DEPARTMENT OF GLOBAL HEALTH

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A Department within the School of Public Health and School of Medicine
WE HAVE ONE GOAL.

To achieve sustainable health impact, at scale, with partners around the world.
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Ten years ago Washington State and the Bill & Melinda Gates Foundation provided funding to launch a group of researchers, led by founding Chair King Holmes, into a fully functioning Department of Global Health (DGH) at UW. Now DGH is among the world’s foremost academic global health programs. We work with partners in more than 130 countries to address over 132 health topics, and we are continuing to grow.

On February 8, 2017, DGH celebrated its founding with a day-long symposium titled Global Health: Next Decade, Next Generation. Distinguished global health leaders from around the world discussed some of the most pressing issues faced by the global health community today. It was a huge, inspiring success, with more than 700 in-person participants and hundreds watching via live-stream.

The day was not just about the past, however. Participants looked to the horizon and considered challenges the next generation will face, including pandemic disease preparedness, global environmental change, and growing rates of non-communicable diseases.
Panelists included leaders from across the UW community and our remarkable Washington global health ecosystem, such as PATH, the Global Alliance to Prevent Prematurity and Stillbirths, the Bill & Melinda Gates Foundation, Health Alliance International, the Washington Global Health Alliance, the Center for Infectious Disease Research, the Institute for Health Metrics and Evaluation, and WSU’s Paul G. Allen School for Global Animal Health.
EQUIPPING THE WORLD FOR BETTER HEALTH THROUGH RESEARCH AND ACTION

PREVENTING AND REDUCING HIV/AIDS GLOBALLY

Building on more than 30 years of internationally recognized HIV research, the Department of Global Health is advancing the prevention, detection, and treatment of HIV infection and AIDS through fostering collaborative and interdisciplinary research, supporting career development in early-stage investigators, and providing cutting-edge core support to researchers and scientists at our affiliated institutions.

REACHING PEOPLE AT GREATEST RISK OF HIV INFECTION

By using health data to tailor testing strategies to those who are hardest to reach and at greatest risk of infection, the International Training & Education Center for Health (I-TECH) supported HIV testing of more than 1.6 million people in the past year. In the past decade, I-TECH has transitioned more than 300 interventions to local governments and partners, taking interventions to scale prior to transition. For instance, I-TECH and the Ministry of Health and Wellness of Botswana implemented “Checka Status” in 2017. Using social media, posters, selfie booths, advertisements, and radio shows, this multimedia campaign encouraged young people to get free HIV testing at I-TECH-supported facilities. It resulted in increased testing and case identifications among young people: from approximately 11,000 in March 2017 to 25,000 in November 2017. Project led by Ann Downer, EdD, MS, Professor, Global Health; Adjunct Professor, Health Services; Executive Director, I-TECH at UW.
“Checka Status” multimedia campaign

SEND US YOUR SELFIES!

DO IT FOR BOTSWANA! Get tested and post your checkastatus selfe in the Checka Status Facebook, Twitter and Instagram pages.

Visit the Checka Status Facebook page to learn about special events, prizes and extended testing hours at health facilities near you.

Photo credit: I-TECH, Macpherson Photographers

HIV testing in Zimbabwe with mother and child
DR. JARED BAETEN NAMED NEW DIRECTOR OF UW/FRED HUTCH CANCER CENTER FOR AIDS RESEARCH (CFAR)

In January 2017, Jared Baeten, MD, PhD, Vice Chair of the UW Department of Global Health, became Director of the UW/Fred Hutch CFAR. After 30 years as CFAR Director, King Holmes transitioned to a co-Director role and remains an active member of the CFAR leadership team. Employing implementation science methods and behavioral science to understand how better to deliver effective prevention tools such as pre-exposure prophylaxis (PrEP – HIV medicines that lower chances of getting infected), antiretroviral treatment, and HIV testing; Dr. Baeten’s research has resulted in far-reaching achievements in HIV prevention at scale in the U.S. and countries around the world.

HIV SERVICE INTEGRATION AT SCALE IN CÔTE D’IVOIRE

Health Alliance International (HAI) is working closely with Côte d’Ivoire’s Ministry of Health (MOH) to scale up universal test and treat strategies for people living with HIV and to develop MOH capacity for evidence-based decision-making from the frontline to national policy. From 2015–17, HAI trained and placed Ivoirian data assistants at 144 health facilities in Northern Côte d’Ivoire to help better treat the more than 13,000 Ivoirians in HAI-supported regions who initiated antiretroviral therapy during that time period. Project led by Ahoua Koné, JD, MPH, Clinical Assistant Professor, Global Health at UW.

