



# Global Health Group **2018 Annual Report**

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*For any questions about this report, please contact Jeremy Alberga, Chief Operating Officer, UCSF Global Health Group at [jeremy.alberga@ucsf.edu](mailto:jeremy.alberga@ucsf.edu) or 415-476-3503.*

## About the UCSF Global Health Group

The Global Health Group is an “action tank,” dedicated to translating bold new ideas in global health into large scale action to impact the lives of millions of people. The Global Health Group conducts original research and analysis, supports translation of evidence into new policy, convenes high-level stakeholders and experts to build consensus on improved strategies and higher ambition, and works with funders and implementers to achieve measurable impact. Leveraging the expertise of its team based in San Francisco, Laos, Namibia, Sweden and Swaziland, the Global Health Group works with a wide network of partners to forge broad consensus, catalyze action, and implement solutions. The Global Health Group is part of the Institute of Global Health Sciences at the University of California San Francisco.

The Global Health Group focuses on a small number of critical initiatives in order to maximize its impact. Current areas of concentration are:

- The **Malaria Elimination Initiative**, which conducts research and evidence-based advocacy, and provides practical policy guidance and technical support to countries and institutions, to accelerate progress toward malaria elimination in 34 countries around the world.
- The **Evidence to Policy Initiative**, which conducts evidence syntheses and policy analyses to inform key debates, decision-making and policy formulation at global and country levels, to address critical strategic questions in global health.

Upon the Global Health Group’s 10<sup>th</sup> anniversary in 2017, the **Global Health Impact Fund** was established to guarantee the Group’s long-term sustainability. The Global Health Impact Fund aims to deliver quick responses to global health challenges and underwrite specific tools and processes for demonstrable impact.

This report summarizes the key activities and milestones of the Global Health Group in 2018.

For more information about our strategy and initiatives, please review our website at: <http://tiny.ucsf.edu/ghg>

## Global Health Group Leadership

### Office of the Director

**Richard Feachem, KBE, DSc(Med), PhD**  
Director

**Jeremy Alberga, MA**  
Chief Operating Officer

**Hyun-Ju Woo**  
Director's Office Program Manager

### Malaria Elimination Initiative (MEI)

**Roly Gosling, MD, PhD**  
MEI Co-Director

**Chris White, MSc**  
MEI Co-Director

**Allison Phillips**  
MEI Deputy Director

### Evidence to Policy Initiative

**Sara Fewer, MPH**  
E2Pi Co-Director

**Naomi Beyeler, MPH**  
E2Pi Co-Director

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**The Honorable Dr. Timothy Thahane**

Member of Parliament  
Government of Lesotho

**Dr. Philip Welkhoff**

Director, Malaria  
Bill & Melinda Gates Foundation



## Malaria Elimination Initiative (MEI) Update on Activities 2018

The **Global Health Group's Malaria Elimination Initiative (MEI)** at the University of California San Francisco (UCSF) believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, documents and disseminates elimination experiences, and builds consensus to shrink the malaria map. With support from the MEI's highly-skilled team, countries around the world are actively working to eliminate malaria—a goal that nearly 30 countries will achieve by 2020. For more information about our impact, visit [www.shrinkingthemalariamap.org](http://www.shrinkingthemalariamap.org).

### Major Highlights

1. Chris White joined the MEI as the new Co-Director. Chris is providing strategic leadership across the MEI's portfolio, with a specific focus on the Asia Pacific, advocacy, policy, and resource mobilization.
2. The MEI expanded its presence in southern Africa with the relocation of MEI Co-Director Roly Gosling to Windhoek, Namibia.
3. The MEI launched the Lancet Commission on Malaria Eradication, which will build evidence, consensus and commitment around the goal of eradication.
4. The MEI is part of a group of partners implementing a new contract by USAID to support the President's Malaria Initiative's goals in improving malaria service delivery in 28 malaria-affected countries.
5. The MEI intensifies operational research in Lao PDR to identify and quantify effective malaria elimination interventions.
6. The MEI is starting two new projects in Southeast Asia with funding from the Global Fund's Regional Artemisinin-resistance Initiative 2 Elimination (RAI2E) grant.

### Chris White joins the MEI as Co-Director

We are pleased to welcome Chris White as the new Co-Director of the MEI. Chris is a former GHG Advisory Board member. Chris is based at the MEI's headquarters in San Francisco and will work directly with fellow MEI Co-Director Roly Gosling, who is based at MEI's southern Africa office in Windhoek, Namibia. In his role as Co-Director, Chris will provide strategic leadership across MEI's portfolio, with a specific focus on advocacy, policy, and resource mobilization for elimination and eradication, and overall strategy in Asia Pacific.

