



**UCSF** Institute for  
Global Health  
Sciences

*Celebrating 20 years*  
1999 - 2019

# 2018 Annual Report

Letter from the Director	1
Key 2018 Achievements	2
<b>STEPS</b> to Impact	4
<b>Science:</b> “Discovery” sparks movement to reduce burden of preterm birth in East Africa	6
<b>Technology:</b> Hackathon creates innovative approaches to controlling outdoor-biting mosquitos	7
<b>Economics:</b> Data are key to finding cost-effective solutions to end the HIV epidemic	8
<b>Policy:</b> <i>Lancet</i> Commission outlines policies to reduce TB in a generation	9
<b>Society:</b> Working with communities to study impact of group prenatal care	10
Education programs prepare students to take STEPS to impact	11
Donors	12
Financials	14
Leadership	15

## In Memory of Lloyd “Holly” Smith

This annual report is dedicated to Lloyd “Holly” Smith, Jr., MD, who served for 35 years as chair of the UCSF Department of Medicine and associate dean in the School of Medicine. Dr. Smith, who passed away in June, 2018, was instrumental in the growth and success of IGHS. He served on the IGHS Leadership Advisory Council for many years and promoted the important role of global health across UCSF.



## Letter from the Director

Dear Friends and Colleagues,

As I look back at 2018—our first full year as the Institute for Global Health Sciences—I'm amazed and proud of our achievements. UCSF Chancellor Sam Hawgood's decision to designate us as an institute has accelerated our work: We hosted a number of noteworthy events addressing global health challenges, added new research and education programs, and took on new research in a number of areas such as diabetes, mental health, global cancer and more. To top that off, we celebrated the 10th anniversary of our master's in global health science program, the first in the nation and now with more than 300 graduates working around the world.

Key to our progress has been the strategy we call **STEPS to Impact**, which drives our efforts to create lasting solutions to improve health and strengthen

health systems by drawing on cutting-edge science across many fields. Our STEPS strategy involves:

**Science** – understanding the basic biological and social factors that produce disease

**Technology** – creating tools that can be used to help patients, such as a diagnostic test to determine if a woman is at risk for a premature birth, and tools to help health systems, such as applications to track an epidemic

**Economics** – thinking through ways to make interventions cost-effective so as to maximize health investments

**Policy** – working with global and country-level officials to implement evidence-based approaches

**Society** – working closely with communities and individuals affected by disease to understand their cultural context and social determinants of health.

The stories that follow showcase how IGHS uses this strategy to improve health and health systems. They are just a few of our many research and training efforts.

All of these projects, as well as the many achievements highlighted on pages 2 and 3, are made possible by you: our faculty, staff, partners and funders. I am grateful to all of you for your contributions to our work. Only with your assistance can IGHS – as part of UCSF – continue to advance health worldwide.

Jaime Sepulveda, MD, DSc  
Executive Director  
Haile T. Debas Distinguished  
Professor



### Summer Researchers in Global Health

IGHS launched a six-week summer internship for rising high school seniors to give them a taste of global health. Students worked on projects with IGHS mentors and participated in a weekly global health seminar.

[tiny.ucsf.edu/srghinterns](http://tiny.ucsf.edu/srghinterns)

### A New Era for Global Health

This symposium explored how universities can maximize their impact in this new era. UCSF leaders discussed and debated the new priorities for academic global health and showcased how UCSF is responding to these challenges.

[tiny.ucsf.edu/newera](http://tiny.ucsf.edu/newera)

### Second Bi-national Forum on Health

Held in Mexico City, the Forum launched the Spanish edition of *Disease Control Priorities, Third Edition (DCP3)*. Authors from the nine volumes discussed the implications and policy recommendations of DCP3 for low- and middle-income countries, particularly in Latin America.

[bit.ly/2FHnbdi](http://bit.ly/2FHnbdi)

### Monica Gandhi named co-chair of AIDS 2020

The director of Ward 86 at Zuckerberg San Francisco General Hospital will serve as the San Francisco co-chair of the biennial conference that brings together more than 15,000 people from around the world.

[tiny.ucsf.edu/aids2020](http://tiny.ucsf.edu/aids2020)



### Launch of *Lancet* Commission on Malaria Eradication

Chaired by Richard Feachem, director of the Global Health Group at IGHS, the commission is developing a detailed analysis of why and how malaria eradication should be pursued, including the costs and potential return on investment.

[tiny.ucsf.edu/lancetmalaria](http://tiny.ucsf.edu/lancetmalaria)

### 10<sup>th</sup> anniversary of MS program

Graduates and their families, faculty, staff and alumni gathered to celebrate the 10<sup>th</sup> anniversary of the master's in global health science program. With more than 300 graduates, the program's impact can be seen around the globe.