MAJOR NEW INNOVATION IN INCREASING HIV TESTING AND LINKAGE TO CARE

Assisted partner services for index patients with HIV infections involves elicitation of information about sex partners and contacting them to ensure that they test for HIV and link to care. Assisted partner services are not widely available in Africa. New research from the Kenya Research and Training Center (KRTC) found that assisted partner services are safe and increase HIV testing and case-finding; implementation at the population level could enhance linkage to care and antiretroviral therapy initiation and substantially decrease HIV transmission. Project led by Carey Farquhar, MD, MPH, Professor, Global Health, Medicine, and Epidemiology; Associate Chair, Academic Programs, Department of Global Health at UW.
“Big questions can be answered, and big impact made, only through a team effort—bringing together institutions, disciplines, sectors, and cultures. That’s what successful global health is all about,” says Dr. Baeten.

Jared Baeten, MD, PhD
Vice Chair, UW Department of Global Health
Director, UW Fred Hutch Center for AIDS Research (CFAR)
Co-Director, International Clinical Research Center (ICRC)
Professor, UW Departments of Global Health, Epidemiology, and Medicine
PUTTING AN END TO INTESTINAL WORMS / DeWorm3 is providing a platform for one of the largest implementation science projects in the field to date. Its mission? To demonstrate the feasibility of interrupting transmission of soil-transmitted helminths in impoverished areas of Africa and Asia, where billions of people battle these diseases. “A key issue is the fact that only children receive treatment in current deworming programs,” says Dr. Arianna Means, graduate of the UW’s PhD program in Metrics and Implementation Science and a DeWorm3 Research Scientist. DeWorm3 is conducting research in Benin, Malawi, and India to compare the standard program of only treating preschool- and school-age children for intestinal worms with a highly intensive treatment plan where everyone in the community is treated twice per year – to understand best practices in intervention delivery and opportunities to maximize community participation. DeWorm3 is led by Judd Walson, MD, MPH, Associate Professor, Global Health, Medicine, Pediatrics, and Epidemiology at UW and also a Senior Research Fellow at the Natural History Museum, London.

CLOSING THE RESEARCH TO PRACTICE GAP – IMPLEMENTATION SCIENCE

The Implementation Science Program is developing and applying evidence about how to get “what works” into practice with greater speed, fidelity, efficiency, and relevant coverage. Implementation science is integral to all of DGH’s work. In 2017, the Department of Global Health was conducting 60+ implementation science projects, involving a growing array of research and educational activities that span across the Department.
Bryan Weiner, PhD, Professor, UW Department of Global Health and Department of Health Services, is advancing implementation science by creating new knowledge about the organizational determinants of effective implementation and improving the state of measurement in the field. "If we can close the "know-do" gap, we could significantly reduce the burden of disease worldwide. We have a growing body of evidence about what works in public health. At the same time, we have evidence that people are not receiving proven preventive services. The key question in combatting common diseases is not 'what should we do,' but rather 'how do we do it' effectively, efficiently, and equitably," says Dr. Weiner.

Disease Control Priorities (DCP) is a comprehensive global effort that aims to assist policy makers with resource allocation in often tightly constrained budgets to achieve universal health coverage, one of the global targets of the Sustainable Development Goals. DGH coordinated and managed the production of Disease Control Priorities, Third Edition (DCP3); a nine-volume series that provides systematic economic evaluation for leading causes of global disease burden. DCP3 is the culmination of a seven-year effort of an international community of experts and was formally launched in 2017 at a standing-room only event in London co-hosted by The Lancet. The event featured keynote addresses by Dr. Richard Horton, Editor-in-Chief of The Lancet and member of the DCP3 Advisory Committee, and World Health Organization Director-General Dr. Tedros Ghebreyesus. Project led by Dean Jamison, PhD, MS, Professor Emeritus, Global Health at UW.
“The key question in combatting the many common diseases is not “what should we do,” but rather “how do we do it” effectively, efficiently, and equitably,” says Dr. Weiner.

**Bryan Weiner, PhD**
Professor, UW Departments of Global Health and Health Services
LEVERAGING CELL PHONE TECHNOLOGY TO IMPROVE MATERNAL CHILD HEALTH / From agriculture, to personal finance, to health, mobile devices are changing our day-to-day lives. It is no different in Kenya where Global WACh has developed a novel mobile health (mHealth) platform designed to connect women to the healthcare system during and after pregnancy. Global WACh’s research is designed to discover and share best practices for engaging women in care using the simple, but powerful tool of a text message crafted to speak to women in a voice they understand and trust at critical moments for their health and the health of their children. Mobile WACh X and CATCH are led by Grace John-Stewart, MD, MPH, PhD, Professor, Global Health, Epidemiology, Medicine, and Pediatrics at UW.