Chris is a malaria specialist and global health advocate with over two decades of experience. He completed undergraduate studies in Zoology at the University of Nottingham and graduate

studies in Medical Entomology & Parasitology at the Liverpool School of Tropical Medicine (LSTM). Chris' post-LSTM career was initially focused on vector-borne disease control in humanitarian emergencies, working for non-governmental agencies and the United Nations. He later shifted to longer-term development work with Population Services International, providing malaria-related technical assistance and training support throughout sub-Saharan Africa and the Asia-Pacific. More recently, Chris has focused on global, regional and in-country advocacy for malaria elimination and spent the past few years leading the malaria advocacy investment portfolio at the Bill & Melinda Gates Foundation in Seattle.

### **MEI expands its presence in Namibia**

In March 2018, MEI Co-Director Roly Gosling relocated to Windhoek, Namibia to lead the southern Africa research portfolio in the Elimination Eight (E8), a coordinated, eight-country effort to achieve malaria elimination in four countries in southern Africa (Botswana, Namibia, South Africa, and Eswatini (formerly Swaziland)) by 2020 and pave the way for progressive elimination in four additional countries (Angola, Mozambique, Zambia, and Zimbabwe) by 2030. In Windhoek, Roly is strategically located at the core of the MEI's malaria elimination work in southern Africa, and will provide direct support to key partners in the region.

The MEI implements operational research in southern Africa by testing, evaluating, and rolling out interventions that are more tailored, efficient, and effective for surveillance and targeted response in elimination settings. Specifically, the MEI's operational research portfolio focuses on identifying and treating malaria in high-risk populations, testing new highly sensitive diagnostics in low-transmission settings, and testing the integration of evidence-based parasite and vector strategies. Roly will collaborate with the national malaria program of Namibia, the University of Namibia and the Ministry of Health and Social Services, and the E8. He will also increase his presence in Geneva, and with other partners in Europe. Roly will join two other MEI team members currently based in Windhoek – Dr. Cara Smith Gueye, MEI Associate Director, Namibia Country Programs and Dr. Henry Ntuku, MEI Postdoctoral Fellow, Operational Research.

### **Lancet Commission on Malaria Eradication**

The MEI is the Secretariat for *The Lancet Commission on Malaria Eradication*, which brings together 26 international leading experts to develop the evidence base to inform malaria eradication strategies at national, regional, and global levels. The aim of the Commission is to provide the critical research needed to influence the policies and decisions that affect malaria funding, while building consensus and commitment around the goal of eradication. The Commission's report will be submitted for peer review in early 2019, and will emphasize the dual imperative to shrink the malaria map while intensely reducing the burden of disease in high transmission areas. The Commission will pay special attention to the endgame: the last battles that will likely play out in high transmission countries in equatorial Africa. The Commission will also examine the role of international and domestic financing in achieving eradication, as well as the role of cross-sectoral political commitment. The Commission's seminal publication—the first of its kind—will enable decision-makers to identify the scientific, operational and financial requirements to create a malaria-free world.

### MEI Receives USAID Funding to Provide Technical Assistance for Elimination

The MEI is part of a group of core partners, led by PSI and including JHPIEGO and Medical Care Development International, that was awarded a \$160 million, five-year contract by USAID to support the President’s Malaria Initiative’s Impact Malaria project. The project will focus on supporting national malaria programs in USAID-supported malaria-endemic countries to close gaps in malaria service delivery, unlock the potential of drug-based approaches to malaria elimination, and strengthen malaria health systems and rigorous use of data. The MEI’s role within Impact Malaria includes providing technical assistance to national malaria programs and in-country implementation partners in accelerating and preparing for national and subnational progress towards malaria elimination, operationalizing elimination strategies, conducting operational research for elimination, and implementing seasonal malaria chemoprevention.

### Intensifying Operational Research for Malaria Elimination Strategies in Laos PDR

In partnership with the national malaria program in Lao PDR, the MEI is conducting a community-randomized trial to evaluate the effectiveness, cost-effectiveness, acceptability, and feasibility of two targeted test-and-treat interventions in Champasak Province, southern Lao PDR. A baseline survey was conducted in 56 study villages across four districts in December 2017, followed by continuous implementation of a novel peer navigator-led focal test and treat (FTAT) intervention targeting high-risk populations. Two mass test and treat (MTAT) campaigns were conducted among village-based populations in June-July and September 2018 to target the asymptomatic parasite reservoir, together surveying over 5,500 households and testing



nearly 25,000 individuals. To date, the positivity rate among the 2,344 high-risk populations enrolled into the FTAT intervention is 2.5%, or 75 times the corresponding MTAT rate. An end-line survey will be conducted in November 2018 to assess the impact of the interventions on transmission, in addition to focus group discussions and key

informant interviews to explore the acceptability and feasibility of the interventions.

