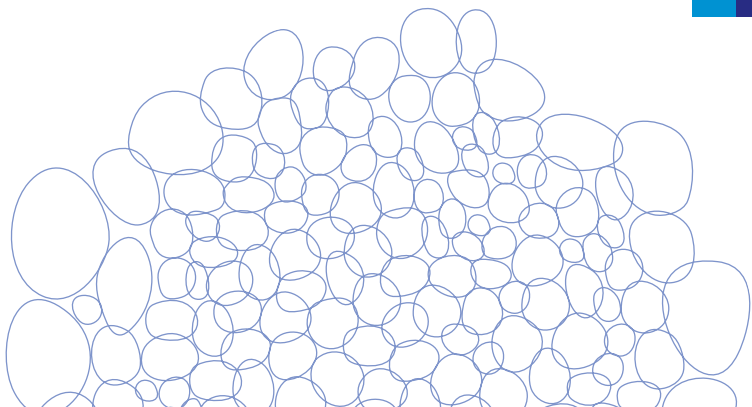


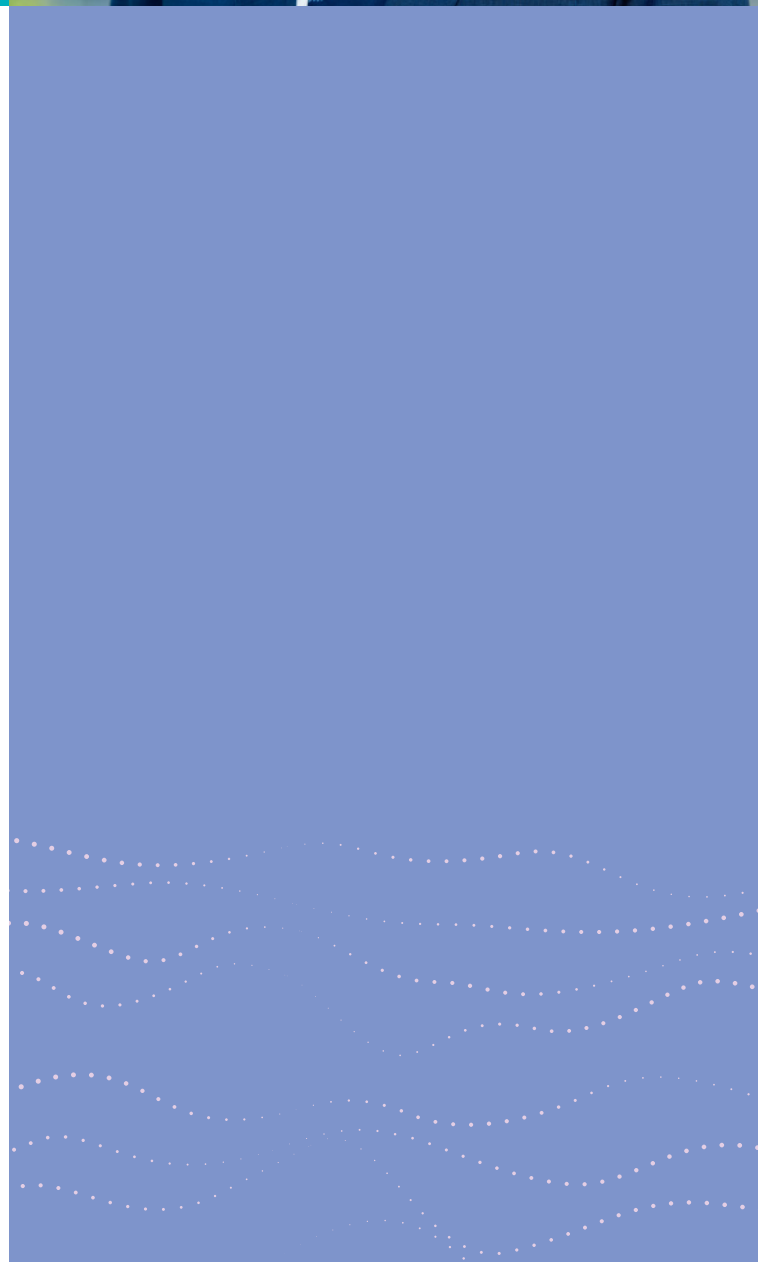


2023–2024
Annual Report



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Message from the Executive Director

Dear colleagues,

The global health landscape is evolving, shaped by both persistent and emerging challenges— from infectious diseases and humanitarian crises to health inequities and the need for future pandemic preparedness. At UCSF’s Institute for Global Health Sciences (IGHS), we are energized by the collective drive to meet these challenges head-on.

Since I joined as Executive Director in April 2024, I have witnessed remarkable momentum across our institute, reflected in the many accomplishments highlighted in this report. It is clear that the work and dedication of our faculty, staff and learners, in close collaboration with our international partners, are making impactful contributions toward advancing health equity. Together, we are building on this foundation to achieve even more.

At IGHS, we believe that engaging expertise across disciplines unlocks the potential for new solutions to complex health challenges. We bring together world-renowned leaders from infectious disease, maternal and child health, nursing, anesthesia, data science, human rights, and pandemic preparedness, alongside experts from many other domains. Uniting this diverse expertise under one roof creates new opportunities for meaningful collaboration, reinforcing our shared commitment to a healthier world.

In this report, you’ll read about many of these instances of collaboration. Some occurred within IGHS, while others are with our partners around the globe. In each instance, working together made our impact more effective and equitable.

Recently, we welcomed three new groups to IGHS: the Center for Global Nursing, the Center for Tuberculosis, and the Health and Human Rights Initiative. These additions highlight the critical role of nursing in global health, deepen our expertise in infectious disease and expand our efforts in asylum medicine and human rights. Faculty, staff and learners from these groups enrich our community with fresh perspectives and new ideas. Our commitment to research, education and capacity-building remains central to our mission. We continue to build equitable partnerships that help prepare the next generation of global health leaders with the skills and capacities needed to address health challenges worldwide.

As our institute approaches its 25th anniversary in 2025, we reflect on our impact and look forward to strengthening IGHS as the hub for global health at UCSF. I am excited about all we will achieve together in the next phase of our journey.

Sincerely,



Payam Nahid, MD, MPH
Haile T. Debas Distinguished
Professor of Global Health
Executive Director, Institute
for Global Health Sciences

Growing Locally: Welcoming New Groups to the IGHS Community

In the past few years, IGHS welcomed three new groups: the Center for Global Nursing, the Center for Tuberculosis, and the Health and Human Rights Initiative. The integration of these groups marks a significant step toward the institute's commitment to addressing global health challenges through multi-disciplinary collaboration and innovation. These groups bring critical expertise in global nursing, infectious diseases, and human rights, enhancing the collective capacity at the institute. Their integration creates new opportunities for cross-disciplinary collaboration that will help reduce health disparities and improve health outcomes worldwide.

The Center for Global Nursing

Nurses comprise approximately 60 percent of the global health workforce and are essential for optimizing patient care and achieving universal health coverage. The World Health Organization estimates that there are 29 million nurses worldwide, yet nurses are often underrepresented in global health initiatives and excluded from leadership roles within prominent global health organizations. As a result, there is a significant gap in nursing perspectives within the broader global health agenda.

To address this gap, the Center for Global Nursing (CGN) was founded within IGHS by Rebecca Silvers, DNP, CPNP-AC, in collaboration with nursing leadership from UCSF Health and the UCSF School of Nursing. CGN serves as a central hub, bridging the divide between nursing and global health by providing UCSF nurses and advanced practice providers with opportunities to engage in global health solutions. CGN's work is grounded in three core pillars: education, partnership and research. These pillars guide its efforts to empower nursing professionals in contributing to and leading global health initiatives.

One of CGN's cornerstone programs is "Introduction to Cultural Humility," a professional education course led by global nursing leaders at UCSF. Cultural humility is an essential competency for

nurses, as it empowers them to foster equitable partnerships and promote sustainable initiatives when working with global colleagues. This training helps participants identify and address their own biases while providing strategies to mitigate power imbalances in cross-cultural interactions. In September 2024, Silvers was invited to present a workshop based on this course at the International Council of Nurses' Advanced Practice Nursing Meeting.

CGN also actively engages in impactful global partnerships, including a collaboration with the AMPATH Consortium nursing team in Kenya. CGN members provide one-on-one virtual mentorship to Kenyan nurse leaders, focusing on clinical research and quality improvement. The objective of this partnership is to strengthen local health care systems and empower nurses to lead meaningful change within their communities.

