



2025
**IMPACT
REPORT**



A YEAR OF IMPACT

Message from Our Founder	01
How We Got Started	02
What Most People Don't Know About Cleft	03
2025 Snapshot	04
Our Model	05
Medical	06
Education	08
Research	09
Technology in the Field	10
Financial Report	11
Board of Directors	12
Together, We Built Something That Lasts	13
Together, We Keep Building	14

MESSAGE FROM OUR FOUNDER

WHEN I MEET A MOTHER IN GUAYAQUIL . . .

or a father in Beirut, I see a parent making the most vulnerable choice possible: placing their child's future in our hands.

That is a heavy responsibility, and it's one I carry into every operating room and every board meeting. This past year hasn't been about doing more. It's been about doing better. It's about the discipline to return to the same communities year after year, ensuring that the surgery we performed in 2025 is supported by the speech therapy and dental care that child will need in 2030.

To our donors and partners: Thank you for having the patience to support work that takes time. You aren't just funding a procedure; you are keeping a promise to these families.



We aren't interested in quick wins.
We are interested in building a world
where a child's health doesn't depend
on where they're born.

Usama Hamdan, MD, FICS
President & Co-Founder, Global Smile Foundation

HOW WE GOT STARTED

In the late 1980s, co-founders **Dr. Usama Hamdan** and **Dr. Navil Sethna** began providing cleft surgery in communities where it didn't exist, from **Mali to India, Brazil to the Ivory Coast**.

The early model was mission-based: Volunteer teams traveled to partner hospitals, operated on children who had waited months or years for surgery, and went home. Those programs changed children's lives — children who would not have received surgery otherwise.

But **Usama** and **Navil** saw an opportunity to go further. A child born with cleft often needs a 2nd or 3rd surgery as she grows, along with years of support to eat and speak well. Without follow-up, that child's outcome is incomplete. And a hospital that depends on visiting teams never builds the capacity to manage these cases on its own.

SO THE MODEL EVOLVED.

GSF moved from mission-based programs to long-term country partnerships and year-round Sustainable Health Programs —

returning to the same hospitals year after year, building teams that stay with a child through every stage of care from infancy through adulthood.

In **El Salvador**, that partnership is now in its 3rd decade. In **Ecuador**, we treat more than half of the country's cleft population. In **Peru**, we partner with **EsSalud**, the nation's largest public hospital system. In **Lebanon**, we serve patients across the Middle East and North Africa, a region with among the highest cleft rates in the world. We have continued through years of political instability and crisis because the need has never stopped.

Today, our work spans comprehensive patient care, provider education, and published research. Every part of it exists for one reason:

EVERY CHILD BORN WITH CLEFT DESERVES A TEAM THAT NEVER LEAVES.

WHAT MOST PEOPLE DON'T KNOW ABOUT CLEFT

In well-resourced countries, a child born with cleft receives surgery early — often within months — and a team of specialists follows that child for years. The condition is common, the treatment is well understood, and few people will ever see an untreated case.

That is not the reality for much of the world.

Cleft is the single most common craniofacial condition on earth — 1 in 700 births worldwide, closer to 1 in 400 in many of the regions we serve. It is not cosmetic. It is not just the lip. When the palate is involved, a child may not be able to feed without aspirating into her lungs. Without early intervention, many infants face life-threatening complications before they are old enough to reach an operating table.

Children who grow up without treatment face social isolation, impaired speech, and a lifetime of compounding disadvantage that began with a treatable condition.

Surgery changes everything. A child who could not eat safely can feed. A child who was hidden from her community can smile. It is one of the highest-impact interventions in global health. But surgery alone is not enough. A single repair is a beginning. What gives a child a life without limitation is years of coordinated care — from first feeding intervention through adolescence.

That is what we build.

This is the work we do together.



IN 2025

In 2025, we focused on what creates lasting change: local expertise, stronger systems, and care that continues long after surgery.

Here is what that looked like.

2025 SNAPSHOT

Medical

12,242

Oral hygiene and prevention interventions

417

Surgical procedures

2,568

Comprehensive care consults including speech, feeding, nutrition, dental, and psychosocial support

Research

19

Peer-reviewed articles and chapters published

176

Citations of GSF's published research by other scientists and clinicians worldwide

Education

305

Providers trained at the Comprehensive Cleft Care Workshop

55

Countries represented

42

Surgeons and specialists trained side by side during medical programs

These numbers are just the beginning of the story. A child who goes from surgery to speaking clearly at school. A surgeon who carries what she learned home and changes how an entire hospital delivers care. A community that benefits for generations.

