



ACCORDIA

GLOBAL HEALTH FOUNDATION

Alliances to Fight Infectious Disease in Africa

Infectious Diseases Summit

Summary of Proceedings

May 18, 2009

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A Special Thank You to Our 2009 Summit Sponsors



Helping all people
live healthy lives

The Premise

Infectious diseases such as HIV/AIDS, malaria, and tuberculosis are the leading causes of death in Africa today. Although we have the knowledge to prevent and treat these diseases, many African countries have yet to sufficiently develop the skills and infrastructure needed to overcome these epidemics. We know that preventing deaths and achieving major improvements in global public health requires scaling up the known interventions and proven best practices—and the ability to scale is dependent upon inspired leadership and skilled management. In accordance with Accordia's mandate to build healthcare capacity in Africa as well as invited participants' goals, the theme for the 2009 Summit held in Kampala, Uganda on April 20-22 was ***Building Health Leadership in Africa: Preparing individuals and institutions for leadership roles in healthcare policy, education and research.***

Based on Steering Committee guidance, participant input and lessons learned from Summit 2008, four key design points shaped the purpose and process for this year's program:

1. **Focus on one topic and leverage real 'on the ground' examples** as a critical part of this dialogue
2. **Choose a venue that engages the right 'owners' and implementers**—meeting in Africa and enabling significant African participation
3. **Create an environment for dynamic two-way dialogue**, balancing panels and presentations with participant engagement and networking
4. **Be clear about the outcomes**—publish results, understand our individual and collective potential and surface requirements from our broader stakeholder groups

“Leadership is powerful because of what falls into place behind it – the collective strength of others, who make the dreams of leaders possible.”

Dr. Nelson Sewankambo

The Summit engaged influential international leadership from academia, government, foundations and the private sector in high level strategic meetings to identify new approaches to building healthcare capacity in Africa. Because of the central role they play in developing such capacity, African academic medical centers was an area of special focus discussed within three tracks:

The Individual: *Identifying, nurturing, and retaining leaders at all levels in global health*

The Institution: *Enhancing organizational capacity to lead and influence health policy and practice*

The Network: *Fostering innovation, south-to-south collaboration and network efficiencies*

This document represents a summary of participant insights and dialogue, including ideas on a 'call to action' and Accordia's next steps. Accordia Global Health Foundation and the Infectious Diseases Institute would like to take this opportunity to thank the 2009 Summit sponsors, the Steering Committee and especially the participants who invested their time and contributed to the Summit outcomes.

Setting the Context

Dr. Alex Coutinho, the Sande/McKinnell Executive Director of the Infectious Diseases Institute in Kampala offered opening remarks on the rationale for organizing the summit topic of leadership around the three tracks. He talked about how these three levels of leadership—the individual, the institution and the network—are inexorably connected in the new era of a rapidly changing world with real time transmission of knowledge, experiences and trends.

He made the point that Africa has the unique opportunity to harness the power of communication, the goodwill of the global community and the interest in global health to put together a best practice leadership model that not only crosses boundaries but creates new models that will be sustained and thrive in an environment of rapid change and ebbing and flowing conditions at individual institutional level.

“Leadership is somewhat like learning how to ride a bicycle – no matter how many lectures one receives the only way to learn is to get on that bicycle and pedal. This means that along the way there will be mistakes and spills, but the key is how to get up, dust oneself off and get on that bicycle again. What good leadership programs do is to provide the bicycle, encourage others to climb onto it and provide a mentor to ride along with you...A key lesson in riding a bicycle that is relevant to leadership is that forward momentum is what keeps the bicycle and rider stable – leaders who stop generating momentum in their teams have often reached their ‘sell by’ date”

Dr. Alex Coutinho

In introducing the **individual track**, Alex talked about how leadership skills are a continuum with plenty of scope at the individual level to acquire, develop and hone the skills and techniques to develop ones’ own leadership skills and in the process inspire others to leadership roles.

He went on to suggest that leaders need a platform—**the institution**—to translate individual leadership into sustainable programs and results. Examining what factors lead to the development of leading institutions is key—leaders in brand recognition and downstream impact; knowledge generation, influence on policy and translation into practice and results.