Learn more about the Center for Global Nursing on its website at bit.ly/Global-Nursing

Catherine Waters, PhD, RN, FAAN, Professor, Department of Community Health, School of Nursing; Madelyn Pearson, DNP, RN, NEA-BC, Chief Nursing Executive and Vice President for Patient Care Services for UCSF Health, Senior Associate Dean for Clinical Affairs, School of Nursing; and Rebecca Silvers, DNP, CPNP-AC Chief Operating Officer of Children Services and Director of the UCSF Center for Global Nursing, attend the first anniversary celebration of the UCSF Center for Global Nursing.

Photo by Susan Merrell





Some of the CTB leadership that were gathered at the World TB Day Conference are pictured above from left to right: Patrick Phillips, PhD, MS, MA, co-director of UC TRAC Clinical & Population Health Science; Priya Shete, MD, MPH, co-director of UC TRAC Clinical & Population Health Science; Devan Jaganath, MD, MPH, CTB Pediatric TB chair; Gustavo Velasquez, MD, MPH, CTB diversity, equity, inclusion, accessibility and belonging chair; Elizabeth Fair, PhD, MPH, co-director, CTB.

Photo by Cindy Chew

The Center for Tuberculosis

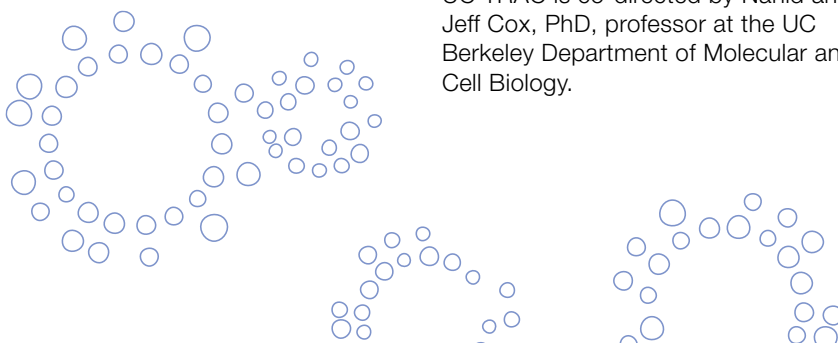
Tuberculosis is the deadliest infectious disease in the world, with more than a million people dying from the disease globally each year. The UCSF Center for Tuberculosis (CTB) serves as the scientific and collegial home for TB investigators at UCSF. Its mission is to facilitate multidisciplinary collaboration and mentor the next generation of TB scientists. The center brings investigators together for cutting-edge research and training, and improves TB practice and policies while spanning the TB bench to clinical sciences. Investigators at CTB study global health delivery, economics and diplomacy, innovative diagnostics, treatments and vaccines to improve TB prevention and control worldwide.

The center's director, Payam Nahid, MD, MPH, is also the executive director of IGHS, joining these two powerhouses in global health. Nahid is joined by CTB co-directors Elizabeth Fair, PhD, MPH, professor at the UCSF School of Medicine and director of education at IGHS; Rada Savic, PhD, MS, professor at the UCSF Department of Bioengineering and Therapeutic Sciences; and Babak Javid, PhD, MB, associate professor in the UCSF Division of Experimental Medicine.

CTB is also the operational hub of the UCSF-UC Berkeley Tuberculosis Research Advancement Center (UC TRAC), one of six centers funded by the National Institutes of Health-National Institute of Allergy and Infectious Diseases to support the development of new-to-TB and early-career tuberculosis investigators to increase the vibrancy of TB research in the Bay Area, throughout the University of California and globally. UC TRAC is co-directed by Nahid and Jeff Cox, PhD, professor at the UC Berkeley Department of Molecular and Cell Biology.

Over fifteen investigators affiliated with CTB are part of the SMART4TB Consortium, a \$200 million global consortium to develop new diagnostics, therapeutics, containment and control strategies to reduce the suffering from TB worldwide. The consortium is funded by the US Agency for International Development (USAID) and led by Johns Hopkins University. UCSF-led projects include large therapeutics and diagnostic trials spanning over 10 international partner sites.

Learn more about the Center for Tuberculosis at bit.ly/Center-for-TB





The Health and Human Rights Initiative

Much of the world is facing a refugee crisis. Last year, 110 million people worldwide were forcibly displaced due to fears of persecution, conflict, violence, human rights violations and more, according to the United Nations. At the Health and Human Rights Initiative (HHRI), which recently joined IGHS' Center for Global Health Delivery, Diplomacy and Economics, multidisciplinary members multidisciplinary members of the UCSF community come together to help refugees and asylum seekers access the care and resources they need to live safe and fulfilling lives.

HHRI's core program is providing forensic medical and mental health evaluations, which can be instrumental in helping asylum seekers find safety in the United States. HHRI trains UCSF faculty and trainees in performing these specialized examinations and leads national and international training programs to expand capacity in this area. Clinicians at HHRI meticulously document evidence of the physical and psychological manifestations of torture and ill-treatment experienced by individuals applying for asylum or other forms of humanitarian protection in the U.S. Without these forensic medical evaluations and a lawyer, the national rate for granting asylum to seekers is 15 percent. Through HHRI's clinic, the grant rate is 100 percent.

"HHRI bridges the global and local," said Triveni DeFries, MD, MPH, executive director of HHRI and assistant clinical professor in the Division of General Internal Medicine. "We use our clinical expertise right here in the Bay Area to document human rights violations. A grant of asylum can be lifesaving for those fleeing persecution based on their race, religion, political opinion, gender, nationality or sexual orientation."

Learn more about the Health and Human Rights Initiative at bit.ly/Health-and-Human-Rights

Illustration by Edel Rodriguez
Courtesy of UCSF Magazine

Growing Globally: New and Expanded Initiatives

IGHS researchers and affiliates are working on projects in more than 80 countries, from Uganda to Mexico to Beirut—and the list is growing. Cross-cultural collaborations are a cornerstone of IGHS, allowing faculty members to develop rigorous research methods, innovative curricula and cutting-edge programs with cultural humility and respect. In the past year, IGHS has expanded long-standing programs, such as malaria surveillance and nursing fellowships, and launched new programs at the U.S.-Mexico border and in the Middle East and North Africa.

The Malaria Elimination Initiative Advances Goals in Five African Countries

The global public health community has made huge strides in malaria elimination over recent decades. But this infectious disease, spread by the female *Anopheles* mosquito, still kills more than 600,000 people each year—many of them children in Africa, a continent with a disproportionately high burden of disease.

The UCSF Malaria Elimination Initiative (MEI) at IGHS dares to imagine a world free from malaria. Thanks to a four-year, \$10-million grant from the Bill & Melinda Gates Foundation, the MEI is committed to advancing this vision by strengthening the capabilities of countries heavily impacted by malaria to monitor mosquito populations and slow their growth.

“We’ve seen remarkable advancements in reducing malaria transmission through effective interventions such as bednets and indoor residual spraying,” said Edward Thomsen, PhD, MSc, associate director for vector control and surveillance at the MEI. “As we get closer to elimination, we must get creative to address the remaining areas of transmission effectively.”

Thomsen is a co-principal investigator on the grant, along with Allison Tatarsky, MPH, director of the MEI.

Since 2007, the MEI has partnered with countries worldwide to support local malaria elimination programs and enhance surveillance capabilities. This grant will focus on collaborative efforts in five African countries where the malaria burden remains high: the Democratic Republic of the Congo, Ghana, Mozambique, Nigeria and Uganda. The latter two countries are new partners for the MEI.



Top left: MEI partner in Namibia looks for *Anopheles* larvae in pond water.

Photo by Laura Newman

Top right: GAIN mentor Garmai Forkpah (left) supporting a nurse-midwife with a neonatal bag and mask resuscitation during a practical training session.

Photo courtesy of GAIN

The new funds will support a fellowship program to provide local vector control and surveillance specialists with professional development and further education. Other initiatives include strengthening the capabilities of local organizations to meet their malaria elimination objectives and building consensus among international experts on how to evaluate larval control programs.

Watch a video on how the Malaria Elimination Initiative works to achieve a malaria-free world at

bit.ly/Malaria-Free-World



Global Action in Nursing Expands in Sub-Saharan Africa

Every day, mothers and babies die from complications during childbirth that could have been prevented. In 2020, sub-Saharan Africa accounted for about 70 percent of maternal deaths globally; many of these deaths were from bleeding after childbirth, infections or high blood pressure during pregnancy.

