Photo courtesy of Damian Weikum, YC' 15
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With its research capacity and culture of collaboration, Yale has the opportunity to train the next generation with leadership skills in global health to dramatically accelerate both scientific breakthroughs and their impact on the health of people around the world. The Global Health Leadership Institute (GHLI) at Yale serves as a catalyst to create and support innovative education and research programs to improve human health and health equity around the world. GHLI is also a nexus for exchange, collaboration, and leadership development. This annual review of global health at Yale demonstrates the University’s commitment to address global health challenges, from discovery to impact.

**Fast Facts**

- 19 students selected to be Global Health Fellows
- 5 new internships in Early Childhood and Health
- 24 students completed the YSPH GH concentration and 39 students completed the GH elective at YSM
- Programs in more than six countries in key areas including early childhood development, non-communicable diseases, global health justice, mental health and leadership

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**Global Health Faculty Advisory Committee 2014-2015**

- Elizabeth Bradley, Professor of Public Health (Chair)
- Linda Brady, Special Advisor to the Dean, Yale School of Public Health (YSPH)
- Jane Edwards, Associate Dean for International Affairs at Yale College
- Gerald Friedland, Professor of Medicine (AIDS) and Epidemiology
- Elena Grigorenko, Associate Professor of Epidemiology and Psychology
- Marcia Inhorn, William K. Lanman Jr. Professor of Anthropology and International Affairs
- Amy Kapczynski, Associate Professor of Law
- Albert Ko, Professor of Epidemiology and Medicine
- Stephen Latham, Director of Yale Interdisciplinary Center for Bioethics
- James Levinsohn, Director of the Jackson Institute for Global Affairs
- Catherine Panter-Brick, Professor of Anthropology, Health, and Global Affairs
- Asghar Rastegar, Professor of Internal Medicine and Nephrology
- Nancy Reynolds, Professor of Nursing
- Mark Saltzman, Goizueta Foundation Professor of Biomedical Engineering
- Michael Skonieczny, GHLI Executive Director
- Stephanie Spangler, Deputy Provost for Health Affairs and Academic Integrity
- Christopher Udry, Henry J. Heinz II Professor of Economics
- John Wargo, Professor Of Risk Analysis, Environment Policy, and Political Science, and Chair of the Yale College Environmental Studies Major and Program

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“Yale is at the forefront of educating the next generation with leadership skills in global health to improve the health and well being of people around the world. I hope we will continue to build our global health work across the University.”

— President Peter Salovey
Early Childhood Development in São Paulo, Brazil
In May 2015, Dr. Lois Sadler from the Yale School of Nursing and GHLI intern Holly Robinson visited the University of São Paulo (USP) Schools of Nursing and Medicine to initiate discussions with researchers and faculty about Yale and USP’s mutual interests in early childhood development. Many research groups, whose work ranged from the effects of violence on development to the promotion of resilience in teenaged mothers, were eager to discuss possible future collaborations. The Yale team also met with representatives from the Brazil-based NGO, Zero a Seis, and a research group from the Federal University of São Paulo focused on pre-school environments.

One initiative of particular interest was the USP Young Mothers project, a pilot home visiting program for first time adolescent mothers, based in part upon Yale’s Minding the Baby (MTB) program. Dr. Sadler, co-founder of MTB, provided consultation and support as the Young Mothers team began home visits. As a follow-up to this visit, Dr. Fernanda Alarcão, one of the home-visiting supervisors, attended the annual MTB Introductory Training Institute. While the collaborations between Yale and USP remain in their initial stages, the research presented during this trip was promising and exciting.

Early Childhood Health and Development Internships
GHLI offered five internships for Yale students to work with a range of faculty and partner organizations on research, program coordination, policy analysis, and advocacy efforts related to early childhood health and development around the world.

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<td>A Case Study on Community-Based Programs to Prevent Childhood Obesity</td>
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Human Resources for Health in Rwanda
GHLI and Yale faculty joined universities across the U.S. to support the Rwandan Ministry of Health’s visionary Human Resources for Health (HRH) Program to develop skilled workers that can meet the country’s health care delivery needs.

Seven health management faculty from U.S. universities were assigned between the University of Rwanda’s School of Public Health (SPH) and three hospitals (CHUK, CHUB, King Faisal Hospitals). Twenty-two hospital quality improvement projects are active or were completed at these hospitals. A Yale faculty member was assigned full time at SPH to support development of a Master’s in Health Economics and Finance curriculum. Yale and the School of Public Health faculty also collaborated to develop and implement an executive-style Master’s degree in Hospital and Healthcare Administration (MHA). Nine students completed all their MHA requirements and graduated in July.

