



UCSF Institute for
Global Health
Sciences

Celebrating 20 years
1999 - 2019

2018 Annual Report

Letter from the Director	1
Key 2018 Achievements	2
STEPS to Impact	4
Science: “Discovery” sparks movement to reduce burden of preterm birth in East Africa	6
Technology: Hackathon creates innovative approaches to controlling outdoor-biting mosquitos	7
Economics: Data are key to finding cost-effective solutions to end the HIV epidemic	8
Policy: <i>Lancet</i> Commission outlines policies to reduce TB in a generation	9
Society: 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

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

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

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



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

10th anniversary of MS program

Graduates and their families, faculty, staff and alumni gathered to celebrate the 10th 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





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

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

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



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 CO₂, which attracts mosquitoes, and applied research and materials developed to reduce CO₂ in the atmosphere. The charcoal absorbs CO₂ 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

CO₂ 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 11th year, the master’s program has more than 300 alumni working in diverse global health fields and locations. “When we celebrated our 10th 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.

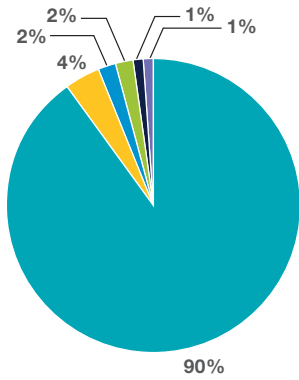
University of Nairobi

Wellcome Trust

Woodcock Foundation

Financials

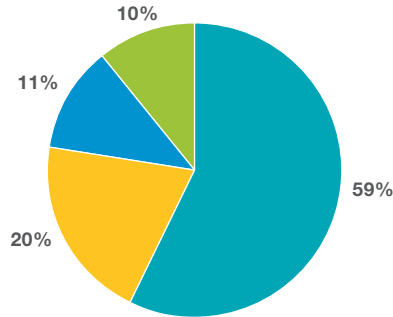
Fund Sources



Total: \$98,681,569

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

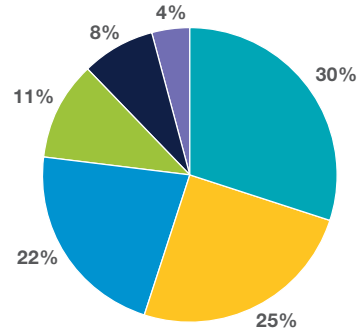
Fund Uses



Total: \$96,893,498

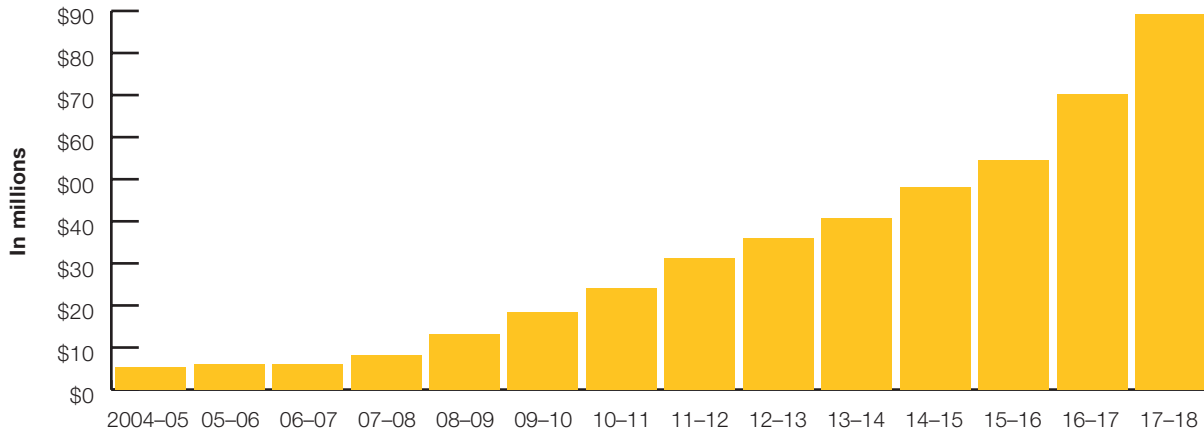
- Personnel costs
- Other non-payroll
- Subawards
- Facilities and administration

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

