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In 2018, when I assumed leadership of what was then the USC Institute for Global Health, I immediately saw opportunities to build on the Institute’s past achievements. My leadership team recognized that the basis for sound decision-making would be a shared understanding among stakeholders about the purpose and priorities of the Institute going forward, as well as what we truly hoped to accomplish. We thus embarked on a rigorous strategic planning process drawing on a wide range of perspectives from within the USC community and across the global health field.

This undertaking marked the beginning of an exciting new chapter, as reflected in our new name, the USC Institute on Inequalities in Global Health. Other outcomes of the strategic planning process are presented in the following pages. The mission, goals and objectives of the Institute have been reformulated, and the strategic plan identifies four focus areas where it has been agreed that the Institute can have the greatest impact. It defines our core areas of work as research, education and policy engagement, and affirms the view that our pan-university and multidisciplinary approach to global health is essential for achieving desired outcomes.

With exceptional support from the leadership of USC, faculty, students, and many partners, my colleagues and I are prepared to implement the strategic plan in ways that will have a lasting impact on communities worldwide, as well as on the field of global health itself. We appreciate your interest in this effort, and we look forward to working with you to achieve a more just and healthy world.
The vision of the Institute on Inequalities in Global Health is to create a university-wide center of excellence in global health research, education and policy engagement that takes a dynamic and multidisciplinary approach to addressing the health disparities and inequalities that impact our world.

The Institute’s mission is to work with partners across the University of Southern California and around the world to address health-related disparities and inequalities by:

- expanding the evidence base about what works to advance global health, using a multidisciplinary approach;
- training the next generation of global health leaders; and
- informing public policy to more effectively contribute to global health outcomes.
FOCUS AREAS

Global health has been defined as “the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide” (1). The field’s core functions are to identify, monitor, understand and influence the forces that either promote or undermine health and health equity.

It has long been understood that social, economic, legal, environmental and other structural factors influence health outcomes, both directly and by influencing access and use of health services. Nevertheless, health-related scholarship and policy around the world focus overwhelmingly on biomedical challenges and solutions, failing to take on the more holistic approaches needed. Unlike the vast majority of global health institutes and initiatives around the world, USC’s Institute on Inequalities in Global Health (IIGH) is not led by a medical doctor, but by a lawyer specialized in both human rights and public health. This leadership facilitates a focus on the larger structural and social determinants of health. IIGH is pan-university in nature and benefits deeply from being hosted at the Keck School of Medicine of USC. Powerfully positioned to understand and act, the Institute will benefit from the range of expertise represented within the Keck School of Medicine and across the university.

Global health evidence and practice have expanded rapidly over the past 25 years, fueled in part by the unprecedented global response to HIV, and global commitments outlined by the United Nations that place global health generally, and the social determinants of health specifically, at the top of many policy agendas. Despite these many impressive achievements, a backlash is forming against the global health movement, reflecting in part the broader political polarization that we are witnessing around the world. Global health efforts and actors increasingly need to address nationalist and conservative political regimes hostile to what they perceive to be against national interests or focused on the so-called special interests of minorities. The Institute, alongside the broader global health movement, is committed to recognizing and responding to this backlash, keeping our vision of a more just and equitable world at the center of our educational, research and policy mission.

Within this broader context, the Institute has identified four substantive focus areas for its work over the next five years, based on their relevance to local and global health outcomes as well as USC’s comparative advantages. While each of these substantive focus areas is important in its own right, they were also chosen because they open up important opportunities for inter-sectional approaches and synergies.

1. Sexuality, gender and rights
2. Sustainability, power, poverty and mobility
3. Urban health in the 21st century
4. Communication, technology and innovation

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1. SEXUALITY, GENDER AND RIGHTS

Many of the greatest challenges and opportunities in global health are associated with the intersections of sexuality, gender and rights. Economic and gender inequality are closely associated with maternal morbidity and mortality, which many see as the most powerful proxy measure of the strength or weakness of different health systems.

HIV remains among the top 10 causes of death globally, even with the dramatic progress made since its peak in 2005. Both between and within countries, new HIV infections and HIV-related morbidity and mortality are ever more closely associated with inequality – with African-Americans and Latinx people disproportionately vulnerable within the United States and migrants (and sexual and gender minorities) increasingly left behind by progress in many African countries.

