



AUGUST 30, 2023

Dear community,

As I prepare to step down after 12 years in my dream job leading UCSF's Institute for Global Health Sciences, I'm reflecting with pride on all we have accomplished together—the joy, honor and privilege of serving at the helm of this high-impact Institute. I am also pondering new directions that IGHS and the broader global health community may take in coming years.

In 2007, former UCSF Chancellor Haile Debas, a true visionary, brought me to what was then called Global Health Sciences as presidential chair. Before I could complete my sabbatical at UCSF, I was recruited to the Bill and Melinda Gates Foundation. But just that taste was enough to entice me back four years later, in 2011, as executive director of IGHS.

A proud history

According to some experts, UCSF was the first academic institution to adopt the term “global health,” giving an even broader reach to a field then known as “international health.”

In 1999, Sir Richard Feachem created the Institute of Global Health (IGH) at UCSF. When he left as founding director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, George Rutherford took the helm and established IGH as an Organized Research Unit in 2004.

Haile Debas founded Global Health Sciences (GHS) in 2003 as a program to harness all of UCSF's scientific capabilities to address challenges in global health and to train new leaders in this emerging field. Although technically separate, IGH and GHS worked as a unit to support a burgeoning set of sponsored research and educational activities, including the launch of the nation's first-ever Master of Science degree program in Global Health.



First master's class of seven students stand with John Ziegler, Bob Hiatt and Haile Debas

When I arrived in 2011, I recognized that I was standing on the shoulders of giants. Yet they and others also made clear the challenges that lay ahead of us. For one thing, GHS did not have a home of its own, with researchers and educators renting space in San Francisco's

Financial District. We also wanted to increase the scale and visibility of UCSF's global health efforts and to strengthen collaborations with other schools. The Big Three infectious diseases—HIV/AIDS, tuberculosis and malaria—still ravaged much of the world.

Establishing a home

I arrived at UCSF on Sept. 1, 2011. In my first Chancellor's Executive Cabinet meeting, the cabinet decided not to double the space at Mission Hall, a building planned for UCSF's then-new Mission Bay campus. Doubling the space would provide a fitting new home for GHS, but it would cost millions of dollars.

My work was cut out for me. I needed to raise some money. I sought \$5 million from Carlos Slim, a Mexican billionaire and the richest man on earth. He declined. I sought an interest-free loan from my old boss, Bill Gates. He declined. I kept knocking on doors.

Then Sue Desmond-Hellmann, UCSF's chancellor at the time, introduced me to Chuck Feeney. Chuck is a wealthy man without any pretensions. I showed up at a modest coffee shop one morning, his favorite spot. He dressed humbly, sported a Timex watch, and carried a plastic bag containing magazines and documents.

We immediately hit it off. It's not an easy thing, to ask someone for millions of dollars. I showed him renderings of the building we envisioned. I told Chuck I thought that \$15 million—plus the savings from lease consolidations—would allow us to double the building space.

"Let's make it \$20 million," he said.

A few weeks later, he told me I'd have to come to his home in Ireland to get the pledge letter. This was on a Friday. The UC Board of Regents were meeting on Monday. I made the whirlwind trip, brought his letter to the Regents, and several months later—on March 22, 2012—we broke ground on Mission Hall. I remember the date very well. It was my birthday.

What a gift!



Collective accomplishments

While acknowledging the many areas where we fell short—there is so much more work to be done to make the world a truly healthy and equitable place—we can also feel proud about our many accomplishments, particularly in the areas of people, space, partnerships and funding. Over the past 12 years, we:

- Hired a world-class leadership team and staff.
- Secured funding for a new home at Mission Bay.
- Provided IGHS with growth and stability by securing permanent core funding.
- Grew sponsored research by 400 percent.
- Grew from two units to seven centers and four cross-cutting units.

The new building, which opened in October 2014, has enabled many positive changes, including making IGH and GHS a single entity, the Institute for Global Health Sciences—the IGHS that you know today. Over the ensuing years, we have established seven centers.

