UNLEASHING THE POWER OF PUBLIC HEALTH INTERNATIONALLY

DEPARTMENT OF INTERNATIONAL HEALTH
STRATEGIC PLAN 2020–2024

JOHNS HOPKINS
BLOOMBERG SCHOOL OF PUBLIC HEALTH
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OUR DEPARTMENT LIVES AND BREATHES THE POWER OF PUBLIC HEALTH INTERNATIONALLY. THIS STRATEGIC PLAN WILL GUIDE US TO USE THAT POWER TO IMPROVE THE HEALTH, NUTRITION, AND WELL-BEING OF THE WORLD’S MOST DISADVANTAGED PEOPLE.
The Department of International Health at the Johns Hopkins Bloomberg School of Public Health pioneered the field of global health research and education, creating the first academic program in international health in 1961—it defined the field as a multidisciplinary effort, based on values of social justice. Over the past 59 years, we have discovered, tested, and supported a wide range of low-cost, highly effective solutions including vaccines (such as Hib, pneumococcal, and rotavirus vaccines), diagnostics, antibiotics, micronutrients, family planning, and safe deliveries. Notably, departmental faculty contributed to discovering the role of zinc in reducing pneumonia and diarrhea, understanding the impact of chlorhexidine for umbilical cord care on neonatal mortality, and vitamin A supplements as a means to reduce mortality, blindness, and hearing loss among children, as well as supporting the effective scale-up of oral rehydration salts for childhood diarrhea.

Our first Department Chair, Carl Taylor, was a key architect of the 1978 Alma-Ata Declaration that refocused global health efforts on primary health care. Besides discovering and supporting new technologies and interventions, departmental research has also developed deep insights into policy and programmatic interventions concerning, for example, the different dimensions of disadvantage in populations around the world, and the social, political, economic, and biological constraints on, and opportunities for, good health. The Department’s research has helped to inform governments’ adoption and scale-up of innovations to tackle health challenges, especially for the world’s poorest and most vulnerable populations. We use public health approaches, social and behavioral sciences, implementation science, economics, and policy tools to explore barriers to adopting and scaling up new technologies and health services, and devise strategies to address them. While we work primarily in low- and middle-income countries, we also serve disadvantaged communities within the U.S., notably among Native American communities and inner Baltimore City. Our services are also increasingly applied in conflict-affected states, among refugee populations, and in countries dealing with deadly disease outbreaks, such as Ebola.

We are proud of the Department’s many past contributions, but the world is changing fast, and our people, our approaches, and the tools that we use must change accordingly. This Strategy reaffirms our commitment to our mission, vision, and values, but then seeks to reposition the Department for the period 2020–2024. It outlines priority research themes, and new ways of working that will ensure that the Department’s work continues to be as impactful as it has been in the past.
WHO WE ARE

The Department of International Health is committed to helping the world’s most vulnerable and disadvantaged people improve their health and well-being. We focus on diseases, disabilities, malnutrition, and the social, economic, biological, and environmental conditions that affect communities around the world. Whether the problem is defined by illness, ability, economic or social status, gender, age, race, religion, political affiliation, or sexual orientation, we work with partners around the world to identify, test, and implement technologies, practices, and policies to protect health and save lives.

OUR VISION

To improve the health, nutrition, and well-being of the world’s most disadvantaged people by being a global leader and partner in the application of cutting-edge science, responsive and innovative public health practice, educational programs, and focused capacity building.

OUR VALUES

- **Social Justice.** Our faculty, students, staff, and alumni are global citizens, committed to social justice and improving health equity for all people wherever they live.
- **Multidisciplinary and Interprofessional Collaboration.** Our leadership in public health extends from theory to practice and is achieved through integrated and transdisciplinary approaches to research, education, capacity building, policymaking, and program implementation.
- **Local and Global Engagement.** We work directly and collaboratively with communities, scientists, public health practitioners, and policymakers around the world to understand their needs and support change that directly addresses them.
- **Impact.** We seek to produce measurable results on people’s lives, especially the poor, through programs, policies, and practices that are adapted, scaled, and sustained effectively.
While many universities that are new to the field have been setting up centers and departments of global health, our department has chosen to stick with its historical name (International Health) for a number of reasons:

- The Department was founded on the principles of Internationalism—the belief that we can overcome divisions of nationalism, class, poverty, and other obstacles to health equity and social justice through the promise of science, public health practice, and education.