The last theme of the summit examined within this interconnected global village how institutions can link together to develop **leading networks**. Coutinho posited that no single institution has the knowledge, the experience, the database or even the resources to provide the type of innovative solutions required to tackle global level health challenges.

Dr. Coutinho ended by talking about the opportunities to link academic institutions to non-traditional partners who often have far more experience in the work of leadership development and sustenance. Together they could forge leadership development programs that generate leaders who will tackle the MDG’s and the global health challenges of future generations—including the defeat of infectious and non communicable diseases, environmental sustainability and the eradication of poverty.

The Individual Track

The individual track was organized around two panel discussions followed by plenary dialogue. The first panel focused on “*Perspectives on the Path to Leadership*” moderated by Dr. Francis Omaswa from the African Centre for Global Health and Social Transformation. We were fortunate to have a very diverse group of panelists engaged as well—Mr. Vincent Bankanie, Muhimbili University of Health and Allied Sciences; Dr. Sabrina Bakeera-Kitaka, Mulago Hospital/Makerere Medical School; Ms. Prudence Mabele, Positive Women’s Network and Dr. Nasir Sani-Gwarzo, Center for Disease Control and Prevention Nigeria.

The second panel on “*Successful Leadership Development Programs*” was moderated by Dr. Jeffrey L. Sturchio from the Corporate Council on Africa. Insights were shared from panelists who represented different programs and experiences in Africa—Dr. David Bangsberg, Harvard University, Dr. Ernest Darkoh, BroadReach Healthcare, Mr. Joseph Dwyer, Management Sciences for Health, Dr. Michael Johnson, Fogarty International Center, Mrs. Veena Pillay, Foundation for Professional Development and Ms. Krista Thompson from BD.

“I believe many of the issues that Africa faces today result from a lack of effective leadership ... the kind of leadership required is transformational and as a doctor and teacher in the public health sector, I would like to contribute to that transformation”
Summit Participant

In the first panel, we heard panelists’ personal perspectives on the path to building their own leadership and management competencies—and their experiences in addressing the opportunities and challenges to developing individual leadership capability in public health. The second panel highlighted key factors that have enabled success, along with the specific measures/indicators applied to communicate outcomes of the respective Leadership Development Programs represented. The panels noted the opportunity to adapt successful experience and models, including those that are outside the health sector, to improve individual leadership.

Discussion Highlights

- Leadership challenges need to be addressed at all levels including management, community, district, national and international; policy, clinical, research
- Autonomy (freedom to lead) and delegation of responsibility are key—giving power leads to increase in power
- Evidence (examples of success) should be used to influence those with authority to change the status quo—mistrust still exists in those who have power
- Succession Planning should be an area of focus for all levels of leadership
- Cross cultural sensitivity gets lost—we must understand what works where
- This is all about people, but human resources require ‘systems’ that function
- Bringing relevant leadership training to Medical Schools should be a priority
- Differences between a manager and a leader—one participant offered that a leader ‘does the right thing’ and a manager ‘does things right’; another view is that leaders have an external vision and managers help others to obtain that vision
- Workforce deficiency—inhibits producing leaders when there are significant challenges; more attention needed for health leaders at the district level of service delivery
- Key skills—communication, financing, collaboration, influencing, fundraising, advocacy
- Leadership taught as a theoretical verses a practical skill continues to be a challenge in medical schools—and undergraduate level is not too early for leadership training
- Standardize curricula and address the issue of ‘professionalism’ in Africa
- Leaders in our institutions and in the private sector teaching leaders help ‘make it real’
- Mentorship and career development are often lacking and are crucial to building skills
- Focus should be on building the next generation of leaders—work with young faculty and give them leadership tasks that ‘stretch their comfort zone’
- Help to develop leaders without skills/education that are already in leadership roles
- Tension between political and technical agendas—we really need a shared agenda
- There are natural leaders, nurtured leaders and leaders who arise during a crisis—our leadership development programs have to address all three
- If the west creates leadership techniques/attributes—are they applicable to Africa?
- Management must ‘harmonize with the culture’ and drive preferred leadership attributes
- We need help in organizing student leadership and providing advocacy for leadership
- Networks can help build leadership skills by providing knowledge/experience to various leadership development programs