PIONEERING HIV TESTING FOR CHILDREN / Too often, parents and providers do not know a child has HIV until they arrive at the hospital in critical condition. At this late stage, options for treating the child are limited and there is a high probability of adverse health outcomes. New research from Global WACh in 2017 underscored that children who are diagnosed through early infant detection programs have better prospects for treatment and survival, and that referring HIV-infected parents already in care to have their children tested both increased the rate of pediatric HIV testing and uncovered a population with a high prevalence of HIV.

IMPROVING THE HEALTH OF WOMEN, ADOLESCENTS, AND CHILDREN

Many women and children around the world die from preventable diseases. They also suffer from illnesses for which there are effective treatments. The Global Center for Integrated Health of Women, Adolescents and Children (Global WACh) is working across disciplines and combining expertise from throughout UW to implement solutions across the life-cycle to improve the health of women, adolescents, and children around the world.
A nurse with mother and child, Ahero, Kenya

Outpatient pharmacy, Ahero, Kenya

Mothers and children, Ahero, Kenya

Mother and child, Ahero, Kenya

A nurse abstracts growth data from patient charts, Bondo, Kenya

Mobile WACH participant, Bondo, Kenya
DISCOVERING AND ADDRESSING ROOT CAUSES OF CHILD DEATH

Shigellosis – a bacterial infection that causes fever, watery and sometimes bloody stool, and stomach cramps – is one of the leading causes of diarrheal deaths in children in low- and middle-income countries. Global WACH researchers from our gut health and child survival team conducted a series of systematic reviews, which was published in The Lancet Global Health. The authors found that many Shigella-infected children do not have symptoms of dysentery when they arrive at the hospital and health systems may be missing a critical window for treating this potentially lethal bacterium. Led by Patricia Pavlinac, PhD, MS, Assistant Professor, Global Health at UW.

ROLLING OUT PrEP IN KENYA: DR. NELLY MUGO

Nelly Mugo, MBChB, MMed, MPH, began her medical degree at the University of Nairobi in 1981. One of just 16 women in a class of 120, she remembers that “gender became more important as we subspecialized.” Her early years as a doctor were spent working in rural hospitals. Dr. Mugo has had a central role in building evidence for HIV pre-exposure prophylaxis (PrEP), as a co-author on the Partners PrEP study that showed a 90% reduction in HIV transmission in couples in which one partner is infected by HIV and the other is not. Dr. Mugo is known for her impact on HIV policy in Kenya and beyond, and for her commitment to revealing the often untapped potential of community interventions. “There are often fairly simple interventions which, if implemented, would make differences in maintaining healthy populations,” says Dr. Mugo.
“There are often fairly simple interventions which, if implemented, would make differences in maintaining healthy populations,” says Dr. Mugo, who is committed to revealing the often untapped potential of community interventions. Dr. Mugo is co-author on the Partners PrEP study that showed a 90% reduction in HIV transmission.

“\[Nelly Mugo, MBChB, MMed, MPH\]

Research Associate Professor, UW Department of Global Health
Collaborator, International Clinical Research Center (ICRC)
Collaborator, Kenya Medical Research Institute (KEMRI)
OUR CLIMATE IS CHANGING – HOW WILL WE MANAGE IMPACTS ON HEALTH?

Climate change, species extinction, water and food scarcity, and ozone depletion are all interconnected parts of global environmental change that are already among the most profound forces shaping health. Our flagship program on the health impacts of environmental change is the Center for Health and the Global Environment (CHanGE), which is a collaboration between the UW Departments of Global Health and Environmental and Occupational Health Sciences.

THE LANCET COUNTDOWN – A GLOBAL INITIATIVE TRACKING HOW HUMAN HEALTH IS BEING AFFECTED BY A CHANGING CLIMATE

The University of Washington is one of two organizations from the United States taking part in The Lancet Countdown. This is the first major global effort to benchmark observed health impacts from climate change, catalogue projected risks expected over the coming decades, and identify options for effectively managing the challenges ahead. At UW, the Lancet Countdown is led by Jeremy Hess, MD, MPH, CHanGE co-Director; Associate Professor, Global Health, Emergency Medicine, and Environmental and Occupational Health Sciences.

STRENGTHENING RESILIENCE TO CLIMATE CHANGE IN THE GREATER MEKONG REGION

CHanGE is assisting Cambodia, Lao PDR, and Vietnam to conduct vulnerability and adaptation assessments, and to identify adaptation options including cost-effective health interventions. It also is working with partners to identify trends in epidemiological patterns and the pathways by which climate change affects public health, and to assist in training and capacity building. The Regional Capacity Development for Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion is led by Kristie Ebi, PhD, MPH, MS, CHanGE Director; Professor, Global Health, Environmental and Occupational Health Sciences at UW; Rohm & Haas Endowed Professor in Public Health Sciences.
NEW GRADUATE CERTIFICATE IN CLIMATE CHANGE AND HEALTH / Created in 2017, this certificate program provides students with mentored opportunities to explore climate and health topics more deeply and experience interdisciplinary approaches to the characterization or management of climate and health concerns.

