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GLOBAL HEALTH CORPS

A BE FEARLESS CASE STUDY



PRINCIPLES IN ACTION

EXPERIMENT EARLY AND OFTEN:

Don't be afraid to go first.

REACH BEYOND YOUR BUBBLE:

It's comfortable to go it alone. But innovation happens at intersections.

Fearless from the start, Global Health Corps was formed by six diverse strangers with a shared vision—to spark and nurture unlikely partnerships among very different young people from around the world to impact global health.

SYNOPSIS/SUMMARY

Global Health Corps is experimenting early and reaching beyond its bubble by not only providing a platform for young professionals to leverage their unique skills and talents, but also by partnering across sectors and borders to work on the front lines of health equity.

In this case study you will learn how Global Health Corps, founded by six unlikely partners, is changing the perception of global health by acknowledging that relevant expertise is *everywhere*. By engaging with non-traditional partners and connecting individuals with

diverse skill sets, the organization is positively impacting the health of underserved populations around the world. And you will learn about the impact fellows are having in the field—from reducing stock-out rates for critical medicines in Malawi, to writing a national training manual preventing HIV transmission from pregnant women to their babies in Uganda to developing a comprehensive chronic disease prevention report on environmental solutions to the top 10 causes of death in Newark, NJ.



THE BACKGROUND

In 2008, six individuals in their 20's found themselves connected through the 2008 AIDS 2031 Young Leaders Summit hosted by UNAIDS and Google. The group included Barbara Bush, Andrew Bentley, Charlie Hale, Dave Ryan, Jenna Bush Hager and Jonny Dorsey. During a plenary session at the Summit, each participant heard a bold and inspirational challenge put forth by Dr. Peter Piot of UNAIDS:

Find new ways to engage the next generation of leaders in solving the world's health problems.

While all six founders were passionate about global health, only a few had any background or experience in the field: Bentley and Hale worked in the tech sector; while Dorsey and Ryan had backgrounds in student campaigns; Bush Hager brought an educational background; and Bush brought field-based global health experience. Each was a visionary in his or her own right. These six young people had not all met before the summit and *none* had ever led an organization before. Through a series of interactions after the conference, they soon discovered a common interest in creating social change and a shared conviction: belief that their generation had powerful ideas to offer and that hundreds of thousands of their peers were equally motivated. Armed with a new, exciting sense of community and purpose, these six young people decided to take Dr. Piot's challenge on as their own.

THE "AHA MOMENT"

Following the conference, the six new friends with different backgrounds met for a weekend at an apartment in Baltimore, MD, to discuss and reflect on Dr. Piot's message and what it might mean for them.

They recognized that they each brought specific skills and strengths to the table despite their vastly different backgrounds.

With collective expertise that ranged from IT to advocacy and from health to education, they came to the conclusion that their background and skills—much of which fell outside the traditional background for health workers—could all be relevant and helpful in meeting Dr. Piot's challenge. Operating outside the constraints of convention, they developed a shared belief that dramatic power existed within their collective diversity (and that of their peers).

Over the course of the weekend, the group came to realize a shared vision for a programmatic model that, similar to Teach for America, would provide a platform through which young people interested in global health could leverage their unique talents to positively impact health organizations. Equally important, such a network-based organization could create for those same young people the network, skills and experiences to effect change in the field for the rest of their careers. They envisioned a model where young people from around the world partnered together and brought their unique talents to the effort.

THEY ASKED THEMSELVES,

“Could the common passion, yet diversity of thinking that brought us together also be a model for engaging young people in issues of global health?”

While they weren't sure if such a model existed, they were beginning to see the power of diverse partnerships through their own interactions made that weekend in Baltimore. They decided that their idea was worth investigating. By the time the weekend was over, the vision and rough business plan for Global Health Corps was born.

