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ORIGINAL RESEARCH

The PHI/GHFP-II Employers' Study: The Hidden Barriers Between Domestic and Global Health Careers and Crucial Competencies for Success

Sharon Rudy, PhD, Natasha Wanchek, MPA, David Godsted, MA, Morgan Blackburn, MA, Elise Mann, MDA

Abstract

BACKGROUND An ongoing discussion in global health in the United States centers on the future of the US-trained global health workforce and how best to prepare professionals for this career path. The Public Health Institute, through its Global Health Fellows Program (I and II), has been in a unique position to identify the shifting employment dynamic in global health.

OBJECTIVES The purpose of the survey was to gather information on global health employers' hiring practices and insights into the importance of nonclinical skills in contributing to successful professional work; preparedness of graduates with needed nonclinical skills; and the value of domestic work experience for global health careers. The focus was on individuals primarily raised in the United States who studied global health in either graduate or undergraduate settings.

METHODS A web-based survey and telephone interviews were conducted in early 2015. Overall, 49 project directors from 32 organizations participated.

FINDINGS Key findings included:

- Eighty-five percent of respondents agreed or strongly agreed that academia could better prepare students in nonclinical skills.
- The most commonly valued nonclinical skills were program management, monitoring and evaluation, communication with client, counterpart and community, strategy and project design, and collaboration and teamwork.
- Sixty-four percent of respondents had hired domestic health professionals for global health positions. However, only 4% indicated that they had hired 5 or more.
- The top skills that candidates with domestic experience only were found to lack included understanding public health in an international development context and characteristics like flexibility, creativity, and cultural sensitivity.

CONCLUSIONS The process of preparing professionals for global health work has fallen behind emerging realities, including globalization, ever-evolving technologies, and advances in health care. Universities must provide an increased curricular emphasis on nonclinical skills, both interpersonal and business related, as well as the international experience that is valued in the global health workplace.

KEY WORDS hiring, academia, graduates, nonclinical, skills, GHFP, PHI

The authors have no conflicts of interest.
From the Public Health Institute, Global Heath Fellows Program – II, Oakland, CA (SR, DG, EM); Independent Consultant, Brooklyn, New York (NW); and the Management Systems International, Arlington, VA (MB). Address correspondence to S.R. (srudy@ghfp.net).

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INTRODUCTION

What will the role of US-trained global health professionals be in the future? What are their most likely professional positions, and how should they be prepared? An ongoing discussion in the global health community in the United States centers on the future of the American-based global health workforce and how best to prepare professionals for this career path. A growing aspect of this discussion includes how to increase the ability of health professionals to more easily flow between domestic and overseas positions.

Good health is not only an outcome but also a requirement for development, security, and human rights across the world. Because of this, all people and countries are tied together in an increasingly interdependent global health environment. This globalization, accelerated by advances in technology, is quickly redefining health provider roles and patient access to medical information, profoundly influencing young generations who are affected by the suffering they see and the personal connection they experience because of the Internet. In addition, the field of global health is changing with the increasing middle class in emerging economies. Their health needs are shifting as chronic diseases such as diabetes, stroke, and heart ailments become more prevalent, requiring attention to prevention at least equal to that of infectious disease.

Furthermore, large US government efforts such as the Global Health Initiative[1] with its core principle of country ownership has put in place expectations that reinforce countries taking charge of their own health systems. A decade ago, many US organizations active in global health predicted this shift and began seeking out and hiring health professionals of the country (nationals) to act as country directors, chiefs of party, and technical directors, as well as entry-level staff, instead of American health professionals taking those roles. Most international development professionals would say this is a positive development outcome, but one result has been a decrease in employment opportunities for Americans overseas. Another evolving reality is that most development work is occurring in multiorganizational, interdisciplinary groups, teams, and alliances, requiring a more complex set of interpersonal skills to be effective.

