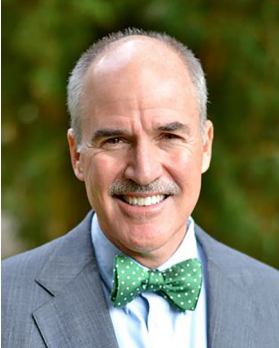




FOGARTY INTERNATIONAL CENTER • NATIONAL INSTITUTES OF HEALTH • DEPARTMENT OF HEALTH AND HUMAN SERVICES

Kilmarx steps in as Acting Fogarty Director



Dr. Peter Kilmarx

Peter Kilmarx, M.D., has stepped in as Acting Director of the Fogarty International Center and Acting Associate Director, Global Health Research, National Institutes of Health, after the departure of Roger I. Glass, M.D., Ph.D. An expert on infectious disease research and HIV/AIDS prevention, Dr. Kilmarx was named Deputy Director of the Fogarty International Center in 2015.

During his tenure at Fogarty he has led the analysis of NIH global health activities, built coalitions within NIH and with external stakeholders, and represented Fogarty and NIH in forums around the globe. He co-led an initiative to transform African health professional education and research, resulting in the formation of the African Association for Health Professions Education and Research (AFREHealth), as well as the African Postdoctoral Training Initiative (APTI), which brings African postdoctoral fellows to NIH. He has also focused on efforts to increase equity in global health research and building global capacity for pandemic preparedness.

"I'm grateful for the leadership and mentoring of Dr. Roger Glass," said Dr. Kilmarx. "I'm excited about this opportunity to serve Fogarty and our partners, strengthening global research capacity and partnerships to address the critical global health challenges of our time." Dr. Kilmarx will over-

see an annual budget of more than \$95 million and a portfolio of nearly 600 active grants. Meanwhile, Fogarty will continue its mission of supporting and facilitating global health research conducted by U.S. and international investigators, building partnerships between health research institutions in the U.S. and abroad, and training the next generation of scientists to address global health needs.

Dr. Kilmarx previously served as the Center for Disease Control and Prevention's Country Director in Zimbabwe, providing oversight for 30 CDC staff who managed implementation of the U.S. efforts to reduce HIV/AIDS, tuberculosis and malaria, and rose to the rank of Rear Admiral and Assistant Surgeon General in the U.S. Public Health Service.

Rachel Sturke, Ph.D., M.P.H., M.I.A., Deputy Director and Senior Scientist for the Fogarty Center for Global Health Studies, will step in as Acting Deputy Director for the Center. Dr. Sturke joined Fogarty in 2006 and oversees a portfolio of global projects that include a focus on building research capacity in implementation science in low- and middle-income countries (LMICs) and using innovative platforms to bring implementation science practitioners together with decision-makers and program implementers from LMICs. "We're very pleased that Dr. Rachel Sturke is taking on the role of Acting Deputy Director," said Dr. Kilmarx. "She is an exceptionally qualified global expert on implementation science and, having been with Fogarty since 2006, brings a wealth of institutional knowledge to the role."

Celebrate with us: Fellows & Scholars at 20

Fogarty's flagship Global Health Fellows and Scholars program, now known as LAUNCH (Launching Future Leaders in Global Health Research Training Program), will celebrate its 20th Anniversary in 2023. To mark the occasion, Fogarty invites current and former fellows, scholars, principal investigators, and mentors, as well as Fogarty and NIH staff to join us for a commemorative event on the main NIH campus on April 13, 2023. Contact FICEvents@nih.gov for more information.

Global Health Fellows & Scholars



FOCUS



Celebrating former director, Dr. Roger I. Glass

- An extraordinary career
- Goodbye as director, hello as emeritus
- Tributes

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Haiti combats cholera amid turbulence

Health workers in Haiti, facing a resurgence of cholera throughout the country, are making headway against the disease by scaling-up treatment centers, implementing oral rehydration points in high-risk communities, and conducting vaccination campaigns in the regions hit hardest.

Cholera, a diarrheal infection caused by eating food or drinking water contaminated with the *Vibrio cholerae* bacterium, is commonly treated with oral rehydration solution. Three WHO pre-qualified vaccines can prevent the disease.

“The big picture is that we are in a better place than we were at the beginning of the outbreak and, while things are still very difficult and very complicated, I think we’ve made progress,” said Dr. Vanessa Rouzier, Director of Research at GHESKIO, a Haitian-led non-profit. She and her co-author and colleague, Dr. Karine Severe, provided an update to their article, “Resurgence of Cholera in Haiti amidst Humanitarian Crises,” published in the *New England Journal of Medicine (NEJM)* in December 2022.

Political chaos, catastrophic shortages

On October 1, 2022, the Haitian Ministry of Health reported a surge in cholera patients in Port-au-Prince. This is more than a decade after the devastating 2010 cholera epidemic which caused more than 10,000 deaths, explained Rouzier, Severe, and co-author Dr. Nadalette Alcenat. The current outbreak coincides with recent political chaos, gang violence, and a blockade of Port-au-Prince’s main port, leading to a “catastrophic shortage of food, potable water, and fuel,” they wrote.

“Today, the political chaos and the gang violence does remain, unfortunately, so we continue to work in a very challenging environment,” Rouzier told Fogarty. “The major difference being that fuel is available, even if it’s with some amount of difficulty. It’s available, at least, in the capital city of Port au Prince.”

