



2024 Transformation Plan



30-50% of our world's population lacks access to basic surgical care

This void causes avoidable disability, death, and also resulting poverty, malnutrition, and social inequity

143 million additional surgeries are needed annually

Two examples of what we mean by no access to basic surgical care

Kidney Stone



In the United States

30-minute endoscopic surgery to remove kidney stone.

In low-income country

No surgery available.
Severe pain while hoping for spontaneous stone passage.

OR

Kidney failure or death because of stone blockage.

Leg Fracture



In the United States

30-minute surgery to fix leg fracture due to car accident

In low-income country

No surgery available.
Severe pain while waiting for leg to partially heal spontaneously.

OR

Permanent use of crutches and inability to work because of unhealed fracture.

Kimberly's Story

When we met Kimberly, she painfully described growing up with constant leakage. Trying to hide the embarrassing smell of constant leakage and still be able to enjoy the many experiences of childhood that we take for granted. Playing with other children. Enjoying sports. Going to social gatherings.

Doctors repeatedly told Kimberly that they were not sure what was causing her leakage. And so, Kimberly struggled to live with her problem for years, into adulthood. She told us that she considered suicide at one point.

GSE's surgeons identified that Kimberly had a kidney that developed improperly and drained to the vagina rather than the bladder. GSE's team fixed Kimberly and, for the first time in her life, Kimberly was dry.

Six months later, Kimberly visited us to say hello. She was dry and beaming with a new sense of confidence. As she finished telling us about her new life she said, quite simply, "this is me now" ... with a huge smile on her face.



Surgical disease: the overlooked impacts

Surgical disease has a profound impact on patients, families, and generations



Patient Impact

What is Understood

- Embarrassment
- Pain and discomfort from skin irritation

What is Overlooked

- Frequent doctor visits for infections
- Dependent on protective pads she cannot afford

Family Impact

What is Overlooked

When she needs to travel to the doctor, she cannot care for her children. Her husband must take precious time off work.

Generational Impact

What is Overlooked

Without money, Maria cannot send her children to school. She struggles to afford food for her family. Their future and that of their children will be one of manual labor and a constant struggle against poverty. They are stuck in the cycle of poverty.

We know this because we did the research.