Even while positions were decreasing for Americans overseas, American academia discovered there was a significant market for global health academic programs of all kinds—tracks, minors, even full PhD programs. According to the Consortium of Universities for Global Health, comprehensive global health academic programs increased from 6 in 2011 to 250 in 2016, while overseas jobs were decreasing and evolving.[2]

BACKGROUND

The Public Health Institute (PHI) has been in a unique position to view the shifting employment dynamic in global health. In 2010, the US Agency for International Development (USAID)'s Global Health Bureau solicited bidders for a second round of a $209 million, 5-year procurement called the Global Health Fellows Program II (GHFP-II). The Public Health Institute, along with its partners (Global Health Corps, GlobeMed, Management Sciences International, and PyxeraGlobal), successfully bid for the program and has continued to implement it with documented success. GHFP-II's goals are to develop a diverse pool of technical experts to support USAID's health-related programs and to help build the next generation of diverse global health professionals. Over the years, GHFP has conducted more than 600 outreach events, reaching more than 50,000 individuals, and has recruited and managed the performance of more than 1300 global health professionals.[3–6]

Fellows are early, mid-, or senior career public health professionals who have full-time paid positions each with a unique scope of work, depending on their location within the USAID system. Their technical expertise includes any content that is needed by USAID, both in USAID's central Washington, DC office and in its missions abroad. They spend 2 to 4 years in their fellowships. When starting the fellowship, they complete a competency self-assessment and often cite advanced skills in specific health technical areas such as reproductive health, nutrition, infectious disease, and health systems but typically indicate beginner or intermediate skills in the areas of resource management (the understanding of USAID financial management, procurement, and program planning and monitoring). Typical challenges in the early part of the fellowship relate to understanding and working within the USAID context and business processes. However, in the rare cases when a fellowship must be terminated, it is most often related to difficulties with collaboration, communication, or team membership. It is within the context of managing this program that PHI has

developed extensive insight regarding the global health workforce and its various career pathways.

In recent years, global health professionals and academics in the United States have devoted considerable effort to developing competencies for global health programs to encourage rigor and consistency across programs. In 2014, the authors participated in the Consortium of Universities for Global Health's Competency Subcommittee's project to develop a list of 82 interprofessional competencies in 12 domains.[7] This work led to more questions about the future of global health work for new graduates of master of public health (MPH) and global health programs, as well as for domestic health professionals interested in moving to global health work.

An informal review of the curricula conducted by PHI of the 20 most highly rated schools of public health[8] compared with key competencies for global health implementation indicates several significant knowledge and skill gaps in 2 major areas: global health business skills and interpersonal effectiveness. Another review of online global health job postings found that a full 84% of positions were program related, with required skills related to planning, program direction, finance, and other supportive functions, whereas only 14% of the positions involved clinical disciplines.[9] The former set of skills, which can be considered as relating to the business of global health, includes those skills essential to the operational knowledge necessary to assist organizations in creating sustainable, impactful global health programs, such as developing and maintaining donors and funder relationships, working with implementing agencies (those that are funded by the public and private sector to carry out the programs that they provide resources toward), understanding principles of proposal development, monitoring and evaluation, project planning, and best practices in program development. It is these skills that are the most desired by employers but least taught in academia.

In addition to developing competencies and identifying gaps in training, global health professionals and academics have been examining the substantive differences between work in international global health and domestic public health.[10] Research has focused on the differences in academic and practical preparation of global health and community health professionals, as well as definitions of the local-global relationship. At national workshops where this issue was discussed, many expressed concern about siloed global health and community health educational programing, along with an absence of university and educational models that successfully link global and local health. This work led to 2 conclusions: There are limited pathways for sharing lessons and innovations from the local level to the global level and vice versa; and rigid career paths limit movement between both fields.

The authors' experience administering GHFP-II provides insight into the hiring practices of global health organizations. In the authors' experience, health professionals with work experience gained solely within the United States are not attractive candidates to USAID compared with health professionals who have lived and worked overseas. Even short-term international stints are not considered sufficient when compared with another applicant who has lived overseas. The authors were very interested in finding out more about this attitude, which seems pervasive in the global health industry. To further examine successful global health employment requirements, GHFP-II planned and implemented the Global Health Employers' Study in 2015, with the aim of contributing to the discussion about the future of the global health profession.