The MEI is also supporting targeted provinces in northern Lao PDR to strengthen their case-based surveillance systems through trainings, on-site monitoring and supportive supervision, and ‘pressure-testing’ of the new ‘1-3-7’ surveillance and response guidelines (reporting of



malaria cases within 1 day, confirmation and investigation within 3 days, appropriate public health response to prevent further transmission within 7 days).

### **MEI Receives Global Fund Funding to Accelerate Elimination in Southeast Asia**

The MEI was recently awarded two new grants from the Global Fund's Regional Artemisinin-resistance Initiative 2 Elimination (RAI2E) to conduct operational research for malaria elimination. The first project, where MEI is the prime recipient from the Global Fund, will include working directly with local partners in Lao PDR and Thailand to research the role of village malaria workers for conducting reactive case detection and reactive focal mass drug administration in forest going populations. The second project, where the MEI is a subcontractor to a local NGO Health Poverty Action, will include identifying the movement patterns and treatment-seeking behaviors of *mobile, migrant, ethnic and vulnerable* populations, in order to inform the optimal malaria surveillance or intervention methods to reach malaria high risk populations in Cambodia, Lao PDR, and Vietnam.

### **Additional Highlights**

#### **MEI Supports the Sustainability of the Elimination Eight Regional Initiative (E8)**

The MEI has provided in-depth strategic, operational and financial support to the E8 Secretariat since its inception in 2007, and is now supporting its transition to independence. The E8 underwent a transformative year setting the stage for new leadership, strategy, and funding for the region in 2019-2021, which included a leadership transition when the Secretariat's founding Director stepped down in June 2018. The MEI contributed to the development of the newly launched E8 Acceleration Plan, an implementation plan geared towards getting the region back on track following a series of outbreaks in recent years. Given the leadership transition within the Secretariat, the MEI was also called upon to provide in-depth support to the E8's funding applications to the Global Fund and the Bill & Melinda Gates Foundation, which included writing, process management, and strategy development for both proposals. Starting in 2019, the MEI will no longer provide direct funding to the E8, and will transition to be a technical partner supporting their goals for a malaria-free southern Africa.

## **MEI Supports the SADC Windhoek Declaration on Malaria Elimination**

Working closely with the Elimination Eight Secretariat (E8) and the Southern African Development Community (SADC), the MEI conceptualized and drafted the Windhoek Declaration on Malaria Elimination to target renewed commitment at the 2018 Heads of State Summit.



*MEI's Cara Smith Gueye works with Namibia's National Malaria Control Programme to collect mosquito samples to better understand the vector.*

The MEI led strategic communications around the Declaration, including securing press and social media coverage in English, French, and Portuguese and strategic partner outreach and coordination. In this effort, the MEI ensured that E8 leadership was front and center in this southern Africa-owned effort.

The MEI is now supporting the E8 to translate the political commitments in the Declaration into a concrete roadmap for action.

## **DiSARM (Disease Surveillance and Risk Monitoring) Receives New Funding**

DiSARM, a spatial intelligence platform developed by the MEI, was awarded a new grant from the Bill & Melinda Gates Foundation in June 2018 to build out the tool, allowing it to link to data from the Malaria Atlas Project, OpenStreetMap, and WorldPop. In close partnership with the Clinton Health Access Initiative (CHAI), DiSARM is currently being used at national scale in Botswana and Namibia to plan, execute, and monitor their 2018 insecticide spraying campaigns. The DiSARM team also joined a consortium of partners led by CHAI and Akros to develop a more generic spatial intelligence tool called Reveal. In leveraging the DiSARM algorithms, Reveal users will be able to predict whether a building can be sprayed or not (i.e. residential or non-residential) and cluster buildings into operational areas thus improving efficiency of field campaigns. DiSARM is also being adapted to support surveillance and implementation of mass drug administration campaigns for neglected and tropical diseases including lymphatic filariasis and loa loa through a grant from the Taskforce for Global Health.

