



CUGH Faculty Development Webinar Series

Teaching Global Health Through an Interprofessional Lens

Moderated by: Jessica Evert, MD

Executive Director, Child Family Health International (CFHI)

Assistant Clinical Professor, UCSF Department of Family and Community Medicine

Affiliate Faculty, UCSF Global Health Sciences

Chair, CUGH

Competency Sub-Committee

Child Family Health International



Goals of the Webinar Series

Equip faculty to integrate other disciplines approaches to Global Health in their courses and programs.

Present vocabulary, concepts and approaches that disciplines use when engaging in Global Health.

Provide case studies on how disciplines have approached Global Health challenges and contributed to understanding and addressing Health Disparities.

Child Family Health International



PREVIOUS INSTALLMENTS

Global Health & Law

Virginia Rowthorn JD LLM

University of Maryland



Global Health & Anthropology

Peter Brown PhD

Emory University



Global Health & Engineering

Shannon Marquez MPH PhD

Drexel University



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Minority Serving Institutions (MSIs) and Global Health

CUGH is joining with the Centers for Disease Control and Prevention and global health. This webinar will provide practitioners with important insights to MSIs.

Public Health Institute's Global Health Fellows Program and groundbreaking webinar on Minority Serving Institutions (MSI) in the academic community, MSIs, global health centers, faculty, and how MSIs bring to global health and that global health brings

Tuesday, January 24, 2017 -

1:00pm to 2:00pm

[Read more](#)

CUGH Webinar: Global Health and Anthropology

The image shows a promotional graphic for a webinar series. The main title is "Webinar - Faculty Development Series - GLOBAL HEALTH & ANTHROPOLOGY". Below the title, there are several regional focus areas:

- LA/PAC**: Pediatric Health & Adolescent Medicine
- SOUTH AFRICA DURBAN**: HIV/AIDS & Healthcare
- INDIA New Delhi**: Public Health & Community Medicine, Sight for All - Ophthalmology Rotation

Other regions mentioned include Amazon Community & Indigenous Health, Women's Reproductive Health, Maternal & Child Health, and Rural/Urban Himalayan Region. The graphic also features a logo for "Coalition of Universities for Global Health" and the text "from CUGH".

MEXICO

OAXACA

- Realities of Health Access & Inequities

MEXICO

PUERTO ESCONDIDO

- Tropical Medicine & Community-Based Care
- Women's Reproductive Health

INDIA

MUMBAI/PUNE

- Confronting Tropical Disease Challenges
- Maternal & Child Health

INDIA

RURAL HIMALAYAS

- Rural/Urban Himalayan Rotation
- Intro to Traditional Medicine

ECUADOR

QUITO/PUYO/CHONE

- Amazon Community & Indigenous Health
- Andean Health
- Implementing Universal Healthcare
- Reproductive Health
- Urban & Rural Comparative Health
- Infectious Disease Eradication
- Sonrie Ecuador-Dental Program

BOLIVIA

LA PAZ

- Pediatric Health & Adolescent Medicine

BOLIVIA

TARIJA

- Healthcare in Remote Southern Bolivia

SOUTH AFRICA

DURBAN

- HIV/AIDS & Healthcare

SOUTH AFRICA

CAPE TOWN

- Healthcare Challenges

INDIA

NEW DELHI

- Public Health & Community Medicine
- Sight for All-Ophthalmology Rotation

cfhi.org

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CUGH

GLOBAL HEALTH AND BUSINESS

AMY LOCKWOOD, STRATEGIC ADVISOR AT THE UCSF INSTITUTE FOR GLOBAL HEALTH SCIENCES
& LECTURER AT THE UNIVERSITY OF GLOBAL HEALTH EQUITY

KARA PALAMOUNTAIN, RESEARCH ASSOCIATE PROFESSOR | LECTURER OF GLOBAL HEALTH
KELLOGG SCHOOL OF MANAGEMENT AT NORTHWESTERN UNIVERSITY

November 16, 2017

MEET OUR PRESENTERS

As a Strategic Advisor at UCSF's Institute for Global Health Sciences, Amy Lockwood supports strategy, business development, and operations for the AIDS Research Institute and Global Health Delivery and Diplomacy. She is also helps lead work at Born Free Africa, private sector-led initiative with the sole objective of accelerating progress towards the elimination of mother-to-child transmission of HIV. She is a Lecturer at the University of Global Health Equity in Rwanda and serves on the Board of WeRobotics, a global network of robotics labs that accelerate the impact of aid and development efforts. Concurrently, Amy is pursuing her PhD in Global Health Sciences at UCSF, with research driven by the hypothesis that there is a causal link between the quality of leadership and management of global health programs and health outcomes with the long-term goal to develop materials to teach global health professionals leadership skills and advocate for changes in the way that global health programs are managed and funded.

Ms. Lockwood has background spanning the business, non-profit and academic sectors. She has experience developing strategies, managing, and evaluating development projects and organizations throughout Africa, Asia and Latin America. Previously, she was the Deputy Director of the Center for Innovation in Global Health at Stanford, the Executive Director of Project Healthy Children (an NGO focused on micronutrient malnutrition), and the Director of the Pediatric HIV/AIDS Program and India Deputy Country Director for the Clinton Foundation. Prior to work in global health, she was a strategy consultant with a specialty in branding and communication. In addition to her current doctoral work at UCSF pursuing a PhD in Global Health Sciences, Ms. Lockwood holds a MBA from Stanford, a BS in Communications and a MS in Marketing, both from Northwestern University.



MEET OUR PRESENTERS

Kara Palamountain is a Research Associate Professor at the Kellogg School of Management (KSM). Her primary area of interest is the development and adoption of medical technologies in Africa. She has collaborated with a number of organizations, including commercial diagnostic companies, the Bill & Melinda Gates Foundation, the National Institute for Health, USAID's Center for Accelerating Impact and Innovation, Johns Hopkins School of Public Health, Makerere University (Uganda), Mbarara University of Science and Technology (Uganda), University of Ibadan (Nigeria), University of Lagos (Nigeria), FIND, and Rice University (US). She has authored numerous publications in peer-reviewed journals, including PLOS One, Journal of Infectious Diseases, and Diagnostics.



