

A close-up photograph of a woman with dark hair, seen in profile, gently kissing a baby on the forehead. The baby is looking upwards with a curious expression. The woman is wearing a brown top, and the baby is wearing a white knitted sweater. The background is a dark, leafy green bush. The image is framed by a blue horizontal bar at the top, an orange vertical bar on the left, and a teal vertical bar on the right.

A New Era of Impact

2022 ANNUAL REPORT

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A New Era of Impact
ReSurge International
Report of Fiscal Year 2022

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ON THE COVER:
ReSurge patient Matias and his grandmother, Gracia. Villamontes, Bolivia. Read the story on page 26.

LETTER FROM THE BOARD OF DIRECTORS

Dear Friends,

On behalf of ReSurge International’s Board of Directors, I am pleased to present our 2022 Annual Report. At ReSurge, we envision a world where no person has to suffer from a treatable disability because of their geography or income level. Thanks to the work of our partners, volunteers, staff, and all who support our mission, this vision is coming to life.

Indeed, we are at an exciting inflection point of growth and impact. As you will read in this report, we have set an audacious goal and are on track to achieve it with a model that is centered in outstanding surgical care, in-country capacity building, and long-term sustainability.

In last year’s annual report, we told you about the silver lining that we found during the COVID-19 travel bans: the opportunity to connect with even more surgical trainees through remote learning. This past year, we resumed hands-on training, but with an approach that relies more heavily on our in-country partners. After collaborating virtually with our doctors to review and schedule cases, we then travel with small teams who operate alongside the in-country medical teams—resulting in more surgeries, better patient outcomes, and a ripple effect that is producing the next generation of reconstructive surgeons worldwide. ReSurge also launched the creation of the first-ever comprehensive reconstructive surgery curriculum and lecture series for the College of Surgeons of Eastern, Central, and Southern Africa (COSECSA) a certifying body for 14 countries in the region. Read on to learn how our new model is impacting ReSurge’s patients, their families and the communities in which they live, and our in-country surgical partners and trainees.

We are very grateful for the leadership that has brought us to where we are today, and the leadership that will guide us into the future. This fiscal year was the final year that Jeff Whisenant served as ReSurge’s President and CEO. Jeff led the organization for seven years and, among other contributions, was instrumental in architecting our new program model. We wish Jeff well as he takes a sabbatical from full-time work, and relocates to the east coast.



Jeff Whisenant
President & CEO
2015 – 2022



Claire Lachance
President & CEO,
2022 – present

I am thrilled to announce our new President and CEO, Claire Lachance. Claire is a transformative leader dedicated to designing, building, and managing high-performing organizations for social impact. Since joining ReSurge in September, Claire has launched numerous new and innovative initiatives, and has demonstrated her deep commitment to our mission and vision. With Claire and her team leading the way, ReSurge’s future is very bright!

Thank you to our partners, our staff, our volunteers, and to all who support ReSurge International’s work with such deep caring and generosity. Together, we are bringing our vision to life.



Meredith Taylor
Board of Directors, Chair

A Global Surgery Dilemma

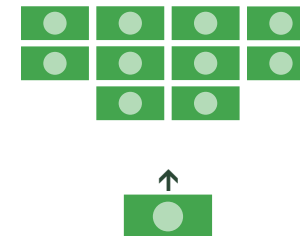
5 billion people do not have access to safe, timely and affordable surgical care.

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

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



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



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



WHO WE ARE



ReSurge International is a global nonprofit that is scaling up access to reconstructive surgical care in low-income countries by training and supporting the next-generation of reconstructive surgeons across Africa, Asia, and Latin America.

Our Vision

ReSurge envisions a world where no one suffers needlessly because of a lack of access to life-changing reconstructive surgical care that is safe, affordable, and timely.

Our Mission

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

Our Rallying Cry

Universal access to healthcare is a human right. Directly investing in surgical care is an essential strategy for supporting sustainable development, poverty alleviation, and human dignity.

What We Do

Our work is comprised of three main pillars:

1. Training & Capacity Building

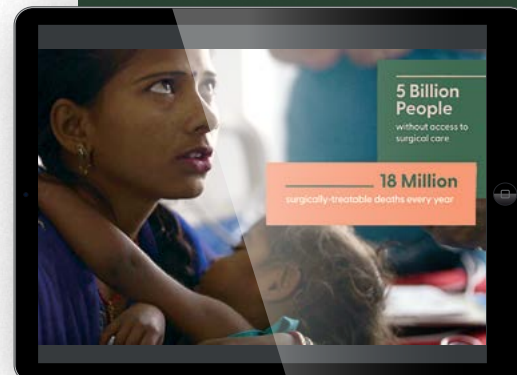
We empower surgical teams in low-income countries by providing hands-on and virtual training. Our medical volunteers are the world's leading experts from partner institutions like Stanford University, Johns Hopkins, and dozens of others. Our model provides a sustainable way to support surgeons and give them the tools they need to change lives.

2. Direct Patient Care

We provide direct surgical care for individuals with the greatest need at no cost to the patient by funding our local Surgical Outreach Partners. Our trained and certified local Surgical Outreach Partners are best suited to find, treat, and connect with families, often from remote low-resource areas, who need treatment the most.

3. Advocacy & Equity

As one of the founders in the global surgery movement, we partner and engage with governments and multilateral organizations to make global surgery a priority on the broader global health agenda. Additionally, we address issues like gender equity in global surgery through our women's empowerment programs.



Scan the QR code to watch our new mission video, or visit www.ReSurge.org



A New Era of Impact

Our goal is to double the number of patients served in our first 50 years by 2030.

That's over 180,000 more people around the world who will be impacted by ReSurge's investment in local capacity building, and safe, effective treatments in reconstructive surgery.

