

**Dear Gillings School of Global Public Health Colleagues,**

***Global Reach, Global Impact***

**Purpose of this communication.** I write to describe our plans to create the Gillings Global Gateway as a new way to organize and accelerate our global efforts. I describe how we got to this point and what steps we will take in the near term. If you have questions after reading this, feel free to contact me at [brimer@unc.edu](mailto:brimer@unc.edu).

**The global imperative.** Universities increasingly recognize the importance of global reputation in attracting research funding, strategic partnerships and the best global students, staff and faculty. Most important, global research, practice and education are essential for solving some of the world's greatest health threats and problems, a goal that drives our faculty, staff and students. Our School has been global since it first began. Even then, faculty members were traveling the world as part of their research and practice, and faculty and students from other countries came here to visit, work and study. The world has changed a lot since the School's early days, and it was time to examine what it means to be a *global* school, especially in light of our name change in 2008.

**Global School Task Force (GSTF) and Global School Implementation Committee (GSIC).** Late 2010, we began the process of [SPH2020](#)—to chart a course for becoming the school we want to be in 2020. Our global presence and activities were a key component. A little over a year ago, we convened the Global School Task Force (GSTF) and asked its members to examine what it means to be a *global* school of public health and to make recommendations about actions needed to attain our potential as a global school. The GSTF included School faculty, staff and students as well as impressive advisers and external partners.

The GSTF completed its report in October 2012. Subsequently, we formed the Global School Implementation Committee to explore the Task Force's ideas in greater detail and develop a pragmatic implementation plan. The Implementation Committee held focus groups with faculty and students from across the School to identify key issues and concerns as well as priority areas for initial focus. Membership of these committees is posted in the Imagine SPH2020: An update on our [SPH2020](#) page.

**The Gillings Global Gateway.** The two groups crafted an exciting, ambitious and timely vision that has the potential to build on our distinguished history of global research, education and practice. The Implementation Committee also made suggestions about how to phase in components of the plan if we were unable to implement all the recommendations immediately. The centerpiece is the [Gillings Global Gateway](#). The Gateway should provide a way for us to build on historic strengths and achievements of our School, interconnect the best of our **local** and **global** work, and develop strategic global partnerships that add value to our mission. The Gateway will facilitate



*The Gateway will build on UNC's historic strengths in areas such as global water and sanitation. Photo by Emily Zuehlke.*

and enhance our faculty, staff and students' efforts to solve the world's greatest public health threats and problems. It also will help us be more nimble, responsive and attuned to the increasingly global challenges and opportunities we face. We will contribute to UNC's strategy for globalization through work with key partners, such as UNC Global and the Institute for Global Health and Infectious Diseases. **The success of the Gateway will depend to a great extent upon your engagement, ideas and participation.**

**Gateway leadership.** [Bobbi Wallace](#), MPH, an alumna and director of corporate, foundation and global partnerships for the School, has agreed to serve as interim executive director for the Gateway starting July 1, 2013. The director will be a senior level position reporting to the dean and part of the School's key leadership groups. The position will be responsible for formulating and executing the School's global strategy, working with departments and partners to extend the School's global reach, and serving as a visible and energetic promoter of the School's global brand. Bobbi's appointment will enable us to transition into the Gateway beginning July 1<sup>st</sup>.



*The Gateway will foster partnerships that empower vulnerable groups in emerging economies such as India. Photo courtesy of The Water Institute at UNC.*

Bobbi is exactly the right person to do this. She has the education, skills, passion and experience to facilitate this transition, but she needs all our help.

**Next steps.** I am very optimistic and enthusiastic that creating the Gateway is the right path and that we will be well-placed to begin the search for a permanent executive director by the end of 2013. Resources constrain us from doing all that was envisioned by the Global School Task Force now, but we are taking the first important steps to develop the Gateway. Bobbi will move to 104 Rosenau, where Research and Innovation Solutions (RIS) is located, and will work closely with the Office of Global Health (OGH) and RIS staff as they help her build the Gateway. Over the next few months, OGH will become part of the Gateway and no longer a separate organization.

I am thrilled that we had in our midst someone who has worked in multiple countries for various global organizations, both on the ground and in leadership roles. Bobbi understands what is needed to bring the Gateway to life; she is respected and understands the School and the needs of its stakeholders. These strengths will facilitate progress through the Gateway's crucial initial stages. I also am pleased that [Sheila Leatherman](#), MSW, research professor of health policy and management, has agreed to

lead an ad-hoc, short-term effort to help us think strategically about criteria and benchmarks for School-level global partnerships as part of the Gateway's development.