## **Facilitating Military and Civilian Collaboration for Malaria Elimination in Southeast Asia**

The MEI received funding from the Defense Malaria Assistance Program (DMAP), a new US Department of Defense initiative, to support the Armed Forces Research Institute of Medical

Sciences (AFRIMS, Bangkok) in identifying malaria interventions that effectively target military populations and unify country-specific military and civilian efforts for malaria elimination in the Greater Mekong Sub-region. In partnership with AFRIMS, the MEI investigated a recent malaria outbreak and response efforts in Sisaket Province, Thailand, and is now disseminating findings from that investigation. The MEI is also conducting a detailed analysis of technical and operational gaps between military and civilian response efforts in Thailand and Lao PDR. Through MEI's analysis, the team has identified opportunities to improve military-ministry of health cooperation in both countries.

### **Enabling Countries to Secure Domestic Financing**

The MEI continues to provide strategic thought partnership and oversight, as well as tactical implementation support, to national malaria programs and partners in Namibia, the Philippines, South Africa, Sri Lanka, and Thailand to increase flexibility and sustainability of domestic financing for malaria elimination. The MEI's comprehensive country-led model and tailored, evidence-based approach which combines the MEI's in-country economics and financing research and in-country advocacy support – has proven effective: between 2015-2017, Sri Lanka increased its national budget for malaria by 34%, and in the Philippines, national-level commitment to malaria elimination increased, as evidenced by an increased central budget in 2017 (+USD 2 million). In 2018, the MEI focused on developing an investment case for domestic financing in South Africa, and in developing tools and trainings for elected officials in the Philippines and Thailand to partner effectively with public health officials to understand their local malaria situation and secure adequate domestic resources to eliminate transmission. Based on gaps and opportunities identified by our country partners, sub-national (e.g., district and provincial-level) capacity building and budget influencing has become an increasing focus of our work.

## Evidence to Policy Initiative (E2Pi) Update on Activities 2018

### Background

The **Global Health Group's Evidence to Policy Initiative (E2Pi)** at the University of California San Francisco, conducts policy analyses, research, and agenda-setting activities to help policymakers from donor agencies and low- and middle-income countries create and implement high-impact, evidence-based policies to improve the health of people around the world.

### Major Highlights

1. Expanded the portfolio on countries transitioning away from donor finance with assessments in three countries, transition planning workshops in two countries, and deeper engagement with the Global Fund and in international policy dialogues regarding the policies, process, and implementation of transitions.
2. Co-hosted the Global Climate and Health Forum, a high-level convening of 300 international leaders on climate change and health, and launched the Call to Action on Climate and Health, a ten-part policy platform endorsed by over 70 leading health organizations.
3. Conducted policy analyses to advance calls for investment in international collective action for health (ICAH), including three studies to document trends in donor investments in international collective action, identify and assess new strategies for mobilizing and coordinating ICAH investments, and engage the four leading multilateral agencies in aligning and expanding their ICAH work and investments.

### Country transitions from donor financing for malaria: providing analytical and technical assistance to malaria programs and donors

This year E2Pi, in collaboration with MEI, continued to develop the Global Health Group's portfolio on country transitions away from donor finance and towards fully country-financed and managed health programs. Several economic trends – including stagnating development assistance for health and economic growth in many countries – have led donor agencies to direct available funding to countries with the highest disease burdens and least ability to pay. As a result, many middle-income countries are expected to soon experience significant reductions or the end of donor support. If not properly planned, transitions risk destabilizing country health programs and the significant progress made to date.

Transition is important for malaria elimination and eradication, as many malaria eliminating countries are reaching the Global Fund's eligibility thresholds. To help ensure transition does not disrupt progress towards malaria goals, E2Pi and MEI engage with countries and donors as they prepare for and undergo these transitions. This work is supported by the Global Fund and the Bill & Melinda Gates Foundation.

In 2017, E2Pi and MEI developed a *Transition Readiness Assessment Tool for Malaria (TRA-M)*, which identifies areas across a malaria program's finance, management, human resources, information, research, surveillance, vector control, and health services systems that are

vulnerable to disruption during transition, as well as strategies and mitigating actions that can support an effective and sustainable transition away from donor support. The Tool is designed to facilitate a country-led process of data collection, priority setting, and transition planning that can be used as the foundation for national and sub-national malaria program managers as they engage with donors and other stakeholders during the transition process.

E2Pi conducted transition readiness assessments in the Philippines, Sri Lanka, and Thailand. Following the application of the TRA-M Tool, E2Pi facilitated multi-day workshops in Sri Lanka and Thailand to review the TRA-M findings with national stakeholders and kick-off a transition planning process with the national malaria programs. These workshops brought together national and sub-national leadership from the malaria programs, donor partners, technical experts, and other program stakeholders (e.g., WHO).

