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Dear Friends and Colleagues,

Thank you for your commitment to the Institute for Global Health Sciences! It is my pleasure and honor to share with you what your support has made possible through IGHS.

This report is reaching you later in the year because early this spring, our work, like yours, was turned upside down. The COVID-19 pandemic has had a profound impact on all aspects of our life, including our academic work. Our research and education activities have to be conducted in still more innovative ways, and our social mission is more important than ever. Every single person at IGHS – faculty, staff and students – has found a meaningful way to contribute to the local and global efforts to contain COVID-19.

Our IGHS team spearheaded a partnership with the San Francisco Department of Public Health in contact-tracing that has positioned San Francisco as a national leader. At the same time, we have stepped in to help African colleagues obtain COVID-specific supplies and increase staffing levels to prepare for the pandemic’s effects. We have also begun projects with ministries of health to develop feasible COVID-19 response plans. I and others have focused on reaching out to at-risk Latinx and Afro-American communities – which have been disproportionately affected – in the United States and across the Americas. Our education team has worked intensively in adapting the curriculum for both our Master’s and PhD programs to distance learning. These efforts have sparked to life alongside work to adapt existing projects to accommodate social distancing. We are including a few more details about new work at the end of this report.

Although 2019 in some ways feels like a lifetime ago, the achievements we made together last year have made a real difference in millions of lives around the world and deserve to be celebrated. These projects have better positioned our international partners to meet the current challenge head-on, and they will continue to pay dividends in human health.

Thank you for your support!

Jaime Sepulveda, MD, DSc
Haile T. Debas Distinguished Professor
Master’s alum Jorge Ramírez, connects local and international health work from Santiago, Chile

Jorge Ramírez, MD, MS ’16, always planned to return to work in Chile after completing the IGHS Master of Science in Global Health program. The government scholarship that paid for the program required him to work in Chile for at least two years after completion, and Ramírez was happy to comply.

Ramírez returned to the job he had before the master's program, working as an emergency medicine doctor and coordinating the ambulance system for Santiago, a city of approximately 7 million inhabitants.

“I have worked in the public system since I graduated from medical school, and for me it is a way to contribute to the development of my country. For me it’s very important to work in Chile,” he said.

Since returning, Ramírez has also become director of the Global Health Program in the School of Public Health at the University of Chile. He said, “The master’s program experience helped me get recruited and have the skills, insights and network to develop this young program.” (The program launched in 2011.)

Ramírez enjoys studying and teaching topics that range from mental health care to global health diplomacy and immigrant health — a growing issue in a small country that has seen immigration rise sharply in the last 10 years. One of his primary goals is to develop and publish more research both in Chile and abroad, but he said the general lack of support for research in Chile is a challenge: “Research and innovation are not considered as important as in the U.S.”

As part of working and collaborating with universities outside of Chile, Ramírez hopes to strengthen an alliance of global health institutions throughout Latin America. Ramírez has seen how international work and connections can pay off.

“During the riots here, we got much support from the international community because of the violation of human rights in Chile,” Ramírez said.

Political unrest in Chile was soon followed by the coronavirus pandemic, and Ramírez finds himself now reflecting on a lesson he learned at UCSF.

“For me, the idea of being prepared was a very important perspective I received from the master's program: We know a pandemic is going to happen, but we don’t know when. And now it’s happening, and again, we weren’t prepared,” he said.

But with challenge comes an opportunity for change.

“I’m very committed to the reform of the health system,” Ramírez said. “It has a lot of inequalities, which is common in Latin America overall, but Chile has some specific circumstances we are fighting to change.”
Collaborating with emerging African institutions speeds interprofessional training program

A lot of moving pieces go into developing and maintaining high-quality medical care. In the United States, for example, the Accreditation Council for Graduate Medical Education (ACGME) ensures that medical schools provide rigorous training for up-and-coming doctors. The National Institutes of Health (NIH) guides the medical research agenda to continue to improve outcomes. These are two of many groups that work in parallel to drive medical progress.