These deaths could be prevented by additional training for nurses and midwives. Yet, for many in low-income countries, opportunities for advanced training and bedside mentorship are few and far between. Without a path to advancement, many nurses and midwives leave clinical practice, pursue different educational paths or leave the health sector altogether. This, in turn, adds to the shortage of providers.

According to UCSF's Global Action in Nursing (GAIN), one solution is to increase the number of nurses and midwives supported with training and long-term mentorship. Since its inception in Malawi in 2017, GAIN has expanded to three other countries: Liberia, Sierra Leone and the United

States. They recently added Lesotho, thanks to a \$2.7 million gift from the Wyss Medical Foundation, increasing their ability to improve maternal and neonatal outcomes in these countries.

The GAIN model has three pillars: scholarship, fellowship and mentorship. GAIN partners with local educational institutions to provide scholarships and curriculum support. The program also developed a novel fellowship program for newly graduated nurses and midwives to give them support at the bedside during the first 12 months of their career. In addition, they provide training for in-service providers, followed by at least 12 months of bedside mentorship to strengthen clinical skills and competence. "Our core philosophy is 'no training without mentorship,'" said Kimberly Baltzell, RN, PhD, MS, director of GAIN and professor in the UCSF School of Nursing.

Daniel Maweu, the co-director of GAIN and a registered nurse-midwife, said that GAIN provides tailored research support to meet each country's unique needs. While GAIN primarily provides research support, in some circumstances, the program purchases updated textbooks, provides scholarships to complete specialized training, supports mentorship

on the use of ultrasound and bridges staffing gaps with part-time faculty.

Maweu has seen GAIN's impact first-hand. In a district hospital in Sierra Leone, approximately 20 mothers died out of every 2,000 giving birth each year, he said. Last year, he said that it had dropped to 13 deaths—a significant decrease—which he attributed to long-term bedside mentorship, increased supply availability and a higher skill level of the midwives made possible by GAIN. "We now see that they are able to identify emergencies, call for a response and get the ambulance all in time and provide that initial care," he said.

Maweu and Baltzell hope these improvements will be realized in Lesotho, where transportation and road infrastructure are poor. Women often must seek care via horseback, leading to longer travel times to health care facilities. In Lesotho, GAIN will continue to work closely with long-time collaborator Partners in Health, the organization that initially invited GAIN to collaborate in the country.

[Learn more about Global Action in Nursing at bit.ly/Global-Action-in-Nursing](https://bit.ly/Global-Action-in-Nursing)



New Program Aids Migrants at the U.S.-Mexico Border

According to the U.S. Border Patrol and Office of Field Operations, around 2.7 million migrants crossed into the United States from Mexico in 2023. Many of them lack food security, basic health care and other essentials. In addition to ongoing criminal and political violence, the displacement of people to the U.S.-Mexico border has created a humanitarian crisis in the region.

The Health and Human Rights Initiative partners with the Border Humanitarian Health Initiative (BHHI) on “Delivering Humanitarian Health Care for Migrants at the U.S.-Mexico Border,” a project formed to address the ongoing health crisis at America’s southern border. The project, which builds on earlier work of

BHHI in 2020, trains health promoters in Tijuana and Ciudad Juarez to provide preventive care to migrants and facilitate connections with health services. It helps migrants with crucial health challenges, including maternal and reproductive health, preventive care, and access to mental health care, and it educates them on their right to health.

The researchers and public health professionals implementing the project are supported by a donation from the Wyss Medical Foundation and led by letza Bojorquez, PhD, MSc, professor of population studies at El Colegio de la Frontera Norte, and Jaime Sepulveda, MD, DSc, MPH, professor of epidemiology and biostatistics and former executive director of IGHS. They are partnering with key governmental actors and community-based organizations from Tijuana and Ciudad Juarez, two cities with the highest concentration of migrants along the U.S.-Mexico border.

Top left: In Juarez, Chihuahua, Mexico, three women and a child cross the border city Juarez-El Paso to request political asylum in the United States.

Photo by David Peinada Romero

Top right: Young women in Kabarak, Kenya participate in the ENGAGE program.

Courtesy of ENGAGE

Visit the BHHI website, in Spanish and English at bit.ly/BHHI



Pioneering Program Empowers Girls and Young Women in Data Science

Globally only 26 percent of artificial intelligence (AI) professionals are women, and this number is even smaller in African nations. This leads to not only a crucial lack of representation, but a potential problem for AI algorithms. Since many algorithms are developed by white men, AI models are likely to reflect unconscious bias which can skew interpretation of data.

In 2023, the University of Nairobi's Institute for Tropical and Infectious Diseases and IGHS partnered to launch ENabling Girls in AI and Growing Expertise in Data Science (ENGAGE), a program to empower and educate girls and young women to become data scientists and leaders in their communities. The goal of the program is to cultivate a diverse pool of female data scientists who will reduce biases and gender gaps in public health across Africa.

"There is currently a gender-based gap among experts in machine learning and artificial intelligence," said Julius Oyugi, PhD, the director of ENGAGE and professor in the Department of Medical Microbiology and Immunology at the University of Nairobi. "Our expected outcome is to bridge that gap with more women scientists in leadership positions in health data, who will influence public health policy and reduce the current biases."

The program is executed in partnership with six regional universities in Kenya. It aims to train 800 young women in data science, machine learning and AI for public health over five years. In the first half of this first year, the program has already trained 90 young women who are in STEM diploma programs and university undergraduate programs. The training involved a 20-day course and a six-week internship program at institutions working in public health.

"The application of machine learning, AI and data science for public health has huge benefits in advancing our understanding of disease risk factors and improving early detection and response of public health issues, such as outbreaks and pandemics," said

Peninah Masibo, PhD, capacity development lead at UCSF's Kenyan Global Programs office. "We are thrilled to create and lead a program that is breaking ground in equipping young women to apply technology in solving public health challenges in Kenya and the African continent."

The program is already getting rave reviews from participants. "This experience has been one of my most fulfilling and transformative moments of the year as a young woman passionate about data science, AI and mentorship of women in STEM," said Felicity Musau, a student at Pwani University in Kenya.

Fitti Weissglas, MSc, MBA, director for digital health at IGHS and co-principal investigator of the ENGAGE program, said that he became exposed to software engineering at a young age and discovered that it was his talent. Now, he hopes these young women will have the same chance. "ENGAGE can give underprivileged young women that same opportunity, potentially reshaping their entire future career path," he said.

Learn more at bit.ly/ENGAGE-program



IGHS staff meet at an HIV clinic in Kinshasa, Democratic Republic of the Congo (DRC) with clinic staff and partners from the Centers for Disease Control (CDC) in Atlanta and CDC DRC to prepare for a data quality assessment and improvement activity. *Courtesy of GIREd*

Improving Data Quality in the Democratic Republic of Congo

The Democratic Republic of the Congo (DRC) has been fighting to control the HIV/AIDS epidemic for decades. Near-constant wars and political violence since the mid-1990s have made it difficult for local and international organizations to carry out HIV/AIDS prevention work in many parts of the country. As of 2023, the country had approximately 520,000 adults and children living with HIV, according to UNAIDS, including 21,000 new infections annually.

The United States has had longstanding partnerships to strengthen health systems around the world, solidified by the launch of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in 2003. Countries supported by PEPFAR, including DRC, are required to report data, such as trends of newly diagnosed people living with HIV, pregnant women on anti-retroviral

therapy (ART) and more. This data is reported by health care workers who often have dozens of patients, have limited access to technology and regularly rely on paper-based records.

Because of these and other challenges, an implementing partner may be tapped to help public health authorities clean, analyze and interpret the data they've collected. In 2023, the U.S. Centers for Disease Control and Prevention (CDC) approached the UCSF Center for Global Strategic Information and Public Health Practice (CGSIPHP) at IGHS to ask if they could help key stakeholders in DRC with data quality improvement.

"We came in to give the country tips and tricks on how they could strengthen their data system," said Nate Smith, MPH, former associate deputy director of programs for CGSIPHP.

This involved deploying 80 data abstractors to more than 300 health care sites across the country to look at facility data and brainstorm ways to make the data more accurate, reliable and useful to decision-makers.

