Meeting Report

University Consortium for Global Health
Inaugural Meeting
September 7-9, 2008
San Francisco, California

The University Consortium for Global Health is being organized with the following vision and mission:

**Vision:**
Make the University a transforming force in Global Health.

**Mission:**
The UCGH builds collaborations and exchange of knowledge and experience among interdisciplinary university global health programs working across education, research and service. It is dedicated to creating equity and reducing health disparities, everywhere. The Consortium also promotes mutually beneficial, long-term partnerships among universities in resource-rich and resource-poor countries, developing human capital and strengthening institutions.

**Introduction**

The unprecedented interest in global health among faculty and students in North American Universities and the proliferation of academic centers of global health has been likened to a “tsunami.” The response of the Universities to this unprecedented phenomenon has been lacking in several important ways: (1) no agreed-upon definition of global health has been developed; (2) the required curriculum and competencies for global health have not been standardized; (3) field placement of students has been chaotic, students and faculty are generally inadequately prepared for their international field placement, and the criteria and conditions for placement in host institutions have not been defined; and (4) little coordination exists among northern Universities working in the global south to develop administrative enabling systems to improve their operations, to avoid duplication and to promote collaboration.

“Global health” is a northern concept. For the academic institution in the south, everyday public health, medical and nursing education and practices constitute
“global health.” There is gross imbalance in resources and in the exchange of students and faculty between institutions in rich and poor countries. Southern institutions want to be equal partners with their northern counterparts and be involved, from the beginning, in the planning, implementation, management and impact evaluation of joint projects.

The global health field is rapidly evolving. There is urgent need to define the scope of the field, to establish relevant competencies and standardize education and training curriculum, to develop mutually beneficial long-term institutional partnerships among universities in the north and south. These considerations provide the rationale to ask whether a consortium of universities, which have made significant commitment to global health, should be formed to fill this vacuum. This meeting was held to answer this question.

Background

In 2005, Dr. Gerald Keusch invited the leading university global health centers of the time from both the U.S. and Canada to a meeting at Boston University to discuss whether a University Consortium for Global Health should be formed. Although there was enthusiastic response to the idea, lack of funds and sponsorship prevented further development of the idea.

On September 23-25, 2007, Dr. Jaime Sepulveda held an international conference of global health experts in San Francisco, co-hosted by the University of California, San Francisco (UCSF) Global Health Sciences (GHS) and the Bill and Melinda Gates Foundation (BMGF). The conference was entitled “Global Health Sustainability: Focusing on the Workforce.” That meeting resurrected the concept of a North American university consortium for global health. The Gates Foundation then provided the leadership and funding to plan the consortium and to hold this meeting in San Francisco. Subsequently, the Rockefeller Foundation provided a grant to help develop the organizational structure of UCGH in its first year of existence.

The 10 recommendations from the September 23-25, 2007 conference are worth repeating and are summarized below:

1. Medicine and Public Health must respond to changing conditions as a result of advances and innovations in technology, the equity and human rights revolution, globalization, and the growing passion among students, faculty, and professionals to address global health.
2. Define the emerging discipline of global health reflecting major global health challenges with a focus on “interdependence”, including disciplines beyond health to include law, engineering, agriculture, social sciences, and business.

3. Make the academic enterprise a transforming agent in global health, recapturing the University as part of the community, not an “ivory tower”; emphasizing capacity building; and the training of leaders, managers.

4. Expand academic exchange programs through mutually beneficial “academic twinning” between academic institutions in the north and south.


6. Accelerate and improve training of human resources for health at all levels.

7. Address the “brain drain” problem and the strategic ways it might be managed.

8. Develop research capacity in developing countries, emphasizing the “Bench-to-Burkina Faso” principle.

9. Support innovative approaches to policy and financing.

10. Initiate “Flexner 21” report for the 21st century, examining the human resource needs for health and how they relate to global health, medicine, public health, health systems, and country competitiveness.

Planning for UCGH Inaugural Meeting

Thanks to a planning grant from the Bill and Melinda Gates Foundation (BMGF), a steering committee was formed to plan and organize the inaugural meeting of University Consortium for Global Health, which occurred on Sept. 7-9, 2008 in San Francisco, California. The Steering Committee consisted of Haile Debas, Chair, (UCSF), King Holmes (University of Washington), Gerald Keusch (Boston University), Jeff Koplan (Emory University), Michael Merson (Duke University), Thomas Quinn (Johns Hopkins University), Chuck Smukler (UCSF), Judith Wasserheit (University of Washington). The Committee worked throughout the spring and summer of 2008, to plan and organize the inaugural meeting.

Meeting Venue
The Mission Bay Campus of the University of California, San Francisco was selected as the meeting venue.
Invited Participants:
A recent survey undertaken by Johns Hopkins University showed that more than 150 academic programs of global health, in various degrees of development, exist within the United States alone. Completely satisfactory criteria to decide whom to invite could not be established. The Steering Committee, therefore, adopted four criteria it deemed reasonable to determine the list of invitees to the meeting. A global health program, to be invited, had to satisfy the following four criteria:

1) The institution has provided dedicated resources and established a reporting relationship of the Director to the central administration of the University;
2) Its program must be interdisciplinary, involving more than one school;
3) Its activities encompass education and training, research, and health services; and
4) It has a well-established and functioning international partnership.

Twenty universities from the U.S., Canada, and Mexico met all criteria, were invited to the meeting and agreed to attend. The list of the Universities and their representatives as well as guest invitees who attended is provided in Appendix I.