The Institution Track

Dr. Joseph Kolars, Mayo Clinic College of Medicine, kicked off the discussions on the institutional context by talking about new approaches leading institutions are taking to transform and meet rapidly changing global public health needs. He shared his views on why the process of strengthening institutions is critical to improving Africa's leadership role in the field of global health. Dr. Kolars also provided an overview of his learning grants work with the Bill and Melinda Gates Foundation. Two sets of presentations followed to guide the dialogue on the institution track. The first session highlighted three institutional case studies in different phases of their lifecycle. Dr. Alejandro Cravioto, International Centre for Diarrheal Disease Research, Bangladesh, Prof. M.D Wilson, Noguchi Memorial Institute for Research, Ghana and Dr. Alex Coutinho, Infectious Diseases Institute, Uganda each presented a brief overview of their respective institutions. The overview included highlights of their greatest opportunities and challenges, trends that will influence their strategic priorities and the biggest threats to their institution's sustainability.

"There is no choice but to invest in our institutions and leaders...we are taking very good doctors and making them into mediocre managers"
Summit Participant

Professor Stella Nkomo, University of South Africa, set the stage for the second set of presentations by offering remarks on her research in leading and managing significant change in post-apartheid South Africa. Three institutions who have, or who are in the midst of transforming and managing large scale change focused on the future, sharing lessons learned and offering practical advice for building leading institutions. Dr. Warner C. Greene, Gladstone Institute of Virology and Immunology talked about *"Lessons Learned on the Path from Idea to Reality"*; Dr. David Peters, Johns Hopkins Bloomberg School of Public Health and Dr. George Pariyo, Makerere University Institute of Public Health shared insights on *"The Makerere College of Health Sciences: Becoming a Transformational Institution"*, and Dr. Jerome O. Mafeni, ENHANSE Project USAID/N, Futures Group International provided his thoughts on *"Strengthening Health Policy through Institutional Leadership"*.

Discussion Highlights

- Private sector can bring skills/understanding of running large, complex organizations and has significant, relevant experience in talent management and leadership development.
- Leading institutions invest in cross-sector approaches that are mentorship based, in real-time, culturally appropriate and cross-functional
- Institutions must recognize that leadership transitions are disruptive—has to be managed
- Get institutions talking to institutions to find out what society needs for them to deliver—voice of our 'customers' is sometimes non-existent
- Institutions need to focus on metrics—we have to measure before we improve
- Core funding is critical to the sustainability of our (academic/research) institutions
- Institutions need visionaries, thought leaders, political support at the highest level, funders and leaders/team builders—those are key to maintaining a leading institution
- New partnerships enable institutions to reach beyond their walls—globally, across networks, with institutions and district/local leadership—government can't fund everything.
- Institutions must grapple with the centralization/decentralization dilemma
- Major challenges around overall talent management strategies—lack of skilled human resources (i.e. research group leaders)—institutions should hire only the best
- Clear execution of mission, low bureaucracy, commitment to excellence, impeccable training, pro-active talent management systems, impeccable service delivery, inspired financial stewardship, ability to work in teams, community relevance, on-going review of strategy—all contribute to the 'keys of success' for leading institutions
- Institutions must give their people permission to fail—to take risks and to innovate, to be courageous—thinking and acting 'big'
- Public perception of health services is a cause for concern—loss of faith in institutions and many do not see health care as a good investment—what are the returns?
- Align with national health goals—do a needs assessment and develop strategic plans
- Key is to translate policy into practice—numerous health policy demands get in the way
- Inhibitors to a strong institution—institutional leadership, politics, self-interest, greed

The Institution Track (cont)