One negative change in the past few weeks is transmission of the disease has continued. At the time of the *NEJM* publication, eight out of the total 10 Departments (top level government administrative regions equivalent to states) had been affected, now all 10 Departments and the majority of the island nation’s population are



The petri dish on the left indicates a positive result for the *Vibrio cholerae* bacteria at the National Laboratory in Port-au-Prince, Haiti.

affected, said Severe. A total of 25,182 cases and 496 deaths had been reported as of January 19, 2023.

Despite challenges and setbacks, progress has been made. With greater access to fuel (at least in the capital), it has been easier to increase the number of cholera treatment centers, which provide care for those who are sick, noted Rouzier. GHESKIO has also begun to implement oral rehydration points, a highly successful intervention from the previous epidemic. “It’s within communities and staffed by people from the community. Because it’s within walking distance, you don’t have to leave your area, which is often a challenge for security reasons, so you can start treatment early,” said Rouzier. Oral rehydration points are also a platform from which health professionals can conduct door-to-door sensitization, provide oral rehydration packages (salts) and hygiene kits (with chlorine tablets to decontaminate water) and offer counseling, explained Severe, adding, “It’s important for us to remain very alert to avoid another peak and further spread of this outbreak.”

Vaccines help to stop spread

The vaccination campaign started in December. Despite other cholera outbreaks ongoing in the world, Haiti was able to procure 1.7 million oral vaccines from the International Coordinating Group (ICG) that manages the global stockpile. So far, 1.1 million have been received and are being deployed in the West Department, encompassing Port-au-Prince, and the Center Department.

Finally, GHESKIO plans to partner with Agence Française de Développement, which has offered support at cholera epicenters requiring sanitation measures. This project is looking to collaborate with local mayoral offices on trash removal, cleaning of sewage systems in canals, and mobilizing the community to help decrease contamination and create access to safe water.

Delegates address health challenges at US-Africa summit

HHS hosted a roundtable on health equity and health systems strengthening with delegates from 12 African countries plus the African Union as part of the 2022 U.S.-Africa Leaders Summit which took place in Washington, DC, in mid-December. Fogarty Acting Director Dr. Peter Kilmarx represented NIH and focused on the importance of health research as a key contributor to health infrastructure and the broader medical workforce. “The delegates were particularly energized around the research discussion and spoke favorably about research to address health challenges and develop evidence-based policies,” noted Kilmarx. Dr. Jennifer Troyer of the National Human Genome Research Institute (NHGRI), Dr. Francis Collins, former NIH Director now at NHGRI, and representatives from the National Cancer Institute (NCI) and the National Institute of Mental Health (NIMH) also attended. Delegates agreed on “the need for local capacity, new government commitment and investment in research as retention factors for top national talent,” Kilmarx added.

Building on the first summit, which took place in 2014, the second U.S.-Africa Leaders Summit covered topics from economic engagement and climate change to food security and health cooperation over three days. Among the several side events that took place was a roundtable on global partnerships for sickle cell disease (SCD) held at the Embassy of the Republic of Tanzania. Kilmarx and Collins, along with Dr. George Mensah from the National Heart, Lung, and Blood Institute (NHLBI), participated. Mensah gave an overview of the Sickle Pan-African Research Consortium (SPARCO), which was launched via an NHLBI grant in 2017. He also addressed how local partners and governments need to think about the sustainability of programs like SPARCO, after initial funding runs out. Dr. Julie Makani, principal investigator (PI) on SPARCO, emphasized how basic science research goes hand in hand with implementation science. “Mechanisms of disease cannot be answered by shipping samples outside of Africa,” she said while adding that doing research into things like the genomics of SCD must hold equal importance as providing access to curative therapies.

Dr. Collins echoed this sentiment, “We have to do both—address current patient needs and conduct bold research.” An outpatient procedure to treat SCD not requiring an advanced degree to perform and done without expensive equipment is “the dream,” Collins said. However, a



Francis Collins (left) of NHGRI spoke about the importance of addressing current patient needs and conducting bold research at a roundtable held at the Tanzanian embassy.

reframing from “donorship” to “ownership” is required with African institutions and governments ensuring the sustainability of such initiatives. Collins referred to the Human Heredity and Health in Africa (H3Africa) and Harnessing Data Science for Health Discovery and Innovation in Africa (DS-I Africa) programs—in which grants went directly to African organizations resulting in new research networks, South-South collaboration, and diminished brain drain—as a model. At both the SCD event and the Ministerial Roundtable, Collins championed a concept developed by African scientists and H3Africa PIs Drs. Christian Happi, Ambroise Wonkam, and Nicola Mulder for African genomics centers of excellence throughout the continent, each focused on their particular interest whether it be pandemic preparedness, infectious diseases, or noncommunicable diseases like SCD. There are economic arguments in addition to ones for public health for such a venture, Collins said.