The Meeting Agenda
The full meeting agenda is included as Appendix II. The meeting had several component parts as listed below:

- Dinner meeting with Dr. Tadakata Yamada, President of Global Health at the BMGF and the Steering Committee, Program Directors, and our distinguished international guests.
- Opening remarks by Dr. Haile T. Debas, Chair of the Steering Committee and host of the meeting, and Dr. Jaime Sepulveda-Amor, Director of Integrated Health Solutions Development at the BMGF.
- Five panel discussions:
  1) Global Health Education: Core competencies and curricular approach; Moderator: Michael Merson, MD
  2) Interdisciplinary Approaches to Global Health Education, Research, and Service; Moderator: Judith Wasserheit, MD, MPH
  3) University Enabling Systems for Global Health; Moderator: King Holmes, MD
4) International Collaborations; **Moderator: Tom Quinn, MD**
5) Models of Academic Partnerships in Global Health; **Moderators: Gerald Keusch, MD; Haile T Debas, MD**
   - Four small group discussions further explored issues raised by the panels
   - Plenary Session and Summation
   Brief summary of the salient discussion and key recommendations of the meeting is given below.

**Meeting with Dr. Tadataka Yamada**

Dr. Tadataka Yamada addressed the meeting of the Steering Committee and Program Directors at a dinner on September 7, 2008. He emphasized the importance of basic, translational, and implementation science in global health. He stressed that what we do must make a difference in the lives of all vulnerable people. He emphasized that Universities can play a transforming role in global health and admonished us to “think big”. He thought that long-term institutional partnerships or “academic twinning” was an important mechanism to build capacity in developing countries. He announced that the BMGF will be giving “learning grants” this year to pilot academic twinnings between US and African countries and he hoped that, based on the outcome of the learning grants, the Foundation may decide to make a large investment in long-term (10 or more years) institutional partnerships for capacity building. He also emphasized the need to develop regional Consortia for Global Health on several continents to eventually form a world Consortium for Global Health. Dr. Yamada stated that the inaugural meeting of UCGH is historic, encouraged the participants to think boldly and wished them a very successful meeting.

**Welcoming Remarks**

**Dr. Haile T. Debas**

In setting the stage, Dr. Debas provided a brief background by discussing Dr. Keusch’s meeting at Boston University in 2004, and summarizing the 10 recommendations of the September 23-25, 2007 San Francisco meeting that Dr. Sepulveda organized (see above). He acknowledged the support of the Bill and Melinda Gates Foundation and The Rockefeller Foundation (represented at the meeting by Dr. Miriam Rabkin). He posed eight questions that he asked the participants to answer:

1) Is there a need for a University Consortium for Global Health (UCGH)?
2) If so, is the name appropriate?
3) What should be the vision and mission of UCGH?
4) What should be its organizational and membership structure? What activities and programs should it support and how should these be funded?
5) Should it have an annual meeting?
6) What relations should it develop with relevant organizations such as the AAMC, Associations of Schools of Public Health and Nursing, the Global Health Council, and the Global Health Education Consortium (GHEC)?
7) Should UCGH sponsor a journal?
8) What advocacy role should it play?

Dr. Debas concluded by urging the participants to go beyond their individual disciplines to create a big global health tent that can house all of us, and promote collaboration and dispel the disciplinary turf battles that has divided us.

**Dr. Jaime Sepulveda**

Dr. Sepulveda reminded the participants that global health is undergoing a historic transition and is taking center stage in the overall political, diplomatic, and financial agenda. It is the largest sector of the world economy, accounting for nearly 10% of the global GDP. He emphasized that money is necessary but not a sufficient condition for the future development of Global Health. We have to invest in people and institutions. The exciting ideas for the future include “academic twinning” between institutions in the north and south, and creating regional consortia of global health centers. He indicated that this Consortium is a crucial element in pushing these ideas forward. He emphasized that training the health workforce is the most important priority in global health.

He concluded by reaffirming the 10 conclusions of the September 2007 San Francisco conference on Global Health, particularly the need to define “global health”, to create new 21st century models for public health, and the potential role of the “Flexner-21” report to guide the human resource needs and training in global health.

**Definition of Global Health**

**Dr. Jeffrey Koplan**

Dr. Koplan provided a scholarly discussion comparing public health, international health, and global health through the lens of history. He took a
preliminary discussion by the Steering Committee, and developed a working definition of “global health”. Experts from around the world were invited to comment on the working definition. As he presented the definition at this meeting, he felt that the definition will undergo further modifications. He plans to publish the definition yet for further comments.

The definition proposed by Dr. Koplan is:

“Global Health is a field of study, research and practice that places a priority on achieving equity in health for all people. Global Health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-based prevention with individual level of clinical care, promotes inter-disciplinary collaboration and emphasizes transnational health issues and determinants.”

Questions/Suggestions from the Floor:
- How do we inject an action element into this excellent definition?
- Are health and well-being covered adequately?
- Is the definition too inclusive?
- Cost-effectiveness not addressed.
- “Cooperative solutions” not mentioned.

Panel on Global Health Education: Core Competencies and Curricular Approach

Moderator: Michael Merson, MD
Panelists: Robert Black, MD, MPH
           Timothy Brewer, MD, MPH
           Stephen McGarvey, PhD, MPH
           Dyann Wirth, PhD

Charge: The panel was asked to address the following issues:
- Define “core competencies”.
- Discuss differences between education in global health and public health.
- Examine the tension between broad interdisciplinary content we expect of global health programs and deep, specific discipline content that is also required.
- Describe the competencies that undergraduates and graduates in Medicine and other disciplines require to prepare for international global health engagement.
Discussion/Conclusions
Global health practitioners must have a strong set of knowledge in one disciplinary core while being able to work across many disciplines. They must also be able to conduct and report on research that addresses global health problems. Perhaps a degree program, analogous to the DrPH, could be developed for global health practitioners to provide analytical tools, and training in advocacy, leadership, global health diplomacy, health systems, and various types of interventions. Inter-disciplinary, inter-sectoral programs of population health need to be developed that go beyond evidence-based practice to include implementation of policy.