Pediatrics faculty from Yale also supported development of a Palliative Care Committee to provide consultation for end-of-life care and/or pain management. A neonatal database was created and implemented to track important indicators over time, such as hypothermia in LBW infants and post-surgery mortality rates. Feedback to staff was instrumental in quality improvement measures, especially during recurrent Klebsiella outbreaks. Recognizing the endemic problem of malnutrition and food scarcity among hospitalized children, a child malnutrition initiative was established called “Farming for Child Health” to provide well-balanced meals for hospitalized children and breastfeeding mothers.

The Department of Medicine also supported the project through one general internist and four sub-specialists, including two infectious diseases specialists, one neurologist and one clinical pharmacologist. Faculty hosted two residents from the University of Rwanda’s CHUK Residency Program for a month at Yale to train them as Chief Medical Residents for the 2015-16 academic year. As part of the Yale/Stanford J&J Global Health Scholar Program, seven nationally selected senior residents each spent six weeks working with Rwandan residents in the teaching hospitals in Kigali.

Improving Mental Health in Ghana
Since 2009, GHLI has worked with senior leaders in Ghana to improve the country’s mental health access and quality of care. As a continuation of that work, the Yale Department of Psychiatry visited Ghana to support development of a Community Mental Health Toolkit. The toolkit helps to develop core foundational skills and functional competencies of Psych Corps, a program that deploys psychology graduates in Ghana to deliver mental health care at the community level.

GHLI hosted a three-day leadership and training workshop to provide a platform for continued collaboration on strategies identified to improve mental health access in Ghana. The Forum focused on:

- implementation of the Community Mental Health Toolkit;
- development of a country wide community mental health training workshop in Ghana in 2015; and
- developing future areas of collaboration.

Work sessions during the 2014 GHLI Psych Corps trip working with Ghana’s National Health Service
This was followed by a Forum in Accra, Ghana in May hosted by the Ghana Mental Health Technical support team and the Mental Health Authority to discuss integration of the Psych Corps in all regions with community psychiatric nurses and clinical psychologists and to roll out the new Community Mental Health Toolkit.

Leadership, Management and Health Systems Strengthening Research

Health and social service spending and health outcomes: A state-level analysis

This project is designed to generate and disseminate new knowledge about how spending on social services and health services may be associated with health outcomes across the U.S. According to GHLI research, on average, higher levels of social service spending relative to health spending will be associated with better health outcomes at the state level.

A grant from Robert Wood Johnson Foundation supports work to accumulate all publicly available data on social service and health care service spending from 2000-2010 by state, as well as a set of 10 health outcomes (including life expectancy, post-neonatal mortality, child and adult asthma, mortality from heart attacks, obesity, mental health, disability, and AIDS mortality), and execute statistical analyses to determine the association between health outcomes and overall social service and health service spending. As part of this analysis, GHLI investigated the influence of specific components of social service spending on health outcomes.

Social service spending, health spending, and health outcomes: Massachusetts in a national comparison

Preliminary analysis conducted by GHLI indicates substantial variation across the U.S. in spending profiles. GHLI researchers hypothesize that over time, states with a more balanced spending portfolio between social services & health care services will have better health outcomes.

Supported by the Blue Cross Blue Shield of Massachusetts, this project focuses on a more detailed examination of the experience in Massachusetts as compared with other states in terms of social service and health care spending as well as health outcomes. GHLI is looking to expand the health outcomes examined to additional measures that are pertinent to low-income, vulnerable populations that are available for Massachusetts and its comparison states.

Achieving value: Strategies for managing populations with complex, high-cost health needs

Supported by the Commonwealth Fund, this project is designed to uncover strategies to help communities improve health outcomes for people with complex, high-cost health needs using health care, social service, and private sector resources that address not only medical but also social determinants of health. The project will provide systematic evidence about approaches that have worked to treat health problems while also addressing social determinants of health among patients with complex, high-cost health needs.

State action on avoidable hospitalization

Many patients, particularly older patients, are readmitted sooner than expected after discharge from the hospital, which is both expensive and challenging for patients and their families. In 2012, about 18.4% of Medicare beneficiaries experienced an unplanned hospital readmission, with an estimated cost to the American public of about $15 million. Avoiding or at least reducing unplanned readmissions is a national priority. Understanding how this may be accomplished was the subject of three years of research completed by researchers at GHLI with support of the Commonwealth Fund.