The purpose of the survey was to gather information on global health employers' hiring practices and insights into 3 key areas:

- Importance of nonclinical skills (eg, community engagement, critical thinking, and adaptability) in contributing to successful global health professional work.
- Preparedness of MPH and global health graduates with needed nonclinical skills.
- Value of domestic work experience at nonprofit organizations (also referred to internationally as nongovernmental organizations) or other low-resource and immigrant environments in the United States for global health careers.

METHODS

The Process. The survey was conducted in February and March 2015, focusing on project directors at organizations that had implemented projects funded by USAID's Global Health Bureau in 2014.

The Instrument. GHFP-II staff and an external monitoring and evaluation consultant designed the survey in February 2015. Project directors' names and contact information were obtained from the 2014 USAID Users Guide to USAID/Washington Health Programs,[11] a yearly publication that lists all active programs funded by the USAID Bureau for

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Global Health.[11] It was determined that the survey would be sent to project directors who were active as recently as 2014, even if the project had since closed. One hundred three individuals were identified, of whom 82 received the survey.

The questions were designed for phone and online versions. Respondents were given the choice of survey method, and nearly all selected online (94%).

Of the 29 questions, several included skip logic to tailor the survey to individual respondents:

- Seven questions focused on respondents' backgrounds, including number of years' experience, number of years involved in hiring personnel, educational background, overseas experience, and university link.
- Five focused on their hiring of global health graduates.
- Eight asked about nonclinical skills related to global health work.
- Seven focused on hiring people with domestic experience.
- Two asked for additional comments and whether the respondent would like to receive a summary of survey results.

Eighteen questions provided set answer choices, and 11 were open ended. For open-ended questions, results were categorized, with an effort made to represent all feedback. In addition, comments were invited throughout the survey. The survey took approximately 10 minutes to complete online or 15 minutes on the phone.

Key Definitions.

- For the purposes of this study, *clinical skills* were defined as specific health, medical, and scientific specialties and disciplines. An illustration is the summary list used by USAID, commonly referred to as the Backstop 50.[12] GHFP-II developed a more detailed list of clinical skills after reviewing all of the positions listed.†
- In comparison, *nonclinical skills* are those competencies outside of clinical specialties that a consensus of global health employers have identified as relevant to success in global health careers. They include interpersonal effectiveness and business skills specific to global health work environment.[13]
- The *client* refers to the funder of the Global Health Fellows Program, in this case USAID's Global Health Bureau.
- A *counterpart* is the local professional working most closely with the USAID global health professional. For example, the Nigerian nurse who runs a rural clinic, the Thai traditional healer, or the Ministry of Health staffer could all be identified as counterparts if they are active in the project being implemented.
- *Global health programs* refer to organizations implementing projects funded by USAID's Global Health Bureau in fiscal year 2014.
- When *academia* is referenced, the focus is on graduate schools that prepare students for careers in global health, primarily for public health and global health–specific programs.
- Finally, *domestic public health* focuses exclusively on domestic work in the United States, such as at nonprofit organizations working in low-resource or immigrant environments. *Low-resource environments* refer to impoverished urban environments or the poorest rural areas.

Respondents. Forty-nine project directors from 32 organizations participated in the survey, for a response rate of 59% (Table 3). The project directors had, on average, between 11 and 21 years of global health recruitment experience.

In April 2015, after discussion at GHFP-II about whether results were specific to the implementation of USAID-funded programs, survey respondents were emailed a follow-up question: "Have you worked on programs/projects that received funding from at least one donor other than USAID?" Thirty-seven responded (a response rate of 76%), and, of those, 35 indicated that they had non-USAID experience (95%). For the 12 nonrespondents, a review of online biographies found that at least 9 had non-USAID experience, totaling at least 90% of respondents with non-USAID experience.