The Association of Canadian Universities and the Harvard Institute for Global Health have begun to define global health competencies. The following list of global health competencies is a synthesis of the work done by these two groups:

- Global burden of disease
- Migration, movement, marginalization
- Social and economic determinants of health
- Effect of globalization on health
- Health care in low-resource settings
- Health behavior and society
- Health systems and management
- Life-sciences in global health
- Discovery, development, and delivery
- Global health and medical ethics
- Global health transitions: epidemiologic, demographic
- Conceptualization, production and reproduction of knowledge

More work will be required to further define the educational content and competence skills in global health.

Panel on Interdisciplinary Approaches to Global Health Education, Research, and Service

Moderator: Judith Wasserheit, MD, MPH
Panelists: Peggy Bently, PhD
Neal Nathanson, MD
Jonathan Simon, DSc., MPH
David Zakus, MES, MSc, PhD
**Charge:** This panel was asked to address the following issues and questions:
- Define interdisciplinary approaches to global health education, research, and service.
- How do we catalyze interdisciplinary global health programs?
- What are the barriers to developing interdisciplinary programs, and what steps can overcome these barriers?

**Discussion/Conclusions**
Interdisciplinarity implies a level of integration and synthesis that creates new approaches, synergies and insights to solve problems. It also implies that all participants understand the content and language of the other disciplines while maintaining the core skills, depth, and rigor in their individual disciplines to solve important global health problems. Interdisciplinarity assumes a problem-based, rather than discipline-based approach to research, training and service delivery.

Several creative ways of including global health in an academic setting were discussed. Distance education with a focus on global health topics and web-based courses can link people all over the world. The implementation of open courseware, such as that pioneered by MIT, offers a large number of free courses on line. Freshman seminars in global health are an important way of attracting students into the field. Another way of raising the campus profile of global health is to bring distinguished scholars from universities in North America or overseas to spend a few months of sabbatical and be available to the entire global health community. The University of Pennsylvania has introduced a new professorship that provides joint appointment in different disciplines on its campus.

**Catalyzing Strategies:**
A range of strategies have been used by different Universities to catalyze the development of interdisciplinary global health programs. Examples follow:
- **University of Washington:** A particularly effective strategy has been to send a “request for proposals” (RFP) to the entire campus to develop interdisciplinary initiatives: centers for discovery, learning, and service. Of course, seed funds have to be made available to the proposals that compete successfully.
- **University of North Carolina:** UNC has used its Fogarty/NIH Framework Grant for Global Health effectively to create an institute that includes the
arts and science, social work, business, and other disciplines. It is also bringing an online certificate program for global health that enables an individual from any discipline to enroll. UNC has also been given funds from its Provost to “globalize” the School of Public Health. The Institute for Global Health and Infectious Diseases provides funds for interdisciplinary faculty-student travel for research projects.

- **University of Pennsylvania**: A novel approach has been the creation of “Integrating Knowledge Professors” who have joint appointments in different disciplines. Although the University of Pennsylvania does not have a School of Public Health, it now offers an MPH program. It also gives 60 courses as area of concentration in global health to 12 Schools.

- **Boston University**: BU has developed the “Center for International Health and Development” based on three pillars: clinical science, public health science, and social science. The interdisciplinary group is in one physical space, and disincentives are created for “solo” work. A successful social engineering, behavior-modifying experience has been to have all members of the team serve as both “chiefs” and “warriors”. In this way they understand common problems and play constructive roles whether they are “chiefs” or “warriors”.

- **University of Toronto**: The Center for International Health has an office for inter-professional education and offers several joint programs with other disciplines. It also has two new undergraduate programs, each of which will be made into a “major”. Another health studies program incorporates social sciences and policy. A new partnership within the University explores how art influences global health.

- **Duke University**: A true interdisciplinary center has been created that brings together disciplines from both health and non-health sciences. Duke has committed $7.5 million for the recruitment of interdisciplinary faculty.

**Barriers:**
An important barrier is lack of funding and good infrastructure (administration, student support, and faculty promotions) for interdisciplinary programs. Most academic centers are organized along disciplinary lines, as are most funding agencies, journals, and professional organizations that provide the financial and professional support for academic advancement. University Tenure and Promotion Committees do not place adequate value on international and interdisciplinary work done by faculty. Competing demands on busy faculty time is a common problem. Some deans and department chairs show lack of
interest in global health programs often in sharp contrast to the interest of their trainees and faculty.

Other challenges that were mentioned related to how effectively we integrate research and service into student education, and to the inadequacy of student supervision, particularly when they are in international placement. Overhead cost-sharing and allocation of indirect cost rates are also a problem.

Recommendations:

- Develop enabling administrative structure for global health. (Topic to be addressed by next panel).
- Develop selective university-wide advisory groups.
- Consider a well-planned, well-prepared meeting with University Presidents.
- Encourage funding agencies and donors to make more calls for interdisciplinary proposals in global health.
- Reach out to veterinary medicine, agriculture, and non-health disciplines.
- Develop and evaluate international training experiences involving interdisciplinary teams of students and faculty.

Panel on University Enabling Systems for Global Health

Moderator: King Holmes, MD
Panelists: Ann Anderson, BA
           Dick Dunning, MHS
           Thomas LaSalvia, MPH
           Roseanne Waters, BS

Charge: This panel was asked to address the following five questions:

- How has your institution scaled up or modified administrative functions, processes, and services to effectively support significant increases in global funding?
- How have administrative functions been coordinated across organizational units to address challenges and to solve problems in supporting global activities?
- What specific administrative process at your institution would you consider “best practices” from which others could learn?
- What type of problems, issues, and barriers have you encountered at your institution that may require innovative administrative solutions?
• How could UCGH help all members develop and strengthen enabling systems? Can the whole be greater than the sum of its parts?