Smith said that on the ground in DRC, there was much collaboration from various groups, including UCSF, the Ministry of Health (MOH), the CDC, USAID and the Department of Defense. "The amount of cross-collaboration between stakeholder groups was very impressive and made this program a big success," he said.

With CGSIPHP's guidance and help from an in-country partner called Global Initiative, Research and Development (GIREd), health data systems in DRC were able to improve the reporting and cleanliness of their collected data. CGSIPHP also provided recommendations for best practices for data monitoring and quality improvement in the future. These recommendations will help the country use data to inform policy decisions to help DRC as it moves towards UNAIDS' 2030 goal of ending the AIDS epidemic.

Training New Researchers in the MENA Region to Predict the Next Pandemic

In the past century, humans have become more connected across the globe. People used to stay in their towns or only travel locally, but trains, buses and airplanes now make it easy for people to travel to other countries—and bring diseases. Interconnectedness is how a local outbreak can quickly turn into a global pandemic, as the world saw with COVID-19.

One of the goals of the UCSF Center for Pandemic Preparedness and Response (CPPR) is to strengthen communication between countries to share information about potential regional health threats. The contribution of disease data by neighboring countries into each other's reporting system is known as "cross-border surveillance" and is key to stopping communicable diseases from spreading.



"We saw during COVID that diseases do not have borders," said Laura Buback, MPH, senior program manager at CPPR.

In 2022, CPPR began analyzing the disease surveillance systems in the Middle East and North Africa (MENA) region, which has many travelers, mass gatherings and complex geopolitical and humanitarian challenges. The goal was to assist policymakers in improving global health security and cross-border public health surveillance. The analysis

reviewed 101 publications representing 24 MENA countries and found that a more robust public health workforce and expanded partnerships will be vital to improving cross-border surveillance.

In March 2024, CPPR, in collaboration with and funded by the U.S. CDC, launched the development of a training curriculum to increase the workforce for public health surveillance in the MENA region. CPPR invited educational institutions in the MENA region to apply for the partnership, which included the collaborative creation of a pilot course in disease surveillance for public health students.

Many institutions applied, and CPPR ultimately selected the American University of Beirut (AUB) as the academic partner. Soon, students at AUB will be able to take the cross-border surveillance pilot course as a part of their master's in public health curriculum.

"The world is becoming more globalized, with increasing movement of people and animals," Buback said. "We saw a major gap during COVID regarding information sharing, which our program aims to improve."

Learn more at bit.ly/Cross-Border-Health

Donor Highlight: Wyss Medical Foundation

Funding global health projects aligns with the Wyss Medical Foundation's most closely held philosophy. Led by Swiss philanthropist Hansjörg Wyss, the Wyss Medical Foundation was created with a goal to improve human health around the world. In addition to the Wyss Medical Foundation, Wyss also created the Wyss Foundation, which champions environmental causes, among other philanthropic endeavors.

The Wyss Medical Foundation's partnership with UCSF spans more than a decade, according to board member Steve Schwartz. The foundation was one of the original funders of the UCSF Institute for Global Orthopaedics and Traumatology (IGOT), which was founded in 2006

by UCSF Department of Orthopaedic Surgery faculty and residents to address global disparities in orthopaedic trauma care.

In 2017, Schwartz met Kimberly Baltzell, RN, PhD, MS, professor at the UCSF School of Nursing and director of Global Action in Nursing (GAIN) at IGHS, and found a kindred spirit. "We are remarkably similar in our perspectives on global health," Schwartz said of Baltzell, "and understanding the importance of providing good health care to those who don't have it readily accessible."

The Wyss Medical Foundation began funding GAIN (page 9) in 2019 and continues to support the program to this day. "We're grateful for the continued support of the Wyss Medical Foundation," said Baltzell. "This funding allows us to improve maternal and neonatal outcomes through the work of front-line nurses and midwives while measuring the impact of the work."

In addition to GAIN, the Wyss Medical Foundation currently supports two other projects at IGHS. These projects are the Center for Health Equity in Surgery and Anesthesia (CHESA) Perioperative Health Equity Fellowship (page 22) and Delivering Humanitarian Health Care for Migrants at the U.S.-Mexico Border (page 10).

"We are pleased and gratified to support these programs," Schwartz said. "There are billions of people on this planet, and most of them do not have access to good health care. We continuously work to make good health care accessible to as many people as we can."



Hansjörg Wyss

Strengthening Partnerships to Improve Health Worldwide

Global health efforts do not exist in a silo; instead, it is through partnerships that our efforts are made stronger by sharing resources and bringing together diverse perspectives and skills. Whether IGHS faculty and staff are sub-grantees or affiliates to other UCSF centers, they draw upon the deep expertise of the IGHS community to strengthen their work.

A Dream Realized: New Research Center Focuses on HIV Prevention for Young Women in Africa

HIV is an urgent threat for young women living in sub-Saharan Africa. Eighty percent of all HIV infections among adolescents in sub-Saharan Africa are in girls aged 15 to 19 years, and girls and young women are twice as likely to have HIV compared to young men and boys of the same age.

A new project led by Mzumbe University in Tanzania, in partnership with IGHS, the Ministry of Health in Tanzania, Health for a Prosperous Nation and UC Berkeley, is focused on researching HIV interventions among girls and young women to address this risk. The five-year project is establishing the Mwotaji Clinical Research Center in Tanzania and is supported by a \$6 million grant from the National Institutes of Health.

The Mwotaji Clinical Research Center is one of eight funded clinical research centers dedicated to adolescent health in Africa. The primary aim of Mwotaji, which means “dreamer” in Kiswahili, is to explore effective methods of delivering HIV prevention services to adolescent girls, such as pre-exposure prophylaxis (PrEP) through community pharmacies. This innovative approach is designed to increase health care access and reduce the stigma associated with HIV prevention, especially among young women. It builds on the research of principal investigator Jenny Liu, PhD, MPP, professor in the UCSF Institute for Health & Aging.

“The Mwotaji Clinical Research Center will allow us to build out the successful elements of our *Malkia Klabu* (‘Queen Club’) program, which is already expanding access to HIV self-testing and contraceptives for adolescent girls and young women in Tanzania, so we can better protect a generation of young women from HIV,” said Liu.

Factors such as limited sex education, stigma around reproductive health and barriers to accessing preventive medication like PrEP contribute to the disparity of HIV rates between young men and young women in sub-Saharan Africa. Mwotaji aims to address these challenges through its focused studies and community-based interventions.

As part of this project, a certificate program in implementation science at the Centre of Excellence in Health Monitoring and Evaluation will be established at Mzumbe University. This program will cultivate a sustainable network of researchers, implementers, and government officials trained in implementation science who can serve the ongoing needs of health research in the region and ensure a lasting impact.



A member of the *Malkia Klabu* program in Tanzania, which provides HIV self-tests and contraceptives for adolescent girls and young women, shows her loyalty card.

Courtesy of Mwotaji

While Mwotaji is one of the newest projects, IGHS and Mzumbe University have a 12-year history of collaboration, including developing training programs for health monitoring and evaluation in Tanzania. IGHS and Mzumbe University have developed a master's degree in health monitoring and evaluation and several certificate programs, such as the East African Journal of Health Monitoring and Evaluation and the Centre of Excellence in Health Monitoring and Evaluation at Mzumbe University.

Addressing the Impacts of Climate Change in the World's Most Vulnerable Communities

The Middle East is one of the most water-scarce regions on Earth, and an area with high records of extreme heat, political instability and large disparity between the very poor and the very affluent.

Jordan, one of the few politically stable countries in the region, is seeking solutions to the water crises. It is ranked second among countries with the lowest access to water and is expected to reach the water insecurity designation by 2030. Within Jordan, the most water-deprived communities live in the Azraq Basin, which is also home to approximately 120,000 resettled Syrian refugees.

A new three-year program called the Global Center on Climate Change, Water, Energy, Food, and Health Systems aims to address the impacts of climate change in this climate-vulnerable community. The program is led by the University of California San Diego Herbert Wertheim School of Public Health and Human Longevity Science and supported by an international consortium of community organizations and universities, including IGHS.

Funded by a \$3.8 million National Institutes of Health (NIH) grant, the program will target rural and refugee communities in the most water-deprived areas of Jordan. The program will address the four core elements of the NIH's investment in climate health research: health effects research, health equity, intervention research, and training and capacity building.