Many people in the world’s poorest countries still do not have consistent access to modern methods of contraception – while many others around the world are not supported to manage their fertility challenges. Traditional gender norms often harm girls and women, but they harm boys and men too, as is the case when males are less likely to seek and use health services than females.

Social exclusion and discrimination remain widespread against lesbian, gay, bisexual and transgender people around the world and are associated with a wide range of mental and physical health challenges. Intersex people – whose chromosomes, gonads, sex hormones, and/or genitals do not fit typical male or female categories – are discriminated against in almost every aspect of their lives, and poorly supported by many health care workers. IIGH already has an impressive track record of scholarship and public service on sexuality, gender and rights, often including a focus on adolescents.

With academic and civil society partners in Brazil, Kenya, Malaysia and other countries across Asia and the African continent, working with UNDP and the Global Fund in particular, IIGH is actively involved in addressing the negative impacts of bad law on health outcomes for marginalized populations.

Building on this foundation, over the next five years, IIGH will deepen its collaboration with relevant schools and departments at USC including practical problem-solving to influence gender norms so as to improve health equity and health outcomes; increasing attention to the health needs and rights of sexual and gender minorities; and expanding the lessons learned from health-related law reform on the most marginalized populations within societies.
2. SUSTAINABILITY, POWER, POVERTY AND MOBILITY

In September 2015, the United Nations promulgated the “Sustainable Development Goals” (or SDGs), which reflect how the concept of sustainability has evolved to embrace overlapping environmental, economic and social dimensions. SDG 3 focuses specifically on health and health equity - “to ensure healthy lives and promote well-being for all at all ages.” SDG 10 on reducing inequalities, and the SDG agenda for 2030 overall explicitly recognizes and describes the inter-dependency among and across all 17 of its goals. The World Health Organization’s strategic plan for 2019 to 2023, and the work of the United Nations more generally, focus in particular on two related SDG themes: achieving universal health coverage and “leaving no one behind.” Each of these requires attention not only to the environmental and economic determinants of health, but the social and political factors that fuel the interplays between power and poverty, and ultimately drive mobility and the sustainability of positive change.

Poor people already pay the highest price for environmental degradation, as they are far more likely to live in less resilient regions and neighborhoods and have fewer resources to cope with the impacts of short- and long-term changes to their environment. In addition to creating financial and geographic barriers to accessing health services, poverty undermines nutrition, exacerbates stress, increases exposure to toxins and unsafe work environments, and increases the likelihood of inadequate shelter and poor sanitation.

In turn, poor health exacerbates poverty, most directly by increasing out of pocket expenditures on health care, increasing the burden of care within poor households and reducing the ability to work, and indirectly by fueling migration, which can undermine health, for example, by increasing exposure to health hazards, as well as mental health concerns including those resulting from reduced access to health services due to discrimination on arrival in a new destination.

IIGH has already sponsored foundational research and teaching at the intersection of these important issues, including attention to the health impacts of access to justice and racial and ethnic polarization.

Over the next five years, the Institute will prioritize work that is focused on the intersection of these issues with one another, including the relative roles of both domestic and foreign policy in mitigating health risks from climate change and poverty related migration; how to reduce both exposure to and health consequences of racism, xenophobia and legacies of racial and ethnic inequality; as well as drawing on its extensive methodological expertise to evaluate the health and social impacts of different community and institutional approaches to building resilience.
3. **URBAN HEALTH IN THE 21ST CENTURY**

About 55% of the world’s population – roughly 4 billion people – live in urban areas. Almost one-quarter of these people – about 880 million people – live in urban slums or informal settlements, including about 300 million children. While the pace of urbanization and the growth of slums has slowed in some regions of the world like Latin America, both continue to grow rapidly in Sub Saharan Africa and South East Asia. Urbanization is an important driver of prosperity, but also of inequality.

Poor and marginalized urban dwellers, especially recent arrivals in cities, have greater exposure to unhealthy and unsafe environments; limited access to green spaces or options for walking and recreation; limited connectivity to social networks, health services, social support networks and the local economy; inadequate and inequitable access to safe and affordable water, sanitation and hygiene; and poor access to waste management services. Urbanization increases the risk of infectious diseases such as tuberculosis, pneumonia, dengue fever, and Zika, as well as many non-communicable threats to health, including injuries from accidents, risk of violent crime, exposure to carcinogens, and obesity-related diseases. Air pollution is a large and growing threat to health, causing almost 1 in 10 deaths of children under five worldwide.

