On the foothills of Mount Kilimanjaro, AMREF Flying Doctors is founded by three reconstructive surgeons: Michael Wood, Archibald Mclndoe and Tom Rees.

Mobile Outreach Clinics are introduced to southern Kenya to treat nomadic Masai pastoralists.

AMREF forms what will become a long time partnership with Kenyatta National Hospital, taking medical specialists by air to Wajir, Garissa and Mandera in Kenya.

Anne Spoerry, known as “Mama Daktari”, joins AMREF Flying Doctors.

AMREF founder Dr Michael Wood publishes his book “Go an extra mile”.

The first Cessna Grand Caravan is introduced into the AMREF Flying Doctors fleet.

The hangar at Wilson Airport, Nairobi, is expanded to cater for our larger fleet.
AMREF Flying Doctors adds a second Cessna Grand Caravan to the fleet.

In partnership with Phoenix Aviation, AMREF Flying Doctors begins to operate a Cessna Citation Bravo Jet.

AMREF Flying Doctors welcomes the third Cessna Citation Bravo jet to the fleet.

2007

AMREF Flying Doctors celebrates the opening of its Visitors Centre by founder Tom Rees.

AMREF Flying Doctors acquires a third Cessna Grand Caravan.

AMREF’s Outreach Programme continues to expand, visiting 150 hospitals in Kenya, Tanzania, Uganda, Rwanda, Ethiopia, Somalia and Southern Sudan, training more than 6,200 doctors and nurses and undertaking over 26,000 consultations.

AMREF Flying Doctors receives the ITIJ 2011 Air Ambulance Provider of the Year award.

AMREF Flying Doctors extends its fleet capability with the new Beechcraft Super King Air B200.

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2010

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2012

AMREF Flying Doctors becomes the first operator outside of Europe to receive ‘Full Accreditation – Special Care’ from the European Aeromedical Institute (EURAMI).

New Advanced Life Support Ground Ambulance introduced.

2013

Amira Air evacuation subscription Scheme launched.

AMREF Flying Doctors celebrates the opening of its Visitors Centre by founder Tom Rees.

AMREF Flying Doctors welcomes the third Cessna Citation Bravo jet to the fleet.

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AMREF Flying Doctors receives the ITIJ 2011 Air Ambulance Provider of the Year award.

AMREF Flying Doctors extends its fleet capability with the new Beechcraft Super King Air B200.
AMREF Flying Doctors receives the ITIJ Air Ambulance Provider of the Year award for the second time.

Another new Advanced Life Support Ground Ambulance is introduced.
Vision
To be the most outstanding aero-medical provider for Africa and beyond, focusing on remote areas.

Mission
To provide excellence in aero-medical services across the region. We are committed to saving lives and relieving sickness and injury in the best and fastest way possible. We are available to all and extend our services free of charge where there is need.
## Contents

Fold out sections:
- AMREF Flying Doctors Timeline
- Air Ambulance Services - Nationalities Evacuated

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From the Chairman

I’m delighted to be able to report to you the third successive year of increased contribution that AMREF Flying Doctors has been able to make to Amref Health Africa’s work with the most deprived and needy communities. It has certainly been a challenging year, with negative travel advisories for Kenya and difficult economic conditions in all the emerging markets on the Continent. However, we have continued to invest in our aero-medical unit, with the appointment during the year of Dr Joseph Lelo as Medical Director, and a fresh agreement with our excellent and long-standing partners at Phoenix Aviation. The continuing growth in membership and broad appeal of our Maisha programme has been very gratifying, and we focus attention as ever on our important Volunteer Physician Programme, our charity evacuations and our support for Outreach, which has always been at the heart of Amref Health Africa. I would like to pay particular tribute to the management team who successfully kept everything on track while our CEO, Dr Bettina Vadera, was recovering from a serious accident while indulging her passion for horseback riding. Thankfully, her injuries, though serious, were repairable and she was back in the saddle relatively soon, so to speak, at the helm of AMREF Flying Doctors. Their collective achievements during the year have been recognised for the second time, with AMREF Flying Doctors receiving the Air Ambulance Provider of the Year Award from ITIJ, winning out over significantly larger international service providers. Sean Culligan has replaced Dr Vadera on the Board of EURAMI, whose role is to enhance the standards of air ambulance providers around the world. We welcome to our Board of Directors Mr Christopher Getonga, who brings with him considerable skills from a successful business career in East Africa. Nicholas Nesbitt steps down from our Board following his appointment to a demanding regional role with IBM on the Continent and we thank him for his contribution. Our Board and management remain committed to providing the highest quality and reliability of service, supporting Amref Health Africa in its mission to deliver better health where it is needed most on the Continent. I believe Amref Health Africa’s founders, the last of whom, Dr Tom Rees, passed away last year, would have been proud of our relevance, progress and achievements. Last but not least, our sincere thanks to all our partners, donors, staff and customers for their continuing support for our activities. We shall strive to be deserving of it.

Anthony (Tony) Durrant
Chairman of the Board, AMREF Flying Doctors

From the CEO

I am pleased to start my summary by celebrating AMREF Flying Doctors’ achievement of winning the prestigious ITIJ Air Ambulance Provider of the Year Award in Venice this year, which is the second time we have won the award, and is a clear acknowledgement of our high level of professionalism and global service standards. It is a true reflection of the exemplary effort put in by our dedicated, highly skilled staff, the unwavering support from our local and international customers and an explicit validation of our seven years of accreditation by EURAMI (European Aero-Medical Institute). Our focus on affordable air evacuation cover for a wide clientele in East Africa is matching the growing demand for our Maisha Annual Air Ambulance evacuation membership scheme. Since the launch of the Maisha product three years ago, subscriptions at the end of 2014 had reached a proud number of 131,444 annual members, with close to 44,000 additional temporary registrations for tourists. 225 corporate companies are now covering their staff based in East Africa for medical evacuation services and 460 tour operators regularly enrol their visitors with us. As a commercial not-for-profit company owned by Amref Health Africa – an international humanitarian organisation – 2014 saw AMREF Flying Doctors generate US$930,000 for Amref Health Africa projects that aim to make lasting health changes in Africa. Additionally, we spent US$170,000 evacuating the poorest of the poor, transferring patients at no cost to medical facilities where their lives could be saved. We are proud to have played a role in the history of so many people and I would like to thank all our members, supporters, partners and well wishers for their dedication to the organisation. Last but not least, we are indebted to our Board members who volunteer their service in providing leadership, experience and knowledge and thank them for their commitment and guidance. Together, we look forward to another prosperous and fulfilling year.

Bettina Vadera
CEO, AMREF Flying Doctors
A MREF Flying Doctors is the 2014 ITIJ Air Ambulance Provider of the Year!

AMREF Flying Doctors has for the second time received the ITIJ Air Ambulance Provider of the Year award. The International Travel & Health Insurance Journal (ITIJ) Air Ambulance Provider of the Year award is the most prestigious award in the global travel and health insurance industry, providing a benchmark for international air ambulance operators.

This award is a clear acknowledgement of AMREF Flying Doctors’ high level of professionalism and global service standards. It is a true reflection of the exemplary effort being put in by our highly skilled staff, the immense and unwavering support from our local and international customers and a clear validation of our seven years of accreditation by EURAMI (European Aero-Medical Institute).

To all who made this award possible, we offer a big Thank You!

Quote from the ITIC Awards Judges:
“Working in an environment with many logistical and operational issues and still expanding and strengthening its medical presence by adding to its fleet and professional team make this provider the judges’ 2014 highest scorer.”

AMREF Flying Doctors is continuously investing in up-to-date air and ground ambulances. Today, we operate a fleet of 14 aircraft, three Advanced Life Support (ALS) ground ambulances, one Basic Life Support ambulance and a 24-hour Control Centre to handle all emergencies and medical advice needs for Maisha clients throughout the Eastern Africa region. Based in Kenya, AFD is the largest, best-known air ambulance service in the region. In the last 12 months, we flew 1,162,454 miles, evacuating 959 patients involving 56 different countries, which is equivalent to 44 times around the world. In 58 years of operations, we have covered over 30,000,000 miles in air evacuation missions!

In 2011, AMREF Flying Doctors was incorporated as a commercial not-for-profit company owned by Amref Health Africa, a prominent international humanitarian organisation. One of the missions was to make expensive air evacuation services affordable. AMREF Flying Doctors introduced a range of low price annual subscription schemes known as Maisha Air Ambulance, a subscription product available for as low as KES1,800, giving access to two free air evacuations within East Africa, Rwanda, Burundi, South Sudan and Ethiopia, among other benefits. The profits contribute to our charity work and support the work of Amref Health Africa.

Our Maisha database shows a proud number of 131,444 annual subscribers. AMREF Flying Doctors regularly undertakes charity evacuations. These are missions done under special circumstances, in partnership with rural medical facilities, for patients in a serious medical condition who are unable to afford the cost of a crucial air medical transfer to Nairobi for specialised medical care. In 2014, we spent over US$170,000 evacuating the poorest of the poor, transferring patients at no cost to medical facilities where their lives could be saved.

Some of AMREF Flying Doctors’ charitable missions included baby Satrine Osinya, who was transferred to Nairobi with a bullet lodged on his head (See page 14); the evacuation of school children after a bus accident in Kisii that left many dead and injured, as well as charity flights evacuating victims of violent clashes in Northern Kenya.

Above: Dr. Bettina Vadera and Sean Culligan receive the award in Venice, Italy
Our Board Members

Anthony Durrant (Chair)
Anthony P.W. Durrant is a lawyer and senior finance executive with global experience in investment banking and business, with a strong background in strategic business development, funding and public private partnerships in emerging markets, particularly in Africa. Mr Durrant worked for over 25 years with investment bank S.G.Warburg & Co Ltd, latterly as part of Swiss UBS Group, in Europe, Australasia and the USA, and since 2005 he has been a Director of Amref Health Africa. He was raised in Kenya and retains close connections in the country.

Christopher Getonga
Christopher Getonga is a qualified Financial Accountant (Binder-Hamlyn (BDO) U.K. & Syracuse University, U.S.A. - BSc Finance) with close to 30 years’ experience in the financial and medical industry.

Dr Teguest Guerma
Dr Teguest Guerma, an Ethiopian national with an extensive career in public health, is the Director General of Amref Health Africa. Dr Guerma, who was previously the Associate Director of HIV/AIDS for the World Health Organization (WHO), began her career as a medical practitioner in Burundi in the mid-1980s. Along with her wider public health work, she has been involved in the fight against AIDS throughout her career.

Irene-Odera Kitinya
Irene Kitinya holds a Bachelor of Arts degree in Economics and French, a Masters in Strategic Management from the University of Nairobi, Higher Diploma from the Institute of Human Resources and is a trained mentor and coach for leadership development, accredited by Senn Delaney Consultants UK. Irene is currently the Human Resources Director at Airtel Networks Kenya Ltd.

Muthoni Kuria
Muthoni Kuria is a general management practitioner with expertise in finance. She is a Certified Public Accountant (K) and holds a Master of Business Administration from Leicester University. She left the banking industry in 2009 having held positions including Managing Director of Southern Credit Bank, Executive Director and Chief Accountant, Senator Cards.

Dr Terry Martin
Dr Terry Martin is an Associate Professor of Intensive Care Medicine & Anaesthesia, with a strong background in Emergency Medicine, Aviation Physiology & Pre-hospital Care. He is also a helicopter pilot. Terry is considered to be an expert in the field of aero-medicine and has received many accolades and awards for his work, demonstrating his passion for the safe and efficient resuscitation, optimisation and transport of patients by air.

Nicholas Nesbitt
Nicholas Nesbitt is Chief Executive of KenCall, the leading international BPO/call centre outsourcing company in East Africa. KenCall outsources customer service and sales and technical support for American, UK and East African companies.

Raychelle Omamo
Raychelle Omamo, newly appointed Kenya Cabinet Secretary for Defense, is an advocate of the High Court of Kenya of 27 years standing. In addition, she is the Vice-President of the East African Law Society, Kenya’s Ambassador Representative to UNESCO, as well as the current Director of Mo-Consult Ltd, a consultancy forum, providing conflict resolution services as well as governance and public policy advice.

Clyde Spence Thomson
Clyde Thomson is the Executive Director of the Royal Flying Doctor Service of Australia (RFDS), South Eastern Section. RFDS is a not-for-profit charitable service providing aero-medical emergency and primary healthcare services to communities in regional and remote Australia.