Margaret Handley, PhD, MPH, professor at the Department of Epidemiology and Biostatistics will lead UCSF's implementation science component of the research.

"This new center is exciting because of its potential to improve the translation of water-conserving and water safety technology into practical approaches for settings where health risks are very high

due to lack of clean water," Handley said. "We will work hard to ensure that tools for improving clean water access and other interventions will be implemented so they reach the people who need them across the region."



Margaret Handley

Smart Data, Swift Decisions: Creating Better Models for Public Health

Mathematical and statistical models are critical tools for effective public health decision-making. These models, often created by scientists and researchers in academia, can help national, state and local health officials understand which populations are most affected by diseases. They can also help officials decide how to more efficiently allocate resources to mitigate the harms these diseases may cause in marginalized communities.

These models, however, are often reactive instead of proactive. They can take months to make, and the data and public health priorities may already be shifting by the time they are given to public health departments. In September 2023, the U.S. CDC awarded \$17.5 million to a coalition led by researchers at UC San Diego, with participation from researchers at IGHS, to fill this gap. They named the project "Resilient Shield: A Network for Outbreak Data Integration and Modeling to Support Rapid Public Health Action."



Mohsen Malekinejad

"This project's goal is to create better data for faster, more informed public health decision-making," said Mohsen Malekinejad, MD, DrPH, associate professor in the Department of Epidemiology and Biostatistics, who leads UCSF's participation.

UCSF leads the monitoring and evaluation of the project, collecting data continuously to assess Resilient Shield's progress and performance, and identify challenges and success. Malekinejad also works to forge relationships with local and state health departments.

The project completed the first year of its five-year lifecycle and is already on track to help public health departments reduce the time it takes to respond to public health emergencies. The coalition recently used modeling to help the local health department in San Diego's response to outbreaks of Hepatitis A and mpox.

Malekinejad said that one aspect that makes Resilient Shield unique is the continuous engagement with staff members at local health departments. "Our approach is to listen to their day-to-day pain points and design scientific services that fit those needs," he said. "This tight partnership enables the bi-directional flow of data and insights more freely. It makes our partnership resilient."

Resilient Shield is a project of the Collective for Resilient Societies and Technology (CREST) Initiative. [Learn more at](#)

bit.ly/CREST-Initiative



UCSF Partners with the World Health Organization to Advance Emergency, Critical and Operative Care

When a medical emergency occurs in America, such as a heart attack, respiratory failure or traffic accident, often the first instinct is to dial 911 and wait for an ambulance. However, that is not an option in many countries around the world. Many low- and middle-income countries lack emergency, critical and operative care (ECO) services such as ambulances, common emergency medications like epinephrine and antibiotics, and surgical teams. This gap in care was highlighted further during the COVID-19 pandemic when many health systems didn't have ventilators or even oxygen to help treat sick patients.

The consequences of a lack of ECO services can be dire; over 90 percent of deaths globally are due to an emergency condition. Therefore, the World Health Organization (WHO) has prioritized strengthening global ECO systems—and works closely with UCSF as a partner. The UCSF WHO Collaborating Centre for Emergency, Critical and Operative (ECO) Care is a multi-

disciplinary team with members from several UCSF units, including IGHS, the Department of Emergency Medicine, the Department of Surgery and the Department of Anesthesia. Founded by the UCSF Department of Emergency Medicine in 2017, the center is an example of UCSF physicians and scientists coming together to solve a global health problem.

“UCSF faculty and staff have extensive experience in emergency, critical and operative care,” said Michael Lipnick, MD, professor in the anesthesia and perioperative care and co-director of the UCSF WHO Collaborating Center for ECO Care. “We’re excited to be able to leverage that expertise to support the WHO’s mission.”

The center is working on a broad range of projects. One of these projects is curriculum development for courses that the WHO can use to teach practitioners in low- and middle-income countries about the fundamentals of critical care. These courses will eventually be available on WHO Academy, an online learning resource for health care workers worldwide. Lipnick and Rebecca Silvers, DNP, MSN, director at the Center for Global Nursing, and Teresa Kortz, MD, PhD, MS, associate professor in the pediatrics, have been developing these courses along with Maytinee Lilaonitkul, MBBS, associate professor in the Department of Anesthesia and Perioperative Care.

Carol Chen, MD, MPH, associate professor in the emergency medicine, IGHS affiliate member and co-director of the UCSF WHO Collaborating Centre for ECO Care, and John Brown, MD, former medical director of the San Francisco Emergency Medical Services Agency and former Department of Emergency Medicine volunteer faculty, have also worked on the development of courses that the WHO will use to teach about basic emergency and pre-hospital care.

Kortz has also been leading research to study the burden of pediatric critical illness and associated deaths in resource-limited settings. One in 10 children who seek hospital care in resource-constrained settings has an acute critical illness such as pneumonia, sepsis or malaria. Kortz and her team are researching the causes of critical illness in children, as well as its associated mortality.

Marissa Boeck, MD, MPH, assistant professor of surgery and an IGHS affiliate member, is also working on improving access to trauma services in South America.

“All of us who do work in global health at UCSF can intersect in creative ways,” Chen said.

Learn more at bit.ly/UCSF-WHO-Emergency-Care

Meet the IGHS Leaders Who Are Preparing for the Next Pandemic

In 2023, the UCSF Center for Pandemic Preparedness and Response (CPPR) announced two key leadership hires: Kelly Taylor, PhDMS, MPH, as director of the domestic portfolio and Wanjiru Waruiru, MBA, MPH, as director of the global portfolio, based in Kenya. In early 2024, Taylor also became the director of CPPR. At a time when much of the world is still recovering from the COVID-19 pandemic, Taylor and Waruiru are charged with expanding CPPR's programming in public health preparedness, pandemic response and global health security to help the world prepare for the next pandemic threat.

Taylor and Waruiru both have backgrounds in infectious disease research within IGHS. Taylor was previously a member of the UCSF Pandemic for Equity and Action (UPIEA) team and is a faculty member in the Division of Prevention Science. Waruiru served as the director of strategic information at the UCSF Global Programs office in Kenya. Both also come to CPPR with new strategies for disease surveillance and centering equity within the framework of pandemic response. We sat down with both to discuss their thoughts on pandemic preparedness, emerging threats and the importance of health equity.

Q & A with Kelly Taylor, PhDMS, MPH, Director of CPPR

What is your current role at CPPR?

I have a two-fold role. I am the director of CPPR, and as a part of that, I also currently lead the domestic portfolio. At the center level my role is to advance the mission of CPPR in three critical areas: capacity building and workforce development for pandemic response; data for public health impact, preparedness, and response; and policy shaping activities. My goal is to steer initiatives that train and expand the public health workforce in response to pandemics, foster robust partnerships to enhance surveillance and data systems and develop proactive approaches to managing pandemics and emerging threats. It is also critical to translate evidence into actionable policies at national and global levels to ensure that health strategies are scientifically sound, aligned with local priorities and adequately resourced, thereby maximizing public health impact.

What emerging pandemic threats is CPPR preparing for domestically?

We are closely watching avian influenza and other new and evolving influenza strains. We continue to monitor coronaviruses and other pathogens of concern that are re-emerging, like mpox. Other threats that impact disease transmission include climate change which increases the risk of vector-borne diseases. So, when weather patterns change, there are increased risk of insects that transmit disease. We remain vigilant about all potential threats since we have seen many examples, like COVID-19, where diseases do not respect borders.

What are some other priorities of CPPR across the country?

Across the country we are prioritizing advancing health equity, developing partnerships, building the workforce, and making investments in disease surveillance and in data for pandemic planning so we are prepared to detect and immediately address emerging threats. We are also making investments in community engagement so that we can build trust and be better equipped to partner with communities and mitigate misinformation. We want to ensure we utilize the lessons learned during the COVID-19 pandemic and are not caught off guard.

Why is health equity important in pandemic preparedness?

We saw during the COVID-19 pandemic that there was much inequality around who had access to vaccines, information,

Kelly Taylor, PhDMS,
MPH, director of CPPR



Q & A with Kelly Taylor
continued from previous page

medication and treatment—and how that contributed to higher mortality among minoritized populations. A focus on health equity increases the odds that this will not happen again. From a social justice perspective, preparing for pandemics through a lens of health equity implores us to plan and respond so that we do not further entrench existing inequalities, but rather aim to diminish them. When we are guided by health equity, we know that the most successful interventions must ideally be community-led, targeted and tailored. We must allocate resources so that the communities most impacted will have equitable access to what are often scarce resources. When we fail, the consequences are grave and lead to mistrust, distrust and hesitancy around public guidance which are not easily rectified. Integrating health equity into pandemic preparedness is not only a matter of justice, but also a practical approach to ensuring effective and efficient public health responses that can save lives and mitigate the impact of pandemics.

