



Five years and counting

A letter from the Executive Director

Dear Colleagues,

Today marks the fifth anniversary of my arrival as Executive Director of Global Health Sciences at UCSF. Anniversaries are wonderful opportunities for celebration as well as for introspection and reflection. I want to share with you some observations about both UCSF and Global Health Sciences, our recent progress, and the challenges we will face in the future as we continue to work toward our goal of advancing health worldwide. The views presented here are my own, and do not necessarily represent UCSF as an institution.

When I returned to UCSF in 2011, the external environment was quite difficult. We were still recovering from the Great Recession, and both the State of California's budget challenges and questions about NIH funding had a chilling effect on research universities like UCSF. Funding for global health, after a decade of growth, was also stagnating. Although financial pressures remain a reality, thanks to the exceptional productivity of our researchers and the generosity of our donors, we stand today in a much better place.

The world has also made astounding progress in reducing disease and improving health. Under the banner of the Millennium Development Goals, low-income countries have made great progress in reducing childhood and maternal mortality, and in reducing the burden of the Big 3 infectious diseases: HIV/AIDS, tuberculosis and malaria. We have seen impressive advances in biomedical sciences, the launch of a number of new, transformative products for prevention and treatment of disease, and improved understanding of the environmental and social factors that contribute to health. At the same time, we face new and daunting global health challenges, with the number of victims of war, terror or violence growing at home and worldwide. The domestic political environment seems more toxic than ever, with open expressions of racism, xenophobia and bigotry. Support for global health programs is at stake if the nationalistic political forces win here or in Europe. At the end of the day, health is all about people and politics.

This is why we need to redouble our efforts to work with vulnerable populations—locally and globally. As we transition to the new Global Goals (formerly known as the “Sustainable Development Goals”) and a much broader global development agenda, we need to assess how universities can contribute best to creating new knowledge and training new leaders.



In terms of progress here at GHS, we have had several successes that we should celebrate.

- **Space**—We have our own, new home: Mission Hall, the Global Health and Clinical Sciences Building. Fulfilling this long-sought dream has enabled us to collaborate more effectively across GHS and with our campus partners.
- **People**—We have a world-class leadership team. We owe a huge debt to Haile Debas, who was the founder of GHS. Richard Feachem and George Rutherford also deserve special recognition as pillars in the creation and early development of GHS. We have been fortunate to recruit in the past five years Paul Volberding, Molly Cooke, Colin Boyle, Ambassador Eric Goosby, Madhavi Dandu, Dilys Walker and Lisa Thompson. We have also increased the size of our staff, a group of highly committed people; without their exceptional support, we would be nowhere. Our Faculty Affiliate Program now has more than 250 faculty across UCSF, with GHS as a secondary appointment.
- **Education**—Our Master of Science in Global Health was the first in the country, and we are now receiving our 9th generation of students. This program has been externally evaluated, with highly positive marks. We have started an ambitious PhD degree in Global Health this year, which will further differentiate us from our academic competitors.
- **Research**—Our HIV/AIDS programs remain among the strongest in academic global health, with continued funding from PEPFAR and others, and a recent major gift from amfAR to the AIDS Research Institute to investigate possible routes to a cure. In malaria, our funding has grown substantially through partnerships

with the Gates Foundation and the Parker Foundation, and we are working closely with countries in southern Africa and Asia to develop, test and implement elimination strategies. We have also launched new programs in tuberculosis, maternal and neonatal health, diabetes and other non-communicable diseases. And our research concerning health systems, health diplomacy, financing and policy continue to have impact in low and middle-income countries as we work on surveillance, worker training, health system IT, quality improvement, regulatory sciences and the private sector in health.

- **Funding**—Our sponsored-research funding has more than doubled to about \$50 million in 2015. We are now the second largest university recipient of Gates Foundation grants.
- **Partnerships**—The African proverb “if you want to go fast, go alone; if you want to go far, go together” applies very well to what we want to accomplish. We continue to have strong partners in Africa, where we have opened UCSF offices in five countries, with additional ones in the queue. We are increasing our presence in other strategic geographies in the Pacific Rim. The UC-Mexico Initiative is just one example of an exciting partnership development. Within California, the University of California Global Health Institute (UCGHI) brings all 10 UC campuses to foster and coordinate global health work. The Bay Area Global Health Seminar Series has brought together the talent of faculty from Stanford, UC Berkeley, UC Davis and UCSF on global health challenges. And we have highlighted the Bay Area’s unique potential to revolutionize global health through a series of major conferences, including the largest ever Consortium of Universities in Global Health meeting this past April.