Further details of our board members are available at: www.flydoc.org/about-us/our-board
Background

MREF Flying Doctors (AFD) is the largest and best-known air ambulance service in East Africa, with 58 years of experience and seven years of EURAMI accreditation (Special Care status). In the last 12 months, we have flown 1,162,454 miles, evacuating 959 patients, involving 56 different countries. In our 58 years of operation, we have covered over 30,000,000 miles in air evacuation missions.

The challenging environment
The East African region can present major hurdles to air evacuations – conflict zones, cross-border operations, and complex politics and bureaucracy mean that gaining flight clearances is cumbersome, and clearing customs and immigration a nightmare. Adding terrorism, tribal clashes, drought, famine and corruption into the equation makes operating an efficient air ambulance service in Africa a challenging task.

We pursue development and embrace change
2014 saw AFD generate over US$928,000 for Amref Health Africa projects. AFD’s first owned and fully dedicated Beechcraft King Air B200 air ambulance has now been operating for just over one year, supplementing the fleet of owned and leased aircraft that are used for medical patient transports in Africa and beyond. Two new Advanced Life Support ambulances were added to the fleet in 2014, and a Chief Medical Officer was appointed in order to further strengthen the medical component.

We are innovative and cost conscious
AFD has introduced a range of low price annual and temporary subscription schemes that offer free air evacuation cover within East Africa, Rwanda, Burundi, South Sudan and Ethiopia, revenue from which contributes to our charity work. In the last 12 months, AFD has enrolled over 131,444 annual subscribers and gathered 44,000 temporary registrations.

Our Volunteer Physician Programme enables experienced emergency physicians from around the world to work with us on a voluntary basis. Through training and education on developments in emergency medicine, they ensure that we remain in touch with international standards and innovations. In 2014, nine volunteers from Germany, the UK, Canada and the UAE joined our Programme.

We explore and implement strategic opportunities
With an existing agent in Tanzania’s most important tourist area, we intend to expand our presence with an office in the capital, and positioning an aircraft in Tanzania itself. This will enable us to:
• improve response times in Tanzania,
• reduce costs for the Tanzanian Outreach circuits, and
• ensure that even more deserving African communities will be served by AFD.

We go where no one else goes
Forced to land on remote, uncontrolled bush strips, our pilots maintain an airstrip database to record potential hazards. The skills of our aircrew become obvious when tasked to retrieve patients from remote areas after dark, landing using only car headlights at the end of a dirt runway as a guide. As the regional contracted service provider for UN-related medical evacuation missions, we evacuated over 2,500 patients from Somalia, including on mass casualty flights.

We care for the uncared
We evacuate patients free of charge on a charity basis. In 2014, we spent US$170,000 evacuating the poorest of the poor, transferring patients at no cost to medical facilities where their lives could be saved.

We partner with local communities
Since its inception in 1957, AFD has flown medical specialists to remote hospitals where communities have no access to specialised care. Today, this Outreach Programme supports 150 hospitals in seven different countries, recording 26,222 patient consultations, 6,197 surgical operations and 6,944 medical & support staff trained this year.

We go the extra mile
From Control Centre staff to medical crew, aircrew and operations staff, everyone works together as a team, confident and determined in their commitment to solve complex medical problems combined with logistical and economic constraints.

We can prove our success
From a medical department within a humanitarian organisation, using small aircraft to provide airborne medicine, we have grown into an international, accredited and profitable air ambulance company that does not only sustain its own business, but generates significant financial support towards health development in Africa.
Unveiling of Archie McIndoe’s statue

On 08 June 2014, AMREF Flying Doctors’ Chief Operations Officer Sean Culligan had the privilege of being present during the unveiling of the statue of Sir Archie McIndoe in East Grinstead, London, where the Guinea Pigs were treated by Archie and his team. HRH the Princess Royal, Princess Anne, performed the unveiling on a gloriously sunny day. Five surviving members of the original Guinea Pigs were also there.

The sculptor, Martin Jennings, whose father had actually been treated by Archie, described why he made the statue the way he did: “I wanted to make more than just a statue of the great surgeon. McIndoe’s story is inseparable from that of the Guinea Pig Club, his burned ‘boys’, for whom he was a cross between compassionate parent and strict figure of authority. So I have represented him with a patient (though not a particular person) who has burns to his face and hands but still wears his RAF uniform, as McIndoe insisted his patients should be allowed to. The pilot is turning his head to look back up to the sky in which he can no longer fly, but also towards his doctor for reassurance. McIndoe’s hands are on the younger man’s shoulders, suggesting the communication of his extraordinary confidence – his patients always refer in their memories of him to his absolute certainty that they would go on to lead productive lives despite the traumas they’d suffered. Many of McIndoe’s patients suffered terrible injuries to their hands and ‘main en griffe’ (claw hands) frequently resulted. After his wartime burns, my own father’s hands were fixed in a claw shape for the remainder of his adult life. I can remember when growing up how tentatively he sometimes used to hold them and how he used to stretch them when they ached. This is something I want to record in that one small part of the statue. McIndoe encouraged the people of East Grinstead to involve themselves with the social rehabilitation of his patients. I’m proposing that the statue should have a continuous crescent of stone seating encircling it, so that when the people of the town sit down around it they will be helping symbolically to complete it. It seems to me to be important that this monument should be seen not just as a tribute to a great man, but to his heroic patients as well, and to the community that did so much to support them.”

It was a very special day, and AMREF Flying Doctors is proud of Archie, who made us what we are today.
The Guinea Pig Club

The Guinea Pig Club is the name given to the pilots injured in the Battle of Britain who were treated by Sir Archibald McIndoe at the burns unit of Queen Victoria’s Hospital in East Grinstead, West Sussex. The Guinea Pigs were given this name simply because McIndoe had no choice but to try out his ideas on the men, as he had no book to refer to or guide him.

The original intake of recovering pilots decided to set up a club, and only men who had been patients at the burns unit could join. This decision was taken in July 1941. They chose the title of the club – a sign of the humour the men had as they knew full well that reconstructive plastic surgery was in its infancy and that they were quite literally guinea pigs for the burns unit. This type of humour even worked its way into the club’s committee selections.

Archibald McIndoe was the club’s first president. The first secretary, meanwhile, had had his fingers seriously burned, so any notes of club meetings had to be short and were, therefore, easy to read. The first treasurer was a pilot with very badly burned legs – so he could not run away with the club’s funds!

The committee decided on three levels of membership:
- The Guinea Pigs – men who had been burned in a plane crash and had had plastic surgery at Queen Victoria’s Hospital;
- Honorary Members – scientists, doctors and surgeons who had worked at the burns unit at the Queen Victoria’s Hospital;
- Friends of the Guinea Pig Club – someone who has contributed to the club either financially or in other ways.

The club was meant to have been disbanded when the war ended but it did not. As the war progressed, the type of patient treated at the burns unit changed from fighter pilots to bomber crews. In the final year of the war, 80 per cent of those treated at the burns unit were from bomber crews.

By the end of the war, the total number of Guinea Pigs stood at 649; 57 per cent were British; 27 per cent were Canadian; 8 per cent were New Zealanders; and 8 per cent were Australian. Surviving members of the club try to meet each year, and since the death of Sir Archibald McIndoe in 1960, the Duke of Edinburgh has been the club’s president.

STEPHEN OMBUYA
Operations Manager

“It’s satisfying to be part of a professional team which endeavours to safely reach patients no matter where they are.”
The air ambulance service continues to cover the countries of East Africa (Kenya, Tanzania and Uganda), stretching to Ethiopia, Eritrea, Rwanda, and Burundi, Somalia, DRC, South Sudan and other neighbouring countries. Increasingly, the coverage has extended over the past few years to the whole of Africa, the Middle East, India, and Europe and beyond. In 2014, AMREF Flying Doctors evacuated a total of 959 patients by air and/or ground ambulance. This represented a very minor rise on last year’s figures.

The type of clients evacuated included 240 paid Non-Member evacuations, 348 AMREF Flying Doctors registered clients, 73 AMREF Flying Doctors Maisha subscription clients, 17 AMREF Flying Doctors Maisha Tourist scheme clients, 20 free charity evacuations and 261 others. During 2014, a total of 1,162,454 miles were flown on 640 evacuation flights, a considerable (22%) increase on distance covered from 2013.
In 2014, AMREF Flying Doctors provided a total of 111 long-distance evacuation flights to destinations in Europe, South Africa, West and Central Africa, and to the Middle East/Asia using the Citation Bravo jets. This was a slight drop from 2013, but this was more than compensated for by the distances covered during those flights, including for the first time, to China and the Far East. Evacuation flights to conflict areas remained steady, with over 130 flights into Somalia alone. These figures reflect the intercontinental activities of AFD, as well as the continued support for a growing number of UN and other peacekeeping missions throughout Africa. There was a slight increase in flights to Europe, and a marked increase in requests for flights to West, Central and Southern African destinations.

In addition, AMREF Flying Doctors provided 35 international medical escorts on commercial flights to South Africa, West Africa, Europe and the USA, a 34% increase on last year’s figures. Increased international marketing efforts that raise the AFD profile have led to a number of exceptionally long distance evacuation flights from Africa to the USA. These have been done in partnership with several European and USA-based air ambulance companies, with transfer of the patient performed at a pre-arranged rendezvous point in Europe. The “wing-to-wing” transfer requires extensive medical and operational input to ensure the patient’s condition is the primary concern. The safe and speedy movement of the patient to their country of origin for further medical treatment adds weight to the reputation of AFD worldwide. Partners in these wing-to-wing operations included MARS (Zimbabwe), International SOS (South Africa) REGA (Switzerland), Latitude (Canada), FAI and ADAC (Germany).

Despite the small drop in the actual number of flights during the year, there was a 12.3% increase in flying hours during 2014. This reflected an increase in utilisation of the AFD Beechcraft King Air, especially for evacuations of clients covered by the Maisha scheme, and the increased flying time to evacuate patients to and from destinations in the Far East in the Citation Bravo and Excel jets.
Objectives

We embrace change
Satellite tracking enables us to follow the aircraft in flight. This helps us to keep clients, hospitals and everyone else involved in the mission up to date.

We share our story
Our 57-year history is captured in our Visitors’ Centre. Since its opening, over 5,000 schoolchildren have shared the experiences of AMREF Flying Doctors.

We go where no one else goes
The challenging environment of Africa, with conflict zones, cross-border operations, politics and bureaucracy, means that we can often encounter major hurdles to air evacuations.

We go the extra mile
Complex medical problems and logistical constraints are a regular occurrence for our staff. Together, they work as a team, confident in the commitment they share.

We partner with local communities
The AMREF Flying Doctors Outreach Programme supports 150 hospitals in seven different countries.

We care for the uncared
Our Charity Flight Programme evacuates patients free of charge from the most remote locations in Kenya, flying them to medical facilities where their lives could be saved.

We are innovative
The cockpit of the Cessna Citation Excel C560 jet. We have the first Excel jet aircraft in air ambulance configuration.
Charity Evacuations

Under special circumstances, AMREF Flying Doctors provides a Charity Evacuation Service, whereby Flying Doctors will evacuate a patient in a serious medical condition free of charge. Twenty such evacuations were carried out this year. This was a slight drop from the 28 missions carried out in 2013, 25 in 2012 and 21 flown in 2011, and is a reflection of the increasing funding strain placed on this project. There remains a desperate need for such humanitarian support to the local population, and continued donations to support the Charity Evacuation Scheme’s activities are vital.

The patients who benefited from this charity work were in serious medical conditions at the time the request was made. AMREF Flying Doctors evacuated these patients to medical facilities where they could receive the appropriate medical care. None of the patients would otherwise have been able to afford such a service, and consequently, their lives could have been lost.

We spent over US$170,000 on charity flights during 2014, and AMREF Flying Doctors is extremely appreciative of members of the community across the globe that fundraise for us so we can keep doing what we do best – saving lives.

An Overview of Charity Evacuation Considerations and Guidelines

1. Medical

Is the patient in a life-threatening condition, and does the patient have a good chance of surviving the evacuation flight?
Is the prognosis for the patient likely to be significantly improved by air ambulance intervention?

2. Social

Is the patient a supporter of dependents, especially children?
Will the patient have the means to return home after the treatment?
Will the event of death at a location far from home create an irrevocable burden to the family/relatives?