**Q & A with Wanjiru
Waruiru, MBA, MPH,
Director of Global
Portfolio at CPPR**

What is your current role at CPPR?

I work to create the building blocks for the center to ensure it meets its strategic purpose in pandemic preparedness. That involves establishing regional partnerships, including with ministries of health and other research institutes. I also work on business development, building relationships with external funders, donors and foundations, and identifying funding sources for our work. It's a unique space because pandemics are not routine. Often, we experience a shock of adequate or even overwhelming funding, and then once the emergency subsides, we face sharp declines or shortage of funding for our work. I try to identify strategic pandemic-related

work as well as funding opportunities that can allow us to continuously support global health systems to predict and prepare to respond to the next pandemic.

Why is it important to have a regional hub for CPPR in East Africa?

Kenya has one of the biggest UCSF offices outside of San Francisco, and IGHS already had a presence here due to our work on the HIV epidemic. Kenya is a hub for business, technology, innovation and tourism. As such, it was a natural place for CPPR to be based for our global work. Also, it's important to have a physical presence where you plan to work; it shows that you are invested in developing relationships and collaborating on solutions.

What are some of CPPR's current global priorities?

We continue to build our networks of affiliations and strategic partnerships both domestically and globally. It is difficult to have eyes and boots on the ground everywhere. But with strategic partnerships, we leverage resources, different areas of expertise, geographical coverage and ultimately our efficiency and effectiveness. We are also focused on building capacity for laboratories, data and surveillance systems and health workforces in their abilities to prepare and respond to emerging health threats.

Why is health equity important in pandemic preparedness?

Health equity is a confounding factor in how any pandemic will affect a community, a country or the world. We saw this in the COVID-19 pandemic, where communities that had lower economic status had sub-optimal access to health care services, or traditionally marginalized communities were most impacted. This is no different in sub-Saharan Africa. COVID highlighted pre-existing health equity issues for marginalized communities, such as lack of equipment at health facilities, shortage of health care workers and the urban-rural divide. So, health equity must be the center of the conversation when preparing for the next pandemic.

Learn more about CPPR at
bit.ly/CPFR



Educating and Training Tomorrow's Global Health Leaders



Class of 2023 Summer Researchers in Global Health high school students in the Mission Hall Courtyard

Education by the Numbers



Master's Program

29 graduates in 2023
38 students matriculated in 2024
473 graduates since the program launched in 2008



PhD Program

6 graduates in 2023
11 graduates since program launched in 2016



Global Scholars (Scholars at Risk)

16 scholars supported by UCSF from 2023 to 2024



Summer Researchers in Global Health

11 high school students received a certificate of completion in 2023
38 participants since program launched in 2018



CHESA Perioperative Health Equity Fellowship

25 new fellows in 2023
80 total fellows since 2021
17 countries represented
16 specialties across surgery, anesthesia and nursing



California Pathways into Public Health Fellowship

42 fellows trained for careers in public health in 2023
39 new fellows selected for 2024 13-month program



GloCal Health Fellowship

17 new fellows in 2023–24
10 low- and middle-income countries represented
4 UC campuses represented (UC Davis, UCLA, UC San Diego, UCSF)
177 total fellows since program launched in 2012



Emily Behar

How One Alumnus Is Battling America's Opioid Crisis

Emily Behar, PhD, MS, graduated from the PhD program at IGHS in 2019 as America was in the throes of the opioid overdose crisis. That year, nearly 50,000 Americans died from opioid-involved overdoses.

Behar, a long-time harm reductionist who had worked for years at the San Francisco Department of Public Health's Center on Substance Use and Health, decided to pursue her doctoral degree to gain the technical skills she needed to continue her work. "I wanted to understand how my work fits into the big picture of global and local public health," Behar said.

Though much of the research that happens at IGHS is international, Behar said she was particularly interested in preventing overdose deaths domestically. "Global health does not mean that it needs to take place outside of the United States," she said, "America is part of the global world as well."

As soon as she graduated, Behar began working to curb America's overdose crisis. She became the vice president of clinical operations at Ophelia, a tele-health company that provides online medicated assisted treatment for opioid use disorder. Behar said that during her time in the IGHS PhD program, she learned critical skills in theory, statistics and epidemiology, which she uses daily.

Ophelia's treatments are sorely needed—according to recent data from the National Survey on Drug Use and Health, in 2023, there were 5.7 million people in America with an opioid use disorder, and only 18 percent of them had received medication-assisted therapy within the last year. Ophelia quickly links patients to providers who can prescribe common medications that can help treat substance use disorder, like suboxone, thereby preventing overdose deaths.

"Ophelia operates on the principles of health equity and democratizing access to treatment, so people can get the medication they need no matter where they live or how busy they are," Behar said.

The lessons she learned at IGHS taught her how to center health equity when working with vulnerable and diverse populations, which is often her clientele base. "When you're on the streets of Philadelphia, sometimes it can be hard to remember that you're in one of the richest countries on earth," she said. "I think even people who work domestically can benefit from learning a global framework and understanding the bigger issues in public health."

[Learn more about the PhD program and apply for the 2025 cohort at **bit.ly/UCSF_PhD_GlobalHealth**](#)

Spotlight: Hard-to-Reach Populations Training

Finding reliable data is crucial for researchers, especially when they want to learn more about populations that are socially disadvantaged and marginalized, such as people experiencing homelessness, people experiencing chronic mental illness, out-of-school youth, sex workers and more. Yet even though these populations are often disproportionately impacted by health issues, they can be hard to reach. Ali Mirzazadeh, MD, PhD, MPH, associate professor in epidemiology and biostatistics, developed and currently leads the "Hard-to-Reach (H2R) Training Program" at IGHS, which provides mentorship and training on methods for sampling, estimating, analyzing and engaging with these populations. The first cohort began in September 2023 and completed a six-month program that involved four short courses and a research project. The second cohort of the H2R Training Program launched in September 2024.

[Learn more about this training program and how to apply at **bit.ly/H2R-Training**](#)



Spotlight: CHESA Fellowship

The UCSF Center for Health Equity in Surgery and Anesthesia (CHESA) was launched in 2020 to expand equitable access to surgical and anesthetic care worldwide through partnerships that strengthen capacity and advance shared education, research and advocacy priorities. One of the center's programs is the 18-month long CHESA Fellowship, which helps fellows develop a career focused on advancing health equity in perioperative care. The fellowship provides career and leadership development, education and mentorship from UCSF faculty, project funding support and more. It is co-directed by an all-woman leadership team which includes Lia Jacobson, MD, MSGM, assistant clinical professor in the Division of Pediatric Otolaryngology, Cathy Kilyewala, MBChB, MMed, lecturer at Makerere University Department of Surgery, and Sriranjani Padmanabha, MD, associate professor in the Department of Ophthalmology. Fellows have completed projects such as developing the first pediatric surgery service in Burundi and establishing a laparoscopic simulation lab in Tanzania. To date, the program has had 80 fellows based in 17 countries.

Learn more about the CHESA Fellowship and how to apply at bit.ly/CHESA-Fellowship

2022–2023 CHESA Fellows Treasure Ibingira, MD, and Caroline Q. Stephens, MD, MPH, in Kampala, Uganda. They conduct advanced training workshops together for health care providers in the country's rural regions.

