Babies and mothers need ultrasound for safe delivery.

Cancer patients need CT/MRI for staging and treatment.

Trauma and infection victims need x-ray, ultrasound, and CT to address injuries and outbreaks.

Heart and stroke victims need CT, angiography, and ultrasound for diagnosis and treatment.

**OVER HALF THE WORLD LACKS RADIOLOGY**
(Source: World Health Organization)
Dear RAD-AID Friends and Supporters,

We are delighted to bring you this 2018 report on RAD-AID’s progress. When RAD-AID began in 2008, we established one simple mission: to increase and improve radiology for medically underserved countries and communities of the world. Starting off with just a few initial contributors and volunteers, we have grown to become an organization of over 10,000 volunteers (versus 6000 last year), serving 40 million people in more than 27 countries, affiliated with the United Nations and World Health Organization, and leading a network of 72 university-based academic medical center chapters. RAD-AID’s work has contributed more than $5 million in radiology capacity development. In 2018, we celebrate RAD-AID’s tenth birthday!

The growth has been thrilling and humbling, as we encounter more communities in need and more people want to help. RAD-AID’s growth has come from us staying focused on our singular mission and empowering the creative energies of radiology professionals around the world to improve global health. RAD-AID does not have all the answers for health care disparity, but we work hard to find innovative solutions for medical imaging. We create a platform of resources and methods for our volunteers and partners to flexibly use in their service to the world.

We hope to continue the advancement of global health by bringing critical radiology services and imaging technologies to regions of great need. We approach the problem of radiology scarcity with a methodical strategy that emphasizes data driven analysis so that we can first identify the best way that radiology can positively impact the health and well-being of a community. That method becomes the core for how thousands of RAD-AID volunteers can then channel their own creativity and vision into making a difference in impoverished regions. We emphasize the power of education to build local health care capacity throughout the globe with sustainability as the underpinning goal.

We thank you for your interest in RAD-AID and for your support of our efforts. We invite you to join our international teams hard at work to bring vital radiology to poor and underserved communities.

Sincerely,

Daniel J. Mollura, MD
President and CEO
RAD-AID International

Letter from Chief Executive Officer

RAD-AID Leadership

Officers and Management Team

Daniel J. Mollura, President and Chief Executive Officer
Melissa Culp, Vice President and Chief Operating Officer

(Globally)

Gillian Battles, Director, RAD-AID Latin America
Kristy Bachmann, Program Manager, RAD-AID Jamaica
Michael Chervenak, Program Manager, RAD-AID Haiti
Frida Colgin, Program Manager, RAD-AID International
Laura Czarniak, Director of Operations

Alessandra D’Amico, Director, RAD-AID Medical Student Education Development
Patricia DuCharme, Director, RAD-AID Nigeria
Bryan Eder, Director, RAD-AID Honduras
Farzad Elahi, Director, RAD-AID Disaster Response
Adriana Espinola, Program Manager, RAD-AID Cape Verde

Jonas Faust, Director, RAD-AID Cameroon
Lauren Fuller, Director, RAD-AID Chaparral Network
Dale Zaros, Operations Director, RAD-AID Informatics

Muriel Ghesani, Director, RAD-AID Tanzania
Carlie Hayes, Director, RAD-AID Ultrasound
Ana Haddad, Program Manager, RAD-AID Country Reports Program

