



UVa's Trans-University Center for Global Health: Engaging Universities in Win-Win Collaborations

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Dillingham, CA Warren, RD Pearson, et al**

Center for Global Health

**Infectious Diseases and International Health
University of Virginia**



**Global Health Programs in University Settings:
What's Out There**

**ASTMH Symposium – Michele Barry
December 9, 2008**



Dr. Barry's 3 Questions:

- **How does ASTMH (ed & res) best relate to Global Health?**

TID vs Nutrition, Disaster relief, ObGyn, CV, Neuro, Road safety

- **Why and how do universities commit?**

Personal energies; invest in people; president buy-in; match/endow

- **Ethics of Capacity bldg, res. Agendas, shared publ, grants, exchanges?**

Privilege to collaborate on their agendas, with their leadership.

Key Elements in Win-Win Collaborations: Engaging Universities in Global Health

- **What do universities offer global health?**

Faculty & students seeking new knowledge;
Science and scholarship; Understanding & solutions;
Capacity building and collaboration around shared vision.

- **What does global health offer universities?**

Opportunities for learning and broadened perspective;
Better science and scholarship (research, teaching, service).

Tremendous societal resources reside in universities worldwide. Engaging universities in addressing health disparities will not only tap these resources for global health, but will also enhance their research/education/service mission, attracting the best and brightest leaders to build a culture of science and global perspective.

Key Elements in Win-Win Collaborations: Engaging Universities in Global Health

- **Articulate shared vision** Health is a **universal human value**; human life is valued equally, each deserving a measure of basic dignity; thus Health provides a **compass** and a **measuring stick**; is both an **end** and a **means** (to development).
- **Invest in people** with state-of-art molecular/informatics tools & vision; to build a **culture** of science and global perspective.
- **Engage DC and LDC institutions for mutual benefit**
- **Build sustained collaborations**
- **Engage all disciplines; thus president buy-in is key!**

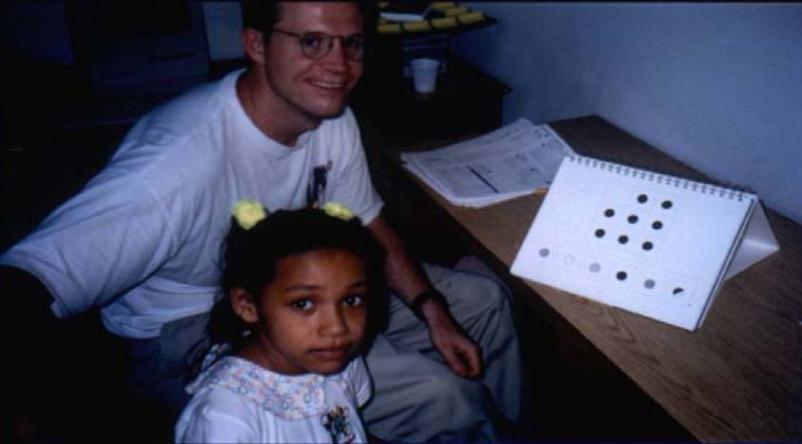


UVA's Center for Global Health

with Sustained International Collaborations:

ex: Brazil, Uganda, Ghana, S. Africa, Tanzania, China, Philippines, and Bangladesh

Test of Nonverbal Intelligence (TONI)



Both sides benefit (a “win-win”)

- Student CGH Scholars experience life-changing work abroad (>50 this year from across 30 Depts)
- International CGH Fellows from abroad are trained here (100% of over 98 returning to become leaders and collaborators)
- New curricula, including courses, lectures, MPH and minor in Global Health, FIC Framework courses



UVa's

Center for Global Health

Addressing Global Health Disparities

Founding Principles:

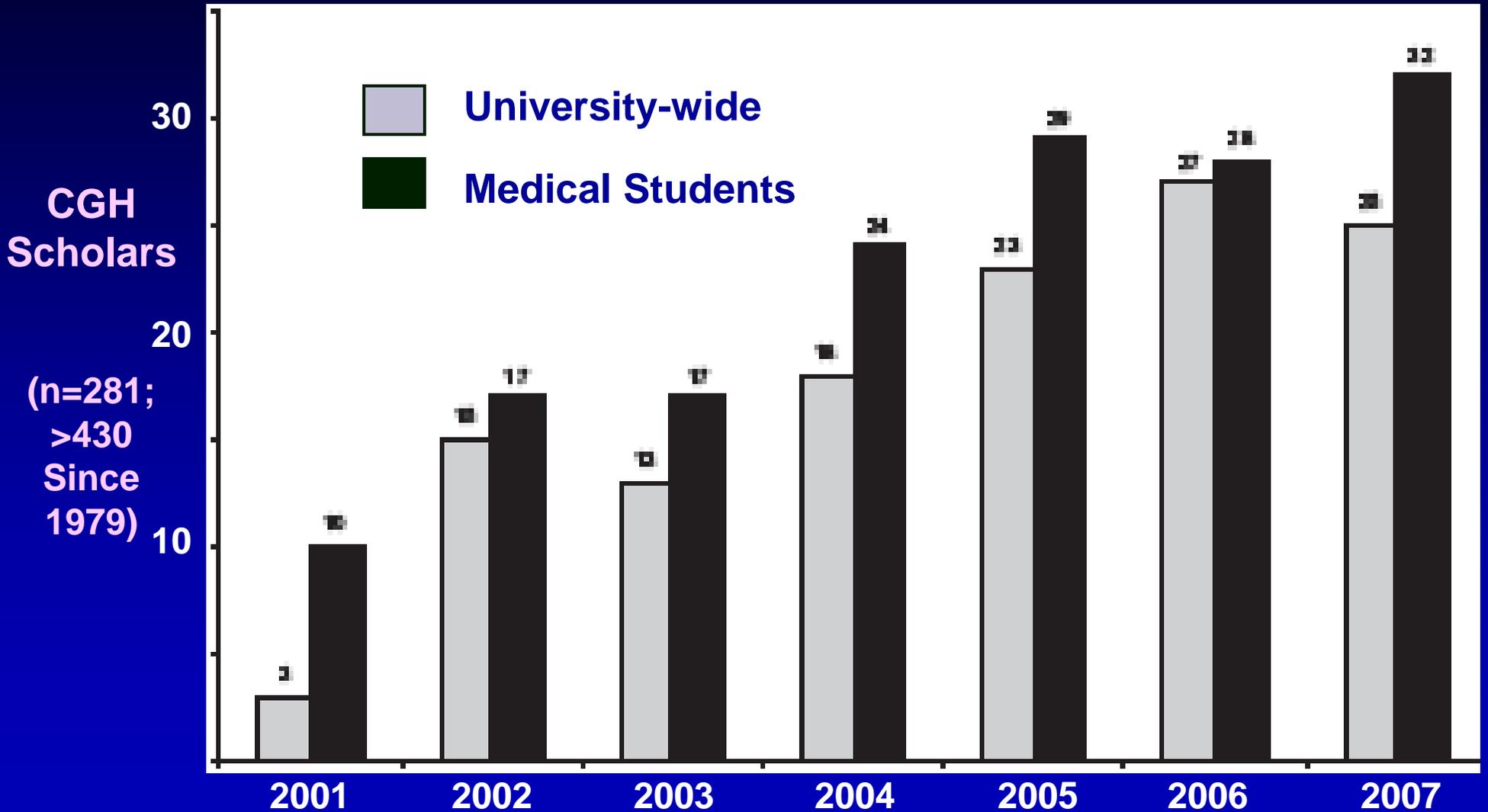
As a universal human value, **Health** transcends all cultural, geographic and political barriers to provide an unassailable **compass** for our 21st Century (**Global Health Equity**).

Disparities threaten survival; Tapping university resources can build capacity locally and globally.

Vision:

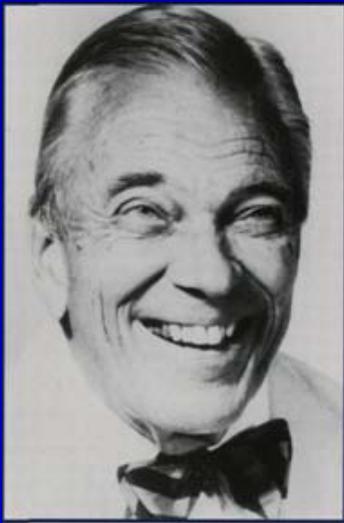
To engage students and faculty **across all disciplines**, enhancing our science and humanity by building **sustained** collaborations to alleviate the diseases of poverty.