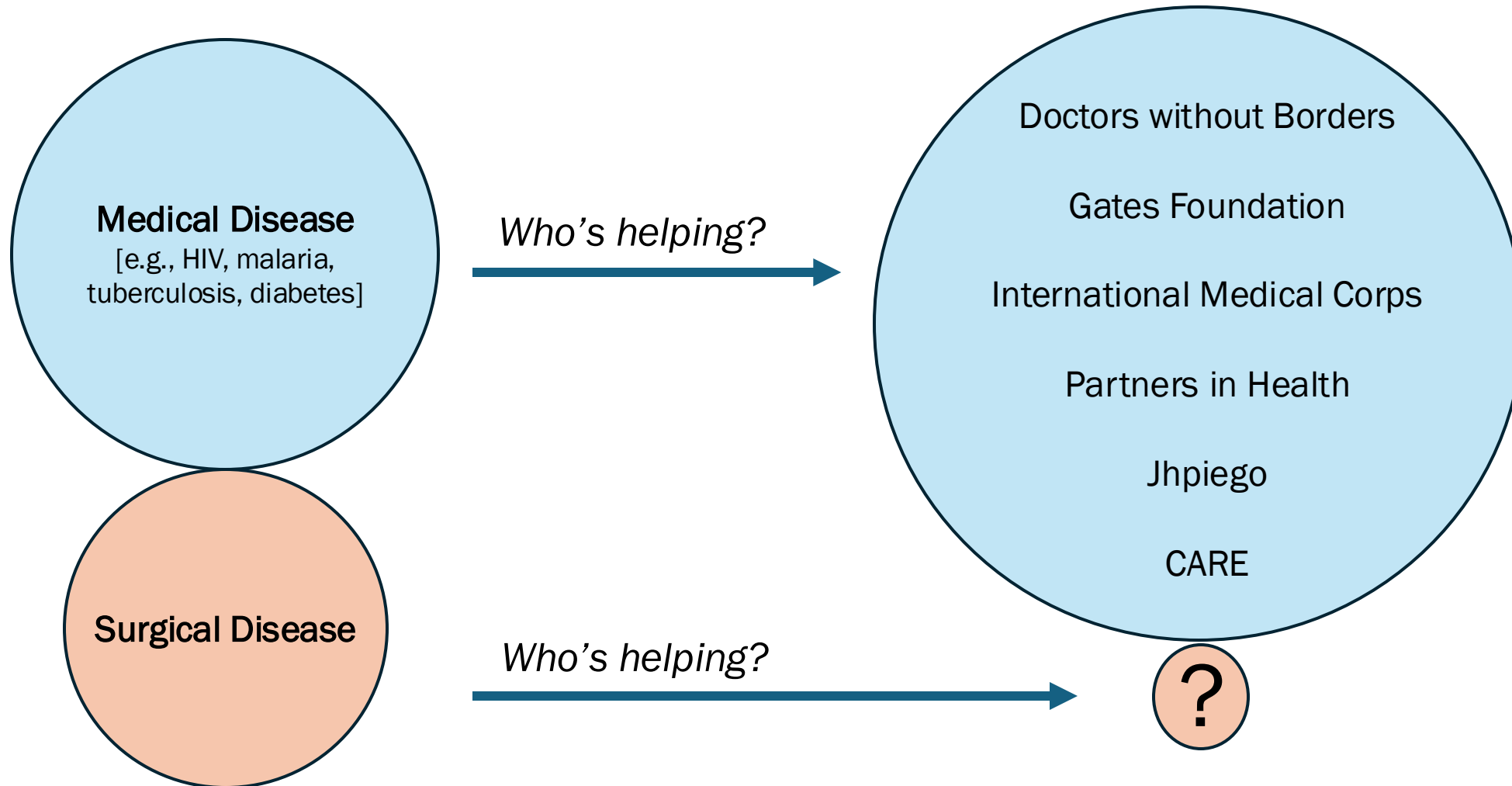
On average, working patients lose 55% of their income because of their diseases. And one surgery could change their lives and the future of their families too!

What do we do with that information?

We identify the diseases that have the highest impact on our patient's financial well-being and focus on those.

30% of all disease is surgical...

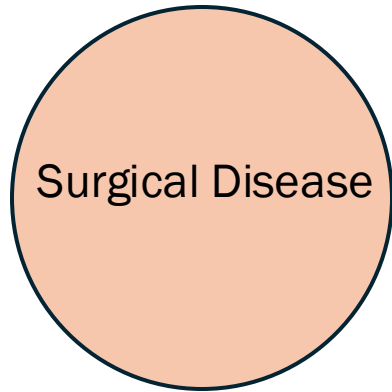
...yet few organizations are focused primarily on surgical disease



This is why GSE is so critically important

Few large organizations focus on surgical disease

Those that do focus on specific surgeries or locations, leaving an enormous void



Who's helping?



Plastic Surgery

- Operation Smile
 - Cleft palate care focus
- Smile Train
 - Cleft palate care focus

Pediatric Surgery

- World Pediatric Project
 - Children only
 - Caribbean focus

Adult Surgery

- Mercy Ships
 - Africa focus



There is a large opportunity for GSE to help address the surgical need in many **global regions** with greater focus on **adults** and underserved **surgical specialties**



Orthopedic Surgery

?

Urologic Surgery

?

Ear, nose, and throat

?

Ophthalmology

?

General Surgery

?

Gynecologic Surgery

?