Andrew Kesselman, Director, RAD-AID International Radiology

Weijia Kim, Consultant, Radiology Education

Lauri King, Assistant Director of Finance

Fabian Lopez-Grappo, Program Manager, RAD-AID Interventional Radiology

Assam Lee, Director, RAD-AID Liberia

Anne-Marie Logay, Associate Program Manager, RAD-AID Tanzania

Viky Manga, Director, RAD-AID Kenya

Troyne Manuel, Program Manager, RAD-AID Grenada

Sunitha Narayanan, Director, RAD-AID Tanzania

Rafaela Pena, Director, RAD-AID Brazil

Gudrun Reiter, Program Manager, RAD-AID South Africa

Abia Sendaloa, Co-Director, RAD-AID Ghana

Zak Shigere, Program Manager, RAD-AID Guinea

Michael Skepper, Director, RAD-AID Pediatrics

Arleen Richardson, Associate Program Manager, RAD-AID Radiation Oncology

Kathleen Ryba, Associate Program Manager, RAD-AID Ultrasound

Alison Schaefer, Director, RAD-AID Information

Elizabeta Shenkovska, Director, RAD-AID Finance

Lupita Shes, Program Manager, RAD-AID Cuba

Jessica Shefl, Associate Program Manager, RAD-AID Tanzania

Robin Sobolewski, Director, RAD-AID Cape Verde

Susan Sotardi, Program Manager, RAD-AID Sri Lanka

Chip Swett, Co-Director, RAD-AID Ghana

Tiffani Walker, Director, RAD-AID Technologies Program

Andrew Woodward, Program Manager, RAD-AID Malawi

Marianna Zagoruyko, Program Manager, RAD-AID Kazakhstan

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Michelle Scribner, Associate, OHSU Global Health

Ryan Syed, Director, RAD-AID Haiti (2009–2014) Radiology, Aurora Health

Paula Sanderoff, Principal, Digital Marketing Consultant, WSI Digital Marketing of Connecticut

Lisa Warner, Former Executive Vice President, American Society of Radiologic Technologists

RAD-AID Leadership
RAD-AID uses a simple method for analyzing, planning and implementing projects. The first step is Radiology-Readiness, which is RAD-AID’s trademarked data collection and analysis tool, so that we can optimize every radiology project for the specific needs, infrastructure constraints, and health care system attributes of a region, community or facility.

Once we conduct the Radiology-Readiness Assessment, we plan the project based on that data. Third, we implement the project based on the plan whether it means installing hardware, configuring workstations, organizing training, writing research, or designing a new technology. Fourth, education is a central part of everything we do, and we hold training sessions so that RAD-AID can train in-country partners to use and maintain the implemented program. More importantly, our teams also receive training and education from our in-country partners so that we can learn from them about clinical and cultural factors that will influence the success of our collaborative program.

Lastly, we work with our in-country partners to analyze the results of the program, to find what worked and what did not work. In this way, we identify new challenges to solve and find new resources to strengthen the program. Then, we return to step one and repeat our Radiology-Readiness assessment so that we can see how our project had positive impact and what gaps need to be addressed. This circular iteration of data, analysis, planning, self-correction and new data collection keeps RAD-AID moving forward.

This approach is efficient and scalable because we apply it to all our programs. This approach is flexible because it adapts to local cultural and clinical conditions so that each program is uniquely suited to the country and specific health goals.

Haiti

RAD-AID has worked in Haiti since the earthquake of 2010. Over the last eight years of RAD-AID’s radiology capacity-building in Haiti, our teams have supported University Hospital of Haiti in Port-au-Prince to improve educational resources available for radiology residents as the future medical imaging workforce of the country. RAD-AID conducts technologist training programs in Haiti, such as Quisqueya University and other Haitian medical institutions, including technologist education in radiography, ultrasound, and mammography. In 2016, RAD-AID donated two CT scanners to Haiti in Caracol and Gonaïves, which includes personnel-training and equipment-planning in 2018-2020, with support from Philips Foundation.

Nicaragua

The RAD-AID Nicaragua program brings vital radiology support and training to rural and urban regions of the country, including general ultrasound, women’s health, and pediatrics. RAD-AID implemented Picture Archiving and Communication Systems (PACS) for digital imaging and storage at four Nicaraguan hospitals in 2016 with support from Merge Healthcare (an IBM company). This means improving health care for hospitals serving 3 million people and enabling the first-ever computer-based medical systems in Nicaragua. RAD-AID gave funding support to local Nicaraguan radiologists for providing ~750 free ultrasound exams to patients in 2017.
Guyana

The RAD-AID Guyana Program began in 2013 in partnership with the World Health Organization’s Pan American Health Organization (WHO/PAHO). In 2016, RAD-AID donated 2 CT scanners to Guyana at Bartica and New Amsterdam Hospitals, with support from Philips Foundation, and partnered with Northwell Hofstra School of Medicine’s RAD-AID Chapter to establish the first radiology residency program in Guyana’s Georgetown Public Hospital.

