Global Health Group

October 2015 - September 2016
Annual Report
Contents

1. About the UCSF Global Health Group

2. Reports of Activities by Initiative, October 2015 - September 2016
   a. Malaria Elimination Initiative
   b. Private Sector Healthcare Initiative
   c. Evidence to Policy Initiative

3. Financial Overview

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About the UCSF Global Health Group

The Global Health Group at the University of California, San Francisco (UCSF) Global Health Sciences is an “action tank,” dedicated to translating bold new ideas in global health into large-scale action, to positively impact the lives of millions of people. The Global Health Group conducts original research and analysis and evidence synthesis, supports translation of evidence into informed policy formulation, and convenes high level groups of stakeholders and experts to inform critical policy decisions and answer practical questions. Leveraging the expertise of its small team based in San Francisco, we work with a wide network of partners to forge broad consensus, catalyze action, and implement solutions in low- and middle-income countries around the world. This approach goes well beyond the traditional boundaries of academia, transcending the boundaries of think tanks and implementing organizations to translate research into tangible improvement in the lives of target populations.

The Global Health Group purposely focuses on a small number of critical initiatives, in order to maximize its impact. The three current areas of concentration are:

- The **Malaria Elimination Initiative**, which conducts research and evidence-based advocacy, and provides practical policy guidance and technical support to countries and institutions, to accelerate progress toward malaria elimination in 34 countries around the world.

- The **Private Sector Healthcare Initiative**, which conducts research, documents and disseminates evidence; convenes key stakeholders to support improvements in healthcare practice; and strengthens private sector engagement in developing countries.

- The **Evidence to Policy Initiative**, which conducts evidence syntheses and policy analyses to inform key debates, decision-making and policy formulation at global and country levels, to address critical strategic questions in global health.

For more information about our strategy and initiatives, please review our website and brochure, at: http://globalhealthsciences.ucsf.edu/global-health-group/about-ghg.

The enclosed documents summarize the key activities and milestones of the Global Health Group's three initiatives during October 2015 - September 2016.
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Malaria Elimination Initiative (MEI)
Updates for October 2015-September 2016

Background
The Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF) Global Health Group believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, documents and disseminates elimination experiences, and builds consensus to shrink the malaria map. With support from the MEI’s highly-skilled team, countries around the world are actively working to eliminate malaria—a goal that nearly 30 countries will achieve by 2020. For more information about our impact, visit www.shrinkingthemalariamap.org.

Launch of Namibia Targeted Parasite Elimination (TPE) Study
The Novartis Foundation, with co-funding from the Bill & Melinda Gates Foundation, is supporting the MEI to conduct research on TPE including new ways in which to spray for malaria in Namibia. The MEI is supporting a similar study in Swaziland with funding from the Bill & Melinda Gates Foundation. The Namibian study is led by the MEI in collaboration with the University of Namibia, the Ministry of Health and Social Services (MoHSS), University of Witwatersrand, RSA, London School of Hygiene and Tropical Medicine, UK and the Clinton Health Access Initiative (CHAI). Phase I of the study involved understanding local malaria and strengthening the surveillance system to ensure that the reporting of malaria cases was timely, accurate, and complete. Phase 2 of the study, launched in February 2016, will test a new way to follow-up and treat malaria, whereby high-risk individuals in targeted areas receive drugs and/or a new spraying method for mosquito prevention, irrespective of whether they have malaria. This approach, known as TPE, will be compared to the existing approach known as reactive case detection. In 2016 the study area faced a major and unexpected malaria outbreak that led to many

Major Highlights

1. The MEI, in close partnership with the University of Namibia, launched a two year trial in the Zambezi Region to compare the effectiveness of four malaria elimination response strategies.
2. The Single Low Dose Primaquine Roll Out Group, convened by the MEI, defined the therapeutic range for this malaria transmission blocking drug so that ministries of health around the world can safely use age-based dosing regimens.
3. The MEI supported Elimination Eight Regional Initiative started implementing regional elimination in southern Africa and briefed Bill Gates on progress.
4. The MEI completed Phase 1 of Parker Foundation work on innovative and aggressive approaches for vector control (VC), setting the MEI up as a new and major player in VC for malaria elimination moving forward.
5. Sri Lanka, an MEI supported eliminating country, was awarded malaria-free certification from the World Health Organization.
challenges for study implementation and lessons learned. The MEI’s analysis of the outbreak has been fed back to the MoHSS, and action has already been taken to improve the basic provision and quality of indoor residual spraying, as well as a considerable scale up of study activities in preparation for the 2017 malaria season. The study remains pivotal in producing the evidence that will inform Namibia’s approach to eliminating malaria, as well as how other countries in the region and the world will work to fight the disease.