On the main agenda for the Summit was the “Partnering for Sustainable Health Cooperation” forum, hosted by Loyce Pace, Assistant Secretary for Global Affairs at HHS which included remarks by HHS Secretary Xavier Becerra, President Yoweri Museveni of Uganda, President Mokgweetsi Masisi of Botswana—who called out former Fogarty Fellow Dr. Sikhulile Moyo’s discovery of the omicron variant of COVID-19—and CDC Director Dr. Rachel Walensky. The forum also included two panels which addressed investment in public health initiatives and the expansion and strengthening of Africa’s health care workforce, including the Biden-Harris Administration’s Global Health Worker Initiative and USAID’s partnerships to accelerate primary health care in African nations.

PROFILE

Haitian TB researcher shifts focus to cholera outbreak

“It has been extremely challenging for us,” is how Dr. Yvetot Joseph described the situation in Haiti in December 2022.

Haiti is currently suffering a resurgence of cholera, an acute diarrheal illness often spread through contaminated water. The ongoing humanitarian crisis, political conflict, lack of fuel, and suffering economy in Haiti have exacerbated the current outbreak. The Haitian Ministry of Public Health has reported over 13,000 cases and over 280 deaths as of mid-December.

Dr. Joseph joined the GHEKIO Clinical Trials Unit research team in 2015 as a research physician focusing on tuberculosis (TB) treatment for people living with HIV (PLWH). GHEKIO operates medical treatment and research centers in Port-au-Prince and other clinics around Haiti, and boasts the largest research center for HIV/AIDS and TB in the Caribbean. He completed his medical degree at the Université Notre Dame d’Haïti (UNDH) and postgraduate training in infectious disease and HIV/AIDS through a UNDH partnership with the University of Maryland, Baltimore.

As a research physician and coordinator at GHEKIO, Joseph has had to adapt to ensure trials are still completed despite the unforeseen challenges in Haiti over the last two years.

In 2018 Joseph was accepted as a Fogarty Global Health Fellow in the Consortium of Vanderbilt, Emory, Cornell, and Duke (VECD), studying the association between successful TB treatment and the long-term mortality of those living with HIV. His mentors included Drs. Jean Pape, Karine Severe, and Dan Fitzgerald at the GHEKIO Centers in Port-au-Prince. He says, “the mentorship and training I received while working on my Fogarty project taught me skills that have been extremely helpful in today’s climate.”

From an early age, Joseph knew he would study HIV/AIDS as he noticed the extreme stigma around the disease. During one of his first clinical rounds, a person living with HIV was abandoned at the hospital by his parents and the head nurse asked for help cleaning the patient’s bed sores. Though Joseph did not hesitate to care for the patient, his



Yvetot Joseph, M.D.

Fogarty Fellow: 2018–2019

U.S. institution: Weill Cornell Center for Global Health

Foreign institution: GHEKIO Centers, Port-au-Prince, Haiti

Research topic: Immune factors associated with recurrent tuberculosis in HIV-infected patients

colleagues felt apprehensive about taking on the task. “I understood from that moment that I wanted to help improve these patients’ quality of life. I just remember their gratitude.”

With little data available on the long-term mortality after successful TB treatment in PLWH, approximately 816 patients were enrolled to participate in a 14-year longitudinal study (CIPRA HT-001) between 2005 and 2018. It was known that, with medication and prevention strategies, PLWH in Haiti were living longer, and while TB is preventable and curable, it has remained one of the leading causes of death among this population, accounting for about one-third of all reported HIV-related deaths. When analyzing the data from this cohort, they found that those successfully treated for TB had a better chance for a longer life span compared to those who were never diagnosed. While there is still much to learn about the underlying mechanisms associated with TB, the immediate recommendation based on this study is to implement aggressive measures for health promotion and disease prevention for people living with HIV.

While Joseph hopes to continue this research, efforts at GHEKIO have shifted to focus on the current situation. As Haiti welcomes the first batch of cholera vaccines in the country, Joseph says that in the meantime, their strategy has been focused on educating the public on the signs of cholera and encouraging them to seek help.

Joseph will soon graduate from Cornell with a Master of Science in Clinical Research and plans to pursue his Ph.D. in the very near future. He says, “I am grateful for the mentors I have met through my Fogarty project and the opportunities it has opened for me.”

WARANUCH PITIPHAT, DDS, MPH

Waranuch Pitiphat, Dean and Associate Professor at Khon Kaen University in Thailand, also serves on the Board of Directors of the DeRouen Center for Global Oral Health at the University of Washington in Seattle. She earned her DDS from Chulalongkorn University, MPH from Mahidol University, followed by a MSc and ScD in Epidemiology from Harvard University. Dr. Pitiphat is a former president of the Thai Society of Public Health Dentistry and the Asian Academy of Preventive Dentistry and executive member of Thailand's Royal College of Dental Surgeons. She has authored more than 80 papers published in peer-reviewed journals and serves as editorial board member for several reputable journals.



Why did you become a dentist and a researcher?

Dentistry is one of the professions that helps people. We do good deeds every day we work. I started at Khon Kaen University in the Community Dentistry Department, where we conducted research in the field, and this included providing dental treatment to villagers. As I became more aware of dental public health, I wanted to learn more about epidemiology and biostatistics. Epidemiology is very exciting. I felt like a detective trying to find the causes of disease. Conducting clinical and epidemiological research, I combine my wish to help people with my love for biostatistics and epidemiology.

What are you working on now?

