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Greetings from the Global Health Leadership Initiative (GHLI) at Yale.

We believe that to address the world’s most pressing public health challenges, we must be prepared to thrive in rapidly evolving contexts, break through silos to foster innovation, and elevate historically marginalized perspectives and experiences. In other words, effective leadership is needed.

Today, despite awe-inspiring work of public health professionals around the world, the COVID-19 pandemic continues to spread, straining health systems and exacerbating inequities. The impact of a scientific breakthrough, including multiple highly effective vaccines, are constrained by lack of global access and dangerously low levels of trust. In other words, effective leadership is needed. We are learning that our redesigned approaches will remain relevant long after COVID-19 has receded. For example, our fully virtual STEP program for immunization supply chain managers in Gavi-eligible countries in demonstrating higher levels of engagement and impact than comparable in-person offerings; our new collaboration with schools and institutes of public health in Sudan has grown into a vibrant network for practice-based scholarships that transcends institutional boundaries; and delegates in our UK-based programs are harnessing the power of digital to reshape models of health and social care.

As you will see in the following pages, our small GHLI team has big global impact. The achievements are made possible through our collaborations with diverse faculty from across Yale, the support from our funders, and our robust partnerships around the world. I could not be prouder of the achievements over the past year, and am looking forward to continued collaboration, innovation, and impact in the days ahead. If you are inspired by what you read here, I hope you will join us in collaboration.

Erika Linnander, MPH, MBA,
Director, GHLI
Lecturer, Health Policy and Management
Our work at a glance

We harness the strengths of a leading research university to drive transformation in management, leadership, and organizational performance, creating stronger and more resilient health systems for all.

We believe that defining and solving the world's most pressing human challenges require us to work across cultural, professional, and organizational boundaries. Through education and research, we equip groups of people to come together in new ways of working and learning, and identify and solve problems in complex contexts. Founded in 2009, GHLI has served as a leading academic partner globally, promoting health systems transformation at the national, sub-national, community, and health facility level.

We are based out of the Yale School of Public Health, with collaborations across the University's schools and departments, to confront complex global health issues with a multidisciplinary approach. At GHLI, leadership and management experts, public health professionals, clinicians of all types, researchers, and expert facilitators and coaches work together to achieve comprehensive solutions.

Our Ways of Working

• We believe management and leadership are fundamental to health systems and performance.
• We conduct rigorous and relevant research.
• We create authentic partnerships for impact.
• We harness the strengths of a world-class academic institution.
• We connect the front lines to the highest levels to influence systems.
• We value collaboration across disciplines, departments, and schools.
• We equip emerging scholars to lead.

This Year

We collaborated with partners and participants from 47 countries

Produced 3 abstracts
9 manuscripts

With $2M revenue
To drive transformation in management, leadership, and organizational performance, we work across three pillars. These pillars guide our organizational strategy, and serve as an organizing principle for the projects in our portfolio. We bring our strengths to bear on global health issues as diverse as reaching every child with lifesaving immunizations, supporting digital healthcare transformation, promoting global advocacy in child health, increasing private sector engagement, and ensuring wellness for older adults.

**Preparing Leadership for Success**
We build capacity among individuals and teams to solve complex problems with measurable impact. We engage mid- and senior-career professionals in online learning, in-person retreats, executive coaching, and mentored projects. We also prepare Yale students and scholars for success after graduation.

**Catalyzing Innovation**
We catalyze innovation in global health by developing innovations in organizational performance to improve health outcomes, incubating innovations of all types to promote scale and sustainability, and amplifying innovations through robust research and evaluation.

**Strengthening Health Systems**
We work directly with Ministries of Health in support of their visions for health systems strengthening. In this work, we build systems and tools for performance management accountability, catalyze intersectoral leadership teams, and evaluate complex interventions to improve health system performance.