3. Funding

Is the patient covered by insurance, or are there any other means by which the flight can be paid for by a third party?
Does the patient or family appear to have adequate funds to pay for the flight or the treatment in part or full?

4. Other

Does AMREF Flying Doctors have a suitable aircraft available? (AMREF will not normally charter aircraft for a free evacuation). Does the weather allow for an immediate response?

Charity evacuations are supported by various sources: internationally by the staff of IBM Sweden and Amref Health Africa Italia, and locally by companies such as JW Seagon, a Nairobi-based insurance company that makes regular donations throughout the year, particularly to this programme.
As described in the following accounts, the Charity Evacuation process is one that requires a rapid response and provision of the high-level medical care that has become the cornerstone of AMREF Flying Doctors’ assistance services.

Charity Evacuations

Case Study
Mombasa to Nairobi

Terror attack victim

23 March 2014

The terror incident in which baby Satrine was involved occurred on the 23rd March 2014 inside the ‘Joy in Jesus church’ Mombasa, where a service was ongoing. At 10:30 that morning, gunmen, their faces covered in balaclavas, stormed the church, indiscriminately spraying bullets throughout the congregation. Eighteen-month-old baby Satrine was held by his mother, who was shielding him from the gunfire. Sadly, his mother was killed, succumbing to the gunfire. As a bullet flew through her body, it hit Satrine in the head, lodging in his skull. After two days of media speculation on just how serious baby Satrine’s case was, AMREF Flying Doctors eventually managed to obtain an updated detailed medical report, and sent a medical crew to airlift him from Mombasa. AFD was also able to confirm the child would be transferred to the airport in Mombasa, and that a bed was available in Kenyatta National Hospital.

AMREF Flying Doctors evacuates Mombasa terror attack victim to Nairobi

Top: x-ray showing head injury inset with brother; right: Baby Satrine and his aunts after the successful surgery, which removed the bullet lodged in his skull, at Kenyatta National Hospital in Nairobi on 1 April 2014

ESTHER MUNYIRI
Flight Nurse

“It’s a passion to go to the most remote areas and bring relief to those who need it most!”
The story had gone viral in the media and well wishers rallied with funds to cover the hospital treatment costs for the baby’s medical condition. The AMREF Flying Doctors crew left Nairobi’s Wilson Airport at 09:15 hrs. Together with the crew, the aircraft carried a writer/journalist from the Standard Newspaper. The AFD King Air landed in Mombasa, where most of the media personalities had camped out to try and get a glimpse of the evacuation process. Baby Satrine was then carried towards the medical team by his father. The baby started to cry when he caught sight of such a huge crowd surrounding him, perhaps because it was a reminder of the chaos that he had experienced a few short days ago.

Inside the aircraft, the child was attached onto a cardiac monitor that recorded his heart rate, as well as his oxygen level using a small finger probe. He was stable and required little intravenous fluid. For the entire flight back to Nairobi, he was calm and slept on his father’s lap. Mr Osinya, baby Satrine’s father, has six children, with little Satrine being the youngest.

The AMREF Flying Doctors crew touched down at Wilson Airport Nairobi at 13:15 hrs to be met by a media horde. The baby, who was escorted by his father and aunt, was assisted into the Advanced Life Support Ambulance, which was on standby to transfer him to the Kenyatta National Hospital. In 20 minutes, the ambulance was at Kenyatta National Hospital and was met by the cabinet secretary for health Hon. James Macharia, together with other top hospital officials. Satrine was taken to a triage cubicle, where the AFD medical team handed him over to the neurosurgeon and his team in attendance. The baby remained stable. Later on, a press conference was held by the neurosurgical team, who explained the proposed medical procedures that were to be performed on Satrine.

We at AMREF Flying Doctors were glad to have been of service, and we now know that Satrine has made a good recovery.

Above: AMREF Flying Doctors CEO Dr. Bettina Vadera settles baby Satrine, held by his father, in the ambulance, ready for transfer to Kenyatta National Hospital on the 25th March, 2014; right: The case generated huge media attention.
On the night of Wednesday 15th October, a call came through to the AMREF Flying Doctors Control Centre from Ileret Health Centre. Eighteen-year-old Teressa Eemun had been admitted on the same day with abdominal pains, as well as suffering from seizures. The Ileret hospital did not have the resources nor the equipment to help Teressa. She needed to be moved to a better facility, as soon as possible.

Ileret is located in Northern Kenya, on the eastern shore of Lake Turkana. It is mainly a fishing village, and the capacity for serious medical emergencies being handled there is very limited, with just one underequipped and understaffed health centre.

According to her sister-in-law Beatrice, Teressa first started suffering symptoms on Sunday the previous week. Since then, her symptoms had been getting worse and her family decided to take her to the Ileret Health Centre for treatment. The medical team at Ileret Health Centre examined her and determined that Teressa needed further treatment and thus called AMREF Flying Doctors to request a Charity Evacuation. The AMREF Flying Doctors medical team deliberated, and special consideration was given to the fact that the patient may have been pregnant – the information came from Teressa’s sister-in-law, who stated that Teressa had not had her period since the end of the month in July.

The evacuation request was confirmed, and a team was assembled and ready to depart from Wilson Airport at 10:40 hrs the next morning. On board the Cessna Caravan was Dr Stevens, the Visiting Volunteer Physician, Flight Nurse Kizito Osundwa, and Captain Sam Pertet. The team landed at the Ileret airstrip after approximately 2 hours 30 minutes, where they were met by a 4x4 vehicle that had been used to transport the patient and her sister to the airstrip. Teressa was moved from the vehicle – the only one available that can be used as an...
Teressa was moved into the aircraft, where the medical team proceeded to check her vital signs, as well as stabilise her, before the evacuation could commence. While examining the patient, the doctor realised that her bladder was full and that she had not gone to the toilet for a long period of time, which was no doubt contributing to her discomfort. The medical team was able to assist her through this by use of a catheter, and soon after Teresa was able to communicate with the team.

Teresa denied being pregnant. Her husband, an Administration Police Officer based at the border some considerable distance away, was not available to offer any further clarity regarding her situation, so using the information previously obtained from the sister-in-law, and a few preliminary tests, Dr Stevens decided to have a pregnancy test done once the patient arrived in Wamba.

After one hour and 10 minutes spent on the ground in Ileret, the team was airborne again on the one-and-a-half-hour flight to Wamba hospital. This was the preferred destination for Teressa to receive further treatment, due to its proximity to her home town, as well as the fact that Wamba Hospital is frequented by a good number of volunteer doctors and is quite well equipped.

There were some communication issues due to lack of network coverage at Wamba hospital; the AFD Emergency Control Centre was unable to reach and notify Wamba Hospital personnel that a team was on the way with a patient. On arrival at Wamba, however, the Captain flew low over the hospital to alert them, hoping that local villagers would also contact someone inside the hospital to come for the patient. The plan worked, and the hospital administrator sent out a Nurse and Doctor to receive the patient from the aircraft. Another successful charity evacuation had been carried out.

Charity evacuations such as these are carried out free of charge. AMREF Flying Doctors is extremely appreciative of all those across the globe who fundraise for us so we can keep doing what we do best – saving lives. Charity evacuations are supported by various sources – internationally by those such as the staff of IBM Sweden and Amref Health Africa Italia, and locally by companies such as J W Seagon, a Nairobi-based insurance company that makes regular donations throughout the year, particularly to this programme.
Aircraft Available

Beechcraft Super King Air B200

- Capacity: 10 Passengers or 2 Stretchers
- Max Range: 3,095 KM
- Speed: 535 KM/H

Cessna 208 B Grand Caravan

- Capacity: 13 Passengers or 4 Stretchers
- Max Range: 1,700 KM
- Speed: 260 KM/H

Beechcraft
AMREF Flying Doctors recently took delivery of a new aircraft in a bid to bolster the growing demand for evacuation services. The new Beechcraft King Air B200 aircraft, acquired at a total cost of US$2,350,000, is part of the investment that AMREF Flying Doctors had made since its incorporation as a not-for-profit company – part of and wholly owned by Amref Health Africa.
AMREF Flying Doctors’ Beechcraft King Air B200 aircraft has now been flying for over a year. In 2014, the aircraft flew over 128,000 miles and was used in over 45% of all AFD aero-medical evacuations involving our owned aircraft. The aircraft, with its twin Lifeport aeromedical stretchers, fitted medical equipment and manual patient loaders, is seen here in a variety of locations and situations.
SAM PERTET  
Pilot

“I love our new King Air! Higher, Faster, Further! And all for the benefit of the patient.”
Medical Standby Coverage

During events with high-risk involvement for the participants or the public, AMREF Flying Doctors offers medical coverage by ground ambulance, helicopter or fixed-wing aircraft. Typical Kenyan sports events include the famous Lewa Downs Safaricom Marathon, and regular horse shows in Nairobi or upcountry. The income generated through this service contributes towards AMREF Flying Doctors' overhead costs.

Safaricom Lewa Marathon

The Safaricom Lewa Marathon, held at the Lewa Wildlife Conservancy in Kenya in June, is one of the 10 ‘must-do marathons’ in the world. This 21-kilometre jog, which sees the competitors enduring dry heat, high altitude, tough terrain and a host of indigenous wildlife, taking in some of the most spectacular scenery in the world, attracts more than 1,000 participants.

For the fifth year running, AMREF Flying Doctors provided medical coverage for the event, attending to a number of minor injuries, as well as two participants who collapsed due to the strain. Since its inception in 2000, the Safaricom Marathon has raised more than US$3.8 million, from which thousands of Kenyans have benefited through school, hospital, community and conservancy projects.

JANE MUNYUA
Medical Department Coordinator

“Professional growth, innovative business acumen, diversity and lateral thinking, team dynamics and an appreciation for life...that’s what AFD has taught me in the 12 years that I’ve been here.”

Horse of the Year Show

The Horse of the Year Show, held in December 2014, continues to grow and now draws competitors from Kenya, Uganda and Tanzania. AMREF Flying Doctors not only sponsored the event, but was on standby to assist in case of emergency.
Medical Advice & Communication

A

MREF Flying Doctors, through its Control Centre at Wilson Airport, Nairobi, is staffed 24-hours a day with qualified medical staff who provide emergency medical advice. Once a call is taken about a patient who requires emergency evacuation, staff start planning, with the assistance of the aviation team, the time for take-off and which aircraft to use, depending on the airstrip, the weather and the patient’s condition. All of our aircraft are equipped as flying intensive care units, carrying high-tech medical equipment to deal with whatever emergency may have arisen. Our medical staff may have to work alone, and are therefore highly trained with additional skills you may not find in the average GP or nurse. Doctors have critical care skills and all our flight nurses have a critical care background. Motor vehicle accidents, broken bones, heart attacks, respiratory failure and animal attacks are just some of the medical emergencies our teams commonly encounter. After collecting the patient, the pilot relays the medical report to the Control Centre. Control Centre staff book the destination hospital, ensure medical staff there are briefed, and make sure an AMREF Flying Doctors ground ambulance is ready to transport the patient to the medical facility without delay.
Health facilities in remote areas can also contact the AMREF Flying Doctors Emergency Control Centre 24 hours a day for medical advice. On several occasions during the reported period, AMREF’s control centre medical staff gave medical advice over the radio or telephone to rural medical centres, mission and district health facilities, and remote tourist lodges. As a consequence, patients’ conditions were improved and unnecessary evacuations avoided. Medical advice can be obtained from our Control Centre by anyone in need at no fee, and irrespective of membership subscription.
One of the main approaches we have taken to improve market acceptance and penetration of the Maisha Air Ambulance Scheme has been to ensure appropriate brand presence at strategic industry events, as well as initiating social sponsorship activities, which allow us to emphasise the benefits of Maisha to the correct audience. Throughout 2014, we identified a number of such opportunities, particularly in Kenya and Arusha in Tanzania. The events included the Magical Kenya conference and exhibition – an annual international tourism industry event organised by the Kenya Tourist Board (KTB); the Karibu Travel & Tourism Fair hosted by the Tanzania Association of Tour Operators (TATO); and the DT Dobie Open Day and the Anaesthesia Conference in Mombasa. During the year, we increased our partnership with the Horse Association of Kenya for its year-long Horse Show events in Nanyuki, Gilgil and Nairobi. This association has consistently delivered new clients and renewals since the launch of Maisha. Other key activities we were involved in included the Safaricom Lewa Marathon & Half Marathon – an annual event organised by Safaricom and Lewa conservancy; Arusha Community Christmas Fair; Fly540 Mt Kenya 10to4 Mountain Bike Challenge in Timau; Golf in Muthaiga; the Pembroke International School Rugby Tournament; and Mount Kenya 10-a-side Rugby Tournament.