NURTURING THE NEXT GENERATION OF CLIMATE CHAMPIONS

Saori Kitabatake, a recent MPH graduate in the Department of Global Health, worked with the WHO Western Pacific Regional Office, and participated in the Climate Action Pacific Partnership Meeting, which brought together climate champions and leaders in the Pacific. She is now a Junior Program Officer working with the WHO on climate change and health in Fiji. Another recent graduate, Nathaniel Matthews-Trigg, interned at the World Meteorological Organization (WMO) and the World Health Organization Joint Office of Climate and Health in Geneva, studying the effects of extreme ambient heat on human health. Nate is the first student to complete CHanGE’s new Graduate Certificate in Climate Change and Health.
21ST-CENTURY EPIDEMICS – PIONEERING NEW STRATEGIES FOR EARLY RESPONSE TO FUTURE OUTBREAKS

The frequency and severity of infectious diseases with pandemic potential such as SARS, MERS, Ebola, and most recently Zika have increased due to unprecedented global environmental changes. To address the complex factors driving the emergence and spread of diseases, the UW MetaCenter for Pandemic Disease Preparedness and Global Health Security is being developed to leverage diverse expertise across UW including public health, medicine, computer science, pharmacy, environmental and behavioral sciences, engineering, urban planning and law, in collaboration with local and international partners. Development of the MetaCenter is being led by Beth Bell, MD, MPH, Clinical Professor, Global Health at UW.

**INCREASING UNDERSTANDING OF VULNERABILITY AREAS AND OUTBREAK POTENTIAL /**

UW has brought together eight core groups to be a part of the MetaCenter. The groups are developing an integrated systems approach to prevent and increase lead time to better prepare for and reduce the size of pandemics by identifying high risk pathogens in vulnerable places before an outbreak explodes. The eight groups are: the Center for Development and Deployment of Diagnostic Technologies for Low Resource Settings (CD3), the Center for Emerging and Reemerging Infectious Diseases (CERID), the Center for Health and the Global Environment (CHanGE), the Center for One Health Research (COHR), the Center for Innate Immunity and Immune Disease (CIIID), the International Training and Education Center for Health (I-TECH), the Institute for Health Metrics and Evaluation (IHME), and the Institute for Protein Design (IPD).

**ENHANCING LOCAL CAPACITIES FOR PANDEMIC DISEASE PREPAREDNESS /**

The MetaCenter is building on UW’s global network to support low- and middle-income countries identify gaps, set priorities, and improve readiness to prevent and respond to infectious disease outbreaks.
A SILENT HEALTH CRISIS – SUPPORTING MENTAL HEALTH WORLDWIDE

More than one billion people globally suffer from mental health problems, and mental illnesses are the leading causes of disability worldwide. Low- and middle-income countries have severely limited access to effective treatment for mental illnesses. The UW Program for Global Mental Health is a partnership between the Department of Global Health and the Department of Psychiatry and Behavioral Sciences. The program serves as an interdisciplinary hub, and includes faculty in global health; child, adolescent, and adult psychiatry; psychology; social work; anthropology; and epidemiology.

INITIATING INNOVATIVE NEW RESEARCH / In 2017, new global mental health research projects included:

MEETING MENTAL HEALTH NEEDS OF ORPHANED CHILDREN:
Orphaned children in low- and middle-income countries are at high risk of post-traumatic stress. The Building and Sustaining Interventions for Children (BASIC) study is identifying strategies with the education and/or health sectors to scale up mental health services. Project led by Shannon Dorsey, PhD, MS, Associate Professor, Psychology; Adjunct Associate Professor, Global Health at UW.

PROMOTING SCHOOL-AGE EMOTIONAL HEALTH IN MALAWI:
More than 60% of girls living in Malawi drop out of primary school. This project promotes positive emotional health for school success by developing a Community Sensitization Program to raise awareness of parenting practices that support children’s school readiness and engagement. Project led by Ann Vander Stoep, PhD, MS, Associate Professor, Psychiatry and Behavioral Sciences and Epidemiology; Adjunct Associate Professor, Global Health at UW.

