Letter from the Director

As the emphasis on resiliency continues to shape how we create stronger, more sustainable and inclusive societies and infrastructure, we are reminded of the importance of public health as an ingredient in creating resilient communities. In the face of the largest refugee migration since World War II, ever-rising sea levels and temperatures that come to prey on the most susceptible, and an international Ebola crisis that instilled widespread panic and confusion, it is now more important than ever to use a systems-thinking approach when it comes to global public health so that we may use a diverse body of disciplines to address these complex issues.

While the Johns Hopkins Bloomberg School of Public Health celebrates its centennial birthday and reflects on positive impacts and lessons-learned over the past century, I am glad to showcase the Department of International Health’s - Health Systems Program and our response to the way public health is delivered all over the world. 2015 saw us launch new programs to address challenges in low-cost delivery of health care, understand disparities in health needs, confront the burden of non-communicable diseases (NCDs), and collaborate with partners on mobile health (m-Health) technology initiatives that will allow us to gather more health data in even the most remote parts of the world; it also provided a jarring reminder that there is still much work to be done to address unmet needs in our own hometown of Baltimore, MD.

Our mandate is to design, implement and deliver equitable and cost-effective health care strategies to the world’s most vulnerable populations. And as public health teachers and researchers, our goal is to ensure that we have the financial means to educate the brightest minds and realize game-changing results in the field in order to carry out that mandate. As a program, we have grown and flourished in strides, especially in the last five years: the number of active grants per year has grown by 50% in order to enhance our capacity to provide the best possible research and teaching. We have been able to spread our reach to more countries, adding Ethiopia, Lebanon, Qatar, North Korea and Malaysia, among others, to the places we have impacted. We have also expanded our capabilities to m-Health, injury prevention, preventing human rights violations in war-torn countries, and addressing the burden of NCDs in low- and middle-income countries.

The transition from millennium development goals to sustainable development goals is already underway, and along with it, a change in priorities for health care leaders across the globe. We must think of solutions that are localized yet scalable, and that keep the continuing welfare of our planet in mind. As the face of public health shifts and what it means to deliver successful, sustainable and community-driven health systems care evolves, our commitment to governments, business partners, and philanthropic organizations stays the same. I am looking forward to maintaining our Health Systems Program’s current relationships and creating new ones, in order to resolve some of the greatest health challenges we face today and in the future.

Adnan A. Hyder MD MPH PhD
Director, Health Systems Program

Principle Goals

To provide impact on the poorest and most vulnerable segments of all societies
To improve the capacity of communities to deliver the best possible preventive and curative care to their respective members
To carry out our mission through research, service and training for sustainable results
To continue our status as a global leader in research, teaching and strategic collaborations in global public health systems

About Our Program

The Health Systems Program (HSP) is housed in Johns Hopkins School of Public Health (JHSPH)’s International Health Department. In the past decade, HSP has conducted projects in over 50 countries, with particular expertise in South Asia and sub-Saharan Africa, where the greatest number of people continue to struggle with deep poverty and unmet health needs; we also work in Central and Southeast Asia, Latin America and the Middle East providing guidance and expertise to both low- and middle-income countries and transitional economies. The Program incorporates more than 200 experts from around the world, including over 50 full-time faculty and a network of over 100 faculty associates that includes a diverse mix of physicians, economists, statisticians, anthropologists, demographers, policy analysts, social scientists, and population health and international relations experts.

We are proud of our work with many top global public health organizations in the world and are grateful for the opportunities we have been given to improve the lives of the most poor and vulnerable in every continent. The following pages demonstrate how these relationships are helping us address critical problems in global health
By the Numbers

HSP Houses:

- Center for Refugee and Disaster Response (CRDR)
- International Center for Maternal and Newborn Health (ICMNH)
- International Injury Research Unit (IIRU)
- International Vaccine Access Center (IVAC)
- Johns Hopkins Center for American Indian Health (CAIH)

HSP Supports:

- Global Obesity Prevention Center (GOPC)

HSP is Supported By:

- Institute for International Programs (IIP)

Awards

- Robert E. Black, MD, MPH
  2016 Jimmy and Rosalynn Carter Humanitarian Award
- William Brieger, DrPH, professor
  APHA, International Health Section Award: Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology and Practice
- Tolbert G. Nyenswah, MPH, associate
  JHU Alumni Association, Outstanding Recent Graduate
- Kate O’Brien, MD, MPH, professor
  Maryland Women’s Hall of Fame
- Henry Perry, MD, PhD, MPH, senior scientist
  APHA, International Health Section Award: Carl Taylor Lifetime Achievement Award in International Health
New Course Launched
Systems Thinking in Public Health: Applications of Key Methods and Approaches

Incoming Students
- 5 MHS
- 24 MSPH
- 7 PhD
- 3 DrPH

Graduating Students
- 23 Students graduating in May 2015

JHSPH Centennial 100
The Bloomberg School of Public Health is 100 years old!