As Africa pushes toward self-reliance, it is developing its own institutions. In one major step, leading medical and nursing schools launched the African Forum for Research and Education in Health in 2017. AFREhealth, as it’s known, works to improve medical education and training and health outcomes across the continent.

Ambassador Eric Goosby, MD, and project director Mike Reid, MD, worked with AFREhealth to develop a team-based training program to improve HIV care. HIV/AIDS remains the leading cause of death among African adults, and quality HIV care is undermined by the lack of collaboration among providers. Interprofessional collaboration helps providers go beyond book knowledge to become effective caregivers in real-world settings.

Strengthening Inter-Professional Education to Improve HIV Care Across Africa (or STRIPE HIV) launched at the AFREhealth conference in 2018 and rolled out through the Forum’s network in 2019. AFREHealth’s infrastructure has helped the program spread like wildfire, training more than 4,400 participants from 50 institutions in 14 countries to provide high-quality HIV care as a multidisciplinary team of doctors, nurses and pharmacists.

Participants learn to address nuances such as treating HIV/AIDS in conjunction with tuberculosis or in pregnant women. They leave confident that they will be able to work as a cohesive group with their colleagues to provide consistent cutting-edge care to their patients.

“STRIPE is an African model for how to train healthcare professionals to address Africa’s healthcare needs in the 21st century. It offers a vision for how to deliver high-quality care for people living with HIV and other illnesses,” said Reid.

As Goosby and Reid see it, STRIPE HIV has served as a kind of test-run for AFREhealth – and it couldn’t come a minute to soon, as COVID-19 cases begin to tick up in Africa. STRIPE has put its in-person HIV trainings on hold, but the team is using the same methodology to rapidly create and disseminate a COVID-19 training module. AFREhealth is also educating providers on the epidemiology of the disease, the evidence base supporting various proposed treatments and protocols to keep healthcare providers safe.
At the peak of an outbreak, a disease appears to be everywhere you look, so it makes sense to test large swaths of the population. Near the end of an outbreak, you have to go looking for the remaining pockets of disease to keep it from reestablishing itself.

“You get to a point where testing is no longer cost effective and no longer yielding great results,” explained Susie Welty, MPH, a senior program manager at IGHS. “You’ve flushed out the biggest problem and now you have to go after the remaining cases.”

Incredibly, we are entering that phase of the HIV epidemic, and UCSF is continuing to lead the way. In the last several years, it has become possible to learn, using blood tests, whether an HIV-positive person contracted the virus in the last 6–12 months. (UCSF faculty contributed to the research that made such testing possible.) In half of all countries that have begun to use the technology, IGHS’s Global Strategic Information group is training government health officials to provide the test as appropriate in public health clinics, to track the results on a live interactive dashboard and to tailor public health efforts to high-risk groups and regions.

IGHS is doing this work in Namibia, Zambia, Kenya, Uganda, Malawi, Vietnam, Cambodia and Thailand. Principal investigator George Rutherford, MD, and program manager Welty launched these partnerships at the end of 2018 with support from the Centers for Disease Control and Prevention (CDC).

Identifying recent cases guides prevention efforts and monitors their effectiveness; it can also prevent individuals at high risk from contracting the disease. If a partner of a newly infected person is still HIV-negative, s/he can be started on pre-exposure prophylaxis and remain negative. The process can also work in the other direction: A newly infected person can point back to the person who likely gave them the virus so that person can be started on treatment, reducing their chance of passing it on to anyone else.

“Contact tracing is really Epidemiology 101 – it’s what the San Francisco Department of Public Health is doing right now with COVID-19,” Welty explained.