My current project continues the work of Dr. Timothy DeRouen of the University of Washington in Seattle, who began to build capacity for oral health research in Thailand in 2006. Over the years, he partnered with me at Khon Kaen University and others to provide research training for dentists first in Thailand and then other Southeast Asian countries. Over 15 years and three Fogarty grants, we have educated almost 300 trainees.

Today I am principal investigator (PI) for the same program (funded mainly by NIDCR). To sustain research within the region, we are building and utilizing a network of our own and have created a training program with five levels. The first level is an annual five-day workshop on clinical research methods conducted in the Southeast Asian region. It's similar to what we've done in the past, but we've added e-modules of background material for the trainees and the courses are taught mainly by lecturers from our own region, with some help from the U.S. The second level takes place at the University of Washington and consists of their long-standing Summer Institute in Clinical Research Methods. Due to COVID-19, we've been conducting this online for the past couple of years, but this March we'll send participants to gain

additional experience in Seattle. The third level is a four-month training program in research methodology and biostatistics offered annually at Khon Kaen University in Thailand. The fourth level provides each dentist-trainee with an opportunity to do non-degree research in their own country. Each has one local mentor, one mentor in Thailand and one mentor in the U.S., which gives them a chance to work internationally and improve their knowledge of research... and English! The final level supports dentists from Southeast Asia to pursue a doctorate in Oral Sciences in Thailand.

Why is regional oral health research important?

Oral health research is very young in Southeast Asia. With a population of over 650 million, our region is very large and very diverse, with different ethnicities, cultures and religions—including Islam, Christianity and Buddhism—among and within countries. We need region-relevant and country-specific research so that we can provide appropriate public health programs and plan prevention and treatment strategies for our populations.

Are you planning any other projects?

We are working on several oral health problems and trying to work with other countries in the region. In Thailand, we conducted a cohort study in infants to investigate the association of prolonged breastfeeding and early childhood caries (tooth decay). In the Philippines, we are conducting a study on caries risk assessment and evaluation of the risk factors for early childhood caries. We'll be starting some work in Cambodia soon. We also have projects in Thailand and Vietnam focused on cleft lips and cleft palates. We're also conducting clinical trials addressing various issues including the treatment of orofacial (oral and facial) pain. Geriatric patients are increasing in Southeast Asia and orofacial pain affects that population.

The extraordinary career of Dr. Roger I. Glass

On January 14, 2023, Dr. Roger I. Glass transitioned to senior scientist emeritus from his position as the longest-serving director of Fogarty International Center and associate director for international research at the National Institutes of Health. During his tenure, global health at NIH and on university campuses throughout the world has changed in visible and measurable ways. Fogarty was part of this change. Global health in the 20th century was grounded in infectious diseases and tropical medicine with smaller investments in maternal, neonatal and child health (MNCH), cancer, and other chronic diseases. Until the funding for HIV/AIDS grew, few of NIH's 27 institutes and centers (ICs) had substantial interest or investments in the diseases and health problems effecting people in low- and middle-income countries (LMICs).

In the U.S., interest in global health practice and research grew out of the PEPFAR program (the United States President's Emergency Plan for AIDS Relief), the U.S. government's largest investment to date in global health with funds provided to support treatment and prevention of HIV/AIDS.

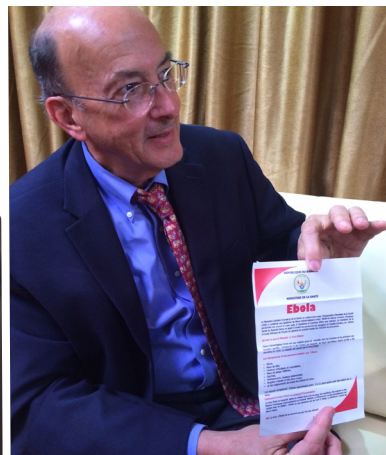
Fogarty seized this opportunity, using the platform of PEPFAR to expand training of physicians and health personnel in LMICs to areas beyond HIV/AIDS. Fogarty engaged all 27 institutes and centers of NIH in its programs; today just under 90% of its grants receive co-funding from another IC. Furthermore, over the past 20 years, the Fogarty Global Health Fellows and Scholars Program, renamed LAUNCH, has provided research training for more than 1,400 students and fellows in the health sciences, both U.S. and foreign, in a wide variety of topics to start them on a pathway that might lead to productive careers in

global health research. The AIDS International Training and Research Program (AITRP) trained more than 5,000 foreign scientists experiential training in clinical research and trials.



Dr. Glass explained: "I spoke with directors of each NIH institute about diseases in their portfolios that might be best studied in LMIC populations, areas where the population experienced unusual exposures to infections, environmental pollution, or genetic background or where their conditions could be better studied due to issues in the delivery of care. I was suggesting to them that they 'take their science to where the diseases were,' the easiest way being to invest in a fellow in their field who was passionate about research and could benefit from mentors both at home and in the LMICs."