[tiny.ucsf.edu/ms10](http://tiny.ucsf.edu/ms10)





### Preterm Birth Symposium in Rwanda

More than 150 faculty, researchers and staff from the California and East Africa arms of the Preterm Birth Initiative, as well as partners and stakeholders, met in Kigali, Rwanda to explore respectful maternity care, interventions for improving quality of care, collaboration to leverage knowledge into power and quality improvements through translational research.

[tiny.ucsf.edu/rwanda2018](http://tiny.ucsf.edu/rwanda2018)

### Universal health coverage with The Elders

Eric Goosby and other UCSF leaders welcomed The Elders, an international organization of self-described “independent global leaders working together for peace and human rights,” to discuss universal health coverage in California and beyond.

[tiny.ucsf.edu/elders](http://tiny.ucsf.edu/elders)

### Global Climate and Health Forum

Our Global Health Group and partners organized this event to coincide with the international Global Climate Action Summit held in San Francisco. Health officials from around the world gathered at the forum to discuss climate change as a global health emergency and called for action to protect human health and well-being.

[tiny.ucsf.edu/climateforum](http://tiny.ucsf.edu/climateforum)



Key 2018 Achievements





## STEPS to Impact

**S** SCIENCE  
**T** TECHNOLOGY  
**E** ECONOMICS  
**P** OLICY  
**S** OCIETY

The Global Health Group's Malaria Elimination Initiative (MEI) is a case study for the success of the IGHS Steps to Impact strategy.

Through their Global Health Group action tank model, MEI has had a major impact in the global fight to eliminate, and now eradicate, malaria.

"Without doubt, MEI can claim a lot of credit for how the narrative has shifted from controlling malaria to eliminating and, ultimately, eradicating it," says Chris White, who joined MEI as its co-director in 2018. "When I first entered the malaria business in 1999, the focus was on disease burden reduction, on saving lives, and understandably so – over a million people were dying of malaria every year, mainly in sub-Saharan Africa where I was working at the time."

"The idea that malaria could – and should – be eliminated wasn't broached until 2007, at a malaria summit held by the Gates Foundation," White says. "But it was the MEI team that actually generated much of the evidence required to shift the community's thinking. I'm not sure the malaria community would be where it is now had it not been for this small but mighty team. And it is this belief, this energy and ambition, that has ultimately drawn me to MEI."

Like all of IGHS, the Malaria Elimination Initiative embraces a transdisciplinary approach to accelerate impact.



### **Science**

MEI uses scientific research to identify and solve problems faced by National Malaria Programs, including how to identify the most at-risk communities and determine the most effective and appropriate mix of interventions.

### **Technology**

Among MEI's most innovative tools is DiSARM, which uses data on locations of historic malaria cases and climate and satellite data to generate risk maps to identify the specific locations where interventions will have the greatest impact.

### **Economics**

MEI advocates for and helps maintain financial commitments to insure the sustainability of malaria programs. "We also help countries understand the costs and benefits, which is another of MEI's unique strengths," White says.

### **Policy**

MEI works with regional partners, the Elimination 8 in southern Africa and APMEN in southeast Asia, to help build consensus and commitment, and inform policies that reflect the latest evidence in order to help strengthen their malaria programs.

### **Society**

Their work also supports National Malaria Programs with their implementation programs for population-level impact.

Now, as the malaria community embraces the idea of eliminating malaria, MEI is once again aiming to shape the global agenda, serving as the Secretariat for a new *Lancet* Commission on eradicating malaria. "This is a very exciting piece of work," says White. "We hope it will drive dialogue and action around the ultimate goal of eradicating malaria once and for all."



## “Discovery” sparks movement to reduce burden of preterm birth in East Africa

The East Africa Preterm Birth Initiative’s Discovery Research program is sparking a movement in Kenya, Rwanda and Uganda aimed at developing a community of young investigators committed to defeating the stubborn global epidemic of preterm birth, the largest killer of children under five.

Consider Ugandan physician and researcher Mary Kakuru Muhindo, MBChB. At the suggestion of her UCSF mentor, Theodore Ruel, MD, she responded to the first Discovery Research program request for proposals (RFP) with a proposal to identify the challenges nurse-midwives face in delivering high-quality care to preterm infants.

Working with Ruel, who co-founded Global Strategies, a nonprofit dedicated to using healthcare to improve the lives of women and children in neglected regions of the world, and pediatrician Joshua Bress, MD, president of Global Strategies, she tested the feasibility and acceptability of Ugandan nurse-midwives using the Global Strategies-developed NoviGuide, a mobile health technology for the management of neonatal care.

During the yearlong study, nurse-midwives made 1,600 entries in the tool and, says Muhindo, “They reported that it saved them time and prevented mistakes – and that they would recommend it to colleagues working in other hospitals.” The findings point the way to future and more expansive studies.