Meanwhile UCSF continues to thrive as well. All four of our professional schools remain top-ranked, and the quality of research, education, and patient care continues to rise. The ability of UCSF to maintain its leadership in funding and education across the campus is a testament to our amazing faculty and staff. Education is a people business, and our ability to recruit and retain the best people is the key to retaining our leadership position. UCSF has truly remarkable leadership, and I am very proud to be a member of the Chancellor’s cabinet.

That said, we should avoid complacency. As I see it, UCSF needs to find a way to address a number of tensions that will determine what kind of institution we are and the contributions we will make. I have tried to outline a few of the tensions here—the point being that we shouldn’t choose one side over the other but instead that we try to find a way to achieve a healthy balance across them.

1. **Are we a local or a global institution?** UCSF is a local treasure, and rightly so. We are the second largest employer in the city, and provide high-quality care to all segments of the San Francisco community. We are an essential part of the city, and play a critical role in partnerships with the Mayor’s office and the local public health department. At the same time, we are also a global institution with worldwide impact and stature. Our research influences healthcare around the world, and our students go on to play vital roles in clinical care and public health around the world. There is an inherent tension between embracing our deep local roots and embracing our position as a leading global university. An exclusive focus on local needs runs the risk of parochialism and missed opportunities to extend our impact, while an excessive focus on global issues might miss the reality of our local health inequities. I believe we should seek a better balance,

since many of the insights and achievements that are relevant to a global health context can apply effectively to our own San Francisco community, and vice versa.

2. **Can we grow our clinical revenues without losing sight of health inequities or educational needs?**

UCSF, like many universities with schools in the health professions, is very dependent on our medical centers to provide platforms for training and revenues that can support the academic enterprise. UCSF Health currently contributes 60% of UCSF's annual income, and those funds are critical to ensuring our long-term success. At the same time, as our clinical revenues grow, we need to continue to remind ourselves that our mission centers around education, research, and public service. Even as our clinical leaders work to find ways to generate growth and surpluses, we need to make sure we continue to focus on essential activities that are fundamentally less profitable—including education and reducing health inequities.

3. **Do we value individual accountability or team science?**

As a largely soft-dollar funded university, UCSF has a high level of individual accountability. Our faculty researchers work very hard to secure grant funding in an increasingly competitive environment, and our clinical enterprise faces daily competition from world-class rivals like Stanford and Kaiser. The discipline of these markets is helpful in ensuring that our researchers and clinical care are at the cutting edge. At the same time, this pressure to secure funding creates disincentives for collaborative work – at least work that extends beyond the size of the typical federal grant program. This is unfortunate because some of the greatest problems in health that we need to solve are ones that require a much larger assembly of people, disciplines, and perspectives. The good news is that some large recent gifts, such as one from Sean Parker for Cancer Immunotherapy, and the Global Brain Institute, provide the resources to encourage large-scale collaborative efforts. As the competitive environment for grants continues to be challenging, we need to find ways to encourage large-scale team science without losing the focus, entrepreneurship and accountability that our soft-dollar environment promotes.

4. **What is the right mix of prevention vs. treatment, or individual care vs. population programs?**

UCSF is perhaps best known for its basic and clinical science expertise, which is largely focused on individual treatment and care (although to be fair, some treatment interventions, like in HIV, can have a profound impact on preventing transmission of disease). We have been at the cutting edge of developing new technologies to diagnose and treat disease, and developing breakthroughs in clinical care approaches that have saved many lives. We need to celebrate this and continue to drive our progress in the curative realm. And yet despite this bias toward

individual treatment, it is well known that the best and most cost-effective way to reduce the burden of disease is to prevent it in the first place. The shift in our language from “Precision Medicine” to “Precision Public Health” is a positive step in this regard, but we should continue to ask if we are paying sufficient attention to research on disease prevention. UCSF's efforts in population health are often overshadowed, and we need to make sure we are as successful and well supported around prevention as we are on individual treatment.

