We are humbled to share that, with our support, the board voted to change our titles from Executive Director and Managing Director, to Co-Chief Executive Officers.

We, Ash Rogers and Julius Mbeya, joined Lwala over five years ago with the titles of Executive Director and Managing Director, respectively. Both of us were attracted to the organization by its founding story — two brothers who mobilized their community to build a hospital in the wake of their parents’ deaths. And, when we took our positions, we did so with the expressed goal of scaling the organization while further centering Kenyan leadership in decision making.

So, with that mandate, we have been working with the board to define a new leadership framework for the organization, which we have termed co-leadership. This co-leadership model lays out clear roles and responsibilities for each executive officer, but at its core is about shared power. We have built a stellar leadership team of top Kenyan talent and improved our capacity to fundraise within and from Kenya. Increasingly, we are positioning our American staff and board members as enablers and door openers, while positioning our Kenyan team as decision makers.

Our board has also been going through a transition. We’ve strengthened the Kenya NGO Board, adding African experts in the field with the gravitas to lead us into this next strategic period and the proximity to connect with our communities. We’ve also added these members to our US board, so that our US board membership went from 25% African in 2015 to 60% African today.

And so, while we have been operating under this co-leadership model for several years, our titles still denoted a hierarchy. Thus, with our mutual recommendation, the board agreed to shift our titles to match our roles. Words have power and we believe “Co-CEO” best represents our dynamic both internally and externally.

These shifts in our governance structures and executive titles are about more than diversity and representation. As an organization, we are deeply committed to community-led development. This means undoing colonial mentalities in health care that create distance between health provider and client. Further, it means ensuring our communities hold real decision-making power in the design, implementation, and evaluation of projects. We believe that this new structure of leadership and executive titles will enable us to do more.

We understand there is still imperfection in our structure, but we are continuously improving knowing full well that this is work in progress. We are committed to building a durable organization and this shift enables us to expand our leadership bench and create structures that match our scale and growth into the future.

In solidarity,

Ash Rogers, Co-CEO         Julius Mbeya, Co-CEO