THE *BE FEARLESS* RESPONSE

Despite the obvious risks of embarking on a partnership with equally young and inexperienced individuals, the six members of the Global Health Corps founding team made a commitment to investigate their vision. They began to extensively research their initial idea; surely such a program must already exist? After spending four months speaking with sector experts like Wendy Kopp, Larry Brilliant and Paul Farmer, and meeting with leading organizations like Partners In Health and Clinton Health Access Initiative, it became clear that no other organization was intentionally engaging 20-somethings from around the world in a collaborative approach to global health work. This discovery catalyzed a personal and professional commitment among the six founders

to focus their time, attention and energy to initiating their program model. Together, they launched Global Health Corps with a mission to mobilize a global community of emerging leaders to build the movement for health equity.

The transition from envisioning to actually launching Global Health Corps was a leap. When the organization was founded, all of the founders worked remotely. There were no formal job descriptions or titles defining an organizational hierarchy. It was simply all hands on deck. Having a virtual team with founders in both San Francisco, CA, and New York City enabled the team to divide and conquer relationship-building efforts on both coasts. The donation of a conference room within another nonprofit organization provided the organization with its first office space (which is still Global Health Corps' base of operation).

One of the biggest start-up hurdles that the organization faced was securing partnerships with development organizations willing to host fellows. It wasn't until they had convinced Partners In Health and the Clinton Health Access Initiative (two leaders in the global health field) to take fellows that the program really got off the ground. Securing commitments from these organizations gave Global Health Corps the credibility needed to attract other global health organizations to take on fellows. Through the formation of these early partnerships with key leaders in the field, as well as seed funding from google.org, Global Health Corps transitioned from an idea into an actual organization.





When asked what factor most inspired Global Health Corps to take a fearless idea over the start-up hurdle, Co-Founder and CEO Bush credits safety in numbers; having a large and diverse start-up team all committed to a common, bold idea.

Collaborating with a team of six diversified the risk and made it possible to dream bigger. Because founding team members brought unique backgrounds from within, as well as outside of, the health space, the collective team had a wide lens through which to approach their work. As Bush notes, *"We saw value in the fact that each [founder] was passionate about global health issues, but each was coming from a different academic and professional background. Each brought a different lens to the same set of issues. It was our shared commitment to the issues that enabled us to drop everything to start something that was just an idea."*

"We were able to iterate on a model together because we were looking at issues through a different set of eyes."

In this way, the program, which draws young professionals from a variety of backgrounds, is directly modeled on the founding team.

ENVISIONING A BOLD NEW PROGRAM MODEL

Through its yearlong paid fellowship program, Global Health Corps provides opportunities for young professionals 30 years of age and under from around the world to serve on the frontlines of the fight for global health equity. Global Health Corps competitively selects fellows with diverse skill sets to fill pre-identified talent gaps at high-impact health organizations. During their fellowship year, fellows make a significant and measurable contribution to the placement organization and the community it serves. Throughout the year, Global Health Corps invests in trainings, community building activities, leadership development and mentorship for the fellows, equipping them with the skills and network necessary to be changemakers and paradigm-shifters in the global health field throughout their careers. After the fellowship, fellows join a strong alumni network, through which Global Health Corps facilitates continued collaboration and knowledge-sharing on health issues.

Since its founding in 2009, Global Health Corps has deployed 450 young leaders to work in 7 countries (in East and Southern Africa and the US) serving nonprofit, private sector and government organizations. Fellows are currently working in Rwanda, Burundi, Uganda, Malawi, Zambia and the United States.

The current 128 fellows who represent 22 citizenships were selected out of nearly 5,000 candidates and are serving with 59 partner organizations.