**Primaquine Roll Out Group**

In March 2016, the MEI hosted the final Single Low Dose Primaquine (SLD PQ) Roll Out Group meeting in London. This meeting focused on policy change and implementation, highlighting the completion of milestones for SLD PQ achieved by this group over the past four years. The most important goal was the defining of the therapeutic range for this malaria medication. This means that programs can use weight ranges and ages in order to dispense the treatment – a step that makes prescribing SLD PQ much more practical than trying to dissolve tablets in water and calculating the correct aliquot to dispense in order to give an exact dose. This has major implications in that SLD PQ can be more safely used in programs of presumptive and mass treatment that are now ongoing in the Greater Mekong Sub-region and may be trialed in southern Africa and elsewhere. The meeting also served as the forum to establish final steps to facilitate the implementation and rollout of the drug across sub-Saharan Africa.

**Implementation of Malaria Elimination across the Elimination Eight (E8) Regional Initiative in Southern Africa and the Briefing of Bill Gates**

Established by the MEI in 2009, the Elimination Eight (E8) Regional Initiative successfully won a USD $17 million grant from the Global Fund to begin regional malaria elimination efforts in 2015. Implementation of a regional surveillance database and strategically placed border clinics to reduce importation of malaria has begun in 2016. This exciting progress was shared with Bill Gates when he met with E8 Ambassador Dr. Richard Kamwi and E8 Secretariat Director Kudzai Makomva in July 2016. They were joined by representatives from CHAI and the Swaziland national malaria program. The group provided an update on progress toward malaria elimination in the frontline 4 countries of the E8 (South Africa, Swaziland, Botswana and Namibia) and briefed Bill and senior Gates Foundation leadership on some of the challenges related to Angola and Mozambique. This meeting highlighted the prominence of the E8 Regional Initiative that the MEI continues to support.

**Evidence for Innovative Approach to Vector Control**

The MEI completed Phase I for the Parker Foundation of Accelerate to Zero: Revolutionizing vector control for malaria elimination in August 2016. Through this research, we have generated significant evidence and enthusiasm for a more innovative and aggressive approach to vector control that goes beyond traditional vector control tools, such as insecticide treated nets (ITNs) and indoor residual insecticide spraying (IRS). The following products were completed:

- Estimating residual malaria transmission in Africa using geospatial modeling (manuscript, research summary, presentation)
- Review of the malaria vector control toolbox (manuscript, research summary, presentation)
• Vector control optimization model for elimination (manuscript)
• Vector control approaches in Australia, Indonesia, Tanzania, and the US (case study report, research summary, presentation)
• Malaria elimination in Bali, Indonesia (case study report)
• Innovative malaria vector control in Dar es Salaam Tanzania (case study report)
• The potential role of aerial spraying for malaria elimination (case study report, research summary, presentation)
• Using mathematical models to optimize vector control (manuscript, research summary, presentation)
• Remote sensing with UAVs for mosquito control (presentation)

Building on the tremendous momentum and credibility we have generated through Phase 1 and leveraging our research findings and partnerships around the world, the MEI is well-positioned to lead a transformative, four year investment in a multi-country, highly collaborative, intensive program of research to eliminate malaria and demonstrate an innovative model for disrupting the traditional vector control paradigm as a partnership with the Parker Foundation and Bill & Melinda Gates Foundation.