**Generating Evidence**
We are engaged scholars, bridging the gap between research and practice. We use rigorous and practical methods in health services research, including mixed-methods approaches and a positive deviance framework, to generate and disseminate insights that are derived from, and immediately relevant to, global health policy and practice.
This year we implemented projects across 47 countries. Including three multi-country projects: IPA LEAD, EPI LAMP, and the evaluation of Project Last Mile. We are based at the Yale School of Public Health in New Haven, Connecticut, USA. Our Addis-Adaba-based office, a hub for collaboration in Ethiopia and across Africa, represents the mission and strengths of Yale and the ethos of the Global South.
GHLI Ethiopia
Epi lamp
Project
Last Mile
Kingdom of eSwatini
Lesotho
Liberia
Mozambique
Sierra Leone
South Africa
Tanzania
Uganda

Burkina Faso*
Burundi*
Cameroon*
Central African Republic
Comoros
Congo Republic*
Democratic Republic of the Congo*
Djibouti
Ethiopia*
The Gambia*
Guinea*
Ghana
India*
Kenya
Kiribati*
Liberia*
Madagascar
Malawi
Mauritania
Myanmar*
Rwanda*
Solomon Islands*
Somalia
Tanzania*
Togo
Uganda
Zambia*

*EPI LAMP alumni

IPA LEAD
Ethiopia
Ghana
India
Indonesia
Japan
Kenya
Liberia
Nepal
Panama
Sri Lanka
Turkey
Uganda
United Kingdom
United States
OUR TIMELINE

Advanced Health Management Program (South Africa)
2009-PRESENT

NHS Strategic Leadership Program (UK)
2009-PRESENT

- Strengthening Hospital Performance (Egypt) 2009-2012
- Ethiopian Hospital Management Initiative 2009-2016
- AAA: Linking Social Services Spending and Health Outcomes (US) 2010-2015
- HEPCAPS (Ethiopia) 2012-2014
- Supporting ECHORN and Yale-TCC (Caribbean) 2012-PRESENT
- Leadership Saves Lives (US) 2012-2019

2009 2010 2011 2012 2013 2014

Evaluating Project Last Mile (multi-country) 2011-PRESENT

GHLI Annual Conference 2009-2014

Senior Leadership Program (multi-country) 2011-2016

Ethiopian Rural Millenium Initiative 2009-2011

Human Resources for Health Program (Rwanda) 2011-2017

Goldman Sachs 10,000 Women Program (China) 2008-2013
PREPARING LEADERSHIP FOR SUCCESS

We build management and leadership capacity among individuals and teams across diverse contexts. This includes our work with immunization professionals from 27 countries as part of the EPI LAMP program, our flagship leadership development programs with executives from the United Kingdom’s National Health Service, engagement with pediatricians from 14 countries through the IPA LEAD program, support to health equity researchers in the eastern Caribbean, and leadership development for students from Yale.
EPI Leadership and Management Program

Engagement of EPI Teams from 11 New Countries in Anglophone and Francophone Africa
In 2020-2021 EPI LAMP partnered with 11 new countries - Ghana, Kenya, Malawi, Somalia, Uganda, Central African Republic, Comoros, Djibouti, Madagascar, Mauritania and Togo - for a total of 27 EPI LAMP alumni countries.

Implementation of Adapted EPI Lamp Model to Account for COVID-19
100% of teams delivered a breakthrough project to address immunization challenges in their EPI programmes.

200+ Team Coaching Sessions 94% Graduation Rate

Statistically Significant Improvements across All 8 Management Domains
Management domains include: strategic problem solving, human resource, financial, operations, performance & accountability, governance & leadership, political analysis & dialogue, and community engagement.

Background
Launched in 2018, the Expanded Program on Immunization Leadership and Management Program (EPI LAMP) is a 9-month certificate program offered by Yale's GHLI, University of Global Health Equity (UGHE), PATH, University of Yaoundé I, and the Ministry of Health in Cameroon. The program engages country teams comprised of Ministry of Health officials responsible for the achievement of national immunization programme targets in Gavi-eligible countries. Upon completion of the program, immunization teams emerge prepared to manage an increasingly complex immunization program, with attention to efficient operations, robust performance management improvement, and effective political engagement and advocacy.