**Discussion/Conclusions**
Significant administrative problems encountered by academic global health programs over the past five years with inconsistent policies and procedures highlight the need to establish complex infrastructure in ways that have never been done before.

Several Universities shared their experiences about how they have responded to these challenges:

• **University of Washington:** The University of Washington Department of Global Health is leading the way. The scope of its “Global Support Project” includes:
  1. Financial (field advance improvements, tax, currency fluctuations);
  2. Subcontracts (process streamlining, advances);
  3. Human resources (relevant job classes/codes, relevant benefit rates, process streamlining);
  4. Risk and safety (insurance coverage);
  5. Information technology (connectivity, conferencing);
  6. Compliance (expense allowability, visa requirements);
  7. Legal (UW program registration, local laws and regulations); and

Their guiding principles include alignment with global strategies (senior leader sponsorship and involvement), accepting and managing international risk, transparency in approach, developing multiple process options, creating an infrastructure (virtual and structural), facilitating collaborations, and establishing improvements that can be leveraged for multiple activities, where possible.

They have staff they value for their “can do” attitude and willingness to be “fearless provocateurs of the status quo”. They have established a Global Support Project structure with both “Sponsored Process Improvement” and “Rapid Response” teams. The “Sponsored Process Improvement Teams” are concerned with such issues as field advances, non-resident alien tax, reporting, global human resource, and sub-contracting. “The Rapid Response Teams”, on the other hand, deal with
unique job classification and benefit rates for specific projects; any emergent needs for training projects in Africa, issues of property leasing abroad, and PI concerns about global hiring and cash management. These teams are “change agents” and ask “how”, and not “if”, problems can be solved. Their motto is “we support the people who change the world.”

• **Emory University:** A key strategy has been to develop an interdisciplinary center of expertise, rather than a core administrative organization, to manage human resource logistics including registration, hiring employees in partner countries, and securing their safety and health, dealing with legal and banking issues, and generally managing inconsistencies in procedures and communication policy. Emory has taken a major step in addressing the need to prepare students for global engagement. A program consisting of six modules is given jointly to undergraduate and graduate students and physicians. The modules include:
  1. Service ethics in global context
  2. Health and safety training
  3. Fundamentals of cross-cultural research
  4. Case studies of successful projects
  5. Reporting back
  6. Student/faculty breakout sessions by region and/or country

After taking the course, students rated their preparedness for global engagement an average of 7 on a 1-10 scale.

• **Johns Hopkins University** is addressing many issues and challenges that global work poses. These include finance, oversight, risk, legal, reporting, and overseas human resources. There is confusion as to who is working internationally, and the rules (e.g. finance group) keep changing. We need consistent policies, guidelines, and processes to be able to structure international partnerships.

• **Harvard University** has just completed a strategic plan for the Harvard Global Health Institute with Executive Planning Groups in global infectious diseases, population health, demography and aging, technology innovation, environment, women’s and children’s health, health systems, implementation science and decision science. Education, ethics, and crisis and emergency management serve as cross-cutting themes.
The Harvard team described several challenges they face. These include overcoming the problems of “siloed” administrative and financial structures in sponsored programs/IRBs, indirect cost allocation, and philanthropic credit. Other challenges include enhancing operational/best practice efficiencies with international sites both between Harvard and international sites and between/among international sites. A final challenge pertains to managing current information on global health activities across the University.

Here are some of the best practices that the Harvard group shared:
1. Well-functioning scientific priority areas and cores led by co-faculty champions from different schools/hospitals.
2. Financial systems that correspond directly to programmatic, education, and research priorities.
3. Central administrative process ownership, transparency, and stewardship.
4. Dedicated IRB, legal, finance, international sit/program management support.
5. Senior management “bridge”.

**Recommendations:**
- Arrange for senior University administrators and managers to visit the international study sites, a strategy that has proven successful in securing their support and enthusiasm.
- Establish a standing Committee on University Enabling Systems, which includes international members and which would serve as a common resource for all members.
- Create a website for policies and procedures.
- Create a common guideline on preparing students for overseas engagement. This should be done in conjunction with international partners.

**Panel on International Collaborations**

**Moderator:** Tom Quinn, MD  
**Panelists:** Mushtaque Chowdhury, MSc, PhD  
Jean William Pape, MD  
Mario Rodriguez-Lopez, MD  
Nelson Sewankambo, MBChB, NMED
**Charge:** This distinguished panel of international global health leaders was asked to address international collaborations from their own perspective. The specific charge was as follows:

- Identify key elements needed to successfully pursue mutually satisfactory global health programs.
- How could UCGH contribute to that vision?
- What resources are needed for successful collaboration?
- Identify the barriers to collaboration and discuss how they may be avoided.
- Have international collaborations enhanced capacity building?
- What are the pros and cons of collaboration with multiple institutions?

**Discussion/Conclusions**

**Dr. Chowdhury** based his discussion on his own experience with the extensive international collaborations BRAC has had since the establishment of its James P. Grant School of Public Health five years ago. The School is a joint effort with ICDBRB and has partnerships with many northern and southern institutions. Dr. Chowdhury said the collaborations have produced major benefits not only in supporting the educational and research enterprise (providing teachers, faculty training, research co-investigators and publications, and bringing in new technologies) but also in creating ambassadors for the School of Public Health, connecting it to internationally available resources (WHO, National Library of Medicine), as well as helping in fund-raising. He thought a key factor for success is that the individuals from the north should have genuine interest and commitment to the southern country, and relevant leadership training. Previous experience in the country is also a benefit. The receptiveness of the southern partner is a necessary condition for successful collaborations. Collaborations also need a champion in the north and dedicated resources to succeed.