In the survey, respondents described their background in global health:

- *Years of Global Health Experience*: 84% of respondents had been working in global health for at least 11 years, and, of those, half had more than 21 years' experience (Table 1).
- *Global Health Hiring Experience*: 73% of respondents had at least 11 years' hiring experience, and, of those, 27% had more than 21 years' hiring experience (Table 2).
- *Overseas Work*: 76% of respondents indicated that they had worked overseas doing global health work for a year or more.

†The list of clinical skills developed by GHFP-II, based on USAID Backstop 50 categories, include family planning and reproductive health; nutrition; infectious disease; health systems reform and financing; environmental health; research; monitoring and evaluation; maternal, newborn, and child health; HIV/AIDS programs; behavior change and communication; and gender equity. In addition, we included chronic disease and key populations.

Table 1. Respondents' Number of Years of Experience Working for a Global Health Organization or on Projects That Primarily Focused on Global Health Issues

1-10	16%
11-20	33%
21-30	37%
31+	14%
Number of Respondents: 49	

- *Respondents with MPH*: 35% of respondents had an MPH.
- *Global Health Concentration*: Of the 18 people who indicated that they had an MPH, 83% indicated a concentration directly relevant to global health.
- *University Implementers*: 16% of respondents had projects that were based at universities.
- *Faculty*: Of the 8 people with projects at universities, 38% were full-time faculty at the time of the survey.

KEY FINDINGS

Key Findings: Importance of Nonclinical Skills for Global Health. ***Top nonclinical skills.*** Responding to an open-ended question regarding the top 2 or 3 needed nonclinical skills for success in the field, the top areas cited by employers were program management (57%); monitoring and evaluation (M&E) (39%); and communication with client, counterpart, and community (37%). Details are included in Table 4.

Advice to graduate students. Nearly half of responding project directors indicated that the main advice they would give MPH or global health graduate students would be to get practical overseas work and field experience (49%) and strengthen their program management, M&E, and proposal writing skills (24%). Several also suggested that students pursue a range of experiences (16%) and identify their skill strengths (16%). Other advice included focusing on mentors and networking, strengthening communication and collaboration skills, and focusing on attitude, motivation, and flexibility.

Table 2. Respondents' Number of Years Involved in the Hiring Process of Global Health Employees

1-10	27%
11-20	47%
21-30	18%
31+	8%
Number of Respondents: 49	

Table 3. Disaggregated Data

No. of respondents	49
No. of organizations represented	32
No. of universities	4
No./% male	24/49%
No./% female	25/51%
% of organizations based in/near Washington, DC	69% (approx.)
No./% of respondents with current projects	43/88%
No./% of respondents with ended projects	6/12%

Sample quote:

"Critical thinking and creativity are sparks I look for in hiring, as well as documented evidence of the ability to work well in teams. Finally, become an expert on some topic, not just a generalist. That depth can often get you into the door of an organization."

Key Findings: Providing Training in Nonclinical Skills. ***Student preparation with nonclinical skills.*** Only 33% of project directors agreed that MPH and global health program graduates came well prepared with nonclinical skills. Of those students who came well prepared, 55% of project directors indicated that *other* academic programs—not schools of public health or global health programs—were responsible for preparing students with those nonclinical skills. Programs mentioned as useful included public policy, sociology/social demography, anthropology, and business. Two people also mentioned the Peace Corps as an organization that teaches participants nonclinical skills.

Sample quotes:

"Folks who have [important nonclinical skills] have them because they have pursued those interests themselves."

"Students also have to make their own choices to prepare them for employment (e.g. internships, volunteering abroad, learning a language)."

Academia and preparation. Overall, 85% agreed or strongly agreed that academia could better prepare students with nonclinical skills. Suggestions focused on the need for specific skills, including writing, project management, public speaking, and critical thinking. Respondents highlighted internships or finding a mentor as academic venues to develop these skills, also stressing the importance of students making these choices proactively (rather than depending on academia to provide the opportunities).