National campaigns to reduce readmissions -- the State Action on Avoidable Hospitalization (STAAR) and Hospital-to-Home (H2H) campaign -- were described as having critical roles in motivating hospitals to focus on reducing readmissions, experiment with various strategies, and learn from each other about what might work to address unplanned readmissions. Using both survey data and open-ended interviews with key hospital clinical and administrative staff, GHLI sought to understand what strategies were being implemented, which were most effective in reducing unplanned readmissions, and how hospitals turned new strategies into routine practices.
Integrating Management of Non-Communicable Diseases in Uganda

In 2013, a delegation of diverse stakeholders from Uganda attended the GHLI Forum for Change. Together with faculty at the Yale School of Medicine’s Department of Internal Medicine, the delegation developed a work plan to improve health system delivery of care for patients with non-communicable diseases (NCDs) through the Uganda Initiative for Integrated Management of Non-Communicable Diseases (UINCD). UINCD aims to develop a center of excellence focused on integrated approaches to NCDs through training, patient care, and research of effective models for integrated management of NCD patient care.

Building on this effort, GHLI hosted the second year of the Forums for Change in Kampala, Uganda in 2014 to support the UINCD leadership. The organization’s five-year strategy includes the launch of the pilot clinic at Mulago Hospital, targeting early detection and effective management of hypertension, diabetes and kidney disease.

Non-Communicable Diseases in the Eastern Caribbean

In July, GHLI hosted its sixth Forum for Change in New Haven that focused on identifying strategies to ensure the delivery of quality care for people with NCDs in the Eastern Caribbean. GHLI invited delegations from four countries which are part of the Eastern Caribbean Health Outcomes Research Network, including: Barbados, Puerto Rico, Trinidad and Tobago, and the U.S. Virgin Islands.

The delegations represented senior leadership from government, academic institutions and nongovernmental organizations. The Forum included interactive lectures from Yale faculty and the Deputy Commissioner of the New York City Department of Health and Mental Hygiene, delegation presentations, interactive work sessions, and cross-delegation discussions.

Lectures and discussions by Yale faculty focused on developing strategy and problem solving, understanding leadership as a relationship between leaders and followers, the role of diverse teams in shaping health outcomes, and changing landscapes of clinical and population health in NCDs.

In sessions throughout the week, delegates worked with Yale faculty advisors, GHLI facilitators, and GHLI Fellows on strategies related to:

- the human and financial burden of diabetes in Barbados;
- development of an integrated approach to addressing childhood obesity in Puerto Rico;
- implementation of an alcohol policy and action plan in Trinidad and Tobago; and
- progression of advanced renal disease for patients with diabetes and hypertension in the U.S. Virgin Islands.
Conflict, Resilience and Health
The Conflict, Resilience, and Health Program engages academics, practitioners, policy-makers, and the Yale student body to promote innovations in science and policy. It hosts interdisciplinary initiatives to build resilience and evaluate programs to alleviate violence. This academic year, the program focused on humanitarian settings – starting specific projects to put ideas into practice, launching new publications, workshop discussions, and global partnerships.

New Initiatives: Led by Catherine Panter-Brick, Mark Eggerman, and Alastair Ager, the Program’s research consortium evaluates the effectiveness of a humanitarian program designed to alleviate toxic stress in young Syrian refugees. The scientific goal is to help humanitarian workers make informed choices regarding innovative methods for program evaluation. Ongoing research partnerships include humanitarian policy-makers from Mercy Corps and scientific collaborators from Hashemite University, Harvard University, and the University of Western Ontario.

The Program also supported the dissertation research of Anthropology PhD students Kristen McLean (Fatherhood in Sierra Leone) and Aaliya Sadruddin (Aging and Caregiving in Rwanda), as well as short-term projects of YSPH students Rebecca Wener and Sarah Yazji (Mental health and resilience in Jordan) and GHLI intern Lauren Gaston-Hawkins (Early child development in refugee camps).

New Awards

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Workshops and Peacebuilding Consortium
The Men and Families - Parenting Interventions in Conflict Settings workshop was convened at Yale in 2015 by Catherine Panter-Brick, Jeannie Annan (International Rescue Committee), and Brandon Kohrt (Duke University), with support from the Macmillan Center for International and Area Studies. Scholars, practitioners, and policymakers met to discuss current research and project evaluations, as well as future collaborative work.

The Early Child Development and Peacebuilding Consortium was convened for a stakeholder meeting in Turkey (June) at a conference hosted by UNICEF and the Yale-AÇEV Partnership. This is one example of the initiatives creating global partnerships on violence prevention and peace-building actively supported by the Program.