Same mission, new colors, growing impact.

ReSurge International is a founding organization in the global surgery movement with over 50 years of excellence and experience. Over the past few years, we've been growing our momentum. Lessons from the pandemic and our largest grant to date have allowed us to expand and hone our model for a new era of scale and impact. To symbolize this new era, we've updated our look with new colors and typography.



Previous Logo
2012–2022



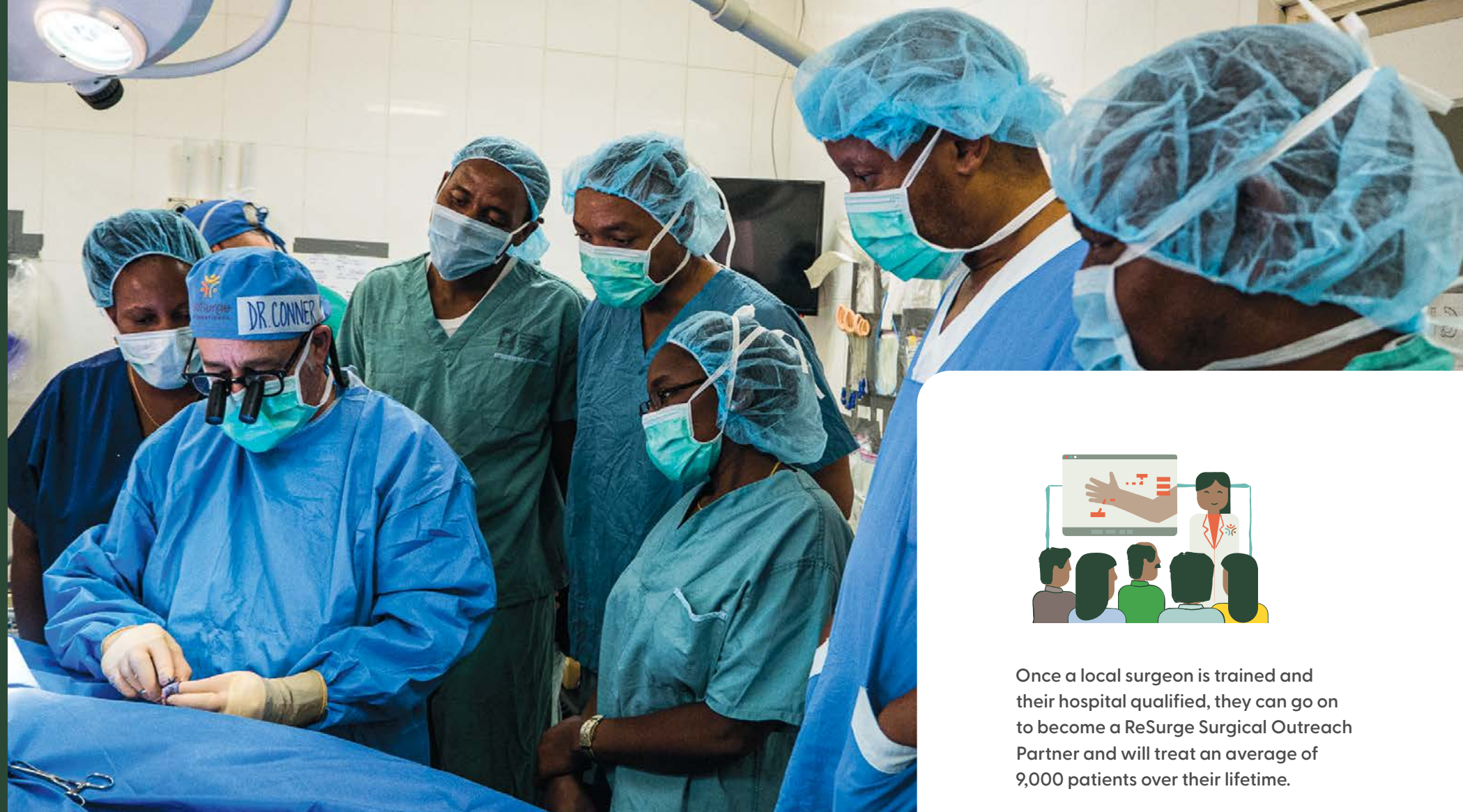
Updated Logo
for 2022



How We Scale Direct Care

ReSurge International combines 50 years of experience with an innovative empowerment model that is creating a ripple-effect of impact across economies, communities, and human lives.

Here's how it works.



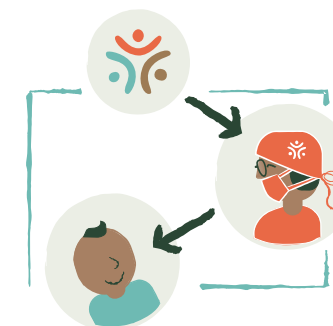
First, ReSurge finds promising, early-career surgeons from low-income countries with a passion for humanitarian work.



Then our global network of top medical volunteers trains the entire surgical team in the latest techniques with a combination of virtual education and hands-on learning.



ReSurge directly funds these partners so they can provide 100% free care to patients with low-incomes.



When the Surgical Partners become trainees themselves, the cycle repeats itself, creating a ripple effect of impact for generations to come.

