

The Impact Opportunity

Keith Martin, MD

The Consortium of Universities for Global Health's (CUGH) sixth annual conference, "Mobilizing Research for Global Health" showcased leading solutions to some of the world's greatest challenges. Conference plenary sessions included: The Technology Revolution in Genetics; One Health; The Drivers of Non-Communicable Diseases; Improvement Science; and Big Problems-Big Ideas. A special session on the Ebola Outbreak, a plenary talk by the 2015 Gairdner Global Health Awardee, and an array of breakout sessions and workshops offered outstanding opportunities to learn, network, and collaborate. Special satellite sessions the day before the conference included Global Cancer with the National Cancer Institute and the Dana-Farber Cancer Institute; the Global-Local nexus with the University of Maryland Baltimore and the Public Health Institute, and an Enabling Systems workshop.

CUGH is grateful to the *Annals of Global Health* for publishing more than 460 poster abstracts presented at the conference. They were selected from more than 1000 submissions, the largest number we have ever received. Abstracts ran across six major global challenges: communicable diseases; noncommunicable diseases and injuries; education/training/capacity building; governance/management/human rights/economics; social and environmental determinants of health; and innovations/new technologies/improvement science.

These inspiring abstracts captivate the imagination. The authors are part of a vanguard of global health professionals devoted to improving the well-being of others, but especially those who are least privileged. It is science at its finest.

Now that we have this research, what now? When and how will it be used to address the compelling challenges we face?

We live in an era of abundant knowledge and an impressive array of skilled professionals who can translate this knowledge into action. However, we are still beset by a frustrating implementation gap. Despite making great strides in many areas there remains a staggering loss of life and disability that can be prevented

or treated. This implementation gap translates into untold suffering with the greatest burden borne by the poor.

The challenges to implementation are many and have been known for a long time; a lack of collaboration between disciplines, ineffective partnerships, improper planning, short term financing, and poor monitoring and evaluation to name a few.

Herein lies an extraordinary opportunity. Academia is ideally positioned to tackle this implementation challenge. Working across disciplines and partnering with other academic institutions, nongovernmental organizations, the public and private sectors, long-term partnerships can be forged that can focus on building, sustaining, and retaining capabilities and scaling up evidence-based practices as desired by partners in low-resource settings. These initiatives will provide new opportunities for research, education, service, and employment. Some of today's students will enter academia, but the majority will join the public, private, or nongovernmental organization sectors. Connecting them to these potential employers during training will enhance their skill sets and future job opportunities.

Global health is seen by many to be medicine centric. This is an unfortunate barrier to interdisciplinary collaboration. To overcome this, those of us in medicine, nursing, and public health must redouble our efforts to reach out to and create platforms for collaboration with our colleagues in law, engineering, veterinary sciences, management, business, political science, anthropology, economics, environmental sciences, agronomy, and other disciplines. Without engaging with each other, we limit our impact.

The nature of our partnerships must also evolve. Led by our colleagues in host institutions, collaborations should be long-term and not only focus on building capacity but also sustaining and retaining it. Importantly, the bulk of the benefits must accrue to partners in low-resource settings. If nothing else, global health is rooted in improving health equity, particularly for those who are least privileged.

CUGH is trying to overcome these obstacles. Our modernized website www.CUGH.org contains an interest group section that parallels significant global health challenges; noncommunicable diseases, environmental health/one health, public health, primary care, global surgery and anesthesia, water and sanitation, food security, law and human rights, management and economics and much more. It is a platform designed to enable

members to share good practices, collaborate, implement, educate, and advocate. Please sign up for an individual membership on our website at www.CUGH.org. Doing so will enable you to use the interactive aspects of the site. It is free for those who are affiliated with a CUGH-member institution. Those who are not can join as individuals for a nominal fee. Please use the site and start engaging with your colleagues.

As an extension of our efforts to address the Ebola outbreak in West Africa we are building two rosters: the Emergency Response Corps for individuals who would like to volunteer to address a humanitarian crisis; the other is our Capacity Building Corps for professionals who could train or provide service for longer periods of time in low-resource settings.

CUGH's Education Committee led by Drs. Tom Hall and Sam Matheny created a mentorship group led by Dr. Jonathan Ripp to provide guidance to new global health programs. We are also collaborating with the Public Health Institute to engage minority-serving institutions and help remove barriers their faculty and students face in being able to participate in global health activities.

To help reduce the financial obstacles faced by researchers from developing countries to present their abstracts at our conferences, CUGH created a travel scholarship for 10 individuals from low-income countries. We hope to acquire sponsorships to expand this program in the future.

Knowledge doesn't equal action. Policies are usually not based on the best science or science at all. This is a challenge, but also another opportunity for academia. To increase the uptake of science in policy formulation and implementation we must educate policymakers and the

public. This will necessitate advocacy and communicating the science to both of these groups in an easy to understand and persistent manner. To implement the research produced, we must unite and collaborate in publicly advocating for programs, policies, and interventions that will improve people's lives internationally and here in the U.S. To assist in this effort, CUGH has collaborated with the Pulitzer Center for Crisis Reporting to hold a communication workshop at our conference on March 28, 2015, on sharpening these skills.

We are immensely grateful to the many individuals who volunteered to review our abstracts. I would also like to thank Karen Lam, CUGH's program manager who works tirelessly to organize our events and her program assistant, Meagan Adolfsen who provided tremendous help. Much thanks also goes to Dr. Jerry Keusch, our 2015 conference chair, and the local organizing committee along with all the sponsors. Without your contributions and hard work this conference would not have happened. We are particularly grateful to our host institution, Boston University, and our regional partners, Harvard University, Tufts University, Massachusetts General, and the University of Massachusetts, for their support.

Lastly, I would like to thank *Annals of Global Health's* Editor Dr. Phil Landrigan, Deputy Editor Dr. Jagat Narula and Elsevier's Pam Poppalardo and Shanna Sever for enabling us to publish these abstracts.

We look forward to seeing you at CUGH's 7th Global Health Conference in San Francisco, April 9-11, 2016.

The Consortium of Universities for Global Health
www.cugh.org, info@cugh.org
Twitter: @cughnews