EARLY EXPERIMENTAL FUNDING ALLOWS A NEW, UNPROVEN IDEA TO TAKE SHAPE

Bush credits a few key funders willing to take a risk on an unproven idea for helping to make the vision for Global Health Corps a reality. She cites the Case Foundation, google.org, as well as Echoing Green and the Draper Richards Kaplan Foundation for providing early financial support and thought partnership that helped to launch the effort. The Case Foundation met with the founding team during the organization's four-month research phase to help them reflect on potential operating models. They then committed to providing seed funding to kick-start the organization. Echoing Green and the Draper Richards Kaplan Foundation were also willing to take a risk and support an organization that had done its homework, but did not have results, numbers or metrics to show. These two funders in particular helped the founding team to think through contingency plans to help manage inevitable risks.

AS BUSH NOTES,

“Having thought partners allowed us to be poised and ready to handle challenges.”

INTENSE FOCUS ON CROSS-SECTOR, MULTI-NATIONAL PARTNERSHIPS

Global Health Corps believes that health leaders who are connected across borders, sectors and institutions are necessary to make sustainable widespread improvement in health access and health outcomes.

Therefore, all Global Health Corps fellows work in cross-cultural teams of two, with one fellow from the host country and one international fellow. Fellowship teams are able to exchange and field test best practices employed in their home countries or learned through their complementary past experiences.

Bush shares an example of a past fellowship team that worked as part of a health policy effort with the City of Newark in New Jersey. The team was comprised of a fellow from New Jersey and another from Nigeria. The City was interested in developing a model for health care focused on primary health care in Newark. The idea was to influence behavior of the most economically disadvantaged segment of the population in order to reach individuals before health deterioration led them to the hospital.

Using their knowledge of a model common in Nigeria and much of the developing world, the fellows contributed their thoughts and ideas to a policy and programming plan for the implementation of a community health worker model sponsored by the City of Newark. As part of the plan, community health workers in Newark would be trained to go into the most critical areas of the community for weekly home visits to educate residents on how to access healthy foods with food stamps, examine and discuss food options currently in their kitchen and ensure medications were being taken properly to prevent health issues. As Bush notes, “This was a model for community health that was being rolled out throughout the developing world and had been successful, but was not being used in the United States.





“This example highlights that there is so much to learn from what is being applied elsewhere.”

REDEFINING WHAT IT MEANS TO HAVE “EXPERTISE”

Global Health Corps was born out of the belief that the complexity and scope of the challenges involved in global health necessitate participation from a wide range of fields beyond medicine. This need is evidenced by the fact that for the past five years, Global Health Corps’ partner organizations have continually requested fellows with a variety of non-medical backgrounds from supply-chain management and finance to communications and computer programming or engineering. These skill sets are critical in health service delivery: communications experts are needed to get health messages to hard-to-reach populations as are computer scientists who can design mobile phone technologies to collect critical health data. As a result, Global Health Corps fellows represent more than 30 fields of expertise filling critical gaps at Global Health Corps’ partner organizations.

While Global Health Corps recognizes that there is nothing particularly experimental or innovative about engaging people with different backgrounds to solve big social problems, the fact that it is engaging 20-somethings with experience seemingly unrelated to health to work on health issues requires a high tolerance for risk. It is uncharacteristic for development organizations to look to early career, non-health experts to solve complex global health issues.

AS BUSH NOTES,

“In the development field, there is an understanding that experts are over age 60 with a PhD. That is true, but we are also bringing younger, non-academic and non-Western voices to the table.”

Global Health Corps is reaching beyond its bubble to change the perception on how to tackle global health issues:

“When people think about global health, they think medicine or science. Our fellows are architects and engineers and they have a role to play in addressing these challenges.”

Global Health Corps’ fundamental approach to the sector has been to leverage atypical skill sets to make impact. One example was the organization’s decision to intentionally recruit fellows with architectural backgrounds because of Global Health Corps’ knowledge that design can have a huge impact on health. Since its second year of operation, Global Health Corps has placed 10 fellows at the MASS Design Group in Rwanda.