WORLD HEADQUARTERS

Nicaragua

Ecuador

Peru

Bolivia

Mali

Ghana

Nigeria

Uganda

Rwanda

Democratic Republic of Congo Repou

Zambia

Botswana

South Africa

Ethiopia

Kenya

Tanzania

Malawi

Mozambique

Zimbabwe

Eswatini

Lesotho

Nepal

Bhutan

Bangladesh

India

Vietnam

Where We Work

Fiscal Year 2022

Countries with ReSurge Programs

Countries with ReSurge Virtual Trainees

ReSurge World HQ

ReSurge Hub

ReSurge International Staff Site

ReSurge Programs

- ReSurge Surgical Outreach Partner Site
- ReSurge Funded Scholar
- E-Learning Center
- Surgical Team Training Trip (ST3)
- Virtual Learners
- Pioneering Women in Reconstructive Surgery (PWRS) Surgeon
- Smart Glasses Mentorship Site (Partnership with Ohana One)

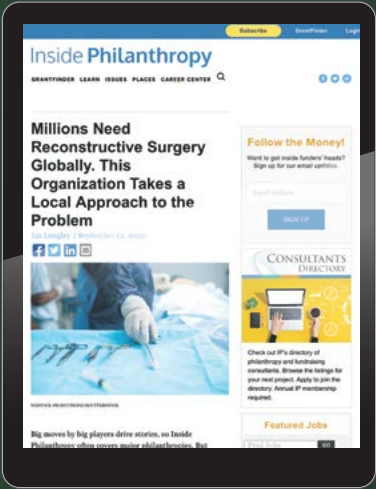
ReSurge Programs by Country

Bangladesh	<div><div></div><div></div><div></div><div></div></div>	Ethiopia	<div><div></div><div></div></div>	Mozambique	<div><div></div><div></div><div></div><div></div><div></div></div>	Tanzania	<div><div></div><div></div><div></div><div></div></div>
Bhutan	<div><div></div><div></div></div>	Ghana	<div><div></div></div>	Nepal	<div><div></div><div></div><div></div><div></div><div></div></div>	Uganda	<div><div></div><div></div><div></div><div></div><div></div></div>
Bolivia	<div><div></div><div></div></div>	India	<div><div></div><div></div><div></div><div></div></div>	Nicaragua	<div><div></div></div>	Vietnam	<div><div></div><div></div></div>
Botswana	<div><div></div></div>	Kenya	<div><div></div><div></div><div></div></div>	Nigeria	<div><div></div></div>	Zambia	<div><div></div><div></div><div></div><div></div></div>
Democratic Republic of the Congo	<div><div></div></div>	Lesotho	<div><div></div></div>	Peru	<div><div></div></div>	Zimbabwe	<div><div></div><div></div><div></div><div></div></div>
Ecuador	<div><div></div><div></div><div></div><div></div></div>	Mali	<div><div></div><div></div></div>	Rwanda	<div><div></div></div>		
Eswatini	<div><div></div></div>	Malawi	<div><div></div><div></div></div>	South Africa	<div><div></div></div>		

An Opportunity to Make an Impact

In September of 2022, *Inside Philanthropy* published an article featuring ReSurge. The article beautifully highlights the urgent need for philanthropic support for global surgical aid, and it validates the importance of our evolving training model.

We thank *Inside Philanthropy* for this insightful look at our work and for allowing us to republish this article.



Aastha, Nepal
Received hand surgery during a Surgical Team Training Trip. Aastha fell into a cooking fire as a baby and this is her 8th surgery



Millions Need Reconstructive Surgery Globally – ReSurge takes a Local Approach to the Problem

by Liz Longley, [InsidePhilanthropy.com](https://www.insidephilanthropy.com)

Big moves by big players drive stories, so *Inside Philanthropy* often covers major philanthropies. But smaller organizations also do impressive work on a different scale and earn our attention.

One such group is ReSurge International, a Silicon Valley-based global surgery nonprofit that trains, funds and scales reconstructive surgical teams in low- and middle-income countries (LMICs).

While smaller in size than more recognizable organizations with surgical missions, ReSurge’s global surgical mandate carries well beyond cleft palates. The organization works to address time-bound deformities caused by cancer, burns, traffic accidents and congenital malformations—all conditions that are treatable through reconstructive surgery, and that make it difficult for the people living with them to stay in the social and economic mainstream.

On a macro level, the global surgical burden is larger than one might expect. ReSurge reports that there’s an estimated shortfall of more than 5 million reconstructive surgeries in LMICs annually. Nearly 16.9 million people die each year from surgically preventable disease. That’s despite the fact that the World Bank ranks surgical interventions as one of the most cost-effective funding tactics, yielding \$10 in productivity for every dollar invested.

Here are the important things to know about how a small-scale NPO is working to meet a large-scale mandate by sustaining key relationships and pivoting to local and virtual delivery systems.

Pioneering work

The organization was founded 52 years ago by Dr. Donald Laub, who served as chief of plastic surgery at Stanford University School of Medicine from 1968 through 1980.

In 1969, Laub founded the organization now known as ReSurge International and pioneered the practice of leading academic multidisciplinary teams on humanitarian trips to developing countries. After completing nearly 160 trips, he turned to mentoring and teaching.

Over time, the torch of stewardship has passed to other surgical leaders from Stanford. Today, ReSurge’s consulting medical officer is Dr. James Chang, chief of plastic and reconstructive surgery

at Stanford University Medical Center. Other academic partners include Johns Hopkins Medicine and the American Society for Reconstructive Microsurgery.

To date, ReSurge has impacted more than 124,000 patients. This year alone, it has provided training programs and direct care to nearly 18,000 patients. In 2020, revenues totaled roughly \$4 million. Another \$3 million came in through in-kind goods and services.