E2Pi and MEI have also led briefings with the Global Fund to share learnings from malaria transition assessments and workshops, and to discuss implications of the organization’s transition policies on countries working to eliminate and prevent reintroduction of malaria.

While advancing the transitions portfolio, E2Pi also worked closely with MEI to align the transitions, resource mobilization, and economics and finance portfolios such that the Global Health Group can provide a comprehensive package of technical and advocacy support to countries.

### **Climate Change and Health**

Climate change has been called the “greatest public health challenge of the 21<sup>st</sup> century”. Climate change, and its principle driver – fossil fuel combustion – jointly cause tremendous human suffering and threaten to undo decades of health and development gains. Air pollution causes seven million deaths annually; extreme heat and weather events displace tens of millions of people each year; and the agricultural, food, and water systems we depend on for our survival are under threat. The health sector has a vital role to play in addressing climate change – as an important voice advocating for climate action and as a key sector that must reduce its own greenhouse gas emissions.

E2Pi’s work at the intersection of climate change and health focuses on mobilizing health leadership to advance and scale the ambitious climate solutions needed to slow and ultimately reverse the threats of climate change. Building on the foundational work conducted during the Phase I scoping exercise, this year E2Pi led two principle activities including (1) hosting the Global Climate and Health Forum and (2) launching a Call to Action on Climate and Health.

*Global Climate and Health Forum:* In September 2018, E2Pi convened, in partnership with the Global Climate and Health Alliance, US Climate and Health Alliance, and Health Care Without Harm, the Global Climate and Health Forum. The Forum was a high-level convening of 300 leaders from national and local governments, health systems, public health agencies, civil society organizations, and international organizations designed to build the community of climate and health professionals, share global success stories of health action for climate, and generate momentum and commitments for action on climate and health. The Forum was an affiliate event



of Governor Brown's Global Climate Action Summit, and served as the anchor health event during the week of climate events in San Francisco

The Forum was generously supported by the Glaser Progress Foundation in collaboration with Kaiser Permanente, Dignity Health, the United Nations Development Programme, and several additional sponsors.

*Call to Action on Climate and Health:* The Call to Action outlines a set of ten priority policy action for health leadership to advance ambitious progress towards global climate and health goals. The Call to Action includes recommendations in three key areas: (1) climate action for health: six core strategies needed to dramatically reduce climate pollution across all sectors, and opportunities for health leadership in advocating for the implementation of these strategies; (2) health action for climate: three core strategies the health sector must take internally to reduce emissions and build healthy and resilient health systems and communities; and (3) financing: core actions that must be taken by development and other financing institutions and partners to scale investments to the level needed for transformational action.



The Call to Action was first launched at the Global Climate and Health Forum, and will be formally presented to world leaders at the UNFCCC Conference of Parties in Katowice, Poland, in December 2018.

*Representative Nancy Pelosi closes out the Global Climate and Health Forum, outlining the critical need to mitigate the impacts of climate change on health.*

To date, the Call to Action has been endorsed by over 70 leading health organizations, which collectively represent over five million health professionals and thousands of hospitals in over 120 countries. Endorsers include: World Federation of Public Health Associations, NCD Alliance, American College of Physicians, American Academy of Pediatrics, the American Public Health Association, and others.

### **International collective action for health: quantifying and closing the financing gaps**

E2Pi continued to work with Gavin Yamey and the Duke Center for Policy Impact in Global Health to advance the portfolio on international collective action for health, focused on costing and financing global public goods in health. The work built on recommendations of the 2013 Commission on Investing in Health and E2Pi's 2015 analysis of donor funding by function, both of which highlighted substantial gaps in international finance for critical global public goods, such as research and development for neglected diseases. E2Pi supported a series of analytical and advocacy activities designed to document the funding needs and gaps for priority international collective action activities, identify and assess new financing mechanisms and strategies to close these funding gaps, and engage donors and other funding partners to mobilize needed resources.

These projects included:



- Conducted policy analysis based on interviews with over 40 representatives from the four multilaterals that provide the most funding for health (the Global Fund to Fight AIDS, TB and Malaria, Gavi, the Vaccine Alliance, World Health Organization, and the World Bank) to identify opportunities for expanding and aligning investments for critical global public goods in health.
- Led policy analysis on strategies to improve coordination across R&D investors and leverage coordination platforms to expand investment in critical R&D priorities.
- Conducted qualitative analysis on strategies for mobilizing public and private sector investments in global health research and development from middle-income countries.
- Led analysis of development assistance for TB to assess level and trends in country vs. collective action investments in TB (analysis completed for the Lancet Commission on Tuberculosis).