Dr. Glass' career as an epidemiologist began when he joined the Epidemic Intelligence Service (EIS) at the CDC (U.S. Centers for Disease Control and Prevention). "I did 12 epidemic investigations—snowstorm deaths; Native American railroad employees dying in the heat of Texas; fishermen dying in the hulls of their ships; low sperm counts among Chicano pesticide workers. They were all fascinating, all sparked my curiosity, and all were published." Wanting to travel, Dr. Glass accepted an appointment to the International Center for Diarrhoeal Disease Research in Bangladesh (icddr,b) in 1979. "By serendipity, Jan Holmgren, who made the oral vaccine for cholera, lodged in the same guest house and for three and a half years, we worked together closely on cholera and rotavirus. He said the work



Left to right: In 2009, Dr. Glass and Dr. Francis Collins (middle), attended the inaugural meeting of the Consortium of Universities for Global Health (CUGH). Also in attendance was Dr. Patricia Garcia (right). Middle: In 2014, Dr. Glass attended the graduation ceremony at the University of Global Health Equity (UGHE) in Kigali, Rwanda, with Drs. Agnes Binagwaho (left) and Paul Farmer (right). Right: Dr. Glass holds a Rwandan Ministry of Health document listing the health measures taken to prevent an Ebola outbreak.

I'd done on cholera would be suitable for a Ph.D. in Sweden, so I went to the University of Gothenburg and, over a period of nine months, I wrote up eight papers on the epidemiology of cholera and defended my thesis."

Next, Dr. Glass joined the NIH's laboratory of infectious diseases. "I spent three years focusing on the molecular biology of rotavirus with Dr. Al Kapikian, who made the first rotavirus vaccine." Needing to grow, Dr. Glass returned to CDC as chief of the viral gastroenteritis unit at the National Center for Infectious Diseases. "I stayed for 20 years and trained EIS officers and laboratory scientists from around the world to work with rotavirus and other enteric viruses."

"My years in Bangladesh underscored the devastating impact diarrhea had on children under 5," observed Dr. Glass. In 2013 alone rotaviruses caused about 215,000 childhood deaths according to the WHO, predominantly in developing countries. Over three decades, Dr. Glass conducted field studies in India, Bangladesh, Brazil, Mexico, Israel, Russia, Vietnam, and China, documenting the epidemiology and enormous global burden of rotavirus. He also helped develop vaccines (and the protocols for their use) to prevent disease.

His exhaustive efforts paid substantial public health dividends. Today, more than 120 national immunization programs include rotavirus vaccines, significantly reducing diarrheal hospitalizations and deaths and improving the health of millions of children worldwide.

Dr. Glass joined Fogarty as director on March 31, 2006. During his 17-year tenure, he steered the center toward building partnerships between U.S. and lower resource country institutions, while supporting the career development of global health researchers and leaders at home and abroad. Researchers trained by Fogarty have enhanced global security through their involvement and leadership in response to the epidemics of HIV, Ebola, Zika and COVID-19.

As NIH's associate director for international research, Dr. Glass established a productive collaboration with Dr. Francis Collins, then director of NIH. Together they partnered with PEPFAR to develop the Medical Education Partnership Initiative in Africa, helped launch the Consortium of Universities for Global Health, assisted NIH in joining the Global Alliance for Chronic Diseases, and, through the NIH Common Fund, supported both the Human Heredity and Health in Africa and the Harnessing Data Science for Health Discovery and Innovation in Africa programs. Dr. Glass helped bring Bill Gates to campus to deliver the David E. Barmes Global Health Lecture, which led to annual partnership activities between the philanthropist's own organization and NIH.

Over the course of his career, Dr. Glass also worked at Mount Sinai Health System in New York City, Oxford University in England, the Sysin Institute in Moscow, and the WHO in Geneva. He has co-authored more than 600 papers and chapters. Along the way, he became fluent in French, Spanish, Portuguese, and Russian. Among his many honors, Dr. Glass received the 2015 Albert B. Sabin Gold Medal Award from the Sabin Vaccine Institute, and was inducted into the National Academy of Medicine. As an emeritus scientist, he hopes to expand engagement in global health, bolster equity and diversity in Fogarty programs, and support existing partnerships. He also plans to spend more time with his wife, Dr. Barbara Stoll, and his three children: Nina, Michael and Andy Glass.

"Being the director of Fogarty was an absolute joy; it is surely one of the best positions to support the training of future researchers and leaders in global health research. I sometimes feel that in my years at NIH and CDC, I never worked a day in my life."



Left: Dr Glass speaks informally with Bill Gates (right), founder of Microsoft and the Gates Foundation. Right: In 2022, Dr Glass attended the second DS-I Africa meeting in Cape Town, South Africa. He met with Dr. Lulu Nair (left) of the South African Medical Research Council and Dr. Keymanthri Moodley (center) of Stellenbosch University. (Courtesy of Keymanthri Moodley)

Goodbye as director, hello as emeritus

By Dr. Roger I. Glass

This position for the past 17 years has been a love affair: A love affair with the science, a love affair with the mission, a love affair with the people on this team and with our trainees in the field. When I was first asked to take on this role, I was hesitant and, for the first three months, I wasn't sure whether I was suited for the position and whether I was going to stay. Very quickly I became enthusiastic about the mission and the center's potential impact.

The foundation for all I've done here at Fogarty was laid at CDC, where I understood that I needed to build people. You have to engage people's intellect in the science with a mission that is important. If you train people, the return on investment is a career. Fogarty has launched nearly 1,500 fellows and scholars into global health research careers. Many have already done amazing things and all of them will have another 20 or 30 years to grow. To me the greatest joy is to go to an international meeting and have people come up to me, and say, "I was a Fogarty trainee, and I did *this*." The footprint of the thousands of people we have trained is our contribution to global health.