Highway crossing in Sylhet District in Bangladesh. IIRU launches the Bloomberg Initiative for Global Road Safety (BIGRS) in 2015 in 10 cities across the globe.

Johns Hopkins Center for American Indian Health
Together on Diabetes Intervention, a partnership with the Navajo Nation and White Mountain Apache Tribe

GOPC conducts HERMES - Highly Extensible Resource for Modeling Supply-Chains. This “farm-to-table” model assesses different food supply systems, including all of the processes and components involved in getting food from their source to the consumer.

Syrian child refugees on the back of a truck. Using m-Health technology, CRDR conducted an assessment of unmet health needs for refugees in Lebanon, including NCDs.
Mexico & Brazil
Bloomberg Initiative for Global Road Safety (BIGRS): The International Injury Research Unit is conducting a five-year project that aims to reduce the burden of global road traffic injuries and fatalities that continue to take millions of lives each year. The program works at the city level to implement proven road safety interventions. Also conducted in Colombia, Indonesia, Thailand, Vietnam, Ethiopia, Ghana, India and China.

Switzerland
WHO Global Strategy on People-Centered and Integrated Health Services: HSP Faculty contributed to WHO’s new health care strategy, that presents a shift in the way services are funded, managed and delivered worldwide.

South Africa & Uganda
Assessing Social Justice in Economic Evaluation to Scale Up Novel MDR-TB Regimens: Funded by NIH, a HSP team is developing an tool to enhance traditional economic evaluation, using novel regimens for multi-drug-resistant tuberculosis (MDR-TB) as a paradigm case. This tool will enable decision makers to assess impacts on social justice side-by-side with cost-effectiveness.

India
Building an Enabling Environment for Vaccines in India (EEVI) - Phase 2: The International Vaccine Access Center is providing technical support, advocacy and capacity-building for Hib, pneumococcal and rotavirus vaccination programs in India.

Tanzania
Evaluation of the Integrated Maternal and Newborn Health Care Program in Tanzania: The International Center for Maternal and Newborn Health is conducting a three-year external evaluation of an integrated maternal, newborn, postpartum care and HIV/AIDS integrated program in Morogoro Region, Tanzania. The program includes capacity-building at local health facilities, and development of a community health worker program to provide behavior change communication.

North Korea
Human Rights Abuse in North Korea: The Center for Refugee and Disaster Response is undergoing a project to assess human rights status of North Koreans, including analyzing data on North Korean refugees and migrants outside the country and surveying Koreans of age 18 – 35 to assess their experiences as children in North Korea.
Center for Refugee and Disaster Response (CRDR)

Examination of Yazidi population displaced in Iraq to Kurdish areas: The Yazidi population in Iraq has been forced to flee under threat of persecution by ISIS forces, seeking refuge in Kurdish territory in Northern Iraq. Because of their dire circumstances and nature in which they fled, we have little to no hard data on what happened to them and what their public health needs are. CRDR undertook a study to find evidence of genocide and assess their access to healthcare services. Among the information obtained, CRDR was able to find data on the number of kidnappings, executions and women and child deaths among the Yazidi population. The information is currently being submitted for consideration to be published.

Family Spirit Home Visiting Program: Photo courtesy of Ed Cunicelli

Family Spirit is an evidence-based Home Visiting Program: Courtesy of Photoshare © 2009 Marco Simola, the Belen district of Peru

HS-Project Funded by Institute for International Programs (IIP)

Repeat Reproductive Age Mortality Study (RAMOS II) in Afghanistan: In 2011, a reproductive age mortality study (RAMOS) funded by USAID was implemented in three districts to measure changes in maternal and child mortality, maternal causes of death, and risk factors. It was designed to replicate the methods used in RAMOS I conducted in 2002 by the Afghan Ministry of Public Health (MoPH), the US Centers for Disease Control and Prevention and UNICEF, which found that all indicators of mortality risk were among the highest recorded globally, increasing substantially with remoteness. The results have shown significant improvements in maternal and newborn mortality risk, but also evidence of great disparity between urban and rural settings.