Muhindo entered the Discovery Research program through the RFP arm, which funds East African researchers’ projects that address gaps either in prediction and prevention of preterm birth, or in management and care of preterm infants. Those who make the cut are often paired with mentors, usually from UCSF, to create a final proposal.

“We recognize that no one understands these issues in East Africa better than East Africans,” says Nicole Santos, PhD, MS, who developed and manages the Discovery Research program, which is funded by the Bill & Melinda Gates Foundation. “The RFP arm leverages the expertise of African researchers and UCSF to foster a community of individuals who think about preterm birth in every aspect of their work.” She believes that creating opportunities for early career African investigators helps build a pipeline of researchers ideally suited to drive positive change.

A second arm of Discovery Research supports studies that address priority research areas in the prematurity field. Since data in East Africa on preterm birth has been hard to come by, it is not always clear where mothers are in their pregnancy. So the targeted studies seek a way to more scientifically measure gestational age. “The gold standard, early ultrasound, is not available in many of the settings we work, so some investment in finding point-of-care diagnostics is needed,” says Santos.

To that end, Ugandan researcher and physician Jude Mulwooza is exploring the use of ultrasound at labor triage to improve identification of preterm labor. UCSF researcher Susan Fisher is striving to identify placenta-derived biomarkers during pregnancy, and UCSF researcher Laura Jelliffe-Pawlowski is validating the use of a metabolic algorithm at birth to confirm gestational age.

“No one thing causes prematurity; we’re generating global learning by helping to foster more locally relevant, context-driven research,” Santos says. “Maybe the biggest thing we’ve learned is that research communities in these settings are hungry for these types of opportunities and passionate about this work.”



## Hackathon creates innovative approaches to controlling outdoor-biting mosquitos



In December 2018, more than two dozen scientists and researchers participated in a hackathon to develop new tools to monitor and control outdoor-biting mosquitoes, a joint project of the Chan Zuckerberg Biohub (CZB), the Chan Zuckerberg Initiative (CZI) and IGHS. Working in multidisciplinary teams, participants created tools and approaches to address the problems associated with mosquito-borne diseases such as malaria, dengue, Zika and yellow fever.

The winning entry – a wearable air-capture device made with activated charcoal – focused on reducing CO<sub>2</sub>, which attracts mosquitoes, and applied research and materials developed to reduce CO<sub>2</sub> in the atmosphere. The charcoal absorbs CO<sub>2</sub> when individuals exhale, potentially making it harder for mosquitoes to find them.

“We can reduce malaria infections in elimination settings by controlling biting,” Nazy Pakpour, an entomologist at California State University East Bay, told the judges in the team’s pitch. “A portable wearable device that reduces

CO<sub>2</sub> levels when you breathe could reduce biting, which will lead to greater reduction in malaria.”

“We liked the team’s application of Bay Area innovation of carbon-capture technology to individual use,” said Joe DeRisi, co-president of CZB and a hackathon judge.

“Our goal was to bring together people from various disciplines to develop innovative new solutions to global health challenges,” said Colin Boyle, deputy director of IGHS. “We chose to focus on mosquitoes for this inaugural hackathon because they transmit so many different diseases around the world, and while we have tools to combat indoor-biting mosquitoes, outdoor-biting mosquitoes remain a challenge.”

Malaria alone annually kills more than 500,000, mostly children, with the vast majority in sub-Saharan Africa and southeast Asia. While effective interventions, such as bed nets and indoor spraying, exist to protect people when they are indoors, people who work in the forests of Southeast Asia and farms

in sub-Saharan Africa, as well as women and children who do chores and play outdoors, are at high-risk.

Hackathon participants included researchers from public health and medicine, engineering, data sciences, and the physical sciences at UCSF, CZB, CZI, the Clinton Health Access Initiative, UC Berkeley and other research organizations.

“This is the first time I have worked with people from different backgrounds, and it’s amazing what four people can do in a short period of time,” said Lucy Li, a data scientist at CZB. Her team pitched an open-source mosquito collection device that would identify species, send the information to open-source data storage and create spatiotemporal data visualizations in real time.

“Several of the teams’ innovative tools have potential, and we hope to work with them to further develop their ideas,” said Cristina Tato, associate director of the Rapid Response Team at CZB.



## Data are key to finding cost-effective solutions to end the HIV epidemic

Getting the right information to governments and health systems helps them make good decisions. When resources are limited, as in the countries where we work, this is especially important so that those limited resources are used most effectively to address a country's health needs.

Our Global Strategic Information (GSI) group works with ministries of health to collect and analyze epidemiologic and surveillance data, which they can use to successfully and cost-effectively identify, treat and ultimately prevent HIV infections.

