



New Initiatives and Opportunities for Global Health

*Pocantico Conference Center of the Rockefeller Brothers Fund
September 20-21, 2007*

Background

The field of global health has undergone a dramatic transformation during the last decade with unprecedented funding and new institutional models. While some problems are now being addressed, “open source anarchy” has ensued and new challenges and opportunities are emerging. For nearly a century, the Rockefeller Foundation has been a trailblazer in philanthropic innovation to address the needs of the poor. Ten years ago, a series of conferences in Pocantico helped redefine the global health agenda and the role the foundation could play. While we are proud of the achievements over the past decade, we are now searching new paths in global health while reinventing ourselves to serve the needs of the poor better.

We therefore have the following **Meeting objectives**:

1. Present RF new operating model to global health community
2. Review trends and opportunities in global health
3. Discuss new initiatives and programmatic opportunities for RF

Structure of the Discussion:

In the past few months, we have identified a number of areas to explore and develop. We wish to get your input on each of those areas with you, to get a better understanding of

1. The importance of the area for poor and vulnerable people
2. The opportunity for The Rockefeller Foundation to have an impact
3. Where within the area to focus and how to engage in collaboration and partnership

As you can see from the agenda, we have lined up a series of panels for various areas of interest. We have asked each panelist to provide brief remarks, after which we will open the floor for general discussion:

Agenda: New Initiatives for Global Health

DAY 1: Thursday, September 20

Noon: Arrive at Pocantico Conference Center

12:30–2:00 *Lunch: Welcome & Introduction by Judith Rodin*

2:00-2:30 *Break*

2:30 – 4:30 **Trends in Global Health**

The field of global health has been radically transformed in the last decade. Driven by concerns about AIDS, the arrival of new philanthropy and other players, the field has seen a significant increase in resources for previously starved public health programs on priority problems. At the same time, non-communicable diseases and associated risk factors have doubled the burden and challenge for developing countries. There is increasing recognition of the weakness and importance of health systems, with increasing expenditures not always realizing equitable coverage, quality and efficiency of health services. The institutional landscape has also evolved without a clear architecture. How will the world tackle these and new challenges? What opportunities are emerging for developing countries? What are our roles and should they change?

- Nils Daulaire (*moderator*)
- Tim Evans (the last 10 years)
- Suwit Wibulpolprasert (global health on the ground)
- Laurie Garret (do we need a new architecture?)
- Julio Frenk (what the next 10 years may bring)

5:00 – 6:00 Kykuit Tour

6:00 *Cocktails followed by Dinner*

DAY 2: Friday, September 21

8:00– 9:00 *Breakfast*

9:00–10:30 **Public Health**

Panel 1: Pandemic threats & public health surveillance

Emerging infectious diseases have caused significant global human and economic loss and disproportionately threaten the health and livelihoods of poor people. Our hypothesis is that surveillance of these problems should be coupled with response capabilities in a way that strengthens the overall local and national health information system. We would like the panel's and the group's input on how we can strengthen this capacity in a comprehensive and synergistic manner. How can nations collaborate better across borders in sharing information and response teams? What is the role of new information and communication technologies to

gather, share, analyze and display surveillance data in developing countries? How do we work across disciplinary boundaries to address animal health – a common denominator for many pandemics?

- Suwit Wibulpolprasert (*moderator*)
- Sally Stansfield
- Mirta Roses
- Mark Walport

Panel 2: New competencies for public health

This is an enormously challenging time for PH. Some Schools of Public Health focus on academic work, but their alumni – who must develop and implement programs and policy – often lack the tools to be innovative and effective in a changing world. As a result, in many cases, the traditional PH paradigm has become less effective in catalyzing sustainable social change. We would like to work towards a new paradigm for PH professionals, including physicians, at local and national levels. We would like your input on the definition and scope of PH in today's society. What competencies are required of PH professionals in the 21st Century and how to support novel institutional mechanisms?

- Paulo Buss (*moderator*)
- Jo Bufford
- Lincoln Chen
- Srinath Reddy
- John Tomaro

10:30-11:00 *CoffeeBreak*

11:00–1:15 Health Care

Panel 1: Access to technologies & social innovations for the poor

In recent years, there have been many innovations with the potential to improve health, but these innovations have not been accessible to all. Expanding the distribution of important existing technological and social innovations has the potential to significantly benefit poor & vulnerable people, including those created and developed at the 'bottom of the pyramid'. To do that, we need to overcome barriers to access including affordability, cost/benefit, appropriateness, and lack of mechanisms to deliver them. The Foundation is interested on identifying and demonstrating how to overcome these barriers. What are successful models, and how can these models be replicated and scaled-up?

- Chris Elias (*moderator*)
- Paulo Buss
- Seth Berkley
- Jim Kim

Panel 2: e-Health – ICT for health in the global south

Information and communications technology (ICT) and health are two of the largest and fastest growing sectors in the economy, yet they barely overlap (the health sector invests less in ICT than the construction field!). Until recently, there

has been little policy attention to the potential of ICTs for health in developing countries, and the result are fragmented efforts in telemedicine, electronic health records and public health informatics. We are interested in how e-health can improve the efficiency, quality and equity of health services. We will hear from a number of private sector companies as well as look to get your views on the landscape of this new frontier for technology in global health. How can we engage the ICT professionals and corporations as part of the solution to public health and primary care challenges in the global South? What new platforms and public-private partnerships need to be developed?

- Robert Kolodner (*moderator*)
- Yunkap Kwankam
- Neil de Crecenzo
- Sally Stansfield
- One Additional Participant TBC

Panel 3: The role of the private sector in health

The health sector reform of the 1990s led to decentralization and privatization of many health services (private sector includes informal and nonprofit providers). Today, private expenditure accounts for most health expenditures in developing countries (e.g., 70 percent in Uganda; over 80 percent in Cambodia), more so among the poor. Yet the culture of health professionals and systems, evolved a century earlier, cannot see well beyond the public lens of governmental services (the pharmaceutical industry being a recent exception). This neglect could be costly to the poor at a time of growing health spending around the world. While there remains a debate in the public health community about the value that the private sector really provides in developing world health, their existence cannot be ignored and the sector needs to be engaged with better evidence and solutions. We would like your input on what changes/interventions in policy, new capacity and novel models in the private sector can lead to broader coverage, greater efficiency and better quality of health services for the poor in developing countries.

- David de Ferranti (*moderator*)
- Anne Mills
- Joy Phumaphi
- Julio Frenk

1:15-2:30	<i>Lunch</i>
2:30–3:15	Other ideas or issues & group conclusions
3:15 – 3:30	<i>Coffee Break</i>
3:30–4:00	Closing Remarks (Ariel Pabos-Mendez)
4:00-5:00	Departures