## Global Health Impact Fund Update on Activities 2018

### Background

The **Global Health Impact Fund** was established on the occasion of the Group's 10<sup>th</sup> anniversary in 2017 to advance its groundbreaking work in tackling urgent global health challenges. The Fund facilitates creative, nimble responses using the Action Tank model and other tools for demonstrable impact. With government investments for international health flat or declining, it is essential to create an independent, sustainable revenue source to support the core platform that drives the Action Tank and has produced the Group's documented results.

The Global Health Impact Fund does not replace vital institutional funding for the Global Health Group's programs. In fact, it leverages these generous foundation grants and encourages even greater investment in the Group's vision. The Global Health Impact Fund will, for example, finance important activities that fall outside of large-scale grants such as sharing the Group's learnings worldwide, spotting new and emergent health challenges, training the next generation of scientists, developing predictive software and adapting the Global Health Group's proven tools to new diseases.

### Major Highlights

1. Partnered with the Chan Zuckerberg Initiative, the Chan Zuckerberg Biohub and the Institute for Global Health Sciences to propose new solutions to controlling outdoor biting mosquitos by way of a three-day "hackathon."
2. Augmented grant funds for the Global Health Group's work on mitigating the health impacts of climate change on developing countries.
3. Provided bridge funding and strategic direction for DiSARM, a technology platform designed to improve malaria surveillance and program management.
4. Launched the Summer Researchers in Global Health internship program to train and empower the global health leaders of the future. By providing high school students with hands-on exposure to global health research, mentorship, and challenges, the program promotes critical early-career interest.

### **Targeting outdoor biting mosquitos in partnership with Chan Zuckerberg**

The Global Health Group teamed up with colleagues within the UCSF Institute for Global Health Sciences, the Chan Zuckerberg Initiative and the Chan Zuckerberg Biohub to hold a “hackathon” to tackle the challenge of controlling outdoor biting mosquitos. While bed nets and spraying are effective indoor tools, millions of forest workers and others go unprotected, at risk of contracting a host of diseases from malaria to dengue fever to Zika. Over three days, more than two dozen software engineers, policy experts, physicians, entomologists and others worked in teams to develop innovative solutions, ranging from high-tech surveillance tools to community-led monitoring programs.

Chosen by a distinguished panel of judges, the winning team focused on reducing carbon dioxide (CO<sub>2</sub>), which attracts mosquitoes. They applied research and materials developed to reduce CO<sub>2</sub> in the atmosphere to envision a necklace or other wearable items that absorb CO<sub>2</sub> when individuals exhale, potentially making it harder for mosquitoes to find them. The winning team won a cash prize and all teams were offered in-kind support from Chan Zuckerberg engineers to assist in moving their ideas forward.



Lasting solutions often require different approaches to age-old problems. Global Health Impact Fund resources allow us to bring together the right mix of people to challenge and disrupt traditional ways of thinking.

*Team “Lymphatic Filariasis meets to develop their rapid field-based mosquito identification tool.*

### **Addressing the impact of climate change on health and health systems**

Climate change has been called the “greatest public health challenge of the 21<sup>st</sup> century.” Air pollution causes seven million deaths annually; extreme heat and weather events displace tens of millions of people each year; and the agricultural, food and water systems we depend on for our survival are under threat. The health sector has a vital role to play in addressing climate change – as an important voice advocating for climate action and as a key sector that must reduce its own greenhouse gas emissions.



As mentioned above, the Global Health Group has been funded to launch this work but Global Health Impact Fund resources allowed us to amplify its impact by providing supplementary support for strategic and communications work and to bring a greater diversity of attendees to the Global Climate and Health Forum.

The Global Climate and Health Forum aimed to build the community of climate and health professionals, share global success stories of health action for climate, and generate momentum and commitments for action on climate and health. The Forum was a high-level gathering of 300 leaders from national and local governments, health systems, public health agencies, civil society organizations and international organizations. The Forum was an affiliate event of Governor Jerry Brown’s Global Climate Action Summit, and served as the anchor health event for the week.

Much work lies ahead in mitigating the disastrous effects of climate change on human health. Global Health Impact Fund resources will continue to support the critical policy, financing and convening needs of developing nations.