OUR VISION is to help make surgical care accessible to all and to transform health and lives around the world





Filling the need
with innovation
and results

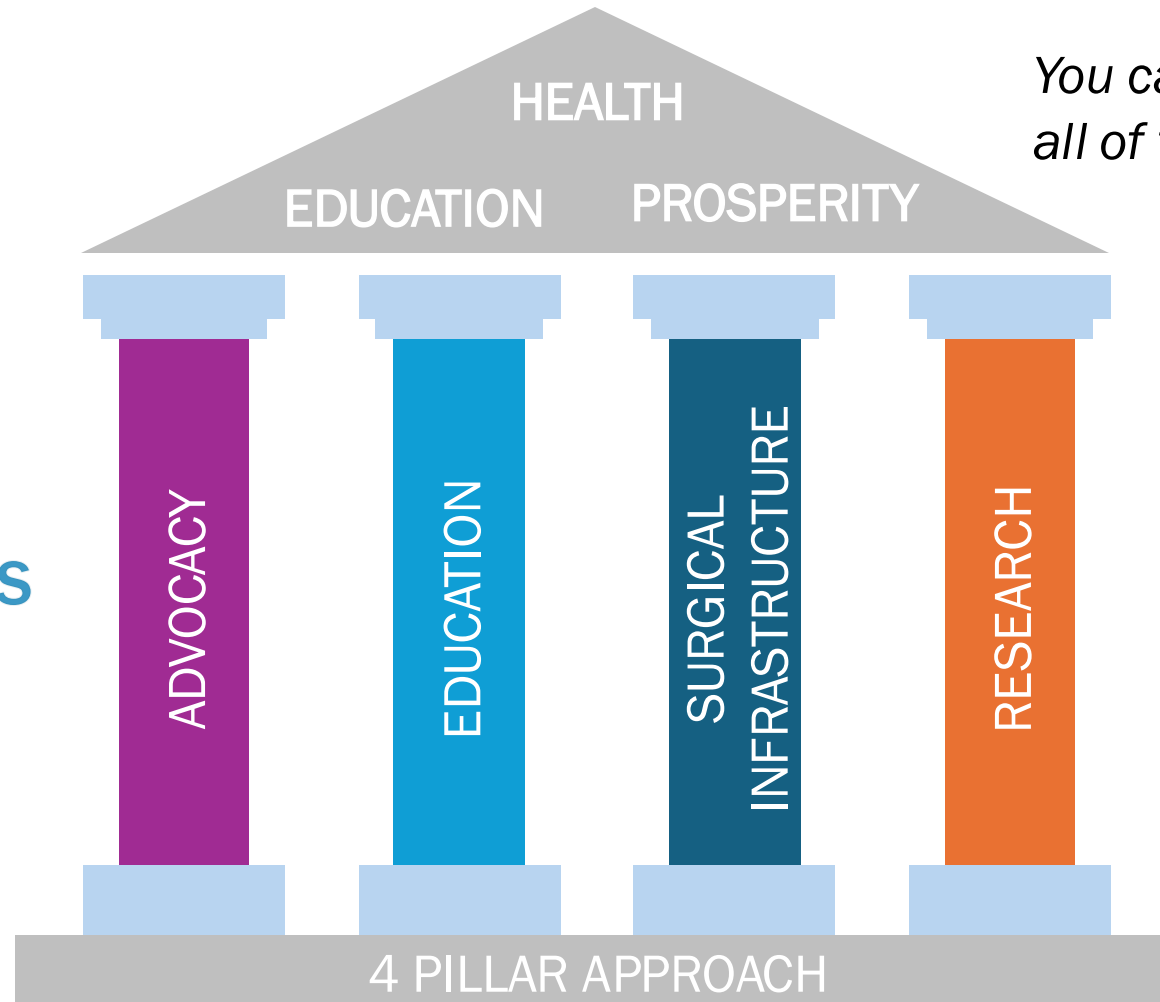
OUR VISION is fueled by our unique approach that makes a bigger impact to health and life



PATIENT IMPACT

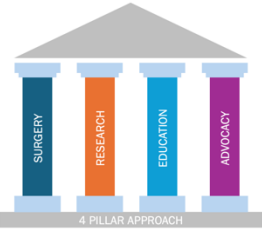
You cannot support the roof without all of the pillars!