Goals: Next year, the Program will host the international Colloquium on Violence, Agency and Innovation, develop a communication platform for the Early Child Development and Peacebuilding Consortium, and complete the funded projects in conflict settings. For more information on the program, please visit http://www.yale.edu/macmillan/crh/index.html
InnovateHealth Yale

InnovateHealth Yale (IHY) is a home for members of the Yale community interested in creating new solutions to health challenges. Founded and led by Martin Klein, Associate Dean, YSPH, IHY helps train students to become change agents, encourages interdisciplinary entrepreneurial efforts to address national and global health problems, and brings to Yale social innovators as role models and mentors. It focuses on closing the health and access gap in the U.S. and low-resource countries.

IHY completed its second year in partnership with leading innovation and entrepreneurship programs across Yale. Speakers included Paul Ellingstad, Global Director of Human Progress Initiatives for Hewlett Packard, and Bobby Jefferson, Director of the Future’s Group Center for Development Informatics. It also sponsored a screening of Extreme by Design, a film about Stanford’s path-breaking design program, followed by an interview with the director.

IHY also sponsored the first hackathon at Yale focused on health. Working with the Center for Biomedical and Interventional Technology, IHY brought to the Yale community Hacking Health @Yale, a three-day event to design new solutions for national and global health challenges. IHY also funded five summer internships, placing students in organizations like the United Nations Population Fund, and the Asian and Pacific Centre for Transfer of Technology.

Thorne Prize for Social Innovation in Health

IHY awarded the Thorne Prize for Social Innovation in Health, a $25,000 prize for the best student-led venture focused on social innovation in health, to StoryTime, a group of students who developed a text and picture messaging program that promotes early literacy by providing stories and pictures to mothers via cell phones.

For more information about InnovateHealth Yale, visit http://innovatehealth.yale.edu

Last year’s Thorne Prize winner, Khushi Baby, is in India piloting a necklace for infants that contains a chip with all of the child’s health and vaccination records.
PremieBreathe
Comprised of an interdisciplinary team of Yale students, faculty and staff from engineering, medicine and public health, PremieBreathe’s mission is to develop quality and affordable technologies for low-resource settings to help babies breath. Together, the team has developed a low-cost prototype of a Humidified High-Flow Nasal Cannula system estimated at one-tenth the cost of commercial equivalents, for use in Ethiopia with potential to scale to other low-resource settings.

In January, team members from PremieBreathe visited Ethiopia to present their prototype to local physicians and engineers and received critical feedback on device use and optimization from potential end users. By Fall 2015, the team plans to finalize packaging and production of its initial units. Team member Katy Chan, YC’15, will be based full-time in Mekelle to develop a training protocol for use of the technology in clinical practice and ensure the device integrates with available power and oxygen sources.

Global Health Justice Partnership
The Global Health Justice Partnership (GHJP), an initiative of the Yale Law School and Yale School of Public Health, was established in 2012 to promote interdisciplinary, innovative, and effective responses to key problems in global health. It is a transformative collaboration integrating different fields to make critical policy interventions, develop new kinds of cross-cutting research and provide educational opportunities across a variety of disciplines. Building on Yale’s institutional assets, the GHJP trains students in law, public health, global affairs, and other fields to undertake collaborative, real-world research and advocacy to promote health justice. Most recently, the program worked on developing an analysis of the public health and constitutional implications of the quarantining of healthcare workers and others returning to the US from West Africa during the 2014-2015 Ebola epidemic.

The program also organizes conferences and events, builds partnerships with local NGOs around the world to move research into action, and nurtures a truly interdisciplinary brain trust dedicated to effecting social change. The GHJP sponsors a number of Senior Fellows in a given year to give lectures on their work, meet with faculty and students. The program has also established a GHJP student fellows program, open to all students in Yale’s graduate and professional schools. The student fellows program sponsors a monthly private lunch with selected Yale faculty and fellows to discuss faculty members’ work and careers. Finally, the GHJP has a lecture series, which has brought speakers to Yale from around the world to talk on a variety of issues in health and human rights, including access to medicines, torture of drug users detention centers, health impact of fiscal austerity measures and reproductive health and access to abortion services.
Global Health Studies and Global Health Fellows Program
The Global Health Studies (GHS) program at Yale is designed to help undergraduates understand and address pressing global health challenges. Courses are open to all students although those desiring a greater depth in the field are encouraged to apply to be a Global Health Fellow (GHF). In 2014-2015, 67 students applied to become GHFs and 19 were selected. In addition to completing an interdisciplinary course of study, GHFs received Yale College Fellowships to conduct fieldwork in the U.S and abroad.

