New Edgar Berman Professor and Chair of International Health

David Peters
From the Chair
Robert Black, MD, MPH
I write for the last time as Chair of our department with the hand-over to David Peters occurring on May 1, 2013. First, I would like to offer my congratulations to David as the new Chair. We must all work together for the betterment of the Department and to global health.

Special Issue 2013
The New Edgar Berman Professor and Chair
David Peters, MD, DrPH, MPH

Interview with Professor David Peters

Professor David Peters spoke with the Department’s Communications and Marketing Manager, Brandon Howard, to answer a few professional and personal questions so III alumni, faculty, staff and students could get to know the Department’s new Chair a little better.

Question: For those reading this who may not know or haven’t heard you say the word “about”, you’re Canadian. Where in Canada are you from?

Peters: I’m from Winnipeg, Manitoba, which is usually found in the fold of the map in the middle of North America. But I also lived a year in Montreal doing an internship at McGill. For another year, I was a general practitioner working on Indian Reserves in northern Manitoba.

Q: I learned recently you played the part of a famous Canadian in a PBS documentary about Johns Hopkins Hospital. Professor Peters: I was the voice of William Osler, one of the founding four professors of Hopkins Hospital. The documentary was about William Stewart Halsted, Halsted, Osler, William Welch, and Howard Kelly. They were the first four doctors at the Hospital. There was a famous painting of the four men by Johns Singer Sargent hanging in the Welch Library. The producers wanted me to do voiceovers of excerpts from Osler’s diary entries because I’m also Canadian. Whether my accent is close to a Canadian’s born in the 19th century is debatable. [For more about the documentary http://halstedthedoctorary.org/documentary.php?BIH]

Q: You received your medical degree from the University of Manitoba. And you received your MPH from DrPH from Johns Hopkins. Did you do a medical residency? What drew you to the States and to Hopkins?

Peters: First, there were no schools of public health in Canada. And because I had an MD from DrPH and an MPH and to do a medical residency. What drew you to the States and to Hopkins?

Peters: I’m originally planning to be an infectious disease epidemiologist, but working in international health, I was looking at either the London School of Hygiene or Hopkins. I missed

Interview Continued

David Peters conducting a health systems assessment in Ethiopia. Photo credit: Assistant Scientist Agbeny Annorwu

About the Department

From a modest beginning in 1961, the Johns Hopkins Bloomberg School of Public Health’s Department of International Health has grown into a global leadership role in health development, policy analysis, and program implementation. The Department is divided into four areas: Global Disease Epidemiology and Control; Health Systems; Human Nutrition; and Social and Behavioral Interventions. We offer four years of post-baccalaureate training in these areas of international health, as well as doctoral training in public health practice.

Cover page photos and credits (from top left to right): Afzal, Ayoub, Sher Shah, and Howard Kelly. To answer a few professional and personal questions so III alumni, faculty, staff and students could get to know the Department’s new Chair a little better. Two of the other “founding fathers,” Tim Baker and Bill Reinke, have continued to have valuable roles in the Department.

I really mean to hear about and find out more about the documentary. I learned recently you played the part of a famous Canadian in a PBS documentary about Johns Hopkins Hospital. When did you first decide to become a public health professional? Wasn’t that a big loss and a big change?

Peters: I had a few previous roles that involved health care issues and I was always interested generally in health systems. In the developing world, there are many determinants of health and I was always interested in how the management of those various determinants could improve health. There was a connection between the Baltimore Marriott and Johns Hopkins, so coming here was an obvious choice. There was still a connection between the country (and a civil war), its infant mortality rate at the time was lower than those in some American cities. There was still a connection between low-birth weight and mortality, but these follow-up visits by trained health workers proved to be highly effective.

Q: Did you start your DrPH intending to work in health systems?

Peters: No, I was originally planning to be an infectious disease epidemiologist, but working in international health, I was looking at either the London School of Hygiene or Hopkins. I missed

Q: You eventually received your DrPH from Hopkins. What was your dissertation topic?

Peters: An assessment of how Sri Lanka could have such a low infant mortality rate with such very high levels of malnutrition.

Q: Were you able to determine why?

Peters: The first task was to show that it was true, which we did. We then found that institutional delivery was very high—over 90%. Another very important factor was that Sri Lanka had an army of trained health workers who were able to make post-delivery follow-up visits. Many newborns received 3 visits during the first week. Despite the relative poverty of the country (and a civil war), its infant mortality rate at the time was lower than those in some American cities.

Q: You eventually received your DrPH from Hopkins. An assessment of how Sri Lanka could have such a low infant mortality rate with such very high levels of malnutrition.

Peters: Yes, and I was always interested generally in health systems.

Q: Where did you work after graduation?

Peters: The World Bank on health programs in West Africa. I deal with health sector projects, then started doing work at the sector-wide level. I did, but a few years later I split my time between Hopkins and the World Bank. In its central health, nutrition, and population unit. I worked at the Bank on a global project on health care systems. There were some great things: Krish Nathan is now the Head of Health Economics and Financing at the Public Health Foundation of India; Peter Hansen is the Director

Q: Then you came back to Hopkins as faculty?