Currently, GSI, under the direction of George Rutherford, MD, is implementing routine testing for recent HIV infection to determine when, where and how participants became infected with HIV and to work with local partners to build capacity in laboratory and health information systems.

In Botswana, Haiti, Kenya, Malawi, Namibia, Uganda and Zambia, GSI is creating surveillance systems for monitoring recent infections at HIV testing sites, analyzing and using the data on recent infection to track the current epidemic, target interventions and inform each country's planning of prevention activities.

The ability to distinguish recent infections will play a key role in ending the epidemic by helping public health agencies to identify active networks of transmission and to find previously undiagnosed persons through case finding and partner tracing.

The work is part of a cooperative agreement with the Centers for Disease Control. GSI was awarded \$3.65 million for the first year, and up to \$10 million per year over the five-year project period to work with Vitalant Research Institute – formerly the Blood Systems

Research Institute – the London School of Hygiene and Tropical Medicine, the National Alliance of State and Territorial AIDS Directors and local partners.

“This is the last frontier of the HIV/AIDS epidemic,” Rutherford said. “With looming declines in international HIV funding, programs need high-quality, real-time data to reach the 95-95-95\* targets, maximize case finding and target the right interventions to the right population at the right time.”

*\*95-95-95 refers to World Health Organization (WHO) and President's Emergency Plan for AIDS Relief (PEPFAR) goals to identify 95 percent of people with HIV, get 95 percent of those people on antiretroviral therapy, and have 95 percent of people being treated reach consistent viral suppression. Mathematical models indicate that if the world reaches and maintains these targets, HIV transmission will gradually slow and stop.*



## Lancet Commission outlines policies to reduce TB in a generation

Translation of health and economic evidence into policy recommendations is a hallmark of IGHS programs. The work of the Center for Global Health Delivery and Diplomacy, under the direction of Eric Goosby, MD, is one example of how we partner with global and country-level stakeholders and policy-makers to put proven approaches into practice.

In his roles as United Nations Special Envoy for Tuberculosis (TB) and co-chair of the *Lancet* Commission on TB, Goosby and his team tirelessly advocate for ending this preventable, treatable and curable disease. In 2017 alone, more than 1.6 million people died from TB.

As Special Envoy, Goosby played a crucial role in convening the first-ever UN High-Level Meeting (UNHLM) on TB in September 2018. There, world leaders endorsed a UN Political Declaration on TB with the most ambitious TB commitments made to date.

Leaders agreed to diagnose and successfully treat 40 million people with TB by the end of 2022 and to provide 30 million people with preventive treatment by 2022 to protect them from developing TB. Member states also agreed to nearly double global levels of TB funding to reach the target of \$13 billion per year by 2022 and to reach \$2 billion in research and development funding.

Simultaneously, Goosby and 35 other *Lancet* Commissioners from governments, academic and research institutions, non-governmental organizations, philanthropies and TB advocacy organizations from around the globe met regularly for 18 months to answer the question: *How should countries with a high-burden of TB and their development partners target future investments to ensure that ending TB is achieved?* The Commission's report, to be published in the first quarter of 2019, provides a road map for countries to use to get on track to meet the UNHLM commitments.

"The *Lancet* Commission report provides country-specific recommendations for the countries with the highest burden of TB," says Michael Reid, MD, Commission coordinator.

Goosby uses his roles as Special Envoy and Commission co-chair to meet with government leaders in the highest burden countries to advocate for the policies and other recommendations that the Commission laid out.

"If the 10 governments with the highest TB burden adopt the Commission's policy and funding recommendations," Reid says, "they can eliminate up to 65% of TB deaths."



## Working with communities to study impact of group prenatal care

“Society” in the STEPS to Impact strategy means that our researchers work closely with communities and individuals affected by the health condition or intervention they’re studying to understand the cultural context of the work in order to maximize its impact. The East Africa Preterm Birth Initiative’s group antenatal (prenatal) care study in Rwanda is an excellent example.

Preterm birth is the leading cause of newborn deaths around the world, with approximately one in 10 babies born prematurely each year, according to the World Health Organization (WHO). In addition, almost 1 million of these infants die within the first months of life while still others face lifelong struggles with health deficits and disabilities.

Working with the Rwanda Ministry of Health and researchers at the University of Rwanda, Preterm Birth Initiative (PTBi) researchers seek to determine whether group prenatal care can reduce preterm births. Similar studies among the most vulnerable populations in the US have shown as much as a 33% decrease in preterm births.

With a group of Rwandan midwives, doctors and radiologists, PTBi laid out a plan to adapt the US group care model to this East African nation. For example, they reduced the number of prenatal care visits to four (from 10 in the US), which the Rwandans felt was more feasible.