Global Health Studies Advisory Committee 2014-2015
- Rene Almeling, Sociology and Institute for Social and Policy Studies
- Elizabeth Bradley, Public Health and GHLI
- Ivano Dal Prete, History
- Mayur Desai, Public Health
- Jane Edwards, Yale College Dean’s Office & Center for International and Professional Experiences
- Marcia Inhorn, Anthropology
- Kaveh Khoshnood, Public Health
- Stephen Latham, Political Science and Bioethics
- Catherine Panter-Brick, Anthropology and Global Affairs
- Mark Saltzman, Biomedical Engineering
- William Segraves, Yale College Dean’s Office
- Michael Skonieczny, GHLI
- Stephen Stearns, Ecology and Evolutionary Biology
- Kristina Talbert-Slagle, Public Health and GHLI
- Christian Tschudi, Public Health
- Paul Turner, Ecology and Evolutionary Biology
- Gracia Vargas, Davenport ’15, Global Affairs Major
- John Warner, History of Medicine and American Studies

Global Health Studies Curriculum
| Freshman                                      | Introduction to Global Health  
|                                              | (Fall: Skolnik, HLTH 230 or:  
|                                              | Spring: Christakis, HLTH 140 or  
|                                              | Spring: Radin, HLTH 280) |
| Sophomore                                    | Bio-Social, Cultural, Environmental, and Historical  
|                                              | Perspectives on Health  
|                                              | (Fall: Christakis, CHLD 131/HLTH 270; or, Spring:  
|                                              | Christakis, HLTH 140; or, Spring: Radin, HLTH 280;  
|                                              | or, Fall: Skolnik, HLTH 330) |
|                                              | Biological & Physiological Determinants of Health (Fall:  
|                                              | Stearns, HLTH 250; or, Spring: Saltzman, HLTH 251) |
|                                              | Epidemiology and Public Health (Spring: White, HLTH 240) |
| Junior                                       | Methods and Ethics: Global Health Research  
|                                              | (Fall: Curry, HLTH 325) |
|                                              | Statistics (flexible on which one) |
|                                              | 1 Elective (Fall: Belperron, HLTH 155; or, Spring:  
|                                              | Almeling, HLTH 370; or Spring: Talbert-Slagle, HLTH  
|                                              | 444; or  
|                                              | Spring: Stearns, HLTH 480; or, Fall: Turner, HLTH 481;  
|                                              | or,  
|                                              | Substitute approved by GHS DUS |
| Summer                                       | 8-10 Week Internship |
| Senior                                       | Global Health Research Colloquium  
|                                              | (Fall: Bradley, HLTH 490) |
| TOTAL                                        | 8 required courses; 1 field-based internship |
Yale School of Public Health, Global Health Concentration

In 2015, 24 students completed the requirements for the Global Health Concentration (GHC) from various departments within YSPH including Chronic Disease Epidemiology, Health Policy and Management, Epidemiology of Microbial Diseases, and Social and Behavioral Sciences.

The GHC also welcomed Pia Rebello Britto, Ph.D., Senior Advisor, Early Childhood Development at UNICEF, as honorary guest to present the Global Health Lecture for the Milbank Lecture Series on Public Health in the 21st Century. Her talk was titled “Early Child Health and Development in the Context of the Sustainable Goals Era.” The lecture series recognized the long-standing public health initiatives by both YSPH and the Milbank Memorial Fund in honor of the School’s centennial year.

Yale School of Medicine

The Office of International Medical Student Education (OIMSE) supported 39 students (31 final year students and 8 first year pre-clinical students) on global health electives to thirteen countries. The office also signed an affiliation agreement with the University of Ghana’s School of Medicine and Dentistry, bringing elective site options to 14 and will receive its first two visiting medical students from Ghana in 2015.

Two Certificates in Global Medicine were conferred this year to School of Medicine graduates: Akash Gupta, MD, and Rebecca Vitale, MD/MPH. Both began their Med/Peds residencies, with Akash at Massachusetts General Hospital and Rebecca at Yale-New Haven Hospital.

Towards a Universal Medical Student Curriculum for Global Health

Dr. Robert Rohrbaugh, Professor of Psychiatry, Yale School of Medicine and Faculty Director of OIMSE, and Carmi Margolis, MD, Chair, Prywes Center for Medical Education at Ben-Gurion University’s Medical School for International Health in Israel, received funding from the Rockefeller Foundation to hold a conference on medical student global health education at the Foundation’s conference center in Bellagio, Italy.