Organizational trainings. Seventy-three percent of respondents indicated that their organizations

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Table 4. Top Nonclinical Skills That Are Key to Becoming Successful in the Field of Global Health (Open Ended)

Program management	57%
M&E	39%
Communication with client, counterpart; partnering; community engagement; diplomatic skills	37%
Strategy, project design	33%
Collaboration and teamwork	27%
Attitude, flexibility, and initiative	27%
Contextual awareness, health systems and policy, US governmental context	22%
Writing skills	20%
Training	14%
Research, quantitative skills	10%
Sales, marketing, advocacy; conflict resolution skills; change theory; multitasking; overseas experience; language skills	10%
Number of respondents: 49	

M&E. monitoring and evaluation.

Table 5. Training Provided by Organizations to Staff on Specific Nonclinical Skills (Open Ended)

Program design, management, and M&E	55%
Communication, teamwork, and collaboration (general)	30%
Leadership and supervision	27%
Writing skills	21%
Health topics	18%
Research and analytical skills	18%
Computer systems and skills	15%
USG- and USAID-specific compliance	15%
Presentation and speaking skills	15%
Training of trainers	12%
Other (time management, gender integration, capacity building, cultural competencies, ethics)	30%
Number of respondents: 33	

M&E, monitoring and evaluation; USAID, US Agency for International Development; USG, US Government.

provide periodic trainings or workshops to improve nonclinical skills, and 61% said that the skills taught in trainings related to skills that could or should be taught at the graduate school level. For those whose organizations provide periodic trainings and workshops, 55% provided training in program design, management, and M&E, and 30% provided training in communication, teamwork, and collaboration. Details are in Table 5.

Key Findings: Hiring Domestic Health Professionals in Global Health Positions. ***Hiring MPH and global health applicants.*** Fifty-six percent of respondents indicated that at least half of their recent hires had an MPH or a global health program degree (Table 6).

Hiring domestic health professionals. Sixty-four percent of respondents indicated that they had hired health professionals with only domestic public health experience for global health positions. However, only 4% had hired 5 or more, 20% had hired 2 or 3, and 17% had hired 1 (Table 7).

For those who had hired from this group, it is important to note that respondents gave disclaimers as to why these hiring decisions were made, such as the hires had some non–work-related international experience or those hired were entry level or "not necessarily hands on."

Willingness to hire candidates with domestic work experience. Sixty-five percent of respondents (31 people) indicated that they would be willing to hire a person who only had domestic work experience, whereas 17% would not and 19% were not sure. The question sparked a lot of interest, with 33 respondents leaving comments. Twenty-seven percent of the comments focused on the importance of the "nature of their experience," "how good they are," if the person was the "best applicant," and if the applicant had the right skill set. Others wrote that if applicants had social skills and experience with diverse communities, they would be considered.

Reasons for selecting domestic health professionals for global health positions. For the 24 respondents who commented on why they had hired candidates with only domestic experience, 50% indicated that the applicants had the right technical skills and expertise that could translate to international work. Also common were comments that described the candidates as a good fit for the organization or position (29%) or possessing demonstrated interest, potential, and motivation (25%) (Table 8).

Sample quotes:

> "They wowed me in other areas and seemed to have the attitude to make it work."

> "One in particular had excellent clinical skills; another had excellent project management skills; several worked as interns and showed excellent potential."

Top skills domestic professionals are missing. The top skills that candidates with domestic experience only were perceived to lack included understanding the context and realities of global health work overseas, particularly projects being implemented in a developing-country context (43%); characteristics

Table 6. Employers' Hires Who Had an MPH or Degree in Global Health

0%-25%	13%
26%-50%	33%
51%-75%	33%
76%-100%	23%
Not sure	0%
Number of respondents: 40	

like flexibility, adaptability, and creativity (30%); cultural sensitivity (30%); cross-cultural communication skills (20%); and knowledge of key players, systems, and processes (13%).