OUR MODEL

Every child born with cleft deserves a system, not just a surgery.

Three areas of our work are designed to strengthen each other around this purpose.

When our **medical** teams treat a child alongside local surgeons and specialists, they don't just change that child's life. They learn something. What worked, what didn't, what could be better. Those lessons become published **research** shared with surgeons and specialists around the world.

Through our **education** programs, we put that knowledge directly into the hands of providers who take it home to their own hospitals and communities. Those providers treat children we will never meet, using practices shaped by every child we have treated before them. That's the circle. And it's why funding this work is never just about one surgery.



MEDICAL

Behind every child we treat is a team of people who chose to be there.

In El Salvador, Dr. Calderon has partnered with us for 21 years. In Peru, Dr. Mercedes Angeles has been the backbone of our program since day one, serving as Chief of Anesthesia and founding board member. In Lebanon, our teams continue to show up for children and families despite years of political instability and crisis, because the need doesn't pause when the world around it does.

In Ecuador, hundreds of local volunteers give their time and often their own money to make sure families are cared for, beyond surgical care. Many come from the same communities as the patients they serve. A warm lunch for the team isn't in the budget. They make it happen anyway. When a teenage patient told them he dreamed of having a bicycle for his long walk to school, they chipped in and bought him one.

International surgeons and specialists use their vacation time, leave their families, and return to the same hospitals year after year. Not because they have to. Because they've built friendships and trust with our local teams that span decades. Our partnerships, built over decades, are the reason our impact runs this deep.



In 2025, Denise Franco Mera, President of Fundación Global Smile Ecuador, did something no one had done before. Through tireless advocacy, she helped lobby Ecuador's National Assembly to declare July 23 as the National Day of Awareness for Congenital Conditions, with a special focus on cleft lip and palate. A first of its kind.

This is what happens when one person refuses to stop pushing.



This is

Ovidio Antonio Loor Ponce

from Ecuador. He was born with a cleft, and his family has been by his side through every appointment, every milestone, every step forward.

And so have we. Our goal is simple: That every child born with cleft has access to the same care we would expect for our own children. As Ovidio grows, we will be there for every follow-up, every surgery and — if we're lucky — every graduation.

EDUCATION

Closing the Gap

In many residency programs around the world, cleft is not taught as a subspecialty. Surgeons may see cases, but without the training required for strong outcomes. Even well-intentioned surgery can lead to permanent scarring, speech impairment and deformities that require years of revision.

This is not a rare outcome. It is one of the most urgent problems in global cleft care.

The Comprehensive Cleft Care Workshop was built to change this — one of the world's largest simulation-based cleft training conferences, bringing providers from low- and middle-income countries together with leading specialists to train side by side.

85+ LEADING SPECIALISTS

In 2025 volunteer faculty and providers from 55 countries gathered in Cartagena, Colombia — surgeons, anesthesiologists, speech therapists, dentists, and nurses training through hands-on simulation and mentorship.

Many came from NGOs, government hospitals, and private practice. A surgeon in Rwanda. A speech therapist in Bolivia. These are dedicated professionals who have no other path to this level of training. Your support funds the scholarships that get them there — and the hands-on training they bring home.

Education is our force multiplier. We don't compete with the field. We strengthen it.