- International cooperation is integral to our mission. The Department places importance on understanding and working within local and national contexts, as well as with international agencies such as the World Health Organization.

- We partner with local communities and state and national governments, both domestically and internationally, to help develop locally practical and sustainable solutions to improve health. Our name acknowledges that health conditions vary by country and community, and that solutions range from local to global.
Throughout the 1990s and early 2000s, the international health community made remarkable strides in addressing key contributors to childhood mortality and morbidity and combatting certain infectious diseases of global importance (FIGURE 1 and FIGURE 2: GLOBAL HEALTH GAINS SINCE 1990). Immunization coverage rates across the world increased, childhood and infant mortality fell in most countries, and people suffering from infectious diseases such as HIV/AIDS, tuberculosis, and malaria were more likely to receive effective treatment. Vitamin A supplementation expanded from a few to over 80 countries. During the past decade, however, many of these achievements in health outcomes have been at risk of being undermined by new types of emerging threats, notably:

- More frequent and larger-scale disease outbreaks, particularly from emerging and reemerging infectious diseases and antimicrobial resistance.
- Increasing prevalence of noncommunicable diseases such as diabetes, cardiovascular disease, lung diseases, and cancers, particularly as populations age.
- Climate change and greater environmental risks, including natural-hazard events (e.g., floods, storms, heat waves), air pollution, and related conditions such as injuries and respiratory illnesses.
- Despite its positive effects, the harmful consequences of globalization, such as growing health inequalities, the spread of food systems that peddle unhealthy foods and stress our planet, and the promulgation of disinformation about science.
- More frequent and more severe humanitarian crises linked to forced migration—whether for reasons of war or civil strife, economic hardship, or emergencies due to natural hazards.

As illustrated by the Sustainable Development Goals (SDGs), the underlying causes of these challenges are complex, arising from a combination of factors such as urbanization, climate change, changes in our food systems, growing wealth inequities
across and within countries, and, likely associated with this, increasingly polarized political systems around the world.

Tackling these challenges will require multidisciplinary and interprofessional collaboration, as well as the capacity to work effectively across sectors. It will also take outstanding communication skills to describe complex problems and solutions in accessible and resonant terms to prompt reflection and action.
CHANGES WITHIN OUR COMMUNITY

The Department of International Health participates in multiple communities. From one perspective, we are part of a large global health community active in the U.S. and across the world, but our character is also defined by our roots in a very particular community here in Baltimore.

The global health community in the U.S. has grown rapidly over the past two decades. There were five academic programs in global health in 2000. Since then, membership in the Consortium of Universities for Global Health grew from 53 schools in 2013 to over 180 today. Four-fifths of CUGH member schools are located in high-income countries. There has also been growth in the number and size of many low- and middle-income country (LMIC) public health academic programs, presenting further opportunities for the Department to collaborate.

Recent growth in global health education reflects, in part, increased employment opportunities and funding for international health, particularly during the period 2000–2015 as the world worked to achieve the Millennium Development Goals. However, recently there has been a stagnation in development assistance for health, and much greater emphasis on middle-income countries using their own resources to support health investments. While our Department has always viewed in-country capacity building in LMICs to be key, many development partners are now reemphasizing this, as well as effective country leadership of research and policy, in preparation for donor transitions. Overall, we are working in a rapidly changing funding and partnership environment.

Within Baltimore, many health challenges remain, not least of which are the large disparities in health outcomes between different parts of the city, with greater disadvantage among African American and minority communities. Our University has increasingly recognized the role that it can play in terms of driving social and economic development opportunities in Baltimore. The Department of International Health has decades of expertise in addressing health challenges in low-resource environments, and our learning from the global context has started to translate into more opportunities in Baltimore City.

CHANGES WITHIN OUR SCHOOL

During the past two years, our School experienced a leadership transition and developed a new strategic plan reflecting the directions in which it wishes to move in the future. This new strategy identifies five main strategic goals. Our departmental strategy builds upon the School’s strategic plan and employs the five goals identified in that plan to organize our actions internationally.
THE POWER OF EDUCATION

We will educate leaders who can advance the public’s health by furthering the excellence of our existing programs and extending our reach beyond the walls of our School.