Top right: A competitor at a checkpoint in the Mountain Bike Challenge, Timau
Right: The AFD stand at the Magical Kenya Conference
Bottom: COO Sean Culligan with the Marketing Team at the Muthaiga Golf Tournament

CLEMENT MBURU
Flight Nurse

Joining AMREF Flying Doctors was a dream come true. The most fulfilling experiences are airlifting the needy patients from remote areas to better health facilities; giving them a chance. Always a story to write about. Thanks to AMREF.
In 2011, AMREF Flying Doctors was incorporated as a commercial not-for-profit company owned by Amref Health Africa, a prominent international humanitarian organisation. One of the primary missions of the scheme was to make expensive air evacuation services affordable. AMREF Flying Doctors introduced a range of low price annual subscription schemes known as Maisha, an annual air ambulance subscription, offering different levels of cost depending on the area of coverage. This product is designed to offer peace of mind to customers and is available for as low as KES1,800 (US$20) per year, giving access to two free air evacuations within East Africa, Rwanda, Burundi, South Sudan and Ethiopia, as well as other benefits. 2014 recorded the highest ever growth in Maisha Air Ambulance subscriptions thanks to the intensified communication and sales campaigns, as well as from the recent award of the contract to supply medical evacuation services to some 110,000 members of Kenya’s Disciplined Forces. ‘Maisha’ stands for “Saving life, Preserving life, Improving life – all attributes of the new Maisha schemes.”
Quality, Professional and Affordable
Air Ambulance Service from
AMREF Flying Doctors

Total Maisha membership at the close of the year 2014 was in excess of 131,444. The scheme is also available to tourists, who are covered for a period of 30 days, with the tour operator being invoiced at the end of every month. All that is required from tour operators is a list of the names of their clients, arrival and departure dates, and the insurance details of the clients (if available at the time of registration).

Tour operators that are not subscribed to the Tourist Evacuation Scheme risk delays in evacuations as AMREF Flying Doctors requires a 100% upfront payment prior to evacuation. Unused subscriptions support the AMREF Flying Doctors’ Charity Evacuations. The profits contribute to our charity work and support the work of Amref Health Africa.

Kenya (Air & Ground Evacuation)

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Kenya, Tanzania & Zanzibar

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Kenya, Tanzania, Zanzibar, Uganda, Rwanda & Burundi

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Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi, S Sudan & Ethiopia

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<td>Platinum Corporate</td>
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International Marketing

International events are important platforms to AMREF Flying Doctors for networking, strengthening international working relationships and participating in international discussions on the standard and quality of global air ambulance provision. Conferences bring together a worldwide clientele from the insurance/assistance industry, as well as air ambulance operators and service providers.

To raise revenue and maintain our current growth rate of operations, which in turn lead to greater income for Amref Health Africa, it remains vital for AMREF Flying Doctors to market and promote the services we offer. Our goal in the use of marketing and PR is to raise the profile of AMREF Flying Doctors to emphasise the quality of the service available and to drive the growth of donations.

During 2014, AMREF Flying Doctors participated in a number of conferences, in some cases giving presentations to over 600 delegates at a time. Continued participation within the International Assistance Group (IAG) as an Assistance Partner gave AFD the opportunity to attend and present at the IAG Forum Innsbruck, where Sean Culligan spoke on operations in hazardous areas.

In addition, the continued support from the Voyageur Group gave AFD access to the International Travel & Health Insurance Conferences in the United Kingdom, Thailand and Venice during the year. Other activities included presentations to leading NGOs, embassies and other organisations regionally, creating awareness of our services and strengthening existing relationships. Assessment visits to the main hospitals in Bangkok were also carried out, with a review of the current medical facilities available.

The relationship with the Amref Health Africa UK office continued apace, with the COO taking part in unveiling a statue of Sir Archie McIndoe in June, in the presence of HRH The Princess Royal, Princess Anne. Sean Culligan also made a number of presentations to donors and corporate partners at the Amref Health Africa UK office.
Media activities

The choice of media communication was a crucial driver for the success of the AMREF Flying Doctors/Maisha advertising campaign, where we were able to successfully strike a good balance between a restricted advertising budget and maintaining maximum frequency and presence. Our approach was to select a media channel that could deliver the highest density of a middle-to-upper social class, mostly urban audience, generating top-of-mind awareness among the public to support our sales activities. Thus, television and radio turned out to be most cost-effective and KTN, Citizen TZ and 98.4 Capital FM were the media channels selected.

Staying with our two-year marketing communications strategy, we continued to use mostly infomercials and, minimally, advertisements. The results have been brilliant; awareness of both AMREF Flying Doctors and our various products – particularly Maisha – has increased significantly over the last year.

To complement the advertising campaign and give us that extra opportunity for educating our audience, we ran an editorial campaign in local newspapers as part of our overall PR communication drive. An important development for AMREF Flying Doctors in the media has been the increased interest from media organisations to engage AMREF leadership teams on industry and corporate (AFD) issues.

As part of our brand building efforts, and to continue creating awareness of AMREF’s primary mission, we ensured media coverage was given to our key activities, particularly charity evacuations, which provided an opportunity for pushing both messages.

Contact us via on Twitter: twitter.com/AMREFFlyingDocs
@AMREFFlyingDocs

The number of AMREF Flying Doctors’ followers and likes on Twitter and Facebook respectively has risen considerably this past year. Major events including charity evacuations are usually posted on the social media pages for our supporters’ benefit.

AMREF Flying Doctors is now also using Google Plus and YouTube as communication platforms.

See our facebook page: www.facebook.com/amrefflydoc

Go to our website for regular updates and information: www.flydoc.org
In order to be successful in the competitive world of travel insurance and international air ambulance activities, we need an acknowledged expert in the field to guide and support us, given our limited budget. The International Travel & Health Insurance Journal (ITIJ) has been just that to us for the last 11 years, and is complemented by Waypoint AirMed&Rescue’s continuing editorial support.

We are immensely proud to have been working with AMREF Flying Doctors for more than a decade,” said Mandy Langfield, title editor of ITIJ. “From the beginning, our relationship has proven to be both mutually beneficial and inspiring; whether we are publishing case studies on the incredible work performed by AMREF Flying Doctors, running features that draw on their expertise, or designing marketing campaigns to help them reach our worldwide audience, it has always been a pleasure to help them in any way we can.”

In terms of international exposure, ITIJ is key in supporting AMREF’s need for an increased reach in the repatriation marketplace. The Journal has the attention of insurance providers and medical assistance companies across the globe, and thus offers a unique platform on which AMREF Flying Doctors can demonstrate the high-quality service it delivers under challenging conditions.

ITIJ is the original and only dedicated monthly trade journal for the travel insurance community. With a global audience of more than 20,000 readers, the Journal continues to be used as a guide to the industry and as a key reference point for the foremost organisations involved in the design, delivery and implementation of travel insurance products. The readership covers the entire chain of travel insurance delivery, all the way from underwriters and intermediaries through to the air ambulance crews saving lives every day.

Waypoint AirMed & Rescue Magazine

Waypoint AirMed&Rescue is the world’s only monthly international trade magazine for the aeromedical and rescue communities. With more than 25,000 readers worldwide, Waypoint is the first publication of its kind to cover all forms of aeromedicine, from fixed-wing international patient transfers via commercial carriers and air ambulances, to HEMS, SAR and CSAR. Giving readers from across the globe a regular and comprehensive monthly digest of international developments in the aeromedical community, Waypoint also contains in-depth features, analysis and technical presentations. The magazine is aimed primarily at both medical and flight personnel, with an emphasis towards senior staff across HEMS, fixed-wing, military and public bodies.
Visitors Centre

A MREF Flying Doctors’ Visitors Centre showcases our history, and raises awareness and support for AMREF Flying Doctors among members of the public. Since its opening in 2007 by Dr Tom Rees, the Centre has attracted a large number of visitors, including more than 5,000 schoolchildren. The children are inspired by what has been achieved, and it often encourages many to consider a career in the medical, engineering or aviation fields. The tour begins with a 15-minute DVD, showing the story of AMREF Flying Doctors from its foundation in 1957 to its impressive achievements today. Visitors tour the museum and then go to where the action takes place – the 24-hour Control Centre, where dedicated nurses take all of the calls. To finish the tour, visitors go into the hangar to view the aircraft. Tours must be arranged in advance and run for 45 minutes.

TO ARRANGE A TOUR, PURCHASE AMREF FLYING DOCTORS MERCHANDISE, OR IF YOU HAVE ANY QUERIES, PLEASE CONTACT THE VISITORS CENTRE.

TEL: +254 20 699 2000
EMAIL: info@flydoc.org

VISITORS CENTRE OPENING HOURS:
MONDAY TO FRIDAY
09:00–13:00 & 14:00–17:00

KIZITO OSUNDWA
Aero-medical Coordinator

“It’s always fulfilling to make a positive and lasting change in a patient’s life”
Volunteer Physician Programme

This programme was started in 1997 to enable physicians from all over the world to work with AMREF Flying Doctors on a voluntary basis. At the same time, it makes experienced emergency physicians from other countries available to update AMREF’s aero-medical staff on developments in emergency care practices and to exchange experiences and skills. Each Volunteer Physician is required to provide at least one teaching lesson to AMREF staff. This year, AMREF Flying Doctors had nine Volunteer Physicians from the USA, United Arab Emirates, Canada and the United Kingdom, who participated in the programme over a period of three to four weeks each, with one exception, who stayed for three months. After returning to their home countries, AMREF Flying Doctors keeps in contact with the Volunteer Physicians and at different occasions in the past, Amref Health Africa National Offices are able to make use of these contacts for fundraising purposes or otherwise.

Further details are available at: www.flydoc.org/volunteer

Dr Patrik Kontina
Volunteer Physician
Programme

Dr Zina Semenovskaya
Dr Ken Dittrich
Dr Tamara Banerjee
Dr Matt Wilkes
Dr Harold Shim
Dr Nurhayati Lubis
Dr Jai Liu Stevens
Dr Patrik Kontina
Dr James Lee
Flying Doctors
A Day in the Life

Dr Matt Wilkes kept a diary during his time with us.

Here is an extract…

Dr Matt Wilkes is editor of Adventure Medic Magazine, and a StR in Anaesthesia, Edinburgh, UK

The AMREF Flying Doctor Service was established in 1957 by Michael Wood, Archibald McIndoe and Tom Rees. Through outreach clinics and its award-winning air ambulance service, it provides assistance to tens of thousands of people every year. In the summer of 2014, I flew 31 missions with AMREF Flying Doctors (AFD), taking in 13 different countries, and covering 33,000 air miles. In this article, I will describe a typical day at work.

It is 8am in the AMREF Flying Doctors office at Wilson Airport, Nairobi. In the Control Room, last night’s Flight Nurses are handing over to the day team. The Flight Nurses are the backbone of the organisation – they are all local former intensive care nurses, and they staff the Control Room as well as flying on operations. We discuss the first mission planned for the day – a trip to Mogadishu in Somalia to pick up a member of the Kenyan Defence Force who has suffered a fractured right femur. The politics of flying to Somalia are complex, so it is hard to know when the flight will depart. There are also extensive safety precautions that need to be put in place first.

The Chief Medical Officer Dr Joseph Lelo and COO Sean Culligan stick their heads round the door. Sean Culligan is also the Head of Operations, and has been in the building since 5am, co-ordinating with the authorities to fly to Mogadishu. The trip to Somalia is on.

I head down to the stores with Festus Njuguna, the Flight Nurse for the day. Together, we check out the equipment we will require for the flight. As standard, we take a Thomas Pack with essentials, a monitor with capnography, a ventilator (typically an Oxylog 2000 or 3000), a scoop stretcher, linen, a toilet pack and a cold box of refrigerated drugs. Given that this is a trauma case, we also pack a Sager splint, vacuum mattress, morphine and fentanyl. It is wise to pack widely – you never quite know what you are going to find when you get there. We also take four cylinders of oxygen to supplement the aircraft’s supply, in case of emergency.