Sri Lanka Certified Malaria-Free
On September 6th, 2016, Sri Lanka received the WHO malaria-free certification. Sri Lanka is only the second country in the WHO South-East Asia Region to eliminate malaria after the Maldives. The certification marks Sri Lanka’s success in sustaining zero local malaria cases for three consecutive years. The MEI has provided significant support to the Sri Lankan Anti Malaria Campaign (AMC) in this effort. In the past two years, the MEI, in partnership with the AMC, completed an investment case for the prevention of reintroduction of malaria in Sri Lanka to provide necessary economic evidence to sustain political and financial support to prevent a reintroduction of malaria. The report presents evidence that continued investment in Sri Lanka's anti-malaria efforts is a "best buy" for the government, generating an estimated 13:1 return on investment. If resources for malaria are withdrawn, a possible five-year malaria resurgence in Sri Lanka today could cost USD $169 million. Having the investment case alone is unlikely to result in long term committed financing for prevention of reintroduction of malaria. Therefore, the MEI collaborated with the AMC to create an advocacy strategy that draws on this economic evidence to engage political leadership with the aim of increasing domestic financing to prevent a reintroduction of malaria. The outcome of this strategy is expected by 2018.
MEI Publications October 2015-September 2016

Peer-Reviewed Publications


Parizo J, Sturrock HJW, Dhiman RC, Greenhouse B. Spatiotemporal Analysis of Malaria in Urban Ahmedabad (Gujarat), India: Identification of Hot Spots and Risk Factors for Targeted Intervention *The American Journal of Tropical Medicine and Hygiene*, 16-0108


Private Health Sector Initiative (PSHi)  
Updates for October 2015-September 2016

Background

The Private Sector Healthcare Initiative (PSHi) works to advance the understanding of how to leverage the efforts of private healthcare providers within Universal Health Coverage initiatives\(^1\). This group is recognized world-wide for the quality of its scholarship, the depth of its global partnerships, and its focused and highly developed knowledge on sustainable approaches to private healthcare provider engagement.

In 2015-2016, PSHI focused on finalizing the partnership with PwC on public private partnerships and research, advisement and consensus-building within the global social franchise Community of Practice. The Community of Practice is a global grouping of program managers, researchers and donors, who are committed to thoughtful analysis and meaningful engagement with national health systems.

Social franchises can be a powerful engine to improve the quality, sustainability and effectiveness of private provider networks that specialize in the delivery of highly impactful primary and secondary healthcare services. PSHI led an agenda of research and advisement for socially franchised healthcare programs in several low- and middle-income countries in 2015 - 2016.

Major Highlights

1. Developed a comprehensive report of programs in 40 countries.
2. Conducted rapid research on the private investment potential of programs in India; research is informing the UKAID strategy on financing of such programs in the country.
3. Conducted interviews with program managers in 12 countries to develop a program theory on how social franchises can transform the behavior of private healthcare providers, and induce performance improvement; conducted interviews with healthcare providers in one franchise to ascertain the validity of the program theory.
4. Completed the 4\(^{th}\) year of the 5 year-long process and partnership evaluation of the $60M African Health Markets for Equity (AHME) initiative – intended to foster the development of social franchises as a means to improve quality of healthcare in Ghana, Kenya, and Nigeria; performed multiple rounds of interviews, and presented insights to the AHME Steering Committee that are shaping their strategy for partnership engagement.
5. Panel discussion held and roll out of two reports in collaboration with PwC on public private partnerships (PPPs).

\(^1\) The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. (WHO, 2014)
Achievements


To produce this report, PSHI advised multiple programs on how to apply standardized metrics for performance measurement; produced thoughtful guidance on how to interpret this data; and clarified performance measurement priorities for surveyed programs.

2. In early 2016, PSHI was commissioned to perform a landscaping of domestic social impact investment funds in India, and to advise on prospects to leverage these funds for the financing of scale-up for social franchises. The project was commissioned by the Ujjwal Social Franchise (with 307 clinics in the most impoverished states in India), with funds from UKAID. Findings were drafted into a report that is being finalized, and are informing UKAID in its process to determine how to scale down domestic investments in franchises without weakening their impact.

3. PSHI received funding from the William and Flora Hewlett Foundation to articulate and test a program theory around how program-based interventions can improve quality in family planning service provision. The team, working closely with quality improvement stalwarts Cynthia Eldridge and Rehana Ahmed, have conducted a round of interviews with program managers in 12 countries, and program providers in Kenya, and are drafting findings into articles that can inform intervention re-design.