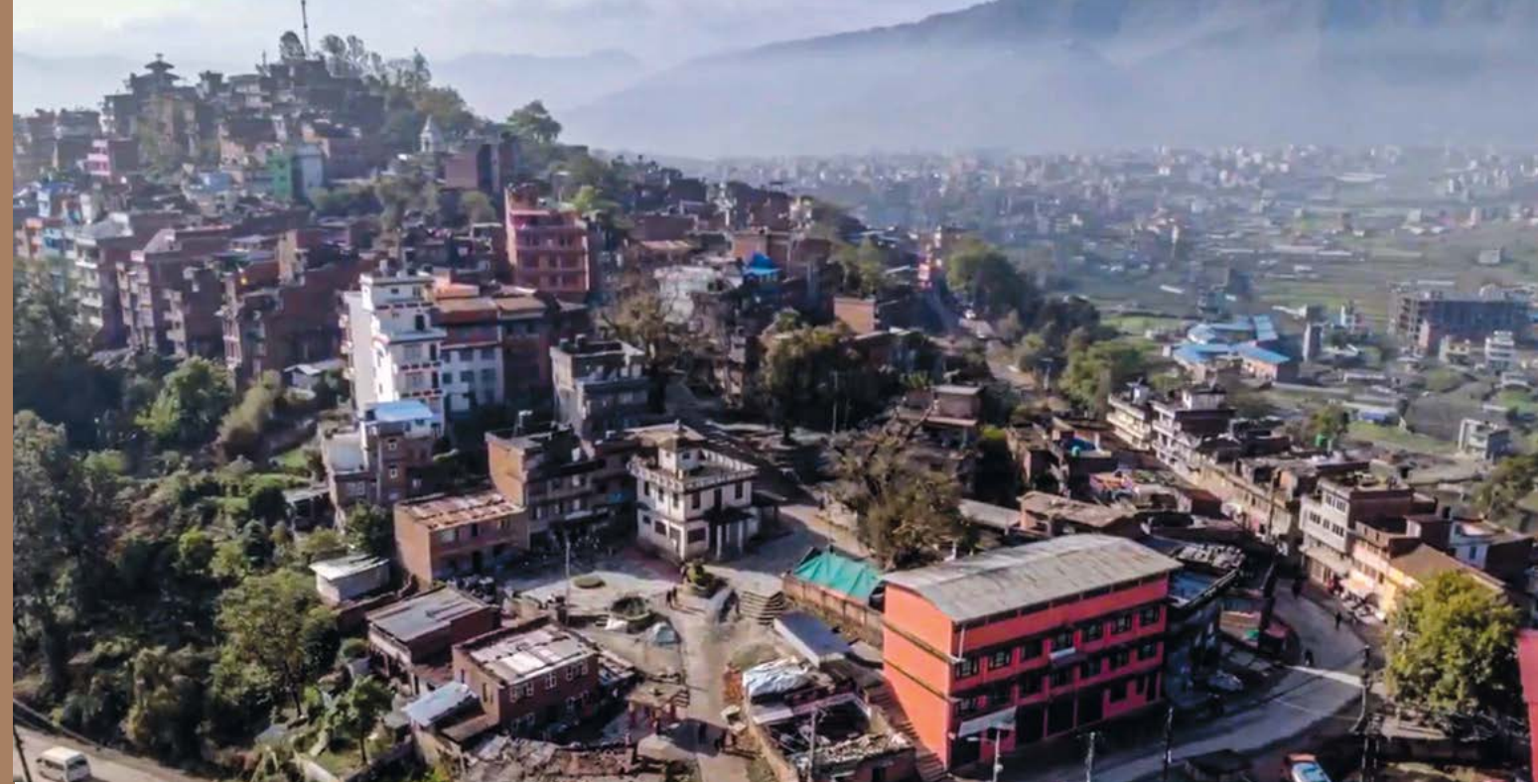
There is no cost to patients for direct surgical care.

An early pivot to local capacity

ReSurge works in places where the surgical problem is most acute, like sub-Saharan Africa, which has the largest shortage of care in the world, with only one reconstructive surgeon for every 10 million people.

Chief Program Officer Natalie Meyers said as the early medical missions evolved, teams discovered

"...training one partner in Nepal on a career-long surgical skill can generate an economic impact of around \$25 million and reach 9,000 patients, and so on, as training expands, transforming the future."



Sima and her parents, Nepal

Sima received burn reconstruction on a Surgical Team Training Trip (ST3)



that need far outweighed the capacity to help, a situation that amounted to putting a “Band-Aid on a giant problem.” Recognizing that severe injury dictates timely access, it became a leader in the movement to build local capacity.

Rather than following the decades-long practice of flying in doctors and nurses from high-income countries for short-term stints in LMICs, Meyers explained that ReSurge has worked against employing a “drop-in-fly-in” model that doesn’t support its patients, who often need follow-up care.

Those sustainability efforts have yielded 17 surgical outreach partners in eight countries. Currently, 92% of all surgeries are performed by local partners.

“A golden lining”

If proof that on-the-ground presence is necessary, look no further than the pandemic, when an estimated 90% of fly-in medical missions ground to a halt. In short order, the ubiquitous nature of virtual platforms like Zoom became a boon for remote learning and ReSurge expanded accordingly.

In 2021, ReSurge reported that 636 surgeons attended lectures and virtual trainings, a number that swelled to 2,803 in the first year of the pandemic. That same year, the number of countries it worked in grew from 17 to 31.

After overcoming obstacles like meeting data costs for trainees and creating e-learning centers, ReSurge CEO Jeff Whisenant told NPR that “the tragic pandemic had not a silver lining, but a golden one,” resulting in “more care being provided by local providers.”

This fiscal year, ReSurge counts more than 3,000 participants in its virtual training programs, with impact across 33 countries.

A ripple effect

ReSurge International relies mostly on private philanthropy. Individual donors accounted for 65% of revenue this year – 4% of whom made gifts above \$10,000. Another 15% of funds raised comes from foundations. Corporation partners like SkinCeuticals and Dentons represented 10%.

They largely fund the future. ReSurge International points to the “ripple effect” of its multigenerational work.

The organization believes that training one partner in Nepal on a career-long surgical skill can generate an economic impact of around \$25 million and reach 9,000 patients, and so on, as training expands, transforming the future.