We head out to the aircraft to load up and meet our pilots, Danny and Marcus. Danny

FRIDAY ATANDI
Store Keeper

“Ability is what you’re capable of doing. Motivation determines what you do. Attitude determines how well you do it. Thanks to AMREF Flying Doctors.”
is hugely experienced, Marcus relatively new on the jets. They work for Phoenix Aviation, a partner company from whom AMREF Flying Doctors leases a number of different aircraft. Today, we are flying in a Citation Bravo jet. On one side of the cabin, the seats have been removed and replaced with a tandem LifePort loadable stretcher system. The feeling of taking off in a jet is fantastic, and I smile as it climbs out over the game park adjoining Wilson. A few hours later, we descend into Mogadishu. We walk across the hot tarmac to a portacabin that serves as the airport's casualty station. The soldier is lying on a bed, his leg in an improvised splint. A midshaft femoral fracture is his only apparent injury. I insert a femoral block, and with a dose of ketamine and some fentanyl, Festus and I definitively splint the limb and package him up on a vacuum mattress. Loading him into the plane is hazardous. The door is narrow, and the stretcher requires manhandling and balance to get round and through. For me, it was often the scariest part of the whole mission. He's stable in flight, and after landing at Wilson, we put him into an AFD ground ambulance. As we are about to head to the hospital, I am tapped on the shoulder by Stephen Ombuya, the Operations Manager. An aid worker has fallen out of a building in Burundi and is lying in hospital seriously injured. We have little information, except that his oxygen saturations are 70%, his GCS is 11 and we need to leave immediately. Across the tarmac, one of the other Flight Nurses, Charles Atemba, has already loaded up a second aircraft. I jump onboard and we take off immediately. During the flight, Charles and I talk through the possibilities – what could the patient’s injuries be? How will we get him from the hospital in Burundi to the plane? What would be our criteria for intubation? We practice a mock rapid sequence induction (RSI) to fill the time. Charles is hugely experienced, but as he has to work with a number of different volunteer doctors, it is always worth making sure we are on the same page. A short while later, we arrive in the Burundian hospital. The patient is white and waxy, and his saturations are indeed 70%. He is lying flat but struggling to breath, and there is obvious trauma to his right shoulder and ribcage. We are told that he is breathing 10L of oxygen, but the cylinder the hospital is using looks a bit dubious. We put him on our cylinder and the saturations come up 10%. Sitting him up also gets us few more points, but the saturations remain in the low 80s. Examination reveals a likely haemopneumothorax. Charles sets up for a chest drain as I finish my examination. The patient has a number of broken ribs, a fractured clavicle and bilateral forearm fractures. I push the trauma drain through his ribs and he barely flinches – never a good sign. 1.5L of blood drains out almost immediately. We have nothing to replace it with except saline. Fortunately, the bleeding stops and the effect of the drain is profound. His oxygen saturations come up to mid-90s and over the following minutes his GCS improves to 15/15. We attend to his other injuries, slinging and splinting as we go. I am stressed again though. There is still a small but persistent quantity of ongoing bleeding coming from the drain. We’ve asked the Burundians for an ambulance to take us to the airport, because I am keen to get the patient to definitive care in Nairobi before he loses too much more blood. I give him enough fluid to get a radial pulse, but still the ambulance does not appear. I play nice for a bit, then start ranting and raving. Eventually, a local ambulance appears and we make it back to the plane. Two questions arose from this patient. The first, should we have immobilised his cervical spine? And the second, should we have intubated him prior to transfer? We
Dr Matt Edwards, another closet blogger and filmmaker, also shared his first-hand account of his experience at AMREF Flying Doctors. To see the short films he made on his time with AMREF Flying Doctors, visit his YouTube channel ‘mattdocfilms’ and for more from his blog visit:
mattdocflydoc.blogspot.com/2013/06/mattdocfilms-and-amref-fd.html

Matt has also started a VPP Alumni group so that everyone who has been with us can stay in touch, and they in turn can give advice to anyone considering joining us as a VP. Look for ‘AFD VP ALUMNI’ on Facebook.

To volunteer for AMREF Flying Doctors, visit www.flydoc.org

We require physicians qualified in Emergency Medicine, Anaesthesia or Intensive Care Medicine, with a minimum of four years’ working experience. At least 12 months’ working experience in Intensive Care Medicine or Pre-Hospital Care is essential. Skills and confidence in all emergency procedures e.g. rapid sequence induction and intubation, insertion of chest drains and the management of mechanically ventilated patients, are also required.

Flying Doctors
Volunteer Physician

Short films
by Dr Matt Edwards

Above: Dr Matt Wilkes accompanying a patient in the Advanced Life Support Ground Ambulance
AMREF becomes Amref Health Africa

“Our new name exemplifies our commitment to improving health in Africa through a wide range of critical programmes and services”

New name for leading health development organisation

After 57 years as the African Medical and Research Foundation – AMREF – the leading international African organisation in health today and the sole owner of AMREF Flying Doctors, 2015 saw the organisation rebrand to Amref Health Africa.

A key reason for the rebrand was to ensure that the name more accurately reflected the nature and scope of Amref Health Africa’s work. Originally dedicated to research and the provision of basic medical services, Amref Health Africa now contributes to the strengthening of national health systems through training, capacity building and strategic programming in areas such as maternal and child health, HIV, water and sanitation, TB and Malaria, and clinical and diagnostics services.

“Our new name exemplifies our commitment to improving health in Africa through a wide range of critical programmes and services so that we can achieve lasting health change for the people of Kenya and Africa in general,” said Director General Dr Teguest Guerma. “Although we are rebranding, our focus remains the same: communities continue to be the primary beneficiaries of our work. Our rebrand will in effect put us in a more strategic position to continue working with our partners and aligning ourselves as an Africa-led and Africa-based health organisation seeking to meet the needs of the most vulnerable populations on the continent.”

Since 1957, Amref Health Africa has been providing health services to the most vulnerable communities, working in partnership with a cross-section of stakeholders, including governments. With seven offices in Africa and 10 in Europe and North America, Amref Health Africa reaches over 30 countries with its work, and has impacted the lives of millions of people living in hard-to-reach parts of Africa.

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DL: 699 3341
www.amref.org

2014 – Change is in the air

CHARLES ATEMBA
Flight Nurse

“Being able to respond to more critical patients in the new pressurised King Air is very exciting!”

CHARLES ATEMBA
Flight Nurse

“Being able to respond to more critical patients in the new pressurised King Air is very exciting!”
Dr Joseph Lelo
Chief Medical Officer
appointed

2014 saw the very welcome arrival of Dr Joseph Lelo, who became AMREF Flying Doctors’ Chief Medical Officer. Prior to joining AFD, Dr Lelo had worked at the Karen Hospital as the Head of Anaesthesia and Critical Care since 2008. Prior to that, he worked at Kisii Level 5 Hospital as the Head of Anaesthesia (2007-2008) and at Rift Valley Provincial General Hospital, Nakuru (2003-2004).

He has served as a Locum Doctor with AMREF Flying Doctors since 2007, and also worked on a locum basis in various Intensive Care Units of different hospitals, including the Nairobi Hospital, Aga Khan University Hospital, Nairobi and the MP Shah Hospital.

Dr. Lelo holds a Masters in Anaesthesia and a Bachelor of Medicine and Bachelor of Surgery degree from the University of Nairobi. He also holds a Diploma from the Institute of Management of Information Systems.

“I wanted to work at AMREF Flying Doctors because of the uniqueness of the work that they do and the excellence with which they approach it. AFD has provided me with an opportunity to provide medical leadership in a fast-evolving and highly specialised area of service. It has also given me an opportunity to give back to my country by getting actively involved in charity missions and in generating revenues for use in the various humanitarian projects that Amref Health Africa spearheads.”

Another new Advanced Life Support Ambulance introduced

In 2014, AMREF Flying Doctors took delivery of another new Advanced Life Support Ground Ambulance, allowing us to boost our road ambulance and airport/hospital transfer capabilities and services.

The ambulance, acquired at a cost of US$220,000, is part of the ongoing investment that AMREF Flying Doctors is making in its resources following the August 2011 incorporation as a not-for-profit company – part of and wholly owned by Amref Health Africa.

Dr. Bettina Vadera, CEO and Medical Director of AMREF Flying Doctors, said: “The delivery of this ambulance marks another important step in our ongoing expansion to meet the ever-increasing demand for our services.”

AMREF Flying Doctors is among the first institutions in the region to take delivery of this new ambulance, which contains numerous innovations and enhancements that greatly improve patient comfort. The custom-built Mercedes Sprinter 315 CDI vehicles in our fleet are the most sophisticated ambulances available in the region. The interior is big enough to accommodate two nurses and a stretcher for the patient, and they have been built with sufficient height for standing and plenty of space for drugs and emergency equipment, including a defibrillator and a cardiac monitor. There is also a piped-in oxygen supply, a ventilator and a suction machine for clearing airways. Nasal cannulas, masks and nebuliser kits and orthopaedic equipment are also on board.
Assistance Services

AMREF Flying Doctors also provides medical and logistical assistance locally to international insurance and assistance organisations. This can range from the follow up of medical reports for in-hospital patients, assessment of hospital bills, provision of transport for patients or relatives, and booking hotel accommodation or air tickets, to the actual guarantee of medical or other case-related expenses. Furthermore, AMREF Flying Doctors assesses medical facilities on request and advises insurance companies when medical evacuation or repatriation for their clients is recommended. These services are provided against a handling fee and are only rendered to clients with whom AMREF Flying Doctors has signed a Service Provider Agreement. This year, the number of Service Provider Agreements signed with leading international insurance/assistance companies has reached a total of 395, under which many other regional companies and subsidiaries are covered. Over 550 individual cases were handled on behalf of those companies, a 25% rise on last year.

Additionally, AMREF Flying Doctors has a number of Registration Agreements, usually formed between AMREF Flying Doctors and larger NGOs, para-statals, insurance firms or companies mostly outside the Maisha radius. Registration Agreements include an upfront Guarantee of Payment for evacuation flights and consequently give clients fast access to our air ambulance service. These Agreements are gradually being phased out within the area served by the Maisha scheme and in 2014 they reduced to 103.

Assistance services can include the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Funeral assistance</td>
<td>To arrange a local coroner/undertaker to organise a funeral (burial or cremation), including the arrangement of necessary documentation. Special arrangements linked to religion/cultural background will be organised where possible.</td>
</tr>
<tr>
<td>Repatriation of human remains</td>
<td>To make all necessary arrangements for the transport of human remains. This includes official documents, preparation of the body and coffin for transport and delivery to the airport.</td>
</tr>
<tr>
<td>Emergency returns</td>
<td>To make flight and taxi arrangements to the airport in case the beneficiary has to return to his/her home country due to an unforeseen event.</td>
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<tr>
<td>Accommodation</td>
<td>To arrange hotel accommodation for the beneficiary in case of an unforeseen emergency such as an accident, illness, death or crime. The same can be arranged for the patient after discharge from hospital, or for a patient’s relatives.</td>
</tr>
<tr>
<td>Assistance with lost or stolen documents/luggage</td>
<td>To assist the beneficiary with arrangement of local police formalities and renewal or substitution of documents.</td>
</tr>
<tr>
<td>Cash advance</td>
<td>To pay money to a beneficiary/patient in case of an unforeseen event such as an accident, illness, death or crime. Only available through contractual agreement with AMREF Flying Doctors.</td>
</tr>
<tr>
<td>Hospital guarantee</td>
<td>To guarantee payment of hospital charges and other medical expenses in Kenya. Only available through contractual agreement with AMREF Flying Doctors.</td>
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AMREF Flying Doctors has a long link with the iconic Australian Royal Flying Doctor Service.

It was an inspiration and guide to Sir Michael Wood, who sought advice from RFDS in 1957 when AFD was in its infancy. RFDS provided much needed information, support and sharing their own name of ‘Outreach’ with Michael’s vision of bringing medical care to the far-flung areas of Kenya and East Africa.

Since Michael’s first links were forged, the RFDS has continued to offer AFD their expertise and knowledge, based on over 85 years of experience. In turn, the RFDS has learnt about Africa, recognising the many similarities with Australia, with its vast distances, difficult and remote areas and limited medical facilities.