Institutions Promoting Leadership	Challenges for Building Leading Institutions	Advice for Institutional Excellence/Transformation
<ul style="list-style-type: none"> ▪ Provides tools to individuals (education and skill set) ▪ Finds opportunities for those individuals to excel and advance—‘learn by doing’ ▪ Financial support for individuals and supportive systems ▪ Provide mentorship at all levels and provide incentive (reward and recognition) ▪ Protected time to mentor, teach and conduct research ▪ Retention of leaders at all levels ▪ Invests in facilities and logistic (material and human resources) to support research, care and training ▪ Creates career pathways, developing critical mass, and recruiting and retaining talented scientists ▪ Supports senior scientists to act as research leaders and role models 	<ul style="list-style-type: none"> ▪ Insufficient infrastructure (e.g. IT, research space/labs, grants & contracts, procurement; national research systems/guidelines) ▪ Lack of critical mass of good clinicians, educators, public health practitioners, scientists, technical staff (attract, develop & retain) ▪ Intellectual isolation, manage internal & external brain drain ▪ Missed opportunities e.g. publications, personnel, grants ▪ No meaningful research funding from government & private sector ▪ Writing competitive grant applications for international funding ▪ Difficulty of coordinating all players ▪ Funding especially for core resources and activities not assured <p>Note: excerpt from Lancet 2008</p>	<ul style="list-style-type: none"> ▪ Be relevant to the community” ▪ Lead change—paradigm shift in priorities and mindset ▪ Strategic repositioning—not business as usual; decrease in bureaucracy ▪ Diversity Architecture: Systems, infrastructure and financial streams— “be not solely reliant on government” ▪ Be Proactive—Take Action ▪ Encourage Forward Momentum—never rest on your laurels ▪ Make the commitment—start something now ▪ Alignment with national health needs—metrics, improved health outcomes ▪ Learning needs to be linked with action as to what is needed to improve health ▪ Foster culture of collaboration and innovation ▪ Sharing of resources and financial diversification ▪ Communication, Communication, Communication ▪ Invest in human resources, finance, basic and clinical, research, laboratory and clinical infrastructure, student facilities and health systems ▪ Invest in faculty retention and student development ▪ Research and Service Delivery need to work together ▪ Business plan linked to Strategic Plan ▪ Governance—understand how and why ‘it works

The Network Track

Track three on “*Collaborative Leadership through Effective Networks*” was orchestrated around a panel discussion, moderated by Jonathan Cook, Association of African Business Schools Board. Five leaders offered different perspectives on their varied experiences in developing, managing and sustaining different types of networks—Dr. Peter Ngatia, Africa Health Leadership and Management Network, Dr. Fred Wabwire-Mangen, Merck Vaccine Network-Africa (MVNA), Dr. Bob Bollinger, John Hopkins University, Dr. Anvar Velji, Global Health Education Consortium and Dr. William Bazeyo. Given that there were many people in the audience who have deep experience in leading networks, the panelists spoke briefly about their insights on the value of networks so that participant voices could be engaged.

Opening remarks were given by Dr. Philippa Easterbrook, Kings College School of Medicine, London, who gave her perspective on the network landscape—what types of networks are present in Africa; who are the key players and what are they doing; what trends are affecting the success and sustainability of networks and finally, what can we learn from other global networks?

Discussion Highlights

- Invest in regional networks to build capacity (North-North, North-South, South-South)
- Weigh the value of networks versus the cost—we do not do this nearly enough
- Little documentation exists—but there are some good models of networking activities (i.e. EDCTP, leDEA, Wellcome Trust)
- Networks need clear objectives, advance planning and lots of mutual trust to succeed
- Develop networks with key partners for sustainability
- Create programs/services that bridge the gaps—not that create redundancies
- Work with ministers of health and use ‘on the ground’ sources for information
- Share and adapt curriculum—networks should add ‘net new’ value
- Understand how to motivate and mobilize resources—key to enabling networks
- Bring academia to local leaders
- Networks can both empower and disempower local leadership—critical to make that assessment as a network leader
- We need to create professional societies that can continue the networking ‘practice’
- Sharing information and enabling knowledge exchange enables better research and advocacy
- Technology is critical to network impact—distance learning, mobile technology, repositories for best practices/sharing data, on-line collaboration and training—how do we convince funders to invest?
- Challenge is choosing the right partners—similar goals, values, intentions—it is messy when that does not happen (i.e. one partner can slow you down)
- Key program management challenge is our ability to learn and exchange insights into current thinking on health care leadership—networks can serve to keep us ‘ahead of the curve’
- We need to have more focus on system building issues for networks
- Ministries of health and finance should be promoting and investing in successful networks