That’s another golden lining. ■



Mwajuma, Tanzania
Received care from Surgical Outreach Partner Dr. Seif Nuru for an abnormal thyroid on her neck that she had lived with for 30 years

The Fiscal Year at a Glance



Watch our [Vision Video](#) to see how your generosity is impacting our patients

Training & Technology Highlights

3,200+ Trained Globally

127 Lectures

- 77 lectures offered through our specialty virtual lectures series
- 50 lectures were conducted as part of the Surgical Team Training Trip (ST3, see pg. 26)

Partnered with Ohana One

to bring Augmented Reality (AR) technology to ReSurge sites in Nepal, India, Tanzania, Uganda, Vietnam, and Zimbabwe to allow for surgical mentoring through smart glasses.

64 Global Medical Volunteers and Lecturers

Hours donated:

964

Value of time donated:

\$916,756

Advocacy Highlights

59 New Lectures

We added 59 new lectures to our free online database learning resource, which were viewed over 400 times by users across the globe.

Published in Journal of Reconstructive and Plastic Surgery

One new contribution to peer-reviewed, scientific literature by Laub Fellow Dr. Anna Luan: “Expansion of Reconstructive Surgical Capacity in Vietnam: Experience from the ReSurge Global Training Program” in the Journal of Reconstructive and Plastic Surgery.

12 Global Health Letters

ReSurge signed on to 12 global health letters advocating for many initiatives such as global surgery funding, COVID-19 funding, vaccine equity, and initiatives supporting surgical strengthening as a means of pandemic preparedness and overall health system strengthening.

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.

ReSurge In The News

Alliance Magazine

Surgical Outreach Partner, Dr. Seif Nuru had an OpEd feature titled “Healing Ourselves: Philanthropy’s Role in Building Global Reconstructive Surgical Capacity”

The Hill

ReSurge Chief Program Officer co-authored an op-ed in The Hill, “Investing in Surgical Systems: From Quick Fixes to Long-Term Sustainability”

NPR, Goats and Soda

Featured ReSurge in “COVID is Changing Medical Fly-in Missions—And It Might Be for the Better”

Think Global Health

ReSurge Chief Program Officer and Nepal Surgical Outreach Partner Dr. Kiran Nakarmi co-authored “A Burning Issue”

Hopkins Bloomberg Public Health Magazine

“4 Ways to Decolonize Global Health”

Global Health Now

Featured its interview of ReSurge CEO and Chief Program Officer on “Decolonizing Global Health: Reform Your NGO”



Scan here to visit the ReSurge pressroom for links to these stories and more, or visit www.resurge.org/about-us/press





A New Model for Hands-on Training

Introducing the Surgical Team Training Trip (ST3)

During the Covid-19 pandemic, we pivoted to a virtual training model to connect with even more trainees through remote learning which arose from the travel bans. Over the past 12 months, we have taken what we learned from that experience – in combination with our over 50 years of experience – to build a hybrid approach to our work.

This new approach, the Surgical Team Training Trip “ST3”, allows us to still prioritize hands-on learning while continuing to put our local partners up front, reduce our carbon footprint by traveling with smaller teams and fewer supplies, and provide better and more holistic patient care.

In Spring of 2022 we kicked off the ST3 model with trips to Nepal, Zimbabwe, Uganda, and Bolivia. With this new approach we travel with the whole complement of the surgical team: a surgeon, anesthesiologist, nurse, occupational therapist, pediatrician, and other support roles as necessary to meet and train with local counterparts. Patient assessments are done in advance, virtually. This enables us to complete most, if not all, of the prep work before volunteers arrive, allowing them to hit the ground running. Through the advance work, clinical teams can also identify educational resources, such as clinical papers, that can be

shared with the local team, helping to round out the educational experience and make it even richer.

During these trips we are able to do around 20-40 teaching cases throughout the week (when we have 2 ORs we do more), with a focus on providing intensive training and supporting the local team with the most complex cases. Local partners direct the experience, and identify cases that they don’t have the capacity – yet – to address. In this way, the local team can use what they learn to address more of these complex cases on their own going forward.

Another way our approach has changed: we no longer bring cumbersome equipment with us on these trips. Logistically, this wasn’t really an option. Anyone who has traveled internationally in the past two years understands the level of uncertainty that comes with simply getting yourself from point A to point B, let alone ensuring your baggage makes

In such a short time we were able to not only impact the lives of the patients we cared for that week, but also in educating the Bolivian team.

Dr. Amy Moore,
ReSurge Medical Volunteer
Plastic and reconstructive surgeon specializing in peripheral nerve surgery at The Ohio State University Wexner Medical Center





Daiana, Bolivia
Received hand and wrist surgery for a congenital condition on a Surgical Team Training Trip

To date, we have conducted several trips using this model including long-term sites like Nepal and Bolivia and in sites we are newer to such as Zimbabwe. Everyone—partners and volunteers alike—are extremely pleased.

the trip. Now we have streamlined and are only traveling with an emergency kit with absolutely essential items. This also makes sense from a capacity building perspective. By teaching on the equipment our partners already have onsite, we know they will have a far better chance of replicating what they've learned long after we've left.

Finally, several weeks after the volunteer teams return to the U.S, they reconvene with the local partner, virtually, for patient follow up. How has physical therapy helped post-surgery? Do they, perhaps, need another surgery or more physical therapy? How can ReSurge best support the local partner and our patients going forward?

To date, we have conducted several trips using this model including long-term sites like Nepal and Bolivia and in newer sites such as Zimbabwe. Everyone – partners and volunteers alike – are extremely pleased. Though we had access to the same tools in the past, it took a global pandemic to

realize how they could be used in combination with our traditional model to increase capacity building and improve care.