### ***Visualizing and collecting data for malaria control***

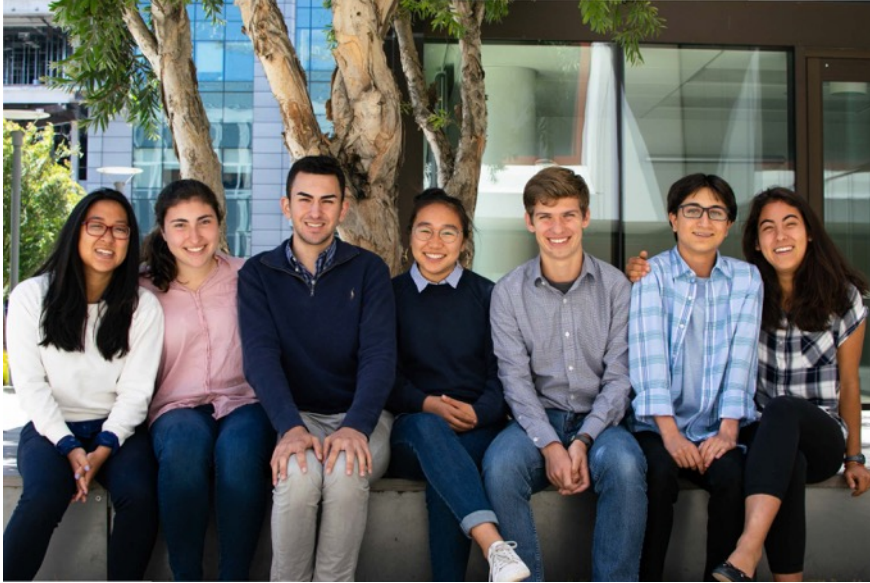
As mentioned above, the Disease Surveillance and Risk Monitoring (DiSARM) is a technology platform that enables national malaria programs to better target interventions geographically, guide field teams more precisely, and evaluate bed net and spray coverage more accurately. The DiSARM platform helps visualize and collect data for malaria campaigns, as well as plan and monitor the campaign. These DiSARM features are critical in saving national programs time and money and, most importantly, improving services to at-risk individuals. In 2018, the Global Health Impact Fund provided bridge funding for the DiSARM team as it negotiated renewed funding with the Bill & Melinda Gates Foundation. In addition, the Global Health Impact Fund assisted the DiSARM team to establish a new partnership with the Taskforce for Global Health to develop a geostatistical mapping tool to improve decision-making for tackling two other infectious diseases: Loa loa and lymphatic filariasis.

Although grant funding provides generous support for very defined scopes of work, we have a constant need – served by the Global Health Impact Fund – for flexible funding to bridge resource gaps, hire consultants for discrete tasks and establish new and lasting partnerships.

### ***Training the next generation of global health leaders***

The Global Health Impact Fund was instrumental in launching Summer Researchers in Global Health, a six-week summer internship that introduces rising high school seniors to global health concepts and immerses them in challenging, real-life projects. Each summer, qualified students from participating San Francisco Bay Area high schools learn from and work with expert global health researchers at the Institute for Global Health Sciences on the UCSF Mission Bay campus.