Jamaica

RAD-AID Jamaica launched operations in 2016 under the leadership of Dr. Krystal Buchanan of the Yale RAD-AID Chapter. Project activities include multi-institutional Radiology-Readiness Assessments, information technologies assessment, and educational training for radiology residents, technologists, and local health personnel. RAD-AID currently supports radiology development at Kingston Public Hospital, University of the West Indies and Cornwall Regional Hospital.
Guatemala

RAD-AID Guatemala launched activities in 2016 at Instituto de Cancerología (INCAN) under the leadership of the RAD-AID Mallinckrodt Chapter. RAD-AID's Radiology-Readiness assessment at INCAN highlighted the need for ultrasound optimization to help cancer patients in Guatemala. RAD-AID expanded radiology education in Guatemala and implemented health information technologies for CT, mammography, and ultrasound. In partnership with Merge Healthcare (an IBM company), RAD-AID donated and implemented PACS at INCAN in October 2016, enabling us to spearhead the adoption of digital health capabilities in Guatemala.

Peru

RAD-AID is working in CerviCusco, after having completed a Radiology-Readiness Assessment in mid-2016. Plans are underway for evaluating how radiology can best support and advance cancer screening, diagnosis and treatment in Peru.

Ethiopia

RAD-AID's program in Ethiopia was launched in 2015. RAD-AID provides essential MRI, CT, ultrasound and radiography training to Black Lion Hospital's residents and staff in Addis Ababa. RAD-AID implemented PACS at Black Lion Hospital in early 2018 with support from Medweb. RAD-AID works closely with Children's Hospital of Philadelphia (CHOP), Emory University, and NYP/Weill Cornell Medical Center (all of whom have RAD-AID chapters) for educational training of radiologists and technologists at Black Lion Hospital. RAD-AID is expanding these outreach efforts to St. Paul's Hospital in Addis Ababa and ultrasound education in Gondar, Ethiopia.

Ghana

RAD-AID's program in Ghana began at Korle Bu Teaching Hospital (KBTH) in 2012 and has grown to include installation of PACS in 2013, upgrade of PACS in 2016, as well as RAD-AID's educational programs at Korle Bu in imaging informatics, interventional radiology, pediatric radiology, nuclear medicine, ultrasound and breast imaging.

Kenya

As of 2015, Kenya has 1-2 advanced MRI and CT scanners per 1 million people, just a fraction of the 25-30 CT and MRI scanners per one million people in Europe and the US. RAD-AID's program in Kenya began in 2013, with efforts to bolster the education system for radiology professionals, and uncovered large disparities in cancer treatment. In 2016, RAD-AID launched a Cancer Imaging and Treatment initiative to link radiology with radiation oncology at Kenyatta National Hospital. In 2018, RAD-AID added more resources to support breast cancer screening and breast imaging clinical education in Kenya.
Tanzania

Tanzania has 30 radiologists for the country’s population of 49 million people. RAD-AID’s program in Tanzania began in 2015 to help address severe radiology personnel shortages. Our program sites in Tanzania include Arusha, Moshi, Mwanza, and Dar es Salaam. RAD-AID is assisting the development of advanced cross sectional imaging with training of radiologists, sonographers, radiation therapists, and radiologic technologists. RAD-AID is partnered with the Society of Nuclear Medicine and Molecular Imaging (SNMMI) since 2016 for assisting Aga Khan Health Services. In 2017-2018, RAD-AID coordinated inter-institutional partnerships in Tanzania for nursing and radiology residency rotations.

Malawi

The RAD-AID Malawi program was launched by the RAD-AID Chapter at University of North Carolina, with our Radiology-Readiness assessment data showing a significant need for training radiologists, technologists and sonographers. Malawi has fewer than five radiologists serving over 18 million people with no in-country training programs to boost capacity. Therefore, the RAD-AID Malawi program supports training of medical imaging professionals and gives scholarship support for physicians in need of training. RAD-AID currently teaches technologists and MDs at Malawi College of Health Sciences, Kamuzu Central Hospital, and Partners in Hope, located in Lilongwe.

RAD-AID began in 2008 to answer this need for more radiology and imaging technology in the resource-limited regions and communities of the world.