"My experience on the trip with ReSurge to Bolivia was amazing and I will never forget it," says Julie West, of The Ohio State University, Wexner Medical Center. "I am forever grateful for the chance to be involved. The patients and their families, the staff, and the students at the hospital were so welcoming and appreciative of our help and expertise. My involvement both in the OR as well as with the teams pre and post-operatively allowed me to expand the impact we could have teaching such specialized procedures. I will remember the teamwork, the feeling of a shared mission, and the satisfaction it gave me to know that in such a short time we were able to not only impact the lives of the patients we cared for that week, but also in educating the Bolivian team. I am hopeful that the specialty care will continue on by those we trained and educated." ■

PATIENT STORY: NEPAL

Comprehensive Care

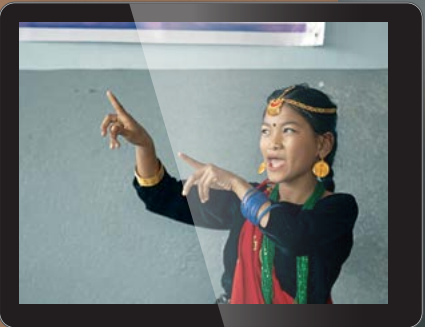
Nepal's Speech Therapy Camps

At ReSurge, we want our patients to thrive post-surgery. We have a comprehensive approach to surgical care and directly fund Surgical Outreach Partners who are best suited to provide this level of year-round care for their own communities. Speech Therapy Camps in Nepal are one great example of this model in action.

Padam is a 14-year boy who was born with a cleft lip and palate in rural Nepal. As a child, he faced many challenges, from bullying at school to problems speaking.

With the help of ReSurge's local team in Nepal, Padam found his voice and a calling to help others.

ReSurge's Speech Therapy camps in Nepal provide free food, lodging, transportation, individual and group speech therapy, parental counseling, and dental and orthodontic care to cleft-operated children. Most importantly, they are a safe place for children to find their voices and thrive. ■



Scan here to watch the video "Finding A Voice" about our Nepal Speech Therapy Camps



Padam, Nepal
Speech Therapy Camp alum and camp counselor. Received cleft lip and palate surgery from ReSurge Surgical Outreach Partners





“I just want the best for my grandson...
He is such a happy baby, and I want
a bright future for him”

Gracia MATÍAS' GRANDMOTHER



PATIENT STORY: BOLIVIA

A Fight Against the Clock

Nerve Transfer Surgery to Save Baby Matías' Arm

In the rural Bolivian village of Villamontes, women experiencing birthing complications have few resources. For Estefania, it was touch and go for much of the delivery of her second child, Matías.

When the baby was finally born, he had suffered a brachial plexus—his right arm was twisted during delivery, damaging the nerves in the shoulder that control movement and leaving his limb unusable. To prevent the condition from becoming permanent, he would need surgery within his first year. However, local healthcare providers were neither aware of this timeline, nor were they trained in the necessary procedure. In fact, it was nearly impossible to find a surgeon in all of Bolivia who was qualified to perform the complicated operation.

Matías' family, unaware of the urgency of the baby's case, focused on raising money to pay for the care he would need going forward. His parents moved to Chile for work, leaving Matías at home with his grandmother, Gracia.

Enter Dr. Jorge Terrazas, a long-time ReSurge International surgical partner and one of the only formally trained hand surgeons in Bolivia. On a mission to expand the country's reconstructive surgical capacity, Dr. Terrazas asked ReSurge for training on peripheral nerve transfers so his local team could provide for the many nerve cases they encounter. ReSurge organized a Surgical Team Training Trip to Bolivia with international surgical volunteers, including Dr. Amy Moore from The Ohio State University Wexner Medical Center, a world-renowned expert in peripheral nerve transfer—the very technique Matías required.

Dr. Terrazas and Programa Manitos, a local partner foundation, conducted a media campaign across Bolivia to identify cases and alert the public of the

opportunity to receive reconstructive surgical care for free. Gracia happened to hear this on the radio and immediately thought it could change everything for her grandson, Matías.

“I just want the best for my grandson ... He is such a happy baby, and I want a bright future for him,” she later told us.

She traveled six hours to Santa Cruz to bring her grandson in for an evaluation. Doctors told her that time was running short for Matías' surgery to be effective. He was already seven months old; the surgery needed to happen immediately or Matías might permanently lose movement in his arm. But first, the baby's parents would need to be contacted as Gracia did not have medical power of attorney. After tracking down his parents in Chile, and with assistance from a legal team identified by ReSurge's partners Programa Manitos, enthusiastic permission was granted.

The surgery was long and complex, but under Dr. Moore's skilled hands, Matías' peripheral nerve transfer was a success. Though he will need follow-up care and monitoring for several more months, by all accounts he is making wonderful progress and hitting the appropriate milestones for healing and recovery.

“We never dreamed this could be possible. I am so thankful,” said Gracia.

And Dr. Terrazas is overjoyed that his desire to build reconstructive surgical capacity in Bolivia has had such a life-transforming impact. Dr. Amy Moore plans on returning to Bolivia next year with ReSurge to continue to build the local team's capacity so that more babies with conditions like Matías' can be helped year-round. ■

Africa Special Report

Sub-Saharan Africa has the most acute shortage of reconstructive surgical care in the world.

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 those same surgeons who provide care for the poor.

To develop and orchestrate the program, ReSurge has partnered with the College of Surgeons of East, Central, and Southern Africa (COSECSA).