Terms I've always thought are wonderful for Fogarty are "nimble" and "small but mighty," because we are the smallest institute at NIH, yet we punch above our weight. We do this by working with our friends. We can't do what we do alone, so we've changed the paradigm, we've changed the panorama and now all the different institute directors see our dynamic, our community spirit, and they want to contribute. My vision for the world is that, in a decade or so, scientists will be more fluid in how they conduct research, and we will all

work together to solve the world's problems. We have no monopoly on good brains.

I look forward to remaining here at Fogarty as senior scientist emeritus on a regular-irregular basis. I plan to contribute as a mentor and by helping others, while addressing diversity and equity, expanding engagement in global health, and reinforcing our existing partnerships. I also want to work on challenges that remain in my own rotavirus projects. Seventeen years after we have new vaccines, only half the children in the world are vaccinated. We've done better with COVID-19 than with rotavirus, which is still the number one killer of children.

"To me the greatest joy is to go to an international meeting and have people come up to me, and say, "I was a Fogarty trainee, and I did *this*." The footprint of the thousands of people we have trained is our contribution to global health."

I've begun traveling again and, in these past eight months, I've had the chance to think about all we've done. We are better off than we've ever been. We have strength, we have friends, we have a rising budget—and we have a wonderful staff. Now is the best time to turn over the reins to Peter Kilmarx, who has brought so much seniority and wisdom to the institute. It's the right moment to leave the center in his capable hands.



Left: Dr. Tikki Pang (left), WHO's Director of Research Policy at the time, and Dr. Glass. Right: Dr. Roger Glass addresses the annual meeting of the Consortium of Universities for Global Health, established in 2008.

TRIBUTES

“Dr. Roger Glass’ commitment and leadership have enhanced and elevated Fogarty International Center nationally and internationally. His contributions to world health and his trailblazing are unparalleled. How proud my Dad would be of his exceptional stewardship of Fogarty.”

Mary McAndrew, daughter of Congressman John E. Fogarty, namesake of Fogarty International Center, and Chair, John E. Fogarty Foundation for Persons with Intellectual and Developmental Disabilities

His persistence and evidence-based approach to advocacy has built partnerships across the globe, the public health sector, and within NIH to launch new initiatives of highest priority.”

Sten H. Vermund, MD, PhD, Dean and Anna M.R. Lauder Professor of Public Health, Yale School of Public Health

“Roger’s passion for promoting Fogarty has wisely extended beyond the traditional NIH circles to the broader community of societies and related organizations.”

*Karen Goraleski
CEO, American Society of Tropical Medicine and Hygiene*

“Roger Glass is not only the longest serving Fogarty director but the most effective. His efforts to form new and impactful partnerships with both the public and private sectors are unparalleled.”

Gail Cassell, MD, Vice President, TB Drug Development, Infectious Disease Research Institute

“Roger Glass has been a real force and a beacon of hope for those of us working in developing countries. He has always been attentive to our needs and the multiple challenges we face.”

*Jean William (“Bill”) Pape, MD
Executive Director and founder, GHESKIO Centers*

“What I have come to appreciate most about Roger is his passion and commitment for his work and the compassion he demonstrates towards the people he works with.”

Vikas Kapil, MD, Chief Medical Officer & Associate Director for Science, Center for Global Health, Centers for Disease Control and Prevention

“Roger is an exemplary American physician of whom the country is proud. His tenure as director of Fogarty has capitalized on his remarkable good humor, scientific rigor, and remarkable acceptance in countries around the world.”

Jon Rohde, MD, former senior advisor, UNICEF and BRAC (Bangladesh Rural Advancement Committee); visiting scholar, Harvard T.H. Chan School of Public Health

“Roger has exhibited deep humility and constant optimism in the pursuit of advancing health equity. His commitment to equitable partnership, equity of opportunity, and to global scientific workforce and ecosystem development is to be applauded and has been the bedrock for his tenure at Fogarty.”

Trevor Mundel, MD, PhD, President Global Health, Gates Foundation

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“Roger Glass has added an entirely new dimension to the ability of the NIH to interact at the global level in so many ways. One of the most important has been Fogarty’s highly successful training of international scientists who directly and indirectly have become true collaborators with NIH and even part of the NIH family.”

Anthony Fauci, MD, former director of NIAID

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“Roger has been not only the director of Fogarty but so much more: a MENTOR; a VISIONARY LEADER; an ARCHITECT OF THE FUTURE OF GLOBAL HEALTH; and a GREAT ADVOCATOR of the importance of training people globally and investing in capacity building FOR A MORE INCLUSIVE AND EQUITABLE WORLD.”

Patty Garcia, MD, MPH, Dean, School of Public Health, Cayetano Heredia University, Peru; Former Minister of Health, Peru

“He is highly regarded across the globe for his deep commitment to those less fortunate – a commitment he turned into Fogarty Center training programs for African scientists and health care providers that have changed the face of the HIV response on the continent.”

Salim & Quarraisha Abdool Karim, PhDs, Directors, Center for the AIDS Program of Research in South Arcaro (CAPRISA); Vice-Chancellors, University of KwaZulu-Natal, South Africa

“It’s impossible to overstate the profoundly important contributions that Roger Glass has made to global health research. He has left a permanent and powerful imprint on NIH’s global health contributions.”