Captain Clyde Thomson GM, now retired from his post of Executive Director of RFDS, SE Section, still sits on the Board of AMREF Flying Doctors. His vast experience, wealth of contacts, knowledge and understanding of business planning experience is passed on willingly and with enthusiasm to AFD and we are very grateful for this support.

The knowledge gained from RFDS is a constant support to our own development in recent years.

**First Aid Training**

AMREF Flying Doctors has designed a three-day course in Emergency First Aid. Four of our flight nurses are assigned trainers for the First Aid Course and during 2014, ten such courses were conducted. A number of the training sessions took place in Tanzania, where the team trained the staff of leading safari lodges in basic lifesaving skills.

**STEPHEN GIATU**
Chief Finance & Admin Officer

“Building value every day.”
Quality

AMREF Flying Doctors continues its commitment to safety and quality.

Throughout the organisation, we promote a culture of safety, with an ongoing process of review and practice improvement following any incidents. Our goal is to improve processes and procedures within our working environment to protect the health and well-being of our staff and patients. Providing aero-medical emergency and primary healthcare in remote areas is an inherently challenging business, and maintaining the highest standards of quality control is therefore essential to ensure safe operations.

Monthly quality control and safety meetings are held both internally and with our close working partner Phoenix Aviation Limited. These meetings ensure that all matters affecting operations – both aviation and medical – are brought forward, discussed and actioned. The AFD Safety Officer, Captain Ephraim Murigu, also ensures that audit checks are carried out both internally and externally.

Part of that quest for quality is ensured by adherence to the strict accreditation requirements of EURAMI (European Aero-medical Institute (www.eurami.org), one of only two organisations in the world that can officially assess the standards of service provided by air ambulance organisations. In 2007, AMREF Flying Doctors was the first non-European, non-US air rescue provider to receive an accreditation by EURAMI to the level of ‘Full Accreditation - special care’. Reaccreditation was again granted in 2010 for a further three years and once again in July 2013. The next major EURAMI audit is due in 2016.

The involvement of AMREF Flying Doctors in the precepts of EURAMI continued in 2009 and again in 2012 with the election and re-election of Dr. Bettina Vadera, AMREF Flying Doctors’ CEO and Medical Director, to the Board of EURAMI. When Dr Vadera stepped down from the Board in November 2014, the AFD COO, Sean Culligan, was elected in her place by the EURAMI members.

With over 900 evacuations annually, more than 4% of which are charitable, AMREF Flying Doctors will continue to pave the way for quality care in patient management outside the hospital set up in Africa and beyond.

“Evans Aaro
Sales and Marketing Assistant
“We work to save lives and give back to society in several ways, it is very humbling to work with this great team.”
Professional Medical and Aircrew Training

A MREF Flying Doctors is frequently tasked with responding to emergencies in some of the most difficult and remote areas of Africa, presenting our pilots, flight nurses and doctors with challenging professional situations. Providing emergency and primary healthcare onboard an aircraft and in remote areas requires specialised and exceptional medical skills. Every AMREF Flying Doctors medical staff member is required to have an extremely high level of education and experience before joining us. They are also required to continually undergo further training to ensure they are able to provide the best care possible, both on the ground and in the air. Advanced professional development is an ongoing priority, and all AMREF Flying Doctors nursing staff underwent training this year in pre-hospital trauma life support and trauma nursing.

Each year, two nurses are selected to attend the prestigious Clinical Considerations in Aeromedical Transport (CCAT) course in the UK. Taught by aviation physiology and retrieval medicine experts, the course covers relevant issues of the special physical, physiological and psychological stresses that are important in the flight environment and trains our staff in the conditions that are susceptible to this form of transport, showing how patients may be safely and efficiently carried. Our pilots also receive regular initial and refresher training on different aircraft types, usually via Flight Safety full motion simulators. In 2014, two of our pilots completed their annual training at the Flight Safety Centre in Farnborough, UK.
AMREF Flying Doctors receives letters of appreciation from clients around the world for the work we carry out. The below demonstrate how what we do affects our patients and their families:

“Please note that we would like to extend a compliment for the services received for this repatriation. Our senior management team were all across this one and we ALL were very impressed with the updates received during the repatriation. The customer also wanted to thank Dr Ng’Ethe for being her escort and thought she was fantastic.”

“On behalf of Tullow Oil and Ardan, we would like to thank you all for once again for mobilising and managing last night’s medevac so timeously and professionally. We always have such peace of mind in the knowledge that you will always ensure that all is on track as quickly, professionally and effectively as possible. It is a pleasure working with you.”

“I cannot begin to thank you enough! Being looked after so well by you and Esther has given me new found pride in my own work as a nurse. I remember your smiling face at the bottom of my bed, jumping into action at so much as a grumble from me! I only hope that I can be so kind to my patients. All I could think of was your lovely smiling face and wish that I was back under your care.”

“Many thanks...please let your management team know that your staff/doctors who took care of my mom were exceptional. I was very pleased with their dedication and care. Please let them know my family truly appreciated their assistance.”

“Once again I can’t thank you enough for all your support and concern trying to save my late dad’s life. You are amazingly professional on what you do; May you be blessed abundantly.”

“I would like to thank you very much for the fantastic care after my unfortunate and rather dramatic fall from the horse in Sosian on Sunday. Within three hours of my fall AMREF were ready to airlift me from Sosian to the Nairobi hospital. The calmness and efficiency with which everything was arranged to get me the best possible medical care, and my family safely in a hotel, has meant that I have not needed to have surgery. Please can you forward my thanks to the pilot and the doctor. They were both extremely professional and caring not only about me but also about my family. In particular please let the doctor know that the surgeon commented that the excellent medical management and immobilization of my arm by AMREF was the reason that the fracture remained clean and that I did not need surgery.”

“Thank you very much for your assistance bringing our dear father, brother and uncle home safely for treatment in Copenhagen. Our family is very grateful that you took such good care of him on this long journey. It was a great relief that you acted so quickly and competently when we needed it most. We will never forget that.”

**Letters of appreciation**

AMREF Flying Doctors receives letters of appreciation from clients around the world for the work we carry out. The below demonstrate how what we do affects our patients and their families:
A personal note

from our CEO, who ‘tested the system’ herself

Sunday, October 17 2013 started like any other Sunday with the family around the breakfast table. I was getting ready to participate in a cross-country training day with my thoroughbred mare Bella Magica on a big farm that had an extensive eventing course just outside Nairobi. It was a beautiful day and everybody enjoyed the ride, jumping over hedges, fences and ditches. Coming out of a little forest the ride, jumping over hedges, fences and ditches. Coming out of a little forest approaching the last fence, Bella and I were suddenly confronted with a big tree right behind the jump. While Bella managed to avoid it at the last minute, I was less lucky and ended up colliding head on with the tree trunk. Knocked unconscious, I only came to when I heard people around me debating what to do and whether or not to move me. I felt some excruciating pain in my back and my biggest fear was that I had injured my spinal cord. Although I had tingling sensations in my legs, I was able to move them, so all was not lost.

I pulled my phone from my pocket and called our 24-hour Emergency Control Centre at Wilson Airport, outlining what had happened. A ground ambulance was dispatched in no time and I was glad when a little later I looked into the concerned eyes of Clement, one of our experienced emergency nurses, with ambulance driver Michael by his side. After a quick assessment and administration of the long desired pain medication, Clement and Michael transferred me gently and professionally onto the stretcher and into the ambulance. The next thing I remember is the arrival at the hospital in Nairobi, where an Orthopaedic Consultant and friend was already waiting for me, obviously alerted by our Control Centre staff. From here it was all about diagnostic tests, including CT scan and MRI, until it was established that I had sustained a severe, unstable fracture of my back, endangering my spinal cord and requiring urgent air evacuation to a centre experienced and specialised in complicated spinal trauma.

While frantic phone calls were made by family, friends and colleagues to find a suitable specialist centre overseas, the staff at AFD started working on the logistics and operations necessary to launch an air ambulance as soon as the right facility was found. Communication between our Control Centre and my international insurance provider commenced without delay, paving my swift evacuation to Germany. By the time the right hospital in Germany had been identified and admission confirmed, an air ambulance jet from the Phoenix Aviation fleet that we operate for our long-distance evacuation flights was already on line, fully equipped and ready to go. Sincere thanks here go to Phoenix Aviation for all their support – both in this case, and for so many years before. Flight clearances from Nairobi to Hamburg were obtained quickly and before I had a chance to appreciate all the flowers, chocolates, get well wishes and sympathies from relatives, friends and colleagues, two friendly faces from the AFD medical staff were at my bedside, preparing me for the transport. A swift and skilled transfer onto a vacuum mattress, scooped into the ambulance and soon I was on my way to Wilson Airport, where the Citation Excel 5Y-WHB was already waiting on the apron.

It was only later, when looking at pictures taken at the time and stories from my husband, that I realised how many familiar and concerned faces were at the airport to see me off, many of them staff from our various departments, including two of our Board members, as well as people from Amref Health Africa, our mother organisation.

The flight was long but uneventful and I am grateful for Jane, our senior flight nurse, for being by my side throughout, providing me with generous pain medication that helped me sleep for most of the flight. While looking after me, she also comforted my husband, who as a non-medical person was very worried about what lay ahead.

Fuel stops on the way had been well planned, and on arrival in Hamburg late that evening, a well-equipped ground ambulance was waiting in the rain, ready to receive me. Jane remained with us until all admission procedures at the hospital had been completed and they wheeled me off on a stretcher to the room in which I would spend a considerable amount of time over the next few weeks.

I had been strong and brave so far, but my eyes filled up when I had to say goodbye to Jane, who had cared for me with the dedication, empathy and diligence that is so typical of our medical staff, for whom every patient is a personal commitment; and I know that anybody in my place would have received the same sympathy and care from her.

More than a year has passed since then, and 2014 for me has been marked with uncountable physiotherapy sessions, as well as a second operation to remove the scaffolding that they had mounted into my back. But it has also been a year in which I have not spent a day without being endlessly grateful to the unique and high class service of AMREF Flying Doctors, with their wonderful people, dedicated and skilled, who will not let you down when you need to put your life in their hands. Standing here today, fully recovered, I can proudly say as the CEO of AMREF Flying Doctors, that I have ‘tested the system’ and can personally assure anybody of the high quality of service and care that we provide!
Donations

Since its inception, AMREF Flying Doctors has relied on donations and gifts to survive. Funds have been raised by everything from high-profile social events for the rich and famous, to schoolchildren collecting and donating pocket money. Some of the earliest funds and support came from within the families of the Founders, with special mention of Lady Susan Wood and Nan Rees. Long-term supporters also include the staff of IBM Sweden, who contribute to the Charity Flight Programme from their personal donations. 2014 brought AMREF Flying Doctors the continued support of many, but also some new and very vital donations. Sometimes the donations were not in cash, but still meant a great deal to AMREF Flying Doctors. Sadly, in 2014, we lost the final Founding Member of AMREF, Dr Tom Rees. In 2014, Tom’s daughter Liz made a special trip to AMREF Flying Doctors to donate Tom’s surgical instruments, to be part of the display in our Museum. We are very grateful to Liz and the Rees family for allowing us to have the very tools that Tom used to save so many lives and help so many people.

Medsurge Healthcare Ltd – Alex Gikandi

Alex Gikandi used to be one of our Flight Nurses, leaving in 2008 to set up his own medical supply firm MedSurge Healthcare Ltd in Nairobi, Kenya. Since then, Alex has been a staunch supporter of AMREF Flying Doctors, offering advice, equipment trials and making generous donations of both his time and his stock. Thank you Alex!

On Call International

In 2014, On Call International made a donation of US$2,500 aimed specifically at the Charity Flight Programme. Mike Kelly of On Call International said: “On Call International is proud to support AMREF Flying Doctors in their efforts to bring essential healthcare to some of the most impoverished and remote areas of Africa. We commend these dedicated individuals who are committed to providing world-class medical services, on a moment’s notice, to the people of Africa.” When traveling, every problem is unique – a medical crisis, a common accident, even a missed flight. But every solution starts with customized corporate care that ensures employees are safe and protected. That’s why for nearly 20 years, On Call International has provided fully-customized travel assistance plans protecting millions of travelers, their families, and the companies they work for.