THE POWER OF SCIENCE

We will solve the most important public health problems by incubating, accelerating, and translating groundbreaking research.

THE POWER OF PARTNERSHIPS

We will partner to protect the population’s health and advance equity and social justice worldwide, with a special commitment to Baltimore.

THE POWER OF PEOPLE

We will fuel creativity and ensure excellence in all we do by cultivating a diverse, inclusive, and nurturing environment.

THE POWER OF ADVOCACY

We will communicate and advocate for the value of public health.
WHERE ARE WE NOW?

Over the past four years, the Department has made several improvements to our academic program, from revamping and revitalizing core courses to improving student advising. We have also created three fully online master’s degree programs to enhance accessibility to working professionals around the world. And we, along with the rest of the Bloomberg School, have committed to tuition-free doctoral programs.

We have long recognized that our graduating students need strong practical skills to prepare them better for the workplace. We believe that strengthening engagement with the employers of our students will allow us to continue to stay current in terms of the skills that employers seek in our graduates. Our outstanding alumni network and strong links with professional practice organizations also can help support students’ orientation to global health work and their job search.

While the Department has begun to address the issue of financial accessibility for our students, much more needs to be done in this regard, so that we can both expand the number of doctoral students able to benefit from our education and provide increased support for other students.
OBJECTIVE

- Enhance the accessibility of our academic programs to diverse learners.

We will work to ensure that we offer an array of academic programs that meet students’ needs regardless of their financial situation, geographic location, or whether they are an aspiring public health student or experienced practitioner. This will mean expanding our offerings of courses online, and through institutes, overseas programs, and other short-course formats, as well as addressing financial constraints.

ACTION 1—FUNDRAISING CAMPAIGN

- Implement an innovative and effective fundraising campaign to secure financing for student support.

ACTION 2—NEW EDUCATIONAL PROGRAMS

- Identify and support new educational programs and activities that reach new audiences, especially those in LMICs and those already in the workplace, including running select training institutes overseas and partnering with academic organizations in LMICs to support their development of new academic programs.
OBJECTIVE

- Ensure that our academic offerings continue to effectively prepare students for public health careers in a rapidly changing world.

The effective pursuit of public health in the future will require our graduates to possess different skills and competencies from those required in the past. We will evaluate and strengthen our educational offerings to ensure they maintain their relevance by reflecting, for example, important new and emerging areas such as climate change and health, and international food systems. We will also develop strong networks between our Department, alumni, and organizations that can offer practical work experience to our students, as well as experimenting with innovative educational programs. We will also seek to integrate career-building skills in our curriculum, ensuring their relevance to careers in both research and practice.

ACTION 3—STUDENT PRACTICUM SUPPORT
- Transform our student practicums and their relevance to careers by hiring a practicum and alumni coordinator.

ACTION 4—ACADEMIC PROGRAM EVALUATION
- Sharpen our educational offerings through systematic analysis based on data from admissions, course evaluations, employers, and the job market, with a particular focus on ensuring the relevance of the skills and knowledge we teach to the needs of the future public health workforce, including emerging public health issues.
WHERE ARE WE NOW?

The Department has been a leader in identifying, developing, testing, and implementing practices and policies to improve the health of disadvantaged populations. We are well known for our work addressing maternal and child health, particularly for vaccine-preventable diseases and childhood nutrition. Faculty have collectively contributed to this body of work through the development and identification of new technologies and interventions, the development of an evidence base to demonstrate effectiveness under real-world conditions, and scaling up new effective services. The Department is also well known for its seminal contributions to community health and primary health care, as well as its ongoing work in this field.

While the Department has historically been known for its strengths in the disciplines identified above, with nearly 200 full-time faculty, our work spans well beyond these traditional areas, as illustrated by the range of disciplines we use and the diversity of centers affiliated with the Department (see APPENDIX).

Between 2015 and 2019 the Department invested to strengthen its capacity in a number of research areas including mHealth, the microbiome, and noncommunicable diseases. We also focused on specific methodological areas including health policy, health economics, and systems science. Work on NCDs permeates all four programs within the Department and will continue to be an important domain for our growth. Many of the prioritized areas described below link to NCD prevention or treatment.