IIIGH has already contributed significantly to global understanding of health concerns raised by urban environments including barriers and challenges in delivering health interventions to the most marginalized, such as the health and rights issues for homeless and other marginalized populations working with the city of Los Angeles, and others domestically and internationally.

The Institute is committed to building on these foundations to make significant additional contributions to the understanding of urbanization and global health over the next five years, recognizing the increasing importance of local government to address health inequalities. Engaging colleagues across USC, in particular the urban planning capacity in the USC Price School of Public Policy and the School of Architecture, the work of the Center for Sustainability Solutions, and the geospatial expertise of the Spatial Sciences Institute will be key to this work.

Working locally and globally, collaborating across USC and with relevant external partners, the Institute will continue to work with the City of Los Angeles, the UN Office of the High Commissioner for Human Rights and other external partners on issues including increasing access to green spaces; identifying and evaluating health and social system approaches to ensure effective health and social coverage; addressing child health, prenatal and antenatal care and delivery, and chronic conditions exacerbated by urban life on the poorest and most vulnerable.
4. COMMUNICATION, TECHNOLOGY AND INNOVATION

Development, introduction and widespread dissemination of new technologies in the health sector contributes dramatically to better health outcomes, including for the poorest and most marginalized. About 85% of the world’s children benefit from essential vaccines; the increased variety of modern contraceptive methods contribute dramatically to reducing maternal and child mortality; new biomedical prevention and treatment tools are helping to drive progress against HIV and non-communicable diseases; real-time data collection and monitoring is improving the performance of front-line health services even in the poorest countries and communities; inexpensive household-level water purification systems are reducing exposure to water-borne pathogens.

There are more and more effective and affordable biomedical, environmental and health-system tools to improve health outcomes. At USC and beyond, however, more attention is needed to develop, introduce and disseminate innovative technologies that cultivate and reinforce healthy behavior and influence the broader social, economic and political determinants of health.

Some examples have emerged about the potential of this field of work, including the use of video games on mobile phones to encourage children to use toilets in India and testing of different economic incentive models for peer education about HIV among sex workers in East Africa.

There is considerable optimism about the potential of artificial intelligence tools to improve global health outcomes, alongside serious questions about cost-effectiveness, and in particular, the ethics and rights concerns embedded in their use. Overall, these are areas of work with a massive potential to contribute to global health that have received far too little investment as concerns their potential to exacerbate or reduce inequality.

The Institute has already begun work in this area, for example, in relation to the use of drones to address complex global health logistical challenges, and in relation to user-initiated interventions in sexual and reproductive health to support access for people who are hard to reach. USC has a particularly strong potential to make a difference to global health in this area, with relevant intellectual assets at the Institute for Creative Technologies, the School of Cinematic Arts, the Annenberg School of Communication and Journalism, the Information Sciences Institute at the Viterbi School of Engineering, the Spatial Sciences Institute and elsewhere.

As this is an emerging focus area for IIGH, the immediate priority is to launch consultations with relevant faculty across USC to identify new collaborations and partnerships with a view to shaping and launching a substantive program of work in the near future.
The Institute’s vision and added value lie not only in what it focuses on but in how it does its work. Its multidisciplinary, methodological approach, growing synergies between research, interventions and evaluation, as well as its quantitative, qualitative and policy work is well recognized. And just as the four focus themes described above intersect with one another, the Institute’s implementation strategies described below also overlap and reinforce one another in ground-breaking ways.
KEY RESULT 1:
INCREASED EVIDENCE ABOUT THE IMPACT ON GLOBAL HEALTH OF GENDER/SEXUALITY, SUSTAINABILITY/POVERTY, URBANIZATION, AND INNOVATIVE TECHNOLOGY/COMMUNICATION AND ABOUT WHAT WORKS TO IMPROVE OUTCOMES.

The Institute’s evidence strategy is focused on enhancing the university’s capacity to conduct relevant global health research and to disseminate research results, particularly in response to problems that are too complex and interdisciplinary to have a natural home with any single researcher, department, or school.

The foundation of this work will be the establishment and strengthening of thematic networks in each of the four identified focus areas, with the engagement of faculty from across USC, to conduct evidence reviews and ongoing monitoring of new developments. These analyses will help identify the most strategic and promising areas for new research initiatives and collaborations.