CGH-University and Medical Scholars 2001-2007



CGH
Scholars
(n=281;
>430
Since
1979)

AAMC Fellowships that change lives:



Association Of American Medical Colleges

presents this certificate to

Richard V. Guerrant

upon being awarded a

SMITH KLINE & FRENCH LABORATORIES

FOREIGN FELLOWSHIP FOR MEDICAL STUDENTS

For study at Institut Medical Chrétien du Kasai

Luluabourg, Congo

From June 10, 1967 to Aug. 22, 1967

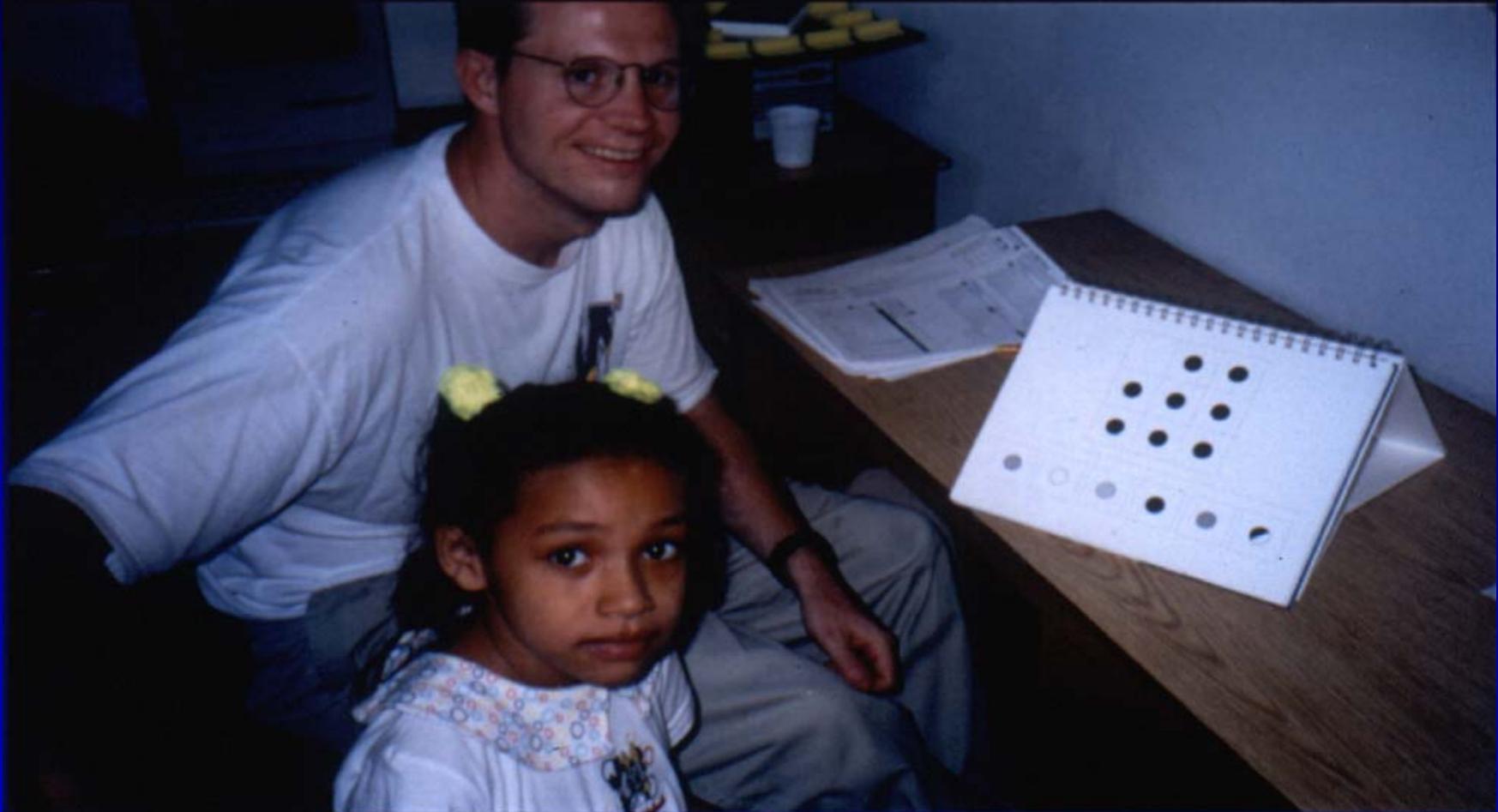
W. H. Hunter
CHAIRMAN, SELECTION COMMITTEE

John K. Miller, M.D.
FOREIGN SPONSOR

Robert T. Benson
EXECUTIVE DIRECTOR, AAMC



**The cognitive deficit most impaired with diarrhea
is Semantic Fluency** (as in Alzheimer's Disease)
(and ApoE4 protects children's cognition with heavy diarrhea; "thrifty allele")



Patrick et al. Child Neuropsych 11: 233, 2005.

