



Alliance of Academic Health Centers International

LEADERSHIP PERSPECTIVES

STRENGTHENING THE ARCHITECTURE OF
GLOBAL HEALTH THROUGH CAPACITY BUILDING

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STRENGTHENING THE ARCHITECTURE OF GLOBAL HEALTH THROUGH CAPACITY BUILDING

As the COVID pandemic and large population migrations have amply shown, health and welfare are global, as well as local, concerns. No one institution, organization, or government can aptly meet the need for an effective health and wellness response in today's climate, so building and strengthening the capacity for a collaborative infrastructure and community of partnerships is critically important.

AAHCI was founded in 2008 with the mission of leading academic health centers as they transform, adapt, and thrive in the changing health care landscape. AAHCI membership includes academic health centers and systems around the world. Through its thought leadership, innovative programs, advocacy, meetings, publications, and research and analytics, AAHCI fosters a collaborative global community in academic health to seek solutions and strengthen the architecture of global health.

Capacity building within academic health centers is critical, as it helps them to foster and advance health care programs. Academic health centers are uniquely focused on sustaining functional workforces that can deliver quality health care, support and conduct crucial research, and mentor leaders and providers in the health care professions.

Not only do academic health centers have a vested interest in advancing solutions, they offer tremendous experience, expertise, and proven leadership in capacity building: They foster both local and regional coalitions and partnerships to effectively address health concerns; they are crisis managers, during natural disasters or disease outbreaks, for example; they assume increasing responsibility for population health, especially in vulnerable regions and communities, and to compensate for overburdened and underfunded public health systems; and they bring broad (often international) perspectives and capabilities to help solve problems. They are ideal catalysts for cultivating partnerships and strengthening the architecture of global health through capacity building.

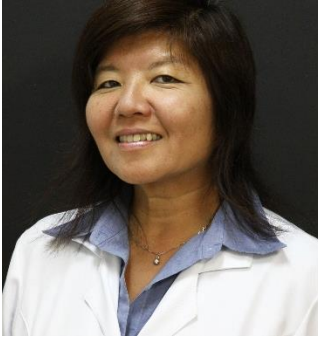
As a collective, AAHCI can mobilize and support capacity building at academic health centers, through a network of collaborative leaders and a range of programs supporting mission alignment and partnership building. AAHCI also works with governments, nongovernmental organizations, and health organizations to disseminate information and act as a catalyst for academic health center collaborations. Lastly, its merger with the AAMC (Association of American Medical Colleges) gives its members access to an expanded network and wealth of expertise in health professions education and academic health.

Featured Commentaries

Valeria Aoki, MD, PhD
President, International Relations Office
University of São Paulo School of Medicine

Wilsie S. Bishop, MSN, MSED, DPA
Former Vice President for Health Affairs
Professor Emerita
East Tennessee State University

Damalie Nakanjako, MBChB, MMED, PhD
Professor of Medicine
Principal
Makerere University College of Health Sciences



Valeria Aoki, MD, PhD

President, International Relations Office

University of São Paulo School of Medicine

The University of São Paulo School of Medicine (FMUSP), founded in 1912 in São Paulo, Brazil, is a leading health care institution in Latin America and an academic health center of considerable size with multiple institutes, 17 departments, 66 medical research laboratories, and more than 200 research groups.

Internationalization is one of the pillars of FMUSP, with the goal of expanding intercultural experiences and fostering international cooperation in the areas of research, medical education, and health care. FMUSP believes that international programs and interinstitutional exchanges are important to achieving progress and generating contributions to global health solutions, especially in times of health crises, such as infectious disease outbreaks and pandemics.

FMUSP joined AAHCI in 2010 as a way to improve internationalization efforts,¹ and hosted the AAHCI Latin America and the Caribbean (LAC) Regional Office from 2017 to 2022. The positive impacts of AAHCI on FMUSP's internationalization efforts have been extensive. In the last three years alone, FMUSP developed academic agreements with other AAHCI-member institutions in Latin America (e.g., TecSalud-Monterrey, Mexico), the Middle East (e.g., Lebanese American University, American University of Beirut), and the U.S. (e.g., Virginia Commonwealth University). These bilateral agreements have consolidated ongoing research projects and expanded student and faculty mobilities, fostering intercultural academic experiences and stimulating future research collaborations.