The Institute has already established an unusually broad range of close partnerships with key global health leaders and institutions from around the world, including with multilateral organizations, city governments, multiple ministries of low- and middle- income country governments, civil society actors, universities and the private sector. These relationships will be nurtured and deepened, and a limited number of strategic new partnerships will be established to ensure that IIGH has a balanced range of relationships relevant to each of the four identified global health focus areas.

In keeping with its commitment to actively contribute to better global health outcomes, as described further in key result 3 below, the Institute will take a broad approach to evidence dissemination. Publication of academic books and in peer reviewed literature will remain important, both as part of career development for graduate students and faculty and to strengthen and influence academic work on global health around the world. In addition, however, IIGH is strongly committed to popularizing its research results and to disseminating key findings and relevant messages through social media; policy-oriented meetings and documents, workshops and conferences; and newspapers, television and other channels that reach relevant stakeholders, influencers and decision-makers in the US and more broadly.
Over the next five years, the Institute will support and expand creative, collaborative educational efforts in global health, providing opportunities for emerging leaders in global health to experience and to understand the health challenges facing the world’s populations, and to consider new interdisciplinary ways to address those challenges.

Building on its existing strengths in both in-person and on-line teaching and training, as well as the diverse international student body, over the course of the strategic plan period, the Institute will grow interdisciplinary education and training programs (including courses, and certificate programs) relevant to the four identified focus areas of IIGH that equip students and mid-career professionals to be better prepared to research, practice and lead global health from their home country—whether the US or elsewhere.

Education and training initiatives will also grow to serve the broader USC community, providing global health perspectives to students specializing in other fields, preparing undergraduate students to move into USC graduate programs over time, providing pre-departure training for students participating in international work/study initiatives and providing internships and fellowships for students with our partners across the globe.

The Institute is also committed to further internationalize its learning opportunities—increasing opportunities for US based students to study and learn abroad and providing educational opportunities to a much broader range of students from other countries, not just through enrolling international students but through joint learning and research opportunities. Over the next four years, we anticipate the establishment of international research and education hubs in Africa, Asia and Latin America, in partnership with academic institutions, civil society organizations, governments and UN agencies. In addition to hosting USC students for course work and USC faculty for research and teaching, these hubs will provide an opportunity for students enrolled at overseas partner institutions to benefit from USC teaching faculty and other resources, as well as facilitating ongoing partnerships open to both graduate students and faculty from USC and abroad.
Addressing gender, equity and marginalization, moving from reductionism to complexity.

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KEY RESULT 3:
EVIDENCE INFLUENCES POLICY AND PROGRAMS IN THE FOUR IDENTIFIED FOCUS AREAS THAT SHAPE GLOBAL HEALTH OUTCOMES.

Over the course of the strategic plan period, IIGH will contribute significantly to effective policy and program action that reduces health-related disparities and inequalities in the diverse Los Angeles community and around the world, facilitating problem-solving by bringing together insights from multiple disciplines and by facilitating collaboration among students, faculty and thought leaders from across the globe.

One key objective of IIGH’s evidence-to-policy work is to contribute its faculty expertise and research findings to scientific advisory panels and commissions, particularly those that shape large-scale, well-funded initiatives and those that are most likely to influence a broad range of policy makers. At the beginning of the strategic plan period, the Institute’s director is already playing an important role in several such initiatives – for example serving as a member of the Scientific Advisory Board of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) initiative supporting HIV responses in developing countries, and playing a leadership role in a newly established Lancet Commission on Human Rights and Health. Over the next five years, the Institute intends to make similar contributions in at least two of the other three focus areas of its strategic plan.
IIiGH is also committed to contributing to the global health efforts of the City of Los Angeles. Like the Institute itself, the Mayor’s office is strongly committed to the United Nations’ Sustainable Development Goals and recognizes the importance of both contributing to and learning from global health efforts around the world. Additionally, the Institute is working locally with partner organizations concerned with the health and rights of people engaged in sex work, transgender people, and undocumented people. Over the next five years, the Institute will leverage its convening power and close relationships with partners working on these issues in other parts of the world to grow synergies and help improve health outcomes in the city of Los Angeles and beyond.