Nigeria

Nigeria’s population of 186 million people has an estimated 250-300 radiologists, fiftyfold fewer than the US per capita, with large gaps in radiology equipment and health IT resources. Since 2016, RAD-AID Nigeria has supported the education of radiologists and technologists, with vital contributions from University of Maryland and Temple University RAD-AID Chapters. RAD-AID has worked at Lagos University Teaching Hospital (LUTH) and aims to include University College Hospital (UCH) in 2018.

Cape Verde

The RAD-AID Cape Verde Program began in 2013. Cape Verde is a nation of 10 islands having 500,000 people off the coast of West Africa. Having little or no local educational infrastructure for radiology professionals, RAD-AID teams focus on ultrasound and radiography at imaging and primary care centers, including São Filipe Regional Hospital and Mosteiros Hospital. Efforts in 2018-2019 aim to provide PACS, optimize two CT scanners, give ultrasound training, and support mammography services.

RAD-AID has numerous programs throughout the world. We welcome you to participate!
**Liberia**

The RAD-AID Liberia program started in 2009 at JFK Memorial Hospital, which we then expanded to also include Redemption, ELWA, Phebe, and JFD-Tappita Hospitals in 2017. Through a robust partnership with Mount Sinai Medical Center (NY) and the World Bank, RAD-AID is helping to build the Liberian health care workforce through dedicated training of radiology professionals in our partner hospitals. These efforts include specific support for radiography, CT, interventional radiology procedures, ultrasound and radiology residency curriculum development.

**South Africa**

RAD-AID's program in South Africa launched in 2016 in conducting Radiology-Readiness Assessments at multiple health institutions in Western Cape, including urban and rural settings. Ongoing efforts include radiology training, information technologies and mobile health outreach strategies. In 2017-2018, RAD-AID initiated Geographic Information Systems (GIS) research for advanced mapping of health care disparities in parallel with infrastructure features (roads, airports, railroads, etc.,) in the Limpopo region. GIS enables RAD-AID to propose specific radiology and health care solutions that may help address essential shortages of medical services and overcome transportation gaps with aircraft and automotive mobile health outreach.

**Nepal**

The RAD-AID Nepal program began in 2014 at Tribhuvan University Teaching Hospital in Kathmandu, and expanded via RAD-AID’s Disaster Response team in the aftermath of Nepal’s earthquake in 2015. In 2016, RAD-AID donated and implemented PACS at three institutions with supportive radiology education running in parallel. Current efforts include strengthening links between urban centers and rural periphery.
India

RAD-AID’s work in India began in 2010 with the establishment of Asha Jyoti (“Ray of Hope” in local Punjabi language) in the innovation of a specially designed mobile women’s health clinic for osteoporosis, breast cancer and cervical cancer screening of marginalized women in Northern India. Surpassing the targets set by RAD-AID and the partner hospital (PGIMER Chandigarh), Asha Jyoti has now delivered care to more than 19,500 women, and has established a model for mobile screening and treatment referral in India. Philips Healthcare has provided generous support for Asha Jyoti. RAD-AID India won an award from the Clinton Global Initiative’s Champions of Action program in 2012 and received the Healing Asia Award in 2017 from Friends Without a Border.

China

RAD-AID’s China program began in 2010 with Radiology-Readiness assessments in east and west China. Modernized infrastructure in China gave opportunity for educational collaborations, mainly located in western regions of China, covering image quality, diagnostic techniques, and radiologic safety. In 2014, with support from ASRT Foundation, the RAD-AID China program intensified its focus on large populations of cancer patients needing interdisciplinary care, such as radiation therapy, nursing, and oncology. In 2016, the ASRT and RAD-AID strengthened the China Cancer Care Initiative at Tumor Hospital in Yinchuan, China, by carrying out an inter-institutional regional training program for radiation therapy and oncology specialists. Going forward, RAD-AID is improving the integration between diagnostic imaging, radiologic cancer staging and radiation oncology planning.
Laos
The RAD-AID Laos program assists the development of new radiology for Lao Friends Hospital for Children (LFHC), which opened in 2015. RAD-AID sends regular teams to train and support the radiology department in the hospital, particularly for ultrasound and x-ray radiography services that never existed before in the hospital. In October 2015, RAD-AID implemented the first PACS system in the country at LFHC, providing digital imaging and radiology exam storage for the hospital. RAD-AID donated a new ultrasound unit to LFHC, and advanced the radiology protocols and ordering systems for the hospital. For these accomplishments, RAD-AID won the Healing Asia Award from LFHC's NY-based foundation, Friends Without A Border in April 2017. In 2018, RAD-AID expanded PACS and initiated new CT support for LFHC and the adjacent government hospital, Luang Prabang Provincial Hospital (LPPH).