This Year
In 2020, we engaged 49 delegates from 11 additional countries to participate in two EPI LAMP cohorts, one for Anglophone countries and one for Francophone countries. Teams completed a breakthrough project that addressed a complex, national immunization challenge through the application of foundational management and leadership competencies.

EPI LAMP's content and operating model were adapted to allow for continuity and relevance during COVID-19, based on a robust risk assessment to ensure strong programme participation. The virtual EPI LAMP model had greater levels of engagement as compared to the traditional EPI LAMP model at almost half the cost. Delegates highlighted efficient, interactive and engaging live virtual sessions, relevance of the programme to the COVID-19 response, and the development of an EPI LAMP learning community. To learn more scan the code below.

Breakthrough Projects
- Reducing data mismatch in health facilities
- Increasing Penta 3 coverage by 10% in Somalia’s high-nomadic regions
- Increasing MR1 coverage in Bukomansimbi district in Uganda by 10%
- Increasing the number of health centers reporting AEFI in Djibouti to 30%
EPI LAMP Team Uganda Breakthrough Project:
Increasing MR Vaccine Coverage in Bukomansimbi, Uganda

THE CHALLENGE
MR1 vaccination coverage has consistently been lower than 60% (far below the 95% national target) in Uganda's Bukomansimbi district for the past 5 years.

OUR RESEARCH
The team conducted a Root Cause Analysis (RCA) to understand whether Environment, Policy/Process, People, or Equipment challenges could be contributing to low vaccination coverage.

The team's in-depth interviews in Bukomansimbi explored the current state and engaged stakeholders including:

- Bukomansimbi's District Health Team (DHT)
- The national senior officer in-charge of Bukomansimbi district
- Implementing partners

<table>
<thead>
<tr>
<th>Environment</th>
<th>Policies/ Processes</th>
<th>People</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are hard-to-reach districts being supported?</td>
<td>Is there effective communication between district and lower level facilities?</td>
<td>How do teams address issues identified through supervision?</td>
<td>Are teams able to maintain necessary cold chain storage for vaccines?</td>
</tr>
</tbody>
</table>

Then, using a positive deviance model, the team identified a high-performing district that was otherwise similar to Bukomansimbi in geography and population and compared the resources, management and financing activities in the two districts.

<table>
<thead>
<tr>
<th>Bukomansimbi District</th>
<th>Gomba District</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR Coverage</td>
<td>57%</td>
</tr>
<tr>
<td>Leadership &amp; Governance</td>
<td>Urgent need to strengthen coordination of health resources for EPI service delivery</td>
</tr>
<tr>
<td>Human Resource for Health</td>
<td>86% of approved staff positions are filled</td>
</tr>
<tr>
<td>Health Information Systems</td>
<td>Health workers are not well versed with HMIS tools</td>
</tr>
<tr>
<td>Financing</td>
<td>Inadequate funds to support outreaches across the district</td>
</tr>
</tbody>
</table>

THE OPPORTUNITY
The RCA revealed that the focal root cause of low vaccination coverage was inadequate coordination of EPI services in Bukomansimbi. The team developed an implementation and evaluation plan to:

- Train District Health Management Team (DHMT) in leadership & management
- Encourage consensus building, feedback at regular DHMT and health facility meetings
- Involve political and administrative leadership in focused and supportive supervision
Background
Our long-standing executive leadership program is delivered in partnership with the United Kingdom's National Health Service (NHS) and Health Education England. We partner with the NHS to prepare executives, commissioners, and others in leadership roles to navigate complex contemporary health and social care challenges within the UK. Delegates are selected as members of three person teams, with one representative each from the NHS, the social care sector, and the local government. The nine month program includes two modules, the first in the UK and the second on the Yale campus, with fieldwork in between. The approach integrates traditional management and leadership training, informal professional development, and project-based learning to create a unique experience that equips delegates with the skills and confidence needed to become effective contributors to transformational change in health and social care. Since 2007, over 300 alumni have graduated from the Yale Health and Social Care Strategic Leadership Program, many now serving in the highest offices across the NHS, the social care sector, and local governments.