Departmental priorities in the Power of Science domain focus on identifying and supporting strategic priority research themes, and overcoming silos between faculty both within the Department and across departments and divisions. While the Department will continue to support work across diverse research themes, it makes sense to focus new departmental investments on priority topics and associated research methods and approaches. These priority areas will suffuse our research, teaching, communications, and partner engagement.
Sustain and adapt departmental capacities in existing areas of strengths notably:

- **Primary health care and universal health coverage.** Recognizing how central PHC is to the UHC agenda as well as tackling NCDs, we will reinforce our strengths in this area, and consider a new center for PHC and UHC.

- **Nutrition and food systems.** We will build further strength in our work on diet, nutrition, and food systems, and reenergize the Global Obesity Prevention Center. Furthermore, we will ensure that our capacity in nutrition and food systems is linked effectively to research on NCDs across the Department.

- **Maternal and child health.** We will expand our capacity to include adolescent health (an important but hitherto-neglected area), as well as research on health across the life course, including, for example, how early life nutrition problems affect health later in life, and epigenetic switches that set populations on trajectories to poor health.

- **Vaccine sciences.** We will reinforce existing capacities to cement our reputation for preeminence in this field, working across the spectrum of vaccine development, trials, policy support, and implementation and scale-up of new vaccines.

Further enhance our capacity for cutting-edge research in two select domains:

- **Climate change and health.** We will leverage partnerships within and beyond our School to measure and mitigate the effects of climate change on health. This work will build upon existing departmental strengths including:
  - our strengths in infectious disease research to understand how climate change affects infectious diseases; and our expertise in policy analysis, health economics, and implementation science to pursue policy solutions;
  - capacity within the Center for Humanitarian Health to address issues around forced migration and disasters related to climate change; and
  - our existing nutritional expertise to explore the impact of environmental insult on food production, diets, and nutrition.

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**PANEL 3 Faculty disciplinary and practical expertise**

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ACTION 5—FIELD SITES AND PARTNERSHIPS
↘ Take stock of our assets within and beyond the University, particularly field sites and existing partnerships, and develop a plan to invest in sustaining and strengthening these (ACTION 11).

ACTION 6—NEW FACULTY EXPERTISE
↘ Recruit new faculty members to take the Department forward in critical areas of work where we currently lack critical mass and support existing faculty to retool for work in new areas.

OBJECTIVE
↘ Reinforce the quality and innovativeness of our research through proactively connecting researchers across disciplinary and organizational boundaries in the School and the University.

Given the size and diversity of our Department, the Bloomberg School of Public Health, and the Johns Hopkins University, there are bound to be opportunities for collaboration we haven’t discovered. We will employ purposeful and innovative methods to promote exchange between clusters of researchers with shared topical or methodological interests.

ACTION 7—RESEARCH COLLABORATION
↘ Promote interdisciplinary and intermural networks and collaboration through internal research days, problem-smashing events, and an annual global health forum (ACTION 15).
WHERE ARE WE NOW?

The Department of International Health recognizes that the quality of its research, teaching, and service is enhanced by the presence of diverse perspectives and experiences. As a Department, the heart of our mission is to serve low-income and more vulnerable populations, making it essential that such populations are well represented among our staff, faculty, and students. There is and has been a strong representation of minorities among our staff. During recent years we have sought to diversify our faculty body. Faculty ranks have always been internationally diverse, with many of our members born overseas and holding citizenship in LMICs, but in recent years they also represent greater gender and ethnic diversity. Though progress has been made, we recognize that this should continue to be a priority for the Department.

Among our student body, we can do more to increase the participation of underrepresented minorities from the U.S., as well as international students who come from LMICs and from underprivileged backgrounds.
OBJECTIVE

Increase access to our academic programs for underrepresented minority and international students, particularly those from low- and middle-income countries.

Increasing the financial support available to minority students and those coming from LMICs is critical to our success in this objective. Accordingly, ACTION 1 (implementing an innovative and effective fundraising campaign for student support) will form a main plank of our efforts.