Data-use agreements allow UCSF to use the data flowing through the recency dashboards to feed research publications on how HIV is spreading in Africa and Asia. It’s too early to ferret out any new patterns in how the disease is being transmitted, but Welty says she has been struck by how many teenage girls figure among the recent infections. They are seeking care, and being tested, when they become pregnant. Their infected partners are often older men with whom they have had transactional sex.

IGHS won the CDC’s competitive grant to leverage HIV infection recency testing in heavily affected countries thanks to its track record with large HIV surveillance efforts – including Namibia’s country-wide survey, similar work through the MeSH Consortium (funded by the Gates Foundation) and a pilot of the recency program in Malawi.
In September 2019, Kimberly Baltzell, RN, PhD, MS, associate professor in the UCSF School of Nursing and faculty affiliate at the Institute for Global Health Sciences, received a $2.5-million gift from the Wyss Medical Foundation to support the development of nurse leadership in Malawi, Sierra Leone and Liberia, with a focus on reducing the risk of complications and death during childbirth.

The Wyss Medical Foundation funding will dramatically expand Baltzell’s Global Action in Nursing (GAIN) project. Malawi has the highest rate of preterm births in the world and high rates of newborn death. Sierra Leone is the single most dangerous place to give birth in the world.

GAIN already provides Malawian nurses – who, like many in developing countries, don’t receive mentored practical training after graduation – with directed training followed by year-long intensive mentoring with expert nurse midwives.

The nurses appreciate the training. “I work confidently because I have all the skills and resources to be used. When I am not sure, I refer to my GAIN guidelines to be sure of the answer,” one participant said.

The gift will kickstart similar programs in Liberia and Sierra Leone, where the supply of healthcare providers has been strained since many died or quit during the 2014 Ebola outbreak. It will also support additional work with the national ministries of health and nursing councils to develop educational pathways for more skilled nursing roles.

GAIN training programs give nurses the expertise and mentorship they need “to handle, or more importantly to recognize, when something is going to go sideways and refer patients to higher levels of care. You don’t want to wait until someone is in the middle of a hemorrhage to transfer them,” Baltzell explained.

GAIN expects to produce 1,000 new nurses and provide additional pregnancy and delivery training for 500 practicing nurses, each of whom will deliver, on average, 25 babies a month. In Malawi, the statistics suggest that each provider will have at least one opportunity every month to save a baby who would otherwise die.
IGHS-led *Lancet* Commission concludes malaria eradication is achievable within a generation

**Malaria eradication within a generation is ambitious, achievable and necessary**

The Global Health Group’s *Malaria Elimination Initiative (MEI)* at IGHS believes that a malaria-free world can be achieved within a generation. When Professor Sir Richard Feachem, director of the Global Health Group, founded the MEI in 2007, eliminating malaria was not yet a popular goal. At the time, most malaria researchers and advocates were focused exclusively on controlling cases in high-burden countries. Guided by Feachem’s vision, the MEI has worked alongside country partners to pioneer innovative and effective solutions to end malaria transmission. Today, malaria elimination is a priority on the global agenda and the MEI has built a robust evidence base to inform how the fight against malaria can be won.

Over the last two decades, unprecedented progress against malaria has been made. Malaria cases have declined by 36%, malaria deaths have declined by 60%, and more than half of the world’s countries are malaria free. This has led some experts to ask a bold question: Can malaria, one of the oldest and deadliest diseases on the planet, be eradicated? The *Lancet* Commission on malaria eradication sought to answer just that.

The *Lancet* launched the Commission on malaria eradication in 2017, with co-chairs Sir Richard Feachem and Dr. Winnie Mpanju-Shumbusho, former RBM Partnership to End Malaria Board Chair and former WHO Assistant Director General of Malaria, HIV, TB, NTDs. The Commission worked for two years to consider the feasibility, affordability and merit of eradicating malaria. Synthesizing existing evidence with new epidemiological and financial analyses, the Commission’s work culminated with the publication of a seminal report in September of 2019. The report was the first peer-reviewed academic document of its kind and included contributions from 41 of the world’s leading malariologists, biomedical scientists, economists, and health policy experts.