GSE 4 PROGRAMS



How GSE's unique 4 pillar approach works

We make a profound impact on people's lives



- ADVOCACY
- EDUCATION
- SURGERY
- RESEARCH

ADVOCATE locally and globally to prioritize funding for global surgical care and education

ADVOCATE through public awareness campaigns to generate awareness and recruit volunteers

TEACHING SURGEONS
Educate more US surgeons to teach foreign surgeons

FOREIGN SURGEONS
Train more foreign surgeons to perform surgery

So that we can ...

So that we can ...

1. Pipeline Creation

So that we can ...

Send more **VISITING SURGEONS** to provide surgeries on international trips

Provide more essential **SURGICAL EQUIPMENT** that allows surgeries to be done

2. Output Enhancement

More surgeries isn't enough. We need **RESEARCH** to help us identify & focus on the surgeries that help the most! Not only help health, but also financial well-being and equity

MORE SURGERIES

3. Resource Allocation

- * cured of urinary leakage
 - * no more pain & embarrassment
- AND
- * can pay for her children's school
 - * can feed her family
 - * can pursue social advancement opportunities
 - * as can her children!



BETTER SURGERIES & MORE IMPACT

GSE's 4-pillar model: how we achieve results

Just sending surgical teams is not enough. Our diverse programming drives value, impact, and sustainability.



EDUCATION

In order to ...

- develop training programs for foreign surgeons
- develop global surgery curricula for US students/residents



ADVOCACY

In order to ...

- participate in larger advocacy efforts worldwide
- create local and regional public awareness campaigns



SURGERY

Which means ...

- providing surgical care and surgical equipment
- developing collaborative services (anesthesia, nursing)



RESEARCH

To answer the questions...

- what diseases cause the most disability and death?
- what surgeries can best combat poverty?
- what surgeries are most cost-effective?

So that...

IMPACT

foreign surgeons perform many more surgeries after we leave
more young surgeons devote careers to humanitarian care

SUSTAINABILITY

GSE creates broad awareness and increased funding support for global surgery care

VALUE

foreign health care systems perform many more surgeries after we leave

GSE focuses our efforts on those surgeries that make the biggest difference and are cost-effective

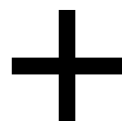
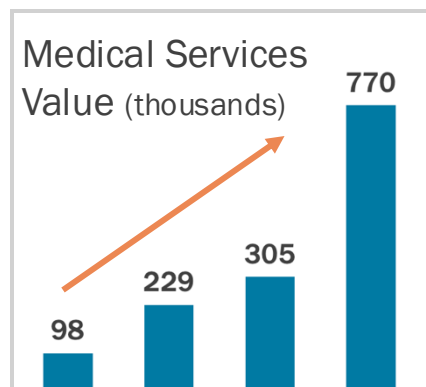
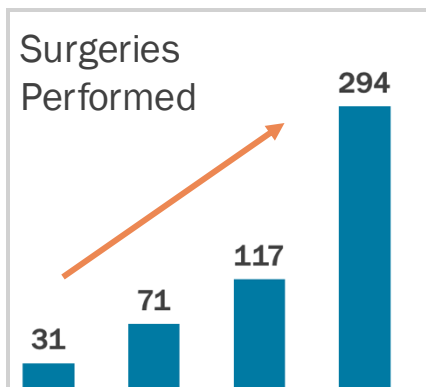
4 pillars in action: catalyst for driving impact, value, and sustainability



Success is not just providing surgeries ... but those surgeries with the most impact, value, and sustainability

