

Global Challenges, Global Opportunities

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Academia is at an exciting crossroads. The global problems we face are immense, but the good news is we know how to address most of them. Our primary challenge today is not a lack of knowledge but a failure to scale up what we already know works. Some of the skills to implement what we know are medical, many are not. Political science, economics, management, veterinary sciences, engineering, and law are as important as the health sciences in tackling these problems. Integrating these disciplines is vital in scaling up high impact solutions and building systems.

Against this backdrop is a confluence of old and new threats. Infectious diseases, a lack of capacity, poor governance, corruption, and conflict are ever-present. The rise of noncommunicable diseases, climate change, environmental degradation, and an increasing and aging global population will compound these persistent problems.

There is also a grand convergence between high-, middle-, and low-income countries. Old and new problems affect all nations to varying degrees. This binds us not only by our common humanity but also by our common challenges. In our virtually borderless world, we are all in this together.

The Consortium of Universities for Global Health (www.CUGH.org) was created 6 years ago by 24 leading universities in North America. Part of its mission is to strengthen academia's ability to improve the lives of the world's poor through research, education, and service. Its membership has grown rapidly and now includes more than 135 institutions worldwide.

CUGH's fifth annual conference was held in Washington DC, May 10–12, 2014. Three all-day satellite sessions were offered on May 9: Global Cancer with NIH's National Cancer Institute; Building a Better Global Health Professional with the Public Health Institute; and a session on Innovation and Translation with National Institutes of Health (NIH)-National Center for Advancing Translational Sciences and USAID. Attending the meeting were 1450 people from 54 countries, representing 205 institutions. One-third of the attendees were students.

The theme for the conference was Universities 2.0: Advancing Global Health in the post-Millennium Development Goals (MDG) era. More than 60 panels, workshops, and special sessions were held and in excess

of 550 abstracts were presented. These reflected the conference's 11 themes:

1. Building effective global health education and training programs
2. Closing the know–do gap: implementation, program, and delivery science in global health
3. Environmental and social determinants of health
4. From communicable to noncommunicable diseases and injuries
5. Global health: policy, economics, justice, and equity
6. Innovative approaches and technologies in global health
7. Opportunities and innovation in women's health globally
8. Role of global health in local health
9. Role of universities in interdisciplinary and intersectoral approaches to global health: from agriculture to zoology
10. Role of universities in strengthening health systems in low-income settings: evidence-based approaches and evaluations
11. Scientific research in global health partnerships.

The conference had new features including the first Global Health Film Festival. Through a partnership with the Pulitzer Center for War Reporting and others, searing documentaries were shown on issues as diverse as child brides, the global surgical deficit, maternal health, and climate change. A global health video competition was also held so researchers students and others had an opportunity to showcase their work visually.

Highly popular debates were added to the agenda. Two speakers argued contentious global health issues such as whether the global North benefits more than the South from global health programs and whether the next global health investments should go to infrastructure or directly to the consumer. Other sessions delved into important practical issues from administering global health programs to advocacy.

The conference also challenged our universities to evolve and play a greater role in bridging the knowledge—needs gap. An immense and inspiring amount of research is produced every year. Tragically, little of it is scaled up to affect people's lives. Although research and education must remain core activities, expanded service initiatives will provide untold new opportunities for academia. Partnering with other sectors including nongovernmental organizations, the private and public sectors in knowledge translation will produce increased value for the investments made in research. It will also unleash new opportunities in both research and education.

Academic global health programs are producing a large number of graduates passionate about making a difference. Some will go overseas but the opportunities to do this are declining as countries in the global South assume, as they should, roles previously occupied by professionals from high-income countries. A few will enter academia but most will work in other areas. By partnering with different sectors and increasing their service and implementation programs, universities will strengthen students' future employment opportunities.

The abstracts published here reflect the broad constituencies and disciplines involved in global health. Many offer compelling solutions to post-MDG

challenges. They are organized in this issue of the journal by the conference's 11 themes listed previously. They are a testament to research excellence around the world.

As CUGH grows, we will continue to build partnerships that harness the research, education, and service capabilities within academia to improve people's lives, particularly those least privileged in our world. Please use our revamped website (www.cugh.org) to share knowledge, create partnerships, build capacity, and translate knowledge into action. In this we can help improve the lives of those least privileged in our world.

What a marvelous time it is to be in global health!