

**Capacity Building of Global Health Professionals in Developing Countries
through
University Partnerships: A Bibliography for the Trans-Institutional Alliance
for
Global Health Project
March 2008**

The Global Health Education Consortium and the Center for Global Health of the University of Virginia carried out a bibliographic search in late 2007 and early 2008 for recent publications concerned with university-to-university partnerships directed at improving training and research capacities across national borders. The principle search engines used were Google, Google Scholar, and PubMed. Principle search terms used were: “university”, “global health”, “partnerships” and “training”. We hope that this short, highly selective bibliography will be of help to those concerned with developing such relationships in the future.

The Association of International Health Advisors ---- AiHA is a professional peer organization run by its membership for its membership. Health advisors, health consultants and international health practitioners are engaged across the globe in assisting countries in times of political, social and economic hardship in restoring, maintaining, and advancing fundamental health services. AiHA provides the means for those individuals and organizations engaged in delivering health relief and health development to share information and assist each other in attainment of these international health practice competencies.

www.members.health-advisors.org/

Beaglehole R. Global partnerships for health. *The European Journal of Public Health*. 2005 15(2):113-114; doi:10.1093/eurpub/cki133.

<http://eurpub.oxfordjournals.org/cgi/content/extract/15/2/113>

Boufford, J. *Leadership Development for Global Health*.

www.people2people.org/07/namibiapublichealth/

[BouffordJ-Leadership-Devel-for-Global-Health-2004.pdf](#)

Buse K and Harmera, A. Seven habits of highly effective global public-private health partnerships: Practice and potential. *Social Science & Medicine*. Volume 64, Issue 2, January 2007, Pages 259-271. --- Global public-private health partnerships (GHPs) have become an established mechanism of global health governance. Sufficient evaluations have now been conducted to justify an assessment of their strengths and weaknesses. This paper outlines seven contributions made by GHPs to tackling diseases of poverty. It then identifies seven habits many GHPs practice that result in sub-optimal performance and negative externalities. These are skewing national priorities by imposing external ones; depriving specific stakeholders a voice in decision-

making; inadequate governance practices; misguided assumptions of the efficiency of the public and private sectors; insufficient resources to implement partnership activities and pay for alliance costs; wasting resources through inadequate use of recipient country systems and poor harmonisation; and inappropriate incentives for staff engaging in partnerships. The analysis highlights areas where reforms are desirable and concludes by presenting seven actions that would assist GHPs to adopt better habits which, it is hoped, would make them highly effective and bring about better health in the developing world.

Buse K. Global health partnerships: Increasing their impact through improved governance. *2004 DFID Study: Global Health Partnership: Assessing the Impact* www2.ohchr.org/english/issues/development/docs/WHO_5.pdf

Caines K. Global health partnerships and neglected diseases. *2004 DFID Study: Global Health Partnership: Assessing the Impact* www2.ohchr.org/english/issues/development/docs/WHO_4.pdf

Caines K. Key evidence from major studies of selected global health partnerships. www.hlfhealthmdgs.org/Documents/GHPBackgroundPaperFinal.pdf

The Capacity Project. --- The Capacity Project works across sectors such as health, education, planning, public service commissions and local government entities in order to address the varied forces that affect the health workforce. The Project also works in multiple priority health areas, including family planning and reproductive health, maternal and child health, HIV/AIDS, tuberculosis, malaria and other infectious diseases. www.capacityproject.org/index.php?option=com_content&task=view&id=32&Itemid=66

Carlson C. Mapping global health partnerships: What they are. What they do and where they operate. *2004 DFID Study: Global Health Partnership: Assessing the Impact* www2.ohchr.org/english/issues/development/docs/WHO_1.pdf

Center for International Health --- Over the past 20 years, we have engaged in health education and training services for thousands of physicians, nurses and other health professionals in more than 40 countries. We are established and organized as a consortium of public and private higher education and professional training institutions - including major universities, an academic health center composed of a medical school, teaching hospitals and community-based health and human service agencies. www.centerforinternationalhealth.org/

Chen L, Evans T, Anand, S, Boufford J, Brown H, Chowdhury M, Cueto M, Dare L, Dussault G, Elzinga G. Human resources for health: overcoming the crisis. *The Lancet*, Volume 364, Issue 9449, Pages 1984-1990. ---- In this analysis of the global workforce, the Joint Learning Initiative-a consortium of more than 100 health leaders-proposes that mobilisation and strengthening of human resources for health, neglected yet critical, is central to combating health crises in some of the world's poorest countries and for building sustainable health systems in all countries. Nearly all countries are challenged by worker shortage, skill mix imbalance, maldistribution, negative work environment, and weak knowledge base. Especially in the poorest countries, the workforce is under assault by HIV/AIDS, out-migration, and inadequate investment. Effective country strategies should be backed by international reinforcement. Ultimately, the crisis in human resources is a shared problem requiring shared responsibility for cooperative action. Alliances for action are recommended to strengthen the performance of all existing actors while expanding space and energy for fresh actors.