This Year
The program evolved to prepare the NHS and social care workforce to deliver the digital future, integrating the latest scientific evidence on digital technology innovation, change management, leadership, project management and project-based team learning. This breadth of content equips delegates to become effective contributors to the transformational changes associated with rapid advancements in digital healthcare technology. In 2020, we continued to support our 2019 delegates as they completed the program during the COVID-19 pandemic. Additionally, we have successfully identified the next cohort of delegates, demonstrating partner commitment to the program.

Field Projects
With the COVID-19 pandemic, the program became even more relevant to delegates' work and day-to-day operations. Many of the teams chose to pivot field projects to be directly responsive to emergent needs during the pandemic. Examples of the high impact digital projects that strengthened local integrated care systems, include:

- Improvements to quality of type 2 diabetes care in the South West London Health and Care Partnership by supporting GP practices to meet national treatment targets using a digital maturity matrix tool that will enable practices to identify organizational challenges
- Reduction in accident and emergency attendance from care homes in East Kent through increased coordination across different healthcare partners, transforming service delivery across all settings with improved connectivity and innovative technology
Case Study in Innovation: Covid Protect

The extraordinary response to COVID-19 in the UK provided a unique opportunity to observe integration efforts during a period of major disruption, which potentially created an enabling environment for innovation. We carried out a rapid case study on one such innovation delivered and supported by former program delegates, Covid Protect, in order to understand whether and how effective integration of health and social care might occur in the context of major system disruption, with a focus on how the initiative may overcome past barriers to integration.

In collaboration with partners from the Eastern Academic Health Science Network (EAHSN), we completed in-depth interviews with 26 key actors in the project from the Norfolk and Waveney Clinical Commissioning Group (CCG). Participants included clinicians, CCG leadership, operations managers, software developers, and representatives from local authority and the voluntary sector, among others. In addition to the key informant interviews, we conducted a content analysis of archival documents. These included both internal and external documents that were important throughout the project such as, tools, protocols, and templates (e.g., clinical model overview, patient questionnaire, policies and regulations).

We identified four primary recurrent themes that characterized the experiences of diverse team members in the project:

1. ways of working that supported rapid collaboration
2. leveraging diversity and clinician input for systems change,
3. allowing for both central control and local adaptation, and
4. balancing risk taking and accountability.

This rapid case study provides a timely and rich description of the role of leadership and how it is manifest in large systems change efforts, particularly in times of major disruption. Findings may of be interest to policymakers, executive and operational staff in health and social care, and digital technology leads seeking to advance models of integrated care. A manuscript reporting these findings is currently under review. Findings were also presented in a webinar to the Norfolk and Waveney CCG as well as other relevant partners within the system.

"COVID PROTECT: A DIGITALLY-ENABLED SERVICE TO SUPPORT VULNERABLE PATIENTS - ROADMAP FOR ADOPTION"

The roadmap is intended to be a practical resource for executive and operational staff in health and social care, including clinicians, digital technology leads, and others, seeking prototypes that could be replicated rapidly across the United Kingdom. Scan the code to download the study.

The Covid Protect project has evolved into Protect NoW, signaling broader applications of the innovation beyond COVID-19 as a population health management approach. Additionally, Covid Protect and the project team, including programme delegates, have garnered national recognition as as recipients of the 2021 Health Service Journal (HSJ) Connecting Services and Information Award and the 2021 General Practice Team of the Year Award.
Background

The International Pediatric Association (IPA) LEAD program was a global effort to increase leadership capacity and interdisciplinary collaboration among emerging pediatric leaders (LEADer) and pediatric professional societies around the world. The program:

- developed and supported a network of emerging leaders in child health from around the world
- equipped emerging leaders with the leadership knowledge and skills required to drive global improvements in child health
- increased the engagement of young physicians in the IPA and IPA member societies and other international organizations, building current and future capacity of pediatric professional societies to advocate effectively for child health

This Year

The inaugural cohort of LEADers was engaged from March 2019 to August 2021. Achievements include:

- A robust, diverse network of emerging leaders was catalyzed, serving as a platform for knowledge exchange and global social media campaigns on urgent child health issues.
- LEADers demonstrated substantial gains in leadership knowledge and skills.
- LEADers increased their engagement in professional organizations at the national and international levels, including leadership roles in COVID-19 response.
- The network of emerging LEADers was highly generative in multiple ways.