4. PSHi is leading a qualitative process evaluation of the African Health Markets for Equity (AHME) partnership in Ghana and Kenya, in collaboration with NGO Innovations for Poverty Action (IPA). The AHME partnership is a five-year, multi-partner initiative that employs demand and supply side interventions to increase coverage of priority health technologies and services among the poor in Ghana, Kenya and Nigeria. Through AHME, private healthcare providers in the target countries are offered participation in social franchises, as well as a combination of loans, and assistance with quality assurance and national social health insurance empanelment. The AHME partnership is also working with the national health insurance agencies in Ghana and Kenya, and aims to help franchised providers become nationally accredited.

5. The Global Health Group continued its joint Fellowship program with PwC on hospital Public-Private Partnerships (PPPs) in 2016. The goal of the Fellowship is to build up the evidence base on PPPs in health, and determine the factors that make them successful. The past fellows have worked on a series of reports that document country experiences with different PPP models, with a specific focus on models implemented in Lesotho, across Latin America, in Valencia, Spain and across India. Additionally, the team is in the process of finalizing the synthesis of past Fellowship research to develop a typology of healthcare PPP business models, illustrate the components of each model, consolidate lessons learned, and identify critical success and risk factors by model type.
On June 23rd, the Center for Global Development (CGD) hosted a panel discussion to highlight the Global Health Group and PwC PPP Fellowship. The event ‘Public Private Partnerships in Health: Responding to Country Needs and the Universal Health Coverage Agenda’ featured a discussion on how PPPs fit into the broader health systems landscape in a range of settings and recommendations for further evolution of the model to respond to country needs. The event included introductory remarks from Sir Richard Feachem and Nadia Abuzaineh, a Manager in the PwC Health Industries Advisory practice and the 5th Fellow of the PPP Fellowship. The event then followed with a moderated discussion by Amanda Glassman, Vice President for Programs and Director of Global Health Policy, Center for Global Development where she lead an informed discussion with panelists on how governments can and have partnered with the private sector to expand access to affordable, quality health services.

Panelists included: Tim Thahane, Member of Parliament and former Minister of Finance, Lesotho and Global Health Group Advisory Board member; Paul da Rita, Director, Global Capital Projects & Infrastructure, PwC; and Alberto de Rosa, Chief Executive Officer, Ribera Salud Group.

**Valencia PPP Report**

In July 2016, Global Health Group published *Innovation roll out: Valencia’s experience with public private integrated partnerships*, the third in a series of publications on PPPs jointly authored by the UCSF Global Health Group and PwC. The report details the experience of the Valencia Community of Spain, as it developed and expanded the PPIP model to address the health needs of its population in five health departments between 1997 and 2013. The report discusses the successes and challenges encountered, and examines the range of innovations in patient care, management practices, performance management and use of technology put in place to achieve financial efficiencies and improved access to integrated healthcare for target populations. Finally, the report explores several opportunities for both the public and private sectors, to optimize the success and sustainability of the model in the future.

**Latin America PPP Report**

In November 2015, Global Health Group published *Lessons from Latin America: The early landscape of healthcare public-private partnerships*, the second in a series of publications on PPPs jointly authored by the UCSF Global Health Group and PwC. PPP projects in Latin America have traditionally focused on transportation, telecommunications, and energy; however, in the last decade, governments have started to use PPPs to address social infrastructure needs, including healthcare. A nascent market for healthcare PPPs has emerged in Latin America, driven by the following: Changing demographics; changing epidemiology; growing economies; expanding healthcare coverage; and PPP legislation.
PSHi Publications: October 2015 – September 2016

Peer Reviewed Publications


Diamond Smith N, Murthy N, Melo J, and Sudhinaraset M. The relationship between types of support provided, person providing the support, and mistreatment at facilities during childbirth in Lucknow, India. *Midwifery* (June 2016).


Other products


Evidence to Policy Initiative (E2Pi)
Updates for October 2015-September 2016

Background
The Evidence to Policy Initiative (E2Pi), based in the Global Health Group at the University of California, San Francisco (UCSF), conducts policy analyses, research, and agenda-setting activities to help policymakers from donor agencies and low- and middle-income countries (LMIC) create and implement high-impact, evidence-based policies to improve the health of people around the world.