CALL TO ACTION

A call to action followed two days of dynamic discussions and informative presentations. In all of the dialogue, summit participants urged an investment in leaders and leadership development at all levels. The final session concluded with participants surfacing an array of important insights—that institutions must be more deliberate about strategies to identify, retain and nurture talent, including the development of accountable and transparent management structures; mentorship and evaluation approaches are key to providing young leaders the opportunity to lead and the incentive to take risks; and systems and policies that empower effective leadership are fundamental to any paradigm shift around building healthcare leadership capacity.

In looking toward the future, participants forged a vision of mainstreaming health leadership and advocacy in a multi-sectoral training landscape where stakeholders at multiple levels in government, health, business, education and civil society organizations participate. Training would take place at the individual, institutional and public-private partnership levels. Participants also encouraged Africa's leading medical schools and research institutes to work more closely with patient advocacy groups and health ministries to link organizational priorities to the greatest needs of society and to develop better tools to measure the critical impact of leading institutions on health outcomes.

All agree that the global community must work within existing institutions to develop leadership capacity that is focused on long-term strategies and rooted in practical realities. Learning from long-term centers of excellence like ICDDR,B, IDI and others will not only yield long-term results, but will also surface exportable best practices and scalable models. New funding models that make available core funding to support the cost of excellence within these institutions is a fundamental topic for building leading institutions—one that may need an entire summit devoted to that topic with national governments and funders represented.

Dr. Tom Quinn, John Hopkins Center for Global Health, opened up the final session with a mandate for all participants—how do we best support individuals and institutions for leadership roles in healthcare policy, care delivery, education and research to address the current and future health care challenges in Africa? He offered a framework for participants to consider as they thought about the concrete actions the participant community should take. Most importantly, Dr. Quinn set the stage for collaborative table group discussions that resulted in the following advice and recommendations for the way forward.

“My experience is that without the people the vision perishes. To succeed in the fight against infectious diseases in Africa, we need both a vision and the people to achieve that vision. My vision is for an AIDS free generation in Africa. This vision will not be achieved quickly or easily. But it can be achieved by a future generations of African leaders if they step up to the challenges of leadership and receive the training and mentoring to be successful. That is the challenge this Summit sought to address. If we are successful in meeting this challenge, the future our children and grandchildren inherit will be markedly improved. We will be known as the generation that changed the face of infectious diseases in Africa forever.”

Dr. Hank McKinnell

CALL TO ACTION (cont)

Participants explored ways in which the interconnectivity across these three leadership tracks could drive unique opportunities to expand the impact of healthcare leadership in Africa—a summary of their advice and guidance follows.

Individual Action

- Practice the qualities and characteristics of good leadership and integrate it into daily work
- Make an explicit commitment to mentor and teach other leaders and celebrate their successes
- Create an enabling environment and promote freedom of decision-making within agreed parameters so that leaders are empowered to innovate and lead in a complex environment
- Pro-actively seek high-potential leaders at all levels, offer challenging assignments and an array of development experiences, and develop clear career paths to build capability and to increase retention
- Consider the impact of working within culturally diverse settings on our combined effectiveness.