Breakthrough Projects

- When and where children with autism spectrum disorder are diagnosed in Japan
- Strengthening vaccinology expertise in Nepal
- Why parents look for information about vaccines outside pediatric offices
- Climate change related content for children on social media
- Presumed respiratory distress syndrome in the Ethiopian neonatal network
Yale Transdisciplinary Collaborative Center for Health Disparities Research (Yale-TCC)

Yale-TCC is a collaboration between Yale’s Equity Research and Innovation Center (ERIC) and health, policy, and community leaders in Region II (New York, New Jersey, Puerto Rico, US Virgin Islands, Trinidad, and Barbados). The Yale-TCC builds upon the infrastructure and knowledge of the Eastern Caribbean Health Outcomes Research Network (ECHORN) to generate novel science, strengthen partnerships, and implement interventions to reduce the burden of noncommunicable diseases within Region II and the Caribbean. We provide strategic facilitation and leadership development support to members of the Yale-TCC as they pursue their vision for regional collaboration to eliminate disparities in the burden of noncommunicable diseases.

GHLI Internship Program

In 2020-2021, we welcomed 7 undergraduate and graduate student interns to GHLI, leveraging our programs as platforms for learning and growth. Academic year and summer internships allow for engagement in both research and practice, often serving as the basis for thesis work, independent studies and practicum credits. Our supported the management of complex global health programs, development, and implementation of robust evaluation frameworks, and effective public health communication.
CATALYZING INNOVATION

We develop innovations driving demand for immunizations though the use of design thinking, incubate innovations through support for the start-ups participating in the Sustainable Health Initiative, and amplify innovations through study of partnerships in the US and globally.
Background
Policymakers and health and social care providers are calling for greater collaboration across sectors to address the myriad non-medical influences on health. Our prior research suggests that patterns of collaboration among organizations providing health care and social services within a community may be related to health outcomes, and that Area Agencies on Aging (AAA) often serve as brokers for these collaborations. Understanding how AAAs establish effective relationships to improve health for older adults and people with disabilities would support national scale-up of best practices in cross-sectoral partnerships.

This Year
In Phase 1, we used longitudinal quantitative data to identify our sample of target high partnered AAAs and comparison low partnered AAAs. We continued quantitative analysis to examine how AAA contracts with healthcare entities were associated with: (1) AAA organizational characteristics and business capacity, (2) sociodemographic characteristics of the AAA’s service area, (3) healthcare resources in the service area, and (4) whether the AAA’s state had managed long-term services and supports and how many state delivery system reforms were in place. Our analysis demonstrated AAAs contracting with healthcare entities depended on supply factors such as the AAA’s business capabilities (e.g., expertise in marketing, rate setting, and information systems), as well as state and local factors that influenced demand from healthcare delivery organizations and payors. In Phase 2, we completed 130 interviews at 12 sites. Highly-partnered AAAs were characterized by 3 distinctive features of organizational culture: 1) attention to external environments, 2) openness to innovation and change, and 3) risk taking to learn, improve and grow. AAAs and partners describe a broad set of organizational strategies and partnership development tactics, depending on their local contexts. In Phase 3, we are partnering with the Aging and Disability Business Institute at National Association of Area Agencies on Aging (n4A), to disseminate project findings to AAAs, other CBOs, and the health care sector.

Evidence Generation
We are collaborating with the University of California at Berkeley, Scripps Gerontology Center at Miami University, and the n4a to examine:

1. How highly partnered AAAs in regions with low-levels of avoidable health care utilization for older adults establish relationships with partners in health care
2. How partnerships are catalyzed, developed, and sustained

Findings from quantitative and qualitative phases have been synthesized into:

2 ABSTRACTS
- a description of distinguishing features of AAAs and their healthcare partnerships
- a symposium exploring the sustainability of the aging network’s COVID-19 responses.