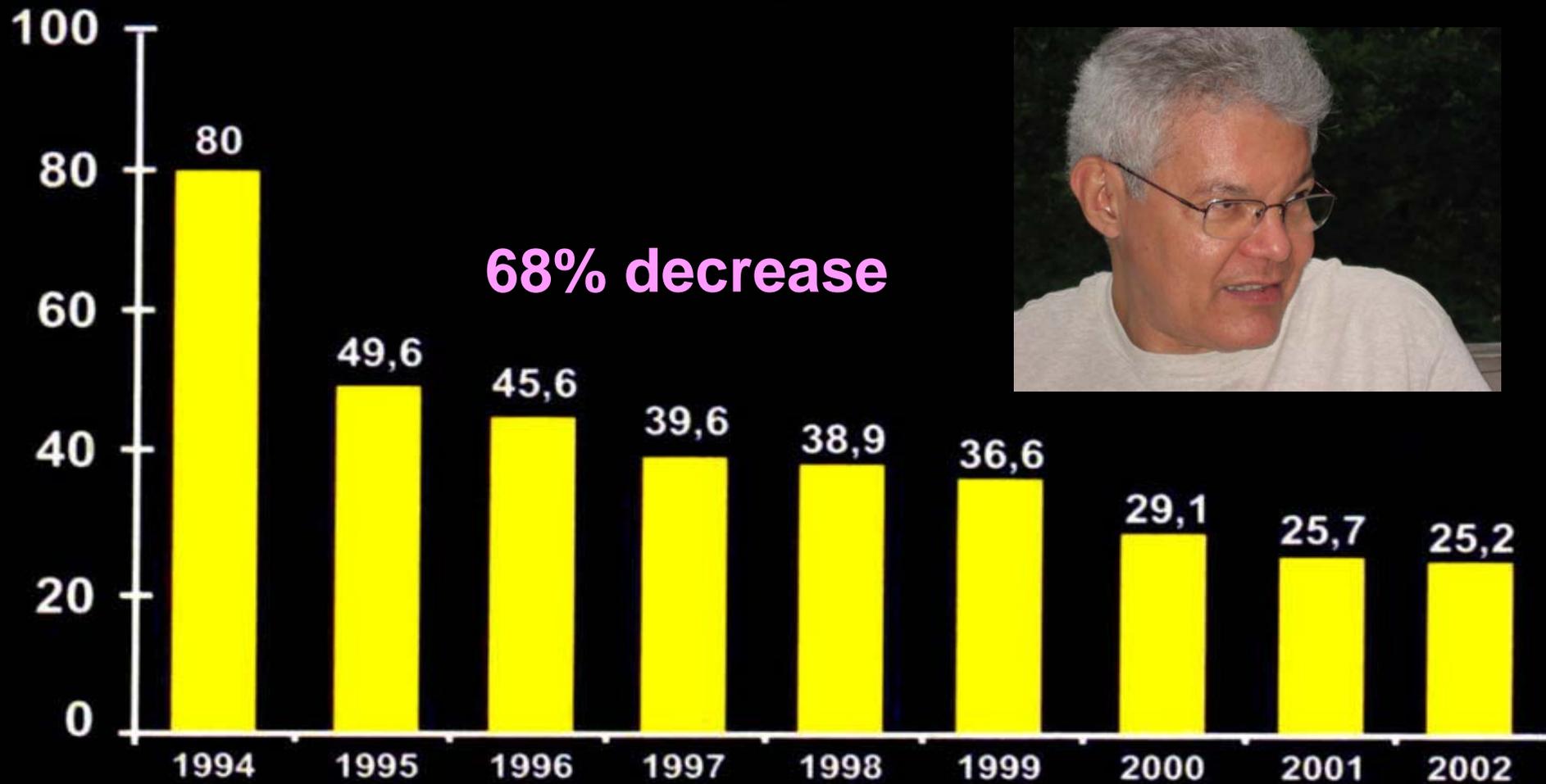
Oria R, Patrick P, Lima A, et al Pediatr Res. 57: 310, 2005.