IMPROVING THE DELIVERY OF MENTAL HEALTHCARE IN LOW-RESOURCE SETTINGS GLOBALLY: This project is adapting an evidence-based Systems Analysis and Improvement Approach for use in global mental health systems improvement to optimize mental health diagnosis and treatment. Project led by Bradley Wagenaar, PhD, MPH, Acting Assistant Professor, Global Health at UW.
ONGOING CUTTING-EDGE PROJECTS / Ongoing global mental health research in 2017 included improving maternal mental health in India among pregnant women who experience domestic violence; testing models of integrated depression and diabetes care in India; adapting trauma care for victims of torture and rape in Iraq and the Democratic Republic of Congo; working with Can Tho University of Medicine and Pharmacy to expand mental health care in Vietnam; and developing a model of care for perinatal depression in Peru.

SOUTHERN AFRICAN RESEARCH CONSORTIUM FOR MENTAL HEALTH INTEGRATION TO STRENGTHEN MENTAL HEALTH: The high co-occurrence of mental disorders with chronic conditions threatens to compromise antiretroviral treatment and maternal healthcare through interference with self-care. This study looks at how to scale up treatment of mental health issues in primary care settings. Led by Deepa Rao, PhD, MA, Associate Professor, Global Health, Psychiatry and Behavioral Sciences at UW. New work was also initiated in Cambodia, Somalia, and Ghana.

DR. PAMELA COLLINS JOINS UW AS DIRECTOR OF GLOBAL MENTAL HEALTH

Pamela Collins, MD, MPH, joined UW as Director of Global Mental Health. She previously was National Institute of Mental Health’s Director of the Office for Research on Disparities and Global Mental Health and the Office of Rural Mental Health Research. In these roles she was responsible for developing and implementing the NIMH strategy for research and funding in global mental health, mental health disparities, and scientific workforce diversity and for coordinating and guiding NIMH’s efforts in women’s mental health research. “The global community is recognizing that non-communicable diseases are surpassing communicable diseases as the leading causes of death and disability worldwide. Among our strengths, UW is renowned as a leader in stemming the tide of communicable diseases and in developing and implementing effective, evidence-based psychological interventions and models of mental health care. The Global Mental Health program is looking to build on these successes to help reduce the burden of mental disorders in low-resource settings around the world,” says Dr. Collins.
INJURY AND VIOLENCE PREVENTION – TACKLING A GLOBAL ISSUE

Serious traumatic injuries result in more than five million deaths each year – more than the number of deaths from HIV/AIDS, tuberculosis, and malaria combined. Many of these injuries and deaths are preventable with simple, low-cost improvements in safety and trauma care.

Our Global Injury and Violence Prevention Initiative, led by Charles Mock, MD, PhD, MPH, Professor, Surgery, Epidemiology, and Global Health at the University of Washington, works to increase capacity for injury control research, training, and interventions. We are working closely with colleagues across surgical subspecialties and emergency medicine toward the ultimate goal of reducing the number of preventable deaths worldwide.

NEW GRADUATE CERTIFICATE IN GLOBAL INJURY AND VIOLENCE PREVENTION / This certificate program unites students and faculty from multiple backgrounds – public health, curative health disciplines, engineering, law, architecture, social work, and others – to foster innovative approaches to prevention in the real world.

FROM RESEARCH TO ACTION: INFLUENCING INJURY PREVENTION POLICY IN GHANA / Through a collaborative training project with Kwame Nkrumah University of Science and Technology in Kumasi, Ghana, this project is building research capacity to generate evidence that can be translated to injury prevention policies. One highlight of the project was led by a student from Ghana who spearheaded an effort to track the speed of cars traveling through towns on major highways. The project has resulted in increased support for speed control measures, including traffic-calming infrastructure (e.g., speed bumps) at dangerous intersections.
GLOBAL CARDIOVASCULAR HEALTH – REDUCING THE LEADING CAUSES OF DEATH AND DISABILITY AROUND THE GLOBE

Cardiovascular diseases (CVD) are the leading cause of premature death and disability around the world. The UW Department of Global Health in partnership with the Division of Cardiology and the Division of Metabolism, Endocrinology and Nutrition at UW Medicine, is tackling this health crisis head-on through the UW Program for Global Cardiovascular and Metabolic Disease Prevention and Care, led by Gregory Roth, MD, MPH, Adjunct Assistant Professor, Global Health, Assistant Professor, Medicine at UW; and Christopher Murray, MD, DPhil, Professor, Global Health, Adjunct Professor, Health Services, Director of the Institute for Health Metrics and Evaluation (IHME) at UW.

RESEARCHING CARDIOVASCULAR DISEASE, DEMENTIA, AND AGING / The Cardiovascular Health Study (CHS) is a study of heart disease and stroke in almost 6,000 adults age 65 and older recruited in 1989. About 400 participants are currently being followed. This ongoing study collects data related to CVD, dementia, and aging that may be used by other investigators.