WHAT DO WE MEAN BY “BUSINESS”?

business /'bɪznəs/ (noun)

The activity of making, buying, or selling goods or providing services in exchange for money

In global health, **business** is sometimes used to mean **private-sector** and *often* that means an organization or activity with a profit motive

However, some **business principles** and **private-sector strategies** can be used without a profit-motive by NGOs, foundations, and other organizations

THE ROLE OF BUSINESS IN GLOBAL HEALTH



THE ROLE OF BUSINESS IN GLOBAL HEALTH



Narayana Health



INDUS
HOSPITAL



Health
Leads



LivingGoods



LAST
MILE
HEALTH



The Aga Khan University Hospitals

THE ROLE OF BUSINESS IN GLOBAL HEALTH



THE ROLE OF BUSINESS IN GLOBAL HEALTH



BILL & MELINDA
GATES *foundation*

The logo for the Bill & Melinda Gates Foundation is a dark red rectangular box containing the text "BILL & MELINDA" and "GATES" in a white, bold, sans-serif font, with the word "foundation" in a smaller, white, italicized, sans-serif font below it.

THE ROLE OF BUSINESS IN GLOBAL HEALTH



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Gradian Health Systems®





GLOBAL HEALTH

Innovation Insight Series

<http://csi.gsb.stanford.edu/global-health-innovation-insight-series>

STANFORD GRADUATE SCHOOL OF **BUSINESS** | Program in
Healthcare Innovation

STANFORD
biodesign

STANFORD
CENTER FOR INNOVATION
IN GLOBAL HEALTH



SPARK
AT STANFORD

A GLOBAL HEALTH BUSINESS IS COMPLICATED

Multiple stakeholders—patients, providers, payers—with distinct yet overlapping interests

A variety of regulations and requirements imposed by each government and sometimes specific to particular healthcare providers

Diverse geographies, each with different infrastructure, customs, and market dynamics

Limited resources—financial, physical, and human—that impact requirements for pricing and collaboration

KEY CHALLENGES TO CONSIDER



Identifying
and validating
needs



Understanding
market and
stakeholder
dynamics



Getting to a
market ready
product or
service



Sales,
marketing, and
distribution

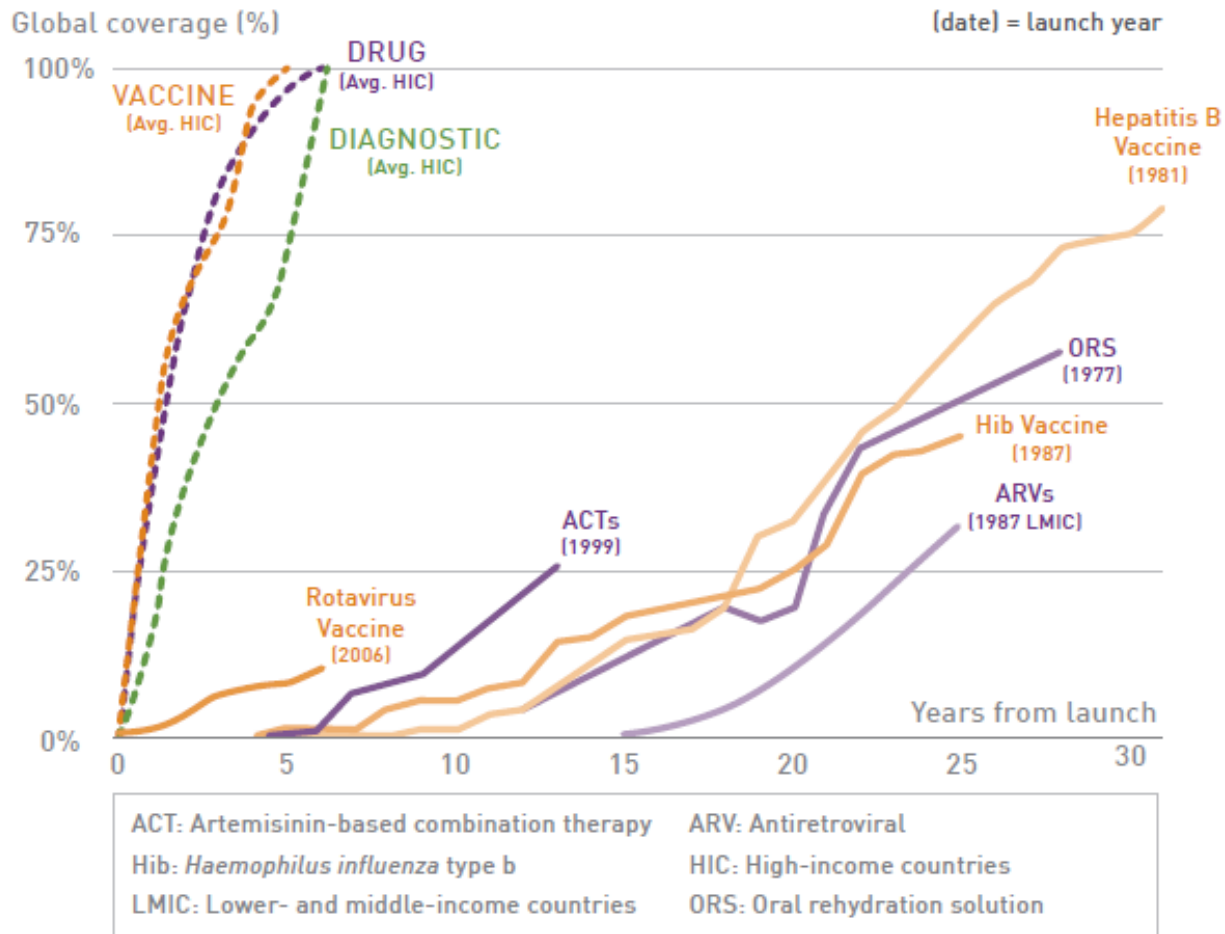


Defining a
viable business
model



Securing
adequate
funding

CRITICAL HEALTH INTERVENTIONS HAVE FACED SLOW UPTAKE & LOW COVERAGE





Research & Development



Manufacturing



Clinical & Regulatory



Sales



Order Fulfillment



Training Personnel



Service & Maintenance





CII'S IDEA TO IMPACT SERIES



IDEA to IMPACT

Identifies priority activities and provides project management oversight across four stages of the product development continuum to help practitioners think through, plan, and execute on **delivery-related activities**

Social entrepreneurs, innovators, implementers, and funders who are developing and launching a global health innovation



