Relaunching in January 2013, GHC is helping to improve global health through supporting the concerns of the international health community. Board Chairman Dr Jonathan Quick discusses the importance of key partnerships in health advocacy and the dire need for more resources in order to fulfil global health goals.
Could you discuss the Global Health Council’s (GHC) relaunch in January 2013 and what inspired you to take on this challenge? Are there any significant differences in the structure, policy or priorities of GHC?

When GHC closed its doors at the end of June 2012, global health became the only development community of comparable scope and impact without a collective forum or voice. As a consequence of the GHC closure, no broad-based platform existed for the global health community to come together to pursue a common strategy advancing its goals and values and engaging additional influencers. Such a platform was urgently needed, particularly given the need to promote global health leadership to the US Government in the coming year and to educate new and continuing policy makers about the importance of supporting global health. By the end of 2012, more than 40 international agencies had pulled together, pledging nearly US $300,000 annually for three years, to form a new GHC with a new Board of Directors and a leaner business model. GHC named Global Impact as Secretariat, to ensure the organisation will operate and function effectively and efficiently with less focus on staff and more on members.

Since January, the new Board of Directors and other volunteers have worked tirelessly to re-establish GHC’s presence to support global health advocacy, convene its members around pressing issues and support a world where people have healthier lives.

What is the main focus of GHC and who are your members?

With more than 4,500 members representing 29 states and 38 countries, GHC is the common voice for global health advocacy.

The business model is now focused on advocacy around three core functions: Convening, Communications and Constituency-Building. This organisation will support global health advocacy in each of these functions at three distinct levels: leaders of GHC’s membership; stakeholders such as strategic alliances (Washington Global Health Alliance, One campaign, UN Foundation, etc. and their constituencies), policy makers (US Congress and world forums such as the World Health Assembly), and the media; and the broader public.

Can you outline your professional background and what led you to the role of Board Chairman?

I’m a family physician and health management specialist, who’s been active in global health since 1978 in over 50 countries in Africa, Asia, Latin America and the Middle East, including long-term health positions in the US, Pakistan, Kenya and Switzerland. Currently, I am President and CEO of Management Sciences for Health (MSH), an international non-profit group working to build local health leadership and high impact health services in Africa, Asia and Latin America. From 1996–2004, I was Director of Essential Medicines for the World Health Organization (WHO), based in Geneva.

GHC has been an important part of my professional life since my first GHC annual conference in June 1982. I still vividly remember, as a young family physician, how awed I was by both the voices from the field and the global health luminaries. So the April 2012 announcement that GHC would be closing its doors was personally and professionally distressing. Immediately after hearing the announcement, we helped form a group of interested GHC members, which ultimately led to the election of a new Board and the re-launch of GHC on 1 January 2013.

Since GHC’s re-launch, have there been any significant achievements that you wish to highlight?

Achievements include:

• More than 40 GHC delegates attended the 66th World Health Assembly where GHC sponsored a symposium on the changing landscape of global health
• GHC co-sponsored Global Health Week on the Hill in Washington, DC in partnership with the Washington Global Health Alliance
• At the Consortium of Universities for Global Health Annual Conference in March, GHC sponsored a special panel on forging strong relationships between faith and secular global health programmes
• 45 members and supporters of GHC participated in an interactive advocacy webinar on the Congressional budget – the first of a four part series
• GHC has also launched a new digital hub that features guest blogs, videos and member spotlights. Additionally, the website features policy briefs, advocacy updates, thousands of global health job postings and rich global health content. Access to members-only invitations, an eNewsletter and breaking news will soon be rolled out

What are the challenges of leading an organisation with such a diverse range of members?

Health is one of the few areas of life that directly and powerfully touches every person, every family, every organisation (public, private or civil) and every leader – in every country in the world. Success in promoting wellness, preventing illness and treating disease depends on effective engagement of all stakeholders: governments, NGOs, businesses, universities and the full range of health providers. That’s what GHC is about. With 4,500 members from 38 countries and 29 US states, our greatest challenge is identifying those few areas of common interest where we can have the greatest success and impact in achieving our vision of healthier lives for all.

Do you concentrate your efforts on health problems affecting the developing world?

GHC is involved with global health at the broadest levels, focused on advocacy at the DC budget level with a vision to become a network of networks and truly represent ‘global’ health. Through our new model, we are a platform to create a shared voice for global health here in DC initially and then worldwide. It is critical to start with the US, as US foreign assistance programmes are an integral part of a broader US foreign policy that aims to build a more secure
world by fostering healthy, productive and stable societies around the world, particularly in developing countries.

Has GHC been involved in the global effort to reach Millennium Development Goals (MDGs)?

Our current priorities on the MDGs revolve around the budget for 2014 in support of these goals. We are also convening a roundtable of key stakeholders on post-2015 goals.

What is the importance of investing in global health?

US-supported global health programmes work! From the eradication of smallpox to the monumental progress made in combating AIDS and in myriad other ways, the US has been on the leading-edge of solving the world’s most intractable health challenges.

Can you identify any emerging global health challenges? How does GHC plan to respond to these?

The initial focus of GHC is to be a platform for the shared voice for global health. Critical to this function is finding strategic opportunities for our members to be prepped and participate in forums such as the World Health Assembly, Women Deliver Conference, UN Global Alliance, etc. Additionally, our vision is a healthier world for all, and to do so, more resources are required.

Global health programmes account for just 0.25 per cent of the US federal budget, but even this relatively small amount is enough to positively impact the lives of billions of people worldwide. Despite their high return on investment, these programmes are not immune to the recent sequestration. In fact, it is estimated that sequestration will mean 1.9 million fewer people will receive malaria treatments; 162,170 fewer patients will receive HIV/AIDS medication; and 1.6 million fewer women will have access to family planning services.

What are the mutual benefits of these collaborations?

Our current relationships with both WHO and the UN are important to move the organisation forward. Additionally, our work with board members the African Medical and Research Foundation (AMREF) and Friends of Africa have helped to focus our international efforts.

Our Secretariat is Global Impact, which represents 80+ international NGOs and has relationships with 500 private sector partners. Their work has helped to shape our global collaborations. Now we are hoping for more multinational partnerships with the private sector.