IDENTIFYING KEY DRIVERS IN DEATHS FROM CARDIOVASCULAR DISEASE / The Global Burden of Disease (GBD) study identified population growth, aging of populations, and epidemiologic changes in disease as drivers of trends in mortality – understanding effects of these drivers is contributing toward improving future planning of the health care systems and benchmarking progress toward the reduction of CVD.

UNDERSTANDING RISK FACTORS FOR CVD IN NEPAL / The Dhulikhel Heart Study is a 20-year study and one of the first longitudinal cohorts in Asia to provide ongoing surveillance to understand risk factors for and sequelae of CVD, as well as the effectiveness of CVD interventions. The study is providing a platform for development and testing of new devices and procedures for use in low-resource settings.
A NEW VISION FOR GLOBAL HEALTH LEADERSHIP

Women continue to represent most of the health workforce worldwide yet remain the minority in global health leadership. DGH is working to promote women’s leadership in global health, and was a supporter of the inaugural 2017 Women Leaders in Global Health Conference (WLGH) at Stanford University, which brought together more than 400 leaders, mostly women, from 68 countries. Judith Wasserheit, Chair of the Department of Global Health, was on the Steering Committee that organized the conference, and DGH students and faculty actively participated.

“Women in leadership roles have a strategic capacity for designing systems. Women leaders strive to protect others, especially the vulnerable. Women leaders are problem solvers. Women leaders are collaborative and people-oriented. Women leaders do not simply demonstrate resiliency; women leaders are resilient,” blogged Shadae Paul, UW Global Health MPH and Evans School MPA candidate, on what she learned at the Women Leaders in Global Health Conference.
EDUCATION AND TRAINING: DEVELOPING THE NEXT GENERATION OF GLOBAL HEALTH LEADERS

OUR STUDENTS – BY THE NUMBERS

DEGREES AWARDED – 2016–17
› MPH – 43
› PhD Global Health – 2
› PhD Pathobiology – 3

1700+ students took global health courses
18 students received global health certificates
53 global health minor students
8100 students enrolled in E-learning courses
29% of 189 applicants admitted into our MPH program
12% of 175 applicants admitted into our PhD programs

RACE AND ETHNICITY OF ENROLLED MPH AND PHD STUDENTS*

- 5% African American
- 13% Asian American
- 50% Caucasian
- 6% Hispanic American/Latin American
- 23% International
- 2% Other

RESEARCH AND TEACHING ASSISTANTS
› Research Assistants – 51
› Teaching Assistants – 33

DIVERSITY

70% are female MPH and PhD students

23% are MPH and PhD students from outside the United States

The main regions of origin are:
› 48% Africa
› 43% Asia
› 3% Latin America

* In Autumn 2017
EMPOWERING HEALTH CARE WORKERS WORLDWIDE THROUGH E-LEARNING

The Department of Global Health E-Learning Program (eDGH) uses distance learning technologies to expand the reach of the department’s courses and training programs. Drawing on the experience of specialists in instructional design, e-learning, web technologies, and program development, eDGH develops, implements, and assesses e-learning programs aimed at building capacities of health care workers and health training institutes. In 2017, 8100 students enrolled in six e-learning courses from 64 countries.

One of the course offerings, Leadership and Management in Health, enrolled more than 5000 students in a course that was designed and taught by I-TECH Executive Director and UW Professor of Global Health Ann Downer. The 12-week course focused on practical leadership and management skills required for working in complex global health environments. The course had a completion average of 84%, and more than half of the graduates reported that they now mentor colleagues on leadership and management-related job tasks. In addition, 67% said they were given new responsibilities or projects as a result of course completion.
BUILDING GLOBAL HEALTH CAPACITY IN A GLOBALIZED WORLD: INTERNATIONAL EDUCATION AND TRAINING

DGH’s Global Health Resource Center (GHRC), which manages global health study abroad and exchange programs, awarded DGH Fellowships that provide financial assistance to graduate students, professional students, and medical residents at the University of Washington to help support fieldwork experience in global health. In 2017, $127,000 was awarded to students to support their work in 19 countries in Asia, Latin America, and sub-Saharan Africa.

In addition, the Department of Global Health coordinates more than 10 international training programs, including the Afya Bora Fellowship in Global Health Leadership, the Chinese Universities Global Health Partnership, the Fogarty Northern Pacific Global Health Fellows Program, and the Program in Education and Research in Latin America (PERLA).