READY, SET, LAUNCH

Supports practitioners in selecting **initial launch country(ies) and creating a comprehensive strategy and operational launch plan** to achieve scale

Social entrepreneurs, innovators, implementers, and funders ready to pivot from product development to actual introduction into a given geography



PATHWAYS to SCALE

Provides organizational guidance for innovators in selecting **the most relevant business model and partnership options** to be best positioned to scale

Social entrepreneurs and innovators building an organization and/or partnering in preparation for launch and scale

PURPOSE

AUDIENCE

POTENTIAL LIVES SAVED



LYNX Infant HIV Test

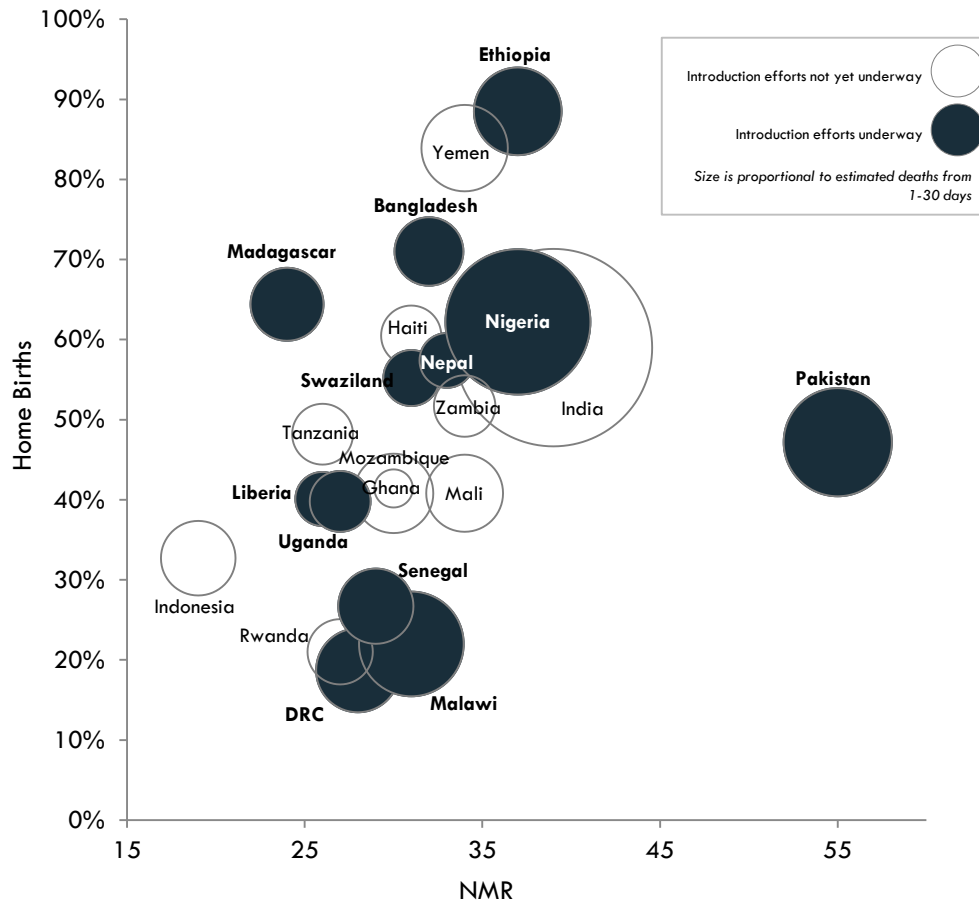
- >1.4M infants born to HIV positive mothers each year
- 90% in 20 countries where transmission rates from mother-to-child (MTCT) is ~17%
- Without diagnosis, 45% die in 1st year, 59% die in 2nd year
- Only 35% access to testing
- Only 17.5% receive test results
- **Potential for 115K lives saved per year in 20 countries with high MTCT**



Chlorhexidine

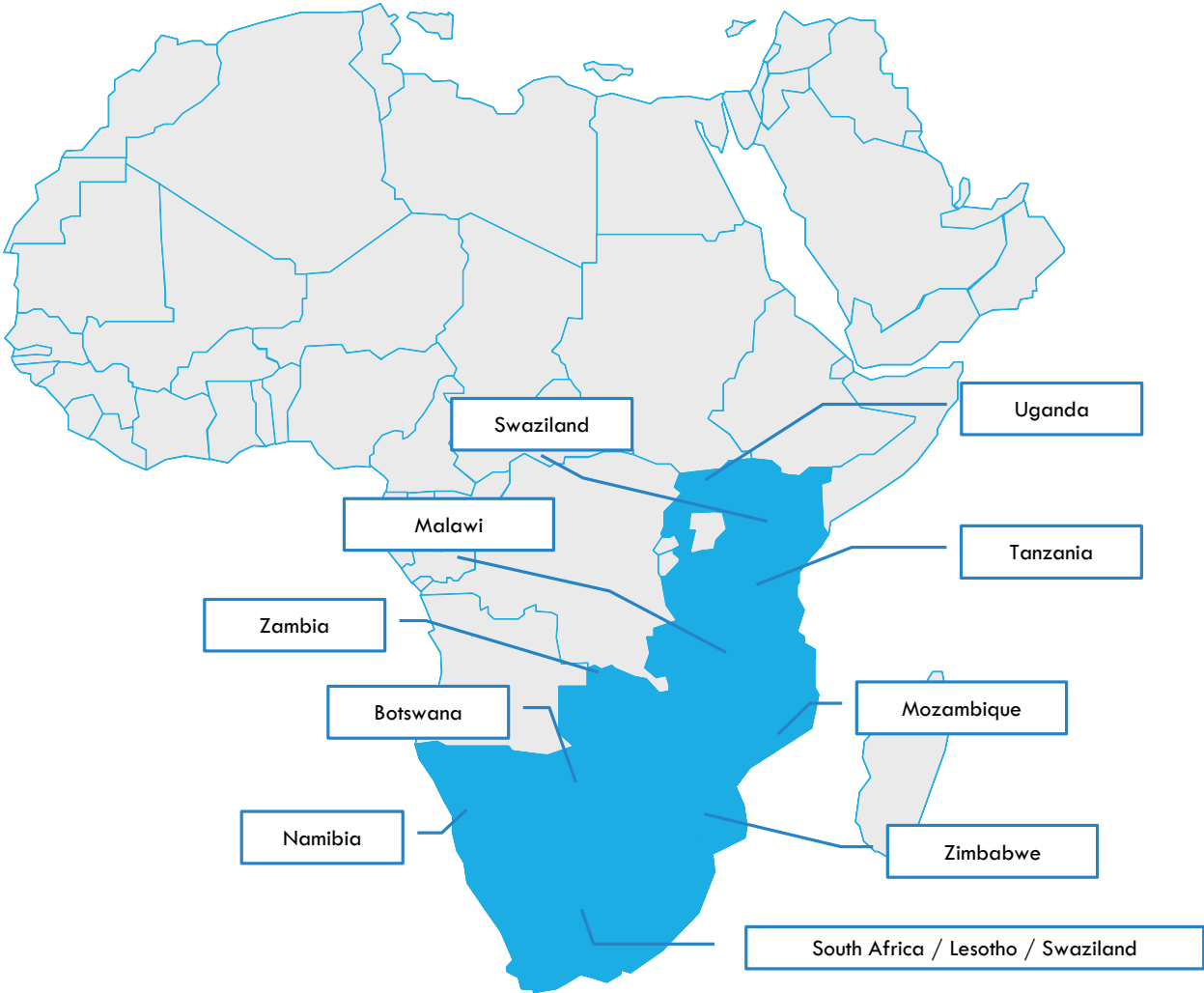
- 36% of all neonatal mortality caused by infection
- 36% of infection caused by infection of the umbilical cord stump
- Chlorhexidine has demonstrated 20-40% reduction in neonatal mortality in countries with high neonatal mortality rates
- **Potential for 315K lives saved per year in 24 countries with high neonatal mortality rates**