Chokshi [D, Rajkumar R.](#) Leveraging university research to advance global health. *JAMA*. 2007;298:1934-1936. -- <http://jama.ama-assn.org/cgi/content/full/298/16/1934>

Cohen J. Global Health: Public-private partnerships proliferate. *Science*. 13 January 2006: Vol. 311. no. 5758, p. 167 DOI: 10.1126/science.311.5758.167 ---- The label "neglected diseases" packs a rhetorical wallop, as it conjures up needy causes that the world callously has ignored. But the phrase is losing some of its punch when it comes to malaria, tuberculosis, Chagas, dengue, visceral leishmaniasis, and African trypanosomiasis. Although profit-minded pharmaceutical companies have long shied away from research and development on drugs against maladies that mainly afflict the poor, 63 drug projects now under way are targeting these very diseases. As Mary Moran wrote in the September 2005 issue of *PLoS Medicine*, "The landscape of neglected-disease drug development has changed dramatically during the past five years."

Crisp N. Global Health Partnerships: The UK Contribution to Health in Developing Countries. www.dfid.gov.uk/pubs/files/ghp.pdf

Delisle H, Roberts J, Munro M, Jones L, Gyorkos T. The role of NGOs in global health research for development. *Health Research Policy and Systems*. 2005, 3:3doi:10.1186/1478-4505-3-3. ---- Global health research is essential for development. A major issue is the inequitable distribution of research efforts and funds directed towards populations suffering the world's greatest health problems. This imbalance is fostering major attempts at redirecting research to the health problems of low and middle income countries. Following the creation of the Coalition for Global Health Research - Canada (CGHRC) in 2001, the Canadian Society for International Health (CSIH) decided to review the role of non-governmental organizations (NGOs) in global health research. This paper highlights some of the prevalent thinking and is intended to encourage new thinking on how NGOs can further this role.

Erikson S. Envisioning global health affairs: Building capacity, providing leadership. *Paper presented at the annual meeting of the International Studies Association, Hilton Hawaiian Village, Honolulu, Hawaii, Mar 05, 2005.* ---- This paper argues for a reformulation of global health pedagogy in International Affairs, with an emphasis on moving from the current public health-centric configuration to a more comprehensive International Relations configuration. Health needs to become an everyday-and-not-just-crisis concern of International Affairs, taught as an indispensable aspect of domestic and international security, the global political economy, international development, and human rights. International Affairs professionals need to better understand the state and market forces that make ill or good health more or less likely in any given locale; they need to be intimately familiar with the larger political, economic, and social systems within which public health systems are situated and to the vagaries of which they are vulnerable; and they need to be able to read the gender, age, religious, and historical contingencies of policy and practice that affect health. Schools of International Affairs need to build Global Health Affairs capacity by working to endow their graduates with sophisticated and nuanced understandings of how IR policy, projects, and strategies may result in health gains (or declines). In so doing, they will cultivate a generation of International Affairs experts able to provide global health leadership as an everyday component of International Affairs practice.

Furin J, Farmer P, Wolf M, Levy B, Judd A, Paternek M, Hurtado R, Katz J. A novel training model to address health problems in poor and underserved populations. *Journal of Health Care for the Poor and Underserved.* 17.1 (2006) 17-24 ---- Health disparities are increasingly common and many U.S. practitioners have informal experience working in resource-poor settings. There are, however, few graduate medical education programs that focus on health equity. A graduate medical education program in health equity was developed at Brigham and Women's Hospital based on a review of existing literature and on a survey of junior faculty who have had informal health disparities experience. The Howard Hiatt Residency in Global Health Equity and Internal Medicine was developed as a four-year program to provide intensive training in internal medicine and health disparities. Participating residents are matched with a mentor who has clinical and research experience in the field of global health. In addition to a series of didactic teaching sessions and longitudinal seminars that focus on issues of global health equity, residents take graduate level courses in epidemiology, health policy, ethics, and medical anthropology. Residents also carry out an independent research project in a geographic area that suffers from health disparities. Two residents are selected for training per year. Participating faculty are multidisciplinary and come from diverse Harvard-affiliated institutions. Graduate medical education in the United States with a focus on health equity is lacking. It is hoped that the novel training program in health equity for internal medical residents developed at Brigham and Women's Hospital can serve as a model for other teaching hospitals based in the United States.
http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/v017/17.1furin.html