As Emily Moore, Strategic Partnership Manager, notes: “All of these 10 fellows were architects whom we recruited for their architecture backgrounds in order to support MASS’s work in patient-centered design.” One of the projects these fellows engaged in was the improvement of the design of a health facility in an effort to prevent the spread of tuberculosis (TB). TB is an airborne, infectious disease and with an improperly designed health center, TB patients can easily expose the disease to other patients. These fellows were able to look at a health center and its airflow systems and make design recommendations on how to prevent transmission of such diseases. A doctor or traditional medical practitioner may not have the lens through which to consider this important health protection angle.

WEAVING A NETWORK ACROSS BORDERS, SECTORS AND BOUNDARIES

In line with Global Health Corps’ commitment to collaboration across sectors, countries and backgrounds, the organization invests heavily in creating spaces and opportunities for that to happen amongst its fellows and alumni. Specifically, Global Health Corps organizes quarterly retreats for each fellow class, commencing with an intensive two-week Global Health Corps Training Institute at Yale University every July. At each retreat, fellows have the opportunity to network and workshop with their peers from dozens of countries and professional backgrounds, as well as to hear from a diverse array of professionals with expertise ranging from advocacy to health systems to organizational behavior.

These retreats equip fellows to be more critical thinkers during their fellowship year as well as cements relationships across fellows in the different placement countries, ensuring that they will continue to reach out to fellows in different countries and placement sites for inspiration and problem-solving throughout the year and beyond. For example, a fellow in Malawi working with a health ministry may learn about and potentially leverage what an American fellow is doing for a direct service organization in Washington, DC. These opportunities lead to the consideration of diverse and complementary perspectives on health issues, including: prospects for skill transfer and experience-sharing; exploration of common issues and new ideas; and chances for synergies across borders and organizational boundaries. Innovation is catalyzed since fellows and organizations can quickly tap into the shared pool of knowledge of the Global Health Corps network to address challenges, rather than searching for solutions in a vacuum.

THE POWER OF NON-TRADITIONAL PARTNERSHIPS

Global Health Corps’ model also embodies the principle of reaching beyond its bubble through the diversity of partners it works with across six countries. While initial partners were almost exclusively non-profits, the organization’s 59 current partner organizations now also include health ministries and private sector companies. Partners include the Clinton Health Access Initiative, Partners In Health, Imperial Health Sciences, the Boston Public Health Commission, mother2mothers, the Rwandan Ministry of Health and the Elizabeth Glaser Pediatric AIDS Foundation.





Global Health Corps recognized that to impact global health issues it needed to work not *just* with direct service organizations, but also with public institutions and international NGOs to influence health policy.

To develop health infrastructure and systems, private sector investment and involvement is also needed. Bush notes,

“If we want to move the needle, we need a variety of partners at the table.”

At the same time, exposing fellows to a range of types of organizations working on global health gives them a deeper understanding of the breadth of options they have to engage within the field, which will equip them to be more effective health leaders throughout their careers. Global Health Corps is also invested in cultivating relationships with non-traditional partners who may not place fellows, but can offer expertise and thought partnership to the organization. One example is Global Health Corps’ strong relationship with Hewlett Packard (HP) in which HP employees with extensive knowledge in supply chain management and communication serve as advisors to Global Health Corps fellows. Bush notes, “We realized that we needed to

build less obvious partnerships beyond our [fellowship] placement partners. It will be more impactful for fellows to be coached by Hewlett Packard executives with 30 plus years of supply chain experience.

“There is no need for us to reinvent knowledge that already exists.”

THE RESULTS

Global Health Corps has a two-pronged approach to measuring results. At a top level, it pursues three big goals:

- increase the impact of organizations working in the field of global health;
- create a talent pipeline of young people with experience in and passion for global health; and
- build a community of changemakers that will continue to impact the field of global health beyond their fellowship year.

