical experts at Mulago Hospital in Uganda. This scholarship was made possible by a generous ReSurge volunteer who saw the value of such a program.



“I have no words to express my feelings, but I am so very happy I feel like crying. I know how lucky I am. I never imagined that people thousands of kilometers away would see my potential and look for ways to help me. I come from a poor family, I am the first to get a degree, the first to travel out of our village and first to travel out of Tanzania.”

Dr. Seif Nuru



Special Report

Pioneering Women in Reconstructive Surgery

Today, there are only three female surgeons for every 1 million people in low-income countries, often due to lack of equal access to significant technical training or obstacles to gaining acceptance in their field. Sub-Saharan Africa in particular suffers from a severe shortage of surgeons. Though women comprise more than 50% of the population, they represent only 7% of the surgical workforce.

In 2017, ReSurge International partnered with SkinCeuticals, a L'Oreal company, to advance first-generation women reconstructive surgeons in underserved parts of the world. Together, we created the Pioneering Women in Reconstructive Surgery (PWRS) program to support these women through surgical training, leadership development, and mentorship networking.

PWRS

PIONEERING WOMEN IN RECONSTRUCTIVE SURGERY

SKINCEUTICALS + ReSurge INTERNATIONAL



2021 Milestones

This year we were proud to kick off our second cohort of the PWRs program with six incredible women representing low and middle-income countries around the world.

- A** Dr. Tinga Nyoni / Zimbabwe
- B** Dr. Shikha Gupta / India
- C** Dr. Leeza Pradhan / Nepal
- D** Dr. Wone Banda / Malawi
- E** Dr. Matolase Mtonga / Zambia
- F** Dr. Ugyen Wangmo / Bhutan

Due to travel restrictions from COVID-19, we adapted our program by creating a robust monthly virtual training series, and were proud to launch our first mentorship program to include the women from both cohorts one and two.

Changing the landscape for women surgeons worldwide means enabling them to advance their careers through more than just the hands-on skills of surgery, but also learning

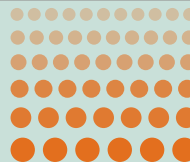
how to navigate a male-dominated profession through the best practices of others that have paved the way. Our first two cohorts of PWRs participants were matched with seasoned female surgeons from across the United States and Canada as part of the mentorship program. Each pair worked together over the course of the year to develop one-on-one relationships and create a worldwide network of support. The 12 mentors came from Stanford University, Brigham and Women's Hospital, Oregon Health and Science University, Johns Hopkins University, and the University of Ottawa.

Gender equality in medical training is essential to bridging the global surgery gap.



5 billion people

worldwide lack access to safe, timely surgical care



Only 3 female surgeons

for every one million people in low and middle-income countries



Less than 1/3

of surgeons globally are female



Meet Dr. Tinga Nyoni

A Pioneering Woman in Reconstructive Surgery with the Highest Board Scores in the Region

The COVID-19 pandemic hit the global surgery sector hard. All international travel was canceled and non-essential surgeries were put on hold, contributing to what would become one of the largest surgical backlogs of our time. At ReSurge, we turned the challenges of a global pandemic into an opportunity to inspire, train, fund, and scale more reconstructive surgical teams around the world than ever before. How were we able to do this? There is no one better to tell that story than Dr. Tinga Nyoni, a ReSurge partner and scholar from Zimbabwe who not only passed her boards, but also received the highest score across the 14 countries comprising the College of Surgeons of East, Central and Southern Africa (COSECSA) — all during a pandemic.

Dr. Nyoni is part of our ReSurge International Program in Africa (RIPA), a program we started to address the severe shortage of reconstructive surgeons in the region. She is also a COSECSA fellow and a member of the second cohort of Pioneering Women in Reconstructive Surgery (PWRS), a program created by ReSurge and SkinCeuticals to support and empower women in the field of reconstructive surgery.

“When the pandemic started, most of the reconstructive surgery cases weren’t being done because most of the big hospitals went into emergency mode,” Dr. Nyoni explained. “This not only created a backlog of surgeries, but stopped trainees from getting time in operating rooms, which meant we were unable to learn how to perform surgeries, and be properly prepared for our board exams.”

When COVID-19 restricted travel, ReSurge quickly pivoted to a robust virtual training program. Over



the course of the year, we delivered 98 virtual lectures to more than 2,800 overseas trainees across 31 countries. This dramatic shift was critical in ensuring emerging medical professionals like Dr. Nyoni could still benefit from the teachings of our world-renowned surgeons even while they couldn’t get all of the normal hands-on training they typically would receive. Dr. James Chang, ReSurge’s Consulting Medical Officer and the Chief of Plastic and Reconstructive Surgery at Stanford University, led small group board prep sessions for Zimbabwe’s COSECSA trainees. Dr. Chang personally mentored Dr. Nyoni, helping her prepare for her boards when getting operating time was impossible. In fact, Dr. Nyoni credits her one-on-one mentoring with Dr. Chang as a large part of how she received the highest score in the region. She says the changes ReSurge made were an important pivot, “instead of having everything go to a standstill, ReSurge has had a great impact.”