**Dr. Pape** described the critical elements of success in the GHESKO Study in Haiti. He emphasized that *collaboration is all about people, their passion and their long-term commitment to make a difference in the lives of poor people.* He cited the inspiring contributions of Peter F. Wright of Vanderbilt, Warren D. Johnson, Jr. of Cornell, and Alain Merieux of the Foundation Rodolphe Merieux.

Dr. Pape enumerated several key factors for successful collaboration:

- The goals must be defined and specific;
- The collaboration must be advantageous to both parties;
- It must be long-term (10-20 years or more);
- The approach to training, research, and patient care should be comprehensive and holistic;
• The collaboration must build capacity;
• The relationship must be based on ethical and trusting principles.

Dr. Pape cited the following problems that can limit the success of a collaboration include broken promises and lack of credibility, insufficient support, inappropriate government intervention, and fighting between donors.

**Dr. Mario Rodriguez-Lopez** from Mexico stressed that international collaborations must build global health capacity in the following areas:

• Research and training on the basis of shared interests and addressing shared problems;
• Coordination of programs involving several institutions from the north and the south;
• Identification of bilateral needs to build local capacity and strengthen institutions;
• Health services strengthening and workforce training;
• Building synergies among international health organizations and programs.

Dr. Rodriguez-Lopez described the Mesoamerica Public Health System initiative as an example of developing successful regional programs. The Mesoamerican Public Health System addresses common health problems of the region: inadequate maternal and child healthcare, high prevalence of dengue and malaria, low childhood vaccination rates, and childhood malnutrition. It will coordinate national programs that are either vertical or horizontal into regional “diagonal” programs that strengthen health systems. The System will also coordinate technical cooperation and international participation. As we think of international partnerships, this model of regional collaboration that brings together several countries and several institutions must be given serious consideration. The Mesoamerica Public Health System is not only a model of regional collaboration but also a model of south-south partnership.

**Dr. Nelson Sewankembo** is the Principal of Makerere College of Health Sciences in Kampala, Uganda. Makerere, one of the premiere health science institutions in Africa, has collaborations with numerous institutions in the global north. Dr. Sewankambo asked “Why are foreign students here doing what they call ‘global health’?” He pointed out that global health is a western concept, and that from where he sits, all the daily health care issues he sees is global health. He told the audience to “move out from where you sit” and consider the circumstances and conditions of their international partners, especially in light of the uneven playing field and huge disparities that exist. He also asked whether institutions in the south should seek to be copies of their counterparts in the north and how...
effective it is to have multiple partners in the same country. Dr. Sewankambo identified the following requirements for successful international academic collaboration:

- Respect and understanding of differences in culture and perspective;
- Transparency generally, and with budget issues specifically;
- Long-term partnership;
- The need to involve southern partners to be involved throughout the design, implementation, management, and reporting of projects;
- Defining and agreeing on goals and metrics of success at the beginning;
- Stressing capacity building;
- Equity in exchange of students and faculty;
- Agreement on who has ownership of data.

Dr. Sewankambo also suggested that the Consortium should be broadened to include partners from low- and middle-income countries, and that it should never lose sight of the debilitating effects of brain drain in low income countries.

**Panel: Models of Academic Partnership in Global Health**

**Co-Moderators:** Gerald Keusch, MD  
Haile T. Debas, MD

**Panelists:** Richard L. Guerrant, MD  
Warner Green, MD, PhD  
Jonathan Rosen, PhD  
David Sack, MD

**Charge:** The panel was asked to discuss the benefits and challenges of several international academic partnership models between institutions in North America and those in low- and middle-income countries.

**Discussion/Conclusions**

**Dr. Richard Guerrant** suggested that win-win models of academic partnership require shared vision of equity and interdependence, trust, and investment in students. Some of the challenges include obtaining buy-in from University presidents, including matching funds, and, in the long-term, building an endowment for partnerships. In a “concept sheet” he distributed at the meeting, Dr. Guerrant expressed the vision that experts and students should be engaged across all disciplines in building sustained collaborations at top universities and their communities around the world to alleviate the diseases of poverty. He suggested a UCGH Network of Trans-University Centers of Global Health which would build collaborations at existing or new sites for mentored students or
professionals to work on projects abroad; exchange programs that enable junior faculty from less developed countries to train in research on topics relevant to their home countries; addressing global health issues in the curricula of new university courses.

Dr. David Sack focused his discussion on contracts and agreements that partnering institution might sign. One-sided agreements are to be avoided. Contracts should respect international law as they specifically deal with all the key issues: indemnification, insurance requirements, data ownership, intellectual property rights, ownership and handling of tissue samples, publication, allocation of indirect cost rates, and dispute settlement clause.

Dr. Jonathan Rosen addressed the management of intellectual property (IP) as a means of sustainable partnerships. He identified four ways in which this can be done:

- US universities’ research discoveries are licensed to companies which agree to sell their products in developing countries at affordable rates;
- US researchers contract directly with partner universities in the south to perform clinical research;
- Northern and southern academic institutions form equal partnership and seek joint discoveries of medicines, vaccines, etc, that they will commercialize jointly under a properly executed contract; and
- Southern institutions develop the scientific discoveries and contract with northern institutions for focused help.

A new language needs to be created for the management of IP. IP is often the basis for problems and misunderstanding – but it can also be the basis for creativity.

Dr. Warner Greene, President of Accordia Global Health Foundation, described an exciting and successful model for international partnership that creates a confederation of professional organizations, universities in the north and south, and the pharmaceutical industry (Pfizer) to fight infectious diseases; strengthen in-country capabilities to offer health training, research and care; and to create evidence-based models that can be replicated worldwide. Accordia, previously known as Academic Alliance Foundation, helped to build and run the Infectious Diseases Institute (IDI) at Makerere. The ownership and management of the IDI has now been transferred to Makarere and is essentially run by Africans. The major focus for Accordia now is providing training in 26 African countries, and institutional strengthening. At the IDI, it has established a Professor-in-Residence
Program for US experts who would commit time. It has also established the Sewankambo Scholars Program designed to train leaders.

