

Global Strategies 2026

Annual Report

Letter

from Elizabeth and Joshua

Global Strategies empowers communities in the most neglected areas of the world by improving the lives of women and children through healthcare.



Global Strategies works with partners around the world to help children. Children inspired Dr. Arthur and Marilyn Ammann to found Global Strategies in 1999 when they recognized an unmet need to prevent new HIV infections in newborns. Children spurred us to move beyond HIV to other childhood conditions, including preterm birth, malnutrition, pneumonia and asthma.

In this year's annual report, you will read about our work with children; the challenges they face, the doctors and nurses who take care of them, and the innovations that are changing how care is delivered. Thanks to your help, we are reaching hundreds of thousands of children each year in places carrying the largest burden of child mortality.

We are grateful for your support.

Dr. Elizabeth Rogers, Chair

Dr. Joshua Bress, President

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20th Anniversary

Reflecting on the Children's AIDS Program at 20 Years



The Children's AIDS Program (CAP) celebrated its twentieth birthday this year. The program provides comprehensive medical care to more than 700 children and young adults living with HIV in North Kivu and remains one of the only pediatric HIV programs in eastern Congo.

"Global Strategies' founder Dr. Arthur Ammann saw first-hand what untreated HIV did to children," says Global Strategies Congo program manager Dr. Givano Kashemwa. "He believed deeply that no child was beyond the reach of HIV care. When he came to eastern Congo in 2006 and met Dr. Vindu, he saw a courageous Congolese doctor fighting the same terrible disease he had confronted in the 1980s, but with one crucial difference: treatments now existed that could save those children's lives."

The program began with less than 20 children, all severely ill from advanced HIV disease, treated in Dr. Vindu's one-room office. Today, children thriving on treatment receive medication refills at home from community health-care workers, while teens who once faced life-threatening illness now gather for social events, building friendships and enjoying the experiences of adolescence that once seemed out of reach. With access to more effective, better-tolerated medications, the Congolese medical team can treat newly diagnosed children before they become seriously ill.



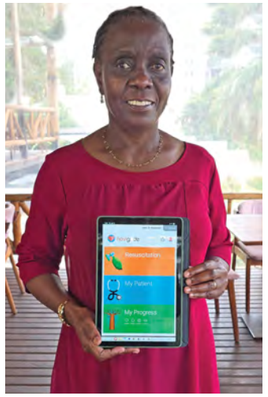
"Everything has changed; the one constant has been Dr. Eulalie Vindu," says Global Strategies President Dr. Joshua Bress. "There is a photo of Dr. Vindu with Dr. Ammann surrounded by cardboard boxes filled with pediatric HIV medications. They knew that starting treatment would bring with it an obligation to sustain it, but they also knew the cost of doing nothing. Looking at those unopened boxes and the joy on their faces, you realize that they saw the obligation as a gift."

For Dr. Vindu, the 20th Anniversary is a moment to reflect on what it means to live with HIV today compared to when she started CAP. "Twenty years ago, I could look at a baby born with HIV in my community and anxiously ask, 'what will happen to this child?'" she reflected. "Today I know what can happen because I have seen it—a healthy life, a full life."



Kids and NoviGuide:

Measuring Medication Doses for Success



Put yourself in the shoes of a medical officer treating children in a rural clinic. A mother brings in a two-year-old child, visibly sick, breathing fast and vomiting. You quickly determine the child will need oxygen, IV fluids and antibiotics. But now comes the hard part. Not what to do, but **how much**? How many liters of oxygen per minute? How many milliliters per hour of IV fluids? How many milligrams of antibiotics? "Not knowing the answer to **how much** for pediatric patients creates tremendous apprehension for clinicians," says Global Strategies President and pediatrician Dr. Joshua Bress. "It is also the perfect spot for a computer to help."

Pediatrics is one of the main areas of focus for Global Strategies' NoviGuide, our digital platform for frontline healthcare workers. What started with guidance for the care of sick and small newborns has expanded to help clinicians diagnose and treat older children with different diseases, including asthma, tuberculosis, epilepsy, and, in development, pediatric Ebola. "It is in pediatrics that we see the biggest gap between knowledge and confidence. NoviGuide gives clinicians the confidence to act appropriately," says Dr. Margaret Nakakeeto, who leads NoviGuide implementation in Uganda.



Dr. Margaret Nakakeeto (left); a nurse administers a weight-based medication dose for a neonate in Uganda (above).

NoviGuide has been used to determine hundreds of thousands of precise pediatric medication dosing and feeding calculations across Uganda and the Democratic Republic of Congo.

One of the most popular features in NoviGuide applications for children is the pediatric dosing guidance. NoviGuide has been used to calculate hundreds of thousands of precise pediatric medication dosing and feeding calculations across Uganda and the Democratic Republic of Congo. The importance of dosing support goes beyond relieving clinicians of arithmetic. "When we speak with frontline clinicians, their biggest concern, understandably, is giving too much of a medication," says Board Chair Dr. Elizabeth Rogers. "But that fear can actually manifest as giving too little, and, for serious or life-threatening conditions, an accidental underdose or insufficient treatment can have serious consequences."

Once Global Strategies heard from nurses that the precise dosing arithmetic was making an incredible difference in their care, the Global Strategies team began to look for other areas of medicine requiring complex medical calculations. One specific example is treatment where doses have to be titrated–meaning a dose has to be started low and gradually increased to achieve the desired effect. Areas with incrementally adjusted dosing are vulnerable to underdosing.

"We can all relate to that clinician trying to figure out dosing for a child," says Dr. Bress. "That moment of measuring out the Tylenol when your child has a fever and then going back to double-check the label to make sure you got it right. That feeling of uncertainty represented a real need and one we could meet through innovation."