"I do hope this continues because there are other surgeons that are coming down the pipeline that would benefit from ReSurge just as much as I have benefited from them, so I urge them not to stop, not to give up."

Dr. Tinga Nyoni

Dr. Nyoni originally got involved in ReSurge by attending workshops when a visiting educator team would work in the operating room at her hospital in Harare, performing surgeries while also training local surgeons in special cases. Her supervisor was a member of the first PWRS cohort and suggested she would make an excellent member. As a woman in the surgical field, Dr. Nyoni appreciates having a community of women who are there to support each other, "Through the PWRS program, I've gotten to meet a lot of female surgeons who are in a similar situation as I am. It's nice to get to know people and to know that you're not the only one on the continent suffering from the same issues." She says that ReSurge is helping her see what's possible for her, and for the future of women surgeons. "I have a mentor, Dr. Paige Fox of Stanford University, who is a hand surgeon that ReSurge connected me with. What's nice is that she's also a woman and it's very encouraging to see that a woman can be so big in her field. It gives me inspiration."

While Dr. Nyoni is now one of only three reconstructive surgeons in the country of Zimbabwe,

she continues to look for ways she can further help meet her community's needs, and she plans to train in hand surgery, stating, "It's a field that doesn't have any specialists in Zimbabwe. It's an area that is lacking and a lot of people may not get to use their hands because people get unnecessary amputations or they end up with a stiff hand that might have been treated better and therefore usable."

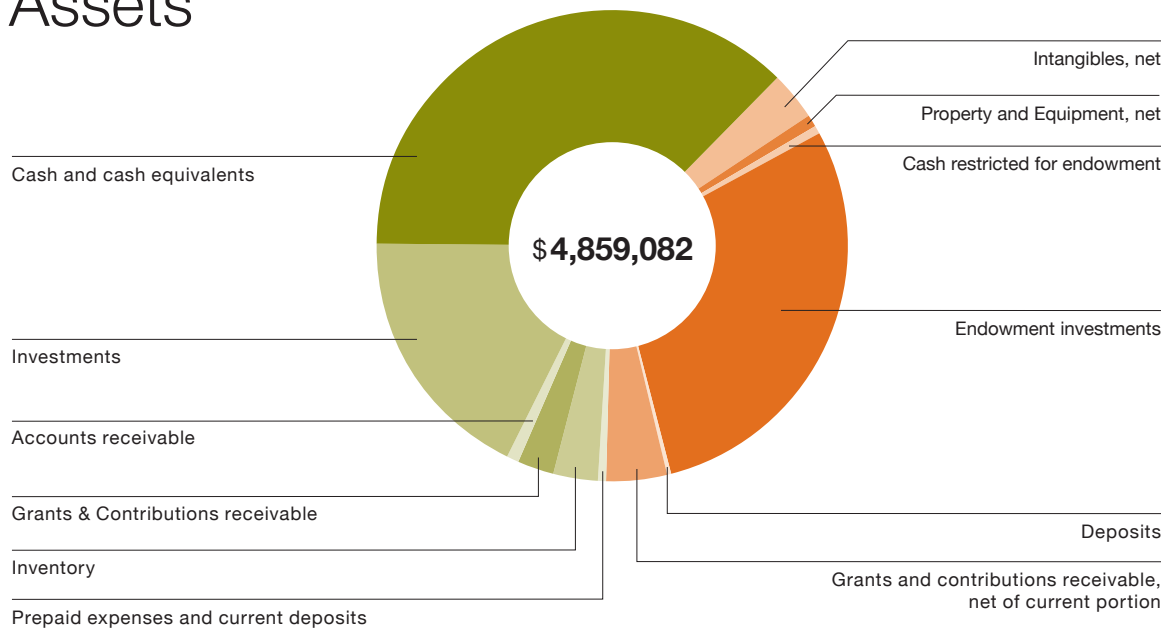
Dr. Nyoni looks forward to a time when current trainees can become trainers as well, when they can create outreach programs and go to rural communities, to do workshops where there are smaller hospitals, so patients don't need to be referred to big cities like Harare for surgery.

"What I'd like people to know is, ReSurge's training model is making quite a big impact. And it's something that I hope not only continues but becomes a lot more ingrained into our programs. I do hope this continues because there are other surgeons that are coming down the pipeline that would benefit from ReSurge just as much as I have benefited from them, so I urge them not to stop, not to give up."