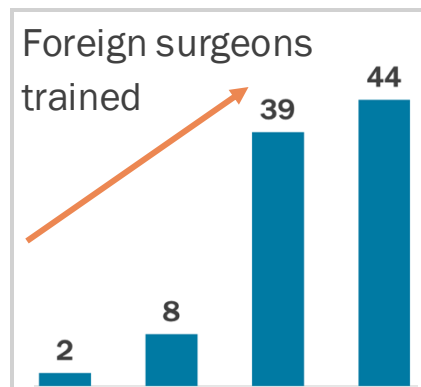
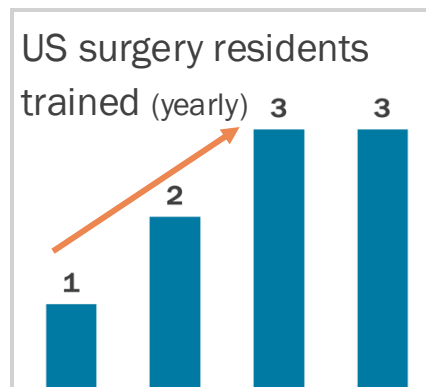
Surgery

GSE 2021-2024

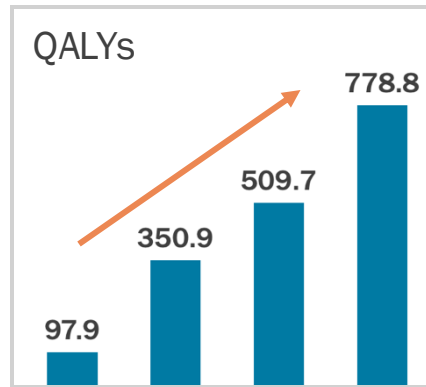


Catalyst effect of 4 pillars

EDUCATION



RESEARCH



Cost per surgery:
\$515

Average income loss
due to surgical
disease:
↓ 55%



With 4 pillars:
1019 cost-effective surgeries chosen to make the greatest impact

Numerous foreign surgeons performing surgeries

Multiple US surgery residents prepared for career in global surgery

Without 4 pillars:
1019 surgeries performed by GSE

GOOD

BETTER

\$3.01M

VALUE SURGICAL CARE PROVIDED



176 PROVIDER
TRAINING
SESSIONS



55 SURGICAL TEAMS
DEPLOYED



1974
PATIENTS TREATED



<\$515
COST PER SURGERY



<2%
COMPLICATION RATE



2 LEADERSHIP
GRADUATES

100+ STUDENT
SCHOLARS

19 RESIDENT
SCHOLARSHIPS



6 GRANTS
AWARDS



11 PUBLISHED
MANUSCRIPTS



21 PRESENTED
ABSTRACTS



\$2.2M

VOLUNTEER PROFESSIONAL SERVICES DONATED



2477

QUALITY OF LIFE YEARS RESTORED



\$1M+

MEDICAL EQUIPMENT DONATION

THE ASK

\$2,600,000

We are seeking \$2.6M front-end investment to allow us to build out infrastructure and personnel needs
To support program expansion and scale up.



Personnel Team



Infrastructure



Sustainability



Program Reach

Your investment: flywheel effect

GSE is positioned to take the next exciting step towards a sustainable, impactful future

What we have done (strategic development, 2012-2023)