3 MANUSCRIPTS
- a cross-sectional analysis to understand what facilitates AAAs establishing contractual relationships with healthcare entities
- a description of factors that characterized partnerships in the highly-partnered, low healthcare utilization AAAs
- an exploration of innovative responses by AAAs and their partner CBOs during the COVID-19 pandemic.
Design Thinking to Drive Demand for Immunizations

Background
Rotating Savings and Credit Associations (ROSCAs) are local groups which pool and subsequently distribute monetary contributions from members. These local networks also yield powerful normative social influence on a variety of issues, including women's choices around infant feeding and contraception. This project's objective was to leverage ROSCAs in Cameroon to generate demand for routine immunization by: 1) mapping and engaging ROSCAs in areas of low immunization coverage, and 2) applying human centered design (HCD) approaches with targeted ROSCAs to identify ways that these associations can drive vaccine-seeking behavior.

Human Centered Design
Our team uses design thinking, collaboration, and rapid experimentation to identify opportunities and co-create solutions. Design thinking has become a vital tool in fueling service innovations, using the following qualities to uncover human needs:

- Empathy
- Prototyping
- Systems Thinking
- Storytelling
- Human-Centered Focus
- Brainstorming

Our methodology has six phases: empathize, define, ideate, prototype, test, and scale. Key in this approach is having feedback loops with stakeholders and leaders, working directly with ROSCA members to experiment and learn, as well as basing decisions for initiatives on the appetite of willing partners who will champion the goals. The insights generated from the empathize phase will inform our future prototypes.

This Year
In January 2021, the empathy phase was reactivated with the two ROSCAs in Cameroon and included new travel and convening protocols consistent with the requirements for the COVID-19 pandemic. The local designer in Cameroon conducted in-person interviews and observations to understand ROSCA members’ perspectives and experiences within their ROSCA and in interactions with the health system. During the empathy phase, ROASCA personas and journey maps were developed to understand ROSCA members’ motivations, insights, and latent needs as they relate to immunization services. Through analysis of user insights, the design team developed a number of “How Might We...” statements. All participating ROSCA members mentioned a strong connection to their credit association and shared insights as to how these associations are often used as platforms to share information. However, these associations have not yet been leveraged to share information on health and vaccine seeking behavior. Women expressed willingness to incorporate health communications into their associations but further engagement is needed. We believe that this strong ongoing network influence and the key informant insights illustrate that ROSCAs can be leveraged to drive demand for immunization services in a number of innovative and novel ways. The next step in this project will be to build and test prototypes based on these insights.
Background
In alignment with the UN Sustainable Development Goals, the YIGH Sustainable Health Initiative (SHI) strives to solve complex global health challenges through business minded approaches, creative problem-solving methods, and international collaboration.

SHI is a home for global health entrepreneurship at Yale. SHI has supported startups in the health space with innovative solutions including artificial intelligence for cancer diagnostics, environmental sustainability, data management platform for organ transplants, remote perinatal health monitoring, low-cost infant respirator, early childhood health, and parenting support platform among others.

This Year
GHLI partnered with YIGH to expand SHI, including the design of a GHLI-hosted accelerator and an intimate speaker series for entrepreneurs focused on improving health outcomes in the Global South. The speaker series, or “Fireside Chats,” is a three-month, fully virtual conversational series that will foster a learning community of entrepreneurs in global and planetary health, with focus on the Global South. The series will bring together founders from across the Yale network for intimate, inspiring conversations with world-class leaders in innovation. The series will provide conversations with investors, successful health start-ups, and influential stakeholders that will offer insight on challenges and lessons learned.
STRENGTHENING HEALTH SYSTEMS

We work directly with Ministries of Health in support of their visions for health systems strengthening. Exemplary projects include a robust partnership with 5 universities and the Federal Ministry of Health in Sudan to strengthen leadership and mentorship amongst public health researchers, and the delivery of the multi-country Strategic Training Executive Program (STEP) 2.0 to improve national immunization supply chain networks.
STRATEGIC TRAINING EXECUTIVE PROGRAMME

30 PROFESSIONALS
In alignment with the Ministry of Health in Zambia’s strategic priorities in health systems strengthening, these professionals will represent the national, provincial, and district level.