Bhutan
The RAD-AID Bhutan program began in 2014 in collaboration with faculty from George Washington University Medical Center and the World Health Organization. Bhutan has only one CT scanner serving a population of 750,000 scattered by large distances of mountainous terrain. RAD-AID sponsored Radiology-Readiness assessments in Bhutan in 2015 and 2016, showing large gaps in imaging technology and substantial needs for CT, ultrasound and radiography education. Ongoing efforts in Bhutan are focused on educational efforts and modernization of imaging infrastructure.

According to the World Health Organization (WHO), approximately 3-4 billion people are at-risk for widespread losses and deaths that can be avoided or treated, if radiology were available.
Vietnam

RAD-AID launched a program in Vietnam in 2017 via support from the RAD-AID Mayo-Jacksonville chapter. The program is currently based at Da Nang General Hospital, which serves a population of nearly 1 million people in Da Nang, Vietnam. RAD-AID goals include radiology education for interventional radiology and neuroradiology, as well as support for PACS and health informatics.

Albania

The RAD-AID Albania program launched operations in November of 2017, starting with a Radiology-Readiness Assessment in Tirana, Albania. Albania currently has large gaps in diagnostic imaging and screening due to insufficient staff training and equipment. There is no national breast cancer screening mammography program in Albania. RAD-AID is working to strengthen radiology training and screening programs.

Kazakhstan

RAD-AID launched a program in Kazakhstan in 2016 at Kazakh Research Institute of Oncology & Radiology (KRIOR) in Almaty, Kazakhstan. RAD-AID’s efforts in Kazakhstan are focusing on transitioning from post-Soviet training models for radiology residents, and increasing educational resources for CT, MRI, and x-ray radiography.

A cornerstone of RAD-AID’s strategy is the Radiology-Readiness tool, which RAD-AID developed and trademarked in 2009, and was endorsed by the World Health Organization in 2011.
Education and training constitute the cornerstone of RAD-AID’s effort to build in-country radiology capacity for health care in medically underserved regions. RAD-AID has several key interlocking, synergistic and complementary forms of education that form a well-rounded approach:

- **On Site** in-country RAD-AID teams performing hands-on training to local personnel
- **Online learning** via the RAD-AID Learning Center and learning management system to provide pro bono internet-based didactic educational content
- **Global Health Radiology Certificate of Proficiency** is a successful program launched by RAD-AID in 2015 providing semester based courses led by RAD-AID’s Chief Operating Officer, including lectures, discussions and project mentorship. The course results in a certificate of proficiency from RAD-AID in global health radiology disciplines.
- **Medical Student Clerkship elective** in Global Health Radiology began in 2017 as the new medical student clerkship elective. Medical students with an interest in global health radiology can do a joint elective managed by RAD-AID and partner medical schools (first launched from Columbia College of Physicians and Surgeons).
- **RAD-AID Chapters Network**, now consisting of 72 Canadian and US-based academic radiology institutions, receives project support, funding, and educational webinars from RAD-AID in support of radiology residents, faculty, students, and technologists to boost global health projects in underserved and international settings.
Although there are numerous conferences on medical imaging and radiology for radiology professionals held throughout the year, there was never one dedicated forum for global outreach and international radiology development. To answer this need, the RAD-AID Conference was formed at Johns Hopkins in 2009 and was run on an annual basis every year since. The RAD-AID Conference has increased attendance by about 500% since the founding, now regularly attended by over 300 participants and hosted by the World Health Organization. The conference is essential for RAD-AID as a central insight and vision-formation event that sets the plans in motion for the following year. The Conference is routinely scheduled for the first Saturday in November, and coincides with the International Day of Radiology (IDoR) in early November.