**Summary of Recommendations from the four Breakout Groups**

- Unanimous consensus that UCGH should be formed. Some felt the criteria for membership should be re-examined and relaxed.
- The Steering Committee should be expanded with consideration of geographic, disciplinary, gender and racial/ethnic diversity.
- UCGH should define its membership and the scope of its activities in education and training, research, service and advocacy.
- UCGH should engage in consultations and discussions with all relevant organizations (AAMC, APHA, ANA, GHC, GHEC, etc.)
- The membership should include Mexico and all the southern partner institutions, and one criterion to be satisfied to qualify for membership will be that their representatives have gender and racial/ethnic diversity.
- UCGH should create an operational work plan for:
  - Information gathering: database of global health programs and their activity, case studies, best practices, guidelines and procedures.
  - Establishing a university enabling system to provide a common platform and service which is key to the effective collaboration among the members of the Consortium.
  - Advocacy.
- UCGH should develop a strategic plan for its programs, for its own sustainability, and to grow from a regional to a global organization.
- UCGH should not sponsor a journal at this time.
## Appendix I

### AGENDA

**INAUGURAL MEETING**

**UNIVERSITY CONSORTIUM FOR GLOBAL HEALTH**

San Francisco, California

**MONDAY, SEPTEMBER 8, 2009**

**Location:** Mission Bay Conference Center

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<tr>
<td>8:30-9:00</td>
<td>Registration</td>
<td>All Participants</td>
<td>Setting the stage for the meeting and the discussion of the form and function of a University Consortium for Global Health.</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Welcome Opening Remarks</td>
<td>Haile T Debas, MD, Jaime Sepulveda, MD, MPH, DrSc</td>
<td></td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>What is Global Health?</td>
<td>Jeff Koplan, MD, MPH</td>
<td>Present current working definition and discuss issues.</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Break</td>
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<tr>
<td>11:00-12:30</td>
<td>Panel and Discussion:</td>
<td>Moderator: Michael Merson, MD</td>
<td>The Global Health Education panel will discuss core competencies and curricular approaches of Global Health programs as well as career paths for graduates of those programs. Discussion will be centered on different approaches to GH education and future paths to creating more comprehensive curricula to prepare our global health graduates for international employment.</td>
</tr>
<tr>
<td></td>
<td>Global Health Education: Core Competencies and Curricular Approaches</td>
<td>Panelists: Robert Black, MD, MPH, Timothy Brewer, MD, MPH, Stephen McGarvey, PhD, MPH, Dyann Wirth, PhD</td>
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<tr>
<td>12:30-1:45</td>
<td>Lunch</td>
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<tr>
<td>1:45-3:15</td>
<td>Panel and Discussion:</td>
<td>Moderator: Judith Wasserheit, MD, MPH</td>
<td>This panel will primarily focus on: defining interdisciplinary in global health programs; approaches used to catalyze development of interdisciplinary global health programs; and, barriers in the development of interdisciplinary global health.</td>
</tr>
<tr>
<td></td>
<td>Interdisciplinary approaches to Global Health Education, Research and</td>
<td>Panelists: Peggy Bently, PhD, Neal Nathanson, MD, Jonathan Simon, DSc, MPH, David Zakus, MES, MSc, PhD</td>
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<td>Service</td>
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<tr>
<td>3:15-3:30</td>
<td>Break</td>
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<tr>
<td>3:30-5:00</td>
<td>Panel and Discussion:</td>
<td>Moderator: King Holmes, MD</td>
<td>This panel will present examples of administrative, fiscal, legal, and other structural considerations and challenges in implementing academic Global Health Programs; and will review successful programs and approaches that universities have developed to support high quality academic global health programs.</td>
</tr>
<tr>
<td></td>
<td>University Enabling Systems for Global Health</td>
<td>Panelists: Ann Anderson, BA, Dick Dunning, MHS, Thomas LaSalvia, MPH, Roseanne Waters, BS</td>
<td></td>
</tr>
<tr>
<td>6:30-9:30</td>
<td>Reception &amp; Dinner</td>
<td>Location: Carnelian Room, 555 California Street</td>
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</table>
## TUESDAY, SEPTEMBER 9, 2008