This was the first effort to establish medical student global health education themes to include the perspective of low and middle-income countries. The conference began with a debate on how a universal global health curriculum can be implemented worldwide despite wide variability in local health conditions and health care delivery systems.
During the conference, participants held group discussions to agree on a set of global health curriculum themes that could be instituted at the medical student’s home institution and at a site where the medical student might complete an international clinical rotation. The groups also discussed optimal teaching techniques and methods to evaluate students, noting the challenges of implementation at the “away” site, whether in high, middle or low-income countries. Participants agreed to continue working together on several projects.

The GMH elective, open to the entire Yale community, provides an in-depth understanding of global mental health as well as a focus on issues of health disparities, psychiatric care and mental health in international settings, public mental health, disaster/post-trauma psychiatry, immigrant mental health and addiction in international settings.

Students completed a portfolio of experiences to graduate from the residency with recognition for having completed the GMH Elective. The program also hosted three Global Mental Health Symposia, drawing interested parties from different disciplines within Yale and from several programs in Boston and New York. The program hosted Drs. Vikram Patel and Arthur Kleinman for the Yale Department of Psychiatry Grand Rounds.

Yale School of Nursing
The Yale School of Nursing’s Global Health Concentration is a valuable opportunity for YSN students to obtain additional education, experience and skill working with global populations. The second cohort of students graduated from the concentration with specialties in mental health, family medicine and nursing management, policy and leadership. YSN also worked in the rural community of Troilo to provide community education model.

Global Health Seminar
The Global Health Seminar is a year-long weekly course intended for students in the health professional schools and is a core requirement for students in the GHC. Students in the course develop an understanding of key aspects of global health research and practice. Cosponsored with IHY, the final module in the spring semester focused on design thinking and developing creative and practical solutions to global health problems. The Seminar culminated with students working in teams to brainstorm, develop, and present strategies to health problems that were discussed throughout the year.

Yale Global Mental Health Program
Yale Department of Psychiatry Global Mental Health (GMH) Program is a track within the residency training that capitalizes on the broad experiences of faculty and residents. The program aims to increase awareness of global mental health issues and social disparities while developing tools to address associated challenges both at home and abroad.
This past year, I spent seven months in Tugela Ferry, a rural town in KwaZulu-Natal, South Africa to help launch a community health worker pilot project in Tugela Ferry and its surrounding communities.

For years, the Yale AIDS Program has worked alongside a local non-profit, Philanjalo and several government community clinics to expand HIV/TB services through community-based strategies. Unfortunately, given geographical barriers, staff shortages, large patient volumes, and a variety of social issues, both epidemics are difficult to control with high-risk sectors of the population often being missed at clinics and local screening events. To reach these sectors, our team aimed to utilize community health workers (CHWs) to conduct disease screenings within their communities.

While the workflow was simple, implementing the pilot turned out to be more difficult than I had expected. The basic process involved CHWs traveling from household to household and screening patients for communicable and non-communicable diseases and making appropriate referral to local clinics. We spent a great deal of time working with clinics to ensure they understood and accepted our work. Some clinics were wary of CHWs working in an expanded scope. Additionally, making sure nurses communicated linkages to care back to us was also difficult to achieve. As a pilot, though, these were incredibly valuable learning experiences. And despite these challenges, we were successfully able to complete a two-week training program with CHWs, and began initial screenings in six local communities surrounding Tugela Ferry.

In the months that followed, I worked closely with health workers through monthly trainings, reviewing quality of their screens, and troubleshooting problems they might have had with community members or clinics. I also had the opportunity to conduct a series of qualitative interviews with nurses and CHWs regarding perceptions/attitudes towards CHWs and their roles in the community. By the time I had left, we had established a consistent workflow, with CHWs having screened roughly 1,650 community members and all positive HIV/TB cases being linked into care at community clinics.

While the work was difficult and involved a great deal of troubleshooting, I loved being able to establish a life in Tugela Ferry. I spent a great deal of my free time in town, and in the process, formed close friendships with shopkeepers, taxi drivers, traditional healers, and community members. I also found myself trying many new things - between tasting and learning to cook different types of Zulu cuisine, building a raft on the river, buying and raising a goat, and climbing mountains, there was never a shortage of things to do in Tugela Ferry. I hope that our work will have an impact down the road, but am most grateful for all I learned from my Zulu colleagues and friends. The Zulu community places a huge emphasis on close relationships, and I learned to build some incredible friendships. It’s a lesson I’ve held close, and hope to carry with me wherever I end up down the road.
IMPACT

GHLI research contributes to the improvement of health and health equity around the globe. With a particular emphasis on strengthening health systems, GHLI partners with universities, foundations, and other non-profit agencies to develop and support collaborations in Cambodia, Ethiopia, Rwanda, South Africa, Tanzania, the United Kingdom and the United States.