ACTION 8—UNDERREPRESENTED MINORITY ENROLLMENT

Strengthen the pipeline of students from underrepresented minority backgrounds applying to our programs by taking greater advantage of existing pipeline programs for undergraduate students.

ACTION 9—STUDENT BODY DIVERSITY

Review admissions policies to ensure that departmental admissions committees approach decision-making in a truly holistic fashion that balances applicants’ experiences, attributes, and academic metrics, and evaluate our progress towards a more diverse student body every year.

ACTION 10—STUDENT FINANCIAL SUPPORT

Develop financial support (e.g., scholarships) specifically for students from underrepresented minorities, and for LMIC students.
PANEL 4  *Promoting diversity through our work*

Around the world, the Department has a long history of engaging with diverse groups of marginalized populations to enhance their voice and capabilities to improve their health and well-being. Increasing educational and career opportunities go hand in hand with our mission to improve the well-being of disadvantaged populations. One example closer to home is exemplified by the work of the Department’s Center for American Indian Health. For nearly 30 years, the Center has worked to ensure that indigenous communities have equal capacity and opportunity to fill all necessary roles in their health care and delivery systems, as well as to lead public health research. More than 1,700 indigenous scholars have already attended Center-based training programs. Most students return home to serve in local community organizations. Some go on to earn master’s and doctoral degrees and conduct independent indigenous public health research. In the past 10 years, the Center has recruited over 30 indigenous faculty and associate faculty, many of whom were trained at Johns Hopkins. The Center is also home to two of the first indigenous tenure-track faculty members ever at the Johns Hopkins University. By developing training, workforce development, and public health research capacity-building opportunities, the Center is helping indigenous communities reclaim health and education equity and empower indigenous sovereignty.
WHERE ARE WE NOW?

Partnerships are fundamental to the successful operation of departmental research, teaching, and service. Our faculty partner with government agencies in the U.S. and overseas, research institutes and universities, global nongovernmental organizations and smaller NGOs based in LMICs, private corporations, multilateral organizations such as the World Health Organization and the World Bank, and different types of community groups. The Department also has several ongoing population research sites that we have led for 20 to 30 years, strategically located to represent the cultures, health profiles, food and health systems, diets, and ecologies of large populations in need. These research sites represent strong departmental assets and are home to long-term collaborations with national and international research institutions and diverse funding organizations.

These different partnerships enhance the relevance of our work, support the implementation of research projects, ensure that research findings are translated into policy and action, communicate evidence to audiences and stakeholders including vulnerable groups, and open up innovative training and educational opportunities. Partnerships are particularly crucial to our educational programs—for example, our partnerships with international NGOs and NGOs in LMICs enable us to offer service-oriented practicums for our students. Within Johns Hopkins, departmental faculty and students collaborate widely with other departments in the Bloomberg School, as well as with other schools (notably schools of Medicine, Nursing, and Engineering) and Jhpiego. Going forward, we will pursue a more strategic approach to collaboration across the University and externally.

The Department of International Health has always viewed a core part of its mandate to support capacity development in LMIC settings, and for many faculty this is a primary motivation for their work. We anticipate our partnerships with entities in LMICs will become even more important, though the nature of our roles in these partnerships will inevitably change as power relations between high-, middle-, and low-income countries shift. We will need to prepare for this by working closely with and listening to strategically placed partner institutions in LMICs to better understand their needs and develop sustainable and equitable partnerships.
OBJECTIVE

Strengthen our partnerships with overseas research groups and universities.

Some of the Department’s greatest assets are its close collaborations with key research institutions and universities. While these collaborations are both long-standing and critical to our success, we have only recently begun to view them holistically, taking account of the main research projects, teaching collaborations, and shared learning that we do as partners.

ACTION 11—FACULTY AMBASSADORS

Identify Department faculty ambassadors to work with overseas partner institutions to develop agreements that identify common interests and potential areas for collaborative research and teaching, including student exchanges.

ACTION 12—ETHICAL PARTNERSHIP GUIDELINES

Develop guidelines for ethical approaches to partnerships with overseas organizations to help ensure that all faculty work with overseas partners in ways that respect their expertise, help develop their capacity and leadership, and ensure appropriate credit, as well as identify new potential models for configuring such collaborations and partnerships.