J W Seagon

J W Seagon, a Nairobi-based insurance company with strong international connections, makes regular donations to AMREF Flying Doctors, specifically for the Charity Flight Programme. In 2014, JWS made exceptional efforts to support AFD and this year donated nearly US$18,000. Without this generous support, AMREF Flying Doctors would not be able to complete many of the charity evacuations that have changed the lives of the poorest of the poor.
2014 marks the fifteenth year of the unique and extraordinary partnership between Phoenix Aviation and AMREF Flying Doctors. Starting in 1999, the fledgling partnership has grown from two aircraft to a combined fleet of sixteen, including five jets, with another expected to be delivered in Q1 2015. Together they offer a 24-hour air ambulance service response locally, as well as longer-range international transfers. Phoenix Aviation's highly experienced flight crew have flown over 1 million statute miles on AMREF Flying Doctor missions in 2014 alone and for the first time operated three flights to Hong Kong, Beijing and Kuching. Phoenix brings to the partnership aircraft, pilots and equipment, such as the FAA approved Lifeport stretcher systems, which combined with the specialised modern aeromedical equipment, including monitors, ventilators and a neonatal incubator of AMREF Flying Doctors, allows patients to receive intensive care whilst on the ground and in the air. Phoenix Aviation is proud to share this world-class air ambulance partnership and has further demonstrated their commitment to quality by earning the distinction of the independently audited award of ISO 9001-2008, as well as being one of only six air charter companies in Africa to receive the WYVERN Wingman designation. WYVERN provides one of the most rigorous on-site safety auditing packages in the world. This partnership brings operational and safety procedures together to ensure the best possible service for patients requiring repatriation and is used by many of the world's leading Insurance and Assurance companies.
In Falck Global Assistance, we are proud to work with AMREF Flying Doctors, who is one of our most trusted and respected partners. As our activities in Africa increase rapidly, we feel very confident in, and proud of, this partnership.

The heritage and values of AMREF and Falck are much alike, and the shared bond of professionalism and passion of helping people grows stronger with every experience we share.

In safe hands
It is rooted deeply in the DNA of Falck Global Assistance to help others in need. This comes to show in the people that work with us and our partners. In our daily operations, our customer promise “we make you feel in safe hands” lives throughout the organization, and every Falck employee strives to make our customers feel safe. Without our trusted providers and partners we would not be able to provide the high quality service which makes our clients feel in safe hands, wherever they are, whenever they need us.

World-wide travel assistance
Falck Global Assistance serves governmental, insurance, and private organizations with a wide range of services within medical and security travel assistance. We enable the global workforce and travellers to focus on business or leisure, whether they are in the United States, Ghana, or Inner Mongolia, and with everything from pre-travel advice to assistance and evacuation. Yearly, we serve more than 40,000 travellers in more than 200 countries in collaboration with our network of 60,000 accredited providers.
Tailored medical and security services to ensure your employees assistance and advice. Anywhere, at any time.
EAA joins list of AMREF flying Doctors’ professional partners

The services provided by AMREF Flying Doctors and European Air Ambulance are perfectly complementary, and already have many years of experience of working together. European Air Ambulance relies on AMREF Flying Doctors for medical evacuations out of remote areas to fly patients into an international airport, where EAA can perform a wing-to-wing transfer of the patient to one of its aircraft for transport back to Europe, North America or any other requested destination.

European Air Ambulance can rely on the expertise and decades of experience of its founding members, DRF Luftrettung and Luxembourg Air Rescue. Like AMREF, they were founded by people with vision and a burning desire to help improve the efficiency of emergency medical transport.

Over the years, EAA has proven itself to be a leader in providing global patient repatriation services. It is a commercial operation that provides a range of worldwide air ambulance repatriation services to insurance and assistance companies, governments and NGOs, corporations and individuals.

Its team of experienced multi-lingual medical experts includes specialists in neo-natal and paediatric care. EAA can organise the complete transport of the patient - alerting the appropriate medical staff and flight crew, preparing the aircraft with all the necessary medical equipment and medicines, consulting with the physicians who have already treated the patient, planning the flight route, coordinating delivery of the patient to the pick-up airfield and ensuring ground transport at the other end.

EAA has a fleet of seven air ambulances fitted with state-of-the-art medical equipment and necessary medication to ensure outstanding patient care. It has recently been upgrading its fleet to include three fully equipped Learjet 45XR aircraft, which provide greater range, cabin configuration flexibility and improved comfort for passengers. The other four aircraft are Learjet 35A air ambulances.

“We greatly appreciate the professionalism, experience and flexibility of AMREF Flying Doctors. In our mind, AMREF has the best knowledge and expertise for Africa in general and East Africa in particular,” says Patrick Schomaker, director sales and marketing at EAA.

Contact:
European Air Ambulance
24/7 Sales Department & Mission Control Centre
Phone: +49 711 7007 7007
Fax: +49 711 7007 7009
Email: alert@air-ambulance.com
Website: www.air-ambulance.com
We provide expertise and care

European Air Ambulance

European Air Ambulance (EAA) is one of the largest specialised air ambulance service providers in Europe offering worldwide air ambulance repatriation with outstanding end-to-end patient care.

The aircraft are dedicated to ambulance missions and equipped with a customised stretcher system, ICU medical equipment as well as all necessary drugs.

All missions are staffed with a medical team consisting of a specialised physician and a flight nurse. We are ready to take off day and night, 365 days a year for missions worldwide.

For quotes please contact:
Tel: +352 26 26 00 / Fax: +352 26 26 01
alert@air-ambulance.com
www.air-ambulance.com
As the needs of AMREF Flying Doctors extend beyond the continent of Africa to North America, Australia and the Far East, an increasing number of wing-towing patient transfer services are needed. On a particularly long journey it can be of immense benefit in time and cost to carry a patient part of the way with one air ambulance company and then transfer the patient to another air ambulance company’s aircraft to complete the journey. It does mean, however, that both companies must adhere to a strict code of practice in both medical and operational procedures offering the same commitment to service, quality of patient care and flight safety standards. AMREF Flying Doctors is proud to be associated with ADAC Ambulance Service.

World-wide patient transports
ADAC Ambulance Service organizes and carries out patient transfers world-wide on ground and by air. The service ranges from the transfer by ground ambulances to the repatriation of intensive care patients in ADAC’s own ambulance jets. Highly qualified medical staff specialized in emergency medical assistance, intensive care and flight medicine accompany these transfers. The patients and their relatives are looked after personally and more than 40 ADAC physicians check the patient’s medical condition with local attending physicians.

ADAC Ambulance Service assists about 53,000 patients and transports more than 14,000 patients per year on ground and by air. Depending on the patient’s diagnosis, air-bound transport may also involve additional transport options such as stretcher, sleeper and PTC.

The fleet
The ADAC fleet comprises Dornier-Fairchild 328-300 jets, Beechcraft Super King Air A350 and several Lear jets. Equipped with state-of-the-art intensive care facilities, they are very quiet, stable aircraft with the highest hygiene standard specifically designed for patient transport. Thanks to their size and flexibility, particularly the Dornier-Fairchild 328-300 jets, they make it possible to transport not just the patient’s but also their next of kin.
UnitedHealthcare Global prides itself on helping clients in not only the developed areas of the world, but also in some of the most challenging locations across the globe. Assistance from UnitedHealthcare Global mean quality, consistency and speed. Without partners like AMREF Flying Doctors we would not be able to deliver this level of service to clients. AMREF has been a trusted and respected partner of UnitedHealthcare Global for nearly 15 years. They are key to us being able to assist clients in East Africa with acute medical emergencies. We respect and admire this organization not only for the fantastic work they do when evacuation one of our members, but also for the incredible charity work they do. It is refreshing and rewarding to work with a partner that values the same things as UnitedHealthcare Global: integrity, compassion and social responsibility. “If there was one air ambulance company in the world that would shine through their professionalism, the respect they inspire, their dynamic staff, AMREF Flying Doctors would come on everyone’s minds. Not only are they key in assisting us manage very complex medical evacuations in this area, but they also provide incredibly important charity work. It is a truly essential organization with outstanding staff and leadership. We feel so blessed to be able to work with them.”

Enabling companies to:
• Go where they can grow
• Successfully adapt to new operating environments
• Achieve their global ambitions safely and cost effectively

Contact:
Pascaline Wolfermann
FrontierMEDEX
Email: operations@frontiermedex.com
Tel: +1-410-453-6330
Web: Unitedhealthgroup.com/global
At Healix, we have extensive global experience in the medical treatment, repatriation and evacuation of people taken ill or injured whilst overseas. With a team of doctors and nurses available on the phone 24 hours a day, 365 days a year, we are able to evaluate the gravity of a case from the very first call.

To help employers fulfill their duty of care towards staff travelling and working abroad, Healix has partnered with a leading security company to develop an integrated travel risk management solution. By co-ordinating all services needed for travel, health and security risk management through one central point, Healix is able to provide a first class service, ensuring that all employees get the most appropriate support and protection. Communication is improved, employee compliance with policies and procedures can be monitored and employers have a central record evidencing duty of care for each employee. Furthermore, employees have the benefit of liaising with just one central access point, instead of having to deal with several different departments. A bespoke service is provided according to requirements. For example, we are the international medical healthcare provider for the UK’s Foreign and Commonwealth Office, as well as a number of other government departments. We’re responsible for over 17,000 employees and their families in over 190 foreign destinations including most African countries and provide primary & secondary healthcare management, prescription services and emergency evacuation support with the invaluable support of AMREF as local partner to help co-ordinate arrangements on our behalf. We are also involved in the Occupational Health assessment and preparation of FCO employees before they are posted abroad.
Other partners help us out in some many ways. We receive a tremendous amount of support, advice and encouragement from one of the most professions air ambulance companies in the world, Rega Swiss Air Ambulance who recently made a donation to AMREF Flying Doctors of 5 Oxylog 1000 machines.

Dr. Olivier Seiler, Rega’s Medical director for fixed wing operations says: “The history of good relations between Rega and AMREF has been going on for decades. In difficult to handle cases in the East African region we were always very happy to be able to rely on the services of our partner. Their knowledge and professionalism is essential when dealing with medical emergencies in remote areas of this part of Africa. In most of the cases we ask AMREF to bring the patients to the nearest adequate hospital for a first treatment and then organize their trip back to Switzerland by commercial airline together with our own medical escort, if needed. In more time critical cases we have very successfully used the method of wing-to-wing operations. This helps to save precious time and the patient is being taken care of by a professional medevac-team throughout the journey. When we decided to replace the ventilators Oxylog 1000 we immediately thought of our partner: a phone call and the shipment of five ventilators was organized! We do hope that the devices will continue to be of good service in critical situations for many more years.”

Contact:
Dr. med. Olivier Seiler, M.D.
Medical Director Fixed Wing
Rega, Swiss Air-Ambulance
P.O. Box 1414 CH-8058 Zurich-Airport
Meet us in the Web: www.rega.ch

In a constantly changing African Continent, Alliance International Medical Services (AIMS) consistently strives to live up to the mission statement “HUMANITY, DIGNITY, RESPECT” in the day-to-day dealings with our clients and their members who become our patients. Based in Johannesburg, AIMS is well positioned not only for assistance within South Africa but also a high percentage of the countries held within the Sub-Saharan Basin. Naturally, in order to do this well, one needs reputable professional associations which happily we have with AMREF Flying Doctors. Alliance International Medical Services and AMREF Flying Doctors have enjoyed a working relationship which over a period of 10 years has grown from strength to strength and it is indeed comforting to know that once a patient is in the capable hands of AMREF Flying Doctors, our standard of “HUMANITY, DIGNITY, RESPECT” prevails.
AMREF Flying Doctors would like to say a very special thank you to all our professional partners and supporting organisations. With their help and generosity, we have been able to produce our most comprehensive annual report to date.

A HUGE THANK YOU TO YOU ALL
Amref Health Africa Outreach Programme

In Africa, there are only an estimated 2.3 physicians per 100,000 population, compared to 33.3 per 100,000 in Europe. This is compounded by the fact that 80% of healthcare specialists work in urban settings, whereas 70% of the population live in rural settings. This results in critical gaps in healthcare delivery among the most vulnerable populations. These gaps exist most profoundly in rural areas, where there is a lack of specialists and poor access to many core surgical and medical specialist services.