The Georges Institute ---- The George Institute for International Health seeks to develop solutions to the growing problems of cardiovascular disease, injury, mental health and neurological diseases through high-quality research, evidence-based policy development and a range of capacity development programs. The Institute is formally associated with the University of Sydney through a memorandum of understanding that designates the Institute as a research department of the University, reporting directly to the Dean of the Faculty of Medicine. Many staff of the Institute have full or conjoint academic appointments at the University of Sydney, and work in close collaboration with colleagues in the School of Public Health and the Central Clinical School. The Institute is also formally associated with the Sydney Institutes of Health and Medical Research,

which comprises those health and medical research institutes affiliated with both the University of Sydney and Sydney South West Area Health Service. The George Institute has over 180 staff working on projects in over 40 countries with the collaboration of more than 400 hospitals and universities worldwide.

www.thegeorgeinstitute.org/

Grace C. Global health partnership impact on commodity and pricing and security. *2004 DFID Study: Global Health Partnership: Assessing the Impact* www2.ohchr.org/english/issues/development/docs/WHO_3.pdf

Hailey J, James R. Trees Die from the Top: International Perspectives on NGO Leadership Development. *Voluntas*. 15 no. 4: 343--353. --- Hailey, cofounder of INTRAC and professor at London City University's Cass Business School, and James, a principal capacity-building specialist at INTRAC, examine research on leadership development in NGO capacity building. They explore the attributes and characteristics of NGO leaders, study the contextual issues NGO leaders confront, and examine "the challenges of developing a new generation of NGO leaders." NGOs, they assert, face management challenges quite distinct from those of government or business, rooted in their social change mission; their role as bridges between donors, beneficiaries, and other constituencies; the limited resources to which they have access; and the often volatile circumstances under which they operate. Though leadership in both the for-profit sector and the public sector have been the subject of much study, leadership for NGOs has not been researched in great depth. The authors call for further research on the roles and responsibilities of NGO leaders as well as on the skills and competencies needed for leadership, and for active campaigns to develop leadership capacity in the NGO world. Averting that leadership in NGOs is typified by high staff turnover that frequently leads to "programmatic dysfunctionality and organizational collapse," they assert that systems must be put in place to keep organizations strong and enable them to sustainably address problems and challenges facing their marginalized constituencies.

Hancock, T. People, partnerships and human progress: building community capital. *Health Promotion International*. Vol. 16, No. 3, 275-280, September 2001 Health Initiative (2001) ---- Public--private partnerships involved in the distribution or coordination of donated, subsidized, or negotiated products: identification of challenges and issues of shared interests. Report of a meeting of managers of donation/distribution of partnerships organized by the Initiative on Public--Private Partnerships for Health

Hanlin R, Chataway J, Smith J. Global health public-private partnerships: IAVI, partnerships and capacity building. *Afr J Med Med Sci*. 2007;36 Suppl:69-75. --- New developments in biotechnology and the need to overcome the lack of incentive for investment in vaccines for diseases affecting Africa have led to the promotion of product development public-private partnerships (PPP). Our work at the ESRC INNOGEN Research Centre assesses the way in which these collaborative mechanisms approach their mission of getting science to work for the poor and what they contribute to broader development objectives, particularly in relation to capacity building. Case study research of the International AIDS Vaccine initiative (IAVI) and their work on the ground in Africa and India has highlighted two legal related issues. First, by working as a PPP the organisation has changed the 'ownership' of science, making the process more flexible and emphasizing a bottom-up dialogue process while advocating a private sector ethos. Second--whether intentionally or not--the partnership's emphasis on advocacy and communications has increased the importance of knowledge generation and management activities within the partnership and its availability to stakeholders. This paper attempts to ascertain the impact of these issues for the building of health research capacity.

Health System Action Network (HSAN). ---- HSAN's vision is to be a leading global network facilitating the development of equitable, accountable and sustainable health systems for improved health outcomes. HSAN is a global network of committed

professionals for strengthening health systems through effective involvement of diverse stakeholders and better management of resources that is guided by evidence.

www.hsanet.org/vision.html

Heller R, Chongsuvivatwong V, Hailegeorgios S, Dada J, Torun P, Madhok R, Sandars J on behalf of the People's Open Access Education Initiative. Capacity-building for public health: <http://peoples-uni.org>.

Bulletin of the World Health Organization. Volume 85, Number 12, December 2007, 901-980 ---- Help to build Public Health capacity in low- to middle-income countries, using open education resources freely available on the Internet This education will involve partnerships and collaboration across the global and digital divides, and will be both credible and affordable.