What we are doing now

What we will do



Founded 2012 → Expansion 2017 → Expansion 2023



Research program



Advocacy: Permanent council membership G4 Alliance



Education: GSE resident scholarship



Education: global surgery certificate program

Accelerate revenue growth

Funding Partnerships

2025-2026
(Phase 1)
Organizational Sustainability and Growth

Value and impact-driven program expansion

Obtain broad funding sources

Hire strategic positions

2027
(Phase 2 and 3)
Larger Program Expansion



Investing in
GSE's
future

GSE's leadership team



<p>David Rapp, MD</p> <ul style="list-style-type: none">Leads strategy and operationsLeads education programming and curricula designLeads research programmingDirects advocacy efforts and media outreach strategy	<p>Tim Bradford, MD</p> <ul style="list-style-type: none">Leads Belize surgical and education efforts	<p>Quinn Lippmann, MD</p> <ul style="list-style-type: none">Leads Africa surgical and education efforts	<p>Erik Grossgold, MD</p> <ul style="list-style-type: none">Leads surgical development and site exploration
	<p>Will Reynolds</p> <ul style="list-style-type: none">Leads equipment procurement and shipping	<p>Lauren Siff, MD</p> <ul style="list-style-type: none">Directs education and innovation development	<p>Mark Stoltzfus, MD</p> <ul style="list-style-type: none">Leads anesthesia efforts
	<p>Brooke Nelson, CRNA</p> <ul style="list-style-type: none">Leads anesthesia efforts	<p>Matthew Kerr, CPA</p> <ul style="list-style-type: none">Financial oversight	<p>Richard Owen, MBA</p> <ul style="list-style-type: none">Financial and strategy advisor
<p>■ Full-time employee</p> <p>□ Volunteer</p>	<p>Dayal Baxani</p> <ul style="list-style-type: none">Community outreach	<p>Neil Kocher, MD</p> <ul style="list-style-type: none">Operations and strategy advisor	<p>Courtney Rapp, MBA</p> <ul style="list-style-type: none">Operations and strategy advisor

GSE is led by a strong team of dedicated volunteers with a 12-year record of impact. Investment in a full-time team is needed to promote organizational sustainability while also allowing volunteer leadership to prioritize innovative clinical growth.

Roadmap for growth: Phase 1

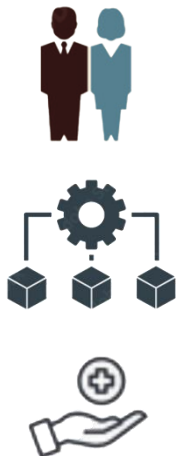
GOAL: \$750K annual

WHAT WE WILL DO:

- Hire staff and build funding infrastructure to support sustainable funding model
- Build infrastructure to support and streamline surgical trip processes

WHY:

- Full-time staffing needed to create diverse and comprehensive funding
- Infrastructure growth needed to support complex surgical logistics and allow for collaboration goals



	1	2	3	4	5	6
PERSONNEL	Director of Fundraising	Communications and Marketing Officer	Surgical Programs Director	.		
INFRASTRUCTURE	Equipment facilities growth, media storage, emergency planning, intranet development					
PROGRAM						

Roadmap for growth: Phase 2

GOAL: \$1.3M annual

WHAT WE WILL DO:

- Develop broad IT and media capacity to support broad program expansion across surgery, research, education, and advocacy
- Limited programs expansion (surgery, education, research)

WHY:

- IT and media infrastructure needed for complex trip logistics coordination (surgery), to allow for patient data collection and analysis (research), the development of virtual surgical training platforms (education), and large awareness and advocacy efforts (advocacy)



	1	2	3	4	5	6
PERSONNEL	Director of Fundraising	Communications and Marketing Officer	Surgical Programs Director	Financial Officer and HR manager		
INFRASTRUCTURE	Equipment facilities growth, media storage, emergency planning, intranet development	Broad IT investment	Broad media investment			
PROGRAM	Surgery: +General Surgery +Honduras	Education: +Central African Republic training curricula +Resident scholarships	Research: +Grant award funds			



Roadmap for growth: Phase 3

GOAL: \$3M annual

WHAT WE WILL DO:

- Broad expansion of surgical, education, research, and advocacy programming
- Maintain goal program spending of 80% of overall revenue
- Expansion of collaborative efforts and support to diverse organizations in global surgery (NGO, academia, governmental)
- Hire staff focused on innovation and program development



	1	2	3	4	5	6
PERSONNEL	Director of Fundraising	Communications and Marketing Officer	Surgical Programs Director	Financial Officer and HR manager	Program Officers • Education • Research • Advocacy	Director Program Development and Advocacy
INFRASTRUCTURE	Equipment facilities growth, media storage, emergency planning, intranet	Broad IT investment	Broad media investment			
PROGRAM	Surgery: +General Surgery +Honduras	Education: +Central African Republic training curricula +Resident scholarships	Research: +Grant award funds	Surgery: +Surgical specialties +Site locations	Education: +University partners +Resident scholarships +Virtual and on-site training programming	Research: +Internal research programming +Grant award funding Advocacy: +Public awareness and large advocacy programs

With your partnership

Significant investments will be made in infrastructure...