OBJECTIVE

Strengthen our partnerships within Baltimore, and with Native American communities across the U.S., to explore the relevance of solutions developed to address global challenges to local communities.

ACTION 13—COMMUNITY PARTNERSHIPS

Develop a consolidated strategy for collaboration between the Department and community organizations.
OBJECTIVE

Strengthen our partnerships with policy and practice organizations to promote improved employment opportunities for our students and enhance our impact in the world.

We partner with diverse policy and practice organizations, from global entities such as the WHO, through private industry involved in relevant health fields, all the way down to small community organizations. We will further strengthen our relationships with such entities through (i) formalizing arrangements under which our students work with such organizations during their practicums, building on examples such as PAVE, in which we have established ongoing relationships with WHO, CDC, PAHO, Gavi, and UNICEF for vaccine-related internships (ACTION 3), and (ii) hosting an annual global health forum bringing together experts from the Department, with representatives of practice organizations, the community, and a broader array of academics, to solve challenging real-world problems (ACTION 15).

PANEL 5  Collaborating with private industry to promote public health

The Department has worked with private industry in a number of settings to promote the cause of public health. For example, for over three decades Department faculty and students have partnered with Royal DSM to improve nutrition programs in low-income countries. Working through the Sight and Life Global Nutrition Research Institute, DSM has donated tens of millions of micronutrient supplements for use in maternal and child intervention trials conducted by our faculty. Improving diets and nutritional health of populations requires partnerships such as this one, with a shared vision for improving health and a commitment to academic independence. This ongoing collaboration has helped to identify and develop low-cost and sustainable programs to improve the health and survival of mothers, infants, and children across South Asia and sub-Saharan Africa. Similarly, members of the Department have worked for more than three decades with vaccine manufacturers, in partnership with the National Institutes of Health, national governments, regulatory agencies and research organizations to develop, evaluate, and enhance access to effective vaccines. Examples include pneumococcal vaccines (GSK, Merck, Pfizer), Hemophilus influenzae vaccine (Merck), and rotavirus vaccines (GSK, Merck). Work is underway to develop and evaluate dengue vaccines (Instituto Butantan, Merck, Medigen, Panacea, Serum Institute of India LTD, VaBiotech) and RSV vaccines (Sanofi Pasteur).
Historically, advocacy for the field of global health research has not been central to the work of the Department. Recently, however, there have been repeated efforts to cut U.S. government funding to both health research and international development, which fortunately, to-date, have been largely resisted. Many people in the U.S. do not understand how investments in global health research benefit them, and they may also fail to see how research can change lives within LMICs. These concerns are exacerbated by public misinformation and fake news. This is perhaps most apparent with vaccines; anti-vaccine propaganda has eroded trust in vaccines both in the U.S. and internationally. Misinformation has also undermined efforts to tackle Ebola, has spread AIDS denialism, and has promoted bogus cures. We have a responsibility to ensure that critical research findings are disseminated not only through academic journals, but also to the general public through accessible, accurate stories in mass media.

Within this strategic goal, we will focus on (i) advocacy for the field of global health and the role of science within it, and (ii) the translation of research findings into policy and practice. These components are interlinked and mutually reinforcing.
OBJECTIVE

↘ Together with partners, advocate for the field of global health, in particular by articulating the relevance of the research that the Department and our partners do to address public health problems.

At a time when science is under fire in the U.S. and overseas, there is a role for the Department, in collaboration with other similarly minded entities, in promoting understanding and appreciation of public health research and its role in addressing global and local challenges.

ACTION 14—INFORMATION CAMPAIGN

↘ In collaboration with partners in the U.S. and overseas, identify opportunities and seek funding to support an information campaign that enhances understanding and use of global health research. Identify and pursue opportunities for mass media coverage to expand the reach and impact of departmental research.

OBJECTIVE

↘ Enhance the impact that our work has on policies, programs, and practices through convening an annual Global Health Forum.

We see the need to share our work more effectively, both across silos internal to the University (across different schools and departments) as well as with policymakers, program managers, entrepreneurs, other academics, communities, and research funders. Convening such stakeholders will help us ensure that research agendas are relevant to the needs of other stakeholders and aligned with funders’ interests. Furthermore, such forums can generate momentum for policy changes and the adoption of new technologies and services that have proved to be effective.