RESEARCH

Better Care Starts with Better Evidence

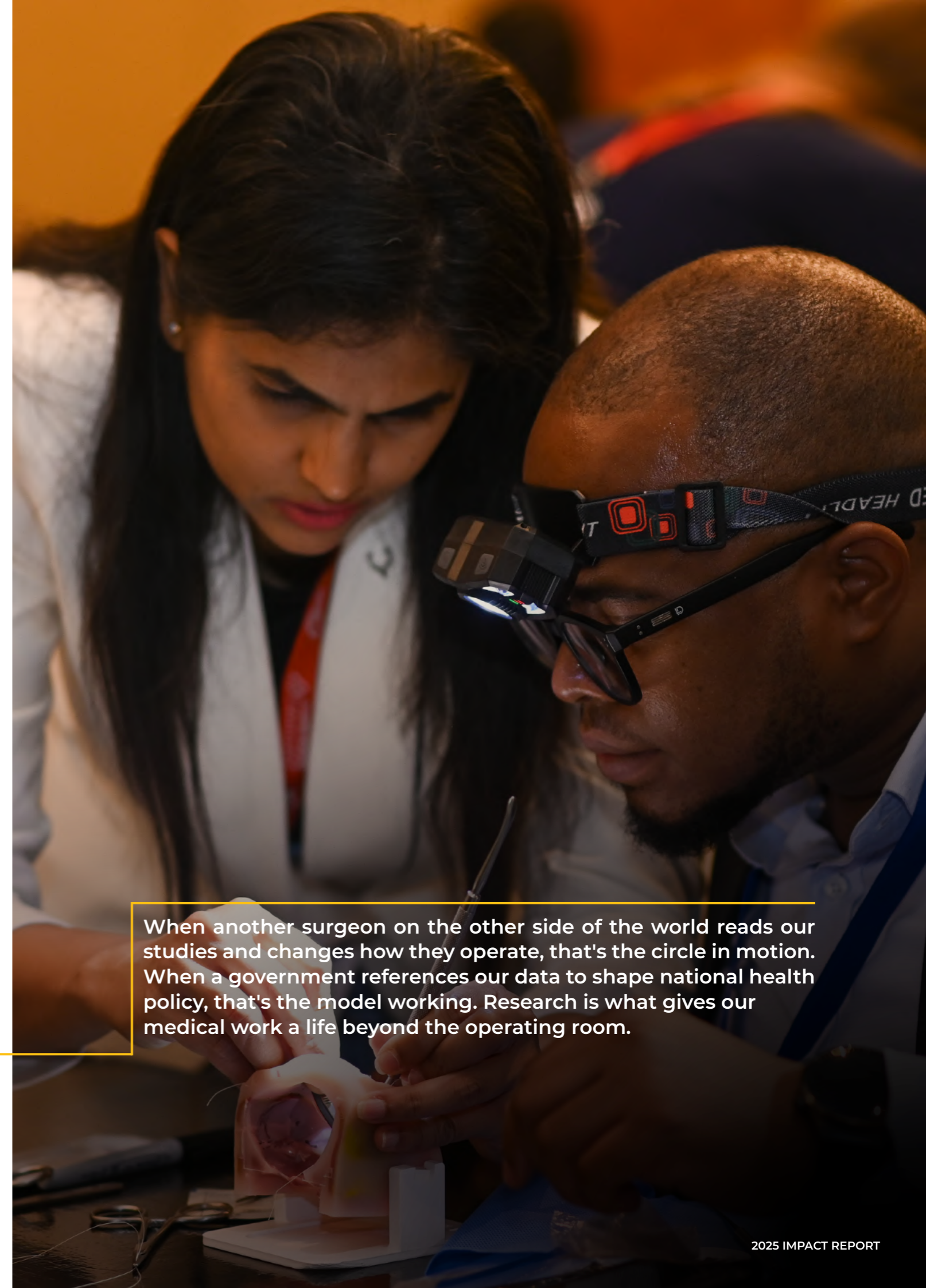
Every child we treat becomes part of a living record.

Patient outcomes are tracked over years. Every case is photographed before and after surgery, creating one of the largest visual archives of cleft outcomes in the field. This isn't data for the sake of data. It is the evidence that proves what works and challenges what doesn't.

We collect longitudinal outcome data that almost no one else in the field is gathering, particularly in regions where cleft prevalence is highest and research is most scarce. That data becomes peer-reviewed, published science that shapes how cleft care is understood and practiced globally.

IN 2025

- 19 peer-reviewed articles and chapters published
- Senior editorial leadership for a special cleft issue of Annals of Plastic Surgery
- Major lectures delivered across 10 countries, from Japan to Ireland.
- 176 citations. Other surgeons and researchers around the world are building on our published work in their own practice and research.



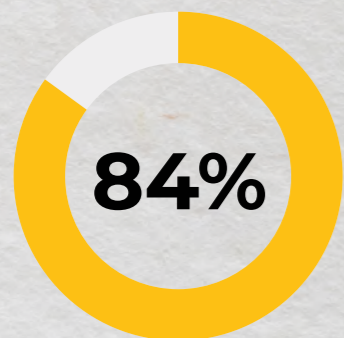
When another surgeon on the other side of the world reads our studies and changes how they operate, that's the circle in motion. When a government references our data to shape national health policy, that's the model working. Research is what gives our medical work a life beyond the operating room.

TECHNOLOGY IN THE FIELD

In the regions where we work, smartphones are everywhere. A mother who lives five hours from the nearest hospital, who can't afford to miss a day of work, who has no way to get her child back for a follow-up visit, is still on WhatsApp most days. We wanted to meet her where she already is.