Sustained UVa-CGH Collaborations & Fellows

| <u>Country</u> (University) | <u>Duration</u> | <u>#Fellows</u> | <u>#Scholars</u> | <u>#Papers</u> |
|--|-----------------|-----------------|------------------|----------------|
| Brazil-Pearson/Guerrant (UFC/UFRN/UFB/UFSC) | 29 y | 62 | 54 | 174 |
| Ghana-Woode (UGMS/KNUST) | 20 y | 8 | 20 | 6 |
| Uganda-Scheld/Moore (MU-Kampala) | 20 y | 2 | 5 | 20 |
| China-Rekosh (AMU-Hefei) | 20 y | 5 | 2 | 17 |
| Philippines-Warren (UP) | 7 y | 4 | 6 | 17 |
| Bangladesh-Petri (ICDDR) | 14 y | 3 | 4 | 20 |
| South Africa-Dillingham (Univen) | 5 y | 5 | 12 | 20 |
| Tanzania-Haupt (KCMC/TU) | 4 y | 4 | 17 | 3 |
| Haiti-Dillingham (GHESKIO) | 3 y | 4 | - | 5 |
| Panama-Timko (CS/Gorgas/UP) | 2y | 3 | 6 | - |
| TOTALS | | 100* | 132 | 282 |

***100% return; 98% stay!** Lorntz et al. Acad. Med. 83: 165-72, Feb. 2008.

Infant Mortality Rate in Ceará, 1994 - 2002



FIC Framework Program

26 Trans-University Programs x 3y = \$7.5m

- Multiple disciplines (≥ 3 schools)
- Research capacity building
- New curricula, undergrad +
- President buy-in, match



Baylor, Hopkins, Harvard, Tufts, UAB, UCLA, UMd, U. Mich, UNC, UVa, U. Wash, Cayetano, CWRU, Cornell, Emory, Penn State, UCSD, USC, Vanderbilt,

UFRJ, Fudan, Muhimbili (Tanz), U. Zimbabwe, NIPH-Mex, Pavlov-Russia, U. Ibadan

Financing a Sustainable Future

Moshi, Tanzania

January 2007

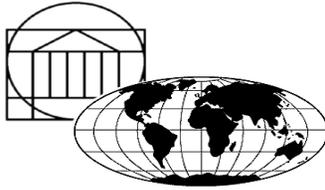


Commerce + Medicine

(Mark White & Eric Houpt

+14 UVa undergrads + 7 Tanzanian students)

Set up a company to produce HIV test kits locally in Tanzania, AND got it funded to be built!



CONCEPT SHEET

A Network of Trans-University Centers for Global Health

Vision

To engage experts and students across all disciplines in building sustained collaborations at top universities and their communities around the world to alleviate the diseases of poverty.

Founding principles

- Health is a universal human value, transcending all cultural, geographic and political barriers (no one prefers illness to health).
- Growing health disparities and the diseases of poverty around the world threaten both our biological survival and our very humanity as civilized societies.
- Tremendous societal resources reside in universities worldwide. Engaging universities in addressing health disparities will not only tap these resources for global health, but will also enhance their educational mission.

Three components

- 1. Scholars** Mentored students or professionals (esp. from developed countries—DCs) work on a project abroad, ideally building collaborations at existing or new collaborating sites. Students find their perspectives are indelibly opened, often saying, “It changed my life!”
- 2. Fellows** Star junior faculty or technicians from less developed countries (LDCs), selected by their home institution, travel to collaborating sites to engage faculty in research that is relevant to their return and continued collaboration. LDC faculty with a relevant agenda, home institutional commitment and promising new tools and sustained ties will return to become leaders in their countries.
- 3. Curricula** Issues of global health are addressed in new university courses that involve exchanging scholars and fellows to elucidate the crucial perspectives of colleagues from abroad.

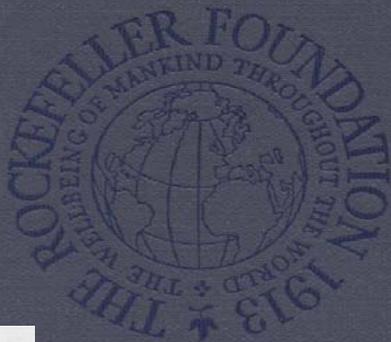
Such a program can be effective in engaging university faculty, students and trainees in the US and abroad, with up to 100% of trainees from abroad returning to become leaders in their home countries. It also must have the agility to respond to different institutional needs and emerging or new priorities.

Requirements

- Letter from University President committing in kind and fiscal matching support;
- Over a key 3-8 year startup period, evidence of progress toward endowment or government support (for overseas sites) before additional years are funded.