6 PRIVATE SECTOR COACHES
Delegates will engage with six private sector coaches from Johnson & Johnson, Merck, and GSK.

5 REGIONS
GHLI has been selected as a Gavi supplier to deliver STEP 2.0 in 5 regions Anglophone, Francophone, and Lusophone Africa, Eastern Mediterranean, and Southeast Asia.

Background
In alignment with the Sustainable Development Goals and grounded in the conviction that strong supply networks are critical for the realization of Gavi 5.0 strategic priorities, the STEP 2.0 programme prepares supply chain professionals to ensure the availability of critical vaccines and essential medicine in even the most challenging contexts by including practical skills building in: adaptive leadership, change management, and strategic communication. The programme is also unique as it allows public health supply chain professionals to connect and learn with private sector supply chain experts to strengthen supply chain leadership. The onset of COVID-19 has introduced uniquely complex challenges within immunization programs in Gavi-eligible countries. STEP 2.0 provides essential skills for the effective rollout of the COVID-19 vaccine and continuity of routine immunization services.

This Year
GHLI is working on the adaptation and delivery of a virtual STEP 2.0 (vSTEP2.0). Building on experiences from GH LI’s successful adaptation of the Expanded Programme on Immunization Leadership and Management Programme (EPI LAMP) to a fully virtual model, GH LI is assessing the traditional STEP 2.0 programme by adapting the program schedule, the timing and modality of each program component for virtual delivery.

The vSTEP 2.0 programme launched October 2021, engaging 30 supply chain professionals at the national and subnational levels in Zambia responsible for immunization supply chain. Participants will complete e-learning modules, synchronous live sessions, and a transformation project that addresses complex supply chain challenges with monthly coaching sessions with private sector experts from GlaxoSmithKline (GSK), Johnson & Johnson, or Merck. Participants will emerge from the programme prepared to strengthen the capacity of vaccine supply systems through attention to effective problem solving, efficient operations, data-driven performance management, and robust human resource management processes. The vSTEP 2.0 programme for Zambia is funded through a grant from GSK to the International Federation of Pharmaceutical Wholesalers, Inc. (IFPW) Foundation’s collaborations with Gavi.
YALE-SUDAN PROGRAM FOR RESEARCH LEADERSHIP IN PUBLIC HEALTH:
Fostering Mentorship, Building Effective Teams, and Supporting Scientific Writing

29 PARTICIPANTS FROM 5 PARTNER ORGANIZATIONS
We have strong partnerships with Ahfad University for Women, University of Gezira, University of Khartoum, Neelain University, the Public Health Institute of Sudan, and Federal Ministry of Health.

20 MENTORS
We worked with champions who served as mentors to the participants throughout the program.

83% PARTICIPATION
At least 83% participation in each live videoconferencing session.

80 LAUNCH ATTENDEES
The program launch event welcomed around 80 people representing partner institutions.

Background
The Yale-Sudan Program for Research Leadership in Public Health is designed to address the critical need for research leadership in Sudan. It is a partnership between Yale and five of Sudan’s leading educational institutions (Ahfad University for Women, University of Gezira, University of Khartoum, Neelain University, the Public Health Institute of Sudan, and the Federal Ministry of Health), funded by a grant from the US Embassy in Sudan.

The role of GHLI is to foster a network of junior and mid-level faculty with the ability to (1) assume leadership roles within their institutions and (2) serve as more effective mentors to students and trainees. In addition to building individual capacities, the program is committed to fostering organizational systems and dynamics that will allow these rising research leaders to flourish. Therefore, the curricular content and design of the program features (1) fostering collaboration between partner institutions in Sudan to capture synergies and leverage the resources of each institution, and (2) promoting alignment across levels of hierarchy within each institution so that the junior faculty that are at the heart of this program are also well supported by their own mentors.