The Commission’s findings were groundbreaking, demonstrating that – with the right tools, strategies, and sufficient funding – eradication of the disease is possible within a generation.

“For too long, malaria eradication has been a distant dream, but now we have evidence that malaria can and should be eradicated by 2050,” said Sir Richard Feachem. “This report shows that eradication is possible within a generation. But to achieve this common vision, we simply cannot continue with a business as usual approach. The world is at a tipping point, and we must instead challenge ourselves with ambitious targets and commit to the bold action needed to meet them.”

How did the Commission reach its conclusions? In the report, the authors used new modeling to estimate the effects of several plausible scenarios for the distribution and intensity of malaria in 2030 and 2050. Analyses indicate that socioeconomic and environmental trends, together with improved coverage of current malaria interventions, will create a world in 2050 in which malaria persists in pockets of low-level transmission across equatorial Africa. Rather than continue efforts to gradually reduce malaria in most countries, holding the constant threat of resurgence at bay and fighting an
increasingly difficult struggle against drug and insecticide resistance, the report asks the malaria community to choose instead to commit to a time-bound eradication goal that will bring purpose, urgency, and dedication. Those efforts could engineer a world free of malaria in 2050.

**Bending the malaria curve**

To achieve eradication by 2050, the Commission urges that specific and deliberate actions at country, regional and global levels must be taken. This report identifies three ways to ‘bend the curve’ – or accelerate the decline in malaria cases worldwide.

First, the world must improve the management and implementation of current malaria control programs and make better use of existing tools – what the Commission refers to as the “software of eradication.” Second, Commissioners call on the global health community to improve the “hardware of eradication” by developing and rolling out innovative new tools to overcome the biological challenges to eradication. And lastly, donors and malaria endemic countries must provide the financial investment needed to ultimately rid the world of this disease.

“Malaria eradication is a public health and equity imperative of our generation.”

– Dr. Winnie Mpanju-Shumbusho

When combined with the increasing commitment and ambition by endemic countries and regions and strengthened leadership and accountability, these actions will propel us towards a world without malaria by 2050 or sooner. Says Dr. Winnie Mpanju-Shumbusho, “Malaria eradication is a public health and equity imperative of our generation.”

**Informing global policy and practice**

The report was formally launched on September 9, 2019, at the World Health Organization’s (WHO) first-ever Forum on Malaria Eradication held in Geneva, Switzerland. During the event, WHO Director General Dr. Tedros Adhanom Ghebreyesus encouraged all those present – policy makers, country representatives and global leaders – to collectively rise to the challenge of malaria eradication. The Geneva event was followed by several events in London, England, including a high-level discussion of the report findings with over 200 partners and stakeholders. In Washington D.C., U.S. government stakeholders attended a report briefing during a Capitol Hill roundtable. Additional launch events were held in the United States, including in San Francisco alongside celebrations for the 20th anniversary of the UCSF Institute for Global Health Sciences, as well as in Nigeria, United Arab Emirates, and Zambia. The MEI is currently working with Commissioners and partners to continue to promote the uptake of the Commission’s recommendations.
IGHS faculty were instrumental in efforts to bring the International AIDS Conference, commonly called AIDS 2020, to the Bay Area this July. Due to the emergence of COVID-19 in early March, 20,000 researchers, clinicians, government leaders and patient advocates will now gather virtually to address responses to the disease moving forward. The conference offers a major opportunity for UCSF and the city of San Francisco to show continued leadership in responding to HIV/AIDS. U.S. House Speaker Nancy Pelosi, Congresswoman Barbara Lee, California Senator Scott Wiener, and the mayors of San Francisco and Oakland have endorsed, invested in, and helped promote the conference.