Peters: I did, but a few years later I split my time between Hopkins and the World Bank in its central health, nutrition, and population unit. I worked at the Bank on a global project on health care systems. There were some great things: Krish Nathan is now the Head of Health Economics and Financing at the Public Health Foundation of India; Peter Hansen is the Director

Q: Your major Afghanistan project is coming to an end. Do you think the country will be able to hold onto the gains it has made in primary health care?

Peters: Yes, and because my flight to Nepal was canceled, and the plane didn’t have a layover in London. So, then there was Hopkins. But, seriously, the program and opportunities at Hopkins were in line with my interests. Also, my wife was offered a residency in the city, so coming here allowed us to stay together.

Q: What were you doing in Nepal before you came here?

Peters: I was doing a medical rotation there with United Mission to Nepal. I did medical work in the middle hills of Nepal (During Langtang). Then I walked to the Mount Everest base camp. I actually began my walk from the Terai, and overall took several days to get there. Except for a day lost to a really severe stomach illness, it was a great way to experience the country and the people.

Q: What was going on in the private sector, and the need to anticipate the growing burden of non-communicable diseases? Our funding allowed us to make four overall recommendations, which are still part of the policy agenda: (1) Improve oversight to make the health system more patient and client-friendly; (2) Remove blind spots to harass the capacity of the private sector and to correct its shortfalls; (3) Develop a financing system conducive to the health transition; and (4) Focus on improving quality, efficiency and accountability.

Q: Where in Canada are you from?

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Interview with David Peters Continued

of Monitoring & Evaluation at GAVI; Laura Steinhardt is an Epidemiologist at the CDC; and Aneesa Arur, a Public Health Specialist, and Junko Onishi, an M&E Specialist, are both at the World Bank.

The faculty have also been flourishing with several promotions and some great new projects. They have helped us make some great collaborations with organizations based around the world, including the Indian Institute of Health Management Research, ICDDR, Makerere University, the China National Health Development Research Center, and the University of Ibadan, to highlight just a few.

Q: Are you worried that conducting your own research will be hard as you take on all the duties of the Chair? Are there any new projects you’re starting?

Peters: I will need to continue to do my own research, which I’ve always done collaboratively. I have been putting in a number of grant applications in health systems, but would like to develop a larger research program on innovations in health market systems, and particularly in better ways to regulate health systems to serve the interests of the poor.

I’m really looking forward to working with the faculty, students, and staff of this great department. It’s a very exciting time in global health and to be at Hopkins.

The Department of International Health’s New Edgar Berman Professor and Chair

David Peters

Professor David Peters, MD, DrPH, MPH, has worked in health systems as a researcher, policy advisor, educator, manager, and clinician in dozens of developing countries over the last two decades. His work addresses the performance of health systems, poverty and health systems, implementation of health services in low-income countries, innovations in organization, technology, and financing of health systems, the role of the private sector, and institutional capacity in low-income countries.

Since 2009, Peters has been the Director of the Health Systems Program, which has over 20 staff, 75 students and 40 faculty who lead approximately 60 research grants across the globe.

Since 2005, he has been the director of Future Health Systems (FHS): Innovations for Equity. FHS is a consortium of researchers from Uganda, Nigeria, India, China, Bangladesh, Afghanistan, the UK, and the USA, which is aimed at generating knowledge to shape health systems to benefit the poor.

During his public health career, Peters has been an advisor to a number of international organizations, including the Global Fund to Combat AIDS, Tuberculosis, and Malaria, and the World Economic Forum, and has provided technical assistance to governments in Bangladesh, India, and Nigeria and to many development agencies (WHO, World Bank, CIDA, DFID, and USAID).

While at the World Bank, he worked on health sector programs and policy work in West Africa and India, and led the analytic and policy work on health services in low- and middle-income countries. He also conducted the largest country health study ever conducted by the Bank, which was carried out in India. His work there led him to publish several books, including Improving Health Service Delivery in Developing Countries: From Evidence to Action and Better Health Systems for India’s Poor.

He was a pioneer in the development of Sector Wide Approaches (SWAs) in health, a strategy now commonly used to define and implement national health programs in developing countries. Using this approach, he led the development and implementation of the first-of-its-kind national Balanced Scorecard to assess and manage health services in Afghanistan. This approach is now commonly used to link strategy to implementation and monitoring for health programs in several developing countries.

As Chair, he plans to continue his health systems research on strengthening health systems and studying innovations to better serve the poor, including the application of complex adaptive system models and intervening in health markets. His most recent book, which includes contributions from IH faculty and alumni, examines this topic: Transforming Health Markets in Asia and Africa—Improving Quality and Access for the Poor.

His tenure as Chair of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health officially begins May 1, 2013.