Rockefeller Foundation's GND Network (1978-1988)

The Great Neglected Diseases
of Mankind
Biomedical Research Network



1978-1988



Kenneth S. Warren: 11Jun29-11Sep96

• Immunology Units:

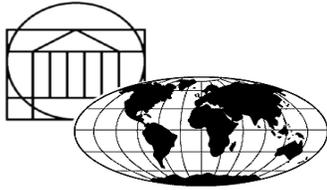
- **Harvard-David, Karolinska-Wigzell, Weitzman-Arnon/Mirelman,**
- **Walter & Eliza Hall Inst.-Nossal**

• Pharmacology/Biochemistry Units:

- **CWRU-Webster, Mahidol-Yuthavong,**
- **NPI-Mexico-Martinez-Palomo, Rockefeller University-Cerami**

• Medical Units:

- **BRCID-Cairo-EI Kholy, Oxford-Weatherall, CWRU-Mahmoud**
- **Tufts-Keusch, U. of Virginia-Guerrant,**
- **U. of Washington-Klebanoff,**



Benefits & Challenges

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Benefits and Challenges of a CGH Network

•Benefits:

Eclectic agility to engage diverse institutions across disciplines and changing needs/opportunities; and to be seen as a “win-win” for deans and collaborators.

•Challenges:

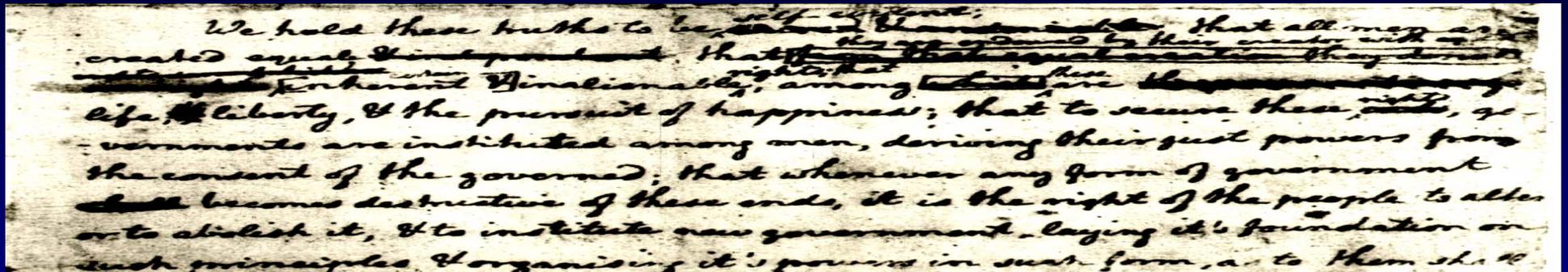
Ownership & buy-in. Based in health sciences, but serving across all schools and deans who measure their success in competitive silos.

Hence two requirements:

1. President match;
2. Progress toward endowment.

Declaration of Interdependence

National and Foreign Policy and Diplomacy Begin with Health



We may be starting to realize the **survival** value of caring for **others**.

ie how you do is what will determine how I do.





Key Elements in Win-Win Collaborations: Engaging Universities in Global Health

Report for IOM Global Health Interest Group
Washington, DC
October 12, 2008



Models of Academic Partnerships in Global Health
University Consortium of Global Health
Inaugural Meeting, San Francisco
September 7-9, 2008





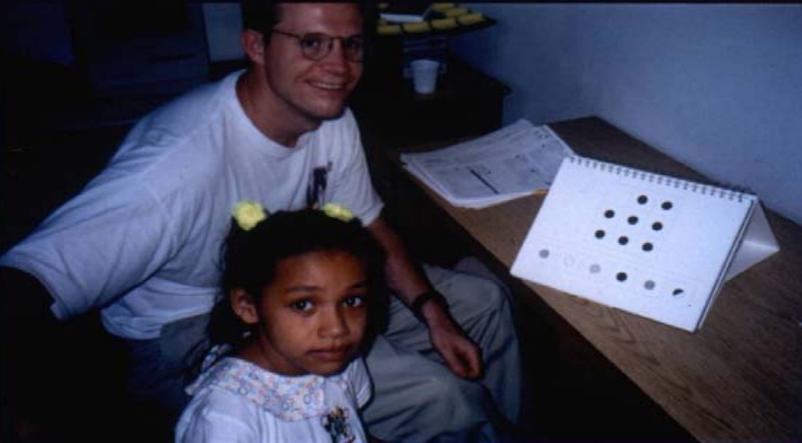
Have a Dream!

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