FMUSP has also gained important insights through invaluable webinars, roundtable discussions, and other events where resources and strategies for online medical education, pandemic response, mental health of health care professionals, global solutions for regional challenges, and more topics are shared. AAHCI-organized, in-person meetings also offer crucial opportunities for networking, sharing experiences with other academic health centers, learning best practices, and inspiring innovative strategies in medical education, global research, and clinical care.

Finally, academic health centers play crucial roles in medical education,² and preparing future leaders in academia is an exciting topic that AAHCI embraces with a novel initiative involving medical students. In 2020, AAHCI launched the AAHCI Student Leadership Initiative in collaboration with AAHCI LAC Regional Office leadership, whereby themes such as virtual education and climate change were contemplated, along with inspiring projects developed by medical students and their mentors.

1. Auler Júnior JOC, de Almeida T, Krieger EM. The role of academic health centers in transformative medical education. *Clinics (Sao Paulo)*. 2019;74:e1466. doi:10.6061/clinics/2019/e1466
2. Wijnen-Meijer M. Implications of internationalisation of medical education. *BMC Med Educ*. 2023;23:640. doi:10.1186/s12909-023-04630-5

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Wilsie S. Bishop, MSN, MSED, DPA

Former Vice President for Health Affairs

Professor Emerita

East Tennessee State University

When East Tennessee State University (ETSU) was selected in 2016 to be a pilot institution for the AAHCI Aligned Institutional Mission (AIM) Program, its community-based academic health science center, now known as ETSU Health, had grown from three colleges when it was established in 1988 to five colleges: Quillen College of Medicine, Bill Gatton College of Pharmacy, College of Nursing, College of Public Health, and the College of Clinical and Rehabilitative Health Sciences. The vice president for health affairs and the college deans wanted to prioritize their joint Interprofessional Education Initiative and the center's mission to serve the people of the region by providing quality health professions education and health care delivery, while further integrating all the health professions into a comprehensive, team-based delivery model.

With more than 250 providers, the five health colleges offered clinics or clinical services at over 30 locations. Even with the intent to be more integrated, however, each clinical component and college operated independently to the extent of not sharing a common name, methods of access, electronic health records, or providers. In addition, the major health systems that were used for student learning were merging and seeking new ways of aligning with the ETSU educational and clinical offerings. As the colleges were learning to work together to achieve strategic goals, they were also learning how to “dance” with a new delivery system partnership.

Mission alignment and identifying a strategic plan were essential in guiding the academic health science center through the roiling waters of change.

The AIM Program offered ETSU access to experts experienced in leading academic health centers and working with large health systems. These experts brought authority and insight to a three-part review, beginning with a comprehensive institutional self-study. The onsite visit of the AIM team included meetings with students, faculty and staff members, clinical partners, and community leaders. Both the exit conference and subsequent comprehensive report affirmed, challenged, and guided our leadership in establishing a planning process for positive change.

The capacity-building aspect of the AIM Program occurred as the consultants helped us see ourselves within the context of academic health centers, nationally and internationally. ETSU entered the program with three expectations: (1) to better align the clinical enterprise across the different colleges, (2) to decide how to best position the academic health science center with health system partners, and (3) to use the program to facilitate a strategic planning process consistent with the growth of the university.

The insights and guidance provided by the AIM consultants affirmed changes already in process and offered new recommendations that encouraged us as an institution to move beyond our comfort zone and make transformative changes in our leadership and infrastructure.

The most exciting and transformative outcomes resulted from the recommendation for improved branding of the clinical operations of our five colleges. The first step was to combine clinical activities under a common name, so the new identity, “ETSU Health,” was adopted and introduced with fanfare. Subsequently, the vice president for clinical affairs role was created, along with an infrastructure to support branding and alignment of clinical operations across the center; this development included key individuals from all the clinically based programs to ensure that each clinic was taking an active role in the integration of processes and policies.