Institutional Action

- Develop a long-term vision and strategy that are linked to the greatest needs of society and that include metrics and performance criteria that communicate the impact and value of the institution at both the local and global levels
- Play an external advocacy role in influencing donors and other funding stakeholders, using research and evidence to show the importance and synergy of leadership and science in developing public policy and driving its implementation
- Invest in a robust and transparent talent management 'framework' that assesses, develops, promotes and evaluates leaders at all levels of the healthcare delivery system and defines the right incentive and reward systems to ensure active mentorship
- Focus on the next generation of leaders, understanding their interests and building criteria that enables risk-taking and overproduces leaders who can step up to dynamic challenges
- Ensure an operating environment and support structures necessary to enable effective leadership at all levels
- Refresh academic curricula, including formal leadership training, implementation science, and translational research to link science to practice
- Fully utilize the potential impact of IT infrastructure improvements and take action to leapfrog technology and overcome traditional roadblocks
- Link with non-traditional partners, where appropriate, to implement cutting edge, reality based approaches to leadership development
- Ensure organizational relevance by actively engaging with government ministries, private sector partners, local communities, advocacy groups, and other stakeholders.

Network Action

- Prioritize investment in leading individuals, institutions, and networks that will drive scale-up and sustainability of infectious disease services and essential strengthening of health systems in Africa in the long term
- Integrate leadership and management development strategies at the individual, institution, and network levels into comprehensive country health workforce strategies and plans
- Recognize the critical importance of a base of core funding to leading institutions in building a stable platform on which to respond effectively and efficiently to the greatest needs of society
- Work collaboratively, utilizing best practices, to establish metrics to evaluate leading institutions as well as successful leadership and management practices and their impact on health outcomes,
- Research the evidence amongst institutional leadership practices and the impact on healthcare delivery
- Share leadership-development programs and curriculum redesigns and ensure open source sharing of best practices through effective networks
- Leverage IT infrastructure advances to enable South-South professional networking, map leadership opportunities across Africa, and expand mentorship

Appendix I

Summit Steering Committee

Thanks to all of the individuals who served on the 2009 Steering Committee.

CO-CHAIRS

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Appendix II

Summit Participant List

Summit Participant List

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Appendix III

Presentation Highlights

Summit Power Point Presentations

Full presentations are available upon request. To request a specific presentation, please contact Medesse Sonou at msonou@accordiafoundation.org.

“Leading across Cultures”

Dr. Jeff Sebuyira – Mukasa, Coca-Cola SABCO

Dr. Sebuyira explained that even though different leadership theories have certain characteristics in common, what people value and view as leadership varies from culture to culture. With the use of different case studies, he walks us through the impact that different cultural values have on preferred leadership attributes.

“Case Studies in Institutional Leadership”

1. *International Centre for Diarrheal Disease Research, Bangladesh*

Dr. Alejandro Cravioto, ICDDR, B

The International Centre for Diarrheal Disease Research in Bangladesh (ICDDR, B) was the first and still is the only international health research centre located in a developing country. The presentation details the journey of the ICDDR, B from its inception to becoming an internationally recognized institution whose impact extends beyond its region to different countries in Africa.

2. *Noguchi Memorial Institute for Research, Ghana*

Professor Michael Wilson, Noguchi Memorial Institute

This presentation illustrates how an institution can lead and influence health policy and practice by enhancing its organizational capacity. Professor Wilson provides an overview of Noguchi and discusses some of the common challenges that research institutions may face such in securing funding and acquiring skilled human resources. He also provides examples of solutions that were implemented at Noguchi.

3. *Infectious Diseases Institute, Uganda*

Dr. Alex Coutinho, Infectious Diseases Institute

Dr. Coutinho gives an overview of the development of the Infectious Diseases Institute (IDI) and its success factors. His presentation details the work of the IDI from research, training programs, laboratory services to clinical care and outreach activities to support prevention. It also illustrates how IDI works with other clinics and hospitals and ensures that publications and research outputs increase every year.

“Lessons Learned on the Path from Idea to Reality”

Dr. Warner C. Greene, Gladstone Institute of Virology and Immunology

For four years in a row the Gladstone Institute of Virology and Immunology has been ranked in the top ten academic institutions in the U.S. This presentation provides an overview of the institute’s success factors such as creating an environment that encourages staff to invest themselves in their work and minimizing bureaucracy.