*Francis Collins
MD, PhD, Science Advisor to the President; former Director, NIH*

“Roger Glass helped to build capacity in the Global South, promoting research and elevating the academic standards of science everywhere. His actions will be remembered.”

*Paulo Buss, MD
MPH, PhD, Professor Emeritus, Oswaldo Cruz Foundation, Brazil*

“The world has been made that much safer during Roger’s tenure as Director. The many individuals trained by Fogarty have become leaders who will continue to work to assure a healthier world in the years ahead.”

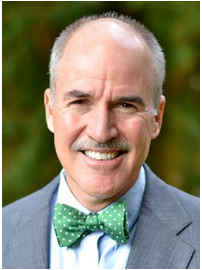
Mary Woolley, President, Research! America

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OPINION

By Dr. Peter Kilmarx, Acting Director, Fogarty International Center

Fogarty continues core programs and values



I was honored to be asked to serve as acting director of the Fogarty International Center and acting NIH associate director for International research while the search for a permanent director is ongoing. I've served as the deputy director for more than seven years and am very grateful to former Director Dr. Roger

Glass for his leadership and mentoring in that time. I look forward to ongoing interactions with him in his new role as a senior scientist emeritus. I'm also very pleased that Dr. Rachel Sturke has agreed to serve as acting deputy director during this period of transition. She is a recognized global expert on implementation science and, having been with Fogarty since 2006, is exceptionally qualified to help keep us moving full speed ahead.

I know well the critical role played by Fogarty in advancing global health research and I am also well-acquainted with the extraordinary abilities and commitment of the Fogarty team. This is an exciting time with substantial challenges in global health but also major opportunities for global health research, partnership building, and capacity strengthening. Pandemic preparedness is a global imperative, with research training as a key component. We've seen firsthand how scientists who were trained with support from Fogarty contributed to and in some cases led the global response to COVID-19. Today, there remain significant unfinished research agendas for COVID-19 and also for longer-standing infectious disease scourges, including HIV/AIDS, malaria, and tuberculosis. We also plan to continue our support of the One Health concept, which takes a transdisciplinary approach to address zoonotic and vector-borne diseases, antimicrobial resistance, and other threats.

While I serve as acting director, we will also emphasize planetary health, which focuses on the already large and growing health impacts of human disruptions to earth's systems, especially climate change, but also declining biodiversity, increasing pollution, and shortages of natural resources. I'm excited to represent Fogarty on the Executive Committee of the NIH Climate Change and Health Initiative, together with NIEHS and several other Institutes and Centers (ICs), developing NIH-wide initiatives to address this existential threat.

Another area I will continue to highlight is noncommunicable diseases. The impacts of chronic diseases, which include cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes, have increased substantially in recent years, especially in low- and middle-income countries. They remain a priority area for Fogarty in collaboration with other NIH ICs, the Global Alliance for Chronic Diseases, and other partners. Many of these illnesses have overlapping risk factors, such as hypertension, high body mass index, high plasma glucose, and ambient air pollution, which are also increasing and so suggest important areas for research and intervention.

We will also press forward with critical cross-cutting areas. Implementation research—promoting the uptake of evidence-based policies and interventions—is needed for all fields to address persistent gaps between the promise of proven effective innovations and their successful implementation. We're also seeing the promise of data science, digital health, and related technologies to address multiple health problems. Fogarty staff helped lead the NIH Common Fund-supported the Harnessing Data Science for Health Discovery and Innovation in Africa (DS-I Africa) and Mobile Health: Technology and Outcomes in Low- and Middle-Income Countries (mHealth) programs, both of which have significant interest from the scientific community and engagement with other NIH ICs.

Finally, I'm especially interested in the distinct but related issues of promoting equity in our global health research partnerships as well as linking efforts to address health disparities and engaging underrepresented populations in global health research in the United States and abroad.

Overall, we see strengthening research capacity in resource-poor settings as the most effective way to improve global health in the long run. Embracing diversity, equity, and inclusion as core values will help ensure our success in both the short and long term. I welcome your input during this pivotal time. Please get in touch at: ficinfo@fic.nih.gov.



UGHE names Jim Yong Kim chancellor

Dr. Jim Yong Kim, a Partners in Health (PIH) co-founder, was named chancellor of the University of Global Health Equity in Rwanda, a role previously held by the late Dr. Paul Farmer. Kim previously served as President of the World Bank Group, the President of Dartmouth College, and Director of the WHO HIV/AIDS department.



WHO welcomes new chief scientist, nursing officer

Current Wellcome Trust Director Dr. Jeremy Farrar has been named chief scientist at WHO. Farrar, a clinical scientist, previously served as director of the Clinical Research Unit at the Hospital for Tropical Diseases in Vietnam prior to his role at Wellcome, where he has expanded the organization's global health outlook.



Dr. Amelia Latu Afuhaamango Tuipulotu has been named WHO's chief nursing officer. Tuipulotu was the Kingdom of Tonga's first female Minister for Health and the first Tongan to receive a Ph.D. in nursing. In her new role, she will champion nurses and midwives to ensure their experience is utilized in strengthening global health systems.