Making up for lack of international experience. Although there was skepticism that anything could make up for domestic candidates' lack of international experience, some respondents suggested that having specific skills or depth in niche content could help (39%). Others noted that candidates needed to have the ability to show—and discuss—how their skills were transferrable to an international context. A notable number also described the importance of candidates' attitude, citing a willingness to learn, motivation, dedication, and humility (29%), along with how they approach their work, including creativity, initiative, and problem solving (18%) (Table 9).

Sample quotes:

"[They do not understand] the context of low resourced global settings."

"They do not recognize that developing country professionals are often great professionals but just do not have the systems and tools to work with."

"I don't think this is as much about 'skills' as it is about 'understanding or knowledge'. Until you've been in the field and seen a health facility and understand how far a mother has to walk to get there and then realize that these health facilities often don't have supplies and commodities, you can't really start to understand how to approach these problems."

"Just assuming the contexts and work are the same and that skills will naturally transfer is not realistic. I have seen some people who make the transition do OK, and others who don't do so well until they learn the international work better. Some humility is a good thing."

Table 7. Respondents Asked Whether They Had Hired Candidates Who Had Domestic Experience Only

Yes	64%
No	28%
Not sure	9%
Number of respondents: 47	

Table 8. Specifics of Why Domestic Health Professionals Were Selected (Open Ended, for Those Who Indicated That They Had Hired From This Group)

Technical skills and expertise; could translate experience to international context	50%
Good fit for organization or position; strong candidate otherwise	29%
Demonstrated interest, potential, motivation	25%
Nonclinical skills	13%
Other cross-cultural/language experience	13%
Professional, articulate, smart	13%
Level of position (junior)	13%
Other (their degree, recommendations, hiring manager, travel and study abroad)	17%
Number of respondents: 24	

Advice to public health professions who want to switch to global health. In an open-ended question, half of the 42 respondents providing advice to public health professionals interested in switching to global health suggested that the applicant get overseas experience, whether through an internship or through volunteer work (50%). Many emphasized that applicants should be able to show the relevance of their domestic experience and special skills (45%). Motivation and attitude also were important (19%), along with the suggestion to join organizations, network, and find a mentor (17%).

Sample quotes:

"Volunteer overseas to prove you can hack it. Take whatever specialty you have, and find a way to use it overseas, even if in an unpaid internship. Even six months would make a difference in my thinking about hiring you."

"The person has to be able to articulate the relevance of their skills and experience to the role they seek in global health. So make the connections for people about what you bring to the table."

CONCLUSION AND RECOMMENDATIONS

Universities continue to build and improve their global health programs, and the focus, understandably, is on technical expertise in health and science, but there must also be 2-fold attention on (1) an increased emphasis on the nonclinical skills that are valued in the workplace and (2) the availability of relevant public health international experience opportunities. Eighty-five percent of project

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Table 9. What a Candidate With Domestic Health Experience Only Has to Possess to Make Up for the Lack of International Experience (Open Ended)

Specific strong skill or depth in content area (niche expertise)—transferable	39%
Learning attitude (motivation, dedication, humility, maturity)	29%
Approach (creativity, initiative, innovation, problem-solving skills, flexibility)	18%
Cultural sensitivity and comfort	13%
Show understanding of contexts and complex environments, USAID, US Government	13%
Foreign language skills	11%
Program management (includes proposals, human resources, M&E, etc.)	8%
Communication skills	8%
Writing skills	8%
Experience in cross-cultural/immigrant environments	8%
Other (depends on the job, sales/marketing skills, analytical skills, awareness of disease patterns and ways of doing business, broad interests, responsible and organized, training skills, volunteer activities, demonstrated interest, willingness to travel)	21%
Number of respondents: 38	

M&E, monitoring and evaluation; USAID, US Agency for International Development.

directors thought that academia could do better. It is interesting to note that a number of the respondents were faculty members themselves or working in university settings. At the same time, it was understood that many of the desired nonclinical skills are developed during the experience of overseas fieldwork, such as learning the context and realities of global health work, and developing knowledge of the myriad webs of stakeholders, partners, systems, and processes. It is for this reason that global health students need international field experience to be competitive in the hiring process.