By Joshua Gumisiriza

Featured Research

Sponsored Awards and Gifts FY23–24

[Caring for Providers to Improve Patient Experiences \(CPIPE\)](#)

\$652,940

National Institute of Child Health and Human Development

Patience Afulani, PhD, MD, MPH

[QIS+D 2.0 OME: Extension of the Southeast Asia Stigma Reduction QI Learning Network](#)

\$150,000

ViiV Healthcare

Bruce Agins, MD

[Global Action in Nursing](#)

\$6,907,600

Wyss Medical Foundation Inc

Kimberly Baltzell, RN, PhD, MS

[Development of Second-Generation Passive Emanators to Reduce Mosquito-Biting Behavior](#)

\$300,000

Department of Defense Office of Naval Research

Ingrid Chen, PhD, MS

[Health & Human Rights Initiative](#)

\$75,000

Zellerbach Family Foundation

Triveni DeFries, MD, MPH

[Identifying Patients at Risk of Post-tuberculosis Lung Disease Using Novel Cough and Adherence Predictors](#)

\$174,420

National Heart, Lung & Blood Institute

Sophie Huddart, PhD

[Consulting Services for Maisha Meds](#)

\$22,263

Maisha Meds

Rachel King, PhD

[Implementation Science to Understand and Design Stakeholder Informed](#)

[Innovative Interventions to Improve Adolescent and Youth HIV Prevention and Care Continuums in Rural and Urban Uganda](#)

\$22,263

MU-JHU Care Limited

Rachel King, PhD

[Resilient Shield: A Network for Outbreak Data Integration and Modeling to Support Rapid Public Health Action](#)

\$520,000

UC San Diego

Mohsen Malekinejad, MD, MPH, DrPH

[Improving Access to Surgery and Anesthesia Worldwide](#)

\$757,546

Wyss Medical Foundation Inc

Doruk Ozgediz, MD, MSc

[Examining the Mechanisms and Optimization of Malaria Chemoprevention strategies to Improve Birth Outcomes in Africa](#)

\$122,904

National Institute of Child Health and Human Development

Michelle Roh, PhD

[California Immunization and Vaccines for Children Program](#)

\$173,364,017

California Department of Public Health

George Rutherford, MD, MA

[STD and Viral Hepatitis Prevention and Control](#)

\$69,619,227

California Department of Public Health

George Rutherford, MD, MA

[Cal-PPH Initiative—Fellowship Program](#)

\$21,300,000

California Department of Public Health

George Rutherford, MD, MA

[TB Free California](#)

\$4,195,123

California Department of Public Health

George Rutherford, MD, MA

[Delivering Healthcare to Migrants at the Mexican Border](#)

\$1,613,820

Wyss Medical Foundation Inc

Jaime Sepulveda, MD, DSc, MPH

[Epidemiology Network for Laboratory Capacity Enhancement](#)

\$41,500

Centers for Disease Control

Jaime Sepulveda, MD, DSc, MPH

[Mind the Gap](#)

\$10,052,499

Bill & Melinda Gates Foundation

Edward Thomsen, PhD, MSc and Allison Tatarsky, MPH

[PROPEL Health](#)

\$500,000

Palladium International, LLC

Dilys Walker, MD

[Ultrasound Program Strategy Technical Assistance](#)

\$377,224

Bill & Melinda Gates Foundation

Dilys Walker, MD

[Evaluation of the Effect of Training and Implementation](#)

\$104,655

Kenyatta University

Dilys Walker, MD

[Enabling Girls in AI and Growing Expertise \(ENGAGE\) in Data Science](#)

\$227,000

University of Nairobi

Fitti Weissglas, MSc, MBA

IGHS Affiliate Program Awards

[SAFARI-Girls: Studying the Application of AI in Recognizing Inclusivity in Swahili Texts for Girl-Friendliness](#)

Calvin Chiu, PhD, MA

Assistant Professor, Institute for Health & Aging

[Prevalence and Risk Factors of Female Urinary Incontinence among Women in Uganda, Their Lived Experiences and Treatment Outcomes](#)

Alison El Ayadi, ScD, MPH

Associate Professor, Obstetrics, Gynecology and Reproductive Sciences

Center for Pandemic Preparedness and Response Investigator Awards

[Identifying Informal Healthcare Provider Sites and Developing a Pathogen Detection Network and mNGS Pipeline](#)

Anneka Hoof, MD, MPH

Assistant Professor, Emergency Medicine

[Challenges and Coping Mechanisms for Achieving Routine Childhood Vaccine Uptake During the COVID-19 Pandemic in Guinea](#)

Alison El Ayadi, ScD MPH

Associate Professor, Obstetrics, Gynecology and Reproductive Sciences

[Molecular Prognostic Tool for Pneumonia in People Living with HIV \(PLHIV\)](#)

Charles Langelier, MD, PhD

Associate Professor, Medicine

Leadership

Director's Executive Team

Payam Nahid, MD, MPH

Executive Director

Andrea DeLuca, MHS

Deputy Director

Melissa Bacina

Director, Human Resources and Operations

Kimberly Baltzell, RN, PhD, MS

Director, Global Action in Nursing

Elizabeth Fair, PhD, MPH

Director, Education

Heidi Frank, MPH, MBA

Director of Grants Management

Nicole Hobbs

Director of Finance and Administration

Susan Hsieh, MBA

Director of Communications

Teresa Kortz, PhD, MD, MS

Director, IGHS Affiliate Program

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Senior Advisor, Business Development

Paul Wesson, PhD

Associate Director of Science

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Director, Center for Tuberculosis

Doruk Ozgediz, MD, MSc

Director, Center for Health Equity in Surgery and Anesthesia

George Rutherford, MD, MA

Director, Center for Global Strategic Information and Public Health Practice

Rebecca Silvers, DNP, CPNP-AC

Director, Center for Global Nursing

Kelly Taylor, PhD, MS, MPH

Director, Center for Pandemic Preparedness and Response

Dilys Walker, MD

Director, Center for Global Maternal, Newborn and Child Health

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Director, PhD Program

Inez Bailey, MS

Senior Director of Academic Development and Strategy

Chris Carpenter, MD, MPH

Director, MS Program

Alden Blair, PhD, MSc

Associate Director, MS Program

Ingrid Chen, PhD, MS

Associate Director, MS Program

Donors

IGHS is grateful for the individuals, families and organizations that generously supported our vision and mission in 2023–2024. The following donors consented to be recognized in this annual report.

\$10,000 and above

Anonymous

Anne-Marie Peterson & Wylie Peterson

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Chevron USA, Inc.

Estate of Don Yamamoto

John and Camellia Peabody, Peabody Health Philanthropies

Marin Community Foundation

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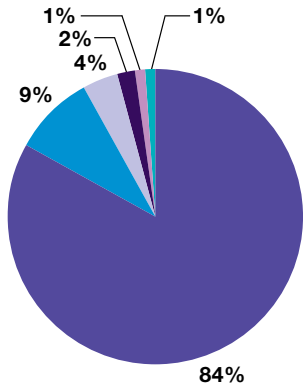
\$1–\$9,999

Elizabeth Butrick

Robert Mansfield

Financials

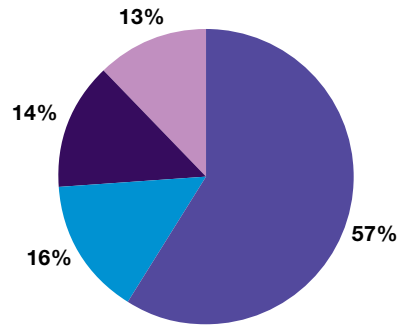
Fund Sources



Total: \$103,231,622

- Sponsored projects
- Gift/endowment income
- Campus and core funds
- Tuition and fees
- Indirect cost recovery
- Other