The organization has made considerable strides in achieving these outcomes in its short tenure. Growth in the fellowship class each year has provided the human capital needed to support more organizations working in the field of global health to increase their impact. Since 2009, Global Health Corps has significantly expanded its network, growing from eight placement organizations to fifty-nine in just five years. The fellowship class has grown in size—experiencing a nearly 500 percent increase

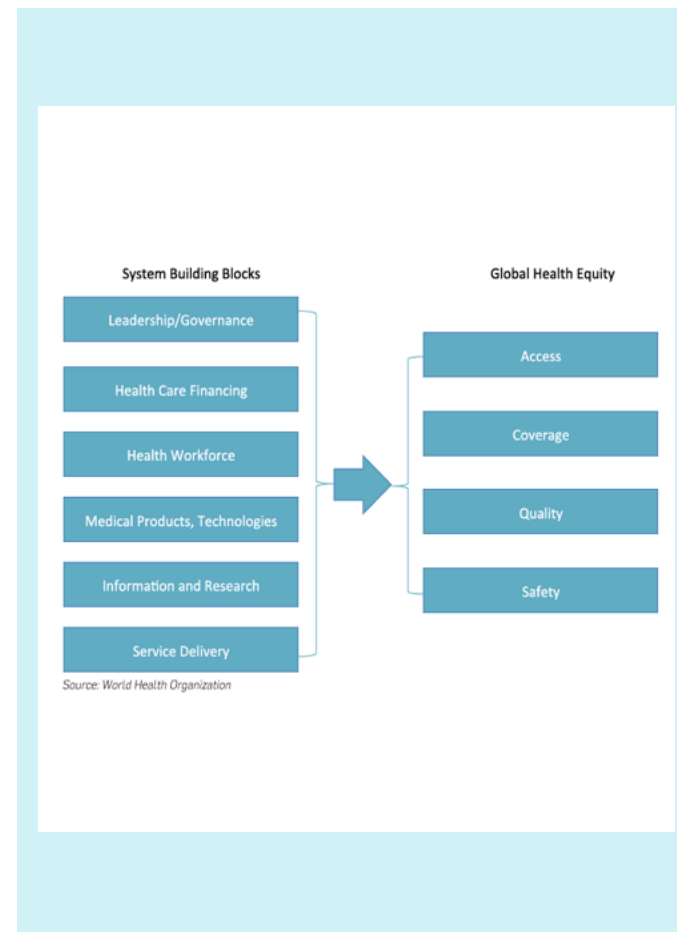
between 2009 and today. From 22 fellows in the first placement class to 128 in the current class these fellows represent a variety of disciplines and 30 different fields of expertise, who collectively speak 38 languages. Together they are connecting people from around the world who may never have had an opportunity to engage with one another otherwise. As a result of engaging fellows with diverse and non-traditional backgrounds and partnering with a range of organizational types, Global Health Corps is changing the perception of how to approach global health issues.

In fact, 87 percent of placement organizations report that fellows have had a very positive or positive impact on their organization. Global Health Corps has validated that young people, especially those with non-health backgrounds, have a role to play in complex global health issues and that multi-sector, multi-national partnerships have the power to create systems-level change.

Global Health Corps is also succeeding in its goal of inspiring young people to contribute to the field of global health post-fellowship, creating a pipeline of passionate, multi-skilled talent for the field. Seventy-two percent of the most recent class of fellows report that they are more likely to be involved in the movement for health equity and social justice because of the fellowship.

Ninety percent of the most recent fellowship class took next steps in the global health and social justice field, including working at organizations like UNICEF, One Acre Fund, the UN Foundation and pursuing graduate degrees like an MPH and MPPS.

At a more operational level, Global Health Corps employs an approach that builds upon the World Health Organization's Health Systems Building Blocks (see diagram below) to direct its fellowship programs to improve global health equity.