At a global level, the Institute will continue and strengthen its close working relationship with a number of key multilateral organizations, including the United Nations Development Programme, the World Health Organization, UNAIDS, the World Bank and others. The Institute’s policy partnerships with these institutions will grow its current efforts bringing increasing USC faculty into these efforts in sharing evidence, research results and publications, conducting external evaluations of regional and global health initiatives undertaken by these institutions, serving on advisory panels, and acting as a partner in developing and implementing programs relevant to the Institute’s four focus areas.
**KEY RESULT 4:**

**THE INSTITUTE ON INEQUALITIES IN GLOBAL HEALTH IS RECOGNIZED NATIONALLY AND INTERNATIONALLY FOR ITS OVERALL ACADEMIC EXCELLENCE AND THE QUALITY AND RELEVANCE OF ITS RESEARCH, EDUCATION AND SERVICE.**

In order to deliver in its substantive focus areas and in education, evidence and policy, it is essential to further strengthen IIGH’s intellectual and institutional capacity. Key approaches will include strengthening governance; increasing synergies among research, education and service functions; increasing collaborations among each of the four focus areas; expanding strategic partnerships within and beyond USC; increasing and diversifying revenue; and strengthening communication and advocacy.

One of the Institute’s most important objectives will be to expand and diversify its faculty to ensure intellectual leadership in each of the four identified focus areas. USC has strong intellectual capacity in communication, urban issues and innovative technology for example, but it is essential to work more closely with these resources, as well as to have Institute faculty with time explicitly dedicated to each of the four focus areas. IIGH faculty members in place as of early 2019 have strong track records in some of these areas, but there is a need for additional faculty with expertise in health systems; migration; sustainability; and other areas to grow this work effectively.

The Institute already has a good foundation in external communications and research dissemination, but these capacities too need to be deepened and expanded to support faculty in other schools and ultimately support a unified vision of global health at USC.

As noted above, the Institute begins the strategy period with a strong and diverse set of strategic partnerships with multilateral organizations, national and city governments, civil society organizations and the private sector. It also works closely with peer institutions in the Los Angeles area and globally, including through its hosting of the global health hub on behalf of the Association of Pacific Rim Universities. This approach to strategic partnerships will be expanded thematically (beyond current relationships which focus primarily on gender/sexuality and sustainability/poverty) and with increased attention to education of students in developing and emerging economies.
Beyond teaching, research and policy partnerships, these relationships are key elements of the Institute’s approach to funding. Revenue will increase from research grants, evaluations and policy/program partnerships. The Institute seeks also to increase its income from teaching through expanded certificate offerings, and exploration of new approaches to revenue sharing with its USC partners. Most importantly, the Institute will work closely with the Dean of the Keck School of Medicine and the Provost of USC to develop plans to fundraise for both an endowment and a significantly increased operating budget.

New and strengthened approaches to institute governance will also be put in place. A student advisory council was put in place at the beginning of the strategy period. In the next months, an internal advisory council of USC faculty and senior leadership will be launched. Over the course of the strategy period, the Institute will also explore the possibility of growing its current consultative arrangements beyond USC to include external partners as part of an official advisory board or governing council.

A number of special initiatives encompass and contribute to two or more of the results described above, including the hosting of prominent global health leaders for periods of collaboration, teaching and research at USC, the continuation and expansion of our global health policy course in Geneva, planetary health offering in Costa Rica, and courses on global health leadership taught with our Asia Pacific Rim partner universities (APRU), and our multi-pronged long-standing collaborations with key global health actors around the world, such as the Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN), with its focus on how law and ethics contribute to global health, and Lembaga Bantuan Hukum Masyarakat (LBHM) in Indonesia, with its attention to using global health frameworks to improve the health and well-being of the most marginalized.
MONITORING AND EVALUATION

This strategy outlines the broad vision and direction for IIGH from 2019 to 2024. Active consultation, monitoring and feedback will be used throughout the period to develop more specific priorities, strategies and workplans and to make adjustments to the overall strategy as needed. As noted in the discussion of evidence above, tracking new evidence and policy directions as they emerge from other institutions is an important part of that process. Similarly, most major IIGH initiatives will have project-specific approaches to monitoring and evaluation, such as student evaluation of course content and teaching and end-of-project evaluations of policy dialogue initiatives.