INITIAL COUNTRY SELECTION - CHLORHEXIDINE



Source: DHS data. Analysis adapted by Center for Accelerating Innovation and Impact (CII) across 24 priority countries (Afghanistan and S.Sudan not shown)

COUNTRY VISITS - LYNX



COUNTRY VISITS

Who are the key stakeholders in this country?

What roles do these stakeholders play in the commercialization process?

What do key stakeholders think of my product?

COUNTRY VISIT PREPARATION

Approval

- What international regulatory approvals are required / preferred?
- What sort of local pilots / evaluation / licensing / registration is required? Who does this? Who pays for this?
- What prompts a change in the diagnostic tests recommended in Swaziland's clinical guidelines?

Procurement

- What is the concentration of lab consumable and/or equipment customers in Swaziland?
- What is the budgeting / forecasting and / or tender process for lab consumables and /or equipment in Swaziland?
- How frequently are lab consumables and equipment ordered / paid for with the manufacturer?
- Are imported lab consumable and equipment taxed?

Distribution

- What is the concentration of government versus private distributors in Swaziland?
- What incentives are in place for distributors of lab consumables and equipment?
- Are there shelf-life requirements for lab consumables?

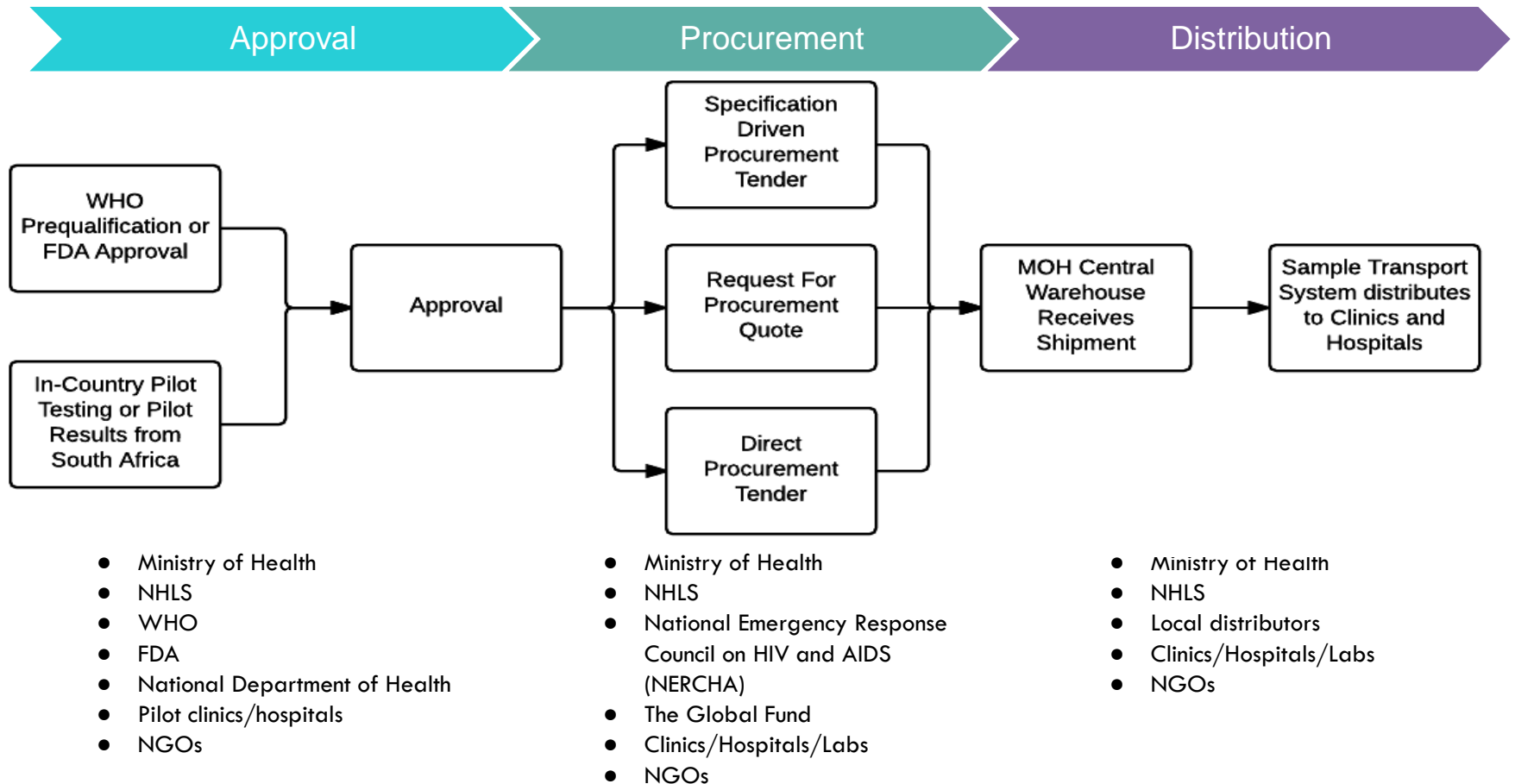
Service & Maintenance

- How is service & maintenance on lab equipment identified, resolved and financed?
- Does Swaziland place restrictions on the exchange of inoperative equipment?