IT

- CMS development
- Outcomes and quality metrics
- Research database
- IT Support

Operations

- Surgical team logistics
- Equipment inventory
- Equipment shipping
- Trip logistics oversight

Communications

- Enhance Website
- Education and training video platform
- Community Engagement

Program Development

- Surgery
- Education
- Research
- Advocacy

Director,
Surgical
Programs

Director,
Surgical
Programs

Director,
Communications

Director,
Fundraising and
Development

... and our leadership team to support program growth.

GSE's record of financial stewardship and value

A glimpse into what we can do with more funding



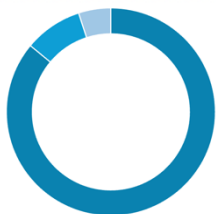
2023 FINANCIALS

SOURCES OF REVENUE

Contributions	\$173,626	61.5%
Gifts-in-kind	\$10,736	7.2%
Contributed services	\$334,200	30.4%
Total sources of revenue	\$518,562	

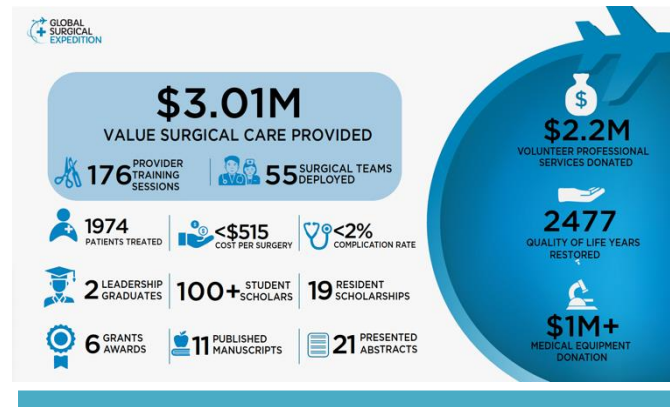
HOW FUNDS WERE ALLOCATED

Programs	\$429,058	86%
Fundraising	\$43,258	9%
Administration	\$24,644	5%
Total funds allocated	\$496,959	



■ Programs ■ Fundraising ■ Administration

GSE's Proud Record




What we've accomplished with annual cash contributions

~50-90K
(2012-2020)



YOUR HELP

A close-up portrait of a woman with dark hair pulled back, wearing an orange top. She has a serious, focused expression and is looking directly at the camera. The background is softly blurred, showing what appears to be a window with light coming through.

It really all boils down to someone standing in front of our teams and asking a simple question:

“Doctor, please help me. Do you have 60 minutes to spare, to perform one surgery that will change my life?”

**If you partner with GSE,
we can answer YES.**

SECTION

A



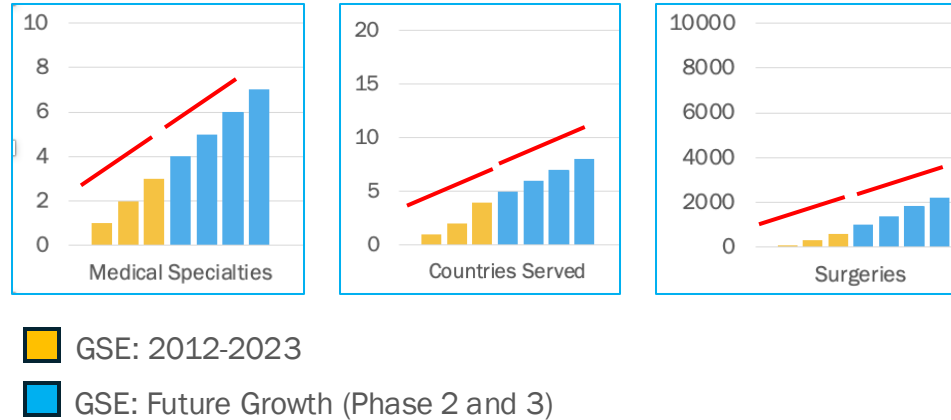
APPENDIX

Expansion (phases 2/3) using 2-pronged, collaborative approach for more significant results