RAD-AID’s management team consists of three key components to bring the best talent, experience and expertise to the development of RAD-AID programs: Operational, Regional and In-Country Leaders.

RAD-AID’s data driven model requires robust attention to data collection, analysis, and planning. This model includes:

- Radiology-Readiness Assessments for optimizing radiology at the facility-level in planning RAD-AID programs
- Country Reports for analyzing general national health care needs and systemic features in developing countries
- RAD-AID Conference – a unique international radiology forum (annual since 2009 and now in its 10th year, co-sponsored by the World Health Organization in Washington DC.
- PACS-Readiness: RAD-AID assessment tool dedicated to pre-assessing resources at institutions before RAD-AID installations of PACS such as existing connectivity, software licenses, servers, workstations, electrical power, and scanner compatibility.

RAD-AID builds an organizational culture that inspires creativity, drives innovation, and rewards perseverance. Always persevere.
RAD-AID's medical physicists work in our teams to optimize radiology image quality, accuracy, and patient safety.

RAD-AID has implemented digital radiology, health IT and PACS in over 9 countries, and provides advanced training on medical software applications to low-resource hospitals.

RAD-AID supports interventional radiology training for fellowship programs and hospitals in Guyana, Nicaragua, Ethiopia, Ghana, Tanzania, Vietnam, Kenya, and Nigeria.

RAD-AID has radiation oncology teams supporting cancer treatment capability in Kenya, Tanzania, and China.

RAD-AID's medical physicists work in our teams to optimize radiology image quality, accuracy, and patient safety.

In 2016, RAD-AID launched an MOU-based partnership with Society of Nuclear Medicine and Molecular Imaging (SNMMI) to support the Hymaan-Ghesani RAD-AID SNMMI Global Health Scholarship, adding nuclear medicine radiology capacity to Tanzania by sending residents and faculty to teach and work at Aga Khan Health Services in Tanzania.

In 2017, RAD-AID launched an MOU-based partnership with Society for Imaging Informatics in Medicine (SIIM) for sending health IT specialists, implementing informatics software in low-resource medical imaging facilities, and training in-country informatics professionals on Picture Archiving and Communication System (PACS), Electronic Medical Records (EMR), Radiotherapy Information Systems (RIS) and other IT applications.

Since 2015, RAD-AID has maintained an affiliation with the United Nations as a nongovernmental organization in official relations with the World Health Organization (WHO), through which RAD-AID supports global health and international health policy initiatives.

RAD-AID is partnered with the Association for Radiologic Imaging Nursing (ARIN). ARIN members contribute vital roles on RAD-AID’s interdisciplinary teams in order to provide training and deliver support to medically underserved communities.

RAD-AID is about the holistic picture of radiology. Not just the equipment but also the people and all of the other resources that go into making it effective.

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The RAD-AID Chapters Network launched in 2012 and gives US and Canadian academic medical centers the ability to form RAD-AID chapters approved by the Chairs of the respective radiology departments. This grass-roots horizontal approach gives residents, faculty, staff, nurses, and technologists at these centers the ability to organize their own projects and strategies while benefiting from scale, efficiencies, and funding from RAD-AID’s global organization. The RAD-AID Chapters Network grew to 7 institutions in 2013, 25 chapters in 2014, 53 institutions in 2016 and 72 chapters by mid-2018. Some chapters have formed new RAD-AID programs, such as Cornell in Ethiopia, University of Virginia in Appalachia (USA), University of Maryland in South Africa, University of Wisconsin (UW) in Nicaragua and University of North Carolina in Malawi. Other chapters have provided key support to broad RAD-AID programs with rotating volunteers, such as Tufts, University of Pittsburgh, and UC Davis in RAD-AID Haiti; SUNY Downstate in RAD-AID Informatics and Ghana; UNC and UW in Nepal; University of Pennsylvania RAD-AID in Tanzania, and Columbia’s chapter actively supporting RAD-AID Liberia and the RAD-AID India Women’s Health program. The RAD-AID Chapters Network has the yearly Chapters Roundtable Meeting immediately following the RAD-AID Conference, as a governance forum to discuss ways to improve chapter activities and expand opportunities for project development.