AIDS 2020

Border Humanitarian Health Initiative

Executive Director Jaime Sepulveda is co-leading the initiative to bring academic researchers, regional policy-makers, and medical providers together to address the health needs of the migrant population coming through Mexico to the United States, often from Central America. The group has developed a research and advocacy plan, which is of critical importance given the likely spread of the novel coronavirus through migrant populations on the Mexican side of the border.
Center for Tuberculosis

Led by Payam Nahid, MD, MPH, the new UCSF Center for Tuberculosis is working to enhance faculty collaboration and knowledge integration, lead strategic initiatives to accelerate discovery and support early-stage investigators to ensure continuity of TB elimination research.

Climate Change and Health Initiative

Climate change is a major challenge to global health. IGHS is working to mobilize a stronger international response to climate change by putting urgent health needs on the agenda. We are also rolling out a pilot program – beginning in Bangladesh, one of the most vulnerable countries in the world – to work with national leaders to build adaptation plans and resilient healthcare systems to handle new and unpredictable types of illness.

COVID-19 initiatives

Much of our work has pivoted quickly in the early part of 2020 to address the COVID-19 pandemic. Associate professor Mike Reid, MD, is spearheading a major partnership between UCSF and the San Francisco Department of Public Health that is focused on contact tracing. George Rutherford, MD, is consulting for local and state public health teams. He deserves significant credit for the Bay Area’s low disease burden compared with Los Angeles or New York. Dan Kelly, MD, is co-leading a two-arm clinical trial of hydroxychloroquine and azithromycin through the Veterans Administration. Richard Feachem’s Global Health Group has stepped into a major partnership with other leading global health groups to help low- and middle-income countries develop COVID-19 responses that will work with their limited resources.

Results of work to reduce preterm birth in Africa

Watch for compelling findings of the Maternal, Newborn and Child Health Cooperative’s work to reduce preterm birth in Kenya and Uganda to publish in the Lancet Global Health this summer.

Top left: Healthy preterm baby in Uganda
By Ludowa Abubakar

Top right: Payam Nahid, MD, MPH, director of the UCSF Center for Tuberculosis
Leadership

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Data on this page reflects in-year project expenditures for fund year July 1, 2018–June 30, 2019. Total grants awarded in the fund year equal $98,681,569. Totals include the AIDS Research Institute.
Donors

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Front cover: Master’s students Belén Irarrázaval and Annie Ahn talk with an in-patient nurse at Mulago Hospital in Kampala, Uganda. By Sala Lewis
Inside cover: Jaime Sepulveda by Elisabeth Fall

P2: Master’s alum Jorge Ramírez in Santiago, Chile. Courtesy of Jorge Ramírez

P3: HIV Testing Services providers and laboratory staff practice conducting rapid tests for recent infections with their colleagues in Pursat Province, Cambodia. By Alexandra Ernst

P4: An interprofessional group of STRIPE HIV Learners and Facilitators from Kwame Nkrumah University of Science and Technology (KNUST) huddle to work through an interactive module during one of KNUST’s STRIPE HIV workshops. By Jessica Celantano

P5 top: An antenatal patient in Malawi receives an important check for pre-eclampsia from a GAIN nurse; bottom: Neno District nurses and UCSF midwifery student walk to the district hospital during a GAIN training in Malawi. Courtesy of GAIN

P6: Lab personnel remove malaria DNA for molecular analysis to identify malaria infection. Provincial lab in Aceh, Indonesia. By Paul Joseph Brown

P7: The Global Health Group’s partner, Elimination 8, conducts malaria testing at South Africa’s border. By Rooftop Productions

Above: In the pediatric ward at Public Hospital Roatán in Honduras, Master’s student Alexis Stanley talks with nurses during her capstone fieldwork on hand hygiene perception. By Paul Joseph Brown

Back cover: Kimberly Baltzell and GAIN expert midwife, Esnath Kapito, participate in Nurses’ Day celebrations in Neno district, Malawi. Courtesy of GAIN
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