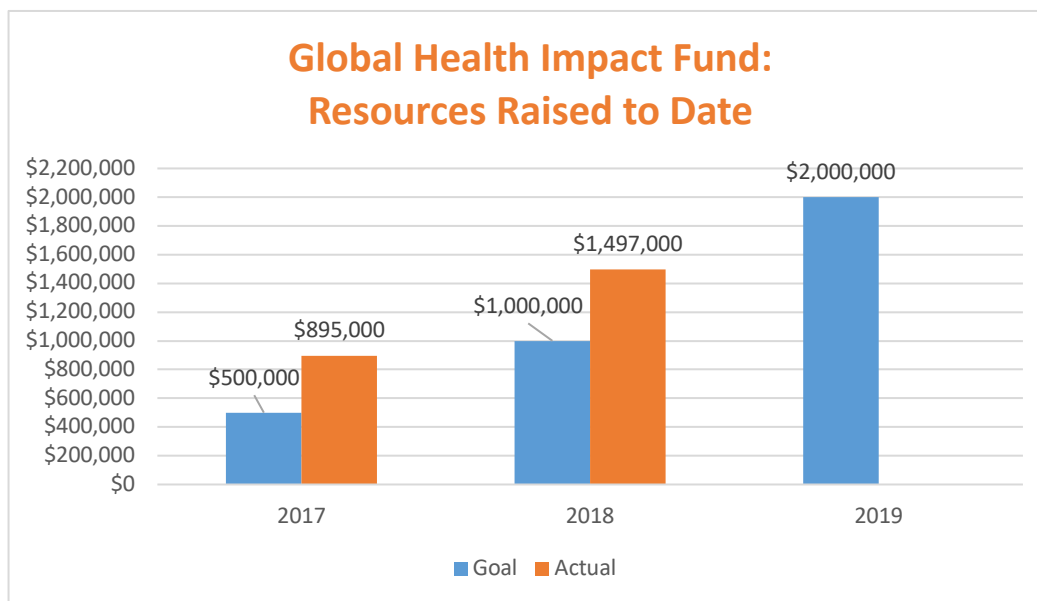


In its inaugural year, we hosted seven students from San Francisco schools. Students worked with their mentors on a range of projects, from climate change in India to a comprehensive plan to control Tuberculosis. We have developed an ambitious 5-year plan that expands the program outside of San Francisco. In order to reach many more students, we have developed a summer

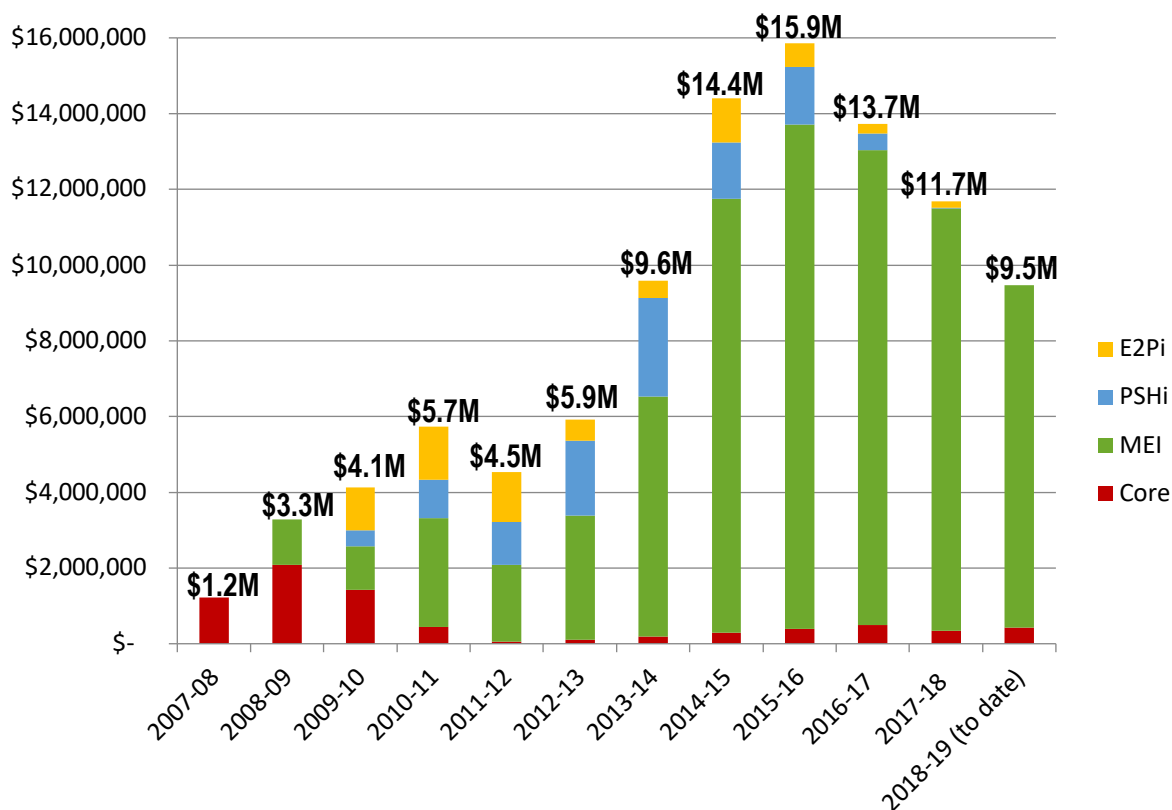
“boot camp” for high school teachers, working with them to integrate global health issues into their curricula, with our staff and faculty providing guest lectures and college and career mentorship.

Global Health Impact Fund resources are being used to train the next generation of leaders to tackle intractable health problems, from existing and newly emerging infectious diseases to the impacts of climate change to non-communicable diseases like diabetes and hypertension.

## Financials



### Annual Budget by Initiative (UCSF Fiscal Year)



## Cumulative Funding Received by Initiative FY 2007-08 to Present