At the 18 health centers across five districts participating in the trial, pregnant women with low-risk pregnancies and similar due dates are assigned to a group of about 10 by their midwife or healthcare provider. After an initial one-on-one visit, the women meet as a group, which a nurse and community health worker with a basic orientation in pregnancy co-facilitate. The women check their own blood pressure and weight, which the nurse reviews. The nurse also examines each woman’s pregnancy and monitors her for complications. Afterward, the women gather for an hour-long meeting on pregnancy-related topics, such as nutrition and self-care. The facilitators guide the discussion, but ideally the group members educate and support each other.

The primary outcome of the trial is the gestational age of the babies at birth. Will the preterm birth rate in the group care cohorts be lower than in the control groups? And in cases of premature birth, will infants be more likely to survive because their mothers have higher levels of health literacy and empowerment?

About 12,000 pregnant women have participated in the study since June 2017. Data collection will end this spring with data analysis and results expected later in 2019.

“What we are learning is consistent with other reported trials: women are enthusiastic and respond well to group care,” says Dilys Walker, MD, director of the IGHS Maternal, Newborn and Child Research Cooperative and principle investigator for PTBi East Africa. “Providers are also enthusiastic. The Rwanda Ministry of Health has embraced the group care initiative and intends to continue and expand this model, possibly as a platform for attaining the WHO recommended eight antenatal care contacts.”

## Education programs prepare students to take STEPS to Impact



Just as the STEPS to Impact strategy drives our research and work in partnership with in-country colleagues, it also guides our education and training programs.

By linking IGHS researchers with our students, both in the classroom and in robust research projects, our students gain insight into and experience with how transdisciplinary research can improve health.

In the classroom, students learn about communicable and noncommunicable diseases, social determinants of health, health systems, cost-effectiveness analysis and policy. They also discuss how to engage people in research and learn about cultural humility in order to conduct more effective research in the context of the local culture.

“One hallmark of our master’s and PhD programs in global health science is that they merge expertise in global health topics with an understanding of the various research methods used in global health: economics, anthropology, epidemiology and biostats,” says

Elizabeth Fair, PhD, director of the doctoral program and former associate director of the master’s program.

She points to the varied dissertation research topics of the first cohort of PhD candidates as examples: the impact of leadership and management on global health outcomes, quality of care in family planning in Haiti, priority-setting processes for adolescent sexual reproductive health services in Kenya, person-centered care and excessive use of cesarean sections, and managing opioid overdoses in primary care settings in California.

“What’s really interesting about the first cohort is the diversity of research interests,” says Fair. “What they want to do with the degree is exciting.” IGHS will confer the first degrees this spring and welcome its third cohort of students in the fall.

The master’s program, likewise, incorporates the STEPS to Impact strategy into its curriculum, addressing similar global health content areas as well as a number of research methods.

“In all of their work, our master’s students are asked to think about the implications of research on policy, systems and populations,” says Madhavi Dandu, MD, director of the master’s program. “Then, they take what they’ve learned and apply it in their capstone research,” Dandu says. Recent projects have ranged from antimalarial drug resistance, to using drones to deliver medication and video training to remote areas to diagnostic testing for preterm birth.

Now in its 11<sup>th</sup> year, the master’s program has more than 300 alumni working in diverse global health fields and locations. “When we celebrated our 10<sup>th</sup> anniversary last July, we celebrated not only our accomplishments but those of our alumni. Many now have careers at the Food and Drug Administration, the World Health Organization, Genentech, Unite for Site and other NGOs as well as several academic global health programs, including at UCSF,” Dandu said. “The range of careers, areas of interest and geographies tells the story of our program’s impact.

# Donors

We are grateful to the individuals, families and organizations that provided generous support to help us advance IGHS and the AIDS Research Institute programs and research in 2018.

## Individuals and Families

### \$10,000 and up

Gwendolyn Holcombe and Carl M. Kawaja  
Hurlbut-Johnson Charitable Fund  
Jeffrey Jennings  
Edmund P. Jensen  
Leesa and Martin Romo  
Theodore D. Taplin

### \$1,000–\$9,999

Gregg H. Alton  
Emily A. Arnold  
John H. Cochran, Jr.  
*in honor of Sir Richard G. A. Feachem*  
Ignacia K. and Haile T. Debas  
James Ely  
James H. Henry  
David Hughes  
*in honor of Jeremy Alberga*  
Sonya Ikeda  
Richard Judy  
Janice J. and William B. Kerr  
Marie C. and Jacques Y. Lagarde  
Estate of Jill Lynch  
Karen K. Smith-McCune and Joseph M. McCune III\*  
William G. McNulty, Sr.  
Steven C. Phillips  
Todd Ritland  
Andrea Martin and Jaime Sepulveda\*  
Jeffrey L. Sturchio  
Mary M. Cooke and Paul A. Volberding  
William Wong and David Wheeler  
Sophy S. Wong and Young W. Choi  
Rue Ziegler