For universities, we recommend the following:

- Pay more attention to the employment experience of graduates and use that data to revise curricula, keeping a closer tie between the learning and work environments.
- Add curricula that reflect the importance of nonclinical competencies even if that requires new, more interactive, and less didactic learning methodologies.
- Increase significant international learning experiences to all global programs or partner with organizations that can provide these experiences.
- Actively promote the usefulness of domestic health experience in the global environment to global health employers. Persuade employers that some of their biases against domestic work, such as insufficient cultural sensitivity, may not be wholly accurate.

As the global health field evolves in an increasingly connected world, teams and alliances with multiple players—national, organizational, and interdisciplinary—are carrying out more and more global health work. The next wave of global health professionals needs to be prepared for the realities of actual global health work, including skillful communication and collaboration, as well as mastery of new business development, project design, and program management.

Future global health professionals will be instrumental in building the next generation of health systems. A mutually influential interplay among governments and donors who set the agenda, global health practitioners who implement the vision, and educational institutions working together can best prepare new graduates for successful fieldwork—and productive careers.

REFERENCES

1. U.S. Global Health Programs. Available at: https://www.ghi.gov. Accessed September 2016.
2. Muir J, et al. Global Health Programs and Partnerships. Center for Strategic and International Studies; March 2016. Available at: https://www.csis.org/analysis/global-health-programs-and-partnerships. Accessed April 2, 2016.
3. USAID. Global Health Fellows Program II (GHFP-II) Annual Progress Report: Program Year One: October 1, 2011–September 30, 2012. Washington, DC: USAID.

Available at: http://pdf.usaid.gov/pdf_docs/PA00HVWB.pdf; 2012. Accessed September 2016.
4. USAID. Global Health Fellows Program II (GHFP-II) Annual Progress Report: Program Year Two: October 1, 2012–September 30, 2013. Washington, DC: USAID. Available at: http://pdf.usaid.gov/pdf_docs/PA00JWV8.pdf; 2013. Accessed September 2016.
5. USAID. Global Health Fellows Program II (GHFP-II) Annual Progress Report: Program Year Three: October 1, 2013–September 30, 2014. Washington, DC: USAID. Available at: http://pdf.usaid.gov/pdf_docs/PA00KGV8.pdf; 2014. Accessed September 2016.
6. USAID. GHFP-II Annual Progress Report, PY4: October 1, 2014–September 30, 2015. Washington, DC: USAID. Available at: http://pdf.usaid.gov/pdf_docs/PA00KTSX.pdf; 2015. Accessed September 2016.
7. Jogerst K, Callender B, Adams V, et al. Identifying interprofessional global health competencies for 21st century health professionals. Ann Glob Health 2015;81:239–47.
8. Best Grad Schools, U.S. News & World Report Rankings, Public Health, Ranked in 2015. Available at: http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/public-health-ranking. Accessed September 2016.
9. Eichbaum Q, Evert J, Hall T. Will there be enough jobs for trained global health professionals. Lancet Glob Health 2016;4:e692–3.
10. Rowthorn V. Global/local: what does it mean for global health educators and how do we do it. Ann Glob Health 2015;81:593–601.
11. USAID. 2014 Users Guide to USAID/Washington Health Programs. Available at: https://www.usaid.gov/sites/default/files/documents/1864/2014UGCompFinal.pdf. Accessed September 2016.
12. USAID. Mandatory Reference A. ADS Chapter 456 Personnel Operations: Position Classification. Washington, DC: USAID. Available at: https://www.usaid.gov/sites/default/files/documents/1868/45651M1.pdf. Accessed September 2016.
13. Rudy S. American Public Health Association's Global Health Leadership Institute keynote presentations, 2013, 2014, 2015.