Global Health Corps actively tracks contributions made by fellows to each system building block over the course of their work. The following examples provide a snapshot of the incredible accomplishments of fellows working hand in hand with their partners:

Leadership and Governance: A fellowship team in Zambia recently created and implemented the country's first National Tuberculosis Prevalence Survey to quantify the number of people suffering from TB. This is the first fully electronic survey to assess TB prevalence and will enable more accurate distribution of resources needed to treat and prevent its spread. Fellows in Uganda drafted and guided the submission and approval of the first national document addressing unsafe abortion in the country.

Health Care Financing: Fellows contribute expertise to managing monthly expenditure reporting and bank reconciliation in real-time, ensuring projects remain accountable for expenditures.

Health Workforce: Fellows create and facilitate critical, national-level trainings needed to strengthen the health workforce. For instance, fellows in Rwanda led the national scale-up of a program that has trained over 20,000 community health workers to use mobile technology to track pregnant women in order to more effectively deliver care.

Medical Products and Technologies: Through developing inventory management tools, decreasing stock-out rates and establishing multi-year procurement plans, fellows are increasing access to medical products and technologies.

Health Information and Research: Fellows are helping to produce, analyze and disseminate health information. In one such project in Malawi, fellows created a data quality assessment tool and conducted assessments of community-based organizations to assist in developing reliable monitoring and evaluation systems.

Service Delivery: Fellows are improving the quality, safety and effectiveness of health services through direct service provision and improved healthcare access. For example, fellows secured access to and distributed over 700 mosquito nets in a region of Uganda, reducing malaria prevalence there by 60 percent.

These are just a few examples of the ways in which fellows are combating complex global health challenges.

The organization continues to iterate upon its model and experiment with programmatic improvements.

The annual nature of the fellowship program provides Global Health Corps with a yearly opportunity to pilot test new topics and approaches before integrating them into the program model. An annual feedback loop in which fellows are surveyed and have the opportunity to weigh in on their experience contributes to program iterations. Global Health Corps then intentionally pilots ideas, such as new trainings, on a smaller scale with a subset of alumni or fellows before rolling out to the new fellowship class.

While increasing scale has historically been centered on growing the number of fellows engaged annually, there has been a recognition that facilitating collaboration among alumni is key to increasing long term impact.

This testing enables the organization to tweak elements of its program model and garner feedback before making decisions.

Moving forward, Global Health Corps aims to more intentionally leverage the tremendous power of its alumni network to continue to make an impact in the global health sector.

Global Health Corps has changed its definition of scale as a result and invested efforts in creating a more formalized system for alumni to reach beyond their bubble and connect and engage with one another. As part of this effort, Global Health Corps is collaborating with a social networking and mapping expert to identify better ways to stimulate cross-sector, multi-national collaboration amongst its network of nearly 450 alumni and fellows.

AS BUSH NOTES,

“Our hope is that this [continued alumni collaboration] will be the normal way of operating as opposed to working in country or sector specific silos.”

In summary, Global Health Corps is an inspiring example of the value of “reaching beyond your bubble” and “experimenting early and often” by recognizing and calling into service the skills that a surprising and diverse set of actors can bring to complex social issues. It is those transferrable and complementary skills that have the potential to fill gaps in systems and, ultimately, the power to create positive change.





Guiding Discussion Questions

For Funders and Nonprofits: Are you engaging any unlikely partners currently, and what opportunities might exist to do so more intentionally?

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For Funders and Nonprofits: How might your organization better ingrain a diversity of perspectives and backgrounds within your leadership, board, or programs to open your circle and garner new perspectives in your work?

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For Funders: How are you encouraging your grantees to investigate and form unlikely partnerships with organizations that can provide a diverse perspective to your grantee's work?

 _____

For Funders: To what extent are you setting aside funds to support projects, programs, or ideas that have significant potential, however are not yet able to show outcomes?

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For Nonprofits: To what extent do your funders enable you to take risks and support that risk-taking financially or through thought partnership? What might you do differently if you had that support?

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Special thanks to:

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Share your *BE FEARLESS* stories, pictures and videos with us!
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