Training Personnel

- Who provides / finances initial product training?
- Who provides / finances ongoing product training?
- What are the innovative diagnostic test training programs in Swaziland?

COUNTRY VISIT RESULTS

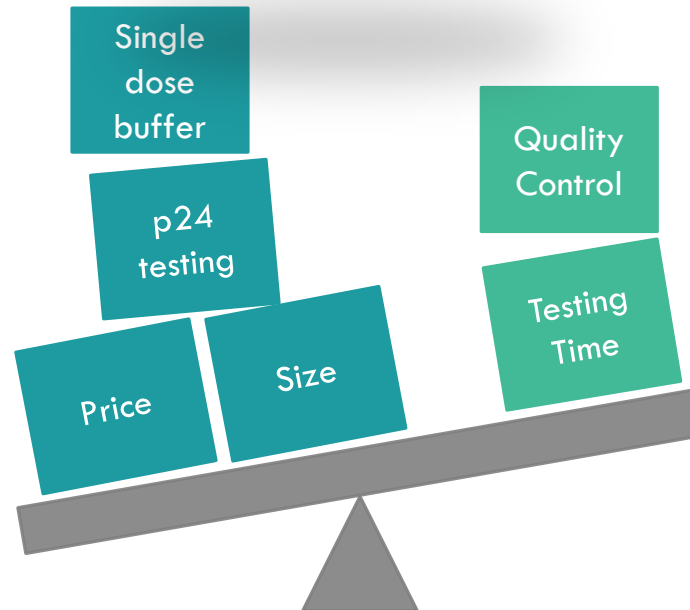


COUNTRY VISIT RESULTS

The NHLS loved the single dose buffer and believed it would eliminate potential for error.

The possibility of p24 antigen testing & the plasma separator was new and exciting for the stakeholders.

Most stakeholders were pleased with it's size, portability and price.



Some concerns around overall testing time and complexity of steps.

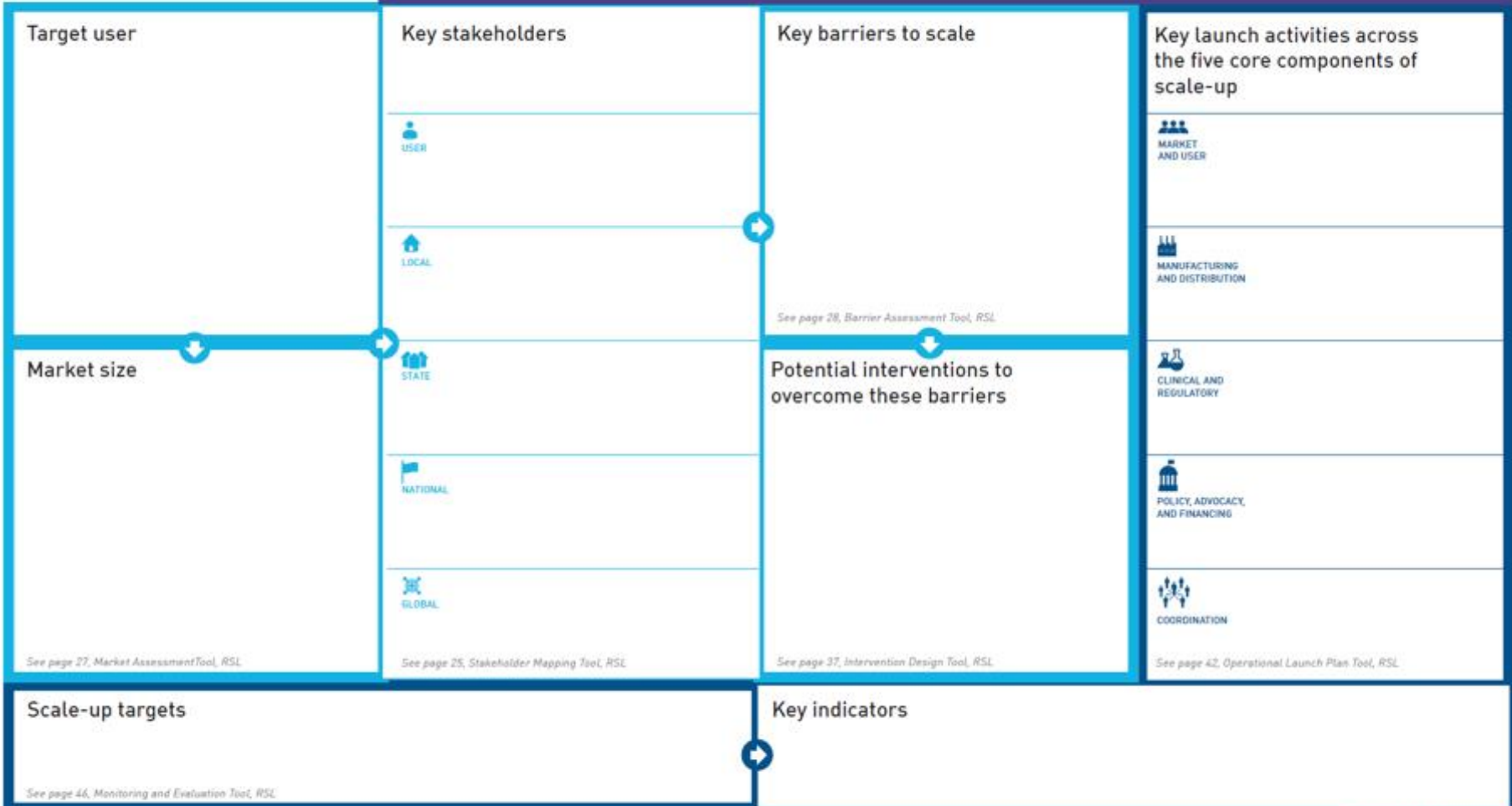
Because the test is qualitative, there were concerns around quality control and accuracy of results.