"It is in pediatrics that we see the biggest gap between knowledge and confidence. NoviGuide gives clinicians the confidence to act appropriately." **—Dr. Margaret Nakakeeto**



Frontline health workers, frequently working in teams, use NoviGuide to admit new babies to the hospital and assess response to treatment (top left and right, bottom left). Nurses celebrate reaching 'super-user' status in the application (bottom right).

Dr. Archana Patel

Understanding Childhood Epilepsy in Africa



Dr. Archana Patel, a pediatric neurologist at Seattle Children's Hospital

Epilepsy is one of the most common neurological diseases of childhood in Africa. While most children could become seizure-free with appropriate diagnosis and treatment, in many settings fewer than half receive any treatment. Partnering with the BAND Foundation and Dr. Archana Patel, a pediatric neurologist at Seattle Children's Hospital, Global Strategies is developing NoviGuide pathways to help frontline healthcare workers evaluate seizures, learn the epilepsy diagnosis criteria and select antiseizure medications according to their national guidelines. We spoke with Dr. Patel about her work and what it will take to improve epilepsy care in Africa.

Q: What drew you to pediatric neurology and caring for children with epilepsy?

Dr. Patel: I have always found the brain and development over the lifetime fascinating. When I was entering pediatric neurology, there was a perception that we were limited in how much we could change our patients' outcomes. I was fortunate to have excellent teachers who taught me otherwise. There have been significant advances in our field. Helping a family navigate a challenging condition, providing realistic hope and focusing on overall quality of life is very rewarding.

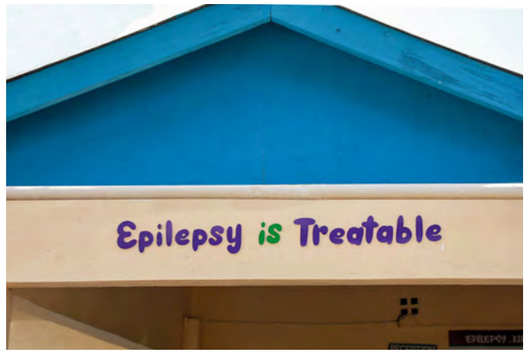
Q: You practice at both Seattle Children's Hospital and University Teaching Hospital in Zambia. How does pediatric epilepsy care compare between the two?

Dr. Patel: There are definitely practical differences, but more striking are the similarities. I am working with my colleagues to improve access for children with epilepsy in the rural Pacific Northwest. These regional challenges are similar to those we face in Zambia. All families want a way to support their children through one of the most difficult chronic conditions.

Q: What are the biggest barriers preventing children in low-and middle-income countries from receiving timely, high-quality epilepsy care?

Dr. Patel: There are several major barriers. First, there is poor recognition of seizures by first level providers as well as poor understanding of the treatments available. Second, there is not access to treatment. If you tell families the disease is treatable, but don't have the treatment, it leads to reinforcing negative perceptions about epilepsy. Access to specialists is another barrier, but epilepsy is common, and specialists would be overwhelmed if every child were referred. All of these aspects have to be integrated for success.

Global Strategies is developing NoviGuide pathways to help frontline healthcare workers care for children with epilepsy.



Q: What does the stigma surrounding childhood epilepsy look like in the communities where you work?

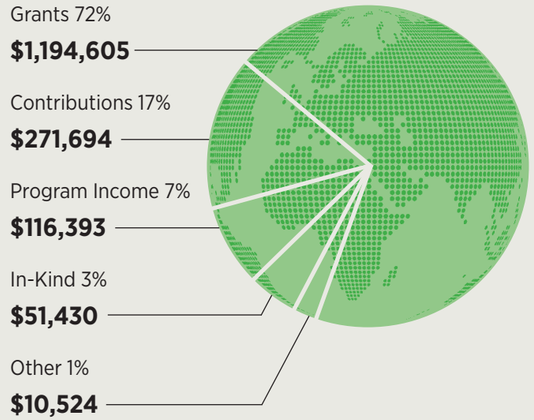
Dr. Patel: Stigma impacts many aspects of life for children with epilepsy and their families. Some incorrectly fear that epilepsy is contagious, leaving children with epilepsy isolated. Frequently, the mother is treated as if she did something wrong, leading to families splitting or children being abandoned or hidden. People hide their epilepsy out of fear that they will not be able to get married or find a job. We must be aware of these issues. Treatment alone is simply insufficient to allow people with epilepsy to have a good quality of life if stigma like this persists.

Q: What has surprised you about translating your pediatric epilepsy expertise into NoviGuide pathways for frontline health workers?

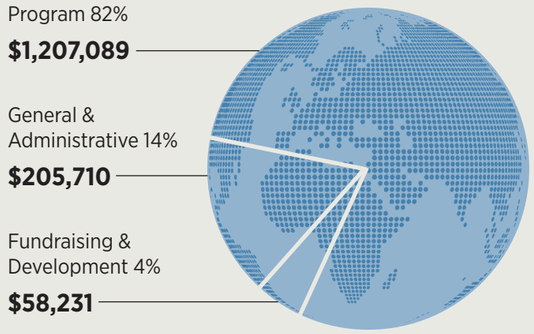
Dr. Patel: It's been a fascinating challenge, and I'm thrilled to be a part of it! A key part of our work together has been taking pediatric epilepsy care, which has a lot of complexity, and breaking it down so that the digital tool is simple and easy to use. There are many of us who have dedicated our careers to helping children with epilepsy and having NoviGuide in hand could have such a large impact as we work to improve epilepsy care globally.

Financials

Income FYE 2026: **$1,644,646**



Expenses FYE 2026: **$1,471,030**



** Includes net assets released from restriction*

** Complete audited financial statements can be found at* **globalstrategies.org**









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