### \$100–\$999

Anonymous (3)  
Sam Austin  
Kelli D. Barbour '10  
Rameen Beroukhim '00  
Alden H. Blair\*  
Colin Boyle\*  
Elizabeth A. Butrick\*  
Peter Y. Clark  
Craig R. Cohen\*  
Rachel S. Cox\*  
Madhavi Dandu\*  
Ellen Daniell  
Greta L. and Brian C. Davison  
Matt Evans  
Harvey V. Fineberg  
Jack Gardner  
Monica R. Gerber '98  
Judy Gordon and Bill Bumgarner  
Joanne and Stanford Green  
Tammy B. Haygood and Stacy N. Jackson  
Allan Hornstrup  
Stephen D. Hutcheon  
Lissette O. Irizarry\*  
Susan M. Kegeles and Jeffrey L. Lazarus  
Zhimin Lii  
Tom Lieu\*  
Robert A. Mansfield\*  
Michiko Masters  
Bruce McIntyre  
Patricia E. Perry and Stephen J. McPhee  
*in honor of Keith Lasiter*  
Lara Miller '16\*  
Kathleen M. and Christopher J. Morton  
William K. Nisbet  
Hannah Park\*

Mary W. and George W. Rutherford III\*  
Simon Sheppard and William W. Atkins  
Peggy S. and James L. Shiovitz  
*in honor of Keith Lasiter*  
Ward O. Smith  
*in honor of Warren Preston*  
Timothy D. Statton  
Susan J. Sturrock  
Nicholas Szeto and Gordon Runnels  
Karen and David H. Wacker  
Marjorie M. Wilson  
Melanie E. Wise\*  
Jinmei Woan  
Anne M. Wolf\* and James Ahrens  
Dan P. Wolf  
Frances Wong

\*IGHS faculty and staff  
Listings are for the 2018 calendar year.

## Donations in Memoriam

James Ely

*in memory of Carlo Luquin*

William G. McNulty, Sr.

*in memory of Michael McNulty*

Matt Evans

*in memory of Scott Evans*

Jack Gardner

*in memory of Joseph Romsdahl*

Leslie L. Gardner

*in memory of Joseph Romsdahl*

Judy Gordon and Bill Bumgarner

*in memory of Tim Hume*

Allan Hornstrup

*in memory of Teri Liegle*

Susan M. Kegeles and Jeffrey L. Lazarus

*in memory of Robert B. Hays*

Kathleen M. and Christopher J. Morton

*in memory of Teri Liegler*

Susan J. Sturrock

*in memory of Vera Haycock*

Tim Tune

*in memory of Hal Slate*

Karen and David H. Wacker

*in memory of Walter Wentz*

## Corporations and Foundations

amfAR: The Foundation for AIDS Research

Anonymous

ExxonMobil Foundation

The Bill & Melinda Gates Foundation

Gilead Foundation

Gilead Sciences, Inc.

Glaser Progress Foundation

Hurlbet-Johnson Charitable Fund

ImpactAssets

Kaiser Foundation Health Plan, Inc.

Mahesh Yadav

Merck Foundation

Metrics for Management

John B. Morey Family Fund

Mundo Sano

Novartis Foundation for Sustainable  
Development

PRONTO International

The San Francisco Foundation

Sanger Family Foundation

Social Good Fund

SONY Interactive Entertainment LLC

Sumitomo Chemical Industries Company,  
Ltd.

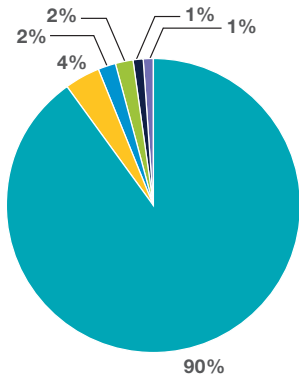
University of Nairobi

Wellcome Trust

Woodcock Foundation

# Financials

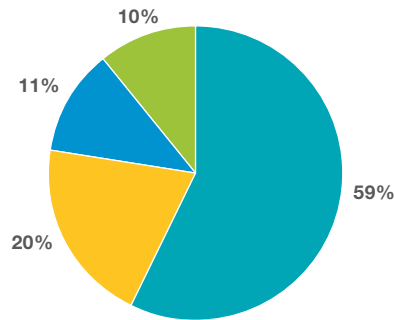
## Fund Sources



**Total: \$98,681,569**

- Sponsored projects
- Campus support
- Tuition and fees
- Gift/endowment income
- Other
- ICR recovery