**Location:** Mission Bay Conference Center

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>WHO</th>
<th>OBJECTIVE</th>
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</thead>
<tbody>
<tr>
<td>8:30-10:00</td>
<td>Panel and Discussion: International Collaborations</td>
<td>Moderator: Tom Quinn, MD</td>
<td>This panel will explore the benefits, challenges, cautions and opportunities that international collaborations can represent for students, faculty and the participating institutions.</td>
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<tr>
<td></td>
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<td>Panelists:</td>
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<td>Mushtaque Chowdhury, MSc, PhD</td>
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<td>Jean William Pape, MD</td>
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<td>Mario Rodriguez-Lopez, MD</td>
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<td>Nelson Sewankambo, MBChB, MMED,</td>
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<tr>
<td>10:00-10:30</td>
<td>Break</td>
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<tr>
<td>10:30-12:00</td>
<td>Panel and Discussion: Models of Academic Partnerships in Global Health</td>
<td>Moderators: Haile T Debas, MD</td>
<td>Academic partnership between academic institutions in developed countries (North America, for the purpose of the discussion) and those in low- and middle-income countries, have been suggested as an effective strategy for capacity building and collaboration, particularly when the partnership is structured in such a way as to benefit both parties. The panel will discuss the benefits and challenges of several partnership models.</td>
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<td>Gerald Keusch, MD</td>
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<td>Panelists:</td>
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<td>Richard L Guerrant, MD</td>
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<td>Warner Greene, MD, PhD</td>
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<td>Jonathan Rosen, PhD</td>
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<td>David Sack, MD</td>
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<tr>
<td>12:05-1:15</td>
<td>Lunch</td>
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<tr>
<td>1:15-2:00</td>
<td>Small Group Recommendations for Consortium’s Work:</td>
<td>Small Group Assignments</td>
<td>Each Work Group will:</td>
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<tr>
<td></td>
<td>1. Core Competencies and Career Pathways</td>
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<td>1. Discuss and recommend changes to and/or approval of Mission Statement</td>
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<tr>
<td></td>
<td>2. University Enabling Systems for Global Health</td>
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<td>2. Discuss and recommend the organizational structure and membership appropriate to accomplish the proposed mission.</td>
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<tr>
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<td>3. International Partnerships and Collaborations</td>
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<td>3. Discuss and recommend in priority order up to three issues or actions the organization should address during the next year.</td>
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<tr>
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<td>4. Interdisciplinary Approaches</td>
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<td>4. Identify and prioritize up to three issues specific to the Work Group’s topic which the Consortium should address during the next year.</td>
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<td>To the extent that time will permit define specifically for each priority the actions or work products expected, the time line and the methods by which the recommended priorities should be addressed.</td>
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<tr>
<td>2:00-3:30</td>
<td>Small Group Reporting and Discussion</td>
<td>Haile T Debas, MD</td>
<td>Reports to plenary session small group recommendations (5 minutes each group).</td>
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<tr>
<td>3:30-4:30</td>
<td>Planning the Consortium’s Purpose and Structure</td>
<td>King Holmes, MD</td>
<td>Discuss next steps in creating the consortium’s structure and work priorities for the coming year.</td>
</tr>
<tr>
<td>4:30-5:00</td>
<td>Closing Remarks</td>
<td>King Holmes, MD</td>
<td>Summarize meeting high points and recommendations for next steps.</td>
</tr>
</tbody>
</table>
## Appendix II