International Vaccine Access Center (IVAC)

Dengue Vaccine Initiative (DVI): The DVI is a collaboration between the International Vaccine Institute, the Sabin Vaccine Institute, the World Health Organization and IVAC that aims to support the effective and prompt introduction of dengue vaccines in dengue-endemic countries in Latin America by conducting evidence-based research to inform policy. Current work is focused on quantifying the regional and country-level demand for dengue vaccines in dengue-endemic countries, engaging with GAVI and contributing to preparation of investment cases.

Global Obesity Prevention Center (GOPC)

Virtual Populations for Obesity Prevention (VPOP): The GOPC uses VPOP to develop simulation models of communities, cities and regions with representations of all their people, food stores, and physical activity locations that allow decision makers to design and test various obesity prevention measures, policies and interventions all with the safety of a computer before trying them in real life.

International Injury Research Unit (IIRU)

Saving of Lives from Drowning (SoLiD): The SoLiD project aimed to reduce the shocking number of childhood deaths due to drowning in Bangladesh. This study allowed researchers from JH-IIRU to examine how lives could be saved using a package of interventions for children under five years of age. This project began in October 2012, and since then JH-IIRU has established partnerships with two key institutions in Bangladesh – the International Center for Diarrheal Research, Bangladesh (ICDDR,B) and the Center for Injury Research and Policy (CIPRB), Dhaka.

International Center for Maternal and Newborn Health (ICMNH)

Conducting research and informing policy: Previous WHO guidelines for managing possible severe bacterial infections in young infants stated that all young infants must be referred to tertiary care facilities to receive a course of antibiotic treatment, but allowed for no provision of treatment outside hospital admission. In 2015, studies done by ICMNH researchers were published in Lancet Global Health, demonstrating the efficacy of simplified antibiotic regimens for treating infections in young infants when referral to a tertiary care facility is not accepted by the family. Based on these findings, the WHO revised global guidelines for the management of possible severe bacterial infections in young infants and as a result led to a study of the implementation of the policy in three selected districts of Bangladesh, with consideration for scale-up of this policy to the national level.

HEALTH SYSTEMS

Researchers in the Health Systems Program, along with other researchers from Department of International Health, joined Bloomberg Philanthropies’ $100 million Data for Health (D4H) Initiative. The HSP is leading the research and development component of the non-communicable disease (NCD) arm in the initiative. With the goal of providing more accurate, comprehensive and cost-effective data on a faster rate, JHI has drafted a suite of global and standardized protocols and manuals to implement mobile phone surveys (MPS) in low and middle-income countries and developed an interactive voice response (IVR) platform to be used to deliver NCD behavioral risk factor surveys.
**Health System’s**

**Five Year Plan**

1. **Attract more doctoral admissions, increase our student scholarships, and launch and develop the Program’s first Health Systems Summer Institute.**

2. **Diversify our funding base and obtain more grants so we can provide better research and results to communities in need worldwide.**

3. **Continue to exemplify good citizenship in every service interaction, both domestically and abroad.**

4. **Attract the best talent in order to keep our Program strong and achieve our strategic priorities.**

---

**Want to help?**

Contact us: healthsystems@jhu.edu

Visit [http://www.jhsph.edu/departments/international-health/academic-programs/health-systems](http://www.jhsph.edu/departments/international-health/academic-programs/health-systems) to learn more about our degree programs and how to apply.
Leadership

Adnan A. Hyder, MD, MPH, PhD
Director, Health Systems Program and Associate Chair, Department of International Health

Sara Bennett, PhD, MPhil
Associate Director for Academic Programs and DrPH Program Director

W. Courtland Robinson, PhD
Associate Director for Student Affairs and PhD Program Director

Center Directors

Paul Spiegel, MD, MPH
Center for Refugee and Disaster Response

Abdullah Baqui, MBBS
International Center for Maternal and Newborn Health

Adnan A. Hyder, MD, MPH, PhD
International Injury Research Unit

Katherine O’Brien, MD, MPH
International Vaccine Access Center

Allison Barlow, PhD, MPH
Johns Hopkins Center for American Indian Health

Bruce Y. Lee, MD, MBA
Global Obesity Prevention Center