Fiocruz director helms Brazil's health ministry

Dr. Nisia Trindade-Lima, former director of the Oswaldo Cruz Foundation (Fiocruz), is now the first woman to lead the Health Ministry in Brazilian history. During her tenure as director at Fiocruz, Trindade-Lima managed the construction of a hospital center for COVID-19 treatment and research and the development of tests to identify coronavirus variants.



Fogarty grantee joins JID editorial board

Dr. Igho Ofotokun of Emory University School of Medicine has been added to the *Journal of Infectious Disease* (JID) editorial board. Ofotokun currently serves as principal investigator on the Fogarty-funded Emory-Nigeria HIV Research Training Program. JID is the official journal of the Infectious Diseases Society of America.



Ugandan research physician receives Hakim award

Dr. Angel Nanteza, of Uganda's Butabika Mental Health Hospital, is the 2023 recipient of the James G. Hakim Global Health Award for submitting the highest-ranked abstract to the Consortium of Universities for Global Health (CUGH) annual meeting. The award—established by Fogarty, CUGH, and AFREhealth in 2021—will provide travel support to CUGH meetings.

Nature launches open access for LMIC authors

Springer Nature announced that primary research from authors from World Bank-classified low- and middle-income countries (LMICs) accepted for publication in either *Nature* or one of the *Nature* research journals can now be published open access at no cost.

State to open health security bureau

U.S. Secretary of State Anthony Blinken announced his intent to establish the Bureau of Global Health Security and Diplomacy which will bring together several existing offices, including PEPFAR. He will ask current U.S. Global AIDS Coordinator, Ambassador Dr. John Nkengasong, to be the first head of the new bureau.

WHO releases health equity report

The Global report on health equity for persons with disabilities makes evidence-based recommendations for country-level actions to address gaps in health care and standards, including 40 targeted and comprehensive actions that countries can take to strengthen their health systems and reduce health inequities for persons with disabilities.

Meharry announces Global Health Equity Institute

The Global Health Institute at Meharry Medical College will serve as the foundation for the first school dedicated to global public health at a historical Black college or university. Daniel E. Dawes, J.D., a health policy expert, researcher, and attorney, will lead the Institute. The school is set to open in 2026.

Lancet Global Health seeks guest editors

Lancet Global Health is looking for guest editors who are currently working in a global health field, preferably early-career to mid-career stage, and are based in an LMIC. This is one of various initiatives announced by the journal to honor their commitment to making global health research, publishing, and practice a more equitable and effective space.

Funding Opportunity Announcement	Deadline	Details
International Research Scientist Development Award (IRSDA) K01 Independent Clinical Trial Required K01 Independent Clinical Trial Not Allowed	Mar 8, 2023	http://bit.ly/IRSDAK01
Implementation Research on Noncommunicable Disease Risk Factors among Low- and Middle-Income Country and Tribal Populations Living in City Environments R01 - Clinical Trial Optional R61/R33 - Clinical Trial Required	Mar 9, 2023	https://bit.ly/GACD_funding
International Bioethics Training D43 Clinical Trial Optional R25 Clinical Trial Not Allowed	Jun 6, 2023	http://bit.ly/BioethicsTraining

For more information, visit www.fic.nih.gov/funding

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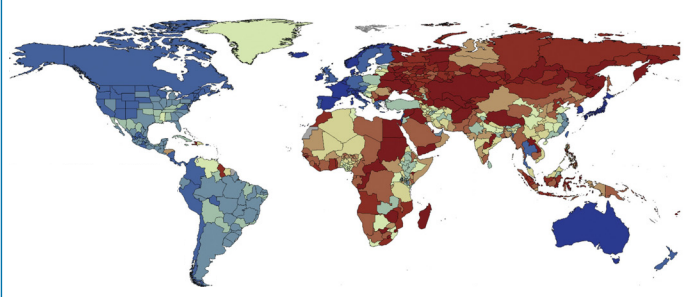
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Partnership to publish cardiovascular disease dashboard annually



A map representing the global burden of cardiovascular diseases using Age-Standardized DALYs (disability adjusted life years).

Cardiovascular diseases consistently top the list of leading causes of death worldwide. These diseases—heart disease, stroke, brain bleeds, aortic valve calcification (hardening), heart failure due to alcoholism, aneurysm (a ballooning in the wall of a blood vessel) and endocarditis (inflammation of the heart lining), among others—also contribute to loss of health and excess health system costs.

How do public health researchers keep abreast of changing regional trends in prevalence and impact? The Global Burden of Cardiovascular Diseases Collaboration, an alliance between the Institute for Health Metrics and Evaluation, the National Heart, Lung, and Blood Institute, and the *Journal of the American College of Cardiology (JACC)*, provides answers.

Launched in 2020, this partnership has delivered a five-part region-specific series highlighting the distinct epidemiology of disease for East Asia, North America, South America, sub-Saharan Africa, and Western Europe. Yet in December, the cardiovascular disease collaboration announced a small, though significant change.

“Knowing that the global cardiovascular clinical and research communities desire these data with more frequency, it is our intent to publish results annually,” wrote Dr. Muthiah Vaduganathan and his co-authors in “The Global Burden of Cardiovascular Diseases and Risk: A Compass for Future Health.” Going forward, annual estimates can be used to guide allocation and prioritization of resources for research, health care, and public health, suggested the authors.