### 2008 University Consortium for Global Health Inaugural Meeting Participant List

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEGREES</th>
<th>TITLE</th>
<th>SCHOOL</th>
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</thead>
<tbody>
<tr>
<td>Alfredo Vergara</td>
<td>MS, PhD</td>
<td>Deputy Director, Institute For Global Health</td>
<td>Vanderbilt University</td>
</tr>
<tr>
<td>Ann Anderson</td>
<td>BA</td>
<td>Associate Vice President and Controller</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Anne Bax</td>
<td>MIA, MBA</td>
<td>Associate Director for Finance and Administration</td>
<td>Duke University</td>
</tr>
<tr>
<td>Carol McLaughlin</td>
<td>MD, MPH</td>
<td>Research Director, Global Health, Center for High Impact Philanthropy, School of Social Policy and Practice; Instructor, Division of Infectious Disease, School of Medicine</td>
<td>University of Pennsylvania</td>
</tr>
<tr>
<td>Charles Smukler</td>
<td>MPH</td>
<td>Director of Administration, Finance and Operations</td>
<td>University of California, San Francisco</td>
</tr>
<tr>
<td>Christopher Stewart</td>
<td>MD</td>
<td>Director, Pathways to Discovery in Global Health and The Clinical Scholars Program</td>
<td>University of California, San Francisco</td>
</tr>
<tr>
<td>Craig Wilson</td>
<td>MD</td>
<td>Director, Sparkman Center for Global Health</td>
<td>University of Alabama at Birmingham</td>
</tr>
<tr>
<td>Cynthia Beall</td>
<td>PhD</td>
<td>Professor, Department of Anthropology</td>
<td>Case Western Reserve University</td>
</tr>
<tr>
<td>David Bangsberg</td>
<td>MD, MPH</td>
<td>Senior Scientist, Harvard Initiative for Global Health</td>
<td>Harvard University</td>
</tr>
<tr>
<td>David Sack</td>
<td>MD</td>
<td>Professor, International Health; Former Director of the International Centre for Diarrheal Disease Research, Bangladesh</td>
<td>Johns Hopkins University</td>
</tr>
<tr>
<td>David Severson</td>
<td>PhD</td>
<td>Professor, Department of Biological Sciences, Eck Institute for Global Health</td>
<td>University of Notre Dame</td>
</tr>
<tr>
<td>David Zakus</td>
<td>BSc, MES, MSc, PhD</td>
<td>Director, Centre for International Health</td>
<td>University of Toronto</td>
</tr>
<tr>
<td>Dyann Wirth</td>
<td>PhD</td>
<td>Richard Pearson Strong Professor and Chair</td>
<td>Harvard University</td>
</tr>
<tr>
<td>Gerald Keusch</td>
<td>MD</td>
<td>Associate Dean, Global Health</td>
<td>Boston University</td>
</tr>
<tr>
<td>Guy Palmer</td>
<td>DVM</td>
<td>Director, School for Global Animal Health; Regents Professor</td>
<td>Washington State</td>
</tr>
<tr>
<td>Haile T Debas</td>
<td>MD</td>
<td>Executive Director, Global Health Sciences</td>
<td>University of California, San Francisco</td>
</tr>
<tr>
<td>Jaime Sepulveda</td>
<td>MD, MPH, Dr Sc, MSc</td>
<td>Director, Integrated Health Solutions Development</td>
<td>Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>James Kazura</td>
<td>MD</td>
<td>Professor of International Health, Medicine and Pathology</td>
<td>Case Western Reserve University</td>
</tr>
<tr>
<td>Jean William Pape</td>
<td>MD</td>
<td>Director, Les Centres GHESKIO (The Haitian Group for the Study of Kaposi’s Sarcoma and Opportunistic Infections); Professor of Medicine in the School of Medicine</td>
<td>State University Hospital in Port-au-Prince, Haiti</td>
</tr>
<tr>
<td>Name</td>
<td>Degree</td>
<td>Position</td>
<td>Institution</td>
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<tr>
<td>Jeff Koplan</td>
<td>MD, MPH</td>
<td>Vice President for Global Health; Director, Global Health Institute</td>
<td>Emory University</td>
</tr>
<tr>
<td>John Ziegler</td>
<td>MD</td>
<td>Interim Director of Global Health Sciences Graduate Group</td>
<td>University of California, San Francisco</td>
</tr>
<tr>
<td>Jonathan Rosen</td>
<td>PhD</td>
<td>Executive Director, Institute for Technology Entrepreneurship and Commercialization</td>
<td>Boston University</td>
</tr>
<tr>
<td>Jonathon Simon</td>
<td>DSc, MPH</td>
<td>Chair, Department of International Health and Director, Center for International Health and Development</td>
<td>Boston University</td>
</tr>
<tr>
<td>Judith Wasserheit</td>
<td>MD, MPH</td>
<td>Vice Chair, Department of Global Health; Professor of Global Health &amp; Medicine</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Kasturi Haldar</td>
<td>PhD</td>
<td>Director of Center for Rare and Neglected Diseases; Professor</td>
<td>Notre Dame University</td>
</tr>
<tr>
<td>Kenneth Mayer</td>
<td>MD</td>
<td>Professor of Medicine and Community Health</td>
<td>Brown University</td>
</tr>
<tr>
<td>King Holmes</td>
<td>MD</td>
<td>William H. Foege Chair, Department of Global Health</td>
<td>University of Washington</td>
</tr>
<tr>
<td>Laura Harrington</td>
<td>PhD</td>
<td>Associate Professor, Global Health / Medical Entomology</td>
<td>Cornell University</td>
</tr>
<tr>
<td>Lisa Croucher</td>
<td>MA, MSc</td>
<td>Assistant Director for Education and Training</td>
<td>Duke University</td>
</tr>
<tr>
<td>Lynda Harrison</td>
<td>BSN, MSN, PhD</td>
<td>Professor and Deputy Director, WHO Collaborating Center on International Nursing</td>
<td>University of Alabama at Birmingham</td>
</tr>
<tr>
<td>Lynn Webb</td>
<td>PhD</td>
<td>Chief of Staff</td>
<td>Vanderbilt University</td>
</tr>
<tr>
<td>Mario Rodruigez Lopez</td>
<td>MD</td>
<td>Director</td>
<td>Instituto Nacional de Salud Pública</td>
</tr>
<tr>
<td>Michael Johnson</td>
<td>MD, MPH</td>
<td>Deputy Director</td>
<td>Fogarty International Center</td>
</tr>
<tr>
<td>Michael Merson</td>
<td>MD</td>
<td>Director, Wolfgang Joklik Professor of Global Health</td>
<td>Duke University</td>
</tr>
<tr>
<td>Miriam Rabkin</td>
<td>MD, MPH</td>
<td>Associate Clinical Professor of Medicine &amp; Epidemiology</td>
<td>Rockefeller Foundation</td>
</tr>
<tr>
<td>Mushtaque Chowdhury</td>
<td>MSc, PhD</td>
<td>Deputy Executive Director; Dean</td>
<td>BRAC University James P. Grant School of Public Health</td>
</tr>
<tr>
<td>Neal Nathanson</td>
<td>MD</td>
<td>Associate Dean, Global Health Programs</td>
<td>University of Pennsylvania</td>
</tr>
<tr>
<td>Nelson Sewankambo</td>
<td>MBChB, MMED, MSc, FRCP</td>
<td>Dean of the Medical School</td>
<td>Makerere University, Kampala</td>
</tr>
<tr>
<td>Peggy Bently</td>
<td>PhD</td>
<td>Associate Dean for Global Health</td>
<td>University of North Carolina at Chapel Hill</td>
</tr>
<tr>
<td>Pia Macdonald</td>
<td>PhD, MPH</td>
<td>Latin America Program Coordinator, Institute for Global Health and Infectious Disease Research; Assistant Professor</td>
<td>University of North Carolina at Chapel Hill</td>
</tr>
<tr>
<td>Rasa Izadnegahdar</td>
<td>BScH</td>
<td>MD Candidate</td>
<td>McGill University</td>
</tr>
<tr>
<td>Richard Dunning</td>
<td>MHS</td>
<td>Program Manager, Center for Global Health</td>
<td>Johns Hopkins University</td>
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<td>Richard L. Guerrant</td>
<td>MD</td>
<td>Director of Center for Global Health; Professor of Medicine</td>
<td>University of Virginia</td>
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<td>Stephen McGarvey</td>
<td>PhD, MPH</td>
<td>Professor of Community Health and Anthropology and Director, International Health Institute</td>
<td>Brown University</td>
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<tr>
<td>Sudha Rani Kotha</td>
<td>JD, MPH</td>
<td>Deputy Director</td>
<td>University of Michigan</td>
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<td>Terry McElwain</td>
<td>DVM, PhD</td>
<td>Professor and Executive Director</td>
<td>Washington State University</td>
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<td>Thomas Quinn</td>
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<tr>
<td>Timothy Brewer</td>
<td>MD, MPH, FACP</td>
<td>Director, Global Health Programs</td>
<td>McGill University</td>
</tr>
<tr>
<td>Warner Greene</td>
<td>MD, PhD</td>
<td>Director and Senior Investigator Nick and Sue Hellmann Distinguished Professor of Translational Medicine; Professor of Medicine, Microbiology and Immunology</td>
<td>Gladstone Institute of Virology and Immunology</td>
</tr>
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