Major Highlights
1. Developed new analyses to assess donor financing in global health by global and country-specific functions and engaged donors – including the Japanese government and G7 – to inform future directions for international collective action in health.
2. Collaborated with leading health financing experts to assess the state of the evidence on the economic benefits of investing in health and produce an accessible, policy relevant report to inform health investment decisions of national ministries and donor agencies.
3. Facilitated a strategic planning process among the Bill and Melinda Gates Foundation, the World Bank, the UK Department for International Development, and the US Agency for International Development to develop a shared global strategy to leverage the private sector to improve primary health care in low- and middle-income countries.
4. Led a scoping activity to understand the current landscape of research, communications, advocacy, and policy work at the intersection of climate change and global health, and to develop a set of strategic recommendations and opportunities for on-going GHG engagement and leadership on climate change policy.

New Directions for International Collection Action for Health
E2Pi hosts the Secretariat for the Lancet Commission on Investing in Health (CIH), an international group of economists and global health experts, chaired by Lawrence Summers (Harvard University) and co-chaired by Dean Jamison (UCSF Global Health Sciences). In their report, Global Health 2035: A world converging within a generation, the CIH put forward an ambitious health policy agenda to achieve dramatic gains in global health by 2035. Among the CIH’s recommendations were new priorities for development assistance for health (DAH), including renewed commitments to critical “global functions” in health – supporting global public goods such as health R&D, managing cross-border threats like pandemic flu, and fostering leadership and stewardship in global health.

E2Pi has advanced the CIH’s work by developing new analyses on DAH by global functions. Working with Dean Jamison, the Duke Global Health Institute, and SEEK Development, E2Pi developed a new framework and several estimates that show global functions are severely underfunded, and also engaged stakeholders to inform and apply this new evidence. For instance, in October 2015, Lawrence Summers and Dean Jamison presented on new directions for DAH at the Center for Global Development, and Richard Feachem and Gargee Ghosh led a roundtable discussion with the UK Department for International Development (DFID). With support from E2Pi, Gavin Yamey (Duke Global
Health Institute) shared customized data with the Japanese government to inform the global health policy portions of the G7 Summit agenda, and engaged civil society organizations leading up to the summit to help inform their advocacy strategies. The Japan Global Health Working Group for the 2016 G7 used this evidence to shape its recommendations to the G7, calling for greater support to these areas, including: platforms for sharing best practices and knowledge on innovation; R&D for neglected diseases; polio eradication; pandemic preparedness; global advocacy for health systems strengthening and UHC monitoring; aid coordination; strengthening WHO (including through a contingency fund); and developing an international framework for emergency responses.

This research is the foundation for a new Working Group on International Collective Action, chaired by Lawrence Summers, which will launch in December 2016 at the World Innovation Summit for Health with support from the Qatar Foundation. The Working Group will advise a team of policy analysts and researchers from E2Pi, Duke, and SEEK Development to assess current financing of global and country-specific functions in global health, produce up-to-date cost estimates for global functions, evaluate directions for country-specific DAH, and propose strategies for closing key financing gaps.

**Economic Benefits of Investing in Health**

Over the past year, E2Pi has worked with the World Innovation Summit for Health (WISH) to organize a forum, chaired by Dean Jamison, on the Economic Benefits of Investing in Health. WISH is a global initiative of the Qatar Foundation for Education, Science and Community Development, under the patronage of Her Highness Sheikha Moza bint Nasser and chaired by Professor the Lord Ara Darzi of Denham. Through Summits and other initiatives, WISH brings together internationally renowned researchers and other experts to produce evidence-based reports on global health policy issues.

Under the leadership of the CIH Secretariat and with input from an advisory board of 15 financing experts, the Forum on the Economic Benefits of Investing in Health explored three key questions: What is the economic rationale for investing in health? What is the best way to finance health? And, which investments should be prioritized? This research is essential to ensure finance ministries and aid agencies maintain strong, evidence-based investments in health to meet pressing global health challenges, such as stubbornly high rates of maternal, child and infectious disease deaths, explosive rates of non-communicable diseases, widespread financial impoverishment from health expenses, and outbreaks of global pandemics.