RAISING AWARENESS OF TOXIC COSMETICS IN GHANA

Department of Global Health Fellowship recipient Joyce Nimocks, MSW candidate, conducted a research project with women in Accra, Ghana about common hair-relaxing and skin-lightening practices. Her project focused on researching common, toxic commercial cosmetic products in the greater Accra region and creating and making accessible public literature on how these products can be detrimental to consumers’ health, especially to women and their reproductive health.
Department of Global Health Fellowship recipient Elizabeth Karman, MPH candidate, is working with a team of Ethiopian researchers and data collectors at the Tirgosgie Health Center in Gondar, Ethiopia to help assess rural health centers’ capacities to deliver maternity care. Elizabeth is supported by a six month fellowship from UW’s Strengthening Care Opportunities through Partnership in Ethiopia (SCOPE).

Delivering Maternal Care in Ethiopia

Elizabeth Karman with Adino Tesfahun, a former SCOPE fellow from the University of Gondar who now serves as Project Manager for SCOPE’s Faith Leaders Advocating for Maternal Empowerment (FLAME) study.

Improving Nutrition Among People Living with HIV in Senegal

Department of Global Health Fellowship recipient Sylvia Stellmacher worked in the National Infectious Disease Clinic in Dakar, Senegal as a part of the UW School of Medicine Global Health Immersion Program (GHIP) for medical students, where she worked to promote informed nutritional decisions among people living with HIV.

Improving Nutrition Among People Living with HIV in Senegal
Department of Global Health Fellowship recipient Rubee Dev, MPH/PhD candidate, is partnering with colleagues at Ahero County Hospital in Kenya, where she is working on family planning and maternal health projects with support from the Global Opportunities (GO) Health Fellowship.

As a Fogarty fellow, Dr. Carlos Abanto completed a master's in global health at University of Washington. He credits the program with strengthening his abilities in research and leadership, and expanding his scope of understanding on the problem of cerebrovascular diseases. Dr. Abanto is a neurologist in the Department of Cerebrovascular Diseases at the National Institute of Neurological Sciences in Lima, Peru, and is a founder of the Peru Stroke Group and the Cerebrovascular Diseases Research Center. He is conducting research focused on Stroke Performance Measures, and is working to develop a Fellowship on Vascular Neurology and a National Stroke Prevention and Control Program in Peru.
Katie Nielsen, MD, MPH, is working to improve the lives of critically ill children in resource-limited settings. As a Northern Pacific Global Health fellow, Katie partnered with pediatric colleagues at Instituto Nacional de Salud del Niño in Lima, Peru to identify emergency department risk factors associated with serious adverse events during hospitalization. The team subsequently introduced high flow nasal cannulae, an alternative form of non-invasive respiratory support, to decrease the duration of invasive mechanical ventilation.

As an Afya Bora fellow, Mark Tenforde worked at the Botswana-UPenn Partnership on the prevention of HIV-associated cryptococcal meningitis through screening and treatment of early infection in patients with advanced HIV and completed a national meningitis survey. He then moved to Seattle to start infectious disease training at UW where he is also completing a PhD in epidemiology. Under the mentorship of DGH faculty members; along with partners at Harvard, Penn, and the Botswana Ministry of Health; he continues to work in Botswana on improving the care of patients with advanced HIV and on enhanced meningitis diagnostics.
The Department of Global Health’s Strategic Analysis, Research & Training (START) Center leverages experts from across UW to respond to pressing global and public health questions while training the next generation of professionals.

In 2017, two START Research Assistants, Simi Grewal and Lola Arakaki, worked with the Bill & Melinda Gates Foundation’s Integrated Portfolio Management Team to estimate and compare the economic value, health impact, and risks of different vaccines and interventions, with an overall aim of prioritizing investments that will have maximum health impact. As part of this objective, IPM collaborated with Gavi, the Vaccine Alliance, which strives to save lives by increasing equitable use of vaccines in lower-income countries.

START research assistants also conducted an analysis to assess the health impact of a typhoid conjugate vaccine. The analysis contributed to information presented to the World Health Organization and the Gavi Board, and in November 2017, Gavi announced its decision to provide $85 million to support the use of typhoid conjugate vaccines in eligible countries.

START Research Assistants, Simi Grewal (left) and Lola Arakaki (right) conducted research that aims to help increase equitable use of vaccines in lower-income countries.
OUR ALUMNI

In 2017, DGH launched the Alumni Connect (alumni.globalhealth.washington.edu) online platform to help strengthen our support to alumni. The platform provides ways for alumni to network online and on-the-ground.

UW GRADUATES MINISTERS OF HEALTH IN PERU, LIBERIA, AND CENTRAL AFRICAN REPUBLIC IN 2017

In 2017, UW Department of Global Health’s notable alumni included three Ministers of Health.

Patricia García (MPH 1998) received her master’s degree in epidemiology at UW before returning to Peru to work on studies involving preventing sexually transmitted diseases. She served as Minister of Health of Peru in 2016–17.