AFRICA STATS

- 1 reconstructive surgeon for every 10 million people
- 93% of the population lacks access to surgical care
- 47% of all productivity losses (\$1–4 trillion) in the WHO African region were due to non-communicable diseases and injuries

RIPA PROGRAM AT A GLANCE

5 Surgical Outreach Partners

Zambia + Zimbabwe + Kenya + Mozambique + Uganda = **192 cases**

3 Academic Partnerships

- Stanford and Parirenyatwa Hospital in Zimbabwe
- Johns Hopkins and Kiruddu Hospital in Uganda
- Northwestern University and AIC Kijabe Hospital in Kenya

A look forward at 2023 in Africa

A ReSurge Reconstructive Surgery Curriculum written by ReSurge Medical Volunteers and ReSurge Consulting Medical Officer, Dr. James Chang.

This is the first-ever COSECSA-wide Plastic and Reconstructive Surgery Curriculum which will standardize learning across 14 countries in eastern, central, and southern Africa.

7 Scholarships

- 3 COSECSA Exam Scholars
- 3 Monthly Exchange Scholars

1 Annual Scholar

3 eLearning Centers

Uganda • Mozambique • Zimbabwe

7 African Women Surgeons in the Pioneering Women in Reconstructive Surgery Program

3 Pairs of Smart Glasses

27 Online Lectures with 407 participants

Watch the RIPA Feature Video



Learn how we are training the next generation of reconstructive surgeons in Sub-Saharan Africa. Meet Surgical Outreach Partner, Dr. Rose Alenyo and her patient Jennifer from Uganda.



Scan here to watch our RIPA feature video, or visit www.ReSurge.org/RIPA





GENDER EQUITY FOCUS

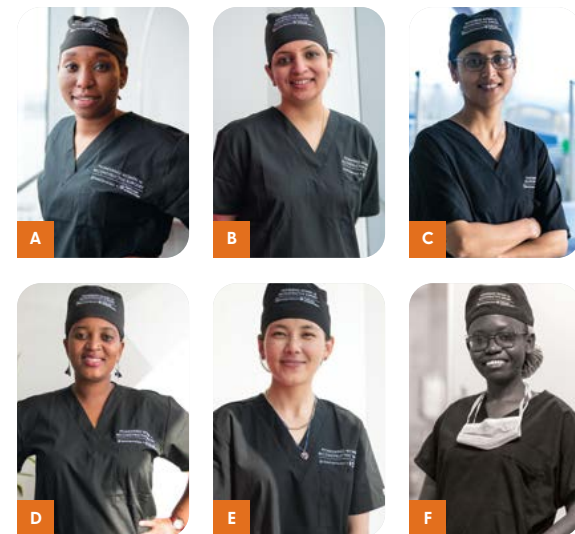
Pioneering Women in Reconstructive Surgery



Scan here to watch our PWRS feature video, or visit www.ReSurge.org/PWRS

There are only three female surgeons for 1 million people in low-income countries. We partnered with SkinCeuticals, a L'Oreal company, to develop the Pioneering Women in Reconstructive Surgery Program (PWRS). This program aims to tackle the gender gap in global surgery by providing surgical training, leadership development, and mentorship for women in low-income countries.

As part of the PWRS program, Dr. Tinga Nyoni of Zimbabwe traveled to Bolivia with a ReSurge Surgical Team Training Trip in May 2022, to learn about nerve transfers from ReSurge Medical Volunteer Dr. Amy Moore, and partner Dr. Jorge Terrazas. All PWRS surgeons are able to attend a ReSurge-sponsored hands-on training trip in a focus area of their choosing.



2022 COHORT

This year our second cohort of the PWRS program continued 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. Ugyen Wangmo / Bhutan
- F** Dr. Matolase Mtonga (deceased) / Zambia

The Matolase Mtonga Scholarship

In 2021, we tragically and unexpectedly lost the life of one of our Pioneering Women in Reconstructive Surgery (PWRS) trainees, Dr. Matolase Mtonga of Zambia. Dr. Matolase Mtonga of the PWRS program was on track to become Zambia's first woman reconstructive surgeon before her unexpected passing in 2021. In honor of her perseverance, leadership, and aspirations for a world where no one suffered needlessly due to a lack of access to reconstructive surgical care, ReSurge and SkinCeuticals established an annual scholarship in her name.

In 2022, we awarded this prestigious scholarship to three incredible women who are training to become reconstructive surgeons, and who want to dedicate their careers to enacting change in their community: Dr. Samrawit Girmay, Ethiopia; Dr. Amala Kulkarni, India; and Dr. Sarah Nyakiongora, Kenya.

Meet one of our 2022 scholarship winners, Dr. Sarah Nyakiongora

"In our Kenyan population, the majority of women who have undergone a mastectomy following breast cancer do not get the opportunity to undergo reconstruction," says Dr. Nyakiongora. "This is partly because the reconstructive surgeons in Kenya are



Dr. Sarah Nyakiongora with her son

very few. And when the services are available they are expensive and out of reach for most patients. I'd like to open a center of excellence where women can come in and get complex reconstruction at no cost."

Dr. Sarah Nyakiongora is one of these scholars who has a vision to make reconstructive surgery accessible to all in Kenya. We are proud to help her on this journey. ■