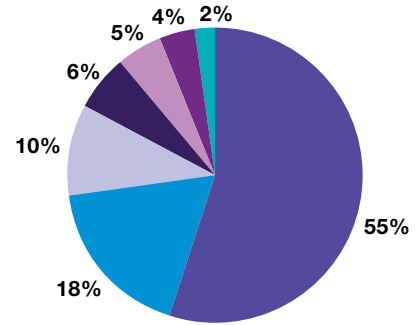
Fund Uses



Total: \$101,004,051

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

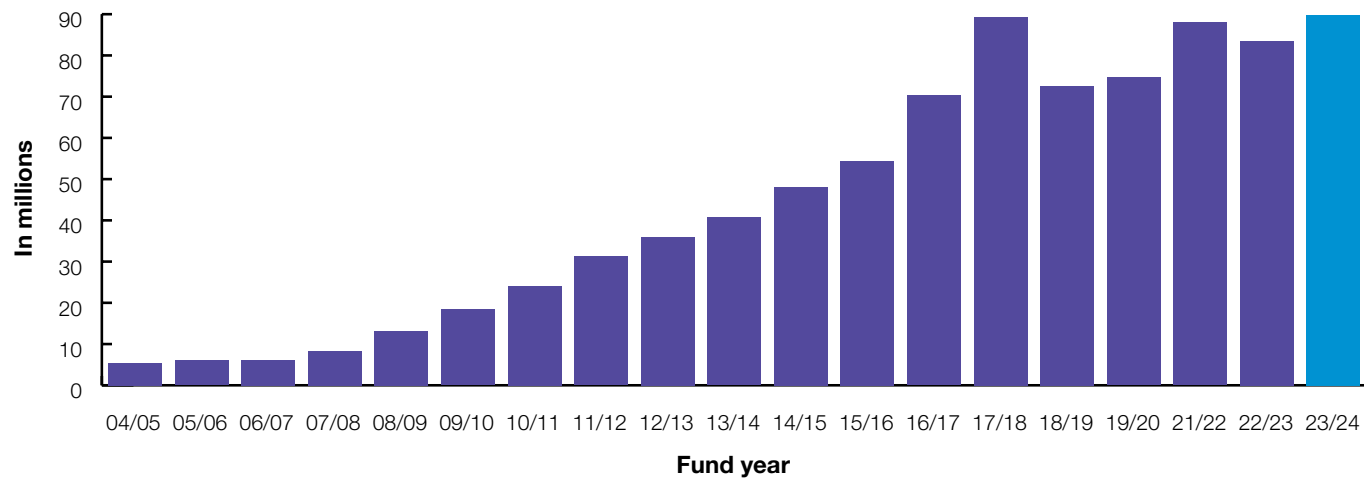
Major Funders of Sponsored Projects



Total: \$115,292,373

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

Sponsored Projects Expenditures



Data on this page reflects in-year project expenditures, July 1, 2023–June 30, 2024.

IGHS by the Numbers



8
centers



47
core faculty members



23
Global Affiliates
(non-UCSF partners with
longstanding collaborations
on IGHS projects)



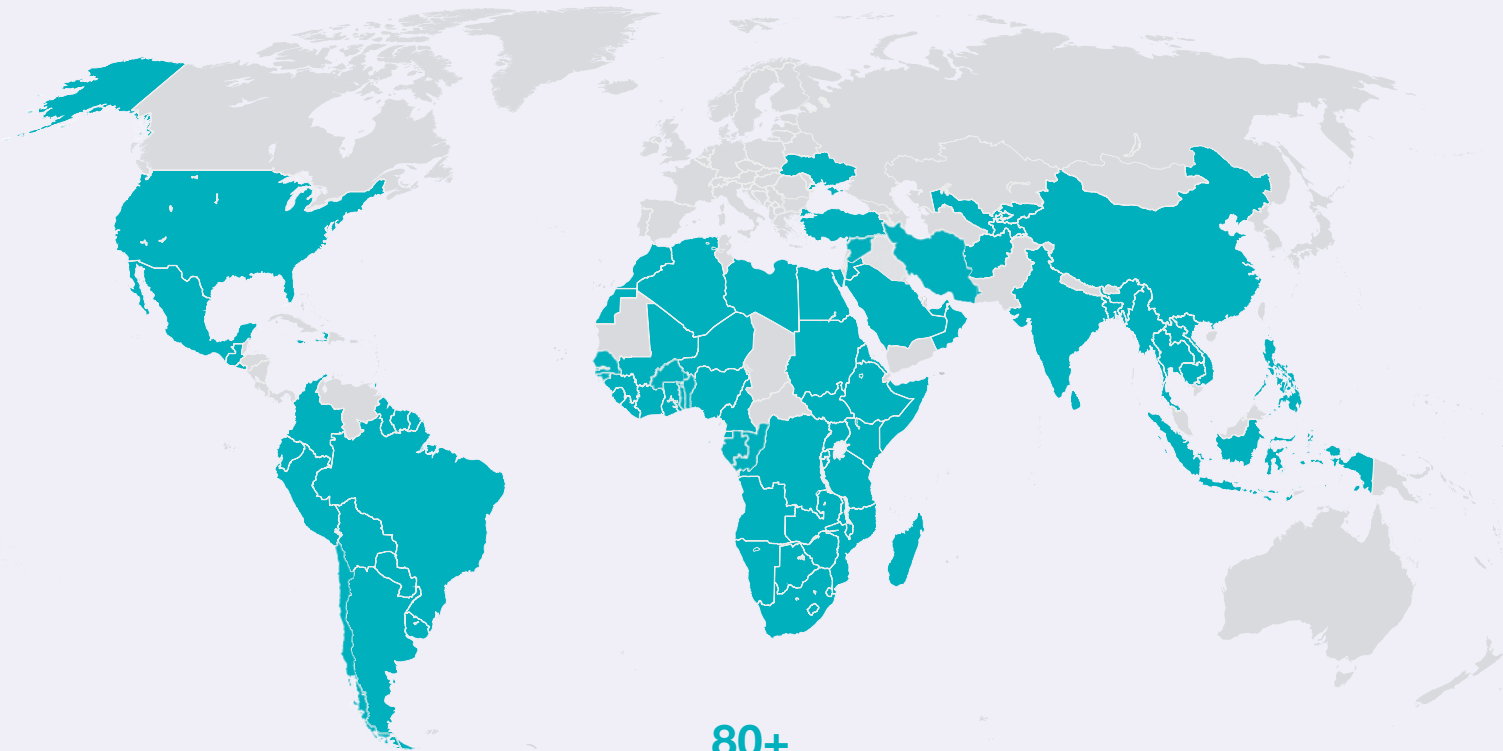
367
employees
(staff, post-docs, graduate
student researchers,
non-faculty academics, interns)



414
UCSF Affiliates
(in the Schools of Dentistry,
Medicine, Nursing and
Pharmacy)



\$94
million in funding
(92% from sponsored projects)



80+
countries with active projects

Photos

Captions and credits are noted below when not noted within the preceding pages.

Front cover

Lakshmi Gopalakrishnan, PhD, (on right), speaks with intervention moderator in Rajasthan, India about a pilot intervention. Gopalakrishnan was co-investigator on a study that looked at whether reproductive health empowerment delayed unintended pregnancies and improved contraceptive uptake. The principal investigator was IGHS's Nadia Diamond Smith, PhD.
Courtesy of Lakshmi Gopalakrishnan

Page 2

Payam Nahid, MD, MPH
By Barbara Ries

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UCSF Health Informatics Hub training participant Sharouq Al-Fuqaha'a, MSc, demonstrates her health surveillance dashboard to technical team lead Vincent Yahuma. The training, held in Jordan, focused on public health surveillance in Egypt and Jordan.
By Petra Schaefer

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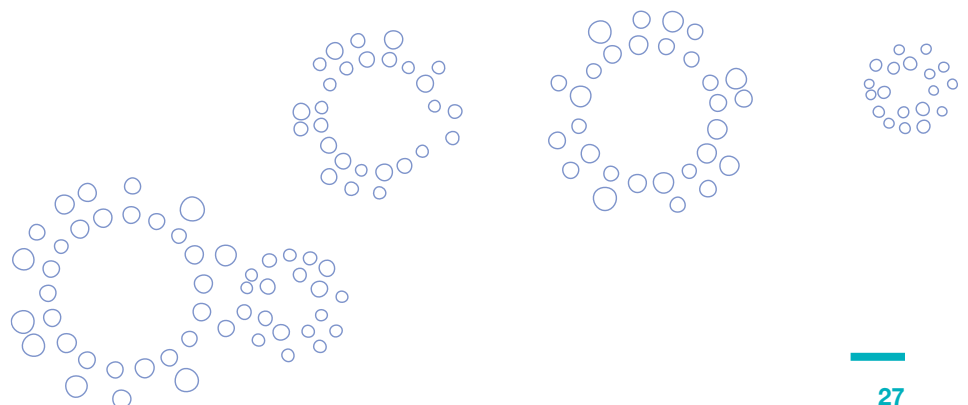
Master's alum Shivani Subhedar, MS '19, talks with a collaborator on a surgical ward in a hospital in Uganda about day-to-day operations and challenges. Subhedar's capstone fieldwork aimed to better understand what factors are most important to anesthesia providers practicing in rural settings in providing quality care.
By Sala Lewis

To right

In Peru, lab technician Mayda Durand, a Malaria Elimination Initiative partner, prepares a blood spot sample that will be used to analyze the participant's malaria infection history.
By Michelle Hsiang

Back cover

PhD students Chesa Cox, MPH, Amira Adam, MPH, and Sima Naderi, MPH, MSc, talk in the courtyard at Mission Hall at UCSF Mission Bay.
By Cindy Chew





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