Ethiopia Health Extension Program Platform
Through the Health Extension Program Platform (HEPCAPS), GHLI works with the Harvard School of Public Health, John Snow International, and the Bill & Melinda Gates foundation to support the Ethiopian Federal Ministry of Health in planning for an efficient, effective, and equitable primary health care system. GHLI conducted a time-motion study of Health Extension Workers (HEW) in Ethiopia, supplemented by a series of key informant interviews, to understand how HEWs spend their time and how they interact with health centers and hospitals in Primary Health Care Units.

Since the completion of the study, the HEPCAPS team has used the data to help fill gaps identified in the management and administration of the primary health care system. The Federal Ministry of Health selected three sites in Ethiopia to pilot new management and governance systems to increase linkages between all the facilities in the primary healthcare system. GHLI provides technical expertise to these sites and supports capacity building activities to improve administration, management, and facility-level quality improvement projects.

Ethiopian Hospital Management Initiative: Masters in Hospital and Healthcare Administration
GHLI, supported by the Clinton Health Access Initiative, implemented two new MHA programs in 2015 at Mekelle University and the University of Gondar. Within these programs, 52 students from four regions in Ethiopia are training to be hospital or health center senior managers. These 18-month executive style programs will train hospital CEOs in vital areas such as hospital operations, finance and budgeting, and leadership and management concepts.

Global Health Online Curriculum
GHLI is expanding its reach by offering online education to professionals around the globe. These efforts began with a short course focused on strategic problem solving in the health sector. In 2014, the course was piloted twice with university partners in Ethiopia and Rwanda. In 2015, a GHLI YouTube section was developed to offer greater visibility and make the learning experience stimulating and practical for the user.

The first leadership series entitled Rhetoric vs. Reality, is a thoughtful video discussion between Drs. David Berg and Elizabeth Bradley about the importance of complementarity in leadership and the need to invest in relationships. The target audience includes health care managers and clinicians, public health practitioners and all those interested in enhancing their skills and abilities. The curriculum also caters to audiences that conduct health services research and have created a six-part series entitled, Fundamentals of Qualitative Research Methods with Dr. Leslie Curry.

GHLI continues to build upon its leadership series and highlights a key issue in global health – how best to introduce innovations into new environments and scale-up when deemed successful. For more information, please visit: http://bit.ly/1Lge7ek
Leadership, Management and Governance Project

GHLI implements Senior Leadership Programs (SLPs) as part of the USAID-funded Leadership, Management & Governance (LMG) Project Consortium led by Management Sciences for Health. The SLPs are programs designed to support and improve leadership, management, and governance capacities of high-level decision makers. In the last year, GHLI has implemented four programs including one in Ethiopia and three regional programs in East Africa, Francophone Africa, and Southeast Asia.

In Ethiopia, the SLP engaged high-level officials of the Federal Ministry of Health to strengthen strategic planning and improve team effectiveness. For the regional SLPs, the LMG Project partnered with the International Committee of the Red Cross (ICRC) Physical Rehabilitation Program, and the Special Fund for the Disabled to implement three SLPs with a thematic focus on physical rehabilitation, human rights and services for people with disabilities. See Table 1 for field strategies developed from the program.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Ethiopia</th>
<th>Sudan</th>
<th>Tanzania</th>
<th>Zambia</th>
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</thead>
<tbody>
<tr>
<td>Raise awareness on the necessity of having a national supply procedure</td>
<td>Improve tasking and motivation by developing an incentive policy for staff and revising job descriptions</td>
<td>Increase public awareness through media, printed materials, and meetings with key stakeholders</td>
<td>Develop a comprehensive data collection tool to be imbedded in the HMIS</td>
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<tr>
<th>Accomplishments</th>
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<tr>
<td>• MOLSA and all regions have agreed to integrate procurement for physical rehabilitation materials</td>
<td>• Submitted new job descriptions to Ministry of Human Resources</td>
<td>• Distributed 500 IEC fliers</td>
<td>• Received permission to imbed the data collection tool in the HMIS is mid-2015</td>
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<tr>
<td>• Funds have been allocated within Amhara and Southern Nations Nationalities People Region for procurement</td>
<td>• Extended National Insurance coverage of prosthetics and orthotics</td>
<td>• Organized meetings with key stakeholders to show importance of assistive devices</td>
<td>• Piloted assessment tool in hospitals</td>
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<td></td>
<td>• Opening 13 satellite centers for physical rehabilitation services, one in each state</td>
<td>• TV and radio public service announcements</td>
<td>• Test for construct validity (at time of evaluation)</td>
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</tbody>
</table>