5. **Are we training health professionals or change agents?**

A recent Lancet Commission on Health Professions Education highlighted the challenge for universities—the need for our educational programs to produce graduates who are not just grounded in professional norms and equipped with the latest knowledge, but are also set up to be change agents that can work within and improve different health systems. These future leaders need to know how to work across specialties and professions, be familiar with the latest technologies, understand the context and constraints of the health system, and be able to work with diverse communities in a culturally appropriate manner. It is exciting to see the continuing evolution of our educational programs in this direction. GHS can play a role, as global health-contexts are especially relevant training grounds for this kind of education, but UCSF as an institution also can model the role of change agent by taking a more active part in driving policy change or raising questions around how to most effectively reform our health systems. We need to do even more to make sure that the faculty who are leading the charge externally are recognized for their contributions just as are those whose work is more inwardly focused. We must continue to work to ensure our training, mentoring and career development are aligned with this goal of producing the kinds of people who can transform health systems through their research, clinical, and policy leadership. For UCSF, a complex organization with even more complex aspirations, the way to manage these tensions is not to pick one side or the other. Instead, we need to embrace the diversity of our operations, capabilities, and perspectives. If we can see these points of tension not as obstacles and trade-offs but instead as new ways of thinking about problems in health, we can achieve the kind of transformative impact that we all want to have on our patients, communities, and other stakeholders.

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So, how do we start? Within GHS, there are several imperatives we are pursuing to maximize our impact.

- **Thinking big.** The hardest problems in health are multidisciplinary in nature. While individual breakthroughs are critical to unlocking new knowledge and enabling change, we must find ways to bring people together to tackle problems together that they could never solve individually. This imperative is hampered by two current realities. The first is the strong tendency in academia to produce silos rather than collaborations. The second is that—despite our appreciation for the role of experimentation in science—our operations, funding models, and culture are actually highly conservative and tend to create incentives against risk-taking. Within GHS we are pursuing bold and high-risk visions—malaria elimination, a cure for HIV—precisely because they are the sorts of problems that require broad, transdisciplinary contributions to achieve a better future.
- **Making the invisible visible,** both inside and outside UCSF. Our campus is known primarily for the groundbreaking work of our basic scientists and clinicians, whose plaudits are well deserved. But we sometimes overlook equally important and less heralded work done elsewhere on our campus. UCSF's work in population health is one such example, and there are others where the excellence of our research greatly exceeds its profile. Within GHS, we are partnering with other researchers on campus—in Population Health, in the Center for Marginalized Populations—in order to bring greater attention to health needs and to the full breadth of UCSF's work and impact. Equally important, as a public institution, we need to make sure we don't leave people behind. Reducing health inequities internationally is a central goal for GHS, and we need to celebrate the work UCSF does for marginalized populations, whether in sub-Saharan Africa or at the Zuckerberg San Francisco General.
- **Being creative in how we find, develop, and retain talent.** UCSF is blessed with some of the most impressive faculty members in any health university in the world. We also have many of the best and brightest students. But there are numerous barriers that get in the way of our exploiting the full potential of the talent pools available to us. Some barriers, such as the high cost of living in San Francisco, can be ameliorated only through housing subsidies and scholarships. Others may require, for example, a more fundamental rethinking of HR policies and practices to make it easier to work internationally. GHS is in the forefront of pioneering novel approaches to expand our talent pools and address some of these HR

challenges. We continue to add staff in our international offices in order to get closer to the work and to access new skills and talent pools. We are partnering aggressively with other universities to access capabilities (e.g., law, veterinary medicine, engineering, social sciences) that are hard to find at UCSF. And we are also breaking down traditional approaches to the roles of staff and faculty in the execution of our work—enabling us to tap into a broader pool of skills and accelerate the impact we seek. We hope these innovations will not only help GHS but also create models for the rest of our campus.

- **Focusing on areas where we can have a big impact.** That means we need to marshal our resources and choose a few areas and, in the case of GHS, a few geographies where we can concentrate our efforts. This is challenging given the high value we place on academic autonomy. But UCSF and GHS have benefited when we have been able to achieve a critical mass in a specific condition or location. HIV is an excellent example. UCSF's concentrated efforts to focus resources on innovations in research and care allowed us to play a central role in shaping the world's response to the epidemic. In a more modest way, by opening offices in five African cities, GHS is making a conscious effort to focus our work and resources in those countries where we believe we can have the greatest impact across our research portfolio. And to have the greatest impact, we must hold ourselves to high standards, not just academically, but also regarding improvement to health systems and reductions in the burden of disease. We must be rigorous in how we measure the challenges, so we can target our efforts and find innovative ways to fund the critical things we need to do. In other words, focus, simplify, and take smart risks.

Now, as I look to the future of Global Health Sciences, I'm grateful and optimistic—grateful to the dedicated GHS faculty and staff for their role in our success. And optimistic because I believe UCSF and Global Health Sciences will continue to thrive in advancing health globally, and will become even more influential at the forefront of basic science, clinical care, and population health. I am committed to doing my part to move us forward.

With best regards,



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