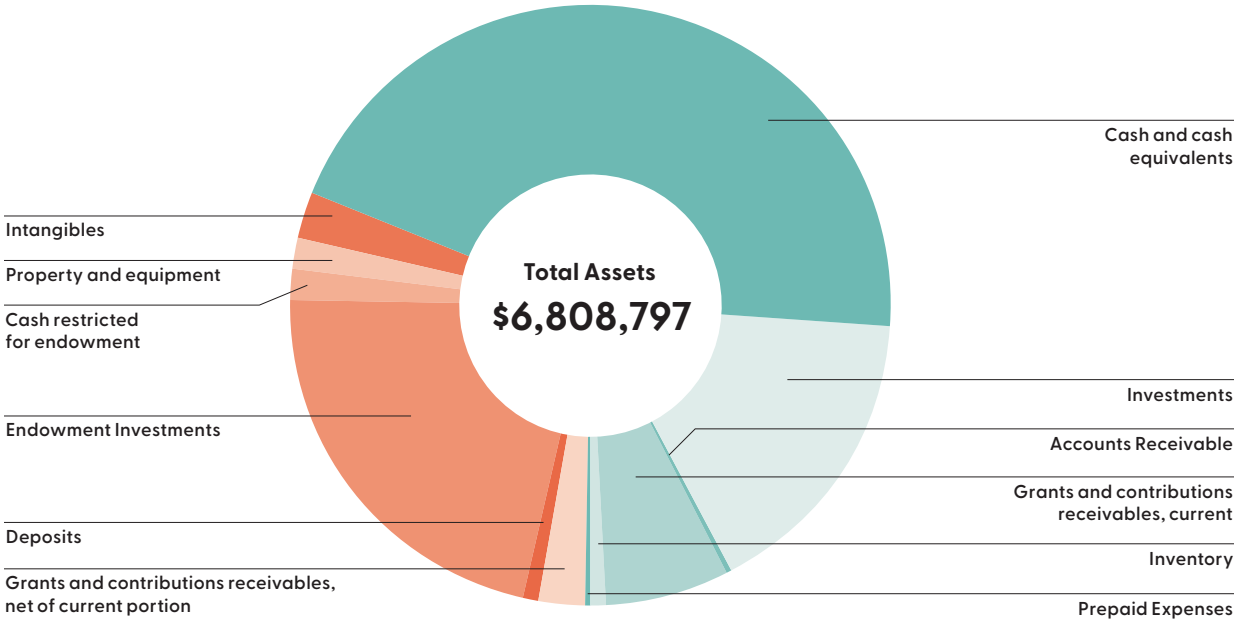


Evani, Nepal
Received a split-thickness skin graft to release burn scars that fused her neck to her chest during a Surgical Team Training Trip (ST3)

Assets

From audited 6/30/22 financial statements

Current Assets	2022	2021
Cash and cash equivalents	\$3,066,092	\$1,817,046
Investments	1,113,240	872,720
Accounts receivable	12,182	36,764
Grants and contributions receivables, current	446,295	116,670
Inventory	66,995	142,159
Prepaid expenses	22,618	36,521
Total Current Assets	\$4,727,422	\$3,021,880
Grants and contributions receivable, net of current portion	\$160,347	\$200,515
Deposits	50,240	240
Endowment investments	1,486,901	1,411,608
Cash restricted for endowment	116,848	25,037
Property and equipment, net	110,086	46,324
Intangibles, net	156,953	153,478
Total Assets	\$6,808,797	\$4,859,082



Liabilities and Net Assets

From audited 6/30/22 financial statements

Current liabilities	2022	2021
Accounts payable	\$457,237	\$134,890
Accrued vacation	110,413	117,046
Deferred rent, current	10,507	-
Note payable - Paycheck Protection Program	-	150,000
Total current liabilities	578,157	401,936
Deferred rent, net of current portion	29,522	-
Total liabilities	\$607,679	\$401,936
Net assets		
Without donor restrictions		
Undesignated	\$1,291,179	\$1,304,002
Board designated	4,400	4,400
Investment in property and equipment, net	110,086	46,324
Total without donor restrictions	\$1,405,665	\$1,354,726
With donor restrictions		
Restricted for a specific purpose	\$2,888,566	\$1,576,280
General operating for future years	303,139	89,495
Subject to appropriation and spending policy	333,569	671,006
Held in perpetuity (donor-restricted endowment corpus)	1,270,179	765,639
Total with donor restrictions	\$4,795,453	\$3,102,420
Total net assets	\$6,201,118	\$4,457,146

Total Liabilities and Net assets	\$6,808,797	\$4,859,082
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Activities

From audited 6/30/22 financial statements

Support, revenue, gains and (losses) and net assets released from restriction	Without Donor Restrictions	With Donor Restrictions	2022 Total	2021 Total
Grants and contributions	\$353,472	\$4,431,586	\$4,785,058	\$2,128,452
In-kind contributions	2,176,221	-	2,176,221	1,114,066
Special events	1,022,036	-	1,022,036	295,826
Less: special event costs	(360,549)	-	(360,549)	(27,708)
Forgiveness of note payable - Paycheck Protection Program	150,000	-	150,000	141,423
Endowment interest and dividends, net	-	79,603	79,603	11,431
Operating investment interest and dividends, net	29,864	-	29,864	17,948
Endowment realized and unrealized (losses) gains, net	-	(357,121)	(357,121)	296,056
Other (loss) gain	(1,946)	-	(1,946)	12,525
Operating investments realized and unrealized (losses), net	(135,874)	-	(135,874)	(19,229)
Net assets released from restriction	2,461,035	(2,461,035)	-	-
Total support, revenue, gains and (losses), and net assets released from restriction	5,694,259	1,693,033	7,387,292	3,970,790
Functional expenses				
Program services	3,881,335	-	3,881,335	2,612,138
Support services				
Management and general	695,719	-	695,719	551,204
Fundraising	1,066,266	-	1,066,266	510,103
Total support services	1,761,985	-	1,761,985	1,061,307
Total functional expenses	5,643,320	-	5,643,320	3,673,445
Change in net assets	50,939	1,693,033	1,743,972	297,345
Net assets, beginning of year	1,354,726	3,102,420	4,457,146	4,159,801
Net assets, end of year	\$1,405,665	\$4,795,453	\$6,201,118	\$4,457,146

4

THANK YOU



Jennifer, Uganda
Received surgery on a
burn scar contracture from
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Partner Dr. Rose Alenyo


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