**Resources.** Creating focused efforts such as the Gateway takes significant resources. We have experienced substantial cuts over the last several years and expect more. It is always a challenge to determine whether to invest in new activities in the midst of such constriction. However, we cannot afford to stagnate or even to slip at a time when many universities are moving forward aggressively, and when there are so many opportunities around the world to achieve public health impact. Moreover, there are a number of institutional impediments to our global work that require more focused attention and resources if our faculty and students are to continue to succeed in their global efforts. We decided to invest modest resources to get the Gateway started and will seek additional funds to build out the Gateway.

**Thanks to many people.** I am grateful to everyone who took part in one of the committees that designed the Gateway and in the focus groups that helped to shape it. These efforts take time, and time is one of our scarcest resources. Particular thanks are due to [Dr. Rohit Ramaswamy](#) for his lead of the GSTF, [Dr. Leslie Lytle](#), professor and chair of Health Behavior, who chaired the Implementation Committee, and [Elizabeth French](#), dean's liaison for special initiatives, for their work in turning the strategy into actionable recommendations for implementation. [Don Holzworth](#), executive in residence, provided invaluable advice and insights. We look forward to participation from across the School as we embark on this exciting new venture.

I am deeply thankful to [Dr. Peggy Bentley](#), Chamblee Distinguished Professor of Nutrition and associate dean for global health, whose leadership of the Office of Global Health has enabled us to enhance the School's global focus over the past few years. Peggy will continue to be the global academic adviser to the Gateway and associate dean for global health. Peggy and the OGH staff will be an important part of the Gateway transition. None of this could have occurred had it not been for Dr. Bentley's strong leadership over the past 10 years.

And of course, I am tremendously grateful to Bobbi for being willing to take on this new challenge in order to get us started. See more about her below.

**Committed to North Carolina.** Being committed to global impact does not lessen our commitment to North Carolina. Global and local are interconnected, and health threats and problems do not respect geographic boundaries. While health problems like AIDS and cervical cancer are more common in Africa and many other countries than the U.S., what we learn from work in other places may inform our understanding of N.C. health problems. And, of course, what we learn here may benefit the world.



*Migrant worker in the southeastern U.S. – global and local health threats are interconnected and transcend national boundaries. Photo courtesy of Bread for the World.*

For more than 10 years, the North Carolina Institute for Public Health, now led by [Dr. Anna Schenck](#), professor of the practice and associate dean for practice, has been a vital part of the School and the structure for organizing and coordinating many of our N.C. activities. We must be strong in North Carolina, and the work we do here is critical for the state and our SPH. The citizens of the state have supported this School, and we will not lose sight of that.

Thank you for all you do to make this such an impressive school with amazing impact. We'll keep you updated on progress of the Gateway.

Gratefully,  
Barbara

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*Barbara Wallace, MPH, is now retired. She was director of corporate, foundation and global partnerships at the UNC Gillings School of Global Public Health. She came to UNC in 2008 after working with CARE U.S.A., a global nonprofit based in Atlanta. As senior director of foundation development, she secured over \$23 million in foundation funding. Previously she had a dual appointment as senior technical advisor for HIV/AIDS and director of the CARE-CDC Health Initiative (CCHI), a public health partnership spanning Africa, S. and E. Asia, and focus countries such as Afghanistan. CCHI included initiatives in HIV/AIDS, TB, maternal and newborn health, safe water, avian influenza, microfinance, and early childhood development.*

*Barbara returned to the U.S. from Europe in 2001 to become director of Infant and Child Health and later acting director of HIV/AIDS for the state of Georgia. In Europe, she was the first director of the Jersey Child Care Trust, a start-up early childhood development organization in the Channel Islands that achieved significant media attention and support from the Island's government. She also worked for the British National Health Service as director of maternal and child health programs for Newcastle and North Tyneside Health Authority and then as deputy director of public health for Gateshead and South Tyneside Health Authority (the "lung cancer capital" of Britain), where she led major programs in tobacco control and child protection and built partnerships with local governments. She also served as the first coordinator of the Federation of Red Cross and Red Crescent Societies' global HIV/AIDS program in Geneva in 1988-90, the early days of the AIDS pandemic. She organized workshops around the world to familiarize RCRC staff with HIV/AIDS and enable them to work side by side with people living with AIDS and target groups such as street children. Under her direction, the number of Red Cross and Red Crescent Societies integrating HIV/AIDS prevention and care into their programs rose from a handful to over 100, with notable new programs for youth, workplaces, first aid and blood donation.*

*Before receiving her MPH in Health Behavior from UNC-Chapel Hill, Barbara was a Peace Corps volunteer in TB control in South Korea. She has traveled and worked in over 50 countries. She is president of the Chapel Hill Rotary Club and a lifetime member of the Water and Sanitation Rotarian Action Group.*

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