A

De Novo Primary Site Development
(Developing new surgical sites from the start)

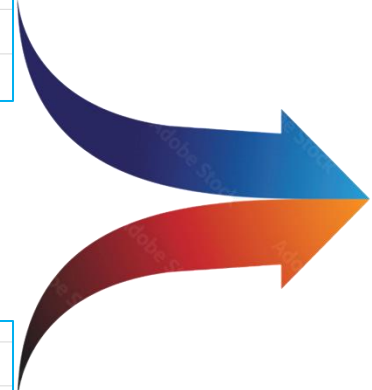
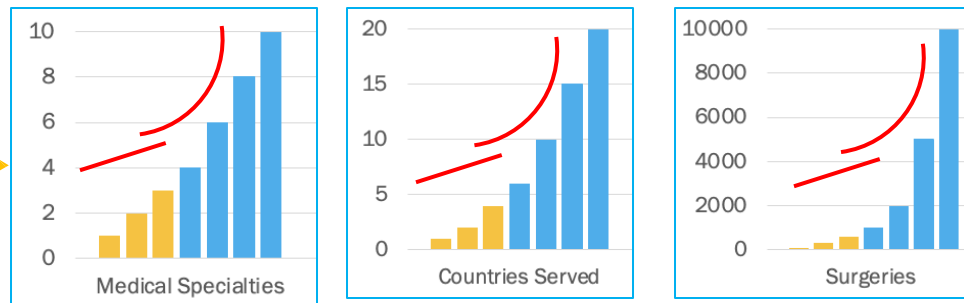
- Resource intensive
- Long runway
- Unique opportunity to build programs with large impact



B

Collaborative Site Expansion: Power in Numbers
(Collaborate with small NGOs to grow existing sites)

- Shorter runway and complexity
- Leverage GSE model and resources for larger and more rapid impact



IMPACT
VALUE
SUSTAINABILITY

Power in numbers: A rationale for collaboration



Numerous small charities provide small surgical mission trip outreach:

- Commonly small (1-2 trips annually)
- Commonly associated with church activity or arranged independently by a motivated surgeon
- Limited funding presenting constant struggle for survival

Each charity must devote majority of focus to logistics

As a result:

- Often short-lived
- Little time to focus on innovation
- Difficulty expanding services

Glimpse inside what goes into a surgical trip (logistics)

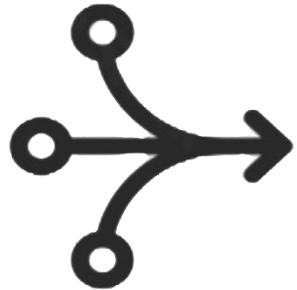
Applications	<ul style="list-style-type: none"> ▪ Temporary medical licensure applications for entire team ▪ Orientation and education for team ▪ Nursing council applications ▪ Hospital and ministry approvals
Equipment	<ul style="list-style-type: none"> ▪ Order and inventory all surgical and disposable equipment needs for self-sustaining surgical trip ▪ International customs approval ▪ Pack and ship all equipment ▪ Maintain local storage facility to protect equipment
Patient Care	<ul style="list-style-type: none"> ▪ Patient recruitment, advertising campaign ▪ Facilitate patient travel, triage clinic scheduling ▪ Coordination with large team of local providers ▪ Oversee medical documentation and follow-up plan
Travel	<ul style="list-style-type: none"> ▪ Complex air, ground, food and lodging arrangements ▪ Vaccination schedule ▪ Safety precautions, insurance procurement

Did you know?
90% of vast work to achieve a surgical trip takes place before and after.

Power in numbers: A rationale for collaboration

Building logistical infrastructure is important part of GSE vision to form collaborative partnerships

*Collaboration under GSE
Leadership*



GSE Infrastructure



Operational Efficiency

- Equipment
- Travel
- IT and patient care
- Application and orientation processes



+ GSE 4 pillars



Outcome

- Expansion centered around 4-pillar model
- Increased sustainability
- More time to focus on innovation and expansion
- Collaboration for engagement with foreign governments

IMPACT