RAD-AID blends charity, public service and technology innovation to push the envelope of what radiology can bring to the world. In addition to our numerous teams working in fifty-three hospitals all over the world, our innovations are also driving our vision for the future. One innovation from RAD-AID is our work on the medical airship, in collaboration with Straightline Aviation, capable of reaching remote environments for health care delivery and disaster response.

RAD-AID is also developing new ways of integrating PACS and artificial intelligence for low-resource regions by working on advanced architectures for cloud and local servers that can advance image storage, retrieval, and analysis so that these technologies help settings without available personnel and IT infrastructure. For example, in 2018 RAD-AID launched the RAD-AID Friendship Cloud, a novel turn-key compact system integrating secure on-site server and cloud platform, in partnership with Google Cloud, Ambra and Tribalco, for delivering health IT and radiology software to low-resource hospitals, including PACS and artificial intelligence applications.
MOBILE HEALTH

RAD-AID Mobile Health brings radiology to those in need via transport vehicles for overcoming geographic, infrastructural, and sociocultural barriers. In 2012, RAD-AID launched Asha Jyoti for cancer screening to marginalized women in India. In 2016, RAD-AID announced a novel partnership with Straightline Aviation to build the first medical airship with deployable container-based clinics, designed to reach remote areas that lack transportation infrastructure. In mid-2017, RAD-AID deployed assistance teams to The Health Wagon in Appalachia, Virginia, for rural underserved in the United States. In late 2017, we built the RAD-AID Healthmobile as an innovative artificial intelligence-enabled mobile health vehicle for cardiovascular and breast care outreach. In 2017, RAD-AID advanced its Geographic Information Systems (GIS) research for advanced mapping of infrastructure, poverty and medically underserved communities for improved navigation of mobile health strategies.

In 2018, RAD-AID partnered with Breast Care for Washington to donate RAD-AID Healthmobile (photo) for collaborative mobile breast cancer screening in the Washington DC area.

As a partnership between RAD-AID and PGIMER Chandigarh, Asha Jyoti has given medical care to over 19,500 women since 2012.

Revenues 2010-2017

RAD-AID is committed to financial transparency and has maintained a Gold Star rating from GuideStar since 2015. All financial data from RAD-AID is reported with downloadable PDFs on the RAD-AID website, covering 2009 to the present. We show some highlights of recent RAD-AID finances below.

In 2014 and 2015, RAD-AID’s volunteer base rose from ~2500 to 4000 contributors and RAD-AID surpassed 9,000 supporters in the beginning of 2018 spanning 105 countries.

Our administrative portions of expenses remain under 15% of revenues, reaching the best standard for nonprofit resource allocations. The composition of RAD-AID’s volunteers has been approximately 50% physicians, 35% technologists, and 15% from nursing, business, engineering, and nonprofit management backgrounds. The organization remains entirely run by volunteers with no paid staff in the management team and no employees. In 2016, RAD-AID’s volunteers donated 19,880 hours of pro bono work for radiology capacity building in the developing world, valued at close to $1 million of in-kind labor support. In 2017, RAD-AID volunteers donated 27,250 hours of work, valued at more than $1.3 million of in-kind work contribution. Since our inception, RAD-AID has contributed over $5 million in donated equipment, grants and personnel time to the underserved regions of the world.
Conclusion and Thank you!

We hope this 2017-2018 report from RAD-AID has been informative as an overview of our progress and efforts to help radiology across the world. 4 billion people have little or no access to radiology. This means RAD-AID has a lot of work to do, and we are inspired by the contributions from our volunteers and supporters. Having begun as a handful of people, the organization has grown in scale while staying true to our fundamental mission and core strategy that interlocks data analysis, systematic program development, education, and on-site team presence. This approach yields a long-term sustainability that always emphasizes the building of in-country local radiology capacity. More importantly, our strategy is founded on a spirit of hope and charity to improve the world.

Be a part of RAD-AID. Volunteer to become part of the RAD-AID Team! Please visit us at www.rad-aid.org to learn more.