READY, SET, LAUNCH

COUNTRY LAUNCH CANVAS

Recap of the product vision and country selection:

For [product name], [country name] prioritized based on _____
[product vision and rationale for country]

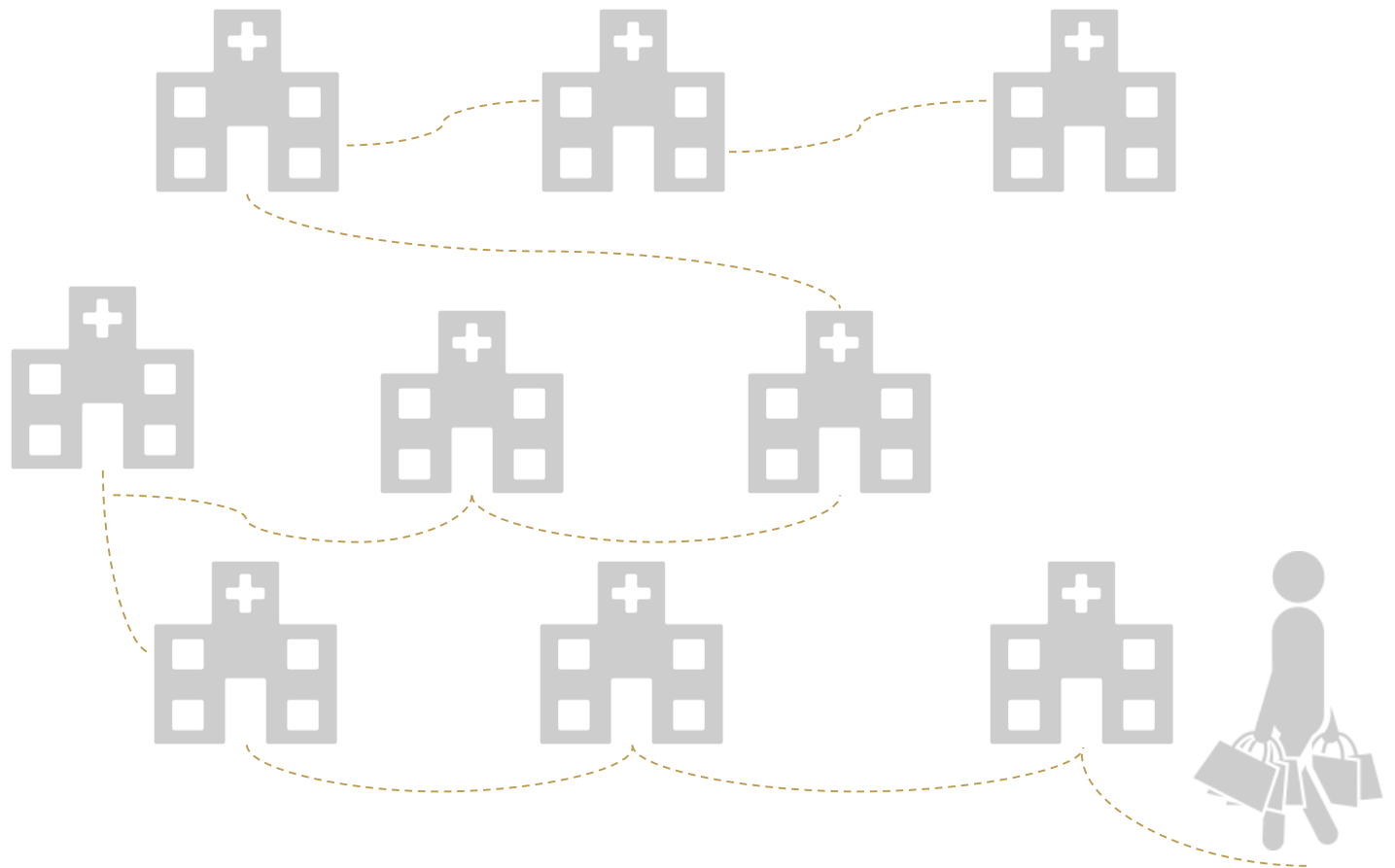


Answers can be worked out from **Step 1** of Ready, Set, Launch

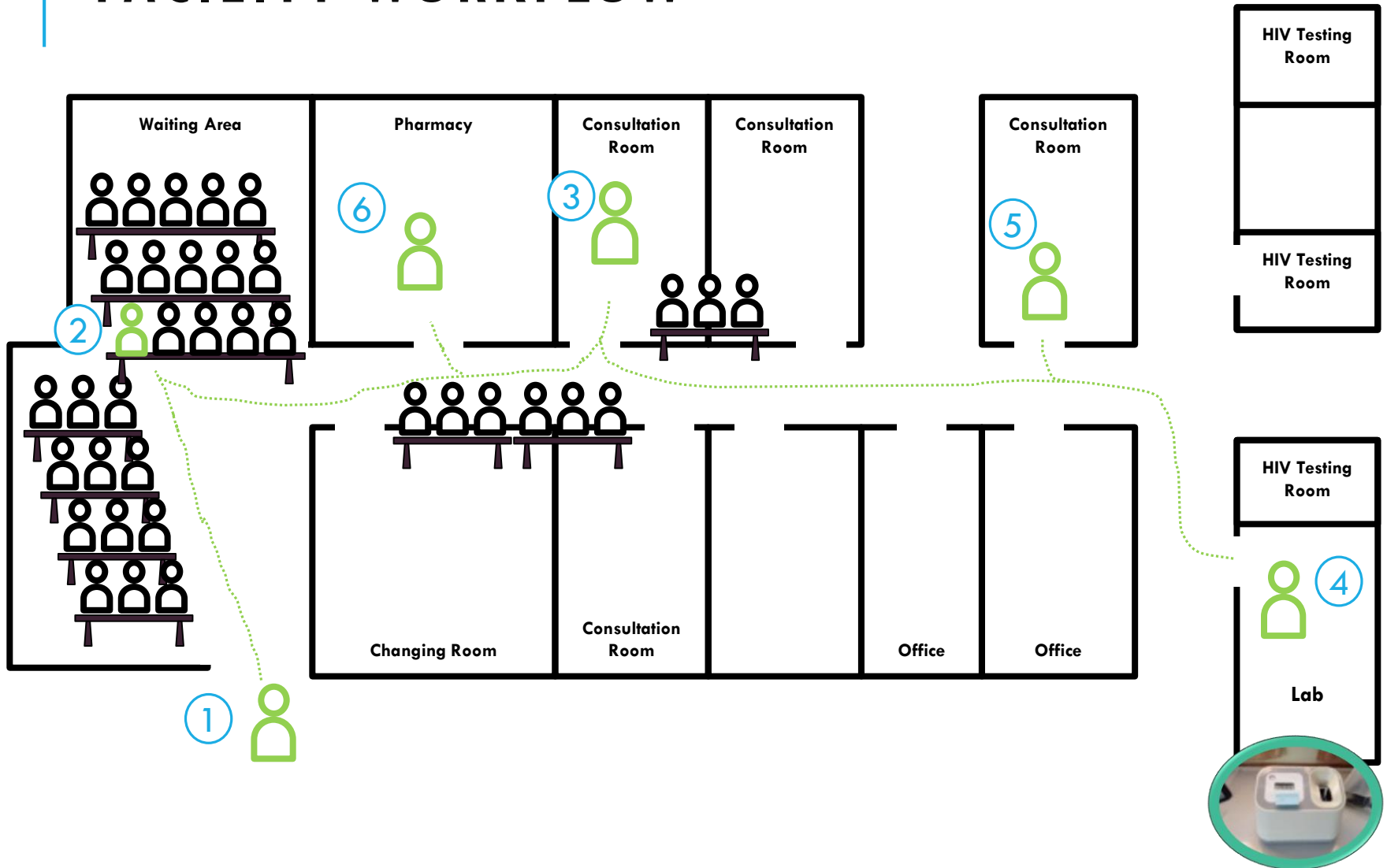
Answers can be worked out from **Step 2** of Ready, Set, Launch