We will host a series of annual Global Health Forums in collaboration with other partners. For each forum, we will identify a current issue in global health and an outside partner interested in the issue. We will draw upon faculty across the Department and beyond to build an agenda for the Forum that seeks to achieve explicit objectives (such as consensus on priority research questions, or agreement on best practices to address a health challenge).

ACTION 15—GLOBAL HEALTH FORUM

↘ Convene an annual Global Health Forum in partnership with other stakeholders to address an important global health challenge.
Departmental faculty are actively engaged in national policy debates across the world—working with states in India to develop new health workforce policies, engaging municipal leadership across 10 global cities to promote road safety, advocating for access to vaccines for migrants to the U.S. Our faculty have been particularly instrumental in the uptake and successful rollout of new vaccines in India over the past 10 years. India, the nation with the greatest number of preventable under-5 child deaths, has recently introduced multiple new childhood vaccines, including rotavirus vaccines and pneumococcal conjugate vaccines.

Faculty based in the Department’s International Vaccine Access Center (IVAC) lead a collaboration between local organizations, the government of India, and international agencies to support the use of evidence in decision-making and advocacy around vaccines. The team has spent considerable time engaging key stakeholders, both in and outside of the health sector, including experts, government, parliamentarians, media, community organizations, and the Indian Academy of Pediatrics. Faculty and staff have worked at national and state levels to help synthesize evidence, conduct training on advocacy and communications, and support efforts to advocate for more equitable policy. Whereas once a small group of activist voices dominated the conversation, experts and champions at all levels are now engaged in the discussion around new vaccine introduction. IVAC’s work has been catalytic in building the value of vaccines and the recognition by local stakeholders of the power of data and strategic engagement of a broad set of partners to reach a common goal. This dramatic progress, however, would not have been possible without the leadership in the country and its support of the program.
ACKNOWLEDGEMENTS

This strategy was overseen by the Department Steering Committee and developed through the efforts of multiple members of the Department of International Health—including students, staff, and faculty.

We would particularly like to acknowledge members of the Departmental Strategy Committee who drove the overall process including Sara Bennett (Chair), Paula Foltz, Brandon Howard, Ruth Karron, Vanessa Garcia Larsen, David Peters, Cristina Salazar, Haneefa Saleem, Jessica Schue, and Andres Vecino-Ortiz. Other faculty, staff, and students contributed to the work of specific subgroups, notably Shannon King to the Power of Education Subgroup and Virginia Burke and Andrea Stennett to the Power of People Subgroup.


Many faculty, staff, and students across the Department participated in consultations, both around the overall content of the strategy, and also specific investment ideas linked to the strategy. We also highly value the inputs from faculty outside the Department. We wish to give particular thanks to our external stakeholders, including colleagues from funding agencies, research partners, and collaborating organizations who provided key insights and advice on an earlier draft. We very much appreciate their time and input.

PHOTO CREDITS

Cover Monica Tiwari for the International Vaccine Access Center; p2 Ed Cunicelli for the Center for American Indian Health; p9 Kuni Takahashi; p12 Nepal Nutrition Intervention Project Sarlahi (NNIPS); p14 Gilbert Burnham; p15 Center for Global Health; p18 Paul Joseph Brown for the the JiViTa Project; p21 Jesper Westley for World Diabetes Foundation; p22 Ed Cunicelli for the Center for American Indian Health; p23 Daniel Erchick; p25 Chris Hartlove; p26 Chau Ngo for the Center for Humanitarian Health; p29 B'More Healthy Communities for Kids; p30 David Peters; p32 Monica Tiwari for the International Vaccine Access Center.

GRAPHIC DESIGN Andrew Bell.
The Department of International Health is organized into four academic programs for purposes of teaching and advising: Global Disease Epidemiology and Control, Health Systems, Human Nutrition, and Social and Behavioral Interventions. We offer doctoral and master’s degrees in each of these program areas, as well as a Master of Health Science in global health economics.

In addition, the Department hosts 14 centers and initiatives that provide convening points for faculty and students, both within the Bloomberg School and across Johns Hopkins University. They are organized around topics of shared concern and cover topics such as injury control, vaccines and immunization research, and humanitarian health.

† University-wide center hosted in the Department.