Bernice Dahn (MPH 2005) earned her MPH in the aftermath of a civil war that decimated Liberia’s health infrastructure. She was integral in bringing an end to the country’s Ebola outbreak and in restoring routine health services, and currently serves as the Minister of Health of Liberia.

Pierre Somse (MPH 1995) was named Minister of Health of Central African Republic in 2017. Before becoming Minister, he was Deputy Regional Director of the UNAIDS for Eastern and Southern Africa.
OUR FACULTY, STAFF, AND PARTNERS

418 FACULTY
REPRESENTING

44 DEPARTMENTS IN 15 UW SCHOOLS AND COLLEGES

2122 STAFF

219 USA-BASED AND 1903* INTERNATIONALLY BASED

1453 I-TECH
169 ICRC
142 HAI
139 UW Kenya

65 PARTNER ORGANIZATIONS

* Includes staff working with DGH through other organizations, temporary, short-term, and stipend.
WHERE WE WORK: IMPACT AROUND THE WORLD
Spanning global health focus areas from infectious diseases, laboratory sciences, and social justice to health systems strengthening, health metrics and evaluation, and women’s, adolescents’, and children’s health, DGH is making positive impacts on health all over the world.

In 2017, DGH faculty, staff, and students worked with partners in 135 countries on 716 global health projects.
OUR FINANCES: SUPPORTING OUR MISSION TO IMPROVE HEALTH FOR ALL

REVENUE BY FUND SOURCE

- 90% Grants and Contracts
- 4% State
- 3% Self-Sustaining Centers
- 3% Research Cost Recovery
- 1% Gifts and Endowments

CORE REVENUE BY FUND SOURCE

- 55% State
- 27% Research Cost Recovery
- 14% Gifts and Endowments
- 3% Other

CORE EXPENDITURE BY TYPE

- 39% Education and Curriculum
- 28% Faculty and Staff Administrative Salaries
- 12% Operations
- 11% Facilities
- 10% Other Commitments

Core revenue and expenditures are the funding sources and costs associated with running the Department, including academic programs and excluding grant and contract-related work and the work of our Centers, Programs, and Initiatives.
UNIVERSITY OF WASHINGTON

# 2 IN THE NATION AMONG PUBLIC INSTITUTIONS
U.S. News and World Report 2017

# 10 IN THE WORLD AMONG GLOBAL UNIVERSITIES
U.S. News and World Report 2017

# 2 “TOP PRODUCER” FULBRIGHT STUDENTS AMONG U.S. UNIVERSITIES
Chronicle of Education 2017

TOP 10 MOST INNOVATIVE AMONG GLOBAL UNIVERSITIES
U.S. News and World Report 2017

7 FACULTY AWARDED NOBEL PRIZES

DEPARTMENT OF GLOBAL HEALTH

$ # 2 IN DEPARTMENT GRANT FUNDING AMONG UW DEPARTMENTS
Laura Martinez, Pathobiology PhD student

A mother and her children, Bondo, Kenya

Dr. Deepa Rao and Dr. Ahoua Koné teach MPH students

A midwife using mHealth technology, Timor-Leste

UW residents work with Kenyan medical students, Naivasha District Hospital, Kenya

Jennifer Tee speaks with a student

Photo credit: Paul Brown, Jessica Dyer, UW SPH
“The world is changing with ever-increasing speed, shaping new global health priorities and opening doors to new solutions — but one thing is constant. The world needs people to work together across disciplines, sectors, and geopolitical divides to achieve sustainable health impact at scale. In the Department of Global Health, our faculty, staff, students, and partners are united by both passion for and commitment to improving the health and well-being of people around the world,” says Dr. Wasserheit.

Judith Wasserheit, MD, MPH
William H. Foege Endowed Chair, UW Department of Global Health
Professor, UW Departments of Global Health and Medicine
Adjunct Professor, UW Department of Epidemiology
LEADERSHIP

Judith Wasserheit, MD, MPH, William H. Foege Endowed Chair
Jared Baeten, MD, PhD, Vice Chair
Carey Farquhar, MD, MPH, Associate Chair of Academic Programs
King Holmes, MD, PhD, Director of Research and Faculty Development
Dana Panteleeff, MBA, Director of Finance and Administration

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Cover photography: Anu Aryal, MPH student, presents at the MPH Practicum Symposium (top left), Zoë Cross, medical student, plays with a neighbor’s daughter after a home visit in Nairobi, Kenya (top right), Dr. Michael Chung reviews patient records with a colleague at Coptic Hope Center in Nairobi, Kenya (bottom); photo credit: UW School of Public Health and Paul Brown.

BE BOUNDERLESS