- **Center for Global Health Delivery, Diplomacy and Economics**
- **Center for Global Infectious and Parasitic Diseases**
- **Center for Global Maternal, Newborn and Child Health**
- **Center for Global Nursing**
- **Center for Health Equity in Surgery and Anesthesia**
- **Center for Pandemic Preparedness and Response**
- **Center for Global Strategic Information and Public Health Practice**

We also have robust affiliate programs, welcoming faculty from all over UCSF to join the fight to advance healthcare worldwide. And we continue to expand our groundbreaking master's and doctoral programs in global health. From launching the first master's in global health sciences in the country, we now have 15 generations of master's students and over 400 alumni. We also created the country's second PhD program in global health and now have a new generation of PhD students coming on board.

Sponsored research has grown from \$21.2 million in 2011 to \$99.9 million in 2023.

The future of global health

So many facets of global health have changed since IGH was formed in 1999.

We have seen tremendous improvements in reducing disease. Low and middle-income countries have made great progress in reducing childhood and maternal mortality, and in reducing the burden of HIV/AIDS, tuberculosis and malaria. We know more than ever about how to prevent and treat disease, and we have a deeper understanding of the environmental and social factors that contribute to health.

In the late 1990s and early 2000s, global health underwent a sea change. We saw the launch of so many forces for good, even bigger than IGHS: the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). These and other efforts have saved millions of lives.

Global health is now at another inflection point, and it's time for a new approach.

We face new and daunting global health challenges, with the number of victims of war, terror or violence growing at home and

worldwide. COVID-19 reminded us that new diseases can arrive at any time, crossing borders, taking lives and disrupting our increasingly interconnected world. And climate change is already affecting every corner of the planet, and will cause even more disruption and forced migration.

The traditional method of global health has been to approach each disease in its own silo, as a distinct vertical—HIV/AIDS, malaria, tuberculosis, polio. We've gone after communicable diseases because they killed so many people, and we know how to stop them.

But global health also has horizontal components: the workforce, health care systems, supply chains, and many others.

A new approach

I envision a new approach of looking at “diagonals” to connect the horizontal structures to the vertical problems we're trying to solve. In this way of thinking, specific health priorities become the drivers of changes in the health system.

We need to look at the megatrends such as forced migration, climate change, asylum seekers and an aging population, and incorporate them into the agenda of global health. We also need to broaden our approach to include mental health and non-communicable diseases like diabetes, cancer and heart disease, which affect many more people and which are not as readily attacked as malaria and tuberculosis. Non-communicable diseases account for three-quarters of the total burden of disease, but there is almost no funding for those conditions in much of the world.

Another critical movement is having a major impact on the way those of us in global health approach our work: decolonization. Many of the world's poorest countries still grapple with

the legacies of colonialism. If we truly want to achieve health equity, we need to put power in the hands of the people in those countries.

Where we go from here

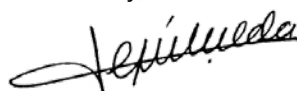
IGHS will be getting new leadership, and I would never be so presumptuous as to tell them what to do. I've had my chance and soon it will be someone else's turn.

I leave IGHS proud of our collective accomplishments but also knowing that much remains to be done. I'll miss the camaraderie I've enjoyed with all of my brilliant colleagues. I'll remain on faculty, and hope only to persist in our mission to improving the health of people all around the globe, while reducing health inequities.

It is impossible to recognize all the people who have helped me and my team in achieving success at IGHS. Still, I would like to thank former Chancellor Haile Debas, former Chancellor Sue Desmond-Hellmann, and former provost and chair of the search committee Jeff Bluestone, who all brought me here. Special thanks also go to Chancellor Sam Hawgood, who has been a formidable supporter of IGHS and myself. My sincere gratitude as well to all members of the chancellor's cabinet—past and present—and to our IGHS donors and to all the members of the IGHS community for your indefatigable support.

I look forward to celebrating IGHS's 25th anniversary in 2024. I will also celebrate the leadership of the next executive director in addressing the global health challenges of the decades that lie ahead.

Sincerely,



Jaime