At the level of the strategy itself, IIGH will track the following key metrics as part of its performance measurement system:

- Number of students benefiting from IIGH teaching and training each year, differentiated by geographic location, country of origin and type of program and/or course (undergrad, graduate, certificate programs, pre-departure training, other short training, internships, fellowships, short courses, travel/study initiatives) with attention to qualitative measures including student satisfaction and success stories
- Number of USC faculty involved in IIGH activities by school and type of engagement
- Number of IIGH-related reports, tools, evaluations and other methodologies integrated into global policy and programs
- Number of books and peer reviewed publications and abstracts per year by faculty and students associated with IIGH, in each of four focus areas
- Citation counts and downloads for products/publications related to IIGH; participation of IIGH faculty and staff on scientific committees, policy advisory panels, evaluations, and similar processes
- Number and diversity of active educational, research, policy and funding partnerships each year (for IIGH itself and for Institute-related faculty and staff)
- Number of international visiting scholars working with IIGH each year
USC INSTITUTE ON INEQUALITIES IN GLOBAL HEALTH
STRATEGIC PLAN
2019-2024

OUR VISION:
A MORE JUST AND HEALTHIER WORLD

OUR MISSION:
TO WORK WITH PARTNERS ACROSS USC AND AROUND THE WORLD TO ADDRESS HEALTH-RELATED DISPARITIES AND INEQUALITIES THROUGH RESEARCH, EDUCATION AND POLICY ENGAGEMENT

FOCUS AREAS:
(1) Sexuality, gender and rights
(2) Sustainability, power, poverty and mobility
(3) Urban health in the 21st century
(4) Communication, technology and innovation

RESEARCH
Expanding the evidence base about what works to advance global health

EDUCATION
Training the next generation of global health leaders

POLICY ENGAGEMENT
Informing public policy to more effectively contribute to global health outcomes

CROSS-CUTTING PRACTICES
- Multidisciplinary approaches to research, education and policy engagement
- Long-term partnerships with academic institutions, civil society organizations, governments and United Nations agencies

KEY OBJECTIVE
Conducting relevant global health research and disseminating research results across the four focus areas

KEY ACTIVITIES
- Conducting research and reviews
- Disseminating research findings, publications and scholarship
- Hosting conferences, workshops and events
- Hosting visiting researchers and scholars
- Expanding the Program on Global Health and Human Rights
- Establishing research and learning hubs

KEY PERFORMANCE INDICATORS
- # of USC faculty involved in IIGH research activities by school and type of engagement
- # and diversity of active research and funding partnerships each year (for IIGH itself and for faculty and students associated with IIGH)
- # of books, peer-reviewed publications, and abstracts per year by faculty and students associated with IIGH in each of the four focus areas
- Citation counts and downloads for products/publications associated with IIGH

KEY OBJECTIVE
Developing and providing hands-on interdisciplinary education and training programs

KEY ACTIVITIES
- Providing global health courses at undergraduate and graduate levels
- Organizing international immersion courses
- Offering Association of Pacific Rim Universities (APRU) courses
- Teaching online certificates and short courses
- Spearheading case competition
- Expanding fellowship programs
- Providing student practica and internships
- Arranging speaker series
- Establishing research and learning hubs

KEY PERFORMANCE INDICATORS
- # of students benefiting from IIGH teaching and training each year, differentiated by country of origin, geographic location, and type of program and/or course, with attention to qualitative measures including student satisfaction and success stories
- # of USC faculty involved in IIGH education activities by school and type of engagement
- # and diversity of active educational and funding partnerships each year (for IIGH itself and for faculty and students associated with IIGH)
- # of international visiting scholars working with IIGH each year

KEY OBJECTIVE
Contributing expertise and research findings to scientific advisory panels, commissions and multilateral organizations

KEY ACTIVITIES
- Conducting evaluations of regional and global health initiatives undertaken by major multilateral organizations
- Establishing policy-oriented documents, tools and technical reports
- Participating in high-level working groups, meetings, committees, conferences, workshops, advisory boards and panels
- Disseminating findings and key messages through social media, print media and television
- Establishing research and learning hubs

KEY PERFORMANCE INDICATORS
- # of IIGH-associated reports, tools, evaluations and other outputs integrated into global policy and programs
- Participation of IIGH faculty and staff on scientific committees, policy advisory panels, evaluations and similar processes
- # and diversity of active policy and funding partnerships each year (for IIGH itself and for faculty and staff associated with IIGH)