Hotez P. Should we establish a North American School of Global Health Sciences? *American Journal of the Medical Sciences*. 328(2):71-77, August 2004. ---- Since 1997, an unprecedented amount of American philanthropy from both private and federal sources has been directed toward research and control programs for the major tropical infectious diseases of developing countries. The US and Canadian capacity to respond to these new initiatives might prove inadequate, however, as tropical disease research and training infrastructures have deteriorated at most North American academic health centers over the last three decades. Training opportunities in clinical tropical medicine, parasitology laboratory diagnostics, vector control, and public health practice are especially depleted and portend a lost generation of experts in these areas. In addition, unlike some of the European schools of tropical medicine, no North American medical or public health school currently boasts a comprehensive faculty in the global health sciences, with expertise that spans laboratory investigation, clinical and translational research, health policy, and international development. To meet the challenge presented by the new philanthropy targeting the global diseases of poverty, a North American school of global health sciences should be established. The North American school, possibly in association with one of the existing schools of medicine or public health, would provide interdisciplinary training to produce a new generation of global health scientists.

[Keegan R. Partnerships in global health \(sound recording\)](http://www.cdc.confex.com/cdc/nic2007/techprogram/P13008.HTM)
<http://www.cdc.confex.com/cdc/nic2007/techprogram/P13008.HTM>

Kickbusch I, Quick J (1998) Partnerships for health in the 21st century. *World Health Stat Q*. 1998;51(1):68-74.---- This paper presents the results of a working group on partnerships in preparation for the WHO Health for All Policy for the 21st Century. The working group aimed to clarify the nature of partnerships for health, proposed six categories of partnerships and outlined principles and criteria for partnerships. It concluded that partnership building was a key strategic component of health development and underlined that WHO must increasingly see its role as one of mustering support for health from many players. In order to do so, WHO must change its organizational culture and mode of operation.

Lorenz N. Effectiveness of global health partnerships: will the past repeat itself? *Bulletin of the World Health Organization*. Volume 85, Number 7, July 2007, 501-568
<https://www.who.int/bulletin/volumes/85/7/06-033597/en/>

Maurer L, Kelly M. Lessons learned and global partnerships Stories of sexual and reproductive health from Namibia. *American Journal of Sexuality Education*. Volume: 1 Issue: 1 ISSN: 1554-6128 Pub Date: 12/15/2005 ---- Through a Global Partnership

Project, Planned Parenthood of the Southern Finger Lakes in Ithaca New York and the Namibian Planned Parenthood Association (NAPPA) in Windhoek, Namibia have joined together to share best practices, technical assistance, support and resources. The Global Partners share the common goal of increasing awareness, services and resources to positively impact global sexual and reproductive health. This article details the global partnership, a state-of-the-state report on sexual and reproductive health issues in Namibia, the impact of US policies on Namibia and lessons learned about effective sexual health programming during the authors' exchange visit to Namibia.

Nishtar S. Public – private 'partnerships' in health – a global call to action. *Health Research Policy and Systems*. 2004. 2:5doi:10.1186/1478-4505-2-5

Pearson, M. Economic and financial aspects of global health partnerships. *2004 DFID Study: Global Health Partnership: Assessing the Impact*.
www2.ohchr.org/english/issues/development/docs/WHO_2.pdf

Ross J, McCallo B. *Building successful alliances for global health* ---- Have you ever needed to quickly mobilize in-country networks for program scale-up? Have you ever wished for a reliable way to disseminate tools and strategies to community stakeholders? Have you ever looked for ways to strengthen nongovernmental organization (NGO) country collaboration for greater impact? Alliances such as the CORE Group and the White Ribbon Alliance for Safe Motherhood (WRA) help donors and partners meet these challenges and reach more women and children in need. They do this by offering one-stop access to established networks whose Website describes lessons learned from building these alliances.
www.maqweb.org/techbriefs/tb24alliance.shtml