The Amref Health Africa Medical Services Outreach Programme, established in 1957, supports specialist coverage and specialised training in over 150 rural district hospitals in eight countries through outreach visits by East African clinical, medical, technical and surgical volunteer professionals from urban centres. The Programme is operated using AMREF Flying Doctors’ light aircraft on circuits of up to six hospitals, as well as commercial flights or road transport. Hospitals are visited between two and six times per year. In 2014-15, in line with changing health systems and structures in the countries in eastern Africa (Kenya, Tanzania, Uganda, Ethiopia, South Sudan), the programme is taking a fresh look at the models that deliver these essential specialist services to under-served communities. All the countries are devolving to decentralised systems, with increasing autonomy and decision-making power delegated to regions, states, counties and districts. These authorities now develop their own health plans and budgets, with strategic visions for longer term development within their own administrative areas. It is vital, therefore, that the Medical Services Outreach Programme evolves to meet these changing needs, and works together with country programmes to focus its activities in line with local development priorities, as well as the countries’ national visions for improved healthcare services, which may include, for example, establishing centres of excellence for key conditions. Many local authorities now have their own funds to implement some of their development plans, which could lead to some level of financial partnership in addition to the critical donor funds.

The Medical Services Outreach Programme is Amref Health Africa's oldest programme, and over the years has brought relief to thousands of poor and underserved communities in Africa, as well as the opportunity for training hundreds of health workers in essential skills. This programme is still as much needed and is just as important today as when it first started.

### Outreach Achievements

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Outreach Flights Made</td>
<td>-</td>
<td>98</td>
<td>120</td>
<td>137</td>
<td>146</td>
</tr>
<tr>
<td>Number of Hospitals Visited</td>
<td>145</td>
<td>156</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>Consultations Provided</td>
<td>26,222</td>
<td>21,934</td>
<td>27,033</td>
<td>27,665</td>
<td>26,184</td>
</tr>
<tr>
<td>Specialist Outreach</td>
<td>5,196</td>
<td>4,780</td>
<td>4,839</td>
<td>5,141</td>
<td>4,694</td>
</tr>
<tr>
<td>Surgical Outreach</td>
<td>115</td>
<td>146</td>
<td>232</td>
<td>388</td>
<td>432</td>
</tr>
<tr>
<td>Leprosy/Reconstructive Outreach</td>
<td>619</td>
<td>759</td>
<td>1,513</td>
<td>1,554</td>
<td>1,111</td>
</tr>
<tr>
<td>VVF &amp; Safe Motherhood</td>
<td>267</td>
<td>132</td>
<td>416</td>
<td>823</td>
<td>1,201</td>
</tr>
<tr>
<td>Total Operations</td>
<td>6,197</td>
<td>5,817</td>
<td>7,000</td>
<td>7,906</td>
<td>7,438</td>
</tr>
</tbody>
</table>

### Staff Training

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors Trained</td>
<td>1,268</td>
<td>1,295</td>
<td>1,551</td>
<td>1,542</td>
<td>1,519</td>
</tr>
<tr>
<td>Nurses &amp; Clinical Officers Trained</td>
<td>3,756</td>
<td>4,353</td>
<td>6,280</td>
<td>4,893</td>
<td>4,756</td>
</tr>
<tr>
<td>Laboratory Staff Trained</td>
<td>268</td>
<td>440</td>
<td>1,338</td>
<td>301</td>
<td>303</td>
</tr>
<tr>
<td>Support Staff Trained</td>
<td>1,652</td>
<td>2,668</td>
<td>4,124</td>
<td>1,854</td>
<td>1,944</td>
</tr>
<tr>
<td>Joint Ward Rounds</td>
<td>1,254</td>
<td>1,358</td>
<td>1,358</td>
<td>1,584</td>
<td>1,632</td>
</tr>
<tr>
<td>Hours of Formal Training</td>
<td>3,738</td>
<td>6,586</td>
<td>4,902</td>
<td>1,785</td>
<td>1,437</td>
</tr>
<tr>
<td>Hours of Informal Training</td>
<td>3,044</td>
<td>1,274</td>
<td>-</td>
<td>9,617</td>
<td>9,226</td>
</tr>
<tr>
<td>Total Staff Trained</td>
<td>6,944</td>
<td>8,756</td>
<td>13,293</td>
<td>8,590</td>
<td>8,522</td>
</tr>
</tbody>
</table>
The Goals Of Outreach

The goal: Better and improved surgical healthcare for communities living in remote and rural areas of Eastern Africa.

To achieve the project goal and objectives, the main activities of Surgical Outreach include:-

- **To provide** specialised surgical services including Endoscopic, Urological surgery and Vesico-Vaginal Fistula repair, to remote rural hospitals in East Africa through regular visits.
- **To enhance** the surgical skills of medical officers based in rural hospitals through training.
- **To improve** the skills of theatre staff and other hospital support staff in pre and post-operative management of surgical patients.
- **To give** morale and psychological support to staff in remote hospitals through regular contacts by radio, telephone and e-mail.
- **To operate** and give advice on complicated surgical cases presented by the medical officers.
- **To fly** regularly to remote hospitals using light aircraft.
- **To provide** emergency surgical care in complicated cases.
- **To train** postgraduate students from the University of Nairobi.
- **To supply** hospitals on Surgical Outreach with essential surgical.
- **To collaborate** with University of Nairobi departments of Surgery & Obstetrics/Gynaecology, Kenyatta National Hospital, KEMRI & Nazareth Hospital in training and operational research.

Below left to right: The Outreach surgeons teach as they operate; wards are often overcrowded; patients are brought to the Outreach Clinics by any means.
Accounts

AMREF Flying Doctors
(A Company Limited by Guarantee)

Finance Report:
Full Year 2013/2014

Note to the Financial Statements

Income Statement
During the year, profit from continuing operations grew by 10%, while the overall profit grew by 45% (last year overall profit has been adjusted for loss on discontinued engineering operations).

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(US$)</td>
<td>(US$)</td>
</tr>
<tr>
<td>CONTINUING OPERATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>14,815,794</td>
<td>14,154,683</td>
</tr>
<tr>
<td>Direct Cost</td>
<td>(9,135,425)</td>
<td>(9,694,145)</td>
</tr>
<tr>
<td>OPERATING PROFIT</td>
<td>5,680,369</td>
<td>4,460,538</td>
</tr>
<tr>
<td>Grant income</td>
<td>58,397</td>
<td>17,567</td>
</tr>
<tr>
<td>Investment/Interest income</td>
<td>123,195</td>
<td>89,976</td>
</tr>
<tr>
<td>Other income</td>
<td>39,845</td>
<td>106,538</td>
</tr>
<tr>
<td>TOTAL OPERATING INCOME</td>
<td>5,901,806</td>
<td>4,674,619</td>
</tr>
<tr>
<td>EXPENDITURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>(2,173,175)</td>
<td>(1,901,197)</td>
</tr>
<tr>
<td>Other operating costs</td>
<td>(1,808,189)</td>
<td>(1,320,038)</td>
</tr>
<tr>
<td>Marketing costs</td>
<td>(503,671)</td>
<td>(379,981)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(488,066)</td>
<td>(232,418)</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>(4,973,101)</td>
<td>(3,828,633)</td>
</tr>
<tr>
<td>CONTINUING OPERATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Profit for the year)</td>
<td>928,705</td>
<td>840,986</td>
</tr>
<tr>
<td>DISCONTINUED OPERATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Less profit or loss for the year)</td>
<td>-</td>
<td>(202,498)</td>
</tr>
<tr>
<td>PROFIT FOR THE YEAR</td>
<td>928,705</td>
<td>643,488</td>
</tr>
</tbody>
</table>
## STATEMENT OF FINANCIAL POSITION AS AT 30 SEPTEMBER 2014

### ASSETS

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 (US$)</th>
<th>2013 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property &amp; equipment</td>
<td>5,010,157</td>
<td>5,019,406</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>77,746</td>
<td>85,960</td>
</tr>
<tr>
<td>Receivables &amp; prepayments</td>
<td>2,821,814</td>
<td>2,481,995</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4,575,271</td>
<td>3,265,379</td>
</tr>
<tr>
<td><strong>Assets classified as held for sale</strong></td>
<td>174,010</td>
<td>202,596</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>7,648,841</td>
<td>6,035,930</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>12,658,998</td>
<td>11,055,336</td>
</tr>
</tbody>
</table>

### FUNDS & LIABILITIES

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 (US$)</th>
<th>2013 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated reserve</td>
<td>2,793,579</td>
<td>2,109,808</td>
</tr>
<tr>
<td>Aircraft replacement fund</td>
<td>1,577,189</td>
<td>1,322,256</td>
</tr>
<tr>
<td>Aircraft maintenance fund</td>
<td>124,991</td>
<td>183,685</td>
</tr>
<tr>
<td>Capital reserves</td>
<td>3,208,967</td>
<td>3,208,967</td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td>7,704,726</td>
<td>6,824,716</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables and accruals</td>
<td>4,368,072</td>
<td>2,802,621</td>
</tr>
<tr>
<td>Borrowings</td>
<td>586,200</td>
<td>280,085</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>-</td>
<td>1,147,914</td>
</tr>
<tr>
<td><strong>Total Funds &amp; Liabilities</strong></td>
<td>12,658,998</td>
<td>11,055,336</td>
</tr>
</tbody>
</table>

### Full Year Revenue, Cost & Surplus Trend

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue (US$)</th>
<th>Cost (US$)</th>
<th>Surplus (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>14,816</td>
<td>5,902</td>
<td>8,914</td>
</tr>
<tr>
<td>2013</td>
<td>14,155</td>
<td>4,973</td>
<td>9,182</td>
</tr>
<tr>
<td>2012</td>
<td>13,440</td>
<td>3,829</td>
<td>9,611</td>
</tr>
<tr>
<td>2011</td>
<td>12,150</td>
<td>3,829</td>
<td>8,321</td>
</tr>
<tr>
<td>2010</td>
<td>11,850</td>
<td>3,562</td>
<td>8,288</td>
</tr>
</tbody>
</table>

### Turnover

<table>
<thead>
<tr>
<th>Year</th>
<th>Turnover (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>14,816</td>
</tr>
<tr>
<td>2013</td>
<td>14,155</td>
</tr>
<tr>
<td>2012</td>
<td>13,440</td>
</tr>
</tbody>
</table>

### Operating Income

<table>
<thead>
<tr>
<th>Year</th>
<th>Operating Income (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>5,902</td>
</tr>
<tr>
<td>2013</td>
<td>4,675</td>
</tr>
<tr>
<td>2012</td>
<td>3,947</td>
</tr>
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</table>

### Expenditure

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4,973</td>
</tr>
<tr>
<td>2013</td>
<td>3,829</td>
</tr>
<tr>
<td>2012</td>
<td>3,388</td>
</tr>
</tbody>
</table>

### Profit

<table>
<thead>
<tr>
<th>Year</th>
<th>Profit (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>928</td>
</tr>
<tr>
<td>2013</td>
<td>643</td>
</tr>
<tr>
<td>2012</td>
<td>526</td>
</tr>
</tbody>
</table>
2014 Evacuations by Nationality

Of the 959 patients, the nationalities most frequently evacuated during the period of this report were:

- **American**: 60
- **British**: 77
- **Swiss**: 5
- **French**: 46
- **Italian**: 18
- **Spanish**: 7
- **Rwandan**: 3
- **Burundian**: 30
- **Norwegian**: 19
- **Swedish**: 21
Of the 959 patients, the nationalities most frequently evacuated during the period of this report were:

- Kenyan: 268
- Ugandan: 76
- Somali: 11
- Ethiopian: 33
- Tanzanian: 17
- Somali: 11
- Australian / New Zealander: 16
- Others (African): 70
- Others: 72

Dutch: 23
Danish: 10
Belgian: 22
German: 29
Dutch: 23
Danish: 10
Belgian: 22
German: 29
Australian / New Zealanders: 16
Others (African): 70
Others: 72
Fundraising for Amref Health Africa comes from all sources, but the backbone of donor income is generated by the Amref Health Africa National Offices. These fundraising offices raise the profile of AMREF Flying Doctors throughout the world, talking to donors both large and small, organising fundraising events and improving the understanding of the work of Amref Health Africa wherever they go.

Money donated to AMREF Flying Doctors is spent on aircraft, medical equipment or health services. We acknowledge with grateful thanks the tremendous support received from overseas, and especially from the Amref Health Africa National Offices.