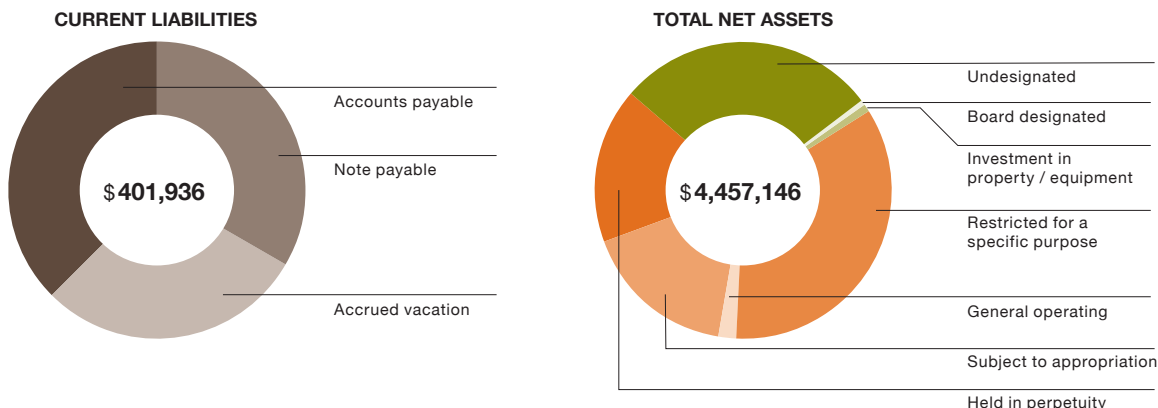
2021 Financial Report

Assets



CURRENT ASSETS	2021	2020
Cash and cash equivalents	1,817,046	1,877,553
Investments	872,720	630,510
Accounts receivable	36,764	62,180
Grants and contributions receivables	116,670	153,200
Inventory	142,159	142,159
Prepaid expenses	36,521	16,129
Total current assets	\$3,021,880	\$2,881,731
OTHER ASSETS	2021	2020
Grants and contributions receivable, net of current portion	200,515	202,548
Deposits	240	13,240
Endowment investments	1,411,608	1,074,545
Cash restricted for endowment	25,037	110,440
Property and equipment, net	46,324	97,217
Intangibles, net	153,478	182,381
Total other assets	\$1,837,202	\$1,680,371
Total Assets	\$4,859,082	\$4,562,102

Liabilities & Net Assets



CURRENT LIABILITIES		2021	2020
Accounts payable		134,890	135,848
Accrued vacation		117,046	107,543
Deferred revenue		-	12,715
Note payable - Paycheck Protection Program		150,000	146,195
Total current liabilities		\$401,936	\$402,301
NET ASSETS			
Without donor restrictions	Undesignated	1,304,002	807,835
	Board designated	4,400	4,400
	Investment in property and equipment, net	46,324	97,217
	Total without donor restrictions	1,354,726	909,452
With donor restrictions	Restricted for a specific purpose	1,576,280	1,978,435
	General operating for future years	89,495	86,929
	Subject to appropriation and spending policy	671,006	423,940
	Held in perpetuity (donor-restricted endowment corpus)	765,639	761,045
	Total with donor restrictions	3,102,420	3,250,349
Total net assets		\$4,457,146	\$4,159,801
Total Liabilities & Net Assets		\$4,859,082	\$4,562,102

Activities

	Without Donor Restrictions	With Donor Restrictions	2021 Total	2020 Total
Support, revenue, gains and (losses) and net assets released from restriction				
Grants and contributions	1,744,587	383,865	2,128,452	3,526,219
In-kind contributions	1,114,066	-	1,114,066	3,050,494
Endowment realized and unrealized gains, net	-	296,056	296,056	38,987
Special events	295,826	-	295,826	621,129
Less: special event costs	(27,708)	-	(27,708)	(273,976)
Forgiveness of Paycheck Protection Program note payable	141,423	-	141,423	-
Operating investment interest and dividends, net	17,948	-	17,948	26,499
Other (loss) gain	12,525	-	12,525	(4,108)
Endowment interest and dividends, net	-	11,431	11,431	22,408
Operating investments realized and unrealized (losses) gains, net	(19,229)	-	(19,229)	(3,760)
Net assets released from restriction	839,281	(839,281)	-	-
Total support, revenue, gains and (losses), and net assets released from restriction	\$4,118,719	\$(147,929)	\$3,970,790	\$7,003,892
Functional expenses				
Program services	2,612,138	-	2,612,138	5,151,200
Support services				
Management and general	551,204	-	551,204	511,762
Fundraising	510,103	-	510,103	613,186
Total support services	1,061,307	-	1,061,307	1,124,948
Total functional expenses	\$3,673,445	-	\$3,673,445	\$6,276,148
Change in net assets	\$445,274	\$(147,929)	\$297,345	\$727,744
Net assets, beginning of year	\$909,452	\$3,250,349	\$4,159,801	\$3,432,057
Net assets, end of year	\$1,354,726	\$3,102,420	\$4,457,146	\$4,159,801

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