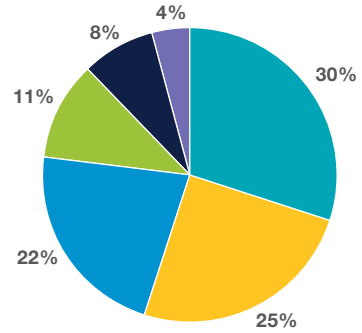
## Fund Uses



**Total: \$96,893,498**

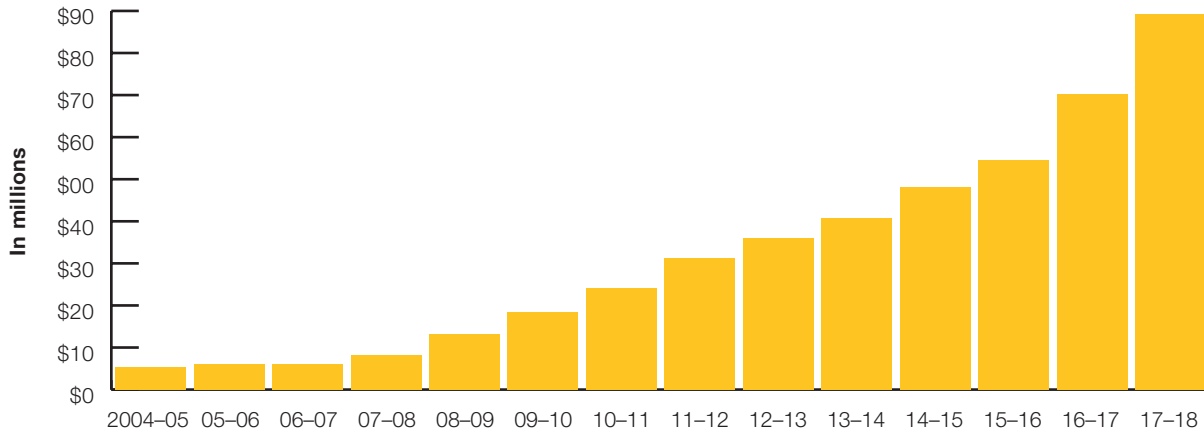
- Personnel costs
- Other non-payroll
- Subawards
- Facilities and administration

## Major Funders of Sponsored Projects



- President's Emergency Plan for AIDS Relief – PEPFAR (CDC)
- Bill & Melinda Gates Foundation
- Centers for Disease Control and Prevention (CDC)
- HRSA/USAID
- Other
- National Institutes of Health

## Sponsored Projects Expenditures



Data on this page reflects in-year project expenditures for fund year July 1, 2017–June 30, 2018. Total grants awarded in the fund year equal \$98,681,569. Totals include the AIDS Research Institute.



# Leadership

## IGHS Faculty Leadership

**Kimberly Baltzell, RN, PhD, MS**  
Director of Partnerships

**Ben Chaffee, DDS, MPH, PhD**  
Assistant Professor, School of Dentistry

**Jennifer Cocohoba, PharmD**  
Professor, School of Pharmacy

**Craig Cohen, MD, MPH**  
Co-Director, UC Global Health Institute

**Madhavi Dandu, MD, MPH**  
Director, Master of Science Program

**Haile T. Debas, MD**  
Founding Executive Director, Global Health Sciences; Chancellor Emeritus

**Elizabeth Fair, PhD, MPH**  
Director, PhD Program

**Richard Feachem, KBE, DSc(Med), PhD**  
Director, Global Health Group

**Eric Goosby, MD**  
Director, Global Health Delivery and Diplomacy

**Dean T. Jamison, PhD**  
Professor Emeritus, Institute for Global Health Sciences

**James G. Kahn, MD, MPH**  
Director, Global Health Economics Consortium

**Michael Lipnick, MD**  
Chair, IGHS Faculty Affiliate Program

**George Rutherford, MD**  
Director, Global Strategic Information

**Judy Sakanari, PhD**  
Adjunct Professor, School of Pharmacy

**Jaime Sepulveda, MD, MPH, DrSc**  
Executive Director, Institute for Global Health Sciences; Haile T. Debas Distinguished Professor

**Paul Volberding, MD**  
Director, Global Health Research  
Director, AIDS Research Institute

**Dilys Walker, MD**  
Director, Maternal, Newborn and Child Health Research Cooperative

## UCSF Leadership Council for Global Health

**Harvey V. Fineberg**  
Leadership Council Co-Chair  
President, Gordon & Betty Moore Foundation

**William J. Rutter**  
Leadership Council Co-Chair  
Chairman and Chief Executive Officer, Synergenics, LLC

**Haile T. Debas**  
Director Emeritus, UC Global Health Institute

**Richard Feachem**  
Director, Institute for Global Health Sciences  
Global Health Group

**Nicholas Hellmann**  
Executive Vice President of Medical and Scientific Affairs, Elizabeth Glaser Pediatric AIDS Foundation