Schaferhoff M, Ulbert, C. *The Effectiveness of Knowledge Transfer and Capacity Building through Global Health Partnerships Paper presented at the annual meeting of the ISA's 49th Annual Convention, Bridging Multiple Divides*. ---- Over the course of the last decade, the number of transnational public-private partnerships has risen significantly. Their emergence is an expression of the contemporary reconfiguration of authority in world politics, which entails questions about the effectiveness as well as the legitimacy of governance beyond the nation-state. This trend is most visible in international health politics, where the rise of global health partnerships led to a much more fragmented global health sector, and where authority is exerted by a multitude of state and non-state actors today. In this paper, we will cast light on the conditions under which global health partnerships are effective governance tools. In particular, we will point to the importance of knowledge transfers and capacity building measures as crucial determinants for sustainable development. We argue that the challenge for global health partnerships is to build up the capacity of health systems in developing countries in a way that they can sustain the actual achievements of single health initiatives. Investments in health systems and on-going knowledge transfers are therefore critical prerequisites for an effective long-term provision of public health goods in developing countries. At the same time, there are severe structural implications of the recent proliferation of global health partnerships: The ever more fragmented global health system contributes to insufficient coordination and duplication among health initiatives. There is the risk that the sheer number of programs overwhelms the scarce capacity of low-income countries, as global health partnerships often require setting up new national institutions and procedures.
www.allacademic.com/meta/p251705_index.html

Schulz-Baldes A, Vayena E, Biller-Andorno, N. Sharing benefits in international health research. Research-capacity building as an example of an indirect collective benefit.

EMBO reports 8, 1, 8–13 (2007)doi:10.1038/sj.embor.7400886.
www.nature.com/embor/journal/v8/n1/full/7400886.html

Silverman H. Enhancing research ethics capacity: Implications for protection of research subjects, avoiding exploitation and achieving global health. *Middle East Fertility Society Journal*. Vol. 10, No. 2, 2005, pp. 105-109 ---- Research sponsored by developed countries is increasingly being conducted in developing countries. While many celebrate the enhanced funding of foreign sponsors, others are concerned with the ethics of such research. Ethical issues usually center on the protection of the rights and welfare of human subjects involved in research. Another important issue involves avoiding exploitation by ensuring that developing countries receive a fair share of the benefits of foreign-sponsored research. A fair exchange of benefits between resource-rich and resource-scarce countries can help achieve global health. To ensure that research conducted in developing countries undergo proper ethical oversight and is responsive to the local context, measures to enhance research ethics capacity needs to be instituted in the developing world.

Tomita, M. Building capacity of the public health education workforce through partnerships: The Global Health Disparities CD-ROM Project. *Californian Journal of Health Promotion*. 2003, Volume 1, Issue 1 49-59
www.csuchico.edu/cjhp/1/1/49-59-tomita.pdf

Tugwell P, Fletcher R, Fletcher S, Goldsmith C, Rahbar M, Robinson V, Runyan D, Sadowski L. International Clinical Epidemiology Network: An opportunity for SGIM international cooperation. *Journal of General Internal Medicine*. Volume 21, Number 7, July 2006, pp. 792-795(4) ---- The Canadian/American regional group of the International Clinical Epidemiology Network (INCLIN) invites SGIM members to join in an international network dedicated to improving health in low and middle-income countries and reducing health disparities in North America—not only because many goals and activities of the 2 organizations are compatible such as evidence-based medicine, mentoring, and training; but because collaboration between SGIM and INCLIN could strengthen both groups. With increasing brain drain from the developing world to the North, there is an ever-increasing need for academic contributions from the North to swing the balance toward brain gain for the South. SGIM members have the academic expertise to make an important contribution to global health. Participation and contribution from SGIM members is welcomed at the individual or organizational level. We invite you to explore possible partnership and collaboration.
www.ingentaconnect.com/content/bsc/jgi/2006/00000021/00000007/art00030

Vian T, Richards S, McCoy K, Connelly P, Feeley F. Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program. *Human Resources for Health*. 2007, 5:8doi:10.1186/1478-4491-5-8. --- The ability of health organizations in developing countries to expand access to quality services depends in large part on organizational and human capacity. Capacity building includes professional development of staff, as well as efforts to create working environments conducive to high levels of performance. The current study evaluated an approach to public-private partnership where corporate volunteers give technical assistance to improve organizational and staff performance. From 2003 to 2005, the Pfizer Global Health Fellows program sent 72 employees to work with organizations in 19 countries. This evaluation was designed to assess program impact.

Whitty C, Doull L, Nadjm B. Global health partnerships. *BMJ*. 2007;334:595-596 (24 March), doi:10.1136/bmj.39147.396285.BE --- The Global Health Partnerships report by Lord Crisp,¹ commissioned by the prime minister, aims to find ways to

strengthen the United Kingdom's contribution to health care in developing countries. The report acknowledges the UK's "remarkable intellectual and practical leadership in international development" and recommends that the UK facilitate and support the "very valuable work already being done by so many UK organisations and individuals." The report goes on to describe the potential benefits of such activities both to developing countries and to the individuals involved. All people who have experience of the research, teaching, emergency support, and many other activities that UK health workers undertake in support of developing countries would concur.

improvement and additions are welcome. File updated on 15 August 2007.