Answers can be worked out from **Step 3** of Ready, Set, Launch

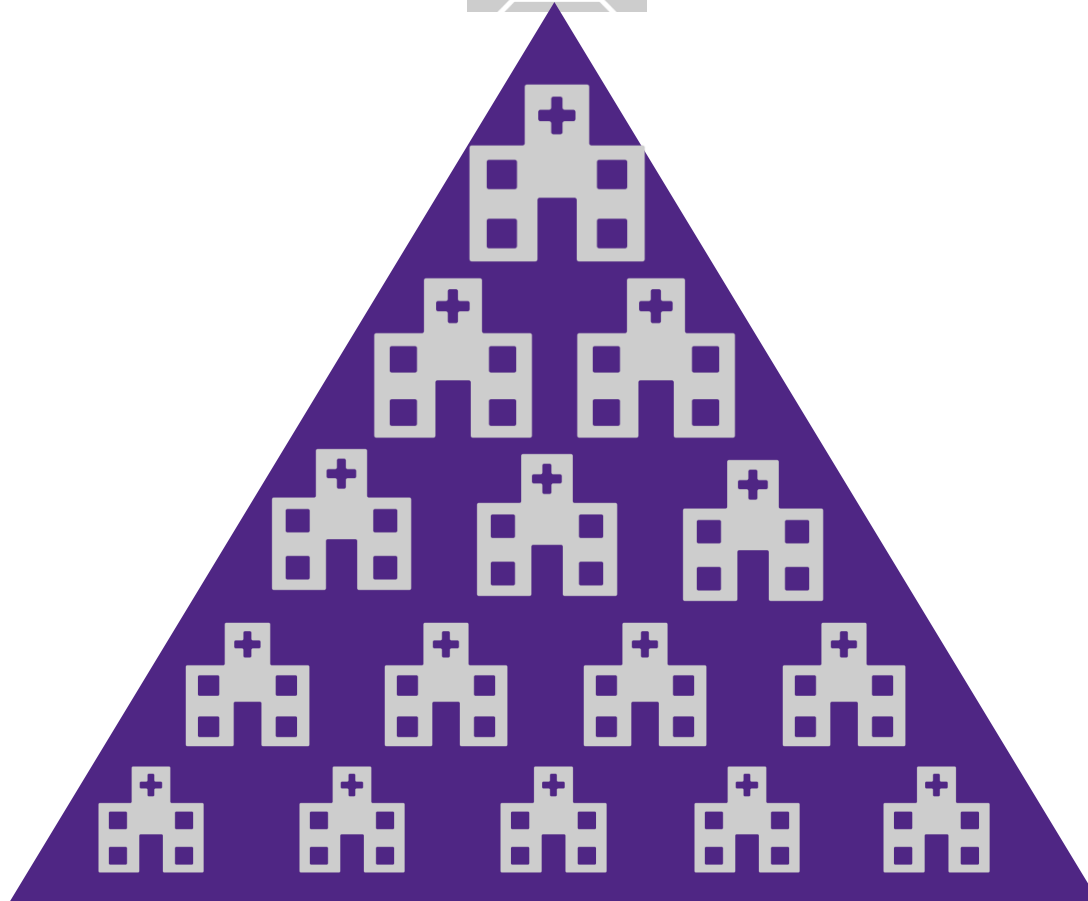
FACILITY SALES & DISTRIBUTION



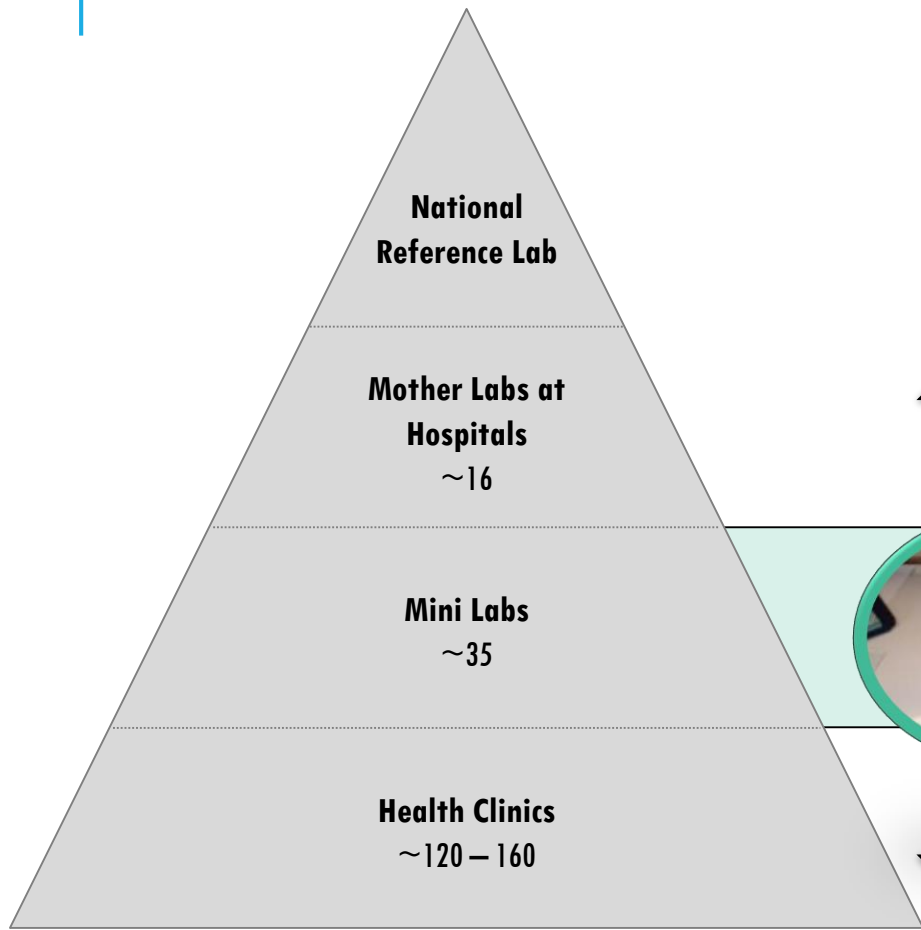
FACILITY WORKFLOW



SYSTEM SALES & DISTRIBUTION



SYSTEM PLACEMENT



Why not higher in the system?

- **Higher throughput needed:** LYNX would need to be able to process greater volume or process more quickly

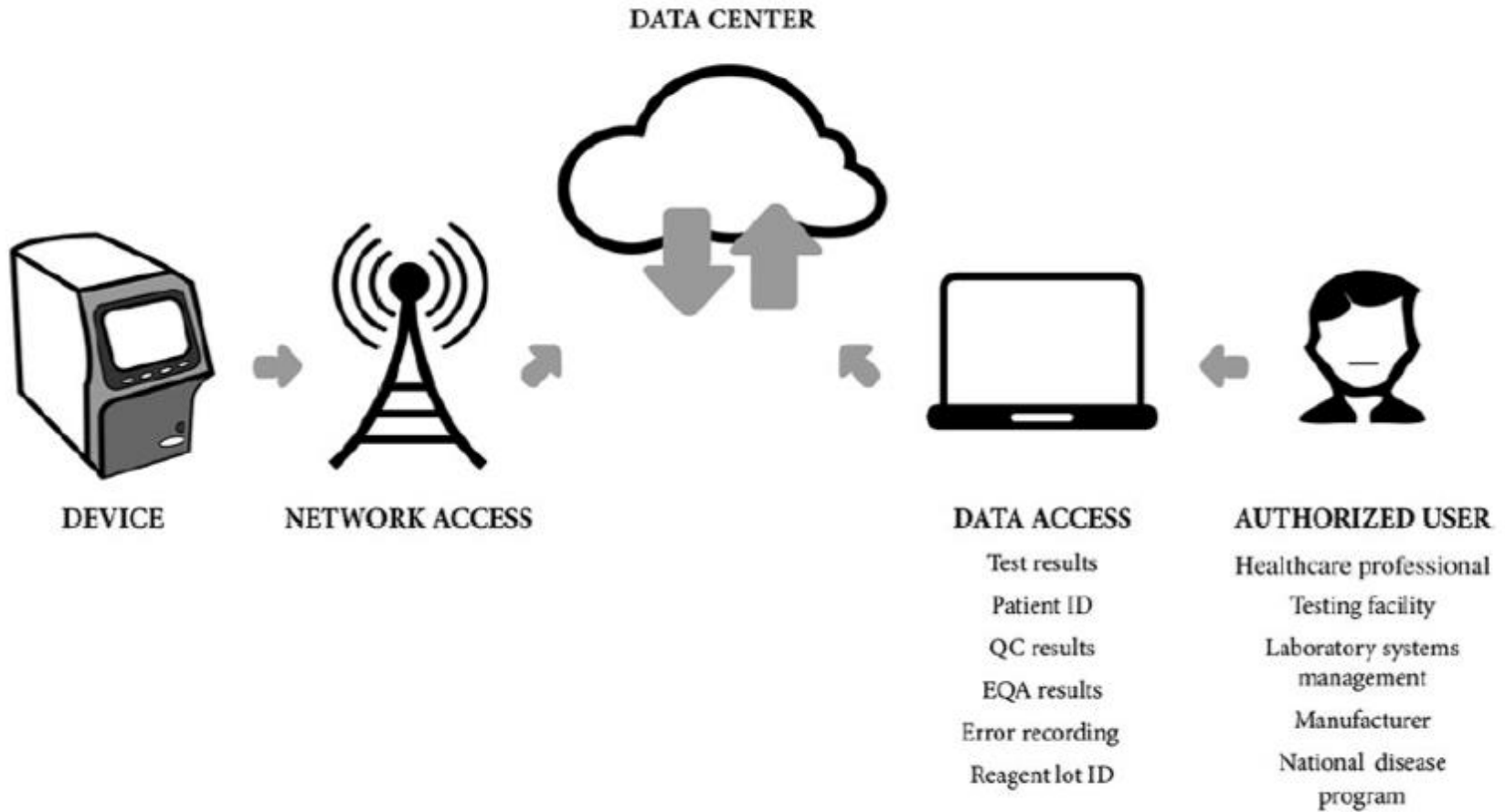
- *“Phlebotomists are staffed in the mini labs. It is preferred that the phlebotomists do the point of care because they are trained.”*

Why not lower in the system?

- **Liability:** NRL concerns with non-lab workers managing processes given potential liability

- *“Nurses could be trained and might want to perform tests because they have an interest in infant HIV testing; however, it is more of a political battle.”*

CONNECTIVITY



LESSONS LEARNED

What is the investment case for people buying your product? Who is your biggest competitor? Why are you better?

What is the break even volume you need to remain sustainable? How do you hit this volume ASAP?

What countries do you target first to hit this volume?

What other products are in the same place and are used at the same time as your products?

What partners do you need?

What do partners need from you?

QUESTIONS & DISCUSSION

**USE THE QUESTION BOX AT THE RIGHT HAND
CONTROL PANEL**