Yale Health and Social Care Strategic Leadership Development

For the seventh year, GHLI delivered a leadership development program for senior-level executives and practitioners in the National Health Service of England. In partnership with Health Education East of England and grounded in principles of strategic problem solving and leadership development, delegates include executives from organizations that affect health and social care services. This year's cohort of 26 completed the program at Yale in July, presenting the results of their nine-month practice field assignments, attending lectures and visiting local health facilities.
Leadership Saves Lives
A three-year mixed-methods intervention study, Leadership Saves Lives (LSL) seeks to improve organizational culture and reduce mortality for patients with acute myocardial infarction (AMI). GHLI partnered with the Medicines Company (MDCO) to decrease AMI mortality in 10 health systems in the U.S.

During the past year, the LSL team visited each hospital twice to conduct leadership development workshops, and created an online platform for information dissemination and discussion between hospitals. Clinical and administrative representatives from each of the participating hospitals convened for the program’s second annual meeting in Phoenix, Arizona to share challenges and progress to date.

To measure and understand the process of change, the team surveyed each site on practices and organizational culture, and mortality. The team completed 286 interviews with key hospital informants and completed 40 observations of in-hospital practices, generating rich insights into the process of organizational culture change within each institution.

As the second year of the study approaches, GHLI continues to support the hospitals through workshops, online communication, and a final convening. A second survey will quantify progress measures on three outcomes of interest (the uptake of the five evidence-based strategies, change in organizational culture, and patient mortality rates), supplemented by continued interviews and observations.

Project Last Mile
Since the official launch of the Project Last Mile (PLM) partnership in 2014, PLM continued support in Tanzania and made progress to identify concrete opportunities in a number of additional countries. Similar to the work in Tanzania, PLM will work with local Coca-Cola bottlers and Ministries of Health to improve supply chain capacities in each of these countries.

The GHLI team attended a two-day planning meeting in Cape Town, South Africa to review potential opportunities, develop a road map for implementation this year and discuss how monitoring and evaluation will be conducted across these countries. PLM also hosted the first in-person steering committee meeting, bringing together high level officials from the Gates Foundation, USAID, The Coca-Cola Company and the Global Fund for a review of activities to date and discussions on future engagement.
GLOBAL HEALTH EVENTS

GHLI works with undergraduate and graduate programs and centers to organize and promote events related to global health on campus.

Carrie Hessler-Radelet, Director of Peace Corps Visits Yale
On February 17th, GHLI hosted the Director of the Peace Corps, Carrie-Hessler Radelet for a series of events at Yale, including a Master’s Tea in Branford College. The day started off with a talk focused on Peace Corps efforts and Ebola with YSPH and YSM students, followed by lunch with returned Peace Corps Volunteers. The Office of Career Strategy also hosted an information session to discuss the Peace Corps application and recruitment process with students from across the University.

Global Health Opportunities and Networking Event
On February 27, the Yale College Office of Career Strategy and YSPH Career Services hosted the third annual Global Health Opportunities and Networking Event for students to explore various internship and career opportunities. Held at the Study Hotel in New Haven, the Fair was attended by students from across the University, including Yale College and the Graduate and Professional schools.

The event allowed students to explore various organizations involved in global health, learn about jobs and internship opportunities, and network with representatives from participating global health organizations, including Save the Children, Results for Development, Clinton Health Access Initiative, Unite for Sight, Americares, Planned Parenthood and others.

GHLI Photo Contest
GHLI hosted its second annual photo contest, receiving submissions from across the University. Students were asked to submit photos that capture the essence or an aspect of global health. Below are the winning photos.

First Place: Damian Weikum, YC’15
Honduran medical doctor conducting a physical to properly diagnose a sick infant in a mobile clinic.

Second Place: Sonya Prasad, YC’15
A community Health Worker Measures a Child’s Mid-Upper Arm Circumference in a Dhaka Slum

Third Place: Rebecca Wright Byler, YSPH’16
Two boys harvest amaranth, a native grain, to eat in their farm-to-table school lunch program.