MyHealthPal, developed in collaboration with **Predictive Healthcare** and supported through **MIT's Code for Good**, makes that possible. After surgery, families stay connected to their clinical teams through WhatsApp. They share photos of their child's healing, report symptoms, and receive guidance without making a trip they can't afford. An AI-supported risk model helps clinical teams spot concerns early and prioritize the children who need attention most.

No family should have to choose between their child's recovery and putting food on the table. Now they don't have to.



Accuracy in risk prediction



Reduction in unnecessary return visits

In **2025**, we began using augmented reality to connect experienced surgeons in the U.S. and Europe with on-site teams during complex procedures in real time. In Trujillo, Peru, 17 out of 43 repairs utilized AR, giving children access to expertise regardless of geography.

2025 FINANCIALS

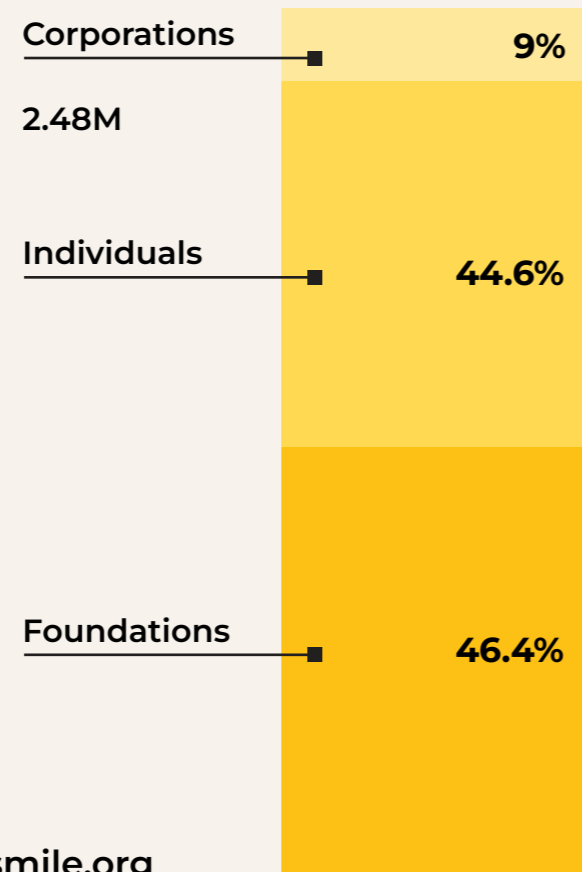
TOTAL REVENUE
\$1.53M

TOTAL EXPENSES
\$1.25M

NET ASSETS
2024: \$2.4M
2025: \$2.7M

NET INCOME
\$285K

Fundraising
by source



Read our full financial report at gsmile.org



BOARD OF DIRECTORS

Executive Board

Usama Hamdan, MD, FICS, Board President
Krishna G. Patel, MD, PhD, Board Secretary
Talal Ali Ahmad, MBA, Board Treasurer
Jay Schnitzer, MD, PhD
Tripp Amdur, MBA
Navil Sethna, MD, FAAP
Serena Kassam, DMD, MS

Advisory Board

Babak Azizzadeh, MD, FACS	Denise Carolina Franco Mera, Esq, MBA
George Blaser	Stephen Harris, MD, FACS
Raymond Ciccolo	Eric R. Kaufman, AB, LL.B
Paul Cody	James Liau MD, FACS
Chuck Cohen	Khatmeh Osseiran-Hanna, MA
RG Conlee	Kenneth Pellegrino, CEBT
Joe Daher	Raj Vyas, MD
Randa El-Sayed Haffar, MA	



TOGETHER, WE BUILT SOMETHING THAT LASTS

Every child in this report has a name, a family, and a future that looks different because of what we built together in 2025. Every provider trained, every publication shared, every family who stayed connected to care through a phone in their pocket.

None of it happened without you.

Thank you for believing in work that takes time, and for staying with us while it grows.



TOGETHER, WE KEEP BUILDING

We've seen what's possible when the right people come together.

Children who can smile, speak, eat, and belong. Providers who carry better practices home to communities we may never visit. Research that reaches operating rooms around the world. But this work is far from finished. In 2026 and beyond, we are committed to going deeper, reaching further, and continuing to build until every child born with cleft has access to the care they deserve.

There is a place for you in this work.





Partner with us in building
the global standard for cleft care.

EIN: 26-2668127

Address: 106 Access Road, Suite 209, Norwood, MA 02062

Phone: 781-501-5007

Email: team@gsmile.org



www.gsmile.org