The Forum produced a paper summarizing the state of the evidence on the economic value of health investments with policy implications for national governments and donor agencies. The paper will be launched this November at the WISH Summit in Qatar, a high level meeting of over 2,000 global health policy makers and leaders from the public, private, and philanthropic sectors. Lawrence Summers will provide the Summit’s keynote address and a panel of senior experts will share the Forum’s findings.

**Global Strategy on the Private Sector and Primary Health Care**

The Global Health Group has long led academic research on the role and performance of private sector providers in health care delivery in low- and middle-income countries (LMICs). Building on this health systems expertise, E2Pi is collaborating with Stefan Nachuk (Former Lead, Private Sector Healthcare Initiative) and Colin Boyle (Deputy Director, Global Health Sciences) to serve as strategy partners to the Integrated Delivery team at the Bill and Melinda Gates Foundation to assess strategic options for leveraging the private sector to support primary health care in LMICs.
UCSF convened a Steering Committee of representatives from the Gates Foundation, the World Bank Group, DFID, and the US Agency for International Development to inform the strategy process and facilitate greater alignment across the primary health care investments of these four major donors. As part of the UCSF team, E2Pi interviewed dozens of researchers and practitioners and surveyed the latest research and initiatives on primary health care in mixed health systems to identify past challenges and achievements in this field, gaps in evidence and practice, and investment opportunities moving forward. This analysis informed a year-long engagement with the Steering Committee to build a shared theory of change and prioritize policy and investment areas for mixed health systems.

UCSF has also engaged other key global health donors and practitioners working in mixed health systems (including the global platform Harnessing Non-State Actors for Better Health for the Poor (HANSHEP) and the Joint Learning Network) to support alignment and contribute to shaping an emerging dialogue among these stakeholders. The UCSF team is synthesizing the findings from the strategy process into a paper laying out priority investment areas and actions for key stakeholders. The research is also being used to inform the investments and strategy for the Gates Foundation’s Integrated Delivery team and their colleagues.

**Climate Change and Health**

E2Pi is leading a new GHG project focused on climate change and global health. The potentially large impact climate change may have on human health has led climate and health experts to call climate change the “biggest global health threat of the 21st century.” Health is a powerful message to generate engagement and action on climate change, yet the health sector and global health leaders have remained largely unengaged on the issue of climate change. With the support of the Glaser Progress Foundation, E2Pi is leading a 9-month scoping exercise to identify and evaluate opportunities for contributing to a stronger international response to climate change through more effective measurement and communication of its health effects.

E2Pi is developing a set of recommendations and opportunities for program activities the GHG can take on to support health sector engagement in climate change policy and programs. To inform the development of these proposals, E2Pi has conducted an extensive review of the scientific literature and evaluation of current research efforts; mapped and evaluated the existing leaders and institutions involved in research, communications, policy, and program implementation at the intersection of climate change and health; and conducted key informant interviews with 30 global climate and health experts to identify major gaps, opportunities, and challenges for the climate and health community. To identify specific pathways and next steps for GHG and for achieving the overall goal, E2Pi will be convening a Steering Committee in November 2016 to review and discuss emerging project ideas. The Steering Committee includes eight climate and health leaders from academia, global institutions including WHO and the Global Climate and Health Alliance, financing institutions, and program implementers.

The GHG, together with the Glaser Progress Foundation, hope to take this work forward in a Phase Two, to be launched in 2017, to develop and pursue the programmatic activities determined through the scoping activity and with the guidance of the Steering Committee.
E2Pi Publications October 2015 - September 2016

Journal Articles


Sieverding M, Beyeler N. Integrating informal providers into a people-centered health systems approach: Qualitative evidence from local health systems in Rural Nigeria. BMC Health Services Research. In Press.

Policy Papers and Briefings


Financial Overview
FY 2015-16

Annual Budget by Initiative

- Core
- PSHi
- E2Pi
- MEI

Global Health Group Annual Report
2015-2016 | 18
Annual Budget by Initiative

Global Health Group Annual Report
2015-2016
Cumulative Funding Received by Initiative - FY 2007-08 to Present

Global Health Group Annual Report 2015-2016 | 20