Our enhanced capacity building was further substantiated during the COVID pandemic. The ETSU Health brand came into its own as the community and media recognized experts from the center’s five colleges, who were at the forefront of screening and vaccine delivery, and who served as frontline caregivers. ETSU Health opened the first community drive-through testing site and set up vaccine clinics within the community to serve the general population, including those experiencing homelessness. These health care providers responded in ways that drew upon the expertise of the various professions, supplying comprehensive, integrated care at a time of critical need.

With ETSU’s commitment to interprofessional education and team-based care, embracing the AIM Program was a logical next step in our growth as an academic health science center. The outcome of this focused, strategic look at our organization brought about important infrastructure and leadership changes that strengthened its identity within the larger university and community. The perspectives and shared wisdom offered by the AIM consultants provided our leadership team with the needed affirmation and encouragement to initiate change.

The entire AIM Program offered learning opportunities on many levels for the center’s leadership, faculty, and staff. There were other capacity-building benefits recognized in the improved networks and connections that came from the in-depth, self-study teams that were

created. The campus community and the community health care providers and leaders shared their perceptions of our academic health science center with the AIM team, which opened vital conversations with our stakeholders. The panel of AIM experts, who reviewed, engaged, and advised the college deans and the vice president for health affairs, brought credibility and insights that served collectively as an impetus for action.

Would the transition to ETSU Health have occurred without the AIM Program? Possibly. The consultation from our peer experts, however, was a game changer for our institution and a crucial step in the evolution of both our identity and quality care delivery. The AIM report continues to offer our institution a roadmap for action.

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Damalie Nakanjako, MBChB, MMED, PhD

Professor of Medicine

Principal

Makerere University College of Health Sciences

Medical training, health care delivery, and research — the mandates of academic health centers — are continually challenged with the dynamic needs of the communities they serve, including the need to maintain the pace of ever-emerging global health challenges.

Today, the world is faced with demands of climate change, rapid population growth and aging, conflicts, migration, urbanization, emerging and re-emerging infections, and digitization and artificial intelligence, among other challenges, all of which significantly affect health. The question is whether academic centers are prepared to equip and produce health professionals who are fit for the future. Do all these problems need to be covered in the training curricula, or will it suffice to trust these life-long learners to be able to learn, adapt, and respond to any emerging health challenges? Are we preparing health professionals to provide “sustainable health” amidst the prevalent global inequalities in economy, access to quality health and education, health financing, human resources for health, infrastructure (both physical and digital), governance structures, identity, and urbanization?

This final question haunts all health professional trainers, irrespective of where in the world they reside. To help answer it, AAHCI provides an opportunity for leaders of academic health centers across the globe to connect and share innovative practices and experiences, which will help to shape the

future of health globally. The [AAHCI Leadership Initiative](#) sponsors institutions from lower- and middle-income countries, so they can join AAHCI and academic health center leaders in those countries can participate in important networking events and knowledge exchange.

It is striking to learn how similar the challenges of health profession trainers worldwide are, and it is certainly profitable to share successes and learn from each other’s failures. For example, academic health centers around the world continue to face challenges of ownership across their entities, governance of their teaching hospitals, and the high costs of medical training and keeping up with advancing technology, regardless of location. While some medical colleges have opted to own teaching hospitals, others have found it more productive to collaborate with autonomous hospitals for training; moreover, there is no consensus on either approach, by country or continent. Can solutions to these issues be standardized globally? This is another daunting question that is often left to the leaders to figure out. Also, which approach provides better quality training or quality health care delivery? This is often a matter for the board examinations to determine. And what about those countries or regions where board exams are of variable quality or do not exist?

These questions should resonate with every health professional, educator, and researcher, and highlight the need to collaborate and partner with like-minded individuals and organizations through local, regional, and international networks. AAHCI is a unique platform for advancing every academic health

system and can assure that we, as Makerere University's motto says, "build for the future" through collaborative and transformative education and research.

“Are we preparing health professionals to provide ‘sustainable health’ amidst the prevalent global inequalities in economy, access to quality health and education, health financing, human resources for health, infrastructure (both physical and digital), governance structures, identity, and urbanization?”