Each partner organization identified junior faculty who represent the future of public health scholarship and will be responsible for advancing science and providing education for future generations of public health professionals. Furthermore, each participant was asked to identify a mentor.
“There’s nothing that interests us more than contributing to higher education in public health and ultimately translating into the training of a new generation of public health leaders both in research and in practice for the nation of Sudan.” - STEN VERMUND, YSPH DEAN

This Year

Each module includes a set of asynchronous learning materials, live sessions that include interactive lectures and presentations, facilitation in Miro®, and panel and group discussions; and individual assignments to promote integration and application in participants' home organizations. Junior faculty that successfully complete the 12-week program receive a certificate from all partnering academic institutions.

1. Creating the Leadership Network (June-July)
2. Fostering Effective Mentorship (July-August)
3. Leading Research Teams (August-September)
4. Supporting Scientific Writing (September-December)

The success of the program will be measured at four levels: (1) participant response to the training experience (including participation, completion, and satisfaction) as measured by administrative records and participant feedback; (2) longitudinal change in mentorship and leadership competency as measured by the self-assessment at enrollment and graduation using the Mentoring Competency Assessment and Leadership Competency Framework; (3) change in participant behavior as measured by systematic reflection at the end of the program; and (4) impact on scholarship as measured by scholarly productivity.
Our team includes faculty and staff with diverse backgrounds and strengths. We amplify our impact through collaborations with faculty from across the health professions schools at Yale (Public Health, Medicine, and Nursing) and with the Yale School of Management.

Margaret Anderson, MS
Program Administrator

Adeola Ayedun, MPH
Program Administrator

Kali Bechtold, MPH, MBA
Director of Programs

Emily Cherlin, PhD, MSW
Research Associate

Sarah Christie, MPH
Program Manager

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Mayur M. Desai, PhD, MPH
Associate Professor of Public Health

Lynka Ineza, MPH
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Erika Linnander, MPH, MBA
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Lingrui Liu, ScD, MS
Associate Research Scientist

Marcia Schwartz
Director of Operations

Special thanks to our 2020-2021 interns, who provided valuable support across our programs: Celine Bondoc ‘22, Toshinari Ishikawa, Sunny Light ‘21, Jazmin Lopez ‘22, Ariana Plaza ‘23, Sina Reinhard ‘21, Xiaohan Zhou ‘22
We are grateful to work in partnership with foundations, governments, educational institutions, and implementing partners, to drive meaningful change at a global scale.

Ahfad University for Women
The Coca-Cola Foundation
The Commonwealth Fund
Department of Disease Control, Epidemics and Pandemics at the Cameroon Ministry of Health
The Patrick and Catherine Weldon Donaghue Medical Research Foundation
Eastern Caribbean Health Outcomes Research Network
The Sudan Federal Ministry of Health
Fogarty International Center of the National Institutes of Health
Foundation for Professional Development
Bill & Melinda Gates Foundation
Gavi, The Vaccine Alliance
The Global Fund to Fight AIDS, TB, and Malaria
Health Education England
International Pediatric Association
USAging
Neelain University
PATH
U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)
RRF Foundation for Aging
Public Health Institute of Sudan
RMZ Corp
Robert Wood Johnson Foundation
Tsinghua University
United Nations Children’s Fund (UNICEF)
United States Agency for International Development (USAID)
United States Embassy in Sudan
University of Gezira
University of Global Health Equity
University of Khartoum
University of Yaoundé I
Our global impact this year is the return on $2 million in investments from diverse foundations, development organizations, and government agencies. In 2020-2021, our largest financial portfolio was Preparing Leadership for Success as shown in the figure below.

Our people are our greatest asset, accounting for more than 53% of our annual operating expenses. A breakdown of our expenses is shown in the figure below.
Abstracts


Manuscripts