**Sandra R. Hernández**  
President and Chief Executive Officer, California HealthCare Foundation

**Jeffrey (Jeff) Hessekiel**  
Executive Vice President and General Counsel, Exelixis, Inc.

**Mary Anne Koda-Kimble**  
Dean Emeritus, UCSF School of Pharmacy

**The Honorable Howard H. Leach**  
President, Leach Capital, LLC

**Cecilia C. M. Lee**  
Chair, David S. L. Lee Foundation

**David S. Lee**  
Chairman of the Board, eOn Communications Corporation

**Sanford R. (Sandy) Robertson**  
Founder, Francisco Partners

**Jaime Sepulveda**  
Executive Director, Institute for Global Health Sciences

**David (Dave) Smith**  
President, Interpacific Group

**Michael (Mickey) Urdea**  
Managing Partner, Halteres Associates

**Phyllis Whiteley**  
Partner, Mohr Davidow Ventures; Co-founder & Chief Executive Officer of Didimi

## IGHS Administration

**Jeremy Alberga, MA**  
Chief Operating Officer, Global Health Group

**Inez Bailey, MS**  
Director, Education Strategy and Operations

**Alden Blair, MSc, PhD**  
Associate Director, Master of Science Program

**Colin Boyle, MBA, MPP**  
Deputy Director, Institute for Global Health Sciences

**Rebecca Cantor, MSW, MPH**  
Managing Director, AIDS Research Institute

**Jane Coyne, MBA**  
Director, Tuberculosis Programs

**Jane Drake, MPH**  
Co-Director, Global Operations

**Heidi Frank, MPH, MBA**  
Director, Grants Management

**Lissette Irizarry**  
Senior Executive Assistant to the Director

**Alisa Jenny, MPH**  
Strategic and Technical Advisor

**Usma Khan, MS**  
Director, Staffing and Strategic Operations

**Catherine Lee, MPH**  
Deputy Director, UC Global Health Institute

**Amy Lockwood, MBA, MS**  
Strategic Advisor, AIDS Research Institute

**Georgina Lopez**  
Director, Finance and Administration

**Hannah Park**  
Deputy Director, Maternal, Newborn and Child Health Research Cooperative

**Kyle Pusateri, MA, MPH**  
Co-Director, Global Operations

**Anne Wolf**  
Manager, Communications

**Ellyn Woo**  
Director, Finance Management

**Kelly Young, MA**  
Deputy Director, Global Strategic Information



**Writer and Editor**

Anne Wolf

**Writer**

Andrew Schwartz for P6

**Graphic Designer**

Kerstin Svendsen

**Photography**

Front cover: Data collectors in training with IGHS' Global Strategic Information in Tanzania.  
By Sala Lewis

P1: Jaime Sepulveda. By Elisabeth Fall

P2: Monica Gandhi. By Elena Zhukova

Master's graduate Camila Hurtado at the 2018 graduation ceremony. By Elisabeth Fall

P3: Haile Debas meets with Summer Researchers in Global Health interns. By Rachel Cox

Actress performing a theatrical vignette at the East Africa Preterm Birth Symposium in Kigali, Rwanda. By Roy Apollinaire Bizimana

Congresswoman Nancy Pelosi speaks at the Global Climate and Health Forum. By Aimee Alden

P4–5: Health facility staff and a forest worker visit a forest setting work site to conduct malaria infection testing among workers in Aceh province, Indonesia. By Paul Joseph Brown

P6: A nurse checks the NoviGuide while tending to an infant. Photo courtesy Global Strategies

P7: A Hackathon team brainstorms ideas for a tool to detect infected mosquitoes in the field. By Kerstin Svendsen

P8: Data collectors in training with IGHS' Global Strategic Information in Tanzania. By Sala Lewis

P9: In Myanmar, work to curb the growth of drug resistant tuberculosis begins to gain traction. Courtesy of The Global Fund/John Rae

P10: Mothers gather for a prenatal care group meeting in Mayanga, Rwanda. By Ibe Ikuzwe

P11: Master's students in class. By Susan Merrell

P16: A Ugandan preterm baby wears a hat knitted for the Maternal Research Cooperative's Tiny Hats for Tiny Babies campaign, which raises awareness about preterm birth while providing preterm babies with hand knitted and crocheted hats. By Lubowa Abubaker

Back Cover: In Aceh province, Indonesia, a health facility nurse and microscopist travel to a remote village to test a malaria patient's neighbors for malaria infection. By Paul Joseph Brown



Challenge.  
*pursue.*

[globalhealthsciences.ucsf.edu](http://globalhealthsciences.ucsf.edu)