“The Makerere College of Health Sciences: Becoming a Transformational Institution”

Dr. David Peters, Johns Hopkins Bloomberg School of Public Health and Dr. George Pariyo, Makerere University Institute of Public Health

The Johns Hopkins University-Makerere University partnership seeks to build the capacity of Makerere University’s College of Health Sciences. The presentation provides an overview of the various goals of the partnership.

“Strengthening Health Policy through Institutional Leadership”

Dr. Jerome O. Mafeni, ENHANSE Project USAID/N, Futures Group International

Dr. Mafeni’s presentation describes challenges and demands of health policy. His presentation outlines some of the challenges to building strong institutions and provides some of the key leadership roles that health systems and institutions can play.

“The Network: Collaborative Leadership through Effective Networks”

Professor Philippa Easterbrook, Kings College School of Medicine, London

This presentation provides insights into different types of networks: their challenges and principles of good partnerships. Included are North-North, North-South Networks as well South-South Networks.

“Call to Action”

Dr. Tom Quinn, Johns Hopkins Center for Global Health

In this presentation, Dr. Quinn provides a brief overview of summit proceedings and a framework for the “Call to Action.” Included is a preliminary summary of the way forward as well as a list of challenges to Capacity Building.

Appendix IV

About Accordia Global Health Foundation

About Accordia Global Health Foundation

Accordia Global Health Foundation (Accordia) builds Africa's capacity to fight HIV/AIDS, malaria, tuberculosis, and other infectious diseases through training, research, care, and prevention. Accordia works in partnership with individuals, corporations, foundations, NGOs, and governments from Africa, Europe, and North America to achieve our vision of a healthier Africa.

Our approach is to invest in African healthcare systems to not only address today's need to fight HIV/AIDS and other infectious diseases, but also to prepare a new generation of African healthcare leaders for tomorrow's challenges. Our programs build healthcare capacity to promote consistent quality of care and strengthen academic medical institutions to train healthcare professionals and nurture young African researchers. We are dedicated to the transfer of knowledge, tools, and the building of infrastructure that will lead to an Africa that can move forward independently toward a healthier future.

Accordia Global Health Foundation began in 2001 with a partnership among leading academic physician-researchers from Uganda and North America, who were committed to pursuing a more collaborative, *African-based* and *African-led* approach to overcome the burden of HIV/AIDS in sub-Saharan Africa. In 2004, Accordia, in partnership with Pfizer Inc, the Academic Alliance, and Makerere University, established the Infectious Diseases Institute (IDI) as the preeminent center in sub Saharan Africa for infectious disease training, treatment and research within Makerere University.

What started as a goal to improve the treatment of AIDS patients in Africa is now a mandate to develop and sustain the continent's ability to counter the spread of infectious diseases. Today, Accordia is building new partnerships modeled upon IDI and expanding the impact of our work throughout Africa.

For more information please visit www.accordiafoundation.org.

Appendix V

About The Infectious Diseases Institute

Infectious Diseases Institute

Accordia Global Health Foundation, in partnership with Pfizer Inc, the Academic Alliance, and Makerere University, established the Infectious Diseases Institute (IDI) in 2004 as a preeminent center in sub Saharan Africa for infectious disease training, treatment and research within Uganda's Makerere University.

Today IDI is an independent teaching, research, and clinical organization that has now become an academic institute within the Makerere University College of Health Sciences. By enhancing the stature and recognition of the Faculty of Medicine at Makerere University, IDI is helping to reverse the trend of African healthcare professionals pursuing career opportunities abroad. African doctors and medical scientists can now pursue their clinical interests in a world-class academic medical setting and serve those in their homeland. IDI has trained over 3,800 healthcare workers from 27 African nations in enhanced HIV/AIDS and malaria care. The IDI clinic is caring for 9,000 patients and almost all eligible patients are on life-saving antiretroviral therapy. Currently 37 research projects are in progress, with an emphasis on identifying best practices and models for prevention, care and treatment of HIV/AIDS and related infectious diseases in sub-Saharan Africa. IDI is saving lives and developing African healthcare leaders to ensure Africa can respond to infectious disease